



THE FEDERAL REPUBLIC
OF SOMALIA



GALMUDUG STATE
OF SOMALIA



SOMALI HEALTH AND DEMOGRAPHIC SURVEY

GALMUDUG Report



GMHDS 2021

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OF SOMALIA

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GMHDS 2021

With technical support from:



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AFFAIRS OF FINLAND



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC



Foreword

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

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

The findings show just above half (57 percent) of Galmudug population is below 15 years of age. We are pleased to report that 78 percent of households get their drinking water from an improved water sources, 49 percent use improved facilities, and 29 percent of the population with access to electricity. The results indicate that total fertility rate (TFR) for Galmudug is quite high at 7.3. However, 30 percent of Galmudug women deliver safely in a health facility. The GMHDS results further highlight areas that need urgent intervention—to improve the lives of children, we know that only 3.5 percent of births have been registered, and only 9 percent of children aged 11-23 months have been fully vaccinated against common vaccine-preventable childhood diseases. According to the three anthropometric indices of nutritional status of children, 27 percent of children under-five are stunted, 11 percent are wasted and 12 percent are underweight.

These crucial findings are a result of the great efforts of Somali National Bureau of Statistics and Ministries of Health and Planning - Galmudug State of Somalia, in collaboration with UNFPA Somalia's Population and Development Unit —along with all the personnel who have worked on this survey. These professionals worked together diligently to complete every phase of work according to the planned timetable in a challenging environment. Some of these heroes also include more than 70 Galmudug female data collectors who knocked on doors of pre-sampled households in urban, rural and hard to reach nomadic settings to collect diverse information from 1,800 households across the State.



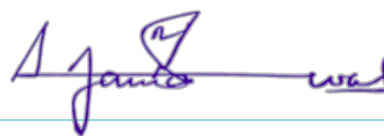
Thanks to our strong collaboration and partnership with SNBS and UNFPA Somalia, Galmudug now has a rich information, and skilled statistical staff who are able to lay a strong foundation of statistics for our future generations. We also remain grateful to the donors of this undertaking— The Foreign, Commonwealth and Development Office (FCDO) formerly United Kingdom Department for International Development (DfID) for their funding of fieldwork and data analysis, the Government of Sweden, the Government of Finland, the Government of Italy, the Italian Agency for Development Cooperation (AICS), the Swiss Agency for Development and Cooperation for their generous contributions, which have created a product that will help turn the dreams of the Somalis to reality.

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



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**Minister of Planning, Economic
Development & International Cooperation**



Hon. Abdiweli Abdullahi Jama

Minister of Health and Human Services



Sharmake Mohamed Farah

**Director General
Somalia National Bureau of Statistics(SNBS)**



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We would also like to extend our appreciation to the Foreign, Commonwealth and Development Office (FCDO) formerly United Kingdom Department for International Development (DfID) for funding GMHDS fieldwork and data analysis stages, The Government of Sweden, The Government of Finland, The Government of Italy, the Italian Agency for Development Cooperation (AICS) and the Swiss Agency for Development and Cooperation for providing key financial support that went into creating this legacy for the Galmudug state and the country as a whole.

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



Acronyms

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



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



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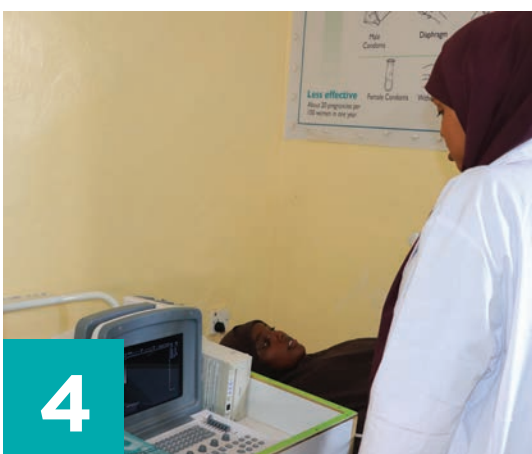


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SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total	
2 	Zero hunger				
	2.2.1	Prevalence of stunting among children under 5 years of age	27.4	26.6	26.9
	2.2.2	Prevalence of malnutrition among children under 5 years of age	21.7	26.7	24.3
	a)	Prevalence of wasting among children under 5 years of age	12.2	10.7	11.4
3 	Good health and well-being				
	3.1.2	Proportion of births attended by skilled health personnel	NA	42	42
	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	1.9	1.9
	3.7.2	Adolescent birth rates per 1,000 women a) Women aged 15-19 years	NA	94	NA
	3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	5.9	0.8	3.0
	3.b.1	Proportion of the target population covered by all vaccines included in their national programme	9.6	7.5	8.5
	4 	Inclusive and equitable quality education and lifelong learning opportunities for all			
4.3.1		4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the last 12 months			
a)		Net Attendance Ratio (primary)	17.9	14.6	16.3
b)		Net Attendance Ratio (secondary)	11.7	10.2	10.8
4.6.1		Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills			
a)	Adult literacy	NA	39.3	39.3	






SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total	
5 	Gender equality				
	5.2.1	Proportion of ever-married women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former husband in the previous 12 months			
		a) Physical violence	NA	10.6	10.6
		c) Psychological violence	NA	4.3	4.3
	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	25	25
		b) Before age 18	NA	51	51
5.3.2	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age				
5.b.1	Proportion of individuals who own a mobile telephone				
NA	NA	80.4	80.4		
6 	Ensure availability and sustainable management of water and sanitation for all				
	6.1.1	Percentage of population using safely managed drinking water services			
	6.2.1	Proportion of population using			
		(a) safely managed sanitation services	NA	NA	34.0
	(b) a hand-washing facility with soap and water	NA	NA	10.1	
7 	Affordable and clean energy				
	7.1.1	Proportion of population with access to electricity			
	7.1.2	Proportion of population with primary reliance on clean fuels and technology			
NA	NA	NA	32.0		
NA	NA	NA	2.7		



SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total
8 	Decent work and economic growth			
	8.10.2	Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider		
	a)	NA	4	4
	b)	NA	74.7	74.7
16 	Peaceful and inclusive societies for sustainable development, access to justice for all and effective, accountable and inclusive institutions			
	16.1.3	Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months		
	a)	NA	7.1	7.1
17 	Partnerships for the goals			
	17.8.1	Proportion of individuals who used Internet in the last 12 months		
		NA	16.1	16.1





01

Introduction



1 INTRODUCTION

1.1 History and Politics

Galmudug state occupies two regions namely Mudug and Galgaduug. This is in accordance with article 49 of the Federal Government of Somalia's provisional Constitution, that stipulates - based on a voluntary decision, two or more regions may merge to form a Federal Member State (FMS). It was established in June 2015 in Adado after a consensus agreement reached by the clan leaders. Eight hundred representatives from 11 clans passed the Galmudug constitution. The 89-member regional parliament was selected by the elders.

In July 2015, the first presidential election for Galmudug was held in Adado, whereby his excellency Abdikariim Huseen Guuleed won the election and became the first president for Galmudug. He voluntarily resigned in 2017

In May 2017 Ahmed Duale Geele Haaf was elected as the second president of the Galmudug state. He began peace efforts soon after he was officially inaugurated into the office at a ceremony in the state capital Adado. His efforts bore fruit when he reached and signed a power-sharing agreement with Ahlu Sunna Wal Jama'a (ASWJ) leader Sheikh Shakir. The agreement allowed for the government to move to Dhuusamareeb, the capital city of Galmudug state which was under the control of the Ahlu Sunna Wal Jama'a (ASWJ) administration. However, this agreement did not last due to various reasons.

In February 2020, Ahmed Abdi Karie was elected as the Galmudug president. He faced political antagonism from Ahlu Sunna Wal Jama'a (ASWJ) and the candidates for Galmudug presidency. Following that, bitter fighting erupted in Dhuusamareeb that finally caused the disbandment of Ahlu Sunna Wal Jama'a (ASWJ).

Recognizing the importance of the unity and the political stability for Galmudug, President Ahmed reached out to his rivals to end the political standoff. Fortunately, the two sides agreed and compromised for Galmudug to form State of law. To move the agenda forward President Ahmed formed a strong cabinet whereby well known politicians, academicians appeared in the list.

Despite the significant progress made by Galmudug state towards peacebuilding, it is still a fragile state that is struggling with several challenges. Its people are facing several challenges including: political instability, insecurity (Alshabab), clan violence, food insecurity

as a result of frequent and prolonged droughts, recent locusts invasion which has affected pasture land.

1.2 Geography and the climate of the state

The Galmudug state derives its name from a conflation of the two constituent regions: Mudug and Galgaduud that are sub-divided into 12 districts. It is bordered to the east by the Indian Ocean, Puntland to the north, Ethiopia to the west, Hirshabelle to the south. The political-administrative capital is Dhusamareb City. Galmudug has a tropical hot climate, with a little seasonal fluctuation. The daily temperature ranges from 27° to 37°.

Thirty-one percent of the Galmudug population are Nomads and they rely on livestock as their main source of livelihood. Like the rest of Somalia, the state has low annual rainfall and four seasons: the rainy seasons are Gu' and Deyr, while the dry seasons are Hagaa and Jiilaal. It is an arid state that is dry most of the year. Galmudug experiences drought of different severity every 4-5 years.

1.3 Demographics

According to the Population Estimation Survey for Somalia 2014, Galmudug State has a population of 1.3 million inhabitants, with 44 percent residing in the urban, 10 percent in the rural, and 31 percent in the Nomadic. The state hosts a large number of internally displacement persons (IDPs) from different regions of Somalia, constituting 15 percent of its population. The sex distribution for Galmudug indicates that 49 percent are male, while 50 percent are female.

1.4 Health Status

As in other parts of Somalia, Galmudug is facing challenges in delivering health services to its population including; poor health system, inadequate qualified health professionals and lack of financial resources. The health system of Galmudug is structured in three sections: Hospitals, Primary Health Care Units, and Primary Health Care Centers. However, some of the



health facilities are not functional. Some settlements in Galmudug are under the administration of Alshabab militants which has hampered access to health care thus increasing the risk for the maternal and child mortality.

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

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

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

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

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

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

Health information system: Providing a functioning health information system

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

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

1.5 Survey Objectives and Organization

The main objective of the survey was to provide evidence on the health and demographic characteristics of the

Galmudug population and in general Somali population, that will guide the development of programs and formulation of effective policies. This information would also help monitor and evaluate national, sub-national and sector development plans, including the Sustainable Development Goals (SDGs), both by the state level, national and development partners. The specific objectives of the survey were to:

- Examine basic indicators of maternal and child health
- Measure fertility and birth spacing
- Describe patterns of knowledge and awareness of the HIV and other sexually transmitted infections
- Understand the extent and patterns of gender-based violence and female circumcision

1.6 Sample design

The sample for the survey was designed to provide estimates of key indicators for the Galmudug as a whole, and for each of the two pre-war geographical regions, which are the Galmudug's first-level administrative divisions, as well as separately for urban, rural and nomadic areas. Each region was stratified into urban, rural and nomadic areas, yielding a total of 6 sample allocation strata.

Using up-to-date, high-resolution satellite imagery, as well as on-the-ground knowledge of staff from the respective ministries of planning, all dwelling structures were digitized into 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 digitized structures was carried out for large urban and rural areas and necessary adjustments made to the frame. Each EA created had a minimum of 50 and a maximum of 149 dwelling structures. A total of 850 EAs were digitized (452 in urban areas and 398 in rural areas). However, because there were no security and accessibility constraints, not all digitized areas were included in the final sampling frame.

The nomadic frame comprised of an updated list of temporary nomadic settlements (TNS) obtained from the nomadic link workers who are tied to these settlements. A total of 467 TNS formed the survey nomadic sampling frame.



The survey followed a three-stage stratified cluster sample design in urban and rural strata with a probability proportional to size, for the sampling of Primary Sampling Units (PSU) and Secondary Sampling Units (SSU) (respectively at the first and second stage), and systematic sampling of households at the third stage. For the nomadic stratum, a two-stage stratified cluster sample design was applied with a probability proportional to size for sampling of PSUs at the first stage and systematic sampling of households at the second stage. To ensure that the survey precision is comparable across regions, PSUs were allocated equally. Within each stratum, a sample of 35 EAs was selected independently, with probability proportional to the number of digitized dwelling structures. In this first stage, a total of 160 EAs were allocated (urban - 70 EAs, rural- 70 EAs, and nomadic - 20 EAs). In the urban and rural selected EAs, all households were listed. A summary of households listed per EA formed the sampling frames for the second phase. In the second stage, 10 EAs were sampled out of the possible 35 that were listed, using probability proportional to the number of households. All households in each of these

10 EAs were serialized based on their location in the EA and 30 of these households sampled for the survey. The serialization was done to ensure distribution of the households interviewed for the survey in the EA sampled. A total of 40 EAs were allocated to urban and rural strata (20 EAs each), while in the third stage, an average of 30 households were selected from the listed households in every EA to yield a total of 1,783 households from 60 EAs covered (20 EAs in urban, 20 EAs in rural and 20 EAs in nomadic).

In nomadic areas, a sample of 10 EAs (in this case TNS) were selected from each nomadic stratum, with probability proportional to the number of estimated households. A complete listing of households was carried out in the selected TNS followed by the selection of 30 households for the main survey interview. In those TNS with less than 30 households, all households were interviewed for the main survey. All eligible ever-married women aged 12 to 49 and never-married women aged 15 to 49 were interviewed in the selected households, while the household questionnaire was administered to all households selected.

BOX 1 Nomadic households

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

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

1.7 Questionnaires

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

Maternal Mortality Questionnaire

A stand-alone Maternal Mortality Questionnaire was used in all households during the listing phase to identify maternal deaths in the two years preceding the survey. This allowed the estimation of the Maternal Mortality Ratio (MMR) at national level using a direct method.

The Household Questionnaire, Ever-married Woman's Questionnaire, and Never-married Woman's Questionnaire were based on a standard Demographic and Health Survey Questionnaires (DHS7) and the 2013 Yemen Health and Demographic Survey instruments, and was adapted to reflect the relevant population and health issues in the Somali context.

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 language. The questionnaires were further tested and refined in the field to ensure that cultural and religious sensitive questions were appropriately worded.

The Household Questionnaire was used to list all the regular members 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' work 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
- FGM
- Knowledge and attitudes relating to HIV

In this survey, Computer-Assisted Personal Interviewing (CAPI) was used, with interviewers using smart phones to record responses during interviews. The phones were equipped with Bluetooth technology to enable remote electronic transfer of completed questionnaires from interviewers to supervisors. Supervisors transferred completed files to the CSWeb server¹ whenever internet connectivity was available. Any revision to the questionnaire was received by the supervisors and interviewers by simply synchronizing their phones with the CSWeb server, which was created specifically for the SHDS. The CAPI data collection system employed in the SHDS 2020 was developed by UNFPA using the mobile version of the Census and Survey Processing System (CSPro).² The CSPro software was developed jointly by the U.S. Census Bureau, the DHS Program and Serpro S.A.

1.8 Training

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

Listing and MMR Training

Training of Trainers (ToT) sessions were conducted in two locations: Garowe and Hargeisa, facilitated by technical staff from UNFPA. Three trainers from Galmudug state were trained in household listing concepts (identification of structures, dwelling units, and EA boundaries), interviewing techniques, interviewers' and supervisors' roles, age probing techniques, fieldwork procedures, sampling techniques, importance of data on births and deaths, recognizing and handling age

¹CSWeb is a web application that facilitates the secure transfer of questionnaires or files between a user's tools (with CSEntry) and a web server.

²CSPro is a public domain software package that allows users to enter, edit, tabulate and disseminate census and survey data.



inconsistencies, identification of maternal deaths and CSPro mobile data collection application. Thereafter, these trainers transferred this knowledge and skills to 39 data collectors from across the state in Adado. A pretest was carried out using both paper questionnaires and CAPI to assess the understanding of the trainees. Modifications were made to the questionnaire and survey methods, based on lessons drawn from the pretest. Participants were assessed through both theoretical evaluations in class as well as observations made on their survey implementation during the pretest.

Main Survey Training

The UNFPA technical team trained 19 master trainers October 2017 in Kigali, Rwanda. These master trainers were all Somali professionals who participated in the development and review of data collection tools. Consequently, along with the master trainers, UNFPA trained 51 trainers of trainers in the country.

1.9 Fieldwork

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

Listing and MMR Data Collection

The listing of households and the MMR data collection began in 17th - 28th August, 2018 for urban and rural areas. Fieldwork was carried out by 4 teams, each consisting of one supervisor, four enumerators and a driver. An Android platform developed in CSPro was used for data collection. Each team was assigned mobile phones (one for each enumerator and one for the supervisor), EA Maps (in A0 and A3 sizes), EA Google Earth files, control sheets, notebooks, pens and document folders. In addition, 34 data quality controllers (trainers, Geographical Information Systems (GIS) staff, survey/state directors, and regional coordinators) were coordinating and supervising fieldwork. Insecurity-compromised areas, survey teams were supported by security guards and facilitators in the field.

Main Survey Data Collection

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

The nomadic households were listed a day prior to the day of enumeration in each TNS to obtain a current and complete list of households. During listing, the coordinates of all nomadic household structures and the names of the head of each household were recorded. A sample of 30 households was then selected by the listing team and given to the supervisors of the enumerating team on their first day of enumeration. After this, supervisors allocated households to be interviewed to enumerators. The MMR questionnaire was administered by both listing and enumerating teams in nomadic areas. The enumerating team collected this data from the 30 sampled households, while the listing team collected data on maternal deaths from the remaining un sampled households in the TNS.

1.10 Data Processing

Data processing for the survey was carried out by a core team of 17 people drawn from in-country statistical offices and UNFPA, with several members playing multiple roles. All team members had previously participated in the training and fieldwork for the survey.

Data from the SHDS was sent to a cloud CSWeb server that was protected by a password and the electronic files were downloaded as csdb files that were exported to Statistical Product and Service Solutions (SPSS)³ and Stata⁴ for data processing. Three people served as CSPro data administrators. They were responsible for downloading the data from server instances and merging them, following which, a larger team worked on producing the six DHS standard type files, which were then handed over to other data processing teams. A team of three Geographical Information System (GIS)

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

⁴A statistical software for data science.



specialists carried out spatial editing of all household records from the server, assigning them to the correctly sampled EA codes. Concurrently, the data tabulation and re-coding teams produced the tabulation plan and re-coding manual following DHS standards but contextualized to the survey. Two team members were tasked with computing the sampling and survey weights.

1.11 Response Rates

Table 1.1 presents response rates for the GMHDS 2020. A total of 1800 households were selected for the sample, of which 1742 were occupied. Of the occupied households, 1741 were successfully interviewed, yielding a response rate of 99.9. The GMHDS 2020 interviewed 1966 women in Galmudug – 1330 ever-married women and 636 never-married women.

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), GMHDS 2020	
Result	Total
Household interviews	
Selected Households	1,800
Households occupied	
Households interviewed	1,741
Household response rate ¹	99.9
Interviews with ever-married women aged 15-49	
Number of eligible ever-married women	1,419
Number of eligible ever-married women interviewed	1,330
Eligible ever-married women response rate ²	93.7
Interviews with never-married women aged 15-49	
Number of eligible never-married women	687
Number of eligible never-married women interviewed	636
Eligible never-married women response rate ³	92.6
Interviews with all women aged 15-49	
Number of eligible women	2,106
Number of eligible women interviewed	1,966
Eligible women response rate ⁴	93.4
¹ Households interviewed/households occupied	
² Ever-married women interviewed/eligible ever-married women	
³ Never-married women interviewed/eligible never-married women	
⁴ All women interviewed/eligible ever-married and never-married women	



1.12 Quality Assurance

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

Consultative approach to critical decision making - all key decisions concerning the survey—its methodology, instruments, field work, tabulation plan, reports and data access— were discussed, designed and formulated following extensive consultations with Somali government partners, national and international experts and development partners where applicable. The idea was to draw on the widest possible expertise, as well as to ensure validation and in-country ownership.

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

Learning and Monitoring Program for Somalia (LAMPS) -an Independent Third-Party Monitoring (TPM), engaged by the Department for International Development (DfID), provided periodical monitoring of survey activities throughout the survey’s implementation phase. The

activities selected for verification, as well as field teams and beneficiaries to interview, were all randomly selected by the LAMPS teams throughout the entire phase of the survey. The findings from LAMPS provided the survey technical team with specific areas in which to improve the quality of survey training and collection of data from selected households. LAMPS consistently rated survey activities as delivered according to how they were designed and planned.

GPS tracking of field operations - During field data collection, the SHDS employed the use of handheld devices with embedded GPS, which allowed Geo-referencing and the collection of Geo-located data. It also enabled the tracking of fieldwork and ensured that the sample design is adhered to. Further, the Geo-referenced data aided in data editing.

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

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







02

Household
and Housing
Characteristics

Key Findings

Age structure:

57 percent of household members are below 15 years of age

Household headship:

42 percent of household heads are women.

Education:

The age group of 15-19 has the lowest number of persons with no education at **32 percent** for males compared to **24 percent** for females.

Drinking water:

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

Sanitation:

49 percent of households have an improved sanitation facility.

Mobile phone ownership:

72 percent of households own a mobile phone.

Birth registration:

4 percent of children under the age of 5 had their birth registered.



2.0 Introduction

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

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

BOX 2.1 Key definitions

Household

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

De facto population

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

De jure population

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

Age after completing years (Age at last birthday)

This is the most common definition of age, where it is expressed as the number of completed years

lived by a person. Other definitions include exact age, which is used mostly for modelling purposes, and age reached during the year.

2.1 Age and Sex Composition

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

The survey collected information on the age in completed years for each household member. Where 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.

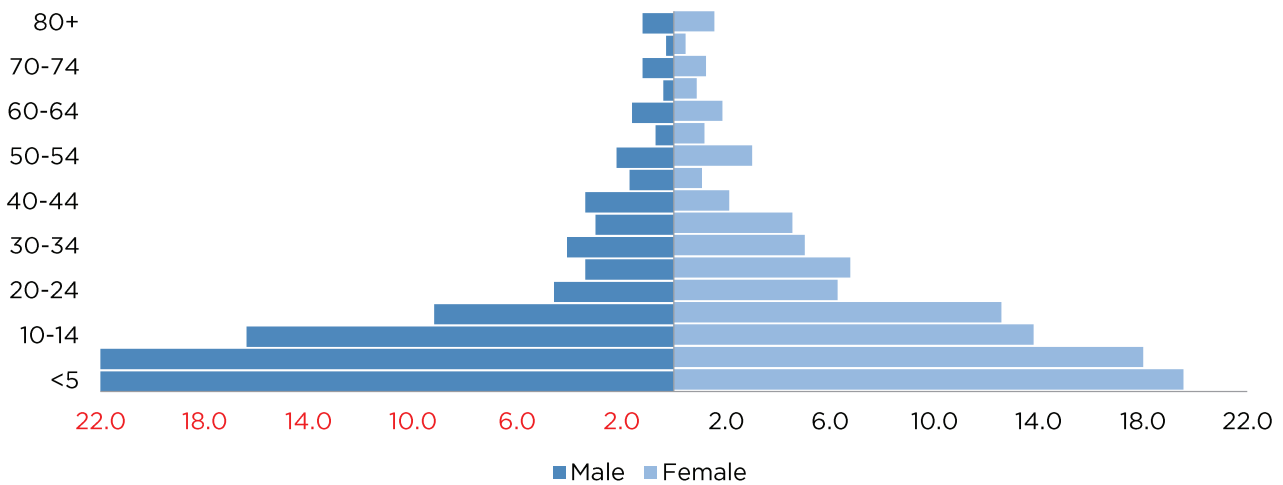
Table 2.1 presents the distribution of household members, by age, residence (urban, rural and nomadic) and sex.

The age structure of the household members is typical of a society with a young population. Having one of the highest fertility rates in the world, Galmudug has a broad-based age pyramid, with 57 percent of household members below 15 years of age. The sex and age distribution of the household members is presented in the population pyramid in Figure 2.1.

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

The age pyramid in Figure 2.1 sharply tapers to become narrower above age 55. This indicates high mortality rates among the older age groups. Around two-thirds



Figure 2.1 Population distribution by age and sex

of Galmudug people are below the age of 20 years and around three-quarters (79 percent) are below the age of 30 years. Youth between 15-29 years of age constitute 22 percent of the household members, while older people (65 years and above) comprise only 4 percent of household members. Forty percent of the household members are within the working age population (15-64 years), highlighting the need to create jobs and ensure that training or education offered addresses the needs of the labour market.

The survey shows about 34 percent of the female household members are within childbearing age (15-49 years). This can have implications on Galmudug's future birth rates. The large number of potential mothers creates a population momentum and it is a strong indication of a potential spike in population growth that Galmudug is likely to experience in the coming years. These projections need to be taken into account by the relevant policymakers and stakeholders need to be encouraged to consider preparing for the provision of adequate social services.

2.2 Household Composition

Table 2.2 shows the distribution of households covered by the sex of the head of household and the number of household members, according to urban, rural and nomadic residences. Forty-two percent of households are headed by women, (43 percent in urban households, 49 percent of rural households, and 31 percent in nomadic households) (Figure 2.3).

The average household size is 6 persons, compared to 6.2 persons at the national level which is almost similar to the average of 5.9 reported in the PESS 2014. Urban households, which have 6.5 persons per household, are slightly larger than rural households, with 5.9 persons per household. Nomadic households have the lowest average household size with 5.6 persons.

Table 2.2 indicates that 37 percent of households have a foster child and/or orphaned children, 22 percent have foster children, 16 percent have single orphans and 4 percent have double orphans. There is a slight difference in the number of households with foster children among the three types of residence. In the rural households, 24 percent have foster children, while this proportion was 22 percent in the urban households and 19 percent nomadic households.

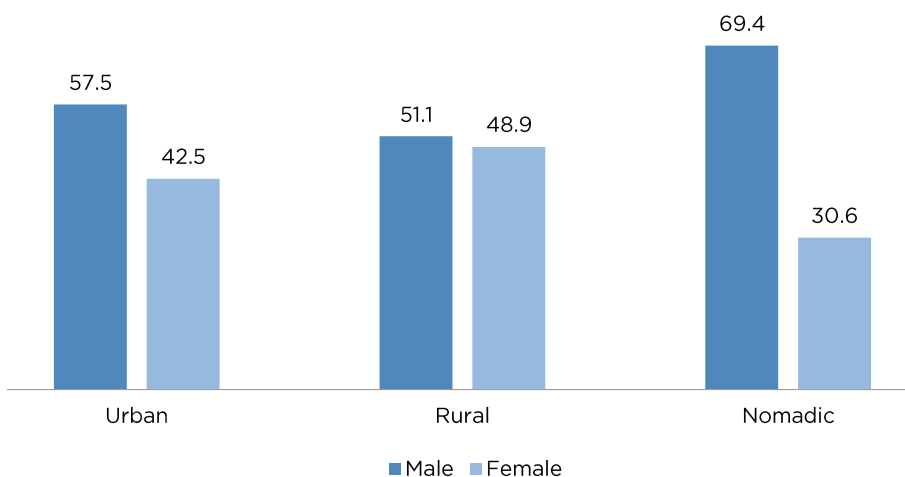
2.3 Education

Level of education is an important characteristic, as it affects behavior, including health-related behaviors 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 Galmudug responses that would guarantee orphans and children from different backgrounds equal access to better lives as they grow up.



Figure 2.2. Household Composition

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



2.3.1 Educational attainment

Information on educational attainment of the male and female household members aged six and above is presented in Table 2.3a and Table 2.3b. Overall, 54 percent of females and 56 percent of males aged 6 and above have never attended school. Five percent of female household members and 4 percent of male household members have completed primary education. Four percent of women have attained secondary education, compared to 5 percent of men (Figure 2.3). The survey results show that educational attainment varies across age groups. The age group with the lowest number of people with no education is 15-19 among male household members at 32 percent and 24 percent for females in the same age group.

The study reveals that 6 percent of males in Mudug have completed secondary education compared to 5 percent in Galgaduud region, while six percent of females in Mudug have completed secondary education compared to 2 percent in Galgaduud region.

The chances of progression to higher education are slightly better for urban dwellers compared to people living in rural and nomadic areas, as educational facilities are concentrated in urban centers. Nomadic household members are the most disadvantaged in terms of accessing education. Ninety percent of nomadic male household members have no education. Similarly, indicators for women are worse than those for men; 93 percent of nomadic female household members have no education (Figure 2.4).

2.4 School Attendance Ratios

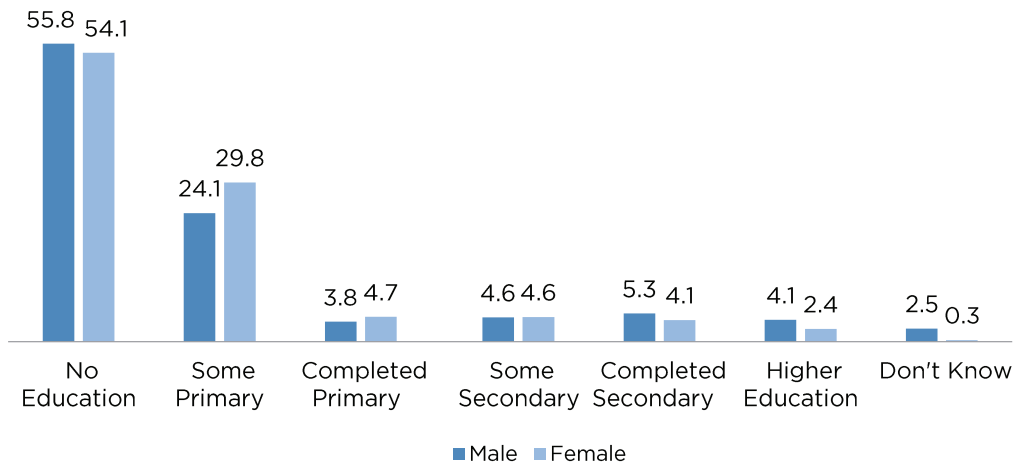
Table 2.4 and Figure 2.5 present data on Net Attendance Ratios (NARs) and Gross Attendance Ratios (GARs) by school level, sex, and place of residence. The NAR for primary schooling is measured as the proportion of children aged 6-13 attending primary school, and for secondary schooling as the population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

Sixteen percent of the total number of children attending primary school are of the right age for that level. At secondary level, only 11 percent of the total children attending are of the right age for that level. As shown in Figure 2.5 below, there is little difference between the NAR of boys and girls at the primary level (18 percent and 15 percent respectively). The NAR is slightly higher for males than females at the secondary level (12 percent and 10 percent respectively).

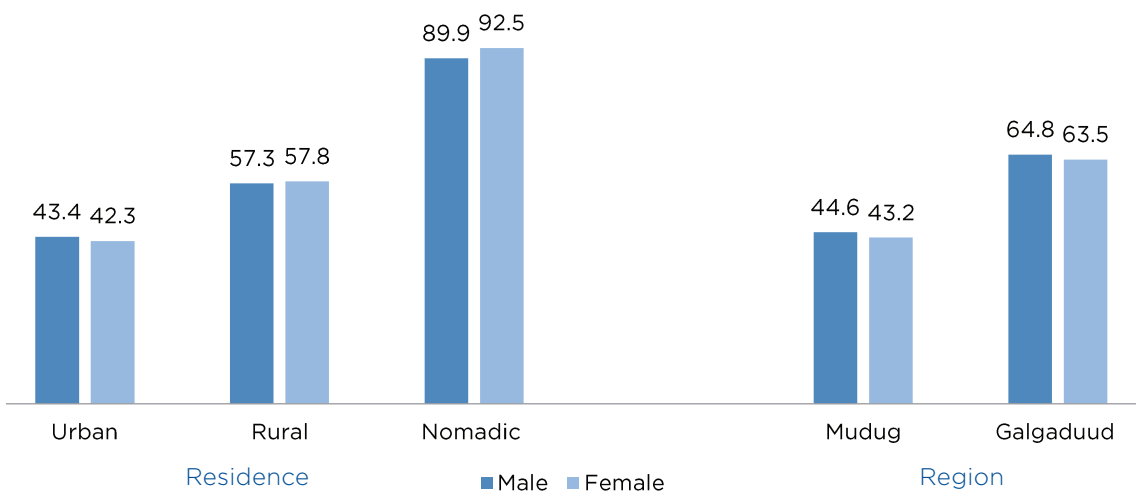


Figure 2.3 Educational attainment by sex

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

**Figure 2.4** Educational attainment by sex

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



As presented in Figure 2.6, urban areas have the highest NAR at primary level at 25 percent while the nomadic areas have the lowest NAR at primary at 2 percent. Similarly, the NAR at secondary level is also highest in urban areas at 17 percent while in the nomadic areas, the NAR is almost zero.

Analysis by region show that Mudug has higher NAR at both primary and secondary levels at 23 and 13 percent respectively, compared to 10 percent and 8 percent respectively for Galgaduud.

Overall GAR at primary and secondary levels are at 38 percent and 19 percent respectively. The GAR for males is slightly lower than females at primary level (34 percent and 36 percent, respectively) but the GAR is higher for males compared to females, at 22

and 17 percent respectively at secondary-school level, indicating higher school attendance among males than females. As the table shows, both the NAR and GAR at primary and secondary school levels increase with an increase in wealth.

2.5 Housing Characteristics

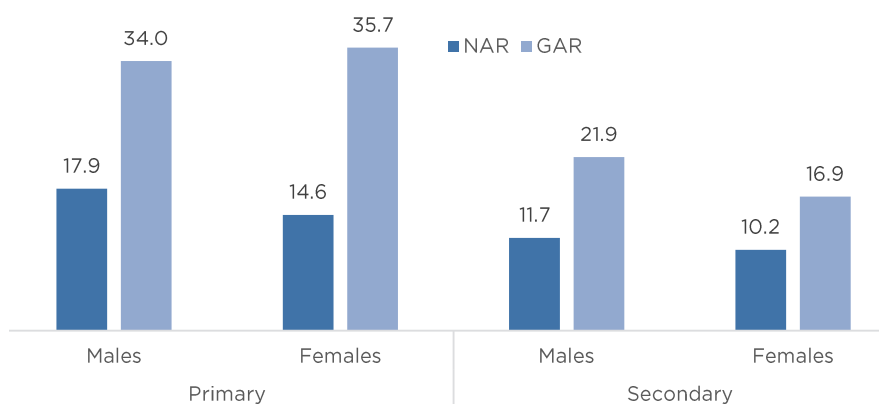
2.5.1 Water Supply

Access to clean drinking water is one of the SDGs and a target outlined in Somalia's National Development Plan (NDP) 9, and Galmudug State Development Plan (GSDP). The different types of water sources

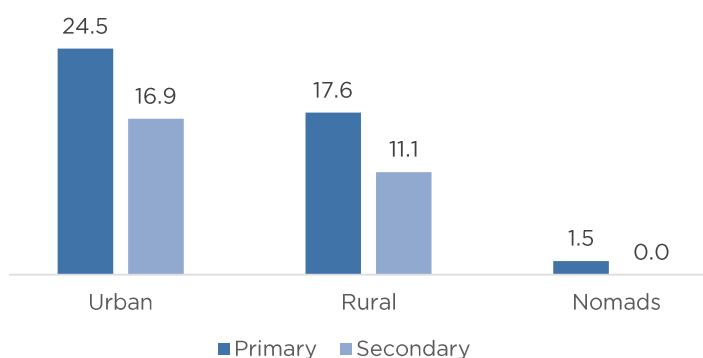


Figure 2.5 School attendance ratios

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

**Figure 2.6** Total net attendance ratios

Total net attendance ratios by type of residence



and sanitation facilities available to a population are important determinants of health, particularly among children. Good hygienic and sanitation practices can reduce exposure to and repercussions of preventable diseases. Conversely, poor quality of water and water scarcity also shape livelihood choices, such as education, for people living in developing countries. The source of drinking water for a household is an indicator of how safe it is to consume. Sources that are likely to provide uncontaminated water that is suitable for drinking are known as improved water sources (Table 2.5a). These include piped water, protected dug wells, tube wells or boreholes, rainwater, and bottled water. The lack of ready access to a water source may limit the quantity of suitable drinking water that is available to a household. Even where water is obtained from an improved source, if it is fetched from a source that is not immediately accessible to a household, it may be contaminated during transportation or storage. By treating water effectively at home, families can

improve the quality of household drinking water. The prevalence of preventable water-borne diseases such as diarrhea and dysentery in Galmudug can be reduced by introducing and using improved water sources that are readily available to households.

According to the survey, 78 percent of households get their drinking water from improved water sources. Ninety-five of urban households have access to improved water sources, while 93 percent of rural households and 32 percent of nomadic households have access to improved water sources (Table 2.5a and Figure 2.7). Sixty-one percent of household members have access to piped water coming into their dwelling, yard or plot. Fourteen percent of households travel for at least 30 minutes or longer to get water. Nomadic household members travel the longest distances to get water. Forty-nine percent of nomadic, 1 percent of both urban and rural households travel longer than 30 minutes, to access improved water sources.



Regionally, Galgaduud has higher proportions of households who get their drinking water from improved sources of water at 87 percent compared to 69 percent of Mudug households. Similarly, the percentage of households that travel 30 minutes or longer to obtain water is higher in Mudug than in Galgaduud at 23 percent and 4 percent, respectively.

As shown in Table 2.5b, only 8 percent of households treat water before drinking it, 10 percent of urban households and 11 percent for rural households. No nomadic households use appropriate treatment methods for drinking water. The most common method of water treatment is boiling at 5 percent, followed by bleaching/chlorination which is used by 3 percent of households—5 percent for urban households and 7 percent for rural households. None of the nomadic households interviewed use boiling to treat their water.

2.5.2 Sanitation Facilities

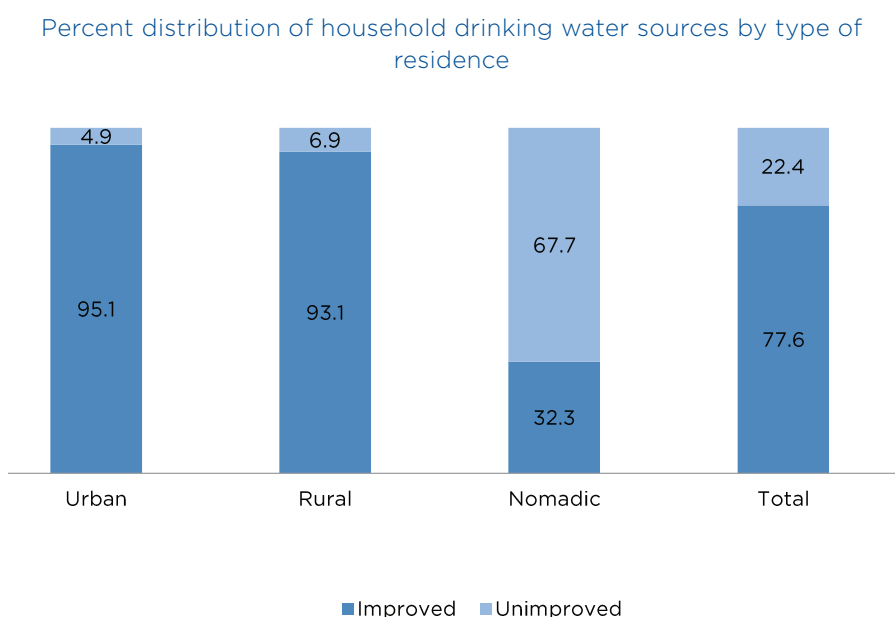
With adequate sanitation and means of disposal of human excreta, which are both fundamental needs and human rights—as well as with personal hygiene—people are assured of the ability to maintain their dignity and protection from a large number of diseases. The inadequate disposal of human excreta and personal

hygiene is associated with a range of diseases including diarrhoeal diseases. Improved sanitation can reduce diarrheal disease by more than a third (Cairncross S., Hunt C., Boisson S., et al. 2010), and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or pit latrine, ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet.

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

Table 2.6 and Figure 2.8 show that 49 percent of households use sanitation facilities with basic sanitation services that would be considered as improved toilet facilities. Access to sanitation facilities within households

Figure 2.7 Household drinking water



varies greatly by residence. Majority of households in rural and urban areas have access to improved toilet facilities at 68 and 64 percent respectively, compared to nomadic households at 2 percent. Regionally, Mudug has a higher proportion of households that use improved toilet facilities at 54 percent compared to 44 percent among households in Galgaduud.

2.5.3 Flooring Material, Lighting and Cooking Arrangements

Table 2.7 presents the distribution of households by dwelling characteristics and amenities. Twenty-nine percent of households in Galmudug use electricity 57 percent of urban households use electricity for lighting, compared to 24 percent of rural households, with no nomadic household reporting use of electricity for lighting.

The kind of flooring used in a house can be indicative of the lifestyle its inhabitants have. Across Galmudug, 74 percent of dwellings have floors made of earth or sand. In urban and rural residences, cement is the second most common type of flooring, used in 27 percent of urban dwellings and 26 percent of rural dwellings. Firewood is the most common source of fuel used for cooking in nomadic and rural areas, with 95 percent of nomadic households and 50 percent of rural households using firewood. In urban areas, 57 percent of households use charcoal, whereas in rural settings, 44 percent use this type of fuel for cooking.

2.6 Household Possessions

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

As shown in Figure 2.9, 8 percent of households in Galmudug own a television, and 72 percent own a mobile phone. Keeping up with technological advances and connecting with friends and family is a top priority in majority of households: Seventy-six percent of people living in urban households, 75 percent living in rural households and 64 percent of nomadic households own simple mobile telephones with access to FM radio. In addition, around 22 percent of urban households, 19 percent of rural households and 6 percent of nomadic households' own radios (Table 2.8).

Six percent of urban, 4 percent of rural, and 1 percent of nomadic households own a car or truck. As is the case throughout the state, families in Galmudug value livestock and regard them as assets: Almost all nomadic households own livestock at 94 percent while 60 percent of rural households and 41 percent of urban households own livestock. Climate related shocks and stresses have become more frequent in the recent years and have adversely affected the livestock production sector. Sixty-six percent of nomadic households, 44 percent of rural households, and 26 percent urban households lost their livestock.

Figure 2.8 Household sanitation facilities

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

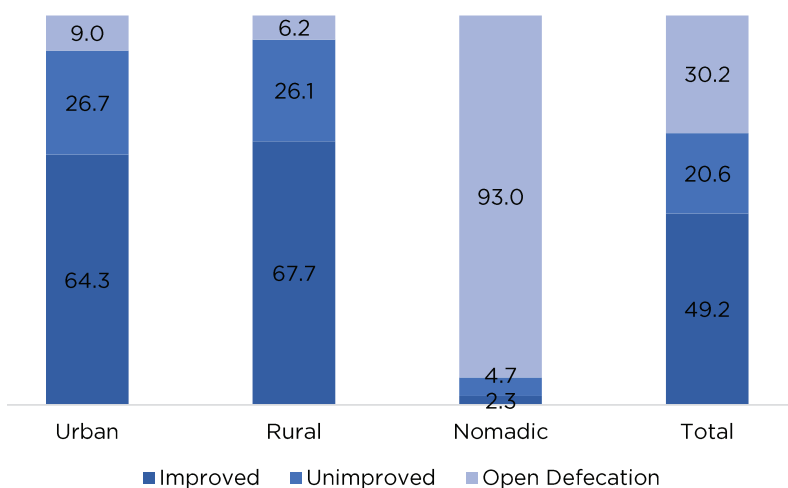
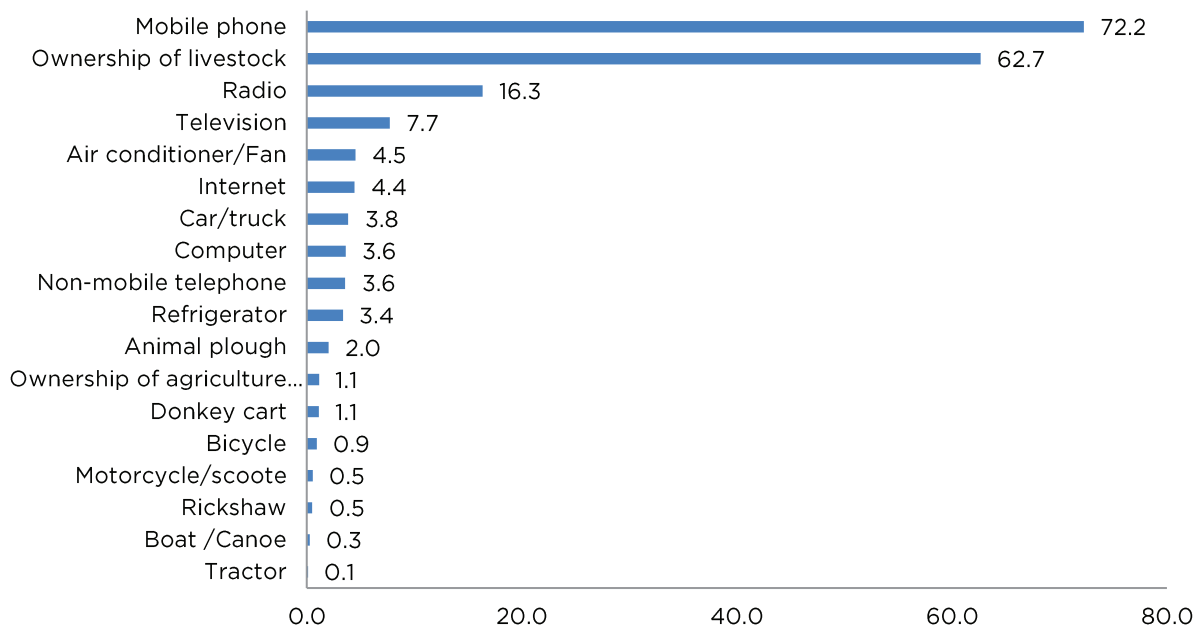


Figure 2.9 Household possessions



2.7 Household Wealth

In addition to presenting standard background characteristics, many of the results in this report are shown by wealth quintiles, an indicator of the economic status of households. The survey did not collect data on consumption or income, but the information collected on dwelling and household characteristics, consumer goods, and assets is used as a measure of socioeconomic status. The resulting wealth index is an indicator of the relative level of wealth that is used as a proxy for expenditure and income measures. Each household asset for which information is collected is assigned a 'weight' or 'factor score' generated through principal components analysis. The resulting asset scores are standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one.

Table 2.9 shows the distribution of household members into five wealth quintiles (five equally divided levels) based on the wealth index by residence. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed across Galmudug State. As expected, the survey findings show that urban areas are wealthier than rural and nomadic areas. For example, within urban households, 20 percent of households belong to the highest wealth quintile, followed by 8 percent in rural areas. No households in the nomadic areas belong to the highest wealth quintile indicating economic disparities based on type of residence (Figure 2.10).

2.8 Birth Registration

The registration of births is the inscription of the facts of a birth into an official log. A birth certificate is issued as proof of the registration of birth. Information on the registration of births was collected in the household 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. Four percent of children under two years were registered, of which less than 1 percent had a birth certificate. These figures may be significantly low due to the lack of civil registration and the lack of a vital statistics system. The levels of registration were generally low and no significant variations were recorded across the state, as shown in Table 2.11.

2.9: Hand Washing

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



and observing if water and soap (or other local cleansing materials) were present at a specific place for hand washing.

Respondents were requested to show the place where household members wash their hands in order to observe if soap and water are available for hand washing. Table 2.11 indicates that 16 percent of urban, 10 percent of rural, and 1 percent of nomad dwellers have a basic hand washing facility.

Regionally, the percentage of households with hand washing facility available are higher in Galgaduud at 6 percent compared to Mudug at 4 percent.

Figure 2.10 Wealth quintiles

Percent distribution of de-jure household members by wealth quintiles and type of residence

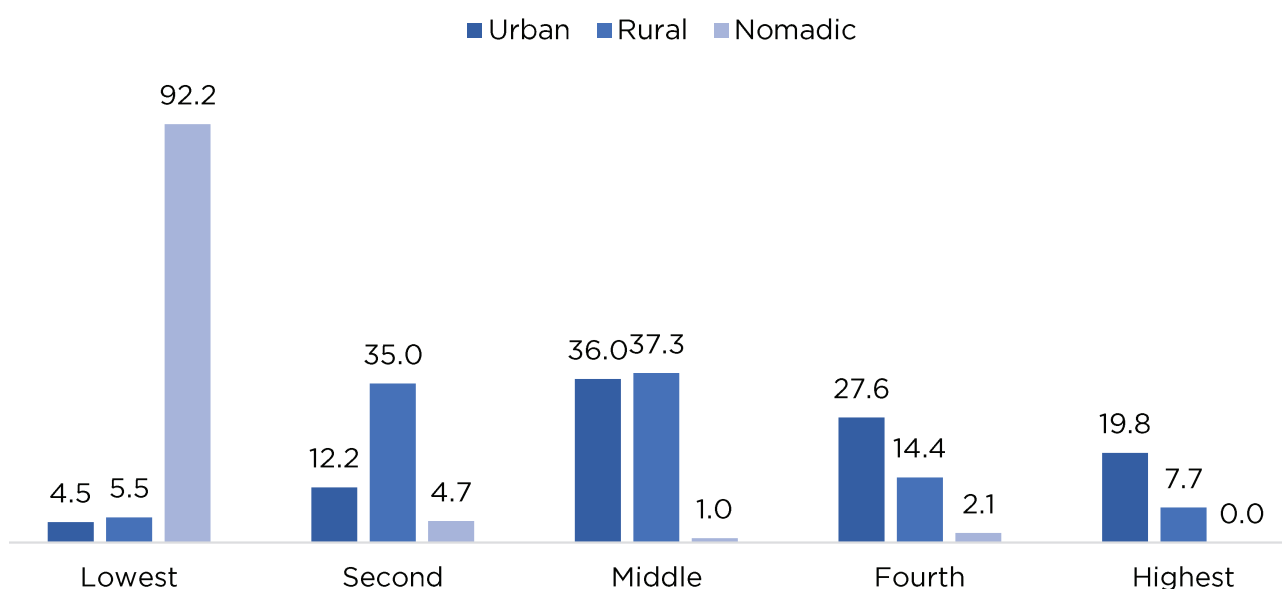


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Table 2.1 Household population by age, sex, and residence

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

Background characteristics	Urban			Rural			Nomadic			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age												
<5	23.5	18.5	20.8	23.8	18.2	20.8	24.7	23.4	24.1	23.9	19.6	21.6
5-9	21.2	16.6	18.8	24.8	18.7	21.6	21.2	19.0	20.1	22.6	18.0	20.2
10-14	17.0	14.0	15.4	17.2	14.3	15.7	14.4	12.8	13.6	16.4	13.8	15.0
15-19	10.4	13.6	12.1	8.9	12.2	10.6	7.7	11.6	9.7	9.2	12.6	11.0
20-24	4.9	6.9	5.9	4.2	5.6	5.0	4.9	6.5	5.7	4.6	6.3	5.5
25-29	3.8	6.3	5.2	2.7	7.3	5.2	4.1	6.6	5.4	3.4	6.8	5.2
30-34	3.6	5.1	4.4	3.6	4.6	4.1	5.5	5.6	5.6	4.1	5.0	4.6
35-39	3.1	4.9	4.1	2.6	4.3	3.5	3.3	4.4	3.9	3.0	4.6	3.8
40-44	3.4	2.2	2.8	3.0	2.3	2.6	4.2	1.6	2.9	3.4	2.1	2.7
45-49	1.7	1.3	1.5	1.3	0.9	1.1	2.1	1.0	1.5	1.7	1.1	1.4
50-54	2.7	3.2	3.0	1.9	3.0	2.5	1.9	2.7	2.3	2.2	3.0	2.6
55-59	0.5	0.9	0.7	0.6	1.6	1.2	1.2	0.8	1.0	0.7	1.2	1.0
60-64	1.3	1.7	1.5	2.0	2.2	2.1	1.5	1.5	1.5	1.6	1.9	1.7
65-69	0.3	0.7	0.5	0.5	1.1	0.8	0.6	0.8	0.7	0.4	0.9	0.7
70-74	1.0	1.5	1.3	1.6	1.4	1.5	0.9	0.7	0.8	1.2	1.2	1.2
75-79	0.4	0.4	0.4	0.2	0.6	0.4	0.4	0.3	0.3	0.3	0.5	0.4
80+	1.2	1.9	1.6	1.1	1.7	1.4	1.4	0.7	1.1	1.2	1.6	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dependency age groups												
0-14	61.7	49.1	55.0	65.8	51.2	58.0	60.3	55.2	57.7	63.0	51.4	56.8
15-64	35.5	46.3	41.3	30.9	44.0	37.9	36.4	42.4	39.4	33.9	44.5	39.5
65+	2.8	4.6	3.8	3.3	4.8	4.1	3.4	2.4	2.9	3.1	4.1	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Child and adult populations												
0-17	68.6	58.1	63.0	71.8	59.0	65.0	65.5	63.7	64.6	69.1	59.8	64.2
18+	31.4	41.9	37.0	28.2	41.0	35.0	34.5	36.3	35.4	30.9	40.2	35.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Adolescents 10-19	27.4	27.6	27.5	26.2	26.4	26.3	22.1	24.4	23.3	25.6	26.4	26.0
Number of persons	1733	1989	3723	1935	2187	4122	1248	1317	2565	4916	5494	10410



Table 2.2 Household composition

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

Background characteristics	Type of Residence			
	Urban	Rural	Nomadic	Total
Household headship				
Male	57.5	51.1	69.4	58.1
Female	42.5	48.9	30.6	41.9
Total	100.0	100.0	100.0	100.0
Number of usual members				
1	3.5	3.1	2.1	3.0
2	4.0	8.0	6.7	6.3
3	8.3	9.8	10.7	9.5
4	9.6	9.9	15.2	11.2
5	10.7	15.0	14.8	13.5
6	16.6	13.5	16.8	15.4
7	13.5	14.0	14.3	13.9
8	10.2	10.2	8.6	9.8
9+	23.6	16.5	10.7	17.3
Total	100.0	100.0	100.0	100.0
Mean size of households	6.5	5.9	5.6	6.0
Percentage of households with orphans and foster children under 18				
Foster children ¹	22.4	24.2	19.2	22.3
Double orphans	3.5	3.5	6.1	4.2
Single orphans ²	16.5	17.2	15.0	16.4
Foster and/or orphan children	35.9	38.1	35.3	36.6
Number of households	577	700	463	1740

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

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

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



Table 2.3a Educational attainment of the male household population

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

Background characteristics	Educational attainment of the household population							Total	Number of males
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education	Don't know		
Age									
6-9	84.3	15.7	0.0	0.0	0.0	0.0	0.0	100.0	494
10-14	54.8	41.3	2.8	1.1	0.0	0.0	0.0	100.0	615
15-19	32.1	31.0	8.2	13.5	12.2	1.9	1.1	100.0	334
20-24	36.3	9.7	4.0	17.3	18.7	11.1	2.9	100.0	127
25-29	32.7	14.4	6.6	8.4	7.9	21.9	8.1	100.0	98
30-34	46.0	12.1	5.3	2.5	8.7	17.5	8.0	100.0	96
35-39	52.6	9.0	3.5	4.0	16.8	5.5	8.6	100.0	72
40-44	43.6	10.5	10.4	2.8	7.3	11.1	14.3	100.0	72
45-49	'(68.5)	(8.1)	'(0)	'(5.6)	'(10.5)	'(0)	'(7.3)	100.0	26
50-54	'(50.7)	'(10.3)	'(6.9)	'(2.2)	'(9.3)	'(12.7)	'(7.9)	100.0	40
55-59	*	*	*	*	*	*	*	100.0	15
60-64	*	*	*	*	*	*	*	100.0	23
65+	73.7	2.8	1.8	5.1	6.0	6.7	3.8	100.0	51
Type of residence									
Urban	43.4	28.6	5.0	7.5	6.7	6.8	2.0	100.0	882
Rural	57.3	25.2	3.7	3.0	5.4	2.8	2.7	100.0	901
Nomadic	89.9	6.0	0.2	0.4	0.4	0.0	3.1	100.0	278
Region									
Mudug	44.6	31.1	3.9	5.9	6.0	5.4	3.1	100.0	924
Galgaduud	64.8	18.4	3.7	3.5	4.7	3.0	1.9	100.0	1137
Total	55.8	24.1	3.8	4.6	5.3	4.1	2.5	100.0	2061

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level

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



Table 2.3b Educational attainment of the female household population

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

Background characteristics	Educational attainment of the household population							Total	Number of females
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education	Don't know		
Age									
6-9	85.7	14.3	0.0	0.0	0.0	0.0	0.0	100.0	370
10-14	52.7	44.1	1.6	1.6	0.0	0.0	0.0	100.0	538
15-19	24.4	34.2	12.5	14.2	10.9	3.3	0.6	100.0	388
20-24	33.8	33.2	5.9	8.3	9.0	9.7	0.0	100.0	169
25-29	58.8	22.2	5.5	2.8	7.1	3.6	0.0	100.0	157
30-34	61.0	23.9	2.9	2.9	5.1	2.9	1.3	100.0	94
35-39	55.1	34.3	5.9	0.0	3.3	1.3	0.0	100.0	69
40-44	*	*	*	*	*	*	*	100.0	24
45-49	*	*	*	*	*	*	*	100.0	15
50-54	'(71.6)	'(7.3)	(8.0)	'(2.6)	(0.0)	'(10.5)	(0.0)	100.0	35
55-59	*	*	*	*	*	*	*	100.0	22
60-64	*	*	*	*	*	*	*	100.0	17
65+	'(93.2)	'(3.5)	(0.0)	'(3.2)	(0.0)	(0.0)	(0.0)	100.0	28
Type of residence									
Urban	42.3	35.1	6.0	6.3	6.1	4.0	0.2	100.0	879
Rural	57.8	29.4	4.3	4.0	2.8	1.3	0.3	100.0	861
Nomadic	92.5	6.6	0.0	0.0	0.2	0.0	0.6	100.0	185
Region									
Mudug	43.2	36.0	5.4	6.0	6.3	2.6	0.3	100.0	894
Galgaduud	63.5	24.4	4.0	3.4	2.1	2.2	0.3	100.0	1030
Total	54.1	29.8	4.7	4.6	4.1	2.4	0.3	100.0	1924

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level

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



Table 2.4a School attendance ratio: PRIMARY

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, GMHDS, 2020

Background characteristics	Net Attendance Ratio ¹				Gross Attendance Ratio ²			
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
Urban	25.6	23.3	24.5	0.91	52.1	53.2	57.5	1.02
Rural	19.9	14.9	17.6	0.75	35.4	38.9	39.9	1.10
Nomadic	2.2	0.7	1.5	0.33	3.8	3.5	5.1	0.92
Region of residence								
Mudug	25.1	19.7	22.6	0.79	39.8	40.7	42.6	1.02
Galgaduud	10.7	9.5	10.1	0.89	28.3	30.9	33.6	1.09
Wealth quintile								
Lowest	5.6	3.8	4.7	0.69	9.2	8.8	10.2	0.96
Second	13.4	12.0	12.7	0.90	26.1	30.5	33.6	1.17
Middle	18.9	15.1	17.2	0.80	37.2	41.8	41.9	1.12
Fourth	23.5	23.0	23.3	0.98	50.9	50.3	54.7	0.99
Highest	52.1	36.8	44.5	0.71	85.0	84.4	89.5	0.99
Total	17.9	14.6	16.3	0.81	34.0	35.7	38.0	1.05

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 primary school is the percentage of the primary-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 primary school is the total number of primary 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.



Table 2.4b School attendance ratio: SECONDARY

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, GMHDS 2020

Background characteristics	Net Attendance Ratio ¹				Gross Attendance Ratio ²			
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
Urban	18.5	15.7	16.9	0.85	35.4	28.8	31.7	0.81
Rural	11.3	11.0	11.1	0.97	20.6	15.7	17.8	0.76
Nomadic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Region of residence								
Mudug	14.9	11.4	12.7	0.77	24.9	17.3	20.1	0.70
Galgaduud	8.8	8.3	8.5	0.95	19.3	16.3	17.8	0.85
Wealth quintile								
Lowest	0.0	0.5	0.3	0.0	0.0	0.5	0.3	
Second	5.9	7.8	7.0	1.32	13.4	11.4	12.2	0.85
Middle	10.0	9.3	9.6	0.93	23.2	16.5	19.3	0.71
Fourth	15.4	17.6	16.6	1.14	33.2	26.8	29.9	0.81
Highest	38.6	25.8	31.3	0.67	55.0	46.5	50.1	0.85
TOTAL	11.7	10.2	10.8	0.87	21.9	16.9	19.1	0.77

¹The 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

²The 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

³The 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 by source of drinking water, time to obtain drinking water, according to residence, GMHDS, 2020						
Background characteristics	Types of residence			Region of residence		Total
	Urban	Rural	Nomadic	Mudug	Galgaduud	
Source of drinking water						
Improved source	95.1	93.1	32.3	69.2	86.6	77.6
Piped water into dwelling/yard/plot	88.1	78.8	0.3	46.5	76.6	61.0
Piped to neighbor	2.7	2.6	0.0	2.0	1.8	1.9
Public tap/standpipe	0.9	1.6	1.3	1.0	1.6	1.3
Tube well/borehole	1.6	2.4	0.8	2.0	1.4	1.7
Protected dug well	1.5	4.8	4.3	3.8	3.3	3.6
Protected spring	0.2	1.5	5.1	3.3	0.7	2.0
Rainwater	0.0	1.1	20.6	10.3	1.2	5.9
Bottled water	0.2	0.3	0.0	0.3	0.0	0.2
Non-improved source	4.9	6.9	67.7	30.8	13.4	22.4
Unprotected dug well	1.0	3.7	34.0	16.4	4.9	10.9
Unprotected spring	0.4	0.1	10.6	4.4	1.5	3.0
Tanker truck/cart with drum	3.0	1.4	11.5	3.7	5.7	4.6
Water Kiosk	0.0	0.0	0.0	0.0	0.0	0.0
Surface water	0.2	1.2	11.6	6.2	0.9	3.6
Other source	0.4	0.3	0.0	0.1	0.4	0.3
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)						
Water on premises ¹	94.2	89.6	7.4	57.2	82.3	69.3
30 minutes or less	4.6	8.6	41.6	18.0	13.9	16.0
More than 30 minutes	0.8	1.0	48.9	23.0	3.6	13.7
DK/Missing	0.4	0.8	2.0	1.7	0.3	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Drinking water service						
Percentage with basic drinking water service ²	94.7	92.0	15.9	61.0	85.2	72.6
Percentage with limited drinking water service ³	0.4	0.7	16.4	7.9	1.4	4.8
Number of households	577	700	463	903	838	1740

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

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



Table 2.5b Treatment of household drinking water

Percent distribution of households by using various methods to treat drinking water, and percentage using an appropriate treatment method, according to residence, GMHDS, 2020

Water treatment method	Types of residence					Total
	Urban	Rural	Nomads	Mudug	Galgaduud	
Water treatment prior to drinking¹						
Boiled	5.1	7.0	0.0	3.7	0.8	4.5
Bleach/chlorine added	4.5	4.2	0.0	1.2	2.0	3.2
Strained through cloth	0.0	0.0	0.0	0.0	0.0	0.0
Ceramic, sand or other filter	0.0	0.0	0.0	0.0	0.0	0.0
Solar disinfection	0.0	0.0	0.0	0.0	0.0	0.0
Let it stand and settle	0.0	0.0	0.0	0.0	0.0	0.0
Other treatment	0.2	0.6	0.0	0.2	0.1	0.3
No treatment	89.7	88.6	98.5	46.5	45.2	91.6
Don't Know	9.8	11.3	1.5	5.2	2.9	8.2
Percentage using an appropriate treatment method ²	9.5	10.8	0.0	4.7	2.8	7.5
Number of households	577	700	463	903	838	1740

¹Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.

²Appropriate water treatment methods include boiling, bleaching, straining, filtering and solar disinfecting



Table 2.6 Household sanitation facilities, GMHDS 2020

Type of toilet/latrine facility	Households					
	Urban	Rural	Nomads	Mudug	Galgaduud	Total
Improved facility	64.3	67.7	2.3	53.6	44.3	49.2
Flush/pour to septic tank	14.4	11.9	0.3	13.5	5.4	9.6
Flush/pour to a pit latrine	23.9	26.7	0.5	28.1	8.8	18.8
Ventilated improved pit (VIP) latrine	1.6	3.1	0.0	3.1	0.4	1.8
Pit latrine with a slab	23.8	24.4	1.3	8.6	28.2	18.0
Composting toilet	0.5	1.6	0.3	0.3	1.4	0.9
Non-improved facility	26.7	26.1	4.7	9.5	32.6	20.6
Flush to some where else	1.6	2.2	0.1	1.8	1.0	1.4
Flush/pour flush, don't know where	0.5	0.4	0.1	0.4	0.3	0.4
Pit latrine without slab/Open latrine	24.4	22.3	4.4	7.3	30.0	18.2
Others	0.2	1.2	0.1	0.0	1.2	0.6
Open Defecation	9.0	6.2	93.0	36.9	23.0	30.2
Location of toilet facility						
In own dwelling	46.7	34.0	1.8	29.2	30.0	29.6
In own Yard/Plot	37.8	43.3	2.5	26.3	35.3	30.6
Else Where	5.4	14.4	3.0	6.7	10.3	8.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage with basic sanitation service¹	48.9	42.4	1.3	40.2	26.5	33.6
Percentage with limited sanitation service²	14.9	23.7	0.8	13.1	16.4	14.7
Number of households	577	700	463	903	838	1740

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

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



Table 2.7 Household characteristics

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

Housing characteristic	Type of residence			Region of residence		Total
	Urban	Rural	Nomadic	Mudug	Galgaduud	
Electricity						
Yes	57.2	24.4	0.0	30.6	26.9	28.8
No	42.8	75.6	100.0	69.4	73.1	71.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth/Sand	61.4	70.1	96.9	70.4	78.6	74.4
Dung	0.3	0.0	0.5	0.5	0.0	0.2
Grass	0.5	0.5	0.3	0.5	0.3	0.4
Wooden Planks	1.2	1.6	0.0	0.9	1.1	1.0
Palm/Bamboo	1.3	0.3	1.8	1.7	0.3	1.0
Parquet/Polished wood	0.2	0.0	0.0	0.1	0.0	0.1
Vinyl/Asphalt Strips	8.4	1.4	0.0	4.5	2.0	3.3
Ceramic Tiles	26.5	25.6	0.3	20.5	17.7	19.2
Cement	0.3	0.6	0.0	0.6	0.0	0.3
Carpet	0.0	0.0	0.3	0.1	0.0	0.1
Others	100.0	100.0	100.0	100.0	100.0	100.0
Total						
Rooms used for sleeping						
One	35.8	40.3	94.4	57.4	48.6	53.2
Two	34.0	41.8	5.6	22.7	37.0	29.6
Three or more	30.2	18.0	0.0	19.9	14.4	17.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	33.1	28.3	3.6	25.9	20.6	23.3
In a separate building	38.5	36.3	11.3	28.9	31.9	30.4
Outdoors	27.6	33.9	83.0	43.8	46.0	44.9
Others	0.8	1.5	2.1	1.4	1.5	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	2.6	0.0	0.0	1.4	0.3	0.8
LPG/natural gas/ biogas	4.5	0.2	0.0	2.4	0.7	1.6
Kerosene	3.9	1.2	0.3	2.3	1.4	1.9
Firewood	28.3	50.3	94.8	61.1	48.1	54.9
Charcoal	57.4	44.3	2.3	29.0	46.6	37.5
Straw/shrubs/grass	1.0	2.3	1.8	2.1	1.3	1.7
Agricultural crop	1.6	0.1	0.1	1.1	0.0	0.6
No food cooked in the household	0.0	0.1	0.0	0.1	0.0	0.1
Other	0.8	0.8	0.6	0.4	1.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking¹	88.2	97.2	99.0	93.5	96.0	94.7
Percentage using clean fuel for cooking²	7.0	0.2	0.0	3.8	1.0	2.4
Number of Households	577	700	463	903	838	1740

LPG = Liquid petroleum gas

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

²Includes electricity and LPG/natural gas/biogas



Table 2.8 Household possessions

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

Possession	Type of residence			Region of residence		Total
	Urban	Rural	Nomadic	Mudug	Galgaduud	
Household effect						
Radio	21.7	18.8	5.8	21.8	10.4	16.3
Television	17.4	4.4	0.6	11.0	4.1	7.7
Refrigerator	7.4	2.3	0.0	4.5	2.1	3.4
Mobile phone	76.0	74.5	64.2	68.6	76.2	72.2
Non-mobile telephone	5.2	2.5	3.3	5.2	1.9	3.6
Computer	7.8	2.2	0.3	5.0	2.0	3.6
Internet	6.3	5.3	0.9	4.2	4.7	4.4
Air conditioner/Fan	9.2	2.8	1.2	6.2	2.7	4.5
Means of transport						
Bicycle	1.1	0.6	1.2	1.2	0.6	0.9
Motorcycle/scooter	1.1	0.4	0.1	0.7	0.4	0.5
Donkey cart	1.3	0.5	1.9	1.3	1.0	1.1
Car/truck	6.0	4.2	0.6	4.1	3.5	3.8
Boat /Canoe	0.3	0.1	0.4	0.4	0.1	0.3
Tractor	0.3	0.0	0.0	0.2	0.0	0.1
Rickshaw	1.2	0.2	0.0	0.8	0.2	0.5
Animal plough	0.7	0.3	6.4	3.7	0.3	2.0
Ownership of agriculture land	0.8	1.9	0.4	0.5	1.7	1.1
Ownership of livestock ¹	41.0	59.8	93.9	57.9	67.8	62.7
Livestock ¹ lost	26.2	43.5	65.9	41.3	46.2	43.7
Number of households	577	700	463	903	838	1740

¹Camel cattle, shoats horses, donkeys, poultry



Table 2.9 Wealth quintile

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

Residence/region	Wealth quintile						Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest	Total		
Type of residence								
Urban	4.5	12.2	36.0	27.6	19.8	100.0	3783	0.2
Rural	5.5	35.0	37.3	14.4	7.7	100.0	4175	0.5
Nomadic	92.2	4.7	1.0	2.1	0.0	100.0	2630	0.4
Region of residence								
Mudug	34.6	15.6	18.7	16.3	14.7	100.0	5632	0.3
Galgaduud	17.6	23.5	38.2	15.8	4.8	100.0	4956	0.3
Total	26.7	19.3	27.8	16.0	10.1	100.0	10589	0.3

Table 2.10 Birth registration of children aged under five

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

Background characteristics	Children whose births are registered			Number of children
	Percentage who had a birth certificate	Percentage who did not have a birth certificate	Percentage registered	
Age				
<2	0.0	3.7	3.7	745
2-4	0.1	3.2	3.4	1508
Sex				
Male	0.2	3.1	3.3	1179
Female	0.0	3.6	3.6	1074
Types of residence				
Urban	0.3	4.8	5.1	777
Rural	0.0	3.9	3.9	858
Nomadic	0.0	0.8	0.8	617
Region of residence				
Mudug	0.0	3.0	3.0	1189
Galgaduud	0.2	3.8	4.0	1064
Total	0.1	3.4	3.5	2253



Table 2.11 Handwashing, GMHDS 2020

Percentage of households for whom the place most often used for washing hands was observed, by whether the location was fixed or mobile, and total percentage of households for whom the place for handwashing was observed; and among the households for whom the place for handwashing was observed, percentage with water available, percentage with soap available, and percentage with a cleansing agent other than soap available; percentage of households with a basic handwashing facility and percentage with a limited handwashing facility, according to background characteristics, GMHDS, 2020

Background	Percentage of households for whom place for washing hands was observed			Place for handwashing observed				Number of households/ persons for whom place of handwashing was observed	Percentage with a basic handwashing facility ³	Percentage with a limited handwashing facility ⁴	Number of households/ persons for whom a place for handwashing was observed or with no place for handwashing in the dwelling yard
	Place for washing hands was fixed	Place for washing hands was mobile	Number of households	Water available	Soap available ¹	Cleansing agent other than soap available ²					
Households											
Type of residence											
Urban	15.1	61.8	577	40.3	22.6	11.7	444	15.5	24.3	497	
Rural	8.2	64.4	700	32.5	18.1	11.4	508	10.1	27.6	549	
Nomadic	1.1	57.0	463	15.4	2.8	5.8	269	0.8	77.9	394	
Region of residence											
Mudug	6.4	32.3	903	17.3	4.6	5.4	673	3.9	26.7	799	
Galgaduud	2.2	29.3	838	13.3	10.9	4.7	548	5.5	13.2	641	
Number of households	8.6	61.6	1,740	30.5	15.5	10.0	1,221	9.4	39.9	1,440	
Population											
Type of residence											
Urban	16.3	62.2	3,783	42.0	23.6	11.6	2,970	15.8	23.4	3,297	
Rural	7.8	65.2	4,175	33.1	18.6	11.9	3,046	10.7	26.7	3,284	
Nomadic	1.1	55.3	2,630	16.2	2.7	5.8	1,484	0.8	77.6	2,241	
Region of residence											
Mudug	7.3	32.3	5,632	19.2	5.2	5.3	4,194	4.4	25.6	4,995	
Galgaduud	1.9	29.3	4,956	12.9	11.2	5.0	3,306	5.7	12.6	3,827	
Number of households	9.2	61.7	10,589	32.1	16.5	10.3	7,500	10.0	38.2	8,822	

¹ Soap includes soap or detergent in bar, liquid, powder or paste form

² Cleansing agents other than soap include locally available materials such as ash, mud or sand

³ The availability of a handwashing facility on premises with soap and water

⁴ The availability of a handwashing facility on premises without soap and/or water



Table 2.12 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead according to background characteristics, GMHDS, 2020

Background Characteristic	Living with mother but not with father				Living with father but not with mother				Total	Percentage not living with a biological parent	Percentage with one or both parents dead ¹	Number of children
	Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead				
Age												
0-4	18.6	3.3	1.5	0.8	6.1	0.2	0.5	1.2	100.0	6.1	6.0	2267
Age 0-17												
<2	20.0	2.3	1.0	0.1	3.4	0.3	0.1	0.4	100.0	3.4	3.2	750
2-4	17.9	3.8	1.7	1.1	7.5	0.2	0.7	1.6	100.0	7.5	7.4	1516
5-9	17.5	5.6	2.7	0.7	9.8	0.9	1.0	1.9	100.0	9.8	10.1	2110
10-14	16.7	7.5	3.7	1.4	12.9	1.7	1.9	2.1	100.0	12.9	14.6	1579
15-17	14.8	8.8	2.5	1.5	17.5	1.7	3.4	3.4	100.0	17.5	18.8	775
Sex												
Male	18.3	5.2	2.6	1.1	9.5	0.8	1.1	1.6	100.0	9.5	9.8	3419
Female	16.4	6.1	2.4	0.9	10.9	1.1	1.5	2.2	100.0	10.9	11.8	3310
Residence												
Urban	19.8	5.1	1.9	1.5	9.8	0.8	1.7	1.5	100.0	9.8	10.6	2365
Rural	20.8	7.1	2.0	0.4	10.8	0.9	0.9	1.3	100.0	10.8	10.6	2695
Nomadic	8.4	4.0	4.3	1.3	9.7	1.3	1.4	3.4	100.0	9.7	11.4	1670
Region of residence												
Mudug	13.0	5.5	3.0	1.2	8.7	0.9	1.2	2.8	100.0	8.7	11.6	3533
Galgaduud	22.2	5.8	1.9	0.7	11.8	1.0	1.4	0.9	100.0	11.8	9.8	3197
Wealth quintile												
Lowest	9.9	4.5	4.0	1.0	9.3	1.3	1.5	3.3	100.0	9.3	11.5	1810
Second	22.8	5.7	2.1	0.3	9.9	0.7	1.0	1.4	100.0	9.9	9.1	1354
Middle	22.1	6.9	2.0	0.9	10.9	0.6	1.6	1.2	100.0	10.9	11.2	1880
Fourth	18.2	4.9	1.2	1.1	12.1	1.2	1.4	1.5	100.0	12.1	10.1	1038
Highest	11.8	6.2	2.7	2.5	8.0	1.2	0.6	1.6	100.0	8.0	12.1	647
Total <18	17.4	5.6	2.5	1.0	10.2	1.0	1.3	1.9	100.0	10.2	10.8	6730

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

1 Includes children with father dead, mother dead, both dead and one parent dead but missing information on survival status of the other parent



The background of the slide features a photograph of two women wearing red hijabs. They are seated at a table, looking down at a newspaper or magazine. The woman in the foreground is holding a blue pen. The image is partially obscured by a dark blue diagonal overlay on the right side and a white diagonal overlay on the left side. A large white outline number '03' is positioned in the upper left quadrant.

