THE FEDERAL REPUBLIC
OF SOMALIA

SOMALIA NATIONAL
BUREAU OF STATISTICS

SOUTH WEST STATE
OF SOMALIA

SOMALI HEALTH AND DEMOGRAPHIC SURVEY

South West State Report

SWHDS 2021

Suggested citation:
Somalia National Bureau of Statistics (Formerly Directorate of National Statistics, Federal Government of Somalia), *Somali Health and Demographic survey - South West Report 2021.*

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This report was produced by the Somalia National Bureau of Statistics and South West State Ministries of Planning and Health, with technical support from the United Nations Population Fund-Somalia, and funding from key donors.

SOUTH WEST STATE
OF SOMALIA

SOMALI HEALTH AND DEMOGRAPHIC SURVEY

South West State Report

SWHDS 2021

The report only covers urban domains of Bakool and Bay Regions

With technical support from:

UNFPA

With financial contribution from:

SWEDEN

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MINISTRY FOR FOREIGN AFFAIRS OF FINLAND

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ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

REPVBBLICA ITALIANA

Schweizerische Eidgenossenschaft
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Swiss Agency for Development and Cooperation SDC

Foreword

The South West Health and Demographic Survey is a representative household survey that provides reliable data on health, nutrition, and the demographic characteristics of urban areas from Bay and Bakool regions. The survey was implemented by the Somali National Bureau of Statistics (SNBS) and the Ministry of Health and Human Services (MoH) of the Federal Government of Somalia in partnership with the Ministry of Health (MoH) and Ministry of Planning, Investment and Economic Development (MoPIED) of South West State of Somalia.

In the history of the State, this survey marks the first time such data has been produced. From randomly selected households across the State, women between the age of 15-49 and children under the age of five were targeted.

The survey's main objective was to provide evidence on the health and demographic characteristics of the South West population that will guide decision-makers in formulating effective policies for the development of programmes. The data is critical for making informed policy decisions and planning, monitoring, and evaluating programmes related to health in general and to reproductive health in particular. The South West State of Somalia is now able to monitor its respective sectors in the Development Plan and the health sector through the findings of this survey.

The findings in this report are based on the data collected in the urban domains of Bay and Bakool regions. There were challenges in obtaining a sufficient rural and nomadic sample covering both regions. Lower Shabelle region was inaccessible at the time of the survey.

The survey findings indicate social behaviour in our communities and encourage our people to adopt positive behavioural changes to improve their lives. The findings show that 59 percent of the household members in Bay are below 15 years of age, compared to 58 percent in Bakool. We are pleased to report that 52 percent of households in Bay use an improved source of drinking water compared to 41 percent in Bakool. Twenty-nine percent of the households in urban areas in Bay use electricity compared to only three percent in Bakool.

The results indicate that the total fertility rate (TFR) for South West is relatively high, with 8 children per woman in Bay and 6 children per woman in Bakool. Twenty-two percent of births in Bay occurred in health facilities compared to 21 percent of births in Bakool. The results further highlight areas that need urgent intervention to improve the lives of children. Indeed, 15 percent of children aged 12-23 months in Bay had received all basic vaccination (one BCG vaccine, three doses of pentavalent and polio vaccines, and one dose of measles vaccine) compared to 4 percent of children in Bakool.

According to the three anthropometric indices of nutritional status of children, 33 percent of children under five in Bay are stunted (short for their age) compared to 31 percent in Bakool, 13 percent in urban areas in Bakool and Bay are wasted (thin for their height), and 24 percent in Bay are underweight (thin for their age) compared to 22 percent in Bakool.

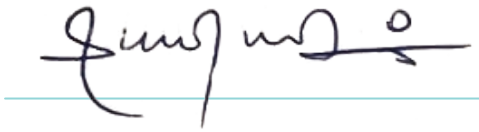
These crucial findings result from the extraordinary efforts of the Somali National Bureau of Statistics and Ministries of Health and Planning - South West State of Somalia, in collaboration with UNFPA Somalia's Population and Development Unit - along with all the personnel who have worked on this survey.

These professionals worked together diligently to complete every phase of work according to the planned timetable in a challenging environment. These heroes also include more than 25 South West female data collectors who knocked on doors of pre-sampled households.

Thanks to our strong collaboration and partnership with SNBS and UNFPA Somalia, South West now has rich information and skilled statistical staff who can provide a strong foundation of statistics for our future generations.

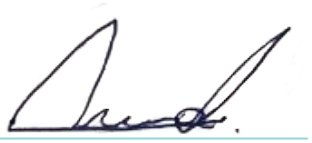
We also remain grateful to the donors of this undertaking— The Foreign, Commonwealth, and Development Office (FCDO), formerly United Kingdom Department for International Development (DfID), for their funding of fieldwork and data analysis, the Government of Sweden, the Government of Finland, the Government 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 into reality.

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



Hon. Ahmed Mathobe Nunow

Minister of Planning, Investment and Economic Development



Hon. Mohamed Osman Haji

Minister of Health and Social Services

Hon. Sharmake Mohamed Farah

Director General Somalia National Bureau of Statistics

Acknowledgement

The South West Health and Demographic Survey (SWHDS) report was realised with the commitment and dedication of various organisations who partnered and worked together and individuals who spent their time to ensure the South West state report was achieved. The Somali National Bureau of Statistics (SNBS), and the Ministry of Health of the Federal Government of Somalia, together with the Ministry of Health (MoH) and Ministry of Planning, Investment, and Economic Development (MoPIED) of South West State, took the lead role in ensuring all stages of the survey were carried out accordingly. We want to acknowledge both institutions' experts and leaders of the state.

These individuals are Sharmake Mohamed Farah (Director General, SNBS), Abdirahman Omar Dahir (Deputy Director-General, SNBS), Nur Ahmed Weheliye (SHDS Coordinator), Dr. Abdikadir Afrah Weheliye (Deputy SHDS Coordinator), Nuur Ali (SHDS Director), Abdinasir Abdi Arush (former Minister of Planning, South West State), Isaq Ali Subuq (former Minister of Health, South West State), Abdi Ali Dogey (The Acting Director-General, Ministry of Health and Social Services, South West State), Isaak Mohamud Mursal (Director General, Ministry of Planning, Investment, and Economic Development (MoPIED), South West State).

We would also like to acknowledge Said Abdilaahi Abdi (Technical Lead, SHDS), Mohamed Abdinur Mohamed (Statistician SHDS), Abdulrazak Abdullahi Karie (Demographer SHDS), Abdinasir Ali Dahir (Senior Statistician), Shukri Yusuf Salad (Admin and Finance officer SHDS), Kamal Ahmed (Advocacy and Partner Engagement Specialist SNBS), Abdirahman Omar Ali (Statistician, SNBS), Mohamed Yarani Hassan (Director of Statistics, Ministry of Planning, Investment, and Economic Development (MoPIED) South West State), Mohamed Abdirahman Omar (Researcher/ Data analyst-SNBS), Yusuf Hassan Isack (MMR/Listing Coordinator, Bakool regional South West), Dr.Fatima Abshir Mohamed (Main Survey, Bay coordinator South West), Mustaf Mohamed Ahmed (Main Survey, Bakool coordinator South West), Abdinasir Ibrahim Adan (Technical Advisor, Ministry of Planning, Investment, and Economic Development (MoPIED) South West), Mohamed Hussein Abdullahi(Statistician), Abdirahman Mohamed Sheikh Abdi (SDG-Coordinator, SNBS), Abdullahi Adan Osman (Technical officer, SNBS), Mohamed Abdirizak Mohamed (Technical officer, SNBS).

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

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

We would also like to acknowledge the Population and Development team of experts from UNFPA Somalia. These individuals include Felix Mulama (Technical Lead and Demographer), Richard Ng'etich (Statistician), Zena Lyaga (Demographer), Umikaltuma Ibrahim (GIS Analyst), and Josyline Gikunda (GIS Assistant).

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

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

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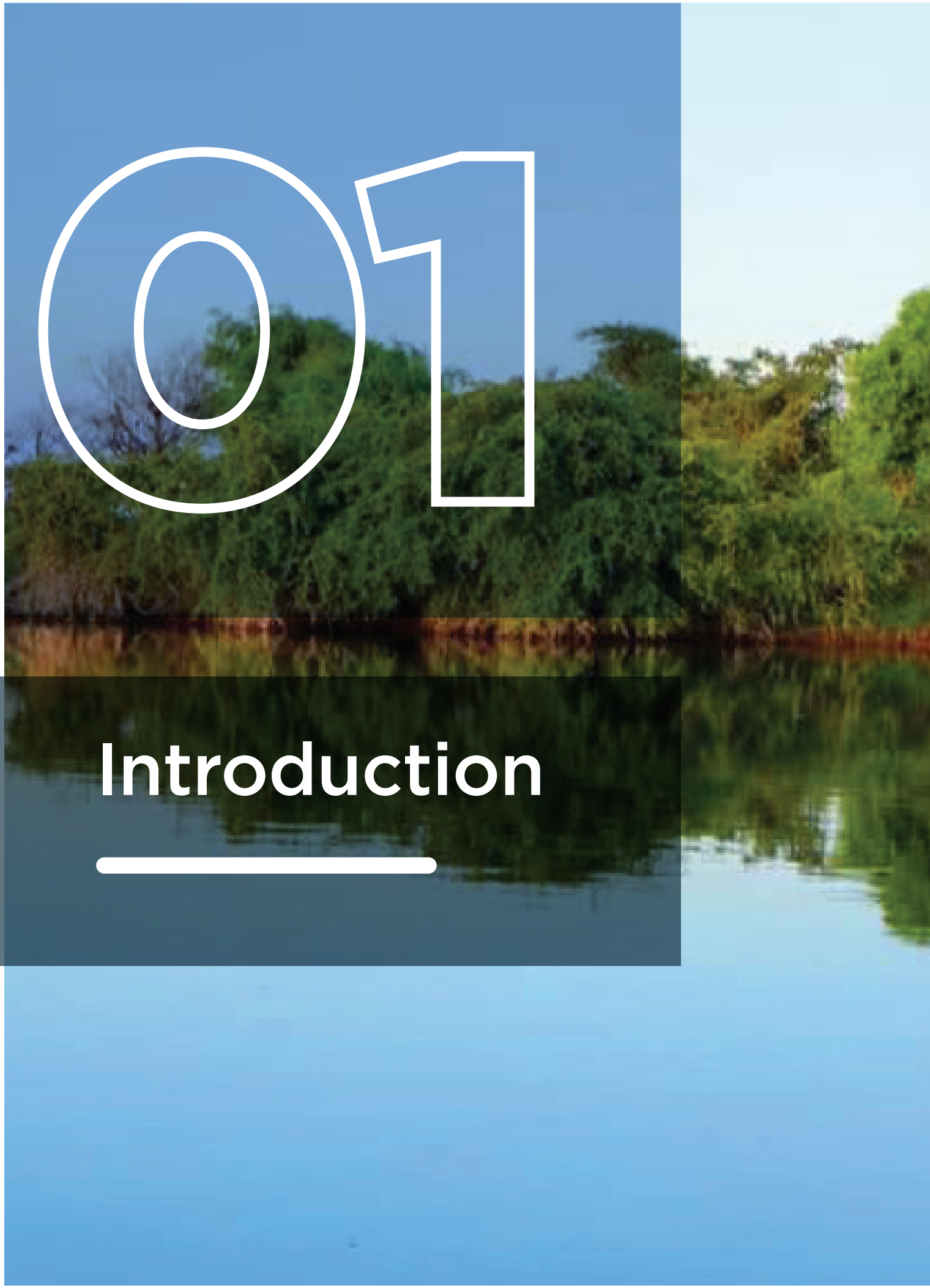
Acronyms

ANC	Antenatal Care
ASFRs	Age Specific Fertility Rates
CAPI	Computer-Assisted Personal Interviewing
CBR	Crude Birth Rate
CSPro	Census and Survey Processing System
DfID	Department for International Development
DHS	Demographic and Health Survey
EAs	Enumeration Areas
FCDO	Foreign, Commonwealth and Development Office
FGM/C	Female Genital Mutilation/Cut
FMS	Federal Member States
GFR	General Fertility Rate
GIS	Geographic Information System
GPS	Global Positioning System
HIV	Human Immunodeficiency Virus
LAMPS	Learning and Monitoring Programme for Somalia
MoH	Ministry of Health
MTCT	Mother-to-child Transmission
NDP-9	National Development Plan-9
PAPFAM	Pan Arab Project for Family Health
PNC	Postnatal Care
PSU	Primary Sampling Unit
SDGs	Sustainable Development Goals
SNBS	Somalia National Bureau of Statistics
SSU	Secondary Sampling Unit
STI	Sexually Transmitted Infections
SWHDS	South West Health and Demographic Survey
SWS	South West State
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
ToT	Training of Trainers
TPM	Third Party Monitoring
TS	Temporary Settlement
UHC	Universal Health Coverage
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population
UNICEF	United Nations Children's Fund
US	United States
WHO	World Health Organization



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Introduction

1 INTRODUCTION

State Context:

1.1 History and politics

The South West State of Somalia, locally known as Koonfur Galbeed, is one of the Federal Member States of Somalia and is located in the south western part of Somalia. It is bordered by Ethiopia to the north, Jubaland to the west, and Hirshabelle and Benadir region to the east. The official capital of South West State is Barawe, located on the coast of the Indian Ocean, but the State administration is currently based in Baidoa. The residents widely speak the Maay of the Somali language. The South West State government consists of the judiciary, legislative, and executive.

The first attempt to establish the South West as an autonomous State dates back to April 2002, whereby Hasan Muhammad Nur Shatigadud lay out the foundation of the State as the third autonomous State to be established in Somalia. Unfortunately, the administration was dissolved in 2005. The State was again re-established for the second time in 2014 under article 49 of the Federal Government of Somalia's provisional constitution, which specifies that "based on a voluntary decision, two or more regions may merge to form a Federal Member State (FMS)." The South West State comprises of three regions, namely, Bakool, Bay, and Lower Shabelle regions.

Following the announcement of the establishment of the State, clan elders elected Sharif Hassan Sheikh Adan as the president of the South West State. During his era, all the branches of the government i.e. executive, judiciary, and legislative were put in place. He voluntarily resigned in late 2018. In the same year, Abdiazis Hassan Mohamed was elected as the second president of the State.

Last year, the South West State launched a five-year strategic plan for the period 2021-2025. The strategy is organized into four inter-related strategic pillars namely; (i) Inclusive and Accountable Politics and Reconciliation; (ii) Security and rule of law; (iii) Economic Development; and (iv) Social and Human Development. The SWS strategic plan is anchored on the National Development Plan-9 (NDP-9).

The strategy further identifies five (5) performance areas and developments as key to attaining the government's mandate, including effective service delivery, people development, key infrastructural development, enhanced security and justice, increased political participation, and inclusivity.

1.2. Economy

Agriculture and livestock have been the backbone of the economy; In the agriculture sector alone, the State has the potential to return some 11 million hectares of arable land particularly in the Lower Shabelle region to production (SWS Strategic Plan 2021- 2025).

The Lower Shabelle region in the South West is one of the most productive regions in Somalia, with integrated economic resources and food supplies to significant cities, including Mogadishu. The Shabelle river passes in the region, making farming the primary source of livelihood for the inhabitants. Bakool and Bay regions are agropastoral dependending on rainfall. The farmers grow different crops and also keep livestock for their livelihood. The State also has an extensive coastline along the Indian Ocean to the east. The sea has abundant fish and other natural marine resources. The fishing sector plays a significant role in shaping the economy of the South West State.

The private sector is active, growing and taking initiatives to make early, concerted public services and infrastructure investments. The private sector has taken admirable steps to promote potential public-private partnerships with the government. South West State also benefits from significant natural and human resource potential, with a large proportion of the population-based in rural areas with some of the most productive arable land in the country. Prospects for adequate returns on foreign investment that leverage these potentials are encouraging.

South West State has committed to the national vision of recovery and development that aims to reduce the high regional disparities in political and economic access, including standards and costs of living and access to essential services. The state is committed to make key short, medium and long-term investments in infrastructure that are poised to contribute to integrated

national development providing open and secure corridors between states and regions and between urban and rural areas (SWS Strategic Plan 2021- 2025).

1.3. Climate

Like the rest of Somalia, the South West has a hot tropical climate with minimum seasonal variations. The daily temperatures range from 19 to 37 degrees Celsius. The State has four seasons. Gu' and Deyr are the rainy seasons, while Haga and Jilal are the dry seasons. Most parts of the State experience low annual rainfall. However, due to the global climate change, these seasonal climate patterns have become unpredictable.

1.4. Health

Like other parts of Somalia, the South West's healthcare system has suffered inadequate funding, limited planning, and policy development. Three decades of civil conflict and instability have exacerbated the situation and contributed to the State having some of the lowest health indicators in the country. The State's health system is not well equipped to ensure adequate and equitable access to health care. This is especially evident in reproductive health, which relies heavily on the adequacy and availability of health services.

The State is facing challenges in delivering health services to it's population, including; poor health system, inadequately trained health professionals, and lack of financial resources. The health structure of the South West State has four levels: Regional/Referral Hospitals which is the highest level, District Hospitals, Health Centers, and Primary Health Units which are the lowest level. However, some of the health facilities are not functional. Some settlements in South West are under the administration of Alshabab militia, which has hampered access to health care, thus increasing the risk of maternal and child mortality.

Trends in morbidity and mortality have remained the same over the past years, with the general population affected mainly by preventable diseases including; diarrhea, acute respiratory infections (ARI), malaria, malnutrition, and other vaccine-preventable diseases. The population is also affected by non-communicable and psychiatric diseases, although their extent is underestimated because of the inadequate capacity in the health system to diagnose such.

The Ministry of Health (MoH) policies are centered on six priority areas, in line with the Somali health sector strategic plan. The State may fail to meet its health and nutrition targets without concerted and organised efforts to revitalise the health system.

The MOH supports South West to achieve better health, enabling them to participate in economic and social development and contribute to the alleviation of poverty (Ministry of Health, 2014). To achieve this target, the Government's health sector initiatives focus on the following objectives and priorities:

Service delivery: Scaling up of essential and fundamental health and nutrition services.
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 Organisations

The main objective of the South West Health and Demographic Survey (SWHDS) was to provide evidence on the health and demographic characteristics of the population that will guide the development of programmes and formulation of effective policies.

This information would also help monitor and evaluate national, subnational, and sector development plans, including the Sustainable Development Goals (SDGs), both by state, national, and development partners.

The specific objective of this demographic and health survey includes,

- Measuring fertility and birth spacing.
- Describing patterns of knowledge and awareness of Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs).
- Examine basic indicators of maternal and child health.
- Understand the extent and patterns of gender-based violence and female genital mutiliation/ cut (FGM/C).

1.6. Sample Design

The South West State Report is one of the series of reports generated from the Somali Health and Demographic Survey (SHDS) data. To obtain detailed information relating to the sample design and selection for the South West State Survey, refer to the Somali Health and Demographic Survey (SHDS) national report.

1.7. Questionnaires

Three different questionnaires were used in the SWHDS 2020:, the Household Questionnaire, and two individual questionnaires—Ever-married Woman's Questionnaire and Never married Woman's Questionnaire.

1.7.1. Household and Individual Questionnaires

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

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

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

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

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

- Background characteristics such as age, education, literacy and media exposure.

- Violence against women
- FGM
- Knowledge and attitudes relating to HIV

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

1.8. Training

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

1.8.1. Listing

Training of Trainers (ToT) sessions were conducted in Mogadishu, facilitated by technical staff from UNFPA. Three trainers were trained in household listing concepts (identification of structures, dwelling units, and EA boundaries), interview techniques, interviewers' and supervisors' roles, age probing techniques, fieldwork procedures, sampling techniques, the importance of data on births and deaths, recognising and handling age inconsistencies, and CSPro mobile data collection application. Thereafter, these trainers transferred the knowledge and skills to 49 data collectors from across the state in Bay and Bakool regions. A pre-test 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.

1.8.2. Main Survey Training

The UNFPA technical team trained 19 master trainers in October 2017 in Kigali, Rwanda. These master trainers were all Somali professionals who participated in developing and reviewing data collection tools. Consequently, along with the master trainers, UNFPA trained 51 trainers. Finally, 24 trainees from the State were trained (constituting 100 percent of the data collectors who had been drawn from the medical profession (nurses, midwives, and doctors). At the end of each training, a pretest was conducted using manual questionnaires and CAPI to ensure that all the trainees had acquired a minimum level of knowledge and skills required for the South West. The selection of supervisors was based on performance in both in-class assessments and field pretests.

1.9. Fieldwork

Data collection was carried out in two distinct phases: listing and main survey. Data collection in the nomadic areas was carried out almost simultaneously due to the mobility of nomadic households. The listing of households began in February 2018 and was completed in January 2019. Twelve teams carried out the fieldwork, each consisting of one supervisor, three 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, six data quality controllers (trainers, GIS staff, survey/ state directors, and regional coordinators) were coordinating and supervising fieldwork. In security-compromised areas, survey teams were supported by security guards and facilitators in the field.

1.9.1. Main Survey Data Collection

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

1.10. Data Processing

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

1.11. Response Rates

Table 1.1 presents response rates for the SWHDS 2020. A total of 600 households were selected for the sample, and 594 households were successfully interviewed, yielding a response rate of 99 percent. The SWHDS 2020 interviewed 630 women in the urban domains of Bay and Bakool.

1.12. Quality Assurance

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

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

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

Learning and Monitoring Programme for Somalia (LAMPS)– an Independent Third Party Monitoring (TPM), engaged by the Department for International Development (DfID) (now Foreign, Commonwealth and Development Office (FCDO)), provided periodical monitoring of SWHDS 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 SWHDS technical team with specific areas in which to improve the quality of SWHDS training and collection of data from selected households. LAMPS consistently rated SWHDS activities as delivered according to how they were designed and planned.

GPS tracking of field operations– During field data collection, the SWHDS 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 was adhered to. Further, the geo-referenced data aided in data editing.

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

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

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

1.13. Data Limitations

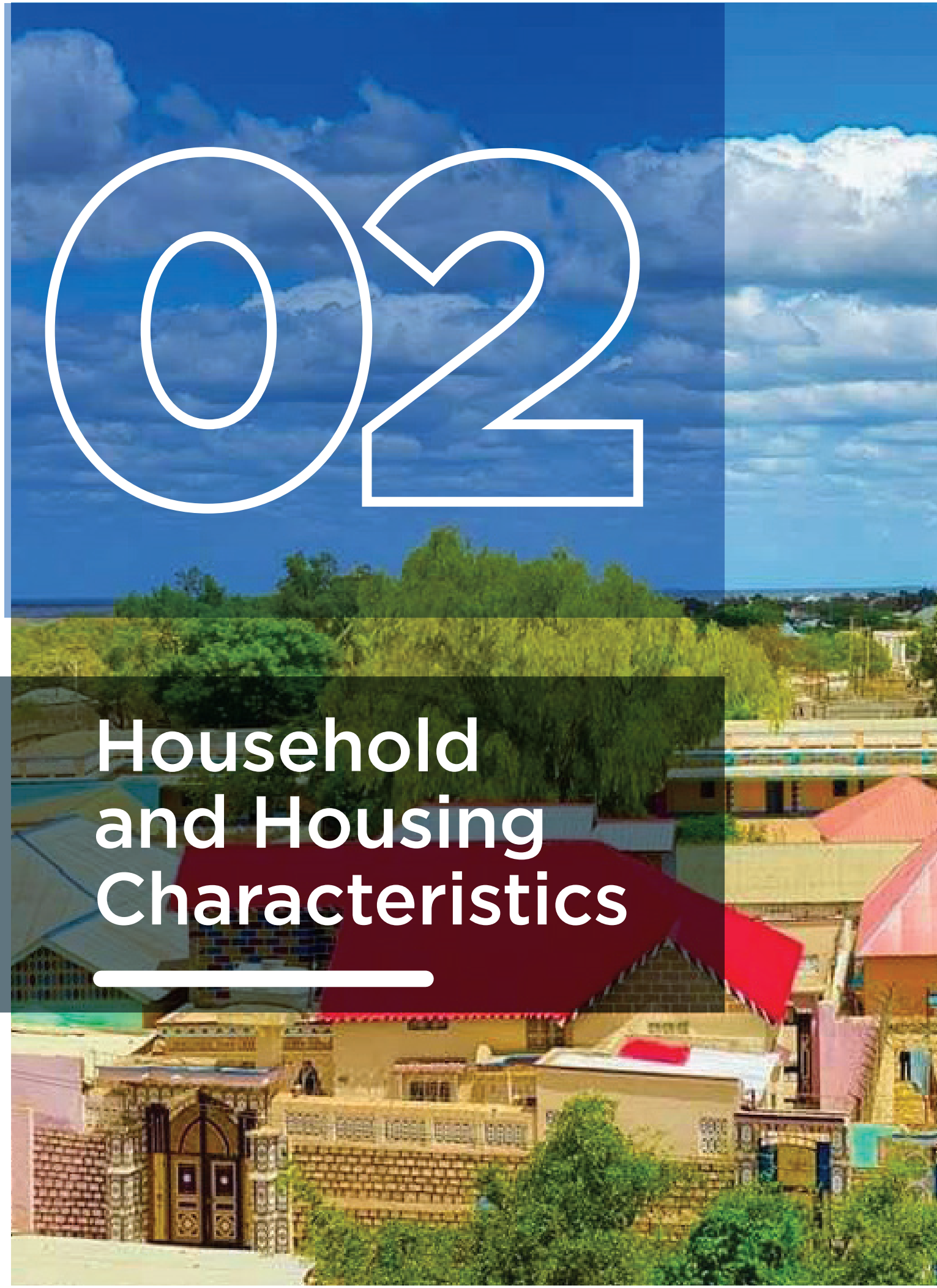
Somali Health and Demographic Survey (SHDS) data were collected from 16 out of 18 of the regions of the country, including urban, rural, and nomadic areas. The survey provides long-awaited information required by policy- and decision-makers, and all other relevant stakeholders to make evidence-based programme and policy decisions that deliver effective services to Somali people. Despite this remarkable achievement, there were challenges in most states, including security and accessibility; however, the challenges in the South West state were somehow many, which hindered data collection from all the three regions of the South West State.

The fieldwork teams in the Bakool region collected the data successfully from urban, rural, and nomadic areas. In contrast, only urban areas were covered in Bay region and no data was collected from rural and nomadic areas due to security reasons. Furthermore, the Lower Shabelle region in South West State was entirely inaccessible during the implementation of the fieldwork and no data was collected.

Due to the above-mentioned challenges, the ministries of planning and health of the South West State, and Somalia National Bureau of Statistics (SNBS), in consultation with the UNFPA technical team, finally agreed to produce a South West report which covers only urban areas in Bay and Bakool.

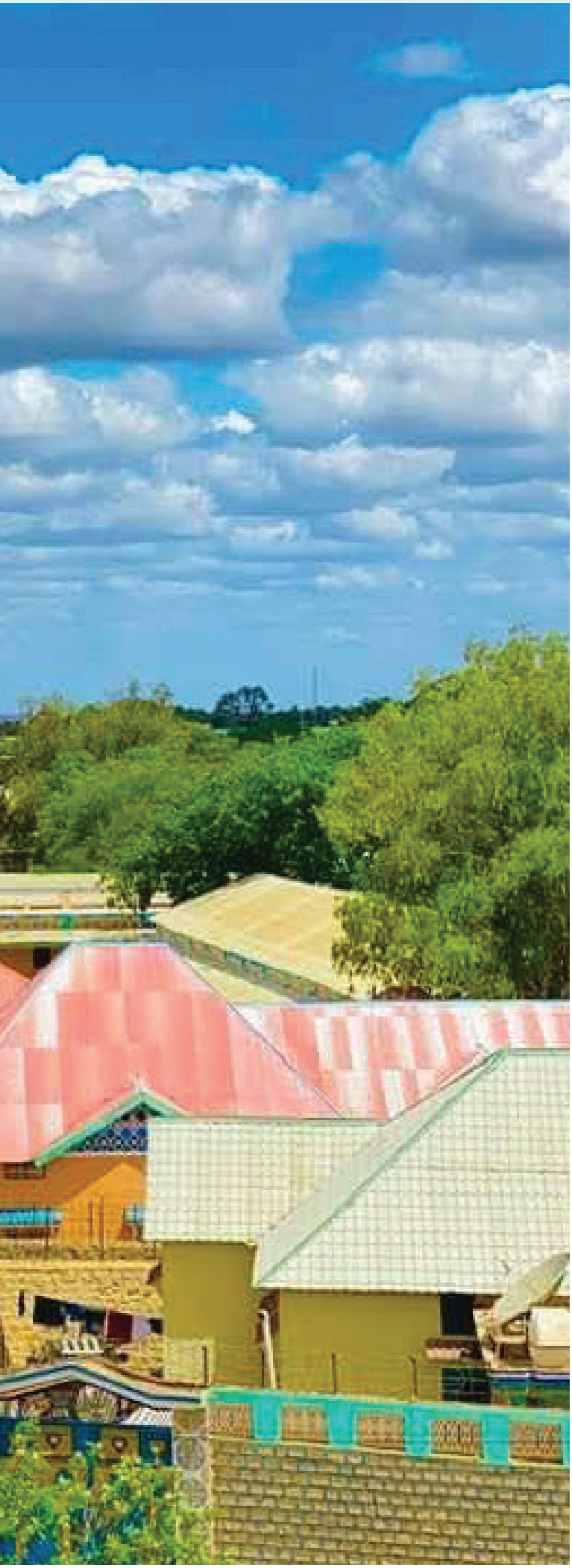
Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates,(unweighted), SHDS 2020	
Result	**Total (urban)**
Household interviews	
Selected households	600
Households interviewed	594
Household response rate	**99.0**
Interviews with all women aged 15-49	
Number of eligible women	650
Number of eligible women interviewed	630
Eligible women response rate	**96.9**



02

Household and Housing Characteristics



Key Findings

Age structure:
59 percent of the household members in Bay are below 15 years of age, compared to **58 percent** in Bakool.

Household headship:
31 percent of the household heads in Bay are women ,compared to **28 percent** in Bakool.

Drinking water:
52 percent of households in Bay use an improved source of drinking water, compared to **41 percent** in Bakool.

Sanitation:
82 percent of households in Bakool have an improved sanitation facility, compared to **38 percent** in Bay .

Mobile phone ownership:
95 percent of households in Bakool own a mobile phone, compared to **83 percent** in Bay.

2 HOUSEHOLD AND HOUSING Characteristics

The analysis in this chapter presents the socio-economic characteristics of the urban households and urban household members that were covered by the SWHDS 2020.

Information collected includes respondents' age, sex, educational status, type of region, household facilities, and possessions. The background characteristics of the households and household members presented in this chapter will assist in understanding the results of the SWHDS 2020 in the subsequent chapters. The findings also present critical information for social and economic development planning. The survey covered urban areas in Bay and Bakool. Information on the socio-economic characteristics of members was collected from all usual residents of a selected household (de jure population) and persons who had stayed in the surveyed household the night before the interview (de facto population). Although the difference between these two populations is small, all tables in this report refer to the de facto population unless otherwise specified to avoid double-counting.

BOX 2.1 Key definitions

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

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

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

Age in completed years (Age at last birthday)
This is the most common definition of age, where it is expressed as the number of completed years lived by a person. Other definitions include exact age, which is used mostly for modeling purposes, and age reached during the year.

2.1 Age and Sex Composition

In demographic analysis, age and sex are critical variables that are the primary basis of demographic classification in vital statistics, census, and surveys. They provide the base for studying mortality patterns, fertility, fertility preference, marriage, etc.

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

Table 2.1 presents the distribution of household members by age, and sex. The sex and age distribution of the urban household members is presented in the population pyramid in Figures 2.1 (a and b). The population pyramid for Bakool and Bay are typical of a developing country with high fertility and mortality rates, which demographically represents a young population.

The pyramid for the two regions have a broad base, with 59 percent of the population falling within the 0-14 age bracket in Bay and 58 percent in Bakool. It sharply narrows beyond the age 60, indicating high mortality rates among the older age groups. Around

two-thirds (69 percent) of the population in Bay are below the age of 20 years, whereas in Bakool this age group comprises of 67 percent of the population.

Seventy-eight percent of the population in Bay and Bakool are below 30 years. Youth in the age group 15-29 years constitute 20 percent of the household members and 19 percent in Bakool and Bay, repsectively. Three percent of the household population in Bakool are older people (65 years and above) and in Bay they make up 2 percent of the household population. The adolescent population is at 27 percent and 25 percent for Bay and Bakool, respectively.

Investment in youth to build their potential is critical for the development of the SWS, given their significant proportion in the total population. Investments in training, job creation, and youth-centred health services will boost economic development and reduce the risk of this critical population being recruited to the militia, forced migration, and other unlawful activities that risk their lives and drain the state's labour potential. Thirty-nine percent of the household members in Bakool and Bay are within the working-age population (15-64 years); this indicates the dependency burden which highlights the need for robust social support systems.

There are more boys than girls among children under 15 years of age and more women than men at older ages for urban areas in Bay and Bakool. This is a pattern observed universally, 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 than men.

The female population in Bakool and Bay that is within the childbearing age (15- 49 years) is almost the same at 36 percent and 35 percent, respectively; this affects future birth rates. A large number of potential mothers creates a population momentum, and it is a strong indication of a potential spike in population growth that is likely to be experienced in the coming years.

2.2 Household Composition

Table 2.2 presents analysis of the household composition, the distribution of households covered, by the sex of the head of household, and household size by region. The Table also shows the distribution of orphans and children under foster care across the households. Social changes and development have contributed heavily to changes in household structures. The composition or membership of households has essential consequences for the well-being of families and individuals. According to studies particularly from developed countries, lone-mother households are, on average, much more vulnerable to poverty than two-parent households (OECD, 2011). The older persons' psycho-social health and life satisfaction have also been linked to the composition of their households (UN,2017). The household structure is also associated with child health and schooling outcomes.

The household head is responsible for making critical decisions about the household and its members, including budgets, education, and health care. Thus, analysis of household headship is an essential factor in understanding the social and economic status of household members. Thirty-one percent of households

Figure 2.1a Household population in Bakool (urban) by age and sex

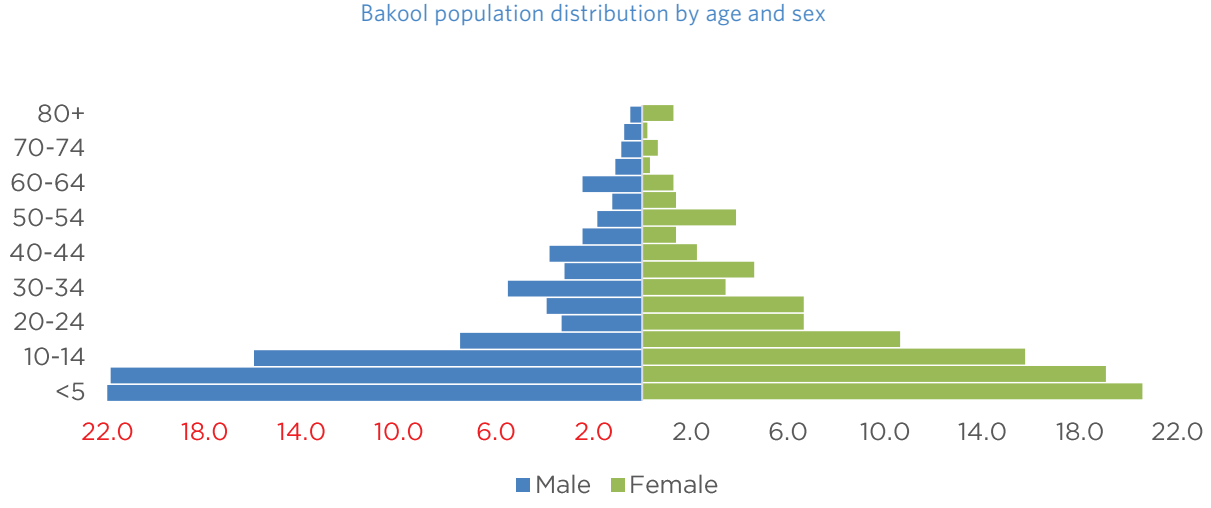
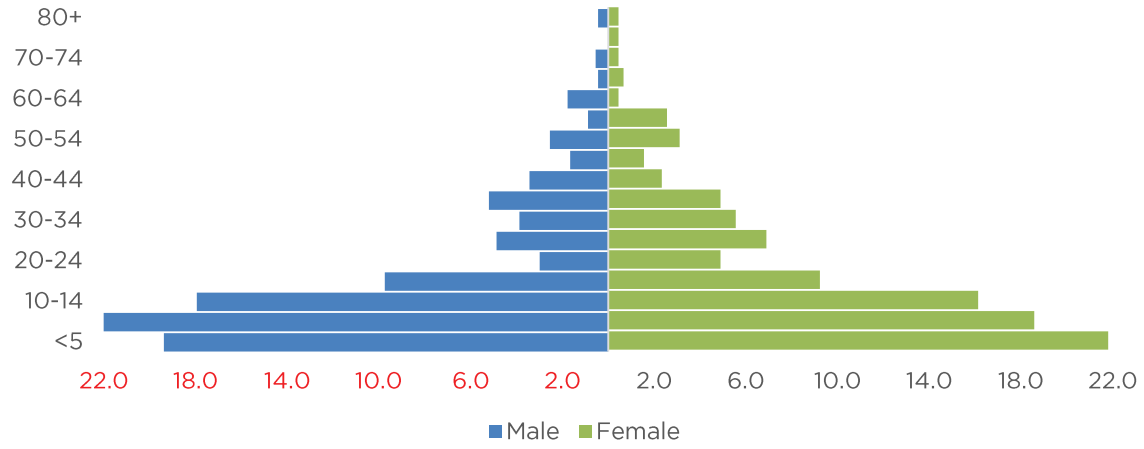


Figure 2.1b Household population In Bay (urban) by age and sex

Bay population distribution by age and sex



in Bay are female-headed compared to 28 percent of households in Bakool (Figure 2. 2).

The average household size of Bakool and Bay is the same, at six persons.

The households with one household member are higher in Bakool at 5 percent compared to Bay at less than 1 percent, while the households with at least 9 members are more common in Bakool at 20 percent compared to 14 percent in Bay.

Thirty-two percent of the households in Bay have a foster child, compared to 28 percent in Bakool .

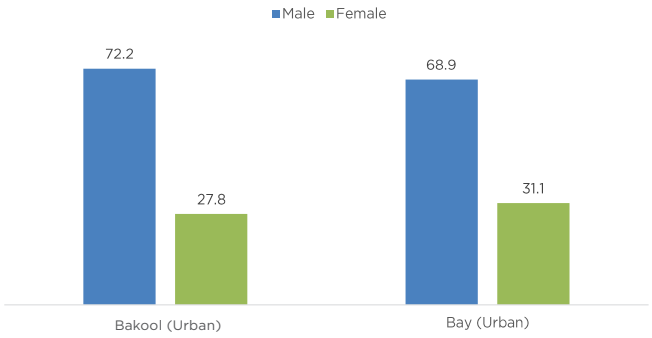
2.3 Housing Characteristics

2.3.1. Water Supply

Access to clean drinking water is one of the SDGs and a target outlined in Somalia's National Development Plan (NDP) 9. The source of water available to a community is one of the key determinants of the community's health, particularly the health of children. Water-borne diseases are more prevalent where the community lacks access to a safe water source, particularly for drinking. Access to water is also a determinant of hygiene conditions. Where people do not access water easily, priority is for drinking and cooking. Hygiene practices such as washing hands after visiting the toilet, before preparing meals, or before eating are usually nonexistent or at the very minimum.

Figure 2.2. Household headship

Percent distribution of households by sex of household head and region



The source of drinking water for a household indicates how safe it is to consume. Sources that are likely to provide uncontaminated water suitable for drinking are known as improved water sources. Water contamination can occur at the source, during transportation, or storage. Table 2.3a presents an analysis of household water sources, and 2.3b shows the water treatment.

According to the survey, 41 percent of households in Bakool get their drinking water from improved water sources, while 52 percent of households in Bay get their drinking water from improved water sources (Figure 2.3).

Forty-seven percent of households in Bay have access to water within their premises, compared to 41 percent in Bakool. Conversely, fifty-one percent of the households in Bakool travel for less than 30 minutes to get water compared to 36 percent of Bay households. However, Bay has more households that travel further to get water. In Bay 17 percent of households travel longer than 30 minutes for water compated to 8 percent of households in Bakool.

As shown in Table 2.3b, 71 percent of households in Bakool and 66 percent of those in Bay do not treat their drinking water. Among the households that treat their drinking water, 34 percent of those in Bay and 29 percent of those in Bakool use appropriate methods to treat their drinking water. The most common water treatment method is bleach/chlorine reported by 33 percent of households in Bay and 28 percent of those in Bakool.

2.3.2. Sanitation Facilities

Adequate means of sanitation and waste disposal in addition to disease prevention also protects human dignity. Poor sanitation is associated with various diseases, including diarrhoeal diseases. Studies have shown that improved sanitation can reduce diarrheal disease by more than a third (Cairncross S., Hunt C., Boisson S., et al. 2010) among 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.

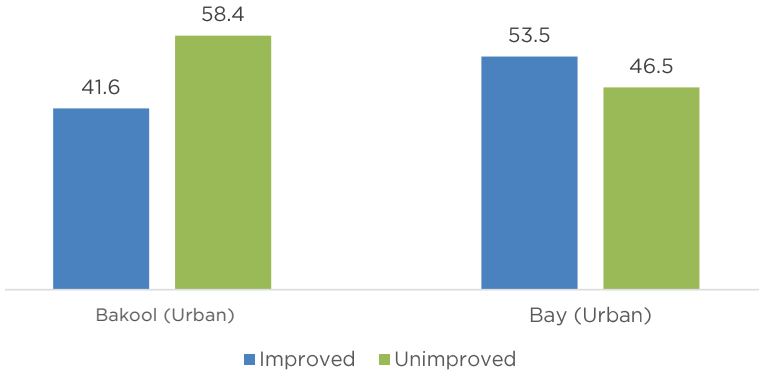
The survey considers improved toilets as those that flush or pour flush into a piped sewer system or septic tank. A household is classified as having a basic toilet facility if only members of one household use the toilet (i.e. it is not shared) and if the facility used by the household separates the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

Table 2.4 and Figure 2.4 show that 82 percent of Bakool households use improved sanitation facilities, 8 percent use unimproved sanitation facilities, and 10 percent use open defecation. In contrast, 38 percent of Bay households use improved sanitation facilities, 58 percent use unimproved sanitation facilities, and 4 percent use open defecation.

Twenty-eight percent of households in Bakool and 14 percent of Bay households have access to a basic sanitation service, while 54 percent of Bakool households and 24 percent of Bay households have a limited facility.

Figure 2.3 Household drinking water

Percent distribution of population by source of drinking water



2.3.3. Flooring Material, Lighting, and Cooking Fuel

Table 2.5 presents the distribution of households by dwelling characteristics and amenities. Twenty-nine percent of the households in Bay use electricity compared to only 3 percent in Bakool. The kind of flooring used in a house can indicate the economic status of its inhabitants. Seventy-six percent of the houses' flooring materials in Bay are earth/sand compared to 54 percent in Bakool.

Fifty-five percent of the households in Bay and 46 percent in Bakool have only one room in their dwelling. Given an average household size of 6 persons, the households are crowded, thus making them vulnerable to diseases. Urban housing policies such as affordable/social housing schemes are needed to address the crowding.

Firewood is the most common source of cooking fuel in Bakool and Bay used by 89 percent and 61 percent of households, respectively. Only 2 percent of the households in Bay use a clean source of energy for cooking, which has significant repercussions on the population's health, particularly women. No household in Bakool uses a clean source of energy for cooking.

2.4 Household Possessions

Information on the ownership of durable goods and other possessions is presented in Table 2.6. Increased exposure to the availability of durable consumer goods indicates a household's socio-economic status and access to various benefits. For example, access to radio, television, and mobile phone can provide innovative ideas, whereas transport vehicles can provide services outside of the local area.

As shown in Figure 2.5, 22 percent of households in Bay and 12 percent of households in Bakool own a Radio. Ninety-five percent of Bakool households own a mobile phone compared to 83 percent in Bay. Very few households have internet access in both Bakool and Bay at 7 percent and 6 percent, respectively.