03

Characteristics of the Respondents



Key Findings

Educational attainment:

72 percent of women have never attended school at all.

Literacy:

Only **39 percent** of women in Galmudug are literate.

Access to media:

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

Internet use:

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

Employment:

9 percent of ever-married women were currently employed.



3 CHARACTERISTICS OF THE RESPONDENTS

This chapter presents information on the demographic and socioeconomic characteristics of the survey respondents who were interviewed for the GMHDS 2020. Enumerators administered questions to never-married and ever-married women. Questions on educational attainment, literacy, exposure to mass media and internet use were administered to both never-married and ever-married women, whereas questions on employment status, occupation, health insurance coverage and use of tobacco were only administered to ever-married women.

This information is useful in understanding the factors that affect the lives of women in the reproductive age group and provides a context for the interpretation of demographic and health indicators

3.1 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, type of residence, education and wealth quintile. Thirty-three percent of the women interviewed were aged 15-19 (84 percent among never-married women and 8 percent among ever-married women). Fifty-six percent of women were currently married, while 33 percent have never been married, 8 percent were divorced and 3 percent were widowed.

More women live in urban and rural areas than nomadic area. Thirty-seven percent and 36 percent of the women reside in urban and rural areas respectively, while 27 percent of women live in nomadic areas.

Educational attainment among the respondents in Galmudug was low; 72 percent of all women have never attended school. Eighty-one percent of ever-married women had no education compared to 54 percent of never-married women. Sixteen percent of ever-married and 20 percent of never-married women were from the wealthiest households.

3.2 Educational Attainment

Table 3.2 presents the percent 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 in Galmudug is very low. Overall, 72 percent of women aged 15-49 have not attended any formal schooling. Fifteen percent of women have some levels of primary education, but only 4 percent completed primary schooling. Moreover, 5 percent of women attended secondary school, but only 2 percent completed secondary education. Two percent of women have higher levels of education (Figure 3.1).

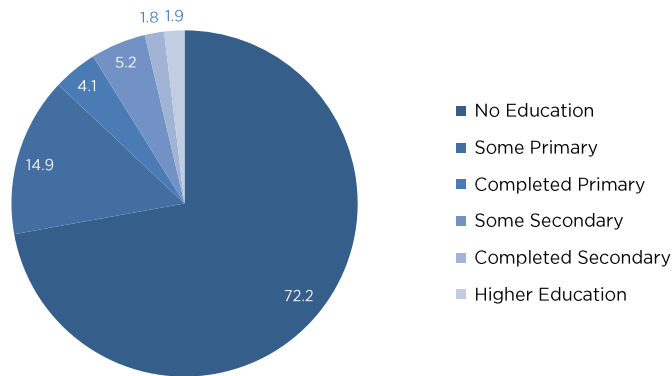
Educational attainment decreases as the age of the women increases. The percentage of women who have some level of primary education is highest among women aged 15-19 at 22 percent and lowest among women aged 45-49 at 2 percent. . The differences in educational attainment among women aged 15-49 in urban, rural and a nomadic area is pronounced. Ninety-seven percent of the women living in nomadic areas have never attended formal schooling compared to 70 percent of those from rural areas and 56 percent of women from urban areas.

There are significant differences between regions. The percentage of women who have attended at least some primary education is lower in Mudug at 12 percent as compared with Galgaduud at 18 percent. Educational attainment increases with increasing levels of wealth. The proportion of women with no education is highest in the lowest wealth quintile at 98 percent and lowest in the highest wealth quintile at 42 percent.



Figure 3.1 Educational attainment

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



3.3 Literacy rate

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

The GMHDS 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 either language was considered a literate person. Those with a higher level of education were assumed to be literate without administering a reading test. Table 3.3 presents the literacy of women by background characteristics. The table shows that 39 percent of women in Galmudug aged 15-49 are literate.

As shown in Figure 3.2, literacy levels generally decrease with the age; literacy is highest among women aged 15-19 (53 percent) and the lowest among women aged 45- 49 (22 percent). Literacy levels among women aged 15- 49 vary by place of residence. Among women residing in urban areas, 56 percent are literate compared to 47 percent among those living in rural areas and 7 percent among the women living in nomadic areas (Table 3.3).

Literacy levels among women in Galgaduud are higher than those in Mudug; at 46 percent and 34 percent respectively (Figure 3.3). Further analysis by wealth levels shows that literacy levels increase with wealth status. Women from the wealthiest households are most literate at 71 percent compared to women from the poorest households at 8 percent.

Figure 3.2 Literacy

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

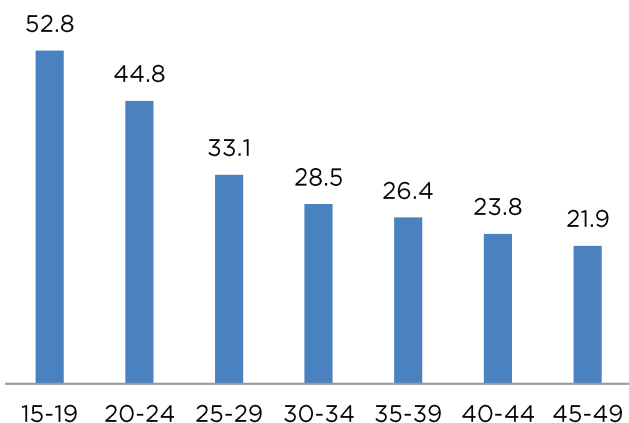
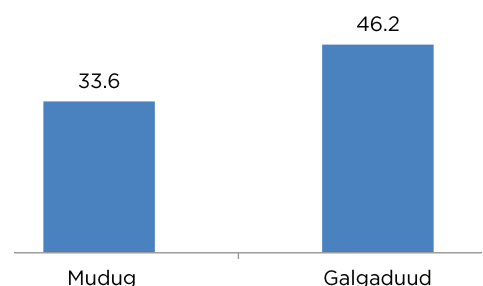


Figure 3.3 Literacy by region

Percent of women aged 15-49 by literacy and region



3.4 Exposure to Mass Media

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

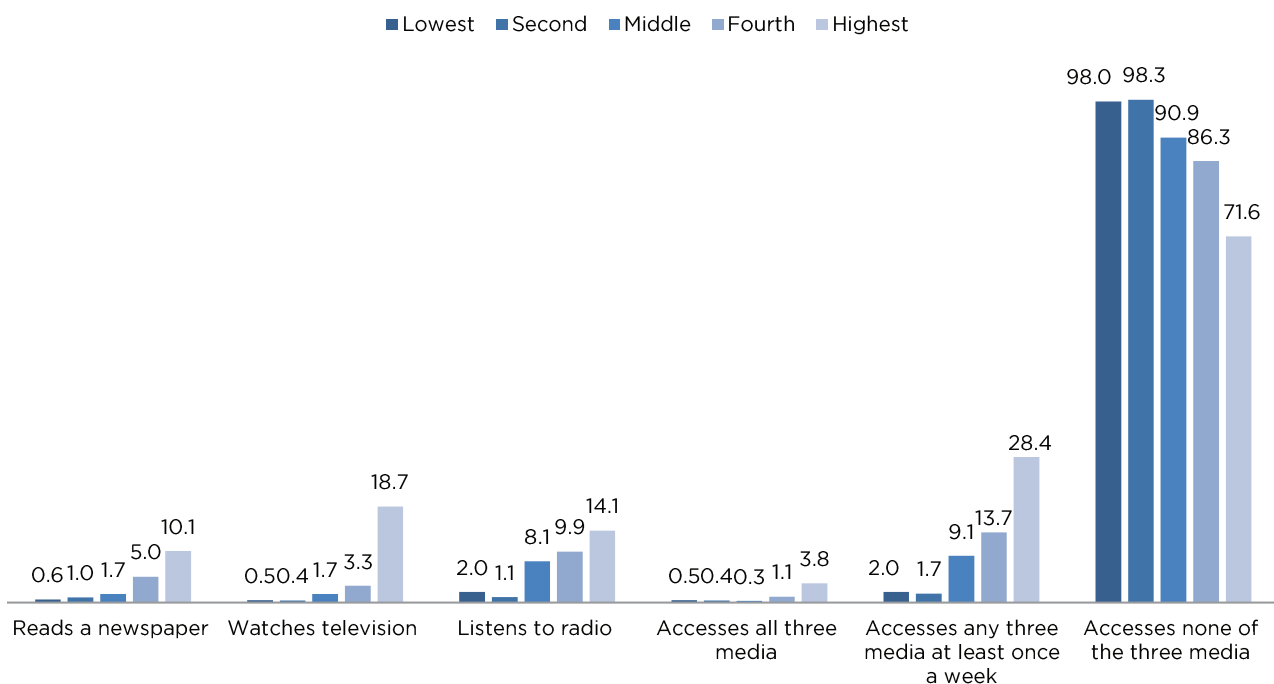
Table 3.4 shows that 89 percent of the respondents did not have access to any of the three forms of media—newspaper, radio and television—at least once a week. Radio was the most commonly accessed form of media. Eight percent of women listen to radio at least once a week, 5 percent watch television at least once a week, and 4 percent read newspapers at least once a week. Urban women have more access to newspapers, television and radio compared to their rural and nomadic counterparts—7 percent read a newspaper at least once a week, 10 percent watch television at least once a week and 11 percent listen to the radio at least once a week.

Exposure to media increases with both level of education and wealth status. While only about 1 percent of women with no education read a newspaper at least once a week, 15 percent of women with secondary education do so. Similarly, while 2 percent of women with no education watch television at least once a week, 16 percent of women with secondary education watch television at least once a week.

Figure 3.4 presents the percentage of women aged 15- 49 exposed to mass media by wealth quintile. One percent of women in the lowest wealth quintile read the newspaper at least once a week, compared to 10 percent of women from the highest wealth quintile. Whereas one percent of women from the lowest wealth quintile watch television at least once a week, 19 percent of women among those in the highest wealth quintile do the same. Likewise, 2 percent of women in the lowest wealth quintile listen to radio at least once a week, compared to 14 percent among those in the highest quintile. Women's access to any of the three media at least once a week increases with the increase of the wealth quintile. Twenty-eight percent of women from the highest wealth quintile have access to any of the three media at least once a week compared to only 2 percent of the women from the lowest wealth quintile.

Figure 3.4 Exposure to mass media

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



3.5 Internet Use

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

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

Table 3.5 shows that 18 percent of the women had ever used the internet, while 16 percent had used the internet in the past 12 months preceding the survey.

The use of the internet generally decreases with an increase in age; 27 percent of women aged 15-19 had

ever used the internet, compared to 2 percent of women aged 40-44. Around one-third (29 percent) of women living in urban areas had ever used the internet compared to 19 percent of women living in rural areas and 1 percent of women living in nomadic areas respectively. Use of internet in the 12 months preceding the survey is reported by 27 percent, 16 percent and 1 percent of women in urban, rural and nomadic areas respectively.

Twenty percent of women in Galgaduud had ever used the internet, whereas in Mudug, 16 percent reported they had ever used the internet (Figure 3.5). In the 12 months preceding the survey, 15 percent of women in Mudug and 18 percent of women in Galgaduud reported use of internet (Table 3.5).

Internet usage also increases with educational attainment and wealth status. Eighty-two percent of women with higher education had ever used the internet, compared to 6 percent of women with no education (Figure 3.6). Moreover, 46 percent of women in the highest wealth quintile had ever used the internet, compared to 1 percent of women in the lowest wealth quintile (Table 3.5).

Figure 3.5 Internet Usage

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

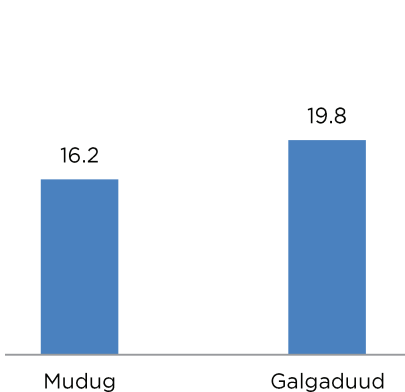
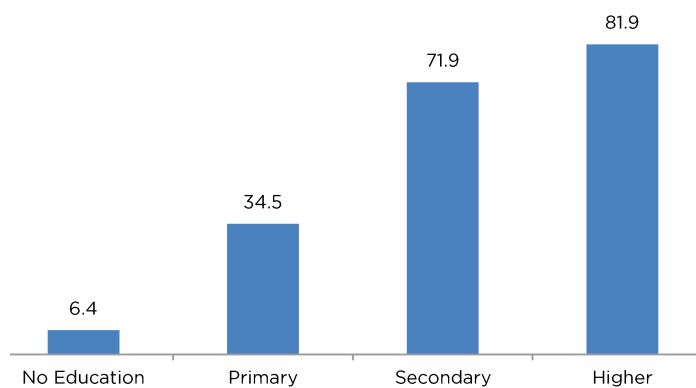


Figure 3.6 Internet use by Education attainment

Percent of women aged 15-49 who have ever used the internet by educational level



3.6 Employment Status

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

Table 3.6 shows the employment status of ever-married women by background characteristics. The employment status of the respondents in Galmudug was low. Nine percent of ever-married women were employed at the time the survey was conducted, while less than 1 percent were not employed but had worked in the 12 months preceding the survey. Ninety-one percent of ever-married women had not been employed in the 12 months prior to the survey.

The proportion of women employed increases with an increase in the number of living children; 6 percent each for both women with no living children and those with one to two children, 8 percent for those with three to four children and 11 percent for women with 5 or more children.

Among ever-married women who are currently employed 2 percent are aged 15-19 representing the lowest proportion, while 20 percent are aged 40-44 representing the highest proportion. Among the regions, the percentage of employed women is slightly higher

in Galgaduud at 10 percent compared to Mudug at 7 percent (Figure 3.7).

Employment varies by place of residence and wealth status of the household. Among women from nomadic areas, 1 percent were currently employed, compared to 13 percent and 11 percent of women from rural and urban areas respectively. More women from wealthier households were employed than those in poorer households; 16 percent of women in the highest wealth quintile were currently employed compared to 2 percent of women in the lowest wealth quintile.

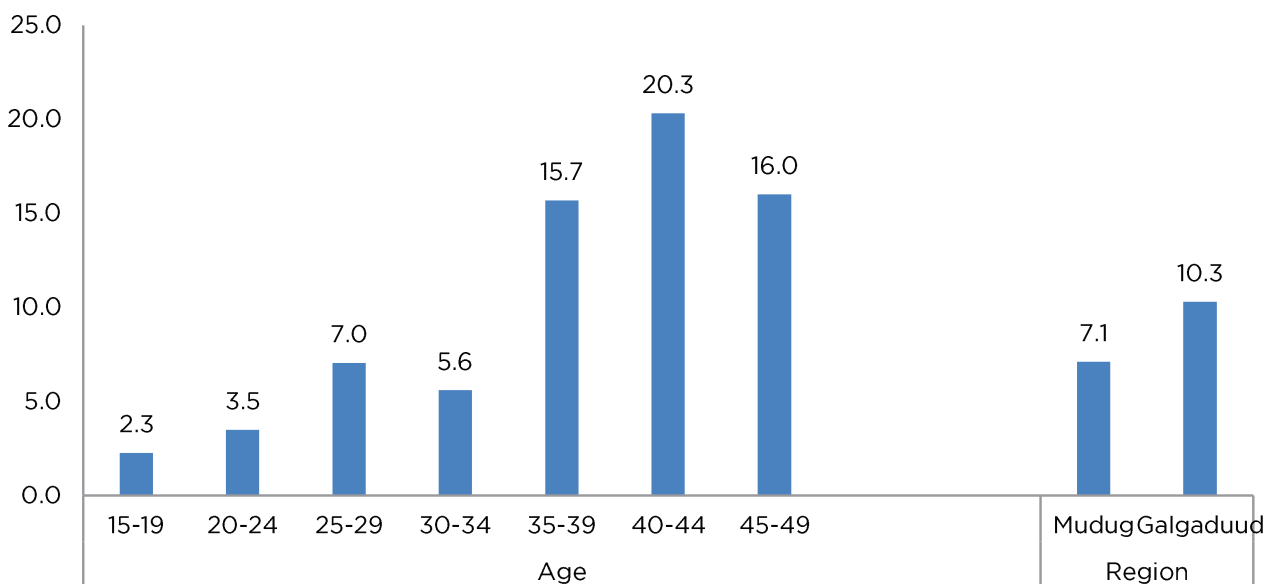
3.7 Type of Employment

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

Overall, 77 percent of ever-married women were paid in cash only, while 8 percent were not paid for their work. Seventy-three percent of the respondents working in agriculture were paid in cash only while 12 percent of their counterparts in the same sector were not paid at all. Women in non-agricultural work were mainly paid in cash only at 79 percent, whereas 11 percent were paid both in cash and in-kind, 4 percent were paid in-kind

Figure 3.7 Employment Status

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



only and 6 percent were not paid. Non-agricultural work had the highest proportion of women paid in cash only while the agricultural sector had the highest proportion of women paid both in cash and in-kind (Figure 3.8).

Fifty-five percent of the currently employed women aged 15-49 were self-employed, 28 percent of those in agricultural work were employed by a family member, while 69 percent were self-employed and 2 percent were employed by a non-family member. Approximately half of women engaged in non-agricultural work were self-employed (49 percent), 36 percent were employed by a family member and 15 percent were employed by a non-family member.

Just over half of women were employed all year round (66 percent). Both women engaged in agricultural and non-agricultural work were mostly employed all year round (68 and 66 percent respectively) (Table 3.7).

Table 3.8 shows the percent distribution of ever-married women who were currently employed or who had worked in the 12 months preceding the survey by their occupation. Overall, 25 percent of the ever-married women were in professional/technical/managerial occupations, while 8 percent were in domestic service, and 7 percent were in agricultural occupations. Majority of the women belong to the unskilled manual occupations 31 percent, followed by profession/technical/managerial and skilled manual occupations at 25 and 24 percent respectively.

3.8 Use of Tobacco

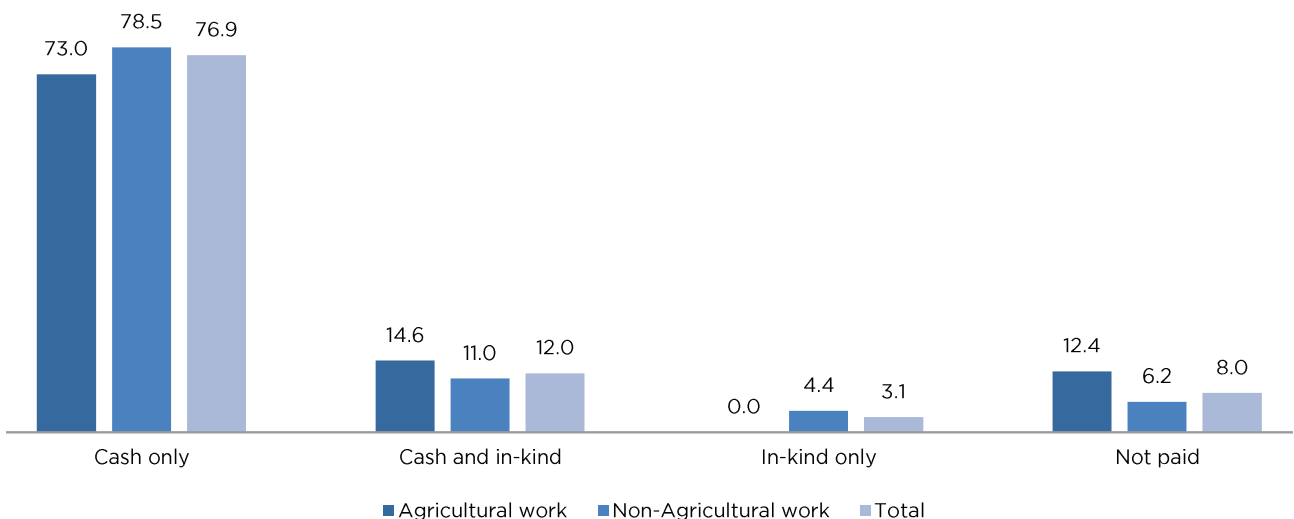
Exposure to Tobacco and second-hand smoking (SHS) during pregnancy has adverse health effects on women and infants. Women who smoke are more likely than non-smoker to experience infertility and delays in conceiving. Maternal smoking during pregnancy increases risks of prematurity, stillbirth, and neonatal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

Overall, 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. Two percent of women in the groups 25-29 and 30-34 use any type of tobacco, compared to 1 percent of the women in groups 20-24, 35-39 and 40-44.

Furthermore, 2 percent of women in rural and 1 percent in urban areas use any type of tobacco. Less than 1 percent in nomadic areas use any type of tobacco.

Figure 3.8 Type of employment and earnings

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



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Table 3.1 Background characteristics of respondents

Percentage of All women age 15-49 selected background characteristics, GMHDS, 2020									
Background characteristics	Ever-married Women			Never-married women			All women		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age									
15-19	7.9	104	103	84.3	542	532	32.8	646	635
20-24	18.7	248	252	12.3	79	82	16.6	327	334
25-29	25.5	338	336	2.3	15	16	18.0	353	352
30-34	18.4	244	245	0.7	5	4	12.7	249	249
35-39	17.3	230	230	0.1	1	1	11.7	230	231
40-44	8.1	107	109	0.1	1	1	5.5	108	110
45-49	4.0	54	55	0.0	0.0	0.0	2.7	54	55
Marital status									
Never-married	0.0	0	0	100.0	642	636	32.7	642	636
Married	83.3	1,103	1,119	0.0	0.0	0.0	56.1	1,103	1,119
Divorced/separated	12.2	161	153	0.0	0.0	0.0	8.2	161	153
Widowed	4.5	60	58	0.0	0.0	0.0	3.1	60	58
Type of residence									
Urban	35.0	464	474	41.0	263	281	37.0	727	755
Rural	36.8	488	417	35.4	227	202	36.4	715	619
Nomadic	28.1	373	439	23.6	152	153	26.7	524	592
Region									
Mudug	51.3	679	691	62.3	400	419	54.9	1,079	1,110
Galgaduud	48.7	645	639	37.7	242	217	45.1	887	856
Education									
No education	80.9	1,071	1,079	53.5	344	346	72.0	1,415	1,425
Primary	14.6	194	190	28.2	181	172	19.1	375	362
Secondary	3.2	43	44	15.1	97	98	7.1	140	142
Higher	1.2	16	17	3.2	20	20	1.8	36	37
Wealth quintile									
Lowest	18.5	244	283	18.1	116	113	18.3	360	396
Second	14.1	186	203	7.6	49	51	12.0	235	254
Middle	27.1	359	328	29.6	190	179	27.9	549	507
Fourth	23.9	317	297	24.3	156	151	24.1	473	448
Highest	16.4	217	219	20.4	131	142	17.7	348	361
Total 15-49	100.0	1,324	1,330	100.0	642	636	100.0	1,966	1,966

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

n/a = Not applicable



Table 3.2 Educational attainment: Women

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

Background characteristics	Educational attainment of the household members						Total	Median years completed	Number of women
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education			
Age									
15-24	59.0	20.8	6.0	9.3	2.4	2.5	100.0	0.0	972
15-19	54.8	22.2	7.4	11.9	1.9	1.8	100.0	0.0	646
20-24	67.4	18.1	3.3	4.1	3.4	3.8	100.0	0.0	327
25-29	80.6	11.1	2.8	2.2	1.6	1.7	100.0	0.0	353
30-34	85.3	9.7	1.7	0.7	1.5	1.0	100.0	0.0	249
35-39	88.1	8.3	2.5	0.0	0.4	0.7	100.0	0.0	230
40-44	92.3	6.1	0.8	0.8	0.0	0.0	100.0	0.0	108
45-49	84.6	1.6	3.7	1.6	3.2	5.3	100.0	0.0	54
Type of residence									
Urban	56.0	20.3	6.9	9.3	3.7	3.8	100.0	0.0	727
Rural	70.1	18.3	4.3	4.8	1.1	1.3	100.0	0.0	715
Nomadic	97.4	2.5	0.0	0.0	0.1	0.0	100.0	0.0	524
Region									
Mudug	74.1	11.9	4.2	5.5	2.3	2.1	100.0	0.0	1,079
Galgaduud	69.8	18.4	4.1	4.8	1.2	1.7	100.0	0.0	887
Wealth quintile									
Lowest	97.5	2.2	0.0	0.0	0.0	0.2	100.0	0.0	360
Second	88.1	10.5	1.2	0.0	0.2	0.0	100.0	0.0	235
Middle	73.7	15.4	3.7	5.2	1.1	0.7	100.0	0.0	549
Fourth	65.2	20.6	4.3	6.1	1.7	2.0	100.0	0.0	473
Highest	42.2	22.1	10.7	12.6	5.9	6.6	100.0	4.0	348
Total	72.2	14.9	4.1	5.2	1.8	1.9	100.0	0.0	1,966

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level



Table 3.3 Literacy: Women

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

Background characteristics	No schooling, primary or secondary school						Total	Percentage literate ¹	Number of women
	Higher education	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired			
Age									
15-24	2.4	28.2	19.5	49.4	0.5	0.0	100.0	50.1	972
15-19	1.6	32.3	18.9	46.8	0.5	0.0	100.0	52.8	646
20-24	3.8	20.3	20.7	54.5	0.7	0.0	100.0	44.8	327
25-29	1.7	10.7	20.7	65.8	1.1	0.0	100.0	33.1	353
30-34	1.0	8.4	19.0	70.4	1.1	0.0	100.0	28.5	249
35-39	0.7	6.0	19.6	71.1	2.0	0.5	100.0	26.4	230
40-44	0.0	6.5	17.3	73.2	3.0	0.0	100.0	23.8	108
45-49	5.3	4.8	11.8	75.7	2.4	0.0	100.0	21.9	54
Type of residence									
Urban	3.8	28.0	24.0	43.4	0.6	0.2	100.0	55.8	727
Rural	1.2	20.8	24.5	53.0	0.4	0.0	100.0	46.5	715
Nomadic	0.0	0.8	5.8	90.9	2.5	0.0	100.0	6.6	524
Region									
Mudug	2.0	15.8	15.9	65.1	1.3	0.0	100.0	33.6	1,079
Galgaduud	1.7	21.0	23.5	52.8	0.8	0.1	100.0	46.2	887
Wealth quintile									
Lowest	0.0	0.7	7.4	91.0	0.9	0.0	100.0	8.1	360
Second	0.0	4.1	10.0	83.9	2.0	0.0	100.0	14.1	235
Middle	0.7	19.3	22.3	57.3	0.4	0.0	100.0	42.3	549
Fourth	2.0	23.4	23.3	50.2	0.9	0.2	100.0	48.7	473
Highest	6.6	36.8	27.9	26.9	1.8	0.0	100.0	71.3	348
Total	1.8	18.1	19.3	59.6	1.1	0.1	100.0	39.3	1,966

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



Table 3.4 Exposure to mass media: Women

Percentage of All women age 15-49 who are exposed to specific media on a weekly basis, according to background characteristics, GMHDS, 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	6.1	5.5	7.8	1.1	14.2	85.8	646
20-24	2.5	5.1	9.4	1.1	12.2	87.8	327
25-29	3.5	4.7	6.6	1.2	9.9	90.1	353
30-34	2.9	4.6	6.9	1.7	9.7	90.3	249
35-39	2.0	2.2	5.5	1.1	6.2	93.8	230
40-44	0.0	2.4	8.9	0.0	10.5	89.5	108
45-49	1.6	8.0	11.9	1.6	16.7	83.3	54
Type of residence							
Urban	6.9	10.2	11.2	2.7	19.1	80.9	727
Rural	3.1	2.5	8.5	0.5	11.1	88.9	715
Nomadic	0.1	0.0	1.5	0.0	1.5	98.5	524
Region							
Mudug	4.5	6.4	5.5	1.9	10.0	90.0	1,079
Galgaduud	2.8	2.7	10.2	0.3	13.3	86.7	887
Education							
No education	0.9	1.5	4.6	0.2	5.8	94.2	1,415
Primary	6.8	9.2	10.9	1.8	20.1	79.9	375
Secondary	15.0	16.1	18.3	4.3	30.9	69.1	140
Higher	(36.0)	(39.3)	(50.2)	(20.4)	(67.5)	(32.5)	36
Wealth quintile							
Lowest	0.6	0.5	2.0	0.5	2.0	98.0	360
Second	1.0	0.4	1.1	0.4	1.7	98.3	235
Middle	1.7	1.7	8.1	0.3	9.1	90.9	549
Fourth	5.0	3.3	9.9	1.1	13.7	86.3	473
Highest	10.1	18.7	14.1	3.8	28.4	71.6	348
Total	3.7	4.7	7.6	1.2	11.5	88.5	1,966

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



Table 3.5 Internet usage: Women

Percentage of All women age 15-49 who have ever used the internet, and percentage who have used the internet in the past 12 months; and among women who have used the internet in the past 12 months, percent distribution by frequency of internet use in the past month, according to background characteristics, GMHDS, 2020

Background characteristics	Ever used the internet	Used the internet in the past 12 months	Number of women	Among women who have used the internet in the past 12 months, percentage who, in the past month, used the internet				Total	Number of women
				Almost every day	At least once a week	Less than once a week	Not at all		
Age									
15-19	27.3	24.6	646	60.7	24.7	5.8	8.7	100.0	159
20-24	24.2	22.2	327	53.0	30.2	8.8	7.9	100.0	72
25-29	15.0	13.0	353	(56.1)	(35.6)	(3.2)	(5.1)	100.0	46
30-34	8.8	8.8	249	*	*	*	*	100.0	22
35-39	5.5	5.2	230	*	*	*	*	100.0	12
40-44	2.4	1.6	108	*	*	*	*	100.0	2
45-49	9.6	4.8	54	*	*	*	*	100.0	3
Type of residence									
Urban	28.9	27.1	727	65.1	23.1	4.6	7.2	100.0	197
Rural	18.9	16.0	715	51.4	32.6	8.7	7.2	100.0	114
Nomadic	1.1	0.8	524	*	*	*	*	100.0	4
Region									
Mudug	16.2	14.6	1,079	64.7	19.6	6.8	8.9	100.0	158
Galgaduud	19.8	17.8	887	54.1	33.7	6.1	6.1	100.0	158
Education									
No education	6.4	5.6	1,415	46.1	33.9	9.7	10.3	100.0	79
Primary	34.5	29.4	375	58.0	24.8	9.9	7.3	100.0	110
Secondary	71.9	69.9	140	65.9	26.5	1.8	5.9	100.0	98
Higher	(81.9)	(79.6)	36	(79.2)	(15.0)	(0.0)	(5.9)	100.0	29
Wealth quintile									
Lowest	0.8	0.8	360	*	*	*	*	100.0	3
Second	2.9	2.1	235	*	*	*	*	100.0	5
Middle	12.4	10.9	549	52.8	28.8	6.9	11.6	100.0	60
Fourth	24.0	21.0	473	60.2	29.1	4.8	5.8	100.0	100
Highest	45.7	42.7	348	64.3	23.3	6.8	5.6	100.0	149
Total	17.8	16.1	1,966	59.4	26.7	6.4	7.5	100.0	316

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

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



Table 3.6 Employment status: Women

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

Background characteristics	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of ever-married women
	Currently employed ¹	Not currently employed			
Age					
15-19	2.3	0.0	97.7	100.0	104
20-24	3.5	0.5	96.1	100.0	248
25-29	7.0	0.0	93.0	100.0	338
30-34	5.6	1.0	93.5	100.0	244
35-39	15.7	0.0	84.3	100.0	230
40-44	20.3	1.4	78.3	100.0	107
45-49	16.0	1.6	82.4	100.0	54
Number of living children					
0	6.2	0.0	93.8	100.0	148
1-2	5.8	0.4	93.8	100.0	289
3-4	8.3	0.6	91.0	100.0	372
5+	11.2	0.5	88.3	100.0	516
Type of residence					
Urban	10.6	0.4	89.0	100.0	464
Rural	12.8	0.8	86.4	100.0	488
Nomadic	0.9	0.0	99.1	100.0	373
Region					
Mudug	7.1	0.3	92.6	100.0	679
Galgaduud	10.3	0.6	89.1	100.0	645
Education					
No education	7.8	0.5	91.7	100.0	1,071
Primary	10.1	0.0	89.9	100.0	194
Secondary	(13.8)	(0.0)	(86.2)	100.0	43
Higher	*	*	*	100.0	16
Wealth quintile					
Lowest	1.7	0.0	98.3	100.0	244
Second	3.3	0.5	96.2	100.0	186
Middle	7.5	1.1	91.4	100.0	359
Fourth	13.3	0.0	86.7	100.0	317
Highest	16.3	0.4	83.3	100.0	217
Total	8.7	0.4	90.9	100.0	1,324

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

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

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



Table 3.7 Type of employment: Ever-married Women

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

Background characteristics	Agricultural work	Non-agricultural work	Total
Type of earning			
Cash only	73.0	78.5	76.9
Cash and in-kind	14.6	11.0	12.0
In-kind only	0.0	4.4	3.1
Not paid	12.4	6.2	8.0
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	28.3	36.4	34.1
Employed by non-family member	2.3	14.9	11.3
Self-employed	69.4	48.7	54.7
Total	100.0	100.0	100.0
Continuity of employment			
All year	67.5	66.0	66.4
Seasonal	16.8	14.3	15.0
Occasional	15.7	19.8	18.6
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	38	93	131

Table 3.8 Occupation: Ever Married Women

Percent distribution of ever married women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, GMHDS 2020

Background characteristics	Standardized occupation groups							Total	Number of women
	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture		
Type of residence									
Urban	21.2	4.9	2.1	25.9	31.8	7.6	6.5	100.0	52
Rural	26.7		5.0	21.0	31.7	7.6	8.0	100.0	77
Nomadic	*	*	*	*	*	*	*	100.0	2
Region									
Mudug	33.1	5.2	1.8	18.2	19.2	12.2	10.4	100.0	50
Galgaduud	19.2		5.0	27.0	38.8	4.6	5.4	100.0	81
Total	24.5	2.0	3.8	23.6	31.3	7.5	7.3	100.0	131

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



Table 3.9 Use of tobacco: Ever Married Women

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

Background characteristics	Percentage who smoke			Number of women
	Cigarettes	Other types of tobacco	Any type of tobacco	
Age				
15-19	0.0	0.0	0.0	104
20-24	0.7	0.0	0.7	248
25-29	1.8	0.0	1.8	338
30-34	1.6	0.0	1.6	244
35-39	0.6	0.0	0.6	230
40-44	0.8	0.0	0.8	107
45-49	0.0	0.0	0.0	54
Type of residence				
Urban	1.2	0.0	1.2	464
Rural	1.5	0.0	1.5	488
Nomadic	0.3	0.0	0.3	373
Region				
Mudug	1.3	0.0	1.3	679
Galgaduud	0.8	0.0	0.8	645
Education				
No education	1.1	0.0	1.1	1,071
Primary	0.4	0.0	0.4	194
Secondary	(4.0)	(0.0)	(4.0)	43
Higher	*	*	*	16
Wealth quintile				
Lowest	0.5	0.0	0.5	244
Second	0.8	0.0	0.8	186
Middle	1.5	0.0	1.5	359
Fourth	1.6	0.0	1.6	317
Highest	0.4	0.0	0.4	217
Total	1.1	0.0	1.1	1,324







04

Marriage, Fertility, Fertility Preference And Birth Spacing



Key Findings

Marital status:

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

Age at first marriage:

The median age at first marriage for women aged 25-39 is 18.

Early marriage:

22 percent of ever-married women aged 20-49 are married by age 15, and **48 percent** are married by 18 years.

Total Fertility Rate (TFR):

7.3 children per woman.

Birth Spacing:

A median of 20 months between two births.

Age at first birth:

The median age at first birth in Galmudug is 20 for women aged 15-49.

Teenage pregnancy and motherhood:

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

Desire for more children:

69 percent of women want to have another child soon.

Ideal number of children:

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

Fertility planning:

68 percent of births were reported by the mother to have been wanted at the time of conception, and **24 percent** were mistimed (wanted later); only 9 percent of births were unintended at the time of conception.

Contraceptive knowledge:

61 percent of all ever-married women and 62 of currently married women have knowledge of modern contraception.



4 MARRIAGE, FERTILITY, FERTILITY PREFERENCE AND BIRTH SPACING

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

4.1. Marital status

Table 4.1 and Figure 4.1 show the distribution of women aged 15-49 by their current marital status and according to age. Overall, 33 percent of women aged 15-49 have never married, 56 percent are currently married, 8 percent are divorced and 3 percent are widowed at the time of the survey.

The percentage of women who have never been married declines sharply with increasing age, from 84 percent among those aged 15-19 to 24 percent for women aged 20-24. Almost all Somali women are married by the age of 35.

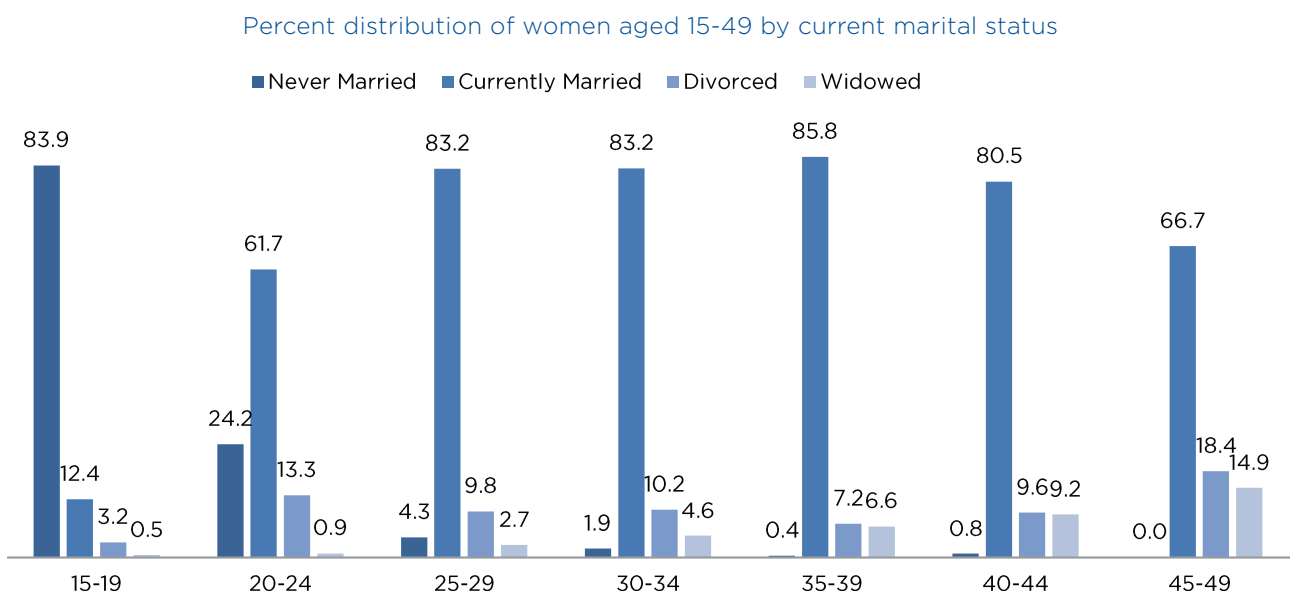
Widowhood significantly increases and peaks among women of age group 45-49 at 15 percent. The percentage

of divorced women varies at different age groups; among women aged 15-19, 3 percent are divorced, 13 percent among those aged 20-24, 10 percent among those in the 40-44 age bracket and 18 percent among those aged 45-49. This indicates that age does not influence the decision to stay in a marriage or not. Marriage among Galmudug women is almost universal.

4.2. Age at first marriage

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

Figure 4.1 Current marital status of women aged 15-49



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

Table 4.2 shows the percentage of women aged 15-49 who were first married by specific exact ages and the median age at first marriage, according to the current age. Twenty-two percent of women in the age group 20-49 and 21 percent of women in the age group 25-49 entered their first marriage by the age of 15. Forty-eight percent of women aged 20-49 and 46 percent of women aged 25-49 were married for the first time by the age of 18, while 59 percent of women aged 20-49 and 60 percent of the women aged group 25-49 married for the first time by the time they turned 20. The median age at first marriage for women aged 25-49 is 18 years.

Analysis by region shows that the median age at first marriage for women aged 25-49 in Mudug is higher as compared to the same group of women in Galgaduud at age 20 and 15 respectively.

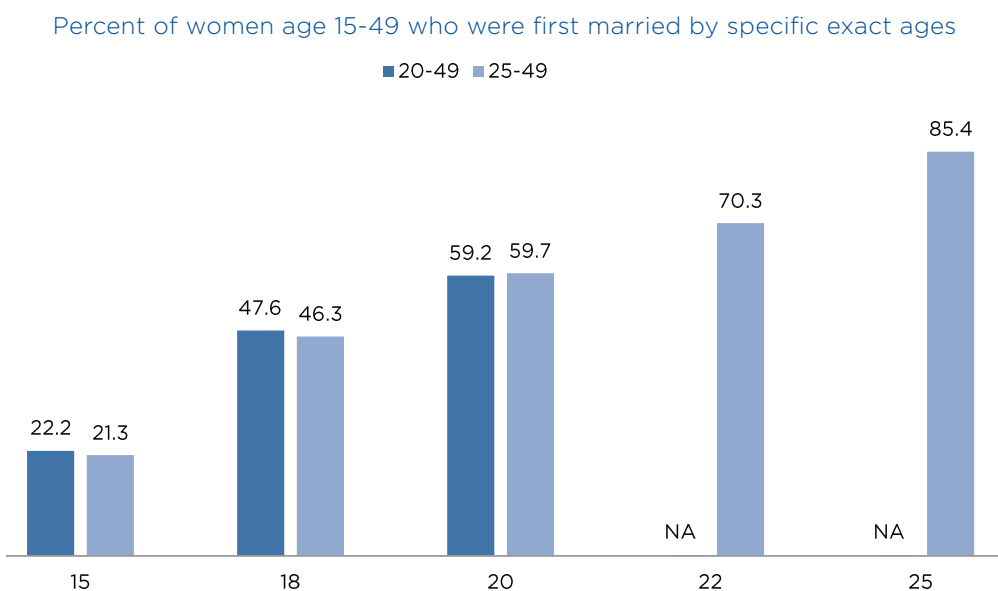
Table 4.3 shows the percentage of men aged 15-64 who were first married, by specific exact age and the median age at first marriage. Overall, less than 1 percent of men in the age group 20-49 entered into their first marriage by the age of 15 and while 7 percent entered into their first marriage by the age of 18. Eight percent of the men aged 25-64 had never married. The median age at first marriage for men aged 25-64 in Galmudug is 24 years.

4.3 Early Marriage

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

As seen in Table 4.2 as well as Figure 4.2, 22 percent and 21 percent of women aged 20-49 and 25-49 respectively, had already married by the time they turned 15 years. Forty-eight percent of women aged 20-49 and 46 percent of women aged 25-49 were married for the first time by the age of 18.

Figure 4.2 Age at first marriage



4.4 Fertility

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

4.4.1 Current Fertility

The most used measures of current fertility are the total fertility rate (TFR) and one of its components age-specific fertility rates (ASFRs). The TFR is a summary measure of fertility and is interpreted as the number of children a woman would have by the end of her childbearing years if she were to experience current observed ASFRs. The TFR estimates compiled during the GMHDS 2020 refer to the three years preceding the survey. The ASFR was calculated as the number of live births by women in a given age group divided by the number of women-years in that age group during the

specified period. As presented in Table 4.4, the ASFR increases rapidly between 15-19 and 20-24 age group, the ASFRs decline steadily between 25-39 years and a sharp decline is noted after the age of 39. Figure 4.3 presents the ASFRs by type of residence. In the age group 15-19 years, women residing in nomadic households have higher ASFRs than their urban and rural counterparts. However, in the age, 20-24 women residing in urban households have higher ASFRs as compared to rural and nomadic women. With the exception of the rural women whose ASFRs peak at 25-29 years the ASFRs for the other women peaks at 20-24 years.

Other important measures of current fertility are the general fertility rate (GFR) and crude birth rates (CBR). The GFR is the number of live births in a population per 1,000 women aged 15-49, while the CBR is the ratio of the number of live births occurring in a given year per 1,000 population. Table 4.4 presents the ASFRs and total fertility measures (TFR, GFR, and CBR) by type of residence. The total fertility rate for Galmudug is 7.3 children per woman compared to 6.9 Nationally. This means that on average a women in Galmudug will give birth to 7.3 children during her child bearing years. The general fertility rate, 234 per 1,000 live births and the crude birth rate 45 per 1,000 populations.

The TFR is highest among women residing in nomadic areas at 7.4, and lowest among those residing in urban areas in 7.2 (Figure 4.4). Childbearing peaks in the age group 20-24 and drops sharply after 39 years.

Figure 4.3 Age-specific fertility rates by residence

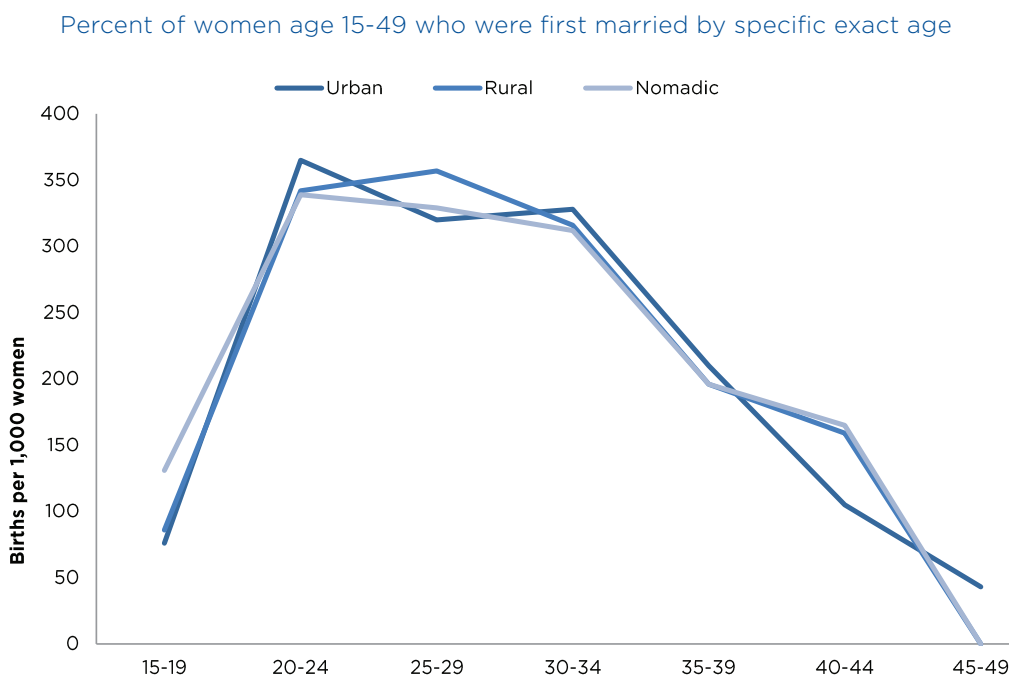
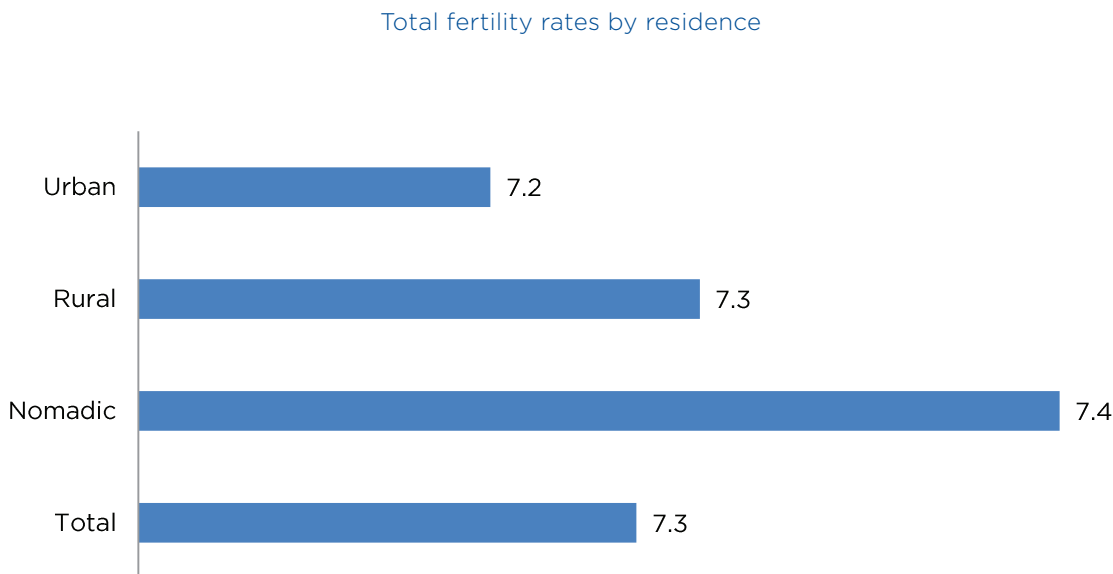


Figure 4.4 Total fertility rate

The general fertility rate in nomadic area is 243 births per 1,000 women while rural and urban area is 236 and 227 births per 1,000 women respectively. It has been observed a slight variation of the CBR by place of residence. The CBR is highest in urban area 46 per 1,000 populations, followed by nomadic areas at 45 per 1,000 population, and lowest in rural areas at 44 per 1,000 populations.

Table 4.5 shows the total fertility rate for the 3 years preceding the survey, the percentage of women aged 15-49 currently pregnant, and the mean number of children ever born to women aged 40-49 years, according to background characteristics. The GMHDS 2020 indicates that in Galmudug there is a very slight difference between the TFR (7.3) and mean CEB for women aged 40-49 years (8). This could mean fertility is declining slightly, or a lower recall bias. Notably, this pattern holds across places of residence and women's education levels.

The largest fertility differentials are associated with education, there is a negative correlation between fertility and level of education. As the level of education increases, fertility reduces. The TFR for women with no education is 7.5 compared to 4.9 for those with higher education (Figure 4.5). A woman with no education is likely to have about 3 children more than one with post secondary education, and one child more than a woman with primary education. The total fertility rate is higher in Galgaduud at 8.3 compared to Mudug at 6.3. Women from the wealthiest households are likely to have one child less than women from the poorest households.

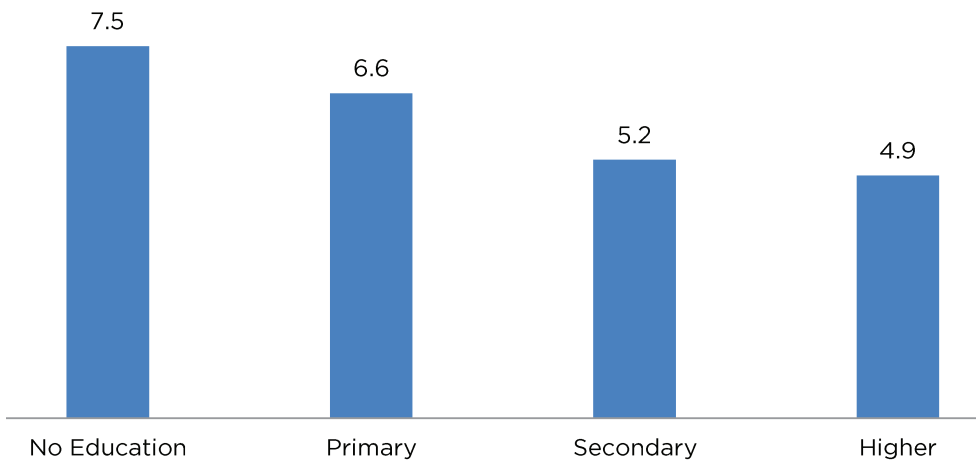
The percentage of women who reported being pregnant at the time of the survey is also presented in Table 4.5. Nineteen percent of women were pregnant at the time of the survey. Urban women were more likely to be pregnant at 20 percent than rural and nomadic women at 18 and 19 percent, respectively. Similar to the TFR, the proportion of women who are currently pregnant is higher in Galgaduud at 21 percent than in Mudug at 17 percent.

Table 4.6 shows the distribution of ever-married women and currently married women aged 15-49 by the number of children ever born, the mean number of children ever born and the mean number of living children. For an ever married woman aged 45-49 the average number of children she has ever born is 6.7 children, and 5.9 were surviving at the time of the survey. Among the currently married women, the mean number of children ever born to a 45-49 year old is 7.5 and 6.5 were alive at the time of the survey. The mean number of CEB increases with age, reflecting the natural family-building process. For example, among ever-married women, the average number of children ever born for the age group 25-29 is 3.8, while women of 35-39 years reported an average of 6.2 children ever born.

4.4.2 Inter-Birth Intervals

Longer birth intervals improve the health status of both mother and child (Rutstein, 2005). Infants born less than two years after the birth of a previous child experience



Figure 4.5 Fertility rate by level of education

a higher risk of health problems. Research has shown that children born too soon after a previous birth are at an increased risk of poor health, particularly when the interval is less than 24 months. Table 4.7 shows the distribution of non-first births in the 5 years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics. The median birth interval in Galmudug is 20 months. The median number of months since a preceding birth increases significantly with age, from 15 months among mothers aged 15-19 to 23 months among mothers aged 40-49. The median birth interval in urban and rural areas (21 months, each) slightly higher than in nomadic areas (18 months). Women in Galgaduud have a slightly higher median birth interval (20 months) than women in Mudug (19 months).

4.5 Menopause

Women are considered to have reached menopause if they are neither pregnant nor postpartum amenorrhoeic and have not had a menstrual period in the six months before the survey; if they report being menopausal; or have had a hysterectomy; or if they have never menstruated. Table 4.8 shows the percentage of women aged 30-49 who are menopausal, according to age. Overall, 19 percent of women aged 30-49 in Galmudug are menopausal.

4.6 Age at First Birth

The age at which childbearing begins has an impact on the health and welfare of a mother, and her children and fertility levels. Early-onset of childbearing leads to a longer reproductive span and a higher levels of fertility. On the other hand, the postponement of first births contributes to an overall fertility decline. Table 4.9 shows the percentage of women aged 15-49 who have given birth by specific exact ages, the percentage who have never given birth, and the median age at first birth, according to the current age. The median age at first birth for women aged 25-49 in Galmudug is 20 years.

Two percent and 3 percent of women aged 20-49 and 25-49, respectively had given birth by the time they turned 15. Twenty-two percent and 21 percent of women aged 20-49 and 25-49, respectively had first given birth by the age of 18 (Table 4.9).

4.7 Teenage Pregnancy and Motherhood

Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and the child. Childbearing during adolescence is known to have adverse social consequences, particularly regarding educational attainment, as women who become mothers in their teens are more likely to drop out of school. Table 4.10 shows the percentage of women aged 15-19 who have had a live birth or who are pregnant with their first child,



and the percentage who have begun childbearing. The data indicates that 10 percent of the Galmudug girls aged 15-19 have begun childbearing, 8 percent have already given birth and 3 percent are pregnant with their first child. There are significant differences by background characteristics. Thirteen percent and 11 percent of girls aged 15-19 in rural and nomadic areas were already mothers or pregnant with their first child, respectively as compared with 7 percent among their urban counterparts. The percentage of women aged 15-19 who had begun childbearing in Galgaduud (15 percent) were more than twice as those in Mudug (7 percent). Twelve percent of girls aged 15-19 with no education had begun childbearing, compared to 5 percent of girls with secondary education. Thirteen percent of the girls aged 15-19 in the poorest households had started childbearing, compared to 7 percent of girls of the same age in the wealthiest households (Figure 4.6).

4.8 Fertility Preferences

Information on fertility preferences can help family planning program planners assess the desire for children, the extent of mistimed and unintended pregnancies, and the demand for contraception to space or limit births. This information may suggest the direction that fertility patterns will take in the future. This section presents GMHDS data on whether and when married women desire more children and the desire to limit children, by background characteristics. It also presents

the reported ideal number of children, the mean ideal number of children, and whether the last birth was intended at the time of conception.

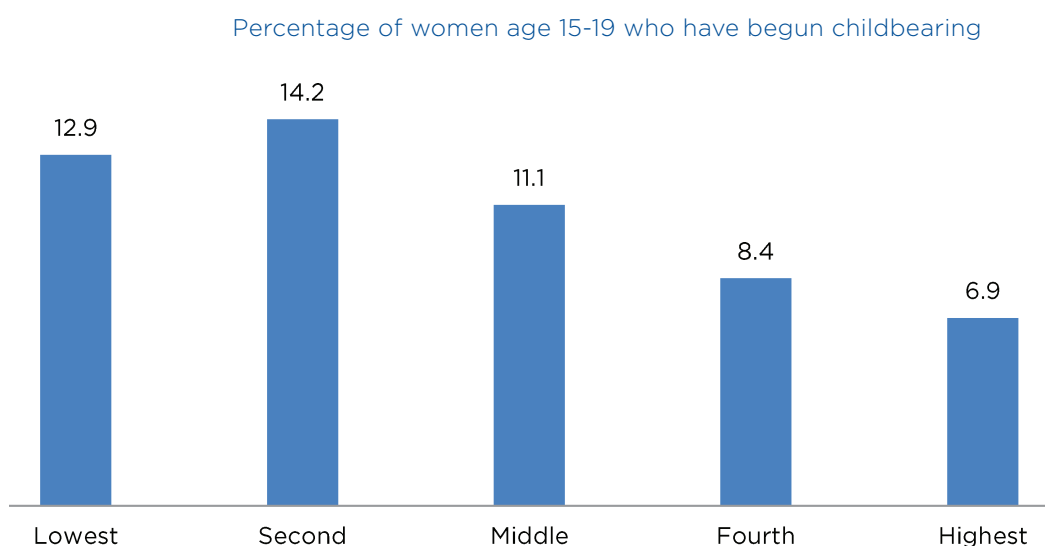
4.8.1 Fertility Preferences by Number of Living Children

Table 4.11 presents the percent distribution of currently married women by their desire for more children, according to the number of living children they had, as stated at the time the survey was conducted. Sixty-nine percent of the currently married women want to have their next birth within two years, less than 2 percent of currently married women aged 15-49 want to delay the next birth to 2 or more years, 19 percent are undecided on whether to have another child, and 8 percent do not want any more children. Seventy-six percent of currently married women with no living children want to have their next birth within 2 years, while 69 percent of women with 5 children want to have their next birth within 2 years. Fourteen percent of currently married women with 6 or more children do not want to have other children.

4.8.2 Desire to Limit Childbearing

Table 4.12 shows the percentage of currently married women aged 15-49 who want no more children, by the number of living children, according to background characteristics. Eight percent of currently married women are willing to stop childbearing. The desire to limit childbearing generally increases as the number

Figure 4.6 Childbearing by wealth



of living children increases, from 3 percent among married women with one living child to 14 percent among women with six or more living children. Analysis by residence show that there are slight variations in the desire of women to limit childbearing; 7 percent in urban, 8 percent in nomadic and 9 percent in rural areas. Regionally, Mudug has higher proportions of women who want to limit childbearing at 11 percent compared to Galgaduud at 6 percent.

4.8.3 Ideal Number of Children

The ideal number of children is the number of children that women would like to have if they could go back to the time when they did not have any children and could choose exactly the number of children to have in their whole life. All ever-married women with at least one child were asked the ideal number of children they would choose to have if they could start afresh. Table 4.13 shows the percentage distribution of ever-married women aged 15-49 by ideal number of children, and the mean ideal number of children for all respondents and for currently married respondents, according to the number of living children they have. The results shows that the Somali women in Galmudug state desire large families. Overall, 94 percent of women consider six or more children to be the ideal family size, 4 percent stated their ideal number of children is 5 and less than 1 percent reported that their ideal number is 4 children. Among the ever-married women and currently married women, the mean ideal number of children is the same at 11 percent. Women in Galmudug are in support of having many children.

4.8.4 Fertility Planning

Table 4.14 shows the percent distribution of births to ever-married women aged 15-49 in the 5 years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth.

Overall, about two-thirds of births (68 percent) were wanted at the time they occurred, while 24 percent were intended later and around 9 percent were born to mothers who intended to have no more children (Figure 4.7).

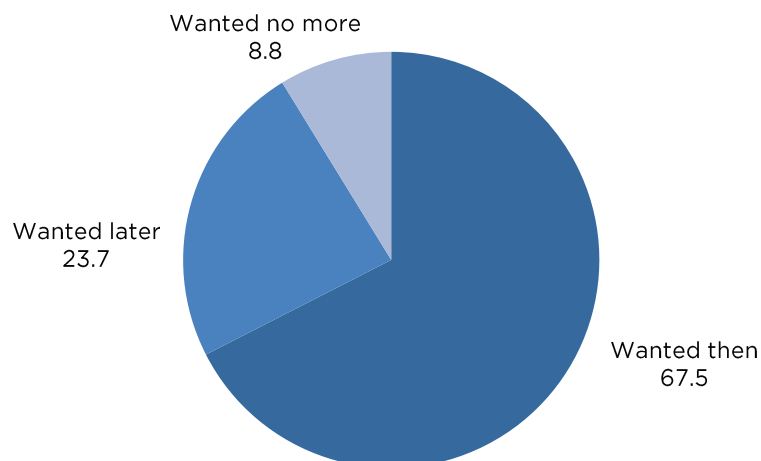
First- and second-order births were more likely to have been intended at 72 and 67 percent, respectively compared to third or higher-order births at 61 and 62 percent respectively. The proportion of unintended (wanted no more) births is greater for third order births and above at 11 percent than for first births at 8 percent.

4.9 Birth Spacing

Birth spacing or child spacing is defined as educational, comprehensive medical or social activities which enable the couples to decide freely the number of children they want or might not want, spacing of their children and to select how this may be achieved. Furthermore, birth spacing involves the deliberate use of different contraceptive methods to limit or space the number of children a couple has.

Figure 4.7 Fertility Planning Status

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



4.9.1 Knowledge of Contraceptive Methods

Information about contraceptive methods was collected by asking all ever-married women and currently married women if they had heard of various methods that a couple can use to delay or avoid a pregnancy. Specifically, the interviewer named methods, described and then asked whether the respondent had heard of them.

Table 4.15 and Figure 4.8 show the percentage of ever-married women, and currently married women aged 15-49 who have heard of any contraceptive method, according to specific methods. Sixty-one percent and 62 percent of ever-married women and currently married women have heard at least one of the methods of contraception respectively.

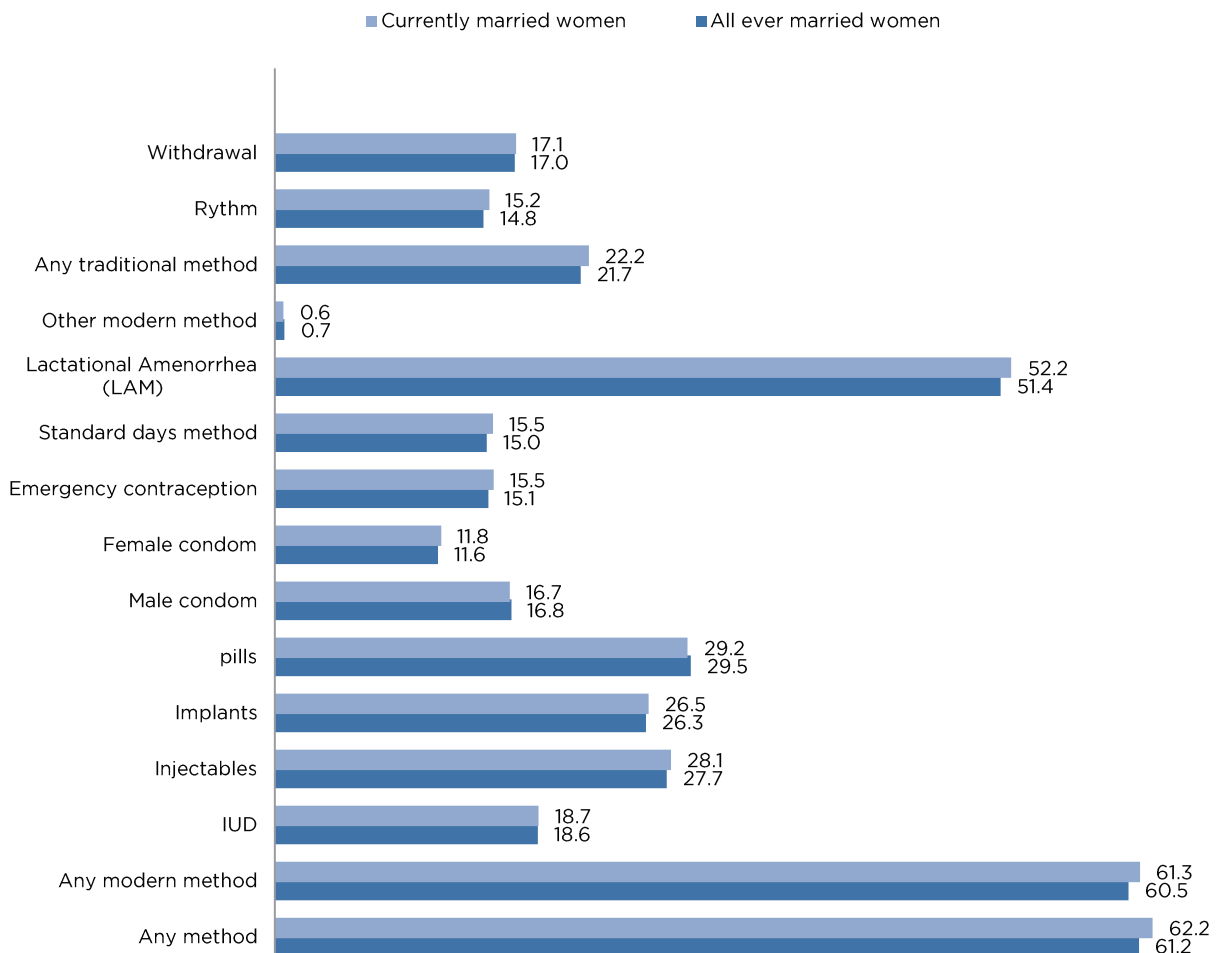
Lactational Amenorrhea (LAM), pills, injectables, implants, IUD and condoms are the contraceptive methods most widely known among women in Galmudug

State. 52 percent of currently married women have heard of lactational amenorrhea, 29 percent have heard of the pill, 28 percent have heard of injectables, 27 percent have heard of implants, 19 percent have heard of IUD and 17 percent have heard of the male condom.

Table 4.16 presents data on the knowledge of contraceptive methods by background characteristics. Generally, knowledge of contraception is highest among women aged 20 years and above compared to women under 20 years of age. Sixty-six percent of women aged 20-24 years have heard of at least one modern method of contraception compared to women under 20 years at 52 percent. Currently, married women in urban areas are more likely to know of any modern contraceptive at 69 percent compared to those in rural and nomadic areas at 63 and 51 percent respectively. Regionally, currently, married women in Mudug are more informed about modern contraception at 63 percent compared to women in Galgaduud at 59 percent.

Figure 4.8 Knowledge of contraceptive methods

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



4.10 Contraceptive Use

One of the most frequently used indicators for assessing the success of birth spacing programs is examining the current level of contraceptive use by determining the current level of Contraceptive Prevalence Rate (CPR). CPR is the percentage of currently married women of reproductive age who use any contraceptive method at a particular point in time. This is also widely used as a measure in the analysis of determinants of fertility. Table 4.17 shows the percent distribution of ever-married women and currently married women aged 15-49 by contraceptive method currently used, according to age. Six percent of women are using any method and less than 1 percent of currently married women are using any modern method.

Women in urban areas and rural areas are more likely to use any contraceptive methods than women in nomadic areas. The CPR is 7 percent and 6 percent in urban areas and rural areas respectively, compared to 4 percent in nomadic areas. Regionally, the use of any method is higher in Mudug at 7 percent than in Galgaduud at 5 percent. There is no clear pattern between the educational level of women and the use of contraception.

4.10.1 Knowledge of Fertile Period

Basic knowledge of the physiology of reproduction is especially useful for the successful practice of coitus-related methods such as periodic abstinence. The 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. Women who responded that the fertile period is halfway between two menstrual periods were considered to have correct knowledge of their fertile period. Table 4.18 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, 11 percent of women aged 15-49 in Galmudug state have the correct knowledge of the fertile period. Women aged 45 - 49 years have the highest correct knowledge of the fertile period at 17 percent as compared to women in the age brackets (30 - 34 years) and (15 - 19 years) at 8 and 9 percent, respectively.

4.10.2 Need and Demand for Birth Spacing

One of the major concerns of birth spacing programs is to assess the size of the potential demand for contraception and to identify women who are in need of contraceptive services. Table 4.19 presents estimates of unmet need, the needs met, and the total demand for birth spacing. The table also shows the percentage of the total demand that is satisfied. Women who are currently married and who either do not want any more children or want to wait two or more years before having another child, but are not using contraception, are considered to have an 'unmet need' for birth spacing. Women with a 'met need' for birth spacing are those who are currently using contraception. The total demand for birth spacing is the sum of unmet needs and met the needs.

Thirty-six percent of currently married women have an unmet for birth spacing services (30 percent have a need for spacing and 5 percent want to stop childbearing services). One percent of married women are currently using a contraceptive method or have a met need for either birth spacing or limiting childbearing. The total demand birth spacing among currently married women is 36 percent (31 percent for birth spacing and 5 percent for limiting childbearing).

Analysis by age shows that the unmet need for birth spacing is highest among women aged 30-34 at 42 percent, and lowest among women aged 40-44 at 27 percent. There is variation in unmet need for birth spacing by type of residence. Unmet need for birth spacing is highest in nomadic areas at 38 percent and lowest in urban areas at 34 percent. Regionally, unmet need is higher in Mudug at 36 percent than in Galgaduud at 35 percent. Unmet needs decrease with increasing education, it is highest among women with no education at 37 percent and lowest among those with secondary education at 21 percent. There is a slight variation in the total demand for birth spacing among currently married women from households of different wealth status. Unmet need is lowest among women from wealthier households, at 33 percent, and highest among women in the poorest wealth quintile, at 38 percent.