Figure 2.4 Household sanitation facilities

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

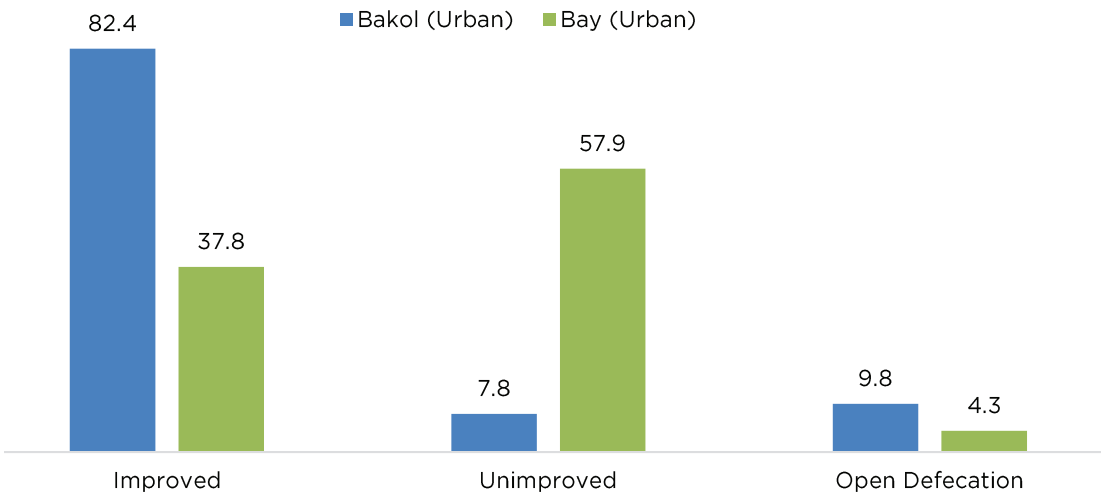
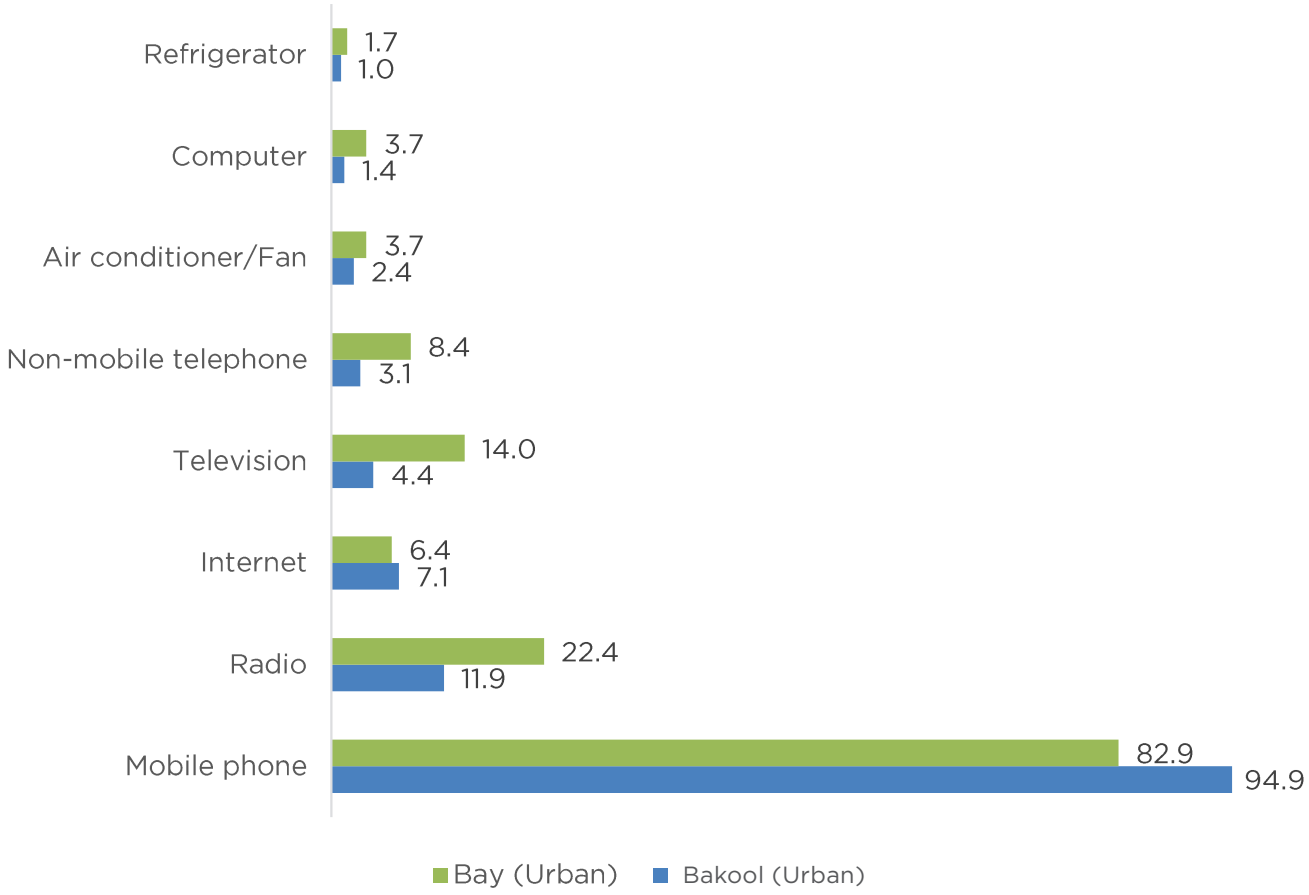


Figure 2.5 Household possessions



List of Tables

Table 2.1 Household population by age, sex, and region

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 region, SWHDS 2020

	Bakool (urban)			Bay (urban)		
Age	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
<5	23.7	20.6	22.0	19.4	21.8	20.6
5-9	21.9	19.1	20.4	24.3	18.6	21.4
10-14	16.0	15.8	15.9	17.9	16.1	17.0
15-19	7.5	10.6	9.2	9.7	9.2	9.5
20-24	3.3	6.6	5.1	3.0	4.9	3.9
25-29	3.9	6.6	5.4	4.9	6.9	5.9
30-34	5.5	3.4	4.4	3.9	5.6	4.7
35-39	3.2	4.6	3.9	5.2	4.9	5.0
40-44	3.8	2.3	3.0	3.4	2.3	2.9
45-49	2.5	1.4	1.9	1.7	1.6	1.6
50-54	1.8	3.9	2.9	2.5	3.1	2.8
55-59	1.2	1.4	1.3	0.9	2.6	1.7
60-64	2.5	1.3	1.8	1.8	0.4	1.1
65-69	1.1	0.3	0.7	0.4	0.7	0.6
70-74	0.9	0.6	0.7	0.6	0.4	0.5
75-79	0.7	0.2	0.5	0.0	0.4	0.2
80+	0.5	1.3	0.9	0.4	0.4	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Dependency Age Groups						
0-14	61.5	55.4	58.3	61.6	56.5	59.0
15-64	35.3	42.1	38.9	37.0	41.5	39.2
65+	3.2	2.5	2.8	1.4	2.0	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Child and adult populations						
0-17	66.7	63.2	64.9	68.5	62.1	65.3
18+	33.3	36.8	35.1	31.5	37.9	34.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Adolescents 10-19	23.5	26.4	25.0	27.7	25.4	26.5
Number of persons	814	933	1,747	903	899	1,802

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 region, SWHDS 2020

Background characteristics	Bakool (urban)	Bay (urban)
Household headship		
Male	72.2	68.9
Female	27.8	31.1
Total	100.0	100.0
Number of usual members		
1	4.7	0.3
2	4.4	6.4
3	9.8	10.7
4	14.2	10.7
5	13.9	14.0
6	12.2	19.1
7	12.9	14.0
8	8.1	10.4
9+	19.7	14.4
Total	100.0	100.0
Mean size of households	6.0	6.1
Percentage of households with orphans and foster children under 18		
Foster children [1]	16.6	13.7
Double orphans	1.4	4.3
Single orphans [2]	12.9	18.7
Foster and/or orphan children	28.1	31.8
Number of households	295	299

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

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

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

Table 2.3a Household drinking water

Percent distribution of Households by source of drinking water, time to obtain drinking water, according to region, SWHDS 2020

Source of drinking water	Bakool (urban)		Bay (urban)	
	Household	Polulation	Household	Polulation
Improved source	41.0	41.6	52.2	53.5
Piped water into dwelling/ yard/plot	1.4	1.5	28.4	30.9
Piped to neighbor	1.0	0.3	3.7	3.3
Public tab/ standpipe	2.7	2.7	12.4	11.6
Tube well/ borehole	4.1	4.5	5.4	5.2
Protected dug well	26.8	27.7	2.3	2.5
Protected spring	3.7	3.6	0.0	0.0
Rainwater	1.4	1.3	0.0	0.0
Bottled water	0.0	0.0	0.0	0.0
Non-improved source	59.0	58.4	47.8	46.5
Unprotected well	45.8	45.3	2.7	3.0
Unprotected spring	7.5	7.4	0.3	0.4
Tanker truck/cart with drum	3.1	3.2	44.5	42.7
Water Kiosk	0.7	0.7	0.0	0.0
Surface water	2.0	1.6	0.3	0.3
Others	0.0	0.0	0.0	0.0
Missing	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)				
Water on premises[1]	40.7	43.0	46.8	48.6
Less than 30 minutes	51.2	49.1	36.1	34.4
30 minutes or longer	7.8	7.7	17.1	17.0
DK/Missing	0.3	0.2	0.0	0.0
Total	100.0	100.0	100.0	100.0
Drinking water service				
Percentage with basic drinking water service[2]	38.6	39.3	46.8	48.2
Percentage with limited drinking water service[3]	2.0	2.2	5.4	5.4
Number of Households	295	1,760	299	1,817

[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 lessIncludes safely managed
[3] Drinking water from an improved source, provided round-trip collection time is more than 30 minutes

Table 2.3b 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 region, SWHDS 2020

Water treatment method	Bakool (urban)		Bay (urban)	
	Household	Polulation	Household	Polulation
Water treatment prior to drinking[1]				
Boiled	3.1	2.4	9.7	11.0
Bleach/chlorine added	28.1	28.5	33.4	37.2
Strained through cloth	0.0	0.0	0.0	0.0
Ceramic, sand or other filter	0.0	0.0	0.0	0.0
Solar disinfection	0.0	0.0	0.0	0.0
Let it stand and settle	0.0	0.0	0.0	0.0
Other treatment	0.0	0.0	0.3	0.3
No treatment	70.5	70.2	65.6	61.9
Don't Know	29.2	29.1	34.4	38.1
Percentage using an appropriate treatment method[2]	29.2	29.1	34.1	37.8
Number of households	295	1,760	299	1,817

Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.
[1] Appropriate water treatment methods include boiling, bleaching, straining, filtering and solar disinfecting

Table 2.4 Household sanitation facilities

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

Type of toilet/latrine facility	Bakool (urban)		Bay (urban)	
	Households	Population	Households	Population
Improved facility	82.4	85.1	37.8	39.0
Flush/pour to septic tank	0.0	25.9	1.0	0.9
Flush/pour to a pit latrine	0.0	0.0	6.4	7.6
Ventilated improved pit (VIP) latrine	0.7	0.9	4.3	3.9
Pit latrine with a slab	56.6	58.4	26.1	26.5
Non-improved facility	7.8	6.2	57.9	57.2
Flush to some where else	0.0	0.0	0.7	0.6
Pit latrine without slab/Open latrine	7.5	5.8	55.5	54.6
Bucket toilet	0.0	0.0	0.3	0.6
Others	0.3	0.4	1.3	1.5
Open Defecation	9.8	8.8	4.3	3.8
Location of toilet facility				
In own dwelling	16.6	18.0	30.4	33.6
In own Yard/Plot	66.4	67.2	34.4	34.7
Else Where	7.1	6.0	29.1	26.7
Total	100.0	100.0	100.0	100.0
Percentage with basic sanitation service	28.1	32.8	14.0	17.7
Percentage with limited sanitation service	54.2	52.3	23.7	21.4
Number of households	295	1,760	299	1,817

Table 2.5 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 region, SWHDS 2020

Housing characteristics	Bakool (urban)		Bay (urban)	
	Household	Polulation	Household	Polulation
Electricity				
Yes	3.1	3.2	29.4	33.8
No	96.9	96.8	70.6	66.2
Total	100.0	100.0	100.0	100.0
Flooring material				
Earth/Sand	53.6	54.3	75.6	72.9
Dung	15.9	15.0	0.3	0.3
Grass	0.7	0.6	1.7	1.5
Wooden Planks	0.0	0.0	2.3	2.4
Palm/Bamboo	0.7	1.0	1.7	1.5
Parquet/Polished wood	7.5	7.0	1.0	1.2
Vinyl/Asphalt Strips	4.4	4.5	0.7	0.5
Ceramic Tiles	0.0	0.0	0.3	0.8
Cement	17.3	17.6	15.1	17.4
Carpet	0.0	0.0	0.7	0.9
Others	0.0	0.0	0.7	0.7
Total	100.0	100.0	100.0	100.0
Rooms used for sleeping				
One	46.1	35.5	54.8	45.8
Two	39.7	44.1	28.4	30.2
Three or more	14.2	20.3	16.7	24.0
Total	100.0	100.0	100.0	100.0
Place for cooking				
In the house	33.2	32.8	31.8	32.6
In a separate building	39.3	42.8	22.4	25.4
Outdoors	23.4	23.6	45.5	41.4
Others	4.1	0.8	0.3	0.6
Total	100.0	100.0	100.0	100.0
Cooking fuel				
Electricity	0.0	0.0	1.7	1.8
Firewood	88.5	90.7	61.2	59.6
Charcoal	7.5	8.5	27.8	29.9
Straw/shrubs/grass	0.0	0.0	0.3	0.2
Agricultural crop	0.0	0.0	8.7	8.0
No food cooked in the household	4.1	0.8	0.3	0.6
Total	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	95.9	99.2	98.0	97.6
Percentage using clean fuel for cooking[2]	0.0	0.0	1.7	1.8
Number of Households	295	1,760	299	1,817

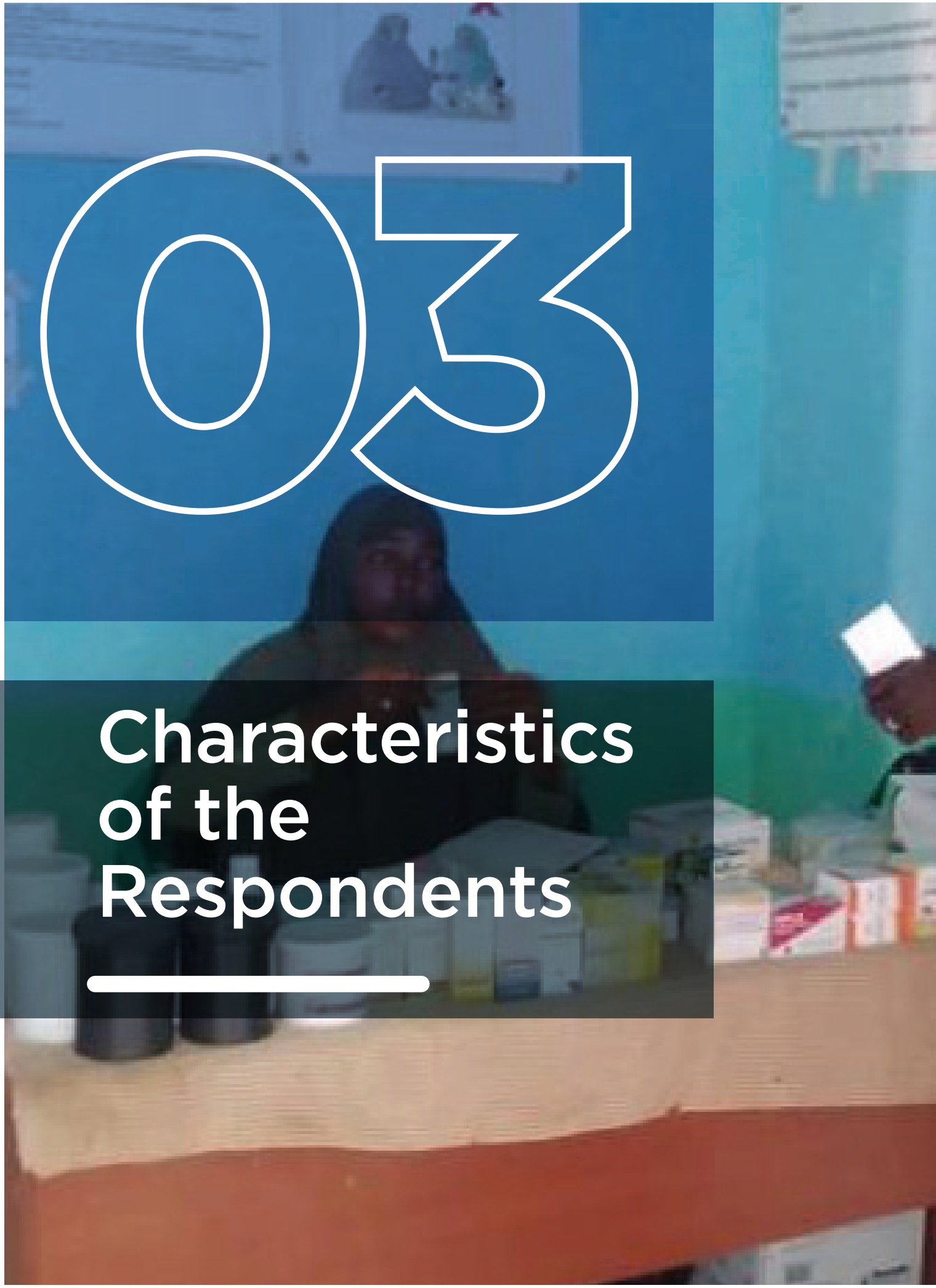
LPG = Liquid petroleum gas
[1] Includes coal/lignite, charcoal, wood, straw/shrubs/grass, agricultural crops, and animal dung
[2] Includes electricity and LPG/natural gas/biogas

Table 2.6 Household possessions

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

Possession	Bakool (urban)	Bay (urban)
Household effects		
Radio	11.9	22.4
Television	4.4	14.0
Refrigerator	1.0	1.7
Mobile phone	94.9	82.9
Non-mobile telephone	3.1	8.4
Computer	1.4	3.7
Internet	7.1	6.4
Air conditioner/Fan	2.4	3.7
Means of transport		
Bicycle	0.7	1.7
Motorcycle/scoote	1.7	0.0
Donkey cart	1.4	1.3
Car/truck	1.7	0.7
Boat /Canoe	0.0	0.0
Tractor	0.0	0.0
Rickshaw	0.3	3.7
Animal plough	1.4	0.3
Ownership of agriculture land	30.8	27.4
Ownership of livestock	44.4	13.7
Livestock lost	23.4	18.7
Number of households	295	299

[1] Camel cattle, shoats horses, donkeys, poultry



03

Characteristics of the Respondents

Key Findings

Educational attainment:
80 percent of women in Bay have never attended school at all, compared to **66 percent** of women in Bakool.

Literacy:
34 percent of women in Bakool are literate, compared to **25 percent** in Bay.

Access to media:
90 percent of women in Bakool have no access to newspapers, radio, or television at least once a week, compared to **88 percent** in Bay.

Employment:
19 percent of ever-married women in Bakool were currently employed, compared to **16 percent** in Bay.

3 Characteristics OF THE RESPONDENTS

This chapter presents information on the individual demographic and socioeconomic characteristics of the survey respondents who were interviewed in urban areas of Bay and Bakool residents for the SWHDS 2020. For information presented in this chapter, enumerators administered questions to never-married and ever-married women. Questions on educational attainment, literacy, and exposure to mass media were administered to both never-married and ever-married women, whereas questions on employment status and type of employment 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, and education in urban areas of Bay and Bakool.

Thirty percent of the women in Bakool were 15-19 years for the time of the interview. Among the never married, 87 percent were in this age group, compared to 10 percent among the ever-married women. In Bay region, 24 percent of the women interviewed were within 15-19 years. Among the never married women in Bay, 89 percent of those in the age group (15-19) had never married while 11 percent had ever married.

In Bakool, 69 percent of women interviewed were currently married, 27 percent had never married, 3 percent were divorced, and 2 percent were widowed. In Bay, 73 percent of women interviewed were currently married, 17 percent had never married, 8 percent were divorced, and 3 percent were widowed.

Women's education attainment is low in Bay compared to Bakool at 80 percent and 66 percent, respectively. In both Bakool and Bay, the never-married women are more likely to have attended school compared to the ever married. In Bakool, 78 percent of ever-married women have no education, compared to 31 percent among those who have never married. In Bay, 85 percent of the ever married women have no education compared to 53 percent among those who have never married.

3.2 Educational Attainment

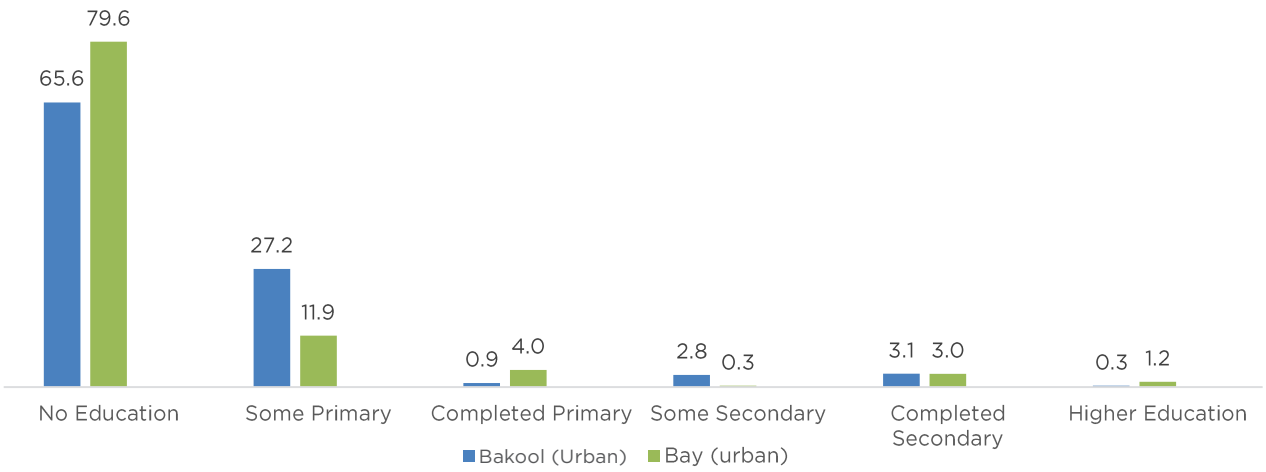
Table 3.2 presents the distribution of women aged 15-49 by educational attainment. The findings show that, educational attainment among women in Bay is low; 80 percent of women aged 15-49 in Bay have not attended any formal schooling compared to 66 percent in Bakool. Four percent in Bay completed primary school compared to 1 percent in Bakool, while 3 percent of women in Bakool, and Bay completed secondary school. Less than 1 percent of women in Bakool have higher education with 1 percent in Bay reporting they have attained higher education (Figure 3.1).

3.3 Literacy

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

Figure 3.1 Educational attainment

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

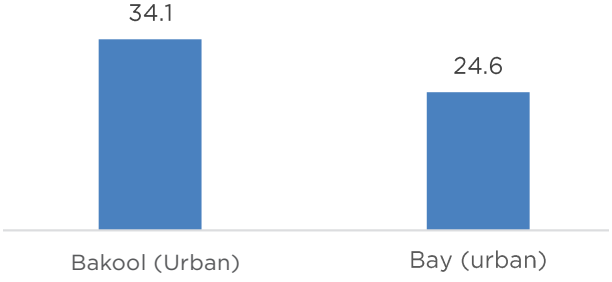


The SWHDS 2020 assessed literacy levels among women aged 15-49 who had never been to school or who had primary or secondary levels of education by asking them to read all or part of a sentence in Somali or English. Anyone who could read a sentence in any other language was also considered a literate person. Those with a higher level of education were assumed to be literate without administering a reading test.

Table 3.3 presents the literacy of the respondents by background characteristics. The table shows that 34 percent of women aged 15-49 in Bakool are literate, compared to 25 percent in urban areas in Bay (Figure 3.2).

Figure 3:2 Litereacy

Percent distribution of women aged 15-49 who are literate by region



3.4 Exposure to Mass Media

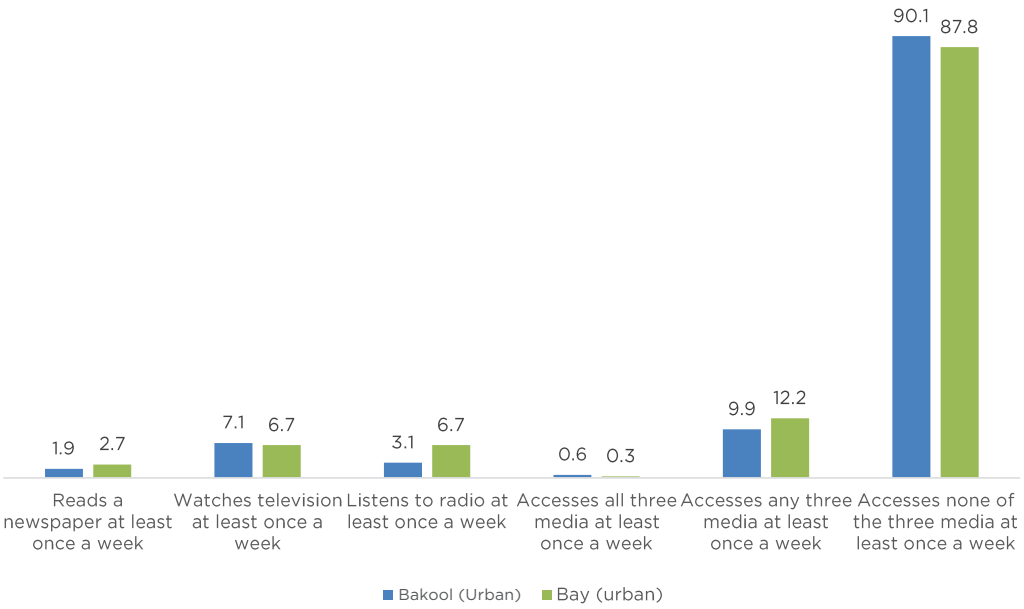
The survey collected information on the exposure of women respondents to both broadcast and print media. Respondents were asked how often they read a newspaper, watch television, or listen to the radio. This information indicates the extent to which women are regularly exposed to mass media and can be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

Table 3.4 and Figure 3.3 show that 90 percent of women aged 15-49 in Bakool did not access any of the three forms of media—newspaper, radio, and television at least once a week compared to 88 percent of women in Bay.

In Bakool, 7 percent of women watch television at least once a week, 3 percent listen to the radio at least once a week, and 2 percent read newspapers at least once a week. In Bay, women who watch television and those who listen to radio at least once a week were 7 percent each, while 3 percent read newspapers at least once a week.

Figure 3.3 Exposure to mass media: Women

Percentage of All women age 15-49 who are exposed to specific media on a weekly basis, by region



3.5 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 categorised as currently employed if they had worked in the seven days preceding the survey.

Table 3.5 and Figure 3.4 show the employment status of Bay and Bakool urban residents of ever-married women, by background characteristics. The respondent's employment status in urban areas in Bakool and Bay is low. Nineteen percent of ever-married women in Bakool were employed at the time of the survey compared to 16 percent in Bay. Two percent of women in Bay and 1 percent of women in Bakool were not currently employed but had worked in the 12 months preceding the survey. Eighty-two percent of ever-married women in Bay were not employed in the 12 months prior to the survey, compared to 79 percent in Bakool.

The proportion of women not employed decreases with an increase in the number of living children. In Bakool, the percentage of women with 1-2 children who had not been employed in the 12 months prior to the survey was 90 percent compared to 71 percent with women with five or more children. The same pattern was observed in Bay, 94 percent of women with 1-2 children had not been employed in the 12 months prior to the survey, compared to 75 percent with women with five or more children.

3.6 Type of Employment

Table 3.6 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.

Overall, 86 percent of women in Bay were paid in cash only, compared to 80 percent women in Bakool. Fourteen percent of women in Bakool and 12 percent of women in Bay were not paid for their work (Figure 3.5).

The data by type of employer shows that 56 percent of the ever-married women in Bakool and 33 percent of women in Bay were employed by a family member. In contrast, 65 percent of ever-married women in Bay and 34 percent of ever-married women in Bakool were self-employed. Eighty percent of the women in Bakool and 47 percent in Bay were employed all year round.

Figure 3.4 Employment status: Women

Percent distribution of women age 15-49 by employment status by region

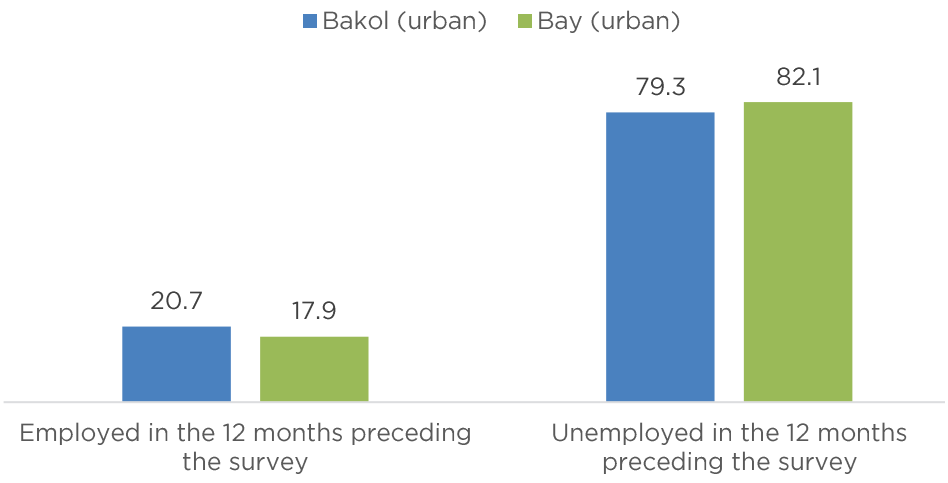
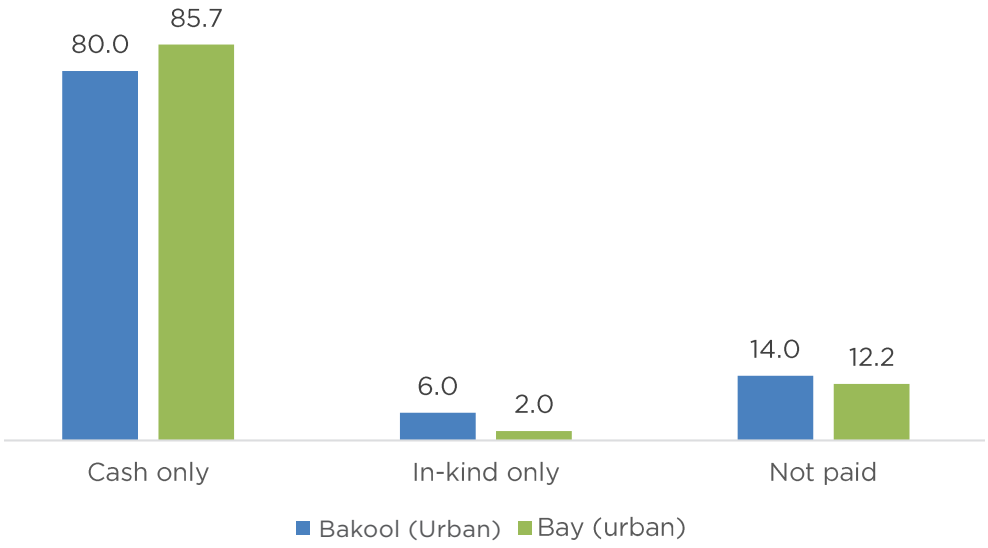


Figure 3.5 Type of Earnings

Percent distribution of ever married women age 15-49 employed in the 12 months preceding the survey by type of earnings and region



List of Tables

Table 3.1 Background characteristics of respondents

Percentage of All women age 15-49 selected background characteristics, SWHDS 2020

Background characteristics	Ever-married Women		Never-married women		All women	
	Unweighted percentage	Unweighted number	Unweighted percentage	Unweighted number	Unweighted percentage	UnWeighted number
Bakool (urban)						
Age						
15-19	9.7	23	87.2	75	30.3	98
20-24	22.4	53	10.5	9	19.2	62
25-29	25.3	60	1.2	1	18.9	61
30-34	12.2	29	1.2	1	9.3	30
35-39	17.3	41	0.0	0	12.7	41
40-44	7.6	18	0.0	0	5.6	18
45-49	5.5	13	0.0	0	4.0	13
Marital status						
Never married	na	na	100.0	86	26.6	86
Married	94.1	223	na	na	69.0	223
Divorced/separated	3.8	9	na	na	2.8	9
Widowed	2.1	5	na	na	1.5	5
Education						
No Education	78.1	185	31.4	27	65.6	212
Primary	18.1	43	55.8	48	28.2	91
Secondary	3.8	9	11.6	10	5.9	19
Higher	0.0	0	1.2	1	0.3	1
Total 15-49	100.0	237	100.0	86	100.0	323
Bay (urban)						
Age						
15-19	10.6	29	89.1	49	23.7	78
20-24	15.3	42	7.3	4	14.0	46
25-29	22.3	61	3.6	2	19.1	63
30-34	19.0	52	0.0	0	15.8	52
35-39	17.5	48	0.0	0	14.6	48
40-44	9.1	25	0.0	0	7.6	25
45-49	6.2	17	0.0	0	5.2	17
Marital status						
Never married	na	na	0.0	0	16.7	55
Married	87.6	240	100.0	55	72.9	240
Divorced/separated	9.1	25	na	na	7.6	25
Widowed	3.3	9	na	na	2.7	9
Education						
No Education	85.0	233	52.7	29	79.6	262
Primary	12.4	34	32.7	18	15.8	52
Secondary	2.2	6	9.1	5	3.3	11
Higher	0.4	1	5.5	3	1.2	4
Total 15-49	100.0	274	100.0	55	100.0	329

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

Table 3.2 Educational attainment: Women

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

Background characteristics	Highest level of schooling						Total	Number of women
	No education	Some Primary	Completed Primary[1]	Some Secondary	Completed Secondary[2]	Higher Education		
Bakool (urban)								
Age group								
15-24	54.4	36.3	1.3	3.8	4.4	0.0	100.0	160
15-19	37.8	50.0	2.0	4.1	6.1	0.0	100.0	98
20-24	80.6	14.5	0.0	3.2	1.6	0.0	100.0	62
25-29	75.4	14.8	0.0	3.3	4.9	1.6	100.0	61
30-34	73.3	26.7	0.0	0.0	0.0	0.0	100.0	30
35-39	82.9	17.1	0.0	0.0	0.0	0.0	100.0	41
40-44	*	*	*	*	*	*	100.0	18
45-49	*	*	*	*	*	*	100.0	13
Total	65.6	27.2	0.9	2.8	3.1	0.3	100.0	323
Bay (urban)								
Age group								
15-24	65.3	18.5	7.3	0.8	5.6	2.4	100.0	124
15-19	61.5	19.2	9.0	1.3	5.1	3.8	100.0	78
20-24	71.7	17.4	4.3	0.0	6.5	0.0	100.0	46
25-29	84.1	11.1	4.8	0.0	0.0	0.0	100.0	63
30-34	82.7	11.5	1.9	0.0	3.8	0.0	100.0	52
35-39	95.8	2.1	0.0	0.0	2.1	0.0	100.0	48
40-44	92.0	8.0	0.0	0.0	0.0	0.0	100.0	25
45-49	*	*	*	*	*	*	100.0	17
Total	79.6	11.9	4.0	0.3	3.0	1.2	100.0	329

[1] Completed 8th grade at the primary level
[2] Completed 12th grade at the secondary level
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

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, SWHDS 2020

Background characteristics	No schooling or primary school or Secondary							
	Higher education	Can read a whole sentence	Can read part of the sentence	Cannot read at all	No card with required language	Total	Percentage literate[1]	Number of women
Bakool (urban)								
Age								
15-24	0.0	7.5	37.5	54.4	0.6	100.0	45.0	160
15-19	0.0	10.2	52.0	36.7	1.0	100.0	62.2	98
20-24	0.0	3.2	14.5	82.3	0.0	100.0	17.7	62
25-29	1.6	8.2	19.7	70.5	0.0	100.0	29.5	61
30-34	0.0	0.0	23.3	76.7	0.0	100.0	23.3	30
35-39	0.0	0.0	14.6	82.9	2.4	100.0	14.6	41
40-44	*	*	*	*	*	100.0	*	18
45-49	*	*	*	*	*	100.0	*	13
Total	0.3	5.9	27.9	65.0	0.9	100.0	34.1	323
Bay (urban)								
Age								
15-24	2.4	21.8	17.7	56.5	1.6	100.0	41.9	124
15-19	3.8	24.4	17.9	52.6	1.3	100.0	46.2	78
20-24	0.0	17.4	17.4	63.0	2.2	100.0	34.8	46
25-29	0.0	6.3	14.3	74.6	4.8	100.0	20.6	63
30-34	0.0	11.5	9.6	71.2	7.7	100.0	21.2	52
35-39	0.0	2.1	2.1	93.8	2.1	100.0	4.2	48
40-44	0.0	4.0	4.0	80.0	12.0	100.0	8.0	25
45-49	*	*	*	*	*	100.0	*	17
Total	1.2	11.9	11.6	71.4	4.0	100.0	24.6	329

[1] Refers to women who attended higher education and women who can read a whole sentence or part of the sentence
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

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, SWHDS 2020

Background characteristics	Reads a newspaper at least once a week	Watches television at least once a week	Listens to radio at least once a week	Accesses all three media at least once a week	Accesses any three media at least once a week	Accesses none of the three media at least once a week	Number of women
Bakool (urban)							
Age							
15-19	4.1	11.2	2.0	1.0	14.3	85.7	98
20-24	1.6	3.2	0.0	0.0	3.2	96.8	62
25-29	1.6	13.1	6.6	1.6	18.0	82.0	61
30-34	0.0	0.0	3.3	0.0	3.3	96.7	30
35-39	0.0	0.0	2.4	0.0	2.4	97.6	41
40-44	*	*	*	*	*	*	18
45-49	*	*	*	*	*	*	13
Total	1.9	7.1	3.1	0.6	9.9	90.1	323
Bay (urban)							
Age							
15-19	7.7	7.7	14.1	1.3	19.2	80.8	78
20-24	2.2	8.7	8.7	0.0	13.0	87.0	46
25-29	1.6	7.9	4.8	0.0	14.3	85.7	63
30-34	1.9	7.7	1.9	0.0	9.6	90.4	52
35-39	0.0	4.2	6.3	0.0	8.3	91.7	48
40-44	0.0	4.0	0.0	0.0	4.0	96.0	25
45-49	*	*	*	*	*	*	17
Total	2.7	6.7	6.7	0.3	12.2	87.8	329

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

Table 3.5 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, SWHDS 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			
Bakool (urban)					
Number of living children					
0	*	*	*	100.0	17
1-2	10.0	0.0	90.0	100.0	60
3-4	15.5	3.4	81.0	100.0	58
5+	28.4	1.0	70.6	100.0	102
Total	19.4	1.3	79.3	100.0	237
Bay (urban)					
Number of living children					
0	*	*	*	100.0	18
1-2	6.5	0.0	93.5	100.0	62
3-4	18.4	1.3	80.3	100.0	76
5+	22.0	2.5	75.4	100.0	118
Total	16.1	1.8	82.1	100.0	274

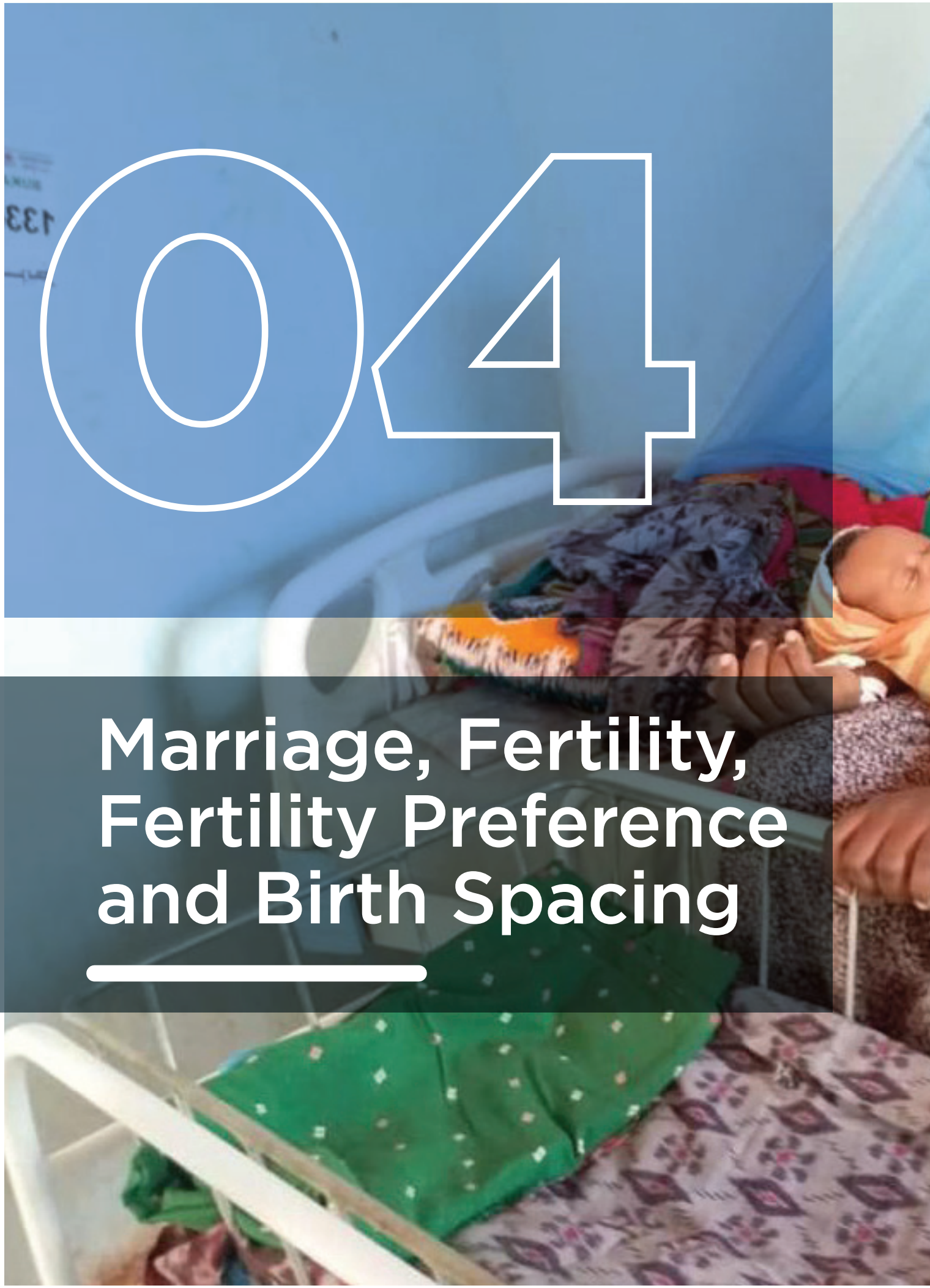
[1] Currently employed' is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave illness, vacation or any other such a reason

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

Table 3.6 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 region, SWHDS 2020

	Bakool (urban)	Bay (urban)
Type of earning		
Cash only	80.0	85.7
In-kind only	6.0	2.0
Not paid	14.0	12.2
Total	100.0	100.0
Type of employer		
Employed by family member	56.0	32.7
Employed by non-family member	10.0	2.0
Self-employed	34.0	65.3
Total	100.0	100.0
Continuity of employment		
All year	80.0	46.9
Seasonal	10.0	18.4
Occasional	10.0	34.7
Total	100.0	100.0
Number of women employed during the past 12 months	50	49



04

Marriage, Fertility, Fertility Preference and Birth Spacing

Key Findings

Marital status:
27 percent of women aged 15-49 in Bakool have never married, compared 17 percent in Bay.

Age at first marriage:
The median age at first marriage for women in Bakool is 16, compared to 15 for women in Bay.

Early marriage:
32 percent of women in the aged 20-49 In Bakool entered their first marriage by the age of 15, compared to 44 percent of women in Bay.

Total Fertility Rate (TFR):
8 children per woman in Bay and 6 children per woman in Bakool.

Age at first birth:
The median age at first birth in Bakool is 20 for women aged 15-49, compared to 19 in Bay.

Teenage pregnancy and motherhood:
31 percent of women aged 15-19 in Bay have either given birth or are pregnant with their first child, compared to **12 percent** in Bakool.

Desire for more children:
77 percent of women in Bay want to have another child soon, compared to **76 percent** in Bakool.

Ideal number of children:
10 is the average ideal number of children for currently married women in Bay, compared to 9 children in Bakool.

Contraceptive knowledge:
54 percent of currently married women in Bay and **53 percent** of women in Bakool have knowledge of modern contraception.

4 MARRIAGE, FERTILITY, FERTILITY PREFERENCE AND BIRTH SPACING

Marriage is a primary indicator of women's exposure to the risk of pregnancy and it is an important factor in understanding the fertility of a particular 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.

Data on marriage and fertility collected as part of the survey help gain better insight into what is behind fertility levels and trends. Some of these factors, including proximate determinants such as age at marriage, the timing of fertility, birth spacing, age at first birth, and inter-birth intervals, among others, are presented in this chapter. It further examines the key factors that determine the exposure to the risk of pregnancy. The information presented in this chapter is about women of childbearing age.

4.1 Marriage

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

4.2. Marital status

The survey classified marital status as never-married, currently married, divorced, or widowed. Table 4.1 and Figure 4.1 show the distribution of women aged 15-49 years by their current marital status and according to age. Overall, 27 percent of women aged 15-49 years in Bakool and 17 percent in Bay have never married, 73 percent in Bay and 69 percent in Bakool are currently married, 8 percent in Bay and 3 percent in Bakool are divorced, 3 percent in Bay and 2 percent in Bakool are widowed.

The percentage of never-married women in Bokol and Bay drops drastically with age. In Bakool the percentage of never-married women dropped from 77 percent among women aged 15 -19 years to 15 percent among women aged 20 to 24, while in Bay it dropped from 63 percent among women aged 15 -19 years to 9 percent among women aged 20 to 24.

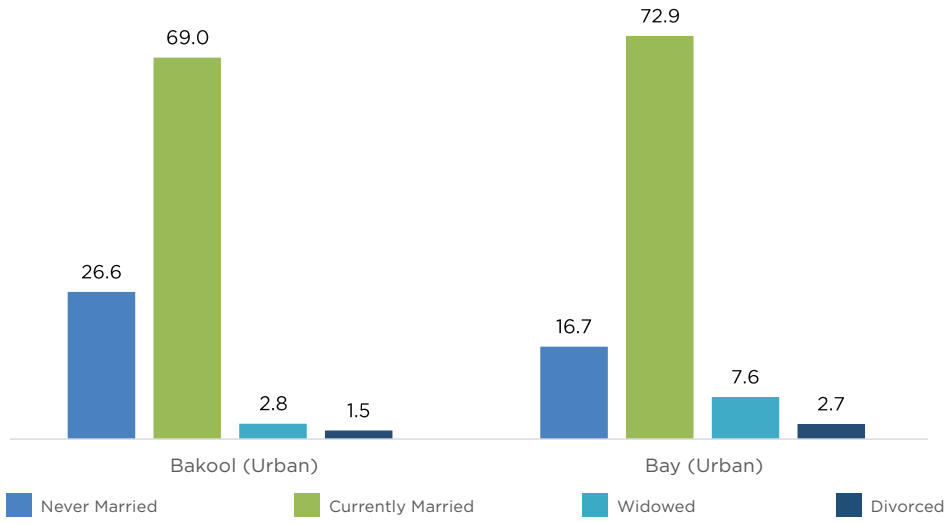
4.3. Age at first marriage

Age at first marriage is an important indicator of exposure to the risk of conception and childbirth, especially in a society in which almost all births occur within marriage. Women who marry early will, on average, have a longer exposure to the risk of pregnancy and more births in their reproductive years. Information on age at first marriage was obtained by asking all ever-married women the month and year 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 ever-married women aged 15-49 years who were first married by specific exact ages and the median age at first marriage. In Bakool, 32 percent of women in the age group of 20-

Figure 4.1 Current marital status of women aged 15-49

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



49 and 28 percent of women aged 25-49 entered their first marriage by 15. Sixty-eight percent of women aged 20-49 and 64 percent of women in the age group of 25-49 were married for the first time by the age of 18, while 78 percent of the women in the age group of 20-49 and 77 percent of the women in the age group of 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 16 years.