4.10.3 Exposure to Birth Spacing Messages

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

Table 4.20 presents the distribution of ever-married women aged 15-49 who heard or saw a birth spacing message on radio, television, newspaper/magazine, or mobile phone in the past few months preceding the survey, according to background characteristics. Overall, 15 percent of currently married women in Galmudug were exposed to birth spacing messages through one of the three media; 13 percent heard on the radio, 6 percent saw on television, and 5 percent read in the newspaper. Women in urban areas and rural areas are more likely to have been exposed to birth spacing messages in the media compared to women in nomadic areas (22 percent, 18 percent and 4 percent respectively).





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Table 4.1 Current marital status

Percent distribution of women 15-49 by current marital status, according to age, GMHDS 2020						
Age	Never-married	Currently Married	Divorced	Widowed	Total	Number of women
15-19	83.9	12.4	3.2	0.5	100.0	646
20-24	24.2	61.7	13.3	0.9	100.0	327
25-29	4.3	83.2	9.8	2.7	100.0	353
30-34	1.9	83.2	10.2	4.6	100.0	249
35-39	0.4	85.8	7.2	6.6	100.0	230
40-44	0.8	80.5	9.6	9.2	100.0	108
45-49	0.0	66.7	18.4	14.9	100.0	54
Total	32.7	56.1	8.2	3.1	100.0	1,966



Table 4.2 Age at first marriage - Women

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

Background	Percentage first married by exact age:					Percentage of never-married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
Women								
Age								
15-19	7.7	n/a	n/a	n/a	n/a	83.9	646	a
20-24	25.0	51.4	57.6	n/a	n/a	24.2	327	a
25-29	20.9	48.2	60.4	70.7	82.6	4.3	353	17.0
30-34	27.4	47.5	57.9	68.4	87.0	1.9	249	18.0
35-39	19.0	46.7	61.9	71.9	87.4	0.4	230	18.0
40-44	16.2	40.1	61.5	70.7	85.0	0.8	108	18.0
45-49	16.0	39.5	50.6	68.6	87.6	0.0	54	19.2
20-49	22.2	47.6	59.2	n/a	n/a	7.6	1,320	a
25-49	21.3	46.3	59.7	70.3	85.4	2.2	994	18.0

Note: The age at first marriage is defined as the age at which the respondent got married to her first spouse
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women got married for the first time before reaching the beginning of the age group

Table 4.3 Age at first marriage - Men

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

Current Age	Percentage first married by exact age:					Percentage of never-married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	0.3	n/a	n/a	n/a	n/a	97.9	460	a
20-24	0.0	7.5	15.9	n/a	n/a	64.8	232	a
25-29	0.0	7.1	19.1	36.4	56.7	26.3	176	22.0
30-34	0.4	6.5	15.4	32.1	55.6	8.6	206	23.0
35-39	0.0	4.1	13.0	31.9	50.7	3.4	151	24.0
40-44	0.0	7.5	10.7	32.4	41.4	2.7	179	25.0
45-49	1.0	6.3	12.5	33.8	42.7	3.2	87	25.0
50-54	0.0	7.8	14.0	29.7	38.8	1.5	122	25.0
55-59	0.0	2.6	17.3	41.6	51.5	0.0	38	23.0
60-64	0.5	7.5	18.3	42.6	52.3	1.4	85	23.0
20-49	0.2	6.6	14.7	n/a	n/a	22.0	1,030	a
25-49	0.2	6.4	14.4	33.3	50.3	9.6	799	24.0
20-64	0.2	6.7	15.0	n/a	n/a	18.0	1,276	a
25-64	0.2	6.5	14.8	33.9	49.2	7.6	1,044	a

Note: The age at first marriage is defined as the age at which the respondent got married to her first spouse
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women got married for the first time before reaching the beginning of the age group



Table 4.4 Current Fertility

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

Age	Residence			Total
	Urban	Rural	Nomadic	
15-19	76	86	131	94
20-24	365	342	339	349
25-29	320	357	329	337
30-34	328	316	312	319
35-39	210	196	196	201
40-44	105	159	165	137
45-49	43	0	0	16
TFR (15-49)	7.2	7.3	7.4	7.3
GFR	227	236	243	234
CBR	45.8	43.7	45.2	44.8

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 3 years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, according to background characteristics, GMHDS 2020

Background characteristics	Total Fertility Rate	Percentage women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Type of residence			
Urban	7.2	19.9	7.2
Rural	7.3	18.3	8.2
Nomadic	7.4	18.8	9.7
Region			
Mudug	6.3	16.7	7.6
Galgaduud	8.3	21.3	8.4
Education			
No Education	7.5	17.2	9.2
Primary	6.6	26.2	9.1
Secondary	5.2	37.4	9.8
Higher	4.9	5.7	6.0
Wealth quintile			
Lowest	7.3	19.2	7.5
Second	8.0	18.0	10.4
Middle	7.3	19.0	8.2
Fourth	7.5	17.9	7.7
Highest	6.1	21.4	7.5
Total	7.3	19.0	8.0

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



Table 4.6 Children ever born and living

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

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
Ever-married women															
15-19	51.4	29.6	15.6	3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	104	0.7	0.7
20-24	15.6	19.8	27.3	22.5	10.4	4.3	0.0	0.0	0.0	0.0	0.0	100.0	248	2.1	2.0
25-29	7.1	4.1	12.2	19.2	20.5	17.1	11.6	5.6	1.9	0.8	0.0	100.0	338	3.8	3.7
30-34	5.7	3.3	9.6	8.6	15.8	15.0	12.4	13.2	9.2	4.4	2.8	100.0	244	4.9	4.8
35-39	3.0	1.1	5.4	12.1	7.6	10.8	13.0	15.4	8.3	10.2	13.3	100.0	230	6.2	5.7
40-44	5.9	1.9	7.6	6.0	5.4	18.7	13.3	8.0	10.0	5.1	18.2	100.0	107	6.2	5.5
45-49	5.8	0.0	4.6	4.8	5.7	14.3	16.9	5.5	11.0	14.3	17.0	100.0	54	6.7	5.9
Total	11.0	8.0	13.0	13.7	12.1	11.9	9.2	7.4	4.9	3.8	5.0	100.0	1,324	4.2	3.9
Currently married women															
15-19	49.7	29.1	17.3	3.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	80	0.8	0.7
20-24	14.7	17.1	30.0	22.5	11.4	4.3	0.0	0.0	0.0	0.0	0.0	100.0	202	2.1	2.1
25-29	5.0	3.1	11.4	20.3	20.7	18.0	12.6	6.2	1.8	0.9	0.0	100.0	294	4.0	3.8
30-34	4.1	2.4	7.9	9.5	16.4	14.4	13.9	13.2	9.7	5.1	3.3	100.0	207	5.2	5.0
35-39	2.4	0.0	5.5	12.7	6.0	9.7	12.7	15.9	8.5	11.9	14.9	100.0	198	6.4	5.9
40-44	5.3	2.3	7.4	7.4	2.8	14.3	14.7	9.8	11.9	5.3	18.9	100.0	87	6.4	5.7
45-49	(0.0)	(0.0)	(3.4)	(7.2)	(3.7)	(13.2)	(14.8)	(4.8)	(14.1)	(18.0)	(20.7)	100.0	36	7.5	6.5
Total	9.3	6.7	12.9	14.7	12.1	11.6	9.9	7.9	5.2	4.3	5.4	100.0	1,103	4.4	4.1

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



Table 4.7 Birth intervals

Percent distribution of non-first births in the 5 years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, GMHDS 2020

Background characteristics	Birth order						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	*	*	*	*	*	*	100.0	22	14.6
20-29	34.4	12.0	20.1	6.7	3.2	23.7	100.0	541	19.0
30-39	33.3	21.2	28.6	6.2	2.9	7.8	100.0	385	20.0
40-49	18.4	21.7	19.1	14.4	3.5	22.9	100.0	58	23.0
Sex									
Male	31.8	15.5	22.1	8.9	3.3	18.4	100.0	554	20.0
Female	33.3	16.6	23.8	4.1	2.7	19.5	100.0	451	20.0
Survival of preceding birth									
Living	33.0	15.9	22.3	6.7	3.1	18.9	100.0	955	19.5
Dead	22.3	17.9	33.1	7.5	1.7	17.5	100.0	51	23.7
Birth order									
2-3	33.0	16.1	23.1	6.5	2.9	18.4	100.0	925	19.2
4-6	28.5	16.3	22.1	7.7	4.9	20.5	100.0	71	22.0
7+	*	*	*	*	*	*	100.0	10	31.7
Type of residence									
Urban	34.3	14.3	22.9	6.0	2.8	19.8	100.0	362	21.0
Rural	34.1	18.7	21.6	7.7	3.0	14.8	100.0	376	21.0
Nomadic	27.8	14.5	24.6	6.5	3.3	23.3	100.0	267	18.4
Region									
Mudug	33.0	14.8	23.0	6.0	2.9	20.3	100.0	458	19.0
Galgaduud	32.1	17.0	22.7	7.4	3.1	17.7	100.0	548	20.0
Education									
No Education	31.3	16.3	24.5	7.4	3.1	17.5	100.0	810	20.0
Primary	37.5	13.5	15.9	4.9	3.1	25.3	100.0	154	18.0
Secondary	(45.3)	(19.8)	(7.7)	(2.8)	(2.8)	(21.6)	100.0	30	18.9
Higher	*	*	*	*	*	*	100.0	11	33.3
Wealth quintile									
Lowest	31.1	16.2	20.2	5.3	3.5	23.7	100.0	168	16.8
Second	21.8	13.6	31.6	9.8	2.1	21.1	100.0	139	20.8
Middle	32.6	17.6	23.3	5.9	2.7	18.0	100.0	299	21.0
Fourth	35.4	12.7	20.5	7.3	4.1	19.9	100.0	256	21.0
Highest	39.0	20.6	20.8	6.6	2.1	11.0	100.0	143	19.1
Total	32.5	16.0	22.9	6.8	3.0	18.9	100.0	1,006	20.0

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

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



Table 4.8 Menopause

Percentage of women age 30-49 who are menopausal, according to age, GMHDS 2020		
Age	Percentage menopausal ¹	Number of women
30-34	16.7	249
35-39	20.5	230
40-41	15.8	78
42-43	(7.7)	28
44-45	(26.7)	30
46-47	*	15
48-49	*	10
Total	18.5	641

¹ Percentage of women who (1) are not pregnant, and (2) have had a birth in the past 5 years and are not postpartum amenorrhic, and (3) for whom one of the following additional conditions applies: (a) whose last menstrual period occurred 6 or more months preceding the survey, or (b) declared that they are in menopause or have had a hysterectomy, or (c) have never menstruated

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

Table 4.9 Age at first birth

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

Current age	Percentage who gave birth by exact age:					Percentage who never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.5	n/a	n/a	n/a	n/a	86.9	646	a
20-24	1.8	27.0	52.6	n/a	n/a	29.2	327	18.0
25-29	1.8	25.5	49.4	74.2	86.8	7.0	353	19.0
30-34	3.8	25.5	48.5	64.1	80.2	3.3	249	19.0
35-39	2.9	16.2	36.2	59.2	78.5	0.4	230	20.0
40-44	2.4	8.2	25.6	48.2	73.9	1.8	108	21.0
45-49	1.6	12.8	24.0	30.8	49.2	2.1	54	24.0
20-49	2.4	22.3	44.8	n/a	n/a	10.0	1,320	a
25-49	2.6	20.8	42.2	63.0	79.8	3.7	994	20.0

n/a = Not applicable due to censoring

"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 Teenage pregnancy and motherhood

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

Background characteristics	Percentage of women age 15-19 who:			Number of women
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	
Age group				
15-19	7.8	2.6	10.3	646
15	0.0	1.4	1.4	178
16	0.0	0.0	0.0	137
17	3.8	2.9	6.8	116
18	15.2	3.4	18.5	128
19	30.5	7.4	37.9	86
Type of residence				
Urban	6.1	1.2	7.3	241
Rural	9.9	3.0	12.9	237
Nomadic	7.2	4.0	11.2	168
Region				
Mudug	4.8	2.4	7.3	379
Galgaduud	12.0	2.8	14.7	266
Education				
No education	8.7	3.7	12.4	354
Primary	8.3	1.2	9.5	192
Secondary	3.9	1.3	5.1	89
Higher	*	*	*	11
Wealth quintile				
Lowest	9.0	4.0	12.9	128
Second	9.7	4.5	14.2	56
Middle	10.1	1.0	11.1	195
Fourth	6.8	1.6	8.4	149
Highest	2.9	4.0	6.9	117
Total	7.8	2.6	10.3	646

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



Table 4.11 Fertility preferences by number of living children

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

Desire for children	Number of living children ¹							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon ²	76.4	79.2	79.0	63.9	67.7	68.8	63.1	68.8
Have another later ³	0.0	2.1	1.5	1.5	1.1	2.4	1.3	1.4
Undecided	19.5	14.7	17.6	24.1	22.0	17.7	17.8	19.1
Want no more	0.0	3.1	1.9	7.5	8.0	9.9	13.8	8.3
Declared infecund	4.1	0.9	0.0	3.0	1.2	1.2	3.9	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	77	96	132	158	150	141	349	1,103

¹ The number of living children includes current pregnancy

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years



Table 4.12 Desire to limit childbearing: Women

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

Background characteristics	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Type of residence								
Urban	0.0	5.7	0.0	5.9	6.7	10.2	11.6	7.4
Rural	0.0	0.0	0.0	9.5	6.0	14.0	15.3	9.3
Nomadic	0.0	4.7	5.1	7.4	11.9	3.2	14.8	8.2
Region								
Mudug	0.0	6.1	3.4	9.3	14.2	14.7	17.2	10.9
Galgaduud	0.0	0.0	0.0	4.4	2.5	5.5	11.0	5.5
Education								
No education	0.0	3.1	2.3	9.1	9.6	11.0	13.8	9.1
Primary	0.0	4.2	0.0	0.0	3.5	4.6	15.6	5.4
Secondary	0.0	0.0	0.0	0.0	0.0	0.0	12.5	2.8
Higher	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Wealth quintile								
Lowest	0.0	7.0	6.9	10.9	12.2	5.5	13.8	9.3
Second	0.0	0.0	0.0	0.0	8.5	4.4	17.4	7.5
Middle	0.0	0.0	0.0	13.3	4.1	10.4	13.4	8.2
Fourth	0.0	5.2	0.0	5.7	10.1	18.4	12.6	8.9
Highest	0.0	4.1	0.0	4.4	6.8	4.6	13.1	7.1
Total	0.0	3.1	1.9	7.5	8.0	9.9	13.8	8.3

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



Table 4.13 Ideal number of children according to number of living children

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

	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Ideal number of children								
1	2.2	0.0	0.0	0.0	0.0	0.0	0.3	0.3
2	1.6	0.0	0.0	0.0	0.0	2.1	0.0	0.4
3	0.0	1.5	0.0	0.0	0.0	0.0	0.3	0.2
4	1.4	2.4	0.9	0.0	0.0	0.7	0.5	0.7
5	7.4	7.2	6.0	6.8	2.1	3.8	1.2	4.2
6+	87.4	88.9	93.2	93.2	97.9	93.4	97.7	94.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	78	107	130	136	145	123	274	992
Mean ideal number of children for:²								
Ever Married women	10.1	10.2	10.8	10.6	11.1	10.8	12.3	11.1
Number of ever married women	78	107	130	136	145	123	274	992
Mean ideal number of children for currently married women								
Currently married women	10.2	10.1	11.0	10.4	10.9	10.8	12.2	11.1
Number of currently married women	54	80	107	115	118	107	244	825

¹ The number of living children includes the current pregnancy

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



Table 4.14 Fertility planning status

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

Birth order and mother's age at birth	Planning status of birth			Total	Number of births
	Wanted then	Wanted later	Wanted no more		
Birth Order					
1	71.5	20.6	8.0	100.0	959
2	67.2	24.0	8.8	100.0	749
3	60.6	28.6	10.7	100.0	415
4+	62.2	29.3	8.5	100.0	142
Mother's age at birth					
<20	63.6	30.3	6.1	100.0	285
20-24	70.6	24.9	4.4	100.0	718
25-29	67.9	22.3	9.8	100.0	611
30-34	68.4	20.4	11.2	100.0	410
35-39	59.1	24.4	16.6	100.0	197
40-44	(64.4)	(17.1)	(23.9)	100.0	41
45-49	*	*	*	100.0	4
Total	67.5	23.7	8.8	100.0	2,266

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



Table 4.15 Knowledge of contraceptive methods

Percentage of ever married women, and currently married women age 15-49 who have heard of any contraceptive method, according to specific method, GMHDS 2020		
Method	Ever married	Currently married
Any method	61.2	62.2
Any modern method	60.5	61.3
IUDs	18.6	18.7
Injectables	27.7	28.1
Implants	26.3	26.5
Pills	29.5	29.2
Male condoms	16.8	16.7
Female condoms	11.6	11.8
Emergency contraception	15.1	15.5
Standard days method	15.0	15.5
Lactational Amenorrhea (LAM)	51.4	52.2
Other modern methods	0.7	0.6
Any traditional method	21.7	22.2
Rhythm	14.8	15.2
Withdrawal	17.0	17.1
Traditional methods	1.7	1.8
Mean number of methods known by women 15-49	2.5	2.5
Number of respondents	1,324	1,103



Table 4.16 Knowledge of contraceptive methods according to background characteristics

Percentage of currently married women age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method, by background characteristics, GMHDS 2020			
Background characteristics	Heard of any method	Heard of any modern method ¹	Number of women
Age			
15-19	51.9	51.9	80
20-24	66.5	65.6	202
25-29	67.1	66.1	294
30-34	54.2	53.2	207
35-39	64.9	64.4	198
40-44	58.8	56.4	87
45-49	(59.1)	(59.1)	36
Type of residence			
Urban	69.2	68.5	374
Rural	63.6	63.2	394
Nomadic	52.5	50.9	334
Region			
Mudug	64.9	63.2	567
Galgaduud	59.3	59.2	536
Education			
No education	59.2	58.3	896
Primary	73.1	72.5	160
Secondary	(84.8)	(82.1)	31
Higher	*	*	15
Wealth quintile			
Lowest	51.7	50.1	226
Second	57.6	56.5	154
Middle	62.2	61.6	293
Fourth	68.8	68.5	254
Highest	69.9	69.0	176
Total 15-49	62.2	61.3	1,103

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

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



Table 4.17 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, GMHDS, 2020										
Background characteristics	Any method	Any modern method	Modern method			Any traditional method	Rhythm	Not currently using	Total	Number of women currently married
			Injectables	Pills	Lactational Amenorrhea (LAM)					
Number of living children										
0	*	*	*	*	*	*	*	*	100.0	1
1-2	*	*	*	*	*	*	*	*	100.0	16
3-4	5.7	0.0	0.0	0.0	0.0	0.0	5.7	94.3	100.0	53
5+	5.8	0.6	0.4	0.2	0.0	0.0	5.1	94.2	100.0	1032
Types of residence										
Urban	7.4	1.7	1.1	0.7	0.0	0.0	5.6	92.6	100.0	374
Rural	6.2	0.2	0.0	0.0	0.2	0.0	6.0	93.8	100.0	394
Nomadic	3.8	0.0	0.0	0.0	0.0	0.0	3.8	96.2	100.0	334
Region										
Mudug	7.2	0.9	0.3	0.5	0.2	0.0	6.2	92.8	100.0	567
Galgaduud	4.5	0.4	0.4	0.0	0.0	0.0	4.1	95.5	100.0	536
Education										
No education	5.2	0.1	0.1	0.0	0.0	0.0	5.1	94.8	100.0	897
Primary	8.6	2.8	1.8	1.1		0.0	5.7	91.4	100.0	160
Secondary	(5.5)	(5.5)	(0.0)	(0.0)	(2.7)	(2.8)	(0.0)	(93.9)	100.0	31
Higher	*	*	*	*	*	0.0	*	*	100.0	14
Total	5.9	0.7	0.4	0.2	0.1	0.0	5.2	94.1	100.0	1103

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

LAM = Lactational amenorrhea method

Figures in parentheses are based on 25-49 unweighted cases

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

Table 4.18 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, GMHDS 2020

Age	Percentage with correct knowledge of the fertile period	Number of ever-married women
15-19	9.2	104
20-24	14.8	248
25-29	10.2	338
30-34	8.4	244
35-39	9.6	230
40-44	12.8	107
45-49	17.1	54
Total	11.0	1,324

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



Table 4.19 Need and demand for birth spacing among currently married women

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

Background characteristics	Unmet need for birth spacing			Met need for birth spacing (currently using)			Total demand for birth spacing ¹			Percentage of demand satisfied ²	Percentage of demand satisfied by modern method ³	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	26.7	2.1	28.9	0.0	0.0	0.0	26.7	2.1	28.9	0.0	0.0	80
20-24	31.0	1.5	32.5	1.5	0.0	1.5	32.5	1.5	34.0	4.6	4.6	202
25-29	32.7	3.8	36.5	0.6	0.3	0.9	33.3	4.1	37.4	2.3	2.3	294
30-34	34.8	6.9	41.6	0.8	0.0	0.8	35.6	6.9	42.5	1.9	1.9	207
35-39	27.1	5.7	32.8	0.0	0.0	0.0	27.1	5.7	32.8	0.0	0.0	198
40-44	27.4	12.7	40.1	0.0	0.0	0.0	27.4	12.7	40.1	0.0	0.0	87
45-49	(16.8)	(12.1)	(28.9)	(0.0)	(0.0)	(0.0)	(16.8)	(12.1)	(28.9)	(0.0)	(0.0)	36
Type of Residence												
Urban	27.1	6.5	33.7	1.5	0.2	1.7	28.6	6.8	35.4	4.9	4.9	374
Rural	29.5	5.7	35.3	0.2	0.0	0.2	29.8	5.7	35.5	0.6	0.6	394
Nomadic	35.1	2.9	38.0	0.0	0.0	0.0	35.1	2.9	38.0	0.0	0.0	334
Region												
Mudug	29.4	6.8	36.2	0.8	0.2	0.9	30.1	6.9	37.1	2.5	2.5	567
Galgaduud	31.5	3.4	34.9	0.4	0.0	0.4	31.9	3.4	35.3	1.2	1.2	536
Education												
No Education	31.4	6.0	37.4	0.1	0.0	0.1	31.5	6.0	37.5	0.3	0.3	897
Primary	26.5	1.6	28.1	2.3	0.5	2.8	28.8	2.1	30.9	9.2	9.2	160
Secondary	(21.9)	(0.0)	(21.9)	(5.5)	(0.0)	(5.5)	(27.4)	(0.0)	27.4	20.1	20.1	31
Higher	*	*	*	*	*	*	*	*	*	*	*	14
Wealth quintile												
Lowest	34.1	3.4	37.5	0.0	0.0	0.0	34.1	3.4	37.5	0.0	0.0	226
Second	30.2	4.6	34.8	0.0	0.0	0.0	30.2	4.6	34.8	0.0	0.0	154
Middle	31.5	4.6	36.2	0.4	0.3	0.7	31.9	4.9	36.8	1.8	1.8	293
Fourth	28.2	6.8	35.0	0.4	0.0	0.4	28.6	6.8	35.5	1.2	1.2	254
Highest	27.1	6.2	33.4	2.4	0.0	2.4	29.6	6.2	35.8	6.8	6.8	176
Total	30.4	5.1	35.5	0.6	0.1	0.7	31.0	5.2	36.2	1.9	1.9	1103

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

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

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

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

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

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



Table 4.20 Exposure to birth spacing messages

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

Background characteristics	Radio	Television	Newspaper	Any of these three media source	All of these three media source	None of these three media sources	Number of women
Type of residence							
Urban	17.8	11.5	7.3	22.0	4.6	78.0	464
Rural	16.9	4.7	4.8	18.2	2.6	81.8	488
Nomadic	2.5	0.5	0.7	3.5		96.5	373
Region							
Mudug	12.2	8.2	5.4	15.4	3.6	84.6	679
Galgaduud	14.2	3.5	3.5	15.3	1.5	84.7	645
Education							
No education	10.1	3.3	2.6	12.0	1.0	88.0	1,071
Primary	23.8	14.3	8.9	26.6	5.8	73.4	194
Secondary	(3.5)	(0.2)	(0.0)	(3.5)	(0.0)	(96.5)	43
Higher	*	*	*	*	*	*	16
Wealth quintile							
Lowest	4.3	1.6	1.7	5.8	0.7	94.2	244
Second	3.5	0.2	0.0	3.5		96.5	186
Middle	12.0	3.3	4.0	13.2	1.8	86.8	359
Fourth	17.0	7.4	4.7	20.9	2.3	79.1	317
Highest	27.9	17.7	12.0	31.9	8.6	68.1	217
Total 15-49	13.2	5.9	4.5	15.4	2.6	84.6	1,324

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

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







05

Maternal and Newborn Health



Key Findings

Antenatal care coverage:

34 percent 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 last birth.

ANC visits:

8 percent of women had at least four ANC visits.

Components of antenatal care:

93 percent of women who received antenatal care had their blood pressure measured, 77 percent had a urine sample taken, and 84 percent had a blood sample taken while 31 percent were given iron supplements.

Tetanus toxoid injections:

31 percent of births were protected against neonatal tetanus.

Delivery services:

42 percent of births were delivered with the assistance of a skilled birth attendant, 30 percent were delivered at the health facility, of which 23 percent went to public and 7 percent went to private facilities.

Postnatal checks:

13 percent of mothers and 10 percent of new-borns had a postnatal check within the first 2 days after delivery.

Barriers to access to health care:

76 percent of women aged 15-49 had at least one problem accessing health care.



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

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

5.1 Antenatal Care

ANC helps women to prepare for delivery and understand warning signs during pregnancy and childbirth. Through preventive health care, women can access micronutrient supplementation, treatment of hypertension to prevent eclampsia, as well as immunization against tetanus. ANC can also provide HIV testing and medications which helps prevent mother-to-child transmission of HIV.

In areas where malaria is endemic, health personnel can provide pregnant women with medications and insecticide-treated mosquito nets to help prevent this deadly disease (UNICEF global databases, 2020).

Healthcare that a mother receives during pregnancy and at the time of delivery is known as ANC. It is important for the survival and well-being of both the mother and new-born child. The ANC from a nurse or trained personnel is vital in monitoring pregnancy and reducing the risks related to morbidity and mortality for the mother and child during pregnancy and delivery.

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

5.2 Antenatal Care Coverage

Table 5.1 and Figure 5.1 show the percentage distribution of women who had given birth in the five years prior to the survey by the ANC provider during pregnancy. Overall, 66 percent of women in Galmudug did not attend ANC during their most recent pregnancy. Among those who attended ANC, 34 percent received ANC from a skilled provider (doctors/clinical officers, nurses, midwives and auxiliary midwives) at least once for their last birth. Twenty-two percent of women received ANC from a doctor/clinical officer, while 11 percent received care from a midwife, nurse or auxiliary midwife. Older mothers are less likely to receive ANC than younger mothers. Twenty-six percent of women aged 35-49 received ANC from a skilled provider, compared to 37 percent of women below 20 years.

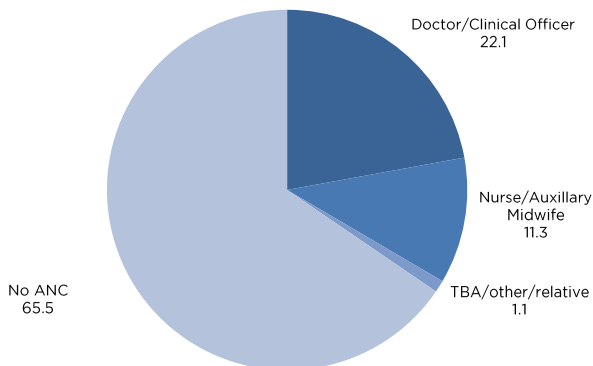
Figure 5.2 shows that the use of skilled providers for ANC services varies by residence. Rural women and urban women are more likely than nomadic women to receive any ANC from a skilled provider (46 percent, 40 percent and 11 percent, respectively).

Regionally, the proportion of women in Galgaduud who received ANC from skilled personnel is almost twice as compared to Mudug region (44 percent and 23 percent, respectively). As expected, wealth status is associated with use of ANC from a skilled health care provider. Use of skilled providers for ANC increase with an increase in wealth status. Fifty-one percent of women from the highest wealth quintile received ANC from a skilled provider compared to 9 percent of women in the lowest wealth quintile (Table 5.1).



Figure 5.1 Skilled assistance received during ANC by the type of residence

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



5.3 Number and Timing of Antenatal Visits

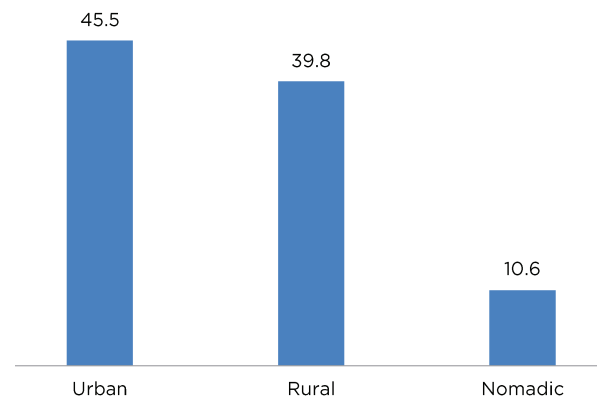
ANC is more beneficial in preventing adverse outcomes of pregnancy when it is sought early and is continued throughout pregnancy. Health professionals recommend that the first ANC visit should occur within the first three months of the pregnancy. Visits should continue monthly through week 28 of pregnancy, and then every two weeks up to week 36 (or until birth). If the first ANC 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 ANC visits will be made.

Table 5.2 and Figure 5.3 present data on the percent distribution of women aged 15-49 who had a live birth in the five years preceding the survey by the number of ANC visits for the most recent live birth by background characteristics. Overall, 8 percent had made four or more ANC visits, while 19 percent made between two to three ANC Visits during their most recent pregnancy. Fifteen percent of women in urban areas had made four or more ANC visits compared to 8 percent among women in the rural and one percent among women in the nomadic areas. Sixty-six percent of women did not attend any ANC.

Eleven percent of women made their first ANC visit before the fourth month of pregnancy. Urban women had a slightly higher percentage of women who delayed ANC to the last trimester - six percent made their first ANC visit in or after the eighth month, as compared to 4 and 1 percent among women in rural and nomadic areas respectively. The median length of pregnancy at

Figure 5.2 Source of antenatal care

Percentage receiving antenatal care from skilled provider the type of residence



the first ANC visit for urban and rural is 5 months as compared with 4 months for nomadic women.

5.4 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 ANC visits. To assess ANC services, respondents were asked whether they had been advised on complications or received certain screening tests during the ANC visits.

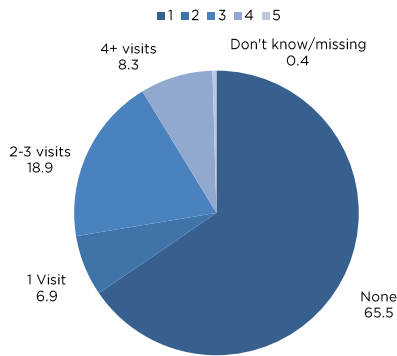
Table 5.3 presents information on the content of ANC services, including the percentages of women who took iron supplements, took drugs for intestinal parasites, were informed of the signs of pregnancy complications, and received selected routine services during ANC visits for their most recent birth in the five years preceding the survey.

Overall, 31 percent of women took iron supplements during the pregnancy of their last birth while only 5 percent of women took drugs to treat intestinal worms. Among other ANC services, 93 percent of women who received ANC had their blood pressure measured, 84 percent had a blood sample taken and 77 percent had a urine sample taken.

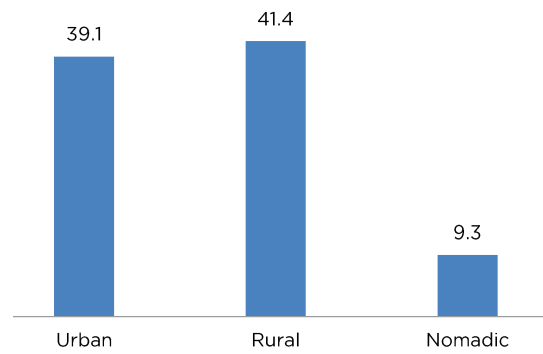


Figure 5.3 ANC visits made by pregnant women

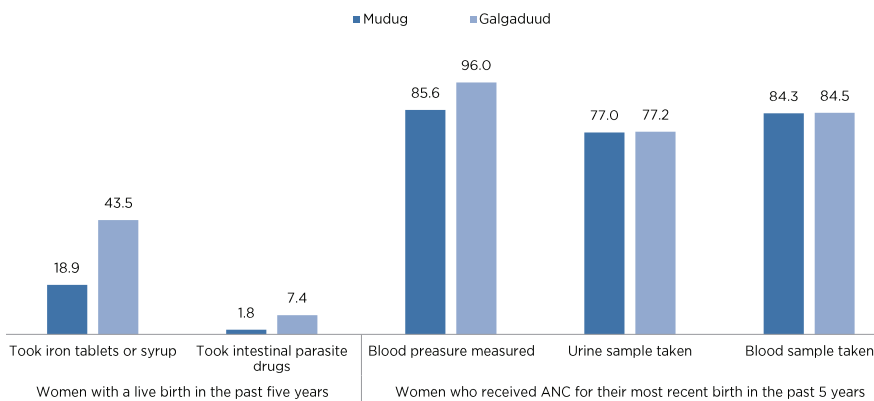
Percent distribution of women aged 15-49 who had a live birth in the five years preceding the survey, and attended antenatal care (ANC) by number of anc visits for the most recent live birth

**Figure 5.4** Components of antenatal care

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

**Figure 5.5** Components of antenatal care

Percent of women who received different components of ANC by region



Analysis by residence shows that women in rural and urban areas were more likely to receive ANC component or services compared to those in the nomadic areas. Forty-one percent of rural women and 39 percent of urban women took iron supplements compared to only 9 percent of nomadic women (Figure 5.4). Regionally, women in Galgaduud are more likely to take iron tablets than those in Mudug region at 44 percent and 19 percent, respectively (Figure 5.5). The proportion of women who took iron supplements generally increases with an increase in wealth status. Women in the highest quintile were more likely to take iron tablets than women in the lowest wealth quintile (43 percent and 8 percent, respectively).

5.5 Intermittent preventive treatment (IPTp) by women during pregnancy

Intermittent preventive treatment of malaria in pregnancy (IPTp) is a full therapeutic course of antimalarial medicine

given to pregnant women at routine ANC visits to prevent malaria. IPTp helps prevent maternal malaria episodes, maternal and foetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality.

Table 5.4 shows the percentage of women aged 15-49 with a live birth in the 2 years preceding the survey who received one or more doses of SP/Fansidar to prevent malaria during their most recent pregnancy (IPTp3+) by background characteristics. Overall, 2 percent of women with a live birth in the 2 years preceding the survey reported having taken one or more doses of SP/Fansidar, 1 percent reported taking two or more doses, and less than one percent reported taking three or more doses.

Three percent of women in Galgaduud received one or more doses of SP/Fansidar during their most recent pregnancy compared to less than one percent of women in Mudug. The proportion of women receiving one or more doses of SP/Fansidar generally increases with an increase in wealth status. Four percent of women from the highest wealth quintile have received one or more doses of SP/Fansidar compared to 1 percent of women from the lowest wealth quintile.



5.6 Tetanus Toxoid

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus which is a leading cause of early infant death in many developing countries. It is 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 dose for the next pregnancy. Five doses are considered to provide protection for a lifetime.

Tetanus is caused by a highly potent neurotoxin, tetanospasmin which is produced during the growth of the anaerobic bacterium. Tetanus usually occurs through infection of a skin injury with tetanus spores.

Tetanus spores introduced into an area of injury germinate to tetanus bacilli in the presence of necrotic tissue with reduced oxygen potential. Neonatal tetanus occurs through infection of the umbilicus when the cord is cut with an unclean instrument or when substances contaminated with tetanus spores are applied to the umbilical stump. (WHO, 2018)

Table 5.5 indicates 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.

The findings show that the exposure of tetanus vaccination for pregnant women is very low in Galmudug State despite the need for vaccination. Overall, 20 percent of women received two or more tetanus toxoid injections during the pregnancy of their last live birth and 31 percent of births were protected against neonatal tetanus.

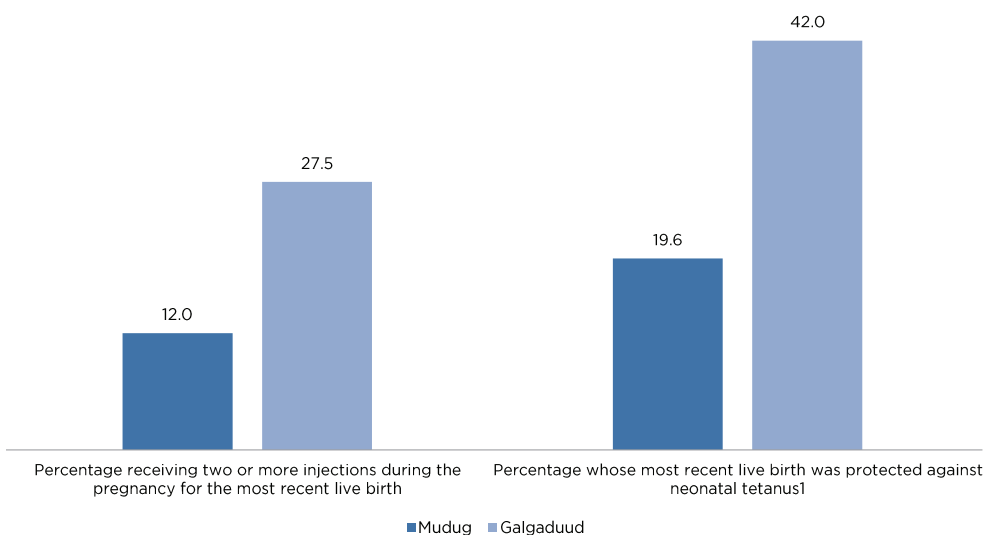
Analysis by residence shows that women in rural and urban areas are more likely to receive tetanus injections and had their last live birth protected against neonatal tetanus, compared to those in the nomadic areas. Twenty-seven percent of rural women and 25 percent of urban women got tetanus injections compared to only 4 percent of nomadic women. Similarly, 42 percent of rural women and 39 percent of urban women had their last live birth protected against neonatal tetanus compared to 7 percent of women in nomadic areas.

Uptake of tetanus during pregnancy generally increases with an increase in wealth status however, women from the highest wealth quintile are less likely to have both them and their neonates protected from tetanus compared to those from the fourth wealth quintile (Table 5.5).

Regionally, women in Galgaduud are more likely to receive tetanus injections than women in Mudug at 28 percent and 12 percent, respectively. Similarly, births to women in Galgaduud are more likely to be protected against neonatal tetanus than births to women in Mudug at 42 percent and 20 percent, respectively. (Figure 5.6).

Figure 5.6 Tetanus toxoid injections

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



5.7 Place of Delivery

Increasing delivery within a health facility is key in reducing health risks to both the mother and child. Appropriate medical attention and hygiene during delivery reduces the danger of complications and infection that can cause mortality in either the mother or baby.

Table 5.6 and Figure 5.7 present information on the percentage 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 Galmudug. Overall, 30 percent of births occurred in health facilities (23 percent in public and 7 percent in private health facilities). Younger mothers are more likely to deliver in a health facility than older mothers. Thirty-five percent of births to mothers less than age 20 were delivered at a health facility, as compared with 30 percent of births to mothers aged 20-34 and 25 percent to mothers aged 35-49.

Place of delivery differs greatly by residence, 46 percent of births in rural areas and 33 percent in urban areas were delivered in a health facility compared to only 6 percent in nomadic areas. Regionally, 37 percent of births in Galgaduud were delivered in a health facility, as compared to 22 percent of births in Mudug.

As presented in Figure 5.8, the number of ANC visits influences the likelihood of a woman delivering in a health facility. Sixty-seven percent of most recent births to mothers with four or more ANC visits were delivered

at a health facility, compared to 19 percent of births to mothers with no ANC visits.

Wealth status has an effect on the place of delivery. Births to women in the highest wealth quintile are nine times more likely to take place in a health facility than births to women in the lowest wealth quintile (54 percent and 6 percent, respectively).

5.8 Assistance During Delivery

The higher proportion of births assisted by a skilled birth attendant in rural areas might be explained by the fact that Guricel town is considered as a rural settlement according to 1991 pre-war districts. However, it now has full characteristics of urban and is one of the largest populated towns in Galgaduud region. Moreover, it has a significant number of health facilities.

To decrease maternal and neonatal morbidity and mortality, there is a need for every child to be delivered with the assistance of a trained skilled birth attendant.

Table 5.7 shows the percent distribution of births in the five years preceding the survey by the type of medical assistants available at the time of delivery, births attended by a skilled health provider, and births delivered by caesarean section (C-section), according to background characteristics.

Figure 5.7 Place of delivery

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

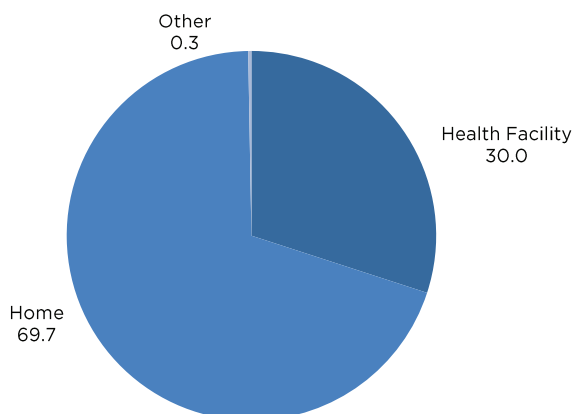


Figure 5.8 Place of delivery by ANC visits

Percentage delivered in a health facility

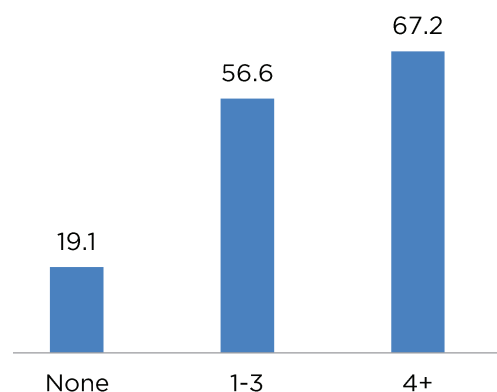


Table 5.7 shows that 42 percent of births in Galmudug were delivered with the assistance of a skilled health professional i.e. doctor/clinical officer, nurse, midwife or auxiliary midwife. On the other hand, around half (52 percent) of births in Galmudug were delivered with the assistance of a traditional birth attendant (TBA) and 2 percent were delivered through C-section.

Analysis by age depicts that mothers under 20 years are more likely to be assisted by a skilled birth attendant at 45 percent than those aged 20-34 and those aged 35-49 at 42 and 38 percent respectively.

As expected, the number of ANC visits influences the likelihood of a woman seeking skilled attendance during delivery. Among women who attended at least four ANC visits, 74 percent were delivered by a skilled attendant compared to 32 percent of those who did not attend any ANC visits.

Moreover, first-birth order and 2-3 birth order are more likely to be delivered by a skilled health personnel compared to higher birth orders. Similarly, women who delivered in a health facility were more likely to be assisted by skilled birth attendant than those delivered outside a health facility at 96 and 19 percent, respectively.

According to the place of residence, the rural has the highest percentage of women assisted by skilled health providers followed by those who are in the urban areas

and the lowest percentage are those in the nomadic areas (59 percent, 49 percent and 10 percent, respectively).

Regionally, the percentage of women assisted by skilled personnel is higher in Galgaduud at 47 percent and lower in Mudug at 37 percent.

As presented in Figure 5.9, the wealth quintile is strongly associated with the type of assistance at delivery. Births to women in the highest wealth quintile were more likely to get assistance at delivery from a skilled provider at 69 percent compared with births to women in the lowest wealth quintile at 11 percent.

Among births in the five years preceding the survey, 8 percent of the deliveries were assisted by a doctor, 34 percent by a nurse or midwife or auxiliary, and 5 percent by relatives or friends. Fifty-two percent of births were assisted by a traditional birth attendant (Figure 5.10)

5.9 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 the

Figure 5.9 Assistance during delivery by Wealth Quintile

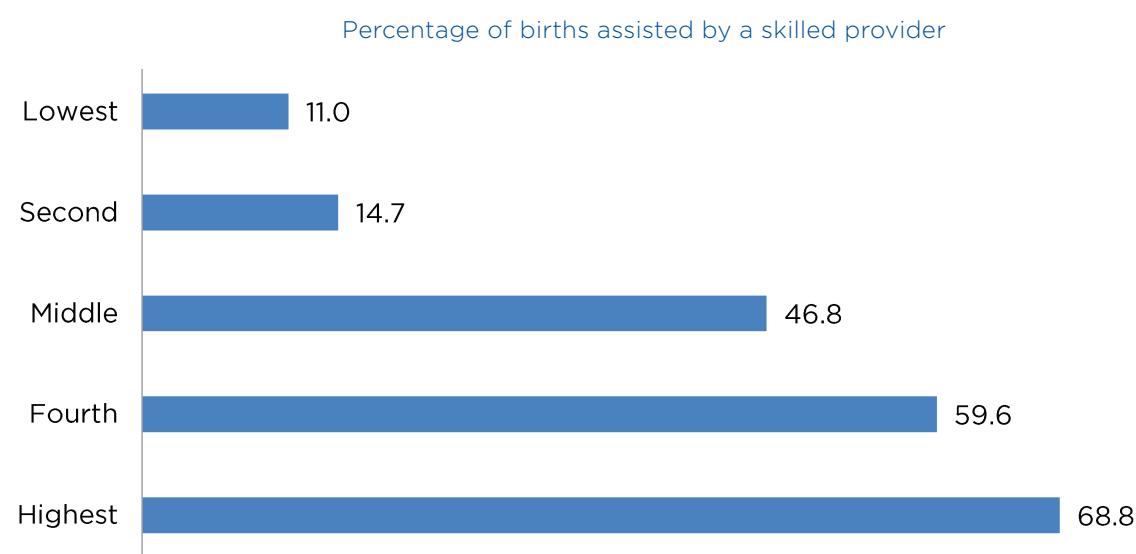
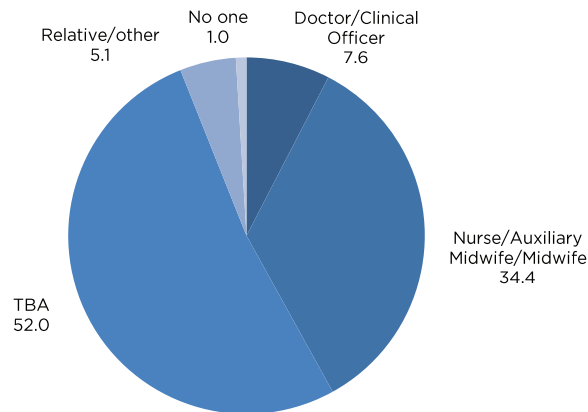


Figure 5.10 Assistance during delivery

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



use of postnatal care in Galmudug, respondents who had given birth in the five years preceding the survey were asked whether they had received a health check after the delivery of their last birth. Table 5.8 shows that only 13 percent of mothers had a postnatal check within the first two days after birth, within 10 percent reporting that they were checked within 4 hours after giving birth.

Women are more likely to seek postnatal care for their first births compared to the subsequent births. Additionally, among the women who gave birth in a health facility, 37 percent had a postnatal check-up within the first two days after birth. However, those who delivered at home or elsewhere did not receive any postnatal health check.

Analysis by place of residence shows that 18 percent of mothers in rural areas and 16 percent of mothers in urban areas received a postnatal check during the first 2 days after delivery compared to only 2 percent of mothers in nomadic areas.

Women in Galgaduud are more likely than those in Mudug to receive a postnatal check during the first 2 days after delivery (15 percent and 10 percent, respectively).

In addition, women from wealthier households were more likely to receive postnatal care within two days of delivery at 28 percent compared to women from poorer households at 2 percent.

Table 5.9 gives information about the percentage distribution of last births in the two years preceding the survey by time after birth of first postnatal check-up, and births with a postnatal check-up in the first two days after birth, according to background characteristics.

Overall, only 10 percent of infants born in the 2 years before the survey received a postnatal check during the first 2 days after birth. Among the new-borns delivered in a health facility, 30 percent had their first postnatal check-up within two days of birth. The new-borns in urban and rural areas received postnatal care in the first two days after delivery at 15 percent and 13 percent, respectively compared to the new-borns and nomadic settlements 1 percent. Analysis by region shows that the percentage of new-borns who had their first postnatal check-up within two days after birth are higher in Galgaduud at 13 percent than in Mudug at 8 percent. Newborns whose mothers are in the highest wealth quintile have a greater chance of receiving a postnatal checkup within two days of birth as compared to those newborns whose mothers are in the lowest wealth quintile at 23 percent and 1 percent, respectively.

5.10. Obstetric Fistula

An 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 a fistula experiences an uncontrollable leakage of urine and/or faeces 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 Somalia. Vaginal fistula usually results from prolonged obstructed labor (Peterman, 2008).

In Galmudug, ever-married women were asked whether they had heard of a medical condition in which women experience constant leakage of stool or urine from their vagina that usually occurs after difficult childbirth but may occur after sexual assault or after pelvic surgery.



Table 5.10 indicates the percentage of ever-married women aged 15-49 who have heard of obstetric fistula and the percentage who have experienced obstetric fistula. Fifty-nine percent of ever-married women had heard of the problem but 3 percent of the women reported they had experienced symptoms consistent with fistula. Obstetric fistula is highly stigmatized and respondents may choose not to report such a “socially undesirable” condition. Consequently, the occurrence of fistula may be underreported in the survey, and the actual prevalence may be much higher than 3 percent, constituting a severe threat to maternal health. Thus, the survey findings should be interpreted with caution.

Figure 5.11 shows that urban women were more likely to experience symptoms of fistula at 3 percent, compared to women in rural and nomadic areas at 2 percent each. Analysis by region shows women who experienced obstetric fistula are higher in Mudug than in Galgaduud at 3 percent and 2 percent, respectively.

5.11. Problems in Accessing Health Care

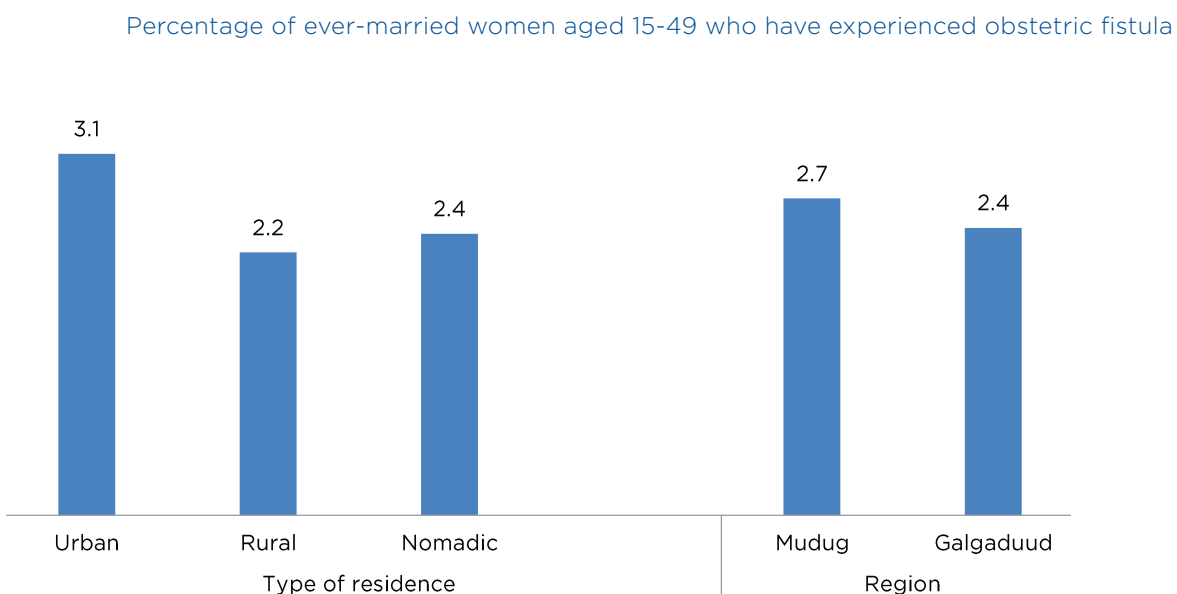
The survey included a series of questions designed to obtain information on the problems women face in obtaining health care services for themselves. This information is particularly important in understanding and addressing the barriers women may face in seeking

care during pregnancy and, particularly, during child delivery. To obtain this information, women aged 15-49 were asked whether each of the following factors would be a big problem or not for them in obtaining health services: getting permission to go to health facilities, getting money for treatment, the distance to the health facility, and not wanting to go alone. Table 5.11 shows the percentages of respondents who consider the individual factors to be a big problem, and the percentages reporting at least one of the specified factors to be a big challenge, according to background characteristics.

Overall, 76 percent of women face at least one problem accessing health care. The majority at 69 percent perceived lack of money as a barrier to their access to health services, 66 percent cited the distance to a health facility as a challenge, while 51 percent mentioned not wanting to go alone as a deterrent. Forty-three percent of indicated obtaining permission as a barrier to access health services.

Figure 5.12 indicates that married women are more likely to have at least one problem accessing health care than divorced/widowed at 77 percent and 72 percent respectively. The nomadic women are more likely to have at least one problem accessing health care at 91 percent compared to the urban and rural women at 71 percent, 69 percent respectively. Analysis by region shows that the percentage of women who experienced at least one problem accessing health care is higher in

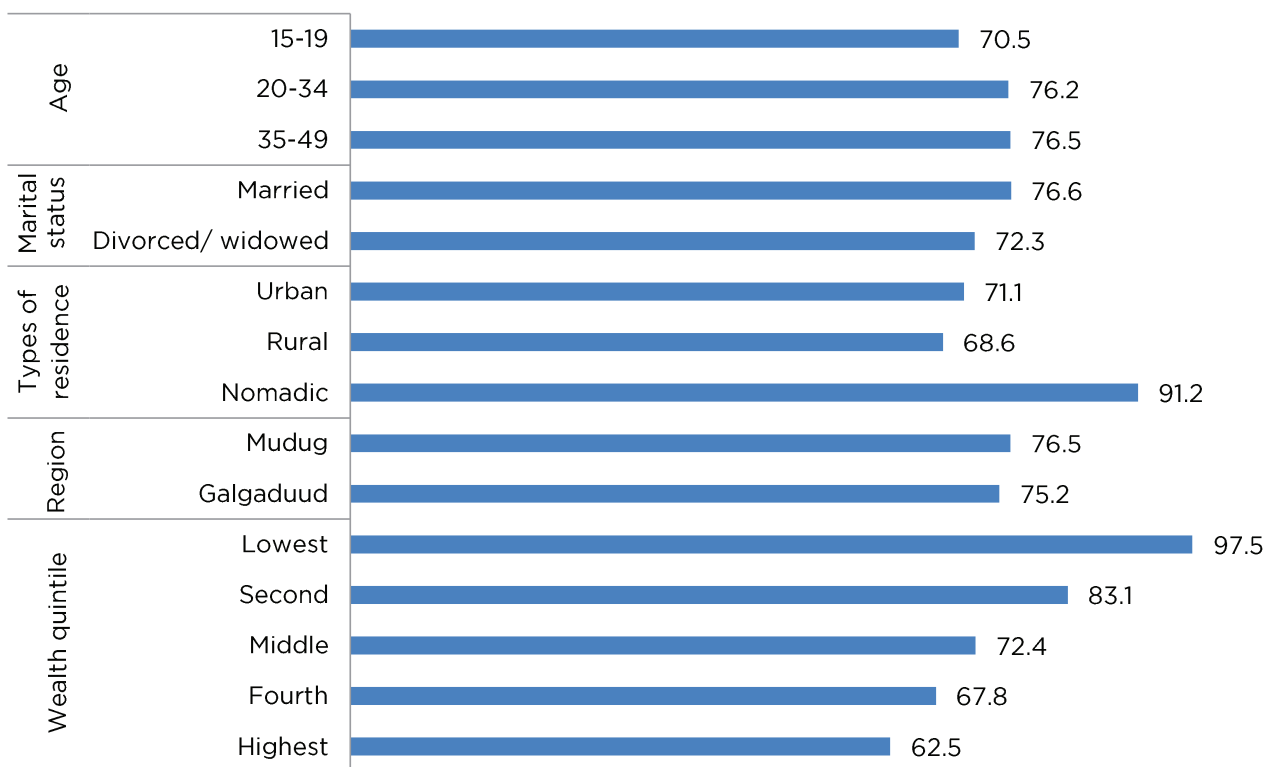
Figure 5.11 Obstetric fistula experience by place of residence and region



Mudug at 77 percent than in Galgaduud at 75 percent. The proportion of women having at least one problem accessing health care decreases with increasing wealth status; 98 percent of women the poorest are likely to encounter at least one problem accessing health care compared to 63 percent of those with the richest level of wealth quintile.

Figure 5.12 Problems in accessing health care

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



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Table 5.1 Antenatal care

Percent distribution of ever married women age 15-49 who had a live birth in the 5 years preceding the survey by antenatal care (ANC) provider during the pregnancy for the most recent birth and percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, GMHDS 2020

Background characteristics	Person providing assistance during ANC				Total	Skilled assistance during ANC ²	Number of women
	Doctor/Clinical Officer	Nurse/Auxiliary Midwife/Midwife	TBA ¹ /Other/Relative	No ANC			
Mother's age at birth							
<20	25.2	11.5	0.6	62.7	100.0	36.7	205
20-34	21.6	12.0	1.4	65.0	100.0	33.6	701
35-49	19.5	6.4	0.0	74.0	100.0	26.0	101
Birth order							
1	22.2	11.3	1.1	65.5	100.0	33.4	1,005
2-3	*	*	*	*	100.0	100.0	1
4-5	*	*	*	*	100.0	*	0
6+	*	*	*	*	100.0	*	1
Type of residence							
Urban	28.7	16.8	1.4	53.1	100.0	45.5	346
Rural	27.0	12.8	0.6	59.6	100.0	39.8	374
Nomadic	7.8	2.8	1.3	88.1	100.0	10.6	286
Region							
Mudug	11.9	10.6	1.4	76.1	100.0	22.5	493
Galgaduud	31.9	12.0	0.7	55.3	100.0	44.0	513
Education							
No education	19.5	9.1	1.0	70.5	100.0	28.5	815
Primary	33.1	22.6	1.0	43.3	100.0	55.7	147
Secondary	(35.6)	(7.8)	(3.4)	(53.2)	100.0	(43.4)	33
Higher	*	*	*	*	100.0	*	11
Wealth quintile							
Lowest	5.9	2.7	0.7	90.7	100.0	8.6	183
Second	12.7	7.1	1.6	78.6	100.0	19.8	151
Middle	24.7	13.4	1.6	60.3	100.0	38.1	287
Fourth	30.8	13.8	0.7	54.7	100.0	44.6	236
Highest	32.9	18.3	0.6	48.3	100.0	51.2	149
Total	22.1	11.3	1.1	65.5	100.0	33.5	1,006

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

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

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

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



Table 5.2 Number of antenatal care visits and the timing of the visits

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

Number and timing of ANC visits	Type of residence			Total
	Urban	Rural	Nomadic	
Number of ANC visits				
None	53.1	59.6	88.1	65.5
1	8.7	7.0	4.6	6.9
2-3	23.4	24.9	5.6	18.9
4+	14.6	8.2	0.7	8.3
Don't know/missing	0.3	0.2	0.9	0.4
Total	100.0	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit				
No antenatal care	53.1	59.6	88.1	65.5
<4	13.4	13.4	5.1	11.1
4-5	15.6	11.1	2.4	10.2
6-7	11.5	12.0	2.3	9.1
8+	6.4	3.7	1.1	3.9
Don't know/missing	0.0	0.2	0.9	0.3
Total	100.0	100.0	100.0	100.0
Number of women	346	374	286	1,006
Median months pregnant at first visit (for those with ANC)	5.0	5.0	4.0	5.0
Number of women with ANC	162	151	34	348



Table 5.3 Components of antenatal care

Among ever married women age 15-49 with a live birth in the 5 years preceding the survey, percentages who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent live birth; and among women receiving antenatal care (ANC) for the most recent live birth in the 5 years preceding the survey, percentage receiving specific antenatal services, according to background characteristics, GMHDS 2020

Background characteristics	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth:		Number of women with a live birth in the past five years	Among women who received ANC for their most recent birth in the past 5 years, the percentage with the selected services:			Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs		Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth							
<20	32.3	3.9	205	93.8	74.9	84.4	76
20-34	32.2	4.8	701	91.2	76.2	84.2	245
35-49	24.5	4.9	101	(100.0)	(92.4)	(85.8)	26
Birth order							
1	29.3	3.2	312	92.3	81.1	85.0	103
2-3	34.3	4.4	285	93.3	79.1	82.8	108
4-5	30.5	4.4	205	93.5	72.5	83.9	76
6+	31.6	7.5	205	89.9	72.9	86.9	60
Type of residence							
Urban	39.1	5.4	346	95.8	77.4	84.7	162
Rural	41.4	6.6	374	91.3	76.2	84.9	151
Nomadic	9.3	1.2	286	86.3	74.5	74.5	34
Region							
Mudug	18.9	1.8	493	85.6	77.0	84.3	118
Galgaduud	43.5	7.4	513	96.0	77.2	84.5	229
Education							
No education	28.1	4.8	815	90.9	75.8	82.5	241
Primary	44.3	3.1	147	94.8	81.0	89.0	84
Secondary	(44.1)	(6.0)	33	*	*	*	15
Higher	*	*	11	*	*	*	8
Wealth quintile							
Lowest	8.3	0.9	183	75.7	*	*	17
Second	18.8	1.9	151	(94.8)	(81.3)	(76.1)	32
Middle	36.5	4.3	287	91.0	73.1	80.5	114
Fourth	44.2	9.6	236	96.8	76.4	86.1	107
Highest	42.6	4.9	149	91.4	83.2	91.4	77
Total 15-49	31.4	4.7	1,006	92.5	77.2	84.4	348

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

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



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

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

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth in the 2 years preceding the survey
Type of residence				
Urban	2.2	0.5	0.5	226
Rural	2.8	1.1	0.0	244
Nomadic	0.5	0.2	0.2	191
Region				
Mudug	0.3	0.0	0.0	302
Galgaduud	3.3	1.2	0.4	359
Education				
No education	1.4	0.7	0.2	531
Primary	3.8	0.4	0.4	104
Secondary	*	*	*	19
Higher	*	*	*	6
Wealth quintile				
Lowest	0.7	0.4	0.4	116
Second	1.3	1.3	0.0	103
Middle	1.3	0.8	0.0	179
Fourth	2.6	0.6	0.6	166
Highest	3.9	0.0	0.0	96
Total 15-49	1.9	0.6	0.2	661

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



Table 5.5 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the 5 years preceding the survey, percentage receiving two or more tetanus toxoid injections during the pregnancy for the most recent live birth and percentage whose most recent live birth was protected against neonatal tetanus, according to background characteristics, GMHDS 2020

Background characteristics	Percentage receiving two or more injections during last pregnancy	Percentage whose last live birth was protected against neonatal tetanus ¹	Number of mothers
Mother's age at birth			
<20	22.9	33.1	205
20-34	19.1	30.0	701
35-49	19.2	33.9	101
Birth order			
1	21.3	34.1	251
2-3	19.8	30.2	632
4-5	17.0	28.3	120
6+	*	*	3
Type of residence			
Urban	24.9	39.0	346
Rural	27.1	42.1	374
Nomadic	4.4	7.0	286
Region			
Mudug	12.0	19.6	493
Galgaduud	27.5	42.0	513
Education			
No education	17.4	27.2	815
Primary	31.9	48.1	147
Secondary	(28.7)	(42.5)	33
Higher	*	*	11
Wealth quintile			
Lowest	4.2	5.6	183
Second	11.8	21.0	151
Middle	22.8	35.1	287
Fourth	29.5	44.9	236
Highest	26.6	42.7	149
Total	19.9	31.0	1,006

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

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

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



Table 5.6 Place of delivery

Percent distribution of live births in the 5 years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, GMHDS 2020

Background characteristics	Health facility				Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Home	Other			
Mother's age at birth							
<20	27.0	7.6	65.1	0.4	100.0	34.6	285
20-34	22.7	7.3	69.7	0.3	100.0	30.0	1,738
35-49	19.5	5.5	75.0	0.0	100.0	25.0	250
Birth order							
1	23.2	7.6	68.9	0.4	100.0	30.8	966
2-3	22.6	6.9	70.3	0.2	100.0	29.5	1,164
4-5	22.5	6.4	71.0	0.0	100.0	29.0	138
6+	*	*	*	*	100.0	*	6
Antenatal care visits¹							
None	14.4	4.7	80.7	0.2	100.0	19.1	659
1-3	44.3	12.4	43.0	0.3	100.0	56.6	261
4+	45.0	22.2	32.8	0.0	100.0	67.2	85
Don't know/missing	*	*	*	*	100.0	*	6
Type of residence							
Urban	27.1	5.5	67.2	0.3	100.0	32.5	793
Rural	33.3	12.7	53.6	0.5	100.0	45.9	845
Nomadic	3.9	1.8	94.3	0.0	100.0	5.7	636
Region							
Mudug	18.8	3.1	77.9	0.2	100.0	21.8	1,075
Galgaduud	26.6	10.8	62.3	0.3	100.0	37.3	1,198
Education							
No education	18.8	6.1	74.9	0.2	100.0	24.9	1,851
Primary	40.9	10.2	48.1	0.8	100.0	51.1	332
Secondary	41.1	16.4	42.6	0	100.0	57.4	67
Higher	*	*	*	*	100.0	*	24
Wealth quintile							
Lowest	3.7	1.7	94.5	0.0	100.0	5.5	410
Second	7.7	2.3	90.1	0.0	100.0	9.9	333
Middle	23.6	10.4	65.3	0.6	100.0	34.1	650
Fourth	32.9	8.1	59.0	0.0	100.0	41.0	546
Highest	43.7	10.5	45.0	0.8	100.0	54.2	334
Total	22.9	7.1	69.7	0.3	100.0	30.0	2,273

¹Includes 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 unweighted cases and has been suppressed.



Table 5.7 Assistance during delivery

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

Background characteristics	Person providing assistance during delivery					Total	Percentage delivered by skilled provider ¹	Percentage delivered by C-section	Number of births
	Doctor/Clinical Officer	Nurse/Auxiliary Midwife/Midwife	Traditional birth attendant	Relative/other	No one				
Mother's age at birth									
<20	9.0	36.4	48.5	5.8	0.3	100.0	45.4	1.8	285
20-34	7.8	34.2	52.0	5.0	1.0	100.0	42.0	1.8	1738
35-49	4.9	33.0	55.9	5.2	1.1	100.0	37.9	1.2	250
Birth order									
1	8.5	33.8	51.2	5.7	0.8	100.0	42.3	2.5	966
2-3	7.2	35.0	51.9	4.8	1.1	100.0	42.2	1.2	1164
4-5	5.0	32.5	58.3	3.3	0.9	100.0	37.5	0.6	138
6+	*	*	*	*	*	100.0	*	*	6
Antenatal care visits²									
None	5.6	26.8	60.0	6.1	1.6	100.0	32.4	1.8	659
1-3	13.8	53.0	29.4	3.3	0.5	100.0	66.8	4.6	261
4+	15.5	58.5	26.1	0.0	0.0	100.0	73.9	3.7	85
Don't know/missing	*	*	*	*	*	100.0	*	*	6
Place of delivery									
Health facility	23.5	72.4	3.5	0.1	0.4	100.0	95.9	5.8	682
Elsewhere	0.8	18.0	72.8	7.2	1.2	100.0	18.8	0	1591
Type of residence									
Urban	9.8	39.3	48.9	1.9	0.1	100.0	49.1	1.7	793
Rural	10.9	48.4	38.4	1.7	0.7	100.0	59.3	2.9	845
Nomadic	0.4	9.7	74.0	13.6	2.4	100.0	10.0	0.3	636
Region									
Mudug	6.6	29.9	55.2	6.7	1.6	100.0	36.5	1.8	1075
Galgaduud	8.5	38.4	49.1	3.6	0.4	100.0	46.9	1.7	1198
Education									
No education	6.3	30.1	56.5	5.9	1.1	100.0	36.4	1.4	1851
Primary	12.9	51.2	33.9	1.8	0.3	100.0	64.1	2.9	332
Secondary	12.5	62.0	25.5	0.0	0.0	100.0	74.5	3.9	67
Higher	*	*	*	*	*	100.0	*	*	24
Wealth quintile									
Lowest	0.3	10.6	74.6	13.6	0.8	100.0	11.0	0.1	410
Second	1.3	13.4	70.5	11.1	3.7	100.0	14.7	0.7	333
Middle	9.3	37.6	50.4	2.3	0.4	100.0	46.8	1.3	650
Fourth	10.1	49.5	38.8	1.3	0.3	100.0	59.6	2.6	546
Highest	15.5	53.4	30.5	0.3	0.4	100.0	68.8	4.2	334
Total	7.6	34.4	52.0	5.1	1.0	100.0	42.0	1.7	2273

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

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

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



Table 5.8 Timing of first postnatal check-up for the mother

Among women age 15-49 giving birth in the 2 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 2 days after giving birth, according to background characteristics, GMHDS 2020

Background characteristics	Time after delivery of mother's first postnatal check-up					Total	Percentage of women with a postnatal check-up in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	1-2 days	Don't know	No postnatal check-up ¹			
Mother's age at birth								
<20	11.9	3.0	1.6	0.0	83.5	100.0	16.5	164
20-34	9.6	1.4	0.3	0.7	88.0	100.0	11.3	453
35-49	(11.1)	(2.7)	(1.1)	(0.0)	(85.2)	100.0	(14.8)	42
Birth order								
1	19.2	1.5	1.3	0.9	77.2	100.0	21.9	98
2-3	9.0	2.0	0.8	0.5	87.7	100.0	11.8	450
4+	7.7	1.3	0.0	0.0	91.0	100.0	9.0	112
Place of delivery								
Health facility	29.8	5.3	2.0	1.4	61.5	100.0	37.1	228
Elsewhere	0.0	0.0	0.0	0.0	100.0	100.0	0.0	432
Type of residence								
Urban	14.2	2.1	0.0	0.8	82.9	100.0	16.3	226
Rural	13.7	3.0	1.2	0.6	81.5	100.0	17.9	243
Nomadic	1.4	0.0	0.9	0.0	97.8	100.0	2.2	191
Region								
Mudug	8.7	0.9	0.4	0.6	89.5	100.0	10.0	301
Galgaduud	11.6	2.7	0.9	0.4	84.4	100.0	15.2	359
Education								
No education	7.6	1.1	0.6	0.6	90.1	100.0	9.3	530
Primary	20.0	5.9	1.4	0.0	72.7	100.0	27.3	104
Secondary	*	*	*	*	*	100.0	*	19
Higher Education	*	*	*	*	*	100.0	*	6
Wealth quintile								
Lowest	1.2	0.0	0.4	0.0	98.4	100.0	1.6	116
Second	2.6	0.0	1.2	0.0	96.2	100.0	3.8	103
Middle	10.8	0.5	0.0	0.0	88.7	100.0	11.3	179
Fourth	13.4	4.2	1.8	1.4	79.3	100.0	19.3	166
Highest	23.1	4.5	0.0	0.9	71.5	100.0	27.6	96
Total	10.3	1.8	0.7	0.5	86.7	100.0	12.8	660

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

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

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



Table 5.9 Timing of first postnatal check-up 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, GMHDS 2020

Background characteristics	Time after birth of newborn's first postnatal check-up					Total	Percentage of births with a postnatal check-up in the first two days after birth	Number of births
	1-3 hours	4-23 hours	1-2 days	Don't know	No postnatal check-up ¹			
Mother's age at birth								
<20	9.4	1.4	0.0	0.0	89.2	100.0	10.8	164
20-34	8.2	1.2	0.2	0.4	90.0	100.0	9.6	453
35-49	(12.8)	(0.0)	(4.7)	(0.0)	(82.5)	100.0	(17.5)	42
Birth order								
1	14.7	1.5	1.8	0.0	82.0	100.0	18.0	98
2-3	7.9	0.9	0.2	0.4	90.5	100.0	9.0	450
4+	7.2	2.1	0.0	0.0	90.7	100.0	9.3	112
Place of delivery								
Health facility	25.4	3.4	1.3	0.8	69.0	100.0	30.1	228
Elsewhere	0.0	0.0	0.0	0.0	100.0	100.0	0.0	432
Type of residence								
Urban	12.9	1.1	0.9	0.0	85.1	100.0	14.9	226
Rural	10.8	2.2	0.4	0.6	86.1	100.0	13.3	243
Nomadic	1.4	0.0	0.0	0.2	98.4	100.0	1.4	191
Region								
Mudug	6.1	1.1	0.6	0.0	92.2	100.0	7.8	301
Galgaduud	11.0	1.2	0.3	0.5	86.9	100.0	12.6	359
Education								
No education	7.2	1.0	0.4	0.4	91.0	100.0	8.6	530
Primary	13.4	2.2	0.0	0.0	84.3	100.0	15.7	104
Secondary	*	*	*	*	*	100.0	*	19
Higher	*	*	*	*	*	100.0	*	6
Wealth quintile								
Lowest	1.2	0.0	0.0	0.4	98.4	100.0	1.2	116
Second	1.2	0.0	1.1	0.0	97.7	100.0	2.3	103
Middle	10.5	0.5	0.5	0.0	88.5	100.0	11.5	179
Fourth	11.9	1.4	0.0	0.9	85.8	100.0	13.4	166
Highest	17.4	4.8	0.9	0.0	76.9	100.0	23.1	96
Total	8.8	1.2	0.4	0.3	89.3	100.0	10.4	660

¹ Includes newborns who received a checkup after the first week

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

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



Table 5.10 Obstetric fistula

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

Background characteristic	Heard obstetric fistula	Experienced obstetric fistula	Number of ever-married women
Age			
15-19	47.7	0.0	104
20-24	55.7	1.3	248
25-29	57.6	3.0	338
30-34	61.6	1.7	244
35-39	60.3	4.4	230
40-44	62.8	3.5	107
45-49	70.3	4.8	54
Type of residence			
Urban	63.2	3.1	464
Rural	57.7	2.2	488
Nomadic	54.0	2.4	373
Region			
Mudug	56.1	2.7	679
Galgaduud	61.1	2.4	645
Education			
No education	57.7	2.4	1071
Primary	66.5	3.1	194
Secondary	(49.1)	(4.0)	43
Higher	*	*	16
Wealth quintile			
Lowest	59.2	2.9	244
Second	50.6	2.0	186
Middle	57.6	3.2	359
Fourth	61.1	1.5	317
Highest	62.7	3.2	217
Total	58.6	2.6	1324

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



Table 5.11 Problems in accessing health care

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

Background characteristics	Problems in accessing health care					Number of ever-married women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	
Age						
15-19	36.8	59.2	58.0	42.6	70.5	104
20-34	42.3	69.0	65.8	50.5	76.2	830
35-49	45.4	70.1	67.0	53.8	76.5	390
Number of living children						
0	*	*	*	*	*	1
1-2	*	*	*	*	*	22
3-4	47.7	70.2	64.3	61.6	70.5	72
5+	42.5	68.3	65.6	50.1	76.2	1,229
Marital status						
Married	0.0	69.5	66.9	50.4	76.6	1,103
Divorced/ widowed	39.3	64.0	58.7	53.1	72.3	221
Employed past 12 months						
Not employed	42.6	69.1	66.2	51.2	76.4	1,193
Employed for cash	43.2	63.2	58.9	46.4	70.8	116
Employed not for cash	*	*	*	*	*	15
Type of residence						
Urban	41.4	62.8	56.5	41.7	71.1	464
Rural	40.8	61.6	59.0	45.4	68.6	488
Nomadic	47.1	85.0	85.5	69.2	91.2	373
Region						
Mudug	38.0	69.5	65.5	49.1	76.5	679
Galgaduud	47.8	67.6	65.6	52.6	75.2	645
Education						
No education	44.1	71.7	69.2	53.4	78.5	1,071
Primary	38.9	57.1	53.6	41.2	67.7	194
Secondary	(36.8)	(57.4)	(42.8)	(38.8)	(59.4)	43
Higher	*	*	*	*	*	16
Wealth quintile						
Lowest	54.8	91.6	92.1	73.6	97.5	244
Second	37.6	77.8	76.0	57.0	83.1	186
Middle	48.4	68.3	65.8	50.5	72.4	359
Fourth	38.0	56.3	52.4	42.7	67.8	317
Highest	31.4	53.1	45.6	32.3	62.5	217
Total	42.8	68.6	65.6	50.8	75.9	1,324

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.







06

Child Health

Key Findings

Birth weight:

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

Vaccinations:

9 percent 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. **30 percent** of children had received BCG at any time before the survey, **31 percent** had received the first dose of pentavalent vaccine, **31 percent** received the first dose of polio vaccine and **12 percent** had received the third doses of polio. Twelve percent had received the measles vaccine.

Symptoms of acute respiratory infection (ARI):

3 percent 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:

7 percent of children under-five had fever during the two weeks preceding the survey; **32 percent** of these children, advice or treatment was sought on the same or next day.

Diarrhea:

5 percent of children under age five had diarrhea in the 2 weeks before the survey; **49 percent** of these children advice or treatment was sought from a health facility.

Stool disposal:

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



6 CHILD HEALTH

This chapter presents information on child health and survival. This includes characteristics of the neonate (birth weight and size), the vaccination status of young children, and treatment practices (particularly contact with health services) among children suffering from three childhood illnesses: acute respiratory infection (ARI), fever, and diarrhea. Because appropriate sanitary practices can help prevent and reduce the severity of diarrheal disease. Information is also provided on how children's fecal matter is disposed. Results obtained from this survey are expected to assist policymakers and program managers as they are implementing and monitoring the current health sector strategic plan of Galmudug State. It will also help in formulating appropriate interventions to prevent deaths from childhood illnesses, and improve the health status of children in Galmudug State.

6.1 Birth Weight

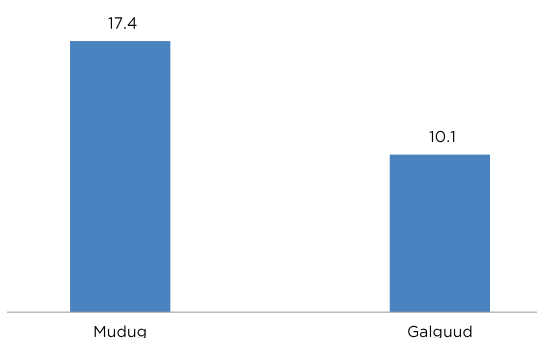
Low birth weight (LBW) is defined by the World Health Organization (WHO) as weight at birth less than 2500 g (5.5 lb.). Low birth weight (LBW) continues to be a significant public health problem globally and is associated with a range of both short and long-term consequences. Overall, it is estimated that 15 to 20 percent of all births worldwide are LBW, representing more than 20 million births a year. The goal is to achieve a 30 percent reduction in the number of infants born with a weight lower than 2500 g by the year 2025. This would translate into a 3.9 percent relative reduction per year between 2012 and 2025 and a reduction from approximately 20 million to about 14 million infants with low weight at birth (WHO, 2012).

For births in the five years preceding the survey, birth weight was recorded in the Ever-Married Woman's Questionnaire is available from either a written record or the mother's recall. Because birth weight may not be known for many babies, the mother's estimate of the baby's size at birth was also obtained. Even though such an estimate is subjective, it can be a useful proxy for the weight of the child.

Table 6.1 presents information on child weight at birth by background characteristics. Nine percent of births occurring in the five years preceding the survey had a reported birth weight. Among the children with known birth weights, 13 percent weighed less than 2.5 kg at birth.

Figure 6.1 Child's weight and size at birth

Births with a reported birth weight of less than 2.5kg by regions



As presented in Figure 6.1, analysis by region shows that the proportion of children with LBW is higher in Mudug region at 17 percent compared to 10 percent in Galgaduud region. According to the results, more underweight births were reported among younger mothers, at 16 percent for mothers younger than 20 years compared to 13 percent reported by mothers of aged 20-34 (Table 6.1).

6.2 Vaccination of Children

According to WHO, a child is considered fully vaccinated if he or she has received BCG vaccination against tuberculosis; three doses of diphtheria, pertussis and tetanus (DPT); at least three doses of polio; and one dose of the measles. The GMHDS 2020 collected information on vaccination coverage in two ways: from vaccination cards shown to the interviewer and from mothers' verbal reports. If the cards were available, the interviewer copied the vaccination dates directly into the questionnaire. When there was no vaccination card for the child or if a vaccine had not been recorded on the vaccination card as being given, the respondent was asked to recall the vaccines given to her child.

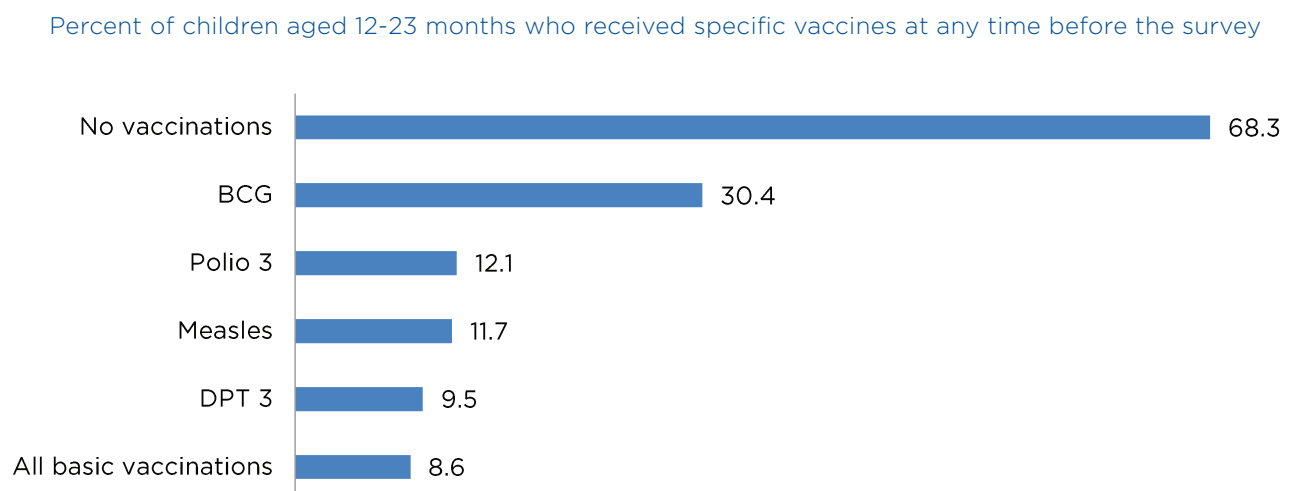
Table 6.2 presents the vaccination coverage for children aged 12-23 months, the age by which they should have received all vaccinations. Mothers presented health

cards for 4 percent of children aged 12-23 months. Nine 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) (Figure 6.2).

With respect to coverage of specific vaccines among children aged 12-23 months (based on the vaccination card or the mother's report), 30 percent received the BCG vaccine and 31 percent received the first dose of DPT-HepB- Hib prior to the survey. Only 10 percent of children received the third dose of DPT-HepB-Hib. Twelve percent received the measles vaccine, 30 percent received the recommended polio zero dose at birth, 31 percent received the first dose of polio, and 13 percent received the second dose of polio. Twelve percent of children had received the third dose of the polio vaccine (Table 6.2)

The percentage of children fully vaccinated varies substantially by place of residence. Fourteen percent of children in urban areas had received all basic vaccinations, compared to 2 percent of children in nomadic areas. Analysis by region also depicts that Galgaduud region has a higher proportion of children who received all the basic vaccinations at 11 percent as compared to 6 percent in Mudug region (Table 6.2).

Figure 6.2 Vaccination Coverage for children age 12-23 months



6.3 Symptoms of Acute Respiratory Infection

Acute Respiratory Infection (ARI) is one of the leading causes of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the GMHDS 2020, the prevalence of ARI was estimated by asking mothers whether their children under age 5 had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. These symptoms are compatible with ARI. It should be noted that the morbidity data collected are subjective—that is, they are based on the mother’s perception of illness with no validation from medical personnel—and that the prevalence of ARI is subject to seasonality.

Table 6.3 shows the percentage of children under age 5 with symptoms of ARI during the two weeks preceding the survey and the actions that mothers took in response to their children’s illness according to selected background characteristics. Overall, 3 percent of children under age 5 showed ARI symptoms at some point in the two weeks preceding the survey.

Differences in the proportions of children with ARI are observed by background characteristics. The prevalence of ARI increases from 2 percent of the children less than 6 months to 4 percent among those aged 12-23 months. After age 23 months, ARI prevalence decreases with increasing age (Figure 6.3). There is no gender difference in the children reporting with symptoms of

ARI (3 percent for both). The proportion of children with ARI is higher in Galgaduud region as compared to Mudug region (4 percent and 1 percent, respectively).

As presented in Table 6.3, analysis by place of residence shows that there are variations in the prevalence of ARI. Rural areas reported the highest percentage of children with symptoms of ARI at 4 percent compared to nomadic areas with the lowest proportions at 1 percent.

Mothers who reported that their children had ARI symptoms were asked about the actions they had taken to treat the illness. Among children with ARI symptoms, advice or treatment was sought from a health facility or a health provider for 25 percent of children while 20 percent of children with ARI symptoms received antibiotics (Table 6.3)

6.4 Fever

Fever is a major manifestation of malaria and other acute infections in children. Malaria contributes to high levels of anemia and mortality in young children. While fever can occur year-round, malaria is more prevalent after the end of the rainy season.

Table 6.4 shows the percentage of children under age 5 presenting with fever during the 2 weeks preceding the survey and the percentage receiving various treatments, by selected background characteristics. Overall, 7 percent of children under age five had fever during the

Figure 6.3 Prevalence and treatment of symptoms of ARI by age

Percentage with symptoms of ARI symptoms in the 2 weeks preceding the survey

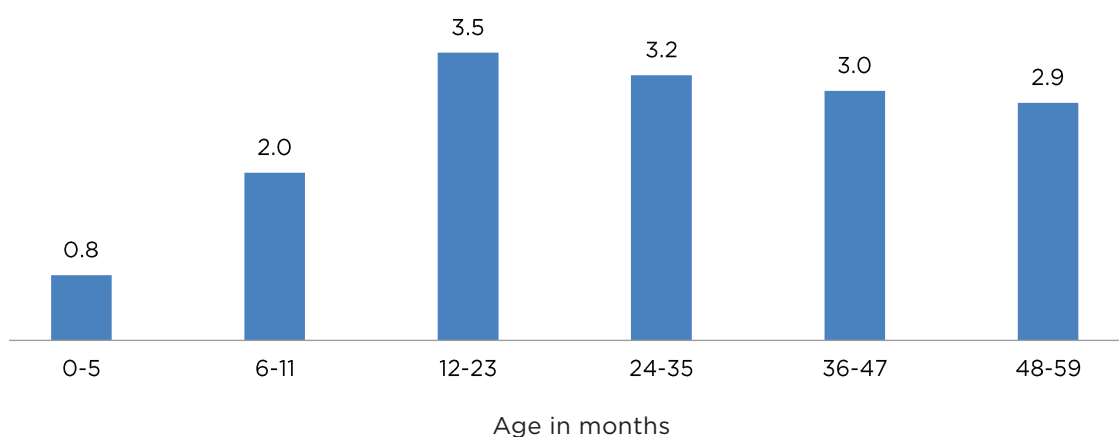
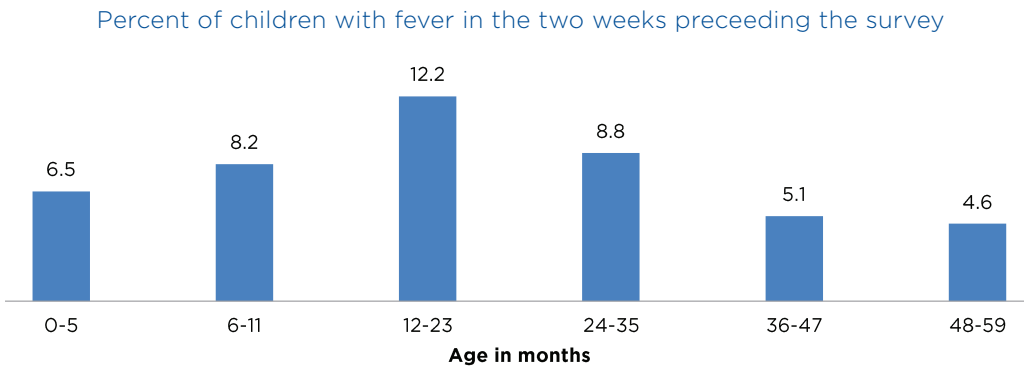


Figure 6.4 Percent of children with fever by age

two weeks preceding the survey. Advice or treatment was sought for 27 percent of these children, while 17 percent took antibiotic drugs.

Differences in the proportions of children with fever are observed by background characteristics. There was striking variation in fever prevalence by sex of the child. Males are more likely to have a fever than females (9 percent and 5 percent, respectively). The prevalence of fever varies with children's ages. Children aged 12-23 months are more likely to be sick with fever at 12 percent than children in other age groups (Figure 6.4). The proportion of children under-five reported as having had fever in the two weeks before the survey is higher in Galgaduud region at 10 percent compared to Mudug region at 4 percent.

Figure 6.5 shows that the proportion of children with fever was higher in rural and urban areas at 8 percent (each) compared to 5 percent in nomadic areas.

6.5 Diarrheal Diseases

Dehydration caused by severe diarrhea is a major cause of morbidity and mortality among young children, even though the condition can be easily treated with oral rehydration therapy (ORT).

Exposure to diarrhea-causing agents frequently relates to the use of contaminated water and unhygienic practices in food preparation and disposal of excreta. The survey collected information on the prevalence of diarrhea among children in Galmudug State by asking mothers whether their children under the age of five years had diarrhoea during the two weeks before the survey. If a child was identified as having had diarrhoea, information was collected on the treatment and feeding practices during the episode.

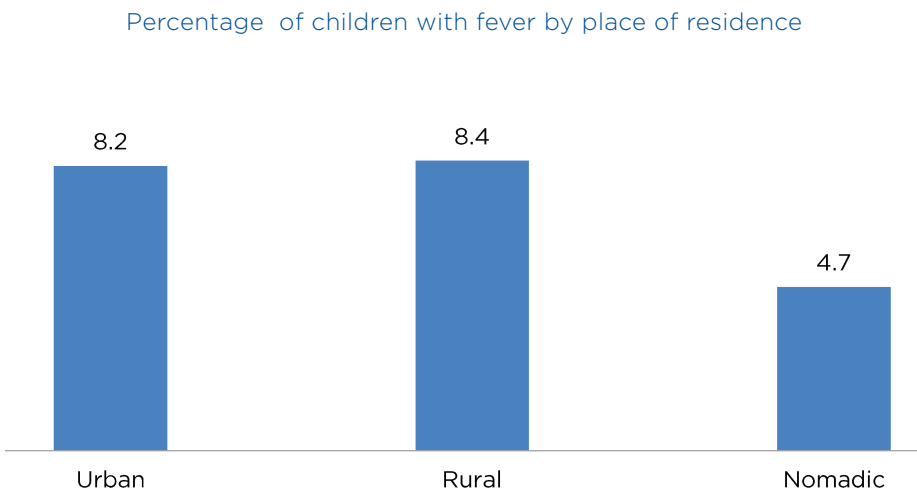
Table 6.5 Prevalence of fever by place of residence

Figure 6.6 Percent of children with diarrhoea by age

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

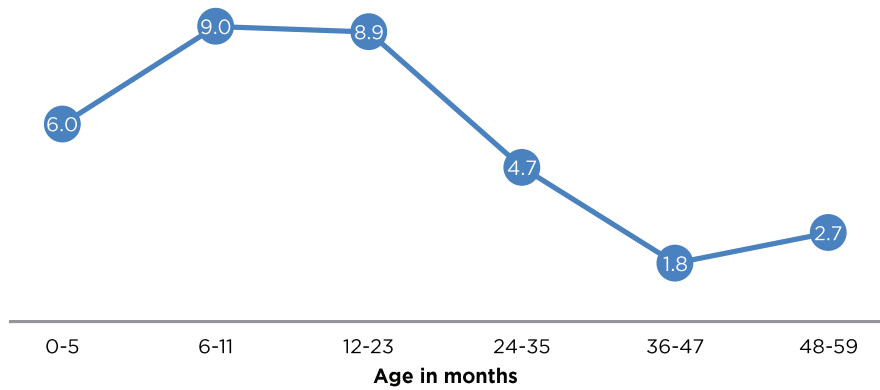


Table 6.5 shows the percentage of children under-five who had diarrhea during the two weeks preceding the survey by selected background characteristics. Five percent of children under-five had a diarrhea episode in the two weeks preceding the survey and among those who had diarrhea, 49 percent sought advice or treatment.

Figure 6.6 shows that the prevalence of diarrhea increases from 6 percent among children less than 6 months to 9 percent among children aged 6-11 and 12-23 months. This observation is expected because children aged 6 months and older are typically introduced to liquids in addition to breast milk and complementary foods. After the age of 23 months, it generally declines due to the child's adaption of complementary foods.

There is slight variation by place of residence in the prevalence of diarrhea. The prevalence of diarrhea among children in urban areas, rural and nomadic is 6 percent, 5 percent and 4 percent respectively. Similarly,

Galgaduud region reported a slightly higher proportion of children with diarrhea than children in Mudug region (6 percent and 4 percent respectively).

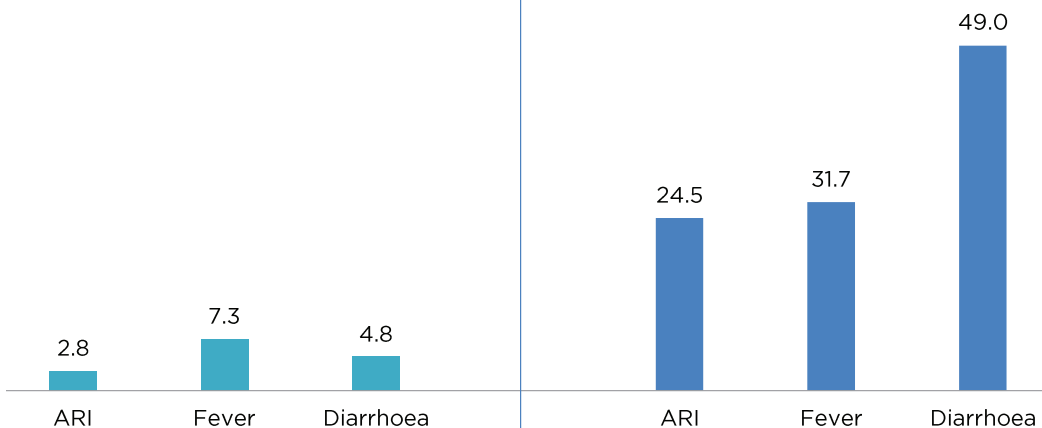
6.6 Treatment of Childhood Illnesses

During the 2 weeks before the survey, 3 percent of children under-five had symptoms of ARI, while 7 percent had a fever and 5 percent had diarrhea. Advice or treatment was sought for 25 percent of children with ARI, 32 percent of children with a fever, and 49 percent of children with diarrhea (Figure 6.7).

Figure 6.7 Prevalence and treatment of childhood illness

Percent of children under age 5 with symptoms in the 2 weeks before the survey

Percent of children under age 5 treated for childhood illnesses in the 2 weeks preceding the survey



6.7 Disposal of Children's Stools

The proper disposal of children's faeces is important in preventing the spread of disease. If faeces are left uncontained, the disease may spread by direct contact or through animal contact. Children's stools are considered to be safely disposed of if the child uses a toilet or latrine, the child's stool is put or rinsed into a toilet or latrine, or the stool is buried.

Table 6.6 presents the percent distribution of children under-five living with their mother by the manner of disposal of the child's last faecal matter. Forty-seven percent of children's stools are disposed of safely. Children in rural areas and urban areas are more likely to have their stool safely disposed of at 63 percent and 59 percent respectively than those in nomadic areas at 11 percent.

There is a slight variation by region, the percentage of children whose stools are disposed of safely is slightly higher in Galgaduud at 48 percent than in Mudug region at 46 percent.

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Table 6.1 Child's weight and size at birth

Percentage of live births in the five years preceding the survey that has a reported birth weight; among live births in the five years preceding the survey with 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, GMHDS 2020

Background characteristics	Percent distribution of all live births by size of child at birth				Total	Percentage of all births that have a reported birth weight ¹	Number of births	Births with a reported birth weight ¹	
	Very small	Smaller than average	Average or larger	Don't know				Less than 2.5 kg	Number of births
Mother's age at birth									
<20	4.0	9.3	67.4	19.3	100.0	12.1	285	(15.7)	35
20-34	3.9	4.7	74.2	17.1	100.0	8.9	1,738	13.0	154
35-49	3.2	8.0	69.8	19.0	100.0	7.6	250	*	19
Birth order									
1	5.0	6.9	70.1	18.1	100.0	11.6	1,009	14.7	117
2-3	3.1	4.7	74.8	17.4	100.0	7.4	1,140	9.9	85
4-5	1.6	4.9	77.5	16.0	100.0	5.0	122	*	6
6+	*	*	*	*	100.0	*	3	*	0
Mother's smoking status									
Smokes cigarettes/tobacco	*	*	*	*	100.0	*	23	*	1
Does not smoke	3.8	5.7	72.9	17.6	100.0	9.2	2,250	13.0	207
Type of residence									
Urban	6.0	6.2	74.0	13.9	100.0	13.3	793	15.9	105
Rural	2.8	6.7	77.7	12.8	100.0	11.8	845	11.2	99
Nomadic	2.6	3.7	65.0	28.7	100.0	0.5	636	*	3
Region									
Mudug	3.7	3.9	79.4	13.0	100.0	8.7	1,075	17.4	94
Galgaduud	4.0	7.3	67.0	21.8	100.0	9.5	1,198	10.1	114
Education									
No education	3.8	5.0	71.5	19.7	100.0	5.9	1,851	14.1	108
Primary	4.2	9.2	78.0	8.5	100.0	19.6	332	16.4	65
Secondary	4.2	6.8	76.8	12.1	100.0	37.9	67	(8.3)	25
Higher	*	*	*	*	100.0	*	24	*	9
Wealth quintile									
Lowest	3.1	3.6	64.8	28.4	100.0	0.1	410	*	0
Second	1.6	5.3	71.5	21.7	100.0	2.4	333	*	8
Middle	4.4	5.4	73.7	16.5	100.0	6.3	650	(14.8)	41
Fourth	5.1	7.4	73.8	13.7	100.0	16.8	546	11.5	92
Highest	3.8	6.2	81.2	8.8	100.0	19.9	334	13.8	67
Total	3.9	5.7	72.9	17.6	100.0	9.1	2,273	13.4	208

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

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

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



Table 6.2 Vaccinations by background characteristics

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

Background characteristics	BCG	DPT-HepB-Hib				Polio ¹			Measles	All basic vaccinations ²	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3					
Sex													
Female	30.6	31.8	11.6	10.8	30.6	31.3	12.5	11.6	11.6	9.6	68.2	2.4	169
Male	30.2	30.8	9.5	8.1	30.2	31.5	13.2	12.6	11.8	7.5	68.5	5.5	146
Birth order													
1	(58.5)	(62)	(41.9)	(31.3)	(58.5)	(63)	(42.9)	(36.9)	(32.4)	(27.8)	(33.4)	(21.4)	25
2-3	40.9	42.0	12.0	12.0	40.9	42.0	17.3	16.4	16.4	10.9	58.0	4.2	104
4-5	26.7	26.7	6.5	5.5	26.7	26.7	7.8	7.8	7.8	5.5	73.3	1.0	88
6+	15.4	16.2	5.0	5.0	15.4	16.2	5.0	5.0	5.0	4.1	83.8	1.5	98
Type of residence													
Urban	39.7	41.5	17.2	16.2	39.7	42.4	20.7	20.7	19.7	14.4	57.6	3.7	113
Rural	40.2	40.9	10.8	8.8	40.2	40.2	13.3	11.3	11.3	8.0	59.1	6.3	117
Nomadic	4.3	4.3	1.6	1.6	4.3	4.3	1.6	1.6	1.6	1.6	95.7	0.5	84
Region													
Mudug	20.4	21.6	7.6	7.0	20.4	21.0	8.8	8.2	8.2	5.8	78.4	0.6	148
Galgaduud	39.3	40.0	13.3	11.8	39.3	40.6	16.4	15.6	14.9	11.1	59.4	6.7	167
Mother's education													
No education	24.1	24.8	8.7	7.7	24.1	24.9	10.9	9.9	9.4	7.0	74.8	3.5	245
Primary	50.0	52.0	15.1	13.6	50.0	52.0	18.1	18.1	18.1	11.6	48.0	4.1	57
Secondary	*	*	*	*	*	*	*	*	*	*	*	*	12
Higher	*	*	*	*	*	*	*	*	*	*	*	*	1
Wealth quintile													
Lowest	3.2	3.2	0.8	0.8	3.2	3.2	0.8	0.8	0.8	0.8	96.8	0.0	56
Second	(16.7)	(16.7)	(9.3)	(9.3)	(16.7)	(16.7)	(9.3)	(9.3)	(9.3)	(9.3)	(83.3)	(3.7)	49
Middle	39.9	39.9	17.3	13.3	39.9	39.9	21.1	18.3	18.3	13.3	60.1	3.0	86
Fourth	34.8	37.4	7.8	7.8	34.8	38.9	12.6	12.6	11.2	5.2	61.1	6.0	77
Highest	(56.4)	(58.3)	(17.4)	(17.4)	(56.4)	(56.4)	(17.3)	(17.3)	(17.3)	(15.5)	(41.6)	(6.4)	46
Total	30.4	31.3	10.6	9.5	30.4	31.4	12.8	12.1	11.7	8.6	68.3	3.8	314

¹Polio 0 is the polio vaccination given at birth

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

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

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



Table 6.3 Prevalence and treatment of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey according to background characteristics, GMHDS 2020

Among children under the age of five:		
Background characteristics	Percentage with symptoms of ARI 1	Number of children
Age in months		
0-5	0.8	199
6-11	2.0	169
12-23	3.5	312
24-35	3.2	400
36-47	3.0	428
48-59	2.9	412
Sex		
Male	2.9	1,016
Female	2.7	905
Cooking fuel		
Electricity or gas	(3.0)	36
Kerosene	*	23
Firewood	4.0	794
Charcoal	0.6	451
Straw/Shrubs/Grass	(0.0)	43
Agricultural crops	*	7
Animal dung	*	1
Other fuel	*	2
No food cooked in household	*	14
Missing	3.2	550
Types of residence		
Urban	3.2	677
Rural	3.8	713
Nomadic	1.0	530
Region		
Mudug	1.3	903
Galgaduud	4.1	1,017
Mother's Education		
No Education	2.4	1,550
Primary	4.8	288
Secondary	3.7	61
Higher	*	21
Wealth quintile		
Lowest	0.9	337
Second	1.7	282
Middle	3.6	551
Fourth	3.4	470
Highest	3.6	280
Total	2.8	1,920

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

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

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



Table 6.4 Prevalence and treatment of fever

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

Background characteristics	Percentage with fever	Number of children	Among children under the age of five with fever:			Number of children with fever
			Percentage for whom advice or treatment was sought	Percentage for whom treatment was sought same or next day	Percentage who took antibiotic drugs	
Age in months						
0-5	6.5	199	*	*	*	13
6-11	8.2	169	*	*	*	14
12-23	12.2	312	(22.8)	(0.0)	(9.1)'	38
24-35	8.8	400	(32.8)	(6.4)	(23.6)'	35
36-47	5.1	428	*	*	*	22
48-59	4.6	412	*	*	*	19
Sex						
Male	9.0	1,016	26.3	3.1	18.1	92
Female	5.4	905	(27.7)	(8.3)	(15.9)'	49
Type of residence						
Urban	8.2	677	36.9	7.1	24.7	56
Rural	8.4	713	26.5	4.9	17.7	60
Nomadic	4.7	530	(4.9)	(0.0)	(0.0)'	25
Region						
Mudug	4.4	903	(25)	(4.4)	(11.0)'	39
Galgaduud	10.0	1,017	27.5	5.1	19.8	101
Education						
No education	7.0	1,550	20.5	3.2	14.0	108
Primary	8.6	288	(42.1)	(9.4)	(24.5)'	25
Secondary	11.1	61	*	*	*	7
Higher	*	21	*	*	*	1
Wealth quintile						
Lowest	5.6	337	(6.5)	(0.0)	*	19
Second	5.4	282	*	*	*	15
Middle	7.8	551	(29.4)	(2.6)	(20.5)'	43
Fourth	9.5	470	(31.4)	(7.7)	(24.4)'	45
Highest	6.8	280	*	*	*	19
Total	7.3	1,920	26.8	4.9	17.3	141

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

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



Table 6.5 Diarrhoea treatment

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

Background characteristics	Percentage with diarrhea	Number of children	Percentage of children with diarrhea for whom advice or treatment was sought from a health facility or provider	Number of children with Diarrhea
Age in months				
0-5	6.1	199	*	12
6-11	9.2	169	*	16
12-23	9.2	312	(50.7)'	29
24-35	5.1	400	*	20
36-47	1.7	428	*	7
48-59	2.8	412	*	12
Sex				
Male	5.2	1,016	8.0	53
Female	4.8	905	(38.9)'	43
Type of residence				
Urban	6.0	677	(56.0)'	40
Rural	4.5	713	(53.2)'	32
Nomadic	4.4	530	*	23
Region				
Mudug	3.6	903	(46.9)'	32
Galgaduud	6.3	1,017	50.2	64
Mother's education				
No education	4.8	1,550	47.5	75
Primary	5.0	288	*	14
Secondary	10.6	61	*	6
Higher	*	21	*	0
Wealth quintile				
Lowest	5.0	337	*	17
Second	3.9	282	*	11
Middle	5.3	551	(55.5)'	29
Fourth	6.2	470	(64.4)'	29
Highest	3.5	280	*	10
Total	5.0	1,920	49.1	96

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

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.

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



Table 6.6 Disposal of children's stools

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

Background characteristics	Manner of disposal of children's stools							Total	Percentage of children whose stools were disposed of safely ¹	Number of children
	Child used toilet latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other			
Age of child in months										
0-1	21.9	25.0	1.9	16.2	11.6	22.1	1.4	100.0	48.7	65
2-3	29.6	16.8	1.9	8.9	15.5	27.4	0.0	100.0	48.3	69
4-5	16.7	20.8	1.3	19.4	16.4	23.3	2.1	100.0	38.8	72
6-8	32.3	9.8	0.4	16.3	18.1	23.1	0.0	100.0	42.5	104
9-11	14.4	14.8	3.9	12.7	16.0	38.2	0.0	100.0	33.1	74
12-17	22.8	23.8	4.4	14.1	9.0	25.6	0.4	100.0	51.0	241
18-23	25.2	18.1	1.5	26.2	16.0	13.0	0.0	100.0	44.7	81
6-23	23.5	19.0	2.8	16.2	13.2	25.0	0.2	100.0	45.4	481
Type of residence										
Urban	37.9	20.4	1.0	19.0	14.7	6.4	0.5	100.0	59.3	854
Rural	36.3	25.7	0.5	21.5	10.5	4.7	0.7	100.0	62.6	920
Nomadic	2.8	2.0	5.9	3.1	14.6	71.5	0.1	100.0	10.7	692
Region										
Mudug	23.0	19.7	3.5	7.0	16.4	30.3	0.1	100.0	46.2	1,159
Galgaduud	31.4	15.0	1.0	23.0	10.2	18.5	0.8	100.0	47.5	1,308
Mother's education										
No education	25.8	16.9	2.5	12.5	13.3	28.6	0.5	100.0	45.1	2,023
Primary	35.4	19.2	1.2	29.5	10.3	4.0	0.3	100.0	55.9	351
Secondary	31.5	18.1		27.1	22.0		1.3	100.0	49.6	69
Higher	(43.3)	(14.5)	(0.0)	(25.0)	(17.0)	(0.0)	(0.0)	100.0	(57.9)	24
Wealth quintile										
Lowest	5.0	2.6	5.1	4.4	12.4	70.5	0.0	100.0	12.7	435
Second	8.9	7.7	6.2	8.1	17.2	51.4	0.5	100.0	22.8	374
Middle	40.1	22.4	0.5	17.5	10.7	8.0	0.8	100.0	63.0	713
Fourth	37.5	22.8	0.3	22.3	13.7	2.9	0.5	100.0	60.6	584
Highest	32.8	25.4	0.9	21.5	13.6	5.5	0.2	100.0	59.2	361
Total	27.5	17.2	2.2	15.5	13.1	24.0	0.5	100.0	46.9	2,467

¹ Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the faecal matter was put/rinsed into a toilet or latrine or if it was buried

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



A photograph showing a woman in a blue hijab and face mask looking down at a child. The child is wearing a dark headscarf with yellow sun-like patterns. The image is overlaid with a large white outline of the number '07'.

07

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

Key Findings

Nutritional status of children:

27 percent of children under-five are stunted (short for their age), **11 percent** are wasted (thin for their height) and **24 percent** are underweight (thin for their age)

Breastfeeding:

90 percent of children have ever breastfed.

Early initiation of breastfeeding:

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

Exclusive breastfeeding:

32 percent of children under 6 months are exclusively breastfed

Timely initiation of complementary feeding:

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

Vitamin A:

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

Iron supplementation:

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

Nutritional status of women:

16 percent of women age 15-49 are thin (a body mass index [BMI] below 18.5), while **20 percent** are overweight



7 CHILD NUTRITION AND FEEDING PRACTICES AND NUTRITIONAL STATUS OF WOMEN

This chapter describes the nutritional status of children under the age of five: infant and young child feeding practices, including breastfeeding and feeding with solid/semisolid foods; diversity of foods fed and frequency of feeding; and micronutrient status and supplementation. The discussion also covers the nutritional status of women aged 15-49.

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.

7.1. 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 GMHDS 2020, the anthropometric and dietary methods were used for assessing the nutritional status of women aged 15 to 49 years and children aged zero to five years. The dietary method inquired about feeding practices of infants and children, while the anthropometric assessment measured the height and weight of women aged 15-49 and the children under the age of five in sampled households. The equipment used for height and weight measurements was the seca scale (for weight), height board (height for children aged under five) and seca (height for adults).

The GMHDS 2020 followed the standard method of measuring the height and weight of women and children. Women's weight was measured by placing the weighing scale on a flat place to ensure it was balanced and having the woman stand on it facing forward, with a vertical posture. Children under two years of age were measured lying down (supine position), whereas children above two years of age were measured while standing upright. The enumerating teams were trained before being deployed to the field. Their training involved class sessions and field pilot-tests on how to measure the weight and length/height of children and women respectively. The enumerators were medical professionals - midwives, nurses, public health officers and doctors. In the GMHDS 2020, standardized nutritional indicators were generated using the WHO anthropometric tool for nutritional survey data analyses. The measurements below were used to generate nutritional indicators:



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

The standard assessment guideline that was used to calculate the indicators was 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-for-age and weight-for-height. It takes into account both acute and chronic malnutrition.

7.2. Nutritional Status of Children

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

The 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 presents the nutritional status of children under five years of age according to three anthropometric indices—height-for-age, weight-for-height and weight-for-age. Twenty-seven percent of children under the age of five are stunted and 17 percent severely stunted, while 11 percent are wasted; it also further shows that 7 percent of the children are severely wasted. Twenty-four percent of children under the age of five are underweight, with 14 percent are severely underweight. These indicators are more or less similar to the national, 28 percent are stunted, 17 percent severely 12 percent are wasted, 23 percent underweight while 12 percent severely underweight (GMHDS, 2020).

As presented in Table 7.1, analysis by sex indicates that the prevalence of stunted children are similar for both males and females at 27 percent. The disparity in stunting prevalence by place of residence is substantial; 31 percent of rural children and 30 percent of urban children are stunted, as compared with 19 percent of nomadic children. Similarly, variation in the nutritional status of children by region is quite evident, with stunting being higher in Galgaduud region at 33 percent than in Mudug region at 21 percent (Figure 7.1).

In addition, children whose mothers are thin (a body mass index [BMI] below 18.5) are more likely to be stunted than children whose mothers have a normal BMI and children whose mothers are overweight or obese. Children whose mothers are thin have the highest prevalence of stunting at 40 percent while those children whose mothers have a normal BMI have the lowest prevalence at 24 percent.

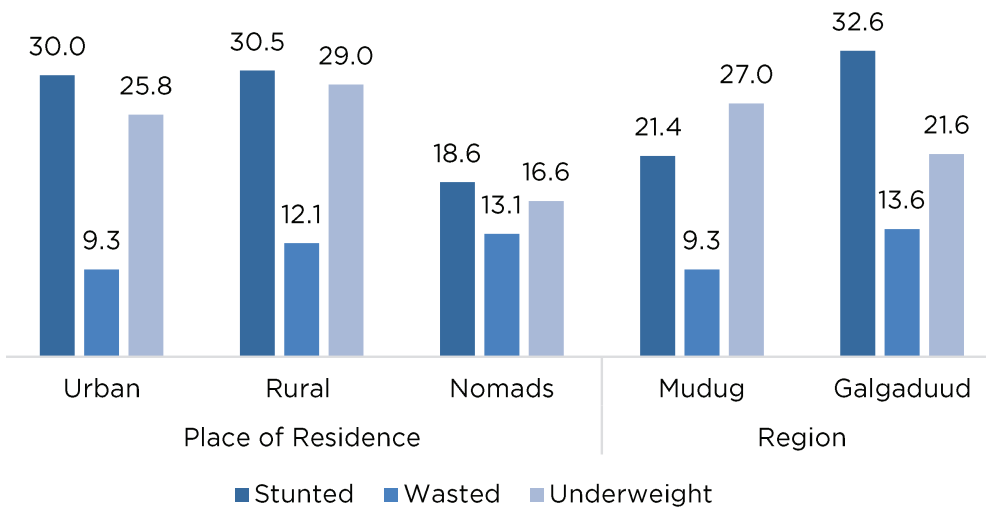
The results show a slightly lower proportion of female than male children who are wasted (11 percent and 12 percent). The proportion of children who are wasted is higher in the rural and nomadic area at 13 percent and 12 percent, respectively than in urban areas at 9 percent. Similarly, wasting is higher in Galgaduud at 14 percent as compared to 9 percent in Mudug region (Figure 7.1). There are wide variations by place of residence in the prevalence of underweight.

The highest proportion of children who are underweight are from the rural areas while nomadic areas have the lowest prevalence of underweight (29 percent and 17 percent respectively). Regionally, Mudug has



Figure 7.1 Nutritional status of children by residence and region

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



slightly higher percent of children who are underweight than in Galgaduud region (27 percent and 22 percent respectively) (Figure 7.1).

7.3. Breastfeeding

The GMHDS 2020 data in Galmudug State can be used to evaluate infant feeding practices, including breastfeeding duration, introduction of complementary weaning foods, and use of feeding bottles. The pattern of infant feeding has important influences on both the child and the mother. Feeding practices are the principal determinants of a child's nutritional status. Poor nutritional status in young children exposes them to a greater risk of morbidity. Biologically, breastfeeding suppresses the mother's return to fertile status and affects the length of the birth interval as well as the level of fertility. These effects are influenced by both the duration and frequency of breastfeeding and the age at which the child receives foods and liquids to complement breast milk.

7.4. 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 the percentage of all children born in the two years before the survey by breastfeeding status and the timing of initial breastfeeding, according to background characteristics. Ninety percent of last-born children who were born in the two years preceding the survey were breastfed at some time. Sixty-one percent of children are breastfed within one hour of birth, and 86 percent are breastfed within one day of birth. Approximately half of children (51 percent) have received a prelacteal feed. This findings are similar to the National where 90 percent of children have ever breastfed while 60 percent were breastfed within the first hour of birth.

The proportion of children breastfed within one hour of birth is higher among children whose mothers delivered in a health facility and whose birth was assisted by a health professional than among children delivered at home or by a traditional birth attendant. The survey data shows that 65 percent of children born in health facilities were breastfed within the first hour of birth, while 58 percent of children who were born at home started breastfeeding within the first hour of birth (Table 7.2).



Figure 7.2 Initial Breastfeeding

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



The proportion of children breastfed within one hour of birth increases with increasing wealth, from 48 percent among children in the lowest quintile to 69 percent among those in the highest quintile.

Figure 7.2 shows that children from nomadic areas are less likely to be breastfed within the first hour of birth at 50 percent, compared to 65 percent (each) for children from urban and rural areas.

7.5. Breast feeding status by age

Breast milk contains all of the nutrients needed by children in the first six months of life and is an uncontaminated nutritional source. Therefore, complementing breast milk before age 6 months is discouraged as the likelihood of contamination and resulting risk of diarrheal disease are high.

Early initiation of complementary feeding also reduces breast milk output because the production and release of breast milk is modulated by the frequency and intensity of suckling.

Table 7.3 presents the percent distribution of youngest children under two years who are living with their mother by breastfeeding status, including those currently breastfeeding and the percentage of all children under two years of age using feeding bottles with nipples according to their age in months.

Thirty-two percent of children under six months are exclusively breastfed compared to 34 percent nationally

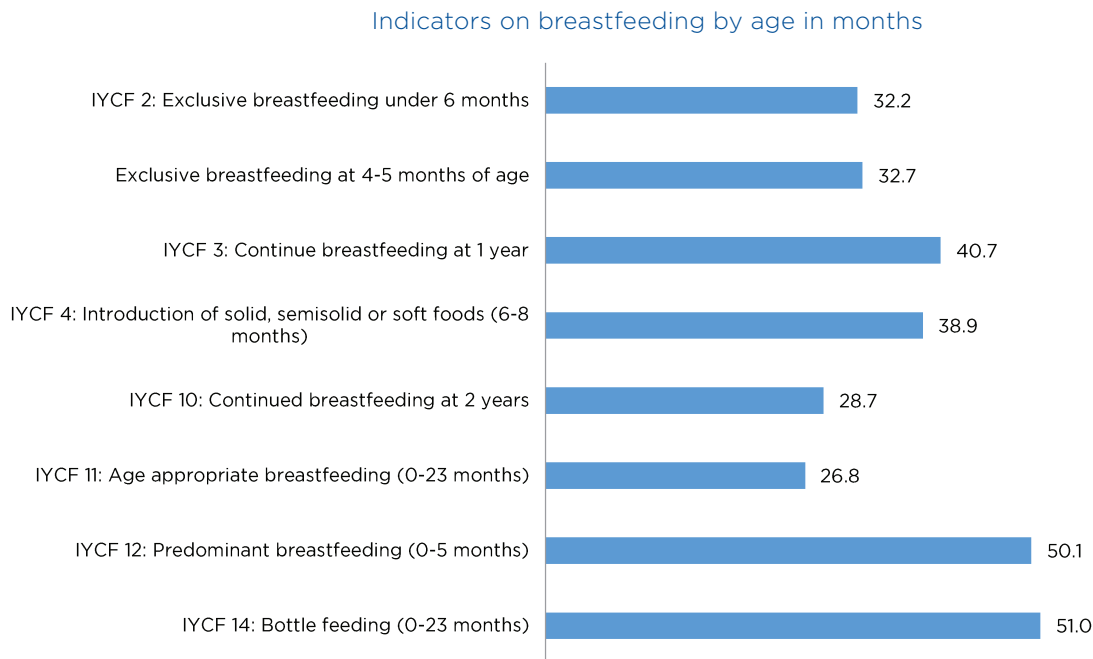
(GMHDS, 2020). Contrary to the recommendation that children under the age of six months be exclusively breastfed, many infants under six months are fed other liquids in addition to breast milk, such as water, at 20 percent, other milk, at 22 percent, and non-milk liquids, at 3 percent. Moreover, 12 percent of infants began complementary foods before six months of age. Ten percent of children below six months were not breastfeeding at the time the survey was conducted.

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

Appropriate IYCF practices include breastfeeding through age of two years, introduction of solid and semisolid foods at 6 months, and gradual increases in the amount of food given and frequency of feeding as the child gets older. According to recommendations, breastfed children age 6-23 months should receive animal source foods and vitamin A-rich fruits and vegetables daily (PAHO/WHO, 2003).

Figure 7.3 shows that 32 percent of children aged under six months were exclusively breastfed, while 50 percent of children under six months were predominantly breastfed. Forty-one percent of children were still breastfeeding at the age of one, and 29 percent were breastfeeding at age two. Overall, 39 percent of children were introduced to complementary foods at six to eight months and 27 percent of children under age two were breastfed appropriately for their age.



Figure 7.3 IYCF indicators on breastfeeding status

7.6. 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 after 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 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 16 percent of breastfed children aged under two years and 15 percent of non-breastfed children aged under 2 years were fed infant formula.

Twenty-nine percent of the breastfed children were getting other milk in addition to breast milk, compared to 43 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.

The data shows that 35 percent of breastfed children aged under two years received solid or semi-solid complementary foods in addition to breast milk. Sixteen percent of children aged 0-23 months currently breast feeding had fruits and vegetables rich in vitamin A whereas, 4 percent of children of this age ate other fruits and vegetables.

Children aged 0-23 months who were given animal sources of food (meat, fish and poultry), milk products (cheese, yogurt and other) at 12 percent (each) and 6 percent of this age group were given eggs.. Fifty-three percent of children aged 0-23 months who were not breastfeeding received solid or semi-solid foods from any sources.

7.7. 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.

Breastfed children age 6-23 months are considered to be fed with a minimum meal frequency if they receive solid, semisolid, or soft foods at least three times a day. Non-breastfed children aged 6-23 months should receive milk or milk products two or more times a day to ensure that their calcium needs are met. In addition, they need animal-source foods and vitamin A rich fruits and vegetables.

Four food groups are considered the minimum number appropriate for non-breastfed young children. Non-breastfed children aged 12-23 months should be fed meals four to five times each day, with one or two snacks (WHO, 2005; WHO, 2008; WHO, 2010).

Table 7.5 shows that 64 percent of Galmudug children aged 6-23 months received breast milk or breast milk substitutes during the day or night preceding the interview.

Twelve percent of children (breastfeeding or not) had an adequately diverse diet—that is, they had been given foods from at least four food groups—and 16 percent had been fed the minimum number of times appropriate for their age. Only 3 percent of Galmudug children aged 6-23 months are fed in accordance with all three IYCF practice.

According to the results presented in Table 7.5, 14 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 24 percent were fed the minimum meal frequency the night or day before the survey. Only 6 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.

Among the non-breastfeeding children, 18 percent were fed milk or milk products, whereas 18 percent were fed four or more different groups of food the night or day preceding the survey and 19 percent of them were fed the minimum meal frequency. Only 3 percent of the non-breastfeeding children were fed with 3 IYCF practices (Table 7.5).

Among all children (breast feeding or not), those aged 18-23 months are more likely than children aged 9-11 months to be fed according to all three recommended IYCF guidelines (7 percent and 1 respectively). Children (breast feeding or not) in Mudug are twice as likely as those in Galgaduud to be fed according to the guidelines at 4 and 2 percent respectively.

As expected, children in the highest wealth quintile (7 percent) are more likely to be fed according to the recommended three IYCF practices than children in the lower two wealth quintiles that had no child fed according to recommended practice.

7.8. Micronutrients intake among Children

Micronutrient deficiency is a major contributor to childhood morbidity and mortality. Micronutrients are available in foods and can also be provided through direct supplementation. Breastfeeding children benefit from supplements given to their mother.

The information collected on food consumption among children aged 6-23 months is useful in assessing the extent to which children are consuming food groups rich in two key micronutrients in their daily diet: iron and vitamin A. Iron plays an important role in numerous biological systems and iron deficiency is one of the primary causes of anaemia, which has serious health consequences for children. Vitamin A supports the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage and is the leading cause of childhood blindness. VAD also increases the severity of infections such as measles and diarrhoeal disease and slows recovery from illness.

Table 7.6 presents information on consumption of foods rich in vitamin A and iron in the 24 hours preceding the survey among children aged 6-23 months who are living with their mother. It also provides information on micronutrient supplementation and deworming among children aged 6-59 months. Overall, 34 percent of children aged 6-23 months consumed food rich in vitamin A in the 24 hours preceding the survey, and 24 percent consumed foods rich in iron. Only 6 percent of children aged 6-59 months were given iron supplements in the past 7 days, 9 percent were given vitamin A supplements in the past 6 months, and 8 percent were given deworming medication in the past 6 months.



Analysis by place of residence shows that a large proportion of children aged between 6-23 months in rural areas had received foods rich in vitamin A at 42 percent, followed by those who live in urban areas at 40 percent compared to 19 percent among the nomadic children (Figure 7.4).

Regionally, children in Galgaduud consume fewer foods rich in vitamin A and iron than those in Mudug region. Thirty percent of children in Galgaduud received foods rich in vitamin A, as compared with 38 percent of children in Mudug (Figure 7.4).

The proportion of children consuming foods rich in vitamin A and iron increase with increasing household wealth status except for the second wealth quintile. Forty-nine percent of children in the highest wealth quintiles received foods rich in vitamin A, compared to 22 percent of children in the lowest wealth quintiles.

As presented in Figure 7.5, analysis by place of residence shows 13 percent of urban children and 11 percent of rural children received vitamin A supplements, as compared with 2 percent of nomadic children. Similar pattern was also observed for iron supplements. More children in Galgaduud reported having received vitamin A supplements compared to those in Mudug, however, more children in Mudug received iron supplements compared to those in Galgaduud.

7.9. Nutritional status of women

Chronic energy deficiency is caused by eating too little or having an unbalanced diet that lacks adequate nutrients. Women of reproductive age are especially vulnerable to chronic energy deficiency and malnutrition due to low dietary intake, inequitable distribution of food within the household, improper food storage and preparation, dietary taboos, infectious diseases, and inadequate care practices. It is well known that chronic energy deficiency leads to low productivity among adults and is related to heightened morbidity and mortality. In addition, chronic under-nutrition among women is a major risk factor for adverse birth outcomes.

The GMHDS 2020 in Galmudug collected anthropometric data on height and weight for women aged 15-49. These data were used to calculate several measures of nutritional status such as maternal height and 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

Figure 7.4 children consuming foods rich in vitamin A and iron by type of residence

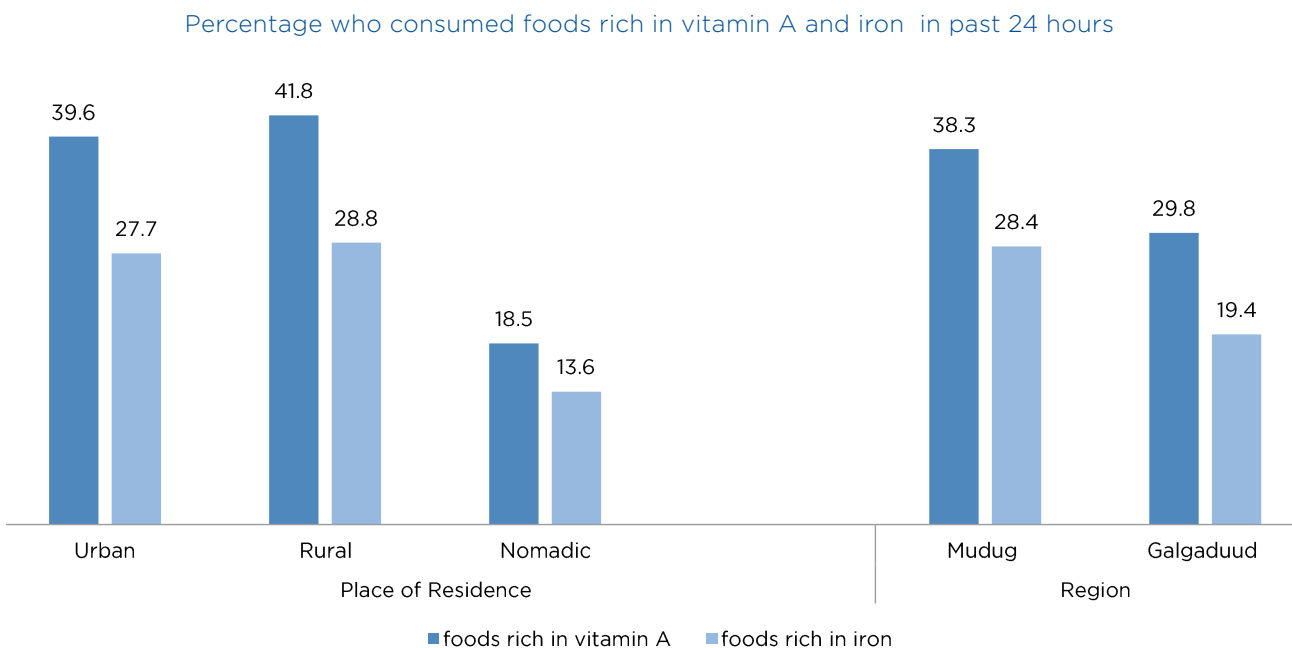
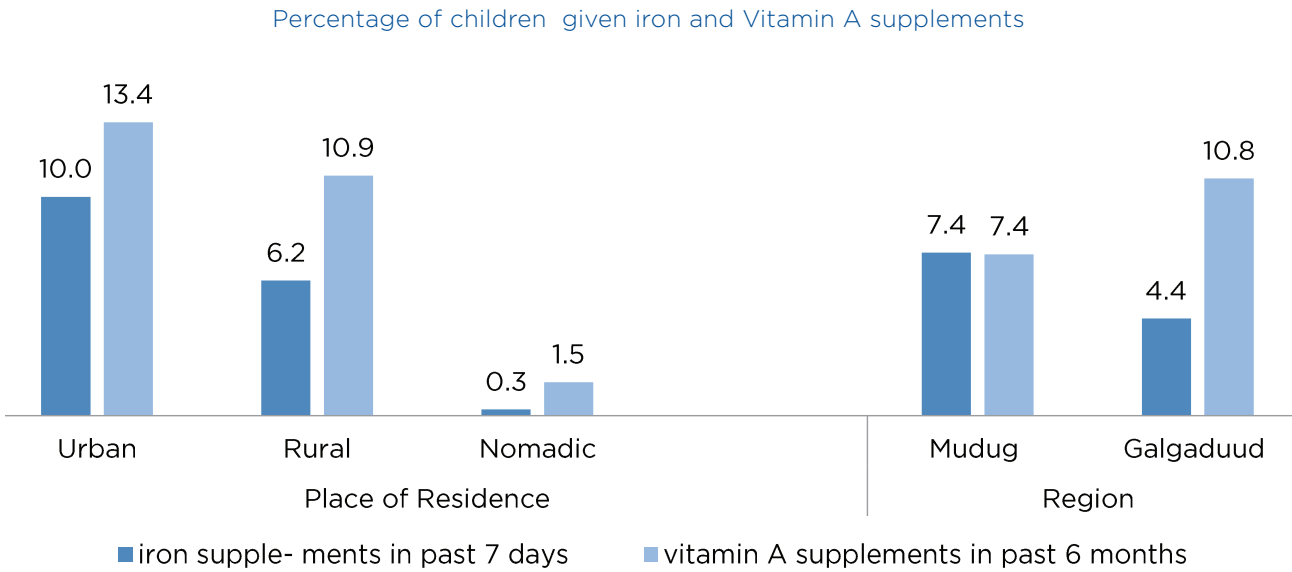


Figure 7.5 children given iron and Vitamin A supplements by type of residence

to various health conditions, such as diabetes type II, 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 3 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. Fifty-five percent of women have a normal body mass index (between 18.5 and 24.9), while 16 percent of women aged 15-49 are thin, with a BMI of less than 18.5. Twenty percent of women are overweight, with a body mass index of more than 25.0 - 29.9; 8 percent of women are obese.

The proportion of women who are of normal weight declines with age, from 63 percent among those aged 15-19 to 35 percent among those aged 40-49. Analysis by place of residence shows that nomadic areas have the highest percentage of thin women at 18 percent, followed by rural areas at 17 percent and 15 percent in urban areas. Regionally, Galgaduud has a higher proportion of thin women at 22 percent, compared to Mudug at 13 percent

In general, the prevalence of overweight or obesity rises with increasing wealth. Forty-three percent of women in the highest wealth quintile are overweight or obese, compared with only 17 percent of women in the lowest quintile (Table 7.7).

7.10. Micronutrient intake among women

During pregnancy, women are at a higher risk of anaemia due to an increase in demand for iron by the body. Severe anaemia can place both the mother and the baby in danger through increased risk of blood loss during labour and can raise the risk of preterm delivery, low birth weight, and perinatal mortality. To prevent anaemia, pregnant women are advised to take iron folate supplements, eat iron-rich foods, and prevent intestinal worms. The GMHDS 2020 asked women aged 15-49 who gave birth in the 5 years before the survey whether they took iron supplements and/or deworming medication during their most recent pregnancy.

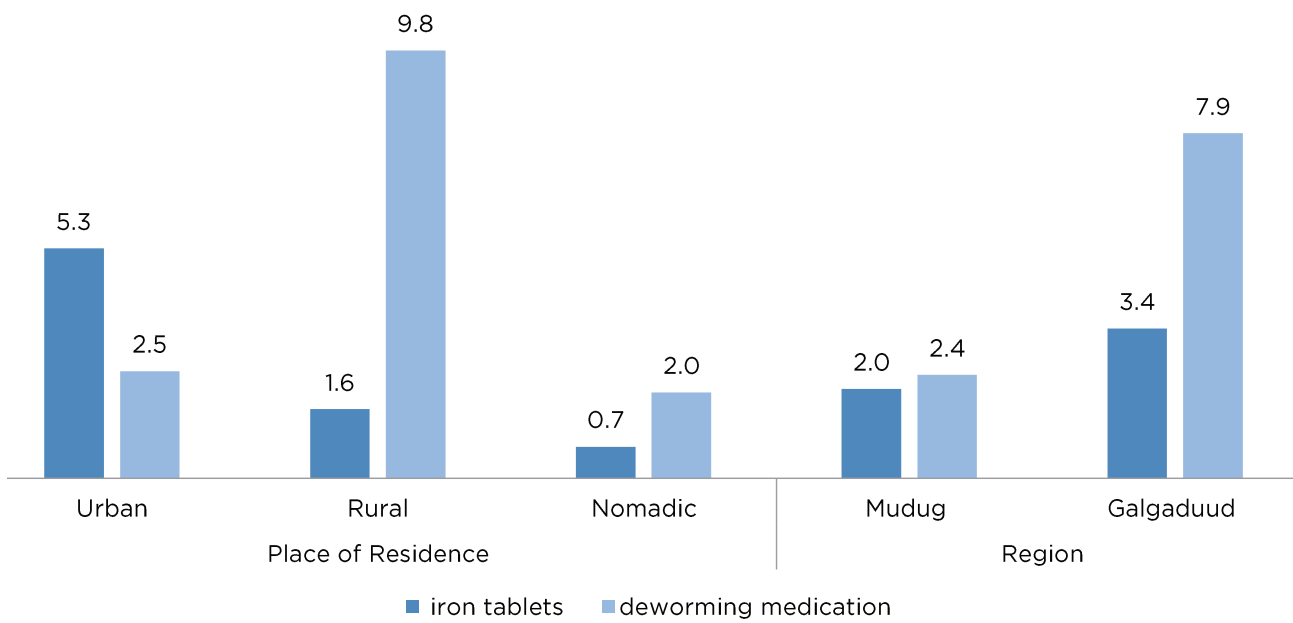
Table 7.8 shows that 70 percent of women with a child born in the last 5 years did not take any iron tablets during their most recent pregnancy. Overall, only 3 percent of women took iron tablets for 90 days or more during their most recent pregnancy, and only 5 percent of women took deworming medication.

Women in urban areas were more likely to have taken iron supplements during pregnancy for at least 90 days at 5 percent compared to women from rural and nomadic areas at 2 percent and 1 percent respectively. Regionally, the percentage of women who took iron supplements during their most recent pregnancy for at least 90 days was slightly higher in Galgaduud than Mudug (3 percent and 2 percent, respectively) (Figure 7.6).



Figure 7.6 Iron tables and deworming

Percentage of women who took iron supplements for at least 90 days and deworming by type of residence and reigon



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Table 7.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, GMHDS 2020

Background characteristics	Height-for-age ¹				Weight-for-Height ²				Weight-for-age ³					
	Percentage below -3 SD	Percentage below -2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD	Percentage below +2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD	Percentage below +2 SD	Mean Z-score (SD)	Number of children
Age in months														
0-5	(12.2)	(18.0)	(3.7)	29	8.8	16.7	17.9	1.6	57	12.1	21.2	37.3	1.4	96
6-8	*	*	*	24	(9.3)	(13.1)	(15.0)	(2.0)	27	17.6	33.3	31.3	2.3	62
9-11	*	*	*	21	*	*	*	*	20	(14.9)	(25.1)	(34.4)	(2.2)	42
12-17	20.1	30.9	2.4	69	(5.4)	(9.9)	(12.0)	(1.9)	49	14.2	24.6	11.0	0.6	79
18-23	*	*	*	19	*	*	*	*	12	*	*	*	*	18
24-35	17.6	31.0	1.4	123	5.7	8.8	9.9	1.8	74	13.6	23.0	9.4	0.6	129
36-47	17.3	27.0	2.7	122	7.3	11.6	14.0	1.5	116	14.6	26.5	18.7	1.0	205
48-59	16.0	25.3	2.8	112	6.4	12.8	11.3	1.2	107	14.4	23.8	21.1	1.2	199
Sex														
Male	16.6	27.4	2.5	250	7.4	12.2	13.1	1.6	231	12.8	21.7	21.0	1.1	390
Female	17.4	26.6	2.6	269	6.1	10.7	12.1	1.5	231	15.1	26.7	16.7	1.0	440
Size at birth³														
Very small	*	*	*	15	*	*	*	*	19	(18.9)	(31.3)	(10.0)	(0.6)	27
Small	(15.9)	(26.7)	(2.6)	28	(10.6)	(15.9)	(14.6)	(1.6)	32	17.7	31.4	16.0	1.1	50
Average or larger	17.1	27.8	2.5	363	6.5	10.8	13.0	1.7	312	14.3	23.6	17.4	1.0	536
Mother's nutritional status⁴														
Thin (BMI < 18.5)	23.4	40.4	1.7	56	*	*	*	*	24	17.2	29.2	15.5	0.8	62
Normal (BMI 18.5-24.9)	13.7	24.4	2.8	107	7.3	12.4	14.4	1.7	117	14.5	25.3	17.6	0.9	188
Overweight/obese (BMI >= 25)	18.2	28.2	2.5	77	4.8	7.1	12.6	1.7	54	13.5	21.9	21.2	1.3	117
Type of residence														
Urban	17.1	30.0	2.5	202	5.0	9.3	14.5	1.7	161	14.4	25.8	17.0	1.0	289
Rural	20.0	30.5	2.7	214	8.5	12.1	14.0	2.0	183	17.1	29.0	11.5	0.7	283

Table 71 Continued

Background characteristics	Height-for-age ¹					Weight-for-Height					Weight-for-age				
	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Percentage below +2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Percentage below +2 SD	Mean Z-score (SD)	Number of children	
Nomadic	13.1	18.6	2.4	103	6.6	13.1	8.3	0.9	118	9.5	16.6	30.2	1.5	258	
Region of residence															
Mudug	14.3	21.4	3.4	209	5.1	9.3	17.1	2.0	257	16.6	27.0	22.9	1.5	487	
Galgaduud	19.8	32.6	1.7	310	8.5	13.6	7.9	1.0	204	11.3	21.6	14.5	0.6	343	
Mother's education⁵															
No education	15.9	25.2	2.3	128	3.9	8.1	15.3	1.9	119	13.8	25.1	18.5	1.0	221	
Primary	17.2	27.9	2.5	119	8.3	12.8	11.3	1.4	103	14.3	22.4	20.7	1.2	184	
Secondary	*	*	*	23	(9.7)	(15.9)	(11.3)	(0.9)	25	(9.4)	(20.4)	(19.2)	(1.1)	37	
Higher education	*	*	*	5	*	*	*	*	6	*	*	*	*	10	
Wealth quintile															
Lowest	14.2	22.1	2.3	130	7.1	12.8	7.3	0.9	118	10.7	18.0	27.6	1.4	268	
Second	15.9	28.4	2.6	105	6.3	10.4	17.6	2.4	104	18.7	29.2	13.7	0.7	159	
Middle	20.6	31.7	2.6	162	7.9	9.9	12.1	1.3	112	16.2	29.2	12.6	0.6	213	
Fourth	18.2	26.4	3.0	74	4.6	11.4	20.4	2.7	89	13.8	23.6	19.7	1.3	121	
Highest	16.5	27.1	2.4	49	(6.4)	(13.6)	(8.5)	(1.0)	40	9.1	22.3	16.3	1.1	69	
Total	17.0	26.9	2.6	519	6.7	11.4	12.6	1.6	462	14.0	24.3	18.8	1.0	830	

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

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

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

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

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

³ Excludes children whose mothers were not interviewed

⁴ Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10.