In Bay, 44 percent of women in the age group of 20-49 and 43 percent of women aged 25-49 entered their first marriage by 15. Women in the age group of 20-49 are slightly higher than women aged 25-49 who entered their first marriage by 18 at 68 percent and 67 percent, respectively. Seventy-nine percent of women aged 20-49 and 80 percent of women aged 25-49 were married for the first time by the age of 20. It is worth noting that the median age at first marriage for women aged 25-49 is 15 years.

Table 4.3 shows the percentage of men aged 20 to 64 who were first married based on specific ages and the median age at first marriage. No men in Bakool and Bay in the age bracket of 20-49 years entered into their first marriage at exact age 15, while 2 percent (each) of the men in the age group of 20-64 years in both Bay and Bakool entered into their first marriage by the exact age of 18.

Five percent (each) of the men aged 25-64 in Bakool and Bay have never married. The median age at first marriage for men aged 25-64 in Bakool is 25 years compared to 23 years in Bay.

4.4. Fertility

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

4.4.1. Current Fertility

The most commonly used measures of current fertility are the Total Fertility Rate (TFR) and one of its components—Age-Specific Fertility Rates (ASFRs). The TFR is a summary measure of fertility and is interpreted as the number of children a woman would have by the end of her childbearing years if she were to experience the

currently observed ASFRs. The TFR estimates compiled during the SWHDS 2020 refer to the survey's three years. The ASFR was calculated as the number of live births by women in a given age group divided by the number of woman-years in that age group during the specified period. Other important measures of current fertility are the General Fertility Rate (GFR) and Crude Birth Rates (CBR). The GFR is the number of live births in a population per 1,000 women aged 15-49 years.

Table 4.4 presents the ASFRs and total fertility measures (TFR, GFR, and CBR). The total fertility rate for Bay is 8 children per woman compared to 6 children per woman in Bakool. Among the women residing in Bay, childbearing peaks at 20-24 years at 483 births while in Bakool, it peaks in the age group of 30-34 years at 394 births. Generally childbearing drops sharply after 39 years for both Bay and Bakool. The GFR for Bay is 265 per 1,000 live births compared to 197 per 1,000 live births of Bakool (Figure 4.2).

The Crude Birth Rate (CBR) is the ratio of the number of live births occurring in a given year per 1,000 populations. The CBR for Bay is 44.8 per 1,000 populations compared to 35 per 1,000 live births of Bakool.

Table 4.5 presents information on the mean number of children ever born for ever-married women and currently married women in Bakool and Bay. On average, ever-married women aged 15-49 years in Bakool have given birth to 4.3 children, of whom 4.1 survived until the survey was conducted. Of the 4.4 children born to currently married women (15-49), 4.1 were still alive by the time of the survey.

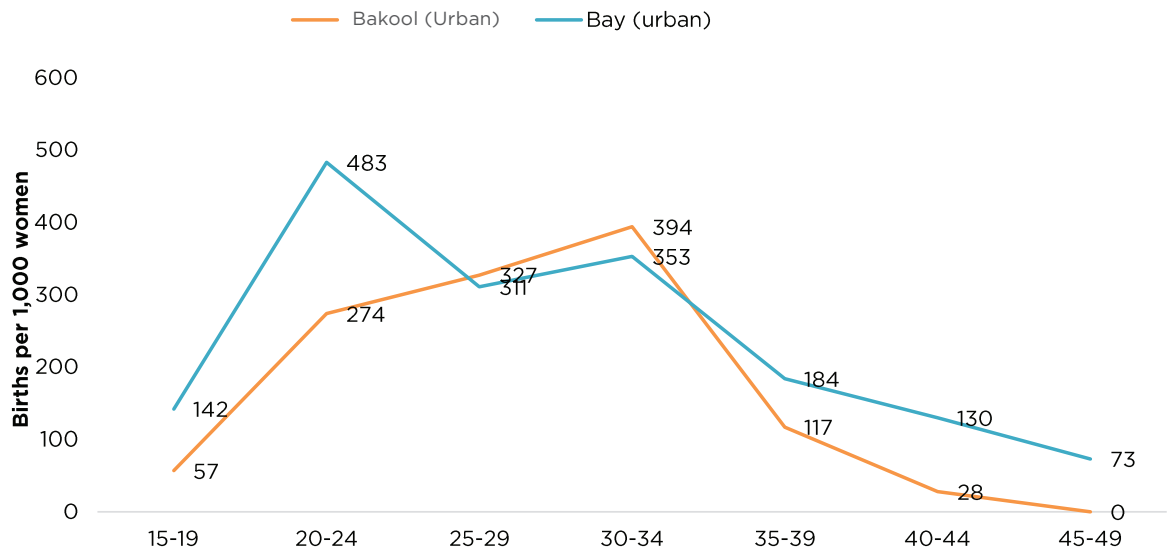
The table also indicates that, on average, ever-married women aged 15-49 years in Bay have given birth to 4.5 children, of whom 4.1 are still alive. Of the 4.6 children born to currently married women aged 15-49, 4.2 are alive.

4.5. Age at First Birth

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

Table 4.6 shows the percentage of women 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 Bakool is 20 years compared to 19 years in Bay.

Figure 4.2 Age-specific fertility rates by region



One percent of women aged 25-49 in Bakool and 2 percent of those in Bay in the age bracket 25-49 had given birth by the exact age 15. In Bakool, 3 percent of women in the age group of 25-49 had never given birth, compared to 2 percent among their counterparts in Bay.

4.6. Teenage Pregnancy and Motherhood

Teenage pregnancy and motherhood are defined as the percentage of women aged 15-19 who are pregnant with their first child at the time of the survey, or have had a live birth or have begun childbearing, according to the DHS programme (Croft T et al. 2018). Childbearing under the age of 20 has major health implications for both the mother and the child. Likewise, pregnancy under the age of 20 has adverse social consequences, especially for female education, as women who become mothers under the age of 20 are likely not to complete their education.

Regionally, the percentage of women who have begun childbearing at 15-19 is higher in Bay at 31 percent than Bakool at 12 percent. Twenty-four percent of women in Bay have already given birth to a child compared to 11 percent in Bakool. In Bay, 6 percent reported they were pregnant with their first child, compared to 1 percent in Bakool (Table 4.7).

4.7. Fertility Preferences

Information on fertility preferences can help assess the desire for children, ideal number of children, the extent of wanted, mistimed and unintended pregnancies. Data on fertility preferences may suggest the way in which fertility trends and patterns are likely to evolve in the future. This section presents 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.

4.7.1. Fertility Preferences by Number of Living Children

Table 4.8 presents the percent distribution of currently married women by their desire for more children, according to the number of living children they had, as stated at the time the survey was conducted. Seventy-seven percent of currently married women in Bay and 76 percent of those in Bakool want to have another child soon, while 12 percent in Bay are undecided on whether to have another child, compared to 5 percent in Bakool. Eight percent in Bay do not want any more children compared to 7 percent in Bakool.

The currently married women with a living child who want to have a child soon are higher in Bay than Bakool at 92 percent and 67 percent, respectively. While the percentage of women with six or more children who want to have another child soon is higher in Bakool than Bay at 70 percent and 59 percent.

4.7.2. Desire to Limit Childbearing

Table 4.9 shows the percentage of currently married women who want no more children by the number of living children they already have. Eight percent of currently married women in Bay and 7 percent in Bakool have the desire to stop childbearing.

Desire to limit childbearing increases with increasing the number of living children, from zero percent among married women in Bay who have no living children to 20 percent among women with six or more living children, and to 10 percent among currently married women in Bakool with four or more children.

4.7.3. Ideal Number of Children

In order to obtain greater insight into fertility preferences among women in Bay and Bakool, the SWHDS interviewers asked all ever-married women, regardless of the number of living children they have, a hypothetical question on the number of children they would choose to have if they could start their reproductive lives again.

Respondents with no children were asked: "If you could choose exactly the number of children to have in your whole life, how many would that be? Respondents who had children were asked: "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

Table 4.10 shows the percent distribution of women aged 15-49 years by their opinion on their ideal number of children, and the mean ideal number of children for all respondents for currently married respondents, according to the number of living children they have. The results show that the women in the SWS desire large families.

Majority of the woman in Bakool and Bay consider at least six children as the ideal family size at 63 percent and 70 percent respectively. If currently married women in Bay could choose their ideal number of children, they would have 10 children on average compared to 9 children in Bakool. There is no difference in the mean ideal number of children for currently married and ever-married women in both Bay and Bakool. However, the ideal number of children increases with increase in the number of living children that a woman has.

4.7.4. Fertility Planning

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

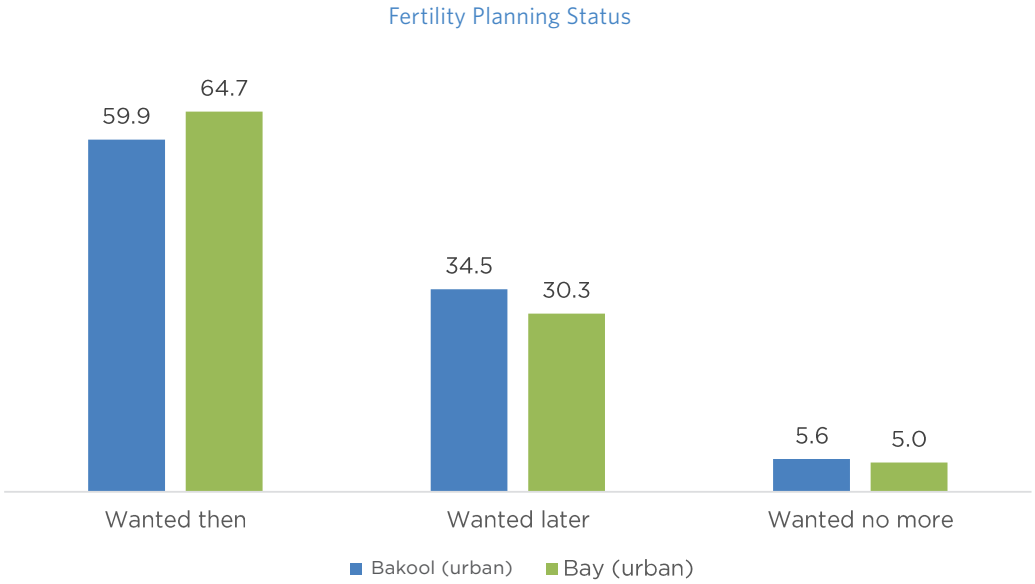
Table 4.11 summarises the planning status of births in the five years preceding the survey: whether the birth was intended at the time of conception, intended later, or not intended at all. Sixty-five percent of the births in Bay were intended then, compared to 60 percent in Bakool, while 35 percent of the births in Bakool and 30 percent in Bay were intended later, and around 6 percent in Bakool and 5 percent in Bay were born to mothers who intended to have no more children (Figure 4.3).

First-order births in Bakool and Bay were more likely to have been intended then, compared to second and third-order births.

4.8. Birth Spacing

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

Figure 4.3 Fertility planning status



4.8.1. Knowledge of Contraceptive Methods

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

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

Table 4.12 presents data on the knowledge of contraceptive methods. It indicates that around 54 percent of ever-married women in Bakool and 52 percent in Bay have heard of at least one method of contraception. Modern methods are more widely known compared to traditional methods. Fifty-three percent of currently married women and ever-married women in Bakool know of any modern method, while 32 percent and 31 percent of ever-married women and currently married women know of the traditional method, respectively.

In Bay, 54 percent of currently married women and 51 percent of ever-married women know of any modern method. Knowledge of the currently married women of any traditional method is higher than the ever-married women at 26 percent and 24 percent, respectively (Figure 4.4).

Lactational amenorrhea, implants and pills are the most commonly known contraceptive methods among women in Bakool, whereas Lactational amenorrhea, pills, injectables, are the most commonly known contraceptive methods among women in Bay.

Figure 4.4 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

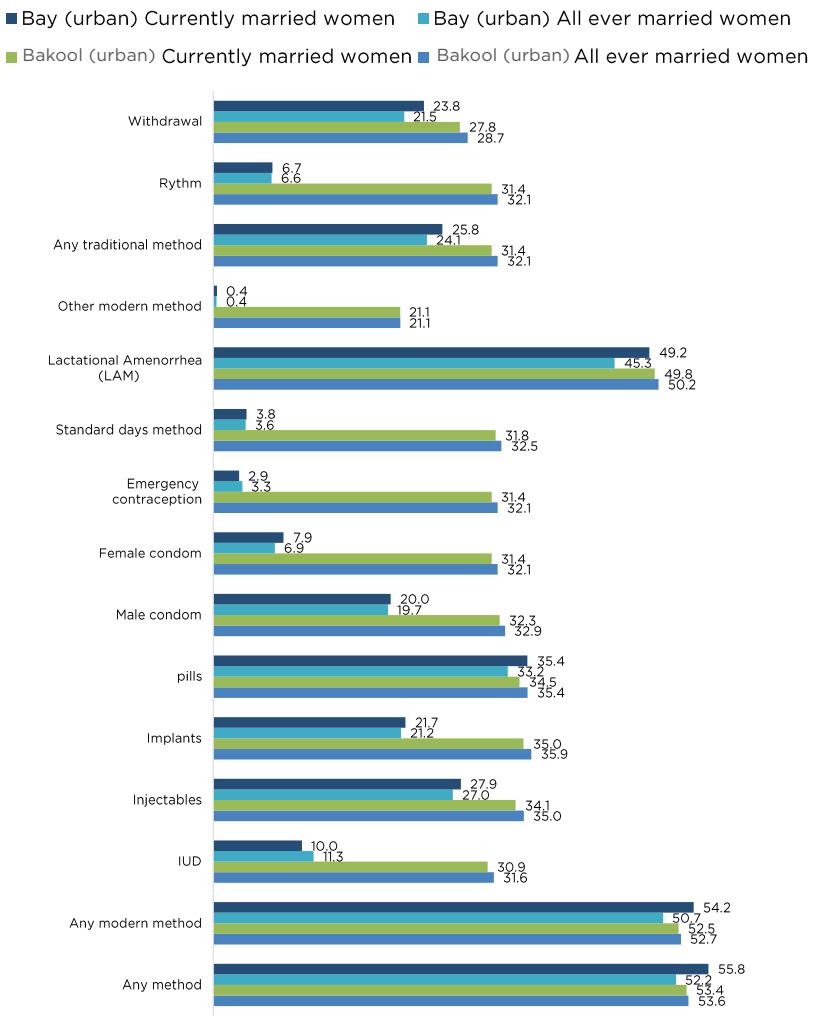


Table 4.13 shows the percent distribution of ever-married women and currently married women aged 15-49 by the contraceptive method they are currently using, according to region. Seven percent of currently married women in Bakool use any contraceptive methods compared to 4 percent in Bay. Less than 1 percent of currently married women in Bay use a modern method, while none of the currently married women in Bakool use a modern method.

4.8.2. Knowledge of Fertile Period

To examine the knowledge of women on the fertility period, respondents were asked whether there are 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 4.14 shows the percentage of ever-married women aged 15- 49 years with correct knowledge of the fertile period during the ovulation cycle, according to age. Twenty-two percent of ever-married women in Bakool correctly reported the most fertile time as being halfway between two menstrual periods, compared to 20 percent in Bay.

4.8.3. 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 programme managers and planners to effectively target population subgroups for information, education, and communication campaigns. To assess the effectiveness of such media on the dissemination of birth spacing information, interviewing teams asked ever-married women, whether they had heard messages about birth spacing on the radio or seen related messages on television or in newspapers/magazines during the few months preceding the survey.

Table 4.15 shows that women's exposure to all three media is very low. About 14 percent of women in Bay have heard a message related to the birth spacing on the radio compared to 7 percent in Bakool. Eight percent of women in Bay and 3 percent in Bakool have seen a message on birth spacing on television while 4 percent of women in Bay and 2 percent in Bakool reported seeing a message on birth spacing in a newspaper. Ninety-two percent of women in Bakool had not been exposed to birth spacing messages in any of these media compared to 84 percent in Bay.

List of Tables

Table 4.1 Current marital status

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

Age	Never-married	Currently Married	Divorced	Widowed	Total	Number of women
Bakool (urban)						
Age						
15-19	76.5	21.4	1.0	1.0	100.0	98
20-24	14.5	80.6	3.2	1.6	100.0	62
25-29	1.6	91.8	6.6	0.0	100.0	61
30-34	3.3	96.7	0.0	0.0	100.0	30
35-39	0.0	97.6	0.0	2.4	100.0	41
40-44	*	*	*	*	100.0	18
45-49	*	*	*	*	100.0	13
Total	26.6	69.0	2.8	1.5	100.0	323
Bay (urban)						
Age						
15-19	62.8	32.1	3.8	1.3	100.0	78
20-24	8.7	80.4	10.9	0.0	100.0	46
25-29	3.2	88.9	7.9	0.0	100.0	63
30-34	0.0	92.3	3.8	3.8	100.0	52
35-39	0.0	85.4	6.3	8.3	100.0	48
40-44	0.0	84.0	16.0	0.0	100.0	25
45-49	*	*	*	*	100.0	17
Total	16.7	72.9	7.6	2.7	100.0	329

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

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, SWHDS 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			
Bakool (urban)								
15-19	13.3	na	na	na	na	76.5	98	a
20-24	40.3	77.4	80.6	na	na	14.5	62	a
25-29	29.5	68.9	78.7	85.2	91.8	1.6	61	16.0
30-34	43.3	73.3	86.7	93.3	93.3	3.3	30	15.0
35-39	17.1	56.1	73.2	90.2	95.1	0.0	41	17.0
40-44	*	*	*	*	*	*	18	18.0
45-49	*	*	*	*	*	*	13	15.0
20-49	31.6	67.6	78.2	na	na	4.9	225	a
25-49	28.2	63.8	77.3	87.1	92.6	1.2	163	16.0
Total	26.0	47.1	54.5	44.0	46.7	26.6	323	16.0
Bay (urban)								
15-19	24.4	na	na	na	na	62.8	78	a
20-24	45.7	69.6	76.1	na	na	8.7	46	a
25-29	47.6	68.3	79.4	82.5	88.9	3.2	63	14.0
30-34	53.8	78.8	86.5	90.4	94.2	0.0	52	14.0
35-39	37.5	70.8	83.3	93.8	97.9	0.0	48	15.5
40-44	36.0	52.0	64.0	76.0	96.0	0.0	25	17.0
45-49	*	*	*	*	*	*	17	18.0
20-49	43.8	67.7	78.9	na	na	2.4	251	a
25-49	43.4	67.3	79.5	85.4	93.7	1.0	205	15.0
Total	39.2	51.7	60.2	53.2	58.4	16.7	329	15.0

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

Table 4.3 Age at first marriage for Male

Percentage of men age 15-49 who were first married by specific exact ages, and median age at first marriage, according to current age, SWHDS 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			
Bakool (urban)								
20-49	0.0	2.1	5.2	na	na	14.6	192	a
25-49	0.0	1.2	3.6	18.2	37.0	6.1	165	a
20-64	0.0	1.7	5.0	na	na	11.7	239	a
25-64	0.0	0.9	3.8	17.5	32.5	4.7	212	25.0
Bay (urban)								
20-49	0.0	1.0	9.2	na	na	16.9	207	a
25-49	0.0	0.6	8.9	36.1	53.9	6.7	180	a
20-64	0.0	1.6	10.2	na	na	13.8	254	a
25-64	0.0	1.3	10.1	34.4	51.5	5.3	227	23.0

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

Table 4.4 Current Fertility

Age-specific and total fertility rate, the general fertility rate, and the curde birth rate for the three years preceding the survey, by Residence, SWHDS 2020

Age group	Bakool (urban)	Bay (urban)
15-19	57	142
20-24	274	483
25-29	327	311
30-34	394	353
35-39	117	184
40-44	28	130
TFR (15-49)	6.0	8.0
GFR	197	265
CBR	35.0	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 Children ever born and living

Percent distribution of ever married 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, SWHDS 2020

Background characteristics	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+				
Bakool (urban)															
All ever married women	7.2	9.3	13.5	12.2	11.4	14.8	8.0	10.1	8.0	3.0	2.5	100.0	237	4.3	4.1
Currently married women	6.7	8.5	13.9	11.7	12.1	14.3	8.1	10.8	8.1	3.1	2.7	100.0	223	4.4	4.1
Bay (urban)															
All ever married women	5.1	11.3	9.9	13.1	13.1	13.1	9.1	11.3	6.2	3.3	4.4	100.0	274	4.5	4.1
Currently married women	4.6	10.4	9.6	13.3	12.9	13.8	10.0	10.4	7.1	3.3	4.6	100.0	240	4.6	4.2

Table 4.6 Age at first birth

Percentage of women age 15-49 who gave birth by specific exact ages, percentage who have never given birth, and median age at first birth, according to current age, SWHDS 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			
Bakool (urban)								
15-19	0.0	na	na	na	na	88.8	98	a
20-24	1.6	40.3	62.9	na	na	22.6	62	a
25-29	1.6	29.5	50.8	85.2	93.4	3.3	61	19.0
30-34	0.0	33.3	70.0	80.0	96.7	3.3	30	19.0
35-39	2.4	9.8	29.3	53.7	95.1	0.0	41	21.0
40-44	*	*	*	*	*	*	18	22.0
45-49	*	*	*	*	*	*	13	20.0
20-49	1.3	27.1	49.8	na	na	8.0	225	a
25-49	1.2	22.1	44.8	68.7	90.2	2.5	163	20.0
Bay (urban)								
15-19	3.8	na	na	na	na	75.6	78	a
20-24	0.0	43.5	76.1	na	na	17.4	46	a
25-29	1.6	36.5	57.1	82.5	92.1	4.8	63	19.0
30-34	1.9	46.2	71.2	84.6	98.1	0.0	52	18.0
35-39	0.0	14.6	35.4	64.6	83.3	0.0	48	20.0
40-44	4.0	24.0	48.0	72.0	88.0	0.0	25	20.0
45-49	*	*	*	*	*	*	17	21.0
20-49	1.2	33.1	55.8	na	na	4.4	251	a
25-49	1.5	30.7	51.2	75.1	88.8	1.5	205	19.0

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

Table 4.7 Teenage pregnancy and motherhood

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

Background characteristics	Percentage who gave birth by exact age:			
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	Number of women
Bakool (urban)	11.2	1.0	12.2	98
Bay (urban)	24.4	6.4	30.8	78

Table 4.8 Fertility preferences by number of living children

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

Desire for children	Number of living children[1]							
	0	1	2	3	4	5	6+	Total 15-49
Bakool (urban)								
Have another soon[2]	92.3	66.7	76.7	83.9	79.3	77.4	70.4	76.2
Have another later[3]	0.0	27.8	20.0	6.5	6.9	12.9	11.3	12.1
Undecided	7.7	0.0	3.3	3.2	3.4	0.0	8.5	4.5
Want no more	0.0	5.6	0.0	6.5	10.3	9.7	9.9	7.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	13	18	30	31	29	31	71	223
Bay (urban)								
Have another soon[2]	100.0	92.3	92.9	93.1	76.3	75.9	58.5	76.7
Have another later[3]	0.0	0.0	0.0	0.0	5.3	0.0	7.3	3.3
Undecided	0.0	7.7	3.6	6.9	15.8	20.7	14.6	12.1
Want no more	0.0	0.0	3.6	0.0	2.6	3.4	19.5	7.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	8	26	28	29	38	29	82	240

[1] The number of living children includes current pregnancy for women
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years

Table 4.9 Desire to limit childbearing: Women

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

Background characteristics	Number of living children[1]							
	0	1	2	3	4	5	6+	Total
Bakool (urban)								
Education								
No Education	0.0	0.0	0.0	7.7	13.6	10.0	10.0	7.4
Primary	0.0	33.3	0.0	0.0	0.0	14.3	9.1	7.3
Secondary	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Higher	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Wealth quintile								
Lowest	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Second	0.0	0.0	0.0	0.0	0.0	0.0	12.5	3.8
Middle	0.0	7.1	0.0	7.4	12.0	15.0	10.2	8.3
Fourth	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Highest	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.0	5.6	0.0	6.5	10.3	9.7	9.9	7.2
Bay (urban)								
Education								
No Education	0.0	0.0	4.5	0.0	3.0	4.0	21.6	9.2
Primary	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Secondary	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Higher	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Wealth quintile								
Lowest	0.0	0.0	0.0	0.0	0.0	0.0	25.0	11.1
Second	0.0	0.0	7.1	0.0	9.1	0.0	27.6	12.0
Middle	0.0	0.0	0.0	0.0	0.0	0.0	20.0	7.5
Fourth	0.0	0.0	0.0	0.0	0.0	0.0	11.1	2.6
Highest	0.0	0.0	0.0	0.0	0.0	33.3	0.0	3.0
Total	0.0	0.0	3.6	0.0	2.6	3.4	19.5	7.9

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

Table 4.10 Ideal number of children

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

Ideal number of children	Number of living children[1]							
	0	1	2	3	4	5	6+	Total
Bakool (urban)								
Ideal number of children								
0	1.0	4.5	0.0	0.0	0.0	2.9	4.2	1.9
2	0.0	4.5	0.0	0.0	0.0	0.0	1.4	0.6
3	1.0	0.0	0.0	0.0	0.0	2.9	5.6	1.9
4	1.0	4.5	0.0	0.0	0.0	2.9	4.2	1.9
5	1.0	4.5	15.6	6.1	3.3	5.9	2.8	4.3
6+	10.0	81.8	84.4	93.9	93.3	85.3	81.9	62.5
Non-numeric response	86.0	0.0	0.0	0.0	3.3	0.0	0.0	26.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	100	22	32	33	30	34	72	323
Mean ideal number of children for:[2]								
All Ever Married women	7.8	6.9	8.7	9.5	9.2	9.5	10.3	9.3
Number of all ever married women	14	22	32	33	30	34	72	237
Mean ideal number of children for currently married women								
Currently married women	7.8	7.2	8.9	9.4	9.2	9.6	10.4	9.4
Number of currently married women	13	18	30	31	29	31	71	223
Bay (urban)								
Ideal number of children								
0	1.5	15.6	12.5	9.1	13.6	12.5	7.8	9.1
2	1.5	0.0	0.0	0.0	0.0	0.0	1.1	0.6
3	0.0	3.1	3.1	0.0	0.0	0.0	1.1	0.9
4	0.0	3.1	0.0	3.0	0.0	0.0	0.0	0.6
5	1.5	3.1	6.3	3.0	0.0	0.0	0.0	1.5
6+	12.1	75.0	78.1	84.8	86.4	87.5	88.9	70.2
Non-numeric response	83.3	0.0	0.0	0.0	0.0	0.0	1.1	17.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	66	32	32	33	44	32	90	329
Mean ideal number of children for:2								
All Ever Married women	8.6	7.8	8.4	9.2	9.5	9.8	10.5	9.4
Number of all ever married women	11	32	32	33	44	32	90	274
Mean ideal number of children for currently married women								
Currently married women	7.9	8.4	8.6	9.6	9.8	9.6	10.3	9.6
Number of currently married women	8	26	28	29	38	29	82	240

[1] The number of living children includes current pregnancy for women
[2] Means are calculated excluding respondents who gave non-numeric responses.

Table 4.11 Fertility planning status

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

Birth order and mother's age at birth	Number of living children[1]			Total	Number of births
	Wanted then	Wanted later	Wanted no more		
Bakool (urban)					
Birth Order					
1	64.1	31.3	4.6	100.0	131
2	58.6	36.4	5.1	100.0	99
3	58.8	33.8	7.4	100.0	68
4+	*	*	*	100.0	24
Total 15-49	59.9	34.5	5.6	100.0	322
Bay (urban)					
Birth Order					
1	68.1	27.1	4.8	100.0	166
2	66.4	29.1	4.5	100.0	134
3	60.5	33.7	5.8	100.0	86
4+	52.8	41.7	5.6	100.0	36
Total 15-49	64.7	30.3	5.0	100.0	422

[1] The number of living children includes current pregnancy for women
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

Table 4.12 Knowledge of contraceptive methods

Percentage of all women, currently married women 15-49 who have heard of any contraceptive method, by specific method, SWHDS 2020

	Bakool (urban)		Bay (urban)	
Method	All ever married women	Currently married women	All ever married women	Currently married women
Any method	53.6	53.4	52.2	55.8
Any modern method	52.7	52.5	50.7	54.2
IUD	31.6	30.9	11.3	10.0
Injectables	35.0	34.1	27.0	27.9
Implants	35.9	35.0	21.2	21.7
pills	35.4	34.5	33.2	35.4
Male condom	32.9	32.3	19.7	20.0
Female condom	32.1	31.4	6.9	7.9
Emergency contraception	32.1	31.4	3.3	2.9
Standard days method	32.5	31.8	3.6	3.8
Lactational Amenorrhea (LAM)	50.2	49.8	45.3	49.2
Other modern method	21.1	21.1	0.4	0.4
Any traditional method	32.1	31.4	24.1	25.8
Rythm	32.1	31.4	6.6	6.7
Withdrawal	28.7	27.8	21.5	23.8
Traditional method	0.0	0.0	0.7	0.4
Mean number of methods known by women 15-49	4.0	3.9	2.0	2.1
Number of respondents	237	223	274	240

Table 4.13 Current use of contraception by age

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

Background characteristics	Any method	Any modern method	Any traditional method	Not currently using	Total	Number of women currently married
Bakool (urban)	6.7	0.0	6.7	93.3	100.0	223
Bay (urban)	3.8	1.3	2.5	96.3	100.0	240

Table 4.14 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 region, SWHDS 2020

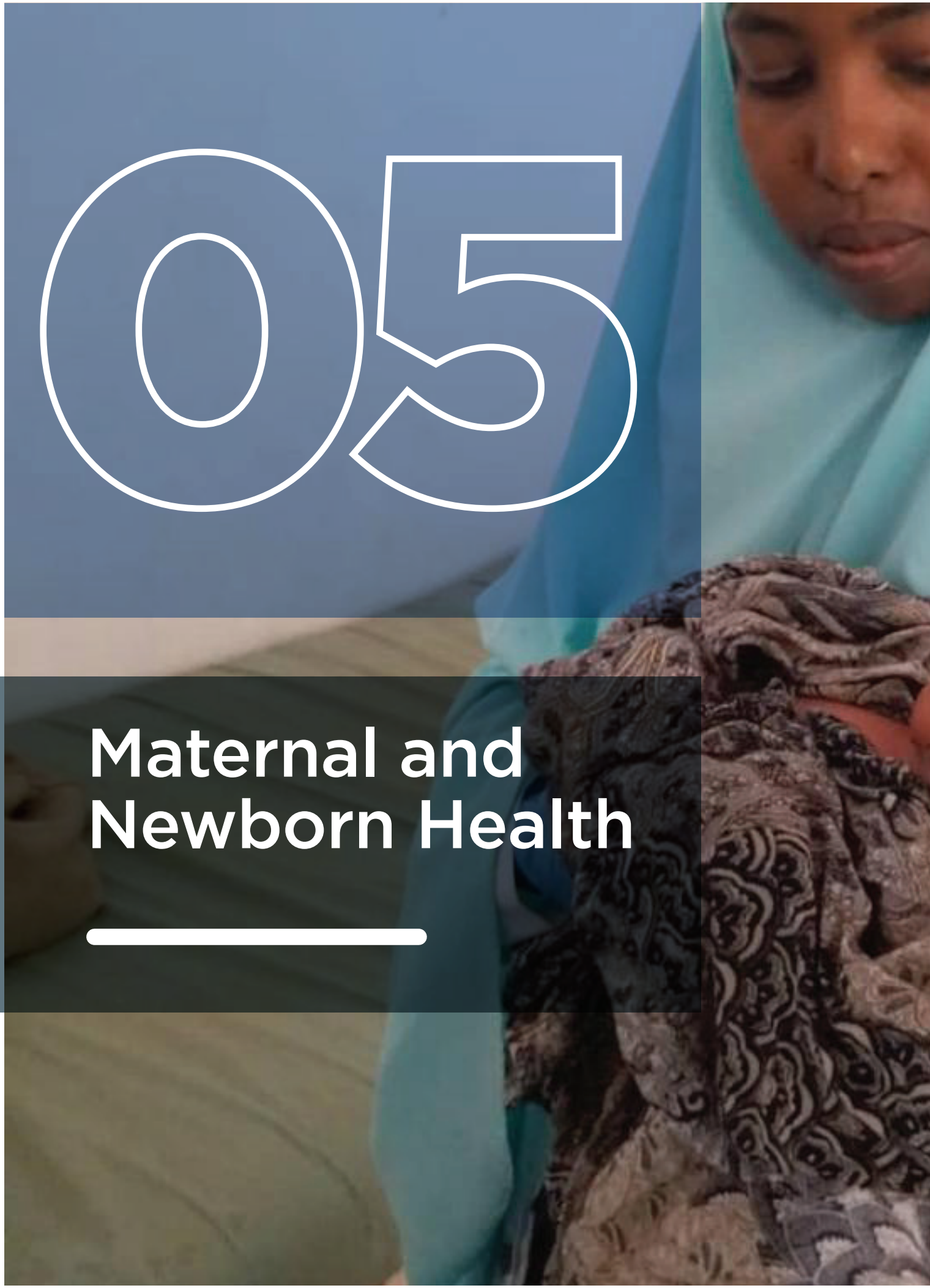
Background characteristics	Percentage with correct knowledge of the fertile period	Number of ever Married women
Bakool (urban)	21.5	237
Bay (urban)	19.7	274

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

Table 4.15 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, SWHDS 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
Bakool (urban)	7.2	3.4	1.7	8.4	0.8	91.6	237
Bay (urban)	14.2	8.4	3.6	15.7	1.5	84.3	274



05

Maternal and Newborn Health

Key Findings

Antenatal care coverage:
47 percent of women aged 15-49 in Bay received antenatal care from skilled health personnel during the pregnancy of their last birth compared to **29 percent** of women in Bakool.

ANC visits:
15 percent of women in Bay had at least four ANC visits compared to **5 percent** in Bakool.

Tetanus Toxoid Injections:
40 percent of recent births in Bay and **24 percent** of recent births in Bakool were protected against neonatal tetanus.

Health Facility Delivery:
22 percent of births in Bay were delivered at a health facility compared to **21 percent** in Bakool.

Delivery services:
32 percent of births in Bay were delivered with the assistance of a skilled birth attendant compared to **33 percent** of births in Bakool.

Barriers to access to health care:
89 percent of women aged 15-49 in Bay had at least one problem accessing health care compared to **75 percent** of women in Bakool.

5 MATERNAL AND NEWBORN HEALTH

This chapter presents information on maternal and newborn health. It highlights Antenatal Care (ANC), the number and timing of ANC visits, various components of maternal health care in and after ANC and birth, place of delivery, help during delivery, and postnatal care (PNC).

The results from the survey provide an opportunity to classify critical issues affecting the health status of women and children in urban areas in Bay and Bokol regions. This information will assist policymakers, planners, and other collaborators in the health sector to formulate suitable strategies and interferences to improve maternal, newborn, and child health in urban areas in Bay and Bokol regions.

5.1 Antenatal Care

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 immunisation 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 newborn 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.

Women who had given birth in the five years preceding the survey were asked about the type of ANC provider they 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 before the survey by the ANC provider. Overall, 71 percent and 52 percent of women in Bakool and Bay, respectively did not attend ANC during their most recent pregnancy. Among those who attended ANC in Bay 33 percent received ANC from a doctor/clinical officer, while 14 percent received care from a midwife, nurse or auxiliary midwife whereas in Bakool only 3 percent of women received ANC from a doctor/clinical officer, 26 percent received care from a midwife, nurse or auxiliary midwife.

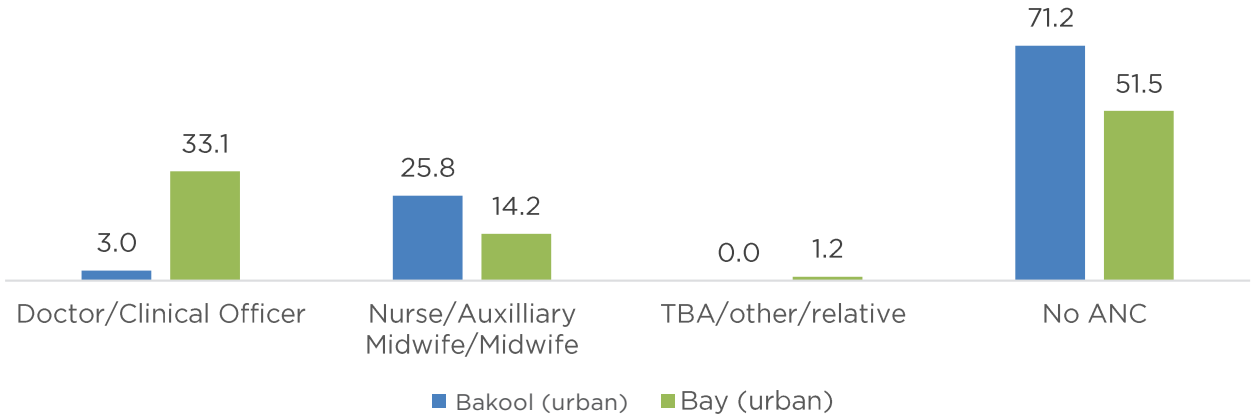
Women in Bay are more likely to receive ANC from skilled health personnel compared to women in Bakool at 47 percent and 29 percent, respectively. This could be attributed to more functional health facilities in Bay providing basic antenatal care and better access in targeted areas compared to Bakool (Table 5.1).

5.3 Number and Timing of Antenatal Visits

ANC is more beneficial in preventing adverse pregnancy outcomes when it is sought early and it is continued throughout pregnancy. Health professionals recommend that the first ANC visit should be within the first three months of the pregnancy. Visits should continue monthly through week 28 of pregnancy, and then every two

Figure 5.1 Source of antenatal care

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



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 presents 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. Fifteen percent and 5 percent of women in Bay and Bakool respectively had made four or more ANC visits while 26 percent and 21 percent of women made between 2 to 3 ANC visits during their most recent pregnancy. Furthermore 41 percent of women in Bay made their first ANC visit before the fourth month of pregnancy compared to 29 percent of women in Bakool.

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.

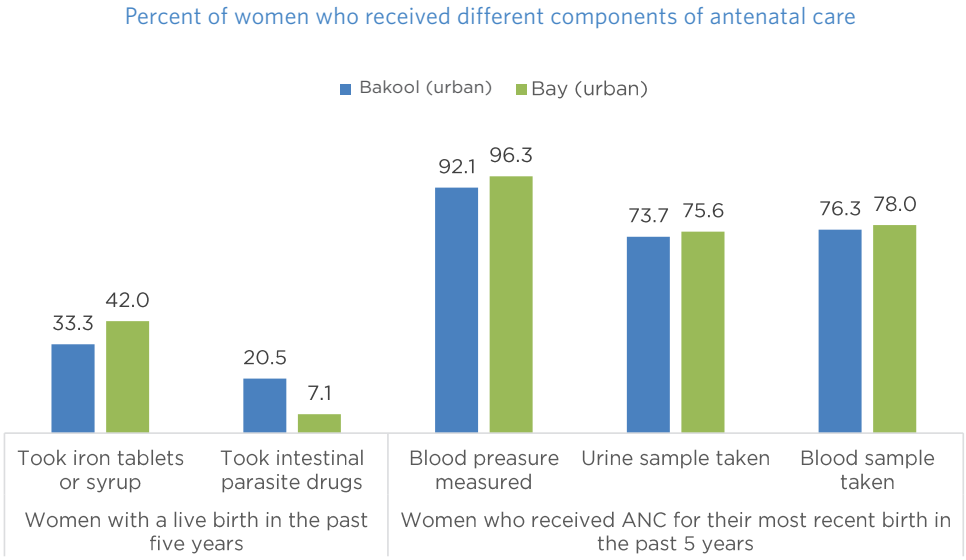
Table 5.3 presents information on the content of ANC services, including the percentage of women who took iron supplements, drugs for intestinal parasites, were informed of the signs of pregnancy complications, and received selected routine services during ANC visits for their most recent birth in the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

Women in Bay are more likely to take iron tablets during pregnancy than those in Bakool at 42 percent and 33 percent, respectively while more women in Bakool took drugs to treat intestinal worms compared to those in Bay at 21 percent and 7 percent, respectively. Among women who attended ANC, 96 percent of those in Bay had their blood pressure monitored compared to 92 percent of their counterparts in Bakool. Similarly, 78 percent and 76 percent of women in Bay and Bakool, respectively had a blood sample taken. Seventy-six percent and 74 percent of women in Bay and Bakool, respectively, had their urine sample taken (Figure 5.2).

5.5 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 newborn baby, a pregnant woman should receive at least two injections of the vaccine during pregnancy. If a woman has been vaccinated during a previous pregnancy, she may only require one or no dose for the next pregnancy. Five doses are considered to protect for a lifetime.

Figure 5.2 Components of antenatal care



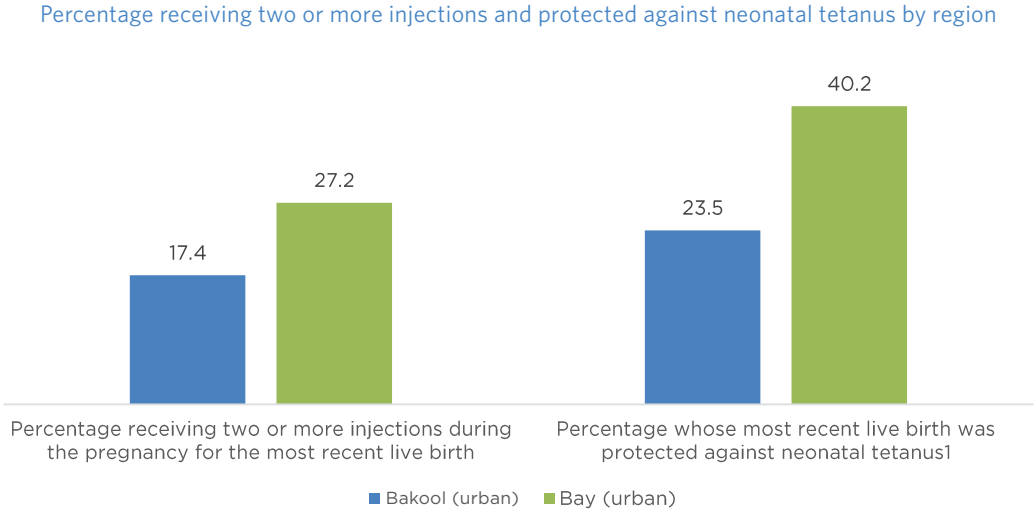
Tetanus is caused by a highly potent neurotoxin, tetanospasmin which is produced during the growth of the anaerobic bacterium. Tetanus usually occurs through infection of a skin injury with tetanus spores.

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 5.4 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 uptake of tetanus vaccination for pregnant women is very low in both Bay and Bakool despite the importance of the vaccine. Women in Bay are more likely to receive tetanus injections compaered to women in Bakool. Twenty-seven percent of women in Bay received at least two tetanus injections during their most recent pregnancy compated to 17 percent of women in Bakool. Similarly, births to women in Bay are more likely to be protected against neonatal tetanus compared to births of women from Bakool at 40 percent and 24 percent, respectively (Figure 5.3).

Figure 5.3 Tetanus Toxoid Injections



5.6 Place of Delivery

Increasing delivery within a health facility is key in reducing health risks to both the mother and child including neonatal and maternal deaths. Appropriate medical attention and hygienic conditions during delivery, reduce the danger of complications and infection that can cause mortality of either the mother or baby.

Table 5.5 and Figure 5.4 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. Twnety-two percent of births in Bay occurred in a health facility compared to 21 percent of births in Bakool.

As presented in Table 5.5, births to women in Bakool are more likely to be in a public health facility compared to births to women in Bay 20 percent and 16 percent, respectively. Deliveries in Bakool are less likely to be in a private facility compared to their counterparts in Bay at 1 percent and 6 percent, respectively. Majority of the pregnant women in both regions delivered at home.

5.7 Assistance During Delivery

Obstetric care from a health professional during delivery is recognised as critical in reducing maternal and neonatal mortality. Table 5.6 shows the percent distribution of births in the five years preceding the survey by the type of medical assistance that was available at the time of delivery, births attended by a skilled health provider, and births delivered by cesarean section (C-section), according to background characteristics.

Table 5.6 and Figure 5.5 show that 33 percent of women in Bakool and 32 percent of women in Bay were assisted during delivery by a health professional (doctor/clinical officer, nurse, midwife, or auxiliary midwife).On the other hand, around two-thirds (66 percent) of births in Bakool were delivered with the assistance of a traditional birth attendant (TBA) compared to 64 percent of births in Bay. Births delivered through cesarean section (C-section) were the same at 1 percent for both regions.