⁵ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

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

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

Table 7.2 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a pre-lacteal feed, by background characteristics, GMHDS 2020

Background characteristics	Among lastborn children born in the past two years:			Among lastborn children born in the past two years:		
	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Number of lastborn children	Percentage who received a pre-lacteal feed ²	Number of lastborn children ever breastfed
Sex						
Male	90.1	59.2	86.6	353	51.4	318
Female	90.2	62.0	85.7	306	50.0	276
Assistance at delivery						
Health personnel ³	91.5	63.5	88.7	312	55.8	285
Traditional birth attendant	90.5	59.1	86.0	316	45.4	286
Relative/friend	(82.8)	(50.1)	(71.2)	26	(50.3)	22
Other	*	*	*	0	*	0
No one	*	*	*	6	*	2
Place of delivery						
Health facility	92.9	65.2	90.9	228	54.4	212
At home	88.7	58.2	83.9	431	48.6	382
Other	*	*	*	1	*	1
Types of residence						
Urban	92.1	64.7	87.4	226	47.9	208
Rural	94.2	64.5	90.7	243	55.8	229
Nomadic	82.7	50.4	79.1	191	47.1	158
Type of residence						
Mudug	86.7	60.4	84.4	301	46.3	261
Galgaduud	93.1	60.6	87.7	359	54.2	334
Mother's education						
No education	89.0	58.5	84.6	530	49.8	472
Primary	94.5	64.7	91.8	104	48.0	98
Secondary	*	*	*	19	*	19
Higher	*	*	*	6	*	5
Wealth quintile						
Lowest	85.5	47.6	80.2	116	42.9	99
Second	84.6	53.3	83.1	103	53.3	87
Middle	92.2	64.1	87.7	179	52.3	165
Fourth	91.9	65.1	87.5	166	48.5	153
Highest	95.0	69.2	91.7	96	58.0	91
Total	90.2	60.5	86.2	660	50.8	595

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

¹ Includes children who started breastfeeding within one hour of birth

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

³ Doctor/clinical officer or nurse/midwife/auxiliary midwife

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

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



Table 7.3 Breastfeeding status by age

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

Age in months	Breastfeeding status:							Total	Currently breastfeeding	Number of youngest children under two years living with the mother	Percentage using a bottle with a nipple	Number of all children under two years
	Not breastfeeding	Exclusively breastfeeding	Breastfeeding and consuming plain water only	Breastfeeding and consuming non-milk liquids ¹	Breastfeeding and consuming other milk	Breastfeeding and consuming complementary foods						
0-1	10.6	35.7	19.4	2.7	17.4	14.3	100.0	89.4	58	32.9	62	
2-3	5.9	28.1	17.0	2.5	32.6	13.8	100.0	94.1	59	42.5	62	
4-5	13.3	32.7	23.0	4.4	17.1	9.5	100.0	86.7	64	57.8	71	
6-8	22.5	18.4	8.4	6.3	14.3	30.1	100.0	77.5	90	54.6	99	
9-11	37.2	17.0	2.3	4.0	5.4	34.2	100.0	62.8	65	56.7	68	
12-17	60.5	9.5	3.9	2.2	2.9	20.9	100.0	39.5	196	52.9	210	
18-23	76.5	3.3	0.0	0.0	3.7	16.6	100.0	23.5	55	51.3	64	
0-3	8.3	31.9	18.2	2.6	25.0	14.1	100.0	91.7	117	37.7	125	
0-5	10.1	32.2	20.0	3.3	22.1	12.4	100.0	89.9	181	45.0	196	
6-9	26.4	16.9	6.7	5.8	11.9	32.2	100.0	73.6	119	57.1	129	
12-15	59.3	9.8	1.9	2.7	3.6	22.7	100.0	40.7	162	55.2	172	
12-23	64.2	8.1	3.0	1.7	3.1	19.9	100.0	35.8	252	52.6	273	
20-23	(76.9)	(0.0)	(0.0)	(0.0)	(5.1)	(18.0)	100.0	(28.7)	30	(43.8)	38	

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

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

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

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

Age in months	Solid or semi solid foods										Number of children			
	Liquids					Solid or semi solid foods								
	Infant formula	Other milk ¹	Other liquids ²	Fortified baby food	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish and poultry		Eggs	Cheese, yogurt, other milk product	Any solid or semisolid food
BREASTFEEDING CHILDREN														
0-1	12.3	16.7	7.0	1.8	7.5	5.3	0.0	0.0	4.1	4.1	1.8	1.8	14.6	49
2-3	24.7	24.0	12.8	9.1	7.9	4.9	1.6	1.6	3.2	3.2	3.2	7.9	14.7	53
4-5	9.4	18.8	15.7	3.0	2.7	1.7	1.8	0.9	0.9	0.9	0.9	3.6	11.1	49
6-8	19.5	34.2	21.3	4.9	20.2	19.4	5.6	9.6	7.4	10.5	4.9	21.5	44.8	70
9-11	(10.5)	(35.8)	(30.7)	(10.8)	(20.4)	(21.2)	(2.0)	(9.0)	(9.9)	(10.3)	(5.9)	(19.0)	(53.7)	43
12-17	14.7	33.1	38.1	10.1	37.8	29.5	11.9	16.0	8.3	25.9	11.6	14.5	52.2	77
18-23	*	*	*	*	*	*	*	*	*	*	*	*	*	13
6-23	15.7	36.3	32.9	8.3	29.2	24.4	7.3	12.9	9.4	18.0	9.4	17.4	50.7	204
Total	15.7	29.3	23.9	6.7	19.4	15.7	4.4	7.9	6.6	11.5	6.1	11.9	34.8	355
NONBREASTFEEDING CHILDREN														
0-1	*	*	*	*	*	*	*	*	*	*	*	*	*	9
2-3	*	*	*	*	*	*	*	*	*	*	*	*	*	10
4-5	*	*	*	*	*	*	*	*	*	*	*	*	*	14
6-8	*	*	*	*	*	*	*	*	*	*	*	*	*	20
9-11	42.1	22.2	22.2	8.1	12.4	11.4	4.7	4.7	9.4	9.4	4.7	11.2	50.1	26
12-17	15.2	44.3	44.3	9.7	37.1	33.5	9.1	23.1	14.3	30.7	10.7	14.7	61.4	137
18-23	23.9	51.1	50.2	21.6	39.1	31.9	13.1	20.0	11.2	25.5	9.4	17.3	55.3	59
6-23	16.0	43.9	43.1	12.4	33.3	28.4	8.9	18.4	11.8	24.9	9.2	13.9	56.3	242
Total	15.2	42.6	39.3	11.4	30.8	26.8	7.8	16.6	10.4	22.9	8.4	12.9	52.8	275

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

¹Other milk includes fresh, tinned and powdered animal milk

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

³Includes fortified baby food

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

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

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

Table 7.5 Infant and young child feeding (IYCF) practices

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

Background characteristics	Among breastfed children 6-23 months, percentage fed:				Among non-breastfed children 6-23 months, percentage fed:				Among all children 6-23 months, percentage fed:					
	4+ food groups ¹	Minimum meal frequency ²	Both 4+ food groups and minimum meal frequency ²	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
	groups ¹	frequency ²	frequency	months	products ³	groups ¹	frequency ⁴	practices ⁵	months	products ⁶	groups ¹	frequency ⁷	practices	months
Age														
6-8	7.4 (9.3)	24.6 (23.8)	4.9 (2.0)	70	*	*	*	*	20	82.2	5.7	26.0	3.8	90
9-11				43	(1.7)	(4.7)	(6.5)	(0.0)	26	63.2	7.6	17.3	1.2	70
12-17	20.8	21.3	6.3	77	19.2	23.1	18.1	3.8	137	48.4	22.3	19.2	4.7	214
18-23	*	*	*	13	22.9	18.1	20.5	4.3	59	36.4	20.6	24.6	6.8	72
Sex														
Male	15.8	29.2	7.5	100	18.3	16.8	17.9	3.4	134	61.8	11.7	16.1	3.6	234
Female	13.0	19.7	3.9	104	18.4	19.5	19.2	2.9	109	66.2	13.3	14.7	2.5	212
Type of residence														
Urban	24.8	30.4	8.7	65	21.6	21.3	22.5	6.1	89	61.4	17.9	19.2	5.1	155
Rural	19.0	30.0	8.4	69	19.9	22.0	21.0	2.8	84	67.0	14.5	16.7	3.6	153
Nomadic	0.0	13.0	0.0	69	12.1	8.9	10.4	0.0	69	62.9	3.4	9.5	0.0	138
Region														
Mudug	19.6	28.8	7.1	110	24.9	24.2	22.3	4.6	111	67.3	17.8	20.0	4.4	221
Galgaduud	8.3	19.1	4.0	94	12.7	12.7	15.3	2.0	131	60.8	7.7	11.4	1.9	225
Mother's education														
No education	8.4	22.0	2.9	167	15.9	14.8	16.3	1.4	188	64.0	8.9	13.6	1.5	355
Primary	42.6	30.1	14.6	28	18.9	30.8	20.0	9.4	46	58.5	29.2	19.2	8.8	73
Secondary	*	*	*	7	*	*	*	*	9	*	*	*	*	16
Higher	*	*	*	2	*	*	*	*	0	*	*	*	*	2
Wealth quintile														
Lowest	(0.0)	(7.4)	(0.0)	41	10.0	13.5	15.9	0.0	43	60.4	5.2	8.9	0.0	84
Second	3.0	23.7	(0.0)	29	(19.2)	(10.1)	(6.9)	(0.0)	43	59.6	5.3	11.3	0.0	72
Middle	10.5	28.5	4.7	61	15.1	13.3	20.6	2.9	59	65.6	8.9	17.2	2.7	119
Fourth	(23.4)	(30.0)	(8.4)	44	22.1	28.6	21.7	7.2	63	64.5	19.5	18.0	5.3	107
Highest	(40.9)	(32.0)	(17.1)	29	(26.2)	(21.9)	(26.9)	(4.3)	34	68.4	23.1	20.4	6.7	63
Total	14.4	24.4	5.7	204	18.3	18.0	18.5	3.2	242	63.9	12.4	15.5	3.1	446

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

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

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

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

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

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

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

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

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

Table 7.6 Micronutrient intake among children

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

Background characteristics	Among youngest children aged 6-23 months living with the mother:			Among all children aged 6-59 months:			
	Percentage who consumed foods rich in vitamin A in past 24 hours ¹	Percentage who consumed foods rich in iron in past 24 hours ²	Number of children age	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months ³	Percentage given vitamin A supplementation in past 6 months	Number of children
Age in months							
6-8	21.2	11.2	99	3.8	4.1	3.9	99
9-11	22.5	12.8	71	5.7	7.5	6.5	71
12-17	41.2	31.2	231	5.4	7.5	10.6	231
18-23	38.6	27.6	81	5.0	11.1	11.0	81
24-35	*	*	0	6.1	8.9	8.8	400
36-47	*	*	0	5.9	6.7	10.1	428
48-59	*	*	0	6.6	9.3	9.1	412
Sex							
Male	35.7	26.1	250	6.2	9.1	9.5	905
Female	32.0	21.3	231	5.5	6.9	8.8	816
Breastfeeding status							
Breastfeeding	30.6	19.8	217	6.7	7.5	9.2	263
Not breastfeeding	36.7	27.0	264	5.7	8.1	9.2	1,459
Mother's age							
15-19	(30.6)	(12.9)	25	(1.0)	(4.1)	(8.0)	46
20-29	34.5	25.3	274	6.0	9.0	8.1	914
30-39	33.3	23.2	160	4.8	6.7	9.7	664
40-49	*	*	21	14.5	10.4	16.0	97
Type of residence							
Urban	39.6	27.7	166	10.0	11.1	13.4	607
Rural	41.8	28.8	169	6.2	9.9	10.9	633
Nomadic	18.5	13.6	147	0.3	1.7	1.5	482
Region							
Mudug	38.3	28.4	233	7.4	7.5	7.4	821
Galgaduud	29.8	19.4	248	4.4	8.6	10.8	900
Education							
No education	30.5	20.5	383	5.3	7.3	8.4	1,385
Primary	47.2	37.8	79	7.3	11.4	11.5	263
Secondary	*	*	17	9.5	8.4	14.9	57



Table 7.6 Continued

Background characteristics	Among youngest children aged 6-23 months living with the mother:			Among all children aged 6-59 months:			
	Percentage who consumed foods rich in vitamin A in past 24 hours ¹	Percentage who consumed foods rich in iron in past 24 hours ²	Number of children age	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months ³	Percentage given vitamin A supplementation in past 6 months	Number of children
Higher	*	*	2	*	*	*	17
Wealth quintile							
Lowest	22.2	17.9	90	0.3	2.6	1.7	309
Second	20.0	12.1	79	0.9	1.5	2.2	254
Middle	33.2	18.8	130	5.4	7.7	9.6	495
Fourth	44.9	34.4	117	10.7	15.0	16.5	420
Highest	49.0	36.9	65	10.7	10.5	12.5	244
Total	33.9	23.8	481	5.9	8.1	9.2	1,722

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

n/a = Not applicable

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

¹Includes 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

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

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



Table 7.7 Nutritional status of women

Background characteristics	Body Mass Index ¹							Number of women			
	Height		Mean body max index (BMI)	Normal			Thin		Overweight/Obese		
	Percentage below 145 cm	Number of women		<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total overweight or obese)		25.0-29.9 (Overweight)	30.0+ (obese)	
Age											
15-19	5.4	587	21.3	26.3	17.2	9.1	10.3	6.9	3.4	575	
20-29	1.6	603	23.3	12.8	9.5	3.3	29.8	23.1	6.7	487	
30-39	1.5	452	25.2	8.9	6.5	2.5	43.6	30.0	13.6	382	
40-49	1.5	155	26.0	7.4	5.4	2.0	57.8	39.1	18.7	146	
Type of residence											
Urban	3.3	671	24.1	14.7	9.9	4.7	36.4	24.0	12.3	593	
Rural	3.1	675	23.3	16.9	10.7	6.2	28.9	19.9	9.0	596	
Nomadic	1.5	451	21.9	17.7	13.8	3.9	17.0	15.7	1.2	402	
Region of residence											
Mudug	2.9	1,021	23.4	12.5	9.6	2.9	28.0	20.8	7.2	934	
Galgaduud	2.7	775	23.1	21.6	13.5	8.1	29.7	19.9	9.8	656	
Education											
No education	2.1	1,336	23.5	14.1	10.0	4.1	30.0	21.8	8.2	1,180	
Primary	6.0	295	22.4	26.0	15.6	10.4	24.0	16.1	7.9	258	
Secondary	3.0	133	22.8	17.7	13.1	4.6	20.8	13.0	7.8	121	
Higher education	(0.0)	32	(25.1)	(10.6)	(10.6)	(0.0)	(46.7)	(30.6)	(16.1)	31	
Wealth quintile											
Lowest	1.0	477	22.0	17.0	12.5	4.5	16.5	14.8	1.7	423	
Second	2.6	343	22.6	17.9	10.5	7.4	23.9	19.4	4.5	307	
Middle	3.3	474	23.8	17.5	12.1	5.5	33.1	21.3	11.8	414	
Fourth	3.6	278	24.0	16.0	10.2	5.8	36.5	22.5	14.0	243	
Highest	4.9	225	25.0	9.8	8.8	1.0	42.9	29.2	13.7	203	
Total	2.8	1,797	23.3	16.3	11.2	5.1	28.7	20.4	8.3	1,590	

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

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

Table 7.8 Micronutrient intake among mothers


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

Background characteristics	Number of days women took iron tablets or syrup during pregnancy of last birth					Percentage of women who took deworming medication during pregnancy of last birth	Number of women
	None	<60	60-89	90+	Total		
Age							
15-19	(60.4)	(35.9)	(0.0)	(3.7)	100.0	(3.7)	31
20-29	71.0	24.5	0.4	4.0	100.0	2.4	107
30-39	69.2	24.9	5.4	0.6	100.0	11.4	78
40-49	(79.0)	(14.9)	(3.5)	(2.6)	100.0	(0.0)	33
Type of residence							
Urban	61.7	31.8	1.2	5.3	100.0	2.5	92
Rural	63.5	31.8	3.2	1.6	100.0	9.8	93
Nomadic	92.5	4.1	2.7	0.7	100.0	2.0	63
Region							
Mudug	76.1	20.9	1.0	2.0	100.0	2.4	126
Galgaduud	64.1	28.8	3.7	3.4	100.0	7.9	122
Education							
No education	79.3	17.2	2.8	0.7	100.0	5.6	190
Primary	(39.2)	(51.4)	(1.1)	(8.3)	100.0	(2.7)	41
Secondary	*	*	*	*	100.0	*	12
Higher	*	*	*	*	100.0	*	4
Wealth quintile							
Lowest	91.5	4.7	3.9	0.0	100.0	2.8	44
Second	(83.0)	(15.6)	(0.0)	(1.4)	100.0	(0.0)	33
Middle	73.8	24.3	1.9	0.0	100.0	6.4	77
Fourth	55.2	31.7	5.2	7.9	100.0	8.1	50
Highest	(50.0)	(44.7)	(0.0)	(5.3)	100.0	(5.4)	44
Total	70.2	24.8	2.3	2.7	100.0	5.1	248

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.





08

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

Key Findings

Knowledge about HIV/AIDS:

66 percent of women aged 15-49 in Galmudug have heard of HIV/AIDS.

Comprehensive knowledge about HIV/AIDS:

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

Discriminatory attitudes towards people living with HIV/AIDS:

44 percent of women have discriminatory attitudes towards people living with HIV/AIDS, **54 percent** of women aged 15-49 do not think that children living with HIV should attend school with other children and **58 percent** of women aged 15-49 would not buy fresh vegetables from a shopkeeper who is living with HIV

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

40 percent of mothers know that HIV can be transmitted from mother to child during pregnancy while **43 percent** indicated transmission can occur during delivery and breastfeeding respectively.

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

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



8.1. Introduction

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

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

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

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

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

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

Table 8.1 provides information on women's awareness of HIV/AIDS. It shows that about 66 percent of women aged 15-49 have heard of HIV/AIDS. The proportion of women who have heard of HIV/AIDS was lower in nomadic areas compared to rural and urban areas at 45 percent, 71 percent and 76 percent respectively. Regionally, the percentage of women who have heard of HIV/AIDs is slightly higher in Galguduud at 67 percent compared to those Mudug region with 65 percent as shown in Figure 8.1.

Sixty percent of women who have not attended school had heard about HIV/ AIDS compared to 91 percent of those with higher education. Awareness of HIV/AIDS is higher among the wealthier households at 86 percent compared to poorer households at 41 percent (Figure

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

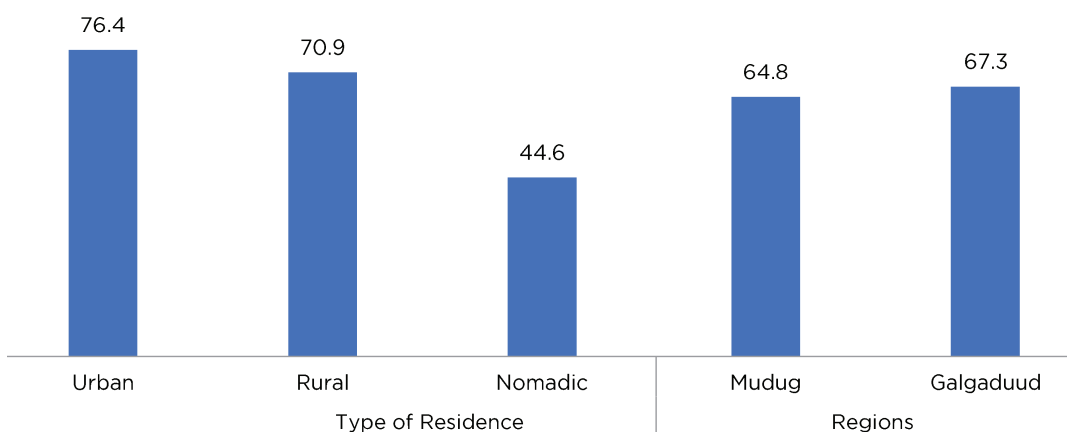
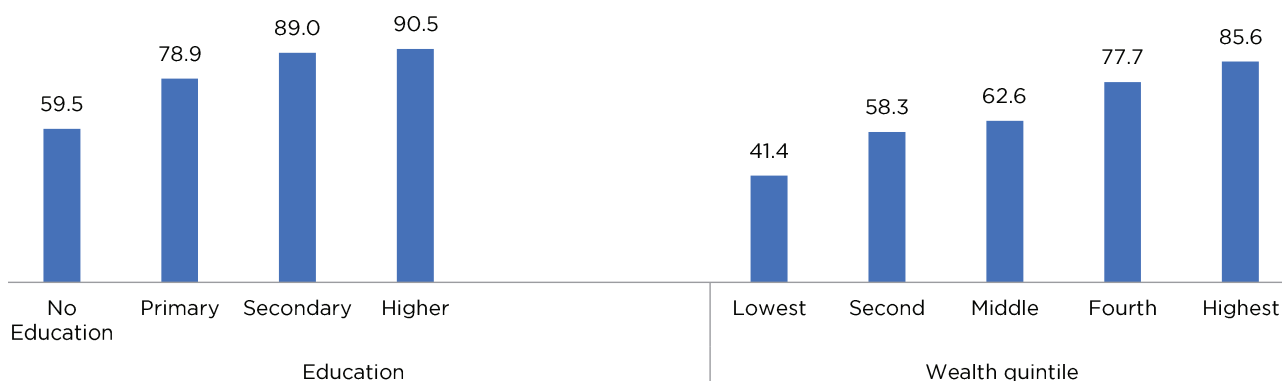


Figure 8.2 Percent of women aged 15-49 who had ever heard about HIV/AIDS by wealth quintile and Education level

8.2). It is worrying that less than half of women residing in the nomadic areas and those from poor households are not aware of HIV/AIDS..

Mudug are more likely to have comprehensive knowledge on HIV/AIDS at 7 percent than women from Galgaduud at 5 percent.

8.3. Misconceptions about HIV/AIDS

Table 8.2 presents data on the misconceptions about HIV/AIDS transmission (e.g. that HIV/AIDS can be transmitted by mosquito bites or that it can be transmitted by sharing food with someone who has HIV/AIDS). About 41 percent of women aged 15-49 stated that a healthy-looking person can have the AIDS virus, 38 percent believe AIDS cannot be transmitted through supernatural means while 34 percent believe that sharing of food does not transmit the virus and 27 percent were aware that the transmission cannot take place through mosquito bites.

Table 8.2 also includes a composite measure of knowledge of HIV/AIDS. It shows that 12 percent of all women aged 15-49 rejected two most common misconceptions about HIV/AIDS (i.e. HIV/AIDS can be transmitted by mosquito bites or HIV/AIDS virus cannot be transmitted by supernatural means) and are also aware that a healthy-looking person can have HIV/AIDS.

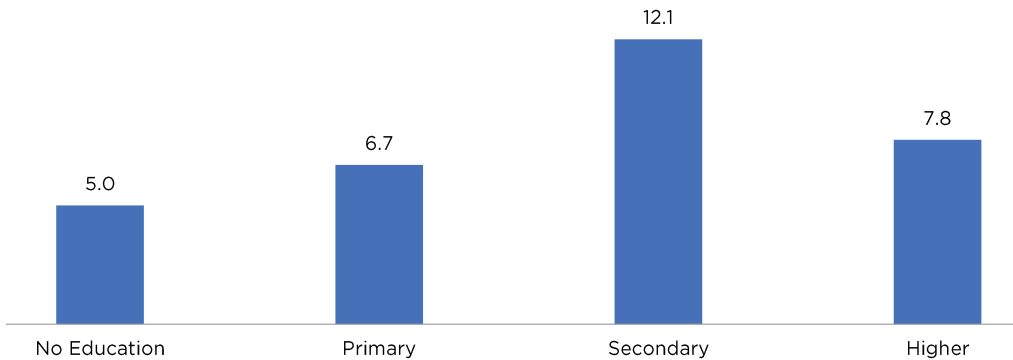
6 percent of the interviewed women have comprehensive knowledge of HIV/AIDS. Comprehensive knowledge of HIV/AIDS increases with increase in the levels of education, however the levels are low for example, 8 percent of women with higher education have comprehensive knowledge of HIV/AIDS.. Women in

8.4. Knowledge about Mother-to-Child Transmission

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

Table 8.3 presents data on the knowledge about mother-to-child transmission among women aged 15-49 by background characteristics. It shows that 40 percent of women are aware that HIV/AIDS can be transmitted during pregnancy, 43 percent know that it can be transmitted during delivery and through breastfeeding, whereas 31 percent of the respondents believe HIV/AIDS can be transmitted by all three means. Twenty-eight percent of women are aware 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. Knowledge on mother to child transmission of HIV/AIDS is almost similar among women in Galagadud and Mudug at 29 percent and 28 respectively.



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

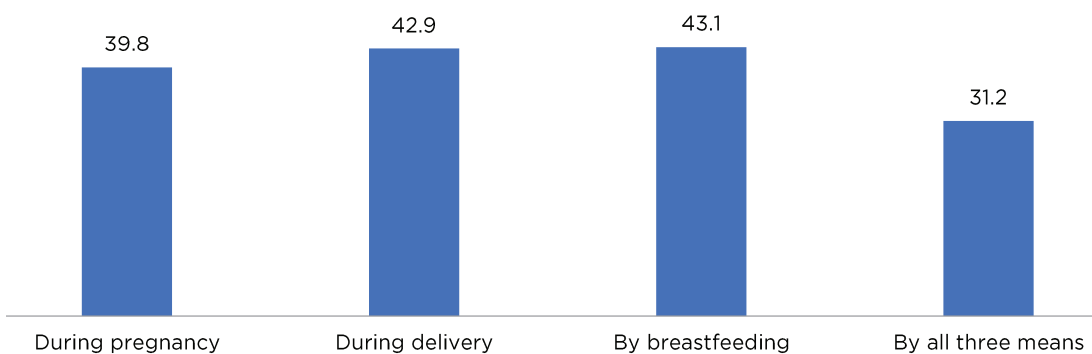
8.5. Attitudes towards People Living with HIV/AIDS

Many people in Galmudug believe that HIV/AIDS is a disease for the people who are sexually immoral. Extensive stigma and discrimination against people living with HIV/AIDS adversely affect 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 the test result is positive.

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

In the survey, both ever-married and never-married women who had heard of HIV/AIDS were asked several questions to assess the level of stigma associated with HIV/AIDS. Respondents were asked about their willingness or unwillingness to take care of a member of their family infected with HIV, 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 had heard of HIV/AIDS and their attitudes towards people living with HIV/AIDS. It shows that 54 percent of women think that children living with HIV/AIDS should not attend school with children who are not infected. Fifty-eight percent of the women said they would not buy fresh vegetables from a shopkeeper or vendor who is HIV positive. Further, the table shows that 44 percent of the respondents have discriminatory attitudes towards people living with HIV/AIDS.

Figure 8.4 Percent of women aged 15-49 who know the means of how HIV/AIDS can be transmitted from mother to child

Stigma against people with HIV/AIDS is higher among people in rural households. Regionally, the stigma against people with HIV/AIDS is higher in Galguduud than Mudug at 53 percent and 36 percent respectively.

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 (Figure 8.5). According to Figure 8.6 48 percent of women aged 30 - 39 have discriminatory attitudes towards people living with HIV/AIDS compared to 42 percent among those aged 15 - 19 years.

The findings indicate that never-married women have less negative attitudes towards people with HIV/AIDS compared to ever-married women.

8.6. Self-reporting of Sexually Transmitted Infections

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

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

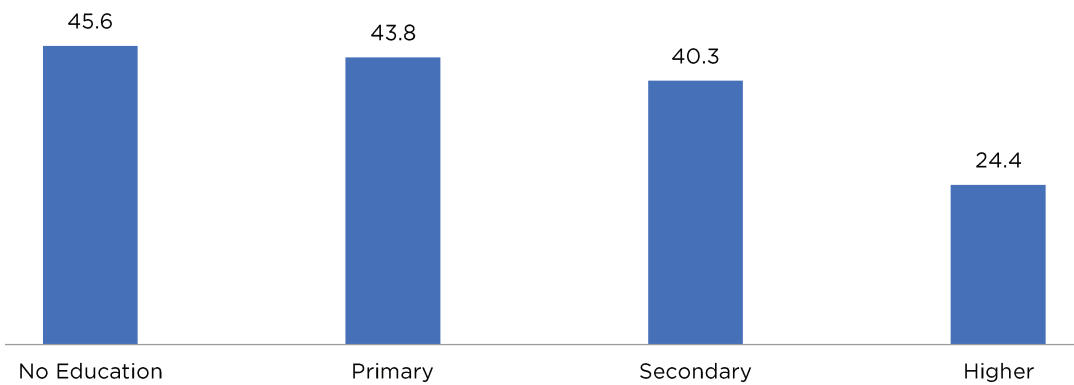


Figure 8.6 Percentage of women aged 15-49 with discriminatory attitudes towards people living with HIV

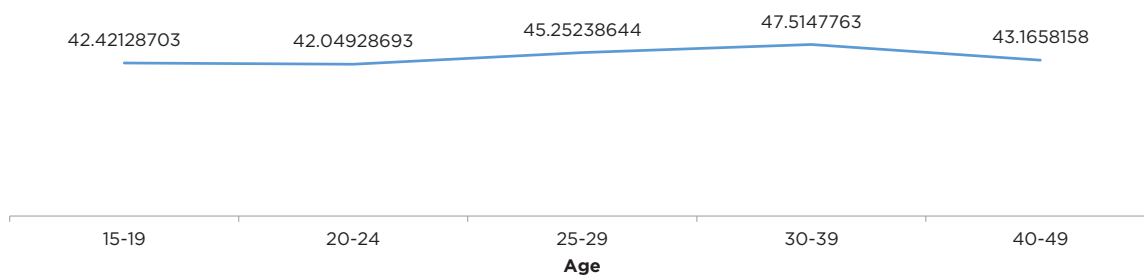


Table 8.5 shows the self-reported prevalence of STIs and STI symptoms. Only 7 percent of ever-married women reported that they had an STI in the 12 months preceding the survey. 7 percent reported having had a bad smell, or an abnormal discharge while 3 percent had a genital sore or ulcer. In total, 9 percent of women reported having an STI/genital discharge/sore or ulcer.

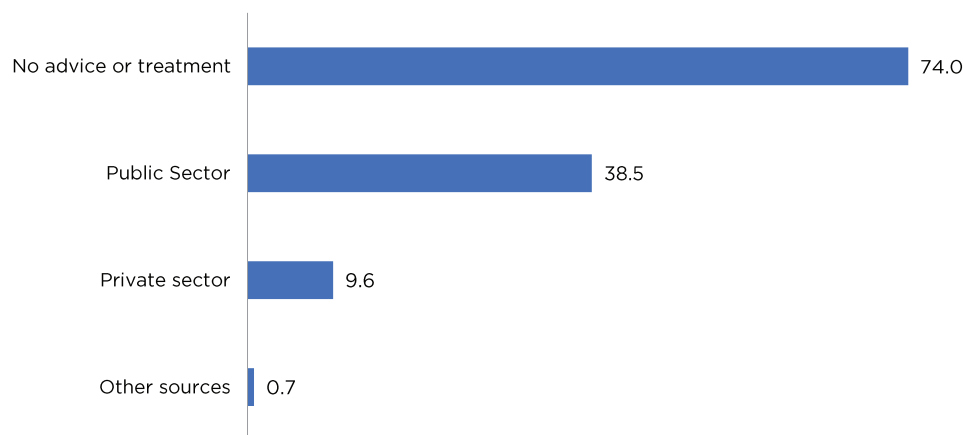
Variations in self-reported prevalence of STIs and STI symptoms by background characteristics are also presented in Table 8.5. The prevalence of STIs or STI symptoms is higher among currently married women than those who are divorced/separated or widowed. The prevalence varies slightly by age, education, and wealth quintile. The prevalence of STIs is almost twice as high in urban and rural women, compared to nomadic women at 8 percent, 7 percent and 4 percent respectively.

Regionally, the ever-married women in Mudug reported more STI cases at 8 percent than women in Galgaduud at 5 percent).

Table 8.6 and Figure 8.7 show the percentage of women aged 15-49 reporting an STI or symptoms of an STI in the 12 months preceding the survey who sought advice or treatment. The Figure shows that 74 percent of the ever-married women who had an STI or STI symptoms did not seek advice or treatment when they presented with symptoms.

Thirty-nine percent of ever-married women who had STI/STI symptoms sought advice from the public health sector and 10 percent got advice from the private sector while 1 percent of women sought advice or treatment from other sources.

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



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Table 8.1 Knowledge of HIV/AIDS

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

Background characteristics	Percentage of women who had ever heard about HIV/AIDS	Number of women
Age		
15-19	60.3	646
20-24	72.9	327
25-29	70.7	353
30-39	64.0	479
40-49	69.2	161
Type of residence		
Urban	76.4	727
Rural	70.9	715
Nomadic	44.6	524
Region		
Mudug	64.8	1,079
Galgaduud	67.3	887
Education		
No education	59.5	1,415
Primary	78.9	375
Secondary	89.0	140
Higher	90.5	36
Wealth quintile		
Lowest	41.4	360
Second	58.3	235
Middle	62.6	549
Fourth	77.7	473
Highest	85.6	348
Total 15-49	65.9	1,966



Table 8.2 Comprehensive knowledge about HIV/AIDS

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

Background characteristics	Percentage of women who say that:				Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about AIDS ²	Number of respondents
	A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus			
Age							
15-19	38.2	25.8	34.2	32.6	12.0	6.1	646
20-24	47.4	31.0	41.8	36.0	11.3	8.8	327
25-29	44.4	29.6	38.0	34.0	12.6	5.3	353
30-39	39.6	23.9	37.7	33.3	12.6	5.8	479
40-49	39.8	24.1	40.3	37.9	13.1	3.2	161
Type of residence							
Urban	49.6	37.4	46.9	46.7	18.9	7.9	727
Rural	45.3	27.2	42.0	38.1	12.9	4.4	715
Nomadic	24.3	11.4	18.4	10.9	2.1	6.0	524
Region							
Mudug	39.4	29.8	37.6	34.5	13.5	6.8	1,079
Galgaduud	43.6	23.0	37.4	33.4	10.7	5.2	887
Highest educational level							
No education	35.0	20.6	31.2	26.7	8.2	5.0	1,415
Primary	53.3	33.1	48.7	46.4	16.2	6.7	375
Secondary	63.6	59.2	62.7	63.6	32.6	12.1	140
Higher	(60.9)	(51.5)	(60.4)	(61.2)	(31.6)	(8.0)	36
Total 15-49	41.3	26.7	37.5	34.0	12.2	6.1	1,966

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 condoms during sexual intercourse and having an uninfected husband can reduce the chance of getting AIDS, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV.



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

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

Background characteristics	Percentage who know that HIV/AIDS can be transmitted from mother to child				Percentage who know that the risk of MTCT can be reduced by mother taking special drugs	Number of respondent
	During pregnancy	During delivery	By breastfeeding	By all three means		
Age						
15-19	36.2	38.4	41.6	28.5	26.8	651
20-24	43.9	49.9	49.6	36.4	34.9	327
25-29	44.4	46.3	43.9	34.2	29.8	350
30-39	38.0	41.3	41.1	30.0	26.1	478
40-49	42.0	43.7	40.4	29.5	24.5	160
Type of residence						
Urban	46.9	50.1	50.1	35.0	34.1	741
Rural	42.7	47.6	47.5	33.1	28.8	695
Nomadic	26.2	26.6	27.6	23.7	19.5	530
Region						
Mudug	36.5	39.7	39.1	27.9	28.0	1,188
Galgaduud	44.9	47.8	49.2	36.3	28.8	778
Education						
No education	35.1	36.1	36.6	27.4	23.0	1,412
Primary	48.7	55.3	57.0	39.8	38.5	373
Secondary	60.0	67.6	64.3	43.2	47.3	144
Higher	(51.6)	(78.7)	(70.9)	(44.5)	(55)	37
Total 15-49	39.8	42.9	43.1	31.2	28.3	1,966

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



Table 8.4 Discriminatory attitudes towards people living with HIV/AIDS

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

Background characteristics	Percentage who do not think that children living with HIV/AIDS should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV/AIDS	Percentage with discriminatory attitudes towards people living with HIV/AIDS ¹	Number of women who have heard of HIV/AIDS
Age				
15-24	52.2	56.8	42.3	628
15-19	53.6	55.0	42.4	390
20-24	50.0	59.7	42.0	238
25-29	52.2	59.5	45.3	250
30-39	57.0	60.7	47.5	307
40-49	56.0	58.3	43.2	112
Marital status				
Never-married	50.8	54.4	40.2	399
Married	54.9	59.5	46.0	741
Divorced/ widowed	54.8	62.9	45.8	155
Type of residence				
Urban	51.7	57.2	42.0	555
Rural	64.3	67.2	53.4	506
Nomadic	35.4	42.2	29.5	234
Region				
Mudug	45.4	51.4	36.3	699
Galgaduud	63.4	66.6	53.4	597
Education				
No education	54.7	58.8	45.6	842
Primary	52.7	60.6	43.8	296
Secondary	52.3	53.7	40.3	124
Higher	41.7	46.4	24.4	33
Wealth quintile				
Lowest	38.4	42.6	30.6	149
Second	41.9	50.8	36.7	137
Middle	57.7	64.2	46.6	344
Fourth	64.6	63.3	52.2	368
Highest	48.5	57.0	41.6	298
Total 15-49	53.7	58.4	44.2	1,296

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 age 15-49, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, GMHDS 2020

Background characteristics	Percentage of respondents who reported having an STI or related symptoms in the past 12 months:				Number of ever-married women
	STI	Bad-smelling/ abnormal genital discharge	Genital sore or ulcer	STI/genital discharge/sore or ulcer	
Age					
15-19	4.8	4.6	2.5	6.9	104
20-24	5.5	6.6	2.2	7.8	248
25-29	9.7	8.5	4.0	12.8	338
30-39	4.6	5.2	2.2	6.8	474
40-49	7.9	8.6	5.5	12.9	160
Marital status					
Married	6.9	6.5	3.5	9.4	1,103
Divorced/ separated/ widowed	4.4	7.7	0.8	8.7	221
Type of residence					
Urban	8.3	8.4	3.7	10.9	464
Rural	6.6	7.5	3.5	10.7	488
Nomadic	4.1	3.4	1.7	5.4	373
Region					
Mudug	7.6	7.1	4.3	9.3	679
Galgaduud	5.4	6.2	1.8	9.3	645
Education					
No education	6.1	6.9	3.3	9.4	1,071
Primary	6.8	3.9	0.9	7.7	194
Secondary	(12.6)	(10.6)	(6.0)	(12.6)	43
Higher	*	*	*	*	16
Wealth quintile					
Lowest	4.2	3.9	2.6	5.3	244
Second	4.8	5.5	0.9	7.3	186
Middle	5.3	6.3	3.1	8.8	359
Fourth	8.1	9.8	4.8	12.2	317
Highest	10.1	6.9	3.1	11.8	217
Total 15-49	6.5	6.7	3.1	9.3	1,324

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



Table 8.6 Women seeking treatment for STIs

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

Background characteristics	Percentage of Women
Public Sector	38.5
Public Sector	19.3
Government Hospital	9.5
Referral Health Center	2.1
MCH/HC	7.6
Primary Health Unit (PHU)	0.0
Mobile Clinic	0.0
Other Public Sector	0.0
Private medical sector	9.6
Private sector	8.9
Clinical	5.1
Pharmacy	4.5
Other Private Medical Sector	0.0
Other sources	0.7
No advice or Treatment	74.0
Number with STD or symptoms of STD	123
Number of women	123

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







Gender-Based Violence

Key Findings

Experience of physical violence:

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

Physical violence by place of residence:

Physical violence against women in Galmudug is highest among women in urban areas at **15 percent**.

Physical violence by region:

Mudug has the highest physical violence against women at **15 percent**.

Perpetrators of the violent acts:

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

Where violent acts take place:

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

Violence during pregnancy:

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

Help-seeking behavior:

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



9 GENDER-BASED VIOLENCE

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

Gender-based violence includes sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called 'honour crimes'.

The consequences of gender-based violence are devastating and can have life-long repercussions for survivors. It can even lead to death. (UNHCR)

9.1. Measurements of Violence

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

Enumerators asked the respondents questions on their opinions regarding the definition of domestic violence, opinions on the most common perpetrators of violent acts against women, experiences of violence, whether physical, sexual or emotional, perpetrators of physical violence. They also asked respondents about their experience of violence during pregnancy, spousal violence, injuries due to spousal violence, and help-seeking behaviors for those who have experienced violence.

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

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

Physical violence:

Push you, shake you, or throw something at you; kick you, drag you, or beat you up; try to choke you or burn you on purpose; or threaten or attack you with a knife, gun, or any other weapon.

Sexual violence:

Physically force you to have sexual intercourse with him even when you did not want to, physically force you to perform any other sexual acts you did not want to, force you with threats or in any other way to perform sexual acts you did not want to, in the last 12 months preceding the survey, or physically force you to have sexual intercourse.



Emotional violence:

Say or do something to humiliate you in front of others, threaten to hurt or harm you or someone close to you, or insult you or make you feel bad about yourself.

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

9.2. Ethical Considerations in GMHDS

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

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

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

9.3. Opinions about Domestic Violence

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

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

Table 9.1 presents the percentage of women aged 15-49 years who understand domestic violence to mean specific acts (highlighted in section 9.3 above) according to their background characteristics. Over 60 percent of women in Galmudug considered physical abuse, denial of education, forced marriage, rape, sexual harassment, forced labour as forms of domestic violence.

Forced marriage had the highest proportion of women reporting it as a form of domestic violence at 66 percent followed by physical abuse, rape and forced labor at 65 percent each. The least reported form of violence is failure to meet basic needs reported by 52 percent of the women. Figure 9.1 depicts the difference in understanding of domestic violence by married and never married women.

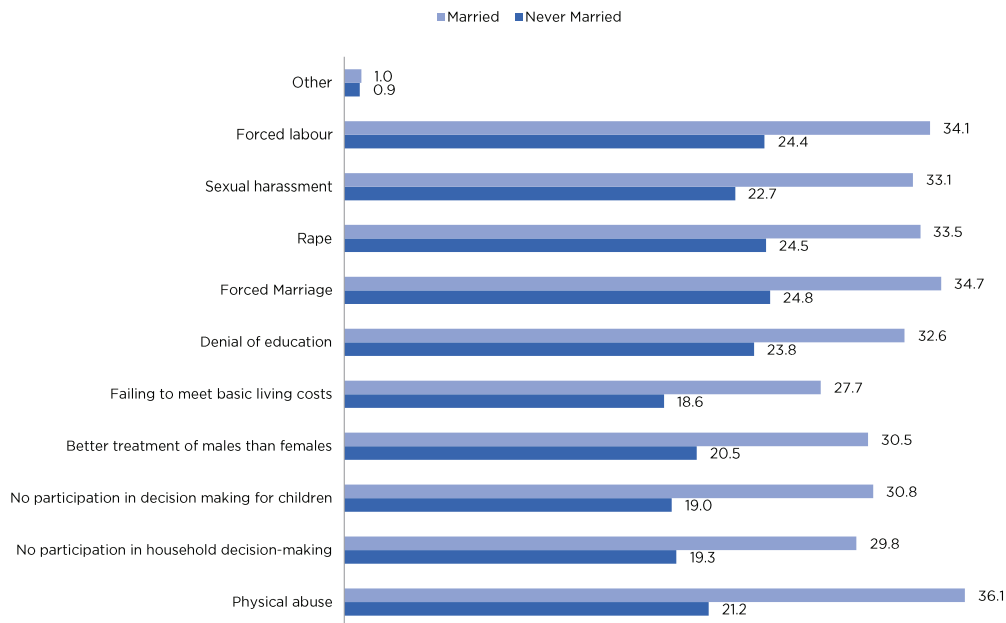
Married women have a better understanding of acts that constitute domestic violence, followed by the never married and those with the least understanding are the widows and divorcees. Educational attainment plays a role in the understanding of domestic violence. As the level of education increases so is the proportion of women who identify the listed vices as constituting domestic violence.

Regionally, more women in Galgaduud aged 15-49 years believe that rape, forced marriage, denial of education are acts of domestic violence at 70 percent, 69 percent, 65 percent respectively, compared to women in Mudug where 65 percent believe that forced marriage, 64 percent believe that forced labour and physical abuse are acts of domestic violence (Table 9.1).



Figure 9.1 Acts that mean domestic violence

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



9.4. Women's Experience of Physical Violence

Table 9.2 and Figure 9.2 presents data on women (15-49 years of age) who had experienced physical violence since the age of 12 and those that reported they experienced physical violence in the 12 months preceding the survey. It shows that 14 percent of women aged 15-49 years have experienced physical violence since the age of 12, while 7 percent reported they had experienced physical violence often or sometimes in the 12 months preceding the survey. Younger women are more likely to experience physical violence; with 15 percent of women in the 15-19 age group reporting that they had experienced violence since the age of 12 and 10 percent in the same age group reporting that they experienced violence in the 12 months preceding the survey. Among older women aged 45-49 years, 12 percent reported they had experienced physical violence since the age of 12 years, while 4 percent reported they had experienced physical violence in the 12 months preceding the survey (Figure 9.2).

Physical violence is highest among women residing in the urban at 15 percent and lowest among nomadic women at 13 percent. Women in Mudug are more likely to experience physical violence compared to those in Galgaduud. Fifteen percent of Mudug women have reported they had experienced physical violence

since the age of 12, while 8 percent reported they had experienced physical violence often or sometimes in the 12 months preceding the survey. Twelve percent of Galgaduud women reported that they had experienced physical violence since the age of 12, while 6 percent reported they had experienced physical violence in the 12 months preceding the survey.

9.5. Perpetrators of physical violence

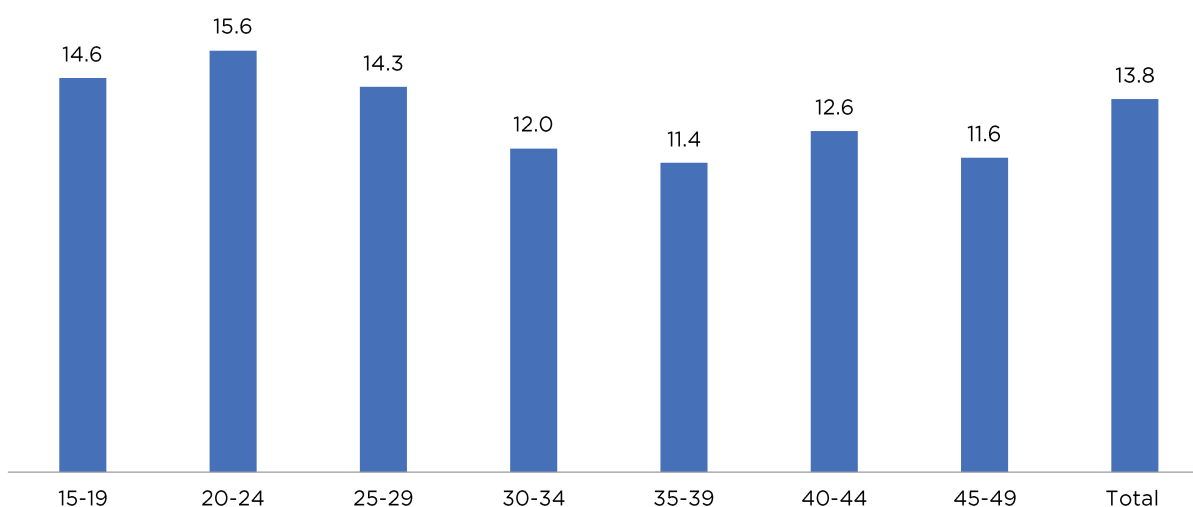
Table 9.3 shows the opinions of women aged 15-49 years regarding who they consider are the most common perpetrators of violence against women. More than half (58 percent) of women believe that husbands are the most likely to commit violent acts against women in the community and that daughters and sons commit the least violent acts at 3 percent followed by employer or someone at work at 4 percent.

Regionally, the percentage of women who perceive husbands as perpetrators of violence against women in Galgaduud is higher than the women in Mudug at 66 percent and 52 percent respectively. Sixty percent of women in urban and rural perceive husbands to be the most perpetrators of physical violence compared to 52 percent among those residing in the nomadic.



Figure 9.2 Physical Violence

Percent of women aged 15-49 years who have ever experienced physical violence since age 12 by age



As part of the survey, women aged 15-49 years who had experienced physical violence since the age of 12 were asked who committed the acts of violence against them. Respondents could report multiple perpetrators based on their experience.

As presented in Table 9.4, among ever-married women who had experienced physical violence, the most common perpetrator was the husband, reported by 61 percent of women, whereas among the never married the most reported perpetrator of violence is a relative that is neither a parent nor a sibling. Mother/Stepmother is the second most reported perpetrator of violence by both the married and the never married at 17 and 24 percent respectively.

9.6 Violence during Pregnancy

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

Table 9.5 presents the findings on ever-married women aged 15-49 years who experienced violence during pregnancy. It shows that 4 percent of the ever-married women aged 15- 49 years reported they experienced physical violence during their pregnancy. The experience of physical violence during pregnancy is highest among

women of age 20-24 and lowest among those aged 15-19. Experience of physical violence during pregnancy seems to increase with increase in age with the exception of the 45-59 year olds. Six percent of women in the urban experienced physical violence during pregnancy compared to 4 and 2 percent among those in the rural and nomadic. Physical violence during pregnancy is higher among women in Mudug at 4 percent compared to 3 percent in Galgaduud.

Experience of physical violence during pregnancy is almost four times more among those who are divorced compared to those currently married at 11 and 3 percent respectively. More women in wealth quintile reported having experienced violence during pregnancy (6 percent) compared to women in the lowest wealth quintile (2 percent).

9.7 Spousal Violence

Table 9.6 presents data on spousal violence experienced by ever-married women aged 15- 49 years who reported physical, sexual violence, or emotional violence, perpetrated by their current or most recent husband in the 12 months preceding the survey. Eleven percent of ever-married women reported physical violence perpetrated against them by a spouse, while 4 percent reported emotional abuse by a spouse and 3 percent reported sexual violence. The patterns of spousal violence vary with the number of children a woman has. Five



percent of women with five or more children reported spousal violence compared to 1 percent of women with no children. Women from urban areas reported they experienced more spousal violence than women in rural and nomadic areas (16 percent, 13 percent and 9 percent, respectively).

Regionally, Mudug women reported that they experienced more spouse violence than Galgaduud women (14 percent and 12 percent respectively).

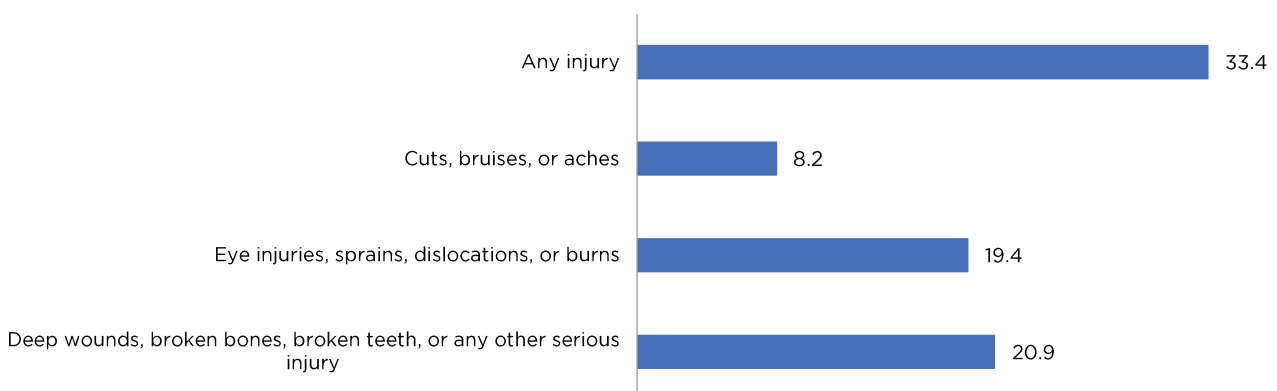
9.8 Injuries to Women due to Spousal Violence

Table 9.7 presents findings among ever-married women aged 15-49 years who had sustained injuries due to domestic violence committed by their current or most recent spouses. Thirty-three percent of the women had sustained at least one of the three types of injuries referred to in the table. Among ever-married women aged 15-49 years who had experienced any violence, 8 percent reported they had cuts, bruises or aches; 19 percent had eye injuries, dislocations, sprains or burns; and 21 percent had deep wounds, broken bones or teeth, or any other serious wounds as a result of spousal violence.

Thirty-six percent of women who experienced spousal violence in the last 12 months preceding the survey reported an injury compared to 33 percent among those who reported ever experiencing spousal violence. The most reported injuries are deep wounds, broken bones, broken teeth or any other serious injury at 21 percent for each (Figure 9.3)

Figure 9.3 Injuries to women due to spouse violence

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



9.9 Help-seeking Behavior's

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

Table 9.8 shows that only 9 percent of ever-married women aged 15-49 years who had experienced emotional, physical or sexual violence had sought help, while 91 percent did not seek any help.

Eleven percent of women in Galgaduud sought help after experiencing emotional, physical or sexual violence compared to 8 percent among those in Mudug.

9.10 Places where Violence Against Women usually happens

Table 9.9 shows opinions regarding the most common places where violent acts against women are likely to happen. Women in Galmudug believe that the most violent crimes against women take place at home and workplace at 59 and 9 percent respectively. Less than 1 percent of violent acts against women take place at water points, in market place and in the neighbourhood.

The level of home violence decreases with the age of women. For example, 65 percent of women aged 15-19 years experienced home violence, compared to 55 percent of women aged 45-49 years.



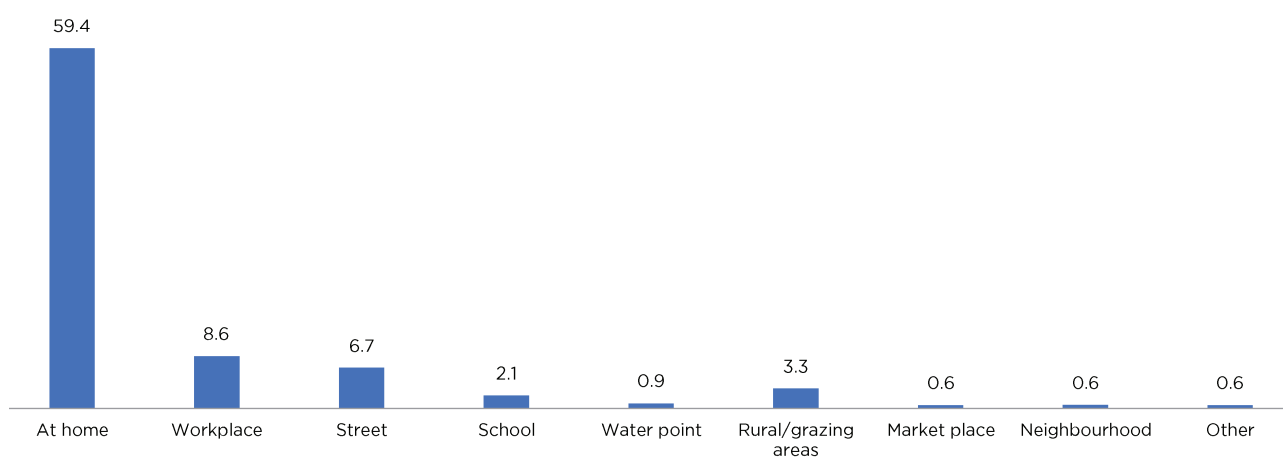
Sixty-five percent of women in urban households believe that violent acts against women take place at home compared to rural and urban areas at 58 percent and 54 percent respectively.

Galgaduud has more women who reported home as the place where most violence occurs at 68 percent compared to 53 percent among those in Mudug.

Women from households in the lowest wealth quintile had the least proportion of those who reported home as the place where violence occurs at 54 percent while those from the fourth wealth quintile were the highest at 64 percent.

Figure 9.4 Place of violence act

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



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Table 9.1 Acts that mean domestic violence

Background characteristics	Acts that mean domestic violence											Number of women
	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	
Age												
15-19	64.5	56.9	56.7	60.6	54.6	69.1	73.0	72.2	66.1	71.9	2.0	646
20-24	68.7	58.4	59.7	60.6	55.7	68.3	70.1	69.9	68.5	70.5	3.3	327
25-29	64.8	51.5	54.1	53.8	48.6	58.7	62.5	60.7	59.3	59.2	1.7	353
30-34	59.6	50.9	52.5	48.7	44.4	54.7	56.5	54.4	55.4	55.8	2.1	249
35-39	63.1	55.7	54.2	55.3	51.6	55.9	60.1	55.8	53.8	58.2	2.1	230
40-44	67.5	58.2	60.6	56.6	56.6	61.0	67.1	60.9	64.7	66.5	2.2	108
45-49	64.1	51.4	45.9	53.5	47.0	56.4	60.0	59.8	60.2	58.1	0.0	54
Type of residence												
Urban	67.8	60.5	59.9	61.0	53.6	69.9	72.1	69.3	65.8	68.4	4.2	727
Rural	65.8	53.3	54.6	55.5	49.2	63.9	65.7	65.9	60.9	64.4	1.2	715
Nomadic	58.7	50.5	51.7	53.0	53.5	52.0	59.3	56.5	59.1	61.4	0.6	524
Region												
Mudug	64.3	54.7	55.2	57.6	54.7	61.0	64.5	60.3	62.4	64.1	2.8	1,079
Galgaduud	65.1	55.8	56.5	55.9	48.6	65.4	68.6	69.9	62.0	66.2	1.3	887
Marital status												
Nevermarried	21.2	19.3	19.0	20.5	18.6	23.8	24.8	24.5	22.7	24.4	0.9	642
Married	36.1	29.8	30.8	30.5	27.7	32.6	34.7	33.5	33.1	34.1	1.0	1,103
Divorced	5.4	4.6	4.6	4.5	4.3	4.9	5.3	5.1	4.9	5.1	0.2	161
Widowed	1.9	1.5	1.4	1.4	1.3	1.6	1.6	1.5	1.5	1.5	0.0	60
Education												
No education	61.7	52.1	53.1	53.8	50.7	58.8	62.7	60.6	59.8	62.1	1.7	1,415
Primary	71.7	61.9	62.8	64.9	54.4	71.4	73.9	75.1	67.4	72.6	3.1	375
Secondary	73.1	66.5	64.2	63.1	58.3	76.8	77.5	72.6	69.0	69.2	3.1	140
Higher	(78.4)	(64.8)	(59.4)	(70.3)	(54.0)	(83.7)	(83.7)	(83.7)	(78.4)	(86.5)	(5.4)	36
Wealth quintile												
Lowest	66.4	56.8	59.3	60.3	60.7	57.2	67.0	62.6	67.3	68.6	0.3	360
Second	53.8	46.1	46.1	48.8	46.2	52.5	54.5	55.9	50.4	58.3	1.1	235
Middle	63.5	53.6	55.8	56.1	49.8	62.1	64.8	64.0	60.2	64.4	2.2	549
Fourth	67.1	57.8	57.1	57.6	51.6	66.0	68.5	67.5	61.5	62.3	2.8	473
Highest	68.7	58.5	57.1	59.0	50.8	73.0	73.3	69.7	69.1	70.9	3.7	348
Total	64.6	55.2	55.8	56.9	52.0	62.9	66.3	64.6	62.2	65.1	2.1	1,966

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



Table 9.2 Experience of physical violence

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

Background characteristics	Percentage who have ever experienced physical violence since age 12	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes	
Age					
15-19	14.6	6.4	3.9	10.4	646
20-24	15.6	4.2	3.1	7.3	327
25-29	14.3	3.4	4.2	7.6	353
30-34	12.0	1.3	2.2	3.5	249
35-39	11.4	1.8	1.2	3.0	230
40-44	12.6	1.6	1.8	3.5	108
45-49	11.6	3.6	0.0	3.6	54
Type of residence					
Urban	14.9	3.6	3.5	7.1	727
Rural	13.7	3.7	3.4	7.1	715
Nomadic	12.5	4.8	2.1	6.9	524
Region					
Mudug	15.0	5.1	3.1	8.2	1,079
Galgaduud	12.3	2.6	3.1	5.7	887
Marital status					
Never-Married	5.6	2.5	1.4	3.8	642
Married	6.9	1.4	1.4	2.8	1,103
Divorced	1.1	0.1	0.3	0.5	161
Widowed	0.1	0.0	0.0	0.0	60
Education					
No education	13.6	4.0	2.7	6.7	1,415
Primary	15.2	3.6	4.6	8.2	375
Secondary	8.7	4.7	1.2	5.9	140
Higher	(27.0)	(5.4)	(8.1)	(13.5)	36
Wealth quintile					
Lowest	14.8	6.4	2.6	9.0	360
Second	12.1	1.1	2.3	3.4	235
Middle	14.7	5.3	3.4	8.7	549
Fourth	13.4	3.4	3.3	6.8	473
Highest	13.0	2.1	3.2	5.3	348
Total	13.8	4.0	3.1	7.1	1,966

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



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, GMHDS 2020

Background characteristics	Individual who commits the most violent acts against women										
	Husband	Mother/Stepmother	Father/Step-father	Sister/Brother	Daughter/Son	Other Relative	In-laws	Teacher	Employer/Someone at work	Police/ASoldier	Total number of women
Age											
15-19	57.4	15.7	21.6	11.2	5.7	21.1	8.3	13.8	5.8	12.4	646
20-24	62.1	14.5	19.8	8.1	3.0	16.0	8.8	14.5	5.6	10.3	327
25-29	59.6	14.6	12.8	8.4	2.1	13.9	7.7	8.4	2.8	7.2	353
30-34	55.4	12.1	18.3	6.3	1.3	11.1	6.3	7.8	1.3	6.9	249
35-39	56.5	9.2	14.9	5.4	1.8	14.0	2.9	7.5	3.1	6.1	230
40-44	61.4	15.0	20.8	10.2	2.4	15.2	1.9	5.6	1.6	9.2	108
45-49	48.6	10.8	19.7	12.0	3.2	18.7	6.8	8.0	1.6	4.8	54
Type of residence											
Urban	60.2	11.1	19.9	11.0	3.3	16.9	6.7	13.8	5.2	10.7	727
Rural	60.4	12.4	18.7	8.9	2.2	11.0	3.5	6.8	2.0	10.4	715
Nomadic	52.4	19.9	16.1	5.9	4.9	23.4	12.1	12.3	4.9	5.9	524
Region											
Mudug	51.5	13.1	19.7	9.9	5.1	26.4	11.9	16.2	6.4	7.9	1,079
Galgaduud	66.3	14.9	16.9	7.7	1.3	4.4	1.0	4.3	1.0	11.0	887
Current marital status											
Never-married	58.9	15.8	21.5	11.9	5.6	21.8	9.8	16.7	7.2	13.8	642
Married	57.5	13.1	16.8	7.4	2.6	14.2	5.8	8.4	2.3	7.4	1,103
Divorced	64.2	11.3	16.7	5.7	0.8	12.0	5.1	7.6	2.9	4.8	161
Widowed	48.3	16.2	18.7	13.1	0.0	14.3	4.3	2.8	4.3	7.6	60
Education											
No education	55.9	15.5	18.9	9.2	4.0	18.0	8.0	10.3	3.8	7.9	1,415
Primary	65.4	11.6	17.8	8.6	1.1	10.5	3.9	10.8	2.5	10.9	375
Secondary	59.8	5.4	16.2	7.4	3.1	17.6	5.5	14.2	9.4	16.2	140
Higher	(67.6)	(10.8)	(13.5)	(2.7)	(2.7)	(13.5)	(5.4)	(24.3)	(2.7)	(18.9)	36
Wealth quintile											
Lowest	54.5	19.8	17.4	6.7	6.4	27.8	15.9	14.2	6.7	7.0	360
Second	56.2	20.7	17.5	8.0	1.2	12.5	3.8	6.7	1.1	3.6	235
Middle	58.9	12.4	18.5	9.5	2.5	13.1	4.0	8.3	1.1	11.8	549
Fourth	60.3	12.7	20.2	11.6	3.0	15.7	5.9	12.0	3.9	10.6	473
Highest	59.5	7.3	17.5	7.0	3.5	13.9	6.2	12.7	7.6	9.9	348
Total	58.2	13.9	18.4	8.9	3.4	16.5	7.0	10.9	4.0	9.3	1,966

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



Table 9.4 Persons committing physical Violence

Among women age 15-49 years who have experienced physical violence since age 12, the percentage who report specific persons who committed the violence according to the respondent's current marital status, GMHDS 2020

Background characteristics	Ever Married	Never Married	Total
Persons commit violence			
Husband	60.7	0.0	35.8
Mother/step-mother	16.9	24.2	17.3
Father/step-father	7.6	23.2	11.2
Sister/brother	10.7	18.6	12.6
Daughter/son	0.5	10.3	4.3
Other Relative	3.8	39.2	15.4
Mother-in-law	0.5	0.0	9.0
Father-in-law	0.9	0.0	6.9
Other-in-law	0.0	0.0	1.8
Neighbour	7.1	4.3	6.2
Teacher	4.2	1.1	2.8
Employer/someone at work	0.5	6.6	2.4
Police/soldier	1.6	0.0	1.0
Militia/gangs	0.5	0.0	0.3
Other	0.5	0.0	0.3
Number of women	159	75	234



Table 9.5 Experience of violence during pregnancy

Among ever-married women age 15-49 years who have ever been pregnant, the percentage who have ever experienced physical violence during pregnancy, by background characteristics, GMHDS 2020

Background characteristics	Percentage who have experienced violence during pregnancy	Total
Age		
15-19	2.7	80
20-24	5.2	200
25-29	3.3	253
30-34	3.9	169
35-39	3.9	163
40-44	3.6	81
45-49	(2.2)	39
Type of residence		
Urban	5.4	363
Rural	3.5	373
Nomadic	2.0	249
Region		
Mudug	4.4	472
Galgaduud	3.3	514
Marital status		
Married	2.9	821
Divorced	10.9	122
Widowed	(2.0)	43
Education		
No education	4.0	781
Primary	4.1	159
Secondary	(0.0)	32
Higher	*	13
Wealth quintile		
Lowest	1.6	184
Second	6.9	118
Middle	3.1	269
Fourth	3.5	249
Highest	5.8	166
Total	3.8	986

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



Table 9.6 Spousal violence by background characteristics

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

Background characteristics	Percentage of women whose husband did:							Number of ever-married women
	Physical violence	Sexual violence	Emotional abuse	Physical and sexual violence	Physical, sexual and emotional violence	Physical or sexual violence	Physical, sexual or emotional violence	
Age								
15-19	6.5	0.8	3.5	0.0	0.0	7.4	9.0	104
20-24	10.7	2.9	1.7	1.5	0.3	12.1	12.4	245
25-29	13.0	2.8	5.4	2.3	0.5	13.4	15.4	331
30-39	10.0	3.1	5.2	2.2	1.5	10.9	13.1	464
40-49	9.6	3.0	3.6	1.9	0.0	10.7	12.1	160
Type of residence								
Urban	14.7	2.8	4.4	2.4	0.7	15.1	16.3	459
Rural	9.6	3.6	4.3	1.7	0.7	11.5	13.2	475
Nomadic	6.8	1.6	4.1	1.5	0.8	6.9	9.0	370
Region								
Mudug	10.5	3.2	4.3	2.1	0.8	11.6	14.0	673
Galgaduud	10.6	2.3	4.3	1.6	0.7	11.3	12.2	632
Number of living children								
0	0.8	0.3	0.3	0.2	0.1	0.9	1.1	148
1-2	2.8	1.0	0.6	0.7	0.3	3.1	3.3	286
3-4	2.6	0.7	1.7	0.5	0.2	2.8	3.5	361
5+	4.4	0.8	1.6	0.6	0.2	4.6	5.2	510
Marital status								
Currently married	10.6	2.8	5.1	1.9	0.8	11.4	13.4	1089
Formerly married	10.6	2.5	0.0	1.6	0.0	11.5	11.5	216
Employed in the 12 months preceding the survey								
Employed	11.7	4.6	4.3	3.8		12.4	14.0	113
Not employed	10.5	2.6	4.3	1.7	0.8	11.4	13.0	1191
Education								
No education	9.7	2.3	4.2	1.7	0.8	10.3	11.9	1055
Primary	16.1	5.5	5.1	2.8	0.7	18.8	20.9	190
Secondary	(7.2)	(2.0)	(4.6)	(2.0)	(0.0)	(7.2)	(9.3)	43
Higher	*	*	*	*	*	*	*	16
Wealth quintile								
Lowest	7.4	2.0	5.0	2.0	1.0	7.4	9.6	243
Second	9.7	2.7	4.2	1.5	0.9	10.9	12.3	184
Middle	10.5	3.6	4.3	2.2	0.8	11.9	13.1	351
Fourth	11.9	2.9	4.5	2.0	0.7	12.7	14.2	310
Highest	13.1	2.1	3.1	1.3	0.0	13.9	16.2	215
Total	10.6	2.8	4.3	1.9	0.7	11.4	13.1	1,304

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



Table 9.7 Injuries to women due to spousal violence

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

Background characteristics	Injuries experienced:				Number of women
	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any injury	
Experienced any violence:					
Ever	8.2	19.4	20.9	33.4	80
In the past 12 months	8.4	21.6	21.6	36.4	68
Total 15-49	8.2	19.4	20.9	33.4	80

Table 9.8 Help-seeking to stop violence

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

Background characteristics	Sought help		Total	Number of ever-married women
	Yes	No		
Region				
Mudug	7.8	92.2	100	55
Galgaduud	10.5	89.5	100	51
Total	9.1	90.9	100	105

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



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

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

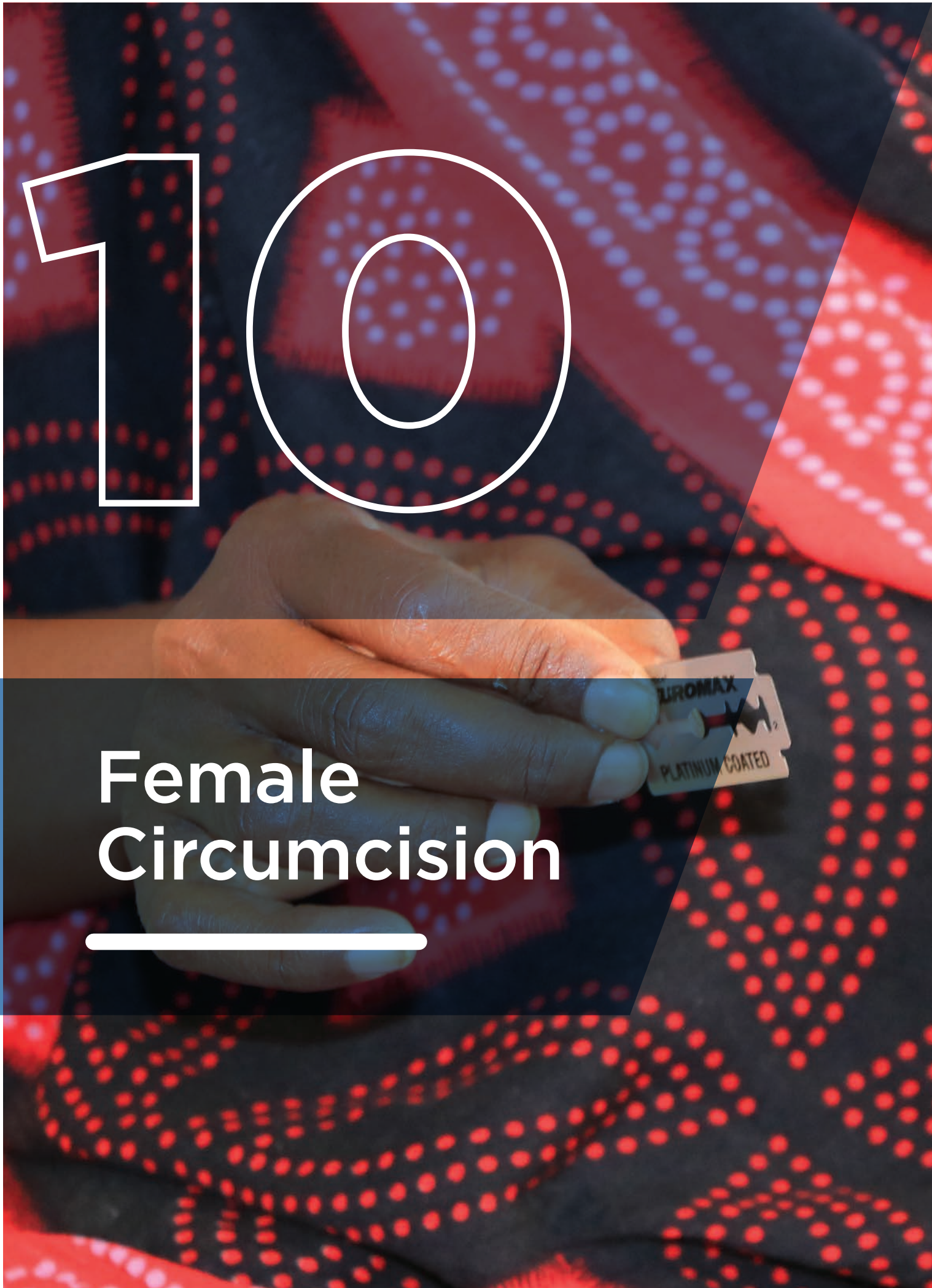
Background characteristics	Where do most violent acts take place										Total	Number of Women
	At home	Work-place	Street	School	Water point	Rural/ grazing areas	Market place	Neighbourhood	Other	Don't know/ missing		
Age												
15-19	64.5	13.1	8.3	3.7	1.1	4.1	0.2	0.2	0.9	3.7	100.0	646
20-24	64.4	8.6	6.5	2.2	0.5	2.6	0.3	0.0	0.3	14.7	100.0	327
25-29	53.8	8.2	6.9	1.7	0.7	2.2	1.3	0.7	0.3	24.0	100.0	353
30-34	52.5	3.8	5.9	0.7	0.8	3.3	1.3	1.7	0.0	30.1	100.0	249
35-39	54.0	5.7	4.4	1.5	0.0	3.6	0.0	1.1	0.4	29.0	100.0	230
40-44	61.6	4.3	3.5	0.0	3.0	3.2	0.0	0.0	0.8	23.6	100.0	108
45-49	55.2	1.6	8.3	0.0	0.0	3.7	0.0	1.6	2.1	27.5	100.0	54
Type of residence												
Urban	65.0	7.8	5.6	2.3	0.5	2.7	0.6	0.7	1.1	13.8	100.0	727
Rural	57.9	5.9	9.3	3.2	1.2	4.8	0.7	0.9	0.2	16.0	100.0	715
Nomadic	53.7	13.6	4.9	0.6	0.9	2.2	0.4	0.0	0.2	23.7	100.0	524
Region												
Mudug	52.5	13.0	6.0	2.2	1.2	3.7	0.7	1.0	0.6	19.1	100.0	1079
Galgaduud	67.7	3.4	7.6	2.1	0.4	2.8	0.4	0.2	0.5	14.9	100.0	887
Marital status												
Never-married	64.6	14.7	8.9	4.3	1.3	5.4	0.0	0.0	0.7	0.1	100.0	642
Married	56.1	5.9	5.8	1.2	0.5	2.3	0.9	1.0	0.6	25.6	100.0	1103
Divorced	62.5	5.0	3.6	0.5	1.7	2.0	0.5	0.0	0.0	24.1	100.0	161
Widowed	54.7	3.9	9.2	0.0	0.0	2.8	0.0	1.4	0.0	27.9	100.0	60
Education												
No education	57.8	9.2	5.7	1.4	0.9	2.9	0.5	0.5	0.5	20.5	100.0	1415
Primary	64.9	5.6	8.7	4.2	0.9	4.4	0.9	0.7	0.5	9.3	100.0	375
Secondary	58.9	10.2	11.4	4.9	0.0	4.6	0.0	1.2	1.2	7.6	100.0	140
Higher	(67.6)	(10.8)	(8.1)	(0.0)	(0.0)	(5.4)	(0.0)	(0.0)	0.0	(8.1)	100.0	36
Wealth quintile												
Lowest	54.0	17.5	6.6	0.3	0.8	2.0	0.2	0.5	1.3	16.6	100.0	360
Second	57.3	6.5	3.6	0.5	1.1	1.1	0.5	0.0	0.0	29.3	100.0	235
Middle	60.4	6.5	8.6	2.4	1.2	2.4	1.0	0.5	0.4	16.5	100.0	549
Fourth	64.2	5.9	4.9	3.3	0.4	5.1	0.4	1.0	0.4	14.4	100.0	473
Highest	58.2	8.0	8.5	3.0	0.7	5.0	0.5	0.7	0.7	14.6	100.0	348
Total	59.4	8.6	6.7	2.1	0.9	3.3	0.6	0.6	0.6	17.2	100.0	1966

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



10

Female
Circumcision



Key Findings

Prevalence:

Overall **99 percent** of the Galmudug women aged 15-49 years have undergone Female Circumcision.

Types practised:

Among women aged 15-49 years, **69 percent** have undergone Pharaonic type of Female Circumcision, the most severe form, which involves the removal of the entire clitoris and flesh.

Religious requirement:

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

Age at Female Circumcision:

71 percent of women aged 15-49 years underwent Female Circumcision practice at the age of 5-9 years while **28 percent** underwent the same practice at age 10-14 years.

Attitudes:

82 percent of the women aged 15-49 years want the Female Circumcision practice to continue.



10 FEMALE CIRCUMCISION

Female circumcision, also known as Female Genital Mutilation/Cutting (FGM/C) has been practised in Galmudug for several 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 (General Assembly, United Nations, 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 what age it was performed and, the type of female circumcision they underwent, their religious perception about the practice, and opinions on whether the practice should continue or not. Mothers with daughters were asked if their daughters underwent female circumcision, the age at which it happened and the type of FGM/C performed among other questions. The survey used the definitions below of types of female circumcision:

- A. Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris (Sunni)
- B. Excision of the clitoris with partial or total excision of the labia minora (Intermediate)
- C. Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening; or all other procedures that involve pricking, piercing, stretching; or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it (Pharaonic)

10.1. Opinions on Female Circumcision

Table 10.1 presents the percentage distribution of women aged 15-49 years by their religious beliefs regarding female circumcision, according to their ages and other background characteristics. Overall, 70 percent of women believe that FGM/C is a religious requirement. There is little variation in the women's beliefs by age as 73 percent of the women within the age group 15-19 believe it is a religious requirement, compared to 81 percent of those in the age group 45-49 years. More women in nomadic areas at 78 percent compared to rural and urban areas at 68 percent and 66 percent respectively, believe that female circumcision is a religious requirement (Figure 10.1). There is a slight variation in

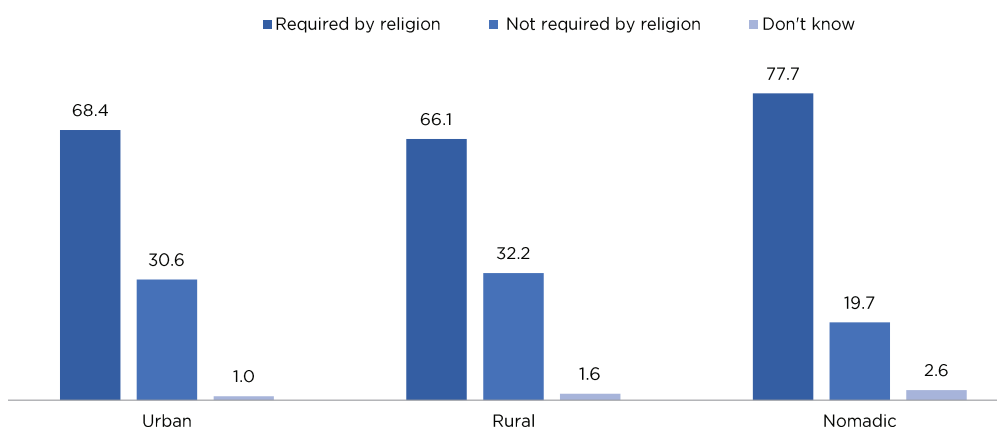
opinions between regions where 69 percent of women in Galgaduud believe that it is a religious requirement, compared 71 percent of women in Mudug.

Wealth status plays a role in shaping women's beliefs about female circumcision: 81 percent of women from the lowest wealth quintile or poorest households believe female circumcision is a religious requirement, compared to 57 percent from the highest wealth quintile or wealthiest households (Figure 10.2).

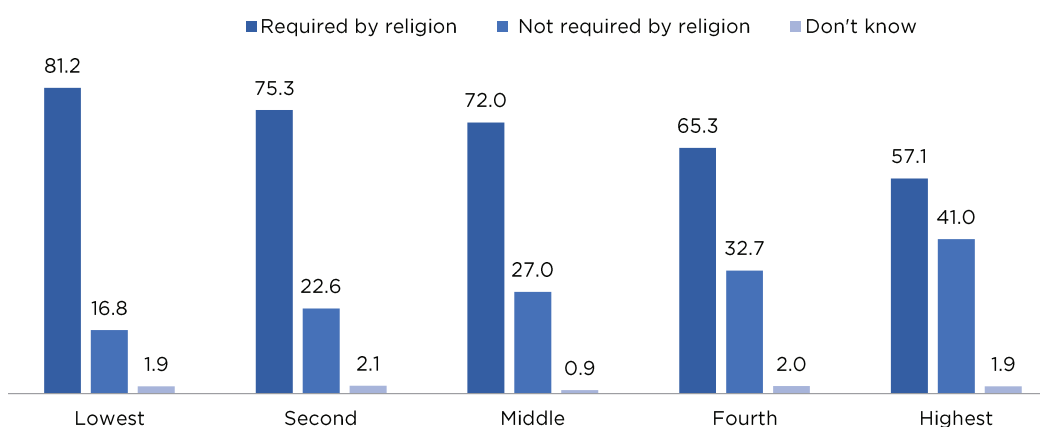


Figure 10.1 Opinions on FGM/C by Type of residence

Percent of women aged 15-49 by whether FGM/C is required by religion according to Type of residence

**Figure 10.2** Opinions on FGM/C by Wealth Status

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



10.2. Prevalence of Female Circumcision

Table 10.2 presents the percentage of women aged 15-49 years who have undergone female circumcision by background characteristics. Overall, 99 percent of Galmudug women have undergone female circumcision. Pharaonic is the most common type, which has been performed on 69 percent of the women. The findings show that 14 percent of women have undergone Intermediate and Sunni types. Four percent were unaware of the type of female circumcision they had undergone earlier in their lives.

The Pharaonic type of circumcision is largely practised in Nomadic areas at 74 percent compared to rural and urban areas at 70 percent and 64 percent respectively among women aged 15-49 years. Fifteen percent of women aged 15-49 years in both rural and nomadic had undergone the intermediate type of circumcision compared to 13 percent in urban areas. (Figure 10.3)

Figure 10.4 shows that 76 percent of women of Galgaduud underwent Pharaonic circumcision, compared to Mudug at 61 percent. There is a decline in the prevalence of Pharaonic type of circumcision with increase in the level of education while the proportion of women that have undergone Sunni and Intermediate increases with increase in level of education attained (Table 10.2).

Figure 10.5 shows a relationship between the wealth status of the household and the type of FGM/C undergone by women aged 15-49 years. Women from the second wealth quintile recorded the highest proportion of those who underwent the pharaonic type of circumcision at 79 percent compared to the highest wealth quintile at 61 percent.



Figure 10.3 Type of FGM/C by place of residence

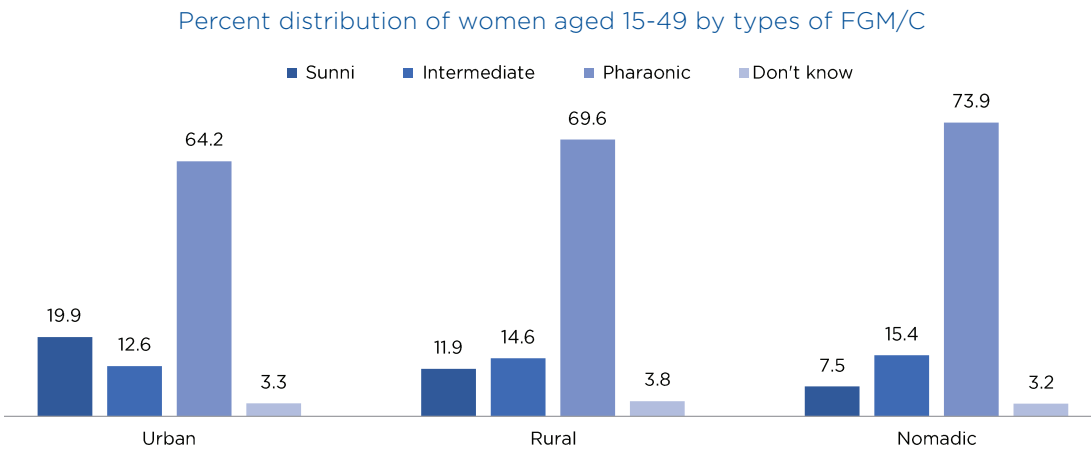


Figure 10.4 Types of FGM/C by Region

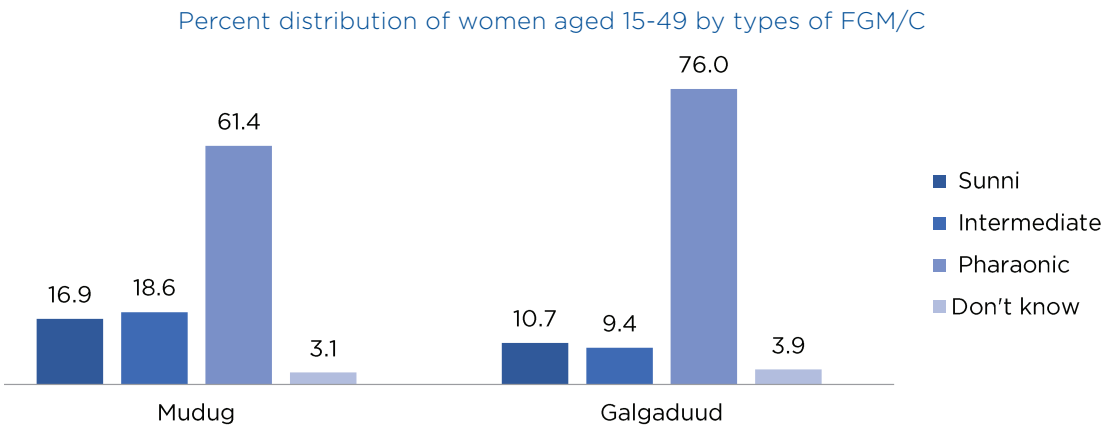
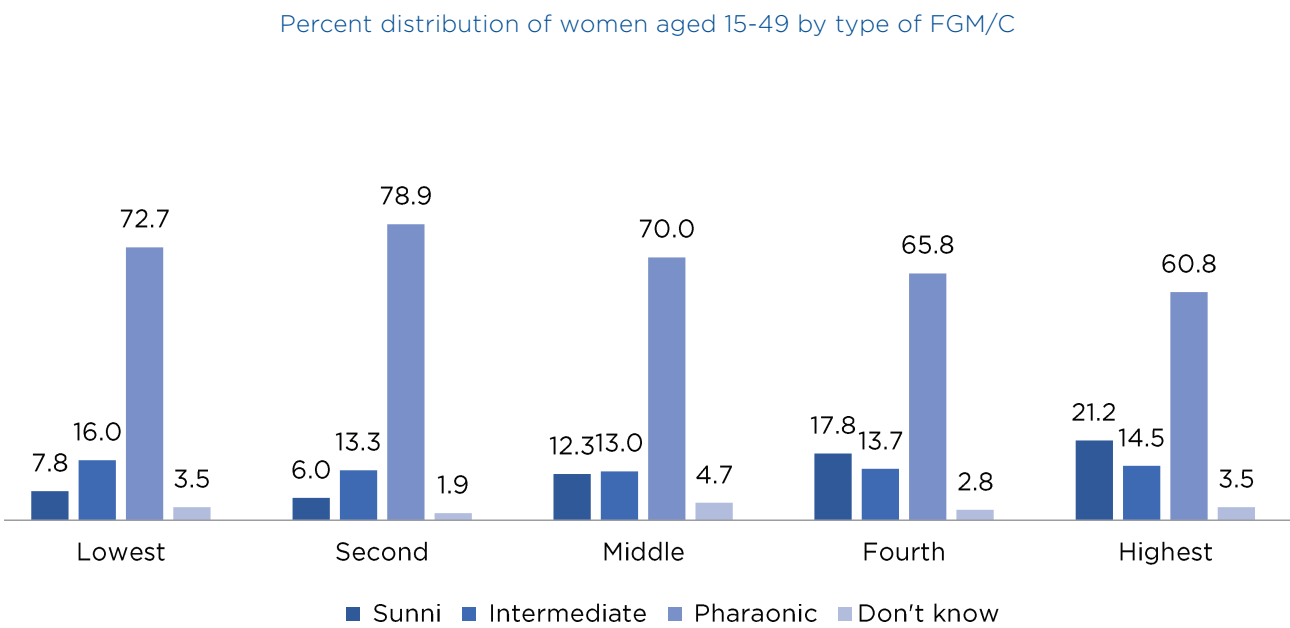


Figure 10.5 Type of FGM/C by Wealth Status



10.3. Age at Female Circumcision

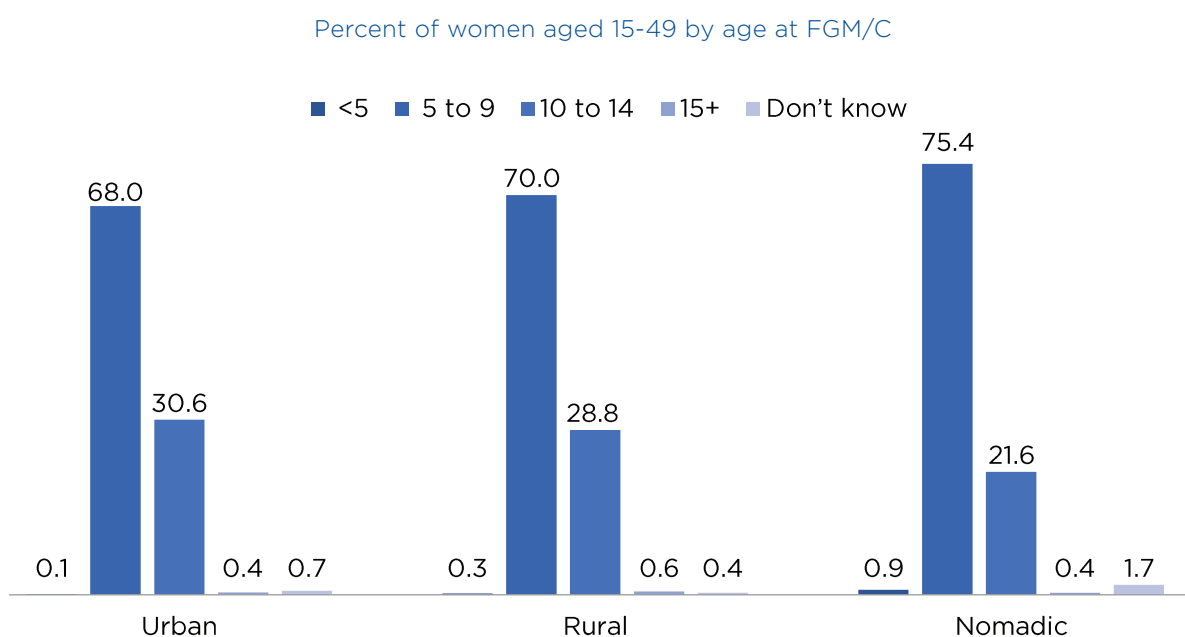
Table 10.3 shows the percent distribution of women aged 15-49 years by the age when they underwent FGM/C, according to their background characteristics. Women were asked how old they were when they underwent female circumcision. The majority of women (71 percent) aged 15-49 years were circumcised when they were aged 5-9 years. Less than 1 percent were circumcised when they were 0-4 years and 1 percent underwent FGM/C when they were above 15 years of age. The levels of education of women aged 15-49 years and the wealth status of their households do not have much influence on the age at which they were circumcised. Seventy-five percent of women from nomadic areas underwent FGM/C when they were aged 5-9 years, compared to 70 percent of those from rural areas and 68 percent from urban areas (Figure 10.6). In Galgaduud, 73 and 26 percent of the women underwent circumcision at between 5-9 and 10-14 years respectively while those in Mudug, 68 and 29 percent underwent circumcision at between 5-9 and 10-14 years.

10.4. Female Circumcision on Daughters

Ever-married women aged 15-49 years who had daughters were asked if any of their daughters had undergone FGM/C and, if so, how old the girl was when they were 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 FGM/C.

Table 10.4 shows the percent of girls aged 0-14 years who underwent female circumcision by age and their mothers' background characteristics. One percent of girls aged 0-4 years had been circumcised compared to 11 percent and 14 percent of girls aged 5-9 years and 10-14 years respectively. The prevalence of FGM/C among girls aged 0-14 years was highest in rural areas at 28 percent, compared to 24 and 23 percent among girls in the nomadic and urban areas. In Galgaduud, 26 percent of girls 0-14 years have undergone circumcision compared to 25 percent in Mudug.

Figure 10.6 Age at female genital mutilation/ cutting by place of residence



Only 6 percent on women with higher education have their daughters (0-14 years) circumcised compared to 27 percent among mothers with no education.

The age pattern reported for daughters differs from that of their mothers, the majority of mothers underwent FGM/C at ages 5-9 years while the daughters were circumcised at slightly older ages of 10-14 years.

10.5. 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.

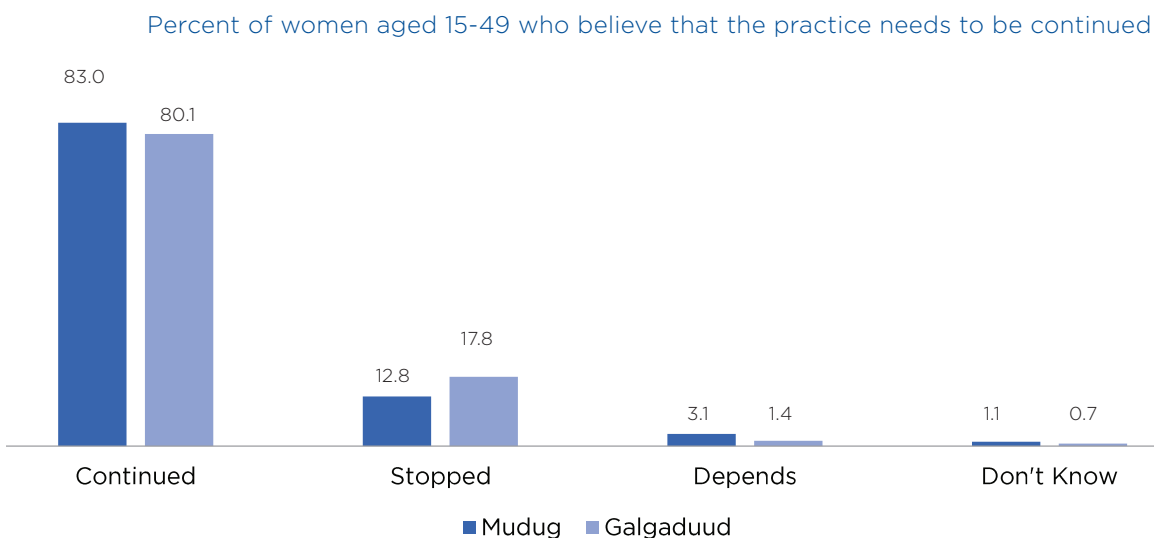
Table 10.5 shows the percentage distribution of women aged 15-49 years by their opinion on the practice of FGM/C. Overall, 82 percent of women believe that

female circumcision should continue, while 15 percent believe that the practice should be stopped.

Eighty-six percent of women in nomadic areas are in support of the practice to be continued compared to rural and urban areas at 81 percent and 79 percent respectively. There is a general declining trend in support of the practice to be continued with the economic status of the household, 87 percent of the households in the lowest wealth quintile are in support of the practice to continue compared to 75 percent in the fourth and highest wealth quintile.

Figure 10.7 presents contrasting views on stopping of female circumcision between regions. Eighty-three percent of Mudug women believe that female circumcision should continue, compared to 80 percent of Galgaduud women.

Figure 10.7 Opinions about whether the practice of circumcision should continue



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Table 10.1 Opinions on whether female circumcision is required by religion

Percent distribution of women age 15-49 who have heard of female circumcision by opinion on whether their religion requires female circumcision, according to background characteristics, GMHDS 2020

Background characteristics	Required by religion	Not required by religion	Don't know	Total	Number of women
Female circumcision status					
Circumcised	70.2	28.1	1.7	100.0	1,170
Not circumcised	*	*	*	100.0	7
Age					
15-19	73.0	26.0	1.0	100.0	92
20-24	73.3	23.4	3.3	100.0	225
25-29	63.5	35.6	0.9	100.0	304
30-34	69.2	27.9	2.9	100.0	216
35-39	74.3	24.9	0.9	100.0	196
40-44	67.9	31.7	0.5	100.0	95
45-49	81.2	18.8		100.0	50
Type of residence					
Urban	68.4	30.6	1.0	100.0	414
Rural	66.1	32.2	1.6	100.0	449
Nomadic	77.7	19.7	2.6	100.0	315
Region					
Mudug	71.3	27.1	1.6	100.0	555
Galgaduud	68.9	29.4	1.7	100.0	622
Education					
No education	71.6	26.5	1.9	100.0	948
Primary	64.2	35.2	0.6	100.0	179
Secondary	(62.2)	(37.8)	(0.0)	100.0	37
Higher	*	*	*	100.0	13
Wealth quintile					
Lowest	81.2	16.8	1.9	100.0	224
Second	75.3	22.6	2.1	100.0	146
Middle	72.0	27.0	0.9	100.0	319
Fourth	65.3	32.7	2.0	100.0	289
Highest	57.1	41.0	1.9	100.0	199
Total	70.0	28.3	1.7	100.0	1,178
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.					



Table 10.2 Prevalence of female circumcision

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

Background characteristics	Percentage of women who have undergone female circumcision	Number of women	Type of female circumcision				Total	Number of women
			Sunni	Intermediate	Pharaonic	Don't know		
Age								
15-19	99.1	564	24.3	15.4	55.1	5.2	100.0	559
20-24	98.8	294	11.7	18.4	66.9	3.0	100.0	291
25-29	99.6	318	9.2	10.9	76.3	3.6	100.0	317
30-34	99.4	220	7.4	12.9	77.1	2.6	100.0	219
35-39	99.4	197	6.8	11.8	80.4	1.0	100.0	196
40-44	100.0	96	6.9	12.6	79.0	1.5	100.0	96
45-49	100.0	51	8.0	10.4	78.7	2.9	100.0	51
Type of residence								
Urban	99.6	649	19.9	12.6	64.2	3.3	100.0	646
Rural	99.3	663	11.9	14.6	69.6	3.8	100.0	658
Nomadic	98.9	429	7.5	15.4	73.9	3.2	100.0	424
Region								
Mudug	98.8	885	16.9	18.6	61.4	3.1	100.0	874
Galgaduud	99.8	855	10.7	9.4	76.0	3.9	100.0	854
Education								
No education	99.2	1,234	9.8	13.4	73.1	3.6	100.0	1,225
Primary	100.0	343	19.6	14.6	63.6	2.2	100.0	343
Secondary	97.5	128	32.7	15.9	44.7	6.7	100.0	125
Higher	(100.0)	34	(30.5)	(23.8)	(45.7)	(0.0)	100.0	34
Wealth quintile								
Lowest	98.8	317	7.8	16.0	72.7	3.5	100.0	313
Second	99.3	180	6.0	13.3	78.9	1.9	100.0	179
Middle	99.3	486	12.3	13.0	70.0	4.7	100.0	482
Fourth	99.5	437	17.8	13.7	65.8	2.8	100.0	434
Highest	99.5	320	21.2	14.5	60.8	3.5	100.0	319
Total	99.3	1,740	13.8	14.0	68.6	3.5	100.0	1,727

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



Table 10.3 Age at circumcision

Percent distribution of circumcised women aged 15-49 by age of circumcision according to background characteristics, GMHDS 202

Background characteristics	Age at circumcision					Total	Number of women who have undergone circumcision
	<5	5 to 9	10 to 14	15+	Don't know		
Age							
15-19	1.1	72.4	25.3	0.4	0.7	100.0	559
20-24	0.0	74.1	24.8	1.2	0.0	100.0	291
25-29	0.0	72.9	25.0	0.3	1.9	100.0	317
30-39	0.0	67.5	31.1	0.3	1.1	100.0	414
40-49	0.0	60.5	39.2	0.3	0.0	100.0	147
Type of residence							
Urban	0.1	68.0	30.6	0.4	0.7	100.0	646
Rural	0.3	70.0	28.8	0.6	0.4	100.0	658
Nomadic	0.9	75.4	21.6	0.4	1.7	100.0	424
Region							
Mudug	0.7	68.2	29.4	0.4	1.2	100.0	874
Galgaduud	0.0	73.0	26.0	0.5	0.4	100.0	854
Education							
No education	0.4	69.0	29.3	0.4	0.9	100.0	1,225
Primary	0.0	74.6	23.9	0.9	0.6	100.0	343
Secondary	0.7	73.7	24.3	0.7	0.7	100.0	125
Higher	(0.0)	(76.5)	(23.5)	(0.0)	(0.0)	100.0	34
Wealth quintile							
Lowest	1.2	71.7	25.8	0.5	0.8	100.0	313
Second	0.0	80.5	16.7	0.0	2.8	100.0	179
Middle	0.2	69.0	30.0	0.2	0.6	100.0	482
Fourth	0.2	70.5	27.7	1.1	0.5	100.0	434
Highest	0.3	66.4	32.5	0.3	0.5	100.0	319
Total	0.4	70.6	27.7	0.5	0.8	100.0	1,727

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



Table 10.4 Circumcision of girls aged 0-14 by mother's background characteristics

Percentage of girls age 0-14 who are circumcised, according to age and mother's background characteristics, GMHDS 2020

Background characteristics	Current age of girls			Total 0-14
	0-4	5-9	10-14	
Mother's circumcision status				
Circumcised	0.7	11.2	13.6	25.4
Not circumcised	0.0	0.0	24.6	24.6
Type of residence				
Urban	0.6	9.7	12.8	23.1
Rural	0.5	13.4	14.2	28.1
Nomadic	1.1	9.5	13.8	24.3
Region				
Mudug	1.1	9.3	14.1	24.5
Galgaduud	0.3	12.4	13.3	26.1
Education				
No education	0.6	11.6	14.8	27.0
Primary	0.8	8.4	9.3	18.5
Secondary	3.7	13.9	4.3	22.0
Higher	0.0	5.6	0.0	5.6
Wealth quintile				
Lowest	1.6	8.8	14.5	24.9
Second	0.0	13.9	12.9	26.8
Middle	0.4	14.0	14.7	29.2
Fourth	0.6	10.4	12.0	23.0
Highest	0.7	6.8	13.8	21.3
Total	0.7	11.1	13.6	25.4

Note: The FGM/C status of girls is reported by their mothers.



Table 10.5 Opinions about whether the practice of circumcision should continue

Percent distribution of women age 15-49 who head of female circumcision by opinion on whether the practice of circumcision should be continued by background characteristics, GMHDS 2020

Background characteristics	Opinion to continue with female circumcision practice or not				Total	Number of women
	Continued	Stopped	Depends	Don't Know		
Female circumcision status						
Circumcised	81.4	15.5	2.2	0.9	100.0	1,170
Not circumcised	*	*	*	*	100.0	7
Age						
15-19	84.6	14.0	0.5	1.0	100.0	92
20-24	79.1	17.9	1.7	1.3	100.0	225
25-29	80.6	15.0	3.5	0.9	100.0	304
30-34	86.9	10.7	1.8	0.6	100.0	216
35-39	79.4	17.3	2.0	1.3	100.0	196
40-44	79.0	18.5	2.5	0.0	100.0	95
45-49	80.6	17.7	1.8	0.0	100.0	50
Type of residence						
Urban	79.4	19.1	1.2	0.3	100.0	414
Rural	80.5	17.4	2.1	0.0	100.0	449
Nomadic	85.5	7.9	3.6	3.0	100.0	315
Region						
Mudug	83.0	12.8	3.1	1.1	100.0	555
Galgaduud	80.1	17.8	1.4	0.7	100.0	622
Education						
No education	83.0	13.6	2.5	1.0	100.0	948
Primary	75.7	22.2	1.4	0.6	100.0	179
Secondary	(81.1)	(18.9)	(0.0)	(0.0)	100.0	37
Higher	*	*	*	*	100.0	13
Wealth quintile						
Lowest	86.7	8.3	2.7	2.4	100.0	224
Second	87.4	7.2	3.7	1.8	100.0	146
Middle	84.7	12.7	2.2	0.4	100.0	319
Fourth	75.4	23.5	1.1	0.0	100.0	289
Highest	74.9	22.4	2.2	0.6	100.0	199
Total 15-49	81.5	15.4	2.2	0.9	100.0	1,178

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



11

Women's
Empowerment



Key Findings

Access to financial services:

4 percent of women aged 15-49 have a bank account. **80 percent** of women own a mobile phone and **75 percent** of those who own a mobile phone uses it for financial transactions.

Participation in decision-making:

35 percent 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:

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



1.1 WOMEN'S EMPOWERMENT

This chapter focuses on women's empowerment in Galmudug 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 several positive implications for the status of women involvement in leadership and decision making. However, most Galmudug women are still either excluded from decision-making and asset ownership or operate through a patriarchal filter in these areas - mainly due to cultural restrictions on their movement, and asset ownership.

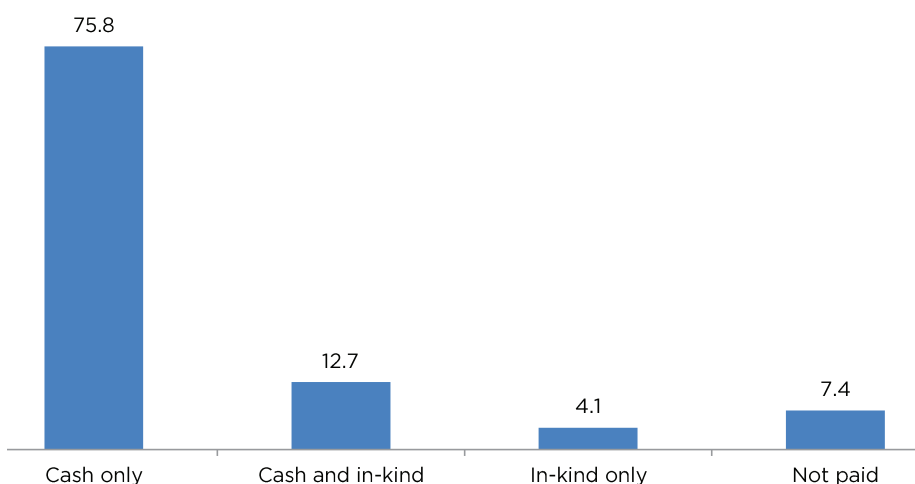
11.1 Married Women's Employment

Table 11.1 shows that 9 percent of currently married women aged 15- 49 were employed at the time of the survey or within 12 months preceding the survey. Employment among currently married women increases with age and peaks among those age 40-44 at 22 percent.

Figure 11.1 shows the percentage distribution of currently married women who were employed 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 Galmudug State

receive earnings for the work they do, and among those who do receive earnings, not all receive cash. Seventy-six percent of currently married women who reported being employed at any time in the 12 months preceding the survey received earnings in cash, 13 percent were paid in cash and in kind, 4 percent received their earnings in kind only, while the remaining 7 percent were not paid at all.

Figure 11.1 Employment and cash earnings of currently married women



11.2 Control over Wives' Earnings

Access to/and control of financial resources are critical variables for women's empowerment and poverty reduction. Employment and cash earnings are more likely to contribute to 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 is regarding 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 with 55 percent of currently married women reporting that they decide how their own earnings will be used, while 39 percent decide jointly with their husbands. Seven percent reported their husband is the main decision maker and controls their cash earnings.

Figure 11.2 Control over women's earnings

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

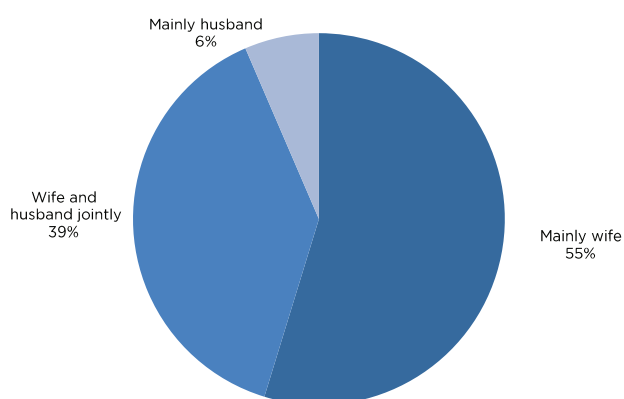


Table 11.2 shows that 32 percent of women earn less than their husbands, while 24 percent earn more than their husbands. Only 8 percent earn an equal amount to their husbands' earnings. Twenty-eight percent of the currently married women did not know their husbands' earnings, most likely because they are not privy to information about their husbands' earnings.

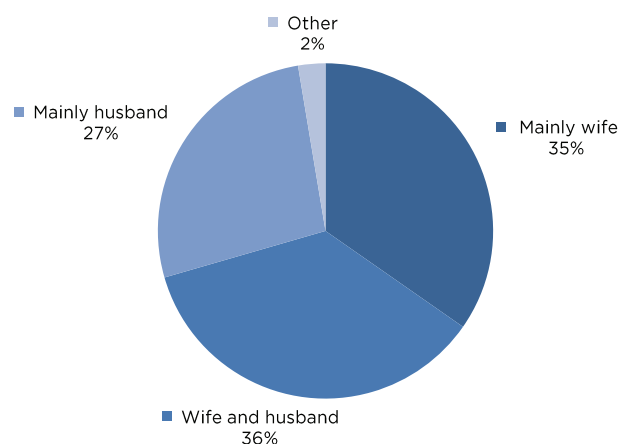
Regionally, currently married women aged 15-49 in Mudug earn more than their husbands at 32 percent, compared to 17 percent among women in Galgaduud.

11.3 Control over Husbands' Earnings

Figure 11.3 shows that 36 percent of the currently married women aged 15-49 whose husbands earn cash report that decisions about the use of the husbands' cash earnings are made jointly, and slightly fewer women, at 35 percent, reported that the wife is the main decision maker. Twenty-seven percent reported that the husband is the main decision maker on how his cash earnings are used.

Figure 11.3 Control over Husbands' 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



The findings on decision making by women on their earnings or their husbands earnings show that generally Galmudug women have some degree of autonomy in decision making concerning cash with at least 25 percent of the women having total or partial control over their cash earnings and at least a third of the women participate in decision making on household income.

11.4 Ownership of Assets

Ownership of and control over assets, such as land and housing, are important factors that contribute to improving women's status. Ownership of land and property plays 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 survey, ever-married women were asked whether they own a house and land alone or jointly with their husband.

Table 11.4 shows the percent distribution of ever-married women aged 15-49 by ownership of a house and land. Women are more likely to own a house than land. Overall, 18 percent of women own land and 49 percent own a house either alone or jointly. The majority of

women who own houses do so jointly with their husbands, at 22 percent, while 8 percent own land jointly with their husbands. The highest proportion of women who own a house either alone, jointly or both was among those aged 35-39 years who were reported to have a house at 58 percent while the lowest proportion were those aged 25-29 years at 41 percent.

Women in rural areas are more likely to own a house alone at 16 percent compared to women in nomadic and urban areas at 12 and 10 percent respectively. In the ownership of land alone, 6 percent of women in rural and 5 percent of women in the nomadic areas own land alone compared to 3 percent among women in the urban.

Regionally, women in Galgaduud are more likely to own house (Either Alone, Jointly or both alone and jointly), at 37 percent compared to women in Mudug at 29 percent.

11.5 Ownership and Use of Bank Accounts and Mobile Phones

Ownership of a bank account and a mobile phone are reflections of autonomy, social functioning, and financial independence. In the survey, women were asked if they had an account in a bank, and if they owned a mobile phone. Those who owned a mobile phone were further asked if they used the phone for financial transactions.

Figure 11.4 Ownership of assets

Percent distribution of ever married women aged 15-49 by ownership of housing and land by type of residence and region

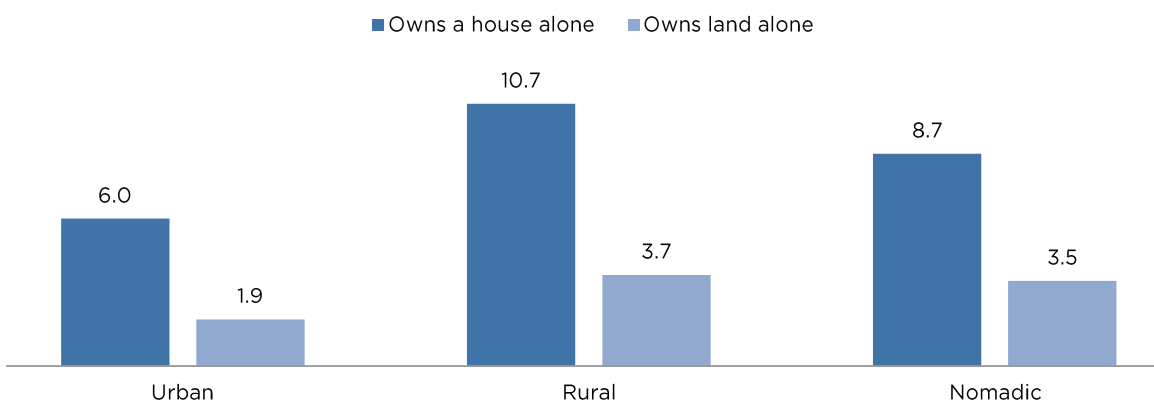


Table 11.5 shows the percentage of women aged 15-49 who use an account in a bank, percentage who own a mobile phone and use it for financial transactions, according to background characteristics. Four percent of women aged 15-49 have a bank account that they use, 80 percent of the women aged 15-49 own a mobile phone, and among those with the mobile phone 75 percent use their phones for financial transaction. 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 with increase in the levels of education. For example, among women with no education, 2 percent own and use a bank account compared to 32 percent of women with higher education. Similarly, among women with no education, 78 percent have mobile phones, compared to 98 percent of those with higher education (Figure 11.5).

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

households, 9 percent own and use a bank account, compared to 3 percent in the poorest households. Fifty-six percent of women in the poorest households use a mobile phone for financial transactions, compared to 90 percent of women from the wealthiest households (Table 11.4).

Women in urban areas are more likely to have and use a bank account, own a mobile phone and use a mobile phone for financial transactions than those from rural and nomadic areas. Seven percent of women from urban areas own a bank account compared to rural and nomadic women at 3 and 2 percent respectively (Figure 11.6).

Regionally, the percentages of women with a bank account and use is higher in Mudug at 5 percent, than Galgaduud at 3 percent, while the percentages of women who own a mobile phone are much higher in Galgaduud at 92 percent than Mudug at 71 percent.

Figure 11.5 Ownership of bank account and mobile phones

Percent of women aged 15-49 who have and use a bank account and own a mobile phone by education level

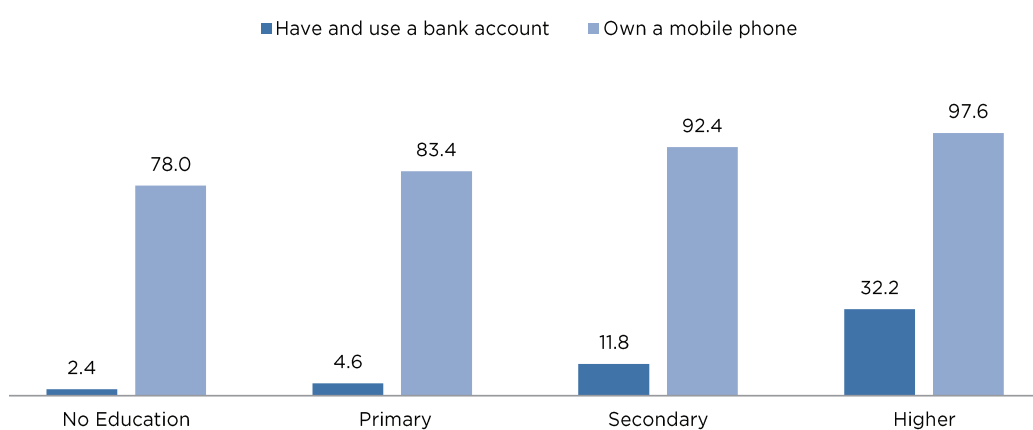
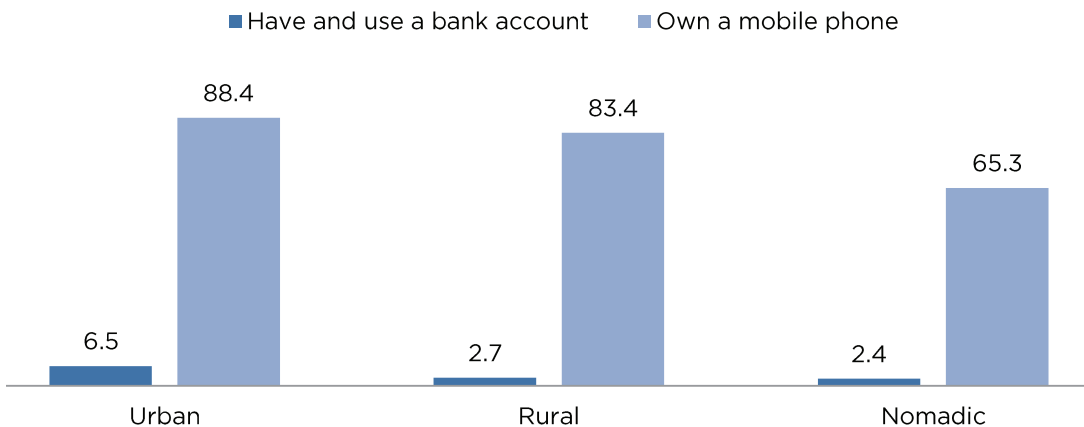


Figure 11.6 Ownership of bank account and mobile

Percent of women aged 15-49 who have and use a bank account and own a mobile phone by type of residence



11.6 Women's Participation in Decision-Making

Participation in household decision-making is an essential aspect of women's empowerment and reflects women's status and the level of influence 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 11.6 shows that 40 percent of women indicated that decisions on their own health care are made mainly by their husbands, 35 percent reported they make decisions regarding their own health care jointly with their husbands, while 24 percent indicated that they mainly make these decisions on their own.

A similar pattern is observed regarding major household purchases, visits to family or relatives, with 38 percent of women indicating that their husbands make decisions on major household purchases, 56 percent of women state their husbands make decisions on visits to family or relatives. Generally, men have more influence in household decision-making than women.

11.7 Attitudes towards Wife Beating

As part of the survey, all women aged 15-49 were asked if they agree that a husband is justified in hitting or beating his wife under each of the following five

circumstances: she neglects household duties, she argues with him, she goes out without telling him, she wastes resources, she neglects the children, and she refuses to have sex with him. If respondents answer "yes" in at least one circumstance, they are considered to have attitudes justifying wife beating.

Table 11.7 shows that 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. Thirty-five percent of all women believe that a husband is justified in beating his wife for at least one of the six specified reasons. Twenty-two percent of the women believe that wife beating is justified if the wife neglects household duties. Nineteen percent believe that wife beating is justified if she argues with him, while 21 percent believe that wife beating is justified if she neglects the children, 21 percent believe that wife beating is justified when she refuses to have sex with him.

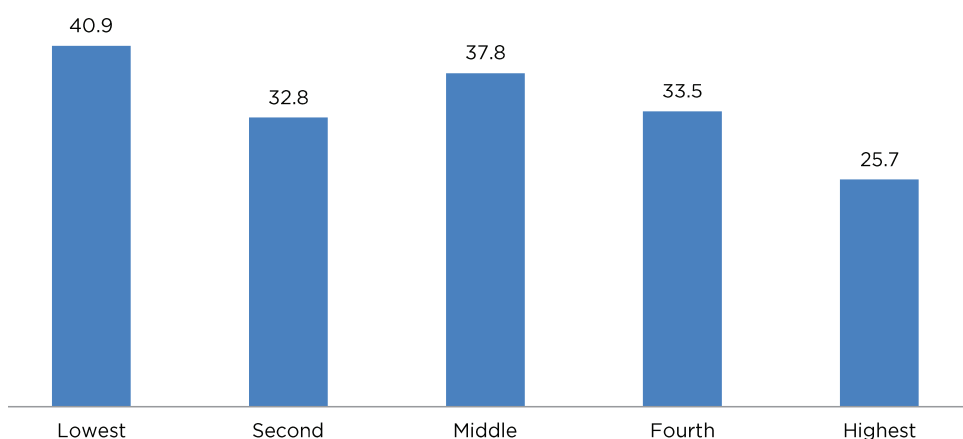
The percentage who believes that a husband is justified in beating his wife for at least one of the six specified reasons decreases as the age of women increases except the age 30-34 at 34 percent. It is high among young women aged 15 -19 at 42 percent compared to older women aged 45 -49 at 17 percent.

The proportion of women justifying wife beating under any one of the specified circumstances decreases with wealth quintiles. Forty-one percent of women in the poorest households agree that wife beating is justified in at least one of the six specified circumstances, compared to 26 percent of women in the wealthiest households (Figure 11.7).



Figure 11.7 Attitude towards wife beating

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



11.8 Summary Indices of Women's Empowerment

Responses from women on their participation in making household decisions and their attitudes towards wife beating can be summarized into two separate indices. The first index is the number of decisions in which women participate alone or jointly with their husbands (see Table 11.6 for the list of decisions). This index ranges in value from 0 to 3 and is positively related to women's empowerment, which means, the higher the value, the greater the respondent's level of empowerment. It reflects the degree of decision-making and control that women can exercise in areas that directly affect their lives and environments.

The second index is the number of reasons why the respondent believes that a husband is justified in beating his wife (see Table 11.8 for the list of reasons).

This index ranges in value from 0 to 5. A lower score on this indicator is interpreted as reflecting a greater sense of autonomy, self-esteem, and a higher status.

Table 11.8 shows that there is a positive relationship between women's disapproval of wife beating and their participation in decision-making. The percentage of women who disagree with all the reasons that justify wife beating rises with the number of household decisions in which women participate, from 62 percent among women who do not participate in any of the household decisions to 63 percent of women who participate in all three decisions.

The percentage of women participating in all the household decisions who do not agree that wife beating is justified for any reason is 32 percent, while women who accept that wife beating is justified in all six specified reasons is 39 percent.



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Table 11.1 Employment and cash earnings of currently married women

Percent distribution of currently married respondents employed in past 12 months, by type of earnings, GMHDS 2020

Age	Among currently married respondents:	Number of respondents
	Percentage employed in past 12 months	Number of respondents
15 - 19	3.0	78
20 - 24	3.3	202
25 - 29	7.2	294
30 - 34	6.6	207
35 - 39	14.7	198
40 - 44	22.4	87
45 - 49	(18.1)	36
Total	8.9	1,103

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

Table 11.2 Control over women's cash earnings and relative magnitude of women's cash earnings

Percent distribution of currently married women aged 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, GMHDS 2020

Background characteristics	Person who decides how wife's cash earnings are used:			Total	Respondent earns more than husband					Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband		More than him	Less than him	About the same	Husband has no earnings	Don't know		
Types of residence											
Urban	43.9	51.0	5.0	100.0	21.0	36.6	7.9	7.2	27.3	100.0	39
Rural	63.3	29.8	6.9	100.0	25.9	29.1	8.2	9.5	27.2	100.0	46
Nomadic	*	*	*	100.0	*	*	*	*	*	*	2
Region											
Mudug	63.2	29.8	6.9	100.0	32.2	27.7	4.6	4.6	30.9	100.0	38
Galgaduud	48.3	45.5	6.1	100.0	17.3	35.1	10.4	11.1	26.1	100.0	50
Total	54.7	38.8	6.5	100.0	23.7	31.9	7.9	8.3	28.2	100.0	87

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



Table 11.3 Control over husbands' cash earnings

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

Background characteristics	Person who decides how husbands' cash earnings are used				Total	Number of currently married women
	Mainly wife	Wife and husband	Mainly husband	Other		
Type of residence						
Urban	28.2	45.0	24.6	2.1	100.0	40
Rural	40.8	29.6	26.3	3.3	100.0	45
Nomadic	*	*	*	*	*	3
Region						
Mudug	42.1	29.6	26.1	2.3	100.0	38
Galgaduud	29.5	40.9	26.7	2.9	100.0	50
Total	34.9	36.0	26.5	2.6	100.0	88

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



Table 11.4 Ownership of assets

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

Background characteristics	Owns a house alone or jointly					Owns land alone or jointly					Total number of women
	Alone	Jointly	Both alone and jointly	Does not own	Total	Alone	Jointly	Both alone and jointly	Does not own	Total	
Age											
15-19	16.8	14.6	14.2	54.4	100.0	4.3	7.6	2.9	85.3	100.0	104
20-24	11.4	19.9	13.9	54.9	100.0	2.9	5.7	6.7	84.7	100.0	248
25-29	8.7	18.6	13.6	59.1	100.0	3.8	9.9	4.5	81.7	100.0	338
30-34	13.3	21.6	15.4	49.7	100.0	4.9	9.5	4.4	81.3	100.0	244
35-39	15.4	29.0	13.1	42.5	100.0	6.0	9.0	4.0	81.1	100.0	230
40-44	13.2	23.5	19.8	43.5	100.0	3.0	4.7	7.1	85.2	100.0	107
45-49	17.4	23.6	14.5	44.5	100.0	10.1	9.6	3.1	77.2	100.0	54
Type of residence											
Urban	9.5	18.7	11.2	60.7	100.0	3.0	5.7	2.1	89.3	100.0	464
Rural	15.7	19.2	13.7	51.4	100.0	5.5	5.8	4.0	84.7	100.0	488
Nomadic	12.2	27.9	19.7	40.2	100.0	4.9	14.6	9.4	71.0	100.0	373
Region											
Mudug	13.0	20.6	12.7	53.8	100.0	5.3	9.8	5.4	79.4	100.0	679
Galgaduud	12.1	22.4	16.4	49.1	100.0	3.6	6.6	4.2	85.6	100.0	645
Education											
No education	12.1	22.4	15.6	49.9	100.0	4.6	8.7	5.3	81.4	100.0	1,071
Primary	14.5	17.2	10.5	57.9	100.0	4.3	6.3	2.9	86.5	100.0	194
Secondary	(12.6)	(15.2)	(11.5)	(60.7)	100.0	(0.0)	(6.6)	(4.0)	(89.4)	100.0	43
Higher	*	*	*	*	100.0	*	*	*	*	100.0	16
Wealth quintile											
Lowest	15.4	34.4	20.1	30.1	100.0	6.2	19.1	8.4	66.3	100.0	244
Second	7.8	14.5	16.7	61.1	100.0	2.1	4.7	8.9	84.3	100.0	186
Middle	13.0	17.2	15.7	54.1	100.0	4.0	3.8	3.9	88.4	100.0	359
Fourth	13.9	18.2	11.4	56.5	100.0	5.0	7.1	3.1	84.9	100.0	317
Highest	10.6	24.7	9.0	55.7	100.0	4.5	8.3	1.4	85.8	100.0	217
Total	12.6	21.5	14.5	51.5	100.0	4.4	8.3	4.8	82.5	100.0	1,324

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

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



Table 11.5 Ownership and use of bank accounts and mobile phones

Percentage of women aged 15-49 who use an account in a bank or other financial institution, percentage who own a mobile phone among women who own a mobile phone, percentage who use it for financial transactions, according to background characteristics, GMHDS 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	3.7	62.1	646	57.3	401
20-24	5.1	86.3	327	79.9	282
25-29	3.4	92.4	353	85.4	326
30-34	4.6	87.7	249	80.5	218
35-39	3.0	87.8	230	83.2	202
40-44	5.1	93.7	108	88.9	101
45-49	4.8	94.6	54	90.2	51
Type of residence					
Urban	6.5	88.4	727	85.2	643
Rural	2.7	83.4	715	79.2	596
Nomadic	2.4	65.3	524	54.1	342
Region					
Mudug	4.6	71.0	1,079	63.2	766
Galgaduud	3.3	91.9	887	88.7	815
Education					
No education	2.4	78.0	1,415	71.2	1,104
Primary	4.6	83.4	375	80.8	313
Secondary	11.8	92.4	140	88.2	129
Higher	(32.2)	(97.6)	36	(97.6)	35
Wealth quintile					
Lowest	2.6	64.6	360	56.0	233
Second	2.6	70.4	235	58.0	166
Middle	3.1	81.5	549	77.2	447
Fourth	3.2	87.3	473	82.8	413
Highest	8.9	92.5	348	90.4	322
Total	4.0	80.4	1,966	74.7	1,581

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

Table 11.6 Participation in decision making

Percent distribution of currently married women aged 15-49 by person who usually makes decisions about various issues, GMHDS 2020

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number
Own health care	24.4	35.4	39.5	0.3	0.1	100.0	1,103
Major household purchases	29.8	31.7	38.0	0.0	0.1	100.0	1,103
Visits to her family or relatives	23.7	19.7	55.9	0.0	0.0	100.0	1,103



Table 11.7 Attitude toward wife beating: Women

Percentage of all women aged 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, GMHDS 2020

Background characteristics	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one specified reason	Number of women
	Neglects household duties	She argues with him	Goes out without telling him	Wastes resources	Neglects the children	Refuses to have sex with him		
Age								
15 - 19	27.1	24.7	25.2	25.3	26.2	25.2	41.9	646
20 - 24	21.2	18.4	19.9	20.6	18.0	20.9	35.1	327
25 - 29	18.8	13.4	16.8	14.8	15.3	17.4	28.8	353
30 - 34	21.3	19.4	18.9	19.5	20.8	20.3	33.9	249
35 - 39	18.6	18.0	19.7	17.0	20.3	18.6	28.1	230
40 - 44	25.0	19.4	18.9	21.7	19.6	18.6	32.1	108
45 - 49	13.3	5.5	7.8	9.4	9.9	6.9	17.0	54
Employment								
Not employed	19.3	16.3	16.8	17.0	17.3	17.9	29.6	1,184
Employed for cash	17.4	19.9	18.7	17.6	15.9	16.2	28.2	102
Employed, not for cash	*	*	*	*	*	*	*	12
Number of living children								
0	26.8	23.5	25.5	24.4	25.0	25.4	41.5	790
1-2	19.2	17.2	16.7	18.1	17.1	19.6	32.4	289
3-4	19.4	15.2	17.3	16.2	17.8	16.8	30.7	372
5+	19.7	17.2	17.4	18.2	18.3	17.5	28.0	516
Type of residence								
Urban	21.0	19.3	20.3	19.8	20.7	19.6	32.2	727
Rural	22.8	20.4	20.6	21.7	22.0	21.8	37.5	715
Nomadic	23.9	18.0	20.7	19.1	18.9	21.2	33.9	524
Region								
Mudug	22.3	18.5	20.2	18.5	19.6	19.4	33.8	1,079
Galgaduud	22.5	20.4	21.0	22.5	22.0	22.6	35.6	887
Mother's education								
No education	23.7	18.9	19.3	20.4	20.1	20.5	34.3	1,415
Primary	20.7	22.2	21.7	21.5	22.5	23.0	35.3	375
Secondary	16.9	17.7	30.2	18.1	22.0	19.3	36.2	140
Higher	12.5	13.5	18.9	14.2	19.7	16.6	29.9	36
Wealth quintile								
Lowest	29.4	20.8	23.6	22.7	22.3	24.3	40.9	360
Second	20.7	21.1	21.5	20.3	20.6	22.7	32.8	235
Middle	24.6	22.8	21.1	24.3	24.5	23.3	37.8	549
Fourth	21.0	17.9	21.8	18.1	19.3	19.1	33.5	473
Highest	14.9	13.1	14.1	14.6	15.0	14.5	25.7	348
Total	22.4	19.4	20.5	20.3	20.7	20.9	34.6	1,966

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



Table 11.8 Indicators of women's empowerment

Percentage of currently married women aged 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women empowerment, GMHDS, 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 participate¹			
0	N/A	61.9	313
1-2	N/A	67.1	427
3	100.0	62.6	363
Number of reasons for which wife beating is justified²			
0	32.1	N/A	708
1-2	29.3	N/A	139
3-4	33.5	N/A	86
5	38.8	N/A	170

N/A = Not applicable







12

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



Key Findings

Chronic diseases:

6 percent of Galmudug household members suffer from at least one chronic disease; this proportion varies in Galmudug regions at **5 percent** for Mudug, and 8 for Galgaduud.

Diagnosis and treatment of chronic diseases:

5 percent of household members have been diagnosed by a physician and **4 percent** are undergoing regular treatment for a chronic disease.

Prevalence of the most common diseases:

Most common of chronic diseases in Galmudug noted in the survey: Blood pressure anomalies/hypertension at **24 percent**, diabetic **15 percent**, asthma **13 percent** and kidney diseases at **10 percent**. The findings indicate also that Prostatic Hypertrophy is least chronic disease in Galmudug

Disability:

Overall, **5 percent** of the population in Galmudug suffers from disabilities.

Most common disability:

sight disability is the most common type of disability at **43 percent** followed by hearing and mobility at **30 percent** of each.

The onset of disability:

The survey shows that age at the onset of disability is higher among children under 5 years at **26 percent**. The survey discovered also that the aging-related and congenital (birth-related) problems are the main causes of disability at 19 and 17 percent respectively.

Care of disabled persons:

43 percent of disabled people in Galmudug did not receive any care or support for their disability during the 12 months preceding the survey.

Out-of-pocket health expenses:

35 percent of households paid their health expenses from their income; **24 percent** relies on relatives/friends to cover their health expenses whereas 14 of Galmudug residents sold their assets to cover their health expenses.

Smoking or using tobacco:

3 percent household members in Galmudug mainly smoke cigarette or use tobacco, whereas smoking or using tobacco is higher in households with no education households at **3 percent**.



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 Galmudug. 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 are also presented in this chapter.

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both according to the National Center for Chronic Disease and Prevention and Health Promotion of the United States of America (CDC, 2020). Chronic diseases generally cannot be prevented by vaccines or cured by medication and can lead to long-term disability. They place burdens and demands on a health care system and are leading causes of death worldwide. In Galmudug the prevalence of chronic diseases is not exactly known due to the poor health care infrastructure as most of the population lives under harsh conditions.

The survey obtained information from household respondents whether each household member suffered from one or more chronic diseases and whether the disease was diagnosed by a physician and treated. 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.



12.1. Prevalence of Chronic Diseases

Table 12.1 presents data on household members who have at least one chronic disease. Overall, 6 percent of household members in Galmudug were reported to be suffering from at least one chronic disease, similar to 6 percent at the national level. There is a slight variation between the prevalence for males and females - 5 and 7 percent respectively.

Urban and rural household members have a slightly higher reported prevalence of chronic diseases than nomadic household members, at 8 percent, 7 percent, and 3 percent respectively. On comparing data, it can be observed that more women than men reported to have at least one chronic disease, at 7 percent and 5 percent respectively.

The prevalence of at least one chronic disease generally increases with an increase in wealth with 3 percent among those in the lowest wealth quintile to 10 percent among those in the fourth quintile with an exception of the highest quintile at 6 percent.

As noted, disease prevalence increases rapidly with age. The reported prevalence of people with at least one chronic disease increased from 2 percent in the age group 0-4 years to 12 percent in the age group 35-39 years, to 41 percent in people over 70 years of age (Table 12.1 and Figure 12.1).

Regionally, household members in Galguduud have slightly higher reported prevalence of chronic disease at 8 percent, than in Mudug region at 5 percent (Figure 12.2).

12.2 Diagnosis and Treatment of Chronic Diseases

Table 12.2 presents data on the distribution of household members who have specific chronic diseases diagnosed by a physician and those who receive treatment regularly. The findings show that, overall, 5 percent of household members are reported to have been diagnosed by a physician and 4 percent are undergoing regular treatment for a chronic disease.

Slightly more women than men were diagnosed by a physician, at 6 percent and 5 percent respectively. Similarly, more women than men are undergoing regular treatment for the diseases, at 4 percent versus 3 percent respectively. More urban residents reported having been diagnosed by a physician, at 7 percent, compared to rural and nomadic residents at 6 percent and 2 percent, respectively. Similarly, more urban residents (5 percent), reported they had received treatment for chronic diseases, compared to rural and nomadic residents (4 percent and 1 percent respectively). Despite better access to health facilities in the cities, the difference in diagnosis and treatment between urban and rural settings is small.

Figure 12.1 Prevalence of chronic diseases by age

Percentage of household members who have atleast one chronic disease by age

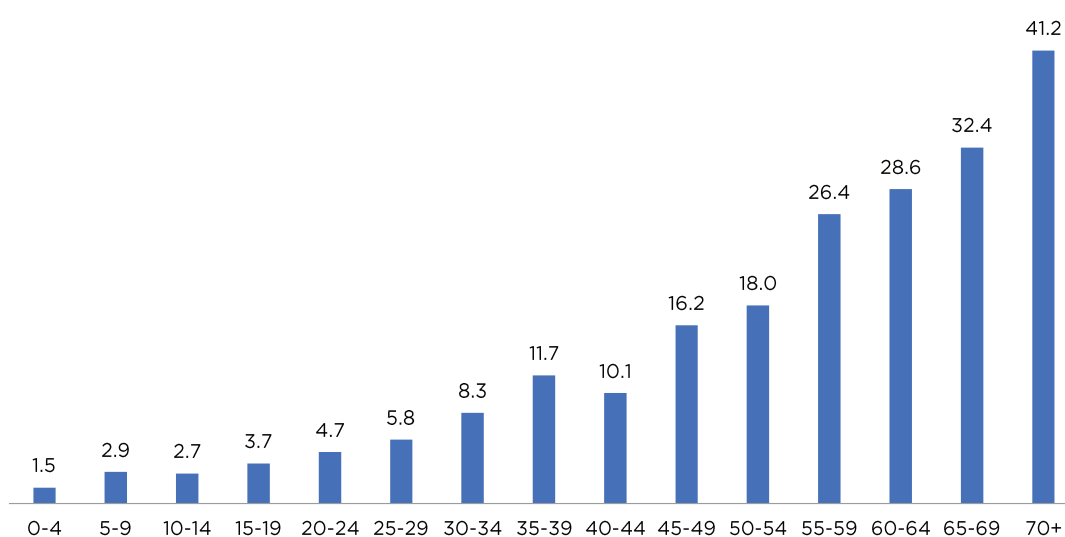
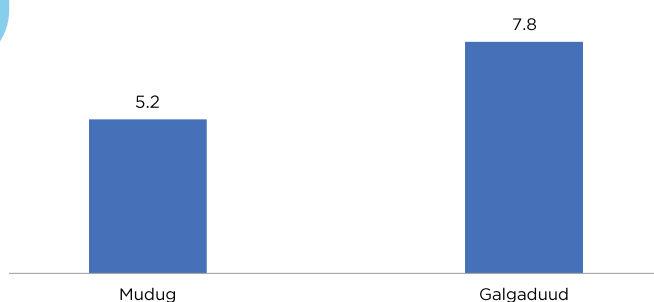


Figure 12.2 Prevalence of chronic diseases by region

Percentage of household members who have at least one chronic disease by region



More residents in Galgaduud region reported having been diagnosed by a physician at 7 percent, compared to 4 percent of their counterparts in Mudug region. Similarly, 5 percent of household members in Galgaduud were treated compared to 2 percent in Mudug region

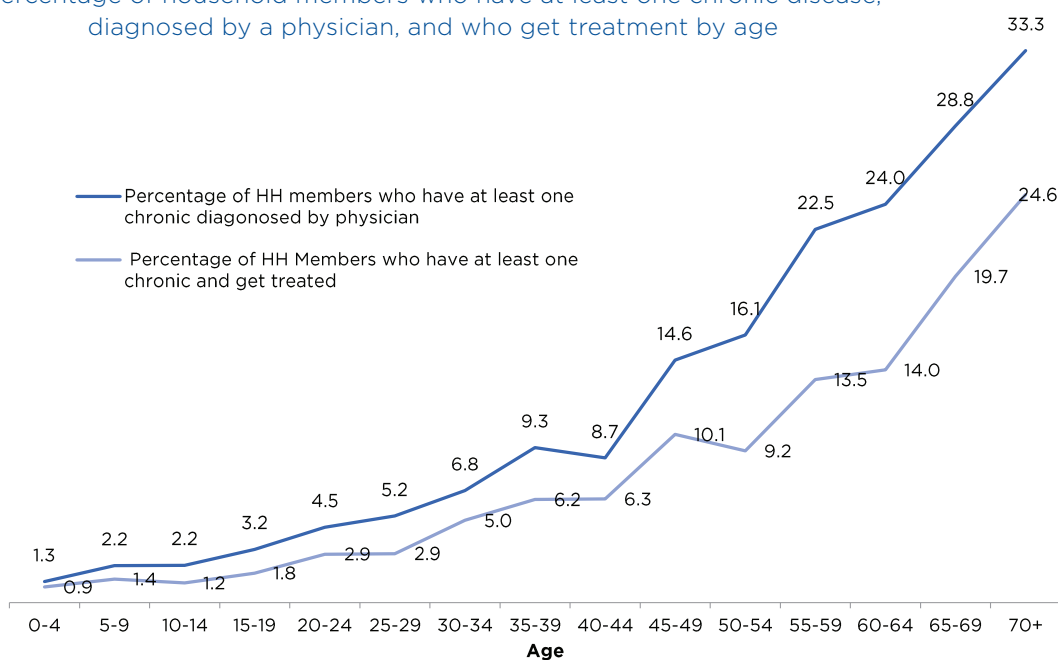
The survey found that the percentage of household members diagnosed by a physician with at least one chronic disease and those who received treatment regularly increased as wealth levels increased. Five percent of household members in the wealthiest households were diagnosed by a physician, while 4 percent received treatment. In contrast 2 percent of household members from the lowest wealth quintile or poorest households were diagnosed by a physician, and 1 percent received treatment.

Figure 12.3 compares household members whose chronic diseases were diagnosed by a physician against those who get treatment for chronic diseases regularly. The gap between those who get diagnosed by a physician and those who treated increases with increase in age. Whereas half of the children aged 0-4 years who get diagnosed by a physician get treatment for their chronic disease. Among those aged 15-19 years, 4 percent get diagnosed by a physician, while 3 percent get treatment.

Table 12.3 presents the prevalence of some specific chronic diseases diagnosed by a physician, by type of condition, place of residence and sex. The findings show that the most common chronic diseases were: blood pressure anomalies/hypertension, which affects 24 percent of household members, and diabetes, which affects 15 percent of the household members. Thirteen percent of household members are suffering from asthma diseases. Nine percent of household members have arthritis, 7 percent suffer from skin diseases and another 6 percent have inflammation or ulcers. Other diseases that are common include kidney and chronic headache at 10 percent each, arthritis at 9 percent, skin disease at 7 percent, mental illness and heart disease at 6 percent each, chronic back pain and liver diseases at 5 percent each, anaemia and Tuberculosis at 3 percent each.

Figure 12.3 Chronic diseases diagnosed and treated.

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



The table shows that more urban residents were diagnosed with blood pressure, at 26 percent compared to nomadic and rural residents at 22 percent and 21 percent respectively. The highest proportion of residents diagnosed with diabetes were in rural areas at 16 percent followed by 14 percent of urban residents, while the lowest were nomadic residents at 12 percent. The most common chronic diseases among women are hypertension, diabetes and arthritis, at 26 percent versus 12 percent respectively. The leading chronic diseases among males are hypertension diabetes and asthma at 20, 19 percent, and 13 percent respectively.

The findings further show that, on the whole, more Urban household members than rural and nomadic ones were diagnosed with liver diseases, chronic back pain, and prostatic hypertrophy diseases at 8 percent, 7 percent, 1 percent, respectively. In rural and Nomadic areas, overall, fewer people were diagnosed with these diseases, at 2 percent, 3 percent, 0.9 percent, respectively, for rural populations; and at 3 percent, 3 percent and zero percent respectively, for nomadic populations.

12.3 Prevalence of Disability

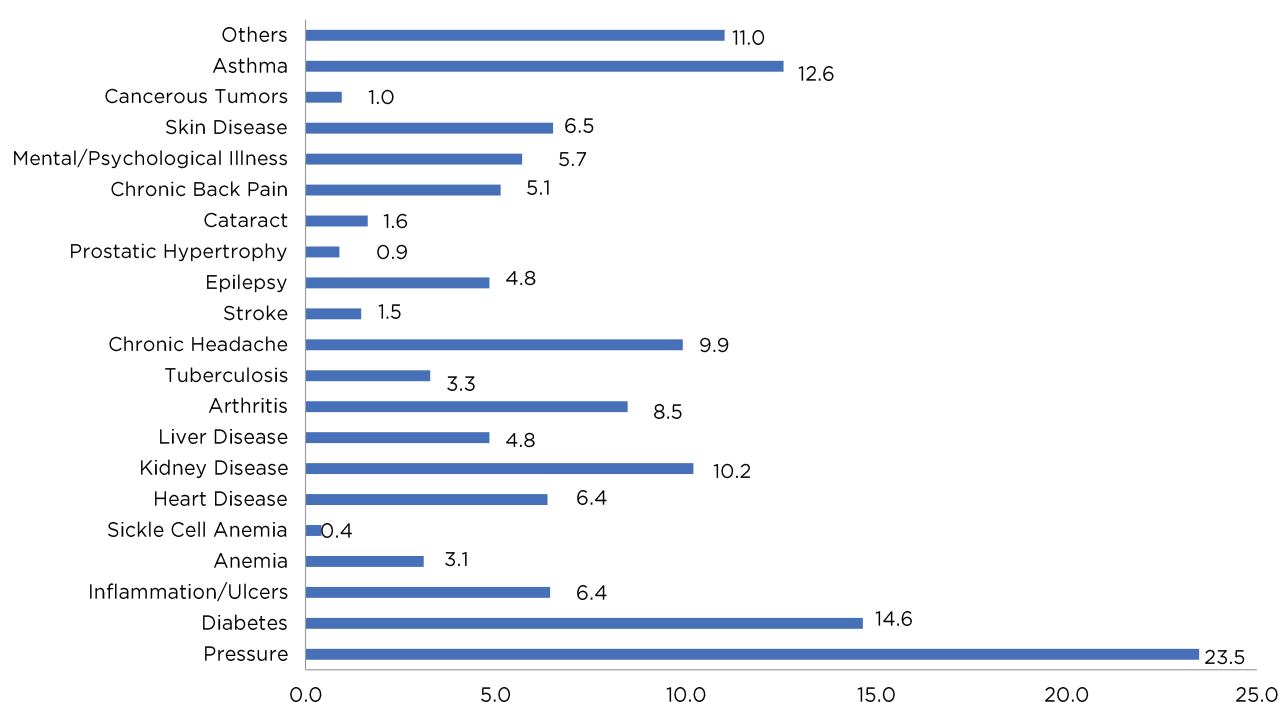
Table 12.4 presents data on the distribution of the prevalence of disability of household members by sex, age, wealth status and residence. It should be noted that respondents' reports of disability were not verified by a clinical diagnosis; therefore, the percentages presented should be interpreted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

Overall, 5 percent of the population in Galmudug suffers from disabilities, according to findings from the survey. The prevalence of disability among females is slightly higher than that of males at 6 and 5 percent respectively. In the youngest age group, 5 percent of under-fives suffer from disabilities. The prevalence of disability dropped to 3 percent in the slightly older age group of 5-9 years. The prevalence is 32 percent for those aged 70 years and above. In the rural and urban, 7 percent and 6 percent, respectively suffer from disability compared to 2 percent among the nomadic residents.

Regionally, the prevalence of disability is slightly higher in Galgaduud than in Mudug region at 6 percent and 5 percent, respectively.

Figure 12.4 Common chronic diseases

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



Household members from the lowest wealth quintile have fewer people suffering from disabilities at 3 percent compared to 4 percent among those in the highest wealth quintile and 7 percent in the second and fourth wealth quintile.

The most common disability reported in all the three types of residences was challenges with eyesight, which was reported by 47 percent each of household members in urban and 43 percent in nomadic areas and 40 percent in rural areas.

Figure 12.5 presents the prevalence of disability by age group. It shows a “J-shaped” curve, with the prevalence of disability increasing generally with increase in age particularly after 60 years.

Figure 12.6 shows the prevalence of the most common types of disabilities. These include disabilities of sight (43 percent), hearing and mobility impairments at 30 percent each, followed by mental health at 17 percent and speech at 11 percent.

Regionally, the most common disability reported in all the two regions was challenges with eyesight, which was reported by 49 percent of household members in Mudug and Galgaduud at 36 percent.

12.4 Origin and Age at Onset of Disability

Table 12.5 presents data on the onset and causes of disability. For any household member with a disability, respondents were asked what they thought was the main reason for or cause of the disability. The analysis indicates that ageing and congenital (birth-related) problems were thought to be the main causes of disability. Ageing accounts for 19 percent of disability, congenital problems account for 17 percent while contagious causes account for 16 percent of the disability.