Figure 5.4 Place of delivery

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

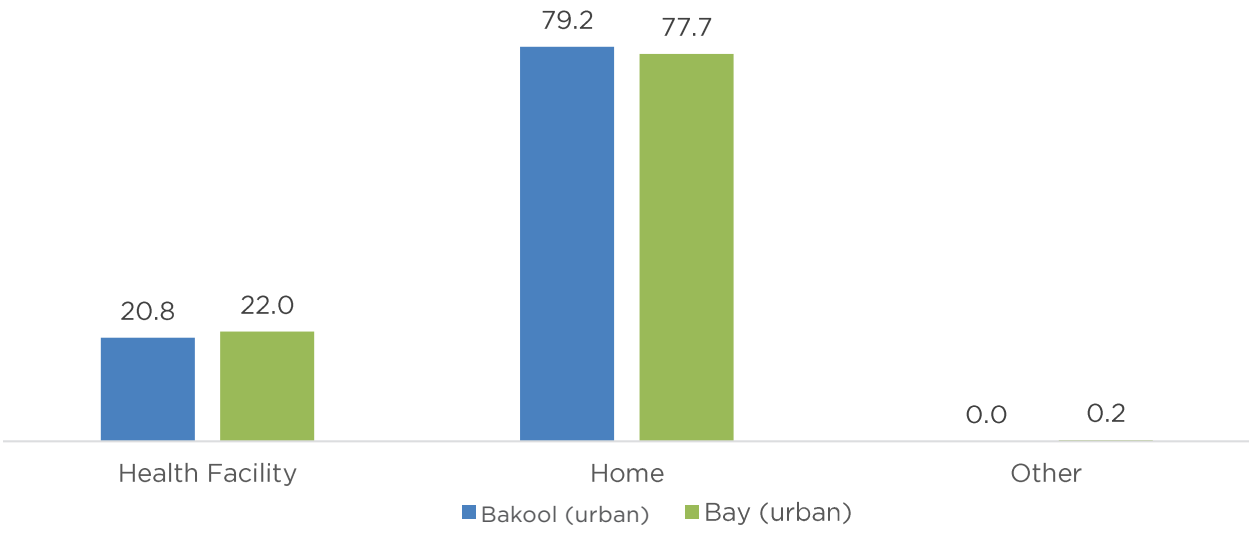
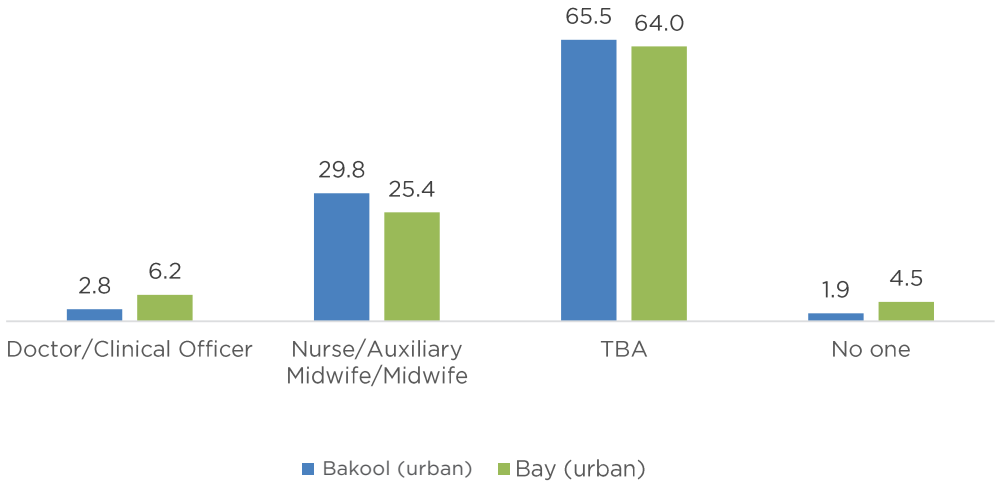


Figure 5.5 Assistance during delivery

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



5.8 Postnatal Care and Practices

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 use of postnatal care in Bay and Bakool, respondents who had given birth in the five years preceding the survey were asked whether they had received a health check after the delivery of their last birth. Table 5.7 shows that women in Bakool are more likely to receive a postnatal check during the first 2 days after delivery compared to women in Bay at 12 percent and 11 percent, respectively.

Table 5.8 presents information on the percentage distribution of last births in the two years preceding the survey by timing of first postnatal chek-up after birth and births with a postnatal check-up in the first two days after birth, according to background characteristics. the proportion of infants born in the 2 years prior to the survey who received a postnatal check was very low in both regions. However, there is a slight variation between the two regions. New-borns who had their first postnatal check-up within two days after birth are slightly higher in Bakool at 12 percent compared to Bay at 10 percent.

5.9 Obstetric Fistula

Obstetric fistula is a medical condition consisting of an abnormal opening between the vagina and bladder or between the vagina and rectum. A woman with 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. The vaginal fistula usually results from prolonged obstructed labor (Peterman, 2008).

In the survey, 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 5.9 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-seven percent of ever-married women had heard of the problem but only 1 percent of the women reported they had experienced symptoms consistent with fistula in Bakool and Bay. Obstetric fistula is highly stigmatised and respondents may choose not to report such a "socially undesirable" condition. Consequently, the occurrence of the fistula may be under-reported in the survey, and the actual prevalence may be much higher than 1 percent, constituting a severe threat to maternal health. Thus, the survey findings should be interpreted with caution.

5.10 Problems in Accessing Health Care

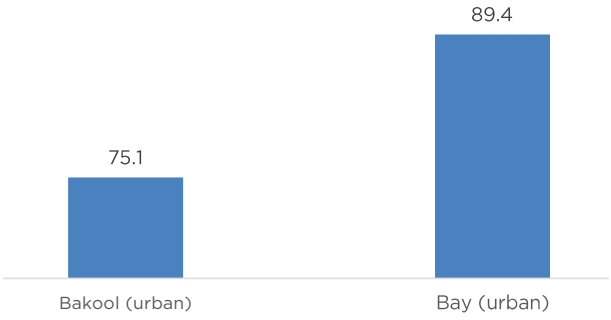
The survey included a series of questions designed to obtain information on the problems women face in obtaining health care services for themselves. This information is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and, particularly, 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 5.10 shows the percentages of respondents who consider the individual factors to be a big problem, and the percentages reported at least one of the specified factors to be a big challenge, according to background characteristics. Overall, 89 percent of women in Bay face at least one problem accessing health care compared to 75 percent of women in Bakool (Figure 5.6).

In Bakool, the most common three barriers in accessing health care services are lack of money at 65 percent, distance to a health facility at 60 percent, and not wanting to go alone at 51 percent while in Bay, the most common challenges in accessing health care services are lack of money at 76 percent, distance to a health facility at 61 percent, and not wanting to go alone at 59 percent.

Figure 5.6 Problems in accessing health care

Percent of women aged 15-49 who reported that they have at least one problem in accessing health care



List of Tables

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 according to region, SWHDS 2020

Background characteristics	Person providing assistance during ANC				Total	Skilled assistance during ANC[2]	Number of women
	Doctor/ Clinical Officer	Nurse/ Auxilliary Midwife/ Midwife	TBA[1]/other/ relative	No ANC			
Bakool (urban)	3.0	25.8	0.0	71.2	100.0	28.8	132
Bay (urban)	33.1	14.2	1.2	51.5	100.0	47.3	169

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.
[1] TBA: Traditional Birth Attendant
[2] Skilled provider includes doctor/clinical officer or nurse/midwife/auxiliary midwife

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

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

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, according to region, SWHDS 2020

Number of ANC visits	Bakool (urban)	Bay (urban)
None	71.2	51.5
1	3.0	7.1
2-3	21.2	26.0
4+	4.5	14.8
Don't know/missing	0.0	0.6
Total	100.0	100.0
Number of months pregnant at time of first ANC visit		
No antenatal care	71.2	51.5
<4	28.8	40.8
4-5	0.0	7.7
Total	100.0	100.0
Number of women	132	169

Table 5.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, SWHDS 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 preasure measured	Urine sample taken	Blood sample taken	
Bakool (urban)	33.3	20.5	132	92.1	73.7	76.3	38
Bay (urban)	42.0	7.1	169	96.3	75.6	78.0	82

Table 5.4 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to region SWHDS 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
Bakool (urban)	17.4	23.5	132
Bay (urban)	27.2	40.2	169

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

Table 5.5 Place of delivery

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

Background characteristics	Health facility						
	Public sector	Private sector	Home	Other	Total	Percentage delivered in a health facility	Number of births
Bakool (urban)							
Mother's age at birth							
<20	32.4	0.0	67.6	0.0	100.0	32.4	37
20-34	18.8	0.4	80.8	0.0	100.0	19.2	261
35-49	*	*	*	*	100.0	*	24
Total	19.9	0.9	79.2	0.0	100.0	20.8	322
Bay (urban)							
Mother's age at birth							
<20	20.3	10.2	69.5	0.0	100.0	30.5	59
20-34	15.9	5.5	78.3	0.3	100.0	21.4	327
35-49	13.9	0.0	86.1	0.0	100.0	13.9	36
Total	16.4	5.7	77.7	0.2	100.0	22.0	422

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

Table 5.6 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, SWHDS 2020

Background characteristics	Person providing assistance during delivery				Total	Percentage delivered by skilled provider[1]	Percentage delivered by C-section	Number of birth
	Doctor	Nurse/ Auxiliary Midwife/ Midwife	Traditional birth attendant	Relative/ other				
Bakool (urban)								
Mother's age at birth								
<20	0.0	35.1	56.8	8.1	100.0	35.1	0.0	37
20-34	2.3	29.1	67.4	1.1	100.0	31.4	0.8	261
35-49	*	*	*	*	100.0	*	*	24
Place of delivery								
Health facility	13.4	82.1	4.5	0.0	100.0	95.5	3.0	67
Elsewhere	0.0	16.1	81.6	2.4	100.0	16.1	0.0	255
Total	2.8	29.8	65.5	1.9	100.0	32.6	0.6	322
Bay (urban)								
Mother's age at birth								
<20	8.5	27.1	61.0	3.4	100.0	35.6	1.7	59
20-34	6.1	26.6	63.6	3.7	100.0	32.7	0.6	327
35-49	2.8	11.1	72.2	13.9	100.0	13.9	2.8	36
Place of delivery								
Health facility	26.9	69.9	3.2	0.0	100.0	96.8	4.3	93
Elsewhere	0.3	12.8	81.2	5.8	100.0	13.1	0.0	329
Total	6.2	25.4	64.0	4.5	100.0	31.5	0.9	422

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.
[1] Skilled provider includes doctor, nurse, midwife, and auxiliary nurse/midwife
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

Table 5.7 Timing of first postnatal checkup for the mother

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

Background characteristics	Time after delivery of mother?s first postnatal checkup			Total	Percentage of women with a postnatal checkup in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	No postnatal checkup[1]			
Bakool (urban)	12.1	0.0	87.9	100.0	12.1	91
Bay (urban)	9.3	1.6	89.1	100.0	10.9	129

[1] Includes women who received a checkup after 41 days

Table 5.8 Timing of first postnatal checkup for the newborn

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

Background characteristics	Time after birth of newborn's first postnatal checkup			Percentage of births with a postnatal checkup in the first two days after birth	Number of births
	1-3 hours	No postnatal checkup[1]	Total		
Bakool (urban)	12.1	87.9	100.0	12.1	91
Bay (urban)	10.1	89.9	100.0	10.1	129

[1] Includes newborns who received a checkup after the first week
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

Table 5.9 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, SWHDS 2020

Background characteristics	heard obstetric fistula	experienced obstetric fistula	Number of ever married women
Bakool (urban)			
Age			
15-19	16.3	0.0	98
20-24	69.4	0.0	62
25-29	75.4	1.6	61
30-34	73.3	3.3	30
35-39	78.0	0.0	41
40-44	*	*	18
45-49	*	*	13
Total	57.3	0.6	323
Bay (urban)			
Age			
15-19	29.5	0.0	78
20-24	56.5	0.0	46
25-29	74.6	1.6	63
30-34	65.4	1.9	52
35-39	58.3	2.1	48
40-44	72.0	0.0	25
45-49	*	*	17
Total	56.8	0.9	329

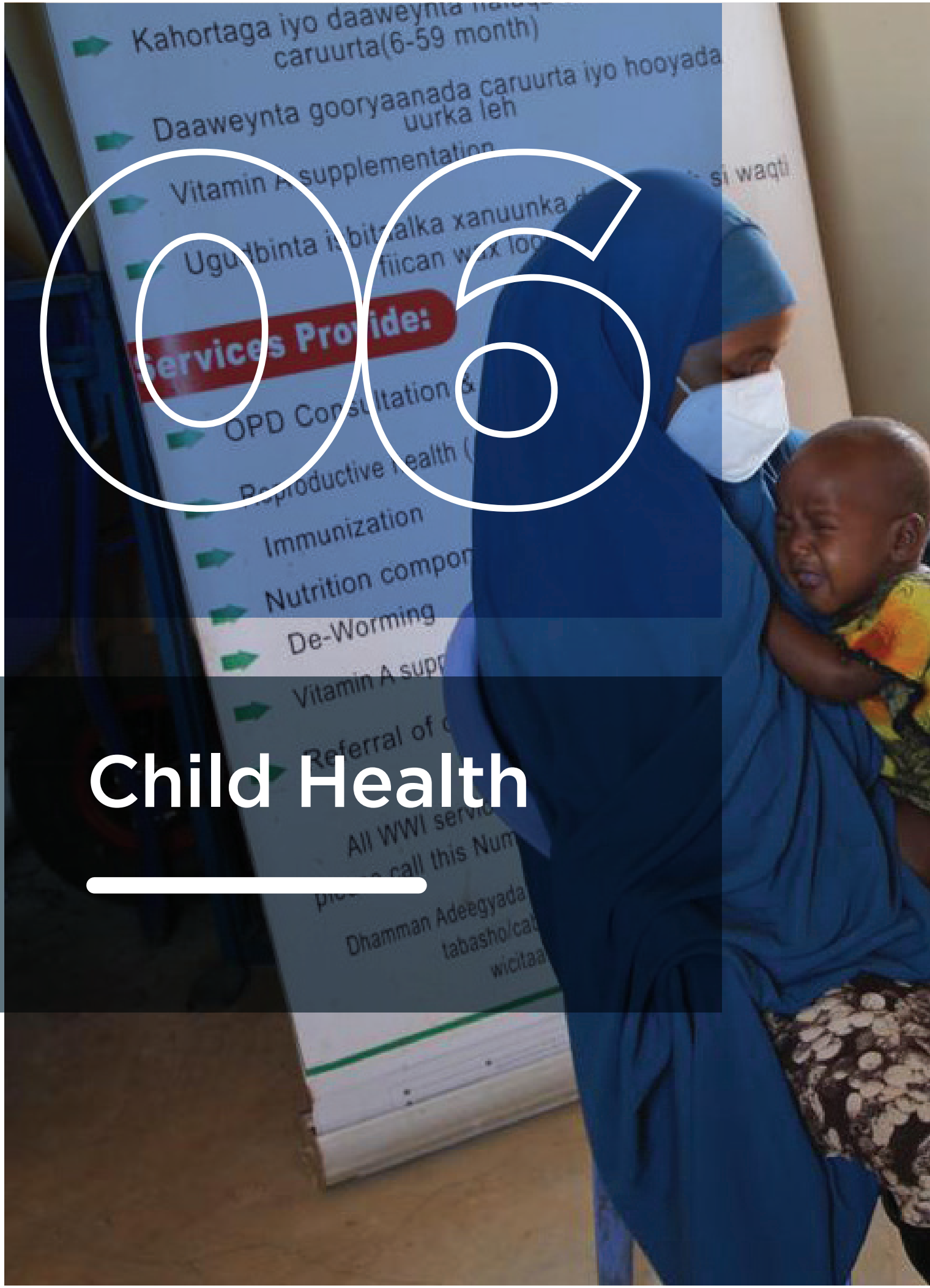
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

Table 5.10 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, SWHDS 2020

Background characteristics	Problems in accessing health care					
	Getting permission to go for treatment	Getting money fortreatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	Number of Ever Married Women
Bakool (urban)						
Age						
15-19	*	*	*	*	*	23
20-34	48.6	69.7	64.1	53.5	78.2	142
35-49	38.9	61.1	58.3	48.6	76.4	72
Employed past 12 months						
Not employed	43.9	64.2	59.4	51.3	74.3	187
Employed for cash	47.5	65.0	60.0	52.5	77.5	40
Employed not for cash	*	*	*	*	*	10
Total	44.3	64.6	59.5	51.1	75.1	237
Bay (urban)						
Age						
15-19	51.7	72.4	69.0	51.7	89.7	29
20-34	58.1	76.8	57.4	57.4	89.7	155
35-49	57.8	75.6	63.3	64.4	88.9	90
Marital status						
Married	57.5	77.5	60.0	57.9	90.4	240
Divorced/ widowed	55.9	64.7	64.7	67.6	82.4	34
Employed past 12 months						
Not employed	59.1	74.2	62.2	61.3	88.0	225
Employed for cash	54.8	83.3	52.4	47.6	95.2	42
Employed not for cash	*	*	*	*	*	7
Total	57.3	75.9	60.6	59.1	89.4	274

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



06

Child Health

Key Findings

Vaccinations:
15 percent of children in Bay had received all basic vaccination (one BCG vaccine, three doses of pentavalent and polio vaccines, and one dose of measles vaccine) compared to **4 percent** of children in Bakool.

Fever:
8 percent of children under the age of five in Bay had a fever in the two weeks preceding the survey compared to **4** presents of children in Bakool.

Diarrhoeal:
7 percent of children under-five in Bakool had a diarrheal episode in the two weeks preceding the survey compared to **6 percent** of children in Bay.

Disposal of Children's Stools:
61 percent of children's stool in Bakool are disposed of safely compared to **54 percent** of those children in Bay.

6 CHILD HEALTH

This chapter presents information on child health. This includes the vaccination status of young children, and the prevalence of two common childhood illnesses: fever, and diarrhoea. 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 programme managers as they are implementing and monitoring the health sector strategic plan of the South West State. It will also help in formulating appropriate interventions to prevent deaths from childhood illnesses, and improve the health status of children in South West State.

6.1 Vaccination of Children

According to WHO, a child is considered fully vaccinated if he or she has received a BCG vaccination against tuberculosis; three doses of the diphtheria, pertussis and tetanus (DPT) vaccine; at least three doses of the polio vaccine; and one dose of the measles vaccine. The survey collected information on the coverage of these vaccinations among the children born in the five years preceding the survey.

Following internationally recommended procedures, information on vaccination coverage was obtained in two ways in the survey—from child health cards and from mothers' verbal reports. All mothers were asked to show the interviewer the child health cards on which immunisation dates were recorded for all children born in the five years preceding the survey. If a card was available, the interviewer recorded the dates of each vaccination received by the child. If a card showed that the child was not fully vaccinated, the mother was then asked whether the child had received other vaccinations that were not recorded on the card, and these too were noted. If a child never received a health card or if the mother was unable to show the card to the interviewer, the vaccination information for the child was based on the mother's report. Questions were asked for each type of vaccine.

Table 6.1 presents data on the vaccination coverage for children aged 12-23 months, the age by which they should have received all vaccinations. Generally, the vaccination coverage among children aged 12-23 months in Bakool is very low compared to Bay.

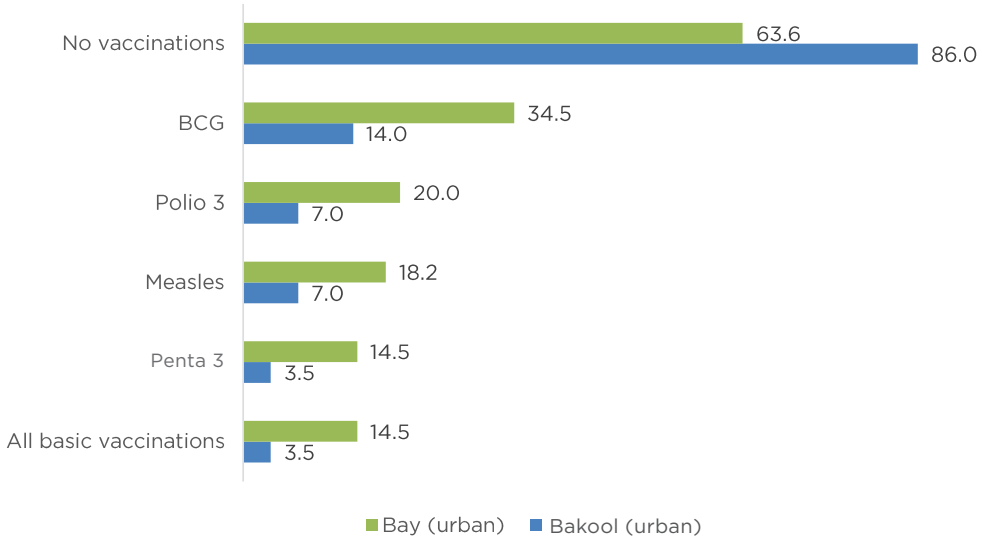
Overall 15 percent of children in Bay had received all basic vaccination (one BCG vaccine, three doses of pentavalent and polio vaccines, and one dose of measles vaccine) compared to 4 percent of children in Bakool.

In Bay, the vaccination coverage among children aged 12-23 months is highest for the first dose of polio vaccine at 36 percent followed by the first dose of DPT-HepB-Hib vaccine and BCG at 35 percent (each). Fifteen percent of children have received three doses of the DPT-HepB-Hib vaccine and 18 percent received the measles vaccination. There is a 16 percentage-point dropout rate from the first to the third dose of the polio vaccine.

In Bakool, 14 percent of the children received BCG and first dose of DPT-HepB-Hib vaccine while only 4 percent have received three doses of the DPT-HepB-Hib vaccine. Seven percent of the children had received the three doses of polio vaccine. Similarly, 7 percent of the children had been vaccinated against measles (Figure 6.1).

Figure 6.1 Vaccination Coverage for children age 12-23 months

Percentage of children age 12-23 [18-29] months who received specific vaccines at any time before the survey



6.2 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 a fever can occur year-round, malaria is more prevalent after the end of the rainy season.

Table 6.2 shows the percentage of children under age 5 who had a fever in the two weeks preceding the survey by selected background characteristics. Overall, 8 percent of children in Bay under the age of five had a fever in the two weeks preceding the survey compared to 4 percent of their counterparts in Bakool .

6.3 Diarrhoeal 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).

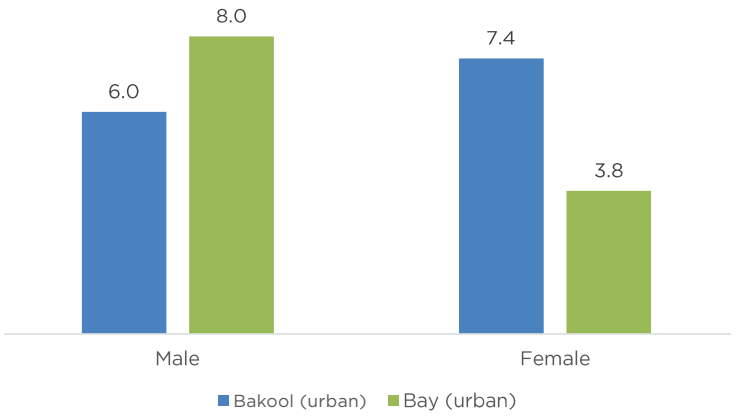
Exposure to diarrhea-causing agents frequently relates to the use of contaminated water and unhygienic practices in food preparation and disposal of excreta. The survey collected information on the prevalence of diarrhea among children in Bay and Bakool by asking mothers whether their children under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

Table 6.3 shows the percentage of children under-five years who had diarrhea during the two weeks preceding the survey by selected background characteristics. Overall, 7 percent of children under-five in Bakool had a diarrheal episode in the two weeks preceding the survey compared to 6 percent of children in Bay .

There was a slight variation in the prevalence of fever by sex of the child. In Bakool, females are more likely to have an episode of diarrhea compared to males at 7 percent and 6 percent, respectively. Whereas in Bay, females are less likely to have an episode of diarrhea compared to males at 4 percent and 8 percent, respectively (Figure 6.2).

Figure 6.2 Percent of children with diarrhoea

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



6.4 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, disease may spread by direct contact or through animal contact. Children's stool 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 6.4 presents the percent distribution of children under-five years living with their mother by the manner of disposal of the child's last faecal matter. Sixty-one percent of children in Bakool had their stool disposed of safely compared to 54 percent of those in Bay.

The most common method of disposal of children's faeces in Bay is the child using a toilet or latrine at 35 percent compared to 27 percent of those in Bakool. The least reported method of disposal in Bay was burying of the faeces at 2 percent whereas rinsed into drain or ditch was the least method used in Bakool at 4 percent (Figure 6.3).

Figure 6.3 Disposal of children's stools

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

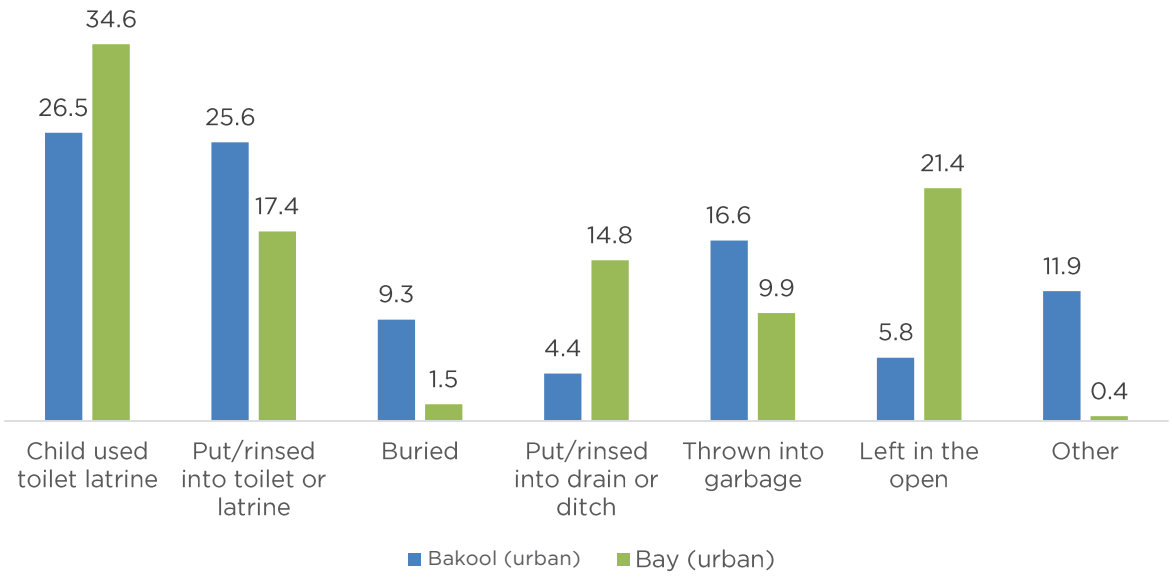


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Table 6.1 Vaccinations by background characteristics

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, SWHDS 2020

Background characteristics	BCG	Penta			Polio [1]				Measles	All basic vaccinations[2]	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3					
Bakool (urban)	14.0	14.0	5.3	3.5	14.0	14.0	7.0	7.0	7.0	3.5	86.0	1.8	57
Bay (urban)	34.5	34.5	16.4	14.5	34.5	36.4	20.0	20.0	18.2	14.5	63.6	3.6	55

[1] Polio 0 is the polio vaccination given at birth
[2] BCG, measles, and three doses each of Pentavalent and polio vaccine (excluding polio vaccine given at birth)

Table 6.2 Prevalence of fever

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

Background Characteristics	Percentage with fever	Number of children
Bakool (urban)	4.1	269
Bay (urban)	7.9	356

Table 6.3 Prevalance of Diarrhea

Among children under age five who had diarrhea in the two weeks preceding the survey, by background characteristics, SWHDS 2020

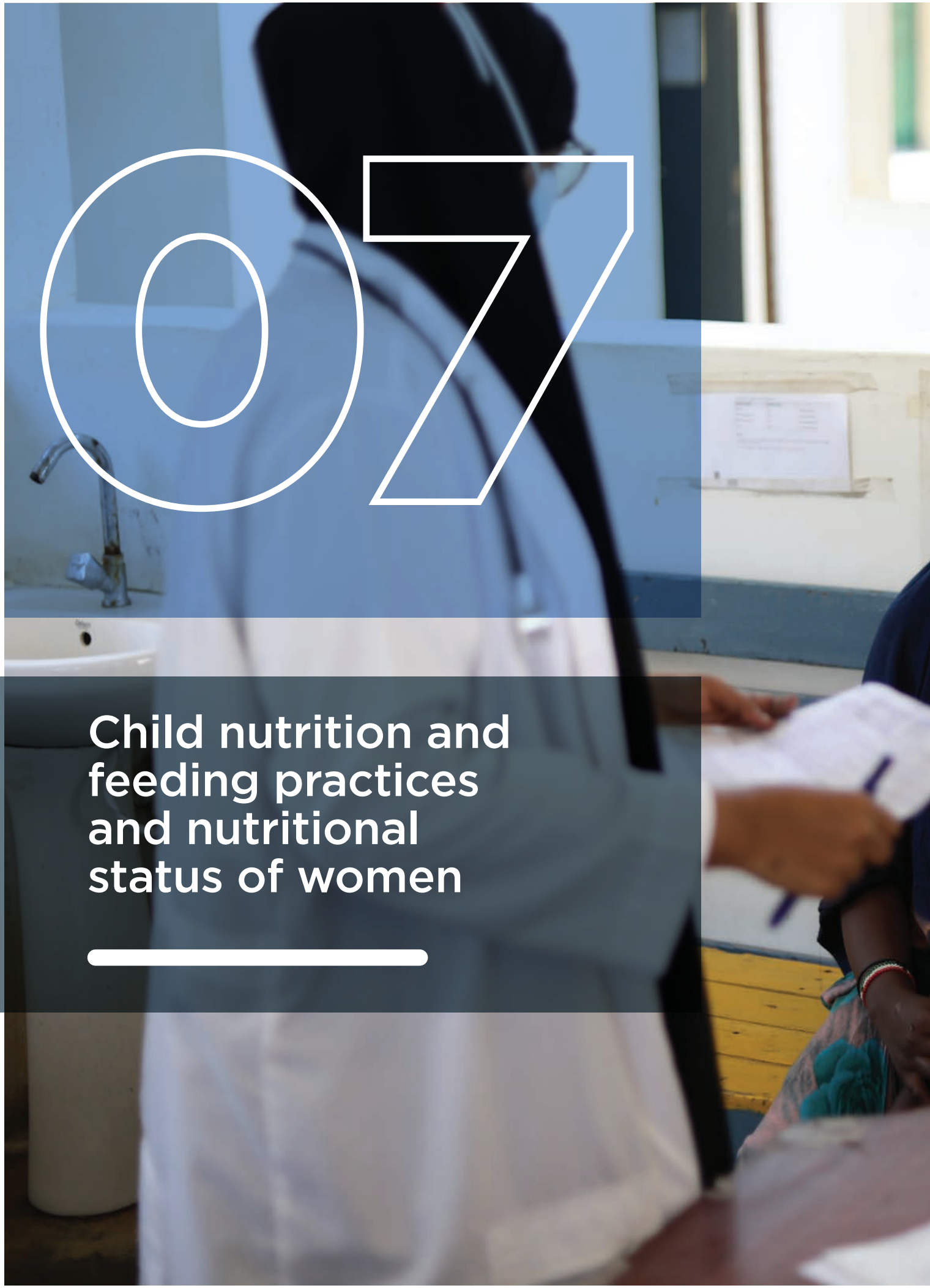
Background characteristics	Bakool (urban)		Bay (urban)	
	Percentage with diarrhea	Number of children	Percentage with diarrhea	Number of children
Sex				
Male	6.0	134	8.0	200
Female	7.4	135	3.8	156
Total	6.7	269	6.2	356

Table 6.4 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last fecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, SWHDS 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			
Bakool (urban)	26.5	25.6	9.3	4.4	16.6	5.8	11.9	100.0	61.3	344
Bay (urban)	34.6	17.4	1.5	14.8	9.9	21.4	0.4	100.0	53.5	454

[1] Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the fecalmatter was put/rinsed into a toilet or latrine or if it was buried
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed



07

Child nutrition and feeding practices and nutritional status of women

Key Findings

Nutritional status of children:
33 percent of children under-five in Bay are stunted (short for their age) compared to **31 percent** in Bakool, **13 percent** in urban areas in Bakool and Bay are wasted (thin for their height) and **24 percent** in Bay are underweight (thin for their age) compared to **22 percent** in Bakool.

Breastfeeding:
91 percent of children in Bay and **87 percent** in Bakool have ever breastfed.

Early initiation of breastfeeding:
67 percent of children in Bay started breastfeeding within the first hour of their birth compared to **47 percent** of those in Bakool.

Vitamin A:
31 percent of children in Bakool of 6-23 months consumed foods rich in vitamin A in the day preceding the survey comared to **29 percent** in Bay.

Iron supplementation:
5 percent of children of 6 – 59 months in Bakool have received iron supplements in the 7 days preceding survey, compared to **4 percent** in Bay.

Nutritional status of women:
18 percent of women age 15-49 in Bakool and **16 percent** in Bay are thin (a body mass index [BMI] below 18.5), while **21 percent** in Bay are overweight compared to Bakool at **14 percent.**

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 chapter 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 disease susceptibility.

Good nutritional status is critical for the growth and development of children, particularly those who are under two years of age. In addition, nutrition for women directly impacts their health and that of their children. Nutritional deficiencies among women can lead to anemia, infections, and pregnancy complications resulting in premature birth or death. Nutritional deficiencies among children, especially those under five years of age, often lead to childhood illnesses such as diarrhea, 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 survey, 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 children under the age of five in sampled households. The equipment used for height and weight measurements was the seca scale (for weight), height board (height for children aged under five) and seca (height for adults).

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

Weight for height (wasting) indicator measures the children who suffer acute malnutrition, usually as a consequence 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 considers 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 and Figure 7.1 present 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. In Bakool, 31 percent of children under the age of five are stunted or too short for their age; 22 percent are severely stunted, while 13 percent are wasted; 5 percent of children are severely wasted, 22 percent are underweight with 9 percent being severely underweight. Analysis by sex indicates that the prevalence of stunted children is slightly higher in males at 31 percent than in females at 30 percent—more males than female children are wasted at 16 percent and 11 percent, respectively. Twenty-four percent of males and 20 percent of females are underweight.

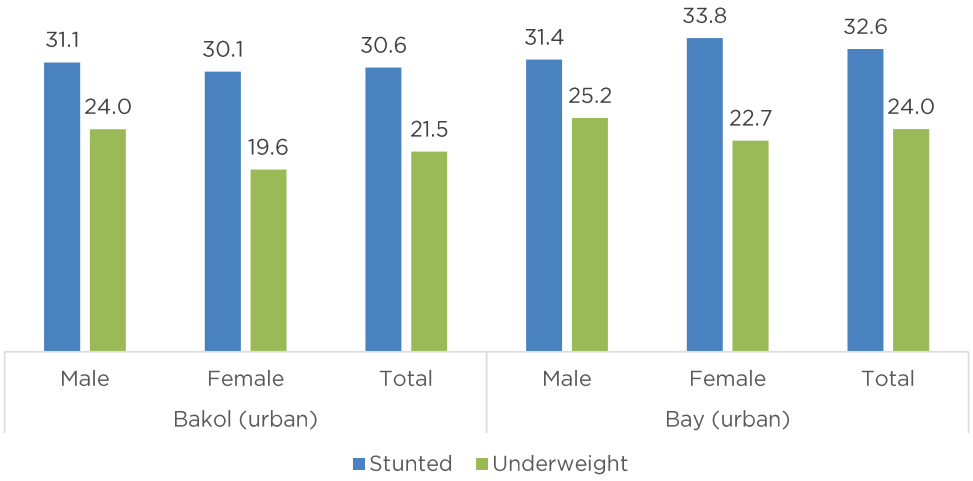
The result further shows that the children under the age of five in Bay who are stunted or too short for their age is 33 percent, of which 19 percent are severely stunted, 13 percent are wasted; 5 percent of the children are severely wasted, 24 percent are underweight of whom 6 percent severely underweight. It also shows that there is a slightly higher proportion of females than males among the wasted children at 34 percent and 31 percent, respectively. Twenty-five percent of males and 23 percent of females are underweight.

7.3. Breastfeeding

The SWHDS 2020 data can be used to evaluate infant feeding practices, including breastfeeding duration, the introduction of complementary weaning foods, and use of feeding bottles. The pattern of infant feeding has important influences on both the child and 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

Figure 7.1 Nutritional status of children by region

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



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.

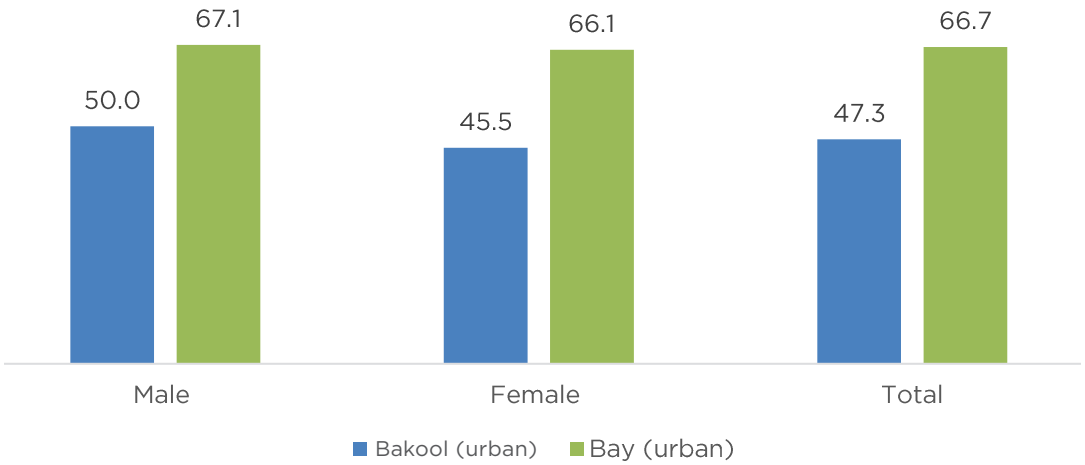
7.4. Initiation of Breastfeeding

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 for up to two years, while providing complementary foods.

Table 7.2 and Figure 7.2 show the percentage of all children born two years before the survey by breastfeeding status and the timing of initial breastfeeding, according to background characteristics. In Bay, 91 percent of the last-born children born in the two years preceding the survey were breastfed at some point compared to 87 percent in Bakool. Sixty-seven percent of children in Bay were breastfed within one hour of birth compared to 47 percent in Bakool. Eighty-five percent of the children in Bay are breastfed within one day of birth compared to 69 percent in Bakool. In Bay, there is no difference in the initiation of breastfeeding for the boy and girl-child,

Figure 7.2 Initial Breastfeeding

Percentage who started breastfeeding within the first hour of birth by Sex



whereas in Bakool, boys are more likely than girls to be put on the breast within the first hour of birth.

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

Appropriate IYCF practices include breastfeeding through the age of two years, the 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 the recommendations, breastfed children aged 6-23 months should receive animal source foods and vitamin A-rich fruits and vegetables daily (PAHO/WHO, 2003).

Figure 7.3 shows that 35 percent of children under six months in Bay were exclusively breastfed compared to 29 percent in Bakool. Seventy-five percent of children between 0-5 months in Bay were predominantly breastfed compared to 62 percent of those in Bakool. The proportion of children who were still breastfeeding at the age of one is higher in Bakool than Bay at 47 percent and 37 percent, respectively. Overall, 44 percent of children in Bakool were introduced to complementary foods at six to eight months compared to 36 percent in Bay. Twenty-six percent of children (0-23 months) in Bay and 22 percent of those in Bakool were breastfed appropriately for their age.

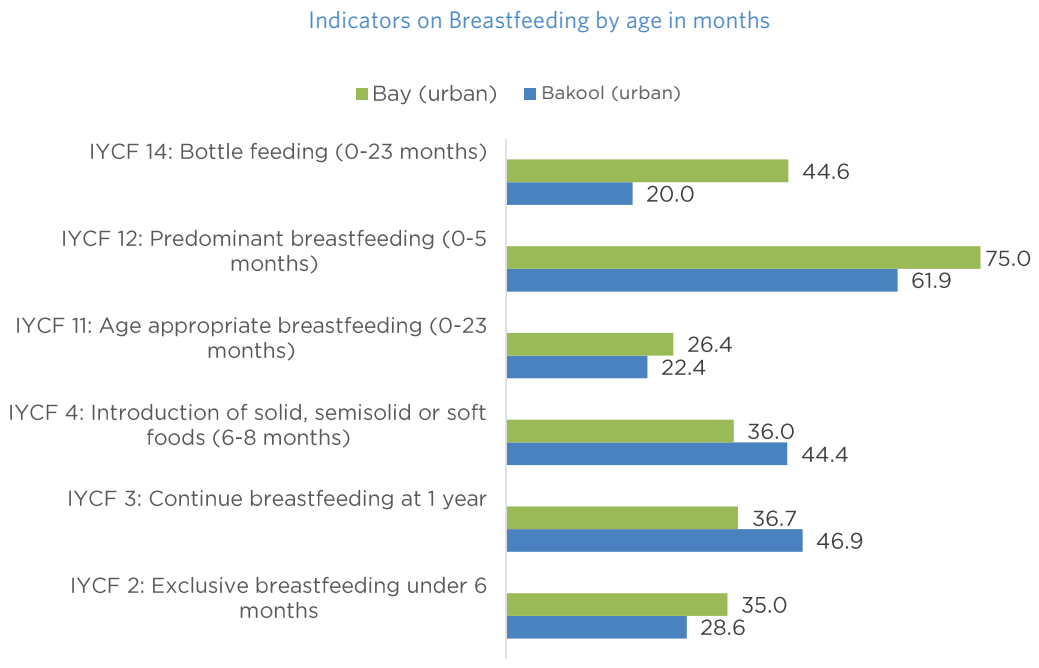
7.6. Micronutrients intake among Children

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 mothers.

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 anemia, 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 7.3 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. The table also provides information

Figure 7.3 Indicators on breastfeeding status



on micronutrient supplementation and deworming among children aged 6-59 months. Thirty-one percent of children aged 6-23 months in Bakool consumed food rich in vitamin A in the 24 hours preceding the survey compared to 29 percent in Bay.

Only 5 percent of children aged 6-59 months in Bakool and 4 percent in Bay were given iron supplements in the past 7 days, 14 percent in Bakool were given vitamin A supplements in the past 6 months compared to 11 percent in Bay. The percentage of children who had been given deworming medication in the 6 months preceding the survey was the same in Bakool and Bay at 8 percent.

7.7. 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 SWHDS 2020 collected anthropometric data on height and weight for women aged 15-49 years. 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 to various health conditions, such as diabetes type2, cardiovascular problems and high blood pressure. If the weight of a person is below the normal range, the risk of adverse pregnancy outcomes and overall poor health status increases.

Table 7.4 shows that 3 percent of women aged 15-49 in Bakool are of short stature (below 145cm) compared to 2 percent in Bay. Generally, women with short stature are at a higher risk of obstructed labour, due to cephalo-pelvic disproportion. Sixty-five percent of women in Bakool have a normal body mass index (between 18.5 and 24.9) compared to 58 percent Bay, while 18 percent of women aged 15-49 in Bakool are thin with a BMI of less than 18.5 compared to 16 percent in Bay. The percentage of overweight with a body mass index of more than 25.0 - 29.9 is higher in Bay at 21 percent than in Bakool at 14 percent.

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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, SWHDS 2020

Background characteristics	Height-for-age [1]				Weight-for-Height					Weight-for-age				
	Percentage below -3 SD	Percentage below -2 SD 2	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage below +2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage below +2 SD	Mean Z-score (SD)	Number of children
Bakool (urban)														
Sex														
Male	24.0	31.1	1.4	52	4.2	16.2	3.0	0.5	32	10.8	24.0	8.4	0.1	54
Female	21.1	30.1	0.9	63	6.2	10.5	2.4	0.3	27	7.2	19.6	8.1	0.1	58
Total	22.3	30.6	1.1	115	5.3	13.0	2.7	0.4	59	8.8	21.5	8.2	0.1	112
Bay (urban)														
Sex														
Male	20.8	31.4	1.6	50	*	*	*	*	22	4.4	25.2	6.9	0.0	51
Female	16.2	33.8	1.4	52	5.2	15.6	7.1	1.0	35	7.8	22.7	7.1	0.0	46
Total	18.5	32.6	1.5	102	5.1	13.1	5.1	0.6	57	6.1	24.0	7.0	0.0	97

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices isexpressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006.
The indices in this table are NOT comparable to those based on the previously used 1977 NCHS/CDC/WHO Reference.
Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.
[1] Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 cm; standing height is measured for all other children.
[2] Includes children who are below –3 standard deviations (SD) from the WHO Growth Standards population median
Note: An asterisk indicates that a figure is based on fewer than 25 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 a the percentage who received a prelacteal feed, by background characteristics, SWHDS 2020

Background characteristics	Among last-born children born in the past two years:			Number of last-born children	Among last-born 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]		Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Bakool (urban)						
Sex						
Male	86.1	50.0	66.7	36	41.9	31
Female	87.3	45.5	70.9	55	37.5	48
Assistance at delivery						
Health personnel[3]	80.6	61.3	80.6	31	40.0	25
Traditional birth attendant	89.7	41.4	63.8	58	40.4	52
Relative/friend	*	*	*	2	*	2
Total	86.8	47.3	69.2	91	39.2	79
Bay (urban)						
Sex						
Male	87.1	67.1	85.7	70	36.1	61
Female	94.9	66.1	84.7	59	46.4	56
Assistance at delivery						
Health personnel	91.7	72.9	89.6	48	47.7	44
Traditional birth attendant	90.9	63.6	83.1	77	37.1	70
Relative/friend	*	*	*	4	*	3
Total	90.7	66.7	85.3	129	41.0	117

Note: Table is based on last-born children born in the two years preceding the survey regardless of whetherthe children are living or dead at the time of interview.
[1] Includes children who started breastfeeding within one hour of birth
[2] Children given something other than breast milk during the first three days of life
[3] Doctor, nurse/midwife, or auxiliary midwife
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

Table 7.3 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, SWHDS 2020

	Among youngest children age 6-23 months living with the mother:			Among non-breastfed children 6-23 months, percentage fed:			
Background characteristics	Percentage who consumed foods rich in vitamin A in past 24 hours[1]	Percentage who consumed foods rich in iron in past 24 hours[2]	Number of breastfed children 6-23 months	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months[3]	Percentage given vitamin A supplements in past 6 months	Number of non-breastfed children 6-23 months
Bakool (urban)							
Sex							
Male	20.0	3.3	30	3.1	3.1	11.0	127
Female	39.5	10.5	38	6.6	13.2	17.4	121
Breastfeeding status							
Breastfeeding	29.4	5.9	34	2.7	10.8	13.5	37
Not breastfeeding	32.4	8.8	34	5.2	7.6	14.2	211
Total	30.9	7.4	68	4.8	8.1	14.1	248
Bay (urban)							
Sex							
Male	34.0	20.0	50	6.1	12.8	11.7	180
Female	23.3	18.6	43	1.5	0.7	10.4	135
Breastfeeding status							
Breastfeeding	25.6	10.3	39	4.7	9.3	11.6	43
Not breastfeeding	31.5	25.9	54	4.0	7.4	11.0	272
Total	29.0	19.4	93	4.1	7.6	11.1	315

Note: Information on vitamin A is based on both mother's recall and the immunisation card (where available). Information on iron supplements and deworming medication is based on the mother's recall.
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A, and red palm oil
[2] Includes meat (including organ meat), fish, poultry, and eggs
[3] Deworming for intestinal parasites is commonly done for helminths and for schistosomiasis.

Table 7.4 Nutritional status of women

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

Background characteristics	Height		Body Mass Index [1]								
					Thin			Overweight/Obese			
	Percentage below 145 cm	Number of women	Mean body max index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total over weight or obese)	25.0-29.9 (Overweight)	30.0 + (obese)	Number of women
Bakool (urban)											
Age											
15-19	7.3	96	20.4	63.8	29.8	17.0	12.8	6.4	6.4	0.0	94
20-29	0.8	122	21.9	65.9	18.7	12.1	6.6	15.4	11.0	4.4	91
30-39	1.4	72	23.4	64.8	5.6	3.7	1.9	29.6	25.9	3.7	54
40-49	0.0	32	24.7	63.0	3.7	3.7	0.0	33.3	25.9	7.4	27
Total	2.8	322	21.9	64.7	18.4	11.3	7.1	16.9	13.9	3.0	266
Bay (urban)											
Age											
15-19	4.8	63	21.4	64.9	24.6	21.1	3.5	10.5	8.8	1.8	57
20-29	2.2	92	22.8	51.5	20.6	16.2	4.4	27.9	23.5	4.4	68
30-39	0.0	74	23.7	66.1	8.5	5.1	3.4	25.4	20.3	5.1	59
40-49	0.0	30	25.8	42.9	3.6	3.6	0.0	53.6	39.3	14.3	28
Total	1.9	259	23.1	58.0	16.0	12.7	3.3	25.9	20.8	5.2	212

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

08

HIV/AIDS-Related Knowledge, Beliefs and Attitudes

Key Findings

Knowledge of HIV/AIDS:
52 percent and **65 percent** of women aged 15-49 years in Bakool and Bay, respectively, have heard of HIV/AIDS.

Comprehensive knowledge of HIV/AIDS:
7 percent of all women aged 15-49 years have comprehensive knowledge about HIV/AIDS in Bay compared to **3 percent** in Bakool.

Discriminatory attitudes towards people living with HIV/AIDS:
29 percent of women in Bakool have discriminatory attitudes towards people living with HIV/AIDS compared to **53 percent** in Bay

Self-reported Prevalence of Sexually Transmitted infections (STIs) and STI symptoms:
23 percent and **18 percent** of ever-married women in Bakool and Bay, respectively reported that they had STIs in the 12 months preceding the survey.

8.1 Introduction

The survey collected information on the knowledge and attitudes around Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) and knowledge of other sexually transmitted infections (STIs) from all ever-married women. It 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 HIV/AIDS knowledge, attitudes, and behaviours, including knowledge of HIV/ AIDS prevention methods, stigma and prevention of mother-to-child transmission of HIV/AIDS.

Table 8.1 provides information on women's awareness of HIV/AIDS. It shows that 65 percent of women aged 15- 49 in Bay have heard of HIV/AIDS, compared to 52 percent in Bakool. In Bakool, the proportion of women who have heard of HIV/AIDS increased with increase in age with 47 percent of women aged 15-19 years have heard of HIV/AIDS compared to 68 percent of those aged 40-49 years. However, in Bay, there is no correlation between age and knowledge of HIV/AIDS. The highest proportion of women who have heard of HIV/AIDS are in the age groups of 15-19 and 25-29 at 71 percent while the lowest proportions were those aged 40 - 49 years at 50 percent (Figure 8.1).

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

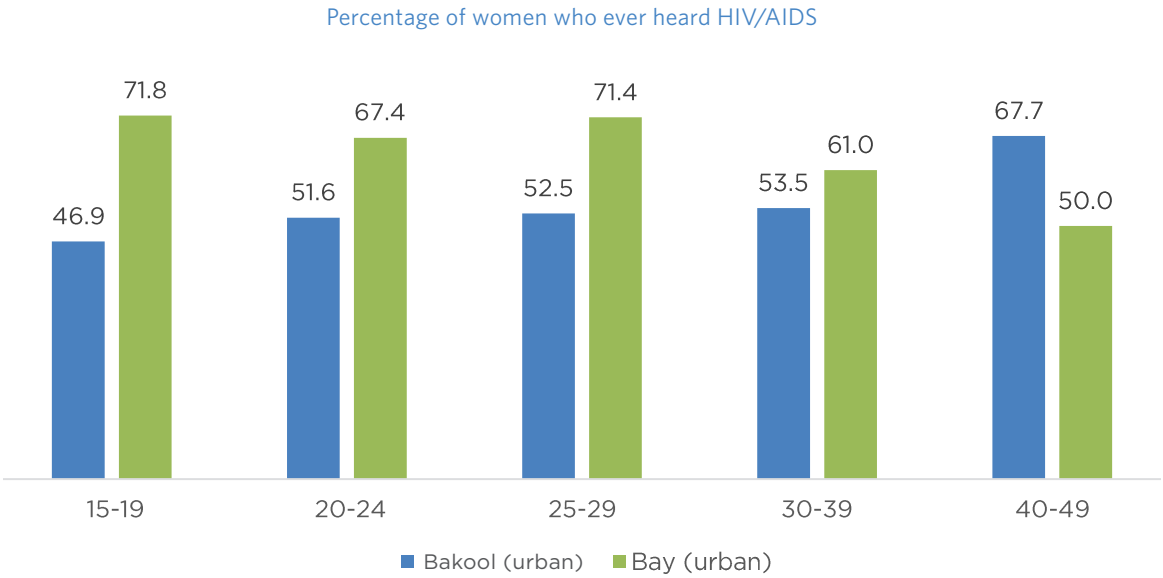
The survey obtained information from women aged 15-49 years on their knowledge, perceptions, and behaviours related to HIV/ AIDS, as well as awareness of modes of HIV/AIDS transmission. Information on knowledge on the spread of HIV/ AIDS was also collected. Respondents were asked whether they had heard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

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 through mosquito bites and that it can be transmitted by sharing food with someone who has HIV/AIDS). Forty percent of women in Bakool are aware that a healthy-looking person could be carrying the HIV/ AIDS virus, compared to 39 percent of women in Bay.

Women in Bay are more likely than women in Bakool

Figure 8.1 Knowledge of HIV/AIDS



to know that HIV/AIDS cannot be transmitted through mosquito bites at 27 percent and 16 percent each, respectively. Similarly, more women from Bay than Bakool know that the HIV/AIDS virus cannot be transmitted by supernatural means at 39 percent and 19 percent, respectively. Twenty-five percent of the respondents in Bay understand that people cannot be infected by sharing food with a person who has HIV/AIDS compared to 18 percent in Bakool.

Comprehensive knowledge about HIV/AIDS is low in the SWS. Only 3 percent of women in the reproductive age in Bakool have comprehensive knowledge of HIV/AIDS compared to 7 percent in Bay. In Bakool, the proportion of women with comprehensive knowledge about HIV/AIDS is highest among women aged 40-49 years at 13 percent and lowest among women aged 15-19 years, 20-24 years, and 25-29 years at 2 percent each. In Bay, the proportion of women with comprehensive knowledge about HIV/AIDS is highest among women aged 15-19 years at 10 percent and lowest among women aged 30-39 years at 6 percent (Figure 8.2).

8.4 Knowledge about Mother-to-child transmission

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

Table 8.3 and Figure 8.3 present data on the knowledge of MTCT among women aged 15-49 years by background characteristics. In Bakool, 34 percent, 37 percent, and 38 percent of women know that HIV/AIDS can be transmitted during pregnancy, delivery, and through breastfeeding, respectively. In Bay, 47 percent of the women know that transmission can occur during pregnancy, delivery or through breastfeeding. Twenty-seven percent of women in Bakool and 36 percent in Bay believe that HIV/AIDS can be transmitted by all three means. About one-third of the women in both Bakool and Bay know that the risk of MTCT can be reduced if the mother takes special drugs during pregnancy.

8.5 Attitude towards People Living with HIV/AIDS

Extensive stigma and discrimination against people living with HIV/AIDS can adversely affect both testing and adherence to HIV antiretroviral therapy (ART). For instance, people may hesitate to take HIV/ AIDS tests because they are afraid of how other people will perceive them if the test result is positive.

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

Figure 8.2 Comprehensive knowledge about HIV/AIDS

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

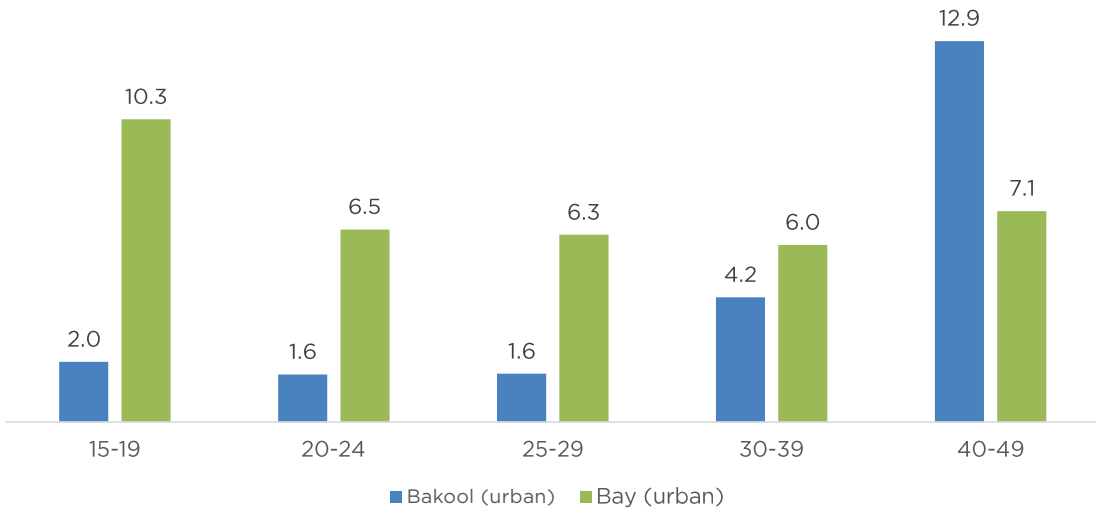
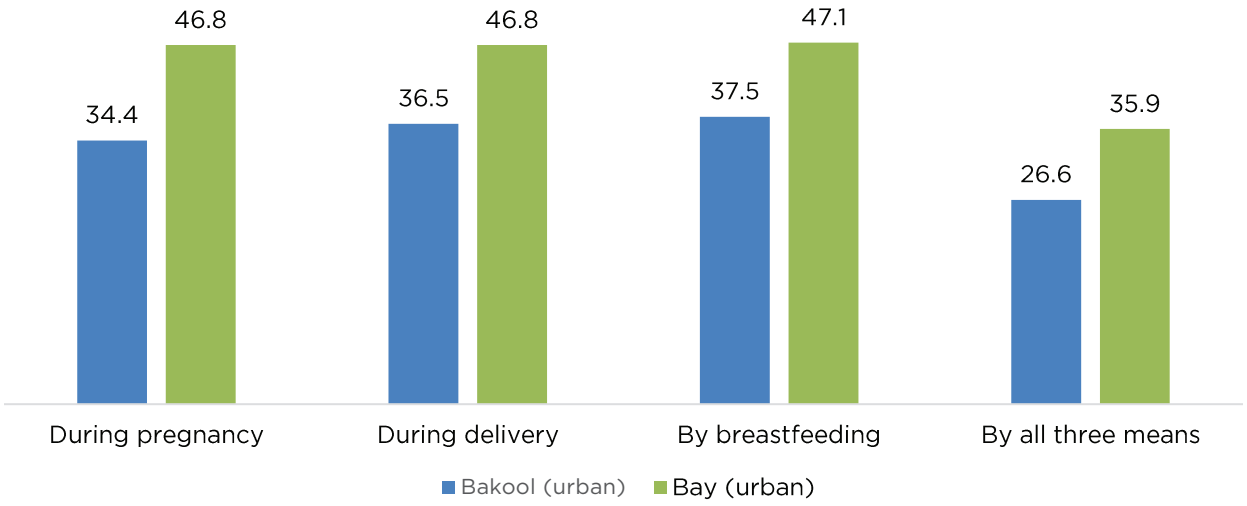


Figure 8.3 Knowledge of prevention of mother-to-child transmission of HIV

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



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

Table 8.4 presents data for women aged 15-49 years who have heard of HIV/AIDS and their attitudes towards people living with HIV/AIDS, by background characteristics. Sixty-one percent of women in Bay do not think that children living with HIV/AIDS should not attend school with children who are not infected by HIV/AIDS compared to 37 percent of women in Bakool. In addition, 65 percent of the women in Bay said they would not buy fresh vegetables from a shopkeeper who is HIV/AIDS positive compared to 43 percent of women in Bakool. Fifty-three percent of the respondents in Bay had discriminatory attitudes towards people living with HIV/AIDS, compared to 29 percent of the women in Bakool.

8.6 Self-reporting of Sexually Transmitted Infections

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

Table 8.5 shows the self-reported prevalence of STIs and STI symptoms. Twenty-three percent of ever-married women in Bakool reported that they had an STI in the 12 months preceding the survey compared to 18 percent of women in Bay. In Bakool, 18 percent of women had reported having had a bad smell, or an abnormal discharge while 7 percent had a genital sore or ulcer. Whereas in Bay, the proportion of women who reported having an abnormal discharge and a genital sore were 18 percent and 10 percent, respectively.

Table 8.6 and Figure 8.4 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. Sixty-three percent of the women in Bakool who had an STI or STI symptoms did not seek advice or treatment compared to 48 percent of their counterparts in Bay. Forty-seven percent of women in Bay who had STI/STI symptoms sought advice from the public health sector compared to 34 percent in Bakool. The proportion of women who got advice from the private sector was the same in both Bakool and Bay at 5 percent.

Figure 8.4 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

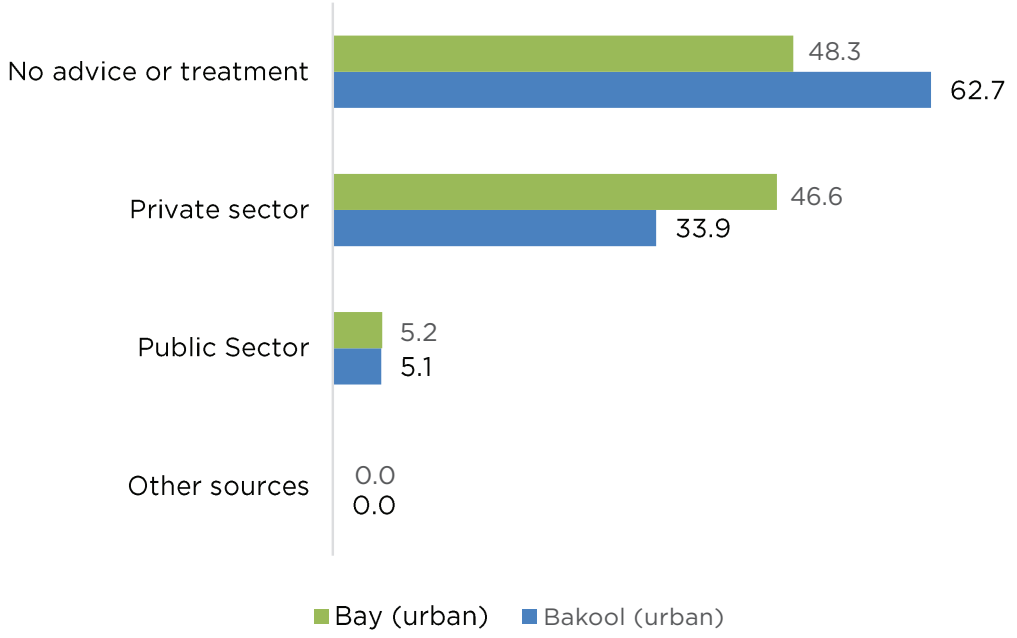


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Table 8.1 Knowledge of HIV/AIDS

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

Background characteristics	Bakool (urban)		Bay (urban)	
	Percentage of women who ever heard HIV/ AIDS	Number of women	Percentage of women who ever heard HIV/ AIDS	Number of women
Age				
15-19	46.9	98	71.8	78
20-24	51.6	62	67.4	46
25-29	52.5	61	71.4	63
30-39	53.5	71	61.0	100
40-49	67.7	31	50.0	42
Total 15-49	52.3	323	65.0	329

Table 8.2 Comprehensive knowledge about HIV/AIDS

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of the AIDS virus, and thepercentage with a comprehensive knowledge about AIDS by background characteristics, SWHDS 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
	Using a Condom reduces the chance of HIV infection	Having uninfected spouse can reduce the chance of HIV infection	A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus			
Bakool (urban)									
Age									
15-19	27.6	38.8	38.8	14.3	13.3	15.3	7.1	2.0	98
20-24	35.5	37.1	38.7	19.4	14.5	17.7	8.1	1.6	62
25-29	34.4	37.7	34.4	16.4	26.2	21.3	8.2	1.6	61
30-39	38.0	36.6	36.6	12.7	19.7	18.3	4.2	4.2	71
40-49	48.4	51.6	61.3	22.6	25.8	19.4	6.5	12.9	31
Total 15-49	34.7	39.0	39.6	16.1	18.6	18.0	6.8	3.4	323
Bay (urban)									
Age									
15-19	39.7	51.3	42.3	34.6	42.3	37.2	7.7	10.3	78
20-24	37.0	50.0	56.5	32.6	26.1	15.2	13.0	6.5	46
25-29	38.1	47.6	36.5	27.0	42.9	33.3	4.8	6.3	63
30-39	28.0	46.0	34.0	19.0	38.0	16.0	2.0	6.0	100
40-49	19.0	38.1	28.6	23.8	40.5	21.4	9.5	7.1	42
Total 15-49	32.8	47.1	38.9	26.7	38.6	24.9	6.4	7.3	329

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

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

Percentage of women 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, SWHDS 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		
Bakool (urban)						
Age						
15-19	30.6	33.7	35.7	23.5	34.7	98
20-24	33.9	35.5	38.7	29.0	27.4	62
25-29	31.1	39.3	27.9	21.3	31.1	61
30-39	36.6	35.2	39.4	26.8	35.2	71
40-49	48.4	45.2	54.8	41.9	41.9	31
Total 15-49	34.4	36.5	37.5	26.6	33.4	323
Bay (urban)						
Age						
15-19	44.9	47.4	53.8	37.2	32.1	78
20-24	58.7	54.3	58.7	50.0	41.3	46
25-29	54.0	50.8	46.0	38.1	33.3	63
30-39	44.0	45.0	42.0	30.0	31.0	100
40-49	33.3	35.7	35.7	28.6	23.8	42
Total 15-49	46.8	46.8	47.1	35.9	32.2	329

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, SWHDS 2020

Background characteristics	Women			
	Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV	Percentage with discriminatory attitudes towards people living with HIV [1]	Number of women who have heard of HIV or AIDS
Bakool (urban)				
Age				
15-24	39.7	39.7	29.5	78
15-19	34.8	37.0	26.1	46
20-24	46.9	43.8	34.4	32
25-29	37.5	53.1	34.4	32
30-39	39.5	42.1	34.2	38
40-49	*	*	*	21
Marital Status				
Never Married	32.6	30.2	20.9	43
Married	37.9	46.6	31.0	116
Divorced/Widowed	*	*	*	10
Total 15-49	36.7	42.6	29.0	169
Bay (urban)				
Age				
15-24	59.8	63.2	54.0	87
15-19	64.3	62.5	55.4	56
20-24	51.6	64.5	51.6	31
25-29	53.3	60.0	44.4	45
30-39	67.2	70.5	54.1	61
40-49	*	*	*	21
Marital Status				
Never Married	56.1	61.0	48.8	41
Married	63.4	66.7	54.2	153
Divorced/Widowed	*	*	*	20
Total 15-49	61.2	65.4	53.3	214

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

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

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

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

Background characteristics	Percentage of respondents who reported having in the past 12 months: STI	Bad-smelling/ abnormal genital discharge	Genital sore or ulcer	STI/ genital discharge/ sore or ulcer	Number of ever married women
Bakool (urban)					
Age					
15-19	*	*	*	*	23
20-24	22.6	17.0	7.5	24.5	53
25-29	20.0	18.3	5.0	20.0	60
30-39	21.4	17.1	5.7	25.7	70
40-49	35.5	25.8	9.7	35.5	31
Total 15-49	22.8	18.1	6.8	24.9	237
Bay (urban)					
Age					
15-19	13.8	13.8	6.9	13.8	29
20-24	16.7	16.7	14.3	21.4	42
25-29	21.3	23.0	11.5	27.9	61
30-39	18.0	18.0	9.0	19.0	100
40-49	19.0	14.3	9.5	21.4	42
Total 15-49	18.2	17.9	10.2	21.2	274

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

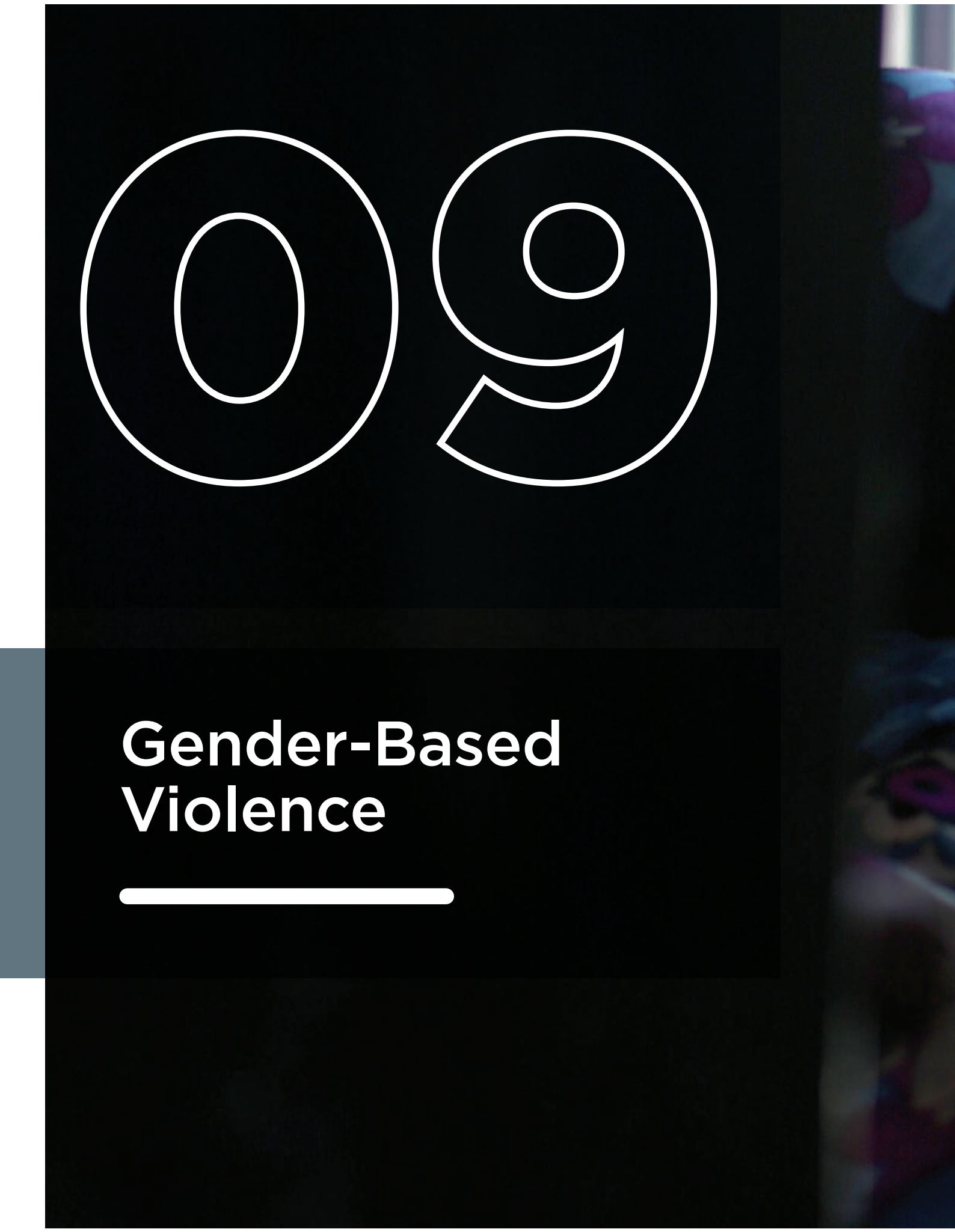
Table 8.6 Source of advice or treatment for STIs

Percentage of women age 15-49 reporting an STI or symptoms of an STI in the past 12 months who sought advice or treatment, SWHDS 2020		
Public Sector	**Percentage of Women in Bakool (urban)**	**Percentage of Women in Bay (urban)**
Public Sector	33.9	46.6
Government Hospital	15.3	3.4
Referral Health Centre	0.0	0.0
MCH/HC	18.6	43.1
Primary Health Unit (PH)	0.0	0.0
Mobile Clinic	1.7	0.0
Other Public Sector	0.0	0.0
Private medical sector		
Private sector	5.1	5.2
ClinicaL	1.7	1.7
Pharmacy	3.4	3.4
Other private medical sector	0.0	0.0
Other sources	0.0	0.0
No advice or treatment	62.7	48.3
Number with STD or symptoms of STD	59	58
Number of women	59	58

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

09

Gender-Based Violence



Key Findings

Experience of physical violence:
27 percent and **24 percent** of women aged 15-49 years in Bay and Bakool respectively have experienced physical violence since the age of 12.

Perpetrators of the violent acts:
82 percent and **80 percent** of women in Bakool and Bay respectively believe that husbands are the most common perpetrators of violent acts against women.

Violence during pregnancy:
10 percent and **4 percent** of women aged 15-49 years in Bay and Bakool respectively experienced physical violence during pregnancy.

Help-seeking behaviour:
30 percent and **14 percent** of ever-married women aged 15-49 years in Bakool and Bay respectively, who had experienced physical or sexual violence had sought help.

9 GENDER-BASED VIOLENCE

In 2015, the UN General Assembly adopted 17 Sustainable Developments 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 'honor 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 collected information on domestic violence and other forms of discrimination against women. Information was obtained from ever-married women and never-married women aged 15-49 years who were either usual residents, or guests who slept in the house the night preceding the day of the interview.

Enumerators asked respondents questions on their opinions regarding the definition of domestic violence, opinions on the most common perpetrators of violent acts against women, experiences of violence, whether physical, sexual, or emotional, and perpetrators of physical violence. Respondents were also asked about their experience of violence during pregnancy, spousal violence injures due to spousal violence, and help-seeking behaviours 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 divorce or widow women).

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

Emotional violence:

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

Physical violence:

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.

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

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 building a rapport with the respondents, making a good impression, obtaining respondents' consent, assuring them about the confidentiality of the interview, and ensuring that the respondents were interviewed alone.

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

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

9.3 Opinions about Domestic Violence

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

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

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 background characteristics. Over 60 percent of women from both Bakool and Bay considered physical abuse, denial of education, forced marriage, rape, sexual harassment, forced labour as forms of domestic violence.

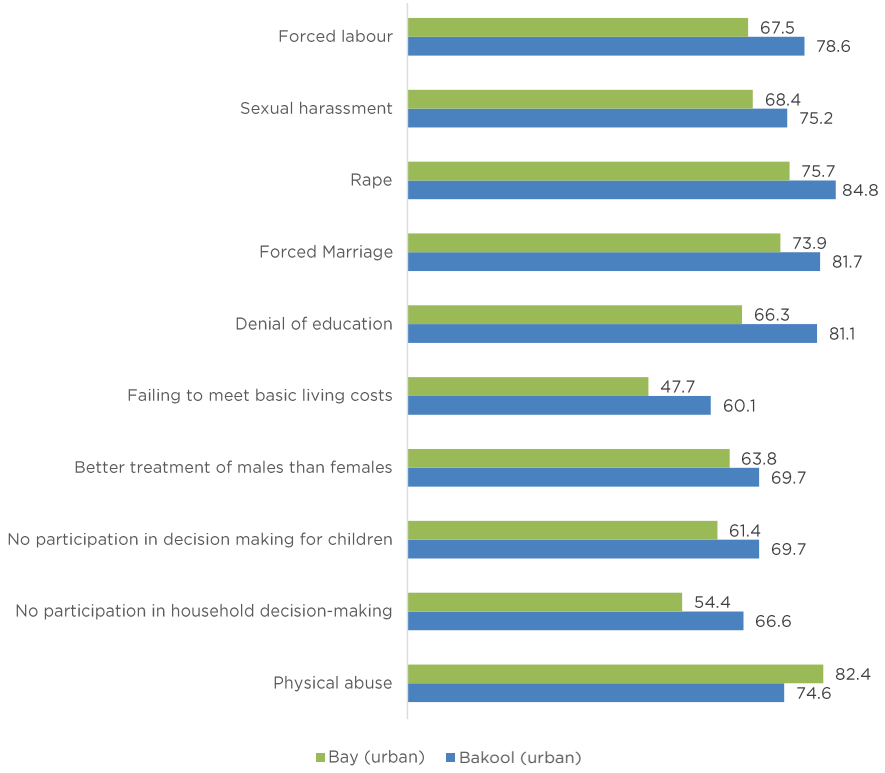
Rape had the highest proportion of women reporting it as a form of domestic violence in Bakool at 85 percent followed by forced marriage, denial of education, and forced labour at 82 percent, 81 percent, and 79 percent, respectively, whereas in Bay, physical abuse had the highest reported percentage as a form of domestic violence at 82 percent followed by rape and forced marriage at 76 percent and 74 percent, respectively. The least reported form of violence in Bakool and Bay is failure to meet basic needs at 60 percent and 48 percent, respectively (Figure 9.1).

9.4 Women's Experience of Physical Violence

Table 9.2 and Figure 9.2 show the percentage of women aged 15-49 who have ever experienced physical violence since age 12 and the percentage who have experienced violence during the 12 months preceding the survey according to background characteristics. Overall, 24 percent and 27 percent of women aged 15-49 years in Bakool and Bay, respectively, have experienced physical violence since the age of 12, while 14 percent and 15

Figure 9.1 Acts that mean domestic violence

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



percent in Bakool and Bay, respectively, reported they had experienced physical violence often or sometimes in the 12 months preceding the survey.

9.5 Perpetrators of Physical Violence

Table 9.3 shows the opinions of women aged 15-49 regarding who they believe are the most common perpetrators of violence against women. The most perceived perpetrators of violence against women are husbands reported by 82 percent and 80 percent of women in Bakool and Bay, respectively. Whereas, the sons/ daughters are believed to be the least perpetrator of physical violence against women in both Bay and Bakool at 2 percent and less than 1 percent, respectively. The other common perpetrators of violence against women are mother/stepmother, father/step-father, and other relatives in both regions.

As part of the survey, women aged 15-49 years who had experienced physical violence since the age of 12 years were asked who committed the acts of violence against them. Respondents could report multiple perpetrators based on their experiences. As presented in Table 9.4 among ever-married women who had experienced physical violence, the most common perpetrator reported was the husband reported by 74 percent and 71 percent in Bakool and Bay, respectively. Mother/ stepmother is the second most reported perpetrator of violence for ever-married women at 26 percent and 12 percent in Bay and Bakool, respectively. In contrast, the most reported perpetrator of violence among the never-married is mother/stepmother at 71 percent and 63 percent in Bakool and Bay, respectively. Father/ step-father is the second most reported perpetrator of violence among never-married women at 46 percent and 25 percent in Bakool and Bay, respectively.

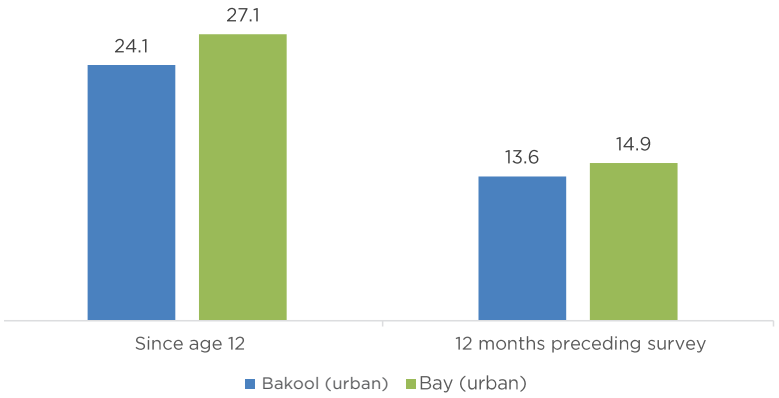
9.6 Violence during Pregnancy

As part of the survey, ever-married women aged 15-49 who had ever been pregnant were asked whether they had ever experienced physical violence while pregnant. Specifically, they were asked whether anyone had ever hit, slapped, kicked, or done anything else that hurt them physically.

Table 9.5 shows the percentage of ever-married women aged 15-49 who have ever experienced physical violence

Figure 9.2 Physical violence by region

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



during pregnancy. Four percent and 10 percent of ever-married women in Bakool and Bay, respectively, reported they had experienced physical violence during pregnancy.

9.7 Spousal Violence

Table 9.6 presents data on experience of spousal violence by ever-married women aged 15- 49 years who reported physical, sexual violence or emotional violence, perpetrated by their current or most recent husband. Twenty-four percent of ever-married women in Bay reported physical violence perpetrated against them by a spouse compared to 18 percent of their counterparts in Bakool. Eight percent in Bay reported emotional abuse by a spouse compared to 6 percent in Bakool, whereas, 7 percent reported sexual violence in Bay and Bakool.

The probability of experiencing spousal violence increases with an increase in the number of children a woman has. The proportion of women with five or more children reporting spousal violence (physical, sexual or emotional) is more than those with less than five children.

9.8 Help-seeking Behaviours

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

Table 9.7 shows that 30 percent of women in Bakool sought help after experiencing emotional, physical, or sexual violence compared to 14 percent among those in Bay. This means that the majority of ever-married women who had been subject to emotional, physical or sexual violence did not seek any help.

List of Tables

Table 9.1 Acts that mean domestic violence

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

Background characteristics	Opinion/acts that mean domestic violence: Meaning of domestic violence: Physical abuse	Meaning of domestic violence: No participation in decision making for household	Meaning of domestic violence: No participation in decision making for children	Meaning of domestic violence: Better treatment of males than females	Meaning of domestic violence: Failing to meet basic living costs	Meaning of domestic violence: Denial of education	Meaning of domestic violence: Forced Marriage	Meaning of domestic violence: Rape	Meaning of domestic violence: Sexual harassment	Meaning of domestic violence: Forced laour	Meaning of domestic violence: Other	Total number of Women
Bakool (urban)												
Age												
15-19	68.4	59.2	63.3	65.3	59.2	80.6	83.7	83.7	70.4	75.5	0.0	98
20-24	75.8	74.2	74.2	74.2	59.7	87.1	85.5	85.5	72.6	79.0	0.0	62
25-29	75.4	67.2	65.6	72.1	59.0	70.5	75.4	82.0	73.8	82.0	0.0	61
30-34	80.0	70.0	76.7	70.0	60.0	83.3	86.7	100.0	86.7	83.3	0.0	30
35-39	75.6	70.7	78.0	68.3	70.7	82.9	78.0	80.5	80.5	82.9	0.0	41
40-44	*	*	*	*	*	*	*	*	*	*	*	18
45-49	*	*	*	*	*	*	*	*	*	*	*	13
Total	74.6	66.6	69.7	69.7	60.1	81.1	81.7	84.8	75.2	78.6	0.0	323
Bay (urban)												
Age												
15-19	75.6	46.2	57.7	60.3	48.7	65.4	71.8	73.1	65.4	59.0	0.0	78
20-24	89.1	65.2	71.7	63.0	54.3	73.9	87.0	91.3	89.1	82.6	0.0	46
25-29	82.5	55.6	55.6	68.3	52.4	73.0	76.2	74.6	69.8	71.4	0.0	63
30-34	88.5	53.8	63.5	71.2	48.1	59.6	80.8	82.7	63.5	71.2	0.0	52
35-39	85.4	64.6	68.8	68.8	50.0	64.6	68.8	68.8	70.8	68.8	4.2	48
40-44	76.0	36.0	52.0	52.0	20.0	56.0	52.0	60.0	48.0	56.0	0.0	25
45-49	*	*	*	*	*	*	*	*	*	*	*	17
Total	82.4	54.4	61.4	63.8	47.7	66.3	73.9	75.7	68.4	67.5	0.6	329

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

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 SWHDS 2020

Background characteristics	Percentage who have ever experienced physical violence since age 12	Percentage who have experienced physical violence in the past 12 months			Total number of Women
		Often	Sometimes	Often or sometimes	
Bakool (urban)	24.1	5.0	8.7	13.6	323
Bay (urban)	27.1	6.7	8.2	14.9	329

Table 9.3 Opinions regarding the most common perpetratror 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 backgroundcharacteristics, SWHDS 2020

Background characteristics	Individual who commits the most violent acts against women										Total number of Women
	Husband	Mother/ Stepmother	Father/ Step-father	Sister/ Brother	Daughter/ Son	Other Relative	In-laws	Teacher	Employer/ Someone at work	Police/A soldier	
Bakool (urban)											
Age											
15-19	77.6	36.7	36.7	16.3	0.0	21.4	3.1	2.0	4.1	15.3	98
20-24	75.8	37.1	35.5	8.1	1.6	21.0	8.1	1.6	3.2	8.1	62
25-29	82.0	39.3	31.1	6.6	0.0	16.4	4.9	1.6	0.0	6.6	61
30-34	96.7	36.7	20.0	13.3	0.0	16.7	10.0	3.3	0.0	6.7	30
35-39	85.4	36.6	36.6	4.9	0.0	14.6	7.3	0.0	0.0	4.9	41
40-44	*	*	*	*	*	*	*	*	*	*	18
45-49	*	*	*	*	*	*	*	*	*	*	13
Total	82.4	38.1	35.0	10.2	0.3	19.2	5.6	1.5	1.9	8.7	323
Bay (urban)											
Age											
15-19	76.9	30.8	25.6	15.4	2.6	16.7	9.0	15.4	2.6	19.2	78
20-24	82.6	26.1	26.1	6.5	4.3	30.4	13.0	17.4	2.2	30.4	46
25-29	79.4	23.8	28.6	7.9	1.6	36.5	11.1	9.5	1.6	22.2	63
30-34	92.3	30.8	19.2	7.7	1.9	26.9	9.6	5.8	1.9	21.2	52
35-39	81.3	31.3	20.8	4.2	0.0	16.7	4.2	12.5	4.2	18.8	48
40-44	64.0	16.0	16.0	12.0	4.0	12.0	16.0	8.0	4.0	20.0	25
45-49	*	*	*	*	*	*	*	*	*	*	17
Total	80.2	27.1	22.8	8.8	2.1	24.3	10.0	12.2	2.7	21.9	329

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

Table 9.4 Persons committing physical Violence

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

	Bakool (urban)			Bay (urban)		
Background characteristics	**Ever Married**	**Never Married**	**Total**	**Ever Married**	**Never Married**	**Total**
Persons commits violence						
Husband	74.0	na	47.4	70.8	na	57.3
Mother/step-mother	12.0	70.8	30.8	26.4	62.5	27.0
Father/step-father	8.0	45.8	19.2	22.2	25.0	20.2
Sister/brother	8.0	25.0	14.1	19.4	12.5	19.1
Daughter/son	0.0	4.2	1.3	0.0	0.0	0.0
Other Relative	8.0	37.5	16.7	4.2	12.5	7.9
Mother-in-law	0.0	na	2.6	2.8	na	9.0
Father-in-law	0.0	na	2.6	0.0	na	3.4
Other-in-law	0.0	na	0.0	0.0	na	0.0
Neighbour	4.0	0.0	2.6	9.7	0.0	12.4
Teacher	2.0	0.0	1.3	4.2	0.0	4.5
Employer/someone at work	0.0	0.0	0.0	0.0	12.5	2.2
Police/soldier	2.0	0.0	1.3	9.7	0.0	7.9
Militia/gangs	0.0	0.0	0.0	0.0	0.0	0.0
Other	2.0	0.0	1.3	0.0	0.0	0.0
Number of women	50	24	74	72	8	80

na = Not applicable

Table 9.5 Experience of violence During pregnancy

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

Background characteristics	Percentage who have experienced violence during pregnancy	Total number of Women
Bakool (urban)	3.9	229
Bay (urban)	10.3	252

Table 9.6 Spousal violence by background characteristics

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

Background characteristics	Percentage of women whose husband did:							Number of ever married women
	Physical Abuse	Sexual Violence	Emotional	Physical and Sexual violence	Physical and Sexual and Emotional violence	Physical or Sexual violence	Physical or Sexual or Emotional violence	
Bakool (urban)								
Age								
15-19	*	*	*	*	*	*	*	23
20-24	18.9	3.8	11.3	3.8		18.9	30.2	53
25-29	18.3	10.0	3.3	8.3		20.0	21.7	60
30-39	15.9	8.7	7.2	5.8	2.9	18.8	21.7	69
40-49	23.3	3.3	3.3	0.0	0.0	26.7	30.0	30
Number of living children								
0	*	*	*	*	*	*	*	17
1-2	3.8	1.3	1.3	0.4	0.0	4.7	5.1	60
3-4	5.5	2.1	1.7	1.7	0.4	6.0	7.2	58
5+	7.7	3.4	2.1	2.6	0.9	8.5	9.8	100
Employed in the 12 months preceding the survey								
employed	20.8	6.3	10.4	4.2	4.2	22.9	29.2	48
Not employed	17.1	7.5	5.3	4.8	0.5	19.8	23.5	187
Total	17.9	7.2	6.4	4.7	1.3	20.4	24.7	235
Bay (urban)								
Age								
15-19	13.8	0.0	0.0	0.0	0.0	13.8	13.8	29
20-24	26.8	7.3	12.2	4.9	0.0	29.3	34.1	41
25-29	15.0	5.0	6.7	3.3	0.0	16.7	20.0	60
30-39	32.3	12.1	9.1	8.1	2.0	36.4	38.4	99
40-49	21.4	2.4	7.1	2.4	0.0	21.4	21.4	42
Number of living children								
0	*	*	*	*	*	*	*	18
1-2	4.4	1.1	2.2	0.7	0.0	4.8	5.2	61
3-4	5.9	2.2	2.6	1.5	0.4	6.6	7.4	75
5+	11.8	3.7	2.2	2.6	0.4	12.9	13.3	117
Marital status								
Currently Married	25.7	7.6	8.9	5.1	0.8	28.3	30.8	237
Formerly Married	11.8	2.9		2.9	0.0	11.8	11.8	34
Employed in the 12 months preceding the survey								
employed	23.9	4.3	2.2	2.2	0.0	26.1	26.1	46
Not employed	24.0	7.6	8.9	5.3	0.9	26.2	28.9	225
Total	24.0	7.0	7.7	4.8	0.7	26.2	28.4	271

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

Table 9.7 Help seeking to stop violence

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence by region, SWHDS 2020

Percentage of women whose husband did:	Sought help		Total	Number of ever married women
	Yes	No		
Bakool (urban)	29.7	70.3	100.0	37
Bay (urban)	14.0	86.0	100.0	57


10
Female
Circumcision

Key Findings

Religious requirement:
92 percent of women aged 15-49 in Bay believe that circumcision is a religious obligation compared to **90 percent** in Bakool

Prevalence:
100 percent and **99.7 percent** of women aged 15-49 years in Bakool and Bay, respectively, have undergone female circumcision.

Types practiced:
69 percent of women aged 15-49 years in Bakool have undergone Pharaonic type of Female Circumcision (the most severe form, which involves the removal of the entire clitoris and flesh) compared to **45 percent** in Bay.

Attitudes towards Circumcision:
94 percent and **93 percent** of women aged 15-49 years in Bakool and Bay, respectively, want female circumcision practice to continue.

10 FEMALE CIRCUMCISION

Female circumcision, also known as Female Genital Mutilation/Cutting (FGM/C) involves cutting some part of the clitoris or labia for non-therapeutic reasons, usually as part of a rite of passage into adolescence. It is practiced by Somali communities and other East African countries. The practice is often condemned as harmful because it poses a potential risk to the health and well-being of the women and girls who are subjected to it. FGM/C is regarded as a violation of the Convention on the Rights of the Child (General Assembly, United Nations, 1990).

In the 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 female circumcision 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).

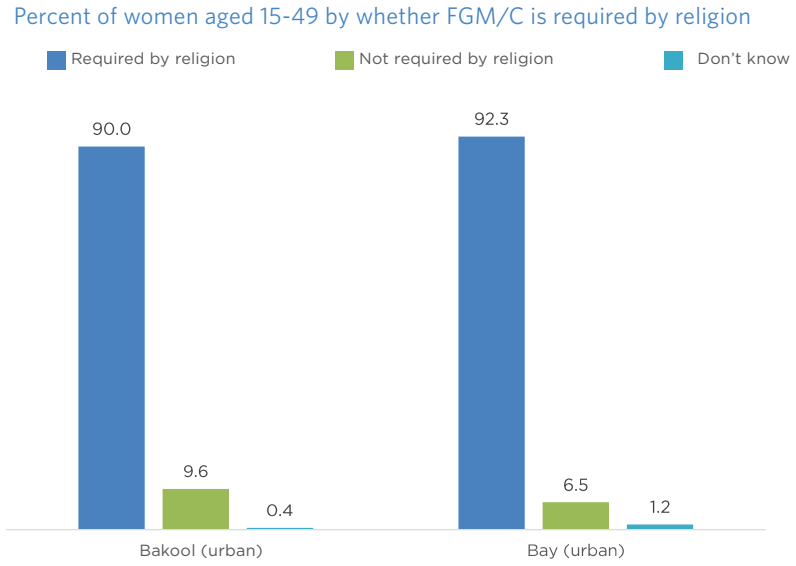
B. Excision of the clitoris with partial or total excision of the labia minora (intermediate).