Figure 12.5 Disability prevalence by age

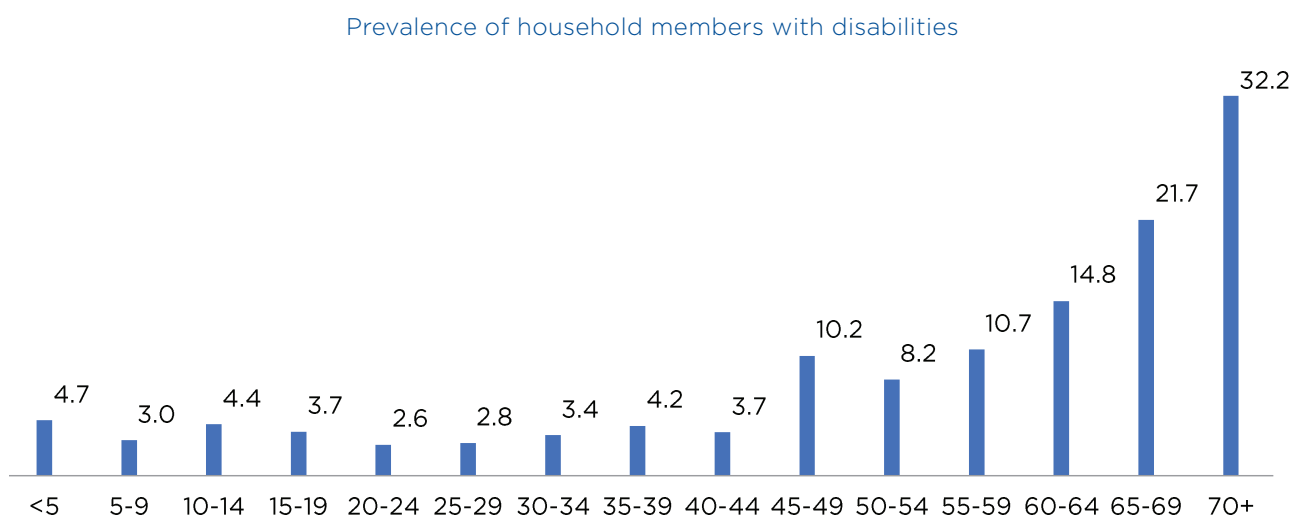
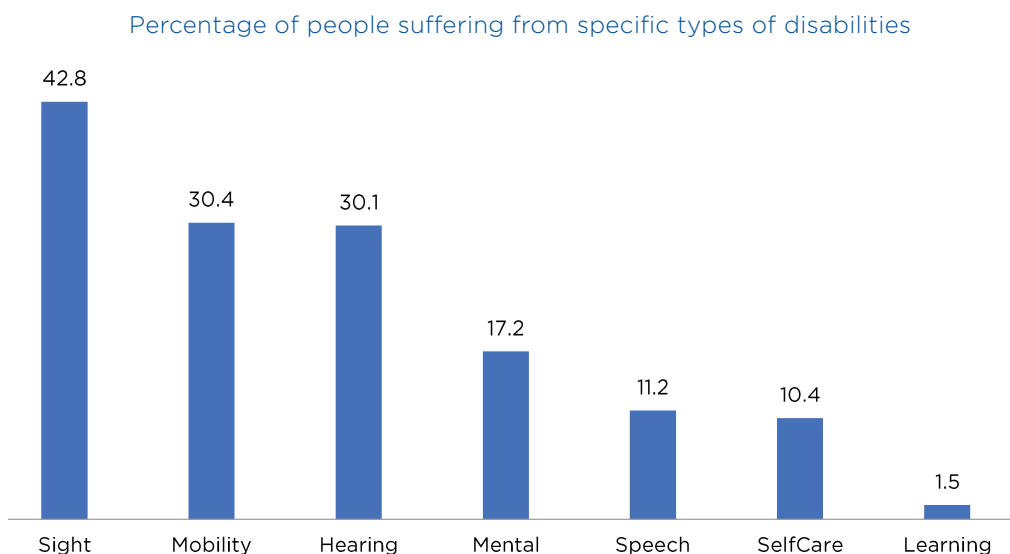


Figure 12.6 Common types of disabilities

Ageing accounts for a larger proportion of disabilities among females, at 22 percent, than males, at 15 percent, while childbirth conditions diseases account for a larger proportion of disabilities among males, at 11 percent, than females, at 5 percent.

Table 12.6 presents data on the age at onset of disability. Differences by sex are substantial. As expected, by definition, younger disabled people, the onset of disability occurred at an earlier age. Overall, 26 percent of household population reported onset of disability to have started when they were under the age of five (Figure

12.7). Thirty-two percent of males and 22 percent of females stated that they had first experienced their disabilities before the age of five. Slightly more nomadic household members, at 38 percent, reported their disabilities started while they were under the age of five, compared to urban at 25 percent and rural areas at 24 percent.

Among the regions, the percentage of onset of disability under the age of five is higher in Mudug at 28 percent compared to Galgaduud at 24 percent.

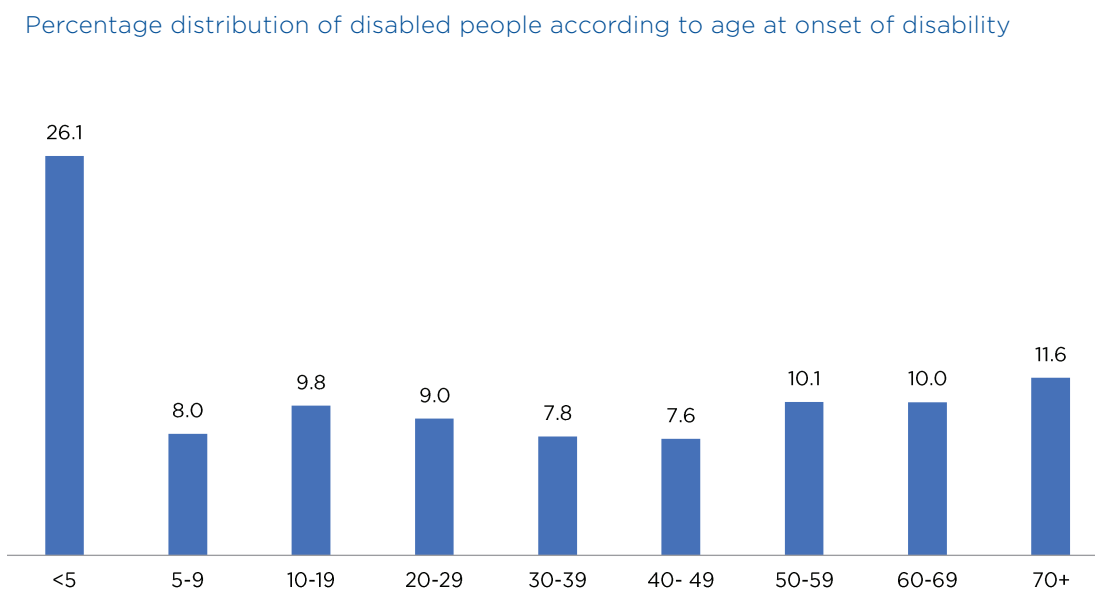
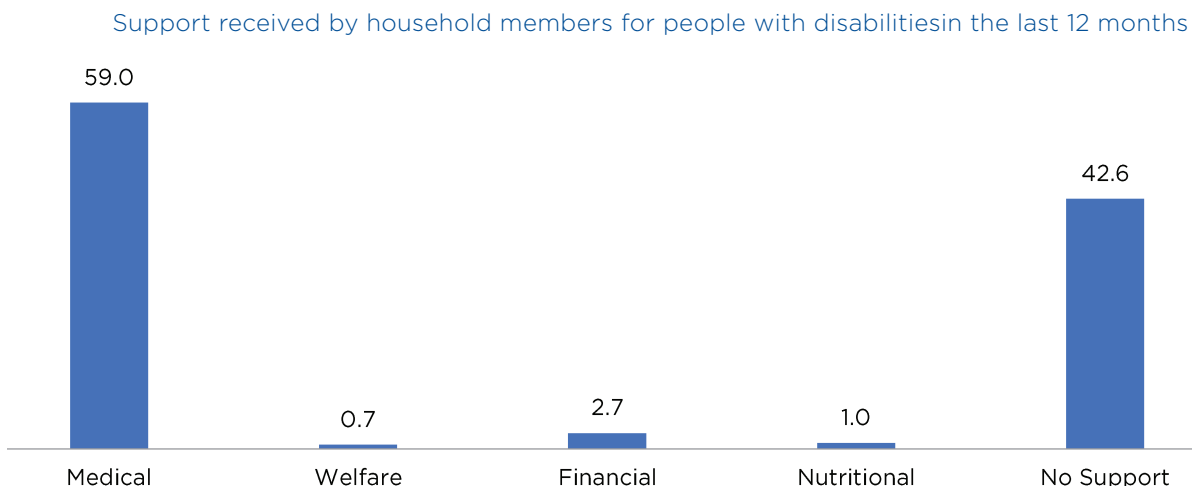
Figure 12.7 Age at onset of disability

Figure 12.8 Support received by household members for people with disabilities

12.5 Care and Support for Persons with Disabilities

Table 12.7 presents the percentage distribution of persons with disabilities who received any kind of care and support for their conditions during the 12 months prior to the survey, by background characteristics. This includes medical care, welfare, financial support, and nutritional support.

The findings indicate that 43 percent of persons with disabilities in Galmudug had not received any care or support for their condition in the 12 months preceding the survey.

Fifty-nine percent of disabled household members received medical care, while 1 percent received welfare, 3 percent received financial support and 1 percent received nutritional support.

Forty-one and 43 percent of male and female said they had not received any medical care, welfare, financial or nutritional support for their disability in the 12 months preceding the survey.

The percentage distribution of disabled people who received medical care is higher in Mudug at 61 percent than Galgaduud at 57 percent.

12.6 Household Out-of-Pocket Health Expenditure

Out-of-pocket payments are expenditures borne directly by a patient where insurance does not cover the cost of the health service (OECD 2006). These expenses could

be medical as well as non-medical. Out-of-pocket medical expenditures could be payments towards doctors' fees, medicine, diagnostics, operations, ambulance services, etc. (OECD 2006). Overall, health expenditure could amount to catastrophic levels that plunge families deeper into poverty. The World Bank defines catastrophic health expenditure as payments for health services exceeding 40 percent of household disposable income after subsistence needs are met.

Since the collapse of the Somali health care infrastructure three decades ago, most 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.

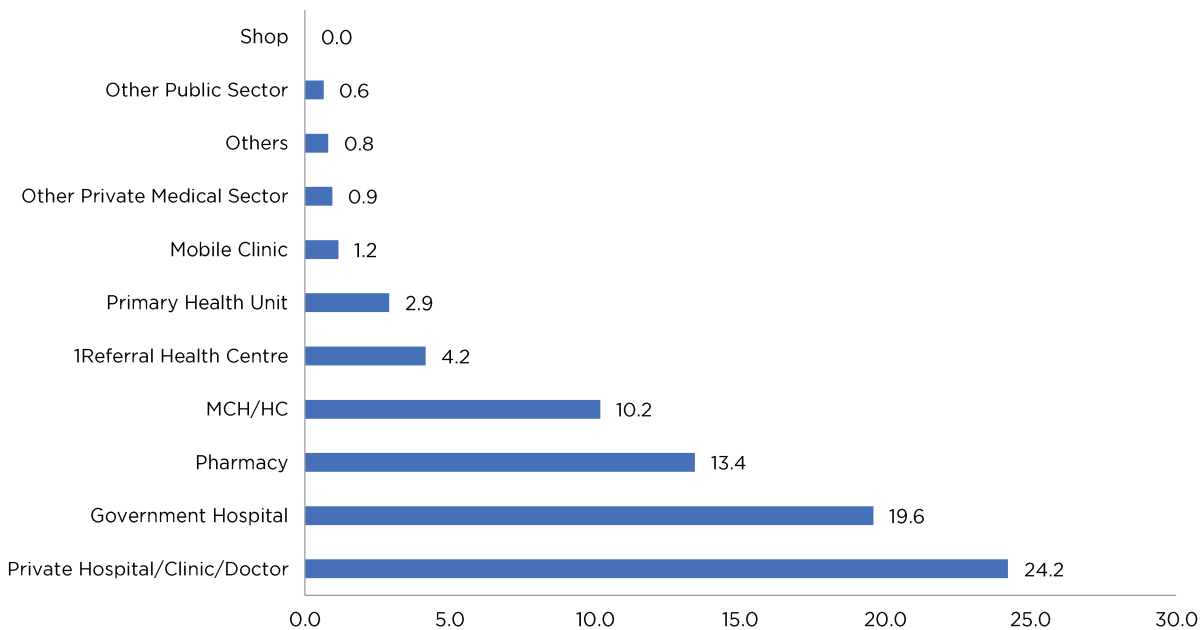
The survey collected information on out-of-pocket expenditure. In the Household Questionnaire, households were asked whether advice or treatment was sought for any household member's health conditions and the source of the advice or treatment. They were also asked how much money the household spent on treatment and health care services in the one month preceding the survey. The survey also gathered information about what financial sources the household used to pay for any health expenditure.

Table 12.8 shows that 21 percent of households in Galmudug had at least one household member sick in the last month preceding the survey. Among these households 66 percent sought advice or treatment for the household member. Seventy-five percent of urban households and 73 percent of rural households sought medical advice or treatment for their health problems. Nomadic households were the least likely to seek medical advice and treatment, at 34 percent.



Figure 12.9 Source of advice or treatment

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



Twenty-four percent of households had visited a private hospital, clinics or doctors for advice or treatment compared to 20 percent who had visited government hospital. Thirteen percent of households had sought advice or treatment from pharmacies compared to 10 percent from Mother Child Health (MCH) clinics and/or health centers (HC) (Figure 12.9).

The wealthiest households sought more medical advice and treatment compared to the poorest, at 78 percent and 64 percent respectively. Further, the survey shows that 26 percent of the wealthiest households received medical advice and treatment from a private hospital, clinic or doctor, compared to 24 percent of the lowest wealth quintile or the poorest households.

In Galgaduud 25 percent of households reported members have been sick in the last month, of which 73 percent sought any advice or treatment. While in Mudug 18 percent of households with members have been sick in the last month, of them 56 percent sought any advice or treatment.

Table 12.9 and Figure 12.10 present data on the financial sources that households use to pay for health expenditures. Thirty-five percent of households reported they pay for their health expenses from their income. Twenty-four percent of households reported their relatives or friends supported them to pay their health expenses.

Fourteen percent of the households sold assets to cover their health expenses, while 11 percent borrowed money to pay for their health expenditure.

The data indicates inequities exist in terms of accessing health care. Fifty-two percent of the wealthiest households compared to 32 percent from the poorest households, used their income to pay for their health expenses. Forty-seven percent in urban used their income to pay for medical expenses as compared to rural households at 30 percent.

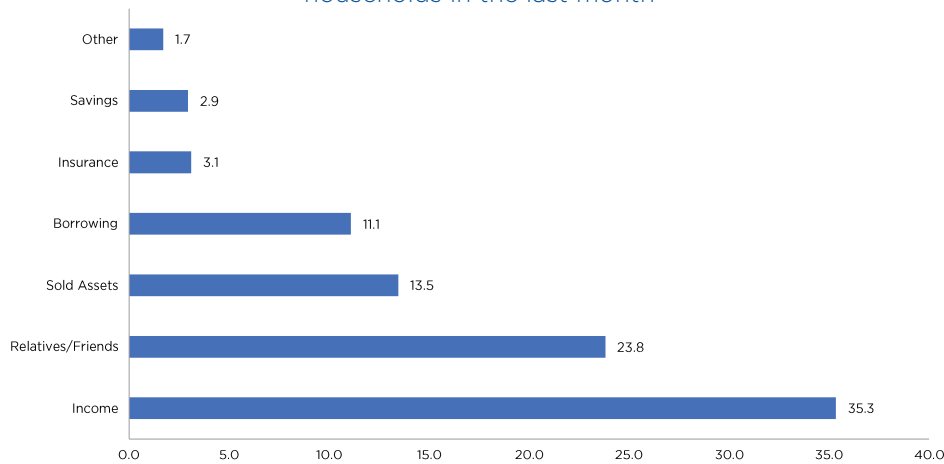
Mudug has the highest percentage of households who pay for their health expenses from their income at 52 percent compared to Galgaduud residents, at 25 percent.

Table 12.10 presents data on the amount of money the household spent on treatment and health care services during the month before the start of the survey. The largest proportion of households at 40 percent had spent between US\$1 and US\$49 for treatment and health care services during this period. Similarly, 26 percent of the respondents had spent between US\$50 and US\$99 for treatment and health care services during that month, 15 percent had spent US\$100-199, 4 percent had spent between US\$ 200-US\$299 and 15 percent had spent US\$300 or more.



Figure 12.10 Source of payment of health services

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



12.7 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 behavior is difficult to curb because tobacco is so addictive. The economic costs of tobacco use are substantial and include significant health care costs for treating the disease caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality (WHO 2019).

Information about the use of tobacco and chewing of Khat was collected from household members aged 10 years or older, who were asked whether they smoke or use any kind of tobacco or chew Khat.

Table 12.11 and Figure 12.11 present the percentage of household members who smoke cigarettes or use tobacco, by background characteristics. Cigarette smoking or any other use of tobacco is rare among women at less than 1 percent, whereas 6 percent of men smoke or use other tobacco products. Figure 12.11 shows that the use of tobacco or cigarette smoking is higher among those with no education and those with secondary education at three percent each, and the same applies to residents in Galgaduud and Mudug. There is no difference in the proportion of smokers/tobacco users in the different types of residences.

The age groups with highest percentages of smokers/tobacco users is group of 45-49 at 10 percent, followed by the age group of 50-54 at 7 percent and 60-64 at 7 percent. (Figure 12.12.)

Table 12.12 presents the distribution of household members who chew Khat by background characteristics. It shows that 3 percent of household members of Galmudug chew Khat or have chewed Khat compared to 4 percent nationally. The table also shows wide gender differences in this practice—whereas 1 percent of women chew or have chewed khat, 7 percent of men stated they chew or have chewed khat. Across the age groups, it can be noted that the practice of chewing khat increases with increase in age and it peaks at 45-49 years 9 percent. However at older ages Khat chewing reduces with only 3 percent of the population aged 70 and above reported to chew Khat.

The data by place of residence indicates that urban dwellers are more likely to chew Khat at 4 percent compared to rural and nomadic households who chews Khat at 3 percent in each.

Data analyzed by regional level shows that Khat consumption among household members in is the same both in Mudug and Galgaduud at 3 percent each.

Khat consumption varied by level of education attained and wealth status—3 percent of household members with no education and the same percent for those with secondary education chew Khat. Among those with higher levels of education, 1 percent chew khat. Data by wealth quintiles indicates that the second and wealthiest household are more likely to chew khat compared to the other households.

Figure 12.13 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.



Figure 12.11 Smoking/tobacco use

Percentage of household members who smoke cigarettes or use tobacco by wealth quintile

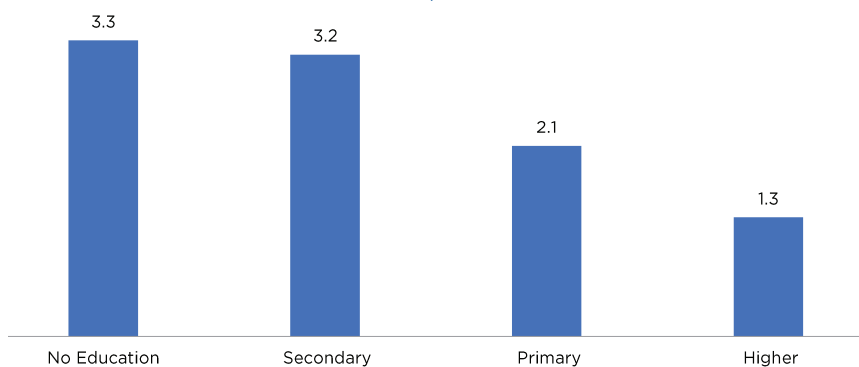


Figure 12.12 Smoking/tobacco use by Age

Percentage of household members who smoke cigarette or use tobacco, by Age

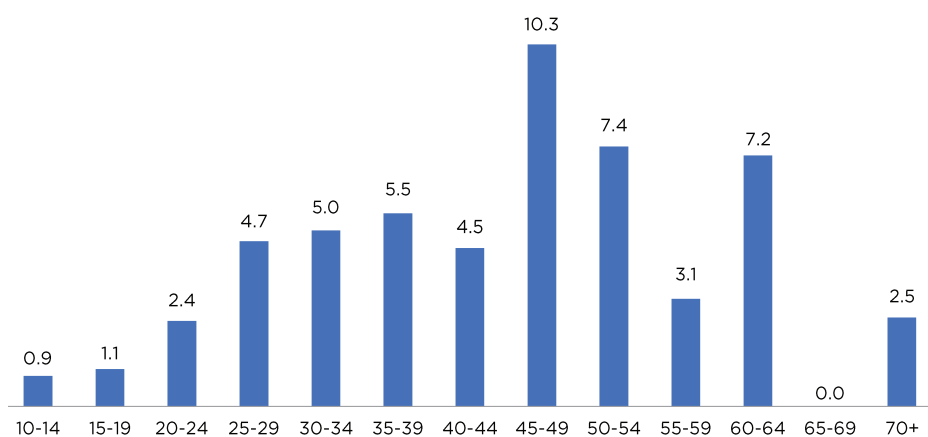
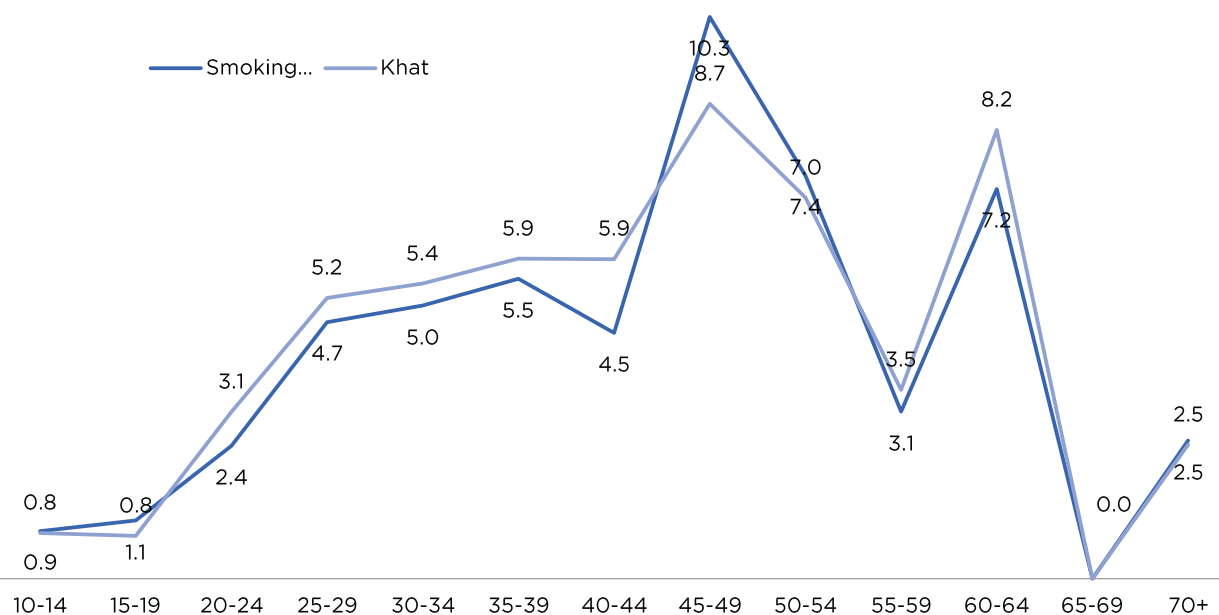


Figure 12.13 Cigarette smoking, tobacco use and chewing of Khat

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



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Table 12.1 Prevalence of chronic diseases 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, GMHDS 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				
Male	5.3	4.5	3.1	5012
Female	7.3	6.2	3.8	5576
Age				
0-4	1.5	1.3	0.9	2,267
5-9	2.9	2.2	1.4	2,110
10-14	2.7	2.2	1.2	1,579
15-19	3.7	3.2	1.8	1,167
20-24	4.7	4.5	2.9	583
25-29	5.8	5.2	2.9	553
30-34	8.3	6.8	5.0	485
35-39	11.7	9.3	6.2	411
40-44	10.1	8.7	6.3	303
45-49	16.2	14.6	10.1	147
50-54	18.0	16.1	9.2	292
55-59	26.4	22.5	13.5	105
60-64	28.6	24.0	14.0	193
65-69	32.4	28.8	19.7	71
70+	41.2	33.3	24.6	325
Type of residence				
Urban	8.4	7.4	4.9	3,783
Rural	6.9	6.0	4.1	4175
Nomadic	2.7	1.5	0.6	2,630
Region of residence				
Mudug	5.2	3.9	2.4	5,632
Galgaduud	7.8	7.0	4.7	4,956
Wealth quintile				
Lowest	3.0	1.9	0.9	2,825
Second	6.1	4.8	2.9	2,048
Middle	8.2	7.1	4.8	2,948
Fourth	9.7	8.9	6.1	1,697
Highest	5.5	5.1	3.8	1,070
Total¹	6.4	5.4	3.5	10,589

¹Total includes household members with missing information on age.



Table 12.2 Prevalence of chronic diseases diagnosed by a physician

Percentage of household members who have at least one chronic disease, diagnosed by a physician, who get treatment regularly by background characteristics, GMHDS 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				
Male	5.3	4.5	3.1	5012
Female	7.3	6.2	3.8	5576
Age				
0-4	1.5	1.3	0.9	2267
5-9	2.9	2.2	1.4	2110
10-14	2.7	2.2	1.2	1579
15-19	3.7	3.2	1.8	1167
20-24	4.7	4.5	2.9	583
25-29	5.8	5.2	2.9	553
30-34	8.3	6.8	5.0	485
35-39	11.7	9.3	6.2	411
40-44	10.1	8.7	6.3	303
45-49	16.2	14.6	10.1	147
50-54	18.0	16.1	9.2	292
55-59	26.4	22.5	13.5	105
60-64	28.6	24.0	14.0	193
65-69	32.4	28.8	19.7	71
70+	41.2	33.3	24.6	325
Type of residence				
Urban	8.4	7.4	4.9	3783
Rural	6.9	6.0	4.1	4175
Nomadic	2.7	1.5	0.6	2630
Region of residence				
Mudug	5.2	3.9	2.4	5632
Galgaduud	7.8	7.0	4.7	4956
Wealth quintile				
Lowest	3.0	1.9	0.9	2825
Second	6.1	4.8	2.9	2048
Middle	8.2	7.1	4.8	2948
Fourth	9.7	8.9	6.1	1697
Highest	5.5	5.1	3.8	1070
Total¹	6.4	5.4	3.5	10589

¹Total includes household members with missing information on age.



Table 12.3 Prevalence of specific chronic diseases

Percentage of household members who have specific chronic diseases diagnosed by a physician, by place of residence and sex
GMHDS 2020

Type of disease	Type of residence			Sex of household member		Total
	Urban	Rural	Nomadic	Male	Female	
Blood pressure	26.4	20.6	21.7	19.7	26.0	23.5
Diabetes	13.6	16.1	12.4	19.0	11.8	14.6
Inflammation/ulcers	6.1	6.7	6.5	4.8	7.5	6.4
Anaemia	3.1	2.4	7.4	2.1	3.8	3.1
Sickle-cell anaemia	0.0	0.9	0.0	0.0	0.7	0.4
Heart disease	7.1	6.1	2.2	4.0	7.9	6.4
Kidney disease	15.1	4.1	14.5	8.7	11.2	10.2
Liver disease	7.9	1.7	3.0	4.9	4.8	4.8
Arthritis	11.6	5.8	3.2	3.8	11.6	8.5
Tuberculosis	3.9	2.4	4.1	5.0	2.1	3.3
Chronic headache	12.2	8.6	2.2	9.9	10.0	9.9
Stroke	1.3	1.9		2.0	1.1	1.5
Epilepsy	4.2	5.6	4.1	5.8	4.2	4.8
Prostatic hypertrophy	1.0	0.9		0.8	0.9	0.9
Cataract	1.7	1.3	3.2	0.8	2.2	1.6
Chronic back pain	6.7	3.4	5.2	4.6	5.5	5.1
Mental/psychological illness	5.6	5.6	7.2	6.7	5.0	5.7
Skin disease	6.4	7.5	1.1	5.2	7.4	6.5
Cancerous tumors	0.3	1.3	3.0	1.0	0.9	1.0
Asthma	13.5	12.2	8.4	13.2	12.2	12.6
Others	11.0	11.3	9.3	10.2	11.5	11.0
Number of household members	278	254	39	227	345	571



Table 12.4 Prevalence of disability and common types of disability

Prevalence of household members with disabilities, percentage who suffer from specific types of disabilities, by Background characteristics, GMHDS 2020

by background characteristics, GMHDS 2020	Prevalence of disabled persons	Total	Among household members with disabilities, percentage who suffer from specific types of disabilities							Number of household members with disabilities ¹
			Sight	Hearing	Speech	Learning	Mobility	Self-care	Mental	
Sex										
Male	4.7	5013	37.5	23.8	14.0	1.2	32.2	11.9	19.1	234
Female	5.8	5575	46.7	34.6	9.1	1.6	29.1	9.3	15.9	324
Age										
<5	4.7	2267	35.4	25.6	15.4	0.0	34.7	9.0	13.2	107
5-9	3.0	2110	39.7	26.5	24.9	0.7	29.4	6.5	22.9	64
10-14	4.4	1579	42.3	21.5	10.1	0.0	31.4	10.9	15.5	69
15-19	3.7	1167	(30.5)	(39.3)	(12.6)	(0.0)	(27.8)	(4.1)	(26.5)	43
20-24	2.6	583	*	*	*	*	*	*	*	15
25-29	2.8	553	*	*	*	*	*	*	*	15
30-34	3.4	485	*	*	*	*	*	*	*	17
35-39	4.2	411	*	*	*	*	*	*	*	17
40-44	3.7	303	*	*	*	*	*	*	*	11
45-49	10.2	147	*	*	*	*	*	*	*	15
50-54	8.2	292	*	*	*	*	*	*	*	24
55-59	10.7	105	*	*	*	*	*	*	*	11
60-64	14.8	193	(61.4)	(26.3)	(3.4)	(0.0)	(35.2)	(11.2)	(0.0)	29
65-69	21.7	71	*	*	*	*	*	*	*	15
70+	32.2	325	65.5	36.2	7.2	4.7	30.7	13.5	12.0	105
Type of residence										
Urban	6.1	3783	46.6	27.7	9.6	3.2	33.9	13.4	19.1	232
Rural	6.7	4175	39.7	32.8	11.2		27.5	7.5	16.0	279
Nomadic	1.8	2630	(42.5)	(26.3)	(18.5)	(1.8)	(30.1)	(12.5)	(15.1)	47
Region of residence										
Mudug	4.9	5632	49.3	28.5	12.0	2.3	30.1	13.6	19.4	277
Galgaduud	5.7	4956	36.4	31.7	10.4	0.7	30.7	7.2	15.1	281
Wealth quintile										
Lowest	2.5	2825	43.5	27.3	14.4	1.2	27.3	9.7	20.9	71
Second	7.0	2048	35.0	28.6	7.4		32.6	8.3	10.4	144
Middle	6.2	2948	47.6	27.8	9.2		29.7	11.8	14.4	184
Fourth	7.1	1697	44.7	35.6	10.7	3.1	29.0	11.4	19.2	120
Highest	3.6	1070	(42.1)	(34.8)	(30.3)	(9.3)	(35.7)	(9.3)	(43.0)	39
Total¹	5.3	10589	42.8	30.1	11.2	1.5	30.4	10.4	17.2	558

¹ Total includes household members with missing information on age. A person may have two reported diseases; consequently, the percentages

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



Table 12.5 Origin of disabilities

Percentage distribution of disabled people according to Origin of disabilities, by Background characteristics, GMHDS 2020												
Background characteristics	Origin of disabilities										Total	Number of household members with disabilities
	Congenital	Contagious	Child birth conditions	Other disease	Abuse	Aging	Injury/accident	Witchcraft	Others	Don't know		
Sex												
Male	16.8	15.3	10.5	19.1	1.5	14.8	11.1	0.8	7.1	3.0	100.0	135
Female	17.8	17.0	4.5	21.2	0.4	21.8	7.9		4.3	5.1	100.0	200
Type of residence												
Urban	18.2	19.1	7.8	19.0	2.1	12.7	9.0	0.8	6.5	4.8	100.0	140
Rural	17.2	13.2	5.9	24.7	0.0	19.5	10.1	0.0	4.5	4.9	100.0	147
Nomadic	(15.3)	(17.5)	(7.5)	(10.9)	(0.0)	(36.0)	(6.9)	(0.0)	(5.0)	(0.9)	100.0	47
Region												
Mudug	15.1	4.9	11.0	24.6	1.0	25.4	6.7	0.0	7.1	4.2	100.0	175
Galgaduud	19.9	28.7	2.5	15.7	0.7	12.0	11.9	0.7	3.6	4.3	100.0	160
Total	17.4	16.3	6.9	20.4	0.9	19.0	9.2	0.3	5.4	4.3	100.0	335
Percentage distribution of disabled people according to Origin of disabilities												
Note: Figures in parentheses are based on 25-49 unweighted cases.. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.												



Table 12.6 Age at onset of disability

percentage distribution of disabled people according to age at onset of disability by Background characteristics, GMHDS 2020

Background characteristics	Age at onset of disability									Number of households
	<5	5-9	10-19	20-29	30-39	40-49	50-59	60-69	70+	
Sex										
Male	31.8	6.3	12.2	7.7	6.7	5.4	10.2	9.8	10.0	133
Female	22.4	9.1	8.2	9.8	8.5	9.1	10.0	10.2	12.7	200
Type of residence										
Urban	25.0	7.8	13.0	12.7	9.5	8.1	9.4	4.0	10.5	140
Rural	23.5	8.1	8.9	7.3	7.4	6.5	11.0	15.9	11.3	147
Nomadic	(38.4)	(8.1)	(2.8)	(2.8)	(3.6)	(9.7)	(8.8)	(9.7)	(16.1)	45
Region										
Mudug	28.4	7.3	8.7	9.1	5.5	10.7	9.7	9.2	11.4	172
Galgaduud	23.7	8.7	11.0	8.8	10.2	4.4	10.4	11.0	11.9	160
Wealth quintile										
Lowest	38.5	6.3	6.0	3.9	6.2	13.5	6.9	7.7	11.0	57
Second	25.1	5.5	9.7	7.9	12.1	7.0	9.8	13.1	9.6	77
Middle	21.3	8.9	10.0	11.7	6.8	3.0	12.4	13.2	12.8	101
Fourth	25.2	10.7	10.5	10.5	8.5	7.8	8.9	5.1	12.8	73
Highest	*	*	*	*	*	*	*	*	*	24
Total	26.1	8.0	9.8	9.0	7.8	7.6	10.1	10.0	11.6	332

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

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



Table 12.7 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, GMHDS 2020

Background characteristics	Care and support received					Number of persons
	Medical	Welfare	Financial	Nutritional	No support	
Sex						
Male	56.9	0.9	3.0	0.4	41.9	234
Female	60.4	0.6	2.4	1.5	43.1	324
Types of residence						
Urban	60.4	1.7	1.9	0.4	44.1	232
Rural	52.1		2.4	1.7	47.8	279
Nomadic	(92.5)	(0.0)	(7.5)	(0.0)	(5.0)	47
Region						
Mudug	61.4	0.6	5.4	1.0	41.1	277
Galgaduud	56.5	0.8	0.0	1.0	44.2	281
Wealth quintile						
Lowest	80.7	0.0	5.0	0.0	21.0	71
Second	52.7	0.0	1.9	0.7	48.1	144
Middle	55.4	2.2	2.1	0.0	46.7	184
Fourth	57.7	0.0	2.4	3.9	43.1	120
Highest	(63.4)	(0.0)	(4.6)	(0.0)	(40.9)	39
Total	59.0	0.7	2.7	1.0	42.6	558
Note: Figures in parentheses are based on 25-49 unweighted cases.						



Table 12.8 Sources for advice or treatment GMHDS 2020

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, GMHDS 2020

Background Characteristics	Percentage of households with members who have been sick in the last month	Number of households	Percentage who have been sick and sought any advice or treatment	Percentage who have been sick and did not seek any advice or treatment	Number of households with members who have been sick in the last month	Sources of advice or treatment										Number of households with members who have been sick in the last month and sought advice or treatment								
						Public Sector					Private Medical Sector						Other Source							
						1-Referral Health Centre	MCH/HC	Primary Health Unit	Mobile Clinic	Other Public Sector	Private Hospital/Clinic/Doctor	Pharmacy	Other Private Medical Sector	Shop	Others									
Type of residence																								
Urban	22.3	577	75.3	24.7	23.5	4.1	14.6	4.5	2.6	0.0	27.2	10.8	0.9	0.0	1.4	97								
Rural	24.0	700	72.6	27.4	23.4	0.6	10.5	2.0	0.6	1.4	27.6	19.0	1.4	0.0	1.4	122								
Nomadic	16.1	463	34.0	66.0	(4.3)	(12.2)	(1.7)	(2.1)	(0.0)	(0.0)	(11.4)	(5.4)	(0.0)	(0.0)	(1.6)	25								
Region																								
Mudug	18.3	903	56.2	43.8	16.6	6.1	5.7	4.1	0.6	0.6	25.3	5.5	0.6	0.0	1.8	93								
Galgaduud	24.5	838	73.4	26.6	21.9	2.6	13.8	2.0	1.6	0.7	23.3	19.8	1.2	0.0	1.51									
Wealth quintile																								
Lowest	20.9	531	64.4	10.7	16.6	6.4	11.7	5.4	0.0	1.3	23.8	11.6	0.0	0.0	1.6	71								
Second	21.1	415	56.6	10.3	15.7	2.4	1.6	2.1	3.8		24.2	16.1	0.0	0.0	1.3	50								
Middle	22.8	316	67.1	6.4	(20.5)	(2.7)	(10.5)	(1.2)	(0.0)	(1.4)	(20.7)	(14.7)	(2.9)	(0.0)	(0.0)	48								
Fourth	21.6	291	72.1	4.7	(25.8)	(1.8)	(18.9)	(0.0)	(0.0)	(0.0)	(27.8)	(13.1)	(2.3)	(0.0)	(0.0)	45								
Highest	19.9	188	(78.3)	(2.2)	(25.2)	(8.5)	(10.4)	(5.6)	(2.6)	(0.0)	(26.1)	(10.8)	(0.0)	(0.0)	(0.0)	29								
Total	21.3	1740	65.8	34.2	19.6	4.2	10.2	2.9	1.2	0.6	24.2	13.4	0.9	0.0	0.8	244								

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

Table 12.9 Financial sources used to pay for health services

Percentage distribution of financial sources used for health services by households in the last month by Background characteristics, GMHDS 2020

Background Characteristics	Financial sources for health services							Number of households
	Income	Insurance	Savings	Borrowing	Relatives/ Friends	Sold Assets	Other	
Type of residence								
Urban	47.4	4.2	5.2	15.4	26.1	11.7	3.5	90
Rural	30.0	2.9	0.8	9.0	18.8	13.5	0.0	117
Nomadic	(16.4)	(0.0)	(5.0)	(5.2)	(39.8)	(19.9)	(3.5)	24
Region of residence								
Mudug	51.7	5.3	6.5	13.8	32.5	19.0	1.0	87
Galgaduud	25.4	1.8	0.8	9.4	18.5	10.1	2.1	144
Wealth quintile								
Lowest	32.2	2.9	1.4	11.9	28.0	14.9	3.1	65
Second	(25.6)	(3.0)	4.4	9.0	20.7	18.5	0.0	47
Middle	(31.6)	(4.0)	(1.9)	(11.1)	(31.1)	(10.9)	(1.8)	47
Fourth	(43.6)	(2.6)	(4.6)	(8.4)	(15.2)	(12.9)	(2.6)	43
Highest	(52.3)	(3.2)	(3.2)	(16.8)	(20.3)	(6.6)	(0.0)	28
Total	35.3	3.1	2.9	11.1	23.8	13.5	1.7	231

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

Table 12.10 Amount in health expenses

Amount of money that households incurred for health services in the last month by background characteristics, GMHDS 2020

Type of residence	Amount in health expenses (US \$)						Number of households
	1-49	50-99	100-199	200-299	300+	Total	
Type of residence							
Urban	38.8	21.0	17.6	3.2	19.4	100.0	85
Rural	44.0	28.6	12.2	3.0	12.2	100.0	110
Nomadic	(22.6)	(33.4)	(20.2)	(11.7)	(12.0)	100.0	24
Region of residence							
Mudug	27.9	24.8	21.9	8.3	17.0	100.0	84
Galgaduud	47.0	27.0	10.9	1.4	13.7	100.0	134
Wealth quintile							
Lowest	34.0	29.3	15.3	6.7	14.7	100.0	62
Second	(49.0)	(22.7)	(11.3)	(0.0)	(17.0)	100.0	44
Middle	(42.2)	(26.0)	(12.0)	(0.9)	(18.9)	100.0	46
Fourth	(46.6)	(30.5)	(15.6)	(3.5)	(3.7)	100.0	41
Highest	(21.3)	(18.0)	(26.6)	(11.1)	(23.0)	100.0	26
Total	39.6	26.2	15.2	4.0	15.0	100.0	219

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



Table 12.11 Smoking or using tobacco

percentage of household members who smoke cigarette or using tobacco by background characteristics, GMHDS 2020		
Background characteristics	Percentage of household members who smoke cigarettes or use tobacco	Number of household members
Sex		
Male	5.9	2,711
Female	0.8	3,494
Age		
10-14	0.9	1,579
15-19	1.1	1,167
20-24	2.4	583
25-29	4.7	553
30-34	5.0	485
35-39	5.5	411
40-44	4.5	303
45-49	10.3	147
50-54	7.4	292
55-59	3.1	105
60-64	7.2	193
65-69	0.0	71
70+	2.5	325
Type of residence		
Urban	3.2	2,295
Rural	2.7	2,422
Nomadic	3.4	1,495
Region		
Mudug	3.4	3,350
Galgaduud	2.6	2,863
Education		
No education	3.3	4,559
Primary	2.1	1,124
Secondary	3.2	395
Higher	1.3	134
Wealth quintile		
Lowest	3.3	1,592
Second	3.1	1,174
Middle	2.5	1,732
Fourth	2.9	1,024
Highest	4.0	691
Total	3.0	6,212



Table 12.12 Use of *Khat*

percentage of household members who use <i>Khat</i> by background characteristics, GMHDS 2020		
Background characteristics	Percentage of household members who use <i>khat</i>	Number of household members
Sex		
Male	6.6	2,711
Female	0.6	3,494
Age		
10-14	0.8	1,579
15-19	0.8	1,167
20-24	3.1	583
25-29	5.2	553
30-34	5.4	485
35-39	5.9	411
40-44	5.9	303
45-49	8.7	147
50-54	7.0	292
55-59	3.5	105
60-64	8.2	193
65-69		71
70+	2.5	325
Type of residence		
Urban	3.5	2,295
Rural	3.1	2,422
Nomadic	2.8	1,495
Region		
Mudug	3.1	3,350
Galgaduud	3.3	2,863
Education		
No education	3.4	4,559
Primary	2.3	1,124
Secondary	3.2	395
Higher	1.3	134
Wealth quintile		
Lowest	3.0	1,592
Second	3.9	1,174
Middle	3.0	1,732
Fourth	2.5	1,024
Highest	3.8	691
Total	3.2	6,212



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Glossary

Antenatal care (ANC)/Prenatal care

Care provided by skilled health care professionals (which include doctors/clinical officers or nurses/midwives/auxiliary midwives) to pregnant women in order to ensure the best health conditions for both mother and baby during pregnancy.

Complementary foods

Foods other than breast milk or infant formula (liquids, semi-solids, and solids) introduced to an infant to provide nutrients.

Crude Birth Rate (CBR)

The total number of births occurring in a given year per 1,000 population.

Dwelling residence

A structure which is used for housing purposes only.

Household roster

Includes listing of all household members and their characteristics, such as each member's age, sex, relationship with the head of household, education and literacy status.

Fecundity

Reflects a woman's ability to conceive and her ability to carry the pregnancy to term.

Fertility

The frequency of childbearing within a given population.

General Fertility Rate (GFR)

The annual number of births in a population per 1,000 women aged 15-49.

Gini coefficient

Measure of the deviation of the distribution of income among individuals or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality, a value of 100 absolute inequality.

Infant and young child feeding (IYCF)

Includes early initiation (within one hour of birth) of exclusive breastfeeding, exclusive breastfeeding for the first six months of life, followed by nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

Intermediate (Type II)

A form of female circumcision that involves partial or total removal of the clitoris and the labia minora.

Khat

A stimulant drug that comes from a shrub that grows in East Africa and southern Arabia. Like chewing tobacco, leaves of the khat shrub are chewed and held in the cheek to release their chemicals. Cathinone and cathine are the stimulants in khat that make a person feel intoxicated.

Live birth

The complete expulsion from its mother of a product of conception, regardless of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life—e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles—whether or not the umbilical cord has been cut or the placenta is attached.

Nomad

A person with no permanent residence, who depends on livestock for livelihood, and who moves from one place to another in search of pastures and water for their livestock.

Pharaonic (Type III & IV)

A form of female circumcision that involves narrowing of the vaginal opening with the creation of a covering seal by cutting, appositioning and stitching together the labia minora or the labia majora, with or without excision of the clitoris.

Postnatal care

Is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life.

Reproductive age for women

Women in the childbearing age usually within the age group 15-49.

Sampling

The process of selecting certain members or a subset of the population to make statistical inferences from them and to estimate characteristics of the whole population.

Sampling frame

The list from which units are drawn for the sample. The 'list' may be an actual listing of units, or some other description of the population, such as a map from which areas will be sampled.

Skilled delivery

A child delivery assisted by an accredited health pro-



professional – such as a doctor/clinical officer or nurse/midwife/nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

Sunna/sunni (Type I)

A form of female circumcision, which involves the partial or total removal of the clitoris and/or the prepuce.

Vaccination

Stimulates one's immune system to produce antibodies, exactly like it would if they were exposed to the disease. After getting vaccinated, a person develops immunity to that disease, without having to get the disease first.

Wealth quintile

A measure of wealth or poverty status of the household based on the ownership of assets and the characteristics of the person's household. Household characteristics in many instances may be considered to be a better or more valid reflection of living standards than monetary income, since they capture long-term wealth and cover both monetary and non-monetary wealth. A quintile represents information for a fifth (20%) of the population. A household is classified into a quintile based on the score where the fifth quintile represents a wealthiest household and vice versa.

Chronic diseases

Anaemia

A medical condition in which the red blood cell count or haemoglobin is less than normal.

Arthritis

Joint disease that causes swelling of the joints, pain, stiffness and decreased range of motion.

Blood pressure

The pressure of the blood on the walls of the arteries as the heart pumps it around a body. A systolic blood pressure reading of 140 or more is high blood pressure (also called hypertension).

Cardiovascular (heart) disease

Refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease

Cataract

Clouding of the eye's natural lens, which lies behind the iris and the pupil. Cataract is the most common cause of loss of vision in people over age 40 and is the principal cause of blindness in the world.

Chronic back pain/spinal problem

Pain in the back or a problem with the spine that which

lasts for 3 months or more. People who have chronic back pain may have limited range of motion and/or tenderness upon touch. People with spinal problem experience pain and other symptoms, such as numbness, tingling or weakness.

Chronic headache

This is headache that occurs for more than four hours on more than 15 days per month

Diabetes

Often referred to as diabetes mellitus, this describes a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond properly to insulin, or both.

Epilepsy

Chronic disorder, characterized by recurrent, unprovoked seizures which occur because of a sudden surge of electrical activity in the brain.

Inflammation/ulcers

Sores in the lining of the rectum and colon. Ulcers form where inflammation has killed the cells that usually line the colon, then bleed and produce pus.

Kidney diseases

Affect the body's ability to clean blood, filter extra water out of blood and help control blood pressure.

Liver disease

Symptoms of liver disease often include swelling of the abdomen and legs, bruising easily, changes in the colour of your stool and urine, and jaundice, or yellowing of the skin and eyes.

Lung disease

Disorders that affect the lungs, the organs that allow us to breathe. The three most common lung diseases are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning. COPD refers to chronic obstructive bronchitis and emphysema. Both diseases limit airflow into and out of the lungs and make breathing difficult. Lung cancer is a disease in which abnormal (malignant) lung cells multiply and grow without control.

Mental/psychological illness

A condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day.

Prostatic hypertrophy also known as prostatic hyperplasia

Histologic diagnosis characterized by proliferation of the cellular elements (enlargement) of the prostate. Chronic bladder outlet obstruction (BOO) secondary to BPH may lead to urinary retention, renal insufficiency, recurrent urinary tract infections, gross haematuria, and bladder calculi.



Sickle-cell anaemia/thalassemia

Belongs to a group of diseases called sickle-cell diseases (SCD) that are inherited red blood cell disorders. People with SCD have abnormal haemoglobin, called haemoglobin S or sickle haemoglobin, in their red blood cells. Sickle-cell anaemia is the most common and severe kind of SCD. Characteristic features of this disorder include a low number of red blood cells (anaemia), repeated infections, and periodic episodes of pain

Skin disease

A condition or disease affecting the skin. It's anything that irritates, clogs, or inflames your skin causing symptoms such as redness, swelling, burning, and itching.

Stroke

Occurs when the blood supply to your brain is interrupted or reduced. This deprives your brain of oxygen and nutrients, which can cause your brain cells to die. A stroke can sometimes cause temporary or permanent disabilities, depending on how long the brain lacks blood flow and which part was affected. Complications may include: paralysis or loss of muscle movement; difficulty talking or swallowing; memory loss or thinking difficulties; emotional problems; pain and numbness; changes in behaviour and ability for self-care.

Tumor

Also known as a neoplasm, is an abnormal mass of tissue which may be solid or fluid-filled. Tumors can be benign (not cancerous), pre-malignant (pre-cancerous), or malignant (cancerous).

Literacy and school attendance

Gross Attendance Ratio (GAR)

The total number of students attending a given education level, regardless of age, expressed as a percentage of the eligible official school-age population for that level in a given school year.

Literacy

Is the ability to read and write, with an understanding of a short simple statement about one's everyday life.

Net Attendance Ratio (NAR)

The total persons attending in a given education level who have an age that is within the age range appropriate for the level of education they are enrolled in. The NAR is expressed as a percentage of the eligible official school-age population for a particular level in a given school year corresponding with the population.

Types of disability

Hearing

Hearing loss, also known as hearing impairment, is a partial or total inability to hear. Hearing loss may be caused by genetics, ageing, exposure to noise, some infections, birth complications, trauma to the ear, and certain medications or toxins.

Learning

A learning disability is a neurological disorder. In simple terms, a learning disability results from a difference in the way a person's brain is "wired." Children with learning disabilities are as smart as or smarter than their peers. But they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways.

Mental

A mental disorder, also called a mental illness or psychiatric disorder is a behavioural or mental pattern that may cause suffering or a poor ability to function in life. Persons with mental disorders often have significant changes in thinking, emotion and/or behaviour; distress and/or problems functioning in social, work or family activities.

Mobility

Mobility impairment refers to the inability of a person to use one or more of his/her extremities, or a lack of strength to walk, grasp, or lift objects. The use of a wheelchair, crutches, or a walker may be utilized to aid in mobility.

Self-care

Self-care disability refers to a person with a physical, mental, or emotional condition lasting six months or more, who has difficulty in doing any of the activities such as dressing, bathing, or getting around inside the home.

Sight

Visual impairment (vision impairment, vision disability) is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses or medication. Visual impairment can be due to disease, trauma, or congenital or degenerative conditions. Terms such as "partially sighted", "low vision", "legally blind" and "totally blind" are used to describe visual impairments.

Speech

Speech disorders or speech impediments are a type of communication disorder where 'normal' speech is disrupted. This can mean stuttering, lisps, etc. Someone who is unable to speak due to a speech disorder is considered mute.



Types of toilet facilities

Flush/pour flush toilet

A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odours.

A pour flush toilet uses a water seal, but unlike a flush toilet, it uses water poured by hand for flushing (no cistern is used).

Open field/defecation

Open defecation is the practice of people defecating outside in an open field or in the bush and not into a designated toilet.

Piped sewer system

A system of sewer pipes (also called sewerage) that is designed to collect human excreta (faeces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.

Piped to pit latrine

A system that flushes excreta to a hole in the ground.

Piped to septic tank

An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.

Piped to somewhere else

A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g. excreta may be flushed to the street, yard/plot, drainage ditch or other location.

Pit latrine

Excreta are deposited without flushing directly into a hole in the ground.

Pit latrine with slab

A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat.

Pit latrine without slab/open pit

A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.

Ventilated improved pit (VIP) latrine

A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting.

If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP super-structure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.

Water sources

Bottled water

Water that is bottled and sold to the household in bottles.

Cart with small tank

Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (for example, a donkey).

Piped into dwelling

Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.

Piped to yard/plot

Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.

Piped to neighbour

Pipe connected to neighbour's dwelling, yard or plot.

Protected dug well

A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.

Protected spring

A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.

Public tap or standpipe

Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.

Rainwater

Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.



Tanker truck

Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.

Tube well or borehole

A deep hole that has been bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.

Unprotected dug well

A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.

Unprotected spring

A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box".

Surface water

Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.

Water treatment**Adding bleach/chlorine**

Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.

Boiling

Heating water using fuel.

Let it stand and settle

Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.

Solar disinfection

Exposing water, which is stored in buckets, containers, or vessels, to sunlight.

Straining water through a cloth

Pouring water through a cloth which acts as a filter for collecting particulates from the water.

Using a water filter (ceramic/sand/composite/etc.)

Running water through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.





APPENDIX A





Sampling Design

Objectives of the Somali Health and Demographic Survey

The Galmudug Health and Demographic Survey (GMHDS 2020) was designed to provide estimates of maternal health, child health, child nutrition and other relevant indicators at state level and regional level, and separately for urban, rural and nomadic places of residence. The target population were women in the reproductive ages (15 to 49 years of age) and children who are under five years of age and reside in households in the state at the time of the survey.

Sampling Frame

The sampling frame required to achieve the objective of GMHDS is a complete list of households in the country. The households form Ultimate Sampling Units (USUs), allowing probability sampling to be implemented. The existence of such a list of households, a list in which every household is associated with one and only one household of the list, is the cornerstone of probability sampling. The fact that there was no population and housing census implemented in Galmudug ever, meant that there was neither complete list of households nor statistical units often referred to as enumeration areas (EAs) available to be used as a sampling frame. The GMHDS therefore begun with the construction of a sampling frame for urban, rural and nomadic places of residence..

Constructing Sampling Frame for Urban and Rural areas

Through the use of up-to-date high-resolution satellite imagery, as well as on-the-ground knowledge of the digitizing team, all dwelling structures in urban and rural places of residence/areas were digitized. Enumeration Areas were formed on-screen through a spatial count of dwelling structures in a Geographic Information System (GIS) software. Thereafter, a sample ground verification of the digitized structures was carried out for large urban and rural areas and necessary adjustments made to the sampling frame. Each of the created EA had a minimum of 50 and a maximum of 149 dwelling structures. A total of 850 such EAs, also referred to as primary sampling

units (PSUs), were digitized; 452 in urban areas and 398 in rural areas. However, because of accessibility constraints and some of them became less than 50 households, not all digitized areas were included in the final sampling frame, 715 PSU (387 in urban and 328 in rural) formed the final frame.

In the first stage, a selection of 35 EAs in every stratum of every design domain was carried out using probability proportional to size (PPS) sampling of digitized dwelling structures. The design domain coincided with the two regions, which are the state's first-level administrative divisions. Listing of households was carried out in each of the 35 selected EAs to obtain the total number of households. During listing, information on births and deaths was obtained through the maternal mortality questionnaire. The purpose for collecting these data from such a large number of PSUs (with estimated 80 households per PSU) was to enable the estimation of the Maternal Mortality Ratio (MMR) through a direct which requires a big sample. The data collected in this first phase was edited and a summary of households listed per PSU formed the sampling frames for the second phase. In the second stage, 10 PSUs were sampled; out of the possible 35 that were listed, using probability proportional to the number of listed households.

Constructing Sampling Frame for Nomads

The sampling frame for the nomadic population was constructed using information provided by Nomadic Link Workers (NLWs) and Community gate keepers (Clan elders). These NLWs are associated with nomads through clan affiliation and have linkages with clan elders who reside in rural villages that are frequented by nomads to buy essential commodities and to sell their livestock and livestock products. The NLWs were contacted and asked to provide information on the temporary nomadic settlements (TNS), which they were responsible for. The information included TNS names, estimated number of households in these TNSs, seasons of the year when the TNS is in use, and location of the TNS from the nearest settlement (village), as well as their own telephone numbers. This list of TNS formed the sampling frame for nomads with estimated number of households in each TNS being the measure of size.

The nomadic frame was therefore comprised of an

updated list of temporary nomadic settlements (TNS) obtained from nomadic link workers (NLWs) who are tied to these nomadic settlements. A total of 467 TNS formed the GMHDS nomadic sampling frame. During data collection in the nomadic areas, households were listed in each TNS as part of verifying the list of households, a day earlier than the day of enumeration. The main reason of listing was to obtain current and complete list of households. During listing, coordinates of all household structures were recorded. A sample of 30 households was then selected by the listing team (using the same method as in urban and rural areas) and given to the supervisors of the enumerating team on their first day of enumeration. Thereafter, supervisors allocated households to be interviewed to enumerators. The main survey enumerating team collected these data from the 30 sampled households while the listing team collected from all the remaining households in the TNS. All households in each of the allocated 10 PSUs were serialized based on their location in the PSU and 30 of these households were selected systematically for DHS type survey. The serialization was done to ensure that households selected for interview would be distributed throughout the PSU.

Nomadic households stay temporarily in certain locations referred to as temporary nomadic settlements (TNS) for as long as pasture and water are available. The duration of stay in these locations is mainly dependent on the amount of rain that fall within that season and how long the season will last. The survey therefore had to be undertaken within that window of opportunity. Nomadic households start moving to a different location as soon as pasture and water are depleted. With the long rains, they would be stationed in one location between 60 to 90 days and for the short rains 45 days. The remaining dry seasons, they move far away including across other regions and neighbouring countries in search of water and pasture.

Adjustments to the Sampling Frame

The number of households in each stratum in the sampling frame was adjusted based on findings from household listing exercise. The adjustment factor, at the stratum level, was obtained by dividing the total number of listed households in the stratum by the total number of digitized dwelling structures in the stratum which formed the original sampling frame. The adjusted sampling frame was then used in computing the strata

sampling fractions and hence strata design weights.

Sample Design

The GMHDS followed a stratified multi-stage probability cluster sample design. The sample design in urban and rural was three-stage stratified cluster sample design, while in nomadic areas the design was a two-stage stratified cluster sample design. The primary sampling units (PSUs) were selected with a probability proportionate to the number of dwelling structures which constituted the sampling frame. The second-stage sampling units (SSUs), for rural and urban areas, were selected with a probability proportionate to the number of listed households which constituted the frame. The ultimate sampling units (USUs), for rural, urban and nomadic areas were systematically selected from listed households in the cluster. Each administrative region was stratified into urban, rural and nomadic areas, yielding a total of 6 sampling strata.

Sample Allocation

To ensure that the survey precision is comparable across regions, PSUs were allocated equally to all regions. In the first stage, a total of 160 PSUs were selected from 6 strata with 70 PSUs from urban and rural each and 20 PSUs from nomadic areas, representing about 14% of the total frame of all PSUs. In the second stage, a total of 20 PSUs were allocated to urban and rural strata each and the same 20 PSUs to nomadic areas yielding a total of 60 PSUs. In the third stage for urban and rural and second stage for nomadic areas, 30 households were allocated to each PSU.

Sample selection in urban and rural areas

In the first stage, a selection of 35 PSUs (EAs) in every stratum was carried out using PPS of dwelling structures. Listing of households was conducted and hence the number of households in each of the sampled 35 PSUs in each stratum were obtained. In the second stage 10 SSUs were selected, from the 35 listed PSUs, using PPS to the listed households. Finally, a systematic selection of 30 households from each of the 10 PSUs listed was done using the DHS Program excel sheet template for household selection.





Sample selection in nomadic areas

In nomadic areas, a sample of 10 EAs (in this case TNS) were selected from each nomadic stratum, with probability proportional to the number of estimated households. A complete listing of households was carried out in the selected TNS followed by selection of 30 households for the main survey interview. In those TNS with 30 or less households, all households were interviewed for the main survey and the MMR questionnaire was administered. All eligible ever-married women aged 12 to 49 and never-married women aged 15 to 49 were interviewed in the selected households, while the household questionnaire was administered to all households selected. All households in each sampled TNS were administered the maternal mortality questionnaire.

First-stage Sample Allocation and Selection

- Equally allocate 35 PSUs to urban and rural areas and 10 TNS to all 6 strata.
- PSUs were selected using Probability Proportional to Size (PPS) sampling of digitized dwelling structures
- All households in the selected PSUs were listed and additional information on births and deaths during the 24 months preceding the survey was obtained for use in computing the maternal mortality ratio (MMR).

Second-stage Sample Allocation and Selection

- Equally allocate 10 SSUs to all 6 strata
- Secondary sampling units (SSUs) were selected using PPS sampling of listed household.

Third-stage Sample Allocation and Selection (2nd Stage in Nomadic Areas)

Thirty households were selected systematically and household questionnaire administered. Further, in all the selected households, an ever-married questionnaire was administered to all ever married women aged 12-49 and never-married questionnaire administered to never-married women aged 15-49. In addition, information was

obtained from children under the age of five.

Design Weights and Sampling Weights

Design weights and sampling (survey) weights were computed for every household and ever-married women and never-married women selected to participate in the GMHDS 2020. A design weight is the inverse of probability of selecting a housing unit to be interviewed. Sampling weight of a household is the design weight corrected for non-response including other adjustments where necessary. Design weights for each stage of the sample selection were computed as shown in the following steps;

First Stage: Selection of 35 PSUs from every urban stratum and rural stratum; and 10 PSUs from nomadic in stratum,

PSU_h = number of PSUs to be sampled in stratum h ; and

MOS_{hi} = number of dwelling structures for PSU_i in stratum h .

The probability of selecting PSU_i in stratum h is

$$P_{hi} = \frac{m_h \times MOS_{hi}}{\sum_{i \in h} MOS_{hi}}$$

Second Stage: Selection of 10 SSUs from every urban and rural stratum from the 35 listed PSUs only,

Let

q = total number of SSUs to be sampled;

MOS_{hij} = number of listed households for SSU_j of PSU_i in stratum h ; and

I_{ssu} = sampling interval for the selection of SSUs.

The conditional probability (CP) of selecting SSU_j from PSU_i in stratum h is;

$$CP_{hij} = \frac{q \times \left(\frac{MOS_{hij}}{P_{hi}} \right)}{\sum_{hij} \left(\frac{MOS_{hij}}{P_{hi}} \right)} = \frac{MOS_{hij} / P_{hi}}{I_{ssu}}$$

Design weight for enumeration areas:
 $DW_{2ea} = 1/CP_{hij}$

Third and last stage: Selection of 30 households from each PSU using DHS Program excel sheet template,

let

d_h = total number of housing units to be sampled within the stratum h ;

D_h = total number of housing units in the stratum h sampling frame;

Let, $r = d_h/D_h$, then the conditional probability of selecting housing unit k from SSU j of PSU i in stratum h is

$$CP_{hijk} = \frac{r}{P_{hi} \times CP_{hij}} = \frac{r \times I_{SSU}}{MOS_{hij}}$$

The overall probability of selecting housing unit k in SSU j of PSU i of stratum h is

$$P_{hijk} = P_{hi} \times CP_{hij} \times CP_{hijk} = r$$

The design weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hijk} = 1/P_{hijk} = 1/r$$

Adjustment for non-response and computation of sampling weights

The design weight calculated above is based on sample design parameters. If there was no non-response at the cluster level, at the household level, at the individual level, or under-coverage, the design weight is enough for all analyses, for both household indicators and individual indicators. However, non-response was encountered in SHDS as is inevitable in such surveys. The response behaviour was different for clusters, households and individuals and all had to be accounted for.

The idea of correcting for unit non-response is to calculate a response rate for each homogeneous response group, then inflate the design weight by dividing it by the response

rate for each response group. SHDS used the sampling stratum as the response group because the stratification was achieved by regrouping homogeneous sampling units in a single stratum (urban, rural or nomadic).

The following steps explain how the sampling weight was calculated.

1. Primary Sampling Unit/Cluster level response rate

Let q_h be the number of PSUs for the first stage and/or SSUs for the second stage selected in stratum h ; let $*q_h$ be the number of clusters (PSUs/SSUs) interviewed. The cluster level response rate in stratum h is therefore;

$$R_{CL} = *qh / qh$$

2. Household level response rate

Let k_{hj} be the number of households found, as recorded in the household questionnaire, in cluster j of stratum h ; let $*k_{hj}$ be the number of households interviewed in the cluster. The household response rate in stratum h is calculated by;

$$R_{HH} = \sum d_{hj} * khj / \sum d_{hj} khj$$

where d_{hj} is the design weight of cluster j in stratum h ; the summation is over all clusters in the stratum h .

3. Individual response rate

Let h_{ji} be the number of eligible women found in cluster j of stratum h ; let $*h_{ji}$ be the number of individuals interviewed. The individual response rate in stratum h is calculated as;

$$R_{ID} = \sum d_{hj} * hjl / \sum d_{hj} hjl$$

where d_{hj} is the design weight of cluster j in stratum h ; the summation is over all clusters in the stratum h .

The household sampling weight of cluster j in stratum h is calculated by dividing the household design weight by the product of the cluster response rate and the household response rate, for each of the sampling stratum:



$$* d_{hj} = d_{hj} / (R_{CL} * R_{HH})$$

The individual sampling weight of cluster j in stratum h is calculated by dividing the household sampling weight by the individual response rate, or equivalently, by dividing the household design weight by the product of the cluster response rate, the household response rate and the individual response rate, for each of the sampling strata:

$$d_{hj_ID} = \frac{* d_{hj}}{R_{ID}} = \frac{d_{hj}}{(R_{ID} * R_{HH} * R_{CL})}$$

Post-Stratification

The resulting sampling weight was adjusted for target population constructed by the SHDS team. The sampling frame had excluded areas that were not accessible, areas that had very few dwelling structures according to the satellite image and TNS with very few reported

households. The adjusting factors, at the stratum level, were obtained by dividing the stratum target population by stratum sampling frame population. This ensured that the sum of the final weights equal is equal to the target population.

Normalization

Lastly, the survey weights were normalized in order to give a total number of weighted cases that equals the total number of unweighted cases at the national level. Normalization was done by dividing the survey weight by the mean of the survey weight for the household weight and for the individual woman. The normalized weights are relative weights, which are valid for estimating means, proportions and ratios.

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Table A.1 Household Distribution by region

Distribution of the households in the sampling frame by region and residence, GMHDS 2020

Region	Households in the frame				Percentage of Totals to households	Percent Urban
	Urban	Rural	Nomadic	Total		
Mudug	29,730	20,685	45,418	95,833	65	31
Galguduud	20,004	20,113	11,356	51,473	35	39
Total	49,734	40,798	56,774	147,306	100	34

Table A.2 Enumeration areas

Distribution of the enumeration areas (Temporary nomadic settlements) in the sampling frame and average number of households per enumeration area by region and residence, GMHDS 2020

Region	Number of Enumeration areas in frame				Area		
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic
Mudug	230	171	294	695	129	121	154
Galguduud	157	157	173	487	127	128	66
Total	387	328	467	1,182	129	124	122

Table A.3 First stage Sample allocation of clusters and households

GMHDS 2020

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Mudug	34	31	10	75	2,981	2,447	384	5,812
Galguduud	35	35	10	80	4,512	3,200	413	8,125
Total	69	66	20	155	7,493	5,647	797	13,937

Table A.4 Second stage Sample allocation of clusters and households

Sample allocation of clusters and households for mian survey by region, according to residence, GMHDS 2020

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Mudug	10	10	10	30	300	299	294	893
Galguduud	10	10	10	30	297	300	293	890
Total	20	20	20	60	597	599	587	1,783





APPENDIX B





Estimates of Sampling Errors

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

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the Galmudug Health and Demographic Survey (GMHDS 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 GMHDS 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 GMHDS 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 GMHDS 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 Taylor series approximation. Standard variance estimation methods for linear statistics are then used to estimate the variance of the linearized estimator.

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

$$SE^2(r) = var(r) = \frac{1}{x^2} \sum_{h=1}^H \frac{n_h(1-f_h)}{n_h-1} \sum_j \left(z_{hj} - \frac{z_h}{n_h} \right)^2$$

in which

$$z_{hj} = y_{hj} - rx_{hj}, \text{ and } z_h = y_h - rx_h$$

where

h represents the sampling stratum which varies from 1 to H ,

n_h is the total number of clusters selected in the h th stratum,

y_{hj} is the sum of weighted values of variable y in the j th cluster in the h th stratum,

x_{hj} is the sum of weighted values of variable x in the j th cluster in the h th stratum,

f_h is the sampling fraction in stratum h , it can be ignored when it is small

x is the sum of weighted values of variable x over the total sample

Sampling errors for the GMHDS 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) and weighted (WN)

cases, the relative standard error (SE/R), and the 95% confidence limits (R42SE) for each variable.

The confidence interval (e.g., as calculated for Proportion with improved water) can be interpreted as follows: the overall proportion of households' access to improved water for all interviewed households from Galmudug sample is 0.776 (77.6%) and its standard error is 0.020. Therefore, to obtain the 95% confidence limits, one adds and subtracts twice the standard error to the sample estimate, that is, $0.776 \pm 2 \times 0.020$. There is a high probability (95%) that the true proportion of households access to improved water services for all households is between 0.736 (73.6%) and 0.816 (81.6%).

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Table B.1 List of selected variables for sampling errors, GMHDS 2020

Variable	Estimate	Base population
Proportion with improved water sources	Proportion	Total households
Proportion with unimproved water sources	Proportion	Total households
Proportion with water on premises	Proportion	Total households
Proportion with less than 30 minutes to a drinking water source	Proportion	Total households
Proportion with 30 minutes or longer to a drinking water source	Proportion	Total households
Proportion with basick drinking water service	Proportion	Total households
Proportion with limited drinking water service	Proportion	Total households
Proportion with flushed to piped sewer system	Proportion	Total households
Proportion with flush to septic tank	Proportion	Total households
Proportion with flush to pit latrine	Proportion	Total households
Proportion with pit latrine with slab	Proportion	Total households
Proportion with electricity for lighting	Proportion	Total households
Proportion with solar for lighting	Proportion	Total households
Proportion using Charcoal for cooking	Proportion	Total households
Proportion using firewood for cooking	Proportion	Total households
Proportion with electricity connection	Proportion	Total households
Proportion with No education	Proportion	Total women
Proportion with Primary education	Proportion	Total women
Proportion with Secondary	Proportion	Total women
Proportion with Higher education	Proportion	Total women
Proportion with Literacy	Proportion	Total women
Proportion with Currently married	Proportion	Total women
Proportion with never married	Proportion	Total women
Proportion with divorced women	Proportion	Total women
Proportion with widowed women	Proportion	Total women
Proportion with pregnant	Proportion	Total currently married women
Proportion Married before age 18	Proportion	Total Ever married women



Table B.2 Sampling errors for all samples, GMHDS report 2020

	Value (R)	Standard error (SE)	Number of cases		Confidence limits	
			Unweighted (N)	Relative error (RSE)	R-2SE	R+2SE
Households						
Proportion with improved water sources	0.776	0.020	1350	0.026	0.736	0.816
Proportion with unimproved water sources	0.224	0.020	390	0.089	0.184	0.264
Proportion with water on premises	0.693	0.017	1206	0.024	0.659	0.727
Proportion with less than 30 minutes to a drinking water source	0.160	0.015	279	0.095	0.130	0.191
Proportion with 30 minutes or longer to a drinking water source	0.137	0.009	238	0.069	0.118	0.155
Proportion with basick drinking water service	0.726	0.017	1264	0.023	0.692	0.761
Proportion with limited drinking water service	0.048	0.009	83	0.189	0.030	0.066
Proportion with flushed to piped sewer system	0.038	0.006	66	0.155	0.026	0.050
Proportion with flush to septik tank	0.059	0.008	24	0.135	0.043	0.074
Proportion with flush to pit latrine	0.188	0.013	97	0.067	0.163	0.213
Proportion with pit latrine with slab	0.180	0.010	111	0.057	0.160	0.201
Proportion with electricity for lighting	0.288	0.029	501	0.102	0.229	0.347
Proportion using charcoal for cooking	0.375	0.023	652	0.062	0.328	0.421
Proportion using firewood for cooking	0.549	0.027	955	0.048	0.496	0.602
Proportion with No education	0.719	0.019	1424	0.026	0.681	0.757
Proportion of women with Primary education	0.191	0.013	362	0.070	0.164	0.218
Proportion of women with Secondary education	0.018	0.008	142	0.428	0.003	0.034
Proportion of women with Higher education	0.204	0.004	37	0.019	0.196	0.211
Proportion of women with Literacy	0.382	0.020	739	0.052	0.342	0.421
Proportion of Never married Women	0.327	0.018	636	0.057	0.290	0.364
Proportion of Currently married Women	0.561	0.018	1119	0.033	0.524	0.598
Proportion of Divorced women	0.082	0.007	1330	0.087	0.068	0.096
Proportion of widowed women	0.031	0.004	153	0.146	0.022	0.039
Proportion of Women with pregnant	0.179	0.013	223	0.070	0.154	0.204
Proportion of Women Married before age 18	0.455	0.026	670.000	0.056	0.404	0.506





APPENDIX C



Data Quality Tables



Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex, GMHDS 2020

Age	Male		Female		Age	Male		Female	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	230	4.6	187	3.4	36	18	0.4	39	0.7
1	178	3.6	172	3.1	37	20	0.4	29	0.5
2	237	4.8	221	4.0	38	25	0.5	61	1.1
3	282	5.7	253	4.6	39	17	0.3	39	0.7
4	265	5.3	261	4.7	40	129	2.6	80	1.5
5	269	5.4	235	4.3	41	12	0.2	9	0.2
6	252	5.1	224	4.1	42	15	0.3	22	0.4
7	216	4.4	211	3.8	43	13	0.3	8	0.1
8	218	4.4	178	3.2	44	5	0.1	2	0.0
9	142	2.9	153	2.8	45	57	1.1	32	0.6
10	217	4.4	182	3.3	46	10	0.2	8	0.1
11	134	2.7	131	2.4	47	3	0.1	11	0.2
12	197	4.0	137	2.5	48	11	0.2	6	0.1
13	139	2.8	158	2.9	49	5	0.1	4	0.1
14	136	2.7	157	2.8	50	66	1.3	80	1.5
15	106	2.1	182	3.3	51	12	0.2	31	0.6
16	108	2.2	144	2.6	52	13	0.3	33	0.6
17	90	1.8	127	2.3	53	9	0.2	7	0.1
18	91	1.8	135	2.5	54	10	0.2	14	0.3
19	56	1.1	88	1.6	55	20	0.4	39	0.7
20	92	1.9	120	2.2	56	7	0.1	13	0.2
21	33	0.7	43	0.8	57	5	0.1	2	0.0
22	43	0.9	64	1.2	58	5	0.1	4	0.1
23	28	0.6	58	1.1	59	2	0.0	3	0.1
24	33	0.7	67	1.2	60	67	1.4	78	1.4
25	54	1.1	101	1.8	61	9	0.2	8	0.1
26	26	0.5	68	1.2	62	4	0.1	6	0.1
27	29	0.6	72	1.3	63	2	0.0	7	0.1
28	48	1.0	85	1.5	64	1	0.0	3	0.1
29	21	0.4	44	0.8	65	12	0.2	26	0.5
30	103	2.1	141	2.6	66	1	0.0	4	0.1
31	18	0.4	27	0.5	67	2	0.0	2	0.0
32	39	0.8	43	0.8	68	2	0.0	7	0.1
33	24	0.5	33	0.6	69	2	0.0	9	0.2
34	19	0.4	29	0.5	70+	132	2.7	168	3.0
35	63	1.3	85	1.5	Total	4959	100.0	5510	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.



Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, number and percent distribution of interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by 5-year age groups, GMHDS 2020"

Age Group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	765	na	na	Na
15-19	676	635	32.3	93.9
20-24	352	334	17.0	94.9
25-29	370	352	17.9	95.1
30-34	273	249	12.7	91.2
35-39	253	231	11.7	91.3
40-44	121	110	5.6	90.9
45-49	61	55	2.8	90.2
50-54	165	na	na	Na
15-49	2,106	1,966	100	93.4

Note: the defacto population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both the household population of women and interviewed women are household weights. Age is based on the household questionnaire.

NA = Not applicable



APPENDIX D



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List of Contributors

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APPENDIX E



Household Questionnaire





SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE	DIST CODE	EA CODE			HH SERIAL NO.			INTERVIEWER NO.			

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION								
NAME	CODE							
REGION _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
PRE-WAR NAME OF THE DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
CURRENT NAME OF THE DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
SETTLEMENT/TOWN _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
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HOUSEHOLD SERIAL NUMBER IN THE EA	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table>				
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 20px; height: 20px;"></table>				
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 20px; height: 20px;"></table>				
NEXT VISIT: DATE	_____	_____		RESULT* <table border="1" style="width: 20px; height: 20px;"></table>				
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>				
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 PARTLY COMPLETED</p> <p>96 OTHER _____ (SPECIFY)</p>				<p>TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table></p> <p>TOTAL ELIGIBLE EVER MARRIED WOMEN <table border="1" style="width: 20px; height: 20px;"></table></p> <p>TOT ELIGIBLE NEVER MARRIED WOMEN <table border="1" style="width: 20px; height: 20px;"></table></p> <p>TOTAL CHILDREN 0-5 YEARS <table border="1" style="width: 20px; height: 20px;"></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table></p>				
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"></table>				
LANGUAGE OF QUESTIONNAIRE**	ENGLISH							
<p>**LANGUAGE CODES: 01 ENGLISH 03 OTHER _____</p> <p>02 SOMALI SPECIFY _____</p>								
NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY				
DATE	_____	_____	_____	_____				
CODE	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>				





SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

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HOUSEHOLD QUESTIONNAIRE

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3	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME		TOTAL CHILDREN 0-5 YEARS <table border="1"><tr><td></td><td></td></tr></table>																	
4	POSTPONED		LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1"><tr><td></td><td></td></tr></table>																	
5	REFUSED																			
6	DWELLING VACANT OR ADDRESS NOT A DWELLING																			
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LANGUAGE OF QUESTIONNAIRE**	<table border="1"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1"><tr><td></td><td></td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1"><tr><td></td><td></td></tr></table>											
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LANGUAGE OF QUESTIONNAIRE**	ENGLISH	**LANGUAGE CODES: 01 ENGLISH 02 SOMALI 03 OTHER _____ SPECIFY																		
NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY																
DATE	_____	_____	_____	_____																
CODE	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				



INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

100	RECORD THE START TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				



HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y Y Y Y <input type="text"/>	<input type="checkbox"/>	IN YEARS <input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE NO

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD OF HOUSEHOLD
 - 02 = SPOUSE
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = NEPHEW/NIECE
 - 10 = BROTHER/SISTER-IN-LAW
 - 11 = OTHER RELATIVE
 - 12 = ADOPTED/FOSTER/STEPCHILD
 - 13 = NOT RELATED
 - 98 = DON'T KNOW



HOUSEHOLD SCHEDULE

LINE NO.	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
13	14	15	16	17	18	19	20	21	
	Is (NAME)'s biological mother alive?	Does (NAME)'s natural mother usually live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the [2017-2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	What has (NAME) mostly been doing in the last 12 months? 1 = WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
01	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL GRADE
0 = PRESCHOOL 00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY (USE '00' FOR Q. 18 ONLY.)
2 = SECONDARY THIS CODE IS NOT ALLOWED
3 = HIGHER FOR Q. 20.)
8 = DON'T KNOW 98 = DON'T KNOW
9 = KORANIC (if Koranic skip grade)



HOUSEHOLD SCHEDULE

LINE NO.	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					IF AGE 10 YEARS OR OLDER					
	BIRTH REGISTRATION										
	22	23	24	25	26	27	28	29	30	31	32
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	I would now like to ask you some questions about the health of all family members. Does (NAME) suffer from any chronic disease?	What are the diseases suffered by (NAME)? SEE CODES BELOW.	Has any physician informed (NAME) that (s)he suffers from this disease?	Does (NAME) get treatment regularly for this condition?	Does (NAME) smoke cigarettes, or any kind of tobacco?	Does (NAME) currently chew qat/khat?	Does (NAME) face any of the following limitations? A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	What is the main reason for (NAME)'s disability? SEE CODES BELOW.	How old was (NAME) when this condition started? IF 95 OR MORE, RECORD '95'.	During the last 12 months did (NAME) get any of the following forms of support? A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
01	<input type="text"/>	Y N DK 1 2 8 GO TO 27	CODE A B C D E F G H I J K L M N O P Q R S T Y	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H GO TO 101	CODE <input type="text"/>	IN YEARS <input type="text"/>	CODE A B C D Y
02	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
03	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
04	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
05	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
06	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
07	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
08	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
09	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
10	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE G=KIDNEY DISEASE
 B=DIABETES H=LIVER DISEASE
 C=INFLAMMATION/ULCI I=ARTHRITIS
 D=ANEMIA J=TUBERCULOSIS (TB)
 E=SICKLE CELL ANEMIA/K=CHRONIC HEADACHE
 /THALASSEMIA L=STROKE
 F=HEART DISEASE M=EPILEPSY

N=PROSTATIC 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=WITCHCRAFT
 02=CONTAGIOUS 96=OTHER
 03=CHILD BIRTH CONDITION (SPECIFY)
 04=OTHER DISEASE
 05=ABUSE 98=DONT KNOW
 06=AGING
 07=INJURY/ACCIDENT



HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	MARITAL STATUS	AGE AT FIRST MARRIAGE	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y Y Y Y <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20	20	20

CK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD OF HOUSEHOLD
- 02 = SPOUSE
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = NEPHEW/NIECE
- 10 = BROTHER/SISTER-IN-LAW
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 98 = DON'T KNOW



HOUSEHOLD SCHEDULE

LINE NO.	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	Is (NAME)'s biological mother alive?	Does (NAME)'s natural mother usually live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the [2017-2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?	What has (NAME) mostly been doing in the last 12 months? 1= WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
11	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL GRADE
 0 = PRESCHOOL 00 = LESS THAN 1 YEAR COMPLETED
 1 = PRIMARY (USE '00' FOR Q. 18 ONLY.)
 2 = SECONDARY THIS CODE IS NOT ALLOWED
 3 = HIGHER FOR Q. 20.)
 8 = DON'T KNOW 98 = DON'T KNOW



OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																										
101	Has any member of the household been sick in the last one month?	YES 1 NO 2	→ 107																																																																																										
102	Did you seek any advice or treatment for his/her condition?	YES 1 NO 2 DON'T KNOW 8	→ 107 → 107																																																																																										
103	Where did you seek advice or treatment for his or her condition? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU) D MOBILE CLINIC E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G PHARMACY H OTHER PRIVATE MEDICAL SECTOR I _____ (SPECIFY) OTHER SOURCE SHOP J OTHER X _____ (SPECIFY)																																																																																											
104	Did he/she receive any of the following services? If YES, how much did the household incur on the health services received in the last one month? RECORD AMOUNT IN USD.																																																																																												
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OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
105	In total, how much money did the household spend on treatment and healthcare services during the last one month?	AMOUNT (USD) . . <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																												
106	In the past one month, which of the following financial sources did your household use to pay for any health expenditure? (READ OUT AND CIRCLE 1 OR 2 AS APPROPRIATE) 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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) INCOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) INSURANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) SAVINGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) BORROWING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) RELATIVES/FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) SOLD ASSETS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) OTHER _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	a) 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)			
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107	Does any household member have a health insurance policy?	YES 1 NO 2																												



HOUSEHOLD CHARACTERISTICS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 WATER KIOSK 72 SURFACE WATER (RIVER/DAM/LAKE/BERKAD /POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 206
202	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/BERKAD LAKE/POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	→ 206
203a	Where is the main source of water for drinking located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 204a
203b	How long does it take to go there, get water, and come back in minutes?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
204a	Where is the main source of water for other purposes located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 205
204b	How long does it take to go there, get water, and come back in minutes?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204c	What means does your household mostly use to fetch water i.e. from source to home?	WATER TANKER 1 CAR/PICKUP/TRUCK 2 CAMEL CART 3 DONKEY CART 4 WHEELBARROW 5 ON FOOT 6 OTHER _____ 96 (SPECIFY)	
205	CHECK 201 : CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 207
206	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
207	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 209
208	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
209	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 214
210	Do you share this toilet facility with other households?	YES 1 NO 2	→ 212
211	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
212	Where is this toilet facility located?	IN OWN DWELLING A IN OWN YARD/PLOT B ELSEWHERE C	
213	In total, how many toilets does your household use?	NO. OF TOILETS <input type="text"/> <input type="text"/>	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
214	Whats the main source of energy for lighting?	ELECTRICITY 01 SOLAR 02 KEROSENE 03 FIREWOOD 04 TORCH 05 OTHER 96 (SPECIFY)																																				
215	Whats the main source of energy for cooking?	ELECTRICITY 01 LPG 02 KEROSENE 03 FIREWOOD 04 CHARCOAL 05 STRAW/SHRUBS/GRASS 06 AGRICULTURAL CROP 07 ANIMAL DUNG 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 218																																			
216	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 218																																			
217	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																				
218	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/>																																				
219	Does this household own any livestock including horses, donkeys and poultry?	YES 1 NO 2	→ 221																																			
220	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	a) CAMELS <input type="text"/> <input type="text"/> <input type="text"/> b) CATTLE <input type="text"/> <input type="text"/> <input type="text"/> c) SHOATS <input type="text"/> <input type="text"/> <input type="text"/> d) DONKEYS <input type="text"/> <input type="text"/> <input type="text"/> e) HORSES <input type="text"/> <input type="text"/> <input type="text"/> f) POULTRY <input type="text"/> <input type="text"/> <input type="text"/>																																				
221	Has this household lost any livestock in the last one year due to drought/flooding/disease etc?	YES 1 NO 2	→ 223																																			
222	How many of the following animals did this household loose? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	<table border="1"> <thead> <tr> <th></th> <th>DUE TO DROUGHT</th> <th>DUE TO FLOODS</th> <th>DUE TO DISEASE</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>a) CAMELS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>b) CATTLE</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>c) SHOATS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>d) DONKEYS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>e) HORSES</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>f) POULTRY</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> </tbody> </table>		DUE TO DROUGHT	DUE TO FLOODS	DUE TO DISEASE	TOTAL	a) CAMELS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	b) CATTLE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	c) SHOATS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	d) DONKEYS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	e) HORSES	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	f) POULTRY	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
223	Does any member of this household own any agricultural land?	YES	1	→ 225
		NO	2	
224	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	UNIT	QUANTITY	
		HECTARES	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
		QOODI	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
		JABAAL	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
		TALAABO	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
		OTHER _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
		95 OR MORE	950	
		DON'T KNOW	998	
225	Does your household have:	YES	NO	
	a) A radio?	a) RADIO	1 2	
	b) A television?	b) TELEVISION	1 2	
	c) Non-mobile telephone?	c) NON-MOBILE TELEPHONE ..	1 2	
	d) A computer?	d) COMPUTER	1 2	
	e) Internet connectivity?	e) INTERNET	1 2	
	f) A refrigerator?	f) REFRIGERATOR	1 2	
	g) Air conditioner/fan?	g) AIR CONDITIONER/FAN	1 2	
226	Does any member of this household own:	YES	NO	
	a) A watch?	a) WATCH	1 2	
	b) A mobile phone?	b) MOBILE PHONE	1 2	
	c) A bicycle?	c) BICYCLE	1 2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER	1 2	
	e) Donkey cart?	e) DONKEY CART	1 2	
	f) A car or truck?	f) CAR/TRUCK	1 2	
	g) Boat/Canoe?	g) BOAT/CANOE	1 2	
	h) Tractor?	h) TRACTOR	1 2	
	i) Rickshaw?	i) RICKSHAW	1 2	
	j) Animal plough?	j) ANIMAL PLOUGH	1 2	
227	Does any member of this household have a bank account?	YES	1	
		NO	2	



ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	→ 231
229	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
230	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
231	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 GRASS 13 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
232	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 PALM LEAF/SOD 12 RUDIMENTARY ROOFING PALM/BAMBOO 21 CARDBOARD 22 CANVAS SHEETS 23 PLASTIC SHEETS 24 CLOTH AND RAGS 25 FINISHED ROOFING IRON SHEETS 31 WOOD 32 CERAMIC TILES 33 CEMENT 34 ROOFING SHINGLES 35 OTHER _____ 96 (SPECIFY)	



ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
233	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 PALM LEAF/GRASS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/STICKS/WOOD WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 IRON SHEETS 24 CARDBOARD 25 CANVAS SHEETS 26 PLASTIC SHEETS 27 CLOTH AND RAGS 28 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)					
234	In the past four weeks, did you worry that your household would not have enough food?	YES 1 NO 2	→ 236				
235	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3					
236	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	YES 1 NO 2	→ 238				
237	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3					
238	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	YES 1 NO 2	→ 240				
239	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3					
240	In the last four weeks, were there cases where you did not have any kind of food to eat because of the lack of resources?	YES 1 NO 2	→ 242				
241	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3					
242	In the last four weeks, were there cases where you or a family member went to bed hungry because there was not enough food or there was nothing to eat?	YES 1 NO 2	→ 244				
243	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3					
244	In the last four weeks, were there cases where you or anyone from your family spent the whole day without eating because there was not enough food?	YES 1 NO 2	→ 301				
245	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3					
246	RECORD THE END TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					



301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER



301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←
		OLDER 2	OLDER 2	OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			



WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER



WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			



WEIGHT, HEIGHT MEASUREMENT FOR WOMEN AGE 12-49

401	CHECK COLUMN 10 & 11 IN ROSTER. RECORD THE LINE NUMBER, NAME AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 402 AND 403. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
402	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
403	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 9 (MARITAL STATUS):	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU: ... 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU: ... 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU: ... 2
404	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
405	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
406	CHECK 403: MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (END) ← OTHER 2
407A	ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
408	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END THE INTERVIEW.			



INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



Ever-married Woman's Questionnaire





SOMALI HEALTH & DEMOGRAPHIC SURVEY 2017-2018

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE		DIST CODE		EA CODE			HH SERIAL NO.		INTERVIEWER NO.		

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																																				
NAME	CODE																																			
REGION _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																			
PRE-WAR NAME OF THE DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																			
CURRENT NAME OF THE DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																			
SETTLEMENT/TOWN _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																			
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																			
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HOUSEHOLD SERIAL NUMBER IN THE EA	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																			
INTERVIEWER VISITS																																				
	1	2	3	FINAL VISIT																																
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
TIME	_____	_____	_____	RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 NOT ELIGIBLE (LESS THAN 12 OR MORE THAN 49 YEARS) 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED																																				
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">1</td></tr></table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px; text-align: center;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px; text-align: center;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					0	1																														
0	1																																			
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE _____ SPECIFY 02 SOMALI																																				
NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY																																
DATE	_____	_____	_____	_____																																
CODE	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>									<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>									<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>									<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								





SOMALI HEALTH & DEMOGRAPHIC SURVEY 2017-2018

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE	DIST CODE	EA CODE			HH SERIAL NO.			INTERVIEWER NO.			

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION					
NAME				CODE	
REGION	_____			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PRE-WAR NAME OF THE DISTRICT	_____			<input type="text"/> <input type="text"/>	
CURRENT NAME OF THE DISTRICT	_____			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SETTLEMENT/TOWN	_____			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
EA CODE			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HOUSEHOLD SERIAL NUMBER IN THE EA			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> INT. NO. <input type="text"/> <input type="text"/> <input type="text"/> RESULT* <input type="text"/>	
INTERVIEWER'S NAME	_____	_____	_____		
RESULT*	_____	_____	_____		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>	
TIME	_____	_____			
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 NOT ELIGIBLE (LESS THAN 12 OR MORE THAN 49 YEARS) 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED					
LANGUAGE OF QUESTIONNAIRE**	<input type="text"/> <input type="text"/> 0 1	LANGUAGE OF INTERVIEW**	<input type="text"/> <input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**	<input type="text"/> <input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:	01 ENGLISH 03 LANGUAGE _____ SPECIFY 02 SOMALI	
NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY	
DATE	_____	_____	_____	_____	
CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div> </div>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES 1 NO 2	→ 115
114	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
116	Have you ever used the internet?	YES 1 NO 2	→ 119
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 119
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Are you currently married?	YES 1 NO 2	→ 121
120	What is your marital status now: are you widowed or divorced?	WIDOWED 1 DIVORCED 2	
121	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
122	CHECK 121: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MARRIED ONLY ONCE <input type="checkbox"/> </div> <div style="text-align: center;"> MARRIED MORE THAN ONCE <input type="checkbox"/> </div> </div> <p>a) In what month and year were you legally married (Nikaax/contract)?</p> <p>b) Now I would like to ask about your first husband. In what month and year were you legally married to him (Nikaax/contract) ?</p>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
123	How old were you when you got legally married to your (first) husband (Nikaax)?	AGE <input type="text"/> <input type="text"/>	



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you been pregnant?	YES 1 NO 2	→ 239								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life but did not survive?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p> </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NO BIRTHS <input type="checkbox"/></p> </div> </div>		→ 226								



SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME. BIRTH HISTORY NUMBER.					RECORD AGE IN COMPLETED YEARS.				
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2



212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	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? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR.', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2013-2018	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226	
225	C FOR EACH BIRTH IN 2013-2018, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8 → 230	
227	How many months pregnant are you? PROBE: WHAT WAS YOUR LAST MENSTRUAL PERIOD? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, were you expecting to get pregnant at that time?	YES 1 NO 2 → 230	
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you want more children? b) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried or ended in a stillbirth?	YES 1 NO 2 → 239	
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2013-2018 <input type="checkbox"/>			→ 234
		LAST PREGNANCY ENDED IN 2012 OR EARLIER <input type="checkbox"/>		→ 239
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2013, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	} → 236
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2013-2018 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2013?	YES 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2013 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start? <hr/> (DATE, IF GIVEN) CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 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 BEGINS 1 RIGHT AFTER HER PERIOD HAS ENDED 2 HALFWAY BETWEEN TWO PERIODS 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	



SECTION 3. BIRTH SPACING

301	Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
02	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
03	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
05	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
06	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
07	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
08	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y	



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 309							
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 309							
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 306 → 307							
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROLUT 01 ZINNIA 02 MICROGYNON 03 CHOICE 04 I-PLAN 05 STYLE 06 OTHER _____ 96 (SPECIFY) DONT KNOW 98	→ 307							
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DUREX 01 MOODS 02 GOLD 03 SENSATION 04 GEANS 05 OTHER _____ 96 (SPECIFY) DONT KNOW 98								
307	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
308	CHECK 307, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 307 NO <input type="checkbox"/> YES <input type="checkbox"/>	GO BACK TO 307, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).								



SECTION 3. BIRTH SPACING (CAPI OPTION)

309	<p>CHECK 307:</p> <p>YEAR IS 2013-2018 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2012 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2013 .</p> <p>THEN</p> <p>(SKIP TO 322)</p>		
310	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2013. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
310A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>
310B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310F) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310F) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310F) ←</p>
310C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
310D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310F) ←</p> <p>DATE GIVEN 95</p>
310E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>
310F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310H) ←</p> <p>DATE GIVEN 95</p>
310G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>
310H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
310I		GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 311.



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 313
312	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
313	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 322 → 319
314	You first started using (CURRENT METHOD) in (DATE FROM 307). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 REFERRAL HEALTH CENTRE 12 MCH/HC 13 PRIMARY HEALTH UNIT (PHU) 14 MOBILE CLINIC 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/DOCTOR 21 PHARMACY 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 FRIEND/RELATIVE 32 OTHER _____ 96 (SPECIFY)	
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 319 → 318 → 319



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	
317	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
318	CHECK 316: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ANY 'YES' <input type="checkbox"/></p> <p>↓</p> <p>a) At that time, were you told about other methods of birth spacing that you could use?</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>↓</p> <p>b) When you obtained (CURRENT METHOD FROM 313) from (SOURCE OF METHOD FROM 314), were you told about other methods of birth spacing that you could use?</p> </div> </div>	YES 1 NO 2	→ 320
319	Were you ever told by a health worker about other methods of birth spacing that you could use?	YES 1 NO 2	
320	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 323



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>REFERRAL HEALTH CENTRE 12</p> <p>MCH/HC 13</p> <p>PRIMARY HEALTH UNIT (PHU) 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTOR 21</p> <p>PHARMACY 22</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>FRIEND/RELATIVE 32</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 325</p>
322	Do you know of a place where you can obtain a method of birth spacing?	<p>YES 1</p> <p>NO 2</p>	
323	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 325
324	Did the fieldworker talk to you about birth spacing?	<p>YES 1</p> <p>NO 2</p>	
325	<p>CHECK 202: LIVING WITH CHILDREN</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
326	Did any staff member at the health facility speak to you about birth spacing methods?	<p>YES 1</p> <p>NO 2</p>	



SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2013-2018 <input type="checkbox"/> NO BIRTHS IN 2013-2018 <input type="checkbox"/> → 648			
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)			
403	<table border="1" style="width:100%"> <tr> <td style="width:33%">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</td> <td style="width:33%"> LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> </td> <td style="width:33%"> NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> </td> </tr> </table>	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
404	<table border="1" style="width:100%"> <tr> <td style="width:33%">FROM 212 AND 216:</td> <td style="width:33%"> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </td> <td style="width:33%"> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </td> </tr> </table>	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		
405	<table border="1" style="width:100%"> <tr> <td style="width:33%">When you got pregnant with (NAME), did you want to get pregnant at that time?</td> <td style="width:33%"> YES 1 (SKIP TO 408) ← <input type="checkbox"/> NO 2 </td> <td style="width:33%"> YES 1 (SKIP TO 426) ← <input type="checkbox"/> NO 2 </td> </tr> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← <input type="checkbox"/> NO 2	YES 1 (SKIP TO 426) ← <input type="checkbox"/> NO 2
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← <input type="checkbox"/> NO 2	YES 1 (SKIP TO 426) ← <input type="checkbox"/> NO 2		
406	<table border="1" style="width:100%"> <tr> <td style="width:33%"> CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on? </td> <td style="width:33%"> LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← <input type="checkbox"/> </td> <td style="width:33%"> LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← <input type="checkbox"/> </td> </tr> </table>	CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← <input type="checkbox"/>	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← <input type="checkbox"/>
CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← <input type="checkbox"/>	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← <input type="checkbox"/>		
407	<table border="1" style="width:100%"> <tr> <td style="width:33%">How much longer did you want to wait?</td> <td style="width:33%"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> <td style="width:33%"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> </tr> </table>	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998		
408	<table border="1" style="width:100%"> <tr> <td style="width:33%">Did you see anyone for antenatal care for this pregnancy?</td> <td style="width:33%"> YES 1 NO 2 (SKIP TO 414) ← <input type="checkbox"/> </td> <td style="width:33%"></td> </tr> </table>	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ← <input type="checkbox"/>	
Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ← <input type="checkbox"/>			
409	<table border="1" style="width:100%"> <tr> <td style="width:33%"> Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. </td> <td style="width:33%"> HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER X (SPECIFY) </td> <td style="width:33%"></td> </tr> </table>	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER X (SPECIFY)	
Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER X (SPECIFY)			



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH													
		NAME		NAME													
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . C</p> <p>REFERRAL HEALTH CENTRE D</p> <p>MCH/HC E</p> <p>PRIMARY HEALTH UNIT (PHU F</p> <p>MOBILE CLINIC G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/</p> <p>CLINIC I</p> <p>OTHER PRIVATE</p> <p>MEDICAL SECTOR</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>															
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>															
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>															
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2			
	YES	NO															
a) BP	1	2															
b) URINE	1	2															
c) BLOOD	1	2															
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 417) ←</p> <p>DONT KNOW 8</p>															
415	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DONT KNOW 8</p>															
416	<p>CHECK 415:</p>	<p>2 OR MORE TIMES <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p> <p>OTHER <input type="checkbox"/></p> <p>↓</p>															



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	CHECK 418: ONLY <input type="checkbox"/> MORE <input type="checkbox"/> ONE ↓ THAN ONE ↓ a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	
424	How many times did you take SP/Fansidar during this pregnancy? PROBE: MALARIA PREVENTION DRUG	TIMES <input type="text"/> <input type="text"/>	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		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 AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER X _____ (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER X _____ (SPECIFY) NO ONE ASSISTED Y



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11 } (SKIP TO 434) ← } OTHER HOME 12 }</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 } (SPECIFY) ← } (SKIP TO 434) ← }</p>	<p>HOME</p> <p>HER HOME 11 } (SKIP TO 434) ← } OTHER HOME 12 }</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 } (SPECIFY) ← } (SKIP TO 434) ← }</p>																		
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DONT KNOW 98</p>																			
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2 } (SKIP TO 434) ← }</p>	<p>YES 1 NO 2 } (SKIP TO 434) ← }</p>																		
433	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains started?</p>	<p>BEFORE 1 AFTER 2</p>	<p>BEFORE 1 AFTER 2</p>																		
434	<p>Immediately after the birth, was (NAME) put on your chest?</p>	<p>YES 1 NO 2 } (SKIP TO 434B) ← } DONT KNOW 8</p>	<p>YES 1 NO 2 } (SKIP TO 459) ← } DONT KNOW 8</p>																		
434A	<p>Was (NAME)'s bare skin touching your bare skin (kangaroo)?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>YES 1 NO 2 DONT KNOW 8</p>																		
434B	<p>CHECK 430: PLACE OF DELIVERY</p>	<p>CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>(SKIP TO 449) ←</p>																			



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←													
436	How long after delivery did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 98													
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)													
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8													
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 98													
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH							
		NAME _____	NAME _____	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 NO 2 (SKIP TO 445) ←									
442	How long after delivery did that check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 98	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)									
444	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ (SPECIFY) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) 36 OTHER _____ 96 (SPECIFY)									
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the six weeks after you left (FACILITY IN 430)?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8									



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH							
		NAME _____	NAME _____	NAME _____	NAME _____						
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DONT KNOW 98</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>								
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>CLINICAL OFFICER 12</p> <p>NURSE/MIDWIFE 13</p> <p>AUXILIARY MIDWIFE 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>									
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . 21</p> <p>REFERRAL HEALTH CENTRE 22</p> <p>MCH/HC 23</p> <p>PRIMARY HEALTH UNIT (PHU) 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>(SKIP TO 457) ←</p>									
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>									



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH				
		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	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
	DAYS 2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
	WEEKS 3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
		DON'T KNOW 98						
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)						
452	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)						
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)						
		OTHER _____ 96 (SPECIFY)						
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the six weeks after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8						



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
454	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH 1 <table border="1" data-bbox="933 432 1037 472"><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH 2 <table border="1" data-bbox="933 472 1037 512"><tr><td></td><td></td></tr></table> WEEKS AFTER BIRTH 3 <table border="1" data-bbox="933 512 1037 553"><tr><td></td><td></td></tr></table> DON'T KNOW 98							
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)							
456	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 SPECIFY							



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding? f) Checked the mother's temperature? g) Counsel you on birth spacing?		YES	NO	DK		
		a) CORD	1	2	8		
		b) CHILD TEMP . .	1	2	8		
		c) SIGNS	1	2	8		
		d) COUNSEL BREAST- FEED	1	2	8		
		e) OBSERVE BREAST- FEED	1	2	8		
		f) MOTH TEMP . .	1	2	8		
		g) COUNSEL FF . .	1	2	8		
458	Has your menstrual period returned since the birth of (NAME)?	YES	1	(SKIP TO 460) ←			
		NO	2	(SKIP TO 461) ←			
459	Did your period return between the birth of (NAME) and your next pregnancy?					YES 1	
						NO 2	(SKIP TO 461) ←
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS	<input type="text"/>	<input type="text"/>		MONTHS	<input type="text"/>
		DON'T KNOW	98			DON'T KNOW	98
461	For how many months after the birth of (NAME) did you start seeing your husband?	MONTHS	<input type="text"/>	<input type="text"/>		MONTHS	<input type="text"/>
		NOT STARTED	95			NOT STARTED	95
		DON'T KNOW	98			DON'T KNOW	98
		NO RESPONSE	99			NO RESPONSE	99
462	Did you ever breastfeed (NAME)?	YES	1	(SKIP TO 464) ←		YES	1
		NO	2			NO	2
463	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/>		DEAD <input type="checkbox"/>			
		(SKIP TO 468) ←		(SKIP TO 469) ←			
464	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY	00				
		HOURS	1	<input type="text"/>	<input type="text"/>		
		DAYS	2	<input type="text"/>	<input type="text"/>		
465	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES	1				
		NO	2				



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
466	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> (SKIP TO 468) ←	LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> (SKIP TO 468) ←
467	Are you still breastfeeding (NAME)?	YES 1 NO 2			
468	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
469		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.		GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.	



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2015-2018? ONE OR MORE BIRTHS IN 2015-2018 <input type="checkbox"/> NO BIRTHS IN 2015-2018 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2015-2018. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN 3 NO CARD AND NO OTHER DOCUMENT SEEN 4	→ 511A



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																																													
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" data-bbox="850 483 1264 913"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 3</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV)/IPV 1				ORAL POLIO VACCINE (OPV)/IPV 2				ORAL POLIO VACCINE (OPV)/IPV 3				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				MEASLES				VITAMIN A (MOST RECENT)					
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509A	<p>CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED?</p> <p>NO <input type="checkbox"/></p>	<p>YES <input type="checkbox"/> → 520A</p>																																													
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)</p> <p>NO 2 DONT KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)</p>																																													



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 520A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
513A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 516A
514A	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
515A	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
516A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518A
517A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																	
518A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 520A																
519A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8																	
520A	In the last 7 days was (NAME) given:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?</td> <td>a) [POWDER/BUSICUIT] 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPYNUT]?</td> <td>b) [PLUMPYNUT] 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?</td> <td>c) [PLUMPYDOZ] 1</td> <td>2</td> <td>8</td> </tr> </table>		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 PLUMPYNUT]?	b) [PLUMPYNUT] 1	2	8	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	c) [PLUMPYDOZ] 1	2	8	
	YES	NO	DK																
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c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	c) [PLUMPYDOZ] 1	2	8																
521A	CONTINUE WITH 501B.																		



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018? MORE BIRTHS IN 2015-2018 <input type="checkbox"/> NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2015-2018. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 521B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																													
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																																																																														
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" data-bbox="850 483 1262 913"> <thead> <tr> <th></th> <th colspan="2">DAY</th> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY		MONTH		YEAR		BCG							ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV)/IPV 1							ORAL POLIO VACCINE (OPV)/IPV 2							ORAL POLIO VACCINE (OPV)/IPV 3							DPT-HEP.B-HIB (PENTAVALENT) 1							DPT-HEP.B-HIB (PENTAVALENT) 2							DPT-HEP.B-HIB (PENTAVALENT) 3							MEASLES							VITAMIN A (MOST RECENT)								
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SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 520B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
513B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?+B188	YES 1 NO 2 DON'T KNOW 8	→ 516B
514B	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
515B	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
516B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518B
517B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																	
518B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 520B																
519B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8																	
520B	In the last 7 days was (NAME) given:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT?]</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT?]</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ?]</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT?]	1	2	8	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT?]	1	2	8	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ?]	1	2	8	
	YES	NO	DK																
a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT?]	1	2	8																
b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT?]	1	2	8																
c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ?]	1	2	8																
521B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018?																		
	MORE BIRTHS IN 2015-2018 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/> →	601																



SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: ONE OR MORE BIRTHS IN 2013-2018 <input type="checkbox"/> NO BIRTHS IN 2013-2018 <input type="checkbox"/> → 648		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
609	<p>CHECK 467: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>		
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>		



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>REFERRAL HEALTH CENTRE B</p> <p>MCH/HC C</p> <p>PRIMARY HEALTH UNIT (PHU D</p> <p>MOBILE CLINIC E</p> <p>CHW F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR/ CLINIC H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>MARKET M</p> <p>ITINERANT DRUG SELLER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>REFERRAL HEALTH CENTRE B</p> <p>MCH/HC C</p> <p>PRIMARY HEALTH UNIT (PHU D</p> <p>MOBILE CLINIC E</p> <p>CHW F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR/ CLINIC H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>MARKET M</p> <p>ITINERANT DRUG SELLER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>(SKIP TO 615) ←</p>		
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>		



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			
		NAME _____	NAME _____		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		YES NO DK		YES NO DK	
		a) FLUID FROM ORS PACKET .. 1 2 8		a) FLUID FROM ORS PACKET .. 1 2 8		b) ORS LIQUID .. 1 2 8		b) ORS LIQUID .. 1 2 8
		b) ORS LIQUID .. 1 2 8		c) HOMEMADE FLUID .. 1 2 8		c) HOMEMADE FLUID .. 1 2 8		d) ZINC .. 1 2 8
		c) HOMEMADE FLUID .. 1 2 8		d) ZINC .. 1 2 8		d) ZINC .. 1 2 8		
616	CHECK 615: ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/> a) Was anything else given to treat the diarrhea? b) Was anything given to treat the diarrhea?		YES .. 1 NO .. 2 (SKIP TO 618) ← DON'T KNOW .. 8		YES .. 1 NO .. 2 (SKIP TO 618) ← DON'T KNOW .. 8		YES .. 1 NO .. 2 (SKIP TO 618) ← DON'T KNOW .. 8	
617	CHECK 615: ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/> a) What else was given to treat the diarrhea? b) What was given to treat the diarrhea? Anything else? Anything else? RECORD ALL TREATMENTS GIVEN.		PILL OR SYRUP ANTIBIOTIC .. A ANTIMOTILITY .. B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) .. C UNKNOWN PILL OR SYRUP .. D INJECTION ANTIBIOTIC .. E NON-ANTIBIOTIC .. F UNKNOWN INJECTION .. G (IV) INTRAVENOUS .. H HOME REMEDY/ HERBAL MEDICINE .. I OTHER _____ X (SPECIFY)		PILL OR SYRUP ANTIBIOTIC .. A ANTIMOTILITY .. B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) .. C UNKNOWN PILL OR SYRUP .. D INJECTION ANTIBIOTIC .. E NON-ANTIBIOTIC .. F UNKNOWN INJECTION .. G (IV) INTRAVENOUS .. H HOME REMEDY/ HERBAL MEDICINE .. I OTHER _____ X (SPECIFY)			
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?		YES .. 1 NO .. 2 (SKIP TO 620) ← DON'T KNOW .. 8		YES .. 1 NO .. 2 (SKIP TO 620) ← DON'T KNOW .. 8		YES .. 1 NO .. 2 (SKIP TO 620) ← DON'T KNOW .. 8	
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?		YES .. 1 NO .. 2 DON'T KNOW .. 8		YES .. 1 NO .. 2 DON'T KNOW .. 8		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		YES .. 1 NO .. 2 DON'T KNOW .. 8	
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?		YES .. 1 NO .. 2 (SKIP TO 623) ← DON'T KNOW .. 8		YES .. 1 NO .. 2 (SKIP TO 623) ← DON'T KNOW .. 8		YES .. 1 NO .. 2 (SKIP TO 623) ← DON'T KNOW .. 8	



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		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) DON'T KNOW 8 (SKIP TO 624) ←		CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←	
623	CHECK 618: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←		YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←	
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←		YES 1 NO 2 (SKIP TO 629) ←	
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M KORAN N OTHER X (SPECIFY)		PUBLIC SECTOR GOVERNMENT HOSPITAL .. A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M KORAN N OTHER X (SPECIFY)	
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←		TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT)/ AL A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PANADOL/PARACETAMOL... M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT)/ AL A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PANADOL/PARACETAMOL... M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT)/ AL A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PANADOL/PARACETAMOL... M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT)/ AL A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PANADOL/PARACETAMOL... M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z
631	CHECK 630: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ←
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8
634	CHECK 630: SP/FANSIDAR ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 636) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 636) ←
635	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8
636	CHECK 630: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ←
637	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8
638	CHECK 630: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 640) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 640) ←
639	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER ... 3 DON'T KNOW 8



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←
641	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
642	CHECK 630: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 644) ←	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 644) ←
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
644	CHECK 630: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> ↓	CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←	CODE 'I' CIRCLED <input type="checkbox"/> ↓	CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.		



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a) AND 615(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	→ 649
648	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET OR PRE-PACKAGED ORS LIQUID] you can get for the treatment of diarrhea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2016-2018 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/>	→ 701



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:		YES	NO	DK	
	a) Plain water?	a)	1	2	8	
	b) Juice or juice drinks?	b)	1	2	8	
	c) Clear broth (soup)?	c)	1	2	8	
	d) Canned/powdered livestock milk? IF YES: How many times did (NAME) drink canned/powdered milk? IF 7 OR MORE TIMES, RECORD '7'.	d) NUMBER OF TIMES DRANK CANNED/	1	2	8	<input type="text"/>
	e) Fresh livestock milk?? IF YES: How many times did (NAME) drink fresh milk? IF 7 OR MORE TIMES, RECORD '7'.	e) NUMBER OF TIMES DRANK	1	2	8	<input type="text"/>
	f) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	f) NUMBER OF TIMES DRANK	1	2	8	<input type="text"/>
	g) Any other liquids?	g)	1	2	8	
	h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	h) NUMBER OF TIMES ATE	1	2	8	<input type="text"/>
	i) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	i)	1	2	8	
	j) Bread, dough, pancake, rice, noodles, porridge, or other foods made from grains?	j)	1	2	8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k)	1	2	8	
	l) White potatoes, white yams, manioc/cassava, or any	l)	1	2	8	
	m) Any dark green, leafy vegetables?	m)	1	2	8	
	n) Ripe mangoes, papayas, orange, bananas, water	n)	1	2	8	
	o) Any other fruits or vegetables?	o)	1	2	8	
	p) Liver, kidney, heart, or other organ meats?	p)	1	2	8	
	q) Any meat, such as beef, lamb, goat, chicken?	q)	1	2	8	
	r) Eggs?	r)	1	2	8	
	s) Fresh or dried fish or shellfish?	s)	1	2	8	
	t) Any foods made from beans, peas, lentils, or nuts?	t)	1	2	8	
u) Cheese or other food made from milk?	u)	1	2	8		
v) Any other solid, semi-solid, or soft food?	v)	1	2	8		
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'): ALL ARE "NO" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/>				653	



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p>(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p>(THEN CONTINUE TO 653)</p> <p>NO 2</p>	→ 654
653	<p>How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	
654	<p>The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE 01</p> <p>PUT/RINSED INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	



SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 226: PREGNANT <input type="checkbox"/> ↓ NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 703
702	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 704 → 710
703	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 706 → 711 → 709
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ 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 _____ (SPECIFY) 996 DON'T KNOW 998	→ 709 → 711 → 709
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>		→ 710
706	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> ↓ CURRENTLY USING <input type="checkbox"/>		→ 711
707	CHECK 704: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> ↓ NOT ASKED <input type="checkbox"/> ↓ '00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/>		→ 711



SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
713	In the last three months have you: a) Heard about birth spacing on the radio? b) Seen anything about birth spacing on the television? c) Read about birth spacing in a newspaper or magazine? d) Received a voice or text message about birth spacing on a mobile phone? e) Have you read about birth spacing on internet or social media? f) Have you heard about birth spacing from a health care worker/in the health facility?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr> <td>a) RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>e) SOCIAL MEDIA</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>f) HCWs/HF</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) SOCIAL MEDIA	1	2	f) HCWs/HF	1	2	
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d) MOBILE PHONE	1	2																						
e) SOCIAL MEDIA	1	2																						
f) HCWs/HF	1	2																						
714	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> NOT ASKED <input type="checkbox"/>		<p style="text-align: right;">→ 716</p> <p style="text-align: right;">→ 717</p>																					
715	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)		} → 717											
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MAINLY HUSBAND	2																							
JOINT DECISION	3																							
OTHER _____	6																							
(SPECIFY)																								
716	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)													
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717	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>SAME NUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DONT KNOW</td> <td style="text-align: right;">8</td> </tr> </tbody> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DONT KNOW	8														
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SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 119 & 120: CURRENTLY MARRIED <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 809
802	How old was your husband on his last birthday? IF 95 OR MORE, RECORD '95'	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DONT KNOW AGE 98	
803	Did your husband ever attend school?	YES 1 NO 2 DONT KNOW 8	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DONT KNOW 8	→ 806
805	What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/> DONT KNOW 98	
806	Has your husband done any work in the last 7 days?	YES 1 NO 2 DONT KNOW 8	→ 808
807	Has your husband done any work in the last 12 months?	YES 1 NO 2 DONT KNOW 8	→ 809
808	What is your husband's occupation? That is, what kind of work does he mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ _____ <input type="text"/> <input type="text"/>	
809	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 813
810	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or look after animals or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 813
811	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 813
812	Have you done any work in the last 12 months?	YES 1 NO 2	→ 817
813	What is your main occupation? That is, what kind of work do you mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ _____ <input type="text"/> <input type="text"/>	



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
816	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
817	CHECK 119&120: CURRENTLY MARRIED <input type="checkbox"/> ↓	NOT IN UNION <input type="checkbox"/> →	825
818	CHECK 816: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> →	821
819	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY)	
820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 DONT 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 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
822	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 IN-LAWS 4 SOMEONE ELSE 5 OTHER 6	
823	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	When you are going out, who do you usually ask permission?	I GIVE MYSELF PERMISSION 1 MY HUSBAND 2 MYSELF AND MY HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
825	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 828
826	Do you have a title deed for any house you own?	YES 1 NO 2 DONT KNOW 8	→ 828
827	Is your name on the title deed?	YES 1 NO 2 DONT 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 DONT KNOW 8	→ 901
830	Is your name on the title deed?	YES 1 NO 2 DONT KNOW 8	



SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 918
902	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected wives who has no other wives?	YES 1 NO 2 DONT KNOW 8	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DONT KNOW 8	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8	
905	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DONT KNOW 8	
906	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DONT KNOW 8	
907	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DONT KNOW 8	
908	Can HIV be transmitted from a mother to her baby:		
	a) During pregnancy?	YES NO DK a) DURING PREGNANCY . . . 1 2 8	
	b) During delivery?	b) DURING DELIVERY 1 2 8	
	c) By breastfeeding?	c) BREASTFEEDING 1 2 8	
909	CHECK 908: AT LEAST <input type="checkbox"/> ONE 'YES' OTHER <input type="checkbox"/> → 911		
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DONT KNOW 8	
911	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
912	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
913	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
914	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
915	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
916	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DONT KNOW/NOT SURE/DEPENDS 8	
917	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DONT KNOW/NOT SURE/DEPENDS 8	



SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	<p>CHECK 901:</p> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
919	<p>CHECK 918: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		→ 926
920	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
921	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
922	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
923	<p>CHECK 920, 921, AND 922:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 926
924	<p>The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→ 926
925	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>REFERRAL HEALTH CENTRE B</p> <p>MCH/HC C</p> <p>PRIMARY HEALTH UNIT (PHU) D</p> <p>MOBILE CLINIC E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR/CLINIC G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) I</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	
926	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	



SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	<p>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?</p> <p>IF YES: How many injections have you had?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004															
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004															
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>																
1004	Do you currently smoke cigarettes every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1006															
1005	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>																
1006	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1008															
1007	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>KRETEKS A</p> <p>PIPES FULL OF TOBACCO B</p> <p>CIGARS, CHERROOTS, OR CIGARILLOS C</p> <p>WATER PIPE D</p> <p>SNUFF BY MOUTH E</p> <p>SNUFF BY NOSE F</p> <p>CHEWING TOBACCO G</p> <p>BETEL QUID WITH TOBACCO H</p> <p>OTHER _____ X (SPECIFY)</p>																
1008	<p>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:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) GO ALONE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1011
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
1011	FISTULA Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES 1 NO 2	→ 1013
1012	Have you ever heard of this problem?	YES 1 NO 2	→ 1101
1013	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3	→ 1017
1014	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY 2	
1015	How many days after delivery did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/>	
1016	Have you sought treatment for this condition?	YES 1 NO 2	→ 1018
1017	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G OTHER _____ X (SPECIFY)	→ 1111
1018	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 CLINICAL OFFICER 2 NURSE/MIDWIFE 3 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 4 HERBALIST 5 OTHER _____ 6 (SPECIFY)	
1019	Did you have an operation to fix the problem?	YES 1 NO 2	
1020	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4	



SECTION 11. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 1103
1102	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1201
1103	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1109
1104	What type of circumcision did you undergo?	SUNN 1 INTERMEDIATE 2 PHARAONIC 3 DON'T KNOW 8	
1105	Please describe what was exactly done CIRCLE ONLY ONE OPTION a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening (Infibulation) d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it	TYPE I 1 TYPE II 2 TYPE III 3 TYPE IV 4 DON'T KNOW 8	
1106	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1107	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER 22 NURSE/MIDWIFE 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1108	CHECK 213, 215 AND 216: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2006 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 2006 OR LATER <input type="checkbox"/>		→ 1116



SECTION 11. FEMALE CIRCUMCISION

1109	CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES).			
Now I would like to ask you some questions about your (daughter/daughters).				
1111	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER.	YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____
1112	Is (NAME OF DAUGHTER) circumcised?	YES 1 NO 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES 1 NO 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES 1 NO 2 (GO TO 1112 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1113	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN RECORD '00' IF LESS THAN A YEAR	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98
1114	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
1115	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98
1115		GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO TO 1111 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1116	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 DON'T KNOW 8		
1117	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8		



SECTION 12. MATERNAL DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	CHECK 1201: TWO OR MORE BIRTHS <input type="checkbox"/> ONLT ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							1301
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 2)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 3)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 4)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 5)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 6)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 7)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/> (GO TO 2)	<input type="text"/> <input type="text"/> (GO TO 3)	<input type="text"/> <input type="text"/> (GO TO 4)	<input type="text"/> <input type="text"/> (GO TO 5)	<input type="text"/> <input type="text"/> (GO TO 6)	<input type="text"/> <input type="text"/> (GO TO 7)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 2)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 3)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 4)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 5)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 6)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 7)	
1210	Was (NAME) pregnant when she died?	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	
1211	Did (NAME) die during childbirth?	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	



1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							
1204	What was the name given to your (oldest/next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 8)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 9)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 10)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 11)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 12)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 13)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/> (GO TO 8)	<input type="text"/> <input type="text"/> (GO TO 9)	<input type="text"/> <input type="text"/> (GO TO 10)	<input type="text"/> <input type="text"/> (GO TO 11)	<input type="text"/> <input type="text"/> (GO TO 12)	<input type="text"/> <input type="text"/> (GO TO 13)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 10)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 11)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 13)	
1210	Was (NAME) pregnant when she died?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	



1211	Did (NAME) die during childbirth?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							



SECTION 13. GENDER BASED VIOLENCE (GBV)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2 →	1331																																																
1302	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in your country. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																																																		
1303	First I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean: a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Forced labour? k) Other	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ABUSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HH DECISION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDREN DECISION ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BETTER TREATMENT ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO LIVING COSTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EDU DENIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORCED MARRIAGE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RAPE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX HARASSMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORCED LABOUR</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> <td>█</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	DK	ABUSE	1	2	8	HH DECISION	1	2	8	CHILDREN DECISION ..	1	2	8	BETTER TREATMENT ..	1	2	8	NO LIVING COSTS	1	2	8	EDU DENIAL	1	2	8	FORCED MARRIAGE	1	2	8	RAPE	1	2	8	SEX HARASSMENT	1	2	8	FORCED LABOUR	1	2	8	OTHER _____	1	2	█	
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OTHER _____	1	2	█																																																
1304	Who is the person who commits the most violent acts against women in the community?	<table> <tbody> <tr> <td>HUSBAND</td> <td>A</td> </tr> <tr> <td>MOTHER/STEP-MOTHER</td> <td>B</td> </tr> <tr> <td>FATHER/STEP-FATHER</td> <td>C</td> </tr> <tr> <td>SISTER/BROTHER</td> <td>D</td> </tr> <tr> <td>DAUGHTER/SON</td> <td>E</td> </tr> <tr> <td>OTHER RELATIVE</td> <td>F</td> </tr> <tr> <td>IN-LAWS</td> <td>G</td> </tr> <tr> <td>TEACHER</td> <td>H</td> </tr> <tr> <td>EMPLOYER/SOMEONE AT WORK</td> <td>I</td> </tr> <tr> <td>POLICE/SOLDIER</td> <td>J</td> </tr> <tr> <td>OTHER _____</td> <td>K</td> </tr> </tbody> </table> <p>(SPECIFY)</p>	HUSBAND	A	MOTHER/STEP-MOTHER	B	FATHER/STEP-FATHER	C	SISTER/BROTHER	D	DAUGHTER/SON	E	OTHER RELATIVE	F	IN-LAWS	G	TEACHER	H	EMPLOYER/SOMEONE AT WORK	I	POLICE/SOLDIER	J	OTHER _____	K																											
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1305	Where do most violent acts take place?	<table> <tbody> <tr> <td>AT HOME</td> <td>1</td> </tr> <tr> <td>WORKPLACE</td> <td>2</td> </tr> <tr> <td>STREET</td> <td>3</td> </tr> <tr> <td>SCHOOL</td> <td>4</td> </tr> <tr> <td>WATER POINT</td> <td>5</td> </tr> <tr> <td>RURAL/GRAZING AREAS</td> <td>6</td> </tr> <tr> <td>MARKET PLACE</td> <td>7</td> </tr> <tr> <td>NEIGHBOURHOOD</td> <td>9</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> </tbody> </table> <p>(SPECIFY)</p>	AT HOME	1	WORKPLACE	2	STREET	3	SCHOOL	4	WATER POINT	5	RURAL/GRAZING AREAS	6	MARKET PLACE	7	NEIGHBOURHOOD	9	OTHER _____	96																															
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OTHER _____	96																																																		
1306	CHECK 119 & 120 CURRENTLY MARRIED OR DIVORCED/ABANDONED ↓ <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	1318																																																
1307	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? g) If she refuses to have sex with him?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NEG. HH DUTIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) WASTES RESOURCES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) NEG. HH DUTIES	1	2	8	d) ARGUES	1	2	8	e) WASTES RESOURCES	1	2	8	e) REFUSES SEX	1	2	8																					
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1308	<p>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?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<p>YES NO DK</p> <p>JEALOUS 1 2 8 ACCUSES 1 2 8 NOT MEET FRIENDS ... 1 2 8 NO FAMILY 1 2 8 WHERE YOU ARE 1 2 8</p>																																
1309	<p>Now I need to ask some more questions about your relationship</p> <p>A. Did your (last) husband ever:</p> <p>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 yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3																
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1310	<p>A. Did your (last) husband ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																
	<p>a) slap you, push you, shake you, or throw something at you? b) twist your arm or pull your hair? c) punch you with his fist or with something that could hurt you? d) kick you, drag you, or beat you up? e) try to choke you or burn you on purpose? f) threaten or attack you with a knife, gun, or other weapon? g) physically force you to have sexual intercourse with him when you did not</p>	<table border="1"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3
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YES 1 NO 2 ↓	→ 1	2	3																															
YES 1 NO 2 ↓	→ 1	2	3																															



1311	CHECK 1310 (a-g): AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A SINGLE <input type="checkbox"/> 'YES' → 1314													
1312	How long after you first got married with your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'. NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE 95													
1313	Did the following ever happen as a result of what your (last) husband did to you: a) You had cuts, bruises, or aches? YES 1 NO 2 b) You had eye injuries, sprains, dislocations, or burns? YES 1 NO 2 c) You had deep wounds, broken bones, broken teeth, or any other serious injury? YES 1 NO 2													
1314	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you? YES 1 NO 2 → 1316													
1315	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all? OFTEN 1 SOMETIMES 2 NEVER 3													
1316	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never? MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3													
1317	CHECK121: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓ MARRIED ONCE <input type="checkbox"/> → 1318 A. So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband. <table border="1"> <thead> <tr> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓	→ 1	2	3	
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1318	CHECK119 &120: CURRENTLY <input type="checkbox"/> MARRIED ↓ NOT IN UNION <input type="checkbox"/> ↓ a) From the time you were 12 years old has anyone other than your husband hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 12 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 → 1321													



1319	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>MOTHER-IN-LAW F</p> <p>FATHER-IN-LAW G</p> <p>OTHER IN-LAW H</p> <p>NEIGHBOUR I</p> <p>TEACHER J</p> <p>EMPLOYER/SOMEONE AT WORK K</p> <p>POLICE/SOLDIER L</p> <p>MILITIA/GANGS M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1320	<p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1321	<p>CHECK 201, 226, AND 230:</p> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/></p> <p>NEVER BEEN PREGNANT <input type="checkbox"/> → 1324</p>		→ 1324
1322	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1324
1323	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAN A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAN G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>NEIGHBOUR K</p> <p>TEACHER L</p> <p>EMPLOYER/SOMEONE AT WORK M</p> <p>POLICE/SOLDIER N</p> <p>MILITIA/GANGS O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	



1324	CHECK 119&120: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT IN UNION <input type="checkbox"/> ↓ </div> </div> <p>a) In the last 12 months, has anyone raped you?</p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse?</p> <p>YES 1 NO 2</p>	→ 1326																	
1325	CHECK 1310 (a-g) and 1317 (a,b), 1322: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT A SINGLE 'YES' <input type="checkbox"/> ↓ </div> </div>	→ 1329																	
1326	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1329																
1327	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/FORMER HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ 1329																
1328	Have you ever told any one about this?	YES 1 NO 2																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE																			
1329	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th> <th>YES, ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT.....	1	2	3	FEMALE ADULT	1	2	3	
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HUSBAND	1	2	3																
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FEMALE ADULT	1	2	3																
1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		
1331	RECORD THE TIME YOU END THE INTERVIEW.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	



INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 IUD
- 2 INJECTABLES
- 3 IMPLANTS
- 4 PILL
- 5 CONDOM
- 6 FEMALE CONDOM
- 7 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
 - 1 BECAME PREGNANT WHILE USING
 - 2 WANTED TO BECOME PREGNANT
 - 3 HUSBAND DISAPPROVED
 - 4 WANTED MORE EFFECTIVE METHOD
 - 5 SIDE EFFECTS/HEALTH CONCERNS
 - 6 LACK OF ACCESS/TOO FAR
 - 7 COSTS TOO MUCH
 - 8 INCONVENIENT TO USE
 - F UP TO GOD/FATALISTIC
 - A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 - D MARITAL DISSOLUTION/SEPARATION
 - X OTHER
- _____ (SPECIFY)
- Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2018. For fieldwork beginning in 2019, all references to calendar years should be increased by one; for example, 2012 should be changed to 2013, 2013 should be changed to 2014, 2014 should be changed to 2015, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

			COL. 1	COL. 2
	12	DEC 01		
	11	NOV 02		
	10	OCT 03		
2	09	SEP 04		2
	08	AUG 05		
0	07	JUL 06		0
1	06	JUN 07		1
8	05	MAY 08		8
(1)	04	APR 09		
	03	MAR 10		
	02	FEB 11		
	01	JAN 12		
<hr/>				
	12	DEC 13		
	11	NOV 14		
	10	OCT 15		
2	09	SEP 16		2
0	08	AUG 17		0
1	07	JUL 18		1
7	06	JUN 19		7
	05	MAY 20		
	04	APR 21		
	03	MAR 22		
	02	FEB 23		
	01	JAN 24		
<hr/>				
	12	DEC 25		
	11	NOV 26		
	10	OCT 27		
2	09	SEP 28		2
0	08	AUG 29		0
1	07	JUL 30		1
6	06	JUN 31		6
	05	MAY 32		
	04	APR 33		
	03	MAR 34		
	02	FEB 35		
	01	JAN 36		
<hr/>				
	12	DEC 37		
	11	NOV 38		
	10	OCT 39		
2	09	SEP 40		2
0	08	AUG 41		0
1	07	JUL 42		1
5	06	JUN 43		5
	05	MAY 44		
	04	APR 45		
	03	MAR 46		
	02	FEB 47		
	01	JAN 48		
<hr/>				
	12	DEC 49		
	11	NOV 50		
	10	OCT 51		
2	09	SEP 52		2
0	08	AUG 53		0
1	07	JUL 54		1
4	06	JUN 55		4
	05	MAY 56		
	04	APR 57		
	03	MAR 58		
	02	FEB 59		
	01	JAN 60		
<hr/>				
	12	DEC 61		
	11	NOV 62		
	10	OCT 63		
2	09	SEP 64		2
0	08	AUG 65		0
1	07	JUL 66		1
3	06	JUN 67		3
	05	MAY 68		
	04	APR 69		
	03	MAR 70		
	02	FEB 71		
	01	JAN 72		



Never-married Woman's Questionnaire



INTRODUCTION AND CONSENT

Hello. My name is _____ I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 45 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .. 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	KORANIC 1 PRIMARY 2 SECONDARY 3 HIGHER 4	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
107	CHECK 105: KORANIC, PRIMARY OR SECONDARY <input type="checkbox"/> ↓	HIGHER <input type="checkbox"/> →	110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ (SPECIFY LANGUAGE) 4 BLIND/VISUALLY IMPAIRED 5	



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div> </div>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES 1 NO 2	
114	Do you use a mobile phone for any financial transactions?	YES 1 NO 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
116	Have you ever used the internet?	YES 1 NO 2	→ 201
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 201
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	



SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
201	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 218																
202	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected spouse who has no other relations?	YES 1 NO 2 DONT KNOW 8																	
203	Can people get HIV from mosquito bites?	YES 1 NO 2 DONT KNOW 8																	
204	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8																	
205	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DONT KNOW 8																	
206	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DONT KNOW 8																	
207	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DONT KNOW 8																	
208	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) DURING PREGNANCY . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) DURING PREGNANCY . . .	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
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209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> </div> </div>		→ 211																
210	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DONT KNOW 8																	
211	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
212	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
213	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
214	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
215	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
216	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DONT KNOW/NOT SURE/DEPENDS 8																	
217	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DONT KNOW/NOT SURE/DEPENDS 8																	



SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
218	CHECK 201: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2																																													
219	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DONT KNOW 8																																													
220	Have you received the following immunizations?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Flu (Influenza)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Tetanus, diphtheria, pertussis?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) HPV (Human papillomavirus)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Meningococcal?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) Pneumococcal?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) Hepatitis A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Hepatitis B</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) Polio?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Measles</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Chickenpox (varicella)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) Flu (Influenza)?	1	2	8	b) Tetanus, diphtheria, pertussis?	1	2	8	c) HPV (Human papillomavirus)?	1	2	8	d) Meningococcal?	1	2	8	e) Pneumococcal?	1	2	8	f) Hepatitis A	1	2	8	g) Hepatitis B	1	2	8	h) Polio?	1	2	8	i) Measles	1	2	8	j) Chickenpox (varicella)	1	2	8	
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SECTION 3. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 303
302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 401
303	Have you yourself ever been circumcised?	YES 1 NO 2	→ 308
304	What type of circumcision did you undergo?	SUNN 1 INTERMEDIATE 2 PHARAONIC 3 DONT 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	TYPE I 1 2 8	
	b) Excision of the clitoris with partial or total excision of the labia minora	TYPE II 1 2 8	
	c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening	TYPE III 1 2 8	
	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 IV 1 2 8	
306	How old were you when you were circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
	IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AS A BABY/DURING INFANCY 95 DONT KNOW 98	
307	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DONT KNOW 98	
308	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DONT KNOW 8	
309	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DONT KNOW 8	
310	If you get married and give birth to girls in the future, would you want them to be circumcized?	YES 1 NO 2 DEPENDS 3 DONT KNOW 8	



SECTION 4. VIOLENCE AGAINST WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
401	Now I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean: 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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ABUSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HH DECISIOI</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDREN DECISIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BETTER TREATMENT ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO LIVING COSTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EDU DENIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORCED MARRIAG</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RAPE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX HARASSMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INHERITANCE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	DK	ABUSE	1	2	8	HH DECISIOI	1	2	8	CHILDREN DECISIC	1	2	8	BETTER TREATMENT ..	1	2	8	NO LIVING COSTS	1	2	8	EDU DENIAL	1	2	8	FORCED MARRIAG	1	2	8	RAPE	1	2	8	SEX HARASSMENT	1	2	8	INHERITANCE	1	2	8	OTHER _____	1	2		(SPECIFY)				
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INHERITANCE	1	2	8																																																				
OTHER _____	1	2																																																					
(SPECIFY)																																																							
402	Who is the person who commits the most violent acts against women?	HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHEI C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F IN-LAWS G TEACHER H EMPLOYER/SOMEONE AT WOR I POLICE/SOLDIER J OTHER _____ K (SPECIFY)																																																					
403	Where is the place with most violent acts?	AT HOME 1 WORKPLACI 2 STREET 3 SCHOOL 4 WATER POINT 5 RURAL/GRAZING AREAS 6 OTHER _____ 96 (SPECIFY)																																																					
404	Does any form of violence cause damage?	YES 1 NO 2	→ 406																																																				
405	What is the most serious damage caused by violence?	PHYSICAL 1 PSYCHOLOGICAL 2 OTHER _____ 96 (SPECIFY)																																																					
406	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? f) If she does not respect his family?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. OTHER HH DUTIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WASTE RESOURCES ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT RESP. FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	NEGL. OTHER HH DUTIES	1	2	8	ARGUES	1	2	8	WASTE RESOURCES ..	1	2	8	NOT RESP. FAMILY	1	2	8																									
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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?																																																					
	a) was slapped, pushed, shaken, or thrown something at?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1	→ 1	2	3	NO 2																																												
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YES 1	→ 1	2	3																																																				
NO 2																																																							

W-7



	<p>b) twisted your arm or pulled your hair?</p> <p>c) punched you with fist or with something that could hurt you?</p> <p>d) kicked, dragged, or beat you up?</p> <p>e) choked or burned you on purpose?</p> <p>f) threatened or attacked you with a knife, gun, or other weapon?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>	<p>→ 1 2 3</p> <p>→ 1 2 3</p> <p>→ 1 2 3</p> <p>→ 1 2 3</p> <p>→ 1 2 3</p>		
408	<p>CHECK 407 a-f:</p> <p>AT LEAST ONE <input type="checkbox"/> 'YES'</p> <p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>ALL 'NO' <input type="checkbox"/></p>		<p>→ 501</p> <p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>NIECE/NEPHEW D</p> <p>OTHER RELATIVE E</p> <p>NEIGHBOUR H</p> <p>TEACHER I</p> <p>EMPLOYER/SOMEONE AT WOR J</p> <p>POLICE/SOLDIER K</p> <p>MILITIA/GANGS L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
409	<p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>			<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	



SECTION 5. ILLEGAL MIGRATION (TAHRIB)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
501	Now, I would like to discuss illegal immigration among the youth in your community and its impact. Have you ever tried to migrate to another country using illegal means?	YES 1 NO 2	→ 507				
502	Did you reach your desired desination?	YES 1 NO 2	→ 504				
503	What means of transportation did you use to reach your destination during your last such attempt?	ON FOOT 1 LAND TRANSPORT 2 AIR TRANSPOR 3 MARITIME TRANSPOR 4					
504	Did you experience any violence on your way?	YES 1 NO 2	→ 506				
505	What kind of violence did you experience?	PHYSICAL VIOLENCE 1 SEXUAL VIOLENCE 2 CAPTIVITY 3 RANSOM DEMAND 4 ROBBERY 5 VERBAL ABUSE 6 WATER STORMS/WAVES 7 OTHER _____ 96 (SPECIFY)					
506	What motivated you to take the decision to migrate?	UNEMPLOYMENT 1 LOW PAY/INCOME SEARCH FOR BETTER OPPORTUNITIES 2 POOR QUALITY OF EDUCATION 3 INSECURITY 4 POVERTY 5 HOPELESSNESS 6 LONELINESS 7 INEQUALITY/SOCIAL EXCLUSIOI 8 PEER INFLUENCE 9 SOCIAL MEDIA INTERACTIONS/ POSTS 10 OTHER _____ 96 (SPECIFY)					
507	Do you know any of your peers who lost their lives due to illegal migration?	YES 1 NO 2					
508	What can be done to address the problem of illegal migration/tahrib?	JOB CREATION 1 BETTER PAYING JOBS 2 BUSINESS OPPORTUNITIES 3 GRANTS & CREDIT FACILITIE 4 AWARENESS CREATION 5 STATE RECONSTRUCTIO 6 LAW ENFORCEMENT 7 OTHER _____ 96 (SPECIFY)					
509	RECORD THE TIME YOU END THE INTERVIEW.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					



INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



Maternal Mortality Questionnaire





SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTERIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE	DIST CODE	SETTLEMENT/TOWN	EA CODE	HH SERIAL	ENUMERATOR NO.															

MATERNAL MORTALITY QUESTIONNAIRE

IDENTIFICATION																									
NAME					CODE																				
REGION	_____				<input type="text"/> <input type="text"/>																				
PRE-WAR NAME OF THE DISTRICT	_____				<input type="text"/> <input type="text"/>																				
CURRENT NAME OF THE DISTRICT	_____				<input type="text"/> <input type="text"/>																				
SETTLEMENT/TOWN	_____				<input type="text"/> <input type="text"/> <input type="text"/>																				
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)				<input type="text"/> <input type="text"/>																				
EA CODE				<input type="text"/> <input type="text"/> <input type="text"/>																				
HOUSEHOLD SERIAL NUMBER IN THE EA				<input type="text"/> <input type="text"/>																				
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY	<input type="text"/> <input type="text"/>																				
INTERVIEWER'S NAME	_____	_____	_____	MONTH	<input type="text"/> <input type="text"/> <input type="text"/>																				
RESULT*	_____	_____	_____	YEAR	<input type="text"/> <input type="text"/> <input type="text"/>																				
NEXT VISIT: DATE	_____	_____		INT. NO.	<input type="text"/> <input type="text"/> <input type="text"/>																				
TIME	_____	_____		RESULT*	<input type="text"/> <input type="text"/>																				
				TOTAL NUMBER OF VISITS	<input type="text"/>																				
<p>*RESULT CODES:</p> <table> <tr> <td>1</td><td>COMPLETED</td> <td>6</td><td>DWELLING VACANT OR ADDRESS NOT A DWELLING</td> </tr> <tr> <td>2</td><td>NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</td> <td>7</td><td>DWELLING DESTROYED</td> </tr> <tr> <td>3</td><td>ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</td> <td>8</td><td>DWELLING NOT FOUND</td> </tr> <tr> <td>4</td><td>POSTPONED</td> <td>9</td><td>PARTIALLY COMPLETED</td> </tr> <tr> <td>5</td><td>REFUSED</td> <td>96</td><td>OTHER _____ (SPECIFY)</td> </tr> </table>						1	COMPLETED	6	DWELLING VACANT OR ADDRESS NOT A DWELLING	2	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	7	DWELLING DESTROYED	3	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	8	DWELLING NOT FOUND	4	POSTPONED	9	PARTIALLY COMPLETED	5	REFUSED	96	OTHER _____ (SPECIFY)
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5	REFUSED	96	OTHER _____ (SPECIFY)																						
LANGUAGE OF QUESTIONNAIRE**	<input type="text"/> 0 <input type="text"/> 1	LANGUAGE OF INTERVIEW**	<input type="text"/> <input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**	<input type="text"/> <input type="text"/>																				
LANGUAGE OF QUESTIONNAIRE**	ENGLISH																								
	<p>**LANGUAGE CODES:</p> <table> <tr> <td>01</td><td>ENGLISH</td> <td>03</td><td>OTHER _____ (SPECIFY)</td> </tr> <tr> <td>02</td><td>SOMALI</td> <td></td><td></td> </tr> </table>					01	ENGLISH	03	OTHER _____ (SPECIFY)	02	SOMALI														
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NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY																					
DATE	_____	_____	_____	_____																					
CODE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																					



INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .. 2 → END

100	RECORD THE START TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
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SECTION 1: HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS	DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
		RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & FEMALES AGED 12-49	
101	102	103	104	105	106	107	108	109
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME) in completed years? RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD '00'.
01		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	IN YEARS <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE <input type="text"/>
02		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
03		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
04		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
05		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
06		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
07		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
09		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD OF HOUSEHOLD
- 02 = SPOUSE
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = NEPHEW/NIECE
- 10 = BROTHER/SISTER-IN-LAW
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 98 = DON'T KNOW



SECTION 1: HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
					IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & FEMALES AGED 12-49	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS	AGE AT FIRST MARRIAGE	PARTICULARS OF LIVE BIRTHS WITHIN THE PAST 24 MONTHS	
101	102	103	104	105	106	107	108	109
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME) in completed years? RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD '00'.
11		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE <input type="text"/>
12		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
13		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
14		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
15		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
16		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
17		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
18		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
19		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
20		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD OF HOUSEHOLD | 08 = BROTHER OR SISTER |
| 02 = SPOUSE | 09 = NEPHEW/NIECE |
| 03 = SON OR DAUGHTER | 10 = BROTHER/SISTER-IN-LAW |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DONT KNOW |

1A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES NO <input type="checkbox"/>
1B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES NO <input type="checkbox"/>



SECTION 2. DEATHS

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES				SKIP
201	Have you lost any member of the household in the past two years (24 months)?			YES	NO	1	2	→ END
LINE NO.	NAME OF DECEASED MEMBER OF HOUSEHOLD	SEX OF DECEASED HOUSEHOLD MEMBER	AGE AT DEATH OF HOUSEHOLD MEMBER	ENUMERATOR SKIPPING INSTRUCTIONS: 1. IF THE DECEASED IS MALE → GO TO NEXT LINE 2. IF THE DECEASED IS A FEMALE NOT AGED 12-49 → GO TO NEXT LINE 3. IF THE DECEASED IS A FEMALE AGED 12-49 → CONTINUE				
202	203	204	205	206	207	208	209	210
	What was the name of the deceased family member?	Was (NAME) Male or Female?	How old was (NAME) he/she when she died?	Was (NAME) pregnant when she died?	Did (NAME) die during delivery?	Did (NAME) die during the 6 weeks following delivery?	Did (NAME) die from accident or violence?	Did (NAME) suffer from any of the following health problems at any time during her last pregnancy, up to 6 weeks after child birth?
	RECORD ONLY ONE NAME	1 = MALE 2 = FEMALE	RECORD AGE IN COMPLETED YEARS WRITE "00" IF < 1 YEAR IF 95 OR MORE, RECORD '95.			PROBE FOR APPROX 40 DAYS BIRTH CELEBRATION		CHECK ALL THAT APPLY
01				YES NO 1 → 2 GO TO 209	YES NO 1 → 2 GO TO 209	YES NO 1 2 ↓ NEXT LINE	YES NO 1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
02				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
03				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
04				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
05				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
CHECK HERE IF CONTINUATION SHEET USED		RECORD THE END TIME. HOURS		MINUTES				

HH-5









MINISTRY FOR FOREIGN
AFFAIRS OF FINLAND



SWEDEN



Schweizerische Eidgenossenschaft
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Confederazione Svizzera
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