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 whether Female Circumcision is required by religion or not

Table 10.1 and Figure 10.1 present the percentage distribution of women aged 15-49 years by their religious belief regarding female circumcision according to the region. There is a marginal regional variation in opinions with 92 percent and 90 percent of women aged 15-49 in Bay and Bakool, respectively, believing that circumcision is a religious obligation.

Figure 10.1 Opinions on Circumcision by region



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. Almost all women in Bakool and Bay have undergone female circumcision at 100 percent and 99.7 percent, respectively. Pharaonic is the most common type, which has been performed on women in both Bakool and Bay. However, the proportion of women who have undergone Pharaonic is higher in Bakool at 69 percent compared to the women in Bay at 45 percent.

In Bay, the findings show that 30 percent and 23 percent of women have undergone intermediate and Sunni types, respectively. In Bakool, 21 percent and 10 percent of women had undergone Sunni and intermediate types, respectively (Figure 10.2).

10.3 Age at Circumcision

Table 10.3 shows the percent distribution of women aged 15-49 years by the age when they underwent female circumcision, according to their background characteristics. Women were asked how old they were when they underwent female circumcision. The majority of women aged 15-49 years were circumcised when they were aged 5-9 years in both regions. However, women in Bakool reported a higher proportion of women circumcised at the age of 5-9 years at 89 percent compared to Bay at 69 percent. In Bakool, 10 percent were circumcised when they were 10-14 years and less than 1 percent were circumcised when they were 0-4 years old. Whereas in Bay, 31 percent of the women underwent circumcision at the age of 10-14 years. No women were circumcised when they were 0-4 and 15+ years old.

10.4 Female Circumcision Practice on Daughters

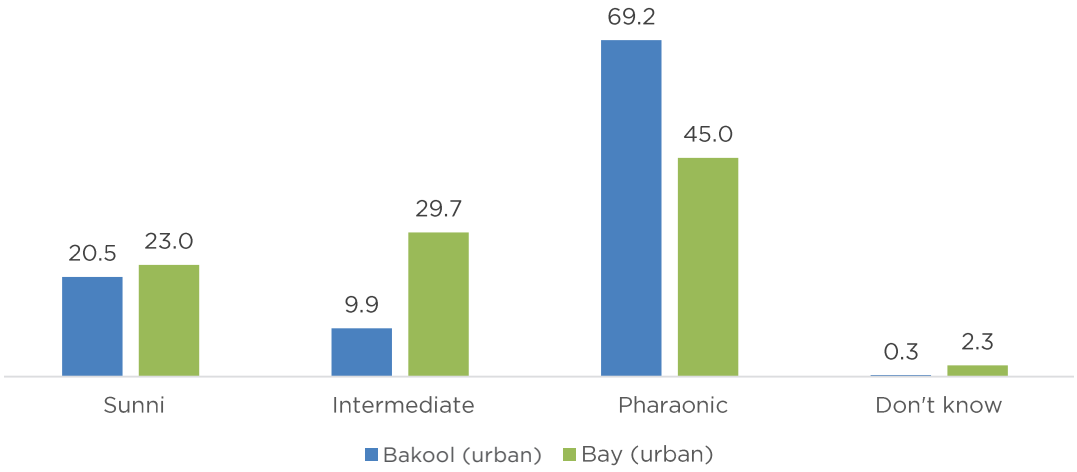
Ever-married women aged 15-49 who had daughters were asked if any of their daughters had undergone circumcision and if so, how old the girl was when she underwent the practice, and who performed it among other questions. It should be noted that mothers may not have been able to recall the exact age at which their daughters underwent Circumcision.

Table 10.4 shows the percentage of girls aged 0-14 years who underwent female circumcision by age. Forty-two percent of girls aged 0-14 years in Bakool have undergone circumcision compared to 22 percent in Bay.

In Bakool, 6 percent of girls aged 0-4 years had undergone the cut compared to 49 percent and 96 percent of girls aged 5-9 years and 10-14 years, respectively. In Bay, the prevalence of female circumcision among girls aged 0-4 years, 5-9 years, and 10-14 years are 1 percent 26 percent and 79 percent, respectively (Table 10.4).

Figure 10.2 Prevalence of Female circumcision by region

Percent distribution of circumcised women by type of circumcision



10.5 Attitudes towards Female Circumcision

Table 10.5 shows the percentage distribution of women aged 15-49 years by their opinion on the practice of female circumcision. Overall, 94 percent and 93 percent of women aged 15-49 years in Bakool and Bay, respectively, believe that female circumcision practice should continue. Seven percent of women in Bay believe that the practice should be stopped compared to 5 percent of their counterparts in Bakool.

List of Tables

Table 10.1 Opinions about whether 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, SWHDS 2020

Background characteristics	Religion			Total	Total Number of Women
	Required by religion	Not required by religion	Don't know		
Bakool (urban)	90.0	9.6	0.4	100.0	230
Bay (urban)	92.3	6.5	1.2	100.0	248

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, SWHDS 2020

Background characteristics	Percentage of circumcised women	Number of women	Type of circumcision				Total	Number of circumcised women
			Sunni	Intermediate	Pharaonic	Don't know		
Bakool (urban)								
Age group								
15-19	100.0	94	36.2	12.8	51.1	0.0	100.0	94
20-24	100.0	60	20.0	11.7	66.7	1.7	100.0	60
25-29	100.0	59	16.9	10.2	72.9	0.0	100.0	59
30-34	100.0	29	3.4	6.9	89.7	0.0	100.0	29
35-39	100.0	40	10.0	7.5	82.5	0.0	100.0	40
40-44	*	17	*	*	*	*	100.0	17
45-49	*	13	*	*	*	*	100.0	13
Total	100.0	312	20.5	9.9	69.2	0.3	100.0	312
Bay (urban)								
Age group								
15-19	100.0	74	41.9	25.7	32.4	0.0	100.0	74
20-24	100.0	43	27.9	41.9	27.9	2.3	100.0	43
25-29	100.0	59	20.3	32.2	44.1	3.4	100.0	59
30-34	100.0	47	10.6	31.9	51.1	6.4	100.0	47
35-39	97.4	38	8.1	37.8	54.1	0.0	100.0	37
40-44	*	24	*	*	*	*	100.0	24
45-49	*	16	*	*	*	*	100.0	16
Total	99.7	301	23.0	29.7	45.0	2.3	100.0	300

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

Table 10.3 Age at Circumcision

Percent distribution of circumcised women aged 15-49 by age of circumcision according to background characteristics, SWHDS 2020

Background characteristics	Age at Circumcision					Total	Number of Circumcised women
	<5	5 to 9	10 to 14	15+	Don't know		
Bakool (urban)							
Age							
15-19	1.1	91.5	7.4	0.0	0.0	100.0	94
20-24	0.0	85.0	13.3	1.7	0.0	100.0	60
25-29	0.0	89.8	6.8	1.7	1.7	100.0	59
30-39	0.0	87.0	11.6	1.4	0.0	100.0	69
40-49	0.0	86.7	13.3	0.0	0.0	100.0	30
Total	0.3	88.5	9.9	1.0	0.3	100.0	312
Bay (urban)							
Age							
15-19	0.0	71.6	28.4	0.0	0.0	100.0	74
20-24	0.0	65.1	34.9	0.0	0.0	100.0	43
25-29	0.0	72.9	27.1	0.0	0.0	100.0	59
30-39	0.0	66.7	33.3	0.0	0.0	100.0	84
40-49	0.0	65.0	35.0	0.0	0.0	100.0	40
Total	0.0	68.7	31.3	0.0	0.0	100.0	300

Table 10.4 Circumcision of girl's age 0-14 by mothers background characteristics

Percentage of girls age 0-14 who are circumcised, according to background characteristics, SWHDS 2020

Background characteristics	Current age of girls			
	0-4	5-9	10-14	Total 0-14
Bakool (urban)	5.8	49.4	95.5	41.5
Bay (urban)	0.8	25.8	78.6	22.2

Note: The FGM/C status of girls is reported by their mothers.

Table 10.5 Opinions about whether 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 continue by background characteristics, SWHDS 2020

Background characteristics	Circumcision should continue or be stopped.				Total	Number of women
	Continued	Stopped	Depends	Don't Know		
Bakool (urban)	93.5	4.8	0.9	0.9	100.0	230
Bay (urban)	93.1	6.9	0.0	0.0	100.0	248

11

Women's Empowerment

Key Findings

Access to financial services:
9 percent and **3 percent** of women aged 15-49 years in Bakool and Bay, respectively, have a bank account, and **77 percent** and **76 percent** of women in Bakool and Bay, respectively, use a mobile phone for financial transactions.

Participation in decision-making:
41 percent and **32 percent** of currently married women aged 15-49 years in Bakool and Bay, respectively, make decisions on their own health care jointly with their husbands.

Attitudes towards wife-beating:
71 percent and **61 percent** of all women aged 15-49 in Bakool and Bay, respectively, believe that a husband is justified in beating his wife for at least one of the six specified reasons.

11 WOMEN'S EMPOWERMENT

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

The Provisional Constitution of Somalia has several positive propositions for women's involvement in leadership and decision-making. However, most Somali women are still either excluded from decision-making and asset ownership or operate through a patriarchal filter in these areas – mainly due to cultural restrictions on their movement and asset ownership.

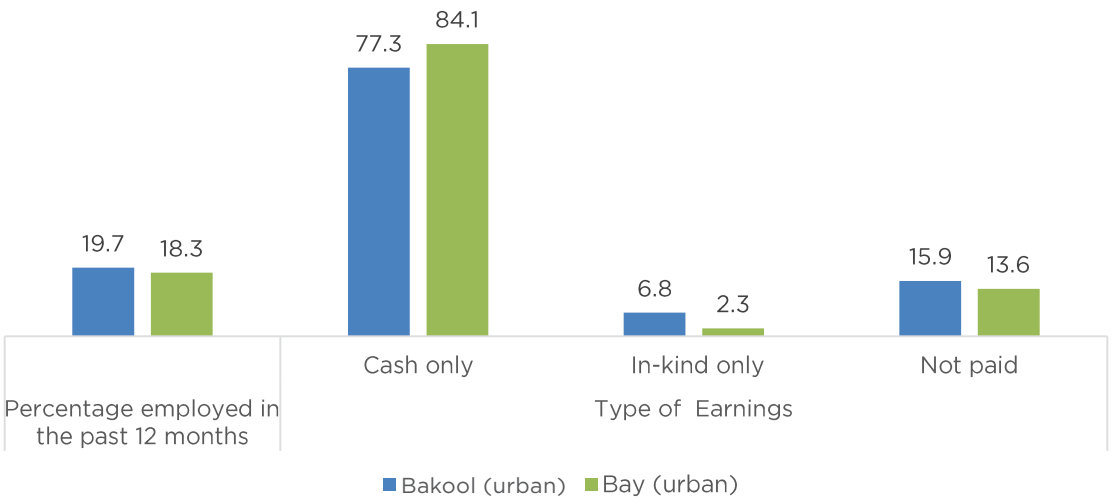
11.1 Women's Employment

Table 11.1 and Figure 11.1 shows the percentage distribution of currently married women who were employed 12 months preceding the survey by type of earnings. Generally, employment is assumed to go hand in hand with payment for work. Twenty percent of currently married women aged 15- 49 in Bakool were employed at the time of the survey or in the 12 months preceding the survey compared to 18 percent of their counterparts in Bay.

Eighty-four percent of currently married women in Bay received earnings in cash compared to 77 percent of those in Bakool. On the other hand, Bakool had more women who were paid in-kind only at 7 percent compared to 2 percent among those in Bay. The remaining 16 percent and 14 percent in Bakool and Bay, respectively, were not paid at all.

Figure 11.1 Type of earnings of currently married women

Percent distribution of currently married women employed in past 12 months and type of earnings,



11.2 Control over Wife's Earnings

Access to/and control of financial resources are critical variables for women's empowerment and poverty reduction. Employment and cash earnings are more likely to contribute to women's economic and social empowerment, particularly if they perceive their earnings as significant relative to those of their husbands and important to the household's welfare. It can contribute to improving power and autonomy in decision-making that impact women as individuals and their families.

To assess women's autonomy, currently married women aged 15- 49 who earned cash for their work in the 12 months preceding the survey were asked who the main decision-maker regarding their earnings is. This information allowed an assessment of women's control over their household earnings.

Table 11.2 and Figure 11.2 show the degree of control women have over the use of their earnings, with 54 percent of currently married women in Bay reporting that they decide on their own how their earnings will be used compared to only 15 percent of those in Bakool. On the other hand, higher proportions of currently married women (41 percent) in Bakool reported that their husband is the main decision-maker and controls their cash earnings compared to 5 percent among their counterparts in Bay.

11.3 Control over Husbands' Earnings

Table 11.3 and Figure 11.3 show that 45 percent of currently married women in Bay and 41 percent of those in Bakool, whose husbands earn cash reported that decisions about the use of the husbands' cash earnings are made jointly. Slightly above half (55 percent) of women in Bakool reported that the husband is the main decision-maker compared to 40 percent of those in Bay. Fifteen percent of women in Bay reported that the wife was the main decision-maker on how the husband's cash earnings are used compared to 5 percent of their counterparts in Bakool.

Figure 11.2 Control over women's cash earnings

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

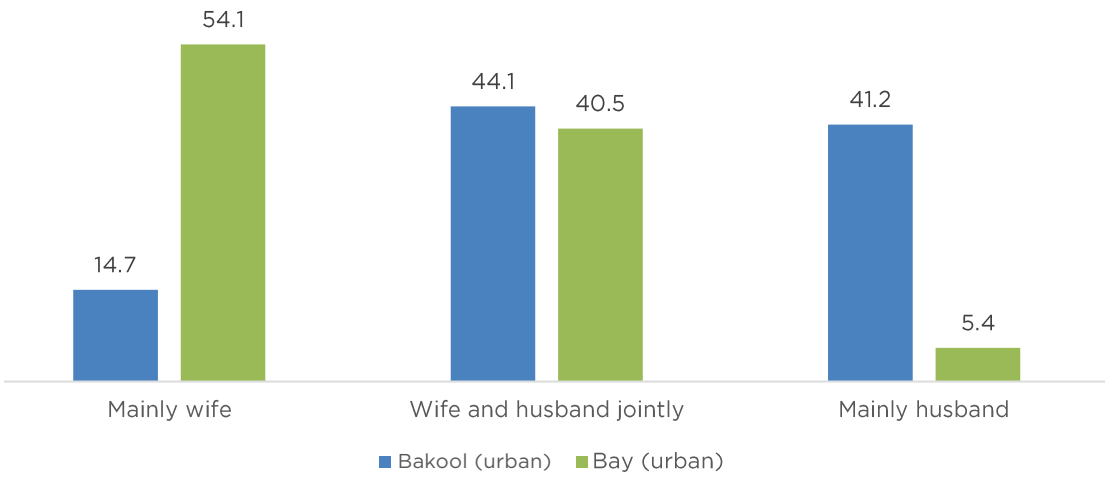
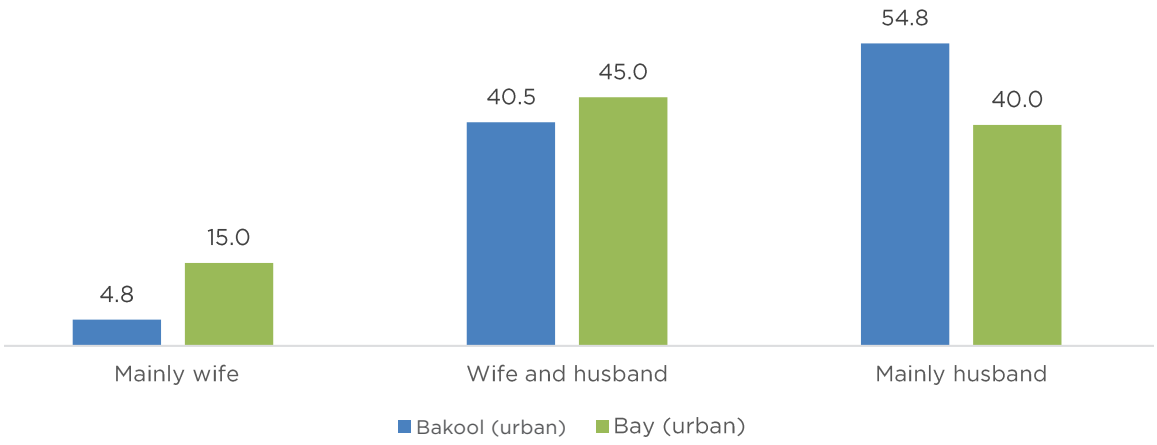


Figure 11.3 Control over husband's cash earnings

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



11.4 Ownership of Assets

Ownership and control over assets, such as land and housing, are important factors that contribute to improving women's status. Ownership of land and property plays a vital role in strengthening women's agency. Land is a key factor of production and an economic asset. It provides opportunity and multiple benefits to individuals and households, including a secure place to live, livelihood, protection during emergencies, and collateral when needed. In the survey, ever-married women were asked whether they own a house and land alone or jointly with their husbands.

Table 11.4 shows the percent distribution of ever-married women aged 15-49 by ownership of a house and land. Women in Bakool are more likely to own a house (either alone, jointly, or both alone and jointly), at 52 percent compared to women in Bay at 35 percent. However, a higher proportion of women in Bay reported owning land at 26 percent than those in Bakool at 19 percent.

Figure 11.4 shows that 10 percent of women in Bay own a house alone compared to 4 percent of those in Bakool. Similarly, 7 percent of women in Bay own land alone while only 1 percent of women in Bakool reported owning land alone.

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 or any other financial institution that they used and if they owned a mobile phone. Those who owned a mobile phone were further asked if they used the phone for financial transactions.

Table 11.5 and Figure 11.5 show that 9 percent of married women in Bakool and 3 percent in Bay have a bank account that they use. Eighty percent of women in Bakool own a mobile phone compared to 86 percent of their counterparts in Bay. Among those who own a mobile phone, 77 percent in Bakool and 76 percent in Bay use their phones for financial transactions. This could be attributed to the devaluation of the Somali shilling and lack of a small denomination, as well as convenience, which makes mobile money the preferred mode of payment for women throughout the country.

Figure 11.4 Ownership of assets

Percent distribution of ever married women aged 15-49 by ownership of housing and land by region

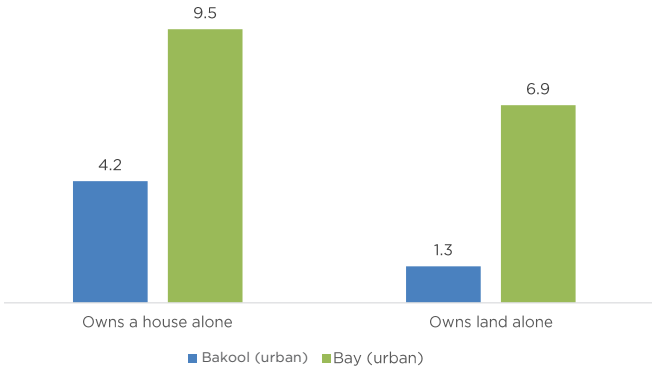
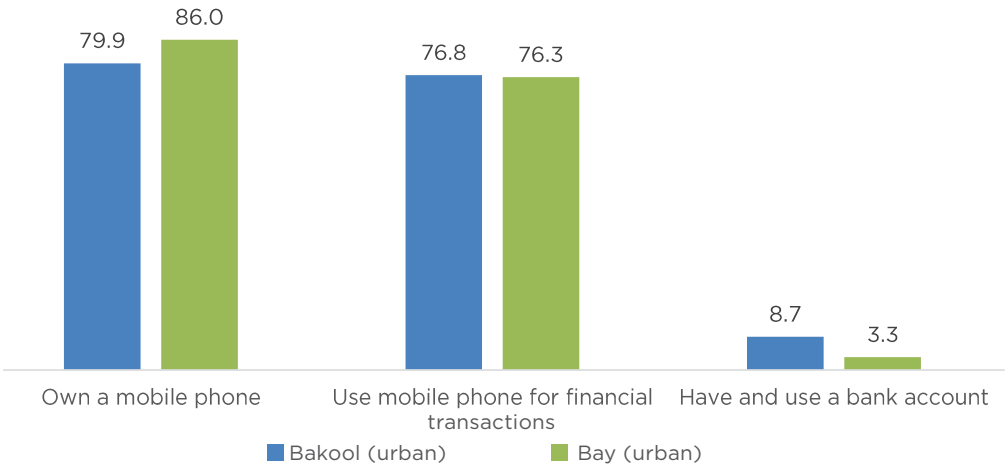


Figure 11.5 Ownership of bank account and mobile phones

Percent of women aged 15-49 who have and use a bank account and own a mobile phone, use mobile for financial transactions by region



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 that 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 55 percent and 52 percent of women in Bay and Bakool, respectively, indicated that decisions on their own health care are made mainly by their husbands, while 41 percent and 32 percent of women in Bakool and Bay, respectively, make decisions regarding their own health care jointly with their husbands. Thirteen percent of women in Bay make these decisions on their own compared to 7 percent of those in Bakool.

A similar pattern is observed regarding major household purchases, with 69 percent and 53 percent of women in Bay and Bakool, respectively, indicating that their husbands make decisions for major household purchases.

Seventy-eight percent of women in Bakool stated that their husbands make decisions for visits to their family or relatives compared to 67 percent of women in Bay. 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 years 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 women in Bakool are more likely to justify wife-beating for any of the six reasons compared to women from Bay at 71 and 61 percent, respectively.

In Bakool, the most common three justifications for wife-beating are neglecting of children at 56 percent, wife arguing with her husband and neglecting of household duties at 55 percent each whereas in Bay, neglecting of children, wasting of resources and the wife refusing to have sex with her husband are the most common justifications given for wife-beating at 41 percent, 38 percent and 36 percent, respectively.

List of Tables

Table 11.1 Employment and cash earnings of currently married women

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

Background characteristics	Among currently married respondents:		Percent distribution of currently married respondents employed in past 12 months, by type of earnings			Total	Number of respondents
	Percentage employed in past 12 months	Background characteristics	Cash only	In-kind only	Not paid		
Bakool (urban)	19.7	223	77.3	6.8	15.9	100.0	44
Bay (urban)	18.3	240	84.1	2.3	13.6	100.0	44

Table 11.2 Control over women's cash earnings

Percent distribution of currently married women age 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 , according to background characteristics, SWHDS 2020

Background characteristics	Person who decides how wife's cash earnings are used:			Total	Number of respondents
	Mainly wife	Wife and husband jointly	Mainly husband		
Bakool (urban)	14.7	44.1	41.2	100.0	34
Bay (urban)	54.1	40.5	5.4	100.0	37

Table 11.3 Control over husband's cash earnings

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

Background characteristics	Person who decides how husband's cash earnings are used			Total	Number of currently married women
	Mainly wife	Wife and husband	Mainly husband		
Bakool (urban)	4.8	40.5	54.8	100.0	42
Bay (urban)	15.0	45.0	40.0	100.0	40

Table 11.4 Ownership of assets

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

Background characteristics	Percentage who own a house:					Percentage who own a land:					Total number of ever married women
	Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	
Bakool (urban)	4.2	35.0	13.1	47.7	100.0	1.3	12.7	5.5	80.6	100.0	237
Bay (urban)	9.5	15.0	10.2	65.3	100.0	6.9	9.9	8.8	74.5	100.0	274

Table 11.5 Ownership and use of bank accounts and mobile phones

Percentage of women age 15-49 who use an account in a bank or other financial institution and percentage who own a mobile phone,among women who own a mobile phone, percentage who use it for financial transactions, according to background characteristics, SWHDS 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
Bakool (urban)	8.7	79.9	323	76.8	258
Bay (urban)	3.3	86.0	329	76.3	283

Table 11.6 Participation in decision making

Percent distribution of currently married women age 15-49 by person who usually makes decisions about various issues, SWHDS 2020

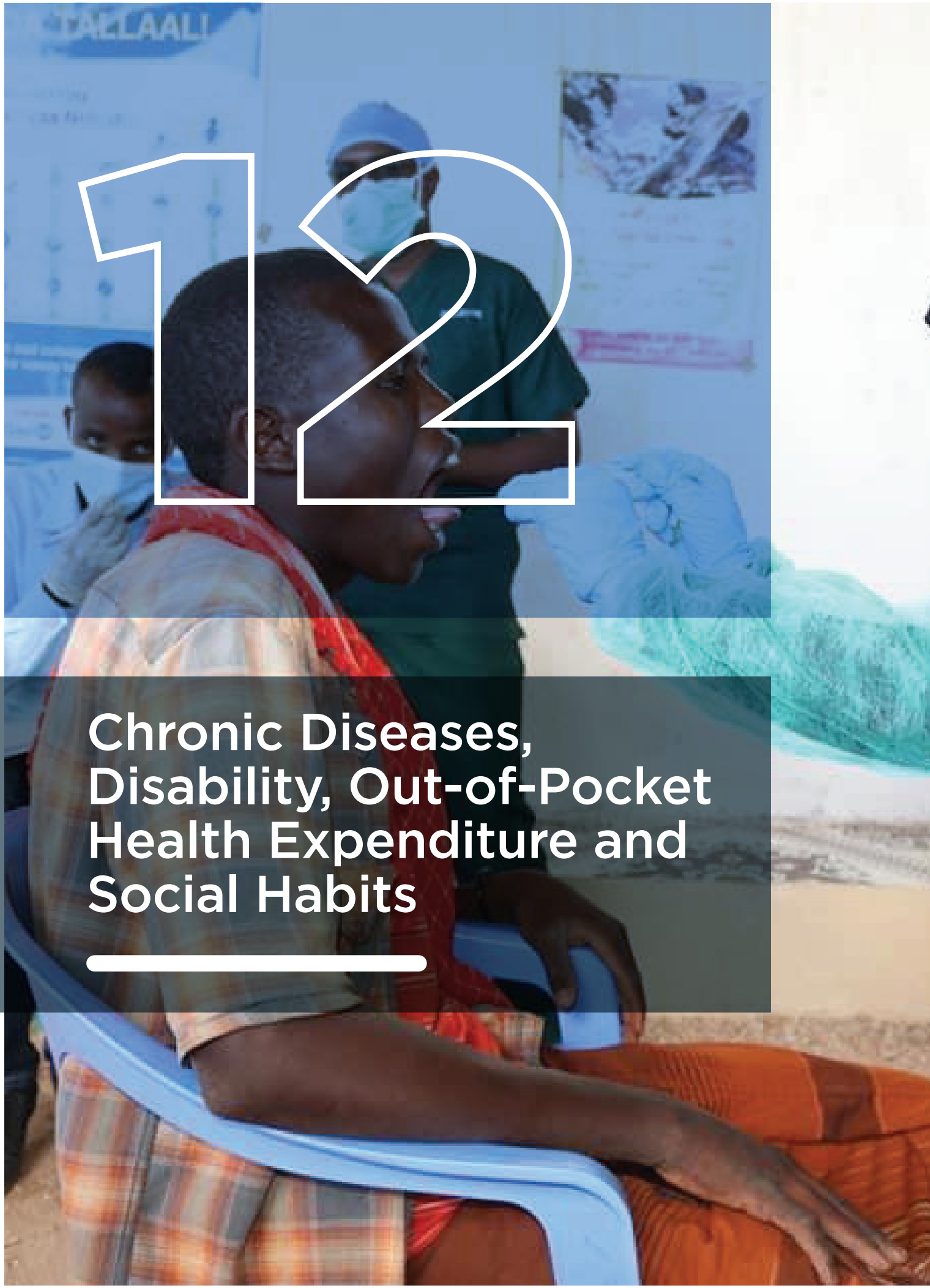
Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number
Bakool (urban)							
Own health care	6.7	40.8	52.0	0.4	0.0	100.0	223
Major household purchases	3.6	42.6	52.9	0.0	0.0	100.0	223
Visits to her family or relatives	6.3	16.1	77.6	0.0	0.0	100.0	223
Bay (urban)							
Own health care	12.5	31.7	55.4	0.4	0.0	100.0	240
Major household purchases	10.0	21.3	68.8	0.0	0.0	100.0	240
Visits to her family or relatives	9.6	23.3	67.1	0.0	0.0	100.0	240

Table 11.7 Attitude toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, according to background characteristics, SWHDS 2020

Background characteristics	Husband is justified in hitting or beating his wife if she: neglects household duties	she argues with him	Goes out without telling him	wastes resources	Neglects the children	refuses to have sex with him	Percentage who agree with at least one specified reason	Number of women
Bakool (urban)								
Age								
15-19	49.0	53.1	46.9	48.0	53.1	52.0	70.4	98
20-24	54.8	51.6	46.8	50.0	56.5	51.6	67.7	62
25-29	54.1	57.4	49.2	50.8	57.4	50.8	72.1	61
30-34	66.7	66.7	56.7	53.3	66.7	50.0	83.3	30
35-39	58.5	58.5	56.1	48.8	53.7	48.8	70.7	41
40-44	*	*	*	*	*	*	*	18
45-49	*	*	*	*	*	*	*	13
Employment								
Not employed	57.0	54.8	48.4	50.5	56.5	52.2	72.0	186
Employed for cash	57.9	55.3	55.3	50.0	55.3	47.4	63.2	38
Employed, not for cash	*	*	*	*	*	*	*	10
Missing	52.8	56.2	50.6	50.6	58.4	53.9	75.3	89
Number of living children								
0	48.5	53.4	46.6	46.6	54.4	50.5	71.8	103
1-2	55.0	50.0	45.0	50.0	51.7	50.0	65.0	60
3-4	44.8	46.6	43.1	46.6	48.3	50.0	69.0	58
5+	65.7	63.7	55.9	53.9	63.7	52.9	74.5	102
Total	54.5	54.8	48.6	49.5	55.7	51.1	70.9	323
Bay (urban)								
Age								
15-19	21.8	29.5	34.6	42.3	41.0	41.0	65.4	78
20-24	19.6	37.0	30.4	34.8	39.1	30.4	54.3	46
25-29	20.6	34.9	42.9	36.5	34.9	34.9	63.5	63
30-34	23.1	53.8	38.5	42.3	51.9	38.5	71.2	52
35-39	20.8	25.0	29.2	33.3	39.6	33.3	54.2	48
40-44	20.0	36.0	32.0	40.0	48.0	48.0	60.0	25
45-49	*	*	*	*	*	*	*	17
Employment								
Not employed	21.6	34.2	32.0	34.7	39.6	32.0	56.8	222
Employed for cash	17.9	43.6	33.3	38.5	43.6	41.0	61.5	39
Employed, not for cash	*	*	*	*	*	*	*	7
Missing	24.6	29.5	39.3	45.9	41.0	45.9	72.1	61
Number of living children								
0	21.9	31.5	37.0	43.8	39.7	39.7	69.9	73
1-2	17.7	32.3	33.9	30.6	38.7	35.5	53.2	62
3-4	26.3	34.2	35.5	31.6	34.2	30.3	55.3	76
5+	20.3	38.1	32.2	42.4	46.6	38.1	63.6	118
Total	21.6	34.7	34.3	38.0	40.7	36.2	61.1	329

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



12

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

Key Findings

Chronic diseases:
6 percent of household members in Bay and **3 percent** of Bakool suffer from at least one chronic disease.

Diagnosis and treatment of chronic diseases:
4 percent of household members in the Bay were diagnosed by a physician, and **3 percent** are undergoing regular treatment for the chronic disease. In Bakool, **2 percent** of household members were diagnosed by a physician, and **2 percent** are undergoing regular treatment for chronic disease.

Prevalence of the most common diseases:
Most common types of chronic diseases in Bakool are Asthma at **21 percent**, followed by Diabetes at **19 percent,** and chronic headache at **14 percent**, while in Bay, the most common types of chronic diseases at **15 percent** followed by blood pressure at **14 percent** and chronic back pain at **12 percent.**

Disability:
6 percent of the Bay population suffers from disabilities, compared to Bakool at **5 percent.**

Most common disability:
Sight disability is the most common type of disability reported by **38 percent** of household members in Bakool and **36 percent** in Bay.

Age at onset of disability:
The survey result shows that age at the onset of disability among children under 5 years in Bakool and Bay is **44 percent** and **30 percent,** respectively.

Care of disabled persons:
44 percent of disabled people in Bay did not receive any care or support for their disability during the 12 months preceding the survey compared to **43 percent** in Bakool.

Out-of-pocket health expenses:
32 percent of households in Bakool paid their health expenses from their income compared to **17 percent** in Bay.

Smoking or use of tobacco:
4 percent of household members in Bakool smoke cigarettes or use tobacco compared to **3 percent** in Bay

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 Bay and Bakool. It also offers information on the origin and age at onset of disability, the prevalence of disability, as well the as care and support available for people with disabilities. Based on the findings of the survey, information on out-of-pocket health expenditure and selected social habits is also presented in this chapter.

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both according to the National Center for Chronic Disease and Prevention and Health Promotion of the United States of America (CDC, 2020). Chronic diseases generally cannot be prevented by vaccines or cured by medication and can lead to long-term disability. They place burdens and demands on a health care system and are leading causes of death worldwide. In Bay and Bakool, 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 regions whether each household member suffered from one or more chronic diseases and whether the disease was diagnosed by a physician and treated. Furthermore, the survey gathered information about household members suffering from any physical, mental, or another state that limited them from engaging in their normal activities. Interviewers obtained information from the household regions on whether any household member had been injured. If the answer to any of these questions was affirmative, follow-up questions were asked about the type of disease, disability, and/or injury.

Interviewers also obtained information on sicknesses that families experienced over the one month preceding the survey, in addition to expenditure on health services received.

12.1 Prevalence of Chronic Disease

Table 12.1 shows data on household members who have at least one chronic disease. In Bay, 6 percent of household members reported that they suffer from at least one chronic disease compared to 3 percent in Bakool .

In Bakool the prevalence of chronic disease among males and females is more or less the same, however in Bay almost twice as many females as males reported to have a chronic illness 7 percent of females and 4 percent of males (Figure 12.1).

12.2 Diagnosis and Treatment of Chronic Diseases

Table 12.2 presents data on the distribution of household members who suffer from specific chronic diseases diagnosed by a physician and those who receive treatment regularly. The findings show that 4 percent of household members in Bay reported they were diagnosed by a physician and 3 percent are undergoing regular treatment for the chronic disease. In Bakool, 2 percent of household members have at least one chronic disease diagnosed by a physician, and the same percentage are treated by a physician.

Figure 12.2 shows that there is a marginal variation among women and men in Bakool in terms of diagonis and treatment; 2 percent of men were diagnosed and almost the same percentage are treated by a physician, while 3 percent of women were diagnosed and 2 percent were treated by a physician.

In Bay 5 percent of females with a chronic illness were diagnosed by a physician and 4 percent got treated by a physician, and 3 percent of males were diagnosed and 2 percent were treated by a physician.

Older household members are more likely to be diagnosed and treated by a physician. In Bakool, 9 percent of household members in the 60-64 age bracket were diagnosed and treated by a physician compared to about 1 percent among those in the 5-9 age bracket.

Table 12.3 and Figure 12.3 present the prevalence of some specific chronic diseases diagnosed by a physician by type of condition and sex.

The findings show that the most common chronic diseases in Bakool are Asthma at 21 percent, of which 22 percent are males, and 21 percent are females, followed by diabetes at 19 percent (39 percent are males, and 4 percent are females), and chronic headache at 14 percent - 17 percent are females, and 11 percent are males.

Figure 12.1 Prevalence of chronic diseases by region

Percentage of household member who have atleast one chronic disease

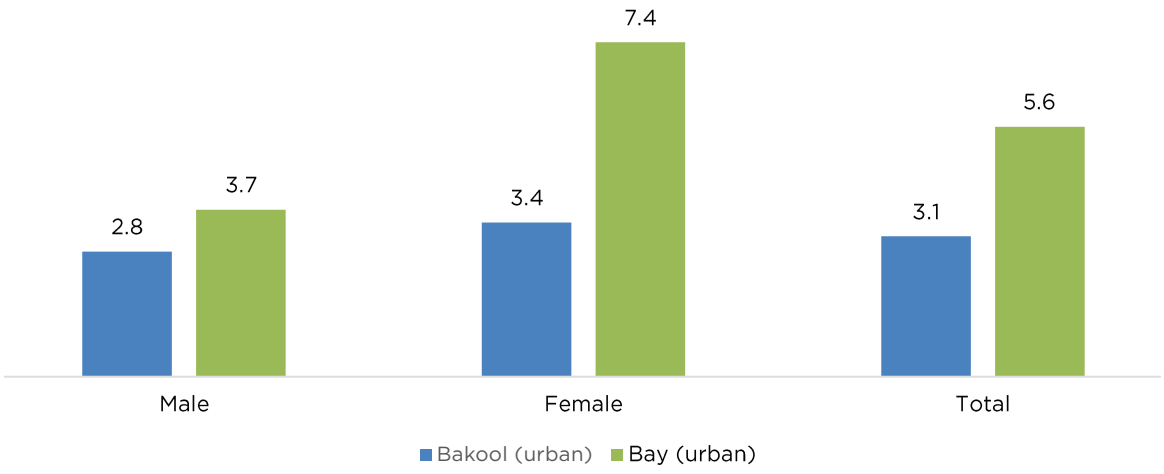


Figure 12.2 Prevalence of chronic diseases

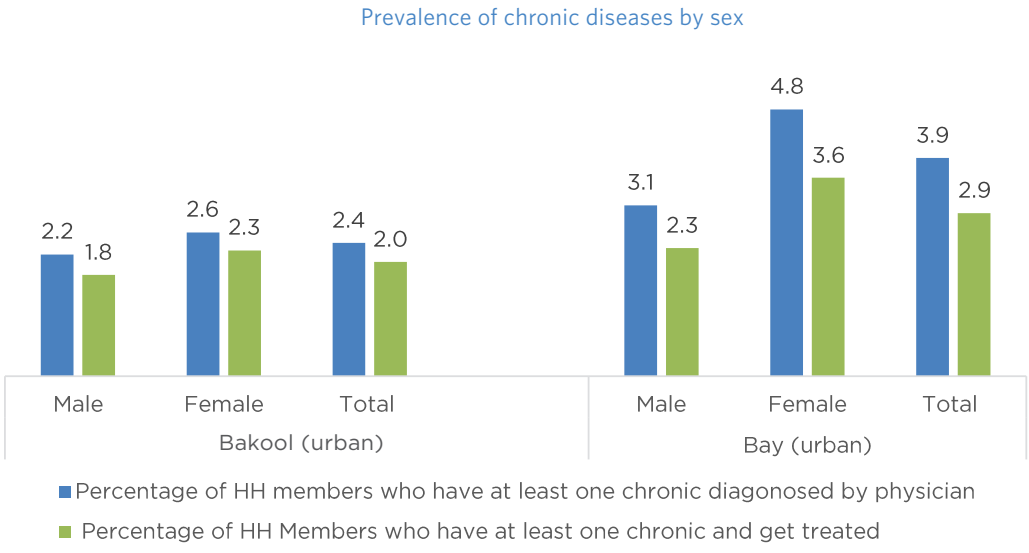
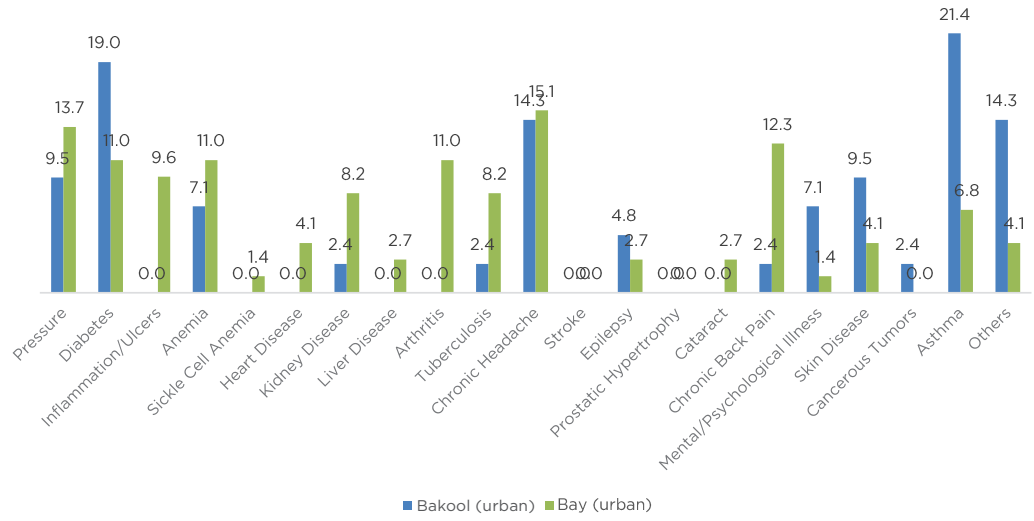


Figure 12.3 Common chronic diseases



While in Bay, chronic headache, blood pressure, and chronic back pain are the most common chronic diseases at 15 percent(23 percent females and 3 percent males), 14 percent (23 percent males and 7 percent females), and 12 percent (14 percent females and 10 percent males), respectively.

12.3 Prevalence of Disability

Table 12.4 presents data on the distribution of prevalence of disability among household members by sex. 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.

The percentage of the population living with a disability in Bay is 6 percent while in Bakool it is 5 percent. The prevalence of disability in Bakool is slightly higher

Figure 12.4 Disability prevalence by sex

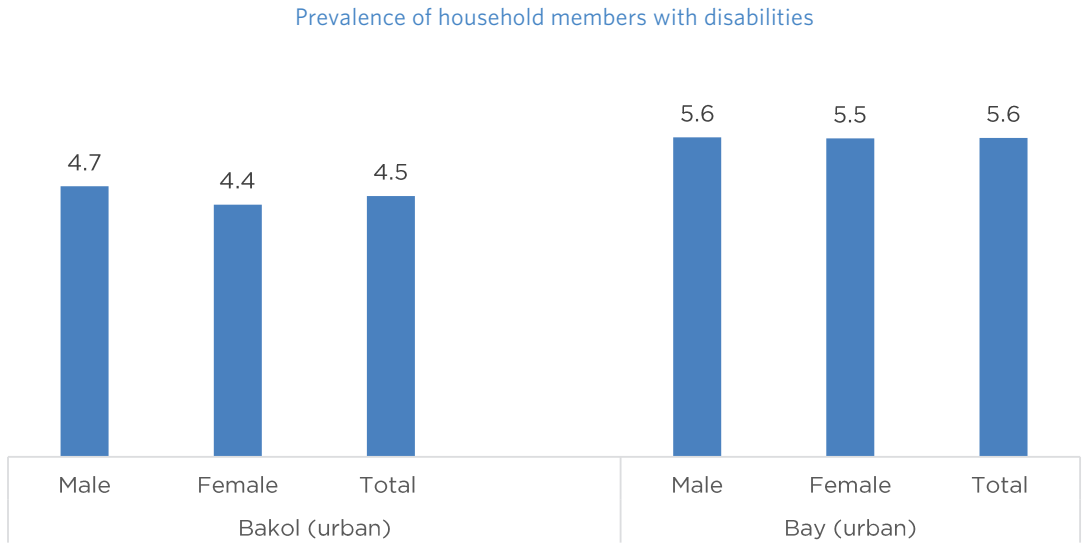
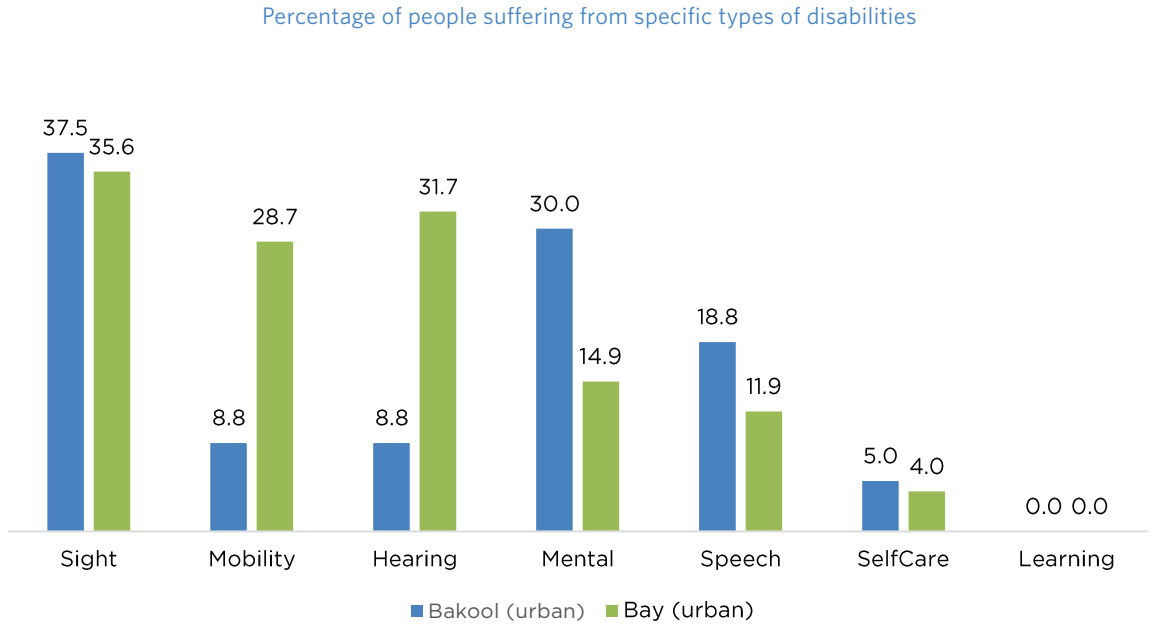


Figure 12.5 Common types of disabilities



among males at 5 percent than females at 4 percent, while 6 percent (each) of males and females in Bay suffer from disability (Figure 12.4).

Figure 12.5 shows that the prevalence of disability and the common types of disability. Sight, mental, and speech are the most common disabilities in Bakool at 38 percent, 30 percent, and 19 percent, respectively. While in Bay, the top three disabilities are sight at 36 percent, hearing at 32 percent and mobility at 29 percent.

12.4 Origin 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 congenital (birth-related) and injury/accident problems were thought to be the main causes of disability in Bakool and Bay. Congenital accounts for 33 percent of disabilities in Bakool compared

to 26 percent in Bay, while injury/accident account for 15 percent of disabilities in Bay compared to 13 percent in Bakool.

Childbirth condition and abuse are the minor causes for the small number of people in Bakool at 2 percent for each. In contrast, abuse is the least reported cause of disability among the people in Bay at 2 percent.

Figure 12.6 Age at onset of disability

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

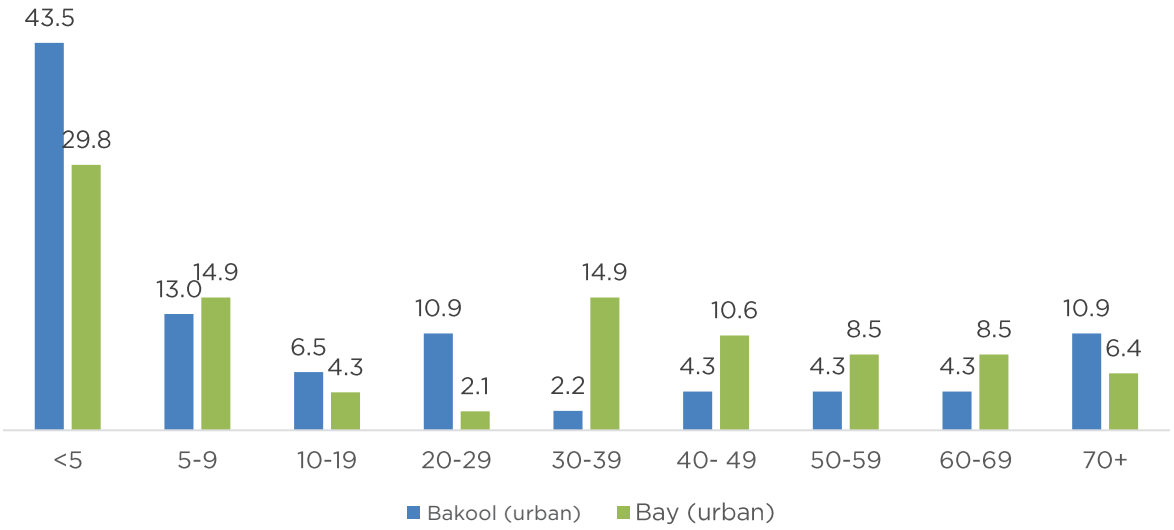


Table 12.6 presents data on the age at onset of disability in Bakool and Bay. Forty-four percent of household populations in Bakool reported that the disability started when they were under five years compared to 30 percent in Bay (Figure 12.6).

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 condition during the 12 months prior to the survey by background characteristics. This includes medical care, welfare, financial support, and nutritional support.

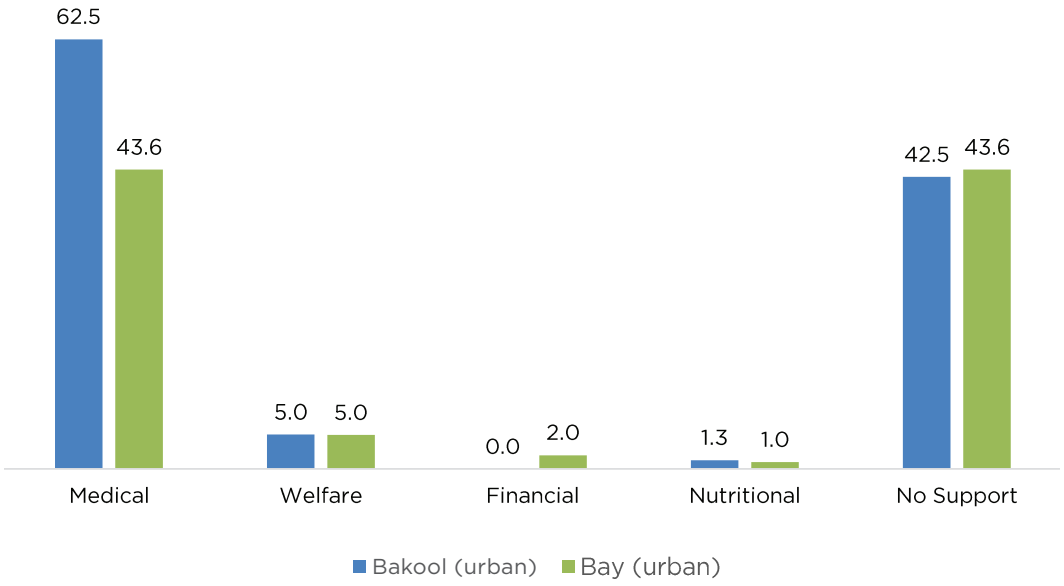
The findings indicate that 44 percent of persons with disabilities in Bay had not received any care or support for their condition in the 12 months preceding the survey compared to Bakool at 43 percent.

In Bakool, 63 percent of disabled household members received medical care, while 5 percent received welfare and 1 percent received nutritional support. In Bay, 44 percent of disabled household members received medical care, while 5 percent received welfare, 2 percent received financial support and 1 percent received nutritional support. Accordingly, the percentage distribution of disabled people who received medical care is higher in Bakool at 63 percent than Bay at 44 percent (Figure 12.7).

In Bakool, more males than females living with a disability are likely to receive medical care whereas more females than males living with a disability are likely to receive welfare support. In Bay, more females than males are likely to receive medical or welfare support.

Figure 12.7 Support received by household members for people with disabilities

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



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.

Table 12.8 and Figure 12.8 present data on the financial sources that households in Bakool and Bay used to pay for health expenditures. In Bakool , 43 percent of households reported that they sold their assets, 40 percent reported that the relatives or friends supported them, 38 percent used borrowed money while 6 percent used their savings to pay for health expenditures.

Findings from Bay indicate that the highest three financial sources used to pay for health services are relatives/ friends at 29 percent, sold assets and income at 17 percent (each), while 14 percent borrowed money to pay for health expenditures.

Table 12.9 presents data on the amount of money the household spent on treatment and health care expenses during the month before the start of the survey.

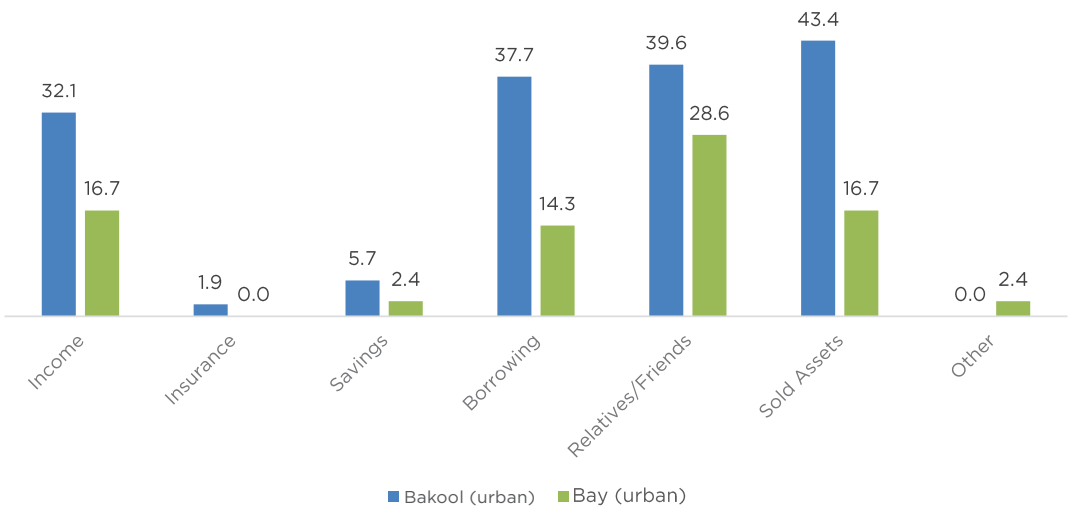
The largest proportion of households in Bay and Bakool had spent between US$1 and US$49 for treatment and health care services during this period at 69 percent and 51 percent, respectively. Seventeen percent of the respondents in Bay had spent between US$50 and US$99, compared to 15 percent in Bakool. Furthermore, 7 percent in Bay had spent US$300 or more while 2 percent in Bakool did the same.

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 behaviour is difficult to curb because tobacco is so addictive. The economic costs of tobacco use are substantial and include significant health care costs for treating the disease caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality (WHO 2019).

Figure 12.8 Source of payment of health services

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



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 12.10 present the percentage of household members who smoke cigarettes or use tobacco by background characteristics. Cigarette smoking or any other tobacco use is slightly higher among women in Bakool at 4 percent compared to Bay at 3 percent.

Cigarette smoking or any other tobacco use is rare among women in Bakool at 1 percent, whereas 7 percent of men smoke or use other tobacco products. In Bay, less than 1 percent of women smoke or use tobacco compared to men at 6 percent in Bakool.

Table 12.11 presents the distribution of household members who chew Khat by background characteristics. It shows that 3 percent (each) of household members in Bakool and Bay have members who chew Khat. The table also shows that there is a wide gender difference in this practice—8 percent of men in Bakool chew Khat compared to less than 1 percent of women. In contrast, less than 1 percent of women in Bay chew Khat compared to 5 percent of men.

List of Tables

Table 12.1 Prevalence of chronic diseases

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

Background characteristics	Bakool (urban)		Bay (urban)	
	Percentage of HH members who have at least one chronic disease	Number of Persons	Percentage of HH members who have at least one chronic disease	Number of Persons
Sex of household member				
Male	2.8	827	3.7	916
Female	3.4	933	7.4	901
Age				
0-4	0.5	385	1.6	372
5-9	0.8	356	1.3	386
10-14	1.4	277	1.0	310
15-19	1.3	160	4.6	173
20-24	6.7	89	4.2	71
25-29	5.3	95	5.7	106
30-34	2.5	80	13.8	87
35-39	9.7	72	4.3	93
40-44	3.6	55	14.5	55
45-49	5.9	34	26.7	30
50-54	7.7	52	25.5	51
55-59	*	24	22.6	31
60-64	9.4	32	*	20
65-69	*	12	*	11
70+	27.0	37	*	21
Wealth quintile				
Lowest	4.9	41	7.4	310
Second	2.5	1,293	6.0	739
Middle	5.4	349	2.5	398
Fourth	3.8	52	5.3	190
Highest	0.0	25	7.8	180
Total	3.1	1,760	5.6	1,817

1Total includes household members with missing information on age.
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

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, SWHDS 2020

Background Characteristics	Percentage of HH members who have at least one chronic diagonosed by physician	Percentage of HH Members who have at least one chronic and get treated	Number of Persons	Percentage of HH members who have at least one chronic diagonosed by physician	Percentage of HH Members who have at least one chronic and get treated	Number of Persons
	Bakool (urban)			**Bay (urban)**		
Sex of household member						
Male	2.2	1.8	827	3.1	2.3	916
Female	2.6	2.3	933	4.8	3.6	901
Age						
0-4	0.3	0.5	385	1.1	0.8	372
5-9	0.8	0.8	356	0.8	0.8	386
10-14	1.1	0.7	277	0.6	0.6	310
15-19	0.6	0.6	160	1.7	1.2	173
20-24	6.7	4.5	89	2.8	2.8	71
25-29	4.2	4.2	95	2.8	2.8	106
30-34	0,0	0.0	80	6.9	4.6	87
35-39	5.6	4.2	72	4.3	3.2	93
40-44	3.6	1.8	55	7.3	5.5	55
45-49	2.9	2.9	34	23.3	13.3	30
50-54	5.8	5.8	52	21.6	17.6	51
55-59	*	*	24	22.6	12.9	31
60-64	9.4	9.4	32	*	*	20
65-69	*	*	12	*	*	11
70+	21.6	18.9	37	*	*	21
Wealth quintile						
Lowest	2.4	4.9	41	5.5	2.9	310
Second	1.9	1.7	1,293	3.8	2.8	739
Middle	4.0	3.4	349	2.0	1.8	398
Fourth	3.8	0.0	52	3.2	3.2	190
Highest	0.0	0.0	25	6.7	5.6	180
Total	2.4	2.0	1,760	3.9	2.9	1,817

1Total includes household members with missing information on age.
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed

Table 12.3 Prevalence of specific chronic diseases

Percentage of household members who have specific chronic diseases diagnosed by a physician, by region and sex SWHDS 2020

	Sex of household member			Sex of household member		
	Male	Female	Total	Male	Female	Total
Type of disease						
Pressure	16.7	4.2	9.5	23.3	7.0	13.7
Diabetes	38.9	4.2	19.0	13.3	9.3	11.0
Inflammation/ Ulcers	0.0	0.0	0.0	6.7	11.6	9.6
Anemia	0.0	12.5	7.1	0.0	18.6	11.0
Sickle Cell Anemia	0.0	0.0	0.0	0.0	2.3	1.4
Heart Disease	0.0	0.0	0.0	0.0	7.0	4.1
Kidney Disease	5.6	0.0	2.4	0.0	14.0	8.2
Liver Disease	0.0	0.0	0.0	3.3	2.3	2.7
Arthritis	0.0	0.0	0.0	6.7	14.0	11.0
Tuberculosis	0.0	4.2	2.4	13.3	4.7	8.2
Chronic Headache	11.1	16.7	14.3	3.3	23.3	15.1
Stroke	0.0	0.0	0.0	0.0	0.0	0.0
Epilepsy	5.6	4.2	4.8	6.7	0.0	2.7
Prostatic Hypertrophy	0.0	0.0	0.0	0.0	0.0	0.0
Cataract	0.0	0.0	0.0	0.0	4.7	2.7
Chronic Back Pain	0.0	4.2	2.4	10.0	14.0	12.3
Mental/ Psychological Illness	5.6	8.3	7.1	3.3	0.0	1.4
Skin Disease	0.0	16.7	9.5	0.0	7.0	4.1
Cancerous Tumors	5.6	0	2.4	0.0	0.0	0.0
Asthma	22.2	20.8	21.4	10.0	4.7	6.8
Others	16.7	12.5	14.3	3.3	4.7	4.1
Total	18	24	42	30	43	73

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, SWHDS 2020

Background characteristics	Prevalence of disabeled persons	Total	Among household members with disabilities, percentage who suffer from specific types of disabilities							Number of household members with disabilities
			Sight	Hearing	Speech	Learning	Mobility	SelfCare	Mental	
Bakool (urban)										
Sex of household member										
Male	4.7	827	35.9	12.8	20.5	0.0	5.1	2.6	33.3	39
Female	4.4	933	39.0	4.9	17.1	0.0	12.2	7.3	26.8	41
Total	4.5	1,760	37.5	8.8	18.8	0.0	8.8	5.0	30.0	80
Bay (urban)										
Sex of household member										
Male	5.6	916	33.3	33.3	13.7	0.0	27.5	0.0	17.6	51
Female	5.5	901	38.0	30.0	10.0	0.0	30.0	8.0	12.0	50
Total	5.6	1,817	35.6	31.7	11.9	0.0	28.7	4.0	14.9	101

1 Total includes household members with missing information on age
A person may have two reported diseases; consequently, the percentages

Table 12.5 Origin of disabilities

Percentage distribution of disabled people according to Origin of disabailities, by Background characteristics , SWHDS 2020

Background characteristics	Origin of disabilities										Total	1.00 Number of household members with disabilities
	Congenital	Contegious	ChildBirth Conditions	OtherDisease	Abuse	Aging	InjuryAccident	Witchcraft	Others	Donknow		
Bakool (urban)	32.6	8.7	2.2	34.8	2.2	0.0	13.0	0.0	6.5	0.0	100.0	46
Bay (urban)	25.5	4.3	4.3	29.8	2.1	4.3	14.9	0.0	0.0	14.9	100.0	47

Percentage distribution of disabled people according to Origin of disabailities

Table 12.6 Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability by Background characteristics , SWHDS 2020

Background characteristics	Age at the onset of disability									1.00 Number of household members with disabilities
	<5	5-9	10-19	20-29	30-39	40- 49	50-59	60-69	70+	
Bakool (urban)	43.5	13.0	6.5	10.9	2.2	4.3	4.3	4.3	10.9	46
Bay (urban)	29.8	14.9	4.3	2.1	14.9	10.6	8.5	8.5	6.4	47

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 , SWHDS 2020

Background characteristics	Care and Support Received					Number of Persons
	Medical	Welfare	Financial	Nutritional	No Support	
Bakool (urban)						
Sex of household member						
Male	66.7	2.6	0.0	2.6	35.9	39
Female	58.5	7.3	0.0	0.0	48.8	41
Total	62.5	5.0	0.0	1.3	42.5	80
Bay (urban)						
Sex of household member						
Male	41.2	2.0	2.0	2.0	45.1	51
Female	46.0	8.0	2.0	0.0	42.0	50
Total	43.6	5.0	2.0	1.0	43.6	101

Table 12.8 Financial sources used to pay for health services

Percentage distribution of financial sources used for health services by households in the last month by Background characteristics , SWHDS 2020

Background characteristics	Care and Support Received							Number of households
	Income	Insurance	Savings	Borrowing	Relatives/ Friends	Sold Assets	Other	
Bakool (urban)	32.1	1.9	5.7	37.7	39.6	43.4	0.0	53
Bay (urban)	16.7	0.0	2.4	14.3	28.6	16.7	2.4	42

Table 12.9 Amount in health expenses

Amount of money that households incurred for health services in the last month by Background characteristics , SWHDS 2020.

Background characteristics	Amount in health expenses					Total	Number of Households
	1-49	50-99	100 -199	200- 299	300+		
Bakool (urban)	51.1	14.9	23.4	8.5	2.1	100.0	47
Bay (urban)	69.0	17.2	6.9	0.0	6.9	100.0	29

Table 12.10 Smoking or using tobacco

Percentage of household members who smoke cigerate or using tobacco by Background characteristics , SWHDS 2020

Background characteristics	Bakool (urban)		Bay (urban)	
	Percentage of houehold members who smoke cigerrate or use tobacco	Number of Household members	Percentage of houehold members who smoke cigerrate or use tobacco	Number of Household members
Sex				
Male	7.0	456	6.1	522
Female	0.9	563	0.4	537
Age				
10-14	0.0	277	0.0	310
15-19	0.0	160	0.6	173
20-24	1.1	89	2.8	71
25-29	6.3	95	4.7	106
30-34	10.0	80	4.6	87
35-39	8.3	72	8.6	93
40-44	7.3	55	10.9	55
45-49	2.9	34	13.3	30
50-54	0.0	52	2.0	51
55-59	*	24	0.0	31
60-64	9.4	32	*	20
65-69	*	12	*	11
70+	16.2	37	*	21
Wealth quintile				
Lowest	7.7	26	2.2	180
Second	4.1	738	2.3	443
Middle	1.9	209	4.4	227
Fourth	0.0	29	4.5	110
Highest	*	17	5.1	99
Number of Household members	3.6	1,019	3.2	1,059

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

Table 12.11 Use of Khat

Percentage of household members who who use Qat by Background characteristics , SWHDS 2020

Background characteristics	Bakool (urban)		Bay (urban)	
	Percentage of household members who use Qat	Number of Household members	Percentage of household members who use Qat	Number of Household members
Sex of household member				
Male	7.5	456	5.4	522
Female	0.2	563	0.2	537
Age				
10-14	0.0	277	0.0	310
15-19	0.0	160	0.6	173
20-24	0.0	89	1.4	71
25-29	7.4	95	2.8	106
30-34	11.3	80	6.9	87
35-39	9.7	72	6.5	93
40-44	9.1	55	10.9	55
45-49	2.9	34	13.3	30
50-54	0.0	52	2.0	51
55-59	*	24	0.0	31
60-64	3.1	32	*	20
65-69	*	12	*	11
70+	8.1	37	*	21
Wealth quintile				
Lowest	3.8	26	1.7	180
Second	3.9	738	1.8	443
Middle	1.9	209	4.4	227
Fourth	0.0	29	3.6	110
Highest	*	17	4.0	99
Number of Household members	3.4	1,019	2.7	1,059

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

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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 exci-sion of the clitoris.

Postnatal care

Is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life.

Reproductive age for women

Women in the childbearing age usually within the age group 15-49.

Sampling

The process of selecting certain members or a subset of the population to make statistical inferences from them and to estimate characteristics of the whole population.

Sampling frame

The list from which units are drawn for the sample. The 'list' may be an actual listing of units, or some other description of the population, such as a map from which areas will be sampled.

Skilled delivery

A child delivery assisted by an accredited health pro-

fessional – such as a doctor/clinical officer or nurse/midwife – 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 loss in people over age 40 and is the principal cause of blindness in the world.

Chronic back pain/spinal problem

Pain in the back or a problem with the spine that 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, characterised 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 characterised 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. Characteristics 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 organising 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 utilised to aid in mobility.

Self-care

Self-care disability refers to a person with a physical, mental, or emotional condition lasting six months or more, who has difficulty in doing any of the activities such as dressing, bathing, or getting around inside the home.

Sight

Visual impairment (vision impairment, vision disability) is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses or medication. Visual impairment can be due to dis-ease, trauma, or congenital or degenerative conditions. Terms such as "partially sighted", "low vision", "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 push and not into a des-ignated toilet.

Piped sewer system

A system of sewer pipes (also called sewerage) that is designed to collect human excreta (faeces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for 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 superstructure 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

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List of Contributors

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APPENDIX B

Household Questionnaire

SHDS SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE	DIST CODE	EA CODE	HH SERIAL NO.	INTERVIEWER NO.

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

	NAME	CODE
REGION		
PRE-WAR NAME OF THE DISTRICT		
CURRENT NAME OF THE DISTRICT		
SETTLEMENT/TOWN		
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)		
EA CODE		
HOUSEHOLD SERIAL NUMBER IN THE EA		

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 PARTLY COMPLETED
96 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD	
TOTAL ELIGIBLE EVER MARRIED WOMEN	
TOT ELIGIBLE NEVER MARRIED WOMEN	
TOTAL CHILDREN 0-5 YEARS	
LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE	

LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT**

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES:
01 ENGLISH
02 SOMALI
03 OTHER _____ SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

SHDS

SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE	DIST CODE	EA CODE	HH SERIAL NO.	INTERVIEWER NO.

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

	NAME	CODE
REGION		
PRE-WAR NAME OF THE DISTRICT		
CURRENT NAME OF THE DISTRICT		
SETTLEMENT/TOWN		
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)		
EA CODE		
HOUSEHOLD SERIAL NUMBER IN THE EA		

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 PARTLY COMPLETED
96 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE EVER MARRIED WOMEN

TOT ELIGIBLE NEVER MARRIED WOMEN

TOTAL CHILDREN 0-5 YEARS

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE** 0 1

LANGUAGE OF INTERVIEW**

NATIVE LANGUAGE OF RESPONDENT**

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES:
01 ENGLISH
02 SOMALI
03 OTHER _____ SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

100	RECORD THE START TIME.	HOURS . . . . . MINUTES . . . . .

HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
								IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED			
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	MARITAL STATUS	AGE AT FIRST MARRIAGE	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = 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			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	Y Y Y Y		IN YEARS	01	01	01
02			1 2	1 2	1 2					02	02	02
03			1 2	1 2	1 2					03	03	03
04			1 2	1 2	1 2					04	04	04
05			1 2	1 2	1 2					05	05	05
06			1 2	1 2	1 2					06	06	06
07			1 2	1 2	1 2					07	07	07
08			1 2	1 2	1 2					08	08	08
09			1 2	1 2	1 2					09	09	09
10			1 2	1 2	1 2					10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEH NO
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW NO
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NEPHEW/NIECE
10 = BROTHER/SISTER-IN-LAW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	Is (NAME)'s biological mother alive?	Does (NAME)'s natural mother usually live in this household ? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the [2017-2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	What has (NAME) mostly been doing in the last 12 months? 1= WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
01	Y N DK 1 2 8 GO TO 15		Y N DK 1 2 8 GO TO 17		Y N DK 1 2 8 GO TO 21	LEVEL GRADE	Y N 1 2 8 GO TO 21	LEVEL GRADE	
02	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
03	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
04	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
05	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
06	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
07	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
08	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
09	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
10	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL	GRADE
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 18 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR Q. 20.)
8 = DON'T KNOW	98 = DON'T KNOW
9 = KORANIC	*(if Koranic skip grade)*

HOUSEHOLD SCHEDULE

	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					IF AGE 10 YEARS OR OLDER					
LINE NO.	BIRTH REGISTRATION										
	22	23	24	25	26	27	28	29	30	31	32
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 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
		Y N DK	CODE	Y N DK	Y N DK	Y N DK	Y N DK	CODE	CODE	IN YEARS	CODE
01		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
02		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
03		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
04		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
05		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
06		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
07		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
08		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
09		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y
10		1 2→ 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101			A B C D Y

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE
B=DIABETES
C=INFLAMMATION/ULCI
D=ANEMIA
E=SICKLE CELL ANEMI/ /THALASSEMIA
F=HEART DISEASE
G=KIDNEY DISEASE
H=LIVER DISEASE
I=ARTHRITIS
J=TUBERCULOSIS (TB)
K=CHRONIC HEADACHE
L=STROKE
M=EPILEPSY
N=PROSTATIC HYPERTROPHY
O=CATARACT
P= CHRONIC BACK PAIN/ SPINAL PROBLEM
Q=MENTAL/PSYCHOLOGICAL ILLNESS
R=SKIN DISEASE
S= CANCEROUS TUMORS
T=ASTHMA
Y= OTHER _____ (SPECIFY)

CODES FOR Q. 30: CAUSE OF DIABILITY

01=CONGENITAL
02=CONTAGIOUS
03=CHILD BIRTH CONDITION (SPECIFY)
04=OTHER DISEASE
05=ABUSE
06=AGING
07=INJURY/ACCIDENT
08=WITCHCRAFT
96=OTHER _____
98=DON'T KNOW

HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
								IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED			
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	MARITAL STATUS	AGE AT FIRST MARRIAGE	ELIGIBILITY		
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**9B**	**10**	**11**	**12**
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME's) year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = 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			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	Y Y Y Y		IN YEARS	11	11	11
12			1 2	1 2	1 2					12	12	12
13			1 2	1 2	1 2					13	13	13
14			1 2	1 2	1 2					14	14	14
15			1 2	1 2	1 2					15	15	15
16			1 2	1 2	1 2					16	16	16
17			1 2	1 2	1 2					17	17	17
18			1 2	1 2	1 2					18	18	18
19			1 2	1 2	1 2					19	19	19
20			1 2	1 2	1 2					20	20	20

CK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = SPOUSE
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04 = SON-IN-LAW OR DAUGHTER-IN-LAW
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98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	Is (NAME)'s biological mother alive?	Does (NAME)'s natural mother usually live in this household ? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the [2017-2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	What has (NAME) mostly been doing in the last 12 months? 1= WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
11	Y N DK 1 2 8 GO TO 15		Y N DK 1 2 8 GO TO 17		Y N 1 2 8 GO TO 21	LEVEL GRADE	Y N 1 2 8 GO TO 21	LEVEL GRADE	
12	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
13	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
14	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
15	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
16	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
17	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
18	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
19	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		
20	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 8 GO TO 21		1 2 8 GO TO 21		

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL	GRADE
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 18 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR Q. 20.)
8 = DON'T KNOW	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					IF AGE 10 YEARS OR OLDER					
LINE NO.	BIRTH REGISTRATION										
	22	23	24	25	26	27	28	29	30	31	32
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	I would now like to ask you some questions about the health of all family members. Does (NAME) suffer from any chronic disease?	What are the diseases suffered by (NAME)? SEE CODES BELOW.	Has any physician informed (NAME) that (s)he suffers from this disease?	Does (NAME) get treatment regularly for this condition?	Does (NAME) smoke cigarettes, or any kind of tobacco?	Does (NAME) currently chew qat/khat?	Does (NAME) face any of the following limitations? A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	What is the main reason for (NAME's) disability? SEE CODES BELOW.	How old was (NAME) when this condition started? IF 95 OR MORE, RECORD '95'.	During the last 12 months did (NAME) get any of the following forms of support? A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
11	☐	Y N DK 1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H→ GO TO 101	CODE ☐☐	IN YEARS ☐☐	CODE A B C D Y
12	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
13	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
14	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
15	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
16	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
17	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
18	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
19	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y
20	☐	1 2→8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H→ GO TO 101	☐☐	☐☐	A B C D Y

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE
B=DIABETES
C=INFLAMMATION/ULCI
D=ANEMIA
E=SICKLE CELL ANEMI/
/THALASSEMIA
F=HEART DISEASE
G=KIDNEY DISEASE
H=LIVER DISEASE
I=ARTHRITIS
J=TUBERCULOSIS (TB)
K=CHRONIC HEADACHE
L=STROKE
M=EPILEPSY
N=PROSTATIC HYPERTROPHY
O=CATARACT
P= CHRONIC BACK PAIN/ SPINAL PROBLEM
Q=MENTAL/PSYCHOLOGICAL ILLNESS
R=SKIN DISEASE
S= CANCEROUS TUMORS
T=ASTHMA
Y= OTHER ____ (SPECIFY)

CODES FOR Q. 30: CAUSE OF DIABILITY

01=CONGENITAL
02=CONTAGIOUS
03=CHILD BIRTH CONDITION
04=OTHER DISEASE
05=ABUSE
06=AGING
07=INJURY/ACCIDENT
08=MAGIC
96=OTHER____ (SPECIFY)
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.

		Y	N	DK	AMOUNT (USD)
a) Consultation fees paid to General Medical Practitioners	a) GENERAL PRACTITIONERS . .	1	2	8	
b) Consultation fees paid to Specialists	b) SPECIALISTS	1	2	8	
c) Consultation fees paid to traditional medicine practitioners	c) TRAD. MEDICINE MEN	1	2	8	
d) Consultation fees paid to other health practitioners	d) OTHER HLTH PRACT	1	2	8	
e) Laboratory Tests	e) LAB	1	2	8	
f) Prescribed drugs	f) PRESCRIBED DRUGS	1	2	8	
g) Over the counter drugs	g) OVER THE COUNTER DRUGS . .	1	2	8	
h) Imaging (X-Rays, CT Scan ,MRI, Echography)	h) IMAGING	1	2	8	
i) Dialysis	i) DIALYSIS	1	2	8	
j) Chemotherapy	j) CHEMOTHERAP\	1	2	8	
k) Surgery	k) SURGERY	1	2	8	
l) Room facilities/Meals	l) ACCOM + MEALS	1	2	8	
m) Transport to the facility	m) TRANSPORT	1	2	8	
n) Birth spacing ?	n) FAMILY PLANNING	1	2	8	
o) Antenatal care (ANC)?	o) ANC	1	2	8	
p) Delivery (child birth)?	p) DELIVERY	1	2	8	
q) Others	q) OTHER _____ (SPECIFY)	1	2	8	

OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	In total, how much money did the household spend on treatment and healthcare services during the last one month?	AMOUNT (USD) . . [ ][ ][ ][ ][ ]	
106	In the past one month, which of the following financial sources did your household use to pay for any health expenditure? (READ OUT AND CIRCLE 1 OR 2 AS APPROPRIATE) a) Current income b) Health insurance c) Savings (including in bank) d) Borrow from banks/other institutions/relatives e) Support from relatives & friends f) Sold assets g) Other means	YES NO a) INCOME . . . . . 1 2 b) INSURANCE . . . . . 1 2 c) SAVINGS . . 1 2 d) BORROWING . . . . . 1 2 e) RELATIVES/FRIENDS . . . . . 1 2 f) SOLD ASSETS . . . . . 1 2 f) OTHER _____ 1 2 (SPECIFY)	
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 . . . . . [ ][ ][ ] DON'T KNOW 998	
204a	Where is the main source of water for other purposes located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 205
204b	How long does it take to go there, get water, and come back in minutes?	MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204c	What means does your household mostly use to fetch water i.e. from source to home?	WATER TANKER . . . . . 1 CAR/PICKUP/TRUCK . . . . . 2 CAMEL CART . . . . . 3 DONKEY CART . . . . . 4 WHEELBARROW 5 ON FOOT . . . . . 6 OTHER _____ 96 (SPECIFY)	
205	CHECK 201 : CODE '14' OR '21' CIRCLED? YES ☐ NO ☐		→ 207
206	In the past two weeks, was the water from this source not available for at least one full day?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
207	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 209
208	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
209	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	**FLUSH OR POUR FLUSH TOILET** FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . . 14 FLUSH, DON'T KNOW WHERE . . . . . 15 **PIT LATRINE** VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/OPEN 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 . . . . . 0 ☐ 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
212	Where is this toilet facility located?	IN OWN DWELLING . . . . . A IN OWN YARD/PLOT . . . . . B ELSEWHERE C	
213	In total, how many toilets does your household use?	NO. OF TOILETS . . . . . ☐☐	

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	
219	Does this household own any livestock including horses, donkeys and poultry?	YES . . . . . 1 NO 2	→ 221
220	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	a) CAMELS . . . . . b) CATTLE . . . . . c) SHOATS . . . . . d) DONKEYS . . . . . e) HORSES . . . . . f) POULTRY	
221	Has this household lost any livestock in the last one year due to drought/flooding/disease etc?	YES . . . . . 1 NO 2	→ 223
222	How many of the following animals did this household loose? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	DUE TO DROUGHT / DUE TO FLOODS / DUE TO DISEASE / TOTAL a) CAMELS . . . . . b) CATTLE . . . . . c) SHOATS . . . . . d) DONKEYS . . . . . e) HORSES . . . . . f) POULTRY	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
223	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 225
224	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	UNIT — QUANTITY HECTARES . . . . . [ ][ ][ ] . [ ] QOODI . . . . . [ ][ ][ ] . [ ] JABAAL . . . . . [ ][ ][ ] . [ ] TALAABO . . . . . [ ][ ][ ] . [ ] OTHER _____ (SPECIFY) [ ][ ][ ] . [ ] 95 OR MORE . . . . . 950 DON'T KNOW 998	
225	Does your household have: a) A radio? b) A television? c) Non-mobile telephone? d) A computer? e) Internet connectivity? f) A refrigerator? g) Air conditioner/fan?	YES NO a) RADIO . . . . . 1 2 b) TELEVISION . . . . . 1 2 c) NON-MOBILE TELEPHONE . . 1 2 d) COMPUTER . . . . . 1 2 e) INTERNET . . . . . 1 2 f) REFRIGERATOR . . . . . 1 2 g) AIR CONDITIONER/FAN 1 2	
226	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) Donkey cart? f) A car or truck? g) Boat/Canoe? h) Tractor? i) Rickshaw? j) Animal plough?	YES NO a) WATCH . . . . . 1 2 b) MOBILE PHONE . . . . . 1 2 c) BICYCLE . . . . . 1 2 d) MOTORCYCLE/SCOOTER . . . . . 1 2 e) DONKEY CART . . . . . 1 2 f) CAR/TRUCK . . . . . 1 2 g) BOAT/CANOE . . . . . 1 2 h) TRACTOR . . . . . 1 2 i) RICKSHAW . . . . . 1 2 j) ANIMAL PLOUGH 1 2	
227	Does any member of this household have a bank account?	YES . . . . . 1 NO 2	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE . . . . . 1 OBSERVED, MOBILE . . . . . 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT . . . . . 3 NOT OBSERVED, NO PERMISSION TO 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 IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
236	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	YES . . . . . 1 NO 2	→ 238
237	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
238	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	YES . . . . . 1 NO 2	→ 240
239	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
240	In the last four weeks, were there cases where you did not have any kind of food to eat because of the lack of resources?	YES . . . . . 1 NO 2	→ 242
241	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
242	In the last four weeks, were there cases where you or a family member went to bed hungry because there was not enough food or there was nothing to eat?	YES . . . . . 1 NO 2	→ 244
243	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
244	In the last four weeks, were there cases where you or anyone from your family spent the whole day without eating because there was not enough food?	YES . . . . . 1 NO 2	→ 301
245	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
246	RECORD THE END TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . ☐☐☐☐
304	CHECK 303: CHILD BORN IN 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. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER . . . . . 9996 (SKIP TO 308)	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER . . . . . 9996 (SKIP TO 308)	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER . . . . . 9996 (SKIP TO 308)
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER

301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____

309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (SKIP TO 311) ← OLDER 2	0-5 MONTHS . . . . . 1 (SKIP TO 311) ← OLDER 2	0-5 MONTHS . . . . . 1 (SKIP TO 311) ← OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . ☐☐ (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . ☐☐☐☐
304	CHECK 303: CHILD BORN IN 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. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER . . . . . 9996 (SKIP TO 308)	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER . . . . . 9996 (SKIP TO 308)	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . . 9995 OTHER . . . . . 9996 (SKIP TO 308)
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (SKIP TO 311) ← OLDER 2	0-5 MONTHS . . . . . 1 (SKIP TO 311) ← OLDER 2	0-5 MONTHS . . . . . 1 (SKIP TO 311) ← OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . ☐☐ (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			

WEIGHT, HEIGHT MEASUREMENT FOR WOMEN AGE 12-49

401	CHECK COLUMN 10 & 11 IN ROSTER. RECORD THE LINE NUMBER, NAME AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 402 AND 403. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
402	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
403	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 9 (MARITAL STATUS):	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS . . . 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS . . . 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS . . . 2
404	WEIGHT IN KILOGRAMS.	KG. . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
405	HEIGHT IN CENTIMETERS.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
406	CHECK 403: MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (END) ← OTHER 2
407A	ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
408	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; 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

SHDS 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		
PRE-WAR NAME OF THE DISTRICT		
CURRENT NAME OF THE DISTRICT		
SETTLEMENT/TOWN		
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)		
EA CODE		
HOUSEHOLD SERIAL NUMBER IN THE EA		

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 NOT ELIGIBLE (LESS THAN 12 OR MORE THAN 49 YEARS); 8 OTHER _____ SPECIFY

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** | NATIVE LANGUAGE OF RESPONDENT**

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES: 01 ENGLISH; 02 SOMALI; 03 LANGUAGE _____ SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

SHDS 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		
PRE-WAR NAME OF THE DISTRICT		
CURRENT NAME OF THE DISTRICT		
SETTLEMENT/TOWN		
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)		
EA CODE		
HOUSEHOLD SERIAL NUMBER IN THE EA		

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 NOT ELIGIBLE (LESS THAN 12 OR MORE THAN 49 YEARS); 8 OTHER _____ SPECIFY

LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT**

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES: 01 ENGLISH; 02 SOMALI; 03 LANGUAGE _____ SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED CODE '1' OR '5' CIRCLED → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . 1 LESS THAN ONCE A WEEK . . . 2 NOT AT ALL . . . 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . 1 LESS THAN ONCE A WEEK . . . 2 NOT AT ALL . . . 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . 1 LESS THAN ONCE A WEEK . . . 2 NOT AT ALL . . . 3	
113	Do you own a mobile telephone?	YES . . . 1 NO . . . 2	→ 115
114	Do you use your mobile phone for any financial transactions?	YES . . . 1 NO . . . 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . 1 NO . . . 2	
116	Have you ever used the internet?	YES . . . 1 NO . . . 2	→ 119
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . 1 NO . . . 2	→ 119
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . 1 AT LEAST ONCE A WEEK . . . 2 LESS THAN ONCE A WEEK . . . 3 NOT AT ALL . . . 4	
119	Are you currently married?	YES . . . 1 NO . . . 2	→ 121
120	What is your marital status now: are you widowed or divorced?	WIDOWED . . . 1 DIVORCED . . . 2	
121	Have you been married only once or more than once?	ONLY ONCE . . . 1 MORE THAN ONCE . . . 2	
122	CHECK 121: MARRIED ONLY ONCE a) In what month and year were you legally married (Nikaax/contract)? MARRIED MORE THAN ONCE b) Now I would like to ask about your first husband. In what month and year were you legally married to him (Nikaax/contract) ?	MONTH . . . ☐☐ DON'T KNOW MONTH . . . 98 YEAR . . . ☐☐☐☐ DON'T KNOW YEAR . . . 9998	
123	How old were you when you got legally married to your (first) husband (Nikaax)?	AGE . . . ☐☐	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	CHECK 121: MARRIED ONLY ONCE → a) In what month and year did you wed with your husband (Aqal gal)? MARRIED MORE THAN ONCE → b) Now I would like to ask about your first husband. In what month and year did you wed with him (Aqal gal)?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
125	How old were you when you wedded with your (first) husband (Aqal gal)?	AGE . . . . . [ ][ ] NOT YET WEDDED 95	
126	Did the marriage contract (Nikaax) and wedding (Aqal gal) happen at the same time?	YES . . . . . 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you been pregnant?	YES . . . . . 1 NO 2	→ 239
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . . [ ][ ] b) DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . . [ ][ ] b) DAUGHTERS ELSEWHERE . . . . . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . . [ ][ ] b) GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐ →		→ 226

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

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

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES . . . . . 1 (RECORD BIRTH(S) IN TABLE) NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2013-2018	NUMBER OF BIRTHS . . . . . [ ] 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 . . . . . [ ][ ]	
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: a) Did you want to have a baby later on or did you want more children? NONE: 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 . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2013-2018 ☐ → 234 LAST PREGNANCY ENDED IN 2012 OR EARLIER ☐ → 239		
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2013, have you had any other pregnancies that did not result in a live birth?	
01		NUMBER OF MONTHS	YES . . . . . 1 → NEXT LINE NO . . . . . 2 → 236	
02	MONTH ☐☐ YEAR ☐☐☐☐	NUMBER OF MONTHS	YES . . . . . 1 → NEXT LINE NO . . . . . 2 → 236	
03	MONTH ☐☐ YEAR ☐☐☐☐	NUMBER OF MONTHS	YES . . . . . 1 → NEXT LINE NO . . . . . 2 → 236	
04	MONTH ☐☐ YEAR ☐☐☐☐	NUMBER OF MONTHS	YES . . . . . 1 NO . . . . . 2 → 236	
236	C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2013-2018 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.		
237	Did you have any miscarriages, abortions or stillbirths that ended before 2013?	YES . . . . . 1 NO . . . . . 2 → 239	
238	When did the last such pregnancy that terminated before 2013 end?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start? _____ (DATE, IF GIVEN) CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY	DAYS AGO . . . . . 1 | | | WEEKS AGO . . . . . 2 | | | MONTHS AGO . . . . . 3 | | | YEARS AGO . . . . . 4 | | | IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
240	How old were you when you had your first menstrual period?	AGE IN YEARS . . . . . | | DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 243
242	Is this time just before her period begins, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD 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 ☐ PREGNANT ☐ → 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 → 307 IMPLANTS . . . E PILL . . . F CONDOM . . . G → 306 FEMALE CONDOM . . . H EMERGENCY CONTRACEPTION . . . I STANDARD DAYS METHOD . . . J LACTATIONAL AMENORRHEA METHOD . . . K → 307 RHYTHM METHOD . . . L WITHDRAWAL . . . M OTHER MODERN METHOD . . . X OTHER TRADITIONAL METHOD . . . Y	
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 _____ (SPECIFY) 96 DON'T KNOW . . . 98	307
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DUREX . . . 01 MOODS . . . 02 GOLD . . . 03 SENSATION . . . 04 GEANS . . . 05 OTHER _____ (SPECIFY) 96 DON'T KNOW . . . 98	
307	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . ☐☐ YEAR . . . ☐☐☐☐	
308	CHECK 307, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 307 NO ☐ YES ☐ GO BACK TO 307, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

SECTION 3. BIRTH SPACING (CAPI OPTION)

309	CHECK 307: YEAR IS 2013-2018 C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE YEAR IS 2012 OR EARLIER C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2013 . THEN (SKIP TO 322)
310	I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years. C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2013. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

		COLUMN 1	COLUMN 2	COLUMN 3
310A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH YEAR	MONTH YEAR	MONTH YEAR
310B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 310I)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 310I)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 310I)
310C	Which method was that?	METHOD CODE . .	METHOD CODE . .	METHOD CODE . .
310D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . . 00 MONTHS . . (SKIP TO 310F) DATE GIVEN 95	IMMEDIATELY . . . . . 00 MONTHS . . (SKIP TO 310F) DATE GIVEN 95	IMMEDIATELY . . . . . 00 MONTHS . . (SKIP TO 310F) DATE GIVEN 95
310E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH YEAR	MONTH YEAR	MONTH YEAR
310F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS . . (SKIP TO 310H) DATE GIVEN 95	MONTHS . . (SKIP TO 310H) DATE GIVEN 95	MONTHS . . (SKIP TO 310H) DATE GIVEN 95
310G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH YEAR	MONTH YEAR	MONTH YEAR
310H	Why did you stop using (METHOD)?	REASON STOPPED	REASON STOPPED	REASON STOPPED . . . . .
310I		GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 311.

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ↓ ANY METHOD USED ☐ → 313		
312	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 322
313	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTION . . . . . 09 STANDARD DAYS METHOD . . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	→ 322 → 319
314	You first started using (CURRENT METHOD) in (DATE FROM 307). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 REFERRAL HEALTH CENTRE . . . . . 12 MCH/HC . . . . . 13 PRIMARY HEALTH UNIT (PHU . . . . . 14 MOBILE CLINIC . . . . . 15 COMMUNITY HEALTH WORKER . . . . . 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/DOCTOF . . . . . 21 PHARMACY . . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 31 FRIEND/RELATIVE . . . . . 32 OTHER _____ 96 (SPECIFY)	
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTION . . . . . 09 STANDARD DAYS METHOD . . . . . 10 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	→ 319 → 318 → 319

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	
317	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
318	CHECK 316: ANY 'YES' → a) At that time, were you told about other methods of birth spacing that you could use? OTHER → b) When you obtained (CURRENT METHOD FROM 313) from (SOURCE OF METHOD FROM 314), were you told about other methods of birth spacing that you could use?	YES . . . . . 1 NO 2	→ 320
319	Were you ever told by a health worker about other methods of birth spacing that you could use?	YES . . . . . 1 NO 2	
320	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTION . . . . . 09 STANDARD DAYS METHOD . . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 → 323 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD . . . . . 96 → 323	

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (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)	→ 325
322	Do you know of a place where you can obtain a method of birth spacing?	YES . . . . . 1 NO 2	
323	In the last 12 months, were you visited by a fieldworker?	YES . . . . . 1 NO 2	→ 325
324	Did the fieldworker talk to you about birth spacing?	YES . . . . . 1 NO 2	
325	CHECK 202: LIVING WITH CHILDREN YES ☐ → a) In the last 12 months, have you visited a health facility for care for yourself or your children? NO ☐ → b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . . 1 NO 2	→ 401
326	Did any staff member at the health facility speak to you about birth spacing methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2013-2018 ↓ NO BIRTHS IN 2013-2018 → 648		
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . . .
404	FROM 212 AND 216:	NAME _____ LIVING ↓ DEAD ↓	NAME _____ LIVING ↓ DEAD ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . . 1 (SKIP TO 408) NO 2	YES . . . . . 1 (SKIP TO 426) NO 2
406	CHECK 208: ONLY ONE BIRTH ↓ OR MORE THAN ONE BIRTH a) Did you want to have a baby later on?	LATER . . . . . 1 NO MORE/NONE . . . . . 2 (SKIP TO 408)	LATER . . . . . 1 NO MORE/NONE . . . . . 2 (SKIP TO 426)
407	How much longer did you want to wait?	MONTHS . . . . . 1 YEARS . . . . . 2 DON'T KNOW 998	MONTHS . . . . . 1 YEARS . . . . . 2 DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 414)	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . . A CLINICAL OFFICER . . . . . B NURSE/MIDWIFE . . . . . C AUXILIARY MIDWIFE . . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . E COMMUNITY HEALTH WORKER . . . . . F OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . . A OTHER HOME . . . . . B **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . C REFERRAL HEALTH CENTRE D MCH/HC . . . . . E PRIMARY HEALTH UNIT (PHU F MOBILE CLINIC . . . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER _____ X (SPECIFY)	
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . . ☐☐ DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample?	YES NO a) BP . . . . . 1 2 b) URINE . . . . . 1 2 c) BLOOD 1 2	
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 417) DON'T KNOW 8	
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . ☐ DON'T KNOW 8	
416	CHECK 415:	2 OR MORE TIMES (SKIP TO 420) OTHER	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420) DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . [ ] DON'T KNOW 8	
419	CHECK 418: ONLY ONE: a) How many years ago did you receive that tetanus injection? MORE THAN ONE: b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO . . . . . [ ][ ]	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 422) DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . [ ][ ][ ] DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 426) DON'T KNOW 8	
424	How many times did you take SP/Fansidar during this pregnancy? PROBE: MALARIA PREVENTION DRUG	TIMES . . . . . [ ][ ]	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT . . . . . 1 ANOTHER FACILITY VISIT . . . . . 2 OTHER SOURCE 6	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 → (SKIP TO 429) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 → (SKIP TO 429) DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐☐.☐☐☐ KG FROM RECALL 2 ☐☐.☐☐☐ DON'T KNOW 9998	KG FROM CARD 1 ☐☐.☐☐☐ KG FROM RECALL 2 ☐☐.☐☐☐ DON'T KNOW 9998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	**HEALTH PERSONNEL** DOCTOR . . . . . A CLINICAL OFFICER . . . . . B NURSE/MIDWIFE . . . . . C AUXILIARY MIDWIFE . . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . E RELATIVE/FRIEND . . . . . F OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . . Y	**HEALTH PERSONNEL** DOCTOR . . . . . A CLINICAL OFFICER . . . . . B NURSE/MIDWIFE . . . . . C AUXILIARY MIDWIFE . . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . E RELATIVE/FRIEND . . . . . F OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . . Y

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
430	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . . 11 (SKIP TO 434) OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC . . . . . 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC . . . . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 434)	**HOME** HER HOME . . . . . 11 (SKIP TO 434) OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC . . . . . 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC . . . . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 434)
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 DAYS . . . . . 2 WEEKS . . . . . 3 DON'T KNOW 98	
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 434)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 434)
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE . . . . . 1 AFTER 2	BEFORE . . . . . 1 AFTER 2
434	Immediately after the birth, was (NAME) put on your chest?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 434B) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 459) DON'T KNOW 8
434A	Was (NAME)'s bare skin touching your bare skin (kangaroo)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 CIRCLED (SKIP TO 449) OTHER	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 438)	
436	How long after delivery did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 98	
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 CLINICAL OFFICER . . . . . 12 NURSE/MIDWIFE . . . . . 13 AUXILIARY MIDWIFE . . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 441) DON'T KNOW 8	
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 98	
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 CLINICAL OFFICER . . . . . 12 NURSE/MIDWIFE . . . . . 13 AUXILIARY MIDWIFE . . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 445)	
442	How long after delivery did that check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 DAYS . . . . . 2 WEEKS . . . . . 3 DON'T KNOW 98	
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 CLINICAL OFFICER . . . . . 12 NURSE/MIDWIFE . . . . . 13 AUXILIARY MIDWIFE . . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
444	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC . . . . . 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC . . . . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the six weeks after you left (FACILITY IN 430)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 457) DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
446	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 [ ][ ] DAYS . . . . . 2 [ ][ ] WEEKS . . . . . 3 [ ][ ] DON'T KNOW 98	
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 CLINICAL OFFICER . . . . . 12 NURSE/MIDWIFE . . . . . 13 AUXILIARY MIDWIFE . . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
448	Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC . . . . . 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC . . . . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 457)	
449	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
450	How long after delivery did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 [ ][ ] DAYS . . . . . 2 [ ][ ] WEEKS . . . . . 3 [ ][ ] DON'T KNOW 98	
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 CLINICAL OFFICER . . . . . 12 NURSE/MIDWIFE . . . . . 13 AUXILIARY MIDWIFE . . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
452	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC . . . . . 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC . . . . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the six weeks after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 457) DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
454	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH . . . . . 1 [ ][ ] DAYS AFTER BIRTH . . . . . 2 [ ][ ] WEEKS AFTER BIRTH . . . . . 3 [ ][ ] DON'T KNOW 98	
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON	**HEALTH PERSONNEL** DOCTOR . . . . . 11 CLINICAL OFFICER . . . . . 12 NURSE/MIDWIFE . . . . . 13 AUXILIARY MIDWIFE . . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
456	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC . . . . . 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC . . . . . 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 SPECIFY	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding? f) Checked the mother's temperature? g) Counsel you on birth spacing?	YES NO DK a) CORD . . . . . 1 2 8 b) CHILD TEMP . . 1 2 8 c) SIGNS . . . . . 1 2 8 d) COUNSEL BREAST-FEED . . . . . 1 2 8 e) OBSERVE BREAST-FEED . . . . . 1 2 8 f) MOTH TEMP . . 1 2 8 g) COUNSEL FF . . 1 2 8	
458	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 → (SKIP TO 460) NO . . . . . 2 → (SKIP TO 461)	
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 → (SKIP TO 461)
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . . ☐☐ DON'T KNOW 98
461	For how many months after the birth of (NAME) did you start seeing your husband?	MONTHS . . . . . ☐☐ NOT STARTED . . . . . 95 DON'T KNOW . . . . . 98 NO RESPONSE 99	MONTHS . . . . . ☐☐ NOT STARTED . . . . . 95 DON'T KNOW . . . . . 98 NO RESPONSE 99
462	Did you ever breastfeed (NAME)?	YES . . . . . 1 → (SKIP TO 464) NO 2	YES . . . . . 1 NO 2
463	CHECK 404: IS CHILD LIVING?	LIVING ☐ → (SKIP TO 468) DEAD ☐ → (SKIP TO 469)	
464	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . . 00 HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐	
465	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
466	CHECK 404: IS CHILD LIVING?	LIVING ↓ DEAD → (SKIP TO 468)	LIVING ↓ DEAD → (SKIP TO 468)
467	Are you still breastfeeding (NAME)?	YES . . . . . 1 NO 2	
468	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
469		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2015-2018? ONE OR MORE BIRTHS IN 2015-2018 ☐ NO BIRTHS IN 2015-2018 ☐		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2015-2018. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER . . . . . ☐☐		
503A	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	 → 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER	
508A	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		
509A	CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED?	NO ☐ YES ☐ → 520A	
510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	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) NO . . . . . 2 DON'T KNOW . . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)	

	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)								

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 520A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
513A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 516A
514A	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS . . . . . 1 LATER 2	
515A	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES . . . . . [ ] DON'T KNOW 8	
516A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 518A
517A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . . [ ] DON'T KNOW 8	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER	
518A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 520A
519A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES . . . . . DON'T KNOW 8	
520A	In the last 7 days was (NAME) given:	YES NO DK	
	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?	a) [POWDER/BUSICUIT] 1 2 8	
	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?	b) [PLUMPY'NUT] 1 2 8	
	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	c) [PLUMPY'DOZ] 1 2 8	
521A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018? MORE BIRTHS IN 2015-2018 ☐ NO MORE BIRTHS IN 2015-2018 ☐		→ 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 . . . . . ☐☐		
503B	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 521B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	 → 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER	
508B	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		
509B	CHECK 508B: 'BCG' TO 'MEASLES' ALL RECORDED?	NO ☐ → YES ☐ → 520B	
510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B) NO . . . . . 2 DON'T KNOW . . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B)	

	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)								

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 520B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
513B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?+B188	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 516B
514B	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS . . . . . 1 LATER 2	
515B	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES . . . . . [ ] DON'T KNOW 8	
516B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 518B
517B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . . [ ] DON'T KNOW 8	

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER	
518B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 520B
519B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES . . . . . . DON'T KNOW 8	
520B	In the last 7 days was (NAME) given:	YES NO DK	
	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]?	a) [POWDER] 1 2 8	
	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?	b) [PLUMPY'NUT] 1 2 8	
	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?	c) [PLUMPY'DOZ] 1 2 8	
521B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018?	MORE BIRTHS IN 2015-2018 → (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) NO MORE BIRTHS IN 2015-2018	→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: ONE OR MORE BIRTHS IN 2013-2018 ☐ ↓ NO BIRTHS IN 2013-2018 ☐ → 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 . . . . . ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . . . ☐☐
604	FROM 212 AND 216:	NAME _____ LIVING ☐ ↓ DEAD ☐ (SKIP TO 646)	NAME _____ LIVING ☐ ↓ DEAD ☐ (SKIP TO 646)
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 618) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 618) DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	CHECK 467: CURRENTLY BREASTFEEDING? YES ⚑ / NO/ NOT ASKED ⚑ a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 NOTHING TO DRINK . . . . . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 NOTHING TO DRINK . . . . . 5 DON'T KNOW 8
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . . . . . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . . . . . 6 DON'T KNOW 8
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 615)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 615)

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . A REFERRAL HEALTH CENTRE B MCH/HC . . . . . C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC . . . . . E CHW . . . . . F OTHER PUBLIC SECTOR _____ G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/DOCTOR/ CLINIC . . . . . H PHARMACY . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) **OTHER SOURCE** SHOP . . . . . K TRADITIONAL PRACTITIONER . . . . . L MARKET . . . . . M ITINERANT DRUG SELLER . . . . . N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . A REFERRAL HEALTH CENTRE B MCH/HC . . . . . C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC . . . . . E CHW . . . . . F OTHER PUBLIC SECTOR _____ G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/DOCTOR/ CLINIC . . . . . H PHARMACY . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) **OTHER SOURCE** SHOP . . . . . K TRADITIONAL PRACTITIONER . . . . . L MARKET . . . . . M ITINERANT DRUG SELLER . . . . . N OTHER _____ X (SPECIFY)
613	CHECK 612:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ → (SKIP TO 615)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ → (SKIP TO 615)
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . . ☐	FIRST PLACE . . . . . ☐

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid? d) Zinc tablets or syrup?	YES NO DK a) FLUID FROM ORS PACKET . . 1 2 8 b) ORS LIQUID . . 1 2 8 c) HOMEMADE FLUID . . . . . 1 2 8 d) ZINC 1 2 8	YES NO DK a) FLUID FROM ORS PACKET . . 1 2 8 b) ORS LIQUID . . 1 2 8 c) HOMEMADE FLUID . . . . . 1 2 8 d) ZINC 1 2 8
616	CHECK 615: ANY 'YES' → a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' → 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
617	CHECK 615: ANY 'YES' → a) What else was given to treat the diarrhea? Anything else? ALL 'NO' OR 'DK' → b) What was given to treat the diarrhea? 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 _____ (SPECIFY) X	**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 _____ (SPECIFY) X
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 620) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 620) DON'T KNOW 8
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 623) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 623) DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 624)	CHEST ONLY . . . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 624)
623	CHECK 618: HAD FEVER?	YES NO OR DK (SKIP TO 646)	YES NO OR DK (SKIP TO 646)
624	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 629)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 629)
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . A REFERRAL HEALTH CENTRE B MCH/HC . . . . . C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC . . . . . E CHW . . . . . F OTHER PUBLIC SECTOR _____ G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/DOCTOR/ CLINIC . . . . . H PHARMACY . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) **OTHER SOURCE** SHOP . . . . . K TRADITIONAL PRACTITIONER . . . . . L MARKET . . . . . M KORAN . . . . . N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . A REFERRAL HEALTH CENTRE B MCH/HC . . . . . C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC . . . . . E CHW . . . . . F OTHER PUBLIC SECTOR _____ G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/DOCTOR/ CLINIC . . . . . H PHARMACY . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) **OTHER SOURCE** SHOP . . . . . K TRADITIONAL PRACTITIONER . . . . . L MARKET . . . . . M KORAN . . . . . N OTHER _____ X (SPECIFY)
626	CHECK 625:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 628)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 628)

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE	FIRST PLACE . . . . .
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS	DAYS . . . . .
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 646) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 646) DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** ARTEMISININ COMBINATION THERAPY (ACT)/ AL . . . . . A SP/FANSIDAR . . . . . B CHLOROQUINE . . . . . C AMODIAQUINE . . . . . D QUININE PILLS . . . . . E INJECTION/IV . . . . . F ARTESUNATE RECTAL . . . . . G INJECTION/IV . . . . . H OTHER ANTIMALARIAL _____ I (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . . . J INJECTION/IV . . . . . K **OTHER DRUGS** ASPIRIN . . . . . L PANADOL/PARACETAMOL . . M IBUPROFEN . . . . . N OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	**ANTIMALARIAL DRUGS** ARTEMISININ COMBINATION THERAPY (ACT)/ AL . . . . . A SP/FANSIDAR . . . . . B CHLOROQUINE . . . . . C AMODIAQUINE . . . . . D QUININE PILLS . . . . . E INJECTION/IV . . . . . F ARTESUNATE RECTAL . . . . . G INJECTION/IV . . . . . H OTHER ANTIMALARIAL _____ I (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . . . J INJECTION/IV . . . . . K **OTHER DRUGS** ASPIRIN . . . . . L PANADOL/PARACETAMOL . . M IBUPROFEN . . . . . N OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
631	CHECK 630: ANY CODE A-I CIRCLED?	YES NO (SKIP TO 646)	YES NO (SKIP TO 646)

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED → (SKIP TO 634) CODE 'A' NOT CIRCLED → (SKIP TO 634)	CODE 'A' CIRCLED → (SKIP TO 634) CODE 'A' NOT CIRCLED → (SKIP TO 634)
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8
634	CHECK 630: SP/FANSIDAR ('B') GIVEN	CODE 'B' CIRCLED → (SKIP TO 636) CODE 'B' NOT CIRCLED → (SKIP TO 636)	CODE 'B' CIRCLED → (SKIP TO 636) CODE 'B' NOT CIRCLED → (SKIP TO 636)
635	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8
636	CHECK 630: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED → (SKIP TO 638) CODE 'C' NOT CIRCLED → (SKIP TO 638)	CODE 'C' CIRCLED → (SKIP TO 638) CODE 'C' NOT CIRCLED → (SKIP TO 638)
637	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8
638	CHECK 630: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED → (SKIP TO 640) CODE 'D' NOT CIRCLED → (SKIP TO 640)	CODE 'D' CIRCLED → (SKIP TO 640) CODE 'D' NOT CIRCLED → (SKIP TO 640)
639	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED CODE 'E' OR 'F' NOT CIRCLED → (SKIP TO 642)	CODE 'E' OR 'F' CIRCLED CODE 'E' OR 'F' NOT CIRCLED → (SKIP TO 642)
641	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8
642	CHECK 630: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED CODE 'G' OR 'H' NOT CIRCLED → (SKIP TO 644)	CODE 'G' OR 'H' CIRCLED CODE 'G' OR 'H' NOT CIRCLED → (SKIP TO 644)
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8
644	CHECK 630: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED CODE 'I' NOT CIRCLED → (SKIP TO 646)	CODE 'I' CIRCLED CODE 'I' NOT CIRCLED → (SKIP TO 646)
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a) AND 615(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ →		649
648	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET OR PRE-PACKAGED ORS LIQUID] you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2016-2018 LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ NONE ☐ →		701
	(NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth (soup)?	c) 1 2 8	
	d) Canned/powdered livestock milk? IF YES: How many times did (NAME) drink canned/powdered milk? IF 7 OR MORE TIMES, RECORD '7'.	d) . . . . . 1 2 8 NUMBER OF TIMES DRANK CANNED/ ☐	
	e) Fresh livestock milk?? IF YES: How many times did (NAME) drink fresh milk? IF 7 OR MORE TIMES, RECORD '7'.	e) . . . . . 1 2 8 NUMBER OF TIMES DRANK ☐	
	f) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	f) . . . . . 1 2 8 NUMBER OF TIMES DRANK ☐	
	g) Any other liquids?	g) 1 2 8	
	h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	h) . . . . . 1 2 8 NUMBER OF TIMES ATE ☐	
	i) Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]?	i) 1 2 8	
	j) Bread, dough, pancake, rice, noodles, porridge, or other foods made from grains?	j) 1 2 8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k) 1 2 8	
	l) White potatoes, white yams, manioc/cassava, or 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" ☐ ↓ AT LEAST ONE 'YES' ☐ →		653

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . . 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 226: PREGNANT ☐ ↓	NOT PREGNANT OR UNSURE ☐ →	→ 703
702	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 704 → 710
703	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 706 → 711 → 709
704	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ a) How long would you like to wait from now before the birth of (a/another) child?	PREGNANT ☐ ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT . . . . . 994 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 709 → 711 → 709
705	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓	PREGNANT ☐ →	→ 710
706	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ ↓	CURRENTLY USING ☐ →	→ 711
707	CHECK 704: '24' OR MORE MONTHS OR '02' OR MORE YEARS ☐ ↓	NOT ASKED ☐ ↓ '00-23' MONTHS OR '00-01' YEAR ☐ →	→ 711

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	CHECK 703 & 704: WANTS TO WAIT SOMETIME BEFORE A/ANOTHER CHILD → a) You have said that you would like to wait for sometime before you get another child. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? WANTS NO MORE/ NONE → b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A **FERTILITY-RELATED REASONS** NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . . . . . D CAN'T GET PREGNANT . . . . . E NOT MENSTRUATED SINCE LAST BIRTH . . . . . F BREASTFEEDING . . . . . G UP TO GOD/FATALISTIC . . . . . H **OPPOSITION TO USE** RESPONDENT OPPOSED . . . . . I HUSBAND OPPOSED . . . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N **METHOD-RELATED REASONS** SIDE EFFECTS/HEALTH CONCERNS . . . . . O LACK OF ACCESS/TOO FAR . . . . . P COSTS TOO MUCH . . . . . Q PREFERRED METHOD NOT AVAILABLE . . . . . R NO METHOD AVAILABLE . . . . . S INCONVENIENT TO USE . . . . . T INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . U OTHER _____ (SPECIFY) X DON'T KNOW . . . . . Z	
709	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED ↓ / NO, NOT CURRENTLY USING ↓ / YES, CURRENTLY USING →		711
710	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
711	CHECK 216: HAS LIVING CHILDREN → a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN → b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 → 713 NUMBER . . . . . ☐☐ OTHER _____ (SPECIFY) 96 → 713	
712	How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ (SPECIFY) 96	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	In the last three months have you:	YES NO	
	a) Heard about birth spacing on the radio?	a) RADIO 1 2	
	b) Seen anything about birth spacing on the television?	b) TELEVISION 1 2	
	c) Read about birth spacing in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE 1 2	
	d) Received a voice or text message about birth spacing on a mobile phone?	d) MOBILE PHONE 1 2	
	e) Have you read about birth spacing on internet or social media?	e) SOCIAL MEDIA 1 2	
	f) Have you heard about birth spacing from a health care worker/in the health facility?	f) HCWs/HF 1 2	
714	CHECK 303: USING A CONTRACEPTIVE METHOD?	CURRENTLY USING → NOT CURRENTLY USING → 716; NOT ASKED → 717	
715	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 717
716	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
717	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 119 & 120: CURRENTLY MARRIED ☐ ↓ NOT IN UNION ☐	→ 809
802	How old was your husband on his last birthday? IF 95 OR MORE, RECORD '95'	AGE IN COMPLETED YEARS ..... ☐☐ DON'T KNOW AGE 98	
803	Did your husband ever attend school?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW 8	→ 806
805	What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] ..... ☐☐ DON'T KNOW 98	
806	Has your husband done any work in the last 7 days?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 808
807	Has your husband done any work in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 809
808	What is your husband's occupation? That is, what kind of work does he mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ ☐☐ _____	
809	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO 2	→ 813
810	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or look after animals or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO 2	→ 813
811	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES ..... 1 NO 2	→ 813
812	Have you done any work in the last 12 months?	YES ..... 1 NO 2	→ 817
813	What is your main occupation? That is, what kind of work do you mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ ☐☐ _____	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . . . . . 2 ONCE IN A WHILE 3	
816	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
817	CHECK119&120: CURRENTLY MARRIED ☐ ↓ NOT IN UNION ☐ →		825
818	CHECK 816: CODE '1' OR '2' CIRCLED ☐ ↓ OTHER ☐ →		821
819	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT . . . . . 1 HUSBAND . . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . . 3 OTHER _____ 6 (SPECIFY)	
820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 822
821	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT . . . . . 1 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 JOINTL` . . . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
825	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	→ 828
826	Do you have a title deed for any house you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 828
827	Is your name on the title deed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
828	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	→ 901
829	Do you have a title deed for any land you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 901
830	Is your name on the title deed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES . . . . . 1 NO 2	→ 918
902	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected wives who has no other wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get HIV by sharing food with a person who has HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BREASTFEEDING 1 2 8	
909	CHECK 908: AT LEAST ONE 'YES' ↓ ☐ OTHER ☐ → 911		
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
911	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
912	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
913	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
914	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
915	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
916	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
917	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . . 1 NO . . . . . 2 SAYS SHE HAS HIV . . . . . 3 DON'T KNOW/NOT SURE/DEPENDS 8	

SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	CHECK 901: HEARD ABOUT HIV OR AIDS → a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS → b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
919	CHECK 918: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO → 926		
920	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
921	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
922	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
923	CHECK 920, 921, AND 922: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW → 926		
924	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or treatment?	YES . . . . . 1 NO . . . . . 2 → 926	
925	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A REFERRAL HEALTH CENTRE . . . . . B MCH/HC . . . . . C PRIMARY HEALTH UNIT (PHU . . . . . D MOBILE CLINIC . . . . . E OTHER PUBLIC SECTOR _____ (SPECIFY) F **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/DOCTOR/ CLINIC . . . . . G PHARMACY . . . . . H OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) I **OTHER SOURCE** SHOP . . . . . J OTHER _____ (SPECIFY) X	
926	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . . [ ][ ] NONE 00	→ 1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . . [ ][ ] NONE 00	→ 1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 1006
1005	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . . [ ][ ]	
1006	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 1008
1007	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS . . . . . A PIPES FULL OF TOBACCO . . . . . B CIGARS, CHEROOTS, OR CIGARILLOS . . . . . C WATER PIPE . . . . . D SNUFF BY MOUTH . . . . . E SNUFF BY NOSE . . . . . F CHEWING TOBACCO . . . . . G BETEL QUID WITH TOBACCO . . . . . H OTHER _____ X (SPECIFY)	
1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG 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	

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	
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 . . . . . [ ][ ] 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 ↓ HAS NO LIVING DAUGHTERS BORN IN 2006 OR LATER →		→ 1116

SECTION 11. FEMALE CIRCUMCISION

1109	CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 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 . . ☐☐ NAME ________	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER . . ☐☐ NAME ________	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER . . ☐☐ NAME ________
1112	Is (NAME OF DAUGHTER) circumcised?	YES .... 1 NO .... 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES .... 1 NO .... 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES .... 1 NO .... 2 (GO TO 1112 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1113	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN RECORD '00' IF LESS THAN A YEAR	AGE IN COMPLE-TED YRS . . ☐☐ DON'T KNOW 98	AGE IN COMPLE-TED YRS . . ☐☐ DON'T KNOW 98	AGE IN COMPLE-TED YRS . . ☐☐ DON'T KNOW 98
1114	Was her genital area sewn closed?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
1115	Who performed the circumcision?	**TRADITIONAL** TRADITIONAL CIRCUMCISER . . 11 TRAD. BIRTH ATTENDANT . . 12 OTHER TRAD. ________ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR .... 21 CLINICAL OFFICER . . 22 NURSE/MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL ________ 26 (SPECIFY) DON'T KNOW 98	**TRADITIONAL** TRADITIONAL CIRCUMCISER . . 11 TRAD. BIRTH ATTENDANT . . 12 OTHER TRAD. ________ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR .... 21 CLINICAL OFFICER . . 22 NURSE/MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL ________ 26 (SPECIFY) DON'T KNOW 98	**TRADITIONAL** TRADITIONAL CIRCUMCISER . . 11 TRAD. BIRTH ATTENDANT . . 12 OTHER TRAD. ________ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR .... 21 CLINICAL OFFICER . . 22 NURSE/MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL ________ 26 (SPECIFY) DON'T KNOW 98
1115		GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO TO 1111 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1116	Do you believe that female circumcision is required by your religion?	YES .... 1 NO .... 2 DON'T KNOW 8		
1117	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED .... 1 STOPPED .... 2 DEPENDS .... 3 DON'T KNOW 8		

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SECTION 12. MATERNAL DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER	
1202	CHECK 1201: TWO OR MORE BIRTHS ☐ ↓ ; ONLT ONE BIRTH (RESPONDENT ONLY) ☐ →		1301
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

NO.	QUESTIONS AND FILTERS	(1)	(2)	(3)	(4)	(5)	(6)	SKIP
1204	What was the name given to your (oldest/ next oldest) brother or sister?	_____	_____	_____	_____	_____	_____	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 2)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 3)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 4)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 5)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 6)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 7)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	☐☐ (GO TO 2)	☐☐ (GO TO 3)	☐☐ (GO TO 4)	☐☐ (GO TO 5)	☐☐ (GO TO 6)	☐☐ (GO TO 7)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1209	How old was (NAME) when (he/she) died?	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 2)	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 3)	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 6)	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO	
1210	Was (NAME) pregnant when she died?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1211	Did (NAME) die during childbirth?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	

1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 8)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 9)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 10)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 11)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 12)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 13)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	☐☐ (GO TO 8)	☐☐ (GO TO 9)	☐☐ (GO TO 10)	☐☐ (GO TO 11)	☐☐ (GO TO 12)	☐☐ (GO TO 13)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1209	How old was (NAME) when (he/she) died?	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 10)	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 11)	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 13)	
1210	Was (NAME) pregnant when she died?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	

1211	Did (NAME) die during childbirth?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							

SECTION 13. GENDER BASED VIOLENCE (GBV)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 ↓ PRIVACY NOT POSSIBLE . . . . . 2 →		1331
1302	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in in your country. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1303	First I am going to ask you about your understanding of domestic violence.What does domestic violence mean to you? Does it mean: a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Forced labour? k) Other	YES NO DK ABUSE . . . . . 1 2 8 HH DECISION . . . . . 1 2 8 CHILDREN DECISION . . 1 2 8 BETTER TREATMENT . . 1 2 8 NO LIVING COSTS . . . . . 1 2 8 EDU DENIAL . . . . . 1 2 8 FORCED MARRIAGI . . . . . 1 2 8 RAPE . . . . . 1 2 8 SEX HARASSMENT . . . . . 1 2 8 FORCED LABOUR . . . . . 1 2 8 OTHER _____ 1 2 (SPECIFY)	
1304	Who is the person who commits the most violent acts against women in the community?	HUSBAND . . . . . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHEF . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F IN-LAWS . . . . . G TEACHER . . . . . H EMPLOYER/SOMEONE AT WORK . . . . . I POLICE/SOLDIER . . . . . J OTHER _____ K (SPECIFY)	
1305	Where do most violent acts take place?	AT HOME . . . . . 1 WORKPLACE . . . . . 2 STREET . . . . . 3 SCHOOL . . . . . 4 WATER POINT . . . . . 5 RURAL/GRAZING AREAS . . . . . 6 MARKET PLACE . . . . . 7 NEIGHBOURHOOD . . . . . 9 OTHER _____ 96 (SPECIFY)	
1306	CHECK 119 & 120 CURRENTLY MARRIED OR DIVORCED/ABANDONED ↓ WIDOWED →		1318
1307	In your opinion, is a husband justified in hitting or beating his wife in the following situations: 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?	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	

1308 Now, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your current (former) husband?

	YES	NO	DK
a) He (is/was) jealous or angry if you (talk/talked) to other men? JEALOUS	1	2	8
b) He frequently (accuses/accused) you of being unfaithful? ACCUSES	1	2	8
c) He (does/did) not permit you to meet your female friends? NOT MEET FRIENDS . .	1	2	8
d) He (tries/tried) to limit your contact with your family? NO FAMILY	1	2	8
e) He (insists/insisted) on knowing where you (are/were) at all times? WHERE YOU ARE	1	2	8

1309 Now I need to ask some more questions about your relationship

A. Did your (last) husband ever:	EVER		B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES	1 →	1	2	3
	NO	2 ↓			
b) threaten to hurt or harm you or someone you care about?	YES	1 →	1	2	3
	NO	2 ↓			
c) insult you or make you feel bad about yourself?	YES	1 →	1	2	3
	NO	2 ↓			

1310 A. Did your (last) husband ever do any of the following things to you:

B. How often did this happen during the last 12 months: often, only sometimes, or not at all?

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) slap you, push you, shake you, or throw something at you?	YES	1 →	1	2	3
	NO	2 ↓			
b) twist your arm or pull your hair?	YES	1 →	1	2	3
	NO	2 ↓			
c) punch you with his fist or with something that could hurt you?	YES	1 →	1	2	3
	NO	2 ↓			
d) kick you, drag you, or beat you up?	YES	1 →	1	2	3
	NO	2 ↓			
e) try to choke you or burn you on purpose?	YES	1 →	1	2	3
	NO	2 ↓			
f) threaten or attack you with a knife, gun, or other weapon?	YES	1 →	1	2	3
	NO	2 ↓			
g) physically force you to have sexual intercourse with him when you did not	YES	1 →	1	2	3
	NO	2 ↓			

1311	CHECK 1310 (a-g): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ → 1314		
1312	How long after you first got married with your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... ☐☐ BEFORE MARRIAGE 95	
1313	Did the following ever happen as a result of what your (last) husband did to you:		
	a) You had cuts, bruises, or aches?	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 THAN ONCE ☐ ↓ MARRIED ONCE ☐ → 1318		
	A. So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.	B. How long ago did this last happen?	
		EVER / 0 - 11 MONTHS AGO / 12+ MONTHS AGO / DON'T REMEMBER	
	a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → 1 / 2 / 3 NO 2 ↓	
	b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 → 1 / 2 / 3 NO 2 ↓	
1318	CHECK119 &120: CURRENTLY MARRIED ☐ ↓ NOT IN UNION ☐ ↓		
	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?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3 → 1321	
	b) From the time you were 12 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?		

1319	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E MOTHER-IN-LAW . . . . . F FATHER-IN-LAW . . . . . G OTHER IN-LAW . . . . . H NEIGHBOUR . . . . . I TEACHER . . . . . J EMPLOYER/SOMEONE AT WORK . . . . . K POLICE/SOLDIER . . . . . L MILITIA/GANGS . . . . . M OTHER _____ X (SPECIFY)	
1320	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1321	CHECK 201, 226, AND 230: EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 230)	NEVER BEEN PREGNANT → 1324	
1322	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO . . . . . 2 → 1324	
1323	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAN . . . . . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHEF . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBANC . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J NEIGHBOUR . K TEACHER . L EMPLOYER/SOMEONE AT WORK . . . . . M POLICE/SOLDIER . . . . . N MILITIA/GANGS . . . . . O OTHER _____ X (SPECIFY)	

1324	CHECK119&120: CURRENTLY MARRIED ☐ → a) In the last 12 months, has anyone raped you? NOT IN UNION ☐ → b) In the last 12 months has anyone physically forced you to have sexual intercourse?	YES . . . . . 1 NO 2	→ 1326
1325	CHECK 1310 (a-g) and 1317 (a,b), 1322: AT LEAST ONE 'YES' ☐	NOT A SINGLE 'YES' ☐	→ 1329
1326	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . . 1 NO 2	→ 1329
1327	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND'S 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?		YES, ONCE	YES, MORE THAN ONCE	NO
		HUSBAND	1	2	3
		OTHER MALE ADULT	1	2	3
		FEMALE ADULT	1	2	3
1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.				
1331	RECORD THE TIME YOU END THE INTERVIEW.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

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
0	08	AUG	05			0
1	07	JUL	06			1
8	06	JUN	07			8
	05	MAY	08			
	04	APR	09			
(1)	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
2	09	SEP	16			2
0	08	AUG	17			0
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			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
2	09	SEP	28			2
0	08	AUG	29			0
1	07	JUL	30			1
6	06	JUN	31			6
	05	MAY	32			
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
2	09	SEP	40			2
0	08	AUG	41			0
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			
	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			
	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

SHDS SOMALI HEALTH & DEMOGRAPHIC SURVEY 2017-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER | REG. CODE | DIST CODE | EA CODE | HH SERIAL NO. | INTERVIEWER NO.

NEVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION

	NAME	CODE
REGION		
PRE-WAR NAME OF THE DISTRICT		
CURRENT NAME OF THE DISTRICT		
SETTLEMENT		
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)		
EA CODE		
HOUSEHOLD SERIAL NUMBER IN THE EA		

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 OTHER _____ SPECIFY

LANGUAGE OF QUESTIONNAIRE** 01 | LANGUAGE OF INTERVIEW** | NATIVE LANGUAGE OF RESPONDENT**

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES: 01 ENGLISH; 02 SOMALI; 03 LANGUAGE _____ SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 45 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . . ☐☐	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	KORANIC . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER 4	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] . . . . . ☐☐	
107	CHECK 105: KORANIC, PRIMARY OR SECONDARY ☐ ↓ HIGHER ☐ →		110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PART OF THE SENTENCE . . . . . 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: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' CIRCLED ☐ → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES . . . . . 1 NO 2	
114	Do you use a mobile phone for any financial transactions?	YES . . . . . 1 NO 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . . 1 NO 2	
116	Have you ever used the internet?	YES . . . . . 1 NO 2	→ 201
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . . 1 NO 2	→ 201
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	

SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES . . . . . 1 NO 2	→ 218
202	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected spouse who has no other relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
203	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
205	Can people get HIV by sharing food with a person who has HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
206	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
207	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
208	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BREASTFEEDING 1 2 8	
209	CHECK 208: AT LEAST ONE 'YES' ☐ ↓ OTHER ☐		→ 211
210	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
211	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
212	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
213	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
214	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
215	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
216	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
217	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . . 1 NO . . . . . 2 SAYS SHE HAS HIV . . . . . 3 DON'T KNOW/NOT SURE/DEPENDS 8	

SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
218	CHECK 201: HEARD ABOUT HIV OR AIDS → a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS → b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
219	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
220	Have you received the following immunizations?	YES NO DK	
	a) Flu (Influenza)?	a) FLU 1 2 8	
	b) Tetanus, diphtheria, pertussis?	b) TDAP 1 2 8	
	c) HPV (Human papillomavirus)?	c) HPV 1 2 8	
	d) Meningococcal?	b) MENENGITIS 1 2 8	
	e) Pneumococcal?	c) PNEUMONIA 1 2 8	
	f) Hepatitis A	c) HEPATITIS A 1 2 8	
	g) Hepatitis B	c) HEPATITIS B 1 2 8	
	h) Polio?	c) POLIC 1 2 8	
	i) Measles	c) MEASLES 1 2 8	
	j) Chickenpox (varicella)	c) CHICKENPOX 1 2 8	

SECTION 3. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES . . . . . 1 NO 2	→ 303
302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES . . . . . 1 NO 2	→ 401
303	Have you yourself ever been circumcised?	YES . . . . . 1 NO 2	→ 308
304	What type of circumcision did you undergo?	SUNN . . . . . 1 INTERMEDIATE . . . . . 2 PHARAONIC . . . . . 3 DON'T KNOW 8	
305	Please describe what was exactly done a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it.	YES NO DK TYPE I . . . . . 1 2 8 TYPE II . . . . . 1 2 8 TYPE III . . . . . 1 2 8 TYPE IV 1 2 8	
306	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . . . . [ ][ ] AS A BABY/DURING INFANCY . . . . . 95 DON'T KNOW 98	
307	Who performed the circumcision?	**TRADITIONAL** TRAD. CIRCUMCISER . . . . . 11 TRAD. BIRTH ATTENDANT . . . . . 12 OTHER TRAD. _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . . . . 21 NURSE/MIDWIFE . . . . . 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
308	Do you believe that female circumcision is required by your religion?	YES . . . . . 1 NO . . . . . 2 NO RELIGION . . . . . 3 DON'T KNOW 8	
309	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . . 1 STOPPED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
310	If you get married and give birth to girls in the future, would you want them to be circumcized?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	

SECTION 4. VIOLENCE AGAINST WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I am going to ask you about your understanding of domestic violence.What does domestic violence mean do you? Does it mean:	YES NO DK	
	a) Physical abuse?	ABUSE 1 2 8	
	b) No participation in decision-making for household?	HH DECISIOI 1 2 8	
	c) No participation in decision-making for children?	CHILDREN DECISIC 1 2 8	
	d) Better treatment of males than females?	BETTER TREATMENT . . 1 2 8	
	e) Failing to meet basic living costs?	NO LIVING COSTS 1 2 8	
	f) Denial of education?	EDU DENIAL 1 2 8	
	g) Forced marriage?	FORCED MARRIAG 1 2 8	
	h) Rape?	RAPE 1 2 8	
	i) Sexual harassment?	SEX HARASSMENT 1 2 8	
	j) Denial of inheritance?	INHERITANCE 1 2 8	
	k) Other	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:	YES NO DK	
	a) If she goes out without telling him?	GOES OUT 1 2 8	
	b) If she neglects the children?	NEGL. CHILDREN 1 2 8	
	c) If she neglects household duties including cooking?	NEGL. OTHER HH DUTIES 1 2 8	
	d) If she argues with him?	ARGUES 1 2 8	
	e) If she wastes resources?	WASTE RESOURCES . . 1 2 8	
	f) If she does not respect his family?	NOT RESP. FAMILY 1 2 8	
407	A. Has anyone ever done any of the following things to you, while you were at the water point, grazing areas, at the school, at the house, at work, ETC :	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) was slapped, pushed, shaken, or thrown something at?	YES 1 NO 2	→ 1	2	3

	b) twisted your arm or pulled your hair?	YES 1 NO 2	1 2 3	
	c) punched you with fist or with something that could hurt you?	YES 1 NO 2	1 2 3	
	d) kicked, dragged, or beat you up?	YES 1 NO 2	1 2 3	
	e) choked or burned you on purpose?	YES 1 NO 2	1 2 3	
	f) threatened or attacked you with a knife, gun, or other weapon?	YES 1 NO 2	1 2 3	
408	CHECK 407 a-f: AT LEAST ONE 'YES' ☐ ALL 'NO' ☐ → 501			
	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.		MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C NIECE/NEPHEW . . . . . D OTHER RELATIVE . . . . . E NEIGHBOUR . . . . . H TEACHER . . . . . I EMPLOYER/SOMEONE AT WOR . . . . J POLICE/SOLDIER . . . . . K MILITIA/GANGS . . . . . L OTHER _____ X (SPECIFY)	
409	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?		OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	

SECTION 5. ILLEGAL MIGRATION (TAHRIB)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now, I would like to discuss illegal immigration among the youth in your community and its impact. Have you ever tried to migrate to another country using illegal means?	YES . . . . . 1 NO 2	→ 507
502	Did you reach your desired desination?	YES . . . . . 1 NO 2	→ 504
503	What means of transportation did you use to reach your destination during your last such attempt?	ON FOOT . . . . . 1 LAND TRANSPORT . . . . . 2 AIR TRANSPOR . . . . . 3 MARITIME TRANSPOR 4	
504	Did you experience any violence on your way?	YES . . . . . 1 NO 2	→ 506
505	What kind of violence did you experience?	PHYSICAL VIOLENCE . . . . . 1 SEXUAL VIOLENCE . . . . . 2 CAPTIVITY . . . . . 3 RANSOM DEMAND . . . . . 4 ROBBERY . . . . . 5 VERBAL ABUSE . . . . . 6 WATER STORMS/WAVES . . . . . 7 OTHER _____ 96 (SPECIFY)	
506	What motivated you to take the decision to migrate?	UNEMPLOYMENT . . . . . 1 LOW PAY/INCOME SEARCH FOR BETTER OPPORTUNITIES 2 POOR QUALITY OF EDUCATION . . . . . 3 INSECURITY . . . . . 4 POVERTY . . . . . 5 HOPELESSNESS . . . . . 6 LONELINESS . . . . . 7 INEQUALITY/SOCIAL EXCLUSIO . . . . . 8 PEER INFLUENCE . . . . . 9 SOCIAL MEDIA INTERACTIONS/ POSTS . . . . . 10 OTHER _____ 96 (SPECIFY)	
507	Do you know any of your peers who lost their lives due to illegal migration?	YES . . . . . 1 NO 2	
508	What can be done to address the problem of illegal migration/tahrib?	JOB CREATION . . . . . 1 BETTER PAYING JOBS . . . . . 2 BUSINESS OPPORTUNITIES . . . . . 3 GRANTS & CREDIT FACILITIE . . . . . 4 AWARENESS CREATION . . . . . 5 STATE RECONSTRUCTIO . . . . . 6 LAW ENFORCEMENT . . . . . 7 OTHER _____ 96 (SPECIFY)	
509	RECORD THE TIME YOU END THE INTERVIEW.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

Maternal Mortality Questionnaire

SHDS SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER | REG. CODE | DIST CODE | SETTLEMENT/TOWN | EA CODE | HH SERIAL | ENUMERATOR NO.

MATERNAL MORTALITY QUESTIONNAIRE

IDENTIFICATION

NAME	CODE
REGION	
PRE-WAR NAME OF THE DISTRICT	
CURRENT NAME OF THE DISTRICT	
SETTLEMENT/TOWN	
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	
EA CODE	
HOUSEHOLD SERIAL NUMBER IN THE EA	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TI
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 PARTIALY COMPLETED
96 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** | NATIVE LANGUAGE OF RESPONDENT**

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES:
01 ENGLISH
02 SOMALI
03 OTHER _____ (SPECIFY)

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

MMR-1

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

100	RECORD THE START TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐

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? M F 1 2	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? YES NO 1 2 → NEXT LINE	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'. MALE FEMALE
01			1 2	IN YEARS		IN YEARS	1 2 → NEXT LINE	
02			1 2				1 2 → NEXT LINE	
03			1 2				1 2 → NEXT LINE	
04			1 2				1 2 → NEXT LINE	
05			1 2				1 2 → NEXT LINE	
06			1 2				1 2 → NEXT LINE	
07			1 2				1 2 → NEXT LINE	
08			1 2				1 2 → NEXT LINE	
09			1 2				1 2 → NEXT LINE	
10			1 2				1 2 → NEXT LINE	

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NEPHEW/NIECE
10 = BROTHER/SISTER-IN-LAW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

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			M F 1 2	IN YEARS		IN YEARS	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE
12			1 2				1 2 ↓ NEXT LINE	
13			1 2				1 2 ↓ NEXT LINE	
14			1 2				1 2 ↓ NEXT LINE	
15			1 2				1 2 ↓ NEXT LINE	
16			1 2				1 2 ↓ NEXT LINE	
17			1 2				1 2 ↓ NEXT LINE	
18			1 2				1 2 ↓ NEXT LINE	
19			1 2				1 2 ↓ NEXT LINE	
20			1 2				1 2 ↓ NEXT LINE	

TICK HERE IF CONTINUATION SHEET USED ☐

1A)	Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES NO ☐
1B)	Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES NO ☐

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NEPHEW/NIECE
10 = BROTHER/SISTER-IN-LAW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

SECTION 2. DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Have you lost any member of the household in the past two years (24 months)?	YES ..... 1 NO 2	→ END

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

LINE NO.	202	203	204	205	206	207	208	209	210
		NAME OF DECEASED MEMBER OF HOUSEHOLD	SEX OF DECEASED HOUSEHOLD MEMBER	AGE AT DEATH OF HOUSEHOLD MEMBER	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?
		What was the name of the deceased family member? RECORD ONLY ONE NAME	Was (NAME) Male or Female? 1 = MALE 2 = FEMALE	How old was (NAME) he/she when she died? RECORD AGE IN COMPLETED YEARS WRITE "00" IF < 1 YEAR IF 95 OR MORE, RECORD '95'.			PROBE FOR APPROX 40 DAYS BIRTH CELEB-RATION		CHECK ALL THAT APPLY
	01				YES 1 → GO TO 209 NO 2	YES 1 → GO TO 209 NO 2	YES 1 ↓ NEXT LINE NO 2 ↓ NEXT LINE	YES 1 ↓ NEXT LINE NO 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 → GO TO 209 2	1 → GO TO 209 2	1 ↓ NEXT LINE 2 ↓ NEXT LINE	1 ↓ NEXT LINE 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 → GO TO 209 2	1 → GO TO 209 2	1 ↓ NEXT LINE 2 ↓ NEXT LINE	1 ↓ NEXT LINE 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 → GO TO 209 2	1 → GO TO 209 2	1 ↓ NEXT LINE 2 ↓ NEXT LINE	1 ↓ NEXT LINE 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 → GO TO 209 2	1 → GO TO 209 2	1 ↓ NEXT LINE 2 ↓ NEXT LINE	1 ↓ NEXT LINE 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)

Y N DK (1 2 8)

CK HERE IF CONTINUATION SHEET USED ☐

RECORD THE END TIME. HOURS .....
MINUTES .....

UNFPA

FORMIN.FINLAND.FI
MINISTRY FOR FOREIGN AFFAIRS OF FINLAND

SWEDEN

UKaid
from the British people

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

REPVBBLICA ITALIANA

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC