



The Somaliland Health and Demographic Survey 2020



SLHDS
2020



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Suggested citation:

Central Statistics Department, Ministry of Planning and National Development, Somaliland Government. *The Somaliland Health and Demographic Survey 2020.*

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This report was produced by the Somaliland government, with support from the United Nations Population Fund and key donors.



The Somaliland Health and Demographic Survey 2020



With technical support from:



With financial contribution from:



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Confederazione Svizzera
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**Swiss Agency for Development
and Cooperation SDC**



Foreword

We are pleased to present the results of Somaliland Health and Demographic Survey (SLHDS). The Government of Somaliland, through the Central Statistics Department at the Ministry of Planning and National Development (MoNPD) and the Ministry of Health Development (MoHD) conducted the 2020 Somaliland Health and Demographic Survey (SLHDS) together with UNFPA and its cooperating partners.

This study is the first Demographic and Health type of survey in Somaliland. The SLHDS provides an opportunity to inform policy and provide data for planning, implementation, monitoring and evaluation of national health programmes. It is designed to provide up-to-date information on health indicators, including fertility levels, fertility preferences, awareness and use of birth spacing methods, breastfeeding practices, nutritional status of children, adult and maternal mortality, maternal and child health, chronic diseases, awareness and behaviours regarding HIV/AIDS and other sexually transmitted infections. It also provides important information on women empowerment, Gender-Based Violence (GBV) and other vital socio-economic characteristics.

The Government of Somaliland wishes to express its appreciation to those involved in implementing the 2020 SLHDS through financial and technical support.

Firstly, the support and technical guidance from UNFPA particularly the training of fieldwork staff, consultations, recommendations, and analyses of the data collected has been tremendous. Because of this, Somaliland now has a legacy of information and skilled statistical staff who are able to lay a strong foundation of statistics for our future generations.

Secondly, the Foreign, Commonwealth and Development Office (FCDO) formerly UK Department for International Development (DFID), the Government of Sweden, the Government of Finland, the Government of Italy, the Italian Agency for Development Cooperation (AICS), the Swiss Agency for Development and Cooperation for their generous contributions, which have created a product that will help turn the aspirations of the Somaliland citizens to reality.

Finally, the survey would not have been possible without the excellent work and dedication of the project staff at various levels. In particular, we wish to express our appreciation to the supervisors, interviewers, technicians and drivers for their active participation and contribution to this work.

Above all, we appreciate the cooperation of all survey respondents countrywide who have made the 2020 SLHDS a success.



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Acknowledgements

The Somaliland Health and Demographic Survey (SLHDS) was achieved with the contributions, commitment and dedication of several organisations and individuals.

The statistical teams within the Central Statistics Department of the Ministry of Planning and National Development in partnership with the Ministry of Health Development professionals were instrumental in ensuring all stages of the survey were carried out with attention to detail. In their quest for reliable, timely and accurate data for better planning and policymaking, the following experts steered all technical processes for the SLHDS: Mubarik Abdilahi Ibrahim, Director General of Ministry of Planning and National Development, Dr. Mohamed Abdi Hergeye, Director General of Ministry of Health Development, Mr. Abdirashid Ibrahim Sheikh Abdirahman, former Director General of Ministry of Planning, Muna Ahmed Abdi, Director of Statistics, Hassan Abdilahi Jama, former Director of Statistics. Saeed Mohamoud Director of Planning, Policy and Strategic Information, Osman Hussein Warsame (SLHDS Coordinator), Mohamed Abdi Hussein (Deputy SLHDS Coordinator), Khadar Mohamed Gahayr (Technical Lead), AhmedNasir Abdi Mahamoud (Data Manager), Omar Ahmed Mohamed (Field Coordinator), Muhiyadin Aden Abdilahi (Statistician), Hussein Abdilahi Suleiman (Data Quality Coordination), Hussien Mohamed Abdullahi (GIS).

We would like to express our sincere appreciation to the United Nations Population Fund (UNFPA) for their technical guidance and for ensuring our teams developed their capacity and skills in several areas. The Foreign, Commonwealth and Development Office (FCDO) formerly United Kingdom Department for International Development (DfID), 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 provided key financial support that went into creating a legacy for the country – data and skilled personnel.

This survey would not have been fulfilled without the support and leadership of Anders Thomsen (Representative, UNFPA

Somalia and Somaliland), as well as Walter Mendonça Filho (Deputy Representative, UNFPA Somalia and Somaliland) and Pedro Roballo (International Operations Manager, UNFPA Somalia and Somaliland) who provided key support to the survey. Faisa Ibrahim, UNFPA Assistant Representative and Head of Hargeisa office, the support provided in administration and finance by Kevin Kibubi, Adnan Hassan and Mohamoud Khalif (Operations Unit, UNFPA Somalia and Somaliland), Nasra Adow, Samwel Andati, (UNFPA P&D team) that went a long way to ensure the smooth implementation of the survey.

Further, we would like to particularly point out Mariam Alwi, UNFPA's Population and Development (P&D) Specialist and Head of Unit for her total commitment, enthusiasm and patience in guiding the project. Also, we are indebted to Nikolai Botev (Former Representative, UNFPA Somalia and Somaliland) for his unequalled devotion and headship during his tenure. We would also like to acknowledge the Population and Development team of experts from UNFPA Somalia and Somaliland, without whom the survey would not have come to fruition. These individuals include Richard Ng'etich (Statistician), Felix Mulama (Demographer), Umikaltuma Ibrahim (GIS Analyst), Zena Lyaga (Demographer), Ahmed Mihile (P&D Specialist), Josyline Gikunda and Amina Omar (GIS Assistants), Kamal Ahmed (Communication and Advocacy), Samda Suleiman (P&D Assistant).

Finally, we remain grateful to everyone who took part at the various quality assurance stages and validation exercises including the peer group of experts in different fields that provided their valuable inputs, time and effort to ensure the successful implementation of SLHDS.

This report is the testament to the spirit of team work and partnership between the level governance at the different levels the range of efforts from Somaliland respondents, enumerators, supervisors, quality assurance teams and other field personnel, who sometimes had to brave conflict, poor weather and limited infrastructure in their quest to collect the data that made this report possible.

Acronyms

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



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



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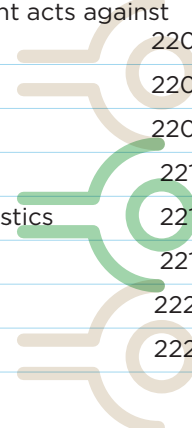
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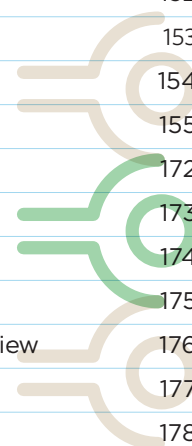


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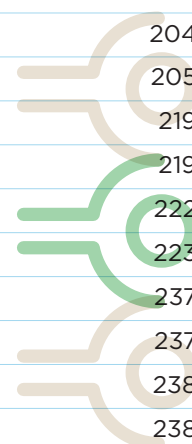



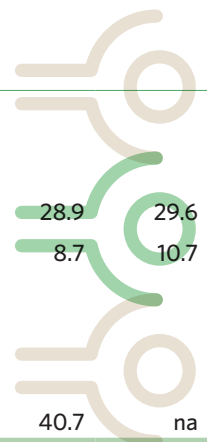


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SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total	
2 	Zero hunger				
	2.2.1	Prevalence of stunting among children under 5 years of age	20.6	20.7	20.7
	2.2.2	Prevalence of malnutrition among children under 5 years of age	13	14.9	13.5
		a) Prevalence of wasting among children under 5 years of age	12.8	14	13
3 	Good health and well-being				
	3.1.1	Maternal mortality ratio ¹	n/a	396	n/a
	3.1.2	Proportion of births attended by skilled health personnel	n/a	39.6	n/a
	3.7.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	n/a	2.5	n/a
	3.7.2	Adolescent birth rates per 1,000 women			
		b) women aged 15 -19 years ²	n/a	86	n/a
	3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	14.3	1.1	7.3
	3.b.1	Proportion of the target population covered by all vaccines included in their national programme	12.9	12.4	12.7
4 	Quality Education				
	4.3.1	participation rate of youth and adults in formal and non-formal education and training in the past 12 months			
		a) Net Attendance Ratio (Primary)	30.4	28.9	29.6
		b) Net Attendance Ratio (secondary)	12.8	8.7	10.7
	4.6.1	Percentage of Population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills			
	a) Adult literacy ³	na	40.7	na	






SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total	
5 	Gender equality				
	5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months ^{4,5}			
		a) Physical violence	n/a	11.6	n/a
		c) Psychological violence	n/a	1.9	n/a
	5.3.1	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18			
		a) Before age 15	n/a	8.8	n/a
		b) Before age 18	n/a	23.2	n/a
	5.3.2	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting			
	5.b.1	Proportion of individuals who own a mobile telephone ⁶			
		n/a	75.7	n/a	
6 	Clean water and Sanitation				
	6.1.1	Percentage of population using safely managed drinking water services			
	6.2.1	Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water			
		a) Proportion of population using safely managed sanitation services	n/a	n/a	31.6
		b) Proportion of population using a hand-washing facility with soap and water	n/a	n/a	20.1
7 	Affordable and clean energy				
			Urban	Rural	Total
	7.1.1	Proportion of population with access to electricity			
		84.1	22.4	50.3	
7.1.2	Proportion of population with primary reliance on clean fuels and technology ⁷				
		10.7	1.2	6	



SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total
8 	Decent work and economic growth			
	8.10.2	Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider ⁸		
	a)	n/a	2.9	n/a
	b)	n/a	57.4	n/a
16 	Peace, justice, and strong institutions			
	16.1.3	Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months		
	a)	n/a	6.4	n/a
16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority			
17 	Partnerships for the goals			
	17.8.1	Proportion of individuals who used internet in the last 12 months ¹⁰		
	n/a	24.4	n/a	

n/a = Not applicable

¹ Expressed in terms of maternal deaths per 100,000 live births in a year

² Equivalent to the age-specific fertility rate for women age 15-19 expressed in terms of births per 1,000 women age 15-19

³ Data are available for women age 15-49

⁴ Data are available for women age 15-49

⁵ In the SLHDS, psychological violence is termed emotional violence

⁶ Data are available for women aged 15-49 only

⁷ Measured as the percentage of the population using clean fuel for cooking

⁸ Data are available for women aged 15-49 who have and use an account at bank or other financial institution; information on use of a mobile-money-service provider is available

⁹ Data are available for women aged 15 - 49

¹⁰ Data are available for women aged 15-49 who have used the internet in the past 12 months



Executive Summary

Unlocking a brighter, healthier future for Somalilanders

There has never been a better time to make sure that Somalilanders have access to quality education, better health, nutrition and sanitation. Voices from over 20,000 Somaliland households recorded through two phases of the Somaliland Health and Demographic Survey (SLHDS) presented in this report. Policymakers and stakeholders now have access to opulent and diverse information that will be key to opening up a bright future for Somalilanders, especially women of childbearing ages and children. The needs of nomadic, rural and urban communities are brought forward by this report. This report highlights the existing gaps of inequality that have existed among people of different residences, lifestyles, ages and health status.

Demographic Information and Household Characteristics

Over 48 percent of Somaliland's population is under the age of 15. Similarly, 48 percent of the population is within the working age group (15-64).

Population of Somaliland has an average household size of six. Thirty percent of the households comprise of nuclear family, have a foster child and/or orphaned children. Around 71 percent of households own mobile phones. Fifty four percent of households own a basic cell phone with links to FM radio within nomadic societies. This provides an opportunity for stakeholders

to use creative ways to reach out to nomadic communities in Somaliland.

Water and Sanitation

Access to safe drinking water, especially if available within households, along with better sanitation, would prevent the spread of disease across the country, such as diarrhea and dysentery. Seventeen percent of households have access to piped water coming into their home, yard or plot.

COVID-19 pandemic further underlines the value of access to water for safe handwashing in disease prevention. Four out of ten (41 percent) households use an improved source of drinking



water and 20 percent travel for a minimum of 30 minutes to get water.

Around four out of ten (38 percent) households across the country have an enhanced sanitation facility they do not share with other households.

Education and School Attendance

Younger Somalilanders have greater access to education compared to older age groups. Women in the 15-19 year age bracket have the highest levels of education. The survey also indicates that the type of residence has an impact on education attainment. Urban residents have higher education opportunities compared to those in the nomadic and rural settlements. Nineteen percent of women in urban areas have no education compared to 69 percent of women in nomadic settlements.

Access to education is generally low. One out of two female members of the household and 43 percent of male household members had some form of primary education. In comparison, 30 percent of all children attending primary school are of the right age for that level, and only 11 percent of children attending secondary education are of the right age for that education level.

For girls and women aged 6 and above, almost one out of four, at 21 percent, have never attended school compared to 17 percent of males in the same age bracket. Slightly more than one-third at 41 percent of women are literate.

Marriage, Fertility and Birth Spacing

Early marriage is common, particularly for women as 23 percent aged 20 -24 interviewed were married by the time they turned 18 years. Almost all women are married by the age of 35. In comparison, 3 percent of men aged 20 -24 had entered their first marriage by the time they turned 18 years. According to the survey, the median age at first marriage is 20 years for women aged 25 -49 and 25 for men aged 25 -64.

According to SLHDS the Total Fertility Rate (TFR)

is 5.7 children. Additionally, 94 percent of women interviewed consider 6 or more children to be their ideal number of children. For women with no education, the TFR is significantly higher, at 6.1, as that of women with higher education, at 2.4. Information on birth spacing would help Somaliland women make better choices about how many children to have and ensure better health of women and children.

Women's Empowerment

Three-quarters (76 percent) of women aged 15 to 49 own a cell phone, and 57 percent use their mobile phones for financial transactions. In addition, women contribute to financial decisions, almost all women (98 percent) aged 15 to 49 determine how their cash earnings should be spent either individually or jointly with their husbands, and 80 percent of women make individual or joint decisions on how their husbands spend cash.

Employment

The findings show that at the time of the survey, only 9 percent of the women interviewed were employed while 13 percent were not paid for their job. Of the women who were employed 62 percent were self-employed. The survey highlights the need for more livelihood opportunities across the country.

HIV/AIDS

The survey reported that 80 percent of women aged 15-49 had heard about HIV/AIDS in Somaliland. Forty-nine percent of women aged 15-49 have negative attitudes towards people living with HIV; 64 percent of women aged 15-49 have reported not buying fresh vegetables from a shopkeeper living with HIV.

Female Circumcision

Female circumcision has been practiced in Somaliland for several decades, also known as Female Genital Mutilation or Cutting (FGM/C). The SLHDS shows that circumcision is high at 98 percent among women aged 15-49. The most common type of circumcision is pharaonic, performed on 61 percent of women aged 15-49.



The results also indicate that 7 percent of women had undergone the intermediate type, while 29 percent had undergone sunni type.

Gender-Based Violence

The survey findings indicate that more than 70 percent of women indicated that the forms of domestic violence are physical assault, denial of education, forced marriage, rape and sexual harassment. The survey also noted that women with higher education are more likely to acknowledge the occurrence of domestic violence as opposed to women without lower levels of education.

Twelve percent of women aged 15-49 had encountered physical violence since the age of 12, while 6 percent reported experiencing physical violence in the 12 months preceding the survey. Older women are more likely to experience physical abuse, with one in every four women (25 percent) aged 40 years and above experiencing violence since the age of 12 and 17 percent experiencing violence in the same age group the year prior to the survey.

Regarding opinions of women about who the most common perpetrators of violent acts against women are, the survey found that 66 percent of women believe that husbands commit the most violent acts against women in the community. Ten percent of women who were ever-married reported being physically abused by a spouse, while 2 percent reported emotional violence by a spouse.

Child Health and Nutrition

The survey showed that Somaliland mothers were able to show vaccination cards for only 2 percent of children aged 12-23 months and that only 22 percent of babies born alive had their birth weight registered, of which 4 percent were babies with a low birth weight (less than 2.5 kg).

In total, 13 percent of children aged 12-23 months are completely vaccinated (i.e., vaccinations for BCG, pentavalent, polio, and measles). Vaccination rates are higher for children living in urban areas and those whose mothers are educated. Care

givers are more likely to seek treatment for children with diarrhoea as opposed to those with Acute Respiratory Infection (ARI).

The improper handling of the feces of children renders them vulnerable to numerous diseases transmitted via the faecal-oral route. Forty-nine percent of children living with their mothers in Somaliland had their stools safely disposed. Safe disposal is more common in urban areas at 71 percent and rural areas at 64 percent compared to nomadic areas at 6 percent.

Percentage of children ever breastfed is 94 percent. Sixty-nine percent of children were breastfed within the first hour of their birth, and 30 percent of children under 6 months of age were exclusively breast-fed.

Twenty-one percent of children under the age of five are stunted (high-forage) or too short for their age, 10 percent are seriously stunted and 13 percent are wasted (refers to weight-for-height) while 7 percent of children are substantially wasted in total.

Twenty-four percent of breast-fed children 6-23 months of age received the minimum meal frequency. Forty-two percent of children aged 6-23 months had eaten foods rich in vitamin A, while 25 percent had eaten foods rich in iron.

Maternal Health and Newborn Health

Forty percent of deliveries were performed with the help of a trained health care provider (doctor/clinical officer or nurse/midwife/auxiliary midwife). Overall, young and educated mothers, as well as those residing in urban areas, are more likely to receive assistance from qualified birth attendants compared to older mothers, women with little or no education and women living in rural and nomadic areas.

SLHDS noted that an overwhelming 67 percent of births were delivered at home, and only 33 percent of births in the five years preceding the survey was delivered in a health facility. In public health facilities, deliveries are more common at 24 percent compared to the private





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

sector-supported facilities at 9 percent. Thirty-nine percent of deliveries occur in public health facilities in urban settlements, compared to 20 percent in private facilities.

Forty-seven percent of women between the ages of 15 and 49 who had a live birth received Antenatal Care (ANC) during their last birth from professional staff, while 80 percent of mothers did not receive postnatal check-up in the first two days post childbirth.

Sixty-eight percent of women say they face at least one challenge when they try to access health care. Many women claim lack of money to be an obstacle at 61 percent, followed by distance to health care facilities at 58 percent.

SLHDS found that nomadic married women, non-cash-employed women, non-educated women, and those from poorer households face acute problems in accessing health care.

Chronic Diseases and Out-of-pocket expenditure

SLHDS reported that 7 percent of Somalilanders are suffering from chronic diseases. Blood pressure is the most severe chronic illness at 41 percent, followed by diabetes at 19 percent, kidney failure at 9 percent, and heart disease at 7 percent.

Five percent of the population suffer from disabilities. Forty percent of the disabled people in Somaliland did not receive any care or support



for their disability in the year prior to the survey.

Without any current holistic financial support, forty-eight percent reported paying out of their income for their health expenses.

Adult and Maternal Mortality

SLHDS found that there were more male deaths than female deaths in the two years preceding the survey. The death rate among reproductive-age women is highest with 9.4 deaths per 1,000 population, among women aged 30-34. This is also the age group in which childbearing hits its peak.

Overall, 16 percent of women and 24 percent of men who have reached the age of 15 are likely to die before the age of 50.

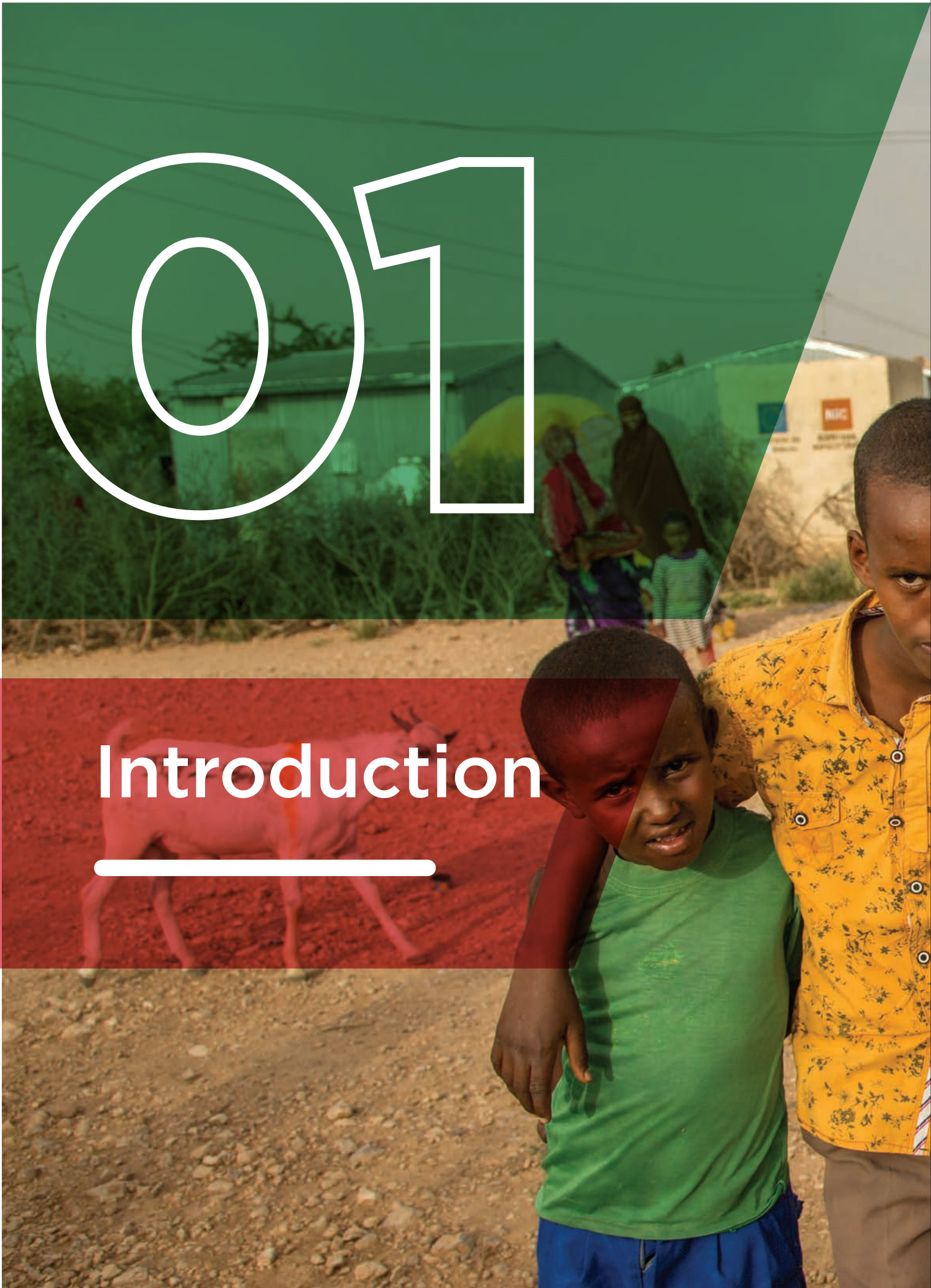
Somaliland's Maternal Mortality Rate (MMR) has fallen to 396 maternal deaths per 100,000 live births from 418 in 2014. However, the figure of 418 was generated from a verbal autopsy maternal mortality survey which was conducted by World Health Organization, Regional office (WHO-EMRO), WHO Country office, University of Aberdeen, and Data and Research Solutions (DARS) in 2014. However, the report was not endorsed by the Ministry of Health, therefore SLHDS provides the first published MMR figure.





01

Introduction





1 INTRODUCTION

The Somaliland Health and Demographic Survey 2020 (SLHDS) is the first nationally representative household survey conducted in Somaliland with an aim to enhance data systems and evidence based planning. The primary purpose of the SLHDS is to furnish policymakers and planners with detailed information on health (fertility, adult and maternal mortality, maternal and child health, nutrition, knowledge of HIV/AIDS and other sexually transmitted infections and family planning) as well other key household, demographic, socio-economic and housing characteristics.

1.1 Geodemography, History, and Economy

1.1.1 Geo-demography

Geographically, the Republic of Somaliland is located in the Horn of Africa. It is bordered by Djibouti to the west, Ethiopia to the South, and Somalia to the east. Somaliland has an area of 176,119.2 square kilometres and 850 kilometres of coastline with the majority lying along the Gulf of Aden. The country's climate is a mixture of wet and dry conditions. The northern part of the region is hilly, and in many places the altitude ranges between 1,800 and 2,100 meters above sea level. Awdal, Marodijeh and parts of Sahil regions are fertile and mountainous, while Togdheer, Sanaag and Sool are semi-arid with average daily temperatures ranging between 25°C to 35°C. The humidity of the country varies from 63% in the dry season to 82% in the wet season. There are four seasons in the year, Gu and Haggaa correspond to spring and summer and Dayr and Jiilaal correspond to autumn and winter respectively.

Somaliland people are ethnic Somalis and Muslims. The Somaliland population was estimated at 3.6 million in 2014 and has been projected to 4.2 million in 2020 using the growth rate of 2.93 percent, with bulk of the population living in urban centres. Somaliland has a young population with 37.8 percent of



the population being less than 15 years old, and roughly 72 percent of the population being under 30 years. (PESS, 2014).

1.1.2 History

In early 1880s Britain began signing treaties with various clans in Somaliland leading to the formation of the Somaliland Protectorate in 1887. The international boundaries of the protectorate were delineated by treaties with France (Djibouti) to the west in 1888, Ethiopia to the south in 1887 and Italy (Somalia) to the east in 1894. After a long struggle for independence on the 26th June 1960, Somaliland became an independent, sovereign state, known as the State of Somaliland. However, immediately five days after independence, on the 1st of July 1960, Somaliland united with Somalia with the aim of creating a "Greater Somalia" bringing together all the people of ethnic Somali origin in five countries in the Horn of Africa including British Somaliland, North Eastern Kenya, Italian Somaliland or Somalia, French Somaliland and Eastern Ethiopia.

After the collapse of the central government of Somalia in 1991 various Somaliland communities met at a Grand Conference and decided to re-declare Somaliland's sovereignty and independence. Leaders of the Somali National Movement (SNM) who were the main opposition against former president of the Republic of Somalia, Mohamed Siad Barre, and elders of northern Somalia (Somaliland) clans met at the 'Grand Conference of the Northern Peoples' in Burao. The Union with Somaliland was revoked and the territory of the State of Somaliland (based on the borders of the former British Somaliland Protectorate) became the Republic of Somaliland. Despite unilateral claims for sovereignty, Somaliland has not received any international recognition. However, since the proclamations of statehood Somaliland has managed to secure peace and stability for almost 30 years. The Somaliland government rebuilt their economy after the war in the face of significant challenges.

1.1.3 Politics and Governance

A series of peace and reconciliation conferences were held in various locations in 1991. In 1993 a nationwide government was formed led by the late President Mohamed Ibrahim Egal and the government drafted a constitution to establish and implement a functioning system of governance and began the process of democratization via elections and a multiparty legislative system.

The governance system consists of an executive, with a president, vice president, and legislative government; a bicameral legislature; and an independent judiciary. The traditional Somali elders (Guurti) are incorporated into the governance structure and formed the upper house responsible for managing internal conflicts while the lower house is in charge of the legislature. Somaliland transitioned to democracy in 2002, the first presidential democratic elections were held in 2003.

1.1.4 Economy

Somaliland has achieved economic growth, with livestock as the major export. Government revenues increased rapidly post claim of independence. However, despite the progress made, Somaliland remains a poor country. Provision of services by the government has been hampered by limited opportunities of trade and foreign investment.

Somaliland's Gross Domestic Product (GDP) is estimated at 2.5 billion USD and GDP per capita at 566 USD in 2018, with remittances from the diaspora contribute significantly to the local economy, as well as livestock export which is shipped to Gulf States, such as Saudi Arabia and Oman (GoSL, 2018).

The lack of international recognition hampers the ability of Somaliland to enter into bilateral agreements for infrastructure development as well as attracting direct investment and international aid from major donors. However, in 2012 the Somaliland Development Fund (SDF) was created to provide a single



vehicle through which donors can support Somaliland's development goals. SDF supports the Government of Somaliland (GoSL) by filling a critical gap through funding projects that are fully aligned to the National Development Plan (NDP) 2017-2021 while at the same time recognizing the role of GoSL in the delivery of basic services. The funding for the SDF is provided by FCDO formerly DFID, DANIDA, Norway and the Netherlands.

Majority of the population depends either directly or indirectly on livestock and livestock products for their livelihood especially in Togdheer and Sool. Agriculture provides subsistence for the country's population and is practiced mostly in the west and northwest of Somaliland where there is sufficient rainfall. Crops grown include sorghum, fruit and vegetables. Somaliland is also a producer of frankincense which is produced in the region of Sanaag. The informal economy and trade is strong and the results can be seen in the variety of goods available within the major urban areas.

1.2 Health

Despite the collapse of health systems during the civil war in 1988, the government has successfully re-established the national health system with partially functioning primary and secondary services with limited finance. The government of Somaliland is driven to strengthen the health system despite facing multiple challenges in its efforts to improve coverage, access, staffing and service delivery. The main challenges are financial constraints, human resource capacity, limited infrastructure, donor dependency and fragmented health system. However, considerable health outcomes have been achieved in the areas of reproductive health, maternal, neonatal and child health.

The ultimate goal of the Ministry of Health and Development (MOHD) is the advancement of human health, which will enable them to

participate in economic and social development, and to contribute to the alleviation of poverty.

The Ministry of Health Development, developed the Essential Package of Health Services (EPHS), a national framework which defines a standard of health services that should be provided at each level of the health care system. The EPHS framework is in line with WHO building blocks of the health system. The Ministry of Health Development highlighted a nine strategic objectives to deliver its priorities. These include:

- Service delivery: Scaling up of essential and basic health and nutrition services (EPHS)
- Human resources for health: Overcoming the crisis of human resources for health
- Leadership and governance: Improving governance and leadership of the health system
- Medicines, medical supplies and technologies: Enhancing access to essential medicines and technologies
- Health information system: Functioning health information system
- Health financing: Health financing for progress towards Universal Health Coverage
- Health infrastructure: Improving health sector physical infrastructure
- Emergency preparedness and response: Enhancing health emergency preparedness and response
- Social determinants of health: Promoting action on social determinants of health and health in all policies

1.3 Survey Objectives and Organization

The main objective of the of SLHDS was to provide evidence on the health and demographic characteristics of the Somaliland population that will help guide the development of programs and the formulation of effective policies, monitor and evaluate national, sub-national and sector



development plans, including the Sustainable Development Goals, both by Government authorities and development partners.

The specific objectives of the SLHDS were to:

- Estimate maternal and adult mortality;
- Measure fertility and birth spacing;
- Examine basic indicators of maternal and child health;
- Describe patterns of knowledge and awareness of HIV and other sexually transmitted infections;
- Understand the extent and patterns of gender-based violence and female genital mutilation/cutting.

1.4 Sample Design

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

1.4.1 Sampling Frame for Urban and Rural areas

Through the use of up-to-date high-resolution satellite imagery, on-the-ground knowledge of the digitizing team, all dwelling structures in urban and rural places of residence/areas were digitized. Enumeration Areas (EA) were formed on-screen through the spatial count of dwelling structures in a Geographic Information System (GIS) software. Thereafter, a sample ground verification of the digitized structures was carried out for large urban and rural areas and necessary adjustments made to the sampling frame. Each of the created EA's had a minimum of 50 and a maximum of 149 dwelling structures. A total of 2,923 EA's, also referred to as primary sampling units (PSUs), were digitized; 1,869 in urban areas and 1,054 in rural areas. The final sampling frame, 2,806 PSUs (1,869 in urban and 937 in rural) formed the final frame. However a few of the sampled EA's were not visited due to insecurity.

In the first stage, a selection of 35 EAs in every stratum of every design domain was carried out using probability proportional to size (PPS) sampling of digitized dwelling structures. The design domain coincided with the six regions, which are the country's first-level administrative divisions. Listing of households was carried out in each of the 35 selected EAs to obtain the total number of households. During listing, information on births and deaths was obtained through the maternal mortality questionnaire. The purpose for data collection from such a large number of PSUs (with estimated 80 households per PSU) was to enable the estimation of the Maternal Mortality Ratio (MMR) through direct estimation which requires a big sample. The data collected in this first phase was edited and a summary of households listed per PSU formed the sampling frames for the second phase. In the second stage, 10 PSUs were sampled; out of the possible 35 that were listed, using probability proportional to the number of listed households.

1.4.2 Sampling Frame for Nomads

The sampling frame for the nomadic population was constructed using information provided by Nomadic Link Workers (NLWs) and Community gate keepers (Clan elders). These NLWs are associated with nomads through clan affiliation and have linkages with clan elders who reside in rural villages that are frequented by nomads to buy essential commodities and to sell their livestock and livestock products. The NLWs were contacted and asked to provide information on the temporary nomadic settlements (TNS), which they were responsible for. The information included TNS names, estimated number of households in these TNSs, seasons of the year when the TNS is in use, and location of the TNS from the nearest settlement (village), as well as their own telephone numbers. This list of TNS formed the sampling frame for nomads with estimated number of households in each TNS being the measure of size.





Training for the SLHDS was two-fold; 1) Training for the Listing/MMR data collectors and 2) Training for the Main Survey data collectors (those administering the household, ever-married woman and never-married woman questionnaires)



A total of 1,448 TNS formed the SLHDS nomadic sampling frame. During data collection in the nomadic areas, households were listed in each of the sampled TNS as part of verifying the list of households, a day prior to enumeration. The main reason of listing was to obtain current and complete list of households. During listing, coordinates of all household structures were recorded. A sample of 30 households was then selected by the listing team (using the same method as in urban and rural areas) and given to the supervisors of the enumerating team on their first day of enumeration. Thereafter, supervisors allocated households to be interviewed to enumerators. The main survey enumerating team collected the MMR data from all the remaining households in the TNS. All households in each of the allocated 10 PSUs were serialized based on their location in the PSU and 30 of these households were selected systematically for the SLHDS survey. The serialization was done to ensure that households selected for interview would distribute throughout the PSU.

1.5 Questionnaires

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

1.5.1 Maternal Mortality Questionnaire

A stand-alone Maternal Mortality Questionnaire was used in all households during the listing phase to identify maternal deaths in the two years preceding the survey. This allowed the estimation of the Maternal Mortality Ratio (MMR) using a direct method. The methodology was adopted from the Yemen National Health and Demographic Survey carried out in 2013 and was used to obtain a more current estimate of maternal mortality in Somaliland.

1.5.2 Household and Individual Questionnaires

The Household questionnaire, Ever-married Woman's questionnaire, and Never-married Woman's questionnaires were based on the DHS Program's standard Demographic and Health Survey questionnaires (DHS7) and the 2013 Yemen Health and Demographic Survey instruments, and were adapted to reflect the relevant population and health issues in the Somaliland context.

Input was solicited from various stakeholders representing government agencies, particularly the ministries of health and planning, as well as international development partners. After the preparation of the questionnaires in English, they were translated into the Somali language. The questionnaires were further tested and refined in the field to ensure that culturally and religiously sensitive questions were appropriately worded.

The Household questionnaire was used to list all of the members of, and visitors to the selected households. Basic demographic information was collected on the characteristics of each person listed, including his or her age, sex, marital status, education, and relationship to the head of the household. For children under the age of 18, parent's 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 characteristics of household dwelling units, such as source of drinking water; type of sanitation facility; materials used for floor, walls, and roof of dwelling unit; and ownership of various durable goods. In addition, the questionnaire included questions about disability as well 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, 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, delivery, and postnatal care;
- Breastfeeding and infant feeding practices;
- Vaccinations and child illnesses;
- Marriage and sexual activity;
- Fertility preferences;
- Female genital mutilation/cutting;
- Women's work and partners' background characteristics;
- Knowledge of HIV/AIDS and methods of HIV transmission;
- Adult and pregnancy-related mortality.
- Violence against women

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.
- Knowledge of HIV/AIDS and methods of HIV transmission
- Female genital mutilation/cutting

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. The supervisors transferred the completed files to the CSWeb server instances whenever internet connectivity was available. Any revision to the questionnaire was received by the supervisors and interviewers by simply synchronizing their phones with the CSWeb server, which was created specifically for the SLHDS. The CAPI data collection system employed in the SLHDS 2020 was developed

by UNFPA country office using the mobile version of Census and Survey Processing System (CSPro).

1.6 Training

Training for the SLHDS was two-fold; 1) Training for the Listing/MMR data collectors and 2) Training for the Main Survey data collectors (those administering the household, ever-married woman and never-married woman questionnaires).

1.6.1 Listing and MMR Training

Trainer of Trainers (ToTs) training was conducted and facilitated by technical staff from the UNFPA country office. Initially a total of 11 trainers were trained on household listing concepts (identification of structures, dwelling units, and EA boundaries), interview techniques, interviewers and supervisor's roles, age probing techniques, fieldwork procedures, sampling techniques, importance of data on births and deaths, recognizing and handling age inconsistencies, identification of maternal deaths and CSPro mobile data collection application. Thereafter, these trainers transferred this knowledge and skills to the data collectors from across the country and trainings took place in various locations such as Hargeisa, Burao, Borama, Las'anod and Badhan towns. Total data collection consisted of 39 enumerators and 7 supervisors with facilitation and support from 6 regional coordinators. A pretest was carried out using both paper questionnaires and Computer Assisted Personal Interviewing (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 on their survey implementation during the pretest.



1.6.2 Main Survey Training

The UNFPA country office technical team trained 4 master trainers in October 2017 in Kigali, Rwanda over a month. These master trainers were all Somaliland experts who also took part in the development and review of data collection tools. Consequently 92 personnel consisting of supervisors and interviewers; were trained by the ToTs in Borama, Hargeisa and Burao. At the end of each training a pre-test was conducted using manual questionnaires and CAPI to ensure that all the trainees acquired a minimum level of knowledge and skills. The selection of supervisors was based on performance done both via in-class assessments and field pretests.

1.7 Field Work

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

1.7.1 Listing and MMR Data Collection

The listing and MMR data collection started in February 2018 and was completed in December 2019 for urban and rural areas. As a result of flooding, this phase did not take place concurrently throughout the country. The fieldwork was carried out by teams, each consisting of one supervisor, four enumerators, and a driver. An Android platform developed in CSPro was used for data collection. Each team was assigned mobile phones (one for each enumerator and one for the supervisor), EA Maps (in A0 and A3 sizes), EA Google Earth files, control sheets, notebooks, pens, and document folders. In addition, data quality controllers (trainers, GIS, survey/state directors, and regional coordinators) were coordinating and supervising the fieldwork activities. In areas where security concerns

existed, the teams were supported by security guards and facilitators in the field.

1.7.2 Main Survey Data Collection

Urban and Rural Data Collections: The trained interviewers and supervisors were deployed to collect data from 30 selected households in each of the 10 sampled enumeration areas in each region-stratum. The selected households were obtained from a complete list of households in the EA. Main survey started in August 2018 and ended December 2019. The fieldwork was carried out by 19 teams, each consisting of one supervisor, three enumerators, and a driver. An Android platform developed in CSPro was used for data collection. The 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.

Nomadic Data Collections: The MMR had a total of 4 teams consisting of 4 people per team inclusive of the driver while the main survey had a total of 12 teams consisting of a supervisor 3 enumerators and a driver. The nomadic households were listed a day earlier than the day of enumeration in each TNS so as to obtain a current and complete list of households. During listing, coordinates of all nomadic household structures were recorded as well as the name of the head of household. A sample of 30 households was then selected by the listing team and given to the supervisors of the enumerating team on their first day of enumeration. Thereafter, the supervisors allocated households to be interviewed to enumerators. The MMR questionnaire was administered by both listing and enumerating teams in nomadic areas. The enumerating team collected this data from the 30 sampled households while the listing team collected data on maternal deaths from the remaining un-sampled households in the TNS.




1.8 Data Processing

Data processing for SLHDS was done by a core team of three persons from the central statistics department Ministry of Planning and National Development (MoNPD). All the three personnel had previously taken part in the training and fieldwork for SLHDS.

Data from SLHDS was sent to a cloud CSWeb server that was password protected and the electronic files downloaded as csdb files that were exported to SPSS for data processing. There was one CSPro data administrator based at MNPD who was responsible for downloading the data from server instances and merging them, while a larger team thereafter worked

on producing the six DHS standard type files which were then handed over to other data processing teams. A team of three GIS specialists carried out spatial editing of all household records from the server; assigning them to the correctly sampled EA codes. Concurrently, the data tabulation and re-coding teams produced the tabulation plan and re-coding manual following DHS standards but contextualized to the SLHDS. Two members were tasked with computing the sampling and survey weights under the guidance of a senior statistician from UNFPA's Arab States Regional Office.



Data from SLHDS was sent to a cloud CSWeb server that was password protected

1.9 Response Rates

The table below shows the number of households, number of interviews, and response rates, according to residence (unweighted), Somaliland 2020

Table 1.1 Results of the household and individual interviews

Result	Residence			
	Urban	Rural	Nomadic	Total
Household interviews				
Households selected	1,959	2,137	2,344	6,440
Households occupied	1,885	2,049	2,326	6,260
Households interviewed	1,761	1,938	2,295	5,994
Household response rate ¹	93.4	94.6	98.7	95.8
Interviews with ever married women age 15-49				
Number of eligible ever married women	1,423	1,517	1,714	4,654
Number of eligible ever married women interviewed	1,351	1,410	1,558	4,319
Eligible ever married women response rate ²	94.9	92.9	90.9	92.8
Interviews with Never married women age 15-49				
Number of eligible never married women	1,142	851	877	2,870
Number of eligible never married women interviewed	1,044	505	417	1,966
Eligible never married women response rate ²	91.4	59.3	47.5	68.5
Interviews with all women age 15-49				
Number of eligible women	2,565	2,368	2,591	7,524
Number of eligible women interviewed	2,395	1,915	1,975	6,285
Eligible women response rate ²	93.4	80.9	76.2	83.5

¹Households interviewed/households occupied

² Respondents interviewed/eligible respondents

1.10 Quality Assurance

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

Consultative approach to critical decision making- all key decisions concerning the survey, including its methodology, instruments, field work, tabulation plan, reports and data access, had been

discussed, designed and formulated following extensive consultations with all 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, the UNFPA country office put in place an extensive training programme for survey personnel that worked on a “cascade” principle, with training of trainers at various levels. In each training, a test was administered at the end, and trainees who scored 80 percent and above were retained for participation in the survey.



Learning and Monitoring Programme for Somaliland (LAMPS) - an Independent Third-Party Monitoring (TPM), engaged by FCDO formerly DfID, provided periodical monitoring of SLHDS 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 SLHDS technical team with specific areas in which to improve the quality of SLHDS training and collection of data from selected households. LAMPS consistently rated SLHDS activities as delivered according to how they were designed.

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

Consistency checks of 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 during listing—which included coordinates, names of

household members and other landmarks—helped to ensure teams visited the correct households. Further, listing information on the target population, women of child bearing age and children under five years of age, aided in monitoring data collection by the main survey team.

Peer review arrangements- UNFPA approached prominent experts in the various fields related to the SLHDS 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 SLHDS 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 SLHDS reports themselves.

Validation forums- The national and international experts have reviewed the SLHDS data, reports and other outcomes of the survey with the aim to validate the processes and findings.





02

Household and Housing Characteristics



2 HOUSEHOLD AND HOUSING CHARACTERISTICS

Key Findings

- 48% of the population is below the age of 15.
- 35% of the household heads are women.
- 17% of male and 21% of female have no education
- 41% of households use an improved source of drinking water.
- 38% of households have an improved sanitation facility.
- 71% of households own a mobile phone.
- 7% of children aged less than 2 years have their birth registered.

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

The domain of coverage for the SLHDS was the 6 official regions of Somaliland. During the first stage of listing of households for the survey, a larger number of households were covered with questions on maternal mortality (See Chapter One for information on how both questionnaires were administered).

BOX 2.1 Key definitions

Household

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

De facto population

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

De jure population

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

Age in completed years (Age at last birthday)

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

The SLHDS 2020 collected information from all usual residents of a selected household (de jure population) and persons who had stayed in the surveyed household the night before the interview (de facto population). The difference between these two populations is marginal, to avoid double counting, all tables in this report refer to the de facto population, unless otherwise specified.

2.1.1 Age and sex composition

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

The survey collected information on age in completed years for each household member. When age was not known, interviewers inquired further 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 the population in households surveyed, by age, residence (urban, rural and nomadic) and sex. The SLHDS surveyed 35,965 people of whom 48 percent were males and 52 percent were females (Figure 2.1).

The under-five years of age makes up 17 percent of the total population and the total population in the urban and nomadic settings, and 18 percent of the rural population. The dependent population under the age of 15 is 48 percent of the total population and of the total urban population, 50 percent of the rural population and 49 percent of the nomadic population. The total population below 18 years of age is 56 percent, the adult population is 44 percent while the adolescent population (10-19 years of age) is 27 percent. The dependent population above 64 years of age is 4 percent. The working age population between the ages of 15-64 years form 48 percent of the total population, 49 percent of the urban population, 46 percent of the rural population and 48 percent of the nomadic population.

The age structure of the population in the surveyed households is typical of a society with a young population. Having one of the highest fertility rates in the world, there is a broad-based age pyramid, with 48 percent of the population below 15 years old. The sex and age distribution of the population is presented by the population pyramid in Figure 2.2

The population pyramid in Figure 2.2 shows normal characteristics of a developing country's population as opposed to a developed one where there is high fertility and mortality with broad based shape. This is a pattern observed

Figure 2.1 Household population by age, sex, and residence

Percent distributions of the de facto household population by various age groups, sex and residence, SLHDS 2020

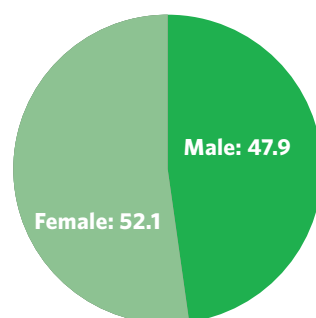
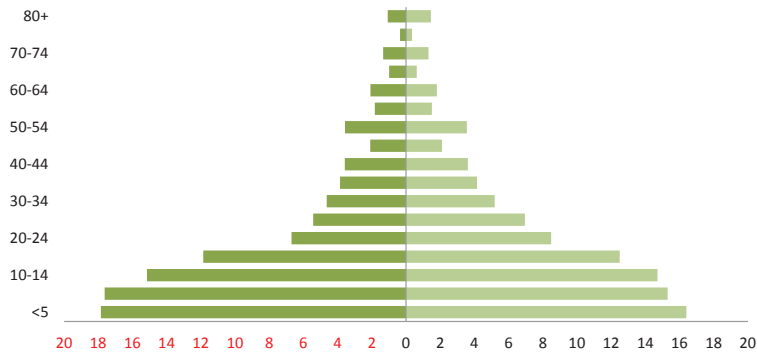


Figure 2.2 Distribution of population by age and sex according to residence (SLHDS, 2020)



universally, which is driven by the sex ratio at birth (under normal circumstances around 105 boys are born for every 100 girls) and by the sex differences in mortality as women generally have lower death rates compared to men.

In addition, the age pyramid in Figure 2.2 narrows from age 20, however the distribution from age 45 is inconsistent with the age groups starting with zero having longer bars than those starting with 5 which is a characteristic of age heaping commonly experienced among older ages in surveys.

The population is demographically very young, 61 percent of the Somaliland population is aged less than 20 years and 74 percent is aged below 30 years. Youth between 15-29 years of age constitute 26 percent of the population, while those aged 65 years and above make up only 4 percent of the total population. Forty-eight percent of the population is within the working age of 15-64 years, highlighting the need to create jobs and ensure that training or education offered addresses the needs of the labour market. Forty-three percent of the female population is within the childbearing age of 15-49. This can have implications on the country's future birth rates. The large number of potential mothers creates a population momentum and is a strong indication of a potential spike in population growth that Somaliland is likely to experience in the coming years.



The population is demographically very young, nearly two-thirds (61 percent) of Somaliland population is aged less than 20 years and around three-quarters (74 percent) aged below 30 years

2.1.2 Household Composition

Table 2.2 shows the distribution of households covered by the survey by the sex of the head of household and the number of household members, according to urban, rural and nomadic residences. The average household size in Somaliland is 6 persons, compared to 5.9 persons per household recorded in the PESS 2014. The mean household size for urban households is 6.5 persons, slightly higher than rural households, with a mean of 5.6 persons per household, and nomadic households have the lowest average household size with 5.2 persons.

Male-headed households dominate at 65 percent, while female headship is at 35 percent. In regards to place of residence, nomads have the highest male headship with 76 percent compared to other population domains, urban and rural are at 60 and 64 percent respectively.

Eighteen percent of Somaliland children are fostered, double orphans is at 4 percent while, single orphans are at 12 percent and those who are both fostered and orphans are at 30 percent.

The data shows that the highest numbers of foster and/or orphan children are in urban areas at 36 percent compared to nomads at 21 percent which is lowest population domain.

2.1.3 Education

Educational attainment is a vital characteristic, it influences social and health behaviour, including uptake of health services such as choice of contraceptive use, child health, and hygiene. It is one of the key national response tools to combat poverty and guarantee child rights and a determinant of success in life.

2.1.4 Educational attainment

Information on educational attainment of the male and female population aged six and above is presented in Table 2.3a and Table 2.3b. The median years of schooling completed for males is 7 years while for females its 6 years. The survey results indicate that educational attainment varies across age groups and sex. The age groups of 20-24 and 65+ have the least people with no education at 10 percent each for males, while female age groups 20-24 and 35-39 have the least people with no education with 15 percent each. Among males in the nomadic setting, 57 percent have no education compared to 15 percent of their counterparts in the urban setting. Sixty-nine percent of the female population residing in the nomadic areas has no education compared to 19 percent among their urban counterparts. Regionally, Sool has the highest proportion of

males with no education at 27 percent while Awdal has the least at 9 percent. Among the females, Sool has the highest proportion with no education at 36 percent while Awdal has the least at 10 percent.

There are slight variations across the different age groups in terms of the level of education completed. Among the male population, the age group 30-34 has the highest proportion of persons who have higher level of education at 34 percent while among females the highest proportion was recorded among those aged 30-34 and 35-39 at 17 percent each.

Figure 2.3 compares educational attainment by sex. Educational attainment is higher for men than it is for women. Overall, 21 percent of women have no education, compared to 17 percent of men. Approximately, 51 percent of women and 43 percent of men in the households surveyed have not completed primary education. Ten percent of men attended secondary or higher schooling, compared to 9 percent of women. Twice as many men as compared to women are likely to have higher level of education.

Figure 2.3 Educational attainment by sex

Percent distribution of the de facto household population by sex and highest level of schooling attended or completed, SLHDS 2020



Urban residents are more likely to have higher education regardless of their gender compared to those in the rural and nomadic, less than 1 percent among the nomadic female and male population have higher education. Males in Marodijeh region and females in Awdal region are more likely than their counter parts from the other regions to have higher education while the least likely are males from Sanaag and females from Sool and Sanaag.

2.2 School attendance ratios

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

The NAR for primary is 30 percent with a gender parity of 0.95. This means that 30 percent of children of primary school age are actually in school. However, there is need for caution as some of the children expected to be in primary school could be already enrolled in secondary school particularly those in the

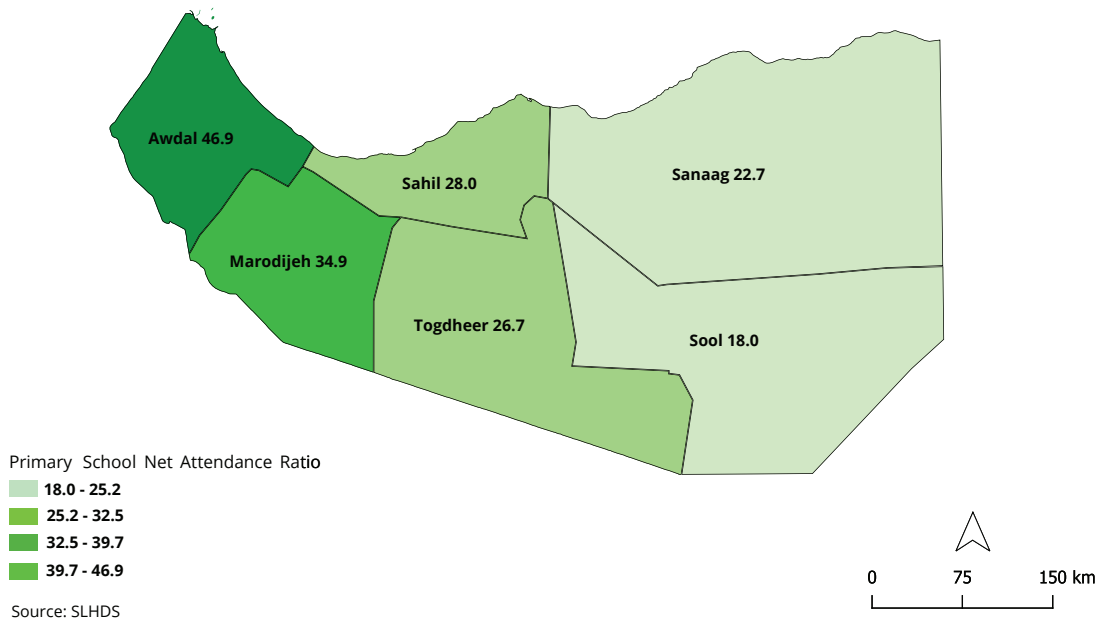
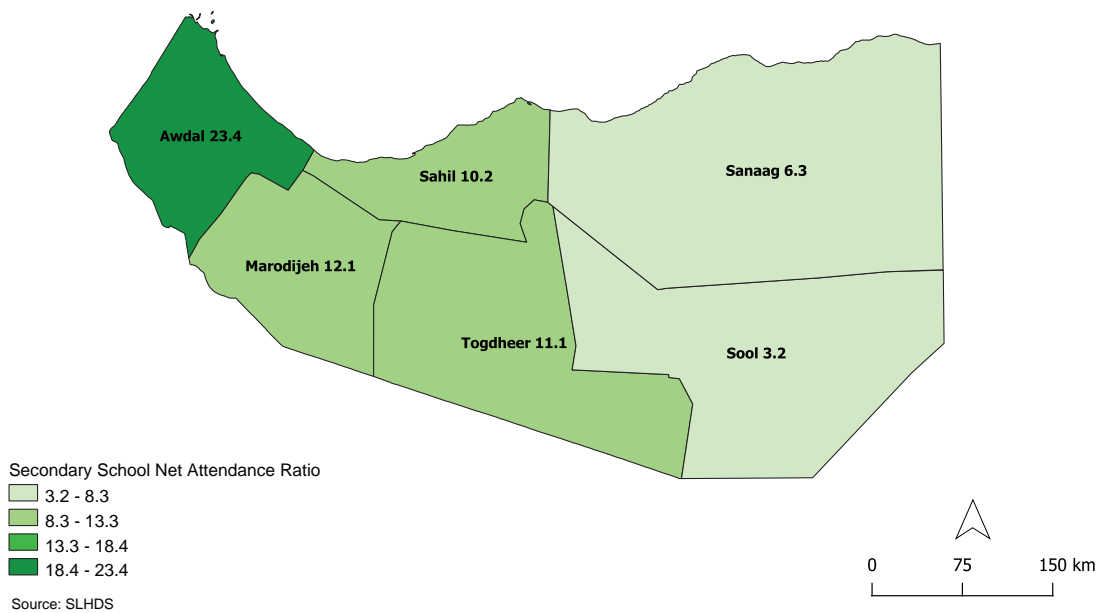
There are almost twice as many boys than girls of primary school age attending school among the children residing in the nomadic areas

upper age limits. The NAR for boys is 30 while that for girls is 29 percent. The attendance of boys and girls at primary school level is almost equal. Children from urban settings have a higher NAR compared to those from rural and nomadic setting with 2 percent of primary school going age children of the nomadic currently attending school. There are almost twice as many boys than girls of primary school age attending school among the children residing in the nomadic areas with almost an equal number of boys and girls of school age attending school among children residing in the urban. NAR is highest among children residing in Awdal region at 47 percent and lowest in Sool at 18 percent. Marodijeh has more girls of primary school age attending school compared to their male counterparts (Figure 2.4). A similar trend is observed among children from the highest wealth quintile who have a NAR of close to 50 percent (Table 4.3a).

Table 4.3a further show the GAR for primary school is 43 percent with a gender parity index of 0.95 meaning the GAR for boys is slightly higher than that for females. GAR for primary school exhibits the same trend as that of NAR for primary school.

As presented in Table 2.4b, the NAR is higher for males than females at the secondary level (13 percent and 9 percent respectively). The NAR of urban areas is 17 percent and rural at 7 percent and nomadic areas has a NAR of less than 1 percent. In terms of regions Awdal has the highest NAR with 23 percent and Sool has the lowest with 3 percent with the NAR for girls being half of that for boys in Sool region (Figure 2.5).



Figure 2.4 Primary school net attendance ratio

Figure 2.5 Secondary school net attendance ratio


2.3 Housing Characteristics

2.3.1 Water Supply

Access to clean drinking water is one of the national targets outlined in the Somaliland's National Development Plan (NDPII). The different types of water sources and sanitation facilities available to a population are important determinants of health, particularly among children. Good hygienic and sanitation practices can reduce exposure to preventable diseases.

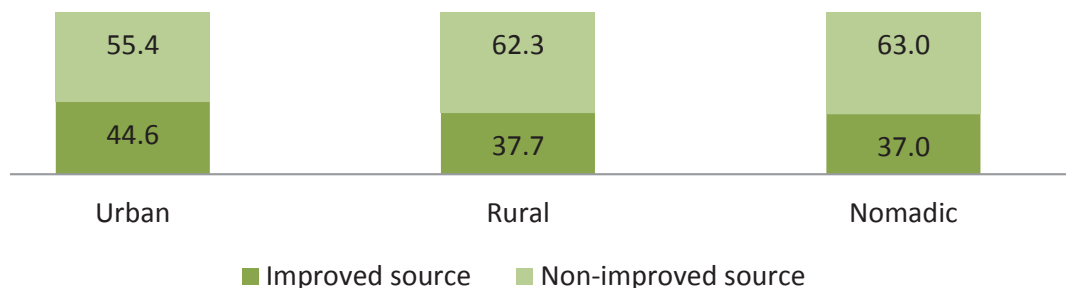
The source of drinking water for a household is an indicator of how safe it is to consume. Sources that are likely to provide uncontaminated water that is suitable for drinking are known as improved water sources. Table 2.5a shows

household drinking water and 2.5b household treated water. The lack of ready access to a water source may limit the quantity of suitable drinking water that is available to a household. By treating water effectively at home, families can improve the quality of household drinking water.

As presented in Table 2.5a, 41 percent of households, access drinking water from an improved source while 59 percent get from unimproved source. Forty-five percent of the urban households, 38 percent of rural households and 37 percent of nomadic households have access to improved sources of drinking water (Figure 2.6).

Figure 2.6 Household drinking water sources by residence

Percent distribution of Households by source of drinking water according to residence, SLHDS, 2020



Fifty-one percent of the population have water on premises while 20 percent take longer than 30 minutes to access water. Thirty-four percent of the population have basic drinking water service while for 7 percent of the population their drinking water service is limited.

As shown in Table 2.5b, only 5 percent of households treat water before drinking, 7 percent of urban households and 5 percent of rural households. No nomadic households use appropriate treatment methods for drinking water. The most common method of water treatment is bleaching/chlorination, reported by 3 percent of households.

2.3.2 Sanitation Facilities

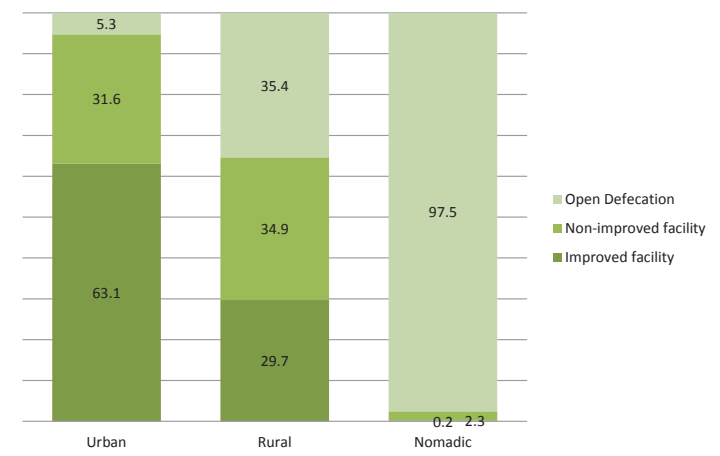
Adequate sanitation and means of disposal of human excreta, are both fundamental needs and human rights, and are important to personal hygiene. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal 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 SLHDS considers improved toilets as those that flush or pour flush into a piped sewer system or septic tank.



Table 2.6 shows that 38 percent of households use facilities that would be considered improved. Further, 25 percent of households in Somaliland use non-improved toilet facilities while 37 percent use open defecation. Access to sanitation facilities within households varies greatly in urban and rural residences, as shown in Table 2.6. and Figure 2.7 Majority of households in urban areas (63 percent) have access to improved sanitation facilities. In rural and nomadic households, 30 percent and 0.2 percent respectively have access to improved sanitation. Whereas 31 percent have basic sanitation services 7 percent have limited sanitation services.

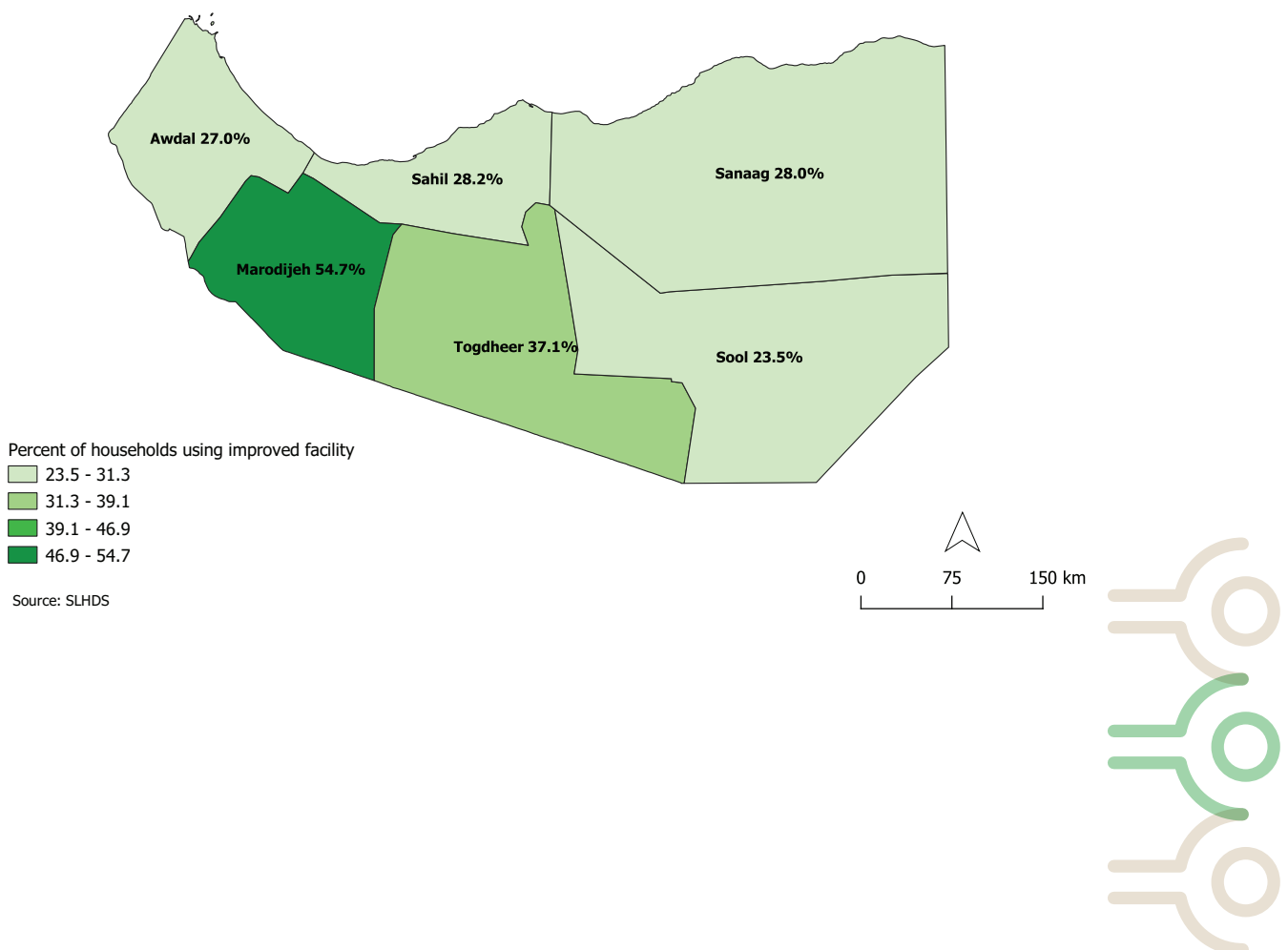
Figure 2.7 Percent of population by sanitation facilities used

Household sanitation facilities, SLHDS 2020



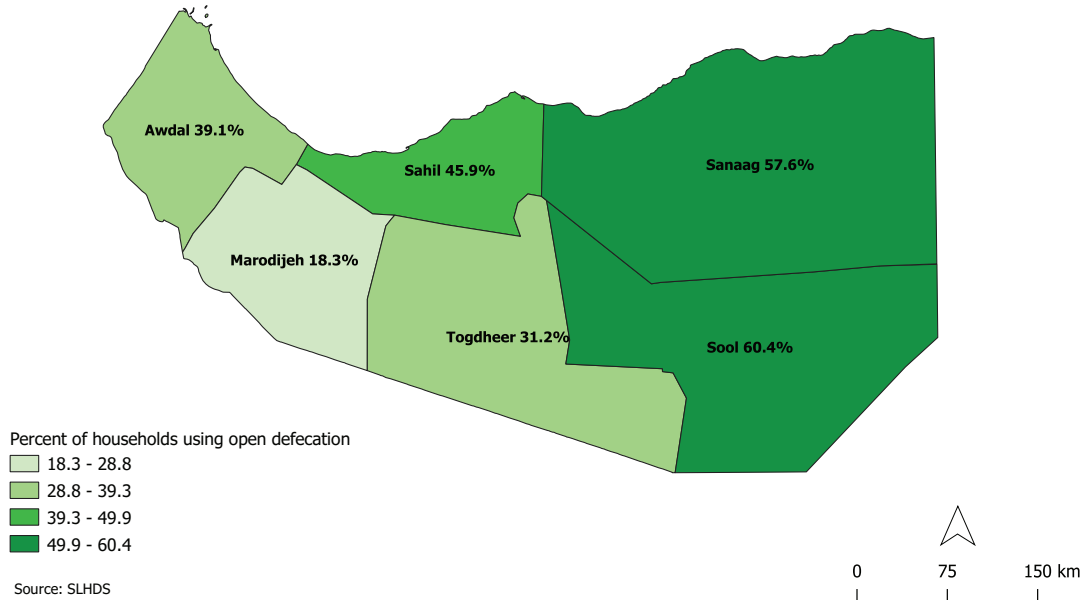
As presented in Figure 2.8, Marodijeh has the highest proportion of households using improved sanitation facilities at 55 percent followed by Togdheer at 37 percent. Sool has the lowest proportion of households using improved sanitation facilities at 24 percent (Figure 2.8).

Figure 2.8 Percent of households using improved sanitation facilities by region



As shown in Figure 2.9, the prevalence and use of open defecation is higher in Sool and Sanaag at 58 and 60 percent respectively.

Figure 2.9 Percentage of households using open defecation by region



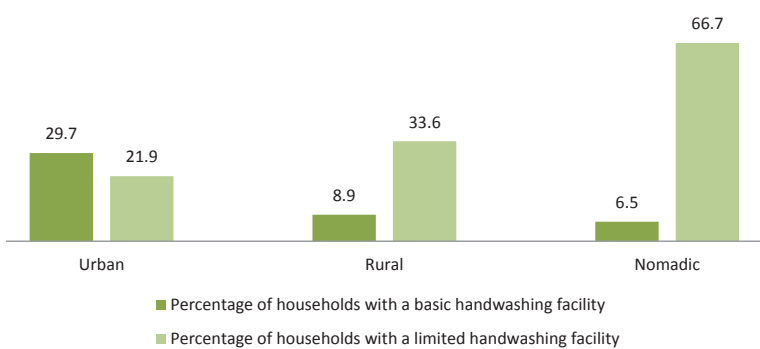
2.3.3 Handwashing

Washing hands with water and soap is a simple, effective and affordable way to prevent diseases, save lives and maintain hygiene. During the SLHDS, interviewers requested members of the households surveyed for permission to see where they washed their hands, and observed whether water and soap or other cleaning agents were available.

As presented in Table 2.7, 36 percent of the households have limited access to handwashing while 18 percent have access to basic handwashing facilities. In terms of place of residence; 30 percent of urban households, 9 percent of rural households and 7 percent of the nomadic households have a basic handwashing facility while 22 percent of urban households, 34 percent of rural households and 67 percent of nomadic households have limited access to handwashing facilities. Fifteen percent of households have a fixed place for handwashing. Twenty-four percent of urban households have access to fixed areas designated to washing hands, while only 8 percent of rural dwellers and 5 percent of nomadic families have access to fixed places for handwashing (Figure 2.10).

Figure 2.10 Percent of population with limited and basic handwashing facilities

Handwashing by type of residence, SLHDS 2020



In 41 percent of the households, water was available at the place of handwashing, 53 percent in urban areas, and 21 percent in nomadic settings. Twenty-one percent of households have soap available at the place of handwashing. However, the availability of soap was limited to only 33 percent of households in urban centres and 9 percent in nomadic settlements.

Table 2.7 further shows that, Marodijeh had the highest proportion with basic handwashing facilities at 27 and Sool had the lowest at 8 percent.

2.3.4 Housing characteristics.

Table 2.8 presents the distribution of household characteristics and amenities. Nationally, 45 percent of households use electricity, with variations by place of residence. In urban areas 81 percent of households use electricity for lighting, compared to 20 percent of rural households, and less than one percent of the nomadic households.

The kind of flooring used in a house can be indicative of the lifestyle of its inhabitants. Forty-three percent of urban dwellings have cement or tile flooring while in rural and nomadic dwellings at 61 and 92 percent respectively, have earth/sand flooring.

About nine in ten nomadic households (92 percent) use only one room for sleeping, compared to 48 percent of households in rural and 20 percent in urban households.

Overall firewood is the most common fuel used for cooking followed by charcoal in households at 47 and 42 percent respectively. Firewood is the most common source of fuel used for cooking in nomadic and rural areas, with 94 percent of nomadic households and 66 percent of rural households using firewood whereas the most common fuel used in urban areas is charcoal with 69 percent.

2.3.5 Household Possessions

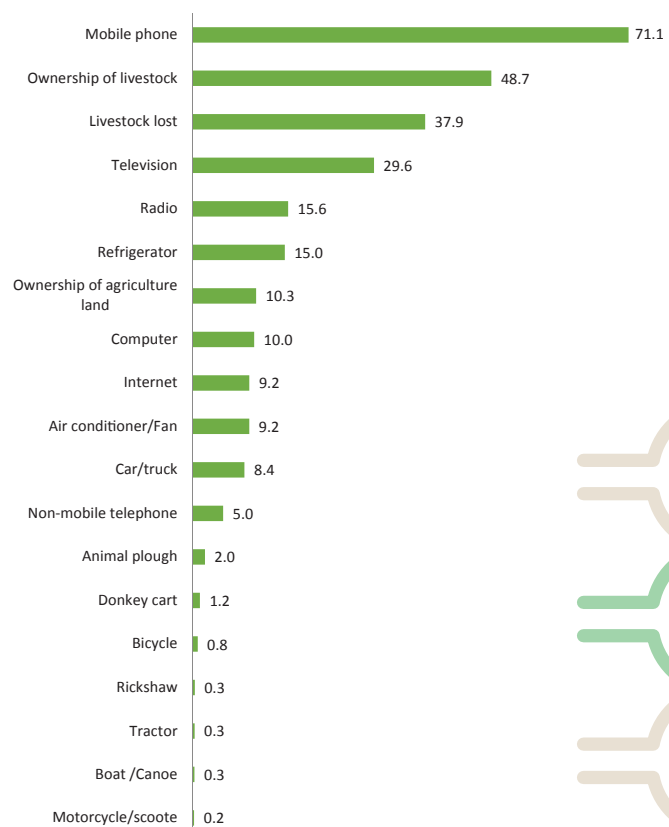
Information on the ownership of durable goods and other possessions is presented in Table 2.9. The availability of durable consumer goods is an indicator of a household's socioeconomic status and access to various benefits. For example, access to the radio can increase exposure to innovative ideas, whereas transport vehicles can provide access to services outside of the local area.

As table 2.9 and Figure 2.11 shows, 30 percent of households in Somaliland own a television, 71 percent own a mobile telephone and 16 percent own a radio. Keeping up with technological advances and connecting with friends and family is a top priority in the majority of households. Among urban households, 55 percent own a television, 84 percent own mobile phones and 19 percent own a radio compared to nomadic households where less than 1 percent own a television, 54 percent own a mobile phone and 10 percent own a radio.

Fourteen percent of the urban households own a car or truck. As in many developing countries, several Somali families value livestock and regard them as assets: Nearly half (49 percent) of households own livestock. According to place of residence 97 percent of nomad's own livestock while 60 percent of rural households and 18 percent of urban households own livestock.

Figure 2.11 Household possessions

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



2.3.6 Household Wealth

In addition to presenting standard background characteristics, many of the results in this report are shown by wealth quintiles, an indicator of the economic status of households. The 2020 SLHDS did not collect data on consumption or income, but the information collected on dwelling and household characteristics, consumer goods, and assets is used as a measure of socio-economic status. Each household asset for which information is collected is assigned a 'weight' or 'factor score' generated through principal components analysis. The resulting asset scores are standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one.

Table 2.10 shows the distribution of the household population into five wealth quintiles (five equally divided levels) based on the wealth index by residence. These distributions indicate the degree to which wealth is evenly or unevenly distributed across Somaliland. The SLHDS findings indicate that about one third at 31 percent of the household population belongs

to the lowest wealth quintile and approximately another one third at 29 percent belong to the highest wealth quintile. Populations in urban areas are wealthier than rural and nomadic areas. For example, within urban household population, 49 percent belong to the highest wealth quintile, followed by 11 percent in rural areas and less than one percent in nomadic areas, indicating that the most affluent or wealthier populations live in urban settings (Figure 2.12).

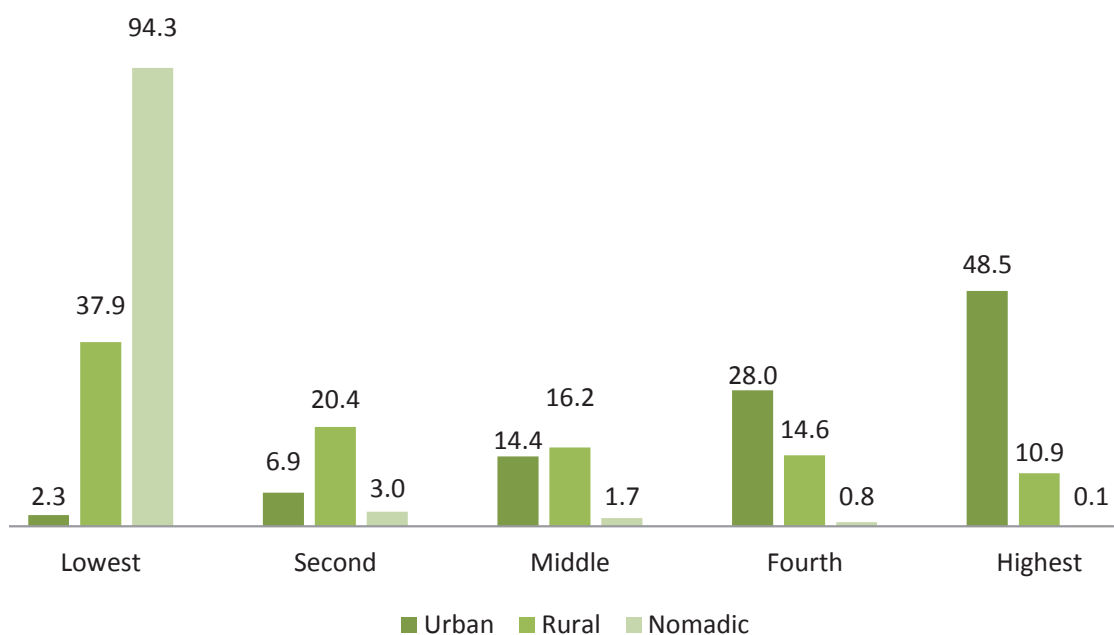
Regionally, Marodijeh has the highest number of households belonging to the highest wealth quintiles at 50 percent, while Sool has the least number of households belonging to the highest wealth quintile at 7 percent (Table 2.10)

2.3.7 Birth Registration

The registration of births is the inscription of the facts of a birth into an official log. A birth certificate is issued as proof of the registration of birth. Information on the registration of births was collected in the household interview by asking whether children under-five had a birth

Figure 2.12 Percent distribution of de jure population by wealth quintiles and residence

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



certificate. If the interviewer was informed that the child did not have a birth certificate, then he/she probed further to ascertain whether the child's birth had been registered with the civil authority.

Almost all children did not have a birth certificate. Seven percent of children under two years were registered, of which less than one percent had a birth certificate. Female children are less likely to be registered compared to the male children. Birth registration is highest among urban children, 9 percent compared to 2 percent among the nomadic children. Regionally, Marodijeh has the highest number of children registered at 9 percent and Sanaag has the lowest children registered at 3 percent (Table 2.11)

2.3.8 Children's Living Arrangements and Orphanhood

With the family being the primary safety net for children, any strategy aimed at protecting children must place a high priority on strengthening the family's capacities to care for children. It is therefore essential to identify orphaned children and find out whether those who have one or both parents alive are living with either one or none of the surviving parents.

The children who are orphaned may be at increased risk of neglect and/or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs. Table 2.12 presents these two types of

information for children under the age of 18, according to their background characteristics.

The data shows that 55 percent of Somali children under the age of 18 live with both their parents. There is little variation according to the child's sex. The proportion of children living with both their parents is higher in nomadic areas at 67 percent, compared to rural and urban areas at 57 percent and 49 percent respectively. Two percent of children under the age of 18 years live with their fathers' only while their mothers are alive, and 9 percent do not live with either of their biological parents.

Regionally, Togdheer and Sool have the highest percentage of children not living with a biological parent with 10 percent and the region with lowest percentage of children not living with a biological parent is Sahil (Table 2.12).

2.3.9 Household resilience

Table 2.13 shows Household resilience, overall 20 percent of households worry about not having food, whilst 17 percent did not eat anything for the entire day at the time of the survey. According to place of residence, the nomadic population worry more about not having food than the urban population at 23 percent and 16 percent respectively. Twenty-one percent of rural households went to bed hungry compared to 14 percent of urban households. The region with the most worry about not having food is Sanaag at 27 percent and the lowest is Awdal at 13 percent.



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Table 2.1 Household population by age, sex, and residence

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

Background characteristics	Urban			Rural			Nomadic			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age												
<5	17.4	16.1	16.7	19.4	16.5	17.9	17.2	17.0	17.1	17.8	16.4	17.1
5-9	17.1	14.1	15.5	18.4	16.9	17.6	18.1	16.5	17.3	17.6	15.3	16.4
10-14	15.9	14.8	15.3	14.1	14.4	14.2	14.7	15.0	14.8	15.1	14.7	14.9
15-19	12.2	13.9	13.1	11.5	11.0	11.2	11.5	10.5	11.0	11.9	12.5	12.2
20-24	7.1	8.5	7.9	6.4	8.1	7.3	6.1	8.8	7.4	6.7	8.5	7.6
25-29	5.4	6.5	6.0	5.1	7.0	6.1	5.8	8.1	7.0	5.4	7.0	6.2
30-34	4.7	4.9	4.8	4.6	5.1	4.9	4.6	5.9	5.3	4.6	5.2	4.9
35-39	3.9	3.8	3.8	3.5	4.4	4.0	4.2	4.8	4.5	3.9	4.2	4.0
40-44	3.6	3.8	3.7	3.5	3.7	3.6	3.6	3.1	3.4	3.6	3.6	3.6
45-49	1.8	2.1	1.9	2.9	2.4	2.6	1.9	1.8	1.9	2.1	2.1	2.1
50-54	3.6	3.6	3.6	2.9	3.3	3.1	4.2	3.8	4.0	3.6	3.6	3.6
55-59	1.8	1.6	1.7	1.9	1.3	1.6	1.7	1.5	1.6	1.8	1.5	1.7
60-64	1.9	2.0	2.0	1.8	1.7	1.7	2.9	1.4	2.1	2.1	1.8	1.9
65-69	1.0	0.6	0.8	1.1	0.7	0.9	0.9	0.5	0.7	1.0	0.6	0.8
70-74	1.2	1.5	1.4	1.4	1.6	1.5	1.5	0.6	1.1	1.3	1.3	1.3
75-79	0.3	0.4	0.3	0.3	0.4	0.4	0.4	0.2	0.3	0.3	0.3	0.3
80+	1.2	1.8	1.5	1.3	1.5	1.4	0.6	0.5	0.6	1.1	1.5	1.3
Total	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dependency age groups												
0-14	50.4	45.0	47.5	51.8	47.8	49.8	49.9	48.5	49.2	50.6	46.4	48.4
15-64	45.9	50.8	48.5	44.1	47.9	46.1	46.6	49.7	48.1	45.6	49.9	47.8
65+	3.7	4.3	4.0	4.0	4.2	4.1	3.5	1.8	2.7	3.7	3.7	3.7
Total	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Child and adult populations												
0-17	57.9	53.4	55.5	58.9	54.7	56.7	57.2	54.7	55.9	57.9	54.0	55.9
18+	42.1	46.6	44.5	41.1	45.3	43.3	42.8	45.3	44.1	42.0	46.0	44.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Adolescents 10-19	28.1	28.7	28.4	25.6	25.4	25.5	26.1	25.5	25.8	27.0	27.2	27.1
Number of persons	8,991	10,275	19,266	4,210	4,551	8,762	4,029	3,908	7,937	17,231	18,734	35,965

Table 2.2 Household composition

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

Background characteristics	Type of Residence			
	Urban	Rural	Nomadic	Total
Household headship				
Male	60.2	64.1	76.1	65.3
Female	39.8	35.9	23.9	34.7
Total	100.0	100.0	100.0	100.0
Number of usual members				
1	3.4	4.5	3.5	3.7
2	5.5	7.5	9.0	6.9
3	8.0	10.7	12.0	9.7
4	10.9	14.7	16.0	13.2
5	12.0	13.3	17.1	13.6
6	12.8	14.5	15.1	13.8
7	12.6	11.7	10.8	11.9
8	10.2	9.1	8.0	9.4
9+	24.5	14.1	8.6	17.8
Total	100.0	100.0	100.0	100.0
Mean size of households	6.5	5.6	5.2	6.0
Percentage of households with orphans and foster children under 18				
Foster children ¹	21.3	18.6	11.9	18.2
Double orphans	5.8	2.3	2.4	4.0
Single orphans ²	14.4	9.5	9.1	11.8
Foster and/or orphan children	36.1	27.3	20.9	29.9
Number of households	2,940	1,572	1,532	6,044

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

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

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

Table 2.3a Educational attainment of the male household population

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

Background characteristics	Educational attainment of the household population							Total	Number of males	Median years completed
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education	Don't know			
Age										
6-9	35.1	64.9	0.0	0.0	0.0	0.0	0.0	100.0	1,063	3.0
10-14	20.8	64.2	6.7	8.3	0.0	0.0	0.0	100.0	1,409	5.0
15-19	11.0	38.9	7.8	21.4	12.1	8.2	0.5	100.0	1,134	8.0
20-24	10.0	29.6	3.9	15.6	17.9	19.9	3.0	100.0	549	10.0
25-29	14.3	27.7	7.0	8.8	11.1	28.8	2.2	100.0	409	11.0
30-34	10.9	21.6	4.7	5.8	16.3	34.1	6.6	100.0	379	12.0
35-39	12.9	19.6	13.7	7.7	15.3	25.1	5.8	100.0	274	11.0
40-44	11.5	24.7	10.1	9.4	21.3	15.7	7.3	100.0	277	11.0
45-49	5.8	28.4	13.0	5.6	19.6	11.7	15.9	100.0	137	8.0
50-54	11.1	25.3	14.0	9.8	16.7	19.1	4.0	100.0	262	9.2
55-59	10.5	18.1	6.3	0.7	24.8	29.4	10.1	100.0	135	12.0
60-64	11.9	19.3	10.8	3.8	23.6	28.4	2.2	100.0	140	12.0
65+	10.2	28.9	10.0	6.8	20.0	17.6	6.5	100.0	211	11.0
Type of residence										
Urban	14.5	39.3	6.9	11.3	11.0	15.2	1.9	100.0	4,446	8.0
Rural	16.5	56.0	6.2	6.3	8.1	4.2	2.7	100.0	1,589	5.0
Nomadic	57.0	28.5	3.5	0.8	1.8	0.8	7.5	100.0	344	3.0
Region										
Awdal	8.9	46.1	6.2	11.8	8.8	16.0	2.1	100.0	729	7.0
Marodijeh	13.5	38.5	7.4	8.3	13.0	17.2	2.1	100.0	2,711	8.0
Sahil	17.0	48.9	4.6	11.8	8.7	6.7	2.3	100.0	263	7.0
Togdheer	20.5	45.6	7.4	11.3	7.4	5.7	2.1	100.0	1,404	7.0
Sool	27.0	44.8	4.2	7.9	4.9	6.1	5.2	100.0	521	5.0
Sanaag	26.4	46.7	4.4	8.4	7.2	4.1	2.7	100.0	750	6.0
Total	17.3	42.9	6.5	9.5	9.8	11.7	2.4	100.0	6,379	7.0

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level

Table 2.3b Educational attainment of the female household population

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

Background characteristics	Educational attainment of the household population							Total	Number of females	Median years completed
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education	Don't know			
Age										
6-9	38.4	61.6	0.0	0.0	0.0	0.0	0.0	100.0	903	3.0
10-14	17.3	71.5	4.1	7.0	0.0	0.0	0.0	100.0	1,336	5.0
15-19	17.4	44.3	6.4	17.6	8.8	5.2	0.2	100.0	1,101	7.0
20-24	15.1	37.4	7.9	10.4	16.8	12.3	0.2	100.0	641	8.0
25-29	16.7	39.1	9.8	8.2	9.9	15.0	1.4	100.0	474	8.0
30-34	18.1	33.1	10.1	8.8	13.0	16.6	0.4	100.0	264	8.0
35-39	15.2	43.0	6.5	6.7	9.8	16.6	2.2	100.0	211	7.0
40-44	23.2	34.2	10.7	8.1	13.4	10.2	0.3	100.0	188	8.0
45-49	15.6	42.4	17.3	12.0	9.7	2.4	0.6	100.0	92	7.0
50-54	30.6	31.9	9.4	6.4	7.6	13.4	0.8	100.0	152	8.0
55-59	19.5	38.8	2.9	23.5	2.4	11.3	1.6	100.0	73	8.0
60-64	23.4	35.7	2.9	17.9	14.5	1.7	3.9	100.0	80	8.0
65+	27.8	47.9	9.2	6.9	7.2	0.4	0.6	100.0	101	4.0
Type of residence										
Urban	18.6	47.2	6.5	11.0	8.5	7.8	0.3	100.0	4,081	7.0
Rural	21.8	65.8	4.4	4.2	1.9	1.4	0.5	100.0	1,323	4.0
Nomadic	68.5	28.6	1.2	0	0	0.5	1.2	100.0	210	2.0
Region										
Awdal	10.2	56.3	5.5	12.1	6.2	9.5	0.2	100.0	563	6.0
Marodijeh	16.8	47.8	6.6	9.3	11.0	8.3	0.3	100.0	2,542	7.0
Sahil	25.4	54.3	4.6	7.6	3.5	3.9	0.7	100.0	203	5.0
Togdheer	26.7	52.2	5.1	10.0	2.0	3.5	0.4	100.0	1,160	6.0
Sool	34.5	51.5	4.0	4.7	2.7	1.8	0.8	100.0	515	4.0
Sanaag	26.4	54.6	6.4	7.3	2.5	2.2	0.7	100.0	630	5.0
Total	21.2	50.9	5.8	9.0	6.6	6.0	0.4	100.0	5,615	6.0

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level



Table 2.4a School attendance ratio: PRIMARY

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the defacto household population by sex and level of schooling and Gender Parity Index (GPI), according to background characteristics, SLHDS 2020

Background characteristics	Net Attendance Ratio ¹				Gross Attendance Ratio ²			
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
Urban	38.8	37.8	38.3	0.98	54.4	53.7	54.1	0.99
Rural	39.2	33.5	36.3	0.86	59.7	50.7	55.2	0.85
Nomadic	2.3	1.3	1.8	0.56	3.7	1.9	2.8	0.51
Region of residence								
Awdal	48.4	45.4	46.9	0.94	62.7	57.3	60.0	0.91
Marodijeh	34.4	35.3	34.9	1.02	48.6	52.0	50.4	1.07
Sahil	30.9	25.0	28.0	0.81	42.4	34.7	38.7	0.82
Togdheer	28.1	25.2	26.7	0.90	42.3	36.1	39.4	0.85
Sool	19.4	16.5	18.0	0.85	31.9	25.8	28.8	0.81
Sanaag	23.8	21.6	22.7	0.91	36.0	33.3	34.7	0.93
Wealth quintile								
Lowest	11.7	9.5	10.6	0.81	18.3	14.8	16.6	0.80
Second	34.1	28.7	31.4	0.84	50.3	43.1	46.8	0.86
Middle	31.3	26.6	29.0	0.85	48.3	39.6	44.0	0.82
Fourth	42.1	35.8	39.0	0.85	62.0	55.2	58.6	0.89
Highest	43.0	45.8	44.4	1.07	57.9	62.2	60.1	1.07
Total	30.4	28.9	29.6	0.95	43.9	41.8	42.9	0.95



Table 2.4b School attendance ratio: SECONDARY

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the defacto household population by sex and level of schooling and Gender Parity Index (GPI), according to background characteristics, SLHDS 2020

Background characteristics	Net Attendance Ratio ¹				Gross Attendance Ratio ²			
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
Urban	19.8	13.8	16.6	0.70	53.5	42.0	47.3	0.78
Rural	10.4	2.9	6.5	0.28	22.1	9.0	15.2	0.41
Nomadic	0.1	0.0	0.1	0.00	1.0	0.0	0.5	0.00
Region of residence								
Awdal	26.0	20.5	23.4	0.79	48.0	40.5	44.5	0.85
Marodijeh	15.3	9.5	12.1	0.62	41.8	36.4	38.8	0.87
Sahil	13.6	6.9	10.2	0.51	34.8	19.3	26.8	0.55
Togdheer	13.1	9.3	11.1	0.71	38.3	24.8	31.2	0.65
Sool	4.1	2.3	3.2	0.56	12.2	7.4	9.7	0.61
Sanaag	7.2	5.4	6.3	0.74	21.4	14.8	18.2	0.69
Wealth quintile								
Lowest	1.6	0.0	0.9	0.00	3.7	1.8	2.8	0.48
Second	11.3	2.2	6.6	0.20	20.7	6.3	13.3	0.30
Middle	15.5	5.5	10.3	0.36	31.2	19.3	25.0	0.62
Fourth	13.3	13.8	13.5	1.04	48.3	37.8	42.7	0.78
Highest	26.2	15.6	20.2	0.60	66.6	47.8	56.0	0.72
TOTAL	12.9	8.6	10.7	0.67	33.7	26.2	29.8	0.78

¹The NAR for primary school is the percentage of the primary-school age (A-B years) population that is attending primary school. The NAR for secondary

school is the percentage of the secondary-school age (C-D years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent

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

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

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

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



Table 2.5a Household drinking water

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

Background characteristics	Households				Population			
	Types of residence			Total	Types of residence			Total
	Urban	Rural	Nomadic		Urban	Rural	Nomadic	
Source of drinking water								
Improved source	44.6	37.7	37.0	40.9	51.1	39.8	37.7	45.4
Piped water into dwelling/yard/plot	32.1	4.8	0.1	17.1	38.1	5.8	0.1	21.7
Piped to neighbor	6.3	1.9	0.2	3.7	6.1	2.0	0.2	3.8
Public tap/standpipe	1.4	4.7	0.6	2.1	1.9	4.8	0.6	2.3
Tube well/borehole	1.0	1.3	1.8	1.3	1.1	1.4	2.1	1.4
Protected dug well	2.7	13.6	10.1	7.4	2.8	14.4	10.3	7.3
Protected spring	0.6	4.4	10.4	4.0	0.6	4.2	10.4	3.6
Rainwater	0.2	6.7	13.6	5.2	0.2	7.1	13.9	4.9
Bottled water	0.3	0.3	0.1	0.2	0.2	0.2	0.1	0.2
Non-improved source	55.4	62.3	63.0	59.1	48.9	60.2	62.3	54.6
Unprotected dug well	1.0	17.3	30.3	12.4	1.0	19.0	31.1	12.1
Unprotected spring	0.2	5.3	10.8	4.1	0.2	5.4	11.5	4.0
Tanker truck/cart with drum	46.1	26.3	5.4	31.0	45.9	28.5	5.6	32.7
Water Kiosk	0.5	1.8	0.2	0.8	0.3	1.8	0.2	0.7
Surface water	0.1	2.8	8.2	2.8	0.1	2.9	7.8	2.5
Other source	0.2	0.8	6.0	1.8	0.2	0.9	5.7	1.6
Missing	7.3	7.9	2.2	6.2	1.2	1.6	0.4	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)								
Water on premises ¹	75.9	39.5	11.0	50.5	75.3	36.4	9.6	51.2
30 minutes or less	12.9	35.0	44.3	26.4	12.5	36.6	45.2	25.7
More than 30 minutes	7.3	22.6	43.4	20.1	7.9	24.2	43.7	19.8
DK/Missing	3.9	2.9	1.3	3.0	4.3	2.9	1.4	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Drinking water service								
Percentage with basic drinking water service ²	43.3	28.8	19.2	33.6	49.5	30.6	19.6	38.2
Percentage with limited drinking water service ³	1.0	8.0	16.7	6.7	1.3	8.4	16.9	6.5
Number of households	3,169	1,706	1,566	6,440	19,763	9,171	8,173	37,108

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 2.5b Treatment of household drinking water

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

Water treatment method	Households				Population			
	Urban	Rural	Nomads	Total	Urban	Rural	Nomads	Total
Water treatment prior to drinking¹								
Boiled	3.5	1.9	0.0	2.2	3.3	2.0	0.0	2.2
Bleach/chlorine added	3.9	3.4	0.0	2.8	4.5	3.9	0.0	3.4
Strained through cloth	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Ceramic, sand or other filter	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Solar disinfection	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Let it stand and settle	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other treatment	0.7	1.3	0.0	0.7	1.0	1.2	0.0	0.8
No treatment	92.3	93.8	98.4	94.2	91.8	93.3	98.2	93.6
Don't Know	7.7	5.9	1.6	5.7	8.1	6.3	1.8	6.3
Percentage using an appropriate treatment method ²	7.2	4.9	0.0	4.8	7.5	5.4	0.0	5.3
Number of households	2,938	1,571	1,532	6,040	19,519	9,028	8,139	36,687

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

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

Table 2.6 Household sanitation facilities, SLHDS 2020

Type of toilet/latrine facility	Households				Population			
	Urban	Rural	Nomads	Total	Urban	Rural	Nomadic	Total
Improved facility	63.1	29.7	0.2	38.4	60.8	34.8	0.1	31.6
Flush/pour to piped sewer system	14.1	0.9	0.0	7.1	7.9	1.6	0.0	3.2
Flush/pour to septic tank	4.9	1.8	0.1	2.9	3.0	2.0	0.0	1.7
Flush/pour to a pit latrine	14.8	7.6	0.1	9.2	16.3	8.7	0.1	8.3
Ventilated improved pit (VIP) latrine	14.7	8.8	0.0	9.4	17.5	11.4	0.0	9.5
Pit latrine with a slab	14.7	10.6	0.0	9.9	16.1	11.1		9.0
Non-improved facility	31.6	34.9	2.3	25.0	34.5	33.4	1.8	22.9
Flush to some where else	0.1	0.1	0.1	0.1	0.1	0.0	0.2	0.1
Flush/pour flush, don't know where	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pit latrine without slab/Open latrine	28.5	31.6	0.2	22.1	32.7	30.5	0.1	20.8
Bucket toilet	1.6	1.8	0.3	1.3	1.0	1.9	0.3	1.0
Hanging toilet/hanging latrine	0.2	0.2	0.0	0.2	0.2	0.2	0.0	0.1
Others	1.1	1.3	1.6	1.3	0.4	0.8	1.2	0.8
Open Defecation	5.3	35.4	97.5	36.7	4.7	31.8	98.1	45.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	2,905	1,558	1,531	5,993	11,828	11,270	12,070	35,168
Location of toilet facility								
In own dwelling	62.5	32.0	1.1	53.7	59.6	32.3	0.7	47.9
In own Yard/Plot	29.6	44.0	12.9	33.2	32.2	44.8	9.2	36.9
Else Where	8.0	24.0	86.0	13.1	8.2	22.9	90.1	15.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number households/population with a toilet/latrine facility	2,766	1,012	42	3,821	11,307	7,723	272	19,302
Percentage with basic sanitation service¹	53.2	21.0	0.1	31.3	51.5	26.3	0.1	25.8
Percentage with limited sanitation service²	9.9	8.7	0.0	7.1	9.3	8.5	0.0	5.9

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

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

Table 2.7 Handwashing, SLHDS 2020

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

Background	Percentage of households for whom place for washing hands was observed		Number of households	Place for handwashing observed			Number of households/ persons for whom place of handwashing was observed	Percentage with a basic handwashing facility ³	Percentage with a limited handwashing facility ⁴	Number of households/ persons for whom a place for handwashing was observed or with no place for handwashing in the dwelling yard
	Place for washing hands was fixed	Place for washing hands was mobile		Water available	Soap available ¹	Cleansing agent other than soap available ²				
Households										
Type of residence										
Urban	24.1	57.9	2,938	53.4	33.2	5.2	2,409	29.7	21.9	2,793
Rural	7.5	71.0	1,570	38.7	10.2	11.3	1,232	8.9	33.6	1,460
Nomadic	4.6	65.7	1,532	20.6	8.6	13.8	1,077	6.5	66.7	1,382
Region of residence										
Awdal	12.4	72.4	567	41.3	23.3	5.6	481	20.1	42.7	536
Marodijeh	24.8	56.0	2,084	50.5	29.9	7.8	1,685	26.9	24.1	2,014
Sahil	13.5	76.4	313	36.9	22.3	7.2	282	11.4	43.1	310
Togdheer	11.6	71.4	1,252	54.4	20.6	10.1	1,039	20.0	29.5	1,174
Sool	6.5	61.6	800	22.4	9.9	9.4	545	7.7	53.2	697
Sanaag	6.8	60.3	1,023	22.5	10.3	12.1	686	8.9	50.9	905
Number of households	14.8	63.3	6,040	41.3	21.0	9.0	4,718	18.4	36.3	5,635
Population										
Type of residence										
Urban	24.4	58.8	19,223	54.4	33.7	5.0	15,985	30.5	22.5	18,314
Rural	8.6	70.6	8,871	38.1	10.9	11.2	7,026	9.5	34.7	8,274
Nomadic	4.9	67.4	7,986	21.9	8.7	14.4	5,770	6.8	65.8	7,214
Region of residence										
Awdal	13.0	73.0	3,318	44.7	25.6	5.2	2,854	22.5	39.5	3,116
Marodijeh	26.6	56.6	12,747	51.6	31.1	7.4	10,606	28.2	25.4	12,415
Sahil	14.1	77.3	1,668	37.8	23.6	8.3	1,524	12.7	42.6	1,661
Togdheer	13.2	70.4	7,826	57.0	23.4	9.3	6,546	22.7	26.9	7,345
Sool	7.6	61.4	4,677	22.1	10.4	8.8	3,225	7.8	53.2	4,078
Sanaag	6.7	62.2	5,843	24.2	10.7	12.0	4,026	9.5	48.2	5,186
Number of households	16.2	63.6	36,079	43.2	22.6	8.6	28,781	20.1	35.1	33,801

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

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

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

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



Table 2.8 Household characteristics

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

Housing characteristic	Type of residence			Total
	Urban	Rural	Nomadic	
Electricity				
Yes	80.7	20.3	0.1	44.6
No	19.3	79.7	99.9	55.4
Total	100.0	100.0	100.0	100.0
Flooring material				
Earth/Sand	21.5	60.6	92.3	49.6
Dung	0.0	0.1	0.5	0.2
Grass	0.4	0.9	5.5	1.9
Wooden Planks	0.6	0.2	0.2	0.4
Palm/Bamboo	2.3	0.6	0.7	1.5
Parquet/Polished wood	0.4	0.1	0.0	0.2
Vinyl/Asphalt Strips	0.0	0.1	0.0	0.0
Ceramic Tiles	31.1	2.4	0.0	15.7
Cement	43.3	34.6	0.3	30.1
Carpet	0.4	0.1	0.0	0.2
Others	0.0	0.2	0.4	0.2
Total	100.0	100.0	100.0	100.0
Rooms used for sleeping				
One	20.1	48.4	92.1	45.7
Two	34.1	38.4	7.6	28.5
Three or more	45.8	13.3	0.3	25.8
Total	100.0	100.0	100.0	100.0
Place for cooking				
In the house	49.3	27.7	16.2	35.3
In a separate building	45.0	53.4	12.7	39.0
Outdoors	4.5	17.5	69.2	24.3
Others	1.2	1.4	1.9	1.4
Total	100.0	100.0	100.0	100.0
Cooking fuel				
Electricity	4.2	0.4	0.0	2.2
LPG/natural gas/ biogas	6.9	0.8	0.3	3.6
Kerosene	5.1	1.2	0.5	2.9
Firewood	13.3	65.7	93.9	47.4
Charcoal	69.1	30.0	2.5	42.0
Straw/shrubs/grass	0.1	0.0	0.0	0.1
Agricultural crop	0.0	0.5	2.6	0.8
No food cooked in the household	0.7	1.1	0.2	0.7
Other	0.5	0.2	0.0	0.3
Total	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking¹	82.6	96.2	99.0	90.3
Percentage using clean fuel for cooking²	11.2	1.2	0.3	5.8
Number of Households	2,938	1,571	1,532	6,040

LPG = Liquid petroleum gas

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

²Includes electricity and LPG/natural gas/biogas

Table 2.9 Household possessions

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

Possession	Type of residence			Total
	Urban	Rural	Nomadic	
Household effect				
Radio	19.2	14.4	9.9	15.6
Television	55.3	10.1	0.2	29.6
Refrigerator	29.1	3.0	0.2	15.0
Mobile phone	84.3	62.9	54.3	71.1
Non-mobile telephone	7.4	2.4	2.8	5.0
Computer	19.9	1.2	0.2	10.0
Internet	17.5	1.7	1.1	9.2
Air conditioner/Fan	16.9	2.4	1.5	9.2
Means of transport				
Bicycle	0.9	0.5	0.9	0.8
Motorcycle/scooter	0.0	0.3	0.4	0.2
Donkey cart	0.3	1.9	2.2	1.2
Car/truck	14.4	3.9	1.6	8.4
Boat /Canoe	0.0	0.3	0.8	0.3
Tractor	0.2	0.6	0.2	0.3
Rickshaw	0.5	0.2	0.2	0.3
Animal plough	1.2	1.5	4.1	2.0
Ownership of agriculture land	4.7	24.8	6.4	10.3
Ownership of livestock	17.7	60.0	96.8	48.7
Livestock lost	11.2	47.1	79.9	37.9
Number of households	2,938	1,571	1,532	6,040

¹Camel cattle, shoats horses, donkeys, poultry


Table 2.10 Wealth quintile

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

Residence/region	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Type of residence								
Urban	2.3	6.9	14.4	28.0	48.5	100.0	19,238	0.1
Rural	37.9	20.4	16.2	14.6	10.9	100.0	8,880	0.3
Nomadic	94.3	3.0	1.7	0.8	0.1	100.0	7,986	0.4
Region of residence								
Awdal	36.8	15.3	7.4	14.8	25.7	100.0	3,318	0.3
Marodijeh	14.6	5.7	8.9	20.4	50.3	100.0	12,747	0.1
Sahil	39.0	6.7	14.0	20.7	19.6	100.0	1,668	0.3
Togdheer	27.7	13.1	14.6	20.1	24.6	100.0	7,847	0.2
Sool	52.9	13.1	14.3	13.1	6.6	100.0	4,680	0.3
Sanaag	50.4	7.0	15.6	18.9	8.1	100.0	5,843	0.3
Total	31.4	9.4	12.0	18.7	28.5	100.0	36,103	0.2

Table 2.11 Birth registration of children aged under five

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

Background characteristics	Children whose births are registered			Number of children
	Percentage who had a birth certificate	Percentage who did not have a birth certificate	Percentage registered	
Age				
<2	0.4	6.3	6.8	2,247
2-4	0.9	5.2	6.1	3,900
Sex				
Male	0.9	6.6	7.5	3,084
Female	0.6	4.6	5.2	3,063
Types of residence				
Urban	1.2	8.2	9.4	3,220
Rural	0.5	3.9	4.4	1,576
Nomadic	0.0	1.5	1.5	1,352
Region of residence				
Awdal	1.0	6.3	7.2	515
Marodijeh	1.1	8.0	9.1	2,100
Sahil	0.5	8.2	8.7	285
Togdheer	0.5	5.1	5.5	1,382
Sool	0.5	3.0	3.5	847
Sanaag	0.5	2.7	3.2	1,019
Total	0.8	5.6	6.4	6,147

Table 2.12 Children's living arrangements and orphanhood

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

Background Characteristic	Living with mother but not with father				Living with father but not with mother				Not living with either parent				
	Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/mother	Total	Percentage not living with a biological parent	Percentage with one or both parents dead ¹	Number of children
Age													
0-4	13.2	2.5	1.2	0.4	6.9	0.5	0.4	1.2	12.0	100.0	6.9	5.0	6,198
Age 0-17													
<2	13.4	1.8	0.7	0.3	5.1	0.4	0.4	0.6	11.7	100.0	5.1	3.4	2,266
2-4	13.2	3.0	1.4	0.4	8.0	0.5	0.4	1.5	12.2	100.0	8.0	5.8	3,932
5-9	10.7	4.1	1.8	0.7	8.6	0.7	0.8	1.6	13.3	100.0	8.6	7.9	5,976
10-14	10.9	4.1	2.3	0.8	8.8	1.3	1.5	2.5	17.3	100.0	8.8	10.2	5,419
15-17	10.7	4.7	1.6	0.6	12.6	1.4	2.4	2.9	19.1	100.0	12.6	11.9	2,713
Sex													
Male	12.2	3.9	2.0	0.6	8.2	0.8	0.9	1.6	12.6	100.0	8.2	7.8	10,077
Female	10.8	3.6	1.4	0.6	9.2	1.0	1.2	2.2	16.8	100.0	9.2	8.6	10,229
Residence													
Urban	12.4	4.7	1.8	0.4	9.2	1.1	1.4	2.4	17.4	100.0	9.2	9.9	10,751
Rural	14.1	2.7	1.5	0.7	9.6	0.8	0.8	1.2	11.8	100.0	9.5	6.1	5,057
Nomadic	6.7	2.5	1.7	1.0	6.4	0.7	0.7	1.4	11.9	100.0	6.4	6.3	4,498
Region of residence													
Awdal	12.3	4.1	1.4	1.0	7.4	0.5	1.2	2.2	7.5	100.0	7.4	8.9	1,811
Marodjeh	10.6	3.6	1.3	0.6	8.3	0.9	1.2	2.3	18.1	100.0	8.3	8.6	6,876
Sahil	12.9	3.8	1.9	1.1	6.1	0.7	0.7	2.1	14.8	100.0	6.1	8.4	959
Togdheer	14.2	4.9	2.3	0.3	10.0	1.2	1.0	2.0	15.0	100.0	9.9	9.4	4,542
Sool	9.9	3.1	2.0	0.7	9.5	1.1	0.9	1.0	12.7	100.0	9.5	6.7	2,751
Sanaag	10.4	2.5	1.7	0.7	8.5	0.7	1.1	1.2	13.3	100.0	8.5	6.2	3,366
Wealth quintile													
Lowest	9.3	2.4	1.8	0.8	7.3	0.7	0.6	1.4	11.2	100.0	7.3	5.9	6,403
Second	15.8	4.6	2.0	0.8	7.4	0.8	0.7	1.8	14.0	100.0	7.3	8.7	1,889
Middle	14.2	5.1	1.8	1.1	8.3	0.9	0.8	1.1	13.2	100.0	8.3	9.1	2,524
Fourth	11.4	3.6	1.9	0.4	9.4	0.8	0.9	1.3	15.3	100.0	9.4	7.1	3,798
Highest	11.6	4.4	1.3	0.2	10.3	1.3	1.9	3.2	19.3	100.0	10.3	10.9	5,692
Total <18	11.5	3.7	1.7	0.6	8.7	0.9	1.1	1.9	14.8	100.0	8.7	8.2	20,306

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

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

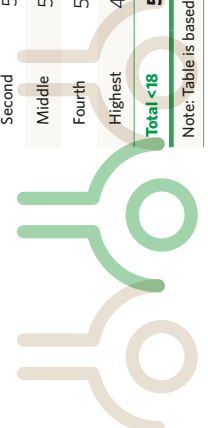


Table 2.13 Household resilience

Percentage of households with difficulty obtaining food, SLHDS 2020

Background characteristics	Household resilience						Number of Households
	Percentage who worried about not having enough food	Percentage who ate smaller meal than he/she needed	Percentage who ate fewer meals in a day	Percentage who did not eat any kind of food	Percentage who went to bed hungry	Percentage who spent whole day with out eating	
Residence							
Urban	16.4	15.5	15.1	13.6	13.9	11.1	2,938
Rural	24.4	23.2	23.0	20.9	20.8	17.4	1,570
Nomadic	22.9	21.9	21.1	20.7	19.7	19.1	1,532
Region							
Awdal	12.9	13.1	12.6	12.7	10.9	9.9	567
Marodijeh	15.1	13.9	14.1	11.9	12.2	9.1	2,084
Sahil	16.8	17.1	17.3	16.6	12.7	11.6	313
Togdheer	23.3	20.8	19.7	18.8	19.6	16.7	1,252
Sool	26.3	26.8	26.0	25.6	25.0	22.3	800
Sanaag	26.6	25.6	24.8	22.8	23.2	21.7	1,023
Number of Households	20.1	19.1	18.7	17.3	17.2	14.8	6,040







03

Characteristics of the Respondents



3 CHARACTERISTICS OF THE RESPONDENTS

Key Findings

- 66% of women aged 15-49 have no education.
- About 2 in 5 women (41%) aged 15-49 are literate.
- 27% of women aged 15-49 watch television at least once a week.
- 24% of women aged 15-49 reported using internet in the past 12 months, of which 74% use internet almost every day.
- 39% of employed women are unskilled, while 29% of them are professionals/managers/ technicians.
- 29% of women employed in the agricultural sector are paid nothing at all.
- Less than 1% of ever-married women were covered by any type of health insurance.

The chapter presents demographic and socio-economic characteristics of the ever-married and never-married women aged 15-49 interviewed in the SLHDS 2020. These characteristics include age, level of education, marital status and their household wealth status. Exposure to mass media and literacy status were examined, and detailed information was collected on employment status, occupation, and earnings. Further, SLHDS collected data on health insurance coverage and use of tobacco. This information provides decision makers and programme managers with tools to design, plan and execute efficient and effective programmes and projects to improve health services.



3.1 Background characteristics of survey respondents

Table 3.1 describes the ever-married and never-married women aged 15 -49 who were interviewed during the survey, according to their background characteristics.

Majority of the respondents are below the age of 30. Sixty-two percent of women are aged 15-29, with adolescents, those aged 15-19, constituting 27 percent. The proportion of never-married women declines with an increase in age. The concept of family unity is the norm, 87 percent of ever-married women aged 15-49 are still married, while 8 percent are divorced, and 5 percent are widowed. As expected, the majority of never-married women are in the 15-19 age group at 62 percent. Fifty-four percent of ever-married women and 76 percent of never-married women reside in urban areas.

Marodijeh and Togdheer have the highest proportions of ever-married women at 32 percent and 27 percent respectively, while Awdal and Sahil have the least proportion at 9 percent and 5 percent respectively.

Educational attainment is higher among never-married women compared to ever-married

women. Seventy-seven percent of ever-married women have no education compared to 47 percent of never-married women. In Somaliland, poverty mostly limits access to education, for women in particular.

3.2 Educational attainment by background characteristics

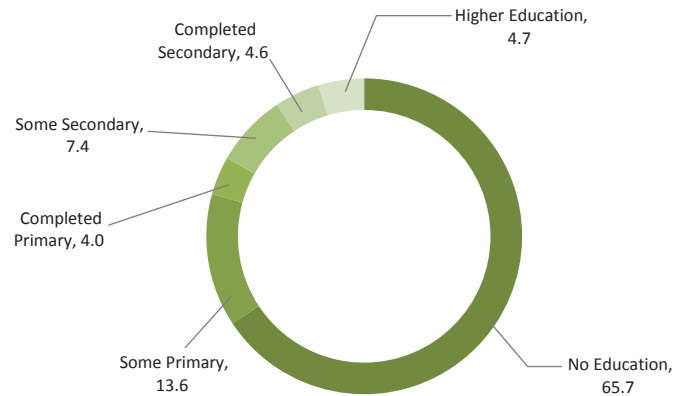
Table 3.2 and Figure 3.1 represent a detailed distribution of educational attainment of the female respondents aged 15-49, according to background characteristics. Overall, 66 percent of all women have never been to school. The general pattern indicates an increase in the proportion of women with no schooling from 49 percent in the youngest age group to 89 percent in the oldest age group. Women aged 15-19 have the highest proportions of school attainment at 20 percent and 18 percent at some primary level and some secondary level respectively. The proportion of women having some primary and some secondary attainment level declines with increasing age, the lowest proportion is in the 40-44 and 45-49 age group.

Ninety-seven percent of women living in nomadic areas, 70 percent in rural and 56 percent in urban areas have no educational attainment, showing that women in urban areas are more likely to be enrolled at school compared to women in rural and nomadic areas.

The findings show variations on educational attainment across regions. Sool region has the highest proportion of women with no education at 78 percent. It also has the least proportion of women that have completed secondary and higher education at 1 percent and 2 percent respectively. Conversely, Marodijeh region has the lowest proportion of women with no education at 58 percent and the highest proportion of women who have completed secondary at 9 percent.

Figure 3.1 Educational attainment

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



Educational attainment increases with increasing household wealth status. Ninety-four percent of women from the lowest wealth quintile have no education compared to 47 percent of those from the highest wealth quintile. None of the women from households in the lowest wealth quintile had some secondary or completed secondary education.

3.3 Literacy

Literacy is a very important skill, which improves a person's opportunity in life and his/her contribution to the social and economic benefits of the country. The SLHDS 2020 examined the levels of literacy among women aged 15-49, women who attended higher education and women who can read a whole sentence or part of the sentence, were considered to be literate. Literacy results are shown in Table 3.3.

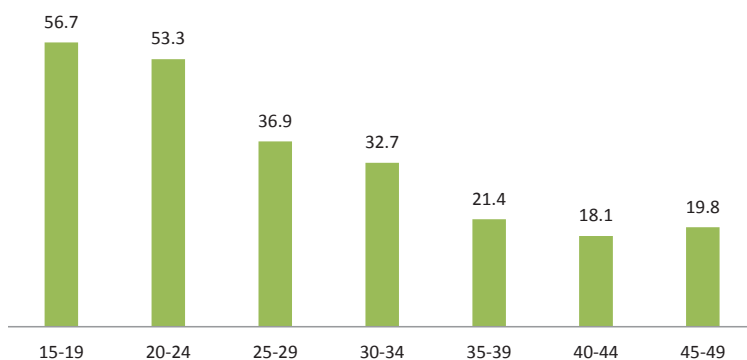
Overall, two fifths of women (41 percent) aged 15-49 are literate. Women aged 15-19 are the most literate at 57 percent, followed by women aged 20-24 at 53 percent and the least literate being women aged 40-44 at 18 percent (Figure 3.2). Literacy status varies substantially with place of residence. The main literacy challenge exists in nomadic areas, where 95 percent of



women aged 15-49 are illiterate. Women in urban areas have more opportunity than their rural and nomadic counterparts. More than 50 percent of women in urban areas and one-third in rural areas are literate.

Figure 3.2 Literacy

Percent of women aged 15-49 by literacy and age



The findings on literacy of women aged 15-49 among the regions are varied, for instance the highest literacy rate is in Marodijeh region at 49 percent and lowest proportions of literacy is in Sool region at 29 percent. Literacy increases with an increase in wealth status of a household. Only 7 percent of women from households in the lowest quintile are literate compared to 60 percent from the highest wealth quintile. Therefore, wealth is a key factor that determines literacy levels of women.

3.4 Exposure to mass media

This section examines respondents' exposure to both published and electronic information which is important because it provides an indication of the exposure of women to mass media that can be used to disseminate health related messages and other social services. The main health awareness information disseminated through mass

media in Somaliland includes birth spacing, stopping female circumcision, encouraging breastfeeding, child vaccination, sanitation and other health related programmes. In this survey, women aged 15-49 were asked how often they read a newspaper, watch television or listen to radio.

Table 3.4 presents respondent's accessibility to mass media, for example how often they read newspapers, watch television and listen to radio. The level of media exposure in Somaliland is very low. Overall, 69 percent of respondents' access none of the three types of media even once a week. Watching television is the most used form of mass media among women. Twenty-seven of respondents watch television at least once a week. Newspaper was the least accessed source of media for women, 5 percent of all women aged 15-49 read a newspaper at least once a week.

The results indicate that women aged 20-24 have the highest access to television at least once a week at 32 percent compared to other age groups. Watching television is the media source mostly used by people living in urban areas, as expected, with 41 percent of respondents in urban areas reporting watching television at least once a week. Nomads have the least access to any media source with less than 1 percent accessing newspapers and television.

Across regions, there is a significant difference in access to any of the three types of media at least once a week. Slightly over half of women in Marodijeh have access to any of the three kinds of media at least once a week at 55 percent, and the lowest proportion is in Sool region at 8 percent.

The proportion of women that have access to mass media increases with increasing levels

Exposure to media increases with both education and wealth

of education and wealth quintile. Women that received higher education reported accessing newspapers, television and radio at 23, 64 and 24 percent respectively. Fifty-four percent of women in the highest wealth quintile reported watching television at least once a week compared to less than 1 percent of those from the lowest wealth quintile reported. (Figure 3.3).

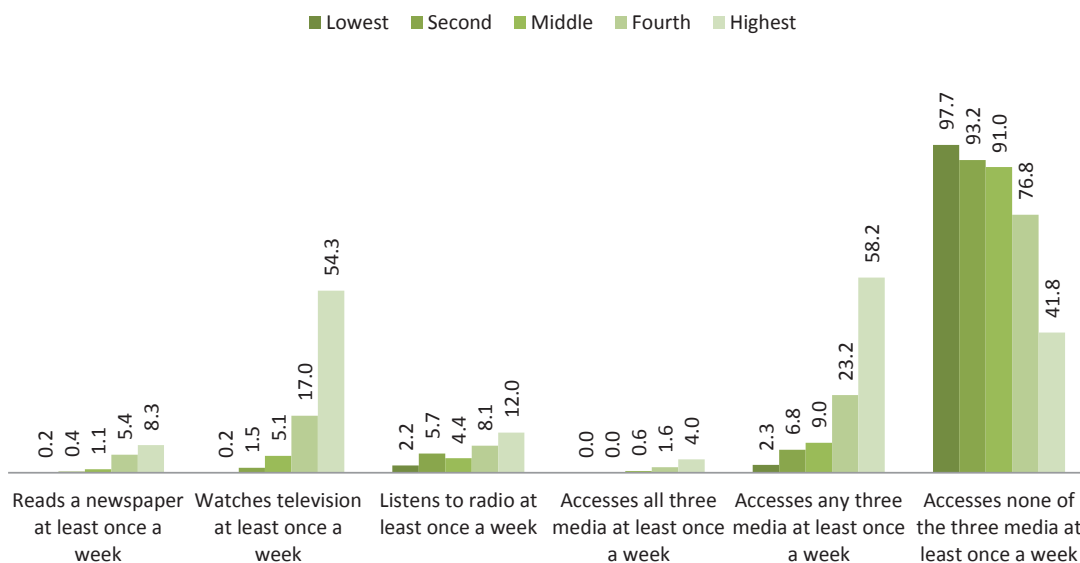
3.5 Internet Usage

Table 3.5 details information on the use of internet by women aged 15-49 according to background characteristics. This is essential to know women’s knowledge of technology and their accessibility to the internet. Twenty-four percent of women aged 15-49 used the internet in the 12 months preceding the survey, while 26 percent of women had ever used the internet. The distribution of internet usage over the past 12 months among the age groups shows a decline with increasing age from a peak of

41 percent for women aged 20-24 to 3 percent among those aged 45-49. This means young women are more likely to use the internet than older women.

Women in urban settings are more likely to use the internet compared to women in rural and nomadic settings, this is due to higher levels of connectivity to internet in urban areas compared to rural and nomadic areas. Thirty-eight percent of women in urban areas have ever used the internet and 36 percent have used the internet in the 12 months preceding the survey. There is a slight variation in women’s internet usage across regions. Women’s daily internet usage is highest in Awdal region at 84 percent and lowest in Sanaag region at 60 percent. Internet usage increases with a rise in the household wealth status. Forty-three percent of women from wealthier household have used the internet in the past 12 months compared to less than one percent from poorest households. Figure 3.4 shows that access to internet increases with a rise in the level of education.

Figure 3.3 Exposure to mass media
Percent of women aged 15-49 who are exposed to specific media on a weekly basis by wealth status



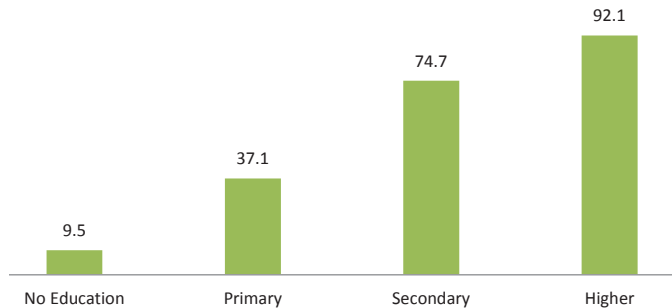
Women in urban settings are more likely to be educated than women in nomadic and rural households





Figure 3.4 Internet use

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

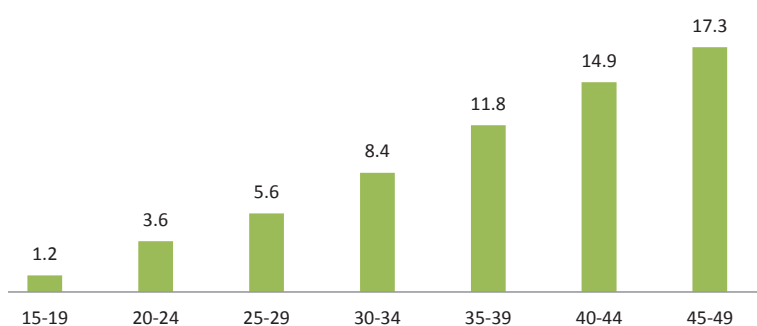


3.6 Employment status

Table 3.6 presents findings on employment status of women aged 15-49 during the 12 months preceding the survey. Overall, 9 percent of women were employed at the time of the survey. An additional one percent were not employed at the time of the survey but had worked in the 12 months preceding the survey. Employment of women increases with an increase in age. One percent of women aged 15-19 were employed at the time of the survey which is the lowest among all age groups. Seventeen percent of ever-married women aged 45-49 were currently employed, which is the highest proportion of women who were employed in the 12 months preceding the survey (Figure 3.5).

Figure 3.5 Employment status

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



According to place of residence, the highest proportion of currently employed women was from urban settings at 11 percent. This was closely followed by women in rural areas at 10 percent. Nomadic women are much less likely to be currently employed compared to women in rural and urban settings. Only 2 percent of women in nomadic areas were employed in the last 12 months preceding the survey.

The distribution of employment across the regions shows that Sool has the lowest proportion of women who were currently employed at 5 percent, while Sahil has the highest proportions of employed women at 12 percent. The proportion of women employed increased with increasing level of education and wealth status of the household. Employment increases with increasing levels of education, rising from 8 percent among those with no education to 25 percent among women from the highest level of education. Likewise, employment increases with increasing household wealth, rising from 2 percent in the lowest quintile to 11 percent in the highest wealth quintile and 12 percent in the fourth highest quintile.

3.7 Occupation

The ever-married women aged 15-49 who were currently employed or had worked in the 12 months preceding the survey were further asked to specify their occupation. Table 3.7 shows the percentage distribution of women's occupation in the age group of 15-49, according to background characteristics.

At the time of the survey, most of the currently employed women were engaged in professional and managerial work at 29 percent. The survey results show only 6 percent of women who work are employed as sales and service workers. Thirty-nine percent of women who were employed were engaged in unskilled manual labour.

Women who were mostly likely to be employed in professional, technical, and managerial fields were, married women, women with 1-2 living children, women in urban areas and those in households with the highest wealth quintile.

3.8 Type of employment

Table 3.8 presents the percentage distribution of ever married women who were employed in the 12 months preceding the survey by earnings, type of employer, continuity of employment and by their work (agricultural or non-agricultural). More than two thirds at 69 percent of women in agricultural work are paid in cash only. Seventy-one percent of non-agricultural workers receive cash, while 11 percent are not paid at all (Figure 3.6). The majority of women who work in agriculture at 74 percent and those who work in non-agriculture at 59 percent are self-employed. Twelve percent of working women are employed by a non-family member while 26 percent are employed by a family member.

Eighty percent of employed women work throughout the year. Among women engaged in agriculture, 75 percent work all year round while 24 percent work occasionally, while among women engaged in non-agricultural work 81 percent work all year round while 12 percent work seasonally.

3.9 Health insurance coverage

In the SLHDS 2020, ever-married women aged 15-49 were asked if they had any health insurance. Tables 3.9 shows that, overall, less than one percent of ever-married women were covered by any type of health insurance.

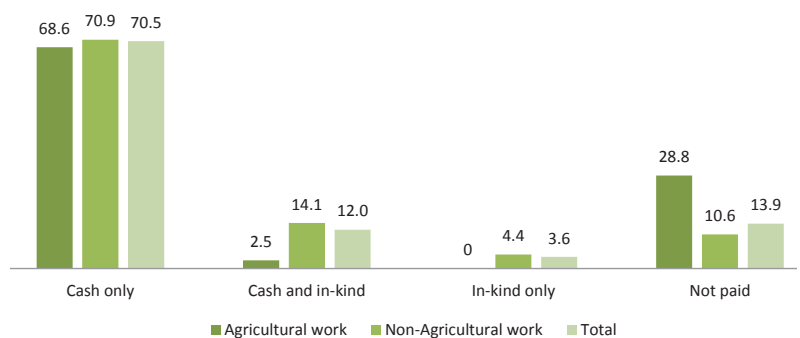
3.10 Use of tobacco

In general, smoking is a health hazard, especially to women who are pregnant. Table 3.10 presents the percentage of ever-married women aged 15-49 who smoke various tobacco products, according to background characteristics. In Somaliland culture it is rare to see women smoke or use tobacco in public. For that reason, it is difficult for women to report smoking habits even if they use any type of tobacco.

Majority of ever-married women do not use any type of tobacco. One percent of women smoke cigarettes or use any type of tobacco. Among ever-married women who smoke cigarettes, one percent are in the age groups of, 25-49.

There is no notable difference in use of tobacco among ever-married women in various regions. The proportion of those using tobacco ranges from 2 percent in Marodijeh, one percent each in Awdal, Sool and Sanaag and less than one percent in Togdheer.

Figure 3.6 Type of employment and earnings
Percent of ever-married women aged 15-49 employed in the 12 months preceding the survey by type of earnings



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Table 3.1 Background characteristics of ever and never-married Women

Percent distribution of ever and never-married women aged 15-49 by selected background characteristics, SLHDS 2020									
Background characteristics	Ever-married Women			Never-married women			All women		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age									
15-19	6.3	250	316	62.0	1,447	1,359	27.0	1,697	1,675
20-24	14.8	585	701	24.3	566	410	18.3	1,152	1,111
25-29	22.2	879	957	8.0	186	117	16.9	1,064	1,074
30-34	20.1	793	827	3.3	76	50	13.8	869	877
35-39	17.5	693	748	*	32	15	11.5	725	763
40-44	11.3	447	477	*	12	9	7.3	459	486
45-49	7.7	304	293	*	15	6	5.1	320	299
Marital status									
Never-married	n/a	n/a	n/a	100.0	2,335	1,966	37.1	2,335	1,966
Married	86.9	3,435	3,879	n/a	n/a	n/a	54.6	3,435	3,879
Divorced/separated	8.1	318	271	n/a	n/a	n/a	5.1	318	271
Widowed	5.0	197	169	n/a	n/a	n/a	3.1	197	169
Type of residence									
Urban	53.9	2,130	1,351	75.5	1,763	1,044	61.9	3,893	2,395
Rural	24.2	956	1,410	14.6	342	505	20.7	1,298	1,915
Nomadic	21.9	864	1,558	9.9	230	417	17.4	1,094	1,975
Region									
Awdal	9.0	354	567	8.2	192	280	8.7	547	847
Marodijeh	32.0	1,264	554	38.1	889	265	34.3	2,153	819
Sahil	5.4	212	557	4.0	93	224	4.9	305	781
Togdheer	26.8	1,059	781	31.0	725	426	28.4	1,783	1,207
Sool	11.3	447	882	8.2	192	372	10.2	639	1,254
Sanaag	15.6	614	978	10.5	244	399	13.7	858	1,377
Education									
No education	76.6	3,026	3,561	47.0	1,098	1,007	65.6	4,124	4,568
Primary	15.0	594	558	21.8	510	461	17.6	1,104	1,019
Secondary	5.3	208	129	23.7	554	375	12.1	762	504
Higher	3.1	122	71	7.4	172	123	4.7	295	194
Wealth quintile									
Lowest	21.6	854	1,468	9.6	223	384	17.1	1,077	1,852
Second	13.0	513	689	5.5	128	192	10.2	641	881
Middle	11.7	461	503	8.8	204	210	10.6	665	713
Fourth	19.1	754	717	20.8	485	415	19.7	1,239	1,132
Highest	34.7	1,369	942	55.4	1,294	765	42.4	2,663	1,707
Total 15-49	100.0	3,950	4,319	100.0	2,335	1,966	100.0	6,285	6,285

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

n/a = Not applicable

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



Table 3.2 Educational attainment: Women

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

Background characteristics	Educational attainment of the household members						Total	Median years completed	Number of women
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education			
Age									
15-24	49.4	18.3	5.3	14.1	6.8	6.1	100.0	3.0	2,848
15-19	47.9	20.1	5.4	18.4	5.1	3.0	100.0	4.0	1,697
20-24	51.7	15.5	5.2	7.7	9.2	10.8	100.0	0.0	1,152
25-29	69.1	12.9	4.2	3.6	3.3	6.8	100.0	0.0	1,064
30-34	76.8	10.6	2.9	2.3	3.1	4.3	100.0	0.0	869
35-39	87.8	7.4	1.6	0.8	1.9	0.6	100.0	0.0	725
40-44	86.7	6.7	2.0	0.1	3.8	0.7	100.0	0.0	459
45-49	89.1	6.6	1.7	0.1	1.7	0.8	100.0	0.0	320
Type of residence									
Urban	55.7	14.6	5.2	10.6	7.0	6.9	100.0	0.0	3,893
Rural	69.8	19.3	3.3	4.3	1.5	1.9	100.0	0.0	1,298
Nomadic	96.5	3.2	0.2	0.0	0.1	0.1	100.0	0.0	1,094
Region									
Awdal	61.6	13.6	3.2	10.3	4.1	7.2	100.0	0.0	547
Marodijeh	57.8	13.1	4.0	9.3	9.1	6.7	100.0	0.0	2,153
Sahil	72.8	12.7	3.1	6.0	2.9	2.6	100.0	0.0	305
Togdheer	66.7	15.4	4.8	7.0	2.2	3.8	100.0	0.0	1,783
Sool	77.5	12.7	3.0	3.4	1.3	2.0	100.0	0.0	639
Sanaag	74.9	12.0	3.6	5.2	1.9	2.4	100.0	0.0	858
Wealth quintile									
Lowest	94.4	5.2	0.3	0.0	0.0	0.1	100.0	0.0	1,077
Second	84.5	12.2	1.3	1.3	0.5	0.3	100.0	0.0	641
Middle	71.3	17.9	4.0	3.1	1.8	1.9	100.0	0.0	665
Fourth	67.5	13.5	5.0	6.8	4.3	2.9	100.0	0.0	1,239
Highest	47.4	16.3	5.6	13.2	8.4	9.1	100.0	4.0	2,663
Total	65.7	13.6	4.0	7.4	4.6	4.7	100.0	0.0	6,285

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level



Table 3.3 Literacy: Women

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

Background characteristics	No schooling, primary or secondary school						Total	Percentage literate ¹	Number of women
	Higher education	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired			
Age									
15-24	6.1	32.6	16.6	44.2	0.1	0.3	100.0	55.3	2,848
15-19	3.0	37.1	16.6	43.1	0.0	0.1	100.0	56.7	1,697
20-24	10.8	26.1	16.4	45.8	0.3	0.6	100.0	53.3	1,152
25-29	6.8	17.6	12.5	62.0	0.7	0.4	100.0	36.9	1,064
30-34	4.3	14.3	14.2	66.1	0.9	0.3	100.0	32.7	869
35-39	0.6	9.6	11.3	77.5	0.7	0.3	100.0	21.4	725
40-44	0.7	6.1	11.3	80.9	0.6	0.4	100.0	18.1	459
45-49	0.8	7.7	11.4	79.0	1.1	0.1	100.0	19.8	320
Type of residence									
Urban	6.9	28.7	17.6	46.2	0.3	0.3	100.0	53.2	3,893
Rural	1.9	17.3	13.8	66.4	0.4	0.2	100.0	33.0	1,298
Nomadic	0.1	2.0	3.1	93.2	1.2	0.6	100.0	5.1	1,094
Region									
Awdal	7.2	18.5	14.3	57.0	1.4	1.6	100.0	40.0	547
Marodijeh	6.7	25.9	15.9	51.3	0.1	0.0	100.0	48.5	2,153
Sahil	2.6	18.4	11.0	68.1	0.0	0.0	100.0	31.9	305
Togdheer	3.8	23.9	14.0	58.3	0.0	0.0	100.0	41.7	1,783
Sool	2.0	11.9	14.9	70.0	0.3	0.8	100.0	28.8	639
Sanaag	2.4	17.0	11.7	66.3	2.0	0.6	100.0	31.1	858
Wealth quintile									
Lowest	0.1	3.2	4.0	90.7	1.3	0.7	100.0	7.3	1,077
Second	0.3	9.4	6.4	83.8	0.2	0.0	100.0	16.0	641
Middle	1.9	18.8	15.4	63.3	0.5	0.0	100.0	36.1	665
Fourth	2.9	21.4	18.1	56.5	0.6	0.5	100.0	42.4	1,239
Highest	9.1	33.0	18.3	39.2	0.1	0.2	100.0	60.4	2,663
Total	4.7	21.7	14.3	58.5	0.5	0.3	100.0	40.7	6,285

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


Table 3.4 Exposure to mass media: Women

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

Background characteristics	Reads a newspaper at least once a week	Watches television at least once a week	Listens to radio at least once a week	Accesses all three media at least once a week	Accesses any one of the three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age							
15-19	7.0	30.3	5.8	1.7	34.5	65.5	1,697
20-24	7.3	31.9	9.0	2.9	36.4	63.6	1,152
25-29	3.4	26.7	5.9	1.6	29.7	70.3	1,064
30-34	5.3	27.7	9.6	4.9	29.9	70.1	869
35-39	0.7	18.4	9.5	0.7	24.3	75.7	725
40-44	1.9	20.0	11.7	1.0	26.9	73.1	459
45-49	0.3	22.2	11.3	0.0	26.9	73.1	320
Type of residence							
Urban	7.1	40.5	11.0	3.1	45.5	54.5	3,893
Rural	1.5	9.4	5.1	0.8	13.5	86.5	1,298
Nomadic	0.3	0.2	1.4	0.0	1.6	98.4	1,094
Region							
Awdal	2.3	21.6	3.2	0.6	23.9	76.1	547
Marodijeh	8.9	47.4	16.3	3.8	55.4	44.6	2,153
Sahil	3.9	24.5	4.3	0.5	28.8	71.2	305
Togdheer	3.2	21.2	4.9	1.7	23.7	76.3	1,783
Sool	0.7	6.8	1.4	0.3	7.8	92.2	639
Sanaag	2.6	7.7	3.5	1.5	9.5	90.5	858
Education							
No education	0.5	17.2	5.8	0.2	21.0	79.0	4,124
Primary	8.1	36.2	8.1	3.6	40.3	59.7	1,104
Secondary	15.8	53.1	14.3	6.0	59.3	40.7	762
Higher	22.9	64.0	23.7	12.6	68.5	31.5	295
Wealth quintile							
Lowest	0.2	0.2	2.2	0.0	2.3	97.7	1,077
Second	0.4	1.5	5.7	0.0	6.8	93.2	641
Middle	1.1	5.1	4.4	0.6	9.0	91.0	665
Fourth	5.4	17.0	8.1	1.6	23.2	76.8	1,239
Highest	8.3	54.3	12.0	4.0	58.2	41.8	2,663
Total	4.8	27.1	8.1	2.1	31.3	68.7	6,285



Table 3.5 Internet usage: Women

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

Background characteristics	Ever used the internet	Used the internet in the past 12 months	Number of women	Among women who have used the internet in the past 12 months, percentage who, in the past month, used the internet				Total	Number of women
				Almost every day	At least once a week	Less than once a week	Not at all		
Age									
15-19	35.4	32.8	1,697	69.2	24.5	3.8	2.5	100.0	557
20-24	42.8	40.5	1,152	78.4	15.5	3.8	2.3	100.0	467
25-29	23.4	21.8	1,064	84.8	9.2	3.8	2.2	100.0	232
30-34	21.3	20.9	869	71.2	23.1	0.8	4.9	100.0	182
35-39	10.3	8.2	725	70.5	20.6	9.0	0.0	100.0	59
40-44	5.9	5.7	459	*	*	*	*	*	26
45-49	3.5	2.6	320	*	*	*	*	*	8
Type of residence									
Urban	38.3	36.1	3,893	75.1	19.1	3.6	2.2	100.0	1,404
Rural	10.8	9.3	1,298	68.5	18.9	6.5	6.1	100.0	120
Nomadic	0.8	0.6	1,094	*	*	*	*	*	7
Region									
Awdal	24.1	23.2	547	84.2	10.4	4.3	1.1	100.0	127
Marodijeh	39.8	37.9	2,153	78.4	17.0	2.7	1.9	100.0	816
Sahil	14.3	13.0	305	75.4	18.6	6.0	0.0	100.0	40
Togdheer	22.5	19.8	1,783	65.6	26.2	5.3	2.9	100.0	353
Sool	15.0	13.6	639	75.6	14.1	3.1	7.2	100.0	87
Sanaag	13.2	12.6	858	60.3	26.3	7.7	5.7	100.0	108
Education									
No education	9.5	8.3	4,124	64.5	24.2	7.8	3.5	100.0	341
Primary	37.1	33.7	1,104	71.2	20.4	5.3	3.1	100.0	372
Secondary	74.7	72.2	762	75.7	20.0	1.5	2.8	100.0	550
Higher	92.1	91.0	295	88.8	9.2	1.7	0.3	100.0	268
Wealth quintile									
Lowest	0.8	0.5	1,077	*	*	*	*	*	6
Second	2.8	2.3	641	*	*	*	*	*	15
Middle	15.5	14.0	665	55.2	21.8	18.1	4.8	100.0	93
Fourth	23.4	21.5	1,239	66.7	25.8	3.2	4.3	100.0	266
Highest	45.9	43.2	2,663	78.1	17.2	2.9	1.8	100.0	1,151
Total	26.1	24.4	6,285	74.4	19.1	3.9	2.6	100.0	1,531

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

Table 3.6 Employment status: Women

Percent distribution of women aged 15-49 by employment status, according to background characteristics, SLHDS 2020						
Background characteristics	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of ever-married women	
	Currently employed ¹	Not currently employed				
Age						
15-19	1.2	0.3	98.6	100.0	250	
20-24	3.6	0.3	96.1	100.0	585	
25-29	5.6	1.2	93.2	100.0	879	
30-34	8.4	0.1	91.5	100.0	793	
35-39	11.8	0.9	87.3	100.0	693	
40-44	14.9	1.6	83.5	100.0	447	
45-49	17.3	1.4	81.3	100.0	304	
Number of living children						
0	7.4	1.1	91.6	100.0	614	
1-2	6.9	0.9	92.2	100.0	985	
3-4	7.9	0.7	91.4	100.0	933	
5+	10.9	0.7	88.5	100.0	1,419	
Type of residence						
Urban	11.1	1.0	87.9	100.0	2,130	
Rural	9.6	1.0	89.4	100.0	956	
Nomadic	1.6	0.1	98.4	100.0	864	
Region						
Awdal	10.8	0.6	88.6	100.0	354	
Marodijeh	10.4	0.9	88.8	100.0	1,264	
Sahil	12.2	1.4	86.4	100.0	212	
Togdheer	7.9	1.1	91.0	100.0	1,059	
Sool	4.9	0.1	95.0	100.0	447	
Sanaag	6.6	0.6	92.8	100.0	614	
Education						
No education	7.8	0.7	91.5	100.0	3,026	
Primary	9.7	0.3	89.9	100.0	594	
Secondary	8.3	0.0	91.7	100.0	208	
Higher	24.6	7.0	68.4	100.0	122	
Wealth quintile						
Lowest	2.1	0.4	97.5	100.0	854	
Second	7.4	0.3	92.2	100.0	513	
Middle	10.6	2.1	87.4	100.0	461	
Fourth	11.9	0.3	87.8	100.0	754	
Highest	10.6	1.1	88.2	100.0	1,369	
Total	8.6	0.8	90.6	100.0	3,950	

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

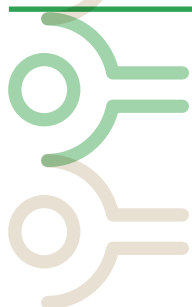


Table 3.7 Occupation: Women

Percent distribution of women aged 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, SLHDS 2020

Background characteristics	Standardized occupation groups							Total	Number of women
	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture		
Age									
15-19	*	*	*	*	*	*	*	*	2
20-24	(30.6)	(0.0)	(0.0)	(8.3)	(33.3)	(19.4)	(8.3)	100.0	27
25-29	42.1	0.0	2.4	7.0	37.3	4.8	6.3	100.0	58
30-34	36.5	0.9	6.3	11.3	40.9	1.8	2.1	100.0	70
35-39	25.7	1.3	10.7	10.0	30.5	12.2	9.6	100.0	102
40-44	17.4	0.0	5.5	18.6	41.6	2.1	14.8	100.0	74
45-49	14.1	0.0	2.5	7.6	60.6	5.9	9.3	100.0	59
Marital status									
Married	32.4	0.7	4.9	10.0	36.9	6.7	8.4	100.0	291
Divorced	18.5	0.0	11.1	16.5	45.1	4.3	4.4	100.0	66
Widowed	(16.7)	(0.0)	(3.3)	(10.0)	(40.0)	(13.3)	(16.7)	100.0	34
Number of living children									
0	(33.3)	(0.0)	(0.0)	(9.5)	(33.3)	(14.3)	(9.5)	100.0	49
1-2	44.2	0.0	5.4	6.1	32.1	5.6	6.6	100.0	81
3-4	27.9	2.4	5.7	10.6	40.5	7.2	5.7	100.0	85
5+	17.7	0.0	7.4	14.8	46.4	4.0	9.6	100.0	177
Type of residence									
Urban	33.0	0.2	4.7	11.6	34.8	7.2	8.4	100.0	268
Rural	19.5	1.2	8.7	8.1	53.5	3.8	5.2	100.0	111
Nomadic	*	*	*	*	*	*	*	*	14
Region									
Awdal	44.3	0.0	3.6	9.3	24.5	10.0	8.4	100.0	39
Marodijeh	29.4	0.9	0.9	10.0	40.7	8.1	10.0	100.0	157
Sahil	22.0	0.0	4.2	5.2	51.1	14.6	2.9	100.0	30
Togdheer	24.1	0.0	14.2	11.2	43.0	2.5	5.0	100.0	97
Sool	*	*	*	*	*	*	*	*	24
Sanaag	24.4	1.5	6.9	17.5	37.7	3.5	8.6	100.0	46
Education									
No education	14.2	0.0	5.2	13.7	49.0	7.0	11.0	100.0	279
Primary	29.8	3.8	12.9	8.3	30.1	10.1	5.0	100.0	52
Secondary	*	*	*	*	*	*	*	*	23
Higher	*	*	*	*	*	*	*	*	38
Wealth quintile									
Lowest	*	*	*	*	*	*	*	*	23
Second	(19.6)	(0.0)	(6.5)	(15.2)	(39.1)	(6.5)	(13.0)	100.0	41
Middle	20.2	0.0	18.3	7.9	37.7	13.9	2.0	100.0	61
Fourth	8.9	0.6	4.5	10.0	58.9	6.7	10.3	100.0	105
Highest	47.4	0.8	1.9	11.8	25.0	3.7	9.4	100.0	162
Total	28.6	0.5	5.7	10.9	39.3	6.3	8.6	100.0	392

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

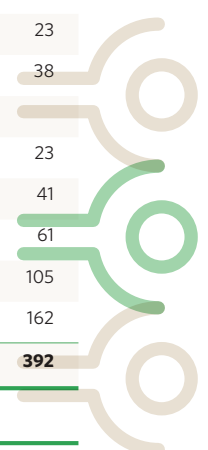


Table 3.8 Type of employment: Ever-married Women

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

Background characteristics	Agricultural work	Non-agricultural work	Total
Type of earning			
Cash only	68.6	70.9	70.5
Cash and in-kind	2.5	14.1	12.0
In-kind only		4.4	3.6
Not paid	28.8	10.6	13.9
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	20.9	27.3	26.1
Employed by non-family member	5.4	13.6	12.1
Self-employed	73.7	59.1	61.8
Total	100.0	100.0	100.0
Continuity of employment			
All year	74.6	80.6	79.5
Seasonal	1.1	12.3	10.2
Occasional	24.4	7.2	10.3
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	70	322	392



Table 3.9 Health insurance coverage: Women

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

Background characteristics	Social security	Other employer-based insurance	Mutual health organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Number of women
Age							
15-19	0.0	0.0	0.2	0.0	0.0	99.8	250
20-24	0.0	0.0	0.0	0.0	0.0	100.0	585
25-29	0.0	0.0	0.1	0.1	0.0	99.9	879
30-34	0.0	0.7	0.0	0.0	0.0	99.3	793
35-39	0.0	0.0	0.0	0.0	0.0	100.0	693
40-44	0.0	0.0	0.0	0.0	0.0	100.0	447
45-49	0.0	0.0	0.0	0.0	0.2	99.8	304
Type of residence							
Urban	0.0	0.3	0.0	0.0	0.0	99.7	2,130
Rural	0.0	0.0	0.0	0.0	0.0	99.9	956
Nomadic	0.0	0.0	0.0	0.1	0.0	99.9	864
Region							
Awdal	0.0	0.0	0.0	0.0	0.0	100.0	354
Marodijeh	0.0	0.4	0.0	0.0	0.0	99.6	1,264
Sahil	0.0	0.1	0.2	0.1	0.4	99.4	212
Togdheer	0.0	0.0	0.0	0.0	0.0	100.0	1,059
Sool	0.0	0.0	0.0	0.0	0.0	100.0	447
Sanaag	0.0	0.1	0.1	0.1	0.0	99.7	614
Education							
No education	0.0	0.0	0.0	0.0	0.0	100.0	3,026
Primary	0.0	0.9	0.1	0.0	0.1	98.9	594
Secondary	0.0	0.0	0.2	0.0	0.0	99.8	208
Higher	0.0	0.0	0.0	0.0	0.0	100.0	122
Wealth quintile							
Lowest	0.0	0.0	0.0	0.0	0.0	100.0	854
Second	0.0	0.0	0.0	0.1	0.0	99.9	513
Middle	0.0	0.0	0.0	0.0	0.0	100.0	461
Fourth	0.0	0.6	0.0	0.0	0.0	99.4	754
Highest	0.0	0.1	0.1	0.0	0.1	99.8	1,369
Total	0.0	0.1	0.0	0.0	0.0	99.8	3,950



Table 3.10 Use of tobacco: Women

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

Background characteristics	Percentage who smoke			Number of women
	Cigarettes	Other types of tobacco	Any type of tobacco	
Age				
15-19	0.3	0.0	0.3	250
20-24	0.2	0.0	0.2	585
25-29	0.8	0.0	0.8	879
30-34	0.7	0.0	0.7	793
35-39	1.3	0.1	1.3	693
40-44	1.0	1.6	2.1	447
45-49	0.7	0.0	0.7	304
Type of residence				
Urban	0.9	0.3	1.1	2,130
Rural	0.4	0.1	0.4	956
Nomadic	0.8	0.0	0.8	864
Region				
Awdal	0.8	0.2	0.8	354
Marodijeh	1.1	0.4	1.5	1,264
Sahil	0.0	0.0	0.0	212
Togdheer	0.3	0.2	0.3	1,059
Sool	1.1	0.0	1.1	447
Sanaag	0.7	0.0	0.7	614
Education				
No education	0.5	0.3	0.6	3,026
Primary	0.1	0.0	0.1	594
Secondary	4.6	0.0	4.6	208
Higher	3.9	0.0	3.9	122
Wealth quintile				
Lowest	0.5	0.0	0.5	854
Second	0.4	0.1	0.4	513
Middle	0.8	0.5	0.8	461
Fourth	0.6	0.6	1.2	754
Highest	1.1	0.0	1.1	1,369
Total	0.7	0.2	0.9	3,950







04

**Marriage,
Fertility and
Birth Spacing**



4 MARRIAGE, FERTILITY AND BIRTH SPACING

Key Findings

- The Total Fertility Rate (TFR) in Somaliland is **5.7** children per woman.
- The General Fertility Rate (GFR), the average annual number of births per 1,000 women age 15-49 is **176**.
- The Crude Birth Rate (CBR), of Somaliland is **37.4** per 1,000 populations; the CBR among nomads is higher compared to the other population groups.
- The median age at first birth for women aged is 21 for women aged **25-49**.
- **81%** of ever married and currently married women have heard at least one method of contraceptives.
- **80%** of ever married women and currently married women know of at least one modern method of contraception in comparison to 25% of them who are only familiar with traditional methods.
- **7%** of the currently married women use a method of birth spacing.
- **71%** of currently married women would like to have another child soon (within the next two years), **4%** want another child later and **13%** want no more children.
- The ideal number of children is **8**.
- The unmet need for birth spacing is **36%**.

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

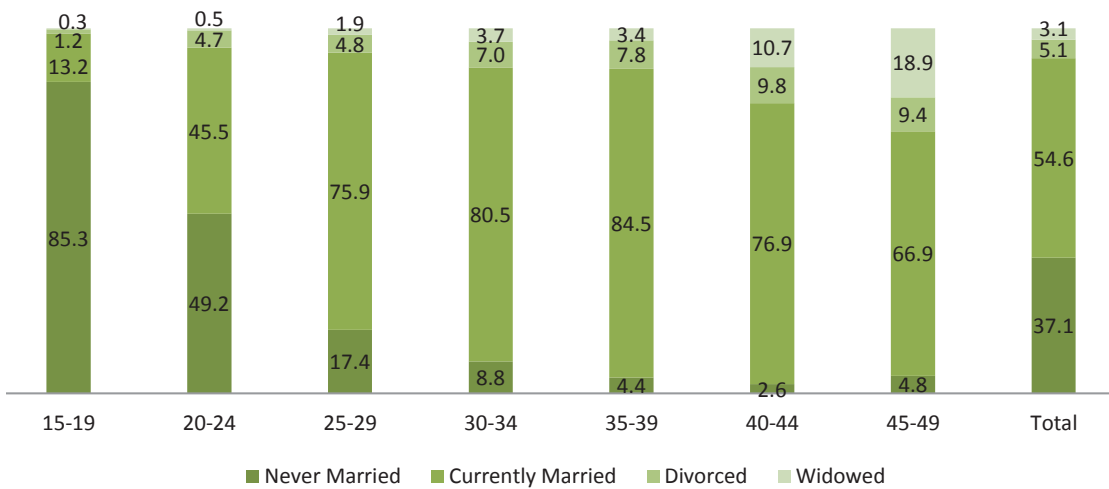


4.1 Marital status

Table 4.1 presents the percent distribution of women aged 15-49 by current marital status, 55 percent of interviewed women aged 15-49 are currently married and 37 percent are never married. The proportion of women who are never married declines sharply as age increases from 85 percent among women aged 15-19 to 5 percent among women aged 45-49.

According to the findings, the proportion of women who are currently married increases as the age of women increases, from 13 percent for women aged 15-19 to 67 percent for women aged 45-49. Also, the percentage of widowed women increases with age while among those divorced there is no established pattern. Five percent of Somaliland women reported they are divorced, and 3 percent are widowed (Figure 4.1).

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



4.2 Age at first marriage

Age at first marriage is defined as the age at which the respondent begins living with her first husband, hence age at first marriage is an important social and demographic indicator in most societies. Marriage marks the point in a woman's life when childbearing is socially acceptable and expected. The duration of exposure to the risk of pregnancy depends primarily on the age at which women enter their first marriage. Women who marry when they are younger on average will have longer chances of conceiving to pregnancy and a greater number of lifetime births thus, it may contribute to a higher fertility rate compared to women who marry later in their life. Data on age at first marriage was obtained by asking all ever-married women the month and the year they got married to their first husband.

Table 4.2 presents the percentage of all ever-married women and men aged 15-49 who first married by specific exact ages and their median age at first marriage. Overall, 12 percent of women aged 25-49 married by age 15, 39 percent by the time they were 20, while 52 percent were married by the age of

22. The median age at first marriage increases with a rise in age. Among men aged 25-64, 5 percent married by age 18 while 11 and 23 percent married by age 20 and 22 respectively. The median age at first marriage for men is 25 years.

Table 4.3 presents the median age at first marriage among women by background characteristics. Whereas there is no difference in the median age at first marriage by type of residence, women in Sool are more likely to marry later than women from other regions. Among women aged 25-49 for those in Sool their median age at first marriage is 22 years compared to 19 years among women from Togdheer in the same age bracket. The median age at first marriage among women in age bracket 25 - 49 is 20 percent. Women aged 25-49 with higher level education marry later at 23 years compared to those with primary education who on average got into their first union at 18 years. Whereas women from all other wealth quintiles have a median age at first marriage of 20 years, those from the highest wealth quintile on average got into their first marriage at 21 years.



4.3 Fertility

The level of fertility in the world varies broadly by country and culture, social and economic conditions, as well as by individual characteristics including age and level of education. Fertility is measured in terms of women of childbearing age, defined as 15-49 years, although births to women outside this age range can, and do, occur. Fertility is the natural capacity to produce offspring. As a measure, fertility rate is the number of offspring born per married woman. Human fertility depends on several factors including nutritional status, sexual behavior, level of education, wealth status and cultural norms.

4.4 Current fertility

The current level of fertility refers to live births in the three-year period preceding the survey. This information was obtained from birth history data and is presented in Table 4.4. The summary measures of human fertility include Age-Specific Fertility Rates (ASFRs), Total Fertility Rate (TFR) for women aged 15-49, the General Fertility Rate (GFR), and the Crude Birth Rate (CBR). The ASFRs represent the number of live births per 1,000 women in a specific age group. The TFR is a common measure of current fertility and is defined as

the total number of births a woman would have by the end of her childbearing years if she were to pass through those years of childbearing at the currently observed age-specific fertility rates.

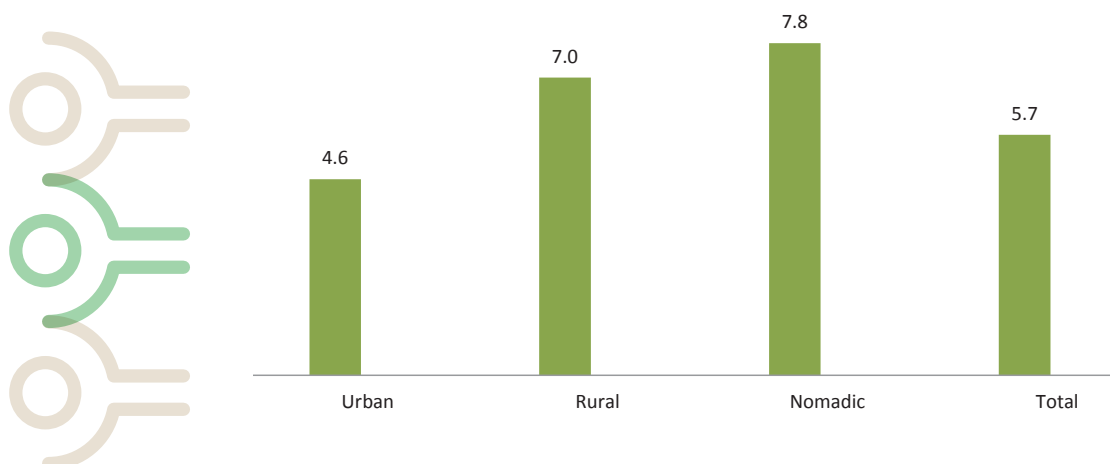
The GFR is defined as the annual number of births per 1,000 women aged 15-49. The CBR is the total number of births occurring in a given year per 1,000 population. The CBR is calculated by the number of live births occurring among the population of a given geographical area during a given year divided by mid-year total population of the given geographical area during the same year, per 1,000.

The TFR for the three years preceding the survey is 5.7 children per woman, this indicates that if fertility rates were to remain constant at the level prevailing during the three years preceding the survey, a woman in Somaliland would bear 5.7 children during her reproductive lifetime i.e. age 15 - 49. The Multiple Indicator Survey (MICS) of 2011 reported a TFR of 5.4. This however, did not include the nomadic population.

The TFR for the urban residence is 4.6 births per woman, almost three children lower than the rate in rural areas (7 births per woman) and in the nomadic residence at 7.8 births per woman and one child less than the TFR for entire Somaliland (Figure 4.2).

Figure 4.2 Total fertility rates by residence

Total fertility rate for the three years preceding the survey by education, SLHDS 2020



The ASFRs show a sharp increase from 69 births per 1000 women among women aged 15-19 to 221 births per 1000 women among women aged 20-24 and 285 births per 1000 women. It then starts to decline slightly at age 30-34 after which there is a rapid decline in births. Generally, births in the last three years preceding the survey are less among the older age groups compared to the second and third age groups. The ASFRs is consistently lower among women in the urban residence across all age groups (Figure 4.3).

The GFR and CBR are 176 per 1,000 women aged 15-49 and 37.4 per 1,000 population, respectively. The GFR and CBR vary across residence, the GFR is highest among women in nomadic areas (254) followed by those in the rural areas (233) and is lowest in urban areas at 136 per 1000 women aged 15-49. Similarly, the CBR and GFR for women in nomadic areas is highest compared to those in rural and urban areas.

4.5 Comparison of current and cumulative fertility levels

Figure 4.4 shows that TFR decreases as the level of education of women increases. The same trend is observed between TFR and wealth status of women (Table 4.5). Figure 4.5 shows the fertility levels across regions. Women in Marodijeh have the lowest TFR of 4.5 whereas women from Sool have the highest TFR at 7.8.

Table 4.5 presents the TFR, percentage of women aged 15-49 who reported being pregnant at the time of the survey and the mean number of children ever born (CEB) to women 40-49 by background characteristics. The proportion of women pregnant at the time of the survey is arguably the most current

Figure 4.3 Current fertility
Age-specific fertility rate by Residence SLHDS 2020

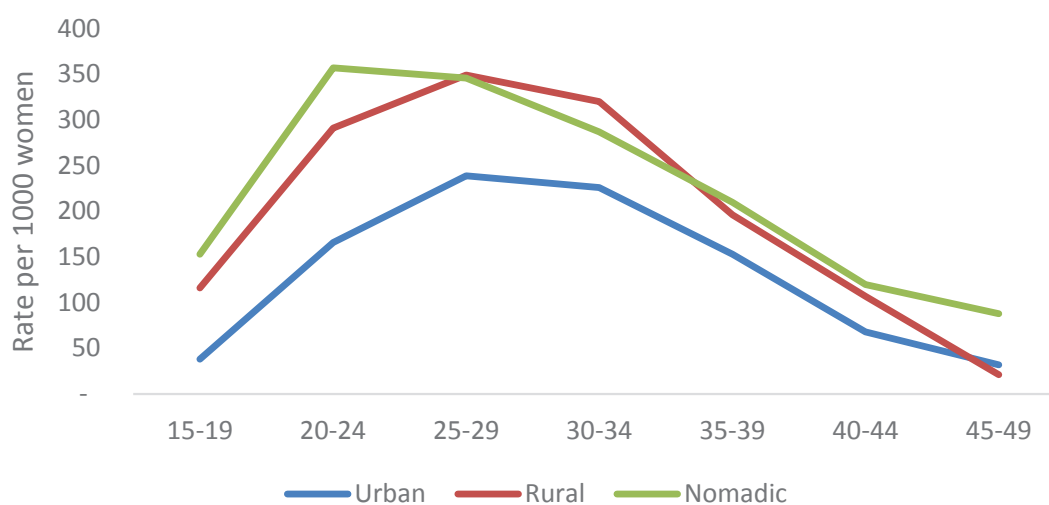
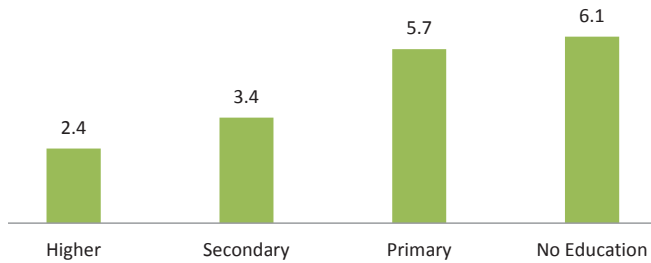
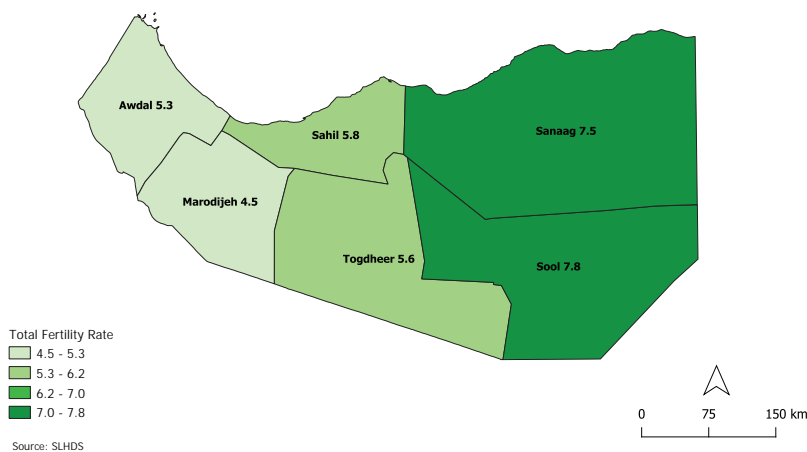


Figure 4.4 Total fertility rates by level of education

Total fertility rate for the three years preceding the survey by level of education, SLHDS 2020

**Figure 4.5** Total fertility rates by regions

measure of fertility as it anticipates fertility in the months following the survey. This measure of fertility is prone to underreporting either because some women in the early stages of pregnancy may not have realized it yet or conscious omission due to cultural and religious beliefs.

Sixteen percent of women reported they were pregnant at the time of the survey. The proportion of pregnant women in urban, rural and nomadic areas varies slightly at 15 percent, 17 percent and 18 percent respectively. Regionally, women in Sool had the highest proportion of pregnant women at 18 percent, while Togdheer, Sahil and Sanaag regions had the lowest proportion of pregnant women at 15 percent each (Figure 4.5).

A comparison of TFR (a measure of period/current fertility) with mean number of CEB among women aged 40-49 (representing women who have completed childbearing) which is a measure of cohort/past fertility, provides insight in fertility patterns and trends. If fertility remained stable overtime and women accurately reported the number CEB alive, the TFR and mean CEB for women 40-49 would be equal. According to the SLHDS findings, there is a slight variation between the TFR (5.7) and mean CEB (6.9), a difference of about one child. This could mean a decline in fertility; however, it is worth noting that CEB reporting is likely to be affected by recall bias.

4.6 Retrospective data

Fertility trends can be investigated using retrospective data from the birth histories collected in SLHDS 2020. Table 4.6 shows ASFRs for successive five-year periods preceding the survey. Numerators of the rates are classified by five-year segments of time preceding the survey and the mother's age at the time of birth. Because women aged 50 and over were not interviewed in the survey, the rates for older age groups becomes progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women aged 35-39 for the period 15-19 years before the survey because these women would have been over the age of 50 at the time of the survey and were not interviewed.

In the same way, the rates cannot be calculated for women aged 40 - 44 for the periods of 10-14 and 15-19 because these women would have been over the age of 50 at the time of the survey and were not included in the survey. Generally, the ASFRs calculated over time shows a small decline in fertility across all age groups.

4.7 Children ever born and living

Table 4.7 presents distribution of all women and currently married women by the number of Children Ever Born (CEB). Information on the number of CEB reflects the accumulation of births over the past 30 years and therefore, has limited relevance to current fertility levels, particularly when a country has experienced a decline in fertility, however, the information on CEB is useful for observing how average family size varies across age groups and for observing the level of primary infertility.

A comparison of the differences in the mean number of CEB and surviving reflects the cumulative effects of mortality levels during the period in which women have been bearing children. On average, ever-married women in their late twenties have given birth to more than three children whereas, women in their late thirties have had about five children, and women at the end of their childbearing years have had almost six children. Of the 5.9 CEB of women aged 45 - 49, 5.2 were alive at the time of the survey.

The mean number of CEB and mean number of living children are 3.9 and 3.7 respectively, meaning that on average an ever-married woman aged 15 - 49 could deliver 3.9 children in her lifetime about 95 percent of her children survive (3.7 out of 3.9).

The results at younger ages for currently married women differ from those for ever-married women because of the large number of widows and divorcees included in the category who have not given birth. Differences at older ages generally reflect the impact of marital dissolution (either through divorce or widowhood).

As would be expected, the mean number of CEB and the mean number of children surviving rise monotonically as age increases. A comparison of the mean number of CEB with the mean number of living children reveals the experience of child loss among Somaliland

women. By the end of their reproductive years (45-49) on average, currently married women in Somaliland have given birth to 6.5 children with 5.8 surviving while ever married women aged 45 - 49 have given birth on average to 5.9 children with 5.2 surviving.

Voluntary childlessness is uncommon in Somaliland, and currently married women with no children are likely to be those who are unable to bear children (primary infertility). Fifty percent of currently married adolescent women (15 - 19) are childless, this proportion decreases to 12 percent among currently married women aged 30-34 and continues to decline with increasing age. The percentage of childless women among currently married women at the end of the reproductive period (age 45-49) shows that primary infertility among currently married women is low at 9 percent.

4.8 Birth intervals

Longer birth intervals contribute to improved health status of both mother and child (Rutstein, 2005). Infants born less than two years after the birth of a previous child experience a higher risk of health problems. Research has shown that children born too soon after a previous birth are at an increased risk of poor health, particularly when the interval is less than 24 months. Table 4.8 shows the distribution of births in the five years before the survey by the interval since the preceding birth, according to various background and demographic characteristics. Information on the length of birth intervals provides insight into birth spacing patterns, which affect fertility as well as infant and child mortality.

Table 4.8 indicates that the median birth interval is 24 months. Thirty-seven percent of children are born in short interval (less than 24 months after a preceding birth). Younger mothers have the shortest median birth interval of 14 months, while the older mothers 40-49 have a median birth interval of 26 months.



The length of birth interval varies by survival status of the previous birth. For births whose prior sibling survived, the median birth interval is 24 months; for those with a non-surviving previous birth, the birth interval is 30 months.

The median birth interval in urban, rural and nomadic areas is 24 months. Regionally, there are no variations of birth intervals observed between regions except for Togdheer which has a median birth interval of 23 months while all other regions have 24 months. As presented in Table 4.8, the median birth interval according to the wealth quintiles is the same in all classes (24 months) except the middle wealth quintile at 23 months.

4.9 Age at first birth

The age at which childbearing begins has an impact on the health and welfare of a mother, her children and fertility levels. Early onset of childbearing leads to a longer reproductive span and a higher level of fertility. On the other hand, the postponement of first births contributes to an overall fertility decline.

Table 4.9 shows the percentage of women aged 15-49 who have given birth by exact ages, the percentage who have never given birth, and the median age at first birth, according to current age. The median age at first birth for women aged 25-49 is 21 years.

Fifteen percent of Somaliland women aged 25-49 years had given birth by the age of 18, while about half of them (46 percent) had given birth by the age of 22 and 64 percent had given birth by the age of 25. The percentage that has never given birth declines with age.

Table 4.10 presents the median age at first birth among women aged 20 - 49 and 25-49 by background characteristics. Median age at first birth among women aged 20-49 and 25-49 is 20 and 21 respectively. In all age groups, women in urban areas have a slightly higher median age at first birth than their nomadic

counterparts. Among the regions, highest median age at first birth among women aged 25-49 was recorded in Awdal at 22 followed by Marodijeh and Togdheer at 21 years.

Women with higher education recorded the highest median age at first birth of 26 years among women aged 25-49 and 24 years among those 20-49 years.

4.10 Teenage pregnancy and motherhood

Teenage pregnancy/early motherhood is a key health and social distress indicator because of its association with higher morbidity and mortality for both mother and child. Children born to very young mothers are at an increased risk of sickness and death. Childbearing during the teenage years can have dreadful social consequences as well, restricting the continuation of education and possibility of employment. Women who become mothers in their teens are more likely to curtail education and most of the time they don't obtain decent employment opportunities.

Table 4.11 presents the percentage of women aged 15-19 who have had a live birth or who are pregnant with their first child and the percentage of women who have begun childbearing by selected background characteristics.

Seven percent of women aged 15-19 have already had a live birth, and 1 percent of them are pregnant with their first child while 9 percent have begun childbearing. The percentage of women that have begun childbearing increases rapidly with an increase in age.

Nomadic girls are more likely to start childbearing earlier than their rural and urban counterparts.



The percentage of teenagers who have begun childbearing varies greatly among regions, with the lowest percentage recorded in Marodijeh at 6 percent and highest in Sahil and Sool at 15 percent.

Teenagers with no education tend to start childbearing earlier than their better educated peers. The level of teenage fertility is strongly associated with education. Twelve percent of teenagers who have never been to school have begun childbearing as compared with 2 percent who have a secondary school education and 3 percent who have higher education.

Teenage pregnancy is associated with wealth status, 18 percent of the poorest teenagers have begun childbearing, as compared to the highest wealth quintile at 4 percent (Figure 4.6).

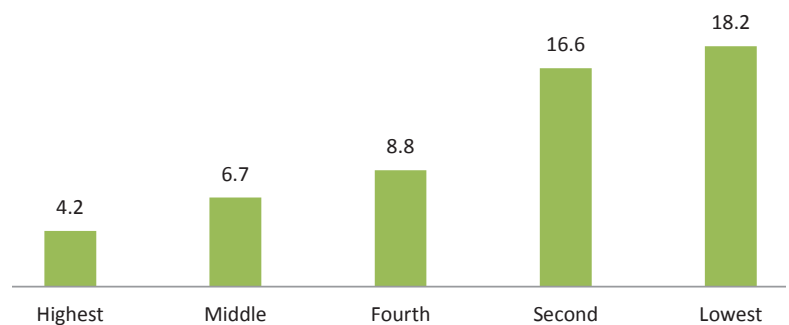
4.11 Menopause

Women who become mothers under the age of 20 are likely not to complete their education

Table 4.12 presents the percentage of women who are menopausal by age. As expected, the larger proportion of menopausal women was reported among women aged 48-49 years. However, it is interesting to note that women in the age bracket 30-34 reported higher proportions of menopausal women compared to those aged 35-39.

Figure 4.6 Teenage pregnancy and motherhood by household wealth

Percentage of women age 15-19 who have begun childbearing, SLHDS 2020



4.12 Fertility preferences (fertility planning status)

Data on fertility preferences is used to evaluate the effectiveness of couples' efforts to control their own fertility and to assess the future contraceptive needs not only for birth spacing, but to limit the total number of births. The issue of unplanned and unwanted fertility was investigated in 2020 SLHDS by asking women who had births during the five years before the survey period and whether the births were wanted at the time i.e. intended, wanted at a later time i.e. mistimed, or not wanted at all i.e. not intended. The responses to those questions provide a measure of the degree to which women have been successful in controlling fertility. This also gives some insight into the extent to which couples are able to control their family size.

4.13 Desire for more children

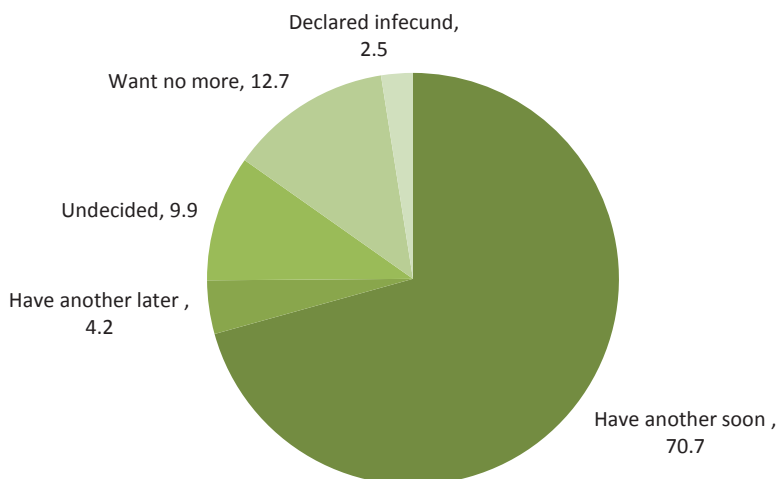
Currently married women were asked whether they would like to have one or more children and if so, how soon. Table 4.13 presents this distribution, and is based on the current number of living children. When categorizing women according to their fertility preference, the desired timing of the next birth is taken into account.



Seventy-one percent of currently married women would like to have another child soon after their first child whereas 4 percent of want to have another child later (in two or more years), and 10 percent would like another child but are undecided on when to have. Thirteen percent would like no more children, while almost 3 in 100 women (3 percent) are declared infecund (Figure 4.7). Desire to have another child soon is highest among mothers with no child and lowest among mothers with six or more children.

Figure 4.7 Desire for more children

Percent distribution of currently married women age 15-49 by desire for children SLHDS 2020



4.14 Desire to limit by background characteristics

Table 4.14 provides information on percentage of currently married women aged 15 - 49 who want no more children based on the number of living children they have according to background characteristics. Thirteen percent of the currently married women aged 15 - 49 want to stop childbearing. The desire to stop

childbearing is higher among women in urban areas at 14 percent compared to women in rural at 13 percent and nomadic areas at 10 percent. Based on regional findings, proportion of married women aged 15 - 49 who want no more children is highest in Marodijeh at 16 percent, followed by Sanaag at 15 percent and is lowest in Togdheer region at 9 percent. Women from lowest wealth quintile are the least likely to desire no more children.

4.15 Ideal number of children

The ideal number of children is defined as the number of children that women would like to have if they could go back to the time when they did not have any children and could chose exactly the number of children to have in their whole life.

All ever-married women with at least one child were asked the ideal number of children they would choose to have if they could start afresh. Table 4.15 shows that 90 percent of women ideally want to have six or more children. There is no difference between currently married and ever married women regarding their ideal number of children.

4.16 Mean ideal number of children for all women aged 15-49 by background characteristics

Table 4.16 shows the mean ideal number of children for all women aged 15-49 by background characteristics. The mean ideal number of children for Somaliland women is 8. Ideal family size is more or less the same across all age groups at 8 children, but slightly higher among women residing in the rural areas at 9

children. Except for women in Togdheer and Sool whose mean ideal number of children is 9, women from the other regions desire an average of 8 children. Women with higher level of education have a mean ideal number of 7 children while those from the lowest to the middle wealth quintile have an ideal mean number of 9 children.

4.17 Fertility planning status

The wanted fertility rate measures the potential demographic impact of avoiding unwanted births. It is calculated in the same manner as the total fertility rate described at the beginning of this chapter but excludes births classified as unwanted from the numerator. A birth is considered wanted if the number of living children at the time of conception is less than the ideal number of children reported by the respondent. The gap between wanted fertility and actual fertility reflects how successful women are in achieving their reproductive intentions.

Seventy-two percent of women aged 15 - 49 wanted to have the child at that time, while 23 percent of women wanted to have the child later and 5 percent did not want any more children. The proportion of mistimed births decreases with birth order and age among women who had a child, yet they wanted no more children.

4.18 Birth spacing

Birth spacing or child spacing is defined as “educational, comprehensive medical or social activities which enable the couples to decide freely the number of children they want or might not want, spacing of their children and to select the means by which this may be achieved. Furthermore, birth spacing involves the deliberation of the number of children a

woman thinks to have including the choice to have no children, as well as the age at which she desires to have them. This section outlines results from SLHDS 2020 on aspects including contraceptive methods, its sources, discontinuation, the unmet need for birth spacing services, and exposure to birth spacing messages and providers. This section focuses on the reasons why the currently married women fail to use contraceptives while they are at risk of conceiving. It also examines the potential demand for birth spacing, exposure to birth spacing messages in the media, and how much contact non-users have with birth spacing providers.

4.19 Knowledge of contraceptive methods

Birth spacing is directly related to a woman’s knowledge of contraception. Individuals who have sufficient information on available contraceptive methods can make informed decisions about birth spacing. Therefore, it was important to assess the extent of knowledge of birth spacing methods among women of reproductive age. Information on contraceptive methods was collected by asking ever-married women if they had heard about the 14 different contraceptive methods that may be used to delay or avoid a pregnancy.

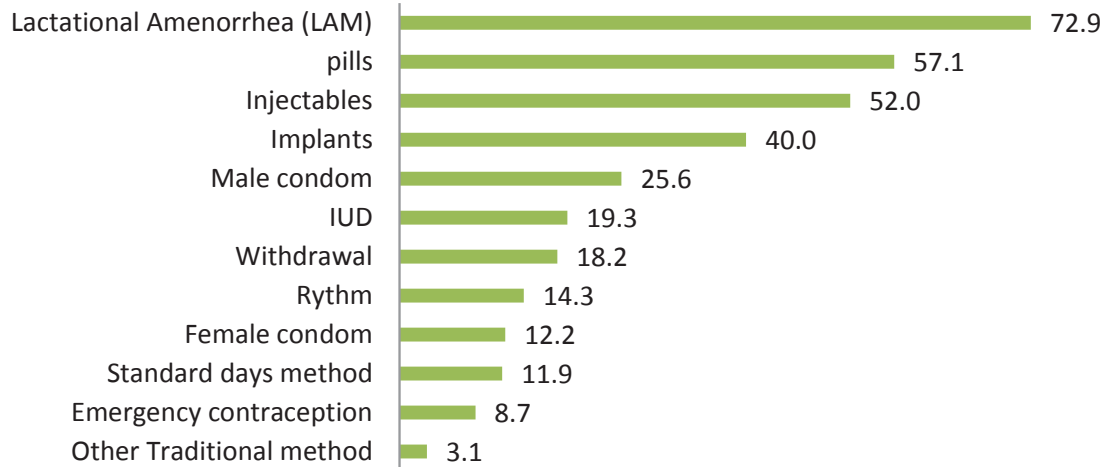
Table 4.18 shows that women are knowledgeable about contraception. Eighty-one percent of women know of a contraceptive method, modern methods are more widely known than traditional methods at 80 percent and 25 percent respectively.

The most known method reported by both ever married women and currently married women is Lactational amenorrhea (LAM) at 73 percent followed by pills at 58 and 57 percent among the ever married and currently married women respectively and injectables at 53 and 52 percent among the ever married



Figure 4.8 Knowledge of contraceptive methods

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



and currently married women respectively. The least known method is emergency contraception by 9 percent and standard days method by 12 percent of the currently married women (Figure 4.8).

4.20 Knowledge of contraceptive methods by background characteristics

Table 4.19 shows that knowledge of some methods of birth spacing is common among currently married women. Across all background characteristics of age, residence, education and wealth, around 80 percent of currently married women have heard of at least one contraceptive method and at least one modern method. The younger women 15-19 are least likely to have knowledge of any contraceptive or modern contraceptive method (Figure 4.9), and so are women residing in the nomadic areas, Sanaag and Sool regions, women with no education and women in the lowest wealth quintiles.

4.21 Current use of contraceptive methods

This section presents information on the use of contraception among currently married women aged between 15-49 years and is an important measure of the success of birth spacing programmes. The Contraceptive Prevalence Rate (CPR) is usually defined as the percentage of currently married women who are currently using contraception.

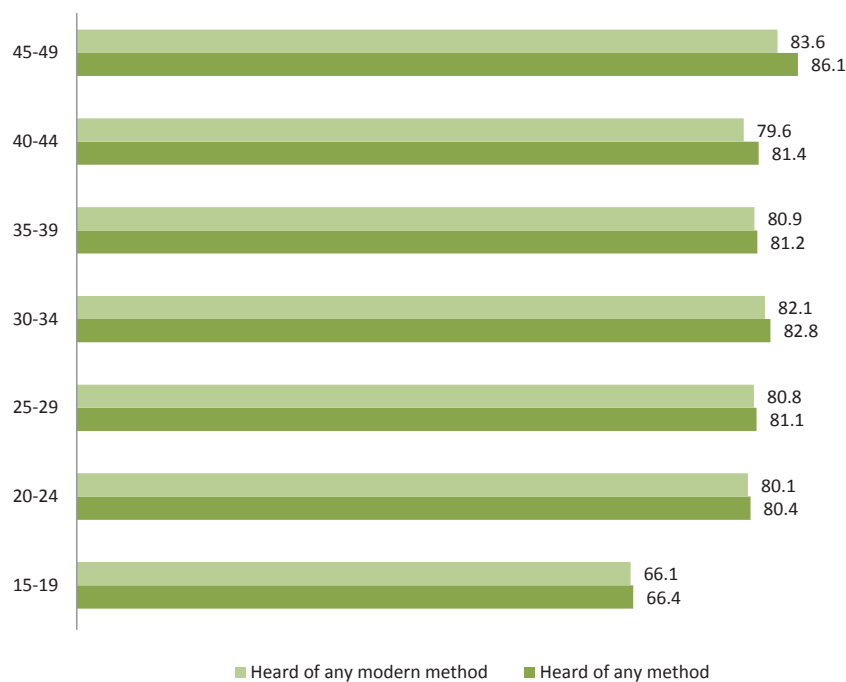
Table 4.20 shows the percentage distribution by age of all currently married women aged 15 - 49 who use birth spacing methods where the contraceptive methods are grouped into modern and traditional methods.

Seven percent of the currently married women are using a form of birth spacing. Five percent of the currently married women are using traditional methods and 1 percent are currently married using a modern method. Ninety-four percent of the currently married women are not currently using any contraception. Based on women's age categories contraceptive use is highest among married women of age 15-19, lowest among those above 40 years with none in the age group 45-49 using any method.



Figure 4.9 Knowledge of contraceptive methods by age

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



4.22 Current use of contraception by background characteristics

Contraceptive use is one of the main determining factors of the levels of fertility. Changes in use can indicate the overall success of birth spacing programs in the country. Analysing current use of contraception by background characteristics is important because it helps identify subgroups of the population that use birth spacing services.

Table 4.21 represents currently married women aged 15-49 by their use of contraception according to background characteristics. This table allows a comparison of levels of current contraceptive use across major population groups and an examination of differences in use in the various subgroups.

Seven percent of currently married women are using a form of contraception. Among them one percent reported use of a modern method. The most commonly used method is rhythm reported by 5 percent of currently married women.

Seven percent of currently married women in urban and nomadic areas use contraceptives, among contraceptive users in urban areas 2 percent use modern methods compared to less than one percent in nomadic areas. According to the regional findings, use of any contraceptives is highest among women in Togdheer at 8 percent and lowest among women in Marodijeh and Sahil. Use of modern methods is highest among women in Awdal at 2 percent with the other regions reporting one percent. The use of contraceptives among women increases with an increase in level of education with women with a secondary level of education reporting the highest proportion of those using modern methods at 8 percent.

4.23 Knowledge of fertile period

The successful use of natural methods of contraception depends largely on an understanding of the menstrual cycle of a woman is most likely to occur. All ever married women were asked about their knowledge of



the fertile period. Specifically, they were asked whether there are certain days between two menstrual periods when a woman is more likely to conceive if she has sexual intercourse with her husband. Those who said yes were specifically asked whether this time is just before her period begins, during her period, right after her period ends, or halfway between her two periods.

Table 4.22 and Figure 4.10 show that among ever married women aged 15 - 49, 14 percent have accurate knowledge of the fertile period. The ever-married women aged 25 - 29 and 45 - 49 have the highest proportions of those who have correct knowledge regarding fertile periods of women at 17 and 19 percent respectively. Knowledge on fertile period is lowest among those aged 30-34.

4.24 Need and demand for birth spacing services

Table 4.23 shows the need and demand for birth spacing among currently married women aged 15-49 by background characteristics.

The total demand for birth spacing among the currently married women is thirty percent. The total demand for birth spacing both for spacing and limiting is highest among those with primary education at 46 percent and lowest among women with higher level of education at 25 percent.

Unmet need for birth spacing is 28 percent, while unmet need for limiting is 8 percent. Only 3 percent of the women have a met need 3 percent for spacing and less than one percent for limiting. The unmet need is highest among women aged 35-39 and lowest among those aged 15-19. The age group 20-24 has the highest need for spacing at 32 percent while the older women 45-49 have the least unmet need for spacing at 14 percent (Figure 4.11).

Unmet need for birth spacing varies slightly by type of residence, urban at 27 percent, rural at 28 percent and nomadic at 29 percent. The unmet need for both spacing and limiting is highest among women residing in the urban and rural areas at 36 percent for each.

Total unmet need for spacing and limiting is highest in Marodijeh at 39 percent and lowest in Awdal at 30 percent.

Figure 4.10 Knowledge of fertile period by age

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

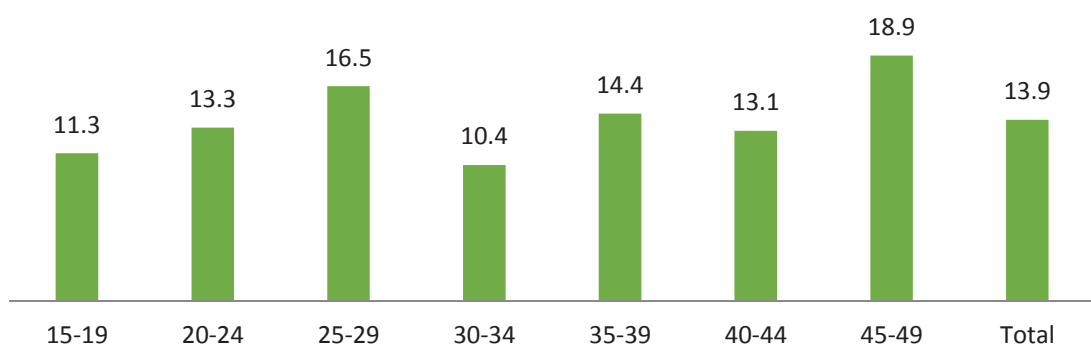
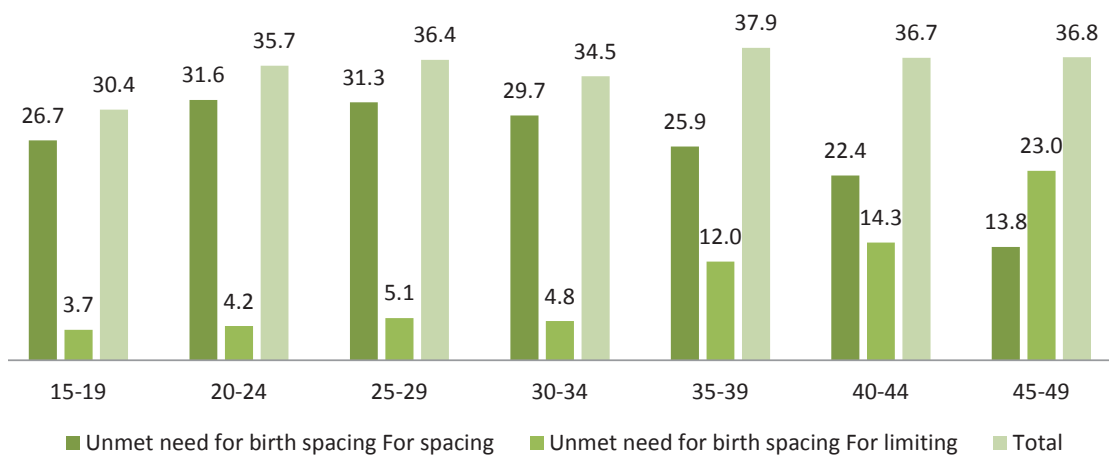


Figure 4.11 Need and demand for birth spacing among currently married women (15-49)
 Percentage of currently married women age 15-49 with unmet need for birth spacing, by age, SLHDS 2020



4.25 Exposure to birth spacing messages

Televisions, radio, mass media and social media are the potential sources of information regarding birth spacing. Information on the level of public exposure to messages through these media enables policymakers to ensure the use of the most effective media to target groups. To assess the effectiveness of such media on the dissemination of birth spacing information, ever-married women interviewed were asked whether they had heard messages about birth spacing on the radio or seen them on television or in newspapers/magazines during the few months preceding the survey.

Table 4.24 shows that 19 percent of ever married women heard birth spacing messages on radio; 24 percent of ever-married women reported having seen birth spacing messages on television while 4 percent through newspapers. Sixty-eight percent of ever-married women had not heard any birth spacing messages through these sources.

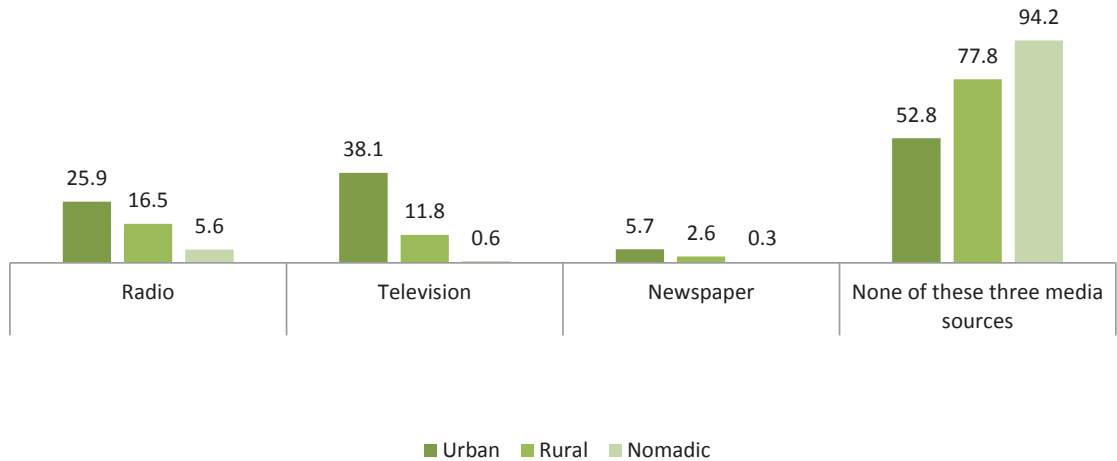
As expected, ever married women in urban households are much more likely to have been exposed to birth spacing messages through media in comparison to their rural and nomadic counterparts. Twenty-six, 38 and 6 percent of women residing in urban areas had heard of birth spacing messages from radio, television and newspaper respectively. However, 53 percent of women residing in urban areas and 94 percent of women residing in nomadic areas had not heard of birth spacing messages from any of the three forms of media (Figure 4.12).

Furthermore, women who are educated are more likely to be aware of messages through media compared to uneducated women. Seventy-four percent of non-educated ever married women have no exposure to birth spacing information in any form of mass media, compared to women with secondary education at 41 percent and 24 percent of ever-married women with higher education had no exposure to birth spacing information from any of these three media sources. Similarly, for ever-married women, exposure to birth spacing messages from different media sources increases with increase in wealth status.



Figure 4.12 Exposure to birth spacing messages

Percentage of ever married women aged 15-49 who heard or saw a birth spacing message on radio, on television, in a newspaper or magazine in the past few months, according to type of residence, SLHDS 2020



4.26 Contact of nonusers with birth spacing providers

Table 4.25 shows women aged 15-49: who are not using contraception, who were visited by a fieldworker to discuss birth spacing during the past 12 months, who visited a health facility and discussed birth spacing, who visited a health facility but did not discuss birth spacing, and those who did not discuss birth spacing either with a fieldworker or at a health facility, by background characteristics in the last 12 month preceding the survey.

The results shown in table 4.25 indicate that only 11 percent of who did not use contraceptives (nonusers) reported being visited by a fieldworker to discuss birth spacing with them. Two percent of nonusers visited a health facility and discussed birth spacing in the 12 months preceding the survey. Seventy-four percent of ever-married women did not discuss birth spacing either with a fieldworker or at a health facility. Variations of ever married women who didn't discuss birth spacing either with a fieldworker or at a health facility by background characteristics are minimal.



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Table 4.1 Current marital status

Percent distribution of women aged 15-49 by current marital status, according to age SLHDS 2020						
Age	Never-married	Currently Married	Divorced	Widowed	Total	Number of women
15-19	85.3	13.2	1.2	0.3	100.0	1,697
20-24	49.2	45.5	4.7	0.5	100.0	1,152
25-29	17.4	75.9	4.8	1.9	100.0	1,064
30-34	8.8	80.5	7.0	3.7	100.0	869
35-39	4.4	84.5	7.8	3.4	100.0	725
40-44	2.6	76.9	9.8	10.7	100.0	459
45-49	4.8	66.9	9.4	18.9	100.0	320
Total	37.1	54.6	5.1	3.1	100.0	6,285

Table 4.2 Age at first marriage

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

Background	Percentage first married by exact age:					Percentage of never-married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
Women								
Age								
15-19	5.3	n/a	n/a	n/a	n/a	85.3	1,697	a
20-24	8.8	23.2	30.4	n/a	n/a	49.2	1,152	a
25-29	10.1	27.5	38.3	52.6	66.6	17.4	1,064	20.0
30-34	18.4	32.6	42.8	55.3	72.3	8.8	869	20.0
35-39	9.2	25.6	37.3	49.4	67.3	4.4	725	21.0
40-44	8.8	25.1	39.3	50.4	67.1	2.6	459	21.0
45-49	9.6	26.1	38.9	53.4	68.5	4.8	320	21.0
20-49	11.0	26.8	37.2	n/a	n/a	19.3	4,588	a
25-49	11.8	28.0	39.4	52.4	68.4	9.3	3,437	20.0
Men								
Age								
15-19	0.1	n/a	n/a	n/a	n/a	91.0	1,425	a
20-24	0.3	2.6	4.4	n/a	n/a	72.1	903	a
25-29	0.2	3.5	7.9	18.3	28.5	41.9	821	25.0
30-34	0.4	3.6	8.9	21.9	30.6	29.5	795	25.0
35-39	0.5	6.4	10.8	24.0	35.0	16.6	640	25.0
40-44	0.2	7.7	13.4	27.4	41.4	14.3	624	25.0
45-49	0.6	6.9	11.8	24.5	36.3	11.7	368	25.0
50-54	0.3	6.1	12.4	24.7	36.2	9.7	602	25.0
55-59	0.2	2.4	9.3	21.3	40.2	7.9	307	25.0
60-64	1.2	7.3	13.7	25.2	40.3	9.8	368	25.0
20-49	0.3	4.7	8.9	17.8	26.3	35.4	4,152	25.0
25-49	0.4	5.3	10.2	22.8	33.6	25.1	3,249	25.0
20-64	0.4	4.9	9.7	n/a	n/a	29.2	5,428	a
25-64	0.4	5.4	10.7	23.1	35.0	20.7	4,525	25.0

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 4.3 Median age at first marriage by background characteristics

Median aged at first marriage among ever married women age 20-49 and age 25-49, according to background characteristics, SLHDS 2020		
Background characteristic	20-49	25-49
Types of residence		
Urban	20.0	20.0
Rural	20.0	20.0
Nomadic	20.0	20.0
Region		
Awdal	19.0	20.0
Marodijeh	20.0	21.0
Sahil	19.0	20.0
Togdheer	19.0	19.0
Sool	21.0	22.0
Sanaag	21.0	21.0
Education		
No Education	20.0	20.0
Primary	18.0	18.0
Secondary	19.0	20.0
Higher	22.0	23.0
Wealth index		
Lowest	20.0	20.0
Second	21.0	20.0
Middle	20.0	20.0
Fourth	20.0	20.0
Highest	20.0	21.0
Total	20.0	20.0

Note: The age at first marriage is defined as the age at which the respondent began living with his/her first spouse/partner.

a = Omitted because less than 50 percent of the respondents began living with their spouses/partners 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 crude birth rate for the three years preceding the survey, by Residence SLHDS 2020

Age	Residence			
	Urban	Rural	Nomadic	Total
15-19	38	116	153	69
20-24	166	291	357	221
25-29	239	349	346	285
30-34	226	320	287	258
35-39	153	196	210	175
40-44	68	107	120	85
45-49	32	21	88	37
TFR (15-49)	4.6	7.0	7.8	5.7
GFR	136	233	254	176
CBR	29.4	46.8	53.1	37.4

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 Fertility by background characteristics

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

Background characteristic	Total Fertility Rate	Percentage women aged 15-49 currently pregnant	Mean number of children ever born to women aged 40-49
Type of residence			
Urban	4.6	14.6	6.1
Rural	7.0	16.6	7.4
Nomadic	7.8	18.0	9.1
Region			
Awdal	5.3	16.7	6.7
Maroodijeex	4.5	16.1	6.2
Sahil	5.8	15.4	7.7
Togdheer	5.6	15.4	6.8
Sool	7.8	17.6	9.3
Sanaag	7.5	14.7	7.9
Education			
No education	6.1	14.9	8.0
Primary	5.7	19.3	7.6
Secondary	3.4	17.2	4.8
Higher	2.4	27.3	5.0
Wealth quintile			
Lowest	7.7	17.0	7.6
Second	7.5	14.3	7.0
Middle	5.7	15.6	6.8
Fourth	5.7	15.1	6.9
Highest	4.4	16.4	6.6
Total	5.7	15.9	6.9

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



Table 4.6 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, SLHDS 2020

Age	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	74	99	111	97
20-24	237	261	261	274
25-29	292	294	324	302
30-34	273	286	285	[374]
35-39	181	193	[257]	
40-44	86	[119]		
45-49	[36]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview



Table 4.7 Children ever born and living

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

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
Ever-married women															
15-19	50.1	32.3	12.8	4.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	250	0.7	0.7
20-24	21.9	25.7	24.9	16.4	9.0	2.1	0.0	0.0	0.0	0.0	0.0	100.0	585	1.7	1.7
25-29	13.3	9.2	19.9	15.9	17.2	12.9	5.7	3.4	1.4	0.3	0.8	100.0	879	3.1	2.9
30-34	12.1	6.0	9.0	13.2	12.6	13.7	12.4	10.0	5.6	2.9	2.4	100.0	793	4.3	4.0
35-39	8.2	4.4	8.1	8.1	10.1	11.3	12.6	10.7	9.6	7.6	9.3	100.0	693	5.4	5.0
40-44	6.0	1.9	4.6	5.9	9.7	11.4	14.1	11.7	12.3	9.5	13.0	100.0	447	6.2	5.6
45-49	11.1	2.1	5.7	9.7	6.1	11.0	10.5	10.2	9.7	6.3	17.5	100.0	304	5.9	5.2
Total	14.8	10.3	13.1	11.8	11.0	10.1	8.4	6.7	5.3	3.5	5.1	100.0	3,950	3.9	3.7
Currently married women															
15-19	50.2	31.7	13.1	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	224	0.7	0.7
20-24	23.3	23.5	24.4	17.1	9.7	2.0	0.0	0.0	0.0	0.0	0.0	100.0	524	1.7	1.7
25-29	12.2	8.9	20.1	15.7	18.1	13.3	6.0	3.7	1.5	0.3	0.2	100.0	808	3.1	3.0
30-34	12.2	5.4	8.6	13.4	11.6	14.0	13.4	9.9	6.0	2.8	2.7	100.0	700	4.3	4.1
35-39	7.2	4.5	6.9	6.5	10.1	11.6	13.0	11.3	10.5	8.3	10.1	100.0	612	5.6	5.2
40-44	6.5	1.4	4.3	4.7	9.3	12.6	14.4	10.5	10.6	11.7	14.1	100.0	353	6.3	5.7
45-49	8.7		6.2	8.1	3.4	12.6	10.7	9.7	10.5	7.6	22.5	100.0	214	6.5	5.8
Total	14.7	9.8	13.1	11.5	11.1	10.4	8.6	6.6	5.2	3.8	5.3	100.0	3,435	4.0	3.7



Table 4.8 Birth intervals

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

Background characteristics	Birth order						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	15.9	3.2	3.7	0.9	0.0	76.4	100.0	58	14.0
20-29	26.2	12.5	20.0	6.6	1.0	33.8	100.0	1,204	22.0
30-39	23.2	15.1	31.4	11.2	5.4	13.7	100.0	1,046	24.0
40-49	14.2	8.7	30.8	14.7	9.4	22.1	100.0	217	26.0
Sex									
Male	23.3	14.4	24.1	8.5	3.7	26.1	100.0	1,253	24.0
Female	24.5	11.3	26.0	9.4	3.3	25.5	100.0	1,192	24.0
Survival of preceding birth									
Living	24.4	13.1	25.5	8.3	3.2	25.5	100.0	2,215	24.0
Dead	18.2	11.2	20.9	14.4	6.5	28.8	100.0	229	30.0
Birth order									
2-3	24.0	13.3	25.5	8.8	3.7	24.7	100.0	2,226	24.0
4-6	21.4	11.0	20.8	11.1	1.9	33.7	100.0	161	24.0
7+	23.4	2.4	20.5	2.5	1.4	49.9	100.0	53	24.0
Type of residence									
Urban	24.1	13.1	24.1	8.2	3.2	27.4	100.0	1,191	24.0
Rural	24.5	13.0	25.7	9.6	3.8	23.4	100.0	719	24.0
Nomadic	22.0	12.8	27.1	10.4	3.8	23.9	100.0	615	24.0
Region									
Awdal	19.0	10.0	27.9	11.2	3.8	28.1	100.0	195	24.0
Maroodijeex	19.3	11.1	25.8	10.5	5.9	27.4	100.0	691	24.0
Sahil	20.3	16.1	26.2	7.3	4.1	26.0	100.0	116	24.0
Togdheer	27.5	15.8	24.3	6.9	1.7	23.7	100.0	688	23.0
Sool	24.1	14.8	26.3	8.8	2.9	23.1	100.0	358	24.0
Sanaag	27.2	10.9	23.8	10.1	2.8	25.3	100.0	476	24.0
Wealth quintile									
Lowest	22.0	12.6	28.6	10.5	4.2	22.0	100.0	626	24.0
Second	23.7	13.0	27.6	10.6	3.3	21.9	100.0	377	24.0
Middle	29.7	12.2	17.8	9.0	5.2	26.2	100.0	279	23.0
Fourth	27.8	12.2	28.6	6.6	3.5	21.3	100.0	541	24.0
Highest	19.8	14.3	21.4	9.0	2.3	33.2	100.0	701	24.0
Total	23.7	13.0	25.3	9.1	3.5	25.4	100.0	2,524	24.0

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

Table 4.9 Age at first birth

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

Current age	Percentage who gave birth by exact age:					Percentage who never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.5	n/a	n/a	n/a	n/a	86.8	1,697	a
20-24	1.4	12.3	27.3	n/a	n/a	52.0	1,152	a
25-29	3.4	16.3	32.3	46.8	65.4	19.3	1,064	20.0
30-34	4.0	18.4	33.2	48.8	64.7	10.3	869	20.0
35-39	2.5	12.4	29.9	45.9	63.4	4.9	725	21.0
40-44	4.1	15.2	30.9	44.8	64.5	2.8	459	22.0
45-49	2.2	10.5	23.4	36.1	55.4	6.3	320	22.0
20-49	2.9	14.6	30.1	n/a	n/a	21.0	4,588	a
25-49	3.3	15.3	31.0	45.9	63.8	10.6	3,437	21.0

n/a = Not applicable due to censoring

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

Table 4.10 Median age at first birth

Median age at first birth among women age 20-49 (25-49) years, by background characteristics, SLHDS 2020

Background characteristics	Women aged 20-49	Women aged 25-49
Type of residence		
Urban	21.0	21.0
Rural	20.0	21.0
Nomadic	20.0	20.0
Region		
Awdal	21.0	22.0
Marodijeh	21.0	21.0
Sahil	20.0	20.2
Togdheer	20.0	21.0
Sool	19.0	20.0
Sanaag	19.3	20.0
Education		
No education	20.0	21.0
Primary	20.0	20.0
Secondary	21.0	21.2
Higher	23.9	26.0
Wealth quintile		
Lowest	20.0	20.0
Second	20.0	21.0
Middle	20.0	20.0
Fourth	20.0	21.0
Highest	21.0	21.0
Total	20.0	21.0

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

Table 4.11 Teenage pregnancy and motherhood

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

Background characteristics	Percentage of women age 15-19 who:			Number of women
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	
Age group				
15-19	7.4	1.2	8.6	1,697
15	0.3	0.2	0.4	324
16	0.9	0.9	1.7	358
17	2.8	2.3	5.1	321
18	11.6	1.2	12.8	425
19	23.6	1.5	25.1	269
Type of residence				
Urban	3.9	0.5	4.5	1,106
Rural	11.5	1.8	13.3	310
Nomadic	16.6	3.0	19.6	281
Region				
Awdal	7.2	1.0	8.2	133
Maroodijeex	4.9	0.6	5.5	500
Sahil	12.5	2.2	14.6	79
Togdheer	5.1	1.5	6.6	569
Sool	12.4	2.3	14.7	177
Sanaag	13.0	0.5	13.5	239
Education				
No education	10.7	1.7	12.4	812
Primary	7.0	1.2	8.3	435
Secondary	1.7	0.1	1.8	400
Higher	2.6	0.0	2.6	50
Wealth quintile				
Lowest	15.5	2.7	18.2	253
Second	14.6	2.0	16.6	146
Middle	5.5	1.2	6.7	162
Fourth	7.3	1.5	8.8	353
Highest	3.9	0.3	4.2	782
Total	7.4	1.2	8.6	1,697



Table 4.12 Menopause

Percentage of women age 30-49 who are menopausal, by age, SLHDS 2020		
Age	Percentage menopausal ¹	Number of women
30-34	15.1	869
35-39	12.4	725
40-41	14.8	322
42-43	15.7	105
44-45	26.8	239
46-47	24.0	57
48-49	40.0	55
Total	16.2	2,372

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



Table 4.13 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, SLHDS 2020								
Desire for children	Number of living children ¹							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon ²	85.2	81.1	75.1	73.4	71.8	71.0	56.2	70.7
Have another later ³	0.0	6.0	5.1	4.9	3.9	4.9	4.7	4.2
Undecided	7.9	4.6	10.4	8.5	13.7	8.4	12.0	9.9
Want no more	0.0	7.4	8.6	11.1	9.0	13.2	24.8	12.7
Declared infecund	6.9	0.9	0.8	2.1	1.5	2.5	2.3	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	467	343	457	431	413	350	975	3,435

na=Not applicable
¹The number of living children includes current pregnancy for women
²Wants next birth within 2 years
³Wants to delay next birth for 2 or more years
⁵The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife)



Table 4.14 Desire to limit childbearing

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, SLHDS2020

Background characteristics	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Type of residence								
Urban	0.0	8.6	10.6	12.3	4.5	16.2	30.4	13.8
Rural	0.0	6.9	4.7	12.1	12.5	7.6	23.5	13.0
Nomadic	0.0	5.2	7.9	8.1	12.3	14.3	14.7	10.1
Region								
Awdal	0.0	1.9	6.7	15.0	11.9	5.7	23.3	10.9
Marodijeh	0.0	5.3	13.6	13.3	8.9	21.1	36.3	16.4
Sahil	0.0	2.9	2.6	12.2	6.7	15.4	24.8	11.9
Togdheer	0.0	12.2	2.1	7.1	3.2	4.9	17.5	8.7
Sool	0.0	3.9	14.5	8.0	11.8	11.9	15.8	11.2
Sanaag	0.0	11.1	8.0	14.4	15.0	15.6	23.1	14.5
Education								
No education	0.0	9.9	7.9	11.6	10.0	14.5	24.6	14.0
Primary	0.0	2.9	11.4	6.2	2.9	2.0	24.2	9.0
Secondary	0.0	0.0	0.0	31.4	8.9	32.2	45.3	9.8
Higher	0.0	4.1	21.5	2.9	0.0	0.0	0.0	5.5
Wealth quintile								
Lowest	0.0	3.0	6.9	6.7	13.5	9.8	17.4	10.5
Second	0.0	6.8	14.5	16.9	7.3	7.9	17.3	11.9
Middle	0.0	3.2	15.2	12.5	11.7	6.4	31.9	15.7
Fourth	0.0	18.2	4.6	12.2	3.1	18.8	25.1	13.6
Highest	0.0	5.5	7.6	11.1	8.6	19.5	31.9	13.2
Total	0.0	7.4	8.6	11.1	9.0	13.2	24.8	12.7

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



Table 4.15 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, SLHDS 2020

	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Ideal number of children								
1	0	1.2		0.1	0.0	0.0	0.0	0.1
2	0.4	2.2	1.7	0.2	1.1	0.5	0.9	1.0
3	0	0.1	0.9	1.9	0.1	0.3	0.6	0.6
4	3.4	2.5	4.5	3.2	4.4	0.3	1.9	2.8
5	8.9	9.3	9.8	4.8	2.1	4.4	3.1	5.6
6+	87.3	84.7	83.1	89.8	92.2	94.4	93.5	89.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	377	381	471	438	417	334	963	3,381
Mean ideal number of children for:²								
All ever-married women	9.6	9.3	9.5	9.9	10.2	10.7	11.6	10.3
Number of women	377	381	471	438	417	334	963	3,381
Currently married women	9.8	9.1	9.1	10.0	10.2	10.7	11.7	10.3
Number of women	325	302	408	386	360	304	848	2,931

¹ The number of living children includes current pregnancy for women

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

³ The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).



Table 4.16 Mean ideal number of children

Mean ideal number of children for all women age 15-49 by background characteristics, SLHDS 2020		
Background characteristics	Mean	Number of women ¹
Age		
15-19	8.3	249
20-24	8.1	574
25-29	8.4	845
30-34	8.3	751
35-39	8.4	674
40-44	8.4	444
45-49	8.4	297
Residence		
Urban	8.2	2,016
Rural	8.6	956
Nomadic	8.4	861
Region		
Awdal	7.9	336
Marodijeh	8.1	1,168
Sahil	8.3	211
Togdheer	8.8	1,058
Sool	8.7	446
Sanaag	8.0	614
Education		
No Education	8.4	2,969
Primary	8.4	576
Secondary	8.2	182
Higher	6.5	106
Wealth quintile		
Lowest	8.6	852
Second	8.5	511
Middle	8.5	452
Fourth	8.2	750
Highest	8.0	1,268
Total	8.3	3,834

¹ Number of women who gave a numeric response



Table 4.17 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, SLHDS 2020

Birth order and mother's age at birth	Planning status of birth			Total	Number of births
	Wanted then	Wanted later	Wanted no more		
Birth Order					
1	76.2	18.9	4.9	100.0	1,970
2	71.0	23.5	5.5	100.0	1,681
3	66.9	27.7	5.4	100.0	879
4+	66.6	26.8	6.6	100.0	306
Mother's age at birth					
<20	70.1	24.3	5.6	100.0	596
20-24	74.0	21.5	4.5	100.0	1,305
25-29	72.1	23.6	4.4	100.0	1,359
30-34	72.9	22.3	4.8	100.0	949
35-39	67.8	23.9	8.3	100.0	450
40-44	75.2	14.2	10.5	100.0	120
45-49	*	*	*	*	10
Total	72.1	22.6	5.3	100.0	4,836

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview



Table 4.18 Knowledge of contraceptive methods

Percentage of all women, currently married women 15-49 who have heard of any contraceptive method, by specific method, SLHDS 2020		
Method	All ever-married women	Currently married women
Any method	81.1	80.8
Any modern method	80.4	80.1
IUDs	19.9	19.3
Injectables	53.0	52.0
Implants	40.9	40.0
Pills	58.1	57.1
Male condoms	26.4	25.6
Female condoms	12.6	12.2
Emergency contraception	9.2	8.7
Standard days method	12.2	11.9
Lactational Amenorrhea (LAM)	73.1	72.9
Other modern methods	2.7	2.3
Any traditional method	24.9	24.6
Rhythm	14.7	14.3
Withdrawal	18.0	18.2
Traditional methods	3.1	3.1
Mean number of methods known by women 15-49	3.4	3.4
Number of respondents	3,950	3,435



Table 4.19 Knowledge of contraceptive methods by background characteristics

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

Background characteristics	Heard of any method	Heard of any modern method	Number of women
Age			
15-19	66.4	66.1	224
20-24	80.4	80.1	524
25-29	81.1	80.8	808
30-34	82.8	82.1	700
35-39	81.2	80.9	612
40-44	81.4	79.6	353
45-49	86.1	83.6	214
Type of residence			
Urban	90.3	89.6	1,766
Rural	78.6	78.4	846
Nomadic	62.4	61.3	822
Region			
Awdal	86.4	86.4	333
Marodijeh	90.7	89.4	1,070
Sahil	86.0	85.8	188
Togdheer	85.4	85.0	887
Sool	62.5	62.4	405
Sanaag	62.3	61.3	552
Education			
No education	77.7	77.0	2,622
Primary	89.7	88.7	538
Secondary	91.2	91.2	165
Higher	94.9	94.9	109
Wealth quintile			
Lowest	66.5	65.6	809
Second	71.1	71.1	438
Middle	80.9	80.5	367
Fourth	84.6	83.4	650
Highest	92.1	91.5	1,170
Total 15-49	80.8	80.1	3,435



Table 4.20 Current use of contraception by age

Age	Percent distribution of all currently married women age 15-49 by contraceptive method currently used, according to age, SLHDS 2020								Number of women currently married	
	Any method	Any modern method	Modern method			Any traditional method	Rhythm	Not currently using		Total
			Injectables	Pills	Lactational Amenorrhea (LAM)					
15-19	11.7	0.0	0.0	0.0	0.0	11.7	11.7	88.3	100.0	185
20-24	7.6	2.2	0.2	2.1	0.0	5.4	5.4	92.4	100.0	407
25-29	8.3	1.0	0.3	0.5	0.2	7.3	7.3	91.7	100.0	619
30-34	8.9	1.6	0.2	1.2	0.2	7.4	7.4	91.1	100.0	554
35-39	4.7	0.9	0.1	0.7	0.1	3.7	3.7	95.3	100.0	548
40-44	1.5	1.2	0.0	0.9	0.3	0.3	0.3	98.5	100.0	330
45-49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	204
Total	6.5	1.1	0.1	0.9	0.1	5.3	5.3	93.5	100.0	2,848

Note: If more than one method is used, only the most effective method is considered in this tabulation
na = Not applicable
LAM = Lactational amenorrhoea method

Table 4.21 Current use of contraception by background characteristics

Background characteristics	Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, SLHDS 2020									Number of women currently married
	Any method	Any modern method	Modern method			Any traditional method	Rhythm	Not currently using	Total	
			Injectables	Pills	Lactational Amenorrhea (LAM)					
Number of living children										
0	*	*	*	*	*	*	*	*	*	0
1-2	(5.0)	(2.5)	(2.5)	(0.0)	(0.0)	(2.5)	(2.5)	(95.0)	100.0	30
3-4	7.3	0	0	0	0	7.3	7.3	92.7	100.0	103
5+	6.5	1.2	0.1	0.9	0.1	5.3	5.3	93.5	100.0	2,714
Types of residence										
Urban	6.8	1.6	0.2	1.4	0.0	5.2	5.2	93.2	100.0	1,465
Rural	5.4	0.9	0.1	0.6	0.1	4.6	4.6	94.6	100.0	698
Nomadic	6.8	0.4	0	0.1	0.4	6.4	6.4	93.2	100.0	685
Region										
Awdal	7.3	2.4	0	2.4	0	4.9	4.9	92.7	100.0	276
Marodijeh	5.0	1.1	0	0.9	0.2	3.9	3.9	95.0	100.0	867
Sahil	5.1	1.3	0.3	1.0	0	3.7	3.7	94.9	100.0	157
Togdheer	7.7	1.0	0	1.0	0	6.8	6.8	92.3	100.0	742
Sool	7.2	0.9	0.4	0.2	0.3	6.3	6.3	92.8	100.0	334
Sanaag	6.7	0.9	0.4	0.3	0.2	5.8	5.8	93.3	100.0	473
Education										
No education	5.7	0.7	0.1	0.5	0.1	5.1	5.1	94.3	100.0	2,198
Primary	7.7	0.9	0.3	0.6	0.1	6.8	6.8	92.3	100.0	434
Secondary	12.1	8.2	0.8	7.0	0.4	3.9	3.9	87.9	100.0	135
Higher	9.6	3.7	0	3.7	0	5.9	5.9	90.4	100.0	80
Total	6.5	1.1	0.1	0.9	0.1	5.3	5.3	93.5	100.0	2,848

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhoea method
Figures in parentheses are based on 25-49 unweighted cases
An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table 4.22 Knowledge of fertile period by age

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

Age	Percentage with correct knowledge of the fertile period	Number of ever-married women
15-19	11.3	250
20-24	13.3	585
25-29	16.5	879
30-34	10.4	793
35-39	14.4	693
40-44	13.1	447
45-49	18.9	304
Total	13.9	3,950

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



Table 4.23 Need and demand for birth spacing among currently married women

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

Background characteristics	Unmet need for birth spacing			Met need for birth spacing (currently using)			Total demand for birth spacing ¹			Percentage of demand satisfied ²	Percentage of demand satisfied by modern method ³	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	26.7	3.7	30.4	3.1	0.0	3.1	29.8	3.7	33.5	9.2	0.0	224
20-24	31.6	4.2	35.7	4.7	0.1	4.8	36.3	4.2	40.5	11.8	4.2	524
25-29	31.3	5.1	36.4	1.7	0.0	1.7	33.0	5.1	38.1	4.4	1.9	808
30-34	29.7	4.8	34.5	4.3	0.5	4.8	34.0	5.3	39.2	12.2	3.1	700
35-39	25.9	12.0	37.9	1.0	0.4	1.4	26.9	12.3	39.3	3.5	2.2	612
40-44	22.4	14.3	36.7	0.3	1.0	1.3	22.8	15.2	38.0	3.4	3.0	353
45-49	13.8	23.0	36.8	1.1	0.0	1.1	14.9	23.0	37.9	3.0	0.0	214
Type of Residence												
Urban	27.0	9.3	36.3	4.0	0.4	4.5	31.0	9.8	40.8	10.9	3.3	1,766
Rural	28.3	7.2	35.5	1.4	0.1	1.5	29.7	7.3	37.0	4.1	1.9	846
Nomadic	28.8	6.2	35.1	0.2	0.2	0.3	29.0	6.4	35.4	1.0	1.0	822
Region												
Awdal	21.6	8.3	29.9	3.6	0.4	4.1	25.3	8.7	34.0	12.0	5.9	333
Marodijeh	27.4	11.1	38.5	5.0	0.0	5.0	32.4	11.1	43.6	11.5	2.0	1,070
Sahil	28.1	5.4	33.5	1.9	0.9	2.8	30.0	6.3	36.3	7.7	3.1	188
Togdheer	28.4	4.8	33.3	1.1	0.5	1.6	29.5	5.4	34.9	4.7	2.3	887
Sool	32.1	6.1	38.2	0.6	0.1	0.8	32.7	6.2	38.9	1.9	1.9	405
Sanaag	27.7	9.7	37.4	0.6	0.1	0.8	28.4	9.8	38.2	2.0	2.0	552
Education												
No Education	27.1	8.2	35.3	1.6	0.3	1.8	28.6	8.5	37.1	4.9	1.5	2,622
Primary	35.5	7.0	42.5	2.6	0.5	3.2	38.1	7.5	45.6	6.9	1.6	538
Secondary	19.0	11.3	30.2	10.0	0.0	10.0	28.9	11.3	40.2	24.8	16.7	165
Higher	19.8	4.8	24.6	11.5	0.0	11.5	31.2	4.8	36.0	31.8	7.5	109
Wealth quintile												
Lowest	27.9	5.7	33.7	0.3	0.0	0.3	28.2	5.8	34.0	1.0	0.3	809
Second	27.2	6.9	34.1	0.7	0.2	0.9	27.9	7.2	35.1	2.7	1.6	438
Middle	27.8	11.5	39.3	0.5	0.7	1.2	28.4	12.1	40.5	2.9	2.4	367
Fourth	29.4	9.1	38.6	1.5	0.2	1.6	30.9	9.3	40.2	4.1	1.1	650
Highest	26.9	8.5	35.4	5.8	0.4	6.2	32.7	8.9	41.6	14.9	4.7	1,170
Total	27.8	8.1	35.8	2.5	0.3	2.7	30.2	8.4	38.6	7.1	2.5	3,435

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

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

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

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



Table 4.24 Exposure to birth spacing messages

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

Background characteristics	Radio	Television	Newspaper	None of these three media sources	Number of women
Type of residence					
Urban	25.9	38.1	5.7	52.8	2,130
Rural	16.5	11.8	2.6	77.8	956
Nomadic	5.6	0.6	0.3	94.2	864
Region					
Awdal	14.5	19.6	3.9	71.8	354
Marodijeh	34.5	43.2	6.5	43.6	1,264
Sahil	19.5	27.9	3.2	62.8	212
Togdheer	15.0	17.3	2.1	75.5	1,059
Sool	4.6	5.0	2.2	91.7	447
Sanaag	8.0	8.0	2.4	86.9	614
Education					
No education	16.3	16.7	1.9	74.3	3,026
Primary	27.2	37.4	8.8	53.3	594
Secondary	22.4	56.6	6.8	41.4	208
Higher	44.8	68.7	19.8	24.1	122
Wealth quintile					
Lowest	8.1	1.3	0.3	91.3	854
Second	15.9	5.4	1.8	83.4	513
Middle	15.1	10.5	1.2	79.6	461
Fourth	20.4	20.4	4.6	69.0	754
Highest	28.0	50.3	7.1	42.9	1,369
Total 15-49	19.2	23.5	3.8	67.9	3,950



Table 4.25 Contact of nonusers with birth spacing providers

Among women age 15-49 who are not using contraception, the percentage who during the past 12 months were visited by a fieldworker who discussed birth spacing, the percentage who visited a health facility and discussed birth spacing, the percentage who visited a health facility but did not discuss birth spacing, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, SLHDS 2020

Background characteristics	Percentage of women who visited a health facility in the past 12 months and who:				Number of women
	Percentage of women who were visited by fieldworker who discussed birth spacing	Discussed birth spacing	Did not discuss birth spacing	Percentage of women who did not discuss birth spacing either with a fieldworker or at a health facility	
Age					
15-19	5.8	0.4	0.0	81.8	243
20-24	12.1	2.1	0.3	70.0	560
25-29	12.4	1.7	0.7	69.0	864
30-34	13.4	3.2	0.9	70.3	754
35-39	9.8	1.6	0.2	77.8	683
40-44	9.1	1.5	0.6	80.3	442
45-49	6.2	2.4	0.4	83.0	301
Type of residence					
Urban	13.2	2.8	0.6	66.7	2,046
Rural	12.3	2.0	0.6	74.3	942
Nomadic	3.4	0.1	0.2	91.8	859
Region					
Awdal	13.6	4.5	1.2	74.1	341
Marodijeh	13.6	2.7	0.8	66.2	1,204
Sahil	15.3	3.3	0.7	69.7	206
Togdheer	8.4	1.6	0.1	75.9	1,044
Sool	7.9	0.3	0.4	81.8	444
Sanaag	8.4	0.6	0.4	82.9	609
Education					
No education	8.7	1.1	0.4	78.6	2,969
Primary	18.9	6.0	0.4	58.1	577
Secondary	13.3	1.0	0.3	66.8	191
Higher	20.0	5.8	4.4	52.1	110
Wealth quintile					
Lowest	5.9	0.4	0.3	87.8	850
Second	8.1	0.1	0.4	84.6	509
Middle	10.8	2.1	0.4	74.1	457
Fourth	13.1	3.0	0.2	68.0	742
Highest	13.8	3.2	0.9	64.6	1,290
Total	10.8	2.0	0.5	74.2	3,847

The number '05' is rendered in a large, white, hollow outline font. The background is a dark green gradient that transitions into a blurred image of a person in a purple headscarf and patterned dress, likely a woman in a healthcare setting.

05

**Maternal and
Newborn Health**



5 MATERNAL AND NEWBORN HEALTH

Key Findings

- **47%** of ever-married women aged **15-49** who had a live birth in the five years preceding the survey received Antenatal Care (ANC) from a skilled health provider.
- Out of the women that received antenatal care, **20%** received it during their first trimester.
- Around **33%** of women in the reproductive age with a live birth in five years prior to the survey had been protected against neonatal tetanus.
- **33%** of live births were delivered at health facility.
- **48%** were assisted by a Traditional Birth Attendant (TBA) whereas **40%** of deliveries are assisted by a skilled provider.
- **4%** of deliveries were performed using Caesarean section in the **5** years preceding the survey.
- **2%** of ever-married women aged **15-49** have experienced obstetric fistula.

5.1 Maternal health

Mothers should receive comprehensive healthcare services during antenatal visits, childbirth, and the postnatal period in order to safeguard survival and wellbeing of both the mother and the infant. Protecting the health status of mothers and children is one of the key determinants of the development status of a country. Therefore, it is vital to improve the health of mothers and babies by offering a range of health services, such as free ANC, nutritional programs specific for mothers and children, well-equipped delivery facilities, PNC services and immunization programs.

The SLHDS 2020 collected information on the extent to which women in Somaliland receive ANC and, PNC by interviewing women aged 15-49 who had a live birth in the five years preceding the survey. This chapter presents findings on important areas of maternal health: ANC, PNC, assistance during delivery and fistula. This information, together with data from other chapters, will be useful in formulating programmes and policies to improve maternal and child health services.

5.2 Antenatal care

Regular contact of mothers with the health-care providers during pregnancy to receive ANC is vital for a woman's health and pregnancy outcomes. (WHO) recommends a minimum of four such visits during pregnancy. ANC is also an indicator of the reproductive health status of a country and contributes to reduction of maternal and neonatal mortalities.

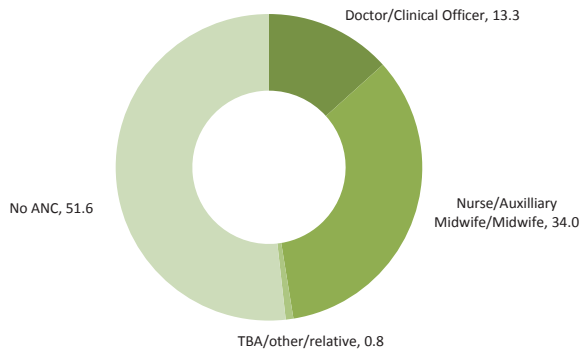
5.3 Source of antenatal care

Figure 5.1 presents the percentage distribution of ever-married women aged 15-49 who had live births in the five years preceding the survey by ANC care providers according to background characteristics. Forty-seven percent of women received ANC from a skilled health provider, while 52 percent did not receive ANC. Around 13 percent received ANC from medical doctors or clinical health officers, while 34 percent received ANC from nurse/auxiliary midwife/midwife.



Figure 5.1 ANC from skilled health provider

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



Women in the reproductive age, residing in nomadic settings are less likely to receive ANC from a skilled health provider during pregnancy, 12 percent of nomadic women received ANC from skilled health provider compared to their counterparts residing in urban at 69 percent, and rural areas at 41 percent (Figure: 5.2).

Access to ANC increased with an increase in women’s level of education, from 40 percent among ever-married women aged 15-49 with no education, to 85 percent among those with a higher educational attainment (Figure: 5.3).

Use of ANC services also increase with the increase of ever-married women’s wealth status. Ever-married women aged 15-49 in the lowest wealth quintile demonstrated a significantly lower chance of receiving care from trained personnel, at 18 percent compared to 74 percent in the wealthiest quintile (Figure 5.4).

Ever-married women in reproductive age that received ANC from a skilled provider is highest in Marodijeh at 61 percent and lowest in Sool at 23 percent (Table: 5.1 and Figure 5.5).

Ever-married women aged 15-49 were asked about the number of ANC visits they made in relation to their most recent live birth in the five years preceding the survey and at the stage of pregnancy.

Figure 5.2 ANC from skilled health provider by place residence

Percent distribution of ever married women aged 15-49 with a live birth in the 5 years preceding the survey who received ANC skilled health provider by place residence

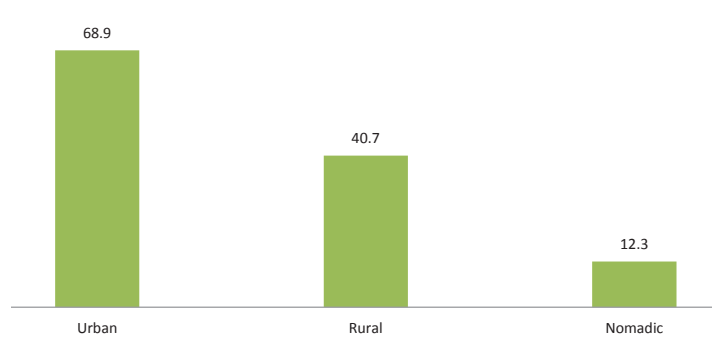


Figure 5.3 ANC from skilled health provider by education

Percent distribution of ever married women aged 15-49 with a live birth in the 5 years preceding the survey who received ANC skilled health provider by education

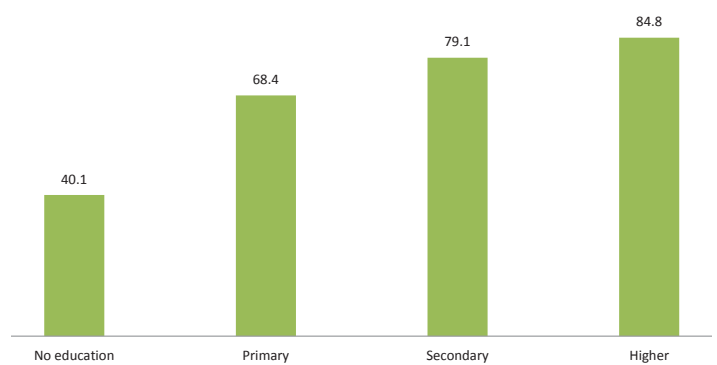


Figure 5.4 ANC from skilled health provider by wealth quintile

Percent distribution of mothers who had children in the five years and recieved ANC from skilled health provider by wealth quintile



Figure 5.5 Antenatal care by region

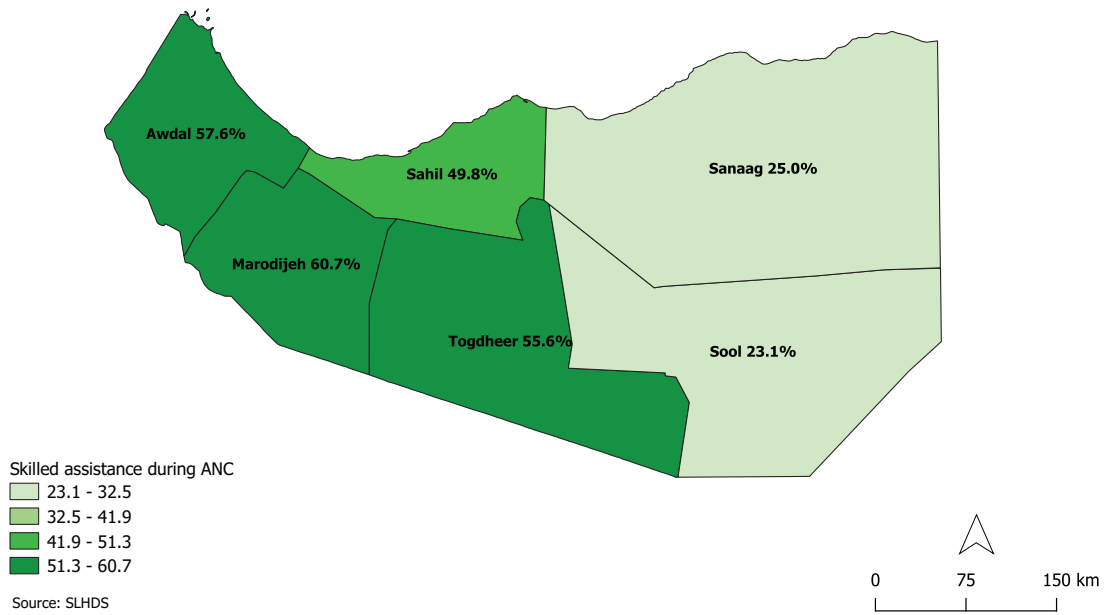


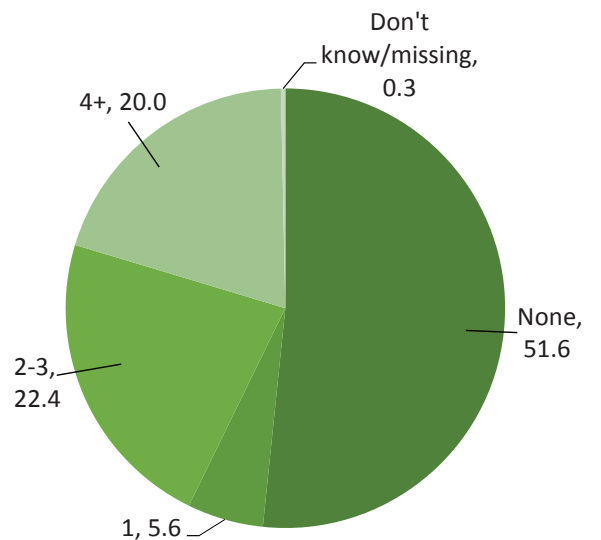
Figure 5.6 indicates that Among ever-married women with live birth in the five years preceding the survey, 22 percent received two to three antenatal care visits during the course of pregnancy from any provider, 20 percent made four visits or more, six percent made only one visit, and around 52 percent of mothers did not receive ANC services.

Women residing in the nomadic areas are more likely not to receive antenatal care from any provider, as 88 percent did not receive ANC compared to their counterparts in urban areas at 30 percent and rural areas at 58 percent.

Of the ever-married women that received ANC, 20 percent made ANC visits in the first trimester (less than four months of pregnancy). Sixteen percent made first ANC visit between four to five month of pregnancy, 8 percent had their first ANC visit at six to seven months of pregnancy and 4 percent made their first ANC visit at eight months onwards (Table 5.2).

Figure 5.6 ANC visits made by women (15-49) during their last pregnancy

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



5.4 Components of antenatal care

Table 5.3 shows the percentage of women aged 15-49 with a live birth in the 5 years preceding the survey who took iron tablets or syrup and anti-parasite drugs. Thirty eight percent of ever-married women had taken iron tablets or syrup, and around 2 percent took intestinal parasite drugs for their most recent pregnancy. Ever-married women in urban areas are more likely to take iron supplementations and intestinal parasite drugs at 56 percent and 3 percent respectively. Intake of iron supplementations and intestinal parasite drugs are linked to education and wealth quintiles.

In order to monitor pregnant women's health condition over time, they should be tested for complications. However, among ever-married women who received ANC for their most recent live birth in the five years prior to the survey; only 96 percent reported they had their blood pressure measured during an ANC visit, and 68 percent had their urine tested, while 69 percent had their blood sample taken (Figure 5.7).

Proportion of women who receive these ANC (blood pressure measure, urine and blood sample taken) increased with the increase of educational level and wealth quintiles (Table: 5.3).

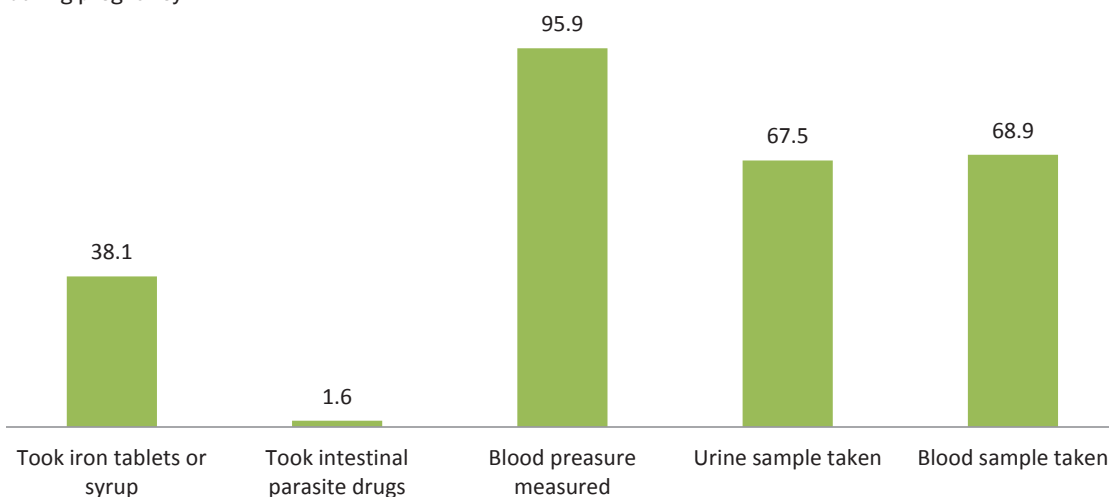
5.5 Tetanus toxoid injections

Neonatal tetanus is among the leading causes of infant mortality in developing countries; (Tetanus toxoid injection) (TTI) are given to women of childbearing age and pregnant women to prevent tetanus for them and the new-borns from contracting tetanus. Table 5.4 shows that amongst women within the reproductive age who had a live birth in the five years prior to the survey, 17 percent received TTI. Women with no education at 14 percent, those residing in nomadic settlements at 2 percent and women from the lowest wealth quintile at 5 percent are less likely to receive TT vaccine.

Based on regional findings, Awdal region has the highest proportion at 30 percent of mothers aged 15-49 years with live birth in the five years preceding the survey who took two or more tetanus toxoid injections, followed by Togdheer and Marodijeh regions with 19 and 18 percent respectively. Sool is the region with the least proportion at 6 percent of mothers aged 15-49 years with a live birth in the five years preceding the survey who took two or more tetanus toxoid injections.

Figure 5.7 ANC components

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



5.6 Childbirth and delivery

Precautions should be taken to ensure the safety of mother and baby at the time of delivery. The location of the delivery and the competence of the birth attendant are key factors that need to be taken into account when addressing these concerns.

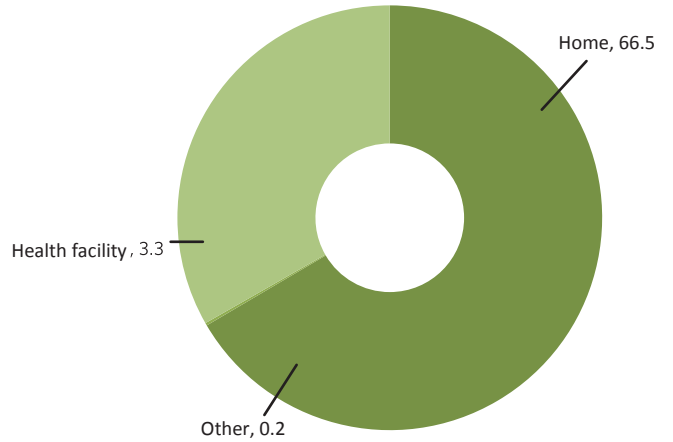
5.6.1 Place of delivery

It is recommended that all births should be delivered in a health facility for hygiene purposes, as well as to minimize the risk of mortality due to birth related complications for the mother and child. Table 5.5 and Figure 5.8 shows percentage of live births in the five years preceding the survey by place of delivery. Thirty-three percent of children had been delivered in a health facility, whereas 67 percent of children were delivered at home. According to Figure 5.9, 59 percent of deliveries in Marodijeh happened in a health facility compared to Sanaag at 12 percent

Women who had 4 or more ANC visits were more likely to deliver in a health facility compared

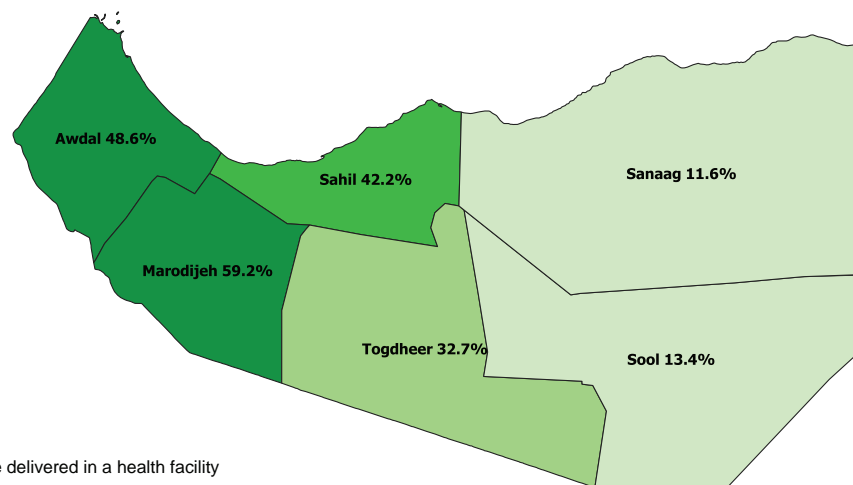
Figure 5.8 Place of delivery

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



to women who had no antenatal care visits or less than 4 visits. As shown in the findings, 75 percent of women who had 4 or more ANC visits delivered in a health facility whereas 56 percent of women who had 1-3 ANC visits delivered in a health facility and 18 percent of women with no ANC visits had delivered in a health facility.

Figure 5.9 Health facility deliveries by region



Percentage delivered in a health facility

- 11.6 - 23.5
- 23.5 - 35.4
- 35.4 - 47.3
- 47.3 - 59.2

Source: SLHDS



5.6.2 Assistance at delivery

Table 5.6 and Figure 5.10 show percentage of live births in the five years preceding the survey and the person providing assistance during delivery. Forty-eight percent of deliveries are assisted by a traditional birth attendant whereas 40 percent of deliveries are assisted by a skilled provider, while 10 percent of deliveries are aided by a relative/other. Two percent of the births are delivered without any assistance.

Based on respondent's residence, 67 percent of deliveries in urban settings were assisted by a skilled provider compared to 33 percent in rural settings and only 7 percent in nomadic settings. This shows that deliveries in the nomadic population are mainly conducted by Traditional Birth Attendants (TBAs) (65 percent). Additionally, this implies that accessibility to health facilities for nomads is limited. Sixty-four percent of births in Marodijeh and 19 percent in Sool were delivered by a skilled healthcare provider (Figure 5.11).

Figure 5.10 Assistance during delivery

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

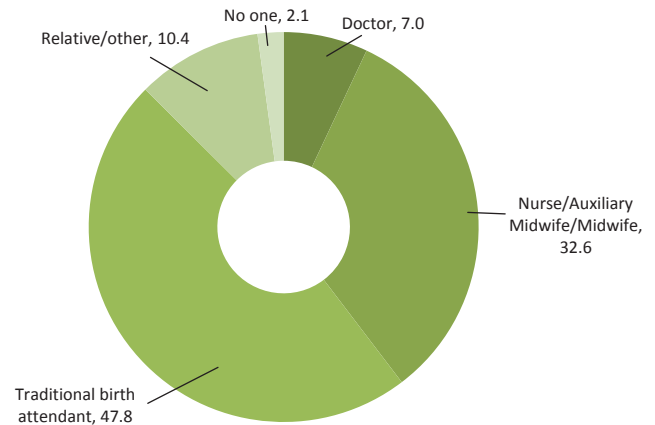
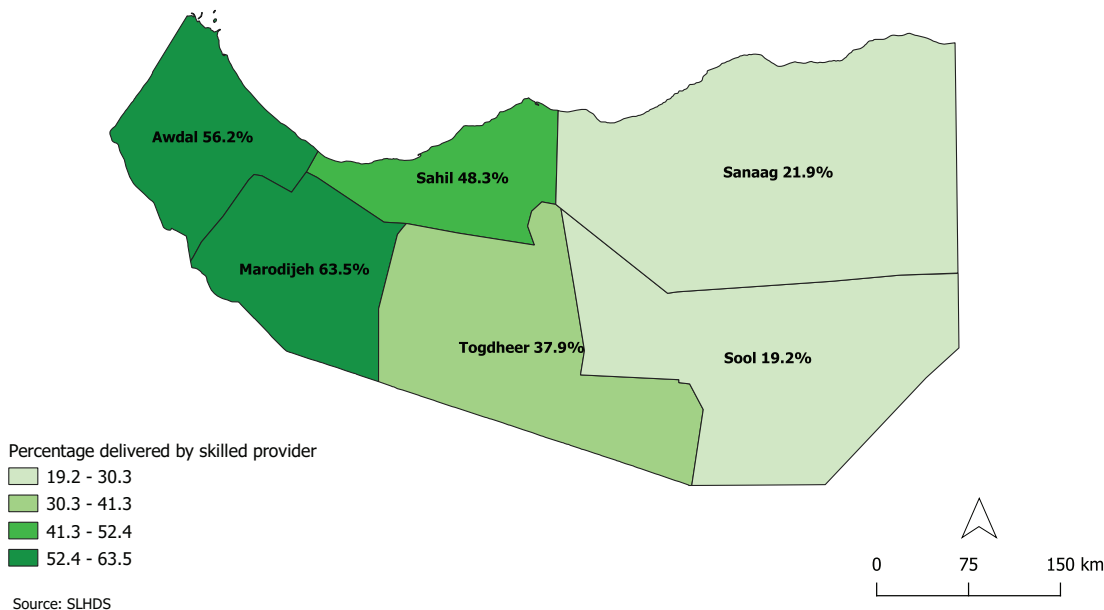


Figure 5.11 Births assisted by a skilled provider by region



Source: SLHDS

5.6.3 Delivery by caesarean section

A Caesarean section, (C-section) is an operation to deliver a baby using an incision made through the mother's stomach or womb, usually performed when a vaginal delivery would put the mother or baby at risk. Table 5.7 presents percentage of live births delivered by C-section in the five years preceding the survey and percentage of these that were planned before or after the onset of labour pains.

Four percent of deliveries in Somaliland were carried out using caesarean section. Of these deliveries, 2 percent were planned before onset of labour pains, whereas 2 percent were decided after onset of labour pains. According to the respondent's wealth possession, C-section is highest among women in the highest wealth quintile and lowest among women in the second wealth quintile.. This implies that women in the higher wealth quintile were more likely to deliver using C-section.



All women who deliver from a health facility should have PNC checks within the first 24 hours after delivery...



In regional findings, Marodijeh had the highest proportion at six percent, whereas Sool and Sanaag had the lowest proportion at 1 percent.

5.7 Postnatal care

Postnatal care (PNC) is critical for both mothers and their babies during the critical interval from immediately after childbirth to the first 6 weeks of life or the first 6 weeks of the postpartum period. Through PNC, danger signs and complications that arise after delivery can be detected and managed accordingly. PNC is therefore vitally important for preventing both maternal and neonatal mortality. As recommended by WHO, all women who deliver from a health facility should have PNC checks within the first 24 hours after delivery, and those who give birth from outside a health facility should be referred for PNC checks in health facilities within 12 hours after delivery. A large number of maternal and neonatal deaths occur in this period, yet healthcare provision is less emphasized during this period. To assess PNC situation of the country, in SLHDS 2020 women aged 15-49 who had a live birth in the last five years were asked if they had received PNC for themselves and their children.

Table 5.8 shows the length of stay at the health facility after birth for normal deliveries as well

as C-Section deliveries. As expected, women who had delivered through C-Section stayed at the health facility for longer periods after delivery compared to those with vaginal births. Nine out of ten women with C-Section deliveries (92 percent) stayed at the health facility for 3 or more days. More than half of women with normal deliveries (55 percent) were released from the health facility the same day.

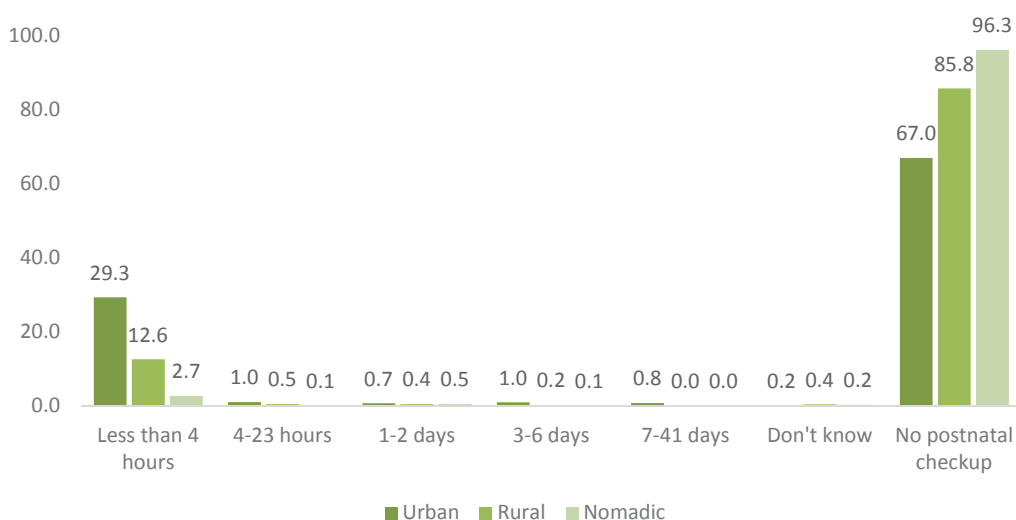
Table 5.9 shows the percentage distribution of mother’s first check up for last live birth by time after delivery and the percentage of women with a live birth in the two years preceding the survey who received a postnatal check-up in the first two days after giving birth.

As shown in the findings, 18 percent of mothers had received postnatal care less than 4 hours after delivery of last live birth. Eighty percent of women aged 15-49 had received no postnatal care at all after delivery of last live birth. In general, 19 percent of women with live births in the two years preceding the survey had postnatal care in the first two days after birth.

According to the respondent’s residence, 29 percent of women in urban settings had postnatal care in the last live birth within 4 hours of birth whereas mothers in rural areas at 13 percent and mothers in nomadic areas at 3 percent had postnatal care after delivery of live birth (Figure 5.12).

Figure 5.12 Timing of first postnatal check-up for the mothers

Percent distribution of last births in the two years preceding the survey by time of first postnatal check-up after birth, by place of residence



There are regional variations in mothers who received PNC within first two days after birth in the last two years preceding the survey. Twenty-eight percent of mothers in Sahil region received PNC within the first two days after live birth, whereas 25, 24 and 23 percent of mothers in Toghdheer, Awdal and Marodijeh regions received PNC in the first two days of birth. Eleven and 7 percent of mothers in Sool and Sanaag regions respectively had postnatal check-up in the first two days after delivery.

Twenty-six percent of women aged 15 -49 in Sahil region who gave birth in the two years preceding the survey have received first postnatal check-up for the last live birth within less than 4 hours which is higher than other regions. Sanaag had the lowest proportion at 6 percent of women aged 15 -49 who gave birth in the two years preceding the survey who received their first postnatal check-up for the last live birth within less than 4 hours.

Table 5.10 shows information on the type of provider who provided the PNC check-up within the first two days to mothers after giving birth in the last two years preceding the survey. Seventeen percent of them had received PNC care after a live birth from a nurse, midwife or auxiliary midwife. Three percent of mothers had received PNC care after a live birth either from a doctor or clinical officer.

Based on the respondent's residence 96 percent of mothers in nomadic settings received no PNC, compared to women in urban settings at 67 percent and rural settings at 88 percent. This emphasizes that accessibility to postnatal care in nomadic settings is still low compared to urban or rural settings.

There are some regional variations according to the findings on percentage of women aged 15-49 who did not receive PNC check-up during the first 2 days after delivery. Ninety-four percent of women in Sanaag did not receive postnatal

check during the first 2 days after delivery, which is higher compared to other regions. Marodijeh and Sahil regions have the lowest proportion of women aged 15-49 years who did not receive PNC check during the first 2 days after birth at 73 and 71 percent respectively.

Table 5.11 shows the percentage of new-born babies in the last two years preceding the survey that had a postnatal check-up within the first two days of birth. Seventeen percent of new-born babies had PNC in the first 1-3 hours after birth, whereas 18 percent of the same children received postnatal care within first two days of birth in the last two years preceding the survey. Based on regional findings, the proportion of new-born babies who received PNC in the first two days after birth is highest in Sahil region at 28 percent followed by Marodijeh region at 25 percent. As shown by the findings, new-born babies from Sanaag region had the least PNC at 6 percent.

Table 5.12 presents information on the type of healthcare provider who provided postnatal check-up in the first two days for new-born babies after birth in the last two years preceding the survey. Seventeen percent of new-born babies received PNC in the first two days of birth from a nurse, midwife or auxiliary midwife. Only 3 percent of new-born babies had received PNC from either a doctor or clinical officer. However, majority of the new-born babies at 81 percent did not receive PNC in the first two days of birth.

Table 5.13 presents postnatal care content for new-borns particularly percentage of recent live births in 2 years preceding the survey who received all signal functions of PNC services including cord examination, temperature measurement and counselling on danger signs and breastfeeding, or received at least two signal functions during the first 2 days after birth.

Nine percent of new-borns had their umbilical cord examined within the first two days of



birth, and 5 percent of new-born babies had their temperatures measured. Only 12 percent of mothers of new-born babies had received counselling on breastfeeding within the first 2 days of birth. This is very low as breastfeeding is the key to the health of a child. Overall, 10 percent of new-born babies received at least two signal functions for PNC services within the first 2 days of birth.

5.8 Problems in accessing healthcare

Accessibility is a key determinant to health care uptake. Various factors can prevent women from accessing healthcare treatment or advice. In SLHDS 2020, women were asked the core reasons that prevented them access to healthcare. Table 5.13 shows the percentage of women aged 15-49 who reported various factors in accessing healthcare for themselves when sick.

According to Table 5.14 and Figure 5.13, majority of women reported financial constraints as their primary reason for not being able to access adequate healthcare at 61 percent. Fifty-eight percent of women reported distance to the

health facility as their main obstacle. However, the issue of distance to the health facility was more dominant for women in nomadic settings at 76 percent, whereas 48 percent of women in urban and 64 percent of women in rural households also had the same issue of distance to the health facility.

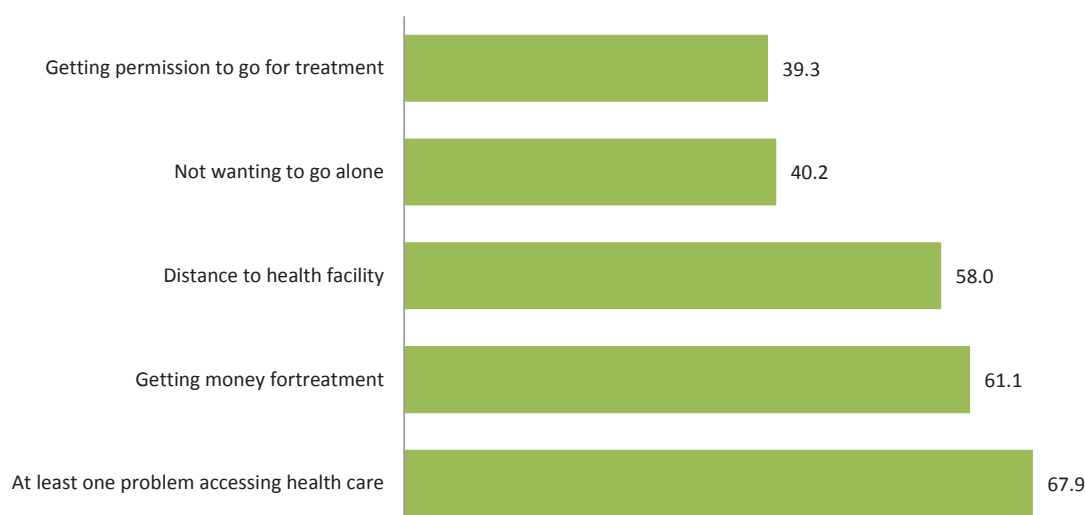
Thirty-nine percent of women had issue of getting permission to go for healthcare service. Looking at the women's educational background, women with no education had reported the highest proportion of problems with getting permission to go for treatment at 41 percent. Twenty seven percent of women with secondary education had reported the issue of getting permission to go for treatment whereas the women with higher education had reported the least proportion at 23 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 fistula experiences an uncontrollable leakage of urine and/or faeces from her vagina.

Figure 5.13 Problems in accessing health care

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



Although largely eradicated in the developed world due to improved obstetric care, fistula continues to have devastating effects on the lives of many women in developing countries including Somaliland.

Table 5.15 shows the percentage of ever-married women aged 15-49 that have heard of obstetric fistula or have experienced it. Sixty-three percent of ever-married women have heard of obstetric fistula and 2 percent have experienced obstetric fistula.

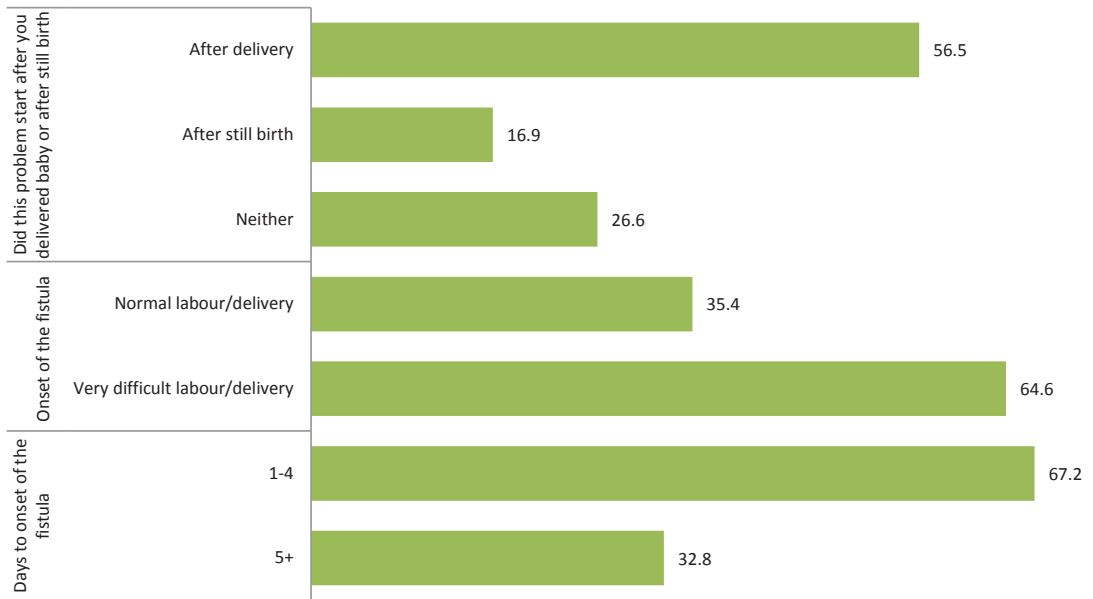
Seventy-one percent of women with primary

education have heard of fistula compared to 61 percent of those with no education.

According to Figure 5.14, more than half (57 percent) of fistula cases occurred following a live birth, 17 percent after a still birth, while 27 percent occurred following neither of the two obstetric events. Close to two-thirds (65 percent) occurred after a difficult labour or delivery process, while 35 percent occurred despite normal labour/delivery. Two thirds (67 percent) of fistula cases occurred between 1-4 days following labour/delivery, while the rest (33 percent) occurred after.

Figure 5.14 Origin/onset of fistula

Percent distribution of ever-married women who have experienced obstetric fistula, by origin and time to onset according to background characteristics



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Table 5.1 Antenatal care

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

Background characteristics	Person providing assistance during ANC				Total	Skilled assistance during ANC ²	Number of women
	Doctor/Clinical Officer	Nurse/Auxiliary Midwife/Midwife	TBA ¹ /Other/Relative	No ANC			
Mother's age at birth							
<20	9.5	30.4	1.5	57.5	100.0	39.9	440
20-34	14.4	35.6	0.7	49.3	100.0	50.0	1,916
35-49	12.2	29.9	0.5	57.4	100.0	42.1	334
Birth order							
1	11.9	34.1	0.7	53.1	100.0	46.0	2,424
2-3	28.2	30.7	2.0	39.2	100.0	58.8	243
4-5	*	*	*	*	*	*	18
6+	*	*	*	*	*	*	4
Type of residence							
Urban	20.7	48.2	0.6	30.0	100.0	68.9	1,309
Rural	8.6	32.1	1.7	57.6	100.0	40.7	710
Nomadic	3.7	8.5	0.3	87.5	100.0	12.3	671
Region							
Awdal	11.1	46.5	0.4	42.0	100.0	57.6	248
Marodijeh	25.2	35.4	1.1	37.6	100.0	60.7	772
Sahil	10.7	39.1	1.1	49.1	100.0	49.8	150
Togdheer	8.7	47.0	0.1	44.2	100.0	55.6	701
Sool	7.4	15.8	1.1	75.7	100.0	23.1	357
Sanaag	7.0	18.0	1.1	73.7	100.0	25.0	463
Education							
No education	9.7	30.4	0.8	59.1	100.0	40.1	2,083
Primary	18.0	50.4	1.4	29.1	100.0	68.4	426
Secondary	39.0	40.0	0.0	20.9	100.0	79.1	122
Higher	51.6	33.2	0.0	15.2	100.0	84.8	60
Wealth quintile							
Lowest	4.2	14.0	0.7	81.1	100.0	18.2	680
Second	3.8	23.4	0.5	72.3	100.0	27.2	360
Middle	7.0	39.4	0.7	52.6	100.0	46.5	319
Fourth	12.7	45.7	0.7	40.9	100.0	58.4	520
Highest	28.0	46.0	1.1	24.3	100.0	74.0	811
Total	13.3	34.0	0.8	51.6	100.0	47.3	2,690

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

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

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

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

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

Number and timing of ANC visits	Type of residence			Total
	Urban	Rural	Nomadic	
Number of ANC visits				
None	30.0	57.6	87.5	51.6
1	5.3	5.7	6.0	5.6
2-3	33.7	17.6	5.4	22.4
4+	30.4	18.8	1.1	20.0
Don't know/missing	0.5	0.2	0.1	0.3
Total	100.0	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit				
No antenatal care	30.0	57.6	87.5	51.6
<4	31.7	16.0	1.9	20.1
4-5	23.8	13.3	3.5	16.0
6-7	9.1	9.6	4.4	8.1
8+	5.2	3.3	2.7	4.1
Don't know/missing	0.2	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0
Number of women	1,309	710	671	2,690
Median months pregnant at first visit (for those with ANC)	4.0	4.0	6.0	4.0
Number of women with ANC	916	301	84	1,301



Table 5.3 Components of antenatal care

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

Background characteristics	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth:		Number of women with a live birth in the past five years	Among women who received ANC for their most recent birth in the past 5 years, the percentage with the selected services:			Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs		Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth							
<20	29.8	0.4	440	98.4	69.1	69.8	187
20-34	41.0	1.7	1,916	95.6	67.7	69.4	972
35-49	32.2	2.2	334	94.8	63.5	64.5	142
Birth order							
1	36.5	1.3	2,424	95.9	64.7	66.5	1,138
2-3	53.8	4.5	243	95.4	87.2	86.4	148
4-5	*	*	*	*	*	*	12
6+	*	*	*	*	*	*	4
Type of residence							
Urban	55.6	2.6	1,309	96.9	71.6	74.2	916
Rural	32.8	1.0	710	94.0	61.0	58.5	301
Nomadic	9.7	0.1	671	91.9	45.4	48.5	84
Region							
Awdal	39.6	0.5	248	96.2	75.0	71.2	144
Marodijeh	49.6	1.9	772	96.2	83.1	85.9	482
Sahil	40.4	1.5	150	94.7	63.3	66.3	76
Togdheer	48.2	3.1	701	97.0	53.3	55.7	391
Sool	14.8	0.4	357	94.3	60.5	58.5	86
Sanaag	20.0	0.2	463	92.6	50.0	50.3	122
Education							
No education	32.4	1.4	2,083	94.9	63.2	67.6	852
Primary	53.0	2.7	426	98.5	68.5	62.5	302
Secondary	67.1	0.2	122	100.0	86.0	85.3	96
Higher	71.4	4.0	60	89.7	97.5	96.9	51
Wealth quintile							
Lowest	14.5	0.1	680	92.7	48.2	48.7	128
Second	23.5	0.6	360	94.4	56.9	48.5	100
Middle	40.0	1.7	319	94.6	61.3	63.7	151
Fourth	45.0	1.8	520	95.8	68.3	67.9	308
Highest	59.1	3.0	811	97.2	74.3	78.2	614
Total 15-49	38.1	1.6	2,690	95.9	67.5	68.9	1,301

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

Table 5.4 Tetanus toxoid injections

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

Background characteristics	Percentage receiving two or more injections during last pregnancy	Percentage whose last live birth was protected against neonatal tetanus ¹	Number of mothers
Mother's age at birth			
<20	14.3	31.5	440
20-34	17.6	34.5	1,916
35-49	13.5	22.0	334
Birth order			
1	19.3	37.0	722
2-3	15.9	31.6	1,705
4-5	13.3	25.3	246
6+	*	*	18
Type of residence			
Urban	24.0	46.6	1,309
Rural	16.5	30.3	710
Nomadic	2.1	7.1	671
Region			
Awdal	29.8	45.3	248
Marodijeh	18.3	37.7	772
Sahil	16.3	33.8	150
Togdheer	19.4	38.9	701
Sool	6.2	14.8	357
Sanaag	10.3	20.3	463
Education			
No education	14.0	27.4	2,083
Primary	22.8	49.4	426
Secondary	25.4	44.6	122
Higher	44.1	64.1	60
Wealth quintile			
Lowest	4.8	11.1	680
Second	11.4	22.1	360
Middle	18.9	38.2	319
Fourth	17.2	36.7	520
Highest	27.3	50.0	811
Total	16.5	32.5	2,690

¹Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth. An asterisk indicates that a figure is based on fewer than 25 un-weighted cases and has been suppressed.

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, SLHDS 2020

Background characteristics	Health facility				Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Home	Other			
Mother's age at birth							
<20	25.8	6.2	67.8	0.2	100.0	32.0	596
20-34	25.0	10.0	64.9	0.1	100.0	34.9	3,614
35-49	16.1	8.9	74.4	0.6	100.0	25.0	641
Birth order							
1	23.0	8.9	67.9	0.2	100.0	31.9	1,970
2-3	24.2	10.3	65.2	0.2	100.0	34.6	2,560
4-5	28.2	4.0	67.6	0.2	100.0	32.2	284
6+	(21.1)	(5.3)	(73.7)	(0.0)	100.0	(26.3)	37
Antenatal care visits¹							
None	13.3	5.0	81.4	0.4	100.0	18.2	1,389
1-3	37.4	19.0	43.7	0.0	100.0	56.3	754
4+	47.2	27.6	25.2	0.0	100.0	74.8	539
Don't know/missing	*	*	*	*	*	*	9
Type of residence							
Urban	39.4	19.6	41.0	0.1	100.0	59.0	2,080
Rural	21.8	2.6	75.3	0.3	100.0	24.4	1,329
Nomadic	3.5	0.9	95.3	0.3	100.0	4.4	1,441
Region							
Awdal	42.3	6.4	51.2	0.2	100.0	48.6	397
Marodijeh	35.1	24.1	40.7	0.0	100.0	59.2	1,154
Sahil	38.7	3.5	57.5	0.3	100.0	42.2	254
Togdheer	24.9	7.8	67.0	0.2	100.0	32.7	1,243
Sool	10.6	2.9	86.4	0.2	100.0	13.4	784
Sanaag	9.4	2.2	88.1	0.3	100.0	11.6	1,019
Education							
No education	20.2	6.0	73.6	0.2	100.0	26.2	3,856
Primary	35.5	16.4	48.0	0.1	100.0	51.9	744
Secondary	46.2	38.6	15.3	0.0	100.0	84.7	174
Higher	48.9	44.1	7.0	0.0	100.0	93.0	77
Wealth quintile							
Lowest	5.1	0.9	93.7	0.3	100.0	6.0	1,394
Second	10.8	0.8	88.2	0.3	100.0	11.6	742
Middle	26.7	4.1	69.1	0.2	100.0	30.7	542
Fourth	35.4	10.6	53.9	0.1	100.0	46.0	907
Highest	42.8	25.2	31.9	0.1	100.0	68.0	1,266
Total	23.9	9.4	66.5	0.2	100.0	33.3	4,850

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

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

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

Table 5.6 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, SLHDS 2020

Background characteristics	Person providing assistance during delivery					Total	Percentage delivered by skilled provider ¹	Percentage delivered by C-section	Number of births
	Doctor/Clinical Officer	Nurse/Auxiliary Midwife/Midwife	Traditional birth attendant	Relative/other	No one				
Mother's age at birth									
<20	7.5	29.0	48.8	12.7	2.1	100.0	36.5	3.0	596
20-34	6.7	35.1	46.4	10.0	1.9	100.0	41.8	3.5	3,614
35-49	8.0	22.4	55.0	10.7	3.9	100.0	30.4	4.6	641
Birth order									
1	8.3	30.3	48.9	10.6	1.9	100.0	38.5	4.5	1,970
2-3	6.5	34.2	46.5	10.7	2.2	100.0	40.7	2.9	2,560
4-5	3.9	36.4	48.8	7.9	3.0	100.0	40.3	3.5	284
6+	(0.0)	(26.3)	(71.1)	(0.0)	(2.6)	100.0	(26.2)	(0.0)	37
Antenatal care visits²									
None	4.3	19.5	59.5	13.7	3.1	100.0	23.7	1.9	1,389
1-3	15.2	49.9	29.7	4.7	0.6	100.0	65.1	7.1	754
4+	15.3	64.1	18.4	1.9	0.3	100.0	79.4	10.8	539
Don't know/missing	*	*	*	*	*	100.0	*	*	9
Place of delivery									
Health facility	19.8	79.3	0.6	0.1	0.2	100.0	99.1	10.7	1,613
Elsewhere	0.6	9.4	71.4	15.5	3.1	100.0	10.0	0.0	3,237
Type of residence									
Urban	13.5	53.4	29.9	3.2	0.1	100.0	66.8	7.2	2,080
Rural	3.4	29.1	57.7	7.1	2.7	100.0	32.5	1.3	1,329
Nomadic	1.0	6.0	64.6	23.9	4.5	100.0	7.0	0.4	1,441
Region									
Awdal	4.7	51.5	36.3	7.0	0.5	100.0	56.2	2.5	397
Marodijeh	14.2	49.3	32.0	3.0	1.5	100.0	63.5	6.1	1,154
Sahil	5.4	43.0	35.0	14.3	2.3	100.0	48.3	4.7	254
Togdheer	7.9	30.0	46.8	13.3	2.0	100.0	37.9	5.0	1,243
Sool	2.1	17.1	59.9	16.2	4.7	100.0	19.2	1.2	784
Sanaag	2.9	19.1	65.3	11.2	1.7	100.0	21.9	0.8	1,019
Education									
No education	4.6	27.4	53.0	12.4	2.6	100.0	32.0	2.4	3,856
Primary	13.6	48.2	34.0	3.7	0.4	100.0	61.8	7.2	744
Secondary	20.6	69.2	10.2	0.0	0.0	100.0	89.8	12.9	174
Higher	33.7	60.1	6.2	0.0	0.0	100.0	93.8	6.2	77
Wealth quintile									
Lowest	1.4	7.8	62.3	24.8	3.7	100.0	9.2	0.6	1,394
Second	1.6	13.6	69.7	10.7	4.4	100.0	15.3	0.4	742
Middle	7.9	31.4	55.5	3.3	2.0	100.0	39.2	2.7	542
Fourth	8.2	47.7	39.6	3.6	0.9	100.0	55.9	4.3	907
Highest	15.0	60.9	21.6	2.3	0.1	100.0	75.9	8.5	1,266
Total	7.0	32.6	47.8	10.4	2.1	100.0	39.6	3.6	4,850

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

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

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

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

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

Table 5.7 Caesarean section

Percentage of live births in the 5 years preceding the survey delivered by Caesarean section(C-section), percentage delivered by C-section that was planned before the onset of labor pains, and percentage delivered by C-section that was decided after the onset of labor pains, according to background characteristics, SLHDS 2020

Background characteristics	Timing of decision to conduct C-section			Number of births
	Have Caesarean section	Planned before onset of labor pains	Decided after onset of labor pains	
Mother's age at birth				
<20	3.0	1.4	1.5	596
20-34	3.5	1.3	2.2	3,614
35-49	4.6	2.7	1.9	641
Birth order				
1	4.5	1.8	2.7	1,970
2-3	2.9	1.2	1.7	2,560
4-5	3.5	2.1	1.4	284
6+	(0.0)	(0.0)	(0.0)	37
Number of ANC visits				
None	1.9	0.2	1.7	1,389
1	1.9	0.3	1.6	151
2-3	8.4	4.3	4.0	603
4+	11.5	6.1	5.4	547
Place of delivery				
Health facility	10.7	4.6	6.2	1,613
Elsewhere	0.0	0.0	0.0	3,237
Type of residence				
Urban	7.2	3.3	3.9	2,080
Rural	1.3	0.4	1.0	1,329
Nomadic	0.4	0.1	0.3	1,441
Region				
Awdal	2.5	0.6	1.9	397
Marodijeh	6.1	4.3	1.8	1,154
Sahil	4.7	1.4	3.4	254
Togdheer	5.0	1.1	3.9	1,243
Sool	1.2	0.4	0.8	784
Sanaag	0.8	0.1	0.7	1,019
Education				
No education	2.4	1.1	1.3	3,856
Primary	7.2	2.0	5.2	744
Secondary	12.9	8.5	4.5	174
Higher	6.2	1.6	4.5	77
Wealth quintile				
Lowest	0.6	0.0	0.6	1,394
Second	0.4	0.2	0.2	742
Middle	2.7	1.0	1.8	542
Fourth	4.3	0.9	3.4	907
Highest	8.5	4.6	3.9	1,266
Total	3.6	1.5	2.1	4,850

Note: The question on c-section is asked only of women who delivered in a health facility. In this table, it is assumed that women who did not give birth in health facility did not receive a c-section. Figures in parentheses are based on 25-49 unweighted cases.

Table 5.8 Duration of stay in health facility after birth

Among women with a birth in the 5 years preceding the survey who delivered their most recent live birth in a health facility percent distribution by duration of stay in the health facility following their most recent live birth, according to type of delivery, SLHDS 2020

Background characteristic	Less than <6 hours	6-11 hours	12-23 hours	1-2 days	3+ days	Total	Number of Women
Caesarean section	2.9	0.7	0.0	4.2	92.2	100	138
Vaginal birth	24.5	20.1	10.4	38.3	6.7	100	940



Table 5.9 Timing of first postnatal check-up for the mother

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

Background characteristics	Time after delivery of mother's first postnatal check-up							Total	Percentage of women with a postnatal check-up in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know	No postnatal check-up ¹			
Mother's age at birth										
<20	14.1	1.7	0.7	0.3	0.0	0.3	82.9	100.0	16.5	316
20-34	17.7	0.4	0.6	0.7	0.5	0.2	80.0	100.0	18.8	1,161
35-49	26.7	0.0	0.4	0.0	0.0	0.9	72.1	100.0	27.1	122
Birth order										
1	19.2	1.9	0.2	1.3	1.5	0.0	76.0	100.0	21.2	367
2-3	18.2	0.2	0.8	0.3	0.0	0.3	80.2	100.0	19.2	1,032
4+	12.5	0.6	0.4	0.2	0.0	0.2	86.1	100.0	13.5	199
Place of delivery										
Health facility	43.1	1.5	1.5	1.3	0.8	0.6	51.2	100.0	46.1	656
Elsewhere	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.0	942
Type of residence										
Urban	29.3	1.0	0.7	1.0	0.8	0.2	67.0	100.0	31.2	737
Rural	12.6	0.5	0.4	0.2	0.0	0.4	85.8	100.0	13.6	433
Nomadic	2.7	0.1	0.5	0.1	0.0	0.2	96.3	100.0	3.4	428
Region										
Awdal	22.8	1.1	0.5	0.0	0.6	0.0	75.0	100.0	24.4	137
Marodijeh	21.8	1.2	0.0	1.2	1.2	0.0	74.6	100.0	23.0	395
Sahil	25.8	0.9	1.3	0.0	0.0	0.3	71.8	100.0	27.9	89
Togdheer	23.6	0.1	0.8	0.6	0.0	0.4	74.5	100.0	24.6	435
Sool	9.7	0.4	0.7	0.6	0.0	0.6	87.9	100.0	10.8	235
Sanaag	5.5	0.4	0.9	0.0	0.0	0.2	93.0	100.0	7.0	308
Education										
No education	14.3	0.6	0.5	0.2	0.0	0.2	84.1	100.0	15.4	1,201
Primary	23.9	0.7	1.0	0.3	0.0	0.4	73.7	100.0	25.8	287
Secondary	32.4	0.7	0.9	0.0	7.3	0.0	58.7	100.0	34.0	76
Higher Education	(55.6)	(0.0)	(0.0)	(3.7)	(0.0)	(0.0)	(40.7)	100.0	(55.6)	34
Wealth quintile										
Lowest	3.7	0.2	0.4	0.1	0.0	0.3	95.3	100.0	4.4	427
Second	9.0	0.0	0.2	0.0	0.0	0.5	90.3	100.0	9.2	221
Middle	12.6	0.2	1.4	1.9	0.0	0.0	84.0	100.0	14.1	172
Fourth	25.4	0.9	0.4	1.5	0.0	0.2	71.7	100.0	26.6	318
Highest	31.4	1.3	0.8	0.0	1.2	0.3	65.0	100.0	33.6	461
Total	17.7	0.6	0.6	0.5	0.3	0.3	80.0	100.0	18.9	1,598

¹ Includes women who received a check-up after 41 days
Figures in parentheses are based on 25-49 unweighted cases.

Table 5.10 Type of provider of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check in the two days after the last live birth, according to background characteristics, SLHDS 2020

Background characteristics	Type of health provider for mother's first postnatal check			Total	Number of women
	Doctor/clinical officer	Nurse/Midwife/Auxiliary midwife	No postnatal check during the first 2 days after the birth		
Mother's age at birth					
<20	1.2	15.1	83.7	100.0	316
20-34	3.1	15.9	81.0	100.0	1,161
35-49	4.6	26.9	68.5	100.0	122
Birth order					
1	5.9	14.2	79.9	100.0	367
2-3	2.2	18.0	79.8	100.0	1,032
4+	0.3	13.4	86.2	100.0	199
Place of delivery					
Health facility	6.9	40.3	52.8	100.0	656
Elsewhere	0.0	0.0	100.0	100.0	942
Type of residence					
Urban	5.3	27.4	67.3	100.0	737
Rural	0.6	11.8	87.6	100.0	433
Nomadic	0.9	2.7	96.4	100.0	428
Region					
Awdal	2.9	19.6	77.5	100.0	137
Marodijeh	5.2	22.2	72.6	100.0	395
Sahil	1.9	27.6	70.5	100.0	89
Togdheer	2.3	20.6	77.0	100.0	435
Sool	1.0	10.2	88.8	100.0	235
Sanaag	2.2	3.9	93.9	100.0	308
Education					
No education	1.6	14.5	83.8	100.0	1,201
Primary	3.0	22.8	74.2	100.0	287
Secondary	11.5	14.7	73.8	100.0	76
Higher Education	(14.8)	(44.4)	(40.7)	100.0	34
Wealth quintile					
Lowest	0.9	3.2	96.0	100.0	427
Second	0.0	8.5	91.5	100.0	221
Middle	3.7	13.4	82.9	100.0	172
Fourth	2.3	21.7	76.0	100.0	318
Highest	6.1	30.5	63.4	100.0	461
Total	2.9	16.6	80.6	100.0	1,598

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



Table 5.11 Timing of first postnatal check-up for the newborn

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

Background characteristics	Time after birth of newborn's first postnatal check-up						Total	Percentage of births with a postnatal check-up in the first two days after birth	Number of births
	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know	No postnatal check-up ¹			
Mother's age at birth									
<20	12.9	1.7	0.3	0.1	1.2	83.7	100.0	14.9	316
20-34	17.5	0.7	0.0	0.3	0.5	81.0	100.0	18.2	1,161
35-49	27.3	0.0	0.2	3.9	0.0	68.5	100.0	27.5	122
Birth order									
1	17.6	1.9	0.2	0.0	0.4	79.9	100.0	19.7	367
2-3	18.1	0.6	0.1	0.8	0.6	79.8	100.0	18.8	1,032
4+	12.8	0.3	0.0	0.0	0.7	86.2	100.0	13.1	199
Place of delivery									
Health facility	42.2	2.0	0.3	1.3	1.4	52.8	100.0	44.5	656
Elsewhere	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.0	942
Type of residence									
Urban	29.3	1.6	0.1	1.0	0.8	67.3	100.0	30.9	737
Rural	11.2	0.1	0.3	0.1	0.7	87.6	100.0	11.6	433
Nomadic	3.0	0.2	0.0	0.2	0.1	96.4	100.0	3.2	428
Region									
Awdal	21.0	1.5	0.0	0.0	0.0	77.5	100.0	22.5	137
Marodijeh	22.2	2.4	0.0	1.2	1.6	72.6	100.0	24.6	395
Sahil	26.9	0.6	0.3	0.4	1.2	70.5	100.0	27.9	89
Togdheer	21.8	0.0	0.2	0.6	0.4	77.0	100.0	22.0	435
Sool	9.9	0.5	0.2	0.4	0.2	88.8	100.0	10.6	235
Sanaag	6.1	0.0	0.0	0.0	0.0	93.9	100.0	6.1	308
Education									
No education	14.0	1.0	0.0	0.7	0.5	83.8	100.0	15.0	1,201
Primary	24.2	0.1	0.4	0.2	0.9	74.2	100.0	24.7	287
Secondary	24.8	0.0	0.7	0.0	0.7	73.8	100.0	25.5	76
Higher	(55.6)	(3.7)	(0.0)	(0.0)	(0.0)	(40.7)	100.0	(59.3)	34
Wealth quintile									
Lowest	3.6	0.1	0.0	0.2	0.1	96.0	100.0	3.7	427
Second	8.1	0.2	0.1	0.0	0.0	91.5	100.0	8.5	221
Middle	14.2	0.6	0.6	1.7	0.0	82.9	100.0	15.4	172
Fourth	21.9	0.0	0.0	0.0	2.1	76.0	100.0	21.9	318
Highest	32.6	2.4	0.1	1.0	0.4	63.4	100.0	35.1	461
Total	17.3	0.8	0.1	0.5	0.6	80.6	100.0	18.3	1,598

¹ Includes newborns who received a checkup after the first week.

Figures in parentheses are based on 25-49 unweighted cases



Table 5.12 Type of provider for the first postnatal check for the newborn

Percent distribution of most recent live births in the 2 years preceding the survey by type of provider for the newborn's first postnatal health check during the 2 days after the birth, according to background characteristics, SLHDS 2020

Background characteristics	Type of health provider for mother's first postnatal check			Total	Number of births
	Doctor/clinical officer	Nurse/Midwife/Auxiliary midwife	No postnatal check during the first 2 days after the birth		
Mother's age at birth					
<20	1.2	15.1	83.7	100.0	316
20-34	3.1	15.9	81.0	100.0	1,161
35-49	4.6	26.9	68.5	100.0	122
Birth order					
1	5.9	14.2	79.9	100.0	367
2-3	2.2	18.0	79.8	100.0	1,032
4-5	0.4	12.7	87.0	100.0	188
6+	*	*	*	*	11
Place of delivery					
Health facility	13.0	44.2	42.7	100.0	200
Elsewhere	1.4	12.6	86.0	100.0	1,398
Type of residence					
Urban	5.3	27.4	67.3	100.0	737
Rural	0.6	11.8	87.6	100.0	433
Nomadic	0.9	2.7	96.4	100.0	428
Region					
Awdal	2.9	19.6	77.5	100.0	137
Marodijeh	5.2	22.2	72.6	100.0	395
Sahil	1.9	27.6	70.5	100.0	89
Togdheer	2.3	20.6	77.0	100.0	435
Sool	1.0	10.2	88.8	100.0	235
Sanaag	2.2	3.9	93.9	100.0	308
Education					
No education	1.6	14.5	83.8	100.0	1,201
Primary	3.0	22.8	74.2	100.0	287
Secondary	11.5	14.7	73.8	100.0	76
Higher Education	(14.8)	(44.4)	(40.7)	100.0	34
Wealth quintile					
Lowest	0.9	3.2	96.0	100.0	427
Second	0.0	8.5	91.5	100.0	221
Middle	3.7	13.4	82.9	100.0	172
Fourth	2.3	21.7	76.0	100.0	318
Highest	6.1	30.5	63.4	100.0	461
Total	2.9	16.6	80.6	100.0	1,598

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

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



Table 5.13 Content of postnatal care for newborns

Among most recent live births in the 2 years preceding the survey, percentage for whom selected functions were performed during the first 2 days after the birth, and percentage with at least two signal functions performed during the first 2 days after the birth, according to background characteristics, SLHDS 2020

Background characteristics	Percentage for whom the selected function was performed					Percentage with at least two functions performed	Number of births
	Cord examined	Measured temperature	Counselled on newborn dangers	Counselled on breastfeeding	Observed breastfeeding		
Mother's age at birth							
<20	5.5	3.8	3.8	10.6	6.3	6.3	316
20-34	8.6	5.3	6.1	11.7	9.4	10.1	1,161
35-49	21.9	8.3	13.3	17.1	21.2	21.2	122
Birth order							
1	6.9	5.6	6.0	14.7	10.7	10.9	367
2-3	10.6	5.3	6.3	11.2	9.9	10.3	1,032
4-5	3.0	3.3	4.8	9.4	7.1	7.7	188
6+	*	*	*	*	*	*	11
Place of delivery							
Health facility	17.5	10.4	13.1	23.7	19.9	20.5	656
Elsewhere	3.0	1.6	1.4	3.6	2.5	3.1	942
Type of residence							
Urban	14.0	8.5	10.4	19.0	15.9	17.0	737
Rural	7.5	3.7	4.0	8.3	5.7	6.1	433
Nomadic	1.7	1.2	1.1	3.2	3.0	2.7	428
Region							
Awdal	10.5	8.5	8.0	16.6	13.6	14.9	137
Marodijeh	15.9	6.5	11.7	22.7	19.2	18.0	395
Sahil	9.5	6.3	6.4	19.1	16.8	16.5	89
Togdheer	7.5	6.0	4.1	6.3	4.8	7.1	435
Sool	4.2	2.2	2.6	6.3	3.8	4.4	235
Sanaag	5.0	3.0	3.8	5.8	5.0	5.2	308
Education							
No education	7.0	4.0	4.5	9.3	7.4	8.0	1,201
Primary	14.5	6.4	7.8	15.7	12.7	14.5	287
Secondary	15.9	16.1	15.0	26.5	23.4	17.8	76
Higher	(25.9)	(25.9)	(29.6)	(40.7)	(40.7)	(40.7)	34
Total	9.0	5.2	6.2	11.9	9.7	10.2	1,598

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

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



Table 5.14 Problems in accessing health care

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

Background characteristics	Problems in accessing health care					Number of ever-married women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	
Age						
15-19	40.2	57.3	60.3	42.0	66.9	250
20-34	38.2	59.1	56.7	39.8	66.6	2,257
35-49	40.7	64.8	59.5	40.4	69.9	1,444
Number of living children						
0	*	*	*	*	*	0
1-2	39.5	73.1	63.0	38.7	79.7	55
3-4	37.7	70.6	63.6	43.6	78.4	141
5+	39.3	60.5	57.7	40.0	67.3	3,754
Marital status						
Married	39.6	61.6	58.5	41.1	68.7	3,435
Divorced/widowed	37.2	57.5	54.3	34.0	62.0	516
Employed past 12 months						
Not employed	39.5	61.4	58.8	40.8	68.5	3,559
Employed for cash	37.1	57.3	48.0	31.4	59.8	323
Employed not for cash	38.5	61.8	59.4	48.2	74.2	68
Type of residence						
Urban	35.5	53.8	48.1	33.0	59.8	2,130
Rural	41.8	65.8	63.6	44.0	73.1	956
Nomadic	45.7	73.8	76.0	53.5	81.8	864
Region						
Awdal	33.8	56.3	53.2	30.4	62.5	354
Marodijeh	30.6	44.3	42.1	28.7	52.8	1,264
Sahil	40.0	67.9	63.0	43.3	76.9	212
Togdheer	48.6	74.3	69.9	49.2	78.5	1,059
Sool	41.4	64.9	61.5	43.5	70.5	447
Sanaag	42.3	70.4	68.6	50.3	78.5	614
Education						
No education	40.8	65.8	62.4	42.3	72.2	3,026
Primary	39.2	53.5	49.8	39.4	61.4	594
Secondary	26.5	34.6	36.1	25.6	46.6	208
Higher	22.7	26.1	26.0	15.4	27.8	122
Wealth quintile						
Lowest	45.5	76.8	78.1	53.0	83.8	854
Second	46.4	74.0	72.5	50.7	81.4	513
Middle	44.0	64.7	61.7	43.0	70.6	461
Fourth	38.6	62.4	53.6	39.1	68.7	754
Highest	31.5	44.4	41.1	27.8	51.5	1,369
Total	39.3	61.1	58.0	40.2	67.9	3,950

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

Table 5.15 Obstetric fistula

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

Background characteristics	Heard obstetric fistula	Experienced obstetric fistula	Number of ever married women
Age			
15-19	45.7	0.4	250
20-24	54.5	1.2	585
25-29	64.9	1.3	879
30-34	65.3	2.3	793
35-39	67.6	1.5	693
40-44	68.5	2.4	447
45-49	65.6	2.6	304
Types of residence			
Urban	69.2	1.8	2,130
Rural	62.1	1.1	956
Nomadic	49.3	2.1	864
Region			
Awdal	62.5	0.5	354
Marodijeh	61.3	1.8	1,264
Sahil	74.3	2.2	212
Togdheer	70.6	1.3	1,059
Sool	50.4	2.0	447
Sanaag	59.8	2.7	614
Mother's education			
No education	61.0	1.5	3,026
Primary	70.7	3.7	594
Secondary	69.0	0.0	208
Higher	70.0	0.4	122
Wealth quintile			
Lowest	54.2	1.3	854
Second	56.7	2.2	513
Middle	57.3	2.5	461
Fourth	67.3	1.6	754
Highest	70.8	1.6	1,369
Total	63.1	1.7	3,950

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





06

Child Health



6 CHILD HEALTH

Key Findings

- 13% of children aged 12-23 months had received all basic vaccination.
- 30% of children had received BCG.
- 15% of the children had received polio 3 vaccine, and 15% of children had received measles vaccination.
- 3% of children under the age of 5 years experienced symptoms of acute respiratory infections (ARI).
- 6% of children under the age of 5 had a fever in the two weeks preceding the survey.
- 4% of children under age 5 had diarrhea, and children with diarrhea for whom advice or treatment was sought from a health facility or provider was 2%.
- 49% of children under age five had their stool disposed safely

This chapter presents findings from SLHDS 2020 on aspects that are vital to child health. These include: the neonate birth weight, vaccination status of children, and symptoms of acute respiratory infection, fever and diarrhoea, treatments of childhood illness. Appropriate sanitary practices can help prevent and reduce the severity of diarrheal disease; information on how children's faecal matter is disposed is also presented in this chapter. Child health information is expected to assist policymakers and program managers in formulating appropriate strategies and interventions to improve the health of children. In addition, information on birth weight and birth size is vital for the design and implementation of programmes aimed at reducing neonatal and infant mortality.



6.1 Birth weight

Birth weight is a key determinant of the health of infants and children under-five. Children whose birth weight is less than 2.5 kilograms, or children reported to be "very small" or "smaller than average," are considered to have a higher risk of early childhood death than average children (WHO, 2012). Births in the five years preceding the SLHDS 2020 were recorded.

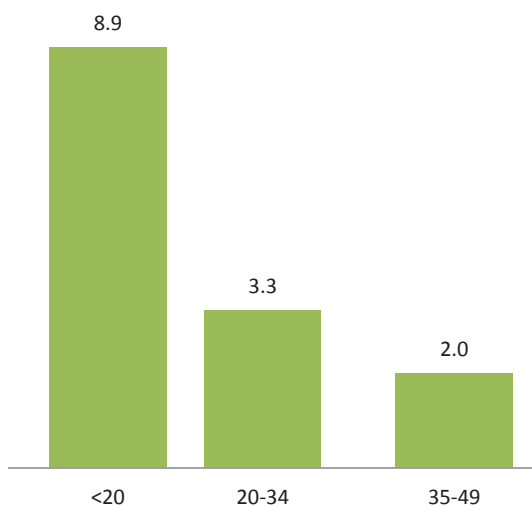
Birth weight was recorded in the ever-married woman's questionnaire based on either a written record or the mother's report. The mother's estimate of the baby's size at birth was also obtained as many births had no known birth weight. This estimate is subjective but it may be useful to estimate the weight of the child.

Table 6.1 shows child's weight and size at birth according to background characteristics. It shows that the birth weight of children was only reported for 22 percent of live births occurring in the five years preceding the survey. Among those births with a reported birth weight, 4 percent were of low birth weight (less than 2.5 kg) (Figure 6.1). Children born to older mothers (35-45) were least likely to be of low birth weight (2 percent) than children born to mothers below the age of 35 (3 percent for mothers aged 20-34 and 9 percent for mothers below 20 years).

The data also includes information on the mother's subjective assessment of the size of her baby at birth. Four percent of children were reported to be very small at birth, 5 percent were reported to be smaller than the average and 92 percent were reported to be average or greater than the average. There is a slight regional variation, Togdheer and Sanaag being the lowest at 2 percent and Sool and Sahil being the highest at 7 percent for children reported as very small at birth.

Figure 6.1 Child's weight and size at birth

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



6.2 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 Pentavalent vaccine (DTP-hepB-Hib) to prevent diphtheria, pertussis, tetanus, hepatitis B, and haemophilus Influenza and at least three doses of the polio vaccine and one dose of the measles vaccine.

Table 6.2 presents data on the vaccination coverage for children aged 12-23 months, (the age by which they should have received all vaccinations) according to background characteristics.

Overall, about 13 percent of children aged between 12-23 months were fully vaccinated by the time of the survey, while 68 percent of children had not received any vaccination. With regard to specific vaccines, 31 percent of children under five months had received BCG vaccine, 32 percent of children had received PENTAVALENT1, 15 percent received PENTAVALENT2, while 13 percent of children had received PENTAVALENT3. Thirty-two percent of children had received polio 0 vaccines at any time before the survey. Thirty-two percent of children had received polio 1 vaccines and 16 percent of children had received the polio 2 vaccine. Fifteen percent of children had received polio 3 vaccines and 15 percent of children had received measles vaccination (Figure 6.2).

Thirteen percent of male children and 12 percent of female children had been fully vaccinated. Children from the highest wealth quintile at 19 percent compared to those in the lowest wealth quintile at 5 percent. Female children, children of 4-5 birth order, children in nomadic areas, children in Sool and Sanaag regions, children of mothers with no education and children of poor households are more likely to receive no vaccination.

Only two percent of children aged 12-23 months had health cards. There were no major differences in the percentage of cards seen by child sex or birth order.

Table 6.2 shows trends in vaccination coverage for children aged 12-23 months.

Table 6.3 indicates percentage of children aged between 12-23 months and children aged between 24-35 months which had a vaccination card and percentage with a vaccination that had been seen, according to background characteristics.

Five percent of children aged 12-23 months had a health card and 2 percent had their vaccination card seen during the survey. Among children aged 24-35 months, 6 percent had a health card of which 2 percent had their card seen during the survey. Children aged between 12-23 months in urban and rural setting both with 6 percent are



Figure 6.2 Vaccination coverage for children aged 12-23 months

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

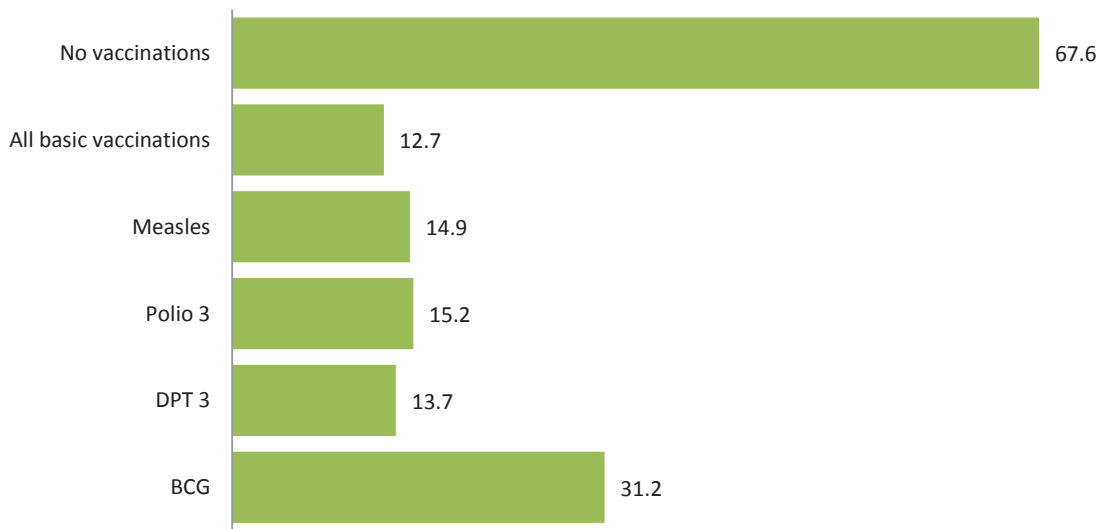
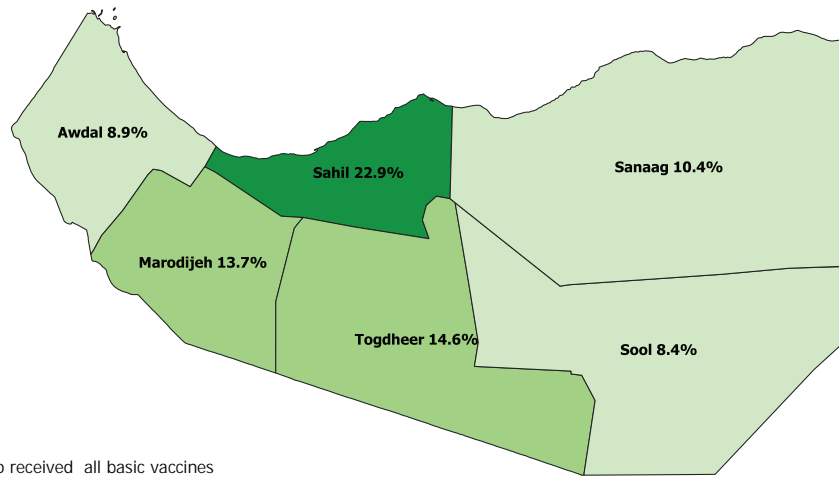


Figure 6.3 Vaccination of children



Percent who received all basic vaccines

- 8.4 - 12.0
- 12.0 - 15.7
- 15.7 - 19.3
- 19.3 - 22.9

Source: SLHDS



more likely to have health cards compared to children in nomadic settings at 3 percent.

6.3 Symptoms of acute respiratory infection

Acute Respiratory Infection (ARI) is a serious disease that prevents normal breathing function. It usually begins as a viral infection in the nose, trachea (windpipe), or lungs. If the infection is not treated, it can spread to the entire respiratory system. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. According to WHO acute respiratory infection is one of the leading causes of childhood morbidity and mortality throughout the world. In the SLHDS 2020, the prevalence of ARI was estimated by asking mothers whether their children under the age of 5 had been ill with a cough accompanied by short rapid breathing in the two weeks preceding the survey. These symptoms are compatible with ARI. It should be noted that the morbidity data collected is subjective, as it is based on the mother's perception of illness with no validation from medical personnel and that prevalence of ARI is subject to seasonality.

Three percent of children under-five presented with ARI symptoms at some point in the two weeks preceding the survey. As presented in Figure 6.3, younger children were more likely to present with symptoms of ARI, however there is no variation by gender.

Figure 6.4 shows the percentage of children under the age of five with symptoms of ARI, and the percentage for which advice or treatment was sought from a health facility treatment in the two weeks preceding the survey by background characteristics.

Children from households that cook with either firewood or charcoal presented higher proportions of those with ARI symptoms compared to those whose households cook using other types of fuel particularly kerosene gas or electricity with less than one percent of children presenting ARI symptoms. There were almost twice as many cases of children with ARI symptoms in the urban and rural as compared to the nomadic. Marodijeh and Sahil had the largest percentage of under-fives presenting with symptoms of ARI at 4 percent each while Togdheer had the least at one percent.

Thirty-four percent of children with symptoms of ARI sought treatment or advice from a health facility or provider, while 21 percent of those with ARI symptoms received antibiotic treatment.

Figure 6.4 Children with ARI symptoms by age

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



Figure 6.5 Children with ARI symptoms for whom advice/treatment was sought

Percentage for whom advice/treatment for ARI was sought and percentage who received antibiotics

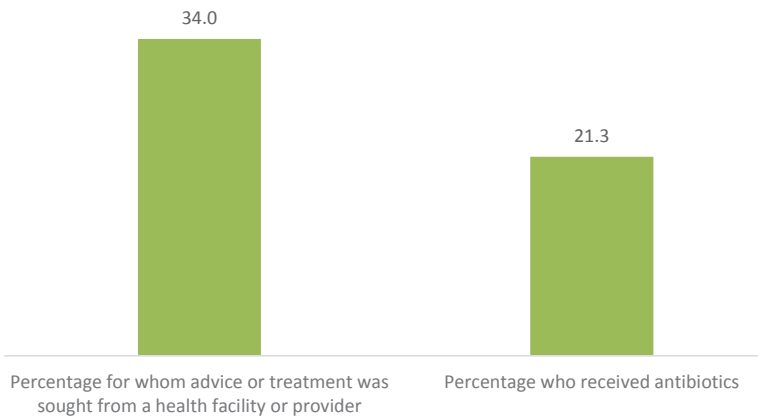


Table 6.5 illustrates the source of advice or treatment for children with symptoms of ARI and percentage of children under the age of 5 with symptoms of ARI in the 2 weeks preceding the survey. Almost 17 percent of children with symptoms of ARI received treatment in the public sector, 22 percent of children in the private sector, and less than one percent of children through other means. Forty-three percent of children sought treatment or advice from a public source, 58 percent from the private medical sector and one percent of children received treatment or advice elsewhere.

6.4 Fever

Fever is a symptom of many illnesses including malaria, pneumonia, common colds and influenza. Fever and other infections can contribute to high levels of malnutrition and mortality.

In the SLHDS 2020, fever prevalence was estimated by asking mothers whether their children under 5 had been ill with fever in the two weeks preceding the survey. For children with fever, mothers were also asked about the actions they took to treat fever, including whether the child had been given any drug to treat it and if yes what drugs had been administered.



According to Table 6.6, 6 percent of children under the age of 5 years showed ARI symptoms at some point in the two weeks preceding the survey. There are no gender differences among under-fives that reported fever in the two weeks preceding the survey. There is slight variation by type of residence in the proportion of children presenting with fever in the two weeks preceding the survey. Six percent of children under-five residing in the urban reported fever in the two weeks preceding the survey compared to 4 percent among those residing in nomadic areas.

Under-fives in Sahil had the highest proportion of those reporting fever at 7 percent while the lowest at 4 percent was reported in Togdheer and Sanaag regions.

Thirty-eight percent of children with symptoms of ARI sought treatment or advice from a health facility or provider. Twenty-five percent of children with ARI symptoms had received antibiotic treatment (Figure 6.5).

6.5 Diarrhoeal disease

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with Oral Rehydration Therapy (ORT). Diarrheal disease cases are related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excretion.

The SLHDS 2020 collected information on the prevalence of diarrhoea among children by asking mothers whether their children under age 5 had diarrhoea during the two weeks preceding the survey. If a child was identified as having had diarrhoea, information was collected on treatment and feeding practices during the episode.

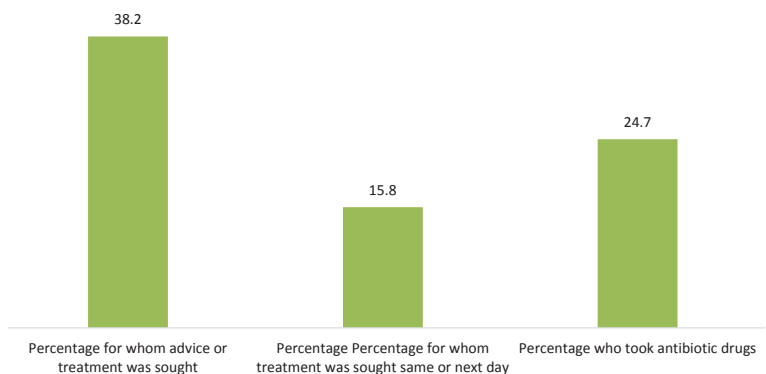
Table 6.7 shows the percentage of children under the age of 5 with diarrhoea in the two weeks preceding the survey by selected background characteristics. Overall, 4 percent of children under the age of 5 had diarrhoea and children with diarrhoea for whom advice or treatment

was sought from a health facility or provider were 49 percent. Nomadic children were less likely to have diarrhoea at 3 percent compared to rural and urban children at 5 percent and 4 percent respectively. Diarrhoea prevalence among children under-five decreases with an increase in the mother’s level of education from 4 percent for mothers with no education to 1 percent for mothers with higher education. There is no difference in the prevalence of diarrhoea for both males and females. According to figure 6.6, the prevalence of diarrhoea increases sharply after 5 months coinciding with the start of weaning, stabilizes at 12-23 months after which it starts to steadily decline. The percentage of children with diarrhoea for whom treatment or advice was sought is at 49 percent.

6.6 Treatment of childhood illness

Table 6.8 shows treatment among children under the age of 5 who had diarrhoea in the two weeks preceding the survey and the percentage who did not receive any form of treatment. Fifty-six percent of children with diarrhoea took fluid from Oral Rehydration Salts (ORS) packet or pre-packaged ORS fluid, 21 percent were given recommended

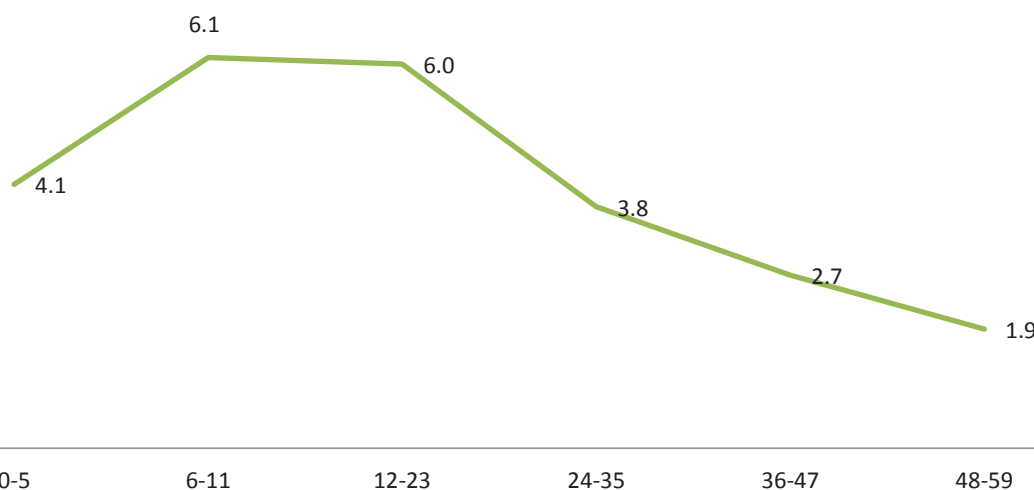
Figure 6.6 Children with fever for whom advise/treatment was sought
Percentage for whom advise/treatment for fever was sought and percentage who received antibiotics

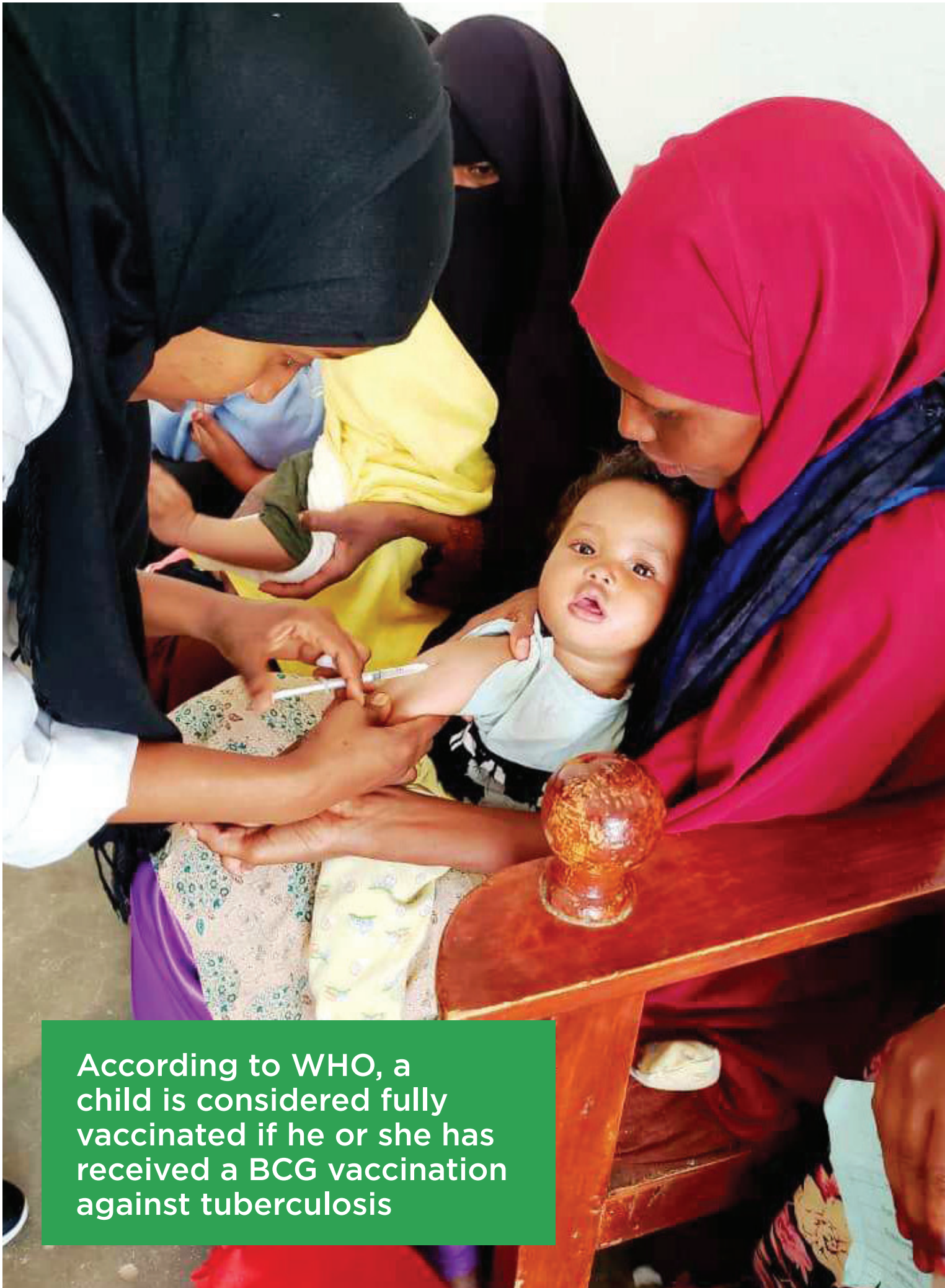


home fluids (RHF), 60 percent of children with diarrhoea were given either ORS or Zinc, and 36 percent had been given Zinc supplements. Sixty percent of children with diarrhoea were given ORS and Zinc and 62 percent of children with diarrhoea had been given ORS, RHF, or increased fluids. Nineteen percent of children under the age of five with diarrhoea continued feeding and ORT. The other treatments that were given to children under the age of 5 who had diarrhoea in the 2 weeks preceding the survey included antibiotic drugs, intravenous solutions, and home remedy or other treatments were 15 percent, one percent and 9 percent respectively.

Figure 6.7 Percent of children with diarrhea by age

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





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

6.7 Knowledge of ORS packets

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy, which may include the use of a solution prepared from packets of oral rehydration salts. To ascertain how widespread the knowledge of ORS is respondents were shown an ORS packet and asked if they knew of it.

Table 6.9 shows that about three quarters (74 percent) of women who gave birth in the five years preceding the survey know about ORS packets. Young mothers aged 15-19 are less likely than older mothers to know about ORS.

6.8 Disposal of children's stools

The proper disposal of children's faeces is important in preventing the spread of disease. If human faeces are left exposed, disease may spread by direct or animal contact with faeces. Therefore, proper disposal of children's stool is important to prevent the spread of disease.

Table 6.10 shows the percent distribution of children under the age of five living with the mother by manner of disposal of the child's last faecal matter, and percentage of children whose stool is disposed of safely, according to background characteristics. Forty-nine percent of children under the age of five had their last stool disposed of safely, 12 percent use a toilet or latrine and 17 percent of children put/rinsed their stool into a toilet or latrine, while 21 percent buried their stool. However, the stool of 24 percent of children is left in the open while 16 percent is put/rinsed into a drain or ditch and 9 percent is thrown into the garbage.

Children's stool is more likely to be disposed of safely in urban areas at 71 percent compared to rural and nomadic areas at 64 and 6 percent respectively. The proportion of children whose stool is safely disposed of varies from 31 percent in Sanaag to 75 percent in Marodijeh. As expected, safe disposal of children's stool increases with an increase in the mother's education level, ranging from 44 percent for mothers with no education to 78 percent for mothers with higher education. Similarly, about two thirds of children from the middle, fourth and higher wealth quintile had their stool safely disposed, as compared with only 17 percent of the stool of children from households in the lowest wealth quintile.

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Table 6.1 Child's weight and size at birth

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

Background characteristics	Percent distribution of all live births by size of child at birth			Total	Percentage of all births that have a reported birth weight ¹	Number of births	Births with a reported birth weight ¹	
	Very small	Smaller than average	Average or larger				Less than 2.5 kg	Number of births
Mother's age at birth								
<20	4.7	7.5	87.8	100.0	17.1	513	8.9	88
20-34	3.1	4.5	92.5	100.0	23.3	3,165	3.3	738
35-49	6.5	2.7	90.8	100.0	18.9	553	2.0	105
Birth order								
1	3.6	5.9	90.5	100.0	24.6	2,234	3.0	550
2-3	3.9	3.1	93.0	100.0	19.4	1,835	5.1	356
4-5	2.6	3.7	93.7	100.0	15.4	156	*	24
6+	*	*	*	*	*	6	*	1
Mother's smoking status								
Smokes cigarettes/tobacco	(6.9)	(3.4)	(89.7)	100.0	(10.3)	27	*	6
Does not smoke	3.6	4.6	91.8	100.0	22.0	4,204	3.7	924
Type of residence								
Urban	2.8	5.4	91.8	100.0	39.8	1,926	3.1	767
Rural	4.5	4.6	90.9	100.0	13.6	1,099	4.9	149
Nomadic	4.4	3.4	92.2	100.0	1.2	1,206	*	15
Region								
Awdal	4.8	4.8	90.4	100.0	26.1	335	5.2	87
Marodijeh	4.6	9.7	85.7	100.0	53.0	969	2.5	514
Sahil	6.6	2.7	90.7	100.0	24.6	212	5.7	52
Togdheer	2.4	3.0	94.6	100.0	17.9	1,201	3.9	215
Sool	6.6	2.3	91.2	100.0	3.7	604	*	22
Sanaag	1.5	3.2	95.4	100.0	4.4	910	7.5	40
Education								
No education	3.5	4.3	92.2	100.0	15.7	3,338	4.7	524
Primary	3.9	6.0	90.0	100.0	35.7	664	1.0	237
Secondary	6.4	3.9	89.6	100.0	74.3	156	5.8	116
Higher	3.4	8.4	88.1	100.0	72.9	73	(5.3)	53
Wealth quintile								
Lowest	3.5	3.2	93.3	100.0	2.9	1,166	10.9	33
Second	5.9	5.1	89.0	100.0	4.6	631	(9.1)	29
Middle	1.6	7.0	91.3	100.0	16.3	467	1.9	76
Fourth	4.1	4.0	91.9	100.0	27.1	813	7.4	221
Highest	3.3	5.2	91.5	100.0	49.6	1,153	1.8	572
Total	3.7	4.6	91.7	100.0	22.0	4,231	3.7	931

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

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

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

Table 6.2 Vaccinations by background characteristics

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

Background characteristics	BCG	DPT-HepB-Hib				Polio ¹				Measles	All basic vaccinations ²	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3						
Sex														
Female	30.3	31.0	14.4	14.1	30.5	31.1	16.2	15.4	15.0	12.9	68.6	1.9	471	
Male	32.2	33.4	14.7	13.2	32.7	33.4	15.7	14.9	14.8	12.4	66.4	1.9	394	
Birth order														
1	44.6	45.8	21.4	19.8	45.2	46.7	25.8	22.0	21.2	17.7	53.3	9.2	111	
2-3	37.4	38.9	22.8	21.1	38.0	38.9	23.1	22.6	22.4	19.6	60.6	1.5	283	
4-5	24.0	24.2	9.1	8.9	24.0	24.2	11.8	11.3	11.3	8.7	75.8	0.7	223	
6+	24.6	25.2	6.7	6.7	24.6	25.2	7.3	7.0	6.7	6.1	74.5	0.3	247	
Type of residence														
Urban	43.0	43.6	18.0	17.0	43.4	43.7	20.2	19.1	19.0	16.2	56.3	3.0	422	
Rural	31.9	32.5	16.5	15.9	31.9	32.3	17.6	16.7	16.5	15.3	67.3	1.5	236	
Nomadic	6.1	8.0	5.0	4.4	6.4	8.4	5.6	5.4	4.6	2.4	91.0	0.3	206	
Region														
Awdal	43.9	44.6	10.2	9.5	43.9	43.9	14.3	11.7	11.7	8.9	55.4	7.0	72	
Marodijeh	34.4	34.4	13.7	13.7	34.4	34.4	13.7	13.7	13.7	13.7	65.6	0.0	234	
Sahil	42.0	42.0	23.9	22.9	42.0	43.0	27.4	24.9	23.9	22.9	57.0	6.0	50	
Togdheer	37.7	37.7	17.2	15.7	37.7	37.7	20.1	18.5	18.5	14.6	62.3	2.9	224	
Sool	17.7	19.4	10.4	10.0	18.6	19.8	10.0	10.0	10.0	8.4	80.2	0.9	124	
Sanaag	18.7	21.9	14.1	12.8	19.6	22.1	15.5	15.1	13.9	10.4	76.8	0.8	161	
Mother's education														
No education	25.9	26.6	10.1	9.6	26.0	26.7	10.9	10.2	9.9	8.7	73.0	1.0	646	
Primary	46.1	47.8	22.8	20.5	47.3	48.1	26.6	25.3	24.9	18.8	51.9	4.3	151	
Secondary	(60.6)	(63.6)	(42.4)	(42.4)	(60.6)	(60.6)	(45.5)	(45.5)	(45.5)	(39.4)	(36.4)	(15.2)	51	
Higher	*	*	*	*	*	*	*	*	*	*	*	*	*	
Wealth quintile														
Lowest	8.4	10.3	7.5	6.9	8.8	10.4	8.1	7.9	7.2	5.1	88.7	0.3	201	
Second	19.8	20.8	8.7	8.4	20.2	21.2	10.0	8.7	8.4	7.4	78.8	1.5	131	
Middle	35.1	35.7	20.3	19.2	35.7	35.7	20.3	20.3	20.3	18.6	64.3	0.7	95	
Fourth	35.1	35.1	13.3	13.3	35.1	35.1	15.9	14.0	14.0	11.7	64.9	3.0	158	
Highest	49.4	50.2	21.0	19.5	49.6	50.2	23.1	22.3	22.2	19.2	49.6	3.2	279	
Total	31.2	32.1	14.5	13.7	31.5	32.2	16.0	15.2	14.9	12.7	67.6	1.9	864	

¹Polio 0 is the polio vaccination given at birth

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

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

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



Table 6.3 Possession and observation of vaccination cards

Percentage of children age 12-23 months and children age 24-35 months who ever had a vaccination card, and percentage with a vaccination card seen, according to background characteristics, SLHDS 2020

Background characteristics	Children age 12-23 months			Children age 24-35 months		
	Percentage who ever had a health card ¹	Percentage with a vaccination card seen ¹	Number of children	Percentage who ever had a health card ¹	Percentage with a vaccination card seen ¹	Number of children
Sex						
Male	4.8	1.8	502	6.8	2.0	525
Female	5.2	1.9	406	6.0	1.9	485
Birth order						
1	13.9	8.6	119	16.0	9.2	174
2-3	6.5	1.4	293	5.2	0.9	312
4-5	2.4	0.7	235	4.6	0.5	227
6+	1.5	0.3	262	3.3		297
Types of residence						
Urban	5.5	2.9	444	6.0	2.2	475
Rural	6.1	1.4	252	7.8	2.2	294
Nomadic	2.6	0.3	212	5.4	1.1	241
Region						
Awdal	10.3	6.8	74	10.0	6.6	77
Marodijeh	0.0	0.0	249	0.8	0.6	291
Sahil	6.2	5.6	53	2.8	2.0	48
Togdheer	4.5	2.7	238	3.6	2.1	279
Sool	6.4	0.8	128	11.1	1.5	139
Sanaag	9.5	0.8	166	15.6	2.2	177
Education						
No Education	3.5	1.0	685	5.0	1.4	782
Primary	8.9	4.2	155	10.7	2.5	155
Secondary	(29.4)	(14.7)	51	(27.3)	(9.1)	49
Higher	*	*	17	*	*	25
Wealth quintile						
Lowest	2.7	0.3	211	4.7	0.7	246
Second	4.9	1.4	135	5.7	1.8	132
Middle	5.1	0.6	101	6.2	1.2	123
Fourth	5.4	2.9	165	7.6	3.1	197
Highest	6.4	3.0	296	7.3	2.5	313
Total	5.0	1.8	908	6.4	2.0	1,011

¹ Vaccination card, booklet or other home-based record

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

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



Table 6.4 Prevalence of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, according to background characteristics, SLHDS 2020

Background characteristics	Among children under the age of five:	
	Percentage with symptoms of ARI ¹	Number of children
Age in months		
0-5	4.3	476
6-11	4.7	390
12-23	2.7	784
24-35	1.5	809
36-47	2.4	810
48-59	1.6	758
Sex		
Male	2.7	2,112
Female	2.5	1,915
Cooking fuel		
Electricity or gas	0.0	134
Kerosene	0.6	74
Firewood	2.1	1,190
Charcoal	3.4	1,093
Straw/Shrubs/Grass	*	3
Agricultural crops	*	11
Other fuel	*	6
No food cooked in household	(0.0)	49
Missing	2.8	1,468
Types of residence		
Urban	2.9	1,765
Rural	2.9	1,118
Nomadic	1.7	1,144
Region		
Awdal	1.7	329
Marodijeh	4.3	998
Sahil	4.0	207
Togdheer	1.4	1,011
Sool	2.6	645
Sanaag	1.9	836
Education		
No Education	2.4	3,147
Primary	3.4	651
Secondary	3.0	160
Higher	0.7	69
Wealth quintile		
Lowest	1.5	1,113
Second	2.6	597
Middle	1.9	447
Fourth	3.4	773
Highest	3.3	1,096
Total	2.6	4,027

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

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

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

Table 6.5 Source of advice or treatment for children with symptoms of ARI

Percentage of children under age 5 with symptoms of ARI in the 2 weeks preceding the survey for whom advice or treatment was sought from specific sources; and among children under age 5 with symptoms of ARI in the 2 weeks , preceding the survey for whom advice or treatment was sought, percentage for whom advice or treatment was sought from specific sources, SLHDS 2020

Source	Among children with symptoms of ARI ¹	Percentage for whom advice or treatment was sought from a health facility or provider
Public sector		
Government hospital	3.3	8.7
Referral Health Centre	0.3	0.8
MCH/HC	7.2	18.8
Primary Health Unit	5.6	14.7
Mobile Clinic	0.0	0.0
Community Health Worker	0.0	0.0
Other Public	0.0	0.0
Private medical sector		
Private Hospital/Clinic	0.0	0.0
Pharmacy	22.2	58.0
Private Doctor	0.0	0.0
Other private	0.0	0.0
Other sources		
Shop	0.1	0.3
Traditional Practitioner	0.2	0.5
Market	0.0	0.0
Koran	0.0	0.0
Other	0.0	0.0
Number of children	275	106

¹Symptoms of ARI include short, rapid breathing which was chest-related and/or difficult breathing which was chest-related



Table 6.6 Prevalence and treatment of fever

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

Background characteristics	Percentage with fever	Number of children	Among children under the age of five with fever:			Number of children with fever
			Percentage for whom advice or treatment was sought	Percentage for whom treatment was sought same or next day	Percentage who took antibiotic drugs	
Age in months						
0-5	5.0	476	*	*	*	24
6-11	11.7	390	(39.5)	(7.0)	(30.2)	46
12-23	9.1	784	46.7	18.6	31.7	71
24-35	4.4	809	30.8	10.7	10.6	35
36-47	5.3	810	(40.0)	(20.0)	(17.5)	43
48-59	2.7	758	*	*	*	21
Sex						
Male	4.9	2,876	40.1	23.0	28.1	141
Female	5.1	2,639	37.2	12.6	17.9	135
Type of residence						
Urban	5.6	2,626	44.7	23.3	27.2	147
Rural	5.3	1,499	46.1	17.7	27.9	79
Nomadic	3.5	1,390	8.8	2.2	3.0	49
Region						
Awdal	4.5	478	*	*	*	22
Marodijeh	6.3	1,549	29.8	15.3	14.2	98
Sahil	7.4	281	*	*	*	21
Togdheer	4.0	1,449	54.5	30.7	50.0	58
Sool	5.0	767	23.5	6.7	11.0	38
Sanaag	3.9	990	43.2	19.2	18.1	39
Education						
No education	4.6	4,316	35.7	14.1	25.0	198
Primary	7.4	878	52.1	30.1	21.2	65
Secondary	5.0	229	*	*	*	12
Higher	0.7	92	*	*	*	1
Wealth quintile						
Lowest	3.7	1,410	8.9	1.9	2.6	53
Second	4.0	779	(26.1)	(10.9)	(15.2)	31
Middle	5.0	625	(51.4)	(21.6)	(24.3)	31
Fourth	5.9	1,094	52.1	19.7	38.8	65
Highest	5.9	1,607	47.3	29.3	28.8	95
Total	6.0	4,027	38.2	15.8	24.7	240

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

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

Table 6.7 Diarrhoea treatment

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

Background characteristics	Percentage with diarrhoea	Number of children
Age in months		
0-5	4.1	476
6-11	6.1	390
12-23	6.0	784
24-35	3.8	809
36-47	2.7	810
48-59	1.9	758
Sex		
Male	3.9	2,112
Female	3.8	1,915
Type of residence		
Urban	4.0	1,765
Rural	4.9	1,118
Nomadic	2.7	1,144
Region		
Awdal	4.6	329
Marodijeh	4.6	998
Sahil	9.8	207
Togdheer	2.3	1,011
Sool	4.2	645
Sanaag	3.1	836
Mother's education		
No education	3.9	3,147
Primary	4.4	651
Secondary	2.7	160
Higher	0.7	69
Wealth quintile		
Lowest	3.2	1,113
Second	3.2	597
Middle	3.9	447
Fourth	5.3	773
Highest	3.9	1,096
Total	3.9	4,027

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

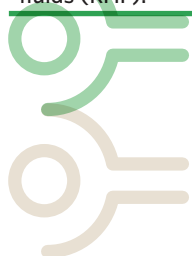


Table 6.8 Oral rehydration therapy, zinc and other treatments for diarrhea

Among children under age 5 who had diarrhea in the 2 weeks preceding the survey percentage given fluid from an ORS packet or pre-packaged ORS fluid, recommended homemade fluids (RHF), ORS or RHF, zinc, ORS and zinc, ORS and zinc, ORS or increased fluids, oral rehydration therapy (ORT), continued feeding and ORT, and other treatments, and percentage given no treatment according to background characteristics, SLHDS 2020

Background characteristics	Percentage of children with diarrhea who were given:													
	Fluid from ORS packet or pre-packaged ORS fluid	Recommended home fluids (RHF)	ORS and Zinc	Zinc supplements	ORS and Zinc	ORT or increased fluids	ORS, RHF, or increased fluids	Continued feeding and ORT ¹	Antibiotic drugs	Antimotility drugs	Intravenous solutions	Home remedy/ other	Percentage given no treatment	Number of children with diarrhea
Sex														
Male	46.7	15.6	49.5	33.5	53.7	51.1	52.1	16.9	18.9	0.0	1.3	11.7	50.7	83
Female	66.1	26.2	72.3	37.9	67.3	66.8	73.0	21.2	10.0	0.0	0.7	6.0	51.4	74
Type of residence														
Urban	59.4	16.8	61.3	43.3	67.3	61.0	62.1	13.4	21.6	0.0	1.3	13.3	42.9	71
Rural	70.4	28.3	76.9	36.8	72.6	72.8	77.4	26.9	12.9	0.0	1.0	6.2	39.0	55
Nomadic	20.7	15.4	27.3	15.4	20.7	26.6	33.3	17.3	1.7	0.0	0.0	4.2	91.8	30
Total	55.8	20.6	60.2	35.6	60.1	58.5	61.9	18.9	14.7	0.0	1.0	9.0	51.0	157

ORS = Oral rehydration salts

¹ Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhea episode



Table 6.9 Knowledge of ORS packets or pre-packaged liquids

Percentage of women age 15-49 with a live birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhea by background characteristics, SLHDS 2020

Background characteristics	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15-19	68.9	125
20-24	73.2	426
25-34	75.6	1,264
35-49	73.9	701
Type of residence		
Urban	79.4	1,223
Rural	76.7	654
Nomadic	58.9	639
Region		
Awdal	74.0	227
Marodijeh	81.5	727
Sahil	81.3	130
Togdheer	73.5	662
Sool	63.3	330
Sanaag	66.1	440
Education		
No education	70.6	1,941
Primary	84.0	404
Secondary	91.1	113
Higher	86.1	58
Wealth quintile		
Lowest	63.8	642
Second	69.2	336
Middle	73.9	295
Fourth	78.3	484
Highest	80.5	759
Total	74.2	2,516

ORS = Oral rehydration salts



Table 6.10 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, SLHDS, 2020

Background characteristics	Manner of disposal of children's stools							Total	Percentage of children whose stools were disposed of safely ¹	Number of children
	Child used toilet latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other			
Age of child in months										
0-5	12.0	14.7	13.2	18.0	12.4	27.0	2.6	100.0	40.0	314
6-11	13.1	15.3	17.7	13.8	9.6	28.4	2.2	100.0	46.1	308
12-23	12.4	17.3	22.7	15.5	7.2	22.6	2.3	100.0	52.4	675
24-35	12.7	18.7	17.9	17.0	9.0	23.4	1.3	100.0	49.3	730
36-47	9.3	18.1	22.2	14.8	9.4	22.4	3.8	100.0	49.6	702
48-59	12.1	14.9	24.7	16.1	7.0	24.1	1.1	100.0	51.6	662
Type of residence										
Urban	13.4	25.8	32.2	15.4	4.0	6.0	3.1	100.0	71.4	1,431
Rural	18.4	21.5	24.0	13.5	7.8	11.6	3.2	100.0	63.9	915
Nomadic	3.8	0.6	1.8	18.5	15.9	59.4	0.0	100.0	6.2	1,044
Region										
Awdal	4.6	13.3	39.6	5.6	10.1	20.9	6.0	100.0	57.5	288
Marodijeh	11.4	24.6	38.5	10.2	5.7	5.9	3.7	100.0	74.5	837
Sahil	4.6	13.0	32.2	14.9	8.6	23.3	3.4	100.0	49.8	163
Togdheer	9.1	18.6	23.7	14.2	9.6	21.9	2.8	100.0	51.4	704
Sool	13.8	14.5	3.8	23.5	11.5	32.9	0.0	100.0	32.1	611
Sanaag	17.1	11.1	2.6	21.5	8.4	39.3	0.0	100.0	30.8	788
Mother's education										
No education	10.9	14.1	19.1	16.6	9.6	27.8	1.9	100.0	44.2	2,690
Primary	16.5	24.3	26.8	14.7	3.3	11.2	3.2	100.0	67.6	501
Secondary	14.2	30.4	24.8	11.5	11.9	2.0	5.1	100.0	69.4	140
Higher	(8.3)	(33.3)	(35.4)	(12.5)	(4.2)	(6.3)	(0.0)	100.0	(77.1)	60
Wealth quintile										
Lowest	4.4	4.3	7.8	20.2	14.1	48.5	0.8	100.0	16.5	994
Second	13.1	6.9	15.6	7.8	13.9	40.6	2.2	100.0	35.6	488
Middle	16.9	23.3	21.8	17.6	5.6	12.1	2.7	100.0	62.0	370
Fourth	17.3	20.2	29.2	17.3	5.7	7.6	2.6	100.0	66.7	628
Highest	13.2	31.1	30.9	13.9	3.4	4.4	3.2	100.0	75.2	911
Total	11.8	16.9	20.6	15.9	8.7	24.0	2.2	100.0	49.3	3,391

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

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

07

**Nutrition status
of children and
women and
feeding practices**



7 NUTRITION STATUS OF CHILDREN AND WOMEN AND FEEDING PRACTICES

Key Findings

- 21% of children under-five are stunted, 13% are wasted and 14% are underweight.
- Breastfeeding is almost universal in Somaliland, 94% of children born over the last 2 years preceding the survey have been breastfed.
- The prevalence of early initiation of breastfeeding in the first hour of birth is 69%.
- 30% of children aged 0-5 months were exclusively breastfed.
- 3% of children aged 6-23 months were fed according to the recommended IYCF practices.
- 4% of mothers in Somaliland take iron supplementation as per the recommended number of days (90 days) during their pregnancy.
- 6% of women in Somaliland aged 15-49 are moderate to severe malnourished with BMI less than 17 while 24% of women with same age categories are overweight with body mass index more than 25.0 - 29.9
- 2% of women aged 15-49 years have a height below 145 cm

Nutritional status of an individual is usually a result of multiple factors that interact with each other at different levels. Recognising the role of diet at the onset of diseases and assessing the nutritional status of children and women is important for public health. Nutrition is substance that provides energy, promotes growth, maintenance and nourishes the body. The consumption of adequate amounts of food both in terms of quantity and quality is one of the key determinants, which has a significant impact on an individual's growth, productivity and susceptibility to disease. Balanced nutritional status is significant for the well-being of mothers and children under-five particularly those who are under two years. Nutritional deficiency among children especially under-two years of age can lead to childhood illnesses such as diarrhoea and respiratory infections and nutritional problems such as underweight and stunting. Adequate nutritional status of women is important for good health and increased work capacity of women themselves as well as for the health of their offspring. Poor nutrition is an indication of greater health risks to both mother and child. Nutritional deficiencies for women may lead to anaemia, and short stature that can result in pregnancy complications such as abortion or death.



7.1 Measures of child and women nutrition.

The enumerators collected the height and weight of women aged 15-49 and children under five years old. Different measures can be used to assess nutritional status of women and children. Anthropometric, biochemical methods, clinical methods and dietary methods are part of the measures. Each method of measure is suitable to use at a particular time or place. The anthropometric and dietary methods were used for assessing the nutritional status of women aged 15 to 49 years and children aged 0 to 5 years. The SLHDS used both anthropometric assessments to measure height and weight for under-fives and women aged 15-49 and the dietary method which inquired on feeding practices of infants and children.

The equipment used for height and weight measurements was SECA scale (for weight), height board (height for under five) and SECA (height for adult). Women's weight was taken by first placing the weighing scale on a flat place to ensure it is balanced and women can stand to it with their head looking front and their stance upright. Children under-two years of age and those above two years were measured by lying down (supine position) and standing position respectively. The teams were trained on how to measure weight and height of children and women during class sessions and pilot-test before carrying out field work. Additionally, the field enumerators had health backgrounds, therefore this facilitated for them in taking child and women measurements.

Children who are under nourished are usually associated with high mortality and morbidity rates

WHO Anthro tool for nutritional survey data analyser and Body Mass Index was used to generate nutritional indicators in SLHDS 2020. The following measurements have been used to generate nutritional indicators: -

1. Weight for age (underweight)
2. Height for age (stunting)
3. Weight for height (wasting)
4. Body Mass Index (BMI)

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 children who are underweight if they are minus (-2SD) from the mean reference population. This is a key indicator for assessing nutritional conditions of under-fives.

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

Weight for height (wasting) indicator measures the children who suffer under nutrition, usually as consequences of insufficient food intake or a high incidence of diseases especially diarrhea. Wasting in turn impairs the functioning of the immune system and can lead to susceptibility of diseases.

Body Mass Index (BMI) is a measurement for a person's leanness or corpulence based on their height and weight and is intended to quantify body mass. It is widely used as general indicator to identify whether the person has healthy body weight for their height. Specifically, the value obtained from the BMI calculation is used to categorize whether the person is underweight, normal weight; overweight or obese depending on what ranges value falls between.



7.2 Nutritional status of children

Nutritional status of children is affected by different factors such as the mother's nutritional status, socio economic status, educational background or children's health condition. Nutritional status of children is relatively poor for a number of reasons such as low economic conditions of Somaliland households, and severe drought that has affected the country in recent years. Children who are under nourished are usually associated with high mortality and morbidity rates. Nutritional status also affects children's long term physical and mental development. In SLHDS 2020 the weight and height measurements of children below 5 years was collected in addition to the inquiry of their dietary intake. The weight and height of the children that was collected was used as anthropometric measurement by using the Z-score. As WHO guidelines indicate, indicators such as height for age, weight for height and weight for age stunting, can be used to calculate the nutritional status of children under five.

Table 7.1 shows nutritional status of children under-five years according to three anthropometric indices such as height for age, weight for height and weight for age. Twenty-one percent of children under-five years are moderately stunted whereas 10 percent of under-five children are severely stunted. Stunting usually indicates the growth

retardation due to poor diet or recurrent infections. Thirteen percent of children under the age of 5 are wasted with 7 percent being severely wasted while 14 percent of children are under weight and 6 percent are severely underweight.

There are also regional variation with the highest proportion of stunted children under-five (25 percent) being in Sool region while the lowest is in Togdheer. Additionally, Sool region has the highest percentage of underweight children (21 percent) while Sanaag region is second with (19 percent), followed by Awdal in third position (12 percent). The rest of the regions have underweight children of 10 percent and below.

Figure 7.1 shows the prevalence of malnutrition among children aged under-5. The levels of stunting increased drastically in the second year of life then starts to decline gradually in the fourth year of life before rising again and peaking at the age of 43 months. Prevalence of underweight increased gradually for children from the age of 4 to 7 months and levelled off in the second year of life before starting to rise again and peak at 33 months. On the other hand, the levels of wasting peaked when children were about 3 months of age.



Figure 7.1 Nutritional Status of Children

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

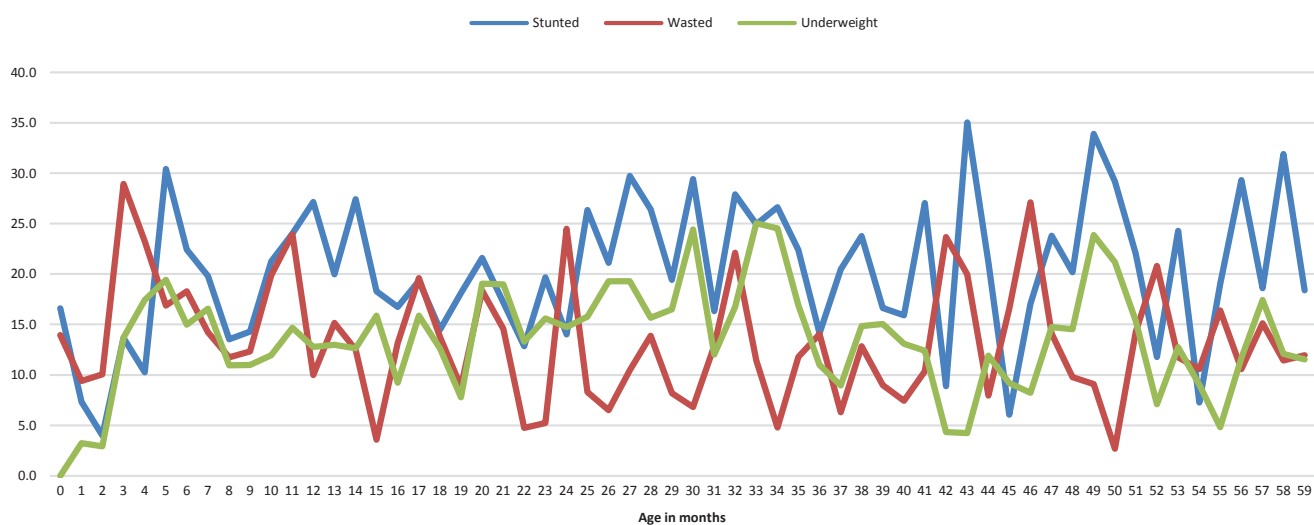
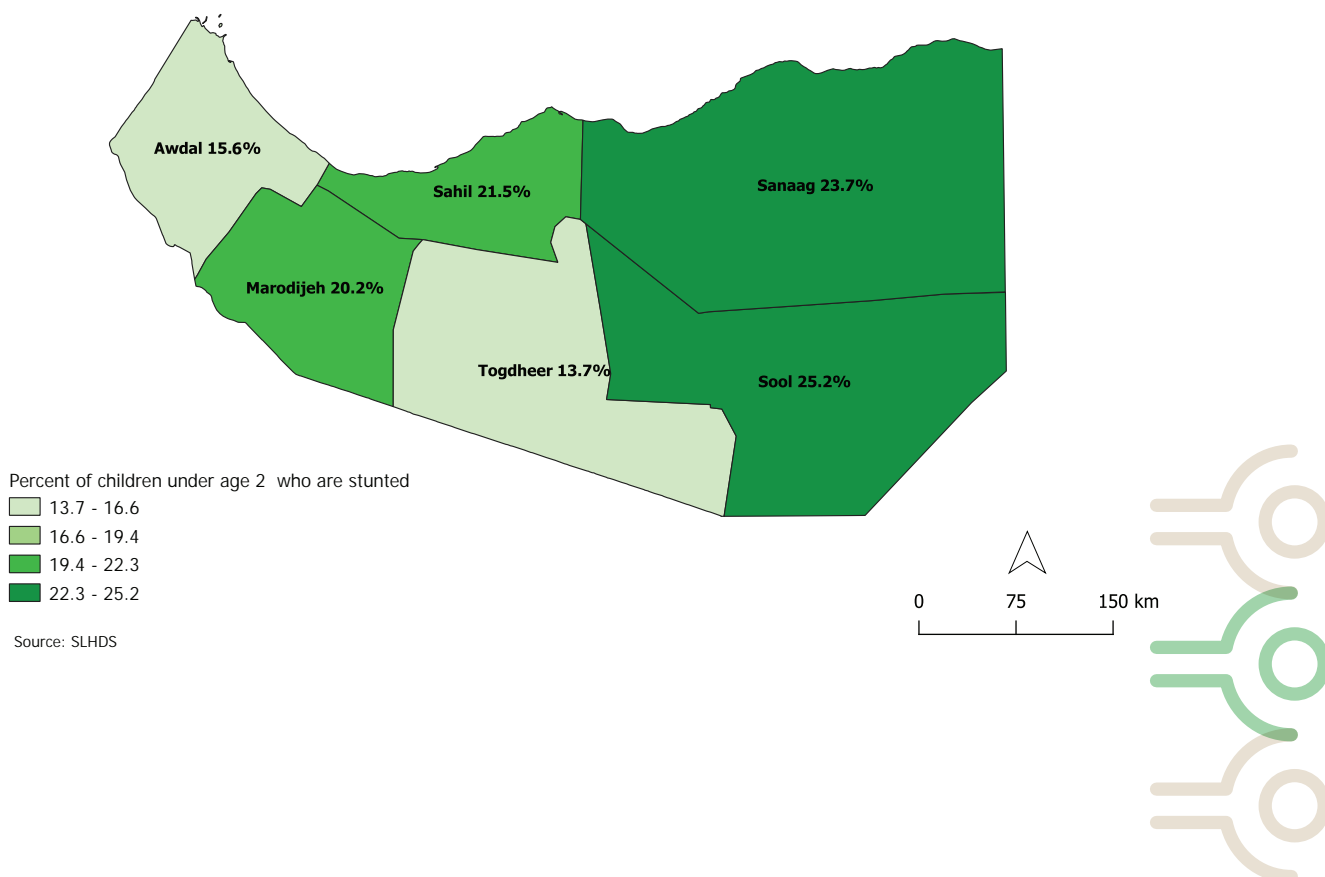


Figure 7.2 Stunting in children under 5 by regions



7.3 Initiation of breastfeeding

WHO recommends breastfeeding within the first hour of birth as it has benefits for both the baby and mother. The initial breast milk contains a substance called “colostrum” has a high concentration of antibodies and nutrients. It protects the babies from early onset of childhood diseases. The initiation of early breastfeeding is beneficial for mothers as well because the early suckling improves the production of milk and creates a bond between mother and child. Moreover, it is recommended that children should be exclusively breastfed only with breast milk in the first six months of their life and should continue breastfeeding until the age of two.

As presented in Table 7.2, 94 percent of children who were born in the last two years had ever been breastfed. Among those who were breastfed, 69 percent were breastfed within the first hour of their birth while 87 percent were breastfed within one day of birth. According to the MICS 61 percent of babies were breastfed within one hour of birth.

The data shows that 73 percent of children born in health facilities started breastfeeding within the first hour of birth while 66 percent of children who were born at home started

breastfeeding in the first hour of birth. Babies delivered in a health facility are more likely to be initiated to breastfeeding within one hour and less likely to be given prelacteal feed. Thirty-two percent of children received a prelacteal feed with no major variations noted regardless of who assisted in the delivery 36 percent among those assisted by a relative/friend and 32 percent among those assisted by a health personnel. There is no major variation in neonatal feeding practice for male and female children (Table 7.2).

Figure 7.4 shows the differentials in initiation of breastfeeding by type of residence. Children in urban areas are more likely to be breastfed compared to those in the rural and nomadic areas. They are also more likely to be breastfed within one hour or one day of birth. Ninety-six percent of children born in the two years preceding the survey and residing in urban areas were ever breastfed compared to 95 and 88 percent among those residing in the rural and nomadic areas respectively.

As presented in Figure 7.5, Togdheer has the highest proportion of ever breastfed children at 97 percent while Sanaag has the least at 88 percent. Mothers in Togdheer region are more likely to put their child to the breast within the first hour of birth compared to other regions. Among children who were ever breastfed in Togdheer region, only 6 percent

Figure 7.3 Initial breastfeeding by type of residence

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 by type of residence, SLHDS 2020

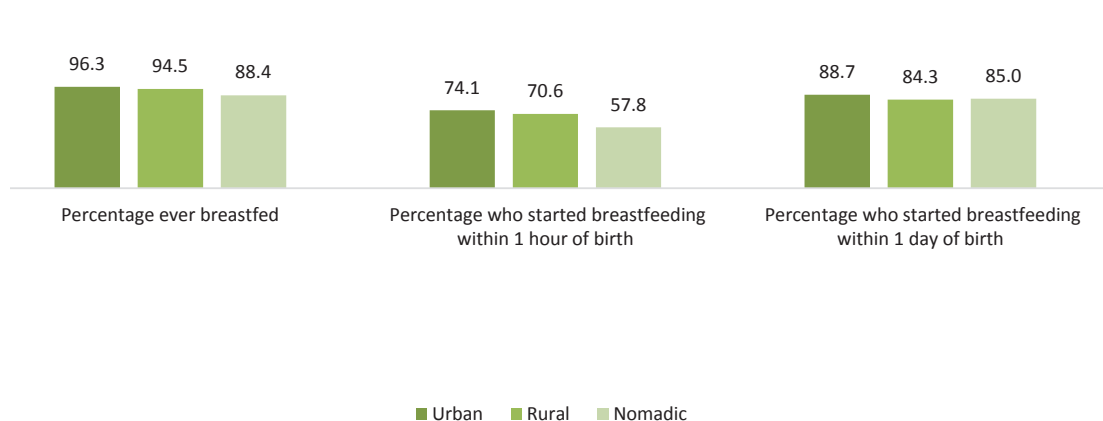
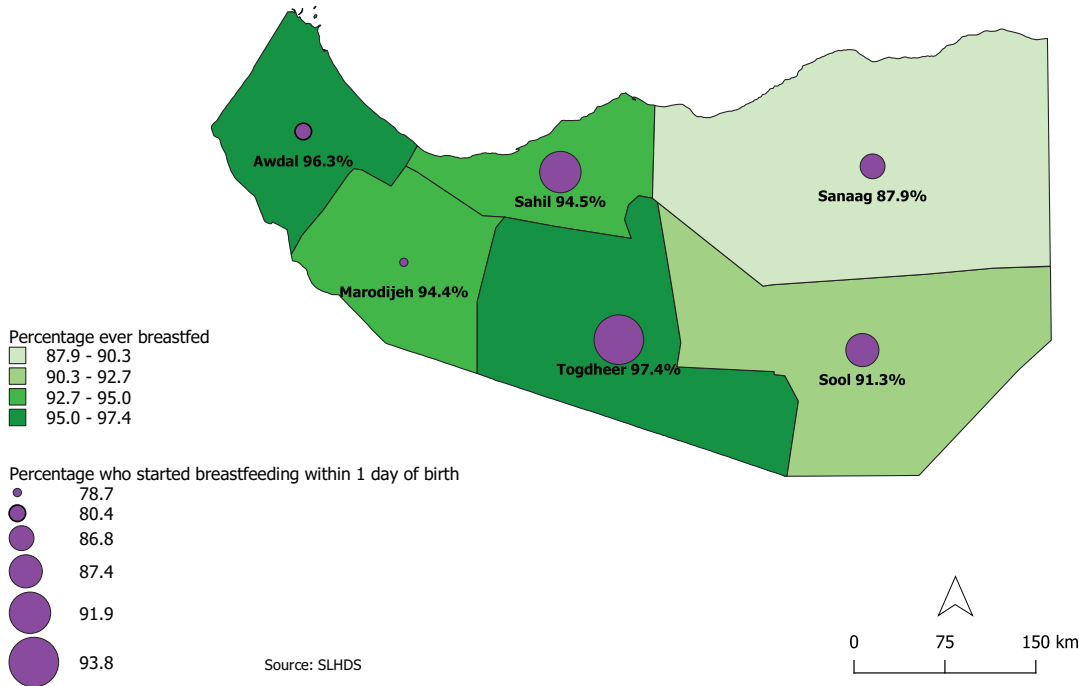


Figure 7.4 Initial breastfeeding for children under age 2 by region



were not breastfed within the first day of birth a proportion that is less compared to the other regions. Similarly, women from the fourth wealth quintile are more likely to breastfeed their children and only 5 percent of their youngest child born in the two years preceding the survey were not breastfed within the first day of birth (Table 7.2).

7.4 Breast feeding status by age

Breast milk is the ideal food for new-borns and infants. World Health Organization recommended all children to be exclusively breastfed in the first six months of their life and to continue breast feeding up to 2 years with complementary foods to be given at 6 months onwards.

SLHDS 2020 enumerators asked mothers who had children under-two years if they had ever breastfed their babies, and how long after the birth they had waited to do this, if anything was

given to the child other than breast milk in their first three days, if they are still breastfeeding, if they have given their children micronutrient powder (PLUMPYNUT), or supplemental food (PLUMYDOZ). The enumerators used local names of these foods so that respondents could understand the questions.

Table 7.3 shows percentage distribution of children less than two years of age by breastfeeding status, currently breastfeeding and percentage of all children under-two years using nipple bottle according to age in months. Exclusive breastfeeding is giving the child only the breast milk with no additional food or water except medicine. The findings show that 30 percent of children 0-5 months are exclusively breastfed, 41, 30 and 19 percent among children aged 0-1, 2-3 and 4-5 months respectively. There is an increase from 13 percent of children exclusively breastfed reported in MICS (2011). However it is important to note that MICS did not include the nomadic population.

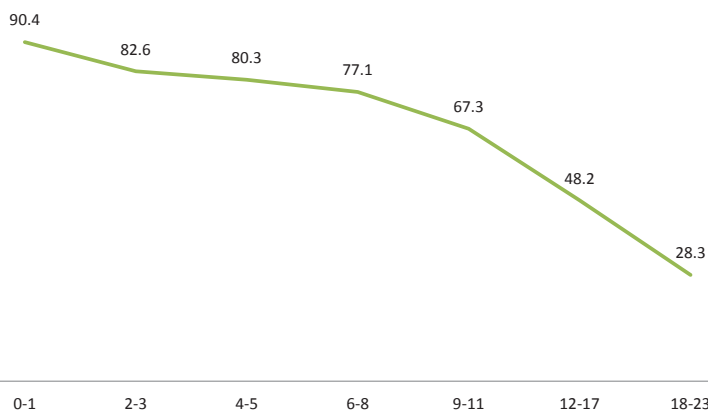
Thirty percent of children below two years are currently breastfeeding. Among children 0-5



months, 84 percent are currently breastfeeding, 77 and 41 percent among children aged 6-9 months and 12-23 months respectively. As shown in Table 7.5, as would be expected breastfeeding reduces with increase in age, after one year, less than 50 percent of children are still breastfed.

Figure 7.5 Breastfeeding status

Percent distribution of youngest children under two years who are living with their mother and currently breastfeeding by age, SLHDS 2020



Seventeen percent of children aged 0-5 months were breastfeeding and consuming non-milk liquids while 17 percent were breastfeeding and consuming complimentary foods and 6 percent were breastfeeding and consuming milk. It is recommended that children should be introduced to complementary feed at six months while breastfeeding should be continued until two years. Among children aged 6-9 months, 13 percent were breastfeeding and consuming plain water only, 11 percent were consuming other non-milk liquids in addition to breastfeeding, 4 percent were consuming other milk products plus breast milk, 34 percent were breastfeeding and taking complimentary foods while 23 percent were not breastfeeding at all (Table 7.3).



7.5 Infant and young child feeding (IYCF) indicators on breastfeeding status

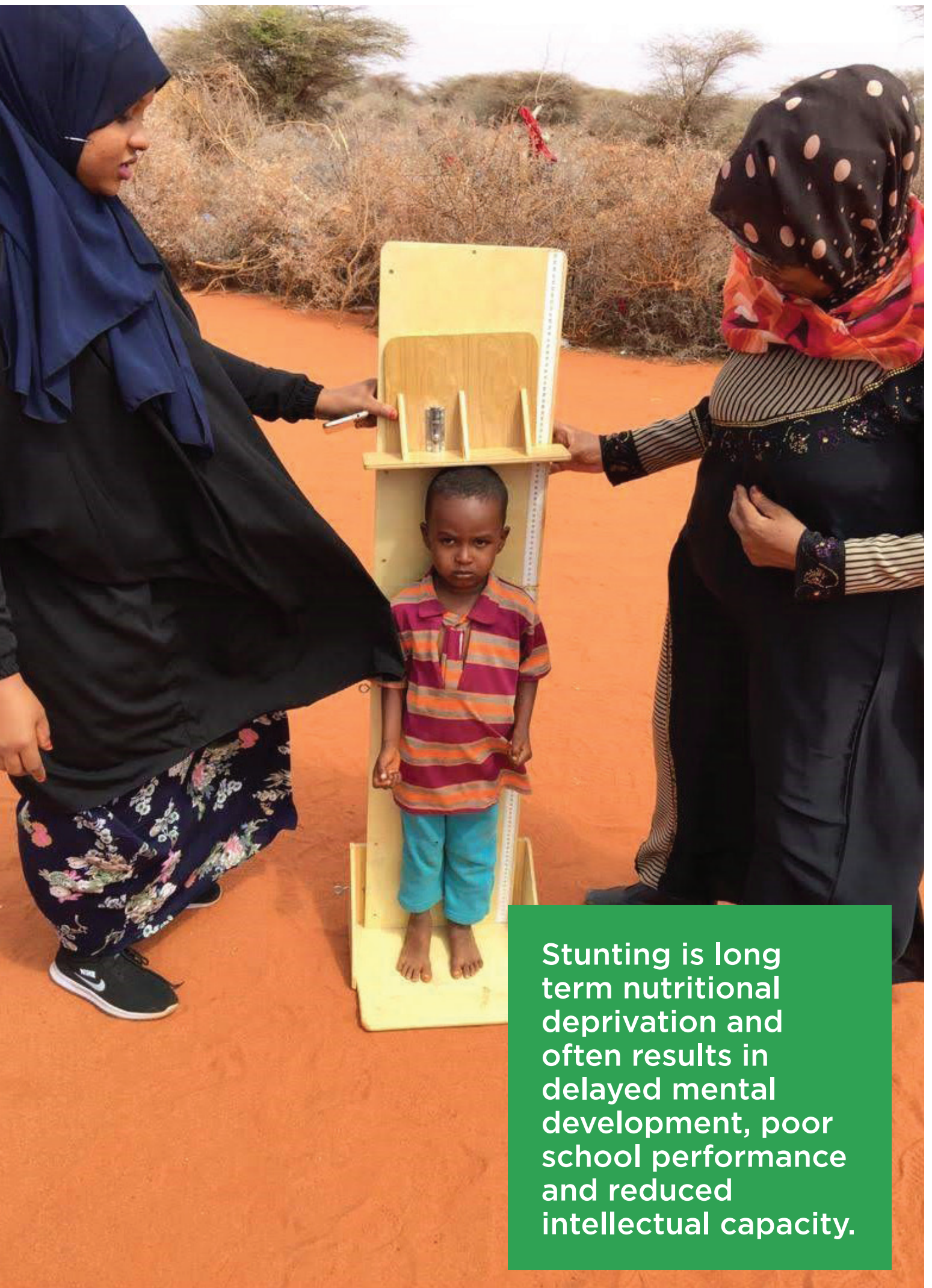
Figure 7.6 shows, 62 percent of children under the age of 6 months are predominantly breastfed. Fifty percent of children are still breastfeeding at the age of 1 year while only 30 percent are breastfeeding at the age of 2. In addition, 40 percent of children are introduced to complementary foods at 6-8 months. Thirty-one percent of children under the age of 2 years are breastfed appropriately for their age. Furthermore, 45 percent of children 0-23 months are bottle fed.

7.6 Types of complementary foods

Complementary feeding is defined as the process starting when the breast milk is no longer sufficient to meet nutritional requirements of infants, and therefore other foods and liquids are introduced along with the breast milk. The period covers between 6-24 months of age. This is a critical period of growth during which nutrients deficiencies and illnesses contribute to higher rates of under-nutrition among children under-five years of age.

Table 7.4 shows the foods consumed by children under two years of age who are living with the mother during the day or night preceding the interview according to the breastfeeding status.

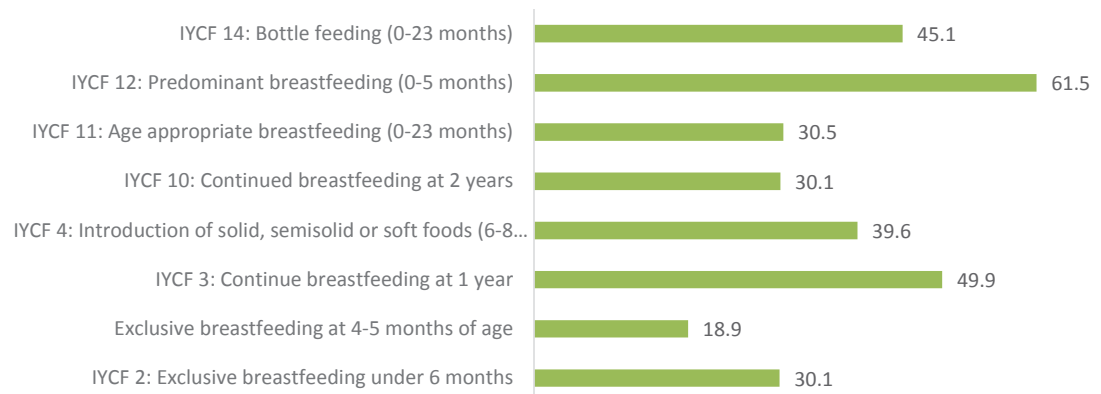
The data in the Table shows that 7 percent of children 0-23 months who are breastfeeding are receiving the infant formula, 19 percent are fed on other milk and 49 percent were fed on other liquids in the night preceding the survey. Children from as young as 0-1 months are introduced to other drinks or liquids 4 percent on infant formula, 6 percent on



Stunting is long term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity.

Figure 7.6 Infant and young child feeding

IYCF indicators on breastfeeding status



other milk and 30 percent on other liquids in addition to breast milk. One percent of children 0-1 months were fed on fortified baby food and breast milk. This contravenes the WHO recommendations of exclusive breastfeeding for children of 0-5 months. Among the non-breastfeeding children 7 percent were fed on infant formula, 29 percent were fed on other milk and 55 percent had other liquids in the night preceding the survey.

Twenty-seven percent of children aged 6-23 months ate foods made from grains whereas 34 percent of the same children had eaten fruits and vegetables rich in vitamin A in the night preceding the survey. Vitamin A is an important nutrient for the eye health and children's immune system and therefore its deficiency might lead to diseases such as vision problems. On the other hand, children aged 6-23 months not currently breastfeeding, 25 percent were fed on grains while 40 percent had fruits and vegetables rich in vitamin A in the night preceding the survey. Seventeen percent of breastfeeding children aged 6-23 months were given meat, fish and poultry while 25 percent of non-breastfeeding children of 6-23 months had meat, fish and poultry in the night before survey. Generally, 60 percent of the children aged 6- 23 months who were currently breastfeeding received any solid or semisolid foods compared to 65 percent of children aged 6-23 months who are not currently breastfeeding.

7.7 Infant and young child feeding (IYCF) practices.

Infant and Young Child Feeding (IYCF) practices are crucial issues affecting the health of infants and young children. Proper feeding of infants and children should be started at 6 months. Appropriate child feeding practice would decrease childhood illness and as result the child mortality. IYCF global strategy was firstly issued in 2002 jointly by WHO and UNICEF to reverse the disturbing patterns of infant and child feeding practices and they advise that appropriate feeding should start at 6 months because it decreases the susceptibility to illnesses.

Table 7.5 shows children aged between 6-23 months who live with their mother who are fed according to the three IYCF practices based on the breastfeeding status, number of food groups and times they are being fed during the day or night preceding to the survey. Based on UNICEF guidelines Somaliland Ministry of Health Development recommends proper IYCF practices to be followed based on breastfeeding status and the age of a child. Breastfeeding children between the ages of 6-8 months are recommended to be fed four different groups of food at least twice a day. Children between the ages of 9-23 months of age need to be fed with four or more different groups of food per day at least three times a day. Non-breastfeeding



children are recommended to be given four different groups of foods with minimum meal frequency of four times.

Fifteen percent of breastfeeding children of 6-23 months were fed four or more different groups of food in the day or night preceding the survey and around 24 percent of them were fed with the minimum meal frequency in the night or day before survey. However, only 3 percent of breastfeeding children of 6-23 months were fed with food from the four different groups and the recommended minimum meal frequency in the night or day preceding the survey.

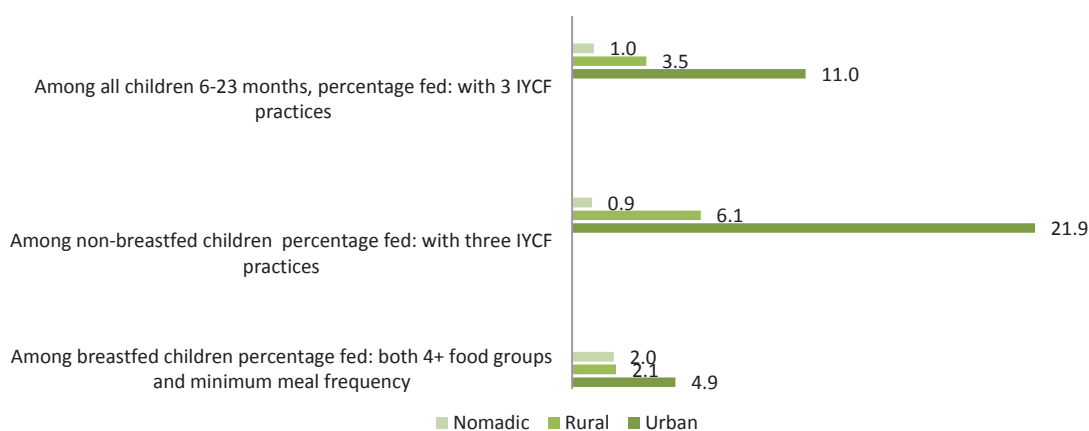
Among the non-breastfeeding children, 61 percent of them were fed on milk or milk products whereas 18 percent of the same children were fed four or more different groups of food in the night or day preceding the survey, 63 percent got the recommended meal frequency and only 12 percent were fed as per IYCF guideline. Regardless of breastfeeding status of children, around 6 percent of all the children aged between 6-23 months were fed in accordance with the three IYCF practices in the night or day prior to the survey.

According to the respondent's residence, mothers residing in the urban are more likely than their rural and nomadic counterparts to follow the IYCF practices. The percentage of children aged 6-23 months from urban areas with three IYCF practices (11 percent) compared to 4 percent among children living in the rural areas and one percent among those in the nomadic households. The trend is the same for both breastfeeding and non-breastfeeding children.

Table 7.5 shows, among breastfed children aged 6-23 months living with their mother, those in Sanaag were more likely to be fed as per the recommended IYCF practices compared to those from other regions at 12 percent. Mothers in Marodijeh are more likely to follow the recommended IYCF practices for their children aged 0-23 months particularly those who are currently breastfeeding. Generally, the likelihood that a child is fed with three IYCF practices in the night or day prior to the survey increases with increasing wealth status.

Figure 7.7 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF practices based on breastfeeding status by type of residence, SLHDS 2020



7.8 Micronutrients intake among children

Vitamins and minerals are important for child growth and prevention of childhood illnesses. Children should be supplemented with basic micronutrients such as Vitamin A and Iron. The deficiency of these micronutrients can result in weak immune system, blindness, stunting or anaemia.

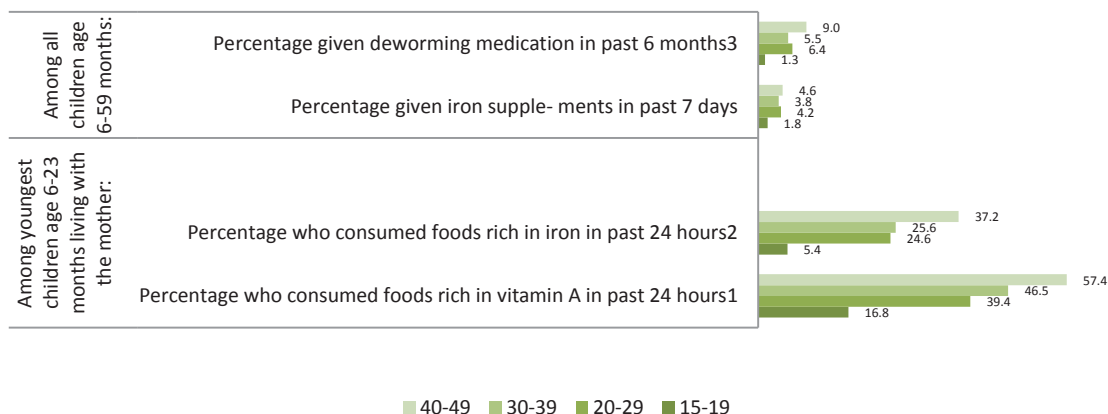
Mothers were asked if children 6-23 months consumed foods rich in Vitamin A and Iron in the day or night preceding the survey. Mothers were also asked of all children of 6-59 months who were given vitamin A supplements in the six months preceding the survey, who were given iron supplement in past seven days and who were given de-worming medication in the past 6 months.

As shown in Table 7.6, 42 percent of children of 6-23 months of age had consumed foods rich in vitamin A in the night or day preceding the survey whilst 25 percent of the same children consumed foods rich in iron. Four percent of children aged 6-59 months were given iron supplementation in the seven days preceding the survey. Similarly, on the de-worming medications, only 6 percent of children aged 6-59 months were given the de-worming drugs during the six months preceding the survey. The table further shows differentials exist in child feeding practice with the male child likely on foods rich in vitamin A and iron and also non-breastfeeding children are more likely than those breastfeeding to be fed on foods rich in vitamin A and Iron. It is recommended children under-five get iron supplements and deworming medication, however amongst all age groups and gender the percentages are less than 10.

Mother’s age influences whether a child’s diet will include vitamin A and iron. Among young mothers (15-19 years) 17 and 5 percent had foods rich in vitamin A and iron respectively

Figure 7.8 Micronutrient uptake by mother’s age

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 iron sup



as part of their diet, compared to 57 and 37 percent among older mothers (45-49 years). Mothers in the youngest age group (15-19) are the least likely to give their children iron supplements and de-worming medication (Figure 7.8).

As presented in Figure 7.9, children in urban areas were given the highest percentage of foods rich in vitamin A at 59 percent, followed by those who live in rural areas at 44 percent and the least were those children in the nomadic areas at 11 percent. Similar pattern was also observed for the percentage of children who were given foods rich in Iron, with 38 percent of urban children compared to 9 percent of nomadic children. About one percent of children residing in the nomadic were given iron supplementation and de-worming medication.

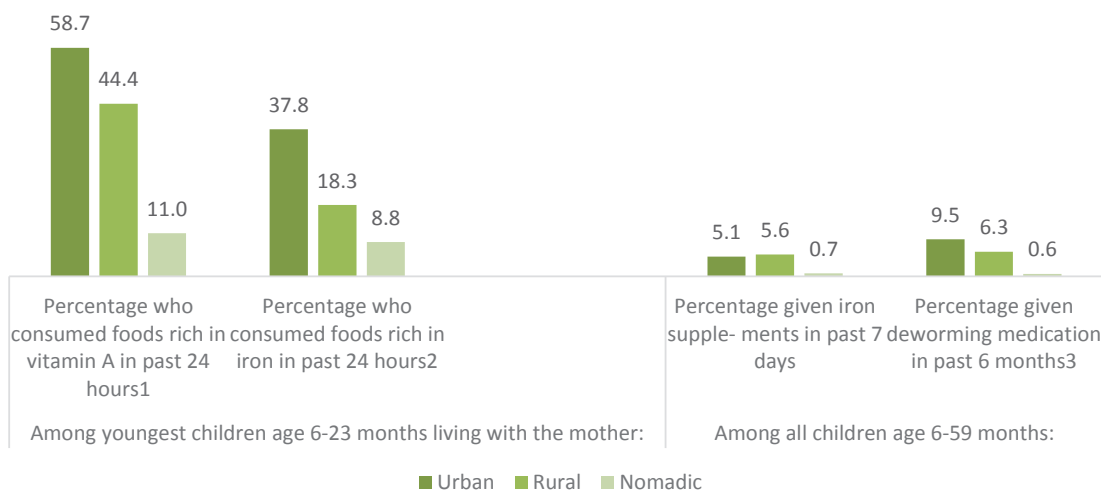
Children in Marodijeh are most likely to consume foods rich in vitamin A and iron (68 and 42 percent respectively) and the least likely are those from Sool (16 and 11 percent respectively). The proportion of children aged 6-59 months given vitamin A supplementation and de-worming medication is lowest in Sool at 3 percent each (Table 7.6).

Whereas a mother's level of education determines whether or not a child will be fed with foods rich in vitamin A and Iron there is no relation with uptake of iron supplementation and de-worming medication. Children whose mothers are more educated and wealthier are more likely to consume foods rich in vitamin A and iron.

Thirteen percent of children aged between 6-59 months received vitamin A supplements in the six months preceding the survey. There are no differentials noted in the percentage of male and female children receiving vitamin A supplements. Children that are still breastfeeding were more likely to receive vitamin A supplements at 16 percent compared to 13 percent of those not breastfeeding. Mothers aged between 40-49 had the highest percentage at 16 percent of children who received vitamin A supplements while the younger mothers aged 15-19 and 20-19 of whom 12 percent of their children got vitamin A supplements. Only 2 percent of children residing in the nomadic areas got vitamin A supplements, compared to 20 percent in the urban. Children in Sahil were more likely to children from other regions to receive vitamin A supplements at 26 percent. In Sanaag 5 percent of children got vitamin A supplements (Table 7.6).

Figure 7.9 Micronutrient uptake by place of residence

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 iron sup



Children born to mothers with higher education levels had the highest percentage of those who got vitamin A supplements at 24 percent each for mothers with secondary or higher education levels. Eleven percent of children born to mothers with no education received vitamin A supplements. Percentage of children who got vitamin A increases with increase in the mothers' wealth status. Among children born to mothers from the lowest wealth quintile 4 percent got vitamin A supplements and 24 percent of those born to mothers from the highest wealth quintile got vitamin A supplements

7.9 Micronutrient intake among women

Micronutrient deficiency is a universal public health problem. Iron supplementation during pregnancy is vital for mothers and baby's health; its deficiency may lead to anaemia. Deworming strategy is public health intervention for pregnant women recommended by WHO.

Table 7.7 shows the number of days women aged 15-49 took the iron tablet or syrup during the last pregnancy and the percentage of women who took deworming medication during the pregnancy of their last child. Four percent of women reported that they had taken iron supplementation for the recommended 90 days or more. Sixty-three percent of mothers aged 15-49 years did not take iron supplementation whereas 2 percent reported they took iron supplementation for 60-89 days. Based on residence women in urban settings had taken the highest iron supplementation as per the recommended days (90+) with 6 percent compared to 3 percent of women residing in rural settings and less than one percent of women living in nomadic setting.

One percent of women took de-worming tablets during the pregnancy of last child. Furthermore, 2 percent of women in urban residence reported de-worming tablets usage during the

pregnancy of their last child whilst less than one percent of women in rural and nomadic had taken the de-worming tablet during pregnancy. Togdheer region and Marodijeh are more likely to take iron supplementation as recommended 6 and 5 percent respectively.

7.10 Nutritional status of women

Keeping nutritional status of woman at a normal level is important for woman's health and the baby as well. Conditions related to nutritional deficiencies such as underweight, anaemia and vitamin deficiency continue to be the major concern for women's health. In SLHDS 2020 women's nutritional status was calculated by measuring the body mass index. BMI is a screening tool that can indicate whether the person is underweight, healthy weight or over-weight.

BMI was calculated dividing the weight of the person by height 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 probability of leaning to health risk may increase. Having too much weight can lead to varieties of health conditions such as cardiovascular problems, diabetes 2 and high blood pressure. If the weight of the person is below the normal ranges, the risk of having conditions such as malnutrition and anaemia increases.

Table 7.8 shows women aged 15-49 with height below 145 cm, mean body mass index by background characteristics. Two percent of women had a height below 145 cm. Generally, a height of below 145 is vulnerable malnutrition and short stature. Women with short stature have cephalo-pelvic disproportion which may result in obstructed labour. According to the findings, 47 percent of women had a normal body mass index with a range of 18.5 - 24.9, while 6 percent of women aged 15-49 are



moderately to severely thin with BMI of less than 17. On the other hand, 24 percent of women were overweight with a body mass index that ranged between 25.0 - 29.9 and 12 percent are obese with body mass index of 30 and beyond.

Nomadic women are more likely to be shorter than the recommended height (145 cm) and to be thin. Three percent have a height below 145 cm and 15 percent have a BMI of less than 17.

The urban settings recorded larger proportions of overweight and obese women at 30 and 16 percent respectively.

Women in Marodijeh had the least proportion of women classified as thin at 8 percent and the highest proportion of those overweight (38 percent) and obese (14 percent). Women in Sanaag are most likely to be thin at 24 percent compared to women from other regions of Somaliland.

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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, SLHDS 2020

Background characteristics	Height-for-age ¹			Weight-for-Height			Weight-for-age			Mean Z-score (SD)	Number of children		
	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)				
Age in months													
0-5	(6.2)	(12.7)	2.6	6.5	17.6	13.2	1.1	91	5.7	9.4	44.0	1.8	158
6-8	*	*	5.1	(8.7)	(15.0)	(15.0)	1.4	48	8.4	14.4	54.8	3.5	112
9-11	*	*	3.5	*	*	*	0.4	32	(5.4)	(12.0)	(34.4)	2.3	65
12-17	10.2	22.3	0.6	(6.3)	(12.2)	(3.7)	0.4	60	5.8	13.1	8.6	0.3	82
18-23	(8.0)	(17.3)	0.5	(7.4)	(11.3)	(4.9)	0.5	44	(6.1)	(14.4)	(6.9)	0.1	58
24-35	12.0	23.4	0.7	6.1	11.8	5.4	0.8	136	7.1	18.1	10.0	0.3	221
36-47	8.2	20.1	1.5	7.0	13.3	4.9	0.5	151	4.6	10.6	23.9	1.1	286
48-59	12.3	22.7	1.7	6.4	12.1	4.4	0.3	127	6.4	13.4	22.6	1.0	277
Sex													
Male	10.4	20.4	1.6	7.1	13.4	5.5	0.5	349	5.7	12.9	21.0	1.0	624
Female	10.0	20.9	1.5	6.4	12.6	6.4	0.7	339	6.4	14.2	21.3	1.0	634
Size at birth³													
Very small	*	*	1.9	*	*	*	0.3	20	(5.8)	(16.3)	(25.1)	0.8	40
Small	*	*	1.8	*	*	*	0.7	11	(3.0)	(8.34)	(26.7)	1.1	33
Average or larger	10.2	21.2	1.5	7.4	13.2	6.2	0.7	454	6.7	13.5	21.1	1.0	809
Mother's nutritional status⁴													
Thin (BMI < 18.5)	(9.0)	(17.0)	1.4	*	*	*	0.4	41	6.1	16.3	20.5	0.7	81
Normal (BMI 18.5-24.9)	8.9	18.4	1.7	7.3	12.7	6.4	0.7	132	6.1	12.4	23.4	1.3	248
Overweight/obese (BMI >= 25)	8.4	18.9	1.8	6.3	13.1	6.4	0.6	106	5.8	12.3	26.5	1.2	212
Type of residence													
Urban	10.9	21.2	1.4	6.4	12.4	5.5	0.7	229	6.1	10.5	20.3	1.0	393
Rural	13.2	26.7	1.3	6.2	9.7	4.8	0.7	141	7.9	18.7	16.1	0.6	338

Table 7.1 Continued

Background characteristics	Height-for-age ¹					Weight-for-Height					Weight-for-age				
	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Percentage below +2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Percentage below +2 SD	Mean Z-score (SD)	Number of children	
Nomadic	7.4	15.8	1.8	218	7.5	15.9	7.2	0.6	319	4.6	12.7	25.6	1.2	528	
Region of residence															
Awdal	(6.1)	(15.6)	1.3	41	(5.5)	(11.3)	(7.6)	0.6	49	4.1	11.8	25.3	1.1	97	
Maroodjjeex	6.9	20.2	1.0	151	8.4	15.0	2.9	0.4	133	1.4	4.1	16.8	0.7	156	
Sahil	10.9	21.5	1.3	36	*	*	*	0.4	21	3.4	8.7	20.2	0.7	48	
Togdheer	6.5	13.7	2.2	99	5.7	10.6	8.3	0.9	136	4.6	9.7	31.6	1.6	297	
Sool	13.2	25.2	1.6	196	7.0	13.1	7.7	0.8	162	9.5	20.6	18.8	0.9	308	
Sanaag	14.2	23.7	1.4	227	6.9	14.6	4.9	0.5	187	8.9	19.2	17.7	0.7	354	
Mother's education⁵															
No education	10.4	21.1	1.6	389	7.1	13.2	5.5	0.6	345	6.0	13.5	21.8	0.9	650	
Primary	10.4	20.6	1.6	197	6.7	13.3	6.6	0.7	190	5.7	12.8	20.5	1.0	319	
Secondary	(8.7)	(18.5)	1.7	44	(7.5)	(13.0)	(5.3)	0.6	46	6.9	13.0	25.1	1.0	85	
Higher education	*	*	1.7	8	*	*	*	0.7	23	*	*	*	0.7	19	
Wealth quintile															
Lowest	9.2	18.8	1.6	318	7.0	14.4	6.3	0.6	350	4.9	13.6	23.3	1.1	626	
Second	(12.2)	(23.2)	1.9	73	(5.1)	(8.9)	(6.1)	0.7	48	11.0	19.1	21.9	0.9	130	
Middle	13.9	26.3	0.9	113	7.6	13.5	5.6	0.7	82	8.2	15.2	15.2	0.7	130	
Fourth	10.9	21.2	1.4	136	6.8	10.0	6.4	0.9	105	6.6	14.3	18.1	0.7	208	
Highest	8.4	20.0	1.6	109	6.5	14.3	4.6	0.5	103	4.5	7.9	22.4	1.2	165	
Total	10.2	20.7	1.5	750	6.8	13.0	5.9	0.6	688	6.0	13.5	21.2	1.0	1,259	

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

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

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

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

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

³ Excludes children whose mothers were not interviewed

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

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

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

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

Table 7.2 Initial breastfeeding

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

Background characteristics	Among lastborn children born in the past two years:			Among lastborn children born in the past two years:		
	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Number of lastborn children	Percentage who received a pre-lacteal feed ²	Number of last-born children ever breastfed
Sex						
Male	94.2	69.8	88.3	878	31.1	826
Female	93.1	67.8	84.8	717	33.7	668
Assistance at delivery						
Health personnel ³	95.0	74.5	87.1	746	32.1	709
Traditional birth attendant	92.3	64.6	86.1	672	31.3	620
Relative/friend	96.0	64.2	88.3	146	35.5	140
Other	*	*	*	7	*	7
No one	(74.4)	(37.2)	(69.8)	27	*	21
Place of delivery						
Health facility	94.8	72.8	86.2	656	32.5	622
At home	92.9	66.1	86.7	939	32.0	872
Other	*	*	*	3	*	3
Type of residence						
Urban	96.3	74.1	88.7	737	29.3	710
Rural	94.5	70.6	84.3	433	31.5	409
Nomadic	88.4	57.8	85.0	428	38.4	379
Region						
Awdal	96.3	66.1	80.4	137	27.5	132
Marodijeh	94.4	65.3	78.7	395	31.1	373
Sahil	94.5	71.3	91.9	89	28.4	84
Togdheer	97.4	75.6	93.8	435	30.1	424
Sool	91.3	65.6	87.4	235	42.1	214
Sanaag	87.9	66.5	86.8	308	32.8	271
Mother's education						
No education	93.3	67.9	86.1	1,201	31.9	1,121
Primary	96.9	72.8	91.9	287	33.7	278
Secondary	92.5	66.9	76.9	76	25.1	70
Higher	(88.9)	(70.4)	(81.5)	34	*	28
Wealth quintile						
Lowest	92.0	61.2	86.4	427	36.5	393
Second	89.7	67.4	82.8	221	31.8	198
Middle	94.9	67.6	86.9	172	32.7	163
Fourth	96.7	79.6	94.6	318	22.0	308
Highest	94.6	69.4	82.8	461	35.7	435
Total	93.7	68.9	86.6	1,595	32.3	1,494

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

¹ Includes children who started breastfeeding within one hour of birth

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

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

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

Figures in parentheses are based on 25-49 unweighted cases

Table 7.3 Breastfeeding status by age

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

Age in months	Breastfeeding status:										Total	Currently breastfeeding	Number of youngest children under two years living with the mother	Percentage using a bottle with a nipple	Number of all children under two years
	Not breastfeeding	Exclusively breastfeeding	Breastfeeding and consuming plain water only	Breastfeeding and consuming non-milk liquids ¹	Breastfeeding and consuming other milk	Breastfeeding and consuming complementary foods									
0-1	9.6	40.6	15.6	14.5	4.3	15.5	100.0	90.4	149	22.3	149				
2-3	17.4	30.2	14.6	17.2	4.7	15.8	100.0	82.6	182	33.0	182				
4-5	19.7	18.9	11.6	20.7	9.8	19.4	100.0	80.3	143	46.1	143				
6-8	22.9	17.7	12.8	11.2	4.7	30.7	100.0	77.1	202	44.2	202				
9-11	32.7	8.8	8.7	5.1	3.0	41.8	100.0	67.3	181	54.5	181				
12-17	51.8	5.4	2.1	3.5	2.9	34.3	100.0	48.2	419	50.5	419				
18-23	76.6	0.0	1.3	3.0	1.7	17.4	100.0	28.3	262	51.4	262				
0-3	13.9	34.9	15.1	16.0	4.5	15.7	100.0	86.1	331	28.2	331				
0-5	15.6	30.1	14.0	17.4	6.1	16.8	100.0	84.4	474	33.6	474				
6-9	22.7	15.5	12.7	10.9	4.0	34.3	100.0	77.3	270	46.7	270				
12-15	50.1	6.3	1.6	3.5	3.5	35.0	100.0	49.9	325	52.8	325				
12-23	61.3	3.3	1.8	3.3	2.4	27.8	100.0	40.6	681	50.8	681				
20-23	75.0	0.0	1.8	1.6	2.9	18.7	100.0	30.1	127	48.4	127				

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

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

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



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

Age in months	Percentage of youngest children under two years of age who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, SLHDS 2020										Number of children			
	Liquids					Solid or semi solid foods								
	Infant formula	Other milk ¹	Other liquids ²	Fortified baby food	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish and poultry		Eggs	Cheese, yogurt, other milk product	Any solid or semisolid food
BREASTFEEDING CHILDREN														
0-1	4.1	6.0	30.2	0.8	8.9	12.8	3.7	7.8	3.7	5.7	4.3	2.5	17.9	129
2-3	7.5	17.4	35.5	1.0	4.5	11.6	2.8	6.9	5.5	11.1	5.8	5.9	20.7	140
4-5	7.0	11.4	47.9	1.6	6.3	13.4	5.6	6.5	1.5	7.8	1.3	4.8	24.8	110
6-8	5.0	13.4	40.7	5.6	16.4	19.7	8.7	10.2	5.0	6.9	4.2	9.4	41.4	147
9-11	10.7	28.7	54.2	6.5	22.0	37.4	12.4	14.3	8.2	16.1	13.6	10.6	60.3	120
12-17	9.0	28.3	71.3	9.3	34.3	41.4	18.3	13.0	9.6	21.5	14.4	17.4	70.8	190
18-23	5.9	26.1	59.6	7.4	36.2	38.0	16.4	19.0	15.3	29.6	9.6	21.7	65.1	74
6-23	7.8	24.0	57.4	7.4	26.9	34.0	14.0	13.3	8.8	17.3	10.7	14.3	59.5	530
Total	7.1	18.9	49.0	4.8	18.4	25.1	9.8	10.7	6.7	13.6	7.9	10.2	43.4	909
NONBREASTFEEDING CHILDREN														
0-1	*	*	*	*	*	*	*	*	*	*	*	*	*	13
2-3	(0.0)	(21.9)	(40.6)	(6.3)	(18.8)	(28.1)	(6.3)	(6.3)	(0.0)	(15.6)	(12.5)	(9.4)	(50.0)	32
4-5	(7.0)	(17.2)	(31.0)	(3.5)	(7.0)	(21.0)	(7.0)	(3.5)	(0.0)	(3.5)	(10.3)	(7.0)	(31.0)	28
6-8	6.9	16.1	35.2	5.4	11.5	13.6	3.8	1.6	2.6	8.0	10.7	10.4	36.7	48
9-11	10.8	49.0	62.6	6.6	30.1	48.1	22.5	16.7	4.2	31.0	27.0	25.0	75.2	61
12-17	9.2	27.5	58.5	4.7	30.2	35.8	15.4	14.4	4.8	23.0	14.7	16.7	61.7	241
18-23	5.2	31.4	58.8	5.3	22.0	47.3	19.7	13.0	5.5	28.1	13.7	12.5	70.2	234
6-23	7.6	30.4	57.1	5.2	25.4	39.9	16.9	13.0	4.8	24.7	15.3	15.3	64.5	584
Total	7.0	28.9	55.0	5.3	24.2	39.6	17.7	13.1	4.3	24.1	15.8	14.7	62.4	657

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

¹Other milk includes fresh, tinned and powdered animal milk

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

³ Includes fortified baby food

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

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

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

Table 7.5 Infant and young child feeding (IYCF) practices

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

Background characteristics	Among breastfed children 6-23 months, percentage fed:				Among non-breastfed children 6-23 months, percentage fed:				Among all children 6-23 months, percentage fed:					
	4+ food groups ¹	Minimum meal frequency ²	Both 4+ food groups and minimum meal frequency	Number of breastfed children 6-23 months	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Number of non-breastfed children 6-23 months	Breast milk, milk or milk products ⁶	4+ food groups ¹	Minimum meal frequency ⁷	With 3 IYCF practices	Number of children 6-23 months
Age														
6-8	6.4	38.0	0.6	147	48.4	6.6	46.2	2.9	48	87.2	6.5	40.0	1.2	195
9-11	17.7	14.8	3.6	120	59.7	31.2	60.6	19.2	61	86.4	22.3	30.3	8.9	181
12-17	17.0	21.2	4.4	190	56.6	15.3	61.2	9.6	241	75.8	16.0	43.6	7.3	431
18-23	23.9	19.9	5.2	74	68.9	18.7	69.3	14.2	234	76.4	20.0	57.4	12.0	308
Sex														
Male	16.0	22.8	3.4	310	64.0	22.1	65.2	15.4	337	84.9	15.7	33.4	6.9	618
Female	14.1	26.2	3.1	221	58.0	12.7	60.9	7.9	320	82.4	12.2	35.8	5.5	497
Type of residence														
Urban	25.3	20.9	4.9	231	84.9	29.7	85.4	21.9	299	93.9	23.5	42.7	11.0	497
Rural	11.1	21.6	2.1	153	63.7	12.6	67.0	6.1	178	85.5	10.3	35.9	3.5	314
Nomadic	3.4	32.2	2.0	146	18.7	2.4	21.8	0.9	180	64.9	2.1	19.4	1.0	303
Region														
Awdal	12.9	16.8	0.0	45	84.9	35.2	84.2	24.5	59	93.5	19.9	41.7	8.9	92
Marodijeh	34.9	9.5	0.4	112	96.4	38.7	96.1	32.0	163	98.2	31.7	44.7	14.4	245
Sahil	18.4	22.3	1.0	37	74.7	23.1	71.9	15.2	32	89.9	18.0	37.0	6.0	67
Togdheer	5.9	20.7	0.4	152	78.0	8.4	80.0	4.5	167	91.2	5.9	38.3	1.8	314
Sool	4.3	37.7	4.3	84	14.1	6.6	22.5	1.1	105	62.1	4.2	23.0	2.0	180
Sanaag	16.2	38.8	12.4	100	23.3	6.9	24.9	2.1	131	66.4	8.0	21.9	4.8	216
Mother's education														
No education	12.3	24.7	2.5	389	56.8	13.3	58.8	8.6	500	81.4	11.3	33.0	5.0	831
Primary	18.4	24.0	6.3	115	71.6	24.5	73.9	13.1	101	90.0	17.6	35.3	7.2	211
Secondary	*	*	*	21	(66.7)	(33.3)	(74.1)	(22.2)	43	91.9	36.6	49.5	15.2	53
Higher	*	*	*	6	*	*	*	*	13	*	*	*	*	18
Wealth quintile														
Lowest	3.9	29.6	1.5	155	28.5	4.9	33.4	2.7	155	72.9	3.2	22.5	1.6	295
Second	6.2	19.7	0.7	64	46.0	5.0	48.0	0.0	105	73.9	5.5	28.7	0.8	156
Middle	8.0	29.0	4.0	53	67.6	16.8	67.3	14.6	80	85.4	10.7	43.8	7.7	124
Fourth	16.0	31.5	6.2	87	72.3	17.2	72.8	11.2	125	88.1	14.3	37.6	6.0	204
Highest	30.5	15.8	4.1	172	86.9	36.2	88.4	25.7	192	94.8	29.1	42.9	12.8	335
Total	15.2	24.2	3.3	530	61.2	17.6	63.1	11.9	657	83.7	14.1	34.5	6.3	1,114

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

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

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

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

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

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

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

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

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

Table 7.6 Micronutrient intake among children

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

Background characteristics	Among youngest children aged 6-23 months living with the mother:			Among all children aged 6-59 months:			
	Percentage who consumed foods rich in vitamin A in past 24 hours ¹	Percentage who consumed foods rich in iron in past 24 hours ²	Number of children age	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months ³	Percentage given vitamin A supplementation in past 6 months	Number of children
Age in months							
6-8	20.5	10.9	204	0.8	0.2	11.3	204
9-11	44.6	24.8	185	6.6	8.1	17.0	185
12-17	43.9	26.6	456	2.6	7.3	13.7	456
18-23	51.2	30.3	328	7.0	6.9	18.5	328
24-35	n/a	n/a	n/a	3.5	6.5	14.0	809
36-47	n/a	n/a	n/a	4.5	7.1	11.3	810
48-59	n/a	n/a	n/a	3.7	4.5	11.0	758
Sex							
Male	43.8	26.0	655	3.7	5.8	12.6	1,864
Female	39.7	22.8	520	4.3	6.3	13.7	1,688
Breastfeeding status							
Breastfeeding	38.6	21.4	559	5.1	5.5	16.1	645
Not breastfeeding	45.0	27.5	615	3.7	6.2	12.5	2,906
Mother's age							
15-19	16.8	5.4	72	1.8	1.3	11.9	123
20-29	39.4	24.6	563	4.2	6.4	12.2	1,635
30-39	46.5	25.6	463	3.8	5.5	13.8	1,497
40-49	57.4	37.2	75	4.6	9.0	15.7	296
Type of residence							
Urban	58.7	37.8	534	5.1	9.5	19.9	1,535
Rural	44.4	18.3	326	5.6	6.3	14.7	1,000
Nomadic	11.0	8.8	314	0.7	0.6	1.5	1,016
Region							
Awdal	57.0	36.1	93	4.9	5.1	14.8	284
Marodijeh	67.7	42.1	258	2.7	9.2	14.6	862
Sahil	51.8	28.1	70	7.8	11.6	25.5	190
Togdheer	43.6	20.9	335	4.6	6.3	17.7	890
Sool	16.0	11.0	186	2.8	2.6	4.7	587
Sanaag	22.7	15.8	232	4.5	3.8	8.9	738

Table 7.6 Continued

Background characteristics	Among youngest children aged 6-23 months living with the mother:			Among all children aged 6-59 months:			
	Percentage who consumed foods rich in vitamin A in past 24 hours ¹	Percentage who consumed foods rich in iron in past 24 hours ²	Number of children age	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months ³	Percentage given vitamin A supplementation in past 6 months	Number of children
Education							
No education	38.7	19.9	883	3.3	5.3	11.1	2,792
Primary	46.0	33.6	218	7.0	8.9	19.5	567
Secondary	66.5	55.2	54	2.1	6.6	24.0	134
Higher	*	*	19	11.9	13.0	23.9	59
Wealth quintile							
Lowest	18.4	9.7	303	1.0	1.2	3.5	983
Second	31.5	15.6	169	2.7	3.2	7.5	530
Middle	42.8	20.0	134	4.4	7.4	13.4	404
Fourth	44.9	27.8	220	5.4	6.7	16.6	667
Highest	65.4	41.8	347	6.6	11.5	23.6	967
Total	42.0	24.6	1,174	4.0	6.1	13.1	3,551

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

n/a = Not applicable

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

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

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

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



Table 7.7 Micronutrient intake among mothers

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

Background characteristics	Number of days women took iron tablets or syrup during pregnancy of last birth					Percentage of women who took deworming medication during pregnancy of last birth	Number of women
	None	<60	60-89	90+	Total		
Age							
15-19	60.2	36.1	1.2	2.5	100.0	0.0	78
20-29	59.4	34.3	1.1	5.2	100.0	1.1	277
30-39	63.8	30.8	1.7	3.8	100.0	1.6	262
40-49	71.3	24.2	2.9	1.6	100.0	0.5	98
Type of residence							
Urban	47.2	44.7	2.3	5.9	100.0	1.9	378
Rural	69.7	25.7	1.5	3.1	100.0	0.2	170
Nomadic	90.6	9.1		0.3	100.0	0.3	168
Region							
Awdal	65.1	31.9	0	3.0	100.0	1.6	79
Marodijeh	50.6	44.1	0.7	4.6	100.0	0	205
Sahil	58.7	40.1	0.6	0.6	100.0	3.6	48
Togdheer	57.1	34.7	2.5	5.7	100.0	2.5	192
Sool	84.1	13.9	0.7	1.4	100.0	0	80
Sanaag	79.4	13.4	3.8	3.4	100.0	0	112
Education							
No education	69.2	26.4	1.6	2.8	100.0	0.7	538
Primary	54.2	38.0	2.5	5.3	100.0	1.3	98
Secondary	(45.5)	(48.5)	(0.0)	(6.1)	100.0	(3.0)	48
Higher	*	*	*	*	*	*	31
Wealth quintile							
Lowest	88.6	0.0	0.0	0.3	100.0	0.3	166
Second	79.5	16.2	0.8	3.5	100.0	0.3	84
Middle	71.7	24.2	0.8	3.3	100.0	0.6	86
Fourth	54.1	39.6	1.8	4.5	100.0	1.7	143
Highest	40.4	50.0	3.1	6.4	100.0	1.8	235
Total	62.7	31.8	1.6	3.9	100.0	1.1	715

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

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

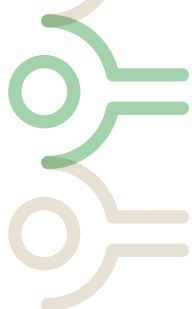


Table 7.8 Nutritional status of women

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

Background characteristics	Body Mass Index ¹										
	Height	Normal		Thin		Overweight/Obese					
	Percentage below 145 cm	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 overweight or obese)	30.0+ (obese)	Number of women		
Age											
15-19	4.7	870	22.4	50.6	25.7	15.5	10.2	23.6	16.4	7.2	792
20-29	2.0	1,435	24.3	47.7	14.7	9.9	4.8	37.2	25.4	11.8	1,271
30-39	1.5	929	24.6	43.9	13.3	8.7	4.6	42.9	26.8	16.1	786
40-49	1.4	525	24.8	47.1	10.3	5.0	5.3	42.5	28.4	14.1	464
Type of residence											
Urban	2.4	2,033	25.2	43.7	10.7	7.1	3.6	45.3	29.6	15.7	1,894
Rural	2.2	925	23.7	51.7	15.0	10.0	5.1	33.2	21.9	11.3	761
Nomadic	2.8	801	21.0	53.0	34.2	19.6	14.6	12.8	10.3	2.4	658
Region of residence											
Awdal	3.1	423	23.3	46.6	19.5	12.4	7.1	33.9	23.8	10.1	379
Maroodjjeex	2.3	988	25.7	39.3	7.9	5.1	2.8	52.2	38.2	14.1	923
Sahil	2.5	204	24.4	47.6	16.0	9.6	6.5	36.2	22.6	13.6	182
Togdheer	1.4	1,106	23.9	49.2	18.2	11.6	6.6	32.6	18.4	14.2	970
Sool	2.1	466	23.1	53.0	20.4	13.2	7.2	26.6	16.9	9.7	379
Sanaag	4.4	571	22.2	55.5	23.5	13.8	9.7	20.9	14.3	6.6	480
Education											
No education	1.9	2,565	23.7	48.4	17.9	11.3	6.5	33.4	22.9	10.5	2,255
Primary	5.1	702	24.6	47.8	11.9	7.5	4.3	40.4	27.0	13.4	584
Secondary	1.7	337	24.9	41.3	16.7	11.1	5.6	41.9	22.6	19.2	326
Higher education		156	24.8	43.6	11.0	3.1	7.9	45.5	31.3	14.2	147
Wealth quintile											
Lowest	2.4	1,112	21.4	56.7	28.8	17.0	11.8	14.5	11.2	3.3	925
Second	1.3	348	24.2	44.9	14.5	11.1	3.4	40.6	26.6	14.1	300
Middle	3.2	475	24.4	44.4	13.4	8.2	5.2	42.1	30.0	12.1	410
Fourth	3.8	713	24.8	46.4	14.4	10.0	4.4	39.2	21.8	17.4	647
Highest	1.6	1,110	25.6	41.6	8.2	5.0	3.2	49.6	33.7	15.9	1,032
Total	2.4	3,759	24.0	47.4	16.4	10.3	6.1	36.0	24.0	12.0	3,313

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,
Attitudes and
Behavior**



8 HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOR

Key Findings

- **77%** of women have heard of HIV/AIDS
- **9%** of women aged **15-49** had comprehensive knowledge about AIDS.
- **49%** of women aged **15-49** have discriminatory attitudes towards people living with HIV.
- **53%** percent of women aged **15-49** know that a healthy-looking person can carry the HIV virus.
- **57%** percent of women aged **15-49** do not think that children living with HIV should be able to attend school with children who are HIV negative
- **64%** percent of women aged **15-49** reported they would not buy fresh vegetables from a shopkeeper who has HIV.
- **4%** of ever-married women aged **15-49** reported that they had sexual transmitted infections in the 12 months preceding the survey.

This chapter provides key HIV/AIDS related findings from the 2020 SLHDS, focusing on the women aged between 15-49 years.

The data in this chapter is designed to be nationally representative, and investigates the extent of the respondents' knowledge about. This notably knowledge about HIV prevention methods, discrimination of HIV-positive people, use of modern contraceptive methods, self-reporting of Sexually Transmitted Infections (STI's), as well as awareness and prevention of mother-to-child transmission.



8.1 HIV/AIDS knowledge, transmission, and prevention methods

Table 8.1 show that 80 percent of all women have heard of HIV/AIDS. Eighty-three percent aged between 20-24 and 40-49 have heard of HIV/AIDS, while women aged 15-19 were slightly less aware compared to other age groups.

Regionally, awareness of HIV/AIDS was highest in the regions of Marodijeh and Sahil, at 93 and 85 percent respectively, while 77, 75, 72 and 61 percent in Togdheer, Awdal, Sanaag and Sool respectively were aware of HIV/AIDS.

In terms of places of residence, 89 percent of women in urban settlements are more aware of HIV/AIDS in comparison to 78 percent of rural and 54 percent of nomadic women. The educational background and wealth quintile indicate that the higher the education and wealth of women, the more likely it is that they will have some knowledge of HIV/AIDS.

Ninety-eight percent of women with higher

education know about HIV/AIDS compared to 75 percent with no education and 87 percent with primary education. Women's knowledge of HIV/AIDS increases with wealth, from 60 to 91 percent between women in the lowest wealth quintile and those in the highest wealth quintile.

8.2 Knowledge of HIV prevention methods

HIV/AIDS prevention programs focus on two important aspects of sexual behavior: These are: 1) Limiting the number of sexual partners and 2) the use of condoms. To determine whether programmes have effectively communicated these messages, SLHDS 2020 asked respondents specific questions regarding the two HIV/AIDS prevention methods mentioned above.

Table 8.2 present the knowledge of HIV/AIDS prevention methods among women aged 15-49, by background characteristics. Overall, 36 percent of women knew that risk of getting HIV/AIDS may be reduced by using condoms, while 57 percent of women know that the risk of HIV of contraction could be reduced by limiting the number of sexual partners. Additionally, 32 percent were aware of both the HIV/AIDS prevention methods.

The result indicates that 42 percent of women aged between 20-24 were most aware that condoms reduce the risk of contracting HIV/AIDS. Women residing in urban areas are more likely to know more about the means of prevention, with 66 percent being aware of limiting sexual intercourse to one partner compared to 53 percent of women in rural and 27 percent of women in nomadic setting.

Women in Marodijeh know more about HIV/AIDS in comparison to those living in Sool. Seventy-three percent of women in Marodijeh are aware of the benefits of limiting sexual intercourse with their husbands as compared to 35 percent of women in Sool.

Women's level of education is linked to their knowledge about of HIV and HIV prevention methods. The table shows that knowledge rises from 26 percent among women with no education to 58 percent for women with higher education.

The data also shows that women in the higher wealth quintiles were more likely than those in the lower quintiles to be aware of ways to prevent transmission of the HIV/AIDS virus.

8.3 Misconceptions about HIV/AIDS

As part of the effort to assess HIV/AIDS knowledge, the SLHDS 2020 also obtained information about several common misconceptions about HIV/AIDS transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have HIV, and whether HIV could be transmitted through mosquito bites, by supernatural means, or by sharing food with a person who has HIV/AIDS.

Table 8.3 shows the percentage of women who dismiss these misconceptions about HIV/AIDS. Overall, 54 percent of women know that a healthy-looking person can have virus. While, 36 percent of women know that it cannot be transmitted through mosquito bites, 48 percent know that people cannot be infected by sharing food with a person who has it and 53 percent know that it cannot be transmitted by supernatural means.

Table 8.3 also includes a composite measure of HIV/AIDS knowledge. It indicates that only 18 percent of women aged 15-49 reject the two most common local misconceptions (that HIV can be transmitted by supernatural means and mosquito bites) about HIV/AIDS and are aware that a healthy-looking person can have HIV/AIDS. Women residing in urban areas, women with secondary or higher education and women in the highest wealth quintile are much more likely than their counterparts



to reject misconceptions and to know that a healthy-looking person can have HIV/AIDS.

8.4 Knowledge of mother-to-child transmission

If women are made aware that HIV/AIDS can be transmitted from mother to child during pregnancy, delivery, and breastfeeding it could somewhat reduce mother-to-child transmission (MTCT) of HIV. To obtain information on women's knowledge about this, respondents were asked whether the virus that causes AIDS could be transmitted from a mother to a child during pregnancy, delivery, or breastfeeding, and whether a mother who is infected with the virus can reduce the risk of transmission by taking certain drugs during pregnancy.

pregnancy, 60 percent knew that it can be transmitted during delivery, and 64 percent knew that it could be transmitted through breastfeeding. In addition, 40 percent of women knew that the risk of mother-to-child transmission could be reduced if the mother takes anti-retroviral. MTCT knowledge for all the means of transmission slightly increased with the age of the respondent, going from 41 percent for women in the youngest age group, 15-19, to a maximum of 53 percent for women aged 40-49.

Women residing in urban settings had higher level of knowledge about mother-to-child transmission, with 51 percent being aware of all three means of MTCT, compared with 47 and 31 percent respectively among their rural and nomadic counterparts.

8.5 Attitudes toward people living with HIV/AIDS

In the SLHDS 2020, both ever-married and never-married women who had ever heard of AIDS were asked questions about to assess the level stigma and discrimination that they held towards people infected with HIV/AIDS. Respondents were asked if they thought that children living with HIV should be allowed to attend school with children who are HIV negative. They were also asked about their willingness to take care of a family member with HIV/AIDS in their own household, to buy vegetables from an infected shopkeeper or vendor, and to let others know the HIV status of family members.

Table 8.5 and Figure 8.2 present the respondent's answers to these questions by background characteristics. In general, the respondents expressed more accepting attitudes towards HIV-infected relatives than towards non-kin such as HIV-infected teachers and shopkeepers. Fifty-seven percent of women agree that a child living with HIV

Figure 8.1 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, SLHDS 2020

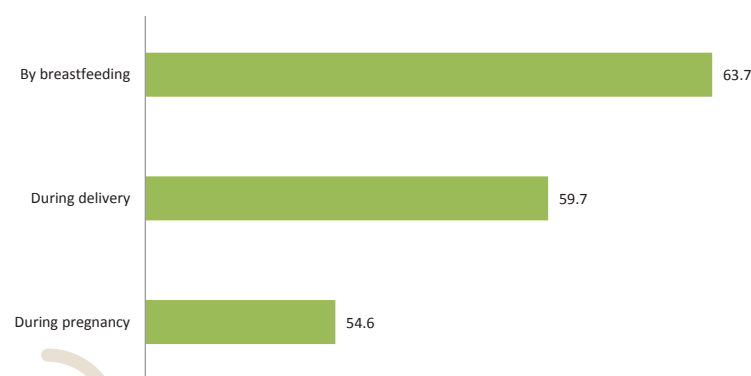


Table 8.4 and figure 8.1 summarizes the knowledge of MTCT among women aged 15-49 by background characteristics. About 55 percent of women knew that HIV could be transmitted from mother-to-child during

should be allowed to continue studying in a class with HIV negative children while 64 percent of women indicated that they would not buy vegetables from a shopkeeper with HIV. Around 49 percent of women have discriminatory attitudes towards people living with HIV/AIDS.

The proportion of women are more accepting of people living with HIV increases somewhat with increasing education and wealth, but the differences are not large. Also, married women hold discriminatory attitudes at slightly higher rates at 52 percent, compared to never married at 47 percent and divorced/widowed at 40 percent. In general, urban residents are less likely to hold discriminatory attitudes towards people living with HIV/AIDS than their counterparts in rural and nomadic settings, with 46 percent, 54 percent and 59 percent respectively of respondents holding at least one discriminatory attitude.

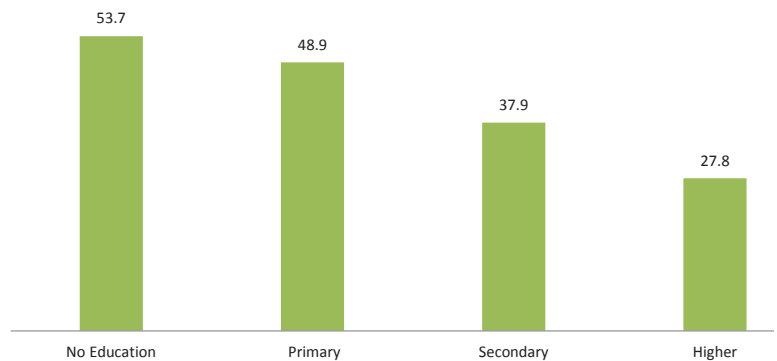
8.6 Self-reporting of sexually transmitted infections

In the SLHDS 2020, ever-married women aged 15-49 were asked whether they developed sexually transmitted infection (STI) or symptoms of a (STI) (a bad-smelling/abnormal discharge from the vagina or a genital sore or ulcer) in the 12 months preceding the survey.

Table 8.6 shows the self-reported prevalence of STIs and STI symptoms/ Only 4 percent of ever-married women reported that they had an STI in the 12 months preceding the survey; 7 percent had a bad-smelling/abnormal discharge, and 5 percent had a genital sore or ulcer. Ten percent of women reported having either an STI or STI symptoms. The prevalence of self-reported STIs for currently married women living together with their husband and divorced/separated/widowed women were 4 and 3 percent respectively, but STI symptoms

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

Percentage of women age 15-49 who have heard of HIV or AIDS, with discriminatory attitudes towards people living with HIV, according to level of education, SLHDS 2020



were more frequent among currently married women with 7 percent reporting a bad-smelling/abnormal discharge versus 4 percent among divorced/separated/widowed women.

Prevalence of STIs and STI symptoms was only slightly different by age group, with the middle age group (25-29) having the lowest rate of either STI or STI symptoms at 8 percent, and 11 percent for women in their 30's and 40's. Education did not appear to be correlated with prevalence of STI or STI symptoms, with women having received only primary education and those having received higher education presenting higher prevalence than women having received secondary education or no education.

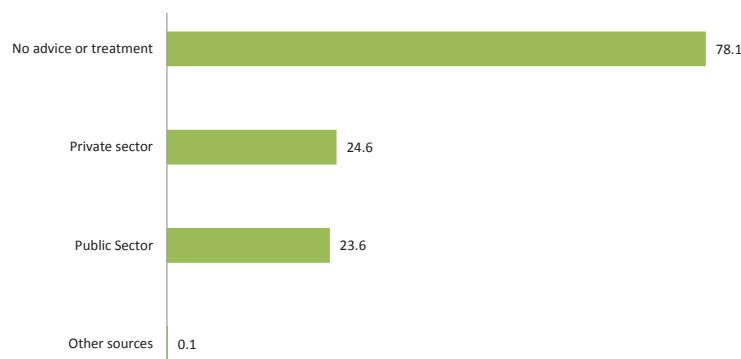
STI or STI symptoms was notably higher for women in urban settings compared with women in rural and nomadic settings, with prevalence rates of 11, 10, and 7 percent respectively.

As shown in Figure 8.4, around 24 percent of ever-married women who had an STI or STI symptoms sought advice or treatment from public sector healthcare providers, including governmental hospitals, referrals health centers and MCH/HC (13 percent, 1 percent and 10 percent respectively).



Figure 8.3 Women seeking treatment for STI

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



Meanwhile, 25 percent of women suffering from STI or STI symptom sought advice or treatment in the private sector; including private hospitals, clinics and doctors, pharmacies and other private medical providers or other sources (21, 4 and less than one percent respectively).

The percentage of women seeking treatment for STIs or STI symptoms was higher in the private sector compared to the public sector.. Seventy-eight percent did not get any advice or treatment, which is likely a combination of limited access to healthcare and stigma attached to STIs.

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Table 8.1 Knowledge of HIV/AIDS

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

Background characteristics	Percentage of women who had ever heard about HIV/AIDS	Number of women
Age		
15-19	72.7	1,697
20-24	82.7	1,152
25-29	83.7	1,064
30-39	83.4	1,594
40-49	83.3	778
Type of residence		
Urban	88.8	3,893
Rural	77.6	1,298
Nomadic	53.9	1,094
Region		
Awdal	75.2	547
Marodijeh	93.3	2,153
Sahil	84.6	305
Togdheer	77.1	1,783
Sool	60.5	639
Sanaag	71.6	858
Education		
No education	74.5	4,124
Primary	87.0	1,104
Secondary	95.8	762
Higher	98.1	295
Wealth quintile		
Lowest	59.9	1,077
Second	67.1	641
Middle	78.6	665
Fourth	83.0	1,239
Highest	91.2	2,663
Total 15-49	80.4	6,285



Table 8.2 Knowledge of HIV prevention methods

Percentage of women age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, and by having one sex partner who is not infected and has no other partners, by background characteristics, SLHDS 2020

Background characteristics	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Number of women
Age				
15-19	32.4	48.6	28.6	1,697
20-24	41.6	61.0	36.5	1,152
25-29	33.8	58.9	30.1	1,064
30-39	36.9	60.5	33.1	1,594
40-49	35.5	57.4	30.8	778
Type of residence				
Urban	43.1	66.4	39.0	3,893
Rural	29.8	52.5	26.1	1,298
Nomadic	17.2	27.2	12.3	1,094
Region				
Awdal	33.6	55.0	29.6	547
Marodijeh	44.4	72.8	40.7	2,153
Sahil	30.5	52.1	25.8	305
Togdheer	36.0	53.1	31.8	1,783
Sool	22.1	35.2	18.5	639
Sanaag	27.6	42.7	22.4	858
Education				
No education	30.1	49.5	26.0	4,124
Primary	40.9	60.5	36.1	1,104
Secondary	49.9	78.4	45.9	762
Higher	60.5	88.2	58.3	295
Wealth quintile				
Lowest	18.0	34.0	14.1	1,077
Second	22.9	39.3	17.9	641
Middle	35.7	51.4	30.7	665
Fourth	36.0	54.7	30.0	1,239
Highest	46.1	72.3	43.2	2,663
Total 15-49	35.8	56.7	31.7	6,285

na = Not applicable

¹ Using condoms every time they have sexual intercourse

² Partner who has no other partners



Table 8.3 Comprehensive knowledge about HIV/AIDS

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

Background characteristics	Percentage of women who say that:				Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about AIDS ²	Number of respondents
	A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus			
Age							
15-19	47.8	31.7	46.3	36.3	12.6	10.8	1,697
20-24	57.9	38.1	55.0	50.3	19.7	10.3	1,152
25-29	56.4	38.6	57.2	53.7	20.9	9.1	1,064
30-39	55.1	38.8	54.9	50.6	20.7	7.9	1,594
40-49	58.4	34.0	54.0	53.1	19.3	7.5	778
Type of residence							
Urban	63.8	43.3	63.7	58.1	24.4	11.7	3,893
Rural	48.9	29.6	44.9	39.0	12.3	7.9	1,298
Nomadic	26.5	18.1	24.0	19.9	3.1	2.2	1,094
Region							
Awdal	46.6	28.1	50.2	45.1	13.3	9.7	547
Marodijeh	69.5	49.2	69.3	62.6	29.6	11.8	2,153
Sahil	52.9	35.9	59.7	56.7	15.9	8.3	305
Togdheer	51.9	30.5	46.7	40.7	13.3	9.4	1,783
Sool	35.2	21.5	33.6	25.8	7.9	6.3	639
Sanaag	40.4	31.0	38.2	38.4	11.3	5.0	858
Highest educational level							
No education	46.6	29.7	44.9	39.9	12.9	6.8	4,124
Primary	60.8	42.0	60.2	50.1	21.8	10.3	1,104
Secondary	76.5	50.2	71.9	71.2	29.1	19.4	762
Higher	79.8	67.7	87.7	83.2	51.1	14.9	295
Wealth quintile							
Lowest	30.6	20.6	28.3	23.2	4.5	3.5	1,077
Second	38.9	24.0	34.5	29.3	6.9	4.7	641
Middle	53.3	31.9	46.2	41.5	13.4	9.0	665
Fourth	55.6	31.8	55.7	50.1	17.4	7.8	1,239
Highest	67.1	48.3	67.6	62.0	28.0	13.5	2,663
Total	54.3	36.1	52.9	47.5	18.2	9.3	6,285

¹ The two most common local misconceptions are that HIV/AIDS can be spread by mosquitoes and supernatural means.

² Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having an uninfected husband can reduce the chance of getting AIDS, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV.



Table 8.4 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, SLHDS 2020

Background characteristics	Percentage who know that HIV/AIDS can be transmitted from mother to child				Percentage who know that the risk of MTCT can be reduced by mother taking special drugs	Number of respondent
	During pregnancy	During delivery	By breastfeeding	By all three means		
Age						
15-19	48.2	50.7	56.2	40.5	36.8	1,697
20-24	57.7	63.4	69.5	48.9	45.1	1,152
25-29	54.6	59.5	63.2	46.5	38.8	1,064
30-39	57.0	64.3	65.9	48.7	41.8	1,594
40-49	58.9	64.9	67.4	52.6	38.3	778
Type of residence						
Urban	60.5	67.2	71.8	50.7	46.6	3,893
Rural	53.6	57.4	60.3	47.2	38.1	1,298
Nomadic	34.8	35.7	38.7	31.4	19.2	1,094
Region						
Awdal	48.3	48.8	53.1	38.1	34.7	547
Marodijeh	61.6	70.3	77.1	50.5	54.1	2,153
Sahil	52.2	61.1	67.3	43.9	40.1	305
Togdheer	56.9	61.6	63.1	51.8	34.9	1,783
Sool	43.6	43.3	45.8	39.3	25.7	639
Sanaag	45.1	48.1	50.0	38.0	29.9	858
Education						
No education	50.1	54.2	57.7	43.7	34.4	4,124
Primary	61.1	63.9	70.9	48.9	45.0	1,104
Secondary	66.8	76.9	79.5	57.1	52.2	762
Higher	60.9	76.6	79.4	51.1	70.1	295
Total 15-49	54.6	59.7	63.7	46.6	40.1	6,285



Table 8.5 Discriminatory attitudes towards people living with HIV/AIDS

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

Background characteristics	Percentage who do not think that children living with HIV/AIDS should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV/AIDS	Percentage with discriminatory attitudes towards people living with HIV/AIDS ¹	Number of women who have heard of HIV/AIDS
Age				
15-24	57.1	64.7	48.6	2,186
15-19	59.1	65.6	50.2	1,233
20-24	54.6	63.6	46.6	953
25-29	58.2	63.3	49.8	891
30-39	54.9	63.9	48.6	1,329
40-49	57.5	64.5	50.2	648
Marital status				
Never-married	56.2	62.5	46.5	1,868
Married	58.6	66.3	52.1	2,749
Divorced/ widowed	47.4	58.2	40.4	436
Type of residence				
Urban	54.1	61.9	45.9	3,457
Rural	60.3	69.7	53.8	1,007
Nomadic	66.0	68.6	59.3	590
Region				
Awdal	59.4	66.8	51.9	411
Marodijeh	51.1	61.0	43.2	2,009
Sahil	60.2	68.9	50.8	258
Togdheer	62.9	66.5	55.5	1,375
Sool	55.4	61.9	47.5	387
Sanaag	59.1	67.4	51.9	615
Education				
No education	59.9	67.3	53.7	3,074
Primary	56.8	65.9	48.9	960
Secondary	51.6	54.8	37.9	730
Higher	36.7	49.6	27.8	289
Wealth quintile				
Lowest	69.6	74.0	63.3	645
Second	60.9	68.5	54.2	430
Middle	55.2	61.7	49.0	523
Fourth	58.6	66.2	50.4	1,028
Highest	52.2	60.5	43.7	2,427
Total 15-49	56.8	64.2	49.0	5,054

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

Table 8.6 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Among women aged 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, SLHDS 2020

Background characteristics	Percentage of respondents who reported having an STI or related symptoms in the past 12 months:				Number of ever-married women
	STI	Bad-smelling/ abnormal genital discharge	Genital sore or ulcer	STI/genital discharge/sore or ulcer	
Age					
15-19	6.2	4.9	3.4	10.3	250
20-24	4.4	5.6	4.2	9.1	585
25-29	3.3	5.9	2.8	7.8	879
30-39	3.7	7.5	6.5	11.0	1,486
40-49	2.6	6.3	7.1	10.7	751
Marital status					
Married	3.8	6.8	5.5	10.3	3,435
Divorced/ separated/ widowed	2.6	4.0	3.9	7.0	516
Type of residence					
Urban	1.9	7.1	7.2	11.0	2,130
Rural	5.7	7.0	4.3	10.2	956
Nomadic	5.8	4.4	1.7	6.8	864
Region					
Awdal	4.1	9.8	6.1	12.9	354
Marodijeh	0.9	5.5	7.9	10.2	1,264
Sahil	2.7	11.9	9.8	16.6	212
Togdheer	3.5	5.6	3.9	8.6	1,059
Sool	7.9	7.2	3.4	9.5	447
Sanaag	6.7	5.4	1.5	7.8	614
Education					
No education	3.9	6.2	5.0	9.5	3,026
Primary	3.9	7.4	7.7	13.1	594
Secondary	1.8	2.1	1.3	3.3	208
Higher		14.5	5.8	14.5	122
Wealth quintile					
Lowest	5.5	4.7	2.3	7.5	854
Second	5.2	6.5	6.0	10.6	513
Middle	4.1	6.4	5.8	10.4	461
Fourth	3.6	6.3	5.8	11.5	754
Highest	1.9	7.6	6.4	10.1	1,369
Total 15-49	3.7	6.5	5.3	9.9	3,950





Female Genital Mutilation/Cutting



9 FEMALE GENITAL MUTILATION/CUTTING

Key Findings

- Female Genital Mutilation/Cutting (FGM/C) is prevalent among **98%** of women in their reproductive age.
- **61%** of women had undergone Pharaonic type of FGM, with **7%** Intermediate and **29%** Sunni form of FGM.
- **56%** of women aged **15-49** believe female genital cutting is a religious obligation.
- **20%** of girls between **0-14** years are circumcised
- Above half (**63%** for women aged **15-49** and **62%** of girls **0-14** years) of female genital cutting procedures are been performed by traditional circumcisers.
- **53%** of women aged **15-49** want FGM/C practice to continue.

FGM/C includes all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Key motivating forces behind continuing the practice of FGM/C is the pressure of conformity to traditional and social norms.

Social obligation to conform to peers with regard FGM/C is seen as necessary to raise a morally upright girl and prepare her for adulthood and marriage. There is a prevailing assumption that FGM reduces women's sexual desire, and there by preserves premarital virginity and prevents promiscuity are the most common determining factors for either undergoing FGM or forcing a girl to undergo the procedure (WHO/RHR/12.41).

The Ministry of Labour and Social Affairs established an FGM/C taskforce and the Somaliland Nursing and Midwifery Association (SLNMA) is also exploring ways of curbing the increasing medicalisation of FGM/C (Edna Aden University Hosopital-2006-2013 FGM)

SLHDS 2020 asked both ever-married and never-married women within the reproductive age (15-49 years) FGM/C related questions in order to obtain an insight into this practice. The respondents were asked if they had heard of female circumcision, they believed that female circumcision is a religious requirement, and their opinion on whether the practice should continue or stop. They were also asked if they had undergone circumcision, the type they underwent and the age at which this took place.



Mothers with daughters aged 0-14 were asked if their daughters had undergone FGM/C, and never-married women were also asked if they intended to let their future daughters undergo FGM/C.

9.1 Opinion on female circumcision

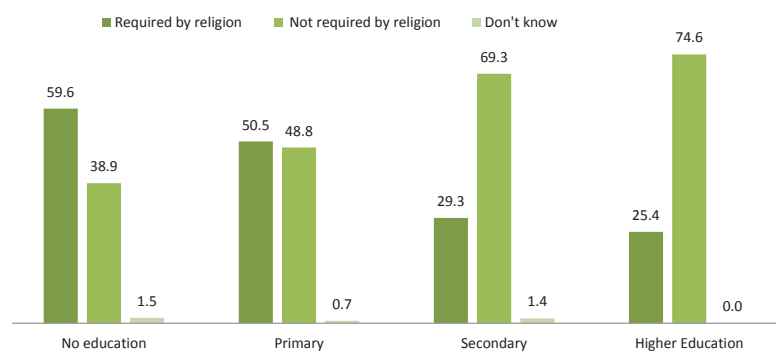
Table 9.2 shows the percentage distribution of women aged 15-49 who believe female circumcision is a religious requirement by background characteristics. The table shows that 56 percent of women believe that female circumcision is a religious requirement compared to 43 percent who think it is not. Among circumcised women, 56 percent believe female circumcision is a religious obligation.

Table 9.2 further shows that women in the younger age groups are more likely to believe female circumcision is a religious requirement, 67 percent of those aged 15-19 compared to 49 percent of those aged 45-49. Seventy-eight percent of women residing in nomadic areas believe female circumcision is a religious practice followed by 61 percent among those residing in rural settings and the lowest among women residing in urban settings at 44 percent. Women in Sanaag and Sool are more likely to believe female circumcision is a religious requirement at 79 percent and 71 percent, respectively compared to 31 percent of women from Marodijeh.

The proportion of women who believe that female circumcision is a religious obligation decreases with the increase in level of education, 60 percent of women with no education believe it is so and 25 percent among women with higher education believe it is not (Figure 9.1). A similar pattern is observed with the wealth quintile where women from the highest wealth quintile are least likely to believe female circumcision is a religious requirement (Table 9.2).

Figure 9.1 Opinions on female circumcision

Percent of women aged 15-49 by whether female circumcision is required by religion according to education

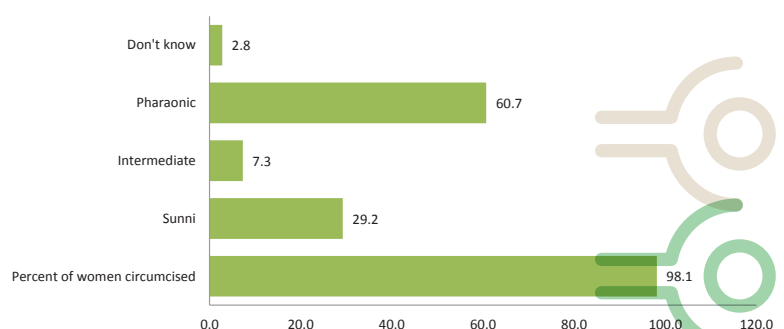


9.2 Prevalence of female circumcision

Table 9.3 and Figure 9.2 present the prevalence and distribution of female circumcision by the type of circumcision. Table 9.3 also presents the background characteristics of the circumcised women in relation to the type of circumcision they underwent.

Figure 9.2 Prevalence of female circumcision by type

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



In Somaliland, the prevalence of female circumcision among women aged 15-49 is 98 percent, a drop from 99 percent reported in MICS 2011. Of the circumcised women, 61 percent underwent the Pharaonic type, 7 percent experienced the Intermediate and 29 percent the Sunni form.

Table 9.3 further shows, the proportion of women circumcised increases with age, 96 percent of women aged 15-19 were circumcised, 97 percent of those aged 20-24 likewise, 99 percent of those aged 25-29, while 100 percent among those aged 45-49 were circumcised. Younger women are more likely to have undergone the Sunni type of circumcision, 55 and 41 percent among women aged 15-19 and 20-24 respectively, compared to 5 percent among women aged 45-49. Ninety percent of women aged 45-49 underwent the Pharaonic type of circumcision. These findings indicate there is a shift in the preferred type of circumcision used by FGM implementers.

The proportion of women circumcised is higher in nomadic settings at 100 percent, compared to rural and urban settings at 99 and 97 percent respectively. As shown in Figure 9.3, women in urban settings are more likely to have undergone the Sunni type of circumcision compared to their rural and nomadic counterparts. Sixty-nine percent of women in nomadic areas and rural areas underwent the Pharaonic type of circumcision, a proportion that is higher than in urban settings, which is 56 percent.

As shown in Figure 9.4, a woman's level of education is related to the type of circumcision she underwent. Women with higher level of education are more likely to have undergone the Sunni type 54 percent of those with secondary education reported they underwent Sunni while 70 percent of those with no education underwent the Pharaonic type.

Figure 9.5 shows that women from households in the highest wealth quintile are more likely to have undergone Sunni type of circumcision and less likely to have undergone the Pharaonic type compared to women from households in other wealth quintiles. Thirty-seven percent of women from households falling within the highest wealth quintile reported they underwent Sunni compared to 17 percent of women from households within the second wealth quintile.

As presented in Figure 9.6 the prevalence of female circumcision is highest in Sanaag at 100 percent and lowest in Marodijeh at 96 percent. Sunni type of circumcision is most prevalent in Awdal with 42 percent of the women reporting they underwent the Sunni type while Pharaonic is highest among women in Sool reported by 70 percent of women.

Figure 9.3 Prevalence of female circumcision by type of circumcision and place of residence

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

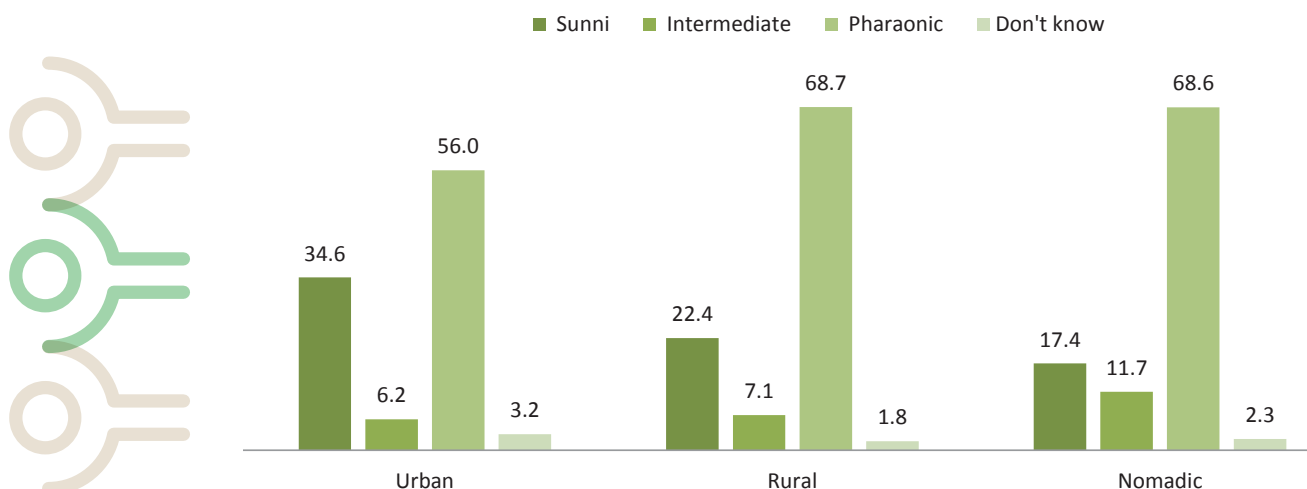


Figure 9.4 Prevalence of female circumcision by type of circumcision and level of education

Percent distribution of women aged 15-49 by types of female circumcision and level of education

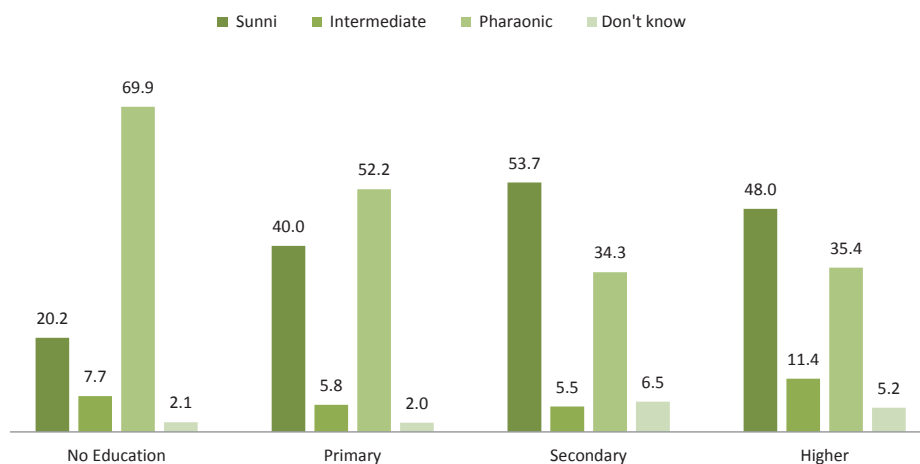


Figure 9.5 Prevalence of female circumcision by type of female circumcision and wealth status

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

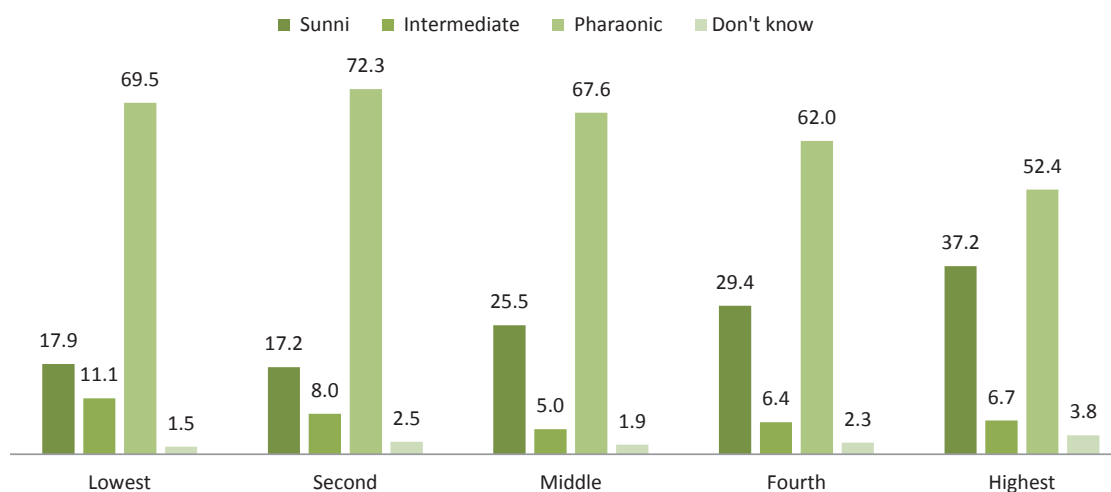
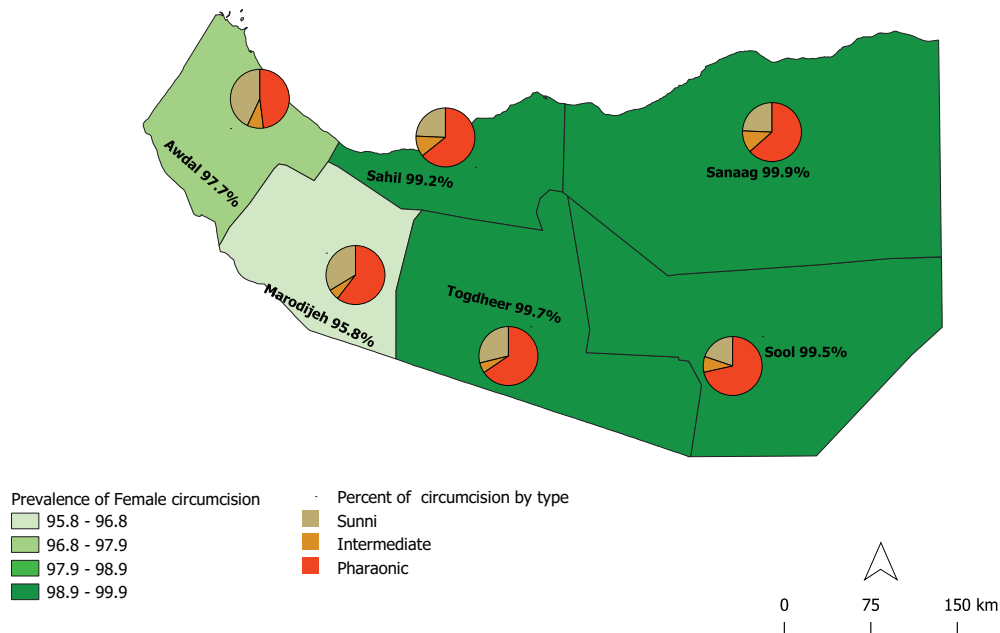


Figure 9.6 Female circumcision by regions

Prevalence and types of female circumcision



Source: SLHDS





9.3 Age at female circumcision

Table 9.4 shows percentage distribution of circumcised women aged 15-49 by age of circumcision according to background characteristics.

The majority of the women were circumcised during childhood, 57 percent between 5-9 years and 41 percent between 10-14 years. About one percent of women were circumcised at the age of 15 and above (Figure 9.7).

Figure 9.8 shows that 61 percent of women in rural areas reported they were circumcised at the age of 5-9 years compared to 57 percent among those residing in nomadic areas and 56 percent among those residing in urban areas (Figure 9.8).

Table 9.4 shows that 68 percent of women in Sanaag were circumcised between 5-9 years while less than half of women in Togdheer and Sahil at 49 and 44 percent respectively were

circumcised between 5-9 years.

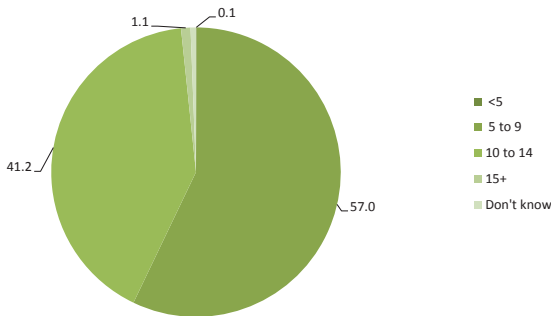
9.4 Circumcision of daughters

Girls under the age of 15 were not interviewed in the SLHDS 2020. However, to gain insight into the recent trends on female circumcision, ever-married women between the age of 15-49 with daughters who were less than 15 years old were asked if any of their daughters had been circumcised. If so, they were asked several questions about the experience of their most recent circumcised daughters: her age at circumcision, the type of circumcision and who performed it.

As presented in Figure 9.9, of all the girls aged 0-14 are circumcised 20 percent were circumcised. Among the circumcised girls, 7 percent are below five years of age, 18 percent are 5-9 years of age, and 52 percent are in the 10-14 age group. Compared to five years ago, the prevalence rate among young girls aged 0-14 has decreased from



Figure 9.7 Age at circumcision (all forms)
Percent distribution of women 15-49 by age at circumcision



28 percent reported by MICS 2011. However as stated earlier there is need to interpret this with caution as the MICS sample did not include nomads.

Table 9.5 shows that 20 percent of daughters below the age of 15 whose mothers were circumcised had also undergone circumcision. Among the girls under the age of five, 7 percent were already circumcised compared to 18 percent among those between the ages of 5-9 years and 52 percent among those 10-14 years. Girls in urban areas are more likely to be circumcised in early years (0-4). Ten percent among girls in urban areas compared to 7 and one percent of girls in rural and nomadic areas respectively who fall within the 0-4 age group are circumcised.

In Marodijeh, 16 percent of girls in the 0-4 age group reported circumcised compared to girls of the same age group in Sanaag at 3 percent. Mothers with higher education reported the highest proportion of girls circumcised at an early age (0-4 years) at 14 percent, followed by those with no education at 8 percent

Figure 9.10 shows that out of circumcised daughters aged 0-14, 39 percent were infibulated while 60 percent were not infibulated. Infibulation practice (sewn closed) is more common among daughters in the nomadic residence at 63 percent with those in urban areas reporting the least proportion at 31 percent (Table 9.6).

Infibulation among daughters is more prevalent

Figure 9.8 Age at circumcision by type of residence
Percent of women aged 15-49 by age at circumcision and type of residence

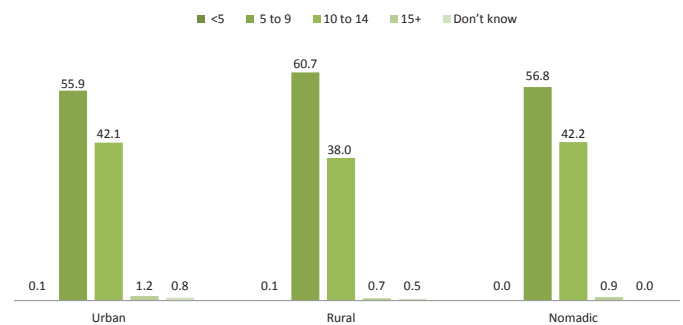


Figure 9.9 Circumcision prevalence rate for daughters by current age
Percent distribution of girls 0-14 circumcised by current age

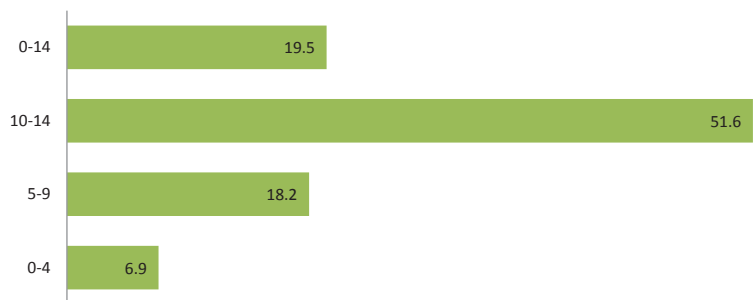


Figure 9.10 Infibulation status among girls aged 0-14

Don't know/missing,

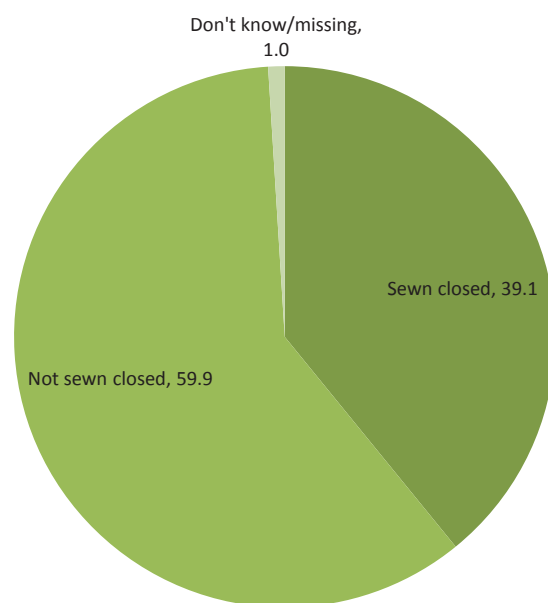
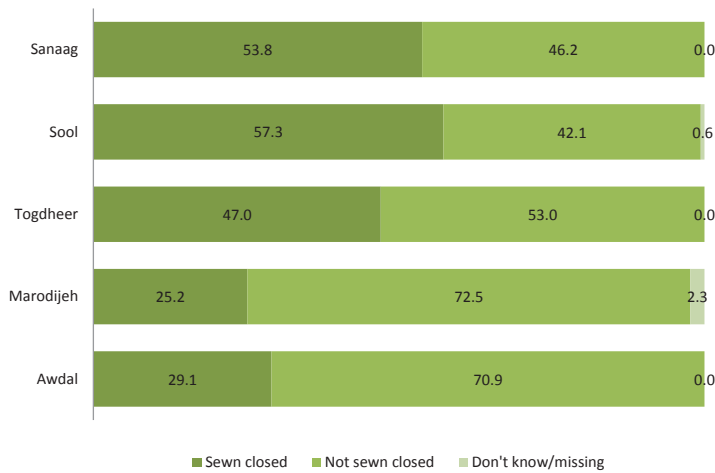


Figure 9.11 Infibulation status among girls aged 0-14

Percent distribution of girls (0-14) who are circumcised whether or not they are infibulated by region



in Sool at 57 percent and is least in Marodijeh at 25 percent (Figure 9.11).

Table 9.7 presents findings on the person who performed the circumcision and infibulation of daughters and their mothers. Traditional circumcisers performed more than half of (62 and 63 percent) of female cutting procedures for both daughters and their mothers, with about 13 percent of daughters and 15 percent of mothers reporting that their circumcision was performed by a TBA. Nurses/midwives were reported to have performed circumcision for 24 percent of girls and 21 percent of mothers.

Traditional circumcisers, nurse/midwife and TBA perform the majority of circumcisions, however less than 25 percent of circumcisions were performed by trained health service providers. There is no significant difference between mothers and daughters who were circumcised by professional health care providers.



9.5 Attitudes towards female circumcision

Both ever-married and never-married women aged between 15-49 years interviewed in SLHDS 2020 and who had heard of female circumcision were asked about their beliefs regarding circumcision. Specifically, they were asked if they believed that female circumcision should be continued or stopped.

Table 9.8 shows the percent distribution of women aged 15-49 years who know of circumcision and their opinions on whether the practice should be continued by background characteristics. Fifty-three percent of women aged 15-49 want the practice to continue, 41 percent want it stopped while 6 percent reported that it all depends.

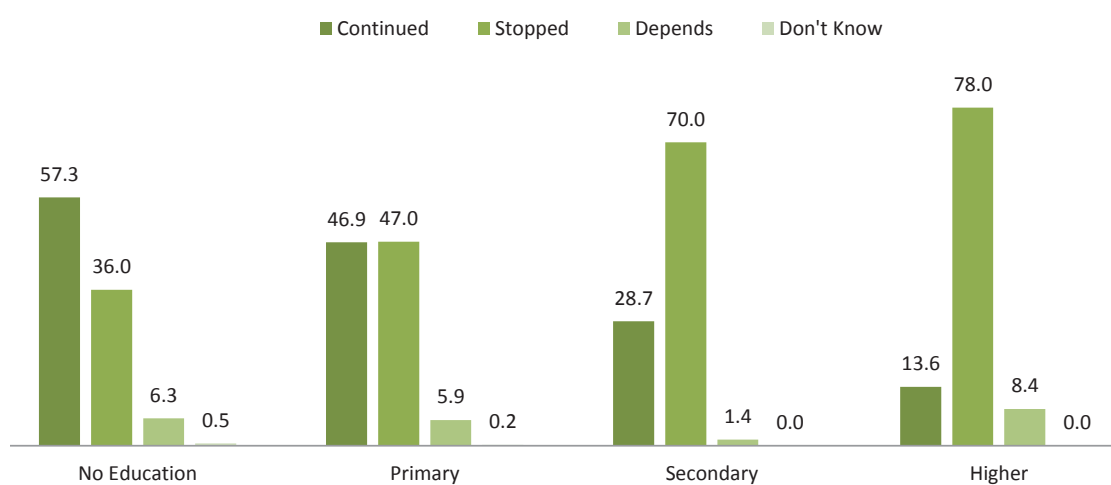
Among women in nomadic areas, 78 percent want the practice continued compared to 41 percent among women in urban areas. Women in Marodijeh are least likely to want the practice continued compared to women from other regions. Twenty-eight percent of women in Marodijeh are in support of the practice as compared to 79 percent of those in Sanaag (Table 9.8).

Figure 9.11 shows that the higher a woman's level of education, the less likely she is to want the FGM/C practice continued. Among women with higher education, 14 percent want the practice continued as compared to 57 percent among those with no education (Figure 9.12).

Almost twice as many women at 72 percent from households in the lowest wealth quintile are in favour of FGM/C compared to those from households in the highest wealth quintile at 38 percent respectively.

Figure 9.12 Opinions towards female circumcision by educational background

Percent of women aged 15-49 by opinion on continuation of female circumcision



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Table 9.1 Knowledge of Circumcision

Percentage of women aged 15-49 who had heard of circumcision by background characteristics, SLHDS 2020

Background characteristics	Percentage of women who ever heard circumcision	Number of women
Age		
15-19	93.5	1,735
20-24	95.1	1,185
25-29	94.9	1,096
30-39	94.2	1,664
40-49	94.8	807
Type of residence		
Urban	96.0	3,769
Rural	94.3	1,429
Nomadic	89.7	1,290
Region		
Awdal	93.3	552
Marodijeh	97.3	2,311
Sahil	98.6	317
Togdheer	93.8	1,623
Sool	87.6	736
Sanaag	92.6	949
Highest educational level		
No education	93.4	4,336
Primary	96.2	1,110
Secondary	95.6	767
Higher	97.8	275
Wealth quintile		
Lowest	92.3	1,248
Second	90.9	702
Middle	93.1	662
Fourth	94.2	1,207
Highest	96.6	2,670
Total	94.4	6,488



Table 9.2 Opinions on whether female circumcision is required by religion

Percent distribution of ever married women aged 15-49 by whether female circumcision is required by religion, according to background characteristics, SLHDS 2020					
Background characteristics	Required by religion	Not required by religion	Don't know	Total	Number of women
Female circumcision status					
Circumcised	55.9	42.8	1.3	100.0	3,639
Not circumcised	*	*	*	100.0	25
Age					
15-19	67.2	30.7	2.1	100.0	232
20-24	60.5	37.7	1.8	100.0	550
25-29	54.2	44.9	0.9	100.0	807
30-34	55.1	43.6	1.3	100.0	718
35-39	53.0	45.5	1.5	100.0	649
40-44	55.9	42.6	1.5	100.0	425
45-49	48.8	50.6	0.7	100.0	284
Type of residence					
Urban	44.3	55.0	0.7	100.0	1,968
Rural	61.3	36.8	1.9	100.0	908
Nomadic	77.8	19.9	2.3	100.0	788
Region					
Awdal	56.9	40.3	2.8	100.0	320
Marodijeh	31.0	68.3	0.7	100.0	1,154
Sahil	62.7	35.9	1.3	100.0	209
Togdheer	63.0	36.8	0.2	100.0	1,016
Sool	71.0	25.9	3.1	100.0	393
Sanaag	78.9	18.5	2.6	100.0	572
Education					
No education	59.6	38.9	1.5	100.0	2,818
Primary	50.5	48.8	0.7	100.0	559
Secondary	29.3	69.3	1.4	100.0	182
Higher	25.4	74.6	0.0	100.0	105
Wealth quintile					
Lowest	73.1	24.4	2.5	100.0	800
Second	67.4	32.1	0.5	100.0	474
Middle	56.9	41.6	1.5	100.0	428
Fourth	54.1	44.5	1.4	100.0	711
Highest	40.7	58.5	0.8	100.0	1,251
Total	55.7	42.9	1.3	100.0	3,664

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

Table 9.3 Prevalence of female circumcision

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

Background characteristics	Percentage of women who have undergone female circumcision	Number of women	Type of female circumcision				Total	Number of women
			Sunni	Intermediate	Pharaonic	Don't know		
Age								
15-19	96.1	1,611	54.5	6.3	33.1	6.1	100.0	1,513
20-24	96.8	1,111	40.9	8.0	47.3	3.8	100.0	1,068
25-29	99.4	1,021	20.8	8.7	69.6	0.8	100.0	1,014
30-34	99.7	835	15.3	8.9	75.1	0.7	100.0	830
35-39	99.4	695	5.5	6.8	86.3	1.3	100.0	686
40-44	99.8	439	7.4	5.3	86.5	0.7	100.0	436
45-49	100.0	306	5.0	4.7	90.3	0.0	100.0	306
Type of residence								
Urban	97.4	3,781	34.6	6.2	56.0	3.2	100.0	3,660
Rural	99.2	1,240	22.4	7.1	68.7	1.8	100.0	1,218
Nomadic	99.6	997	17.4	11.7	68.6	2.3	100.0	974
Region								
Awdal	97.7	523	41.7	8.6	46.5	3.2	100.0	506
Marodijeh	95.8	2,106	32.2	5.7	57.8	4.2	100.0	2,017
Sahil	99.2	301	24.0	11.3	63.5	1.2	100.0	298
Togdheer	99.7	1,709	28.5	5.6	64.8	1.0	100.0	1,691
Sool	99.5	571	19.3	8.4	69.7	2.6	100.0	556
Sanaag	99.9	808	23.6	11.8	61.5	3.1	100.0	783
Education								
No education	99.0	3,912	20.2	7.7	69.9	2.1	100.0	3,830
Primary	98.8	1,075	40.0	5.8	52.2	2.0	100.0	1,054
Secondary	94.1	741	53.7	5.5	34.3	6.5	100.0	693
Higher	95.1	290	48.0	11.4	35.4	5.2	100.0	275
Wealth quintile								
Lowest	99.2	1,008	17.9	11.1	69.5	1.5	100.0	992
Second	99.8	593	17.2	8.0	72.3	2.5	100.0	578
Middle	98.8	639	25.5	5.0	67.6	1.9	100.0	627
Fourth	98.7	1,188	29.4	6.4	62.0	2.3	100.0	1,160
Highest	96.9	2,591	37.2	6.7	52.4	3.8	100.0	2,493
Total	98.1	6,018	29.2	7.3	60.7	2.8	100.0	5,852



Table 9.4 Age at female circumcision

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

Background characteristics	Age at female circumcision					Total	Number of women who have undergone circumcision
	<5	5 to 9	10 to 14	15+	Don't know		
Age							
15-19	0.1	57.2	41.5	0.7	0.6	100.0	1,548
20-24	0.2	59.7	38.1	1.2	0.8	100.0	1,075
25-29	0.0	53.5	43.8	2.1	0.5	100.0	1,016
30-39	0.0	56.0	42.7	0.8	0.5	100.0	1,523
40-49	0	59.9	38.8	0.6	0.7	100.0	744
Type of residence							
Urban	0.1	55.9	42.1	1.2	0.8	100.0	3,683
Rural	0.1	60.7	38.0	0.7	0.5	100.0	1,230
Nomadic	0.0	56.8	42.2	0.9	0.0	100.0	993
Region							
Awdal	0.3	67.1	29.1	0.6	2.9	100.0	511
Marodijeh	0.0	57.4	40.7	1.9	0.0	100.0	2,018
Sahil	0.4	44.2	54.4	0.7	0.3	100.0	299
Togdheer	0.0	48.7	50.2	0.5	0.7	100.0	1,703
Sool	0.1	63.5	35.4	0.9	0.1	100.0	568
Sanaag	0.1	67.6	30.6	0.8	0.9	100.0	807
Education							
No education	0.0	54.7	43.7	1.1	0.5	100.0	3,872
Primary	0.1	62.2	36.0	1.0	0.7	100.0	1,062
Secondary	0.1	60.8	37.0	1.4	0.7	100.0	697
Higher	0.7	60.1	37.6	0.0	1.7	100.0	276
Wealth quintile							
Lowest	0.0	55.6	43.3	0.9	0.2	100.0	1,000
Second	0.0	59.4	39.4	0.7	0.5	100.0	592
Middle	0.0	58.9	40.1	0.2	0.8	100.0	631
Fourth	0.2	55.1	42.4	1.5	0.8	100.0	1,172
Highest	0.0	57.5	40.6	1.2	0.7	100.0	2,511
Total	0.1	57.0	41.2	1.1	0.6	100.0	5,906

Table 9.5 Circumcision of girls aged 0-14 by mother's background characteristics

Percentage of girls aged 0-14 who are circumcised, according to their current age and mother's background characteristics, SLHDS 2020

Background characteristics	Current age of girls			Total 0-14
	0-4	5-9	10-14	
Mother's circumcision status				
Circumcised	7.0	18.3	51.7	19.6
Not circumcised	*	*	*	*
Type of residence				
Urban	10.0	17.6	45.3	19.6
Rural	6.6	20.1	51.6	20.5
Nomadic	1.1	17.3	65.7	18.4
Region				
Awdal	3.8	26.3	62.5	22.5
Marodijeh	15.8	18.8	49.1	23.0
Sahil	4.9	13.5	44.0	16.5
Togdheer	3.6	10.4	37.9	12.8
Sool	3.7	21.1	63.7	20.2
Sanaag	2.9	24.6	67.5	23.6
Education				
No education	7.6	19.6	53.6	21.2
Primary	4.6	10.7	42.6	14.0
Secondary	1.0	12.1	34.9	7.2
Higher	14.2	6.8	0.0	12.2
Wealth quintile				
Lowest	3.0	16.2	54.5	17.6
Second	2.3	23.3	53.5	19.9
Middle	10.6	12.9	45.9	18.5
Fourth	6.2	21.2	63.2	20.9
Highest	11.2	17.6	45.5	20.5
Total	6.9	18.2	51.6	19.5

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

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



Table 9.6 Infibulation among circumcised girls age 0-14

Percent distribution of girls age 0-14 who are circumcised by whether or not they are infibulated, according to mother's background characteristics, SLHDS 2020

Background characteristics	Infibulation status			Total	Circumcised girls age 0-14
	Sewn closed	Not sewn closed	Don't know/missing		
Female circumcision status					
Circumcised, infibulated	36.3	63.7	0.0	100.0	183
Circumcised, not infibulated	40.7	57.8	1.5	100.0	348
Type of residence					
Urban	30.6	67.6	1.8	100.0	271
Rural	37.2	62.6	0.3	100.0	153
Nomadic	63.2	36.8	0.0	100.0	108
Region					
Awdal	29.1	70.9	0.0	100.0	42
Marodijeh	25.2	72.5	2.3	100.0	205
Sahil	*	*	*	*	23
Togdheer	47.0	53.0	0.0	100.0	86
Sool	57.3	42.1	0.6	100.0	72
Sanaag	53.8	46.2	0.0	100.0	104
Education					
No education	36.9	61.9	1.1	100.0	455
Primary	46.4	53.6	0.0	100.0	63
Secondary	*	*	*	*	8
Higher	*	*	*	*	6
Wealth quintile					
Lowest	54.9	45.1	0.0	100.0	107
Second	44.8	54.6	0.6	100.0	79
Middle	48.9	43.2	7.9	100.0	61
Fourth	24.9	75.1	0.0	100.0	95
Highest	31.8	68.2	0.0	100.0	190
Total 15-49	39.1	59.9	1.0	100.0	532

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

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



Table 9.7 Aspects of circumcision among circumcised girls aged 0-14 and women age 15-49

Percent distribution of women aged 15-49 by person who performed female circumcision and background characteristics, SLHDS 2020

Background characteristics	Age of girls			Girls age 0-14	Women age15-49
	0-4	5-9	10-14		
Person who performed the circumcision					
Traditional circumciser	59.4	64.1	(75.0)	61.9	63.0
Traditional Birth attendant	19.2	23.9	(8.3)	13.0	15.0
Other Traditional	0.0	0.5	(0.0)	0.0	0.1
Medical professional	21.0	11.5	(16.7)	24.5	21.8
Doctor/clinical officer	0.4	0.0	(4.2)	0.8	1.0
Nurse/midwife	20.5	11.5	(12.5)	23.6	20.8
Other Health Professional	0.0	0.0	(0.0)	0.1	0.1
Don't Know	0.4	0.0	(0.0)	0.5	0.4
Total	100.0	100.0	100.0	100.0	100.0
Type of circumcision					
Sewn closed	38.5	33.4	(54.2)	39.1	38.7
Not sewn closed	58.7	65.4	(37.5)	59.9	59.8
Don't know	2.8	1.3	(8.3)	1.0	1.5
Total	100.0	100.0	100.0	100.0	100.0
Number	181	85	26	532	854

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



Table 9.8 Opinions on continuation of female circumcision

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

Background characteristics	Opinion to continue with female circumcision practice or not				Total	Number of women
	Continued	Stopped	Depends	Don't Know		
Female circumcision status						
Have undergone female circumcision	53.2	40.4	6.1	0.4	100.0	3,639
Have not undergone female circumcision	*	*	*	*	100.0	25
Age						
15-19	56.9	34.3	8.5	0.2	100.0	232
20-24	60.6	34.1	4.8	0.5	100.0	550
25-29	51.2	41.9	6.2	0.6	100.0	807
30-34	53.6	39.5	6.3	0.5	100.0	718
35-39	49.4	45.6	4.8	0.2	100.0	649
40-44	51.9	41.7	6.0	0.4	100.0	425
45-49	48.5	43.4	8.1	0.0	100.0	284
Type of residence						
Urban	41.1	52.9	5.6	0.4	100.0	1,968
Rural	57.4	36.3	6.1	0.2	100.0	908
Nomadic	77.7	14.6	7.0	0.7	100.0	788
Region						
Awdal	60.3	36.2	3.2	0.3	100.0	320
Marodijeh	27.6	70.9	1.4	0.1	100.0	1,154
Sahil	62.8	34.7	2.1	0.4	100.0	209
Togdheer	56.7	31.4	11.6	0.3	100.0	1,016
Sool	69.4	22.3	7.8	0.5	100.0	393
Sanaag	78.8	12.7	7.3	1.3	100.0	572
Education						
No education	57.3	36.0	6.3	0.5	100.0	2,818
Primary	46.9	47.0	5.9	0.2	100.0	559
Secondary	28.7	70.0	1.4	0.0	100.0	182
Higher	13.6	78.0	8.4	0.0	100.0	105
Wealth quintile						
Lowest	71.8	21.3	6.2	0.7	100.0	800
Second	65.8	25.3	8.7	0.3	100.0	474
Middle	56.9	34.4	7.4	1.2	100.0	428
Fourth	48.0	45.4	6.5	0.1	100.0	711
Highest	37.7	57.9	4.2	0.2	100.0	1,251
Total 15-49	53.0	40.5	6.0	0.4	100.0	3,664

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



10

**Gender-Based
Violence**



10 GENDER-BASED VIOLENCE

Key Findings

- 12% of women aged 15-49 years have experienced physical violence at least once since age 12, and 6% experienced physical violence in the 12 months preceding the survey.
- 30% of ever-married women reported that they have experienced physical injuries.
- 6% of ever-married women reported their husbands displayed three or more types of controlling behavior.
- 10% of ever-married women aged 15-49 years experienced physical violence and 2% experienced emotional abuse committed by their spouse.
- 22% of ever-married women sought help for different forms of violence.

Gender Based Violence (GBV), or sometimes referred to as Sexual and Gender-based Violence (SGBV), is any harmful act of physical, sexual, mental, or emotional violence that is perpetrated against the will of women and girls. GBV is a global issue which has no social, economic or cultural boundaries. Under the UN Sustainable Developments Goals (SDGs), goal five calls for the elimination of all forms of violence and discriminatory acts against women and girls. SLHDS includes a section for both ever-married and never-married women which aim to assess the wider picture of gender-based violence in the country. The GBV data collected is based only on the information that was shared by the respondents not what the enumerators have witnessed or by cases judged by a court.



10.1 Measurements of violence

The SLHDS 2020, included ever-married and never-married women aged between 15-49 years who were the usual residents and guests who slept in a household the night preceding the interview.

Culturally, Somaliland women are not comfortable discussing domestic violence openly. Due to the sensitivity of the questions, enumerators were obligated to interview the respondents only when their privacy was completely secured and they felt comfortable.

The questions asked for the definition of domestic violence, where the most violent acts occur, who committed the most violent acts against women and whether it is justifiable for a man to beat his wife. Respondents were also asked about their experience of violence, and whether it was physical, sexual or emotional, perpetrated by either their husband (current or former) or anyone else.

Opinions of women on domestic violence: These questions aimed to discover the perceptions of women aged 15- 49 on domestic violence. The questions were structured as follows: -

What does domestic violence mean to you? The following options were presented to

women, including the “other” option where they could describe domestic violence in their own words.

- Physical violence
- No participation in decision making for household
- No participation in decision making in children
- Better treatment of males than females
- Failing to meet basic living costs
- Denial of education
- Forced marriage
- Rape
- Sexual
- Other

Physical Violence: - This was related to the respondent’s personal experience of physical violence. Ever-married women were asked if their husbands (if currently married) or most recent husband (if previously married) ever harmed them in the following ways, and never-married women were asked if someone had:

1. Pushed you
2. Hurt you
3. Choked you
4. Burned you
5. Beat you
6. Burned you on purpose
7. Punched you in the face
8. Threatened you or attacked you with a knife, gun or another weapon

If any woman responded “yes” to one of the options above, they were probed further and asked questions as to whether if she had experienced the problem in the last 12 months and its frequency. The idea behind the follow-up questions was to find out when the most recent incident had occurred, and to learn more about the prevalence of physical violence against women.

Sexual spousal violence: - This section was specific to ever-married women. Globally, sexual spousal violence is defined as any act of sexual violence perpetrated by the victim’s spouse; including forced sexual intercourse

Violence against women can be fatal and may lead to depression, anxiety disorders, permanent injuries, post-traumatic stress disorder, sleep difficulties and sometimes death

and other forms of sexual coercion. However, in cultural and religious context of Somaliland, when a man wants to have sexual intercourse with his wife she is obliged to consent fasting, menstruating, or ill. Nevertheless, the SLHDS 2020 used the standardized DHS questionnaires; therefore, ever-married women were asked some questions relating to sexual spousal violence.

Emotional spousal violence: - These questions were aimed at finding out if ever-married women aged 15-49 had been emotionally abused by their husband (if currently married) or most recent husband (if currently not married). The following forms of emotional abuse were included:

- Humiliated you public
- Insulted you
- Threatened you or demeaned you

Ethical Considerations in SLHDS 2020: Ensuring confidentiality and privacy of the respondents was compulsory for the enumerators, both during and after the interview. All the enumerators were given rigorous training sessions on how to build rapport with the respondents, make a good impression, obtain respondent’s consent, assure confidentiality, and interviewing the respondents alone. In addition to the general training sessions, the enumerators were told to make certain that the privacy of the respondents was totally ensured. In addition, in the GBV section enumerators had to explain GBV issues that would be raised to the respondents and seek their informed consent once again. Respondents were informed about



the use of the collected information, and that the outcome of the survey will be used to inform policies and formulate programs that addressed the issues.

10.2 Perceptions of Somaliland women on the meaning of domestic violence

To address the issue of domestic violence, it is important to identify the concerned population's perception of the problem. Therefore, in SLHDS 2020, both ever-married and never-married women aged between 15-49 years were asked which acts they believed to constitute violence.

Table 10.1 shows perceptions of women regarding domestic violence. Seventy-eight percent of women believe that rape constitutes domestic violence, while 77 percent said that domestic violence includes forced marriage. Moreover, 75 percent of women think domestic violence includes forced labour whereas 74 percent said domestic violence includes denial of education. Looking at the respondent's educational background, 80 percent of women with a higher educational level believe domestic violence includes forced labour whereas 75 percent of women with no education think domestic violence includes rape.

According to regional findings, majority of women in Marodijeh and Sahil at 88 and 89 percent respectively, Togdheer at 76 percent, and Awdal at 75 percent think that domestic violence includes rape. The least proportion of women who believe domestic violence includes forced marriage is in Sool at 64 percent and Sanaag at 69 percent.

10.3 Experience of physical violence

Violence against women can be described as a violation of human rights and a form of discrimination against women, and could be perpetuated physically, sexually, psychologically as well as economically. Women have had to suffer such harmful practices for many centuries in the past, and such acts continue until now. Violence against women can be fatal and may lead to depression, anxiety disorders, permanent injuries, post-traumatic stress disorder, sleep difficulties and sometimes death.

Table 10.2 shows the percentage of women who have ever experienced physical violence since the age of 12 and women who experienced physical violence in the last 12 months preceding the survey by background characteristics.

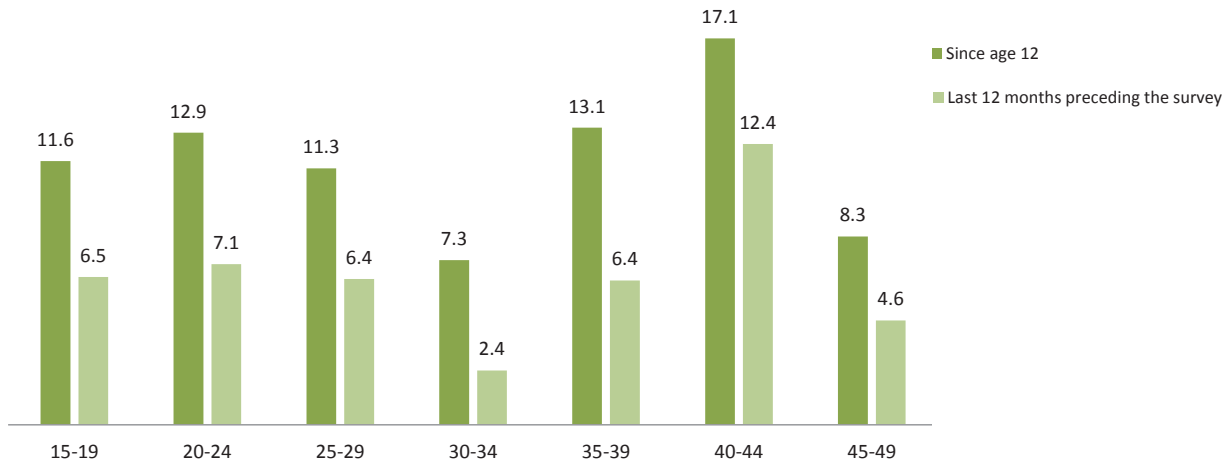
The results indicate that 12 percent of women aged 15-49 years have ever experienced physical violence since the age of 12 whereas, 6 percent of women aged 15-49 years experienced physical violence in the last 12 months preceding the survey. Four percent reported they experienced physical violence often in the last 12 months compared to 3 percent who indicated sometimes.

Figure 10.1 shows that physical violence against women varies according to the respondent's background characteristics. Women between the ages of 40 to 44 years had the most experience of being subjected to physical violence, with 17 percent reporting ever experiencing violence since the age of twelve and 12 percent of them reported violence in the last 12 months preceding the survey. Women in the age group of 30-34 years had experienced the least experience of physical violence with only 7 percent having ever experienced violence since age 12 and 2 percent of them experiencing violence in the last 12 months preceding the survey.



Figure 10.1 Experience of physical violence

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



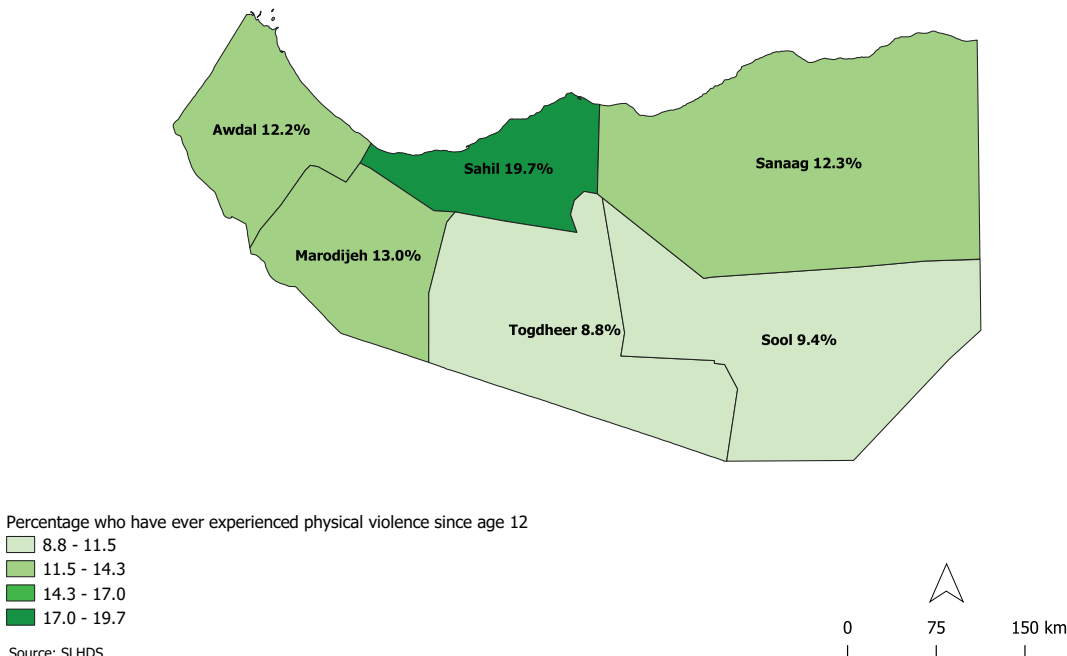
According to the respondent’s residence, women who reside in urban settings had experienced the highest levels of physical violence at 12 percent since the age of twelve compared to women in nomadic settings at 10 percent.

Women in Sahil reported the highest proportion of ever experiencing physical violence at 20 percent followed by Marodijeh region at 13 percent, while in Awdal and Sanaag regions reported experience of physical violence at 12 percent each. Nine percent of women in both Sool and Togdheer region reported experiencing physical violence (Figure 10.2).

Women currently married and divorced women reported the highest prevalence of ever suffering physical violence at 12 percent, while never married women had a marginally higher proportion of those who reported recent physical violence compared to others. Women with a primary level of education suffered more physical violence compared to women with higher educational levels who experienced the least physical violence. This is indicative of the impact that education can have on women’s life and dignity. Fourteen percent of women belonging to the middle quintile reported having been subjected to physical violence, whereas women in the highest wealth quintile

Figure 10.2 Experience of physical violence by regions

Prevalence of physical violence since age 12



reported 12 percent and women in the lowest wealth quintile reported the least proportion at 10 percent. This indicates that a privileged economic status does not protect women from physical violence.

10.4 Perpetrators of violent acts

Table 10.3 shows the opinions of both ever-married and never-married women aged 15-49 regarding who they believe to be the most common perpetrators of violence. Sixty-six percent believe that husbands are the most common perpetrators of violent acts against women, followed by their father/stepfather at 18 percent and mother/stepmother at 17 percent. This suggests that women perceive husbands as perpetrators of overwhelming majority of violence against women.

10.5 Opinion of women about where most violent acts against women occur

Domestic violence against women exists in most communities. Although it may vary depending on local culture and other factors, places where violent acts against women occur might vary. In SLHDS 2020, both ever-married and never-married women were asked where most violent acts take place.

As indicated in Table 10.4, the vast majority at 77 percent of women aged between 15-49 believe that the home is where abuse most often takes place; the street is second place at 10 percent. Looking at regional findings, there are no major variations in the perception of women where the most violent acts take place.



10.6 Experience of different forms of violence

Domestic violence against women occurs in different forms within the communities. Table 10.5 shows the proportion of ever-married women aged 15-49 who have ever experienced physical and/or sexual violence. Ten percent of ever-married women have experienced physical violence,, whereas one percent reported having experienced sexual violence. One percent reported experiencing both physical and sexual violence. Majority of women residing in urban areas reported having suffered physical violence with 11 percent compared to those in rural areas at 9 percent, and women in nomadic settlements reported the lowest prevalence of physical violence at 8 percent.

10.7 Violence during pregnancy

Table 10.6 shows the proportion of ever-married women aged 15-49 years who have experienced violence during pregnancy. Women are particularly vulnerable during pregnancy and the consequences of violence in this period can be tragic for both mother and baby. Three percent of ever-married women reported experiencing physical violence during pregnancy.

Based on the respondent's residence, 4 percent of women in urban settings reported violence during their pregnancy, compared to rural and nomadic settings at 3 percent each..

Based on regional findings, Sahil has the highest proportion of women who experienced physical violence during pregnancy at 8 percent, followed by Awdal at 5 percent while the rest of the four regions reported the same proportion at 3 percent each.

10.8 Marital control by spouse

Attempts by husbands at controlling women's behaviours is regarded as domestic violence. In the Somaliland cultural context, to some extent women's actions and behaviours are believed to be legitimately controlled by their husbands, to some extent. During the survey, women were asked if their husbands or former husbands and the most recent one (if widowed or divorced) performed any or all of the following forms of controlling behaviour

- get jealous when they talk to other men
- accuses them of infidelity
- doesn't allow them to meet with female friends
- tries to limit contacts with family
- insists on knowing where they were
- displays three or more forms of controlling behaviours.

Table 10.7 shows the responses of ever-married women aged between the ages of 15-49 regarding the degree of marital control exercised by their husbands. Twelve percent of ever-married women said that their husbands become jealous if they talk to other men, 6 percent said that their husband accuses them of being unfaithful whereas 8 percent said that their husbands do not allow them to meet female friends. Four percent reported that their husbands tried to limit contact with their family, and 10 percent said that their husbands insist on knowing where they were. Interestingly, six percent said that their husbands displayed three or more controlling behaviours while 82 percent said that husband did not display any controlling behaviours.

According to regional findings, 10 percent of in Awdal said their husbands display three or more forms of controlling behaviour, followed by Sahil and Marodijeh regions at 8 and 7 percent respectively. The ever-married women in the remaining four regions reported that their husbands displayed three or more controlling behaviours with a proportion of less than 7 percent.

10.9 Spousal violence by background characteristics

Table 10.8 provides information on the proportion of ever-married women aged 15-49 who have experienced different forms of violence from their husband disaggregated by women's background characteristics such as marital status, employment status, and number of living children, education and wealth. The forms of spousal violence studied here are physical, sexual and emotional, as well as the combination of two or more of these types.

Less than one percent of ever-married women reported having suffered all three forms of violence while 13 percent of women suffered from at least one form of spousal violence.

One percent of ever-married women who have no children experienced physical violence in comparison to 2 percent of women with three to four children had experienced physical violence. Four percent of ever-married women with 5 or more children experienced physical violence. The findings show that the greater number of children a woman has, the more likely she is to experience physical violence.

10.10 Injuries due to spousal violence

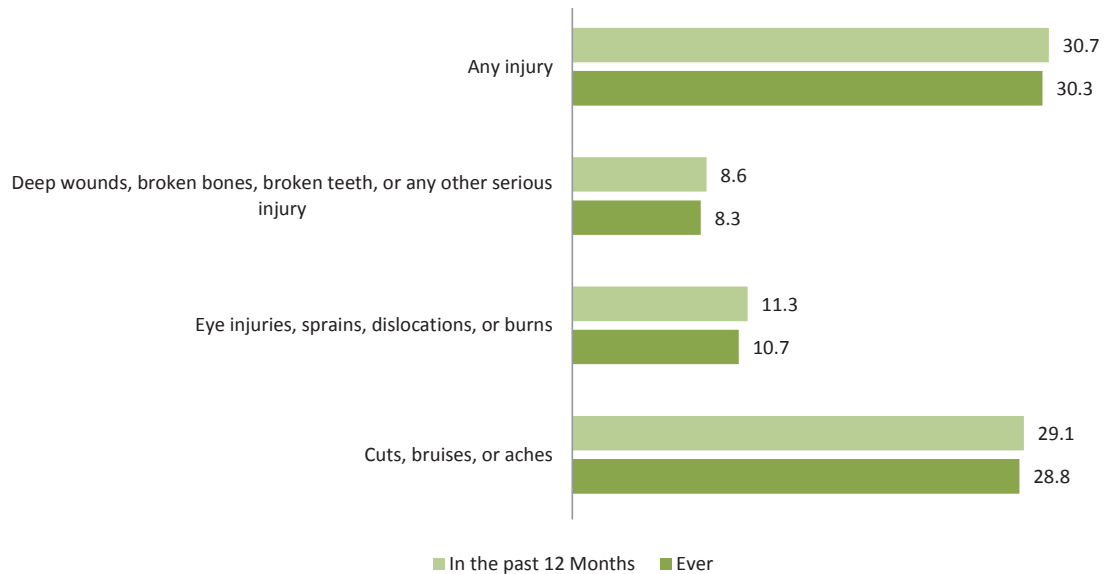
Domestic violence may result in various forms of injuries. In SLHDS 2020, women who experienced spousal physical violence were asked if they had ever sustained injuries due to the physical violence committed by their husbands.

Table 10.9 and Figure 10.2 show that 30 percent of ever-married women had ever sustained any kind of injury as a result of spousal violence. Twenty-nine percent of ever-married women had sustained bruises, cuts or aches while 11 percent had sustained eye injuries, sprains, dislocations or burns, and 8 percent suffered



Figure 10.3 Injuries due to spousal violence

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



serious injuries such as deep wounds, broken bones, or broken teeth in the 12 months before the survey.

10.11 Help-seeking behaviours

Help-seeking behaviour is the tendency for women who have experienced domestic violence to look for external support. In Somaliland communities, where culture has a big influence on life, women have fewer opportunities to report a case of domestic violence. In SLHDS 2020, ever-married women were asked if they have ever sought help in response to violent acts committed by their husbands.

Table 10.10 shows the proportion of ever-married women aged between 15-49 years who have experienced emotional, physical or sexual violence and if they sought help. Twenty-two percent of women who experienced different forms of violence had sought help. Based on women's residence, 28 percent of ever-married women in urban settings sought help whereas only 18 percent of women in rural settings did

so. The findings show that the women living in urban settings are more likely to seek help compared to women in rural settings, however these results may be a reflection of the wider availability of services dedicated to helping women in urban settings and the level of awareness on gender-based violence.

Women in Togdheer have the highest proportion of women who sought help at 35 percent.

10.12 Source for seeking help

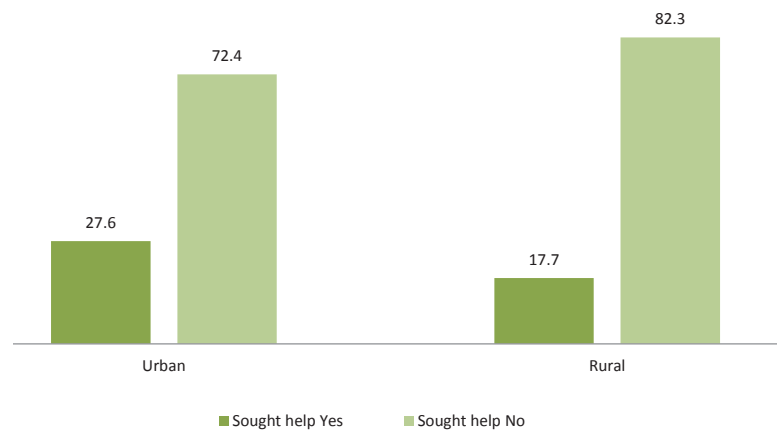
Women who experienced GBV might seek help from different sources. Ever-married women who reported that they had sought help after suffering gender-based violence were asked which sources they had gone to for support. Table 10.11 shows the percentage of ever-married women aged between 15-49 years of age who have experienced physical and/or sexual violence and sought help, the source from which they sought help and the type of violence they reported.



Ninety percent of women who experienced physical violence sought help from their own family. Women who experienced physical or sexual violence sought help from a neighbour at 3 percent.

Figure 10.4 Help seeking behavior to stop violence

Percentage of ever-married women aged 15-49 who have sought help to stop violence



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Table 10.1 Opinion/acts that mean domestic violence

Background characteristics	Acts that mean domestic violence											Number of women
	Physical abuse	No participation in decision making for household	No participation in decision making for children	Better treatment of males than females	Failing to meet basic living costs	Denial of education	Forced Marriage	Rape	Sexual harassment	Forced labour	Other	
Percentage of all women aged 15-49 who understand domestic violence to mean various specified acts, by background characteristics, SLHDS 2020												
Age												
15-19	71.7	66.0	67.9	67.5	56.9	77.9	80.3	82.5	74.0	78.7	8.1	1,697
20-24	76.5	67.5	67.4	65.6	55.2	77.7	80.4	80.1	74.2	78.3	10.5	1,152
25-29	69.7	59.6	60.4	61.5	49.9	72.7	76.0	77.2	72.4	75.0	13.2	1,064
30-34	71.2	63.1	65.3	63.9	51.4	71.9	74.7	75.9	73.3	73.3	12.4	869
35-39	66.6	59.1	61.6	58.2	48.1	70.1	72.4	71.6	67.7	70.9	11.0	725
40-44	67.9	63.3	65.4	61.2	52.6	73.2	76.3	74.5	66.9	73.0	10.1	459
45-49	67.2	57.8	58.9	57.5	42.2	66.4	69.1	74.6	65.5	68.2	9.0	320
Type of residence												
Urban	73.5	66.3	68.2	67.2	53.5	79.1	81.1	82.7	75.2	79.5	11.8	3,893
Rural	70.0	62.2	62.8	60.2	52.9	71.8	74.8	75.5	71.8	72.3	10.2	1,298
Nomadic	63.9	54.2	55.3	54.8	48.7	60.2	65.3	64.1	60.8	64.4	6.2	1,094
Region												
Awdal	69.4	61.7	61.3	60.8	57.4	71.3	74.6	74.8	71.1	71.3	13.2	547
Marodijeh	74.8	65.7	68.6	63.5	47.8	81.2	85.5	87.5	80.9	85.3	18.0	2,153
Sahil	74.6	63.9	66.7	61.9	50.2	82.7	86.4	89.1	74.0	83.5	5.6	305
Togdheer	72.3	66.8	66.9	68.8	57.1	74.1	74.4	76.3	68.4	71.2	3.6	1,783
Sool	61.8	51.1	52.5	52.9	49.0	61.3	64.1	62.7	60.4	62.0	4.7	639
Sanaag	66.1	60.4	61.7	63.6	55.4	66.2	69.2	67.3	65.8	69.0	10.6	858
Current marital status												
Nevermarried	74.0	69.0	70.3	68.5	56.5	81.4	83.1	85.0	77.0	81.6	9.0	2,335
Married	69.3	60.0	61.8	60.9	50.6	70.3	73.7	74.0	69.2	72.0	10.8	3,435
Divorced	70.1	61.2	60.7	59.9	46.8	70.0	75.0	75.5	70.3	72.6	15.4	318
Widowed	69.5	59.7	59.3	59.0	48.3	67.5	66.4	69.0	64.0	66.1	14.8	197
Education												
No education	68.4	60.6	62.5	61.2	51.4	71.2	74.2	74.8	68.7	72.4	9.6	4,124
Primary	74.5	65.0	67.2	66.9	53.4	77.1	79.1	81.8	76.6	78.4	11.3	1,104
Secondary	78.7	74.6	74.5	70.8	57.0	85.1	87.7	89.0	81.1	85.4	14.0	762
Higher	77.1	67.0	63.6	66.2	53.9	79.9	82.1	80.3	78.1	80.0	12.1	295
Wealth quintile												
Lowest	68.7	58.6	59.5	60.0	52.6	67.4	72.1	71.2	66.7	70.7	6.3	1,077
Second	62.1	53.4	53.8	52.0	47.6	59.2	64.2	65.0	61.1	62.5	8.2	641
Middle	70.5	65.0	65.3	62.8	55.7	72.4	74.9	74.9	69.3	70.5	10.6	665
Fourth	72.5	65.1	66.1	64.8	55.0	77.5	78.7	79.1	72.9	76.0	8.8	1,239
Highest	73.7	66.5	68.8	67.5	51.8	79.7	81.9	84.2	77.0	81.4	13.6	2,663
Total	71.1	63.4	64.8	63.6	52.6	74.3	77.0	78.0	72.0	75.4	10.5	6,285

Table 10.2 Experience of physical violence

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

Background characteristics	Percentage who have ever experienced physical violence since age 12	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes	
Age					
15-19	11.6	4.2	2.3	6.5	1,697
20-24	12.9	4.2	2.9	7.1	1,152
25-29	11.3	3.6	2.8	6.4	1,064
30-34	7.3	1.0	1.4	2.4	869
35-39	13.1	3.9	2.4	6.4	725
40-44	17.1	5.3	7.1	12.4	459
45-49	8.3	1.6	3.0	4.6	320
Type of residence					
Urban	12.1	4.2	2.8	6.9	3,893
Rural	11.4	3.0	3.0	6.0	1,298
Nomadic	10.0	2.3	2.4	4.7	1,094
Region					
Awdal	12.2	4.3	2.3	6.6	547
Marodijeh	13.0	4.6	3.2	7.8	2,153
Sahil	19.7	4.7	4.4	9.1	305
Togdheer	8.8	2.9	2.1	5.0	1,783
Sool	9.4	2.4	2.5	4.8	639
Sanaag	12.3	2.5	3.1	5.6	858
Marital status					
Never-Married	11.3	5.0	2.5	7.5	2,335
Married	12.1	3.0	2.7	5.7	3,435
Divorced	11.5	1.4	5.2	6.6	318
Widowed	7.7	0.3	2.9	3.2	197
Education					
No education	11.3	3.3	3.1	6.4	4,124
Primary	15.0	4.1	2.5	6.6	1,104
Secondary	10.9	3.7	2.3	6.0	762
Higher	5.6	5.0	0.4	5.4	295
Wealth quintile					
Lowest	9.9	2.4	2.5	4.9	1,077
Second	10.8	2.3	3.3	5.6	641
Middle	13.6	3.9	4.5	8.4	665
Fourth	11.7	3.7	2.7	6.4	1,239
Highest	12.0	4.3	2.3	6.6	2,663
Total	11.6	3.6	2.8	6.4	6,285

Table 10.3 Opinions regarding the most common perpetrator of violent acts against women

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

Background characteristics	Individual who commits the most violent acts against women										Total number of women
	Who commits violence against women: Husband	Who commits violence against women: Mother/Stepmother	Who commits violence against women: Father/Stepfather	Who commits violence against women: Sister/Brother	Who commits violence against women: Daughter/Son	Who commits violence against women: Other Relative	Who commits violence against women: In-laws	Who commits violence against women: Teacher	Who commits violence against women: Employer/Someone at work	Who commits violence against women: Police/ASoldier	
Age											
15-19	66.8	21.4	18.8	9.3	1.3	13.5	2.4	5.4	3.0	4.8	1,697
20-24	66.5	15.7	21.4	9.1	1.3	14.9	3.1	4.0	3.9	5.2	1,152
25-29	65.2	14.1	16.3	6.8	1.3	10.6	2.9	3.8	3.2	5.5	1,064
30-34	66.5	15.3	16.6	7.1	0.9	8.6	3.5	4.1	3.4	4.2	869
35-39	61.9	13.9	12.9	4.5	0.5	10.6	2.5	1.9	1.3	2.3	725
40-44	65.9	13.4	18.2	8.3	1.1	9.2	2.5	4.8	2.5	4.4	459
45-49	60.0	15.0	11.9	4.2	0.3	10.6	4.4	2.4	3.1	4.0	320
Type of residence											
Urban	67.3	17.6	17.9	8.0	1.1	11.3	2.7	5.2	3.4	4.9	3,893
Rural	66.1	15.0	17.6	8.0	1.5	12.8	4.0	3.0	3.2	5.5	1,298
Nomadic	58.1	14.3	15.6	5.9	0.6	12.5	2.4	1.7	1.5	2.3	1,094
Region											
Awdal	56.3	20.2	16.0	6.0	1.4	12.0	1.8	1.6	3.3	4.0	547
Marodijeh	73.8	12.1	19.2	9.6	0.5	7.4	1.1	2.9	2.4	3.7	2,153
Sahil	72.7	15.9	21.2	7.0	0.8	14.4	3.0	2.8	3.1	4.3	305
Togdheer	63.4	21.5	16.8	6.9	1.6	15.5	4.1	6.8	3.6	5.8	1,783
Sool	54.4	11.0	12.9	6.8	1.2	16.5	3.3	3.3	4.6	6.5	639
Sanaag	60.2	19.0	17.5	6.4	1.4	10.8	5.3	4.1	1.8	3.2	858
Current marital status											
Never-married	70.0	21.8	20.3	10.9	1.2	13.8	2.1	5.8	4.2	5.9	2,335
Married	62.9	14.1	16.1	5.7	1.1	11.0	3.7	3.3	2.2	3.8	3,435
Divorced	64.9	7.8	13.5	6.7	0.7	9.2	0.9	3.0	2.9	3.0	318
Widowed	56.7	9.0	13.4	5.2	0.2	7.7	1.7		2.9	3.7	197
Education											
No education	64.8	15.8	15.6	6.5	0.9	11.8	2.9	2.7	2.3	4.0	4,124
Primary	64.5	21.4	18.8	8.5	1.3	11.4	3.8	5.5	2.6	5.2	1,104
Secondary	70.0	13.7	24.0	11.7	1.2	13.3	2.0	8.6	6.3	5.7	762
Higher	66.1	15.3	20.9	10.2	2.4	9.3	1.6	6.3	6.1	7.5	295
Wealth quintile											
Lowest	64.0	14.0	16.9	6.7	0.6	13.7	2.8	1.9	1.5	2.5	1,077
Second	56.1	14.3	14.2	5.2	1.3	12.3	3.0	2.5	2.0	3.6	641
Middle	59.3	20.9	20.3	8.5	1.2	13.9	4.4	2.9	5.3	6.0	665
Fourth	68.7	15.5	17.1	6.0	1.0	11.2	2.9	3.3	3.0	3.8	1,239
Highest	68.3	17.4	17.9	9.2	1.3	10.7	2.5	6.0	3.3	5.6	2,663
Total	65.5	16.5	17.5	7.7	1.1	11.8	2.9	4.1	3.0	4.6	6,285

Table 10.4 Opinions regarding the most common perpetrator of violent acts against women

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

Background characteristics	Where do most violent acts take place									Total	Total number of women
	At home	Work-place	Street	School	Water point	Rural/ grazing areas	Market place	Neighbourhood	Other		
Age											
15-19	69.9	5.0	10.3	2.5	1.8	6.9	0.1	0	3.7	100.0	629
20-24	75.1	2.9	10.5	0.4	1.7	5.5	1.8	0.2	2.0	100.0	583
25-29	75.8	4.4	10.4	0.7	1.3	4.6	0.3	0.9	1.7	100.0	723
30-34	80.8	2.4	7.0	1.4	1.0	5.5	0.3	0.2	1.3	100.0	608
35-39	80.8	2.3	9.4	0.5	0.6	4.7	0.3	0.7	0.8	100.0	527
40-44	78.3	2.1	9.9	2.1	1.2	3.5	0.2	0.1	2.5	100.0	364
45-49	75.8	5.6	10.6	0.2	0.5	5.7	0.7	0	0.9	100.0	224
Type of residence											
Urban	77.6	4.2	10.6	1.4	0.4	3.8	0.6	0.4	1.1	100.0	1,897
Rural	74.0	2.6	10.2	1.1	2.3	5.8	0.6	0.3	3.2	100.0	918
Nomadic	76.5	2.7	6.9	0.7	2.0	8.0	0.4	0.4	2.3	100.0	842
Region											
Awdal	73.4	4.2	12.2	1.0	2.5	3.6	0.7	0	2.4	100.0	299
Marodijeh	82.6	3.0	10.4	0.1	0.3	1.9	0.5	0.5	0.7	100.0	1,059
Sahil	84.8	3.8	2.0	1.1	1.1	4.8	0.5	0.2	1.6	100.0	209
Togdheer	69.1	3.7	12.0	1.4	1.9	9.1	0.4	0.4	2.0	100.0	908
Sool	72.6	3.6	9.0	0.8	1.3	10.1	1.1	0.7	0.7	100.0	487
Sanaag	78.2	3.3	7.1	2.8	1.1	2.8	0.3	0.2	4.4	100.0	696
Marital status											
Never-married	69.3	3.6	10.9	2.8	1.7	7.5	0.0	0.0	4.2	100.0	568
Married	78.1	3.5	9.2	0.8	1.0	4.9	0.6	0.3	1.4	100.0	2,686
Divorced	78.1	2.4	11.4	0.6	2.0	3.1	1.0	0	1.3	100.0	246
Widowed	71.7	3.3	9.1	1.8	1.3	6.8	0.7	3.0	2.2	100.0	157
Education											
No education	76.9	3.4	9.2	1.0	1.2	5.8	0.3	0.4	1.9	100.0	2,722
Primary	75.8	2.1	9.9	1.6	1.4	5.0	1.5	0.3	2.3	100.0	598
Secondary	77.9	6.2	10.1	1.9	0.7	0.4	0.5	0.0	2.3	100.0	229
Higher	66.0	7.0	19.3	2.1	1.4	4.1	0.0	0.0	0.0	100.0	108
Wealth quintile											
Lowest	77.3	2.8	8.1	1.1	2.3	5.7	0.2	0.3	2.0	100.0	850
Second	69.8	2.7	7.5	0.1	1.9	13.1	0.3	1.4	3.2	100.0	440
Middle	71.5	4.1	13.8	1.7	1.7	4.2	0.5	0.8	1.8	100.0	415
Fourth	77.7	3.2	9.4	1.8	0.6	3.5	0.6	0.0	3.1	100.0	742
Highest	79.2	4.1	10.2	1.0	0.4	3.5	0.8	0.2	0.6	100.0	1,211
Total	76.5	3.5	9.6	1.2	1.2	5.3	0.5	0.4	1.9	100.0	3,657

Table 10.5 Experience of different forms of violence

Percentage of ever married women aged 15-49 who have ever experienced different forms of violence by background characteristics, SLHDS

Background characteristics	Percentage who have experienced physical violence in the past 12 months				Number of ever married women
	Physical violence only	Sexual violence only	Physical and sexual violence	Physical or sexual violence	
Age					
15-19	11.4	1.1	2.5	15.1	250
20-24	12.5	0.2	0.7	13.4	585
25-29	9.9	1.2	0.8	11.9	879
30-39	8.0	1.1	1.1	10.1	1,486
40-49	9.1	1.0	2.7	12.8	751
Type of residence					
Urban	10.5	1.0	1.3	12.9	2,130
Rural	8.9	1.0	1.5	11.5	956
Nomadic	7.6	0.8	1.4	9.8	864
Region					
Awdal	12.4	0.2	2.0	14.6	354
Marodijeh	9.9	1.9	1.0	12.8	1,264
Sahil	17.5	1.7	2.3	21.5	212
Togdheer	7.4	0.2	0.9	8.6	1,059
Sool	6.7	1.2	1.8	9.7	447
Sanaag	10.1	0.5	1.8	12.3	614
Total	9.5	1.0	1.4	11.9	3,950



Table 10.6 Experience of violence during pregnancy

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

Background characteristics	Percentage who have experienced violence during pregnancy	Total
Age		
15-19	2.4	202
20-24	4.0	476
25-29	1.7	701
30-34	4.1	603
35-39	4.3	525
40-44	4.6	362
45-49	2.8	234
Type of residence		
Urban	3.9	1,696
Rural	3.1	792
Nomadic	2.7	616
Region		
Awdal	4.8	282
Marodijeh	2.8	1,046
Sahil	8.1	195
Togdheer	2.9	830
Sool	3.1	297
Sanaag	3.4	454
Marital status		
Married	3.2	2,701
Divorced	7.5	246
Widowed	1.7	157
Education		
No education	3.1	2,384
Primary	5.6	475
Secondary	3.9	165
Higher	1.5	79
Wealth quintile		
Lowest	2.8	672
Second	3.4	361
Middle	3.8	357
Fourth	2.8	619
Highest	4.2	1,093
Total	3.4	3,104



Table 10.7 Marital control exercised by husbands

Percentage of ever-married women aged 15-49 whose husbands have ever demonstrated specific types of controlling behaviours by background characteristics, SLHDS 2020

Background characteristics	Women with controlling husband							Number of Ever Married Women
	Husband jealous if respondent talks with other men	Husband accuses respondent of unfaithfulness	Husband does not permit respondent to meet female friends	Husband tries to limit respondent contact with the family	Husband insists on knowing where respondent is	Displays three or more controlling behaviours	Displays no controlling behaviours	
Age								
15-19	11.4	5.9	9.1	4.1	11.1	7.9	81.1	250
20-24	11.6	4.7	5.6	3.3	8.2	5.6	85.1	585
25-29	13.0	6.3	8.2	4.6	10.2	6.1	79.9	879
30-34	11.9	6.3	7.1	4.0	8.3	5.8	82.6	793
35-39	11.2	7.2	11.2	5.7	12.8	7.6	78.2	693
40-44	11.4	5.2	7.5	3.0	6.7	5.4	83.8	447
45-49	9.5	5.3	6.9	5.1	8.1	5.7	87.8	304
Type of residence								
Urban	13.5	6.2	8.4	4.0	10.7	6.9	79.7	2,130
Rural	10.3	6.1	8.8	5.2	9.4	6.1	83.3	956
Nomadic	8.6	5.4	6.1	4.0	6.7	4.8	86.5	864
Region								
Awdal	18.5	8.8	12.2	6.9	11.6	9.6	76.5	354
Marodijeh	12.1	6.5	9.7	4.0	13.9	7.3	77.8	1,264
Sahil	14.2	9.0	13.1	7.4	15.7	8.4	72.9	212
Togdheer	10.1	3.8	4.7	2.3	4.2	4.1	88.1	1,059
Sool	9.5	5.4	6.8	4.0	6.6	4.3	85.0	447
Sanaag	10.4	6.6	6.9	6.2	8.3	6.3	84.6	614
Current marital status								
Married	13.4	6.9	9.2	5.0	10.9	7.2	79.3	3,435
Divorced	0.0	0.0	0.0	0.0	0.0	0.0	100.0	318
Widowed	0.0	0.0	0.0	0.0	0.0	0.0	100.0	197
Number of living children								
0	8.8	4.5	5.1	2.7	10.2	5.4	84.7	614
1-2	12.6	5.3	6.8	3.1	10.0	5.2	80.7	985
3-4	9.6	4.6	6.8	3.9	6.6	5.3	85.9	933
5+	13.6	8.1	10.9	6.1	10.7	7.9	79.3	1,419
Employment								
Employed	12.3	8.9	7.0	3.7	13.4	8.4	79.6	372
Not employed	11.5	5.5	7.9	4.2	8.9	5.8	82.4	3,555
Highest educational level								
No education	10.7	5.6	8.1	4.6	8.5	5.8	83.6	3,026
Primary	17.1	8.5	9.6	4.9	12.2	9.2	76.1	594
Secondary	10.1	2.0	3.3	1.0	11.6	3.6	81.8	208
Higher Education	11.2	9.5	5.8	1.0	17.8	6.1	73.7	122
Total	11.7	6.0	8.0	4.3	9.5	6.2	82.0	3,950

Table 10.8 Spousal violence by background characteristics

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

Background characteristics	Percentage of women whose husband did:							Number of ever-married women
	Physical violence	Sexual violence	Emotional abuse	Physical and sexual violence	Physical, sexual and emotional violence	Physical or sexual violence	Physical, sexual or emotional violence	
Age								
15-19	13.3	3.1	0.3	2.4	0.0	14.1	14.1	249
20-24	11.9	0.9	1.5	0.4	0.0	12.4	13.6	578
25-29	10.4	1.8	2.6	0.7	0.2	11.6	13.0	875
30-39	8.6	2.1	1.9	0.7	0.1	10.0	11.1	1,465
40-49	11.7	3.5	1.9	2.3	0.6	12.8	13.3	747
Type of residence								
Urban	11.3	2.3	1.8	1.1	0.3	12.6	13.6	2,109
Rural	9.8	2.0	1.6	0.9	0.0	10.9	11.4	946
Nomadic	8.6	2.1	2.6	1.1	0.4	9.6	11.1	860
Region								
Awdal	13.6	1.9	3.4	1.4	0.1	14.1	15.6	352
Marodijeh	10.5	2.7	1.7	1.0	0.4	12.2	13.2	1,244
Sahil	19.2	3.3	3.1	1.5	0.0	21.0	21.7	210
Togdheer	7.9	1.2	0.9	0.6	0.1	8.5	8.9	1,055
Sool	7.5	2.9	2.7	1.1	0.2	9.3	10.5	443
Sanaag	11.5	2.1	2.4	1.7	0.2	12.0	13.8	611
Number of living children								
0	1.3	0.2	0.1	0.1	0.0	1.4	1.4	611
1-2	2.7	0.4	0.5	0.2	0.0	2.9	3.2	977
3-4	2.2	0.3	0.4	0.2	0.0	2.3	2.5	926
5+	4.2	1.2	0.9	0.5	0.1	4.8	5.3	1,400
Marital status								
Currently married	10.4	2.2	2.2	1.0	0.3	11.7	12.8	3,403
Formerly married	10.2	1.9	0.0	1.8	0.0	10.4	10.4	511
Employed in the 12 months preceding the survey								
Employed	13.0	1.2	2.2	1.1	0.0	13.1	14.0	359
Not employed	10.1	2.3	1.9	1.1	0.2	11.3	12.3	3,555
Education								
No education	9.6	2.3	2.1	1.1	0.1	10.8	12.0	2,998
Primary	14.6	2.8	1.6	1.5	0.9	15.9	16.4	593
Secondary	12.4	0.4	0.3	0.4	0.0	12.4	12.7	201
Higher	4.9	0.0	1.1	0.0	0.0	4.9	6.0	122
Wealth quintile								
Lowest	8.6	2.2	2.5	0.9	0.2	9.9	11.2	848
Second	9.3	1.6	1.8	0.9	0.1	10.0	10.7	511
Middle	13.8	2.7	2.8	1.9	0.1	14.6	16.1	457
Fourth	11.0	1.5	1.5	1.1	0.0	11.4	12.5	738
Highest	10.3	2.6	1.5	0.9	0.4	12.1	12.8	1,360
Total	10.4	2.2	1.9	1.1	0.2	11.5	12.5	3,914

Table 10.9 Injuries to women due to spousal violence

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

Background characteristics	Injuries experienced:			Any injury	Number of women
	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury		
Experienced any violence:					
Ever	28.8	10.7	8.3	30.3	174
In the past 12 months	29.1	11.3	8.6	30.7	162
Total 15-49	28.8	10.7	8.3	30.3	174

Table 10.10 Help-seeking to stop violence

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

Background characteristics	Sought help		Total	Number of ever-married women
	Yes	No		
Type of violence experienced:				
Physical abuse	19.7	80.3	100.0	168
Sexual violence	(8.0)	(92.0)	100.0	27
Physical and sexual violence	33.3	66.7	100.0	48
Type of residence				
Urban	27.6	72.4	100.0	135
Rural	17.7	82.3	100.0	60
Nomadic	13.3	86.7	100.0	47
Number of living children				
0	(18.5)	(81.3)	100.0	25
1-2	37.0	63.0	100.0	52
3-4	23.1	76.9	100.0	54
5+	12.0	88.0	100.0	111
Total	22.4	77.6	100.0	242

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



Table 10.11 Source for seeking help

Percent of women aged 15-49 who have experienced physical and sexual violence, and sought help by sources from which they sought help according to type of violence women reported SLHDS 2020

Background characteristics	Type of violence experienced:			
	Physical Abuse	Sexual Violence	Physical and Sexual violence	Physical or Sexual violence
Source of help:				
Own Family	89.8	*	*	90.8
Husband's Family	21.5	*	*	21.3
Current/Former Husband	1.5	*	*	1.2
Friend	1.7	*	*	2.3
Neighbour	3.2	*	*	2.6
Religious Leader	1.7	*	*	1.4
Doctor/Medical Personnel	0.6	*	*	1.4
Police	0.0	*	*	0.0
Lawyer	0.0	*	*	0.0
Social Service Organization	0.0	*	*	0.0
Other	0.6	*	*	0.5
Total	45	21	11	55

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





11

Women's Empowerment



1.1 WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES

Key Findings

- **98%** of employed married women employed between the age of **15-49** that earn cash decide how to spend their earnings either jointly with their husbands or by themselves.
- **80%** of currently married women participate in making decisions on how to spend their husband's earnings either independently or jointly with their husbands.
- **40%** of currently married women aged between **15-49** years participate in all selected three major household decisions (major household purchases, women's health care and family or relative visits).
- **72%** of ever-married women aged between **15-49** years have no house, and **92%** have no land.
- **76%** of women aged between **15-49** years own mobile phones and **57%** use their mobile phones for financial transactions.
- **3%** of women aged between **15-49** years have and use a bank account
- **29%** of women aged between **15-49** years believe wife beating as justifiable practice for husbands for at least one of the six identified reasons.

This chapter explores women's empowerment and focuses on some key measures including employment levels, their earnings, the extent of their involvement in allocating their salaries, and magnitude of earnings in relation to their husband's income and their attitudes towards wife beating. The other areas also examine women's participation in major household decision making processes, their level of fixed assets ownership and attitudes towards wife beating. It also focuses on women's possession of bank accounts, and mobile phones.

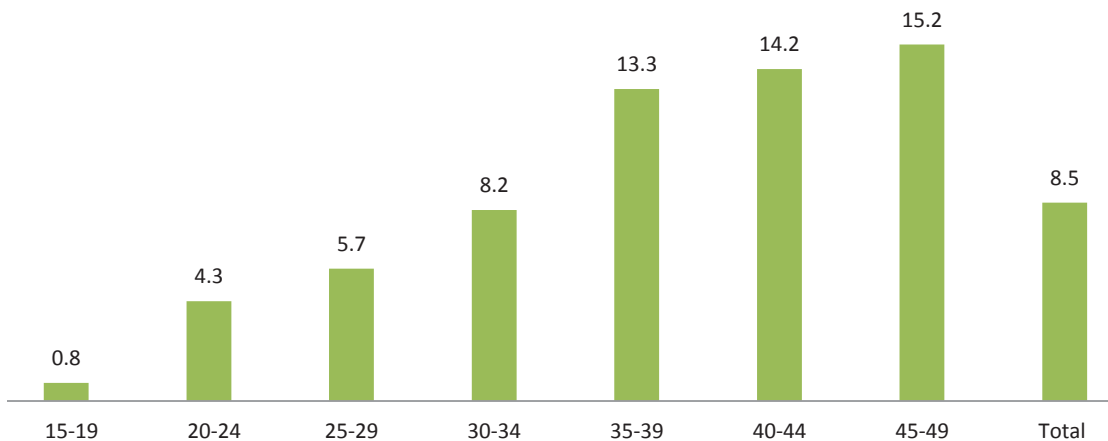


11.1 Employment of women

Employment may be considered a fundamental indicator of economic growth and enhancement of social well-being. Both globally and locally there is support for equal employment for example the Sustainable Development Goal (SDG) number 8: "Promote, inclusive and sustainable economic growth, full and productive employment and decent work for all" and Somaliland's employment and labour vision that states "every Somalilander has equal opportunities for decent, gainful and productive employment". The Somaliland National Development Plan II (2017) uses the unemployment rate disaggregated by sex, age and disability as a poverty measurement indicator and commits to increasing employment of women, men and the young including disabled population employment by 20 percent each by 2021. SLHDS 2020 collected information relating to women's level of employment from ever-married women aged between 15-49 years, and asked whether they were employed at the time of the survey or had been in the 12 months preceding the survey.

Figure 11.1 Employment status

Percentage of currently married women aged 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women employed in the past 12 months, SLHDS 2020



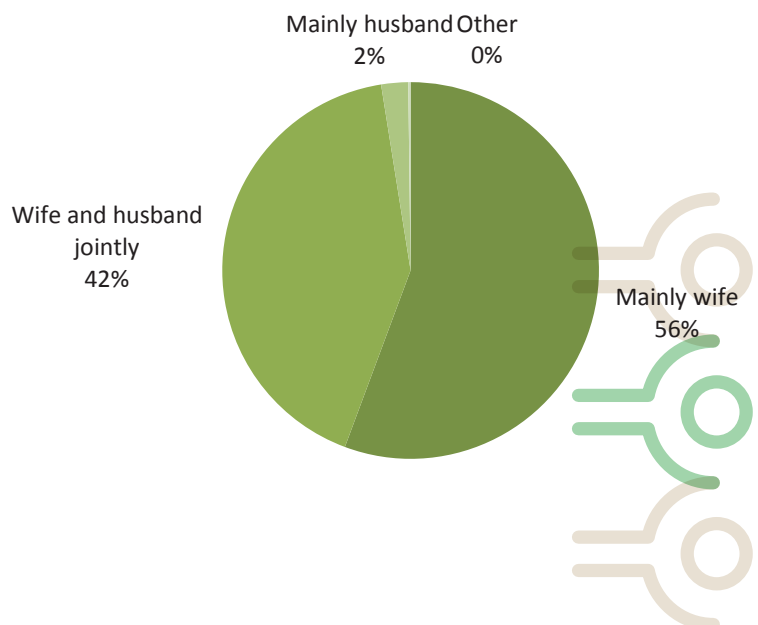
Nine percent of currently married women aged between 15-49 years were employed in the 12 months prior to the survey (Table 11.1 and Figure 11.1). Level of employment rises with an increase in age, rising from 4 percent among women aged 20-24 years to 15 percent among women in the age cohort of 45-49. Young currently married women are less likely to be employed.

Among currently married women who were employed at the time of survey or in the 12 months preceding the survey, 69 percent received cash earnings, 13 percent received cash and in-kind earnings, while 5 percent received only in-kind earnings. Of the currently married women employed, 13 percent received nothing in return for their labour.

Ninety-eight percent of currently married women aged between 15-49 years who receive cash earnings reported that they have control over their income or do so jointly with husband. Fifty-six percent of them have sole control over their earnings, while 42 percent reported that decisions regarding use of their income are made jointly with their husbands. However, 2 percent of women reported that their husbands mainly decide how their earnings are used.

Figure 11.2 Control over women's 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, SLHDS 2020



11.2. Control over women's earnings

Women's equal access to financial resources is fundamental for enhancing women's empowerment and reducing their poverty levels. SLHDS 2020 gathered data relating to the distribution of women's earnings and spending decisions from currently married women in child bearing age who received cash earnings during the survey or last 12 months preceding the survey.

11.3. Control over husband's earnings

Currently married women aged between 15-49 years whose husbands receive cash earnings were asked who makes decisions on how it was spent. Eighty percent of women participate in making decisions on how to spend their husband's earnings either jointly at 44 percent or solely at 36 percent, while around 20 percent of men independently decide how to utilize their earnings.

Figure 11.3 Control over women's 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, SLHDS 2020

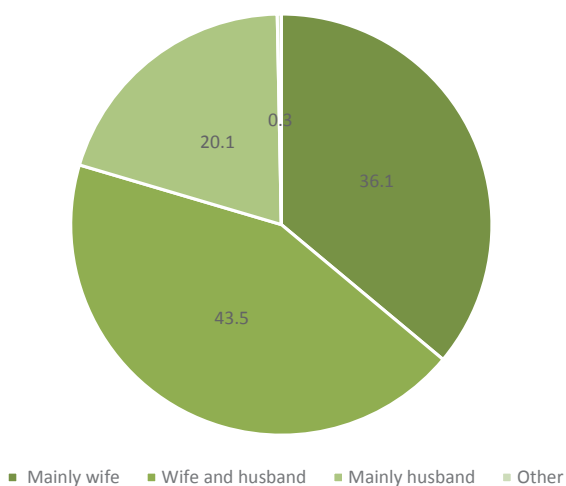
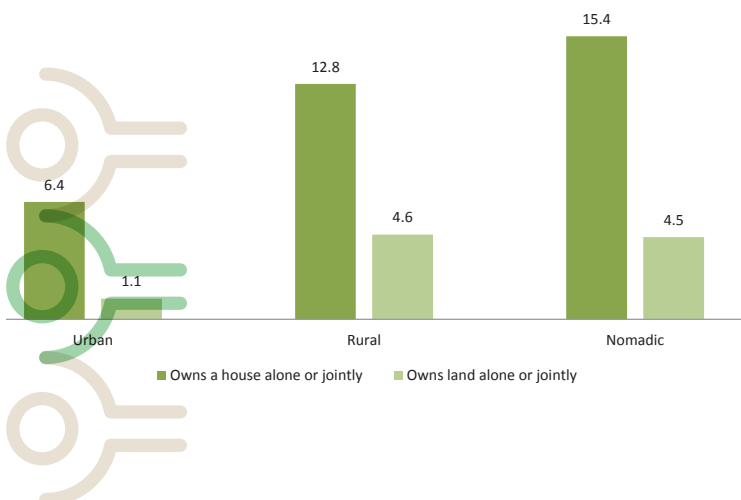


Figure 11.4 Women's asset ownership

Percent distribution of ever married women aged 15-49 by ownership of housing and land, according to type of residence, SLHDS 2020



11.4. Ownership of assets

Ownership of assets such as land and property provide many benefits including security, rental income, protection during emergencies, and enables individuals to borrow money. Land ownership by women is one of the key standardised indicators used to measure progress of SDG 5, which is to achieve gender equality and empower all women and girls. During SLHDS 2020, ever-married women were asked whether they own a house and land, jointly with their husband or both.

Seventy-two percent of ever-married women aged between 15-49 years have no house, and 92 percent do not own land. Among the ever-married women that own a house, 9 percent own it both jointly and solely and 11 percent own it jointly.

Sole house ownership rises with an increase in age, rising from 5 percent among women aged 20-24 to 24 percent among ever-married women aged 45-49. Sole ownership of land also increases with increase in age except for the age group 40-44 where there is a slight decline.

Table 11.4 and Figure 11.5 shows that house ownership is highest in the nomadic and rural settings but lowest in urban settings. Fifty-six percent of ever-married women residing in the nomadic areas do not own a house, 62 percent in the rural and 81 percent in the urban areas reported they do not own a house. Ever-married women residing in the rural areas are more likely than those residing in the urban areas to own land. The proportion of ever-married women in all the three types of residences who own land either jointly or alone is far much less compared to those who own a house either alone or jointly.

Regionally, proportion of house ownership is slightly higher among women from Awdal region. Women in Marodijeeh and Togdheer are less likely to own a house. Land ownership is highest among women from Awdal and lowest among women from Togdheer.

11.5. Possession of ownership certificate/ title deed for assets (house or a land)

Ownership certificates for properties are crucial for land security; it also assist in the resolution of disputes in and out of court. SLHDS 2020 collected information from ever-married women who own houses and land in relation to whether they have the ownership certificate and their names endorsed on property entitlement certificates and title deeds. The Female land right is an indicator used to measure progress made in connection to SDG5.

Thirty-four percent of women owning a house have a title deed and their names written on it, while 23 percent of them have a house ownership certificate, but their names have not been written on it while 38 percent have no title at all (Figure: 11.6).

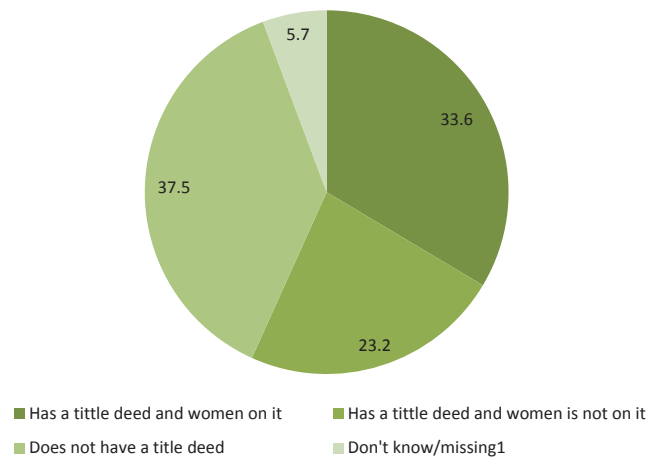
Whereas house ownership is highest among women who reside in the nomadic, 72 percent of them have no title deed, 33 percent for those in rural settings and 23 percent for those in urban settings. Women residing in the urban are least likely to own land but have the majority of those who have a title for their title deed while the ever married women have the higher proportion of those who have a title deed with the woman's name on it (Table 11.5).

11.6. Ownership and use of bank accounts and mobile phones

Bank accounts and mobile phones are reflections of autonomy, social functioning, and financial independence. Mobile phone ownership is an indicator used to measure progress made in relation to the SDG5. SLHDS 2020 collected data

Figure 11.5 Ownership of title deed for house

Among ever married women aged 15-49 who own a house, percentage distribution whether the house owned has a title deed and whether or not the woman's name appear on the title deed, SLHDS 2020



from women aged between 15-49 and asked if they held an account in a bank or other financial institutions and use it these to store valuables in it. In addition, they were also asked whether they have mobile phones and use them for financial transactions.

Table 11.6 shows that 3 percent of women aged 15-49 years have a bank account and use it, and majority of women own a mobile phone (76 percent). Of the women who own mobile phones, 57 percent use their mobile phones for financial transactions. Women in the age group 30–34 are more likely those of other ages to own and use a bank account and to also use a mobile phone for financial transactions. Only one percent of both women in rural and nomadic areas own and use a bank account, compared to 55 percent of nomadic women that own a mobile phone and only one-third use their mobile phones for financial transactions. Women from Togdheer region are least likely to own and use a bank account while those from Marodijeh are more likely to own and use a bank account at 4 percent, own a mobile phone and also use their mobile phones for financial transactions at 61 percent .

The percentage of women who have and use bank accounts, own mobile phones and use



mobiles for financial transactions rises with an increase in level of education. Ownership and use of bank accounts increased from about 2 percent among women with no education to 23 percent among women with higher education. Mobile phone ownership and usage for financial transactions among women with higher level of education is almost universal at 99 and 95 percent respectively.

Bank account possession, mobile phone ownership and use for financial transactions increased with increase in wealth status. Possession of a bank account increased from less than 1 percent among women in lowest wealth quintile to 5 percent among those from the highest wealth quintile. Similarly, mobile phone ownership and usage of mobiles for financial transactions increased from 52 percent (own) and 28 percent (use for financial transactions) among women in the lowest wealth quintile to 86 percent (own) and 71 percent (use for financial transaction) among females in the highest wealth quintile.

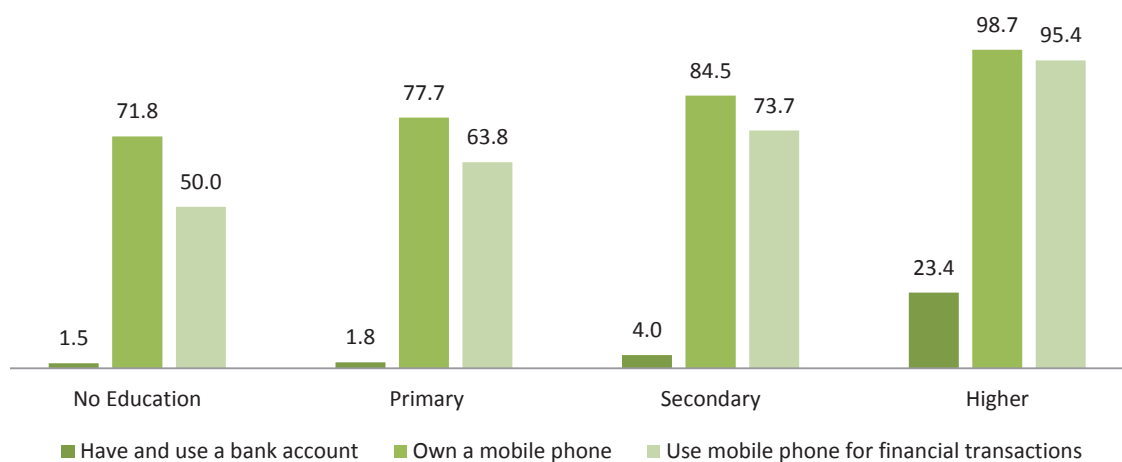
11.7. Women's participation in decision making

Participation in decision-making is an essential aspect of women's empowerment and reflects their engagement with their environment. In addition, women's involvement in decisions connected to their own health is another indicator which contributes towards achievement of SDG5 relating to gender equality. In SLHDS 2020, currently married women were asked about their involvement in decisions relating to their own health care related, major household purchases, and visits to family or relatives.

Among currently married women of reproductive age of 15-49 65 percent make their own health care related decisions either solely at 25 percent or jointly with their husbands at 40 percent and for 34 percent of them the husband makes the decision. Regarding women's position in deciding major household purchases, 66 percent of women

Figure 11.6 Ownership and use of bank account and mobile phones

Percentage of women age 15-49 who use an account in a bank or other financial institution percentage who own a mobile phone among women who own a mobile phone, percentage who use it for financial transactions, according to level of education, SLHDS 2020



are involved in making such decisions 31 percent solely and 35 percent jointly with husband. Less women participate in decisions to visit relatives as compared to those who participate in own health care decisions and decisions in major household purchases (Table: 11.7).

11.8. Women's participation in decision making by background characteristics

Table 11.8 presents women's involvement in decision making by selected background characteristics. Women's participation in decision making means either they are involved in making household decisions either solely or jointly with their husbands. Of the currently married women that participate in the selected decisions either alone or together with their husbands, 40 percent

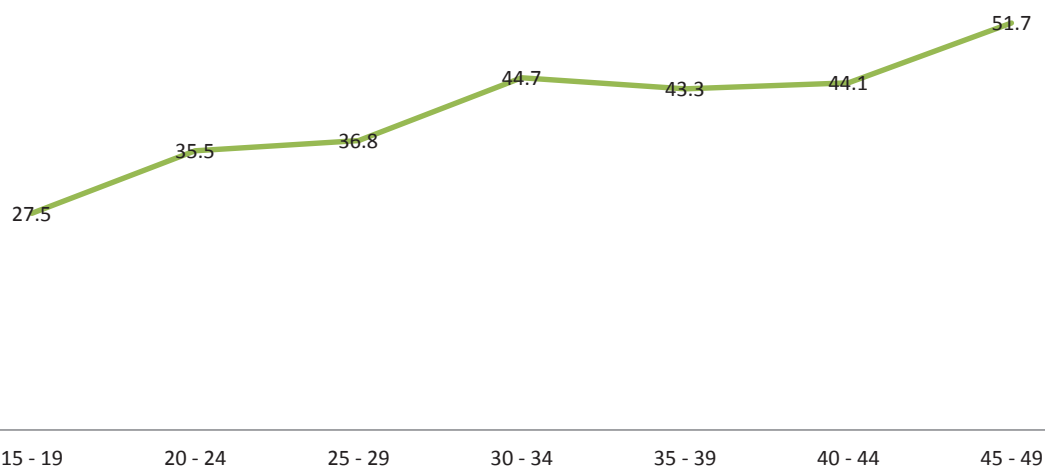
of them engage in all three decisions while 24 percent participate in none of the three decisions.

Women's involvement in all three selected decisions rises with an increase in age; from 28 percent for women aged between 15-19 to 52 percent among for those aged between 45-49 years (Figure 11.7).

Fifty-nine percent of employed women who earn cash participate in making all three decisions compared to 39 percent among those who are unemployed. Women's participation in all the three selected decisions rises with an increase in the number of children that a woman has, 31 percent for those with no child and 45 percent for those with five children or more. Women residing in the urban have more autonomy compared to those in the other types of residence. They is a higher likelihood of participation in the three decisions 45 percent compared to 31 percent among those residing in the nomadic. Women in Togdheer followed by Sanaag participate more in decision making (Table: 11.8).

Figure 11.7 Women's participation in decision making by age

Percentage of currently married women aged 15-49 who usually make specific decisions either by themselves or jointly with their husband, by age, SLHDS 2020



11.9. Attitudes towards wife beating

The relationship between a married couple should be based on mutual love, respect, and kindness. In SLHDS 2020, ever-married women were asked whether they agree that a husband is justified in hitting or beating his wife under each of the following five circumstances: she burned to food; she argued with him, she went out without telling him, she neglected the children, and she refuses to have sexual intercourse with him. If respondents answer “yes” in at least one circumstance, they are considered to have attitudes that justify wife beating.

Table 11.9 presents findings of percentages of women that agree wife beating is justifiable for specified reasons by background characteristics. Twenty-nine percent of women aged 15-49 years believe wife beating is a justifiable practice for husbands for at least one of the six identified reasons. The number of women who believe that wife beating is justifiable if the wife goes out without husband’s permission is 19 percent, while around 23 percent agree wife beating is

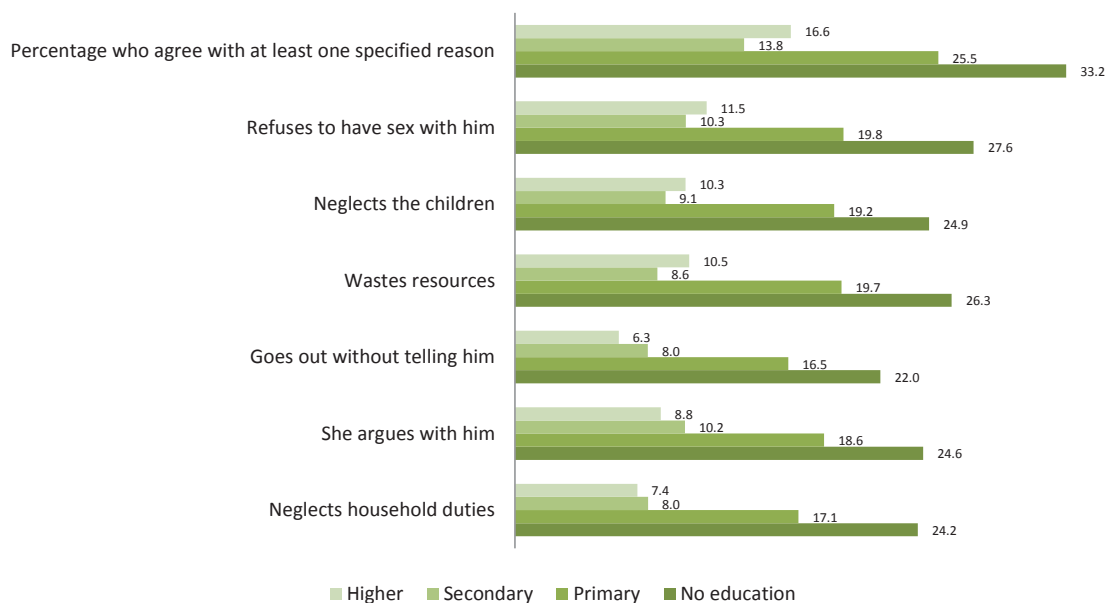
justifiable if the wife denies her husband sex and 21 percent believe it’s justifiable if she neglects the children.

Older women are more likely compared to younger women to justify wife beating for at least one of the specified reasons. Women who earn cash are least likely to justify wife beating than those not employed and those not earning cash. The percentage of women who justify wife beating for at least one of the specified circumstances is highest among women residing in nomadic areas at 44 percent, followed by those residing in rural areas at 35 percent and lowest among women residing in urban areas at 22 percent. Women in Togdheer followed by women in Marodijeh are least likely to justify wife beating while women in Sanaag are most likely to justify wife beating compared to those from the rest of the Somaliland regions

The proportion of women that justify wife beating for any of the specified circumstances decreases with an increase in level of education, reducing from 33 percent among those with no education to 17 percent among those with higher education.

Figure 11.6 Attitude towards wife beating

Percentage of all women aged 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by level of education, SLHDS 2020





Forty-five percent of women from the lowest wealth quintile justify wife beating for at least one of the specified reasons. Justification for wife beating reduces with an increase in wealth quintile.

Sixty-one percent of women that disagree with all the reasons justifying wife beating also participate in 3 decisions, whereas, 45 percent of women who participate in all three decision making do not agree with any reason to justify wife beating.

11.10 Women's empowerment indicators

The data in relation to women's involvement in major household decision and their perception of wife beating practices may be summarised into two indices. Index one is the number of household decisions women participate in either solely or jointly (see Table 11.8 for list of underlined household decisions). The value of index one ranges from 0 (participation in none of the three decisions) to 3 (participation of all of the decisions). These reflect the degree of decision-making control that women are able to exercise in areas that affects their own lives.

Index two are reasons women believe justifies wife beating (This index ranges in value from 0 to 6). A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and higher status.

11.11 Current use of contraception by women's empowerment

Table 11.11 shows the percent distribution of currently married women aged 15-49 by current contraceptive method, according to selected indicators of women's empowerment status based on participation in decision making and opinion on wife beating.

Only 1 percent of currently married women aged 15-49 use contraception. It is expected that women are involved in deciding what mode of contraception to use. Two percent of women who make no decision use a modern contraception method, while less than one percent of women participate in three of the selected decisions.



11.12 Ideal family size and unmet need by women's empowerment

Table 11.12 presents the ideal mean number of children and unmet need for family planning by the two selected indicators for measuring women empowerment. No clear association between women's participation in decision-making and ideal family size and unmet need for family planning is observed. However, women with a mean ideal number of 8.4 children participate in 3 decisions in the empowerment indicator compared to a mean ideal number of 8.2 children who participate in 1-2 decisions.

It is expected that women are involved in deciding what mode of contraception to use

11.13 Reproductive health care by women's empowerment

Generally, improvement of women's empowerment is positively related to reproductive health seeking behavior. It may be expected that women's reproductive health care seeking behavior increases as the number of decisions women participate in increase and decrease as the number of reasons justifying wife beating increase. Findings show, the percentage of women with live births in the five years preceding the survey that receives delivery care from skilled health care providers increases as the number of decisions in which women participation increase, rising from 23 percent among women who do not participate in any decisions to 33 percent among those who participate in 1-2 decisions, and drops to 28 percent for those who participate in three decisions. Moreover, women who are not involved in any of the three decisions are less likely to receive antenatal care from a trained health care provider at 9 percent compared to their counterparts involved one to three decisions (Table: 11.13).

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Table 11.1 Employment and cash earnings of currently married women

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

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

Background characteristics	Percentage employed in past 12 months	Number of respondents	Type of earnings				Total	Number of respondents
			Cash only	Cash and in-kind	In-kind only	Not paid		
15 - 19	0.8	224	*	*	*	*	*	2
20 - 24	4.3	524	(57.1)	(3.6)	(10.7)	(28.6)	100.0	22
25 - 29	5.7	808	70.5	(6.8)	(2.3)	(20.5)	100.0	46
30 - 34	8.2	700	(61.1)	(20.5)	1.3	17.1	100.0	57
35 - 39	13.3	612	68.7	9.1	12.3	9.9	100.0	82
40 - 44	14.2	353	90.2	5.1	0.0	4.7	100.0	50
45 - 49	15.2	214	(73.7)	(5.3)	(5.3)	(15.8)	100.0	33
Total	8.5	3,435	69.3	13.2	4.7	12.8	100.0	291

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

Table 11.2 Control over women's cash earnings and relative magnitude of 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 and by whether she earned more or less than her husband, according to background characteristics, SLHDS 2020

Background characteristics	Person who decides how wife's cash earnings are used:					Respondent earns more than husband					Total	Number of women	
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	More than him	Less than him	About the same	Husband has no earnings	Don't know			
Number of living children													
0	*	*	*	*	*	*	*	*	*	*	*	*	38
1-2	(39.5)	(58.1)	(0.0)	(2.3)	100.0	(25.6)	(32.6)	(7.0)	(9.3)	(25.6)	100.0	52	
3-4	58.7	35.8	5.5	0.0	100.0	46.9	38.8	1.7	7.7	4.8	100.0	45	
5+	54.5	43.4	2.2	0.0	100.0	33.7	41.7	3.5	13.3	7.7	100.0	105	
Type of residence													
Urban	53.4	44.8	1.5	0.3	100.0	32.9	43.9	5.4	11.0	6.9	100.0	173	
Rural	61.3	34.8	3.9	0.0	100.0	36.1	30.8	6.1	9.7	17.3	100.0	62	
Nomadic	*	*	*	*	*	*	*	*	*	*	*	*	5
Total	55.7	41.8	2.3	0.2	100.0	33.8	40.1	5.4	10.6	10.0	100.0	240	

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed, SLHDS, 2020



Table 11.3 Control over husbands' cash earnings

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

Background characteristics	Person who decides how husbands' cash earnings are used				Total	Number of currently married women
	Mainly wife	Wife and husband	Mainly husband	Other		
Age group						
15-19	*	*	*		*	4
20-24	(37.0)	(29.6)	(33.3)	(0.0)	100.0	18
25-29	(47.5)	(35.0)	(17.5)	(0.0)	100.0	47
30-34	(37.5)	(45.8)	(16.7)	(0.0)	100.0	53
35-39	31.7	41.6	25.4	1.3	100.0	61
40-44	(42.1)	(28.9)	(28.9)	(0.0)	100.0	38
45-49	(64.7)	(26.5)	(8.8)	(0.0)	100.0	30
Number of living children						
0	(33.3)	(26.7)	(40.0)	(0.0)	100.0	38
1-2	(43.8)	(43.8)	(10.4)	(2.1)	100.0	52
3-4	37.5	40.6	21.9	0.0	100.0	50
5+	36.5	43.7	19.8	0.0	100.0	110
Type of residence						
Urban	32.6	49.3	17.6	0.5	100.0	164
Rural	46.2	32.9	20.9	0.0	100.0	72
Nomadic	*	*	*	*	*	14
Region						
Awdal	(43.5)	(30.4)	(23.9)	(2.2)	100.0	32
Marodijeh	(28.6)	(48.6)	(22.9)	(0.0)	100.0	97
Sahil	(43.2)	(25.0)	(31.8)	(0.0)	100.0	16
Togdheer	(51.6)	(35.5)	(12.9)	(0.0)	100.0	54
Sool	(32.3)	(48.4)	(19.4)	(0.0)	100.0	15
Sanaag	47.8	31.9	20.4	0.0	100.0	35
Education						
No education	37.0	38.6	24.5	0.0	100.0	158
Primary	(50.0)	(36.4)	(13.6)	(0.0)	100.0	42
Secondary	*	*	*	*	*	15
Higher	*	*	*	*	*	35
Wealth quintile						
Lowest	*	*	*	*	*	17
Second	(38.2)	(35.3)	(26.5)	(0.0)	100.0	22
Middle	(44.2)	(34.9)	(21.0)	(0.0)	100.0	39
Fourth	47.6	39.2	13.2	0.0	100.0	54
Highest	32.6	47.7	19.0	0.7	100.0	119
Total	36.1	43.5	20.1	0.3	100.0	250

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

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed, SLHDS, 2020

Table 11.4 Ownership of assets

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

Background characteristics	Owns a house alone or jointly					Owns land alone or jointly					Total number of women	
	Alone	Jointly	Both alone and jointly	Does not own	Total	Alone	Jointly	Both alone and jointly	Does not own	Total		
Age												
15-19	1.5	2.2	1.7	94.6	100.0	0.4	0.7	0.3	98.6	100.0	1,697	
20-24	4.8	6.9	6.3	82.0	100.0	1.6	2.3	2.0	94.1	100.0	1,152	
25-29	8.0	14.9	11.6	65.5	100.0	1.6	3.4	3.2	91.7	100.0	1,064	
30-34	10.5	14.8	14.4	60.3	100.0	2.1	5.3	3.2	89.4	100.0	869	
35-39	13.5	15.8	15.9	54.9	100.0	4.3	5.4	4.6	85.7	100.0	725	
40-44	15.0	19.9	15.3	49.8	100.0	2.8	4.9	2.6	89.7	100.0	459	
45-49	24.3	14.9	15.3	45.5	100.0	5.2	6.3	5.3	83.1	100.0	320	
Type of residence												
Urban	6.4	6.7	6.4	80.5	100.0	0.8	1.2	1.1	96.8	100.0	3,893	
Rural	11.7	13.8	12.8	61.7	100.0	5.3	5.6	4.6	84.5	100.0	1,298	
Nomadic	9.1	19.8	15.4	55.6	100.0	2.1	7.5	4.5	86.0	100.0	1,094	
Region												
Awdal	8.1	8.2	14.3	69.4	100.0	2.2	5.3	5.8	86.7	100.0	547	
Marodijeh	8.9	10.4	7.1	73.6	100.0	2.7	3.0	2.6	91.8	100.0	2,153	
Sahil	10.3	8.0	10.0	71.7	100.0	2.8	2.4	3.5	91.4	100.0	305	
Togdheer	6.3	9.1	8.8	75.8	100.0	0.9	1.8	0.5	96.8	100.0	1,783	
Sool	7.8	12.3	11.9	67.9	100.0	1.3	3.9	2.9	91.9	100.0	639	
Sanaag	8.6	14.2	10.4	66.8	100.0	2.3	5.2	3.2	89.3	100.0	858	
Education												
No education	10.0	12.8	11.0	66.2	100.0	2.5	4.2	2.9	90.3	100.0	4,124	
Primary	5.4	8.1	8.4	78.1	100.0	1.2	1.3	2.0	95.5	100.0	1,104	
Secondary	2.6	3.5	2.4	91.5	100.0		1.6	1.1	97.3	100.0	762	
Higher	3.8	4.2	6.9	85.1	100.0	1.6	0.5	0.7	97.2	100.0	295	
Wealth quintile												
Lowest	10.0	19.8	15.9	54.2	100.0	4.1	8.1	5.1	82.7	100.0	1,077	
Second	12.1	14.2	15.6	58.0	100.0	1.9	5.9	5.5	86.7	100.0	641	
Middle	10.4	9.7	11.0	68.8	100.0	2.3	2.0	1.8	94.0	100.0	665	
Fourth	7.5	7.6	6.9	77.9	100.0	1.5	2.7	1.2	94.5	100.0	1,239	
Highest	5.8	7.3	5.7	81.2	100.0	1.2	1.2	1.3	96.3	100.0	2,663	
Total	8.0	10.5	9.3	72.3	100.0	1.9	3.2	2.4	92.4	100.0	6,285	

Table 11.5 Onwenship of title deed for house

Among ever married women aged 15-49 who own a house, percentage distribution whether the house owned has a tittle deed and whether or not the woman's name appear on the tittle dead,according to background characteristics SLHDS 2020

Background characteristics	Ownership of title deed for house				Total	Number of currently married women who own a house ²
	Has a tittle deed and women on it	Has a tittle deed and women is not on it	Does not have a title deed	Don't know/missing ¹		
Age group						
15-19	(24.3)	(13.5)	(56.8)	(5.4)	100.0	25
20-24	32.6	20.8	44.6	2.0	100.0	52
25-29	31.1	22.4	42.7	3.9	100.0	74
30-34	37.2	25.7	32.9	4.1	100.0	62
35-39	35.2	29.0	28.6	7.2	100.0	73
40-44	(39.5)	(18.4)	(31.6)	(10.5)	100.0	26
45-49	(39.0)	(17.1)	(41.5)	(2.4)	100.0	40
Type of residence						
Urban	36.5	32.3	23.4	7.7	100.0	154
Rural	43.1	22.2	32.9	1.8	100.0	117
Nomadic	13.9	7.1	71.5	7.5	100.0	80
Region						
Awdal	36.0	24.6	37.9	1.6	100.0	40
Marodijeh	33.0	31.6	28.1	7.3	100.0	131
Sahil	27.3	9.2	60.2	3.2	100.0	27
Togdheer	36.3	16.1	43.3	4.3	100.0	62
Sool	33.8	21.2	39.5	5.5	100.0	37
Sanaag	32.8	18.4	40.8	7.9	100.0	54
Education						
No education	32.4	21.0	40.1	6.5	100.0	285
Primary	(31.9)	(31.9)	(34.0)	(2.1)	100.0	46
Secondary	*	*	*	*	*	14
Higher	*	*	*	*	*	6
Wealth quintile						
Lowest	23.8	10.5	59.2	6.5	100.0	91
Second	29.4	17.5	49.1	4.0	100.0	44
Middle	(37.0)	(34.8)	(28.3)	(0.0)	100.0	40
Fourth	31.9	24.0	29.0	15.1	100.0	71
Highest	48.4	26.1	24.0	1.6	100.0	105
Total	33.6	23.2	37.5	5.7	100.0	351

¹ Includes women who have a house with a title deed, but they do not know if their name is on it (or this information is missing), and women who do not know if there is a title deed for the house (or this information is missing)

² Includes alone, joint, or alone and joint ownership

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

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

Table 11.6 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 percentage who own a mobile phone among women who own a mobile phone, percentage who use it for financial transactions, according to background characteristics, SLHDS 2020

Background characteristics	Have and use a bank account	Own a mobile phone	Number of women	Use mobile phone for financial transactions	Number of women who own a mobile phone
Age					
15-19	1.4	60.1	1,697	41.7	1,020
20-24	2.8	83.1	1,152	64.5	957
25-29	4.4	80.6	1,064	63.9	858
30-34	5.3	83.3	869	67.0	724
35-39	3.0	80.6	725	63.3	584
40-44	1.2	75.8	459	54.1	347
45-49	1.6	82.6	320	59.4	264
Type of residence					
Urban	4.0	82.8	3,893	66.2	3,225
Rural	1.2	71.2	1,298	54.3	924
Nomadic	1.1	55.4	1,094	29.9	606
Region					
Awdal	3.5	64.0	547	42.7	350
Marodijeh	4.4	83.7	2,153	60.6	1,801
Sahil	2.3	74.2	305	59.5	226
Togdheer	1.2	71.8	1,783	56.0	1,280
Sool	3.0	72.0	639	57.5	460
Sanaag	2.5	74.2	858	61.1	637
Education					
No education	1.5	71.8	4,124	50.0	2,963
Primary	1.8	77.7	1,104	63.8	857
Secondary	4.0	84.5	762	73.7	644
Higher	23.4	98.7	295	95.4	291
Wealth quintile					
Lowest	0.8	52.4	1,077	27.9	565
Second	1.2	67.9	641	43.5	435
Middle	1.7	73.4	665	57.0	488
Fourth	2.8	78.1	1,239	61.9	968
Highest	4.5	86.3	2,663	70.7	2,299
Total	2.9	75.7	6,285	57.4	4,755



Table 11.7 Participation in decision making

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

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number
Own health care	25.3	40.2	34.1	0.1	0.1	100.0	3,435
Major household purchases	30.7	35.1	33.2	0.0	0.5	100.0	3,435
Visits to her family or relatives	26.2	23.0	50.4	0.0	0.0	100.0	3,435



Table 11.8 Women's participation in decision making by background characteristics

Percentage of currently married women aged 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, SLHDS 2020

Background characteristics	Specific decisions			All three decisions	None of the three decisions	Number of women
	Woman own health care	Making major household purchases	Visits to her family or relatives			
Age						
15 - 19	58.4	51.2	39.0	27.5	31.3	223
20 - 24	62.8	61.8	41.3	35.5	27.9	524
25 - 29	63.4	65.9	47.5	36.8	22.9	808
30 - 34	67.2	65.5	54.0	44.7	24.0	700
35 - 39	69.1	69.5	51.2	43.3	21.9	612
40 - 44	66.5	68.9	52.4	44.1	23.6	353
45 - 49	70.3	74.8	58.8	51.7	19.8	213
Employment						
Not employed	63.5	63.6	48.4	39.2	25.8	3,126
Employed for cash	88.5	89.6	61.6	59.0	6.0	220
Employed, not for cash	81.9	79.1	60.5	50.9	9.5	42
Number of living children						
0	65.2	60.4	37.8	30.9	24.4	525
1-2	65.6	65.2	49.5	40.7	23.8	832
3-4	62.1	63.7	49.0	39.3	27.0	812
5+	67.7	69.6	53.9	45.0	22.4	1,263
Type of residence						
Urban	73.6	73.0	52.3	44.9	17.1	1,766
Rural	64.8	67.1	50.4	39.9	22.5	846
Nomadic	48.8	48.6	41.3	31.3	40.9	821
Region						
Awdal	61.9	60.1	42.9	36.7	30.4	331
Marodijeh	75.5	74.9	45.7	38.5	13.7	1,070
Sahil	63.6	67.4	44.3	38.1	25.0	188
Togdheer	62.3	63.3	55.8	45.5	27.7	886
Sool	53.3	54.1	52.9	39.2	34.0	405
Sanaag	63.1	63.3	48.3	40.2	27.4	552
Mother's education						
No education	62.8	64.2	49.8	40.6	26.3	2,620
Primary	71.6	69.2	48.1	38.7	18.6	538
Secondary	77.6	70.9	41.3	38.1	19.2	165
Higher	80.7	77.4	52.8	48.4	8.0	109
Wealth quintile						
Lowest	52.1	52.3	41.6	33.0	38.5	808
Second	57.1	61.3	53.9	37.0	26.4	438
Middle	69.3	68.4	55.1	48.9	23.2	367
Fourth	68.6	69.3	52.3	41.8	18.4	649
Highest	75.0	73.8	49.1	43.4	16.8	1,170
Total	65.5	65.7	49.2	40.4	24.1	3,432

Table 11.9 Attitude toward wife beating: Women

Percentage of all women aged 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, SLHDS 2020

Background characteristics	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one specified reason	Number of women
	Neglects household duties	She argues with him	Goes out without telling him	Wastes resources	Neglects the children	Refuses to have sex with him		
Age								
15 - 19	12.6	13.4	11.7	13.9	12.5	13.4	17.0	1,697
20 - 24	17.3	17.8	17.0	19.0	18.1	19.4	25.5	1,152
25 - 29	23.0	25.5	21.6	27.0	27.0	29.5	36.4	1,064
30 - 34	24.1	23.5	22.2	25.8	24.8	27.2	33.0	869
35 - 39	28.0	28.5	25.5	31.1	29.0	33.3	38.7	725
40 - 44	27.3	28.6	23.0	29.1	29.2	29.6	36.6	459
45 - 49	23.4	24.6	19.4	22.4	22.6	28.4	31.2	320
Employment								
Not employed	27.5	28.6	24.8	30.3	29.1	32.3	39.4	3,542
Employed for cash	23.1	22.6	20.9	25.6	24.1	32.6	34.9	302
Employed, not for cash	31.8	34.6	31.1	36.9	33.8	36.6	39.6	57
Number of living children								
0	10.8	11.9	10.5	12.3	12.0	12.6	16.1	2,948
1-2	28.4	30.4	26.1	31.6	29.1	34.4	40.9	985
3-4	27.2	27.2	24.4	29.8	28.7	30.7	38.2	933
5+	29.7	29.6	26.5	31.4	30.4	33.4	40.2	1,419
Type of residence								
Urban	13.9	15.0	13.1	16.3	15.9	18.4	22.4	3,893
Rural	26.8	27.9	24.7	28.5	27.5	29.3	35.1	1,298
Nomadic	35.0	34.3	30.8	36.0	33.3	34.0	43.5	1,094
Region								
Awdal	29.2	29.5	26.2	29.0	29.2	28.8	34.7	547
Marodijeh	16.6	17.9	15.4	20.3	19.3	23.9	27.2	2,153
Sahil	31.5	32.1	28.7	32.4	32.2	30.8	41.6	305
Togdheer	14.7	15.3	13.4	16.1	15.0	17.2	20.6	1,783
Sool	24.9	25.7	21.7	26.6	24.7	25.6	33.5	639
Sanaag	27.7	28.0	26.6	28.7	28.2	27.2	37.4	858
Mother's education								
No education	24.2	24.6	22.0	26.3	24.9	27.6	33.2	4,124
Primary	17.1	18.6	16.5	19.7	19.2	19.8	25.5	1,104
Secondary	8.0	10.2	8.0	8.6	9.1	10.3	13.8	762
Higher	7.4	8.8	6.3	10.5	10.3	11.5	16.6	295
Wealth quintile								
Lowest	37.4	37.3	32.6	39.0	36.2	37.7	45.3	1,077
Second	24.8	25.1	21.5	26.1	23.7	26.4	33.4	641
Middle	20.2	20.2	17.8	19.8	20.5	20.9	25.5	665
Fourth	18.5	19.2	17.9	21.3	20.9	20.9	26.7	1,239
Highest	13.0	14.6	12.8	15.6	15.1	18.7	22.6	2,663
Total	20.2	21.1	18.6	22.2	21.3	23.4	28.7	6,285

Table 11.10 Indicators of women's empowerment

Percentage of currently married women age 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women empowerment, SLHDS 2020

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife beating	Number of women
Number of decisions in which women participate¹			
0	0.0	55.9	829
1-2	0.0	46.2	1,217
3	100.0	61.1	1,389
Number of reasons for which wife beating is justified²			
0	45.3	100.0	1,874
1-2	36.2	0.0	313
3-4	38.3	0.0	236
5-6	33.2	0.0	1,012

na = Not applicable

¹ See Table 15.6.1 for the list of decisions.

² See Table 15.7.1 for the list of reasons.

Table 11.11 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women status, SLHDS 2020

Empowerment indicator	Any method	Any modern method ¹	Temporary modern female methods ¹	Any traditional method	Not using	Total	Number of women
Number of decisions in which women participate²							
0	2.0	1.7	1.7	0.3	95.6	100.0	581
1-2	1.2	1.2	1.2	0.0	95.8	100.0	1,045
3	0.4	0.3	0.3	0.1	98.6	100.0	1,745
Number of reasons for which wife beating is justified³							
0	0.8	0.8	0.8	0.1	96.8	100.0	1,953
1-2	2.2	2.2	2.2	0.0	97.7	100.0	320
3-4	0.6	0.4	0.4	0.1	96.5	100.0	358
5	0.9	0.6	0.6	0.3	98.6	100.0	741
Total	1.0	0.8	0.8	0.1	97.2	100.0	3,372

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

¹ Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly and lactational amenorrhoea method

² See Table 15.6.1 for the list of decisions.

³ See Table 15.7.1 for the list of reasons..

Table 11.12 Women's empowerment and ideal number of children and unmet need for family planning.

Mean ideal number of children for women 15-49 and the Percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women empowerment

Empowerment indicator	Mean ideal number of children ¹	Number of women	Percentage of currently married women with an unmet need for family planning ²			Number of currently married women
			For spacing	For limiting	Total	
Number of decisions in which women participate³						
0	8.6	829	24.0	10.2	34.3	829
1-2	8.2	1,217	29.8	6.1	35.9	1,217
3	8.4	1,389	28.2	8.5	36.7	1,389
Number of reasons for which wife beating is justified⁴						
0	8.3	4,466	27.3	9.0	36.3	1,874
1-2	8.0	362	27.1	6.1	33.2	313
3-4	8.5	268	27.8	4.3	32.2	236
5	8.3	1,189	28.8	7.9	36.7	1,012
Total	8.3	6,285	27.8	8.1	35.8	3,435

¹ Mean excludes respondents who gave non-numeric responses.

² See Table 7.12.1 for the definition of unmet need for family planning

³ Restricted to currently married women. See Table 15.6.1 for the list of decisions.

⁴ See Table 15.7.1 for the list of reasons, SLHDS 2020

Table 11.13 Reproductive health care by women's empowerment

Percentage of women aged 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance and postnatal care from health personnel for the most recent birth, by indicators of women empowerment, SLHDS 2020

Empowerment indicator	Percentage receiving antenatal care from a skilled provider ¹	Percentage receiving delivery care from a skilled provider ¹	Percentage of women with a postnatal checkup in the first two days after birth ²	Number of women with a birth in the past five years
0	9.0	22.7	0.2	583
1-2	15.8	33.0	0.7	822
3	12.7	27.9	0.5	995
Number of reasons for which wife beating is justified⁴				
0	14.1	28.4	0.7	1,557
1-2	16.5	35.8	2.6	185
3-4	11.0	32.8	0.0	181
5	13.9	28.0	0.1	682
Total	14.0	29.1	0.6	2,605

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

² Includes women who received a postnatal checkup from a doctor, nurse, midwife, community health worker or traditional birth attendant (TBA) in the first two days after the birth.

Includes women who gave birth in a health facility and those who did not give birth in a health facility, SLHDS, 2020

³ Restricted to currently married women. See Table 15.6.1 for the list of decisions.

⁴ See Table 15.7.1 for the list of reasons.



12

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



1.2 CHRONIC DISEASES, DISABILITY, AND OUT OF POCKET HEALTH EXPENDITURE

Key Findings

- 7% of the population has at least one chronic disease.
- The most commonly reported chronic diseases are blood pressure (41%), Diabetes (19%), Kidney disease (9%) and Heart disease (7%).
- 5% of the population is disabled. .
- 42% of disabled people did not receive any kind of care or support in the 12 months preceding the survey.
- 48% of Somaliland households paid for health services from their income in the last month preceding the survey.
- 7% of the population smoke cigarette or use tobacco

This chapter examines the extent of which the population is affected by chronic diseases and disabilities. It also explores expenses that households incur for health check-ups and treatment. Chronic diseases are conditions that persist for three months or more. Chronic diseases are the leading causes of morbidity and mortality worldwide. WHO (2002) reported that globally chronic diseases contribute 60 percent of morbidity, mortality and disability. Disability has different meanings in different communities. However, according to WHO disabilities is an umbrella term, which covers impairment, limitations to activity and participation restrictions.

SLHDS 2020 respondents were asked if members of their household:

- Suffered from one or more chronic diseases and whether this had been diagnosed by a physician.
- Suffered from mental health conditions that prevented them from engaging in normal activities and six months preceding the survey.



12.1 Prevalence of chronic diseases

Table 12.1 shows the percentage of household members who have at least one chronic disease at least one chronic disease for which they have received a diagnosis from a physician and at least one chronic disease and which they have received treatment for. According to the survey, 7 percent of household members had at least one chronic disease. Only 6 percent of household members had at least one chronic disease diagnosed by a physician. Eight percent of women suffered from a chronic disease compared to 6 percent of men. Prevalence of chronic diseases in household increases with an increase in age, however seeking treatment for chronic diseases is not related to age. Households in the middle, fourth and highest quintile have the highest percentage of members suffering from chronic diseases at 8 percent. Households in the highest wealth quintile are more likely to be diagnosed by a physician at 8 percent and more likely to get treatment at 6 percent. This shows that the economic status of the households has an influence on prevalence of chronic diseases and health seeking behaviour. Based on respondent's residence, the household

members in urban settings have a higher prevalence of at least one chronic disease at 8 percent compared to counterparts in nomadic settings at 4 percent.

Households in Marodijeh are the most likely at 8 percent to have a member suffering from a chronic disease while those in Sanaag are the least likely at 4 percent (Figure 12.1).

12.2 Prevalence of specific chronic diseases

Table 12.2 and Figure 12.2 show the percentage of household members who have a specific type of chronic disease diagnosed by a physician. The most reported chronic disease is blood pressure at 41 percent followed by diabetes at 19 percent. The other notifiable chronic diseases that had been reported were kidney diseases at 9 percent, heart diseases at 7 percent, asthma at 6 percent and mental illness, liver disease and chronic headaches each at 5 percent.

Figure 12.1 Prevalence of common chronic diseases by region

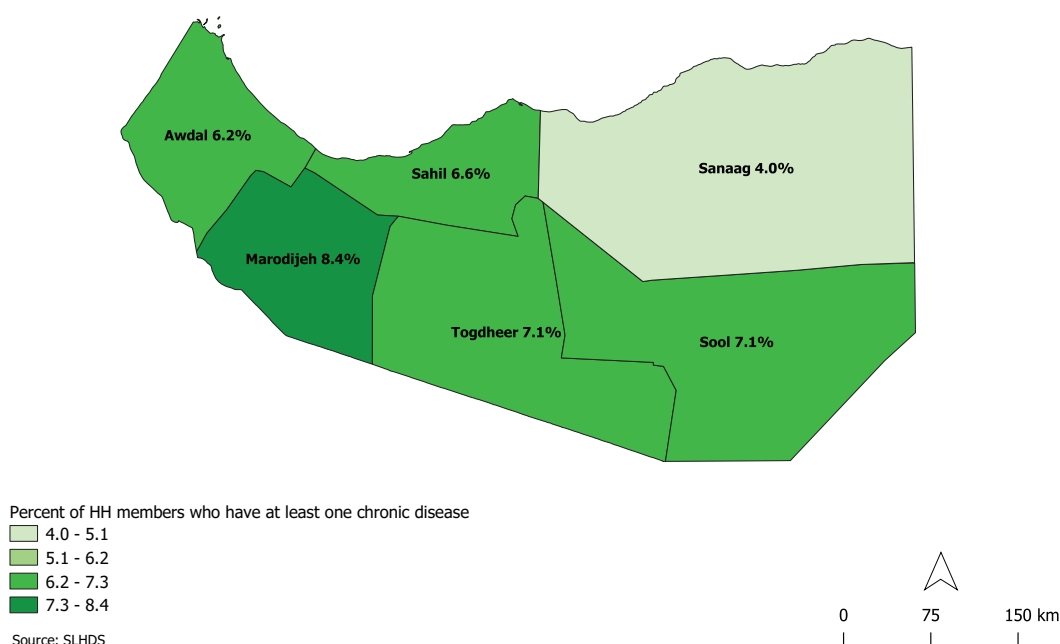
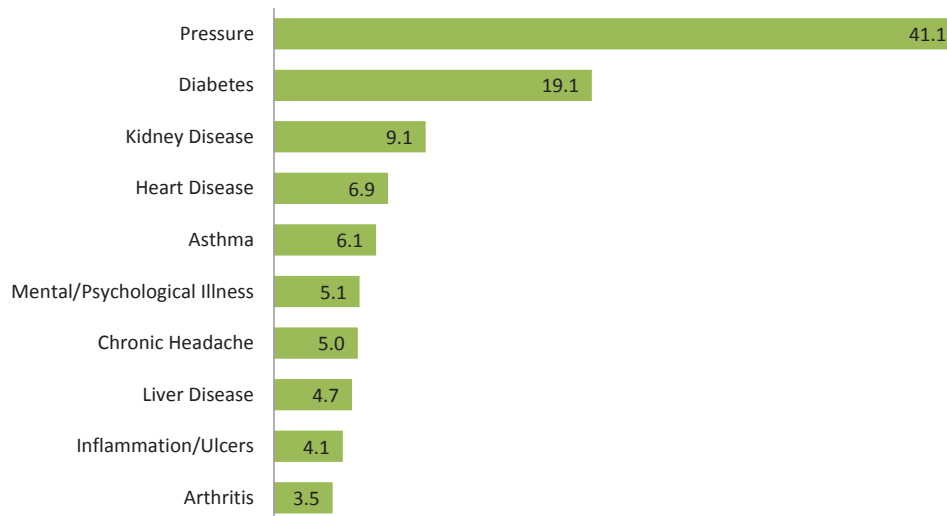


Figure 12.2 Prevalence of most common chronic diseases diagnosed by a physician

12.3 Prevalence of disability and common types of disabilities

There are different forms of disabilities. SLHDS 2020 refers to disabilities that include sight, hearing, speech, learning, mobility, self-care and mental illness. The findings here are based on only what the respondents reported and not proper clinical diagnosis.

Figure 12.3 Common types of disabilities

Percentage of people suffering from specific types of disabilities

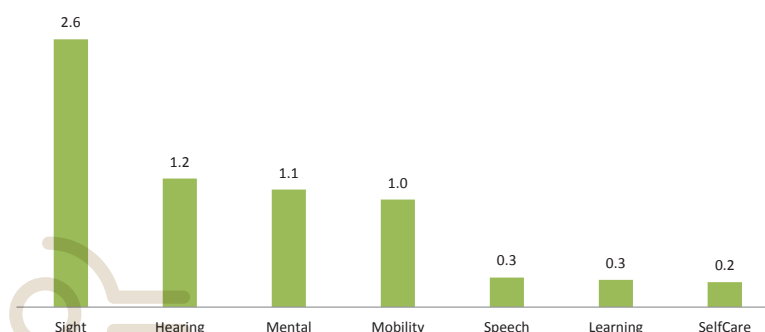


Table 12.3 shows 5 percent of households have at least one member with a disability. Among these 3 percent suffer from sight problems, one percent suffer from hearing problems, one percent is affected by mental illness and another one percent suffer from mobility problems (Figure 12.3).

Two percent of individuals suffer from mental illness in urban areas compared to less than one percent in nomadic areas. However, more individuals suffer from hearing disabilities in urban areas compared to nomadic and rural areas. Mobility disabilities are more prevalent in rural residences compared to urban and nomadic residences. Regionally, Marodijeh has the highest proportion at 7 percent of household members with disabilities followed by Togdher region at 6 percent and Sanaag has the least proportion of household members with disabilities at 3 percent (Figure 12.4).

12.4 Origin of disabilities

Table 12.4 shows the percentage of disabled people based on their disabilities. For 25 percent of household members with disabilities aging is the main cause of their disability, whereas 14 percent of disabilities originated from congenital causes. Additionally, 12 percent of disabilities had began from contagious causes whilst 10 percent of disabilities stemmed from injury/accident. There exist regional variations with majority of disabilities reported resulting from accident/injury in Awdal region at 23 percent.

For Sahil, Sool, Sanaag and Togdheer aging was identified as the main reason for disability at 26, 34, 29 and 22 percent respectively. However, in Marodijeh the findings show that origin of disabilities is mainly as a result of other diseases accounting for 32 percent.

Thirty-six percent of mental illness occurred below the age of five years. In all regions majority of disabilities occurred below the age of five.

12.5 Age at onset of disability

The SLHDS 2020 household members who have a disability were asked their age at the time of its onset. Table 12.5 shows percentage distribution of disabled people according to age at the onset of disability. For 44 percent of population aged 10-14 years the onset age of their disabilities began less than five years of age. Out of the people in the age cohort of 35-39 with disabilities, 51 percent of them developed their disability at the age of 30-39 years.

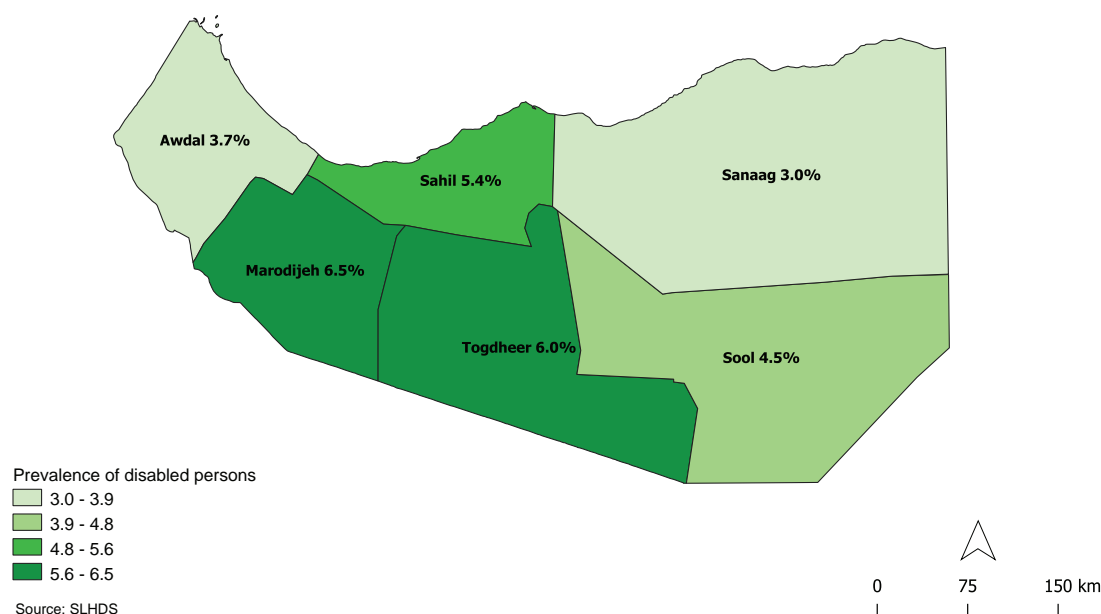
Looking at variations at the onset of different forms of disabilities, 54 percent of speech disability happened at the age of less than five years whereas 33 percent of hearing disability was noticed at the age of less than five years.

12.6 Care and support received by disabled people

Table 12.6 shows the percentage of disabled people who received any kind of care and support for their disabilities in the 12 months preceding the survey. Sixty-one percent of women with disabilities received medical care in comparison to 53 percent of men. In general, 57 percent of disabled people have received medical care in comparison to 40 percent who did not receive any support.

According to regional findings, disabled people in Sanaag received the highest amount of medical care at 65 percent in comparison to people in Marodijeh who received the least amount of medical care at 54 percent in the 12 months preceding the survey.

Figure 12.4 Prevalence of disability by region



Prevalence of chronic diseases in household increases with an increase in age, however seeking treatment for chronic diseases is not related to age





12.7 Tobacco use and qat chewing

Table 12.7 shows that 7 percent of household members smoke cigarette or uses tobacco. The percentages are slightly higher in nomadic and rural areas at 8 percent compared to urban areas at 6 percent. Smoking is more prevalent among people aged 65-69 years at 20 percent compared to those in lower age brackets. Majority of smokers are male at 14 percent compared to their female counterparts at one percent. Regionally, households with members who smoke cigarette or use tobacco vary; 11 percent for both Sahil and Awdal, and less than 10 percent for the other four regions.

SLHDS 2020, respondents were asked if there are members that chew qat in their households. Table 12.8 indicates the percent distribution of households with some members that use/chew qat by background characteristics. Around 9 percent households reported members who chew qat.

In terms of place of residence, the consumption of qat is slightly higher in rural areas at 11 percent compared to urban areas at 8 percent. Regionally Awdal and Sahil have the highest consumption of qat in the country with 14 percent each, while Sool and Sanaag have the lowest at 5 and 6 percent respectively.

12.8 Household out of pocket health expenditure

Out-of-pocket expenditure on health is aggregate direct cash out flow which a household pays in the form of cash and/or in-kind payment to general practitioners, suppliers of pharmaceuticals, therapeutic appliances, and for incidental health-related travel costs.

In SLHDS 2020, the respondents were asked whether any member of their household has been sick in the month preceding the survey. If yes, they were also asked whether the family sought advice or medical treatment for the sick person and the source of this.

Table 12.9 shows the percentage distribution of households with at least one member that has been sick in the month prior to the survey and whether they sought advice or medical treatment. Twelve percent of households reported an illness in the month preceding the survey, of which, around 65 percent sought advice or medical treatment.

According to the respondent's place of residence, 75 percent of households in urban areas with members who have been sick in the month preceding the survey sought advice or treatment in comparison to 33 percent of households in nomadic areas and 33 percent in rural areas with members who have been sick in the last months preceding the survey sought any advice or treatment. There are regional variations, Togdher reported the highest proportion at 74 percent of households with members who have been sick in the month preceding the survey and sought any advice or treatment whereas Sool reported the lowest proportion at 51 percent.

Table 12.10 shows the percentage distribution of households with members that have been sick in the month preceding the survey, and who have sought medical advice or treatment, where they sought treatment and those who did not seek advice or treatment. Out of the household members that have been sick in the month prior the survey, around 65 percent sought advice or treatment from any sources while the remaining 35 percent did not seek any. Regarding source of advice or treatment, the proportion of sick household members that sought treatment from private sector/health facilities are at 44 percent and comparatively higher than those that sought treatment from public sector health facilities at 29 percent.



Treatment or advice seeking behavior is more common in rural and urban households; they sought treatment or advice for 75 percent and 64 percent of their sick members in the month preceding the survey, respectively. Moreover, households in urban settlement are more likely to seek advice or treatment for their sick members from the private sector. Forty-eight percent seek treatment or advice from hospital/clinic/doctor.

Table 12.11 shows the household's expenditure on health services by background characteristics. Twenty-nine percent of households spend less USD 50; 25 percent spend USD 50 to 99, 19 percent spend USD 100 to 199, 7 percent spend USD 200 to 299 and 20 percent spend USD 300 or more on health.

Urban and rural households are more likely to spend less than USD 50 health. Twenty nine percent of households in Sanaag have an average health expenditure of USD 300 or more which is higher than households in other regions. The highest proportion of households in Sool at 34 percent, Awdal at 33 percent and Sahil at 32 pay less than USD 50 for health, while the highest proportion of households in Marodijeh and Togdheer pay between US dollars 50 and 99.

Table 12.12 indicates the percentage distribution of financial sources from which households earn money used to cover medical expenses in the month prior the survey. The main purpose of the questions was to ascertain the financial sources from which households get resources to pay for any health expenditure and whether any member of the household has a health insurance policy. The income (amount family receive on regular basis) is the common financial source that households use to pay

for their health expenses. Forty-eight percent of families pay for their health expenses from their income towards medical expenses, while 18 percent receive it from their relatives or friends and 16 percent borrow. Households are less likely to receive money to cover health related expenses from insurance at 2 percent, savings at 2 percent and proceeds from sold fixed assets at 9 percent.

According to regional variations, almost all households in the regions use their income to pay for health services. Looking at health insurance as financial source for health services, only households in Marodijeh at 4 percent and both Togdheer and Sanaag at one percent use health insurance.

Generally, insurance is form of risk management which provides protection from financial loss. A health insurance policy is a legal contract which covers part or all of the risk of paying medical expenses. In SLHDS 2020, respondents were asked whether any members of their household had acquired this.

Table 12.13 shows the percentage distribution of households with members that have a health insurance policy by background characteristics. Having a health insurance policy is not common in Somaliland. Less than one percent of households have at least one member with health insurance. Based on respondent's residence, households in urban settings have the highest proportion of members with health insurance at one percent compared to household in nomadic areas at less than one percent. In Awdal, Marodijeh and Sahil the proportion of household members with medical insurance is at one percent, compared to the rest of the regions, which have a proportion of less than one percent.



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Table 12.1 Prevalence of chronic diseases by background characteristics

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

Background Characteristics	Percentage of HH members who have at least one chronic disease	Percentage of HH members who have at least one chronic diagnosed by physician	Percentage of HH Members who have at least one chronic and get treated	Number of Persons
Sex				
Male	5.8	5.0	3.1	17,652
Female	8.0	6.7	3.9	19,019
Age				
0-4	2.0	1.7	0.8	6,198
5-9	2.4	1.9	1.1	5,976
10-14	2.7	2.1	0.9	5,419
15-19	5.1	4.3	2.1	4,449
20-24	6.3	5.1	2.6	2,793
25-29	7.9	6.1	2.8	2,309
30-34	12.4	11.1	7.3	1,853
35-39	12.5	10.7	6.6	1,497
40-44	15.8	14.1	10.1	1,356
45-49	16.4	14.7	9.5	790
50-54	16.1	14.1	6.6	1,322
55-59	15.4	13.2	7.0	614
60-64	19.8	16.4	10.9	718
65-69	19.6	18.2	13.4	292
70+	25.7	23.1	17.5	1,087
Type of residence				
Urban	8.4	7.6	4.9	19,528
Rural	6.5	5.2	2.7	9,009
Nomadic	3.9	2.6	1.0	8,135
Region of residence				
Awdal	6.2	5.4	4.0	3,381
Marodijeh	8.4	7.4	4.5	12,988
Sahil	6.6	5.9	3.5	1,697
Togdheer	7.1	6.1	3.5	7,906
Sool	7.1	5.1	2.3	4,763
Sanaag	4.0	3.4	1.9	5,937
Wealth quintile				
Lowest	4.7	3.2	1.4	11,540
Second	7.4	5.9	2.8	3,429
Middle	7.5	6.4	3.3	4,378
Fourth	8.4	7.3	4.4	6,824
Highest	8.1	7.7	5.5	10,502
Total¹	6.9	5.9	3.5	36,672

Table 12.2 Prevalence of specific chronic diseases

Percentage of household members who have specific chronic diseases diagnosed by a physician, by place of residence and sex, SLHDS 2020

Type of disease	Type of residence			Sex of household member		Number of household members
	Urban	Rural	Nomadic	Male	Female	
Blood pressure	43.1	41.5	26.3	34.9	45.4	41.1
Diabetes	23.8	10.3	5.5	23.8	15.8	19.1
Inflammation/ulcers	3.3	6.5	4.9	3.0	4.9	4.1
Anaemia	0.4	2.3	7.8	0.8	2.0	1.5
Sickle-cell anaemia	0.7	0.8	0.3	1.2	0.3	0.7
Heart disease	6.8	7.8	5.3	5.6	7.7	6.9
Kidney disease	7.3	12.4	14.3	8.6	9.5	9.1
Liver disease	2.8	6.7	13.9	5.5	4.1	4.7
Arthritis	2.6	5.7	5.3	1.8	4.7	3.5
Tuberculosis	4.2	1.7	1.2	3.4	3.3	3.3
Chronic headache	3.9	7.3	8.1	3.4	6.1	5.0
Stroke	3.2	2.6	1.6	4.6	1.8	2.9
Epilepsy	2.9	1.7	2.7	3.6	1.9	2.6
Prostatic hypertrophy	0.3	0.5	6.8	1.4	0.7	1.0
Cataract	0.1	0.4	0.7	0.2	0.2	0.2
Chronic back pain	1.9	2.0	10.2	2.6	2.8	2.7
Mental/psychological illness	5.5	4.3	4.6	7.5	3.5	5.1
Skin disease	2.7	2.8	5.0	2.4	3.3	2.9
Cancerous tumors	0.6	0.2	1.5	1.1	0.3	0.6
Asthma	6.6	3.9	7.9	4.6	7.2	6.1
Others	11.9	12.3	15.5	11.9	12.6	12.3
Total	1,490	470	209	886	1,284	2,170



Table 12.3 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, SLHDS 2020	Prevalence of disabled persons	Total	Among household members with disabilities, percentage who suffer from specific types of disabilities							Number of household members with disabilities ¹
			Sight	Hearing	Speech	Learning	Mobility	Self-care	Mental	
Sex										
Male	5.1	17,652	2.3	1.0	0.3	0.3	1.1	0.2	1.3	894
Female	5.5	19,019	2.8	1.5	0.3	0.3	1.0	0.2	1.0	1,048
Age										
<5	4.4	6,198	1.7	0.8	0.3	0.2	1.0	0.2	1.4	276
5-9	3.8	5,976	1.9	1.0	0.2	0.2	0.7	0.2	0.9	230
10-14	4.1	5,419	1.9	0.8	0.3	0.3	0.7	0.2	1.3	221
15-19	4.9	4,449	2.3	1.2	0.3	0.2	1.1	0.2	1.0	217
20-24	4.1	2,793	1.8	0.7	0.1	0.1	0.8	0.3	1.6	115
25-29	5.4	2,309	2.7	1.9	0.1	0.2	0.8	0.2	0.9	125
30-34	4.9	1,853	2.8	0.8	0.3	0.1	0.9	0.3	0.9	91
35-39	6.9	1,497	3.5	1.8	0.3	0.3	1.3	0.3	1.1	104
40-44	7.2	1,356	3.4	1.4	0.7	0.8	1.2	0.2	1.0	97
45-49	6.4	790	4.4	0.9	0.1	0.3	0.9	0.1	0.6	50
50-54	6.4	1,322	2.9	1.8	0.1	0.2	1.5	0.1	0.9	85
55-59	7.4	614	(3.3)	(1.6)	(0.4)	(0.2)	(1.1)	(0.4)	(0.2)	45
60-64	7.1	718	(4.1)	(1.3)	(0.2)	(0.3)	(1.9)	(0.7)	(0.3)	51
65-69	14.5	292	(4.2)	(3.5)	(0.3)	(0.7)	(3.1)	(1.0)	(0.3)	42
70+	17.7	1,087	10.1	4.9	1.2	0.7	3.5	0.7	2.6	193
Type of residence										
Urban	6.5	19,528	3.2	1.5	0.3	0.3	1.1	0.2	1.5	1,268
Rural	5.8	9,009	2.8	1.4	0.4	0.3	1.4	0.3	1.1	524
Nomadic	1.8	8,135	0.8	0.5	0.1	0.1	0.4	0.2	0.2	149
Region of residence										
Awdal	3.7	3,381	1.2	0.6	0.2	0.2	1.6	0.6	1.0	126
Marodijeh	6.5	12,988	3.5	1.4	0.2	0.4	0.7	0.1	1.4	850
Sahil	5.4	1,697	2.9	1.1	0.3	0.2	1.4	0.6	1.0	92
Togdheer	6.0	7,906	2.8	1.6	0.5	0.2	1.1	0.2	1.4	477
Sool	4.5	4,763	2.3	1.4	0.3	0.1	1.2	0.4	0.8	216
Sanaag	3.0	5,937	1.2	0.8	0.2	0.3	1.0	0.1	0.5	181
Wealth quintile										
Lowest	3.3	11,540	1.6	0.9	0.3	0.2	0.6	0.2	0.5	376
Second	6.5	3,429	3.3	1.5	0.4	0.3	1.5	0.4	1.5	224
Middle	7.4	4,378	2.7	2.4	0.4	0.2	1.2	0.4	2.0	322
Fourth	6.5	6,824	3.7	1.2	0.4	0.3	1.4	0.2	1.4	446
Highest	5.5	10,502	2.7	1.1	0.1	0.4	1.0	0.1	1.2	573
Total¹	5.3	36,672	2.6	1.2	0.3	0.3	1.0	0.2	1.1	1,942

¹ Total includes household members with missing information on age

A person may have two reported diseases; consequently, the percentages reflect this information.

Table 12.4 Origin of disabilities

Percentage distribution of disabled people according to the origin of disabilities, by background characteristics, SLHDS 2020

Background characteristics	Origin of disabilities										Total
	Congenital	Contagious	Child birth conditions	Other disease	Abuse	Aging	Injury/accident	Witchcraft	Others	Don't know	
Sex											
Male	15.6	10.5	5.5	24.9	0.4	18.6	9.9	0.1	6.4	8.2	482
Female	12.3	12.2	2.9	21.0	0.0	30.4	9.8	0.1	3.2	8.0	638
Age											
<5	16.2	19.8	8.4	30.6	0.0	7.9	4.0	0.0	4.0	9.2	82
5-9	23.4	10.4	6.5	20.4	0.7	16.9	8.1	0.0	2.3	11.4	67
10-14	22.7	14.4	14.1	16.8	0.0	5.1	6.0	0.0	6.2	14.7	87
15-19	24.4	8.7	1.8	33.9	0.0	10.1	12.3	0.7	1.1	6.9	96
20-24	10.9	15.4	2.4	15.8	0.0	17.1	11.9	0.0	21.1	5.5	64
25-29	16.8	12.6	0.5	23.3	0.0	21.0	11.4	0.0	0.5	13.8	84
30-34	18.4	25.4	2.9	21.1	0.6	11.6	12.5	0.0	2.7	4.8	78
35-39	18.6	5.3	5.2	14.9	0.0	29.0	12.4	0.0	9.9	4.7	86
40-44	4.6	9.2	1.8	20.3	0.0	43.0	6.5	0.0	2.7	12.0	72
45-49	(15.6)	(8.9)	(0.0)	(15.6)	(0.0)	(35.6)	(13.3)	(0.0)	(2.2)	(8.9)	47
50-54	10.9	5.1	8.8	24.9	0.8	27.2	4.7	0.7	9.8	7.1	77
55-59	(3.1)	(9.4)	(3.1)	(21.9)	(0.0)	(25.0)	(28.1)	(0.0)	(0.0)	(9.4)	39
60-64	4.0	29.7	1.8	7.5	0.0	36.2	18.3	0.0	2.5	0.0	50
65-69	*	*	*	*	*	*	*	*	*	*	39
70+	3.1	3.8	1.1	24.2	0.2	59.0	5.4	0.0	1.4	1.9	152
Type of residence											
Urban	14.0	9.8	4.0	23.2	0.1	23.9	10.0	0.1	5.0	9.8	682
Rural	13.3	12.5	2.4	21.5	0.3	30.2	9.7	0.2	4.6	5.3	289
Nomadic	13.4	17.2	7.1	22.3	0.0	22.6	9.2	0.0	2.6	5.5	149
Region											
Awdal	17.5	8.5	8.1	12.4	0.8	21.5	22.8	0.0	3.9	4.4	77
Marodijeh	13.8	6.2	1.7	31.8	0.0	24.9	4.0	0.0	6.3	11.3	448
Sahil	11.1	12.7	6.9	20.5	2.2	25.5	7.9	0.0	5.9	7.3	55
Togdheer	15.9	17.9	4.9	15.5	0.0	21.8	15.0	0.0	3.5	5.6	286
Sool	8.1	13.4	3.1	24.6	0.0	33.7	8.2	0.0	4.0	5.0	137
Sanaag	13.6	15.1	7.6	11.1	0.0	28.6	13.6	1.0	1.4	8.0	118
Total	13.7	11.5	4.0	22.7	0.2	25.4	9.8	0.1	4.6	8.0	1,121

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

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



Table 12.5 Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability by background characteristics, SLHDS 2020										
Background characteristics	Age at onset of disability									Number of households
	<5	5-9	10-19	20-29	30-39	40-49	50-59	60-69	70+	
Sex										
Male	33.2	6.2	10.3	12.8	11.0	11.2	5.3	6.7	3.2	481
Female	26.5	10.8	15.8	11.8	9.2	9.3	6.2	6.2	4.2	638
Age										
<5	100.0									82
5-9	56.5	43.5								67
10-14	43.6	18.8	37.6							87
15-19	43.0	4.0	53.0							95
20-24	17.5	4.5	34.2	43.8						64
25-29	24.8	12.2	3.8	59.2						84
30-34	25.6	7.3	12.4	12.3	42.4					78
35-39	24.7	3.6	6.4	14.9	50.5					86
40-44	10.7	1.3	13.5	4.2	11.6	58.6				72
45-49	(26.7)	(0.0)	(0.0)	(4.4)	(94.4)	(64.4)				47
50-54	12.6	7.5	2.1	13.9	7.8	21.7	34.3			77
55-59	(15.6)	(6.3)	(12.5)	(12.5)	(12.5)	(0.0)	(40.6)			39
60-64	7.7	2.5	18.7	3.0	2.9	29.7	12.6	22.9		50
65-69	*	*	*	*	*	*	*	*		39
70+	5.1	10.7	3.0	5.0	2.6	5.4	11.9	28.8	27.5	152
Type of disability										
Sight	21.3	6.9	12.0	15.0	11.0	14.2	8.7	6.1	4.8	566
Hearing	32.7	10.8	5.3	11.2	10.5	8.4	3.3	9.3	8.5	261
Speech	54.3	3.6	3.9	10.2	8.2	1.0	2.7	13.5	2.6	61
Learning	(37.5)	(2.1)	(4.2)	(14.6)	(16.7)	(8.3)	(2.1)	(12.5)	(2.1)	48
Mobility	31.6	11.3	15.0	9.8	10.3	7.1	6.1	6.8	1.9	222
Self-care	31.6	13.1	15.3	19.6	6.4	3.0	4.1	6.9	0.0	53
Mental	35.9	7.7	26.0	11.3	6.5	1.2	2.3	2.1	6.9	175
Type of residence										
Urban	29.1	8.5	15.6	11.6	9.0	9.5	4.6	7.5	4.7	682
Rural	28.3	8.1	10.4	12.0	10.6	12.8	9.4	5.3	3.0	289
Nomadic	32.7	11.6	9.8	15.3	13.2	7.5	4.8	4.1	1.0	148
Region										
Awdal	24.8	8.8	12.1	9.1	14.7	11.4	8.1	5.6	5.4	77
Marodijeh	27.7	8.4	14.4	12.4	8.7	12.6	4.7	6.8	4.2	447
Sahil	29.2	10.9	11.8	13.9	6.2	15.7	3.6	4.3	4.4	55
Togdheer	33.2	10.4	13.4	11.8	9.0	6.3	5.4	6.5	3.9	286
Sool	27.3	9.1	12.6	13.3	11.3	10.2	7.5	6.6	2.2	137
Sanaag	31.8	5.1	12.8	12.4	14.2	6.5	8.8	6.4	2.0	118
Total	29.4	8.8	13.5	12.2	10.0	10.1	5.9	6.5	3.7	1,119

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

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

Table 12.6 Care and support received for persons with disabilities

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

Background characteristics	Care and support received					Number of persons
	Medical	Welfare	Financial	Nutritional	No support	
Sex						
Male	52.8	0.6	3.5	0.5	41.8	894
Female	60.7	0.5	2.2	0.9	38.1	1,048
Age						
0-4	33.3	0.6	2.5	0.1	46.2	276
5-9	29.1	0.3	0.5	0.3	56.8	230
10-14	42.3	0.0	1.5	0.1	51.5	221
15-19	44.5	0.6	4.2	0.8	51.3	217
20-24	53.8	0.5	1.9	0.0	34.5	115
25-29	64.8	1.1	5.1	0.7	37.4	125
30-34	84.0	0.0	1.6	0.0	21.5	91
35-39	79.5	0.3	1.7	0.0	24.7	104
40-44	71.5	0.0	2.7	0.9	29.5	97
45-49	91.6	1.2	1.2	0.0	15.4	50
50-54	89.7	0.0	1.4	0.0	14.8	85
55-59	(85.7)	(2.9)	(5.7)	(0.0)	(17.1)	45
60-64	92.2	1.2	7.2	0.0	10.4	51
65-69	(81.5)	(3.7)	(7.4)	(3.7)	(22.2)	42
70+	75.0	0.9	3.1	4.0	46.8	193
Types of residence						
Urban	54.1	0.3	2.5	0.7	42.1	1,268
Rural	52.9	1.0	4.2	0.7	45.0	524
Nomadic	97.2	0.6	0.8	0.0	1.6	149
Region						
Awdal	55.0	1.4	8.3	2.4	42.0	126
Marodijeh	53.7	0.1	1.3	0.8	38.9	850
Sahil	61.0	1.2	2.7	0.7	41.7	92
Togdheer	58.1	0.0	4.4	0.5	42.8	477
Sool	61.0	3.1	3.1	0.0	35.8	216
Sanaag	65.1	0.0	1.6	0.0	38.4	181
Wealth quintile						
Lowest	70.0	0.9	1.6	0.8	31.2	376
Second	59.2	1.1	3.0	1.0	46.9	224
Middle	53.9	0.9	3.9	0.2	38.5	322
Fourth	50.4	0.1	1.9	0.0	41.8	446
Highest	54.8	0.1	3.6	1.3	41.8	573
Total	57.1	0.5	2.8	0.7	39.8	1,942

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

Table 12.7 Smoking or using tobacco

Percentage of household members who smoke cigarette or using tobacco by background characteristics , SLHDS 2020		
Background characteristics	Percentage of household members who smoke cigarettes or use tobacco	Number of household members
Sex		
Male	14.3	11,486
Female	1.1	13,011
Age		
10-14	1.9	5,419
15-19	3.5	4,449
20-24	5.6	2,793
25-29	8.8	2,309
30-34	9.5	1,853
35-39	14.1	1,497
40-44	12.0	1,356
45-49	14.5	790
50-54	12.6	1,322
55-59	12.6	614
60-64	12.2	718
65-69	20.0	292
70+	9.8	1,087
Type of residence		
Urban	6.4	13,265
Rural	8.4	5,856
Nomadic	8.2	5,376
Region		
Awdal	10.7	2,312
Marodijeh	7.2	8,893
Sahil	11.4	1,122
Togdheer	7.7	5,176
Sool	4.7	3,102
Sanaag	5.7	3,893
Education		
No education	7.6	15,815
Primary	5.7	5,178
Secondary	8.3	2,285
Higher	7.9	1,219
Wealth quintile		
Lowest	9.3	7,573
Second	8.1	2,286
Middle	7.8	2,835
Fourth	7.1	4,586
Highest	4.8	7,218
Total	7.3	24,497



Table 12.8 Use of *Khat*percentage of household members who use *Khat* by background characteristics, SLHDS 2020

Background characteristics	Percentage of household members who use <i>khat</i>	Number of household members
Sex		
Male	18.2	11,486
Female	0.6	13,011
Age		
10-14	2.0	5,419
15-19	3.6	4,449
20-24	6.4	2,793
25-29	9.1	2,309
30-34	13.4	1,853
35-39	16.3	1,497
40-44	16.4	1,356
45-49	17.6	790
50-54	16.5	1,322
55-59	18.4	614
60-64	15.3	718
65-69	27.0	292
70+	13.2	1,087
Type of residence		
Urban	7.9	13,265
Rural	10.7	5,856
Nomadic	9.4	5,376
Region		
Awdal	14.4	2,312
Marodijeh	9.8	8,893
Sahil	14.4	1,122
Togdheer	8.5	5,176
Sool	4.5	3,102
Sanaag	5.8	3,893
Education		
No education	9.2	15,815
Primary	6.8	5,178
Secondary	9.6	2,285
Higher	11.4	1,219
Wealth quintile		
Lowest	11.1	7,573
Second	9.8	2,286
Middle	9.3	2,835
Fourth	8.8	4,586
Highest	6.1	7,218
Total	8.9	24,497

Table 12.9 Prevalence of being sick in the month previous the survey

Percentage of households with members who have been sick in the last month by background characteristics , SLHDS 2020

Background Characteristics	Percentage of households with members who have been sick in the last month	Total	Percentage of household with members who sought any advice or treatment	Total
Type of residence				
Urban	13.2	3,169	75.3	419
Rural	13.7	1,706	63.6	234
Nomadic	7.6	1,566	33.1	119
Region of residence				
Awdal	10.0	597	58.7	60
Marodijeh	11.3	2,242	71.6	253
Sahil	13.8	334	64.8	46
Togdheer	14.5	1,355	74.0	196
Sool	12.7	831	51.2	106
Sanaag	10.4	1,081	52.7	112
Wealth quintile				
Lowest	10.0	2,154	42.6	216
Second	7.7	987	63.7	76
Middle	15.6	745	60.7	116
Fourth	16.3	1,053	78.8	172
Highest	12.8	1,500	81.9	192
Total	12.0	6,440	65.2	772



Table 12.10 Sources for advice or treatment SLHDS 2020

Background Characteristics	Percentage who have been sick and sought any advice or treatment	Number of households with members who have been sick in the last month	Public Sector							Private Medical Sector				Other Source	Percentage who have been sick and did not seek any advice or treatment	Number of households with members who have been sick in the last month and sought advice or treatment
			Government Hospital	1Referral Health Centre	MCH/HC	Primary Health Unit	Mobile Clinic	Other Public Sector	Private Hospital/Clinic/Doctor	Pharmacy	Other Private Medical Sector	Shop	Others			
Type of residence																
Urban	75.3	419	19.3	2.0	2.4	1.9	0.1	2.0	48.1	5.3	6.7	0.0	1.3	24.7	316	
Rural	63.6	234	19.7	2.4	9.6	1.6	1.0	0.0	22.4	10.2	0.7	0.0	1.2	36.1	149	
Nomadic	33.1	119	(15.6)	(0.5)	(4.8)	(1.4)	(0.5)	(0.0)	(8.5)	(0.8)	(0.5)	(0.0)	(2.3)	(66.9)	39	
Region																
Awdal	58.7	60	(18.2)	(4.0)	(5.7)	(0.0)	(0.0)	(1.5)	(23.8)	(9.1)	(1.5)	(0.0)	(2.3)	(41.3)	35	
Marodijeh	71.6	253	13.5	2.8	4.1	2.8	0.0	2.1	49.2	1.3	6.4	0.0	0.0	28.4	181	
Sahil	(64.8)	46	(31.8)	(0.7)	(10.3)	(3.6)	(0.0)	(0.0)	(14.1)	(14.8)	(0.9)	(0.0)	(2.6)	(35.2)	30	
Togdheer	74.0	196	21.6	0	3.0	0.6	0.0	1.1	41.5	9.1	5.1	0.0	1.1	26.0	145	
Sool	51.2	106	17.5	2.9	4.2	1.8	1.8	0.0	20.7	6.4	2.3	0.0	2.4	48.2	54	
Sanaag	52.7	112	22.1	1.6	8.5	1.4	1.6	0.0	14.4	6.3	0.6	0.0	3.0	47.3	59	
Wealth quintile																
Lowest	42.6	216	19.7	0.0	4.6	1.3	0.6	0.0	12.1	4.5	0.6	0.0	2.0	57.4	92	
Second	63.7	76	(23.9)	(4.6)	(6.6)	(0.8)	(0.0)	(0.0)	(19.3)	(12.8)	(0.0)	(0.0)	(0.0)	(36.3)	48	
Middle	60.7	116	21.9	2.1	9.0	0.9	1.1	0.0	20.7	9.0	9.2	0.0	0.5	38.8	70	
Fourth	78.8	172	16.4	4.4	3.3	1.8	0.3	0.0	51.8	5.4	2.9	0.0	2.6	21.2	135	
Highest	81.9	192	16.1	0.6	3.8	3.0	0.3	4.4	57.5	4.1	7.1	0.0	0.7	18.1	158	
Total	65.2	772	18.8	1.9	5.0	1.7	0.5	1.1	34.2	6.1	4.0	0.0	1.4	34.7	504	

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

Table 12.11 Amount in health expenses

	Amount in health expenses (US \$)						Number of households
	1-49	50-99	100 -199	200- 299	300+	Total	
Amount of money that households incurred for health services in the last month by background characteristics, SLHDS 2020							
Type of residence							
Urban	26.3	28.4	17.5	7.0	20.8	100.0	301
Rural	30.4	27.2	19.2	4.5	18.7	100.0	127
Nomadic	(18.2)	(27.3)	(18.2)	(13.6)	(22.7)	(100.0)	31
Region of residence							
Awdal	(33.3)	(15.4)	(23.1)	(10.3)	(17.9)	100.0	30
Marodijeh	21.4	29.3	21.1	9.2	19.0	100.0	178
Sahil	34.9	19.9	22.9	9.3	13.0	100.0	25
Togdheer	30.4	34.7	11.9		22.9	100.0	131
Sool	33.2	17.9	20.2	13.7	14.9	100.0	45
Sanaag	21.1	25.9	16.1	6.6	30.3	100.0	50
Total	26.7	27.9	18.1	6.7	20.6	100.0	459

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

Table 12.12 Financial sources used to pay for health services

Background characteristics	Financial sources for health services							Number of households
	Income	Insurance	Savings	Borrowing	Relatives/ Friends	Sold Assets	Other	
Percentage distribution of financial sources used for health services by households in the last month by background characteristics, SLHDS 2020								
Type of residence								
Urban	51.1	2.0	2.8	13.2	17.6	4.9	4.5	304
Rural	43.9	2.1	0.5	19.7	16.6	13.4	3.3	134
Nomadic	(37.5)	(0.0)	(4.2)	(20.8)	(22.9)	(22.9)	(16.7)	34
Region								
Awdal	(65.9)	(0.0)	(7.3)	(12.2)	(19.5)	(17.1)	(2.4)	32
Marodijeh	45.5	3.9	0.0	3.9	7.2	2.1	6.3	179
Sahil	55.7	0.0	0.0	20.0	20.5	8.2	7.9	27
Togdheer	47.8	0.8	5.0	27.1	29.1	14.2	1.8	134
Sool	33.2	0.0	2.7	10.5	18.1	10.4	7.9	48
Sanaag	56.1	1.2	0.0	31.7	21.4	10.7	6.0	53
Wealth quintile								
Lowest	46.2	0.0	0.8	19.7	17.0	17.1	7.3	83
Second	(38.3)	(2.1)	(2.1)	(23.4)	(25.5)	(10.6)	(6.4)	42
Middle	38.8	0.0	4.5	14.6	22.6	13.0	3.1	64
Fourth	42.2	0.5	2.3	19.0	17.6	4.3	1.6	133
Highest	59.8	4.7	2.1	8.4	14.0	5.7	7.2	151
Total	48.2	1.9	2.2	15.7	17.8	8.6	5.0	472

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

Table 12.13 Prevalence of health insurance ownership

Percentage of households with members who have health insurance policy by Background characteristics SLHDS 2020

Background Characteristics	Percentage of households with members who have health insurance	Number of households
Type of residence		
Urban	0.6	2,940
Rural	0.2	1,572
Nomadic	0.1	1,532
Region of residence		
Awdal	0.6	567
Marodijeh	0.5	2,084
Sahil	0.7	313
Togdheer	0.2	1,256
Sool	0.4	801
Sanaag	0.1	1,023
Wealth quintile		
Lowest	0.1	2,154
Second	0.0	624
Middle	0.1	712
Fourth	0.6	1,053
Highest	0.9	1,500
Total	0.4	6,044







13

Adult and Maternal Mortality



1.3 ADULT AND MATERNAL MORTALITY

Key Findings

- Adult mortality in Somaliland is higher among men (**5.93** deaths per **1,000** population) in comparison to women (**4.34** per **1,000** population) for ages **15-49**.
- **16%** of women and **24%** of men who have reached age 15 are likely to die before age **50**.
- The Maternal Mortality Rate (MM-Rate) for the two years preceding the survey is **0.63** maternal deaths per **1,000** women years of exposure.
- The Maternal Mortality Ratio (MM Ratio) for the two-year period preceding the survey is estimated at **396** maternal deaths per **100, 000** live births.
- The Pregnancy Related Maternal Mortality Ratio (PMM Ratio) is **464** maternal deaths per **100, 000** live births for the two-year period preceding the survey.
- The Life Time Risk (LTR) of Maternal Mortality is **0.023**, meaning that **1** in **50** women entering the child bearing age (**15**) today will die of pregnancy related complications before end of child bearing age (**50**).

Adult and maternal mortality indicators can be used to assess the health status of a population, particularly in developing countries. They are also used as national development indicators. Levels and trends in overall adult mortality have important implications for health and social programmes for the Somaliland government and international partners.

Adult and maternal mortality as measured in the SLHDS 2020 did not use the maternal mortality module developed by MEASURE DHS (which is based on the sisterhood method). Instead, the survey used a methodology used in the 2013 Yemen DHS. The method relies on asking questions about deaths in a household during a recent interval of time, normally two years. Adult and maternal mortality data was collected during the listing of households, because it requires a large sample size. Number of households listed was 29,169 households and 23,940 of them were interviewed using a maternal mortality questionnaire to identify deaths that had occurred 2 years preceding the survey and collected additional information on the deceased persons. This method provides an up to-date estimate but is time-consuming and costly because it requires a large sample size to obtain single-point estimates with sufficiently narrow confidence intervals to enable monitoring of time trends



13.1 Adult mortality

The direct estimation of male and female adult mortality is obtained from the reported deaths in the household two years preceding survey. Mortality rates are calculated by dividing the number of deaths in each age group of women and men by total person-years of exposure to the risk of dying in that age group during the reference period. To minimize the impact of possible heaping on years since death, ending in zero and five direct estimates are presented for the period of seven years before the survey.

It should be noted that age specific mortality rates obtained in this manner are subject to considerable sampling variation. Therefore, aggregating the data over the age range 15-49 will reduce the effects of sampling variability.

Table 13.1 shows age-specific mortality rates for women and men aged 15-49 for the seven-year period preceding the survey. The age-specific rates generally show the expected pattern of increasing mortality with increasing age, however there are dips for age groups (35-39) and (40-44) for females, and (35-

Table 13.1 Adult mortality rate

Direct estimates of female and male mortality rates for the two years preceding the survey, by five-year age groups, SLHDS 2020						
Age	Deaths (2 years preceding the survey)	Annual deaths	Deaths in 7 years	Exposure (7 years)	Mortality rates ¹	
Female						
15-19	31	16	109	61,872	1.75	
20-24	38	19	133	39,295	3.38	
25-29	50	25	175	36,750	4.76	
30-34	66	33	231	24,683	9.36	
35-39	45	23	158	27,036	5.83	
40-44	22	11	77	16,157	4.77	
45-49	15	8	53	9,594	5.47	
Total 15-49	267	134	935	215,388	4.34a	
Male						
15-19	29	15	102	54,280	1.87	
20-24	38	19	133	28,881	4.61	
25-29	45	23	158	26,460	5.95	
30-34	42	21	147	19,145	7.68	
35-39	34	17	119	21,190	5.62	
40-44	68	34	238	17,898	13.30	
45-49	45	23	158	9,827	16.03	
Total 15-49	301	151	1,054	177,680	5.93a	

¹ Expressed per 1,000 population

^a Age-adjusted rate

Table 13.2 Adult mortality probabilities

The probability of dying between the ages of 15 and 50 for women and men for the seven years preceding the survey, SLHDS 2020		
Survey	Women 35q15 ¹	Men 35q15 ¹
SLHDS 2020	162	241

¹ The probability of dying between exact ages 15 and 50, expressed per 1,000 person-years of exposure

39) for males. Overall, the estimated level of adult mortality is slightly higher among male than female for ages 15-49. The male mortality rate is 5.93 deaths per 1,000 population while female mortality rate is 4.34 per 1,000 population (Figure 13.1).

Table 13.2 shows the summary measure of the risk of dying between exact ages 15 to 50 (35q15) for females and males. According to data from SLHDS 2020, 16 percent of women and 24 percent of men are likely to die between ages 15 and 50 under the prevailing mortality probabilities.

13.2 Maternal mortality

A maternal death is the death of a woman while pregnant, during delivery or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental causes (Organization & Hill, Kenneth, Stanton, Cynthia, Gupta, Neeru. Carolina Population Center, 2013).

The leading causes of maternal mortality are postpartum hemorrhage, pre-eclampsia/eclampsia and obstructed labour and sepsis.

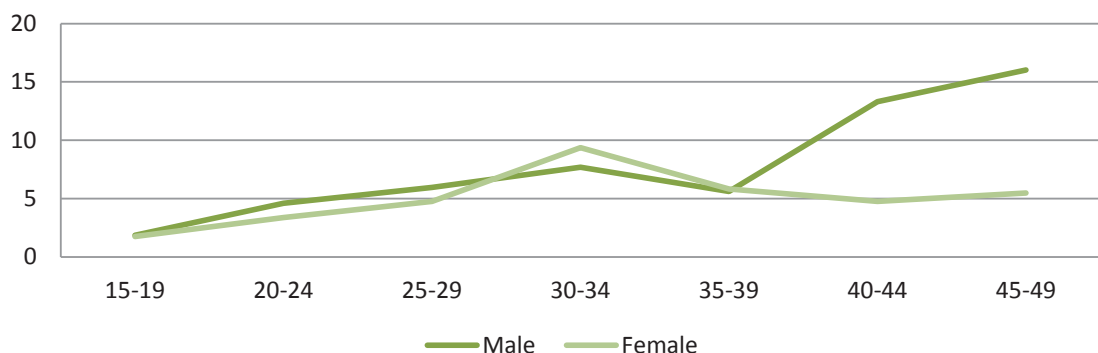
The key determinants of maternal mortality in Somaliland, include: low uptake of contraceptives, low ANC attendance rates, and limited delivery care by skilled birth attendants. The main social challenges to further reduction of maternal mortality include: limited health facilities and poor distribution of the limited health facilities countrywide, unequal access to care, low quality of interventions, and limited capacity in planning, management and evaluation, the cultural and geographic isolation of women. (Health Profile, 2015).

MMR is a good indicator to monitor progress on the National Development Plan II, Health Sector Strategic plan and Global Sustainable Development Goals (SDGs), but its generation is challenging due to the absence of vital registration of maternal deaths and estimation of these mortality rates that requires comprehensive and accurate reporting of maternal deaths.

The maternal mortality estimates presented in this report are obtained from data collected using the Direct Estimation method which relies on asking questions about maternal deaths in a household two years preceding the survey.

Table 13.3 presents maternal mortality rate, maternal mortality ratio, pregnancy related maternal mortality rate, pregnancy related

Figure 13.1 Adult mortality rate



maternal mortality ratio, Life-time Risk of Maternal Mortality and Life-time Risk of Pregnancy Related Maternal Mortality for the two years preceding the survey.

13.3.1 Maternal Mortality Rate (Mm-Rate)

The MM-Rate is defined as the number of women who die as a result of complications of pregnancy or childbearing in a given year per 1,000 women of childbearing age in the population. The MM-Rate is an indicator of the risk of maternal death among women of reproductive age. The MM-Rate is usually multiplied by a factor of 1,000.

As shown in Table 13.3, the MM-Rate which is the rate of mortality related to pregnancy and childbearing excluding deaths due to accident or violence was 0.63 maternal deaths per 1,000 woman-years of exposure. This implies that around 1 in every 1500 women aged 15-49 years old in Somaliland dies due to birth-related complications.

13.3.2 Pregnancy Related Maternal Mortality Rate

Pregnancy-related maternal mortality rate is the number of pregnancy-related deaths per 1,000 women aged 15-49 years old. Pregnancy-related mortality rates by 5-year age groups are calculated by dividing the number of pregnancy-related deaths in each age group by the total person-years of exposure of the women to the risk of dying in that age group during the period and then multiplying by a 1,000. The number of deaths is the number of women aged 15-49 years old that were reported as having died during pregnancy or delivery, or in the two months following the delivery, by their age group at the time of death. Pregnancy related Maternal Mortality Rate does not exclude deaths due to accident or violence.

The Pregnancy-related Mortality Rate among women aged 15-49 years old is 0.73

pregnancy-related deaths per 1,000 woman-years of exposure.

13.3.3 Maternal Mortality Ratio (MMR)

The MMR is defined as the number of women who die as a result of complications of pregnancy or childbearing in a given year per 100,000 live births in that year. The indicator is computed from deaths of women aged 15-49 years old which occur during pregnancy, at childbirth, and up to 42 days after childbirth excluding deaths due to accidents or violence.

By expressing maternal deaths per live birth, rather than per woman of reproductive age, the MMR is designed to express direct obstetric risk. It is obtained by dividing the number of maternal deaths in a population during some time interval by the number of live births occurring in the same period. Thus, it depicts the risk of maternal death relative to the frequency of childbearing. The MMR is considered a more useful indicator of maternal mortality, since it measures the obstetric risk associated with each live birth (WHO, 2015b).

The MMR can be converted to a maternal mortality ratio (expressed as deaths per 100,000 live births) by dividing the MMR by the general fertility rate (GFR) that prevailed during the same period and multiplying the result by 100,000. The MMR for Somaliland (among urban, rural and nomadic populations) is 396 deaths per 100,000 live births. This means that for every 1,000 live births, approximately 4 women die during pregnancy, childbirth, or within two months of childbirth.

The MMR is one of the indicators used to assess progress towards the SDG number three: ensuring healthy lives and promoting well-being for all at all ages. Somaliland government's targets as per the National Development Plan II (2017-2021) includes to reduce the maternal mortality ratio from 732 to 400 per 100,000 live births by 2021 (MNP&D, 2017). Readers should note that 732 refers to the 2015 MMR figure for the Pre-War Somalia.



Somaliland as a country had no official figure for MMR previous to this survey. However, a verbal autopsy maternal mortality survey for Somaliland was conducted by WHO, Regional office (WHO-EMRO), WHO Country office, University of Aberdeen, and Data and Research Solutions (DARS) in 2014, which indicated a MMR for Somaliland of 418 per 100,000 live births. However, the report was not endorsed by the Ministry of Health and therefore was not published.

13.3.4 Pregnancy-Related Mortality Ratio (PRMR)

When the indicator is computed from data on maternal deaths regardless of the cause, the indicator is referred to as PRMR. A maternal death, as explained earlier, refers to any death of a woman while pregnant, during birth or within 42 days of termination of pregnancy, from any cause but not from accident or an act of violence. A pregnancy-related death on the other hand, refers to any death of a woman while pregnant, during birth or within two months of termination of pregnancy, regardless of the cause of death. Before 2016, pregnancy related death was used in computing MMR. The distinction between pregnancy-related and strictly maternal deaths was overlooked. Changes were proposed by the WHO to exclude deaths due to accident or acts of violence. Questions were therefore added to the DHS questionnaire to identify deaths due to accident or violence. The revised MMR is not comparable to MMR trends prior to 2016.

PRMR is the number of pregnancy-related deaths per 100,000 live births. The PRMR is calculated by dividing the age-standardized pregnancy-related mortality rate for women aged 15-49 by the GFR times 100,000. As mentioned above, the PRMR is 464 deaths per 100,000 live births. For every 1,000 live births, about 5 women die during pregnancy, birth or within two months after childbirth.

13.3.5 Life-Time Risk of Maternal Mortality (LTR)

LTR is defined as the risk of an individual woman dying from pregnancy or childbirth during her reproductive life. It takes into account both the probability of becoming pregnant and the probability of dying, because of pregnancy accumulated across a woman's reproductive years.

The LTR reflects the risk that a woman who survives to age 15 will die of maternal causes at some point during her reproductive lifespan, given current rates of maternal mortality and fertility. Thus, in a high-fertility setting, a woman faces the risk of maternal death multiple times, and her lifetime risk of death will be higher than in a low-fertility setting.

The LTR of Maternal Mortality is 0.02337, meaning that 1 in 50 women entering the child bearing (age 15) today will die of pregnancy related complications before end of child bearing (age 50).

13.3.6 Lifetime Risk of Pregnancy-Related Death

The Lifetime risk of pregnancy-related death is calculated as $1 - (1 - \text{PRMR}) \text{TFR}$, where PRMR represents the pregnancy related mortality ratio and TFR represents the total fertility rate. At the fertility and mortality rates prevailing in 2018-2019, 2.7 percent of women would be expected to die from pregnancy-related causes during their reproductive lifetime (i.e., a lifetime risk of 1 in 50).

Maternal mortality can be reduced by improving the contraceptive utilization rate, increasing skilled deliveries, enhancing access to maternal health services, increasing EMOC facilities, reducing the prevalence of female genital mutilation as well as improving the nutrition of pregnant mothers.



Table 13.3 Maternal Mortality

Direct estimates of maternal mortality rates for the two years preceding the survey, by five-year age groups, SLHDS 2020							
Age group	Maternal deaths (2 yrs)- Un-adjusted	Annual maternal deaths un-adjusted	Maternal deaths (2 yrs)- adjusted	Annual maternal deaths adjusted	Years of exposure	Maternal Mortality Rate (MMRate)- un-adjusted	Maternal Mortality Rate (MMRate)- adjusted
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
15 - 19	3	1	3	1	26,828	0.0502	0.0502
20 - 24	21	11	13	7	23,410	0.4549	0.2798
25 - 29	28	14	25	12	16,480	0.8631	0.7490
30 - 34	55	27	47	24	17,559	1.5655	1.3424
35 - 39	41	21	39	20	12,300	1.6676	1.5948
40 - 44	8	4	7	3	10,193	0.4078	0.3428
45 - 49	1	0	1	0	187	2.5672	2.5672
Total (15-49)	158	79	135	67	106,956	0.7373	0.6302
PRMR							464
PRMR CI							287-641
MMR							396
MMR CI							245-547
LTR= 1-(1-PRMR/100,000) ^{TFR}							0.02730
LTR= 1-(1-MMR/100,000) ^{TFR}							0.02337



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Glossary

Adult mortality

The probability that a 15-year-old will die before reaching his/her 60th birthday, if subjected to age-specific mortality rates between those ages for the specified year.

Antenatal care (ANC)/Prenatal care

Care provided by skilled health care professionals (which include doctors/clinical officers or 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.

Lifetime Risk (LTR) of Maternal Mortality

The risk of an individual woman dying from pregnancy or childbirth during her reproductive lifetime, taking into account both the probability of becoming pregnant and the probability of dying, as a result of pregnancy accumulated across a woman's reproductive years. It reflects the risk that a woman who survives to age 15 will die of maternal causes at some point during her reproductive lifespan, given current rates of maternal mortality and fertility.

Lifetime Risk (LTR) of Pregnancy-Related Death

This indicator is the same as the LTR, except that the calculation of this indicator includes deaths due to accidents and violence.

Live birth

The complete expulsion from its mother of a product of conception, regardless of the duration of the 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.



Maternal death

The death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal Mortality Ratio (MMR)

The number of women who die because of complications of pregnancy or childbearing in a given year per 100,000 live births in that year, excluding deaths due to accident or violence.

MMRate

The number of women who die because of complications of pregnancy or childbearing in a given year per 1,000 women of childbearing age in the population.

Nomad

A person with no permanent residence, who depends on livestock for livelihood, and who moves from one place to another in search of pastures and water for their livestock.

Pharaonic (Type III & IV)

A form of female circumcision that involves narrowing of the vaginal opening with the creation of a covering seal by cutting, appositioning and stitching together the labia minora or the labia majora, with or without excision of the clitoris.

Postnatal care

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

Pregnancy-Related Mortality Ratio (PRMR)

The number of women who die because of complications of pregnancy or childbearing in a given year per 100,000 live births in that year including deaths due to accident or violence.

Reproductive age for women

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

Sampling

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

Sampling frame

The list from which units are drawn for the sample. The 'list' may be an actual listing of units, or some 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 professional – such as a doctor/clinical officer or nurse/midwife/nurse – who has been educated and trained to proficiency in the skills needed to

manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

Sunna/sunni (Type I)

A form of female circumcision, which involves the partial or total removal of the clitoris and/or the prepuce.

Vaccination

Stimulates one's immune system to produce antibodies, exactly like it would if they were exposed to the disease. After getting vaccinated, a person develops immunity to that disease, without having to get the disease first.

Wealth quintile

A measure of wealth or poverty status of the household based on the ownership of assets and the characteristics of the person's household. Household characteristics in many instances may be considered to be a better or more valid reflection of living standards than monetary income, since they capture long-term wealth and cover both monetary and non-monetary wealth. A quintile represents information for a fifth (20%) of the population. A household is classified into a quintile based on the score where the fifth quintile represents a wealthiest household and vice versa.

Chronic diseases
Anaemia

A medical condition in which the red blood cell count or haemoglobin is less than normal.

Arthritis

Joint disease that causes swelling of the joints, pain, stiffness and decreased range of motion.

Blood pressure

The pressure of the blood on the walls of the arteries as the heart pumps it around a body. A systolic blood pressure reading of 140 or more is high blood pressure (also called hypertension).

Cardiovascular (heart) disease

Refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease

Cataract

Clouding of the eye's natural lens, which lies behind the iris and the pupil. Cataract is the most common cause of loss of vision loss in people over age 40 and is the principal cause of blindness in the world.

Chronic back pain/spinal problem

Pain in the back or a problem with the spine that



which lasts for 3 months or more. People who have chronic back pain may have limited range of motion and/or tenderness upon touch. People with spinal problem experience pain and other symptoms, such as numbness, tingling or weakness.

Chronic headache

This is headache that occurs for more than four hours on more than 15 days per month

Diabetes

Often referred to as diabetes mellitus, this describes a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond properly to insulin, or both.

Epilepsy

Chronic disorder, characterized by recurrent, unprovoked seizures which occur because of a sudden surge of electrical activity in the brain.

Inflammation/ulcers

Sores in the lining of the rectum and colon. Ulcers form where inflammation has killed the cells that usually line the colon, then bleed and produce pus.

Kidney diseases

Affect the body's ability to clean blood, filter extra water out of blood and help control blood pressure.

Liver disease

Symptoms of liver disease often include swelling of the abdomen and legs, bruising easily, changes in the colour of your stool and urine, and jaundice, or yellowing of the skin and eyes.

Lung disease

Disorders that affect the lungs, the organs that allow us to breathe. The three most common lung diseases are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning. COPD refers to chronic obstructive bronchitis and emphysema. Both diseases limit airflow into and out of the lungs and make breathing difficult. Lung cancer is a disease in which abnormal (malignant) lung cells multiply and grow without control.

Mental/psychological illness

A condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day.

Prostatic hypertrophy also known as prostatic hyperplasia

Histologic diagnosis characterized by proliferation of the cellular elements (enlargement) of the prostate. Chronic bladder outlet obstruction (BOO) secondary to BPH may lead to urinary retention,

renal insufficiency, recurrent urinary tract infections, gross haematuria, and bladder calculi.

Sickle-cell anaemia/thalassemia

Belongs to a group of diseases called sickle-cell diseases (SCD) that are inherited red blood cell disorders. People with SCD have abnormal haemoglobin, called haemoglobin S or sickle haemoglobin, in their red blood cells. Sickle-cell anaemia is the most common and severe kind of SCD. Characteristic features of this disorder include a low number of red blood cells (anaemia), repeated infections, and periodic episodes of pain

Skin disease

A condition or disease affecting the skin. It's anything that irritates, clogs, or inflames your skin causing symptoms such as redness, swelling, burning, and itching.

Stroke

Occurs when the blood supply to your brain is interrupted or reduced. This deprives your brain of oxygen and nutrients, which can cause your brain cells to die. A stroke can sometimes cause temporary or permanent disabilities, depending on how long the brain lacks blood flow and which part was affected. Complications may include: paralysis or loss of muscle movement; difficulty talking or swallowing; memory loss or thinking difficulties; emotional problems; pain and numbness; changes in behaviour and ability for self-care.

Tumor

Also known as a neoplasm, is an abnormal mass of tissue which may be solid or fluid-filled. Tumors can be benign (not cancerous), pre-malignant (pre-cancerous), or malignant (cancerous).

Literacy and school attendance

Gross Attendance Ratio (GAR)

The total number of students attending a given education level, regardless of age, expressed as a percentage of the eligible official school-age population for that level in a given school year.

Literacy

Is the ability to read and write, with an understanding of a short simple statement about one's everyday life.

Net Attendance Ratio (NAR)

The total persons attending in a given education level who have an age that is within the age range appropriate for the level of education they are enrolled in. The NAR is expressed as a percentage of the eligible official school-age population for a particular level in a given school year corresponding with the population.



Types of disability

Hearing

Hearing loss, also known as hearing impairment, is a partial or total inability to hear. Hearing loss may be caused by genetics, ageing, exposure to noise, some infections, birth complications, trauma to the ear, and certain medications or toxins.

Learning

A learning disability is a neurological disorder. In simple terms, a learning disability results from a difference in the way a person's brain is "wired." Children with learning disabilities are as smart as or smarter than their peers. But they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways.

Mental

A mental disorder, also called a mental illness or psychiatric disorder is a behavioural or mental pattern that may cause suffering or a poor ability to function in life. Persons with mental disorders often have significant changes in thinking, emotion and/or behaviour; distress and/or problems functioning in social, work or family activities.

Mobility

Mobility impairment refers to the inability of a person to use one or more of his/her extremities, or a lack of strength to walk, grasp, or lift objects. The use of a wheelchair, crutches, or a walker may be utilized to aid in mobility.

Self-care

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

Sight

Visual impairment (vision impairment, vision disability) is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses or medication. Visual impairment can be due to disease, trauma, or congenital or degenerative conditions. Terms such as "partially sighted", "low vision", "legally blind" and "totally blind" are used to describe visual impairments.

Speech

Speech disorders or speech impediments are a type of communication disorder where 'normal' speech is disrupted. This can mean stuttering, lisps, etc. Someone who is unable to speak due to a speech disorder is considered mute.

Types of toilet facilities

Flush/pour flush toilet

A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odours.

A pour flush toilet uses a water seal, but unlike a flush toilet, it uses water poured by hand for flushing (no cistern is used).

Open field/defecation

Open defecation is the practice of people defecating outside in an open field or in the bush and not into a designated toilet.

Piped sewer system

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

Piped to pit latrine

A system that flushes excreta to a hole in the ground.

Piped to septic tank

An excreta collection device consisting of a watertight settling tank normally located underground, away from the house or toilet.

Piped to somewhere else

A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g. excreta may be flushed to the street, yard/plot, drainage ditch or other location.

Pit latrine

Excreta are deposited without flushing directly into a hole in the ground.

Pit latrine with slab

A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat.

Pit latrine without slab/open pit

A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.

Ventilated improved pit (VIP) latrine

A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting.



If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP super-structure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.

Water sources

Bottled water

Water that is bottled and sold to the household in bottles.

Cart with small tank

Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (for example, a donkey).

Piped into dwelling

Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.

Piped to yard/plot

Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.

Piped to neighbour

Pipe connected to neighbour's dwelling, yard or plot.

Protected dug well

A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.

Protected spring

A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.

Public tap or standpipe

Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brick-work, masonry or concrete.

Rainwater

Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.

Tanker truck

Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.

Tube well or borehole

A deep hole that has been bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.

Unprotected dug well

A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.

Unprotected spring

A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box".

Surface water

Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.

Water treatment

Adding bleach/chlorine

Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.

Boiling

Heating water using fuel.

Let it stand and settle

Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.

Solar disinfection

Exposing water, which is stored in buckets, containers, or vessels, to sunlight.

Straining water through a cloth

Pouring water through a cloth which acts as a filter for collecting particulates from the water.

Using a water filter (ceramic/sand/composite/etc.)

Running water through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.



APPENDIX A



Sampling Design

The Somaliland Health and Demographic Survey (SLHDS 2020) was designed to provide estimate of maternal mortality and estimates for fertility, child mortality and other relevant indicators at national and regional level, and separately for urban, rural and nomadic places of residence. The target population were women in the reproductive ages (15 to 49 years of age) and children who are under five years of age and reside in households in the country at the time of the survey.

Sampling Frame

The sampling frame required to achieve the objective of SLHDS is a complete list of households in the country. The households form Ultimate Sampling Units (USUs), allowing probability sampling to be implemented. The existence of such a list of households, a list in which every household is associated with one and only one household of the list, is the cornerstone of probability sampling. The fact that there was no population and housing census implemented in Somaliland ever, meant that there was neither complete list of households nor statistical units often referred to as enumeration areas (EAs) available to be used as a sampling frame. The SLHDS therefore begun with the construction of a sampling frame for urban, rural and nomadic places of residence.

Constructing Sampling Frame for Urban and Rural areas

Through the use of up-to-date high-resolution satellite imagery, as well as on-the-ground knowledge of the digitizing team, all dwelling structures in urban and rural places of residence/areas were digitized. Enumeration Areas were formed on-screen through a spatial count of dwelling structures in a Geographic Information System (GIS) software. Thereafter, a sample ground verification of the digitized structures was carried out for large urban and rural areas and necessary adjustments made to the sampling frame. Each of the created EA had a minimum of 50 and a maximum of 149 dwelling structures. A total of 2,923 such EAs, also referred to as primary sampling units (PSUs), were digitized; 1,869 in urban areas and 1,054 in rural areas. However, because of accessibility constraints and some of them became less than 50

households, not all digitized areas were included in the final sampling frame, 2,806 PSU (1,869 in urban and 937 in rural) formed the final frame.

In the first stage, a selection of 35 EAs in every stratum of every design domain was carried out using probability proportional to size (PPS) sampling of digitized dwelling structures. The design domain coincided with the six regions, which are the country's first-level administrative divisions. Listing of households was carried out in each of the 35 selected EAs to obtain the total number of households. During listing, information on births and deaths was obtained through the maternal mortality questionnaire. The purpose for collecting these data from such a large number of PSUs (with estimated 80 households per PSU) was to enable the estimation of the Maternal Mortality Ratio (MMR) through a direct which requires a big sample. The data collected in this first phase was edited and a summary of households listed per PSU formed the sampling frames for the second phase. In the second stage, 10 PSUs were sampled; out of the possible 35 that were listed, using probability proportional to the number of listed households.

Constructing Sampling Frame for Nomads

The sampling frame for the nomadic population was constructed using information provided by Nomadic Link Workers (NLWs) and Community gate keepers (Clan elders). These NLWs are associated with nomads through clan affiliation and have linkages with clan elders who reside in rural villages that are frequented by nomads to buy essential commodities and to sell their livestock and livestock products. The NLWs were contacted and asked to provide information on the temporary nomadic settlements (TNS), which they were responsible for. The information included TNS names, estimated number of households in these TNSs, seasons of the year when the TNS is in use, and location of the TNS from the nearest settlement (village), as well as their own telephone numbers. This list of TNS formed the sampling frame for nomads with estimated number of households in each TNS being the measure of size.

The nomadic frame was therefore comprised of an updated list of temporary nomadic settlements (TNS) obtained from nomadic link workers (NLWs) who are tied to these nomadic settlements. A total of 1,448 TNS formed the SLHDS nomadic sampling frame. During

data collection in the nomadic areas, households were listed in each TNS as part of verifying the list of households, a day earlier than the day of enumeration. The main reason of listing was to obtain current and complete list of households. During listing, coordinates of all household structures were recorded. A sample of 30 households was then selected by the listing team (using the same method as in urban and rural areas) and given to the supervisors of the enumerating team on their first day of enumeration. Thereafter, supervisors allocated households to be interviewed to enumerators. The main survey enumerating team collected these data from the 30 sampled households while the listing team collected from all the remaining households in the TNS. All households in each of the allocated 10 PSUs were serialized based on their location in the PSU and 30 of these households were selected systematically for DHS type survey. The serialization was done to ensure that households selected for interview would be distributed throughout the PSU.

Nomadic households stay temporarily in certain locations referred to as temporary nomadic settlements (TNS) for as long as pasture and water are available. The duration of stay in these locations is mainly dependent on the amount of rain that fall within that season and how long the season will last. The survey therefore had to be undertaken within that window of opportunity. Nomadic households start moving to a different location as soon as pasture and water are depleted. With the long rains, they would be stationed in one location between 60 to 90 days and for the short rains 45 days. The remaining dry seasons, they move far away including across other regions and neighbouring countries in search of water and pasture.

Adjustments to the Sampling Frame

The number of households in each stratum in the sampling frame was adjusted based on findings from household listing exercise. The adjustment factor, at the stratum level, was obtained by dividing the total number of listed households in the stratum by the total number of digitized dwelling structures in the stratum which formed the original sampling frame. The adjusted sampling frame was then used in computing the strata sampling fractions and hence strata design weights.

Sample Design

The SLHDS followed a stratified multi-stage probability

cluster sample design. The sample design in urban and rural was three-stage stratified cluster sample design, while in nomadic areas the design was a two-stage stratified cluster sample design. The primary sampling units (PSUs) were selected with a probability proportionate to the number of dwelling structures which constituted the sampling frame. The second-stage sampling units (SSUs), for rural and urban areas, were selected with a probability proportionate to the number of listed households which constituted the frame. The ultimate sampling units (USUs), for rural, urban and nomadic areas were systematically selected from listed households in the cluster. Each administrative region was stratified into urban, rural and nomadic areas, yielding a total of 18 sampling strata.

Sample Allocation

To ensure that the survey precision is comparable across regions, PSUs were allocated equally to all regions. In the first stage, a total of 483 PSUs were selected from 18 strata with 208 PSUs from urban, 190 PSUs from rural and 85 PSUs from nomadic areas, representing about 12% of the total frame of all PSUs. In the second stage, a total of 60 PSUs and 60 PSUs were allocated to urban and rural strata respectively and the same 85 PSUs to nomadic areas yielding a total of 205 PSUs. In the third stage for urban and rural and second stage for nomadic areas, 30 households were allocated to each PSU.

Sample selection in urban and rural areas

In the first stage, a selection of 35 PSUs (EAs) in every stratum was carried out using PPS of dwelling structures. Listing of households was conducted and hence the number of households in each of the sampled 35 PSUs in each stratum were obtained. In the second stage 10 SSUs were selected, from the 35 listed PSUs, using PPS to the listed households. Finally, a systematic selection of 30 households from each of the 10 PSUs listed was done using the DHS Program excel sheet template for household selection.

Sample selection in nomadic areas

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

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

First stage sample allocation and selection

- Equally allocate 35 PSUs to urban and rural areas and 10 TNS to all 18 strata.
- PSUs were selected using Probability Proportional to Size (PPS) sampling of digitized dwelling structures
- All households in the selected PSUs were listed and additional information on births and deaths during the 24 months preceding the survey was obtained for use in computing the maternal mortality ratio (MMR).

Second stage sample allocation and selection

- Equally allocate 10 SSUs to all 18
- Secondary sampling units (SSUs) were selected using PPS sampling of listed households

Third stage sample allocation and selection (2nd stage in nomadic areas)

Thirty households were selected systematically and household questionnaire administered. Further, in all the selected households, an ever-married questionnaire was administered to all ever married women aged 12-49 and never-married questionnaire administered to never-married women aged 15-49. In addition, information was obtained from children under the age of five. Eligible ever married women and never married women registered in the households questionnaires were 4654 respondents and 2870 respondents respectively. These act sample allocation of expected number of completed women interviewed for the main survey.

Design Weights and sampling weights

Design weights and sampling (survey) weights were computed for every household and ever-married women and never-married women selected to participate in the SLHDS 2020. A design weight is the inverse of probability of selecting a housing unit to be interviewed. Sampling weight of a household is the design weight corrected for non-response including other adjustments where necessary. Design weights for each stage of the sample selection were computed as shown in the following steps;

First Stage: Selection of 35 PSUs from every urban stratum and rural stratum; and 10 PSUs from nomadic in stratum,

let

PSU_h = number of PSUs to be sampled in stratum h ;
and

MOS_{hi} = number of dwelling structures for PSU_i in stratum h .

The probability of selecting PSU_i in stratum h is

$$P_{hi} = PSU_h \times MOS_{hi} / \sum_{i \in h} MOS_{hi}$$

Design Weight for 1st stage enumeration areas:

$$DW_{1ea} = 1/P_{hi}$$

Second Stage: Selection of 10 SSUs from every urban and rural stratum from the 35 listed PSUs only,

Let

q = total number of SSUs to be sampled;

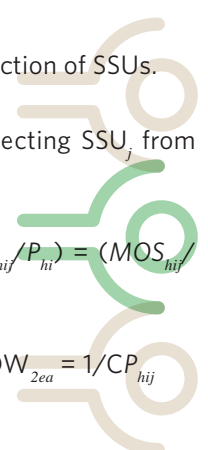
MOS_{hij} = number of listed households for SSU_j of PSU_i in stratum h ; and

I_{SSU} = sampling interval for the selection of SSUs.

The conditional probability (CP) of selecting SSU_j from PSU_i in stratum h is;

$$CP_{hij} = q \times (MOS_{hij}/P_{hi}) / \sum_{hij} (MOS_{hij}/P_{hi}) = (MOS_{hij}/P_{hi})/I_{SSU}$$

Design weight for enumeration areas: $DW_{2ea} = 1/CP_{hij}$



Third and last stage: Selection of 30 households from each PSU using DHS Program excel sheet template,

let

d_h = total number of housing units to be sampled within the stratum h ;

D_h = total number of housing units in the stratum h sampling frame;

Let, $r = d_h/D_h$, then the conditional probability of selecting housing unit k from SSU j of PSU i in stratum h is

$$CP_{hijk} = r/(P_{hi} \times CP_{hij}) = (r \times I_{SSU}) / MOS_{hij}$$

The overall probability of selecting housing unit k in SSU j of PSU i of stratum h is

$$P_{hijk} = P_{hi} \times CP_{hij} \times CP_{hijk} = r$$

The design weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hijk} = 1/P_{hijk} = 1/r$$

Adjustment for non-response and computation of sampling weights

The design weight calculated above is based on sample design parameters. If there was no non-response at the cluster level, at the household level, at the individual level, or under-coverage, the design weight is enough for all analyses, for both household indicators and individual indicators. However, non-response was encountered in SLHDS as is inevitable in such surveys. The response behaviour was different for clusters, households and individuals and all had to be accounted for.

The idea of correcting for unit non-response is to calculate a response rate for each homogeneous response group, then inflate the design weight by dividing it by the response rate for each response group. SLHDS used the sampling stratum as the response group because the stratification was achieved by regrouping homogeneous sampling units in a single stratum (urban, rural or nomadic).

The following steps explain how the sampling weight was calculated.

1. Primary Sampling Unit/Cluster level response rate

Let q_h be the number of PSUs for the first stage and/or SSUs for the second stage selected in stratum h ; let *q_h be the number of clusters (PSUs/SSUs) interviewed. The cluster level response rate in stratum h is therefore;

$$R_{CL} = ^*q_h / q_h$$

2. Household level response rate

Let k_{hj} be the number of households found, as recorded in the household questionnaire, in cluster j of stratum h ; let $^*k_{hj}$ be the number of households interviewed in the cluster. The household response rate in stratum h is calculated by;

$$R_{HH} = \sum d_{hj} ^*k_{hj} / \sum d_{hj} k_{hj}$$

where d_{hj} is the design weight of cluster j in stratum h ; the summation is over all clusters in the stratum h .

3. Individual response rate

Let h_{ji} be the number of eligible women found in cluster j of stratum h ; let $^*h_{ji}$ be the number of individuals interviewed. The individual response rate in stratum h is calculated as;

$$R_{ID} = \sum d_{hj} ^*h_{jl} / \sum d_{hj} h_{jl}$$

where d_{hj} is the design weight of cluster j in stratum h ; the summation is over all clusters in the stratum h .

The household sampling weight of cluster j in stratum h is calculated by dividing the household design weight by the product of the cluster response rate and the household response rate, for each of the sampling stratum:

$$^*d_{hj} = d_{hj} / (R_{CL} \times R_{HH})$$

The individual sampling weight of cluster j in stratum h is calculated by dividing the household sampling weight by the individual response rate, or equivalently, by dividing the household design weight by the product of the cluster response rate, the household response rate and the individual response rate, for each of the sampling strata:

$$d_{hj_ID} = \frac{* d_{hj}}{R_{ID}} = \frac{d_{hj}}{(R_{ID} * R_{HH} * R_{CL})}$$

Post-Stratification

The resulting sampling weight was adjusted for target population constructed by SLHDS team. The sampling frame had excluded areas that were not accessible, areas that had very few dwelling structures according to the satellite image and TNS with very few reported households. The post stratification adjustment factor, at the stratum level, was obtained by dividing the stratum targeted number of households by the stratum number of households in sampling frame. The estimated targeted number of households included estimated households in

the sampling frame and estimated households in areas which could not be accessed. Dwelling structures were also digitized in areas which could not be accessed and the information used in constructing the estimated targeted of households. This ensured that the sum of the final weights is equal to the target population.

Normalization

Lastly, the survey weights were normalized in order to give a total number of weighted cases that equals the total number of unweighted cases at the national level. Normalization was done by dividing the survey weight by the mean of the survey weight for the household weight and for the individual woman. The normalized weights are relative weights, which are valid for estimating means, proportions and ratios.



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Table A.1 Household Distribution by region

Distribution of the households in the sampling frame by region and residence, SLHDS 2020

Region	Households in frame				Percentage of total households	Percent urban
	Urban	Rural	Nomads	Total		
Awdal	17,559	16,924	8,293	42,776	10.5	41.0
Marodijeh	90,921	25,579	7,290	123,790	30.3	73.4
Sahil	7,878	4,142	5,832	17,852	4.4	44.1
Togdheer	40,443	20,346	44,539	105,328	25.8	38.4
Sool	16,601	11,999	25,370	53,970	13.2	30.8
Sanaag	17,603	11,526	35,519	64,648	15.8	27.2
Totals	191,005	90,516	126,843	408,364	100.0	46.8

Table A.2 Enumeration areas

Distribution of the enumeration areas (Temporary nomadic settlements) in the sampling frame and average number of households per enumeration area by region and residence, SLHDS 2020

Region	Number of enumeration areas in frame				Average number of households in enumeration area			
	Urban	Rural	Nomads	Total	Urban	Rural	Nomads	Total
Awdal	153	171	171	495	114.8	99.0	48.5	86.4
Marodijeh	1,025	300	114	1,439	88.7	85.3	63.9	86.0
Sahil	72	43	211	326	109.4	96.3	27.6	54.8
Togdheer	326	199	334	859	124.1	102.2	133.4	122.6
Sool	141	118	275	534	117.7	101.7	92.3	101.1
Sanaag	152	106	343	601	115.8	108.7	103.6	107.6
Totals	1,869	937	1,448	4,254	102.2	96.6	87.6	96.0

Table A.3 First stage Sample allocation of clusters and households

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomads	Total	Urban	Rural	Nomads	Total
Awdal	35	34	10	79	2,510	1,111	337	3,958
Marodijeh	35	32	10	77	2,468	1,430	316	4,214
Sahil	35	35	10	80	2,905	2,199	311	5,415
Togdheer	34	29	15	78	3,246	1,667	549	5,462
Sool	34	25	20	79	2,022	1,578	800	4,400
Sanaag	35	35	20	90	2,503	2,383	834	5,720
Totals	208	190	85	483	15,654	10,368	3,147	29,169

Table A.4 Second stage Sample allocation of clusters and households

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomads	Total	Urban	Rural	Nomads	Total
Awdal	10	10	10	30	302	300	292	894
Marodijeh	10	10	10	30	308	305	286	899
Sahil	10	10	10	30	303	304	302	909
Togdheer	10	10	15	35	326	316	422	1,064
Sool	10	10	20	40	424	344	585	1,353
Sanaag	10	10	20	40	455	412	584	1,451
Totals	60	60	85	205	2,118	1,981	2,471	6,570

Table A.5 Sample allocation of completed women interviews

Region	Ever-married women 15-49				Never-married women 15-49			
	Urban	Rural	Nomads	Total	Urban	Rural	Nomads	Total
Awdal	205	221	189	615	153	194	103	450
Marodijeh	230	223	165	618	113	181	89	383
Sahil	215	215	170	600	88	156	98	342
Togdheer	241	260	302	803	130	208	169	507
Sool	310	226	455	991	162	192	204	558
Sanaag	316	278	433	1,027	205	211	214	630
Totals	1,517	1,423	1,714	4,654	851	1,142	877	2,870

APPENDIX B



Estimates of Sampling Errors

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

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

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

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

If the sample of respondents had been selected by simple random sampling, it would have been possible to use straightforward formulas for calculating sampling errors. However, the SLHDS 2020 sample was the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulas. The variance

approximation procedure that account for the complex sample design used R program was estimated sampling errors in SLHDS which is Taylor series linearization. The non-linear estimates are approximated by linear ones for estimating variance. The linear approximation is derived by taking the first-order Taylor series approximation. Standard variance estimation methods for linear statistics are then used to estimate the variance of the linearized estimator.

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

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

in which

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

where

h represents the sampling stratum which varies from 1 to H ,

n_h is the total number of clusters selected in the h th stratum,

y_{hi} is the sum of the weighted values of variable y in the i th cluster in the h th stratum,

x_{hi} is the sum of the weighted number of cases in the i th cluster in the h th stratum; and

f is the overall sampling fraction, which is so small that it is ignored

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

confidence limits (R42SE) for each variable.

The confidence interval (e.g., as calculated for Proportion with improved water) can be interpreted as follows: the overall proportion of households' access to improved water for all interviewed households from Somaliland sample is 0.409 (40.9%) and its standard error is 0.028.

Therefore, to obtain the 95% confidence limits, one adds and subtracts twice the standard error to the sample estimate, that is, $0.409 \pm 2 \times 0.028$. There is a high probability (95%) that the true proportion of households access to improved water services for all households is between 0.353 (35.3%) and 0.465 (46.5%)

Table B.1 List of selected variables for sampling errors, Somaliland 2020

Variable	Estimate	Base population
Households		
Proportion in Urban areas	Proportion	Total households
Proportion in rural areas	Proportion	Total households
Proportion in nomadic areas	Proportion	Total households
Proportion with improved water sources	Proportion	Total households
Proportion with unimproved water sources	Proportion	Total households
Proportion with water on premises	Proportion	Total households
Proportion with less than 30 minutes to a drinking water source	Proportion	Total households
Proportion with 30 minutes or longer to a drinking water source	Proportion	Total households
Proportion with basick drinking water service	Proportion	Total households
Proportion with limited drinking water service	Proportion	Total households
Proportion with flushed to piped sewer system	Proportion	Total households
Proportion with flush to septic tank	Proportion	Total households
Proportion with flush to pit latrine	Proportion	Total households
Proportion with flush to somewere else	Proportion	Total households
Proportion with flush don't know where	Proportion	Total households
Proportion with ventilated improved pit latrine	Proportion	Total households
Proportion with pit latrine with slab	Proportion	Total households
Proportion with pit latrine without slap/open latrine	Proportion	Total households
Proportion with composite toilet	Proportion	Total households
Proportion with bucket toilet	Proportion	Total households
Proportion with hanging toilet/hanging latrine	Proportion	Total households
Proportion with no facility /bush/Field	Proportion	Total households
Proportion with electricity for lighting	Proportion	Total households
Proportion with solar for lighting	Proportion	Total households
Proportion using kerosene for lighting	Proportion	Total households
Proportion using firewood for lighting	Proportion	Total households
Proportion torch for lighting	Proportion	Total households
Proportion with electricity connection	Proportion	Total households
Proportion with No education	Proportion	Total women
Proportion with Primary education	Proportion	Total women
Proportion with Secondary	Proportion	Total women
Proportion with Higher education	Proportion	Total women
Proportion with Literacy	Proportion	Total women
Proportion with Currently married	Proportion	Total women
Proportion with never married	Proportion	Total women
Proportion with formerly married	Proportion	Total women
Proportion with pregnant	Proportion	Total currently married women

Table B.2 Sampling errors for all samples, Somaliland 2020

	Value (R)	Standard error (SE)	Number of cases		Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)		R-2SE	R+2SE
Households							
Proportion in Urban areas	0.492	0.006	1959	3169	0.012	0.48	0.504
Proportion in rural areas	0.264	0.007	2137	1706	0.027	0.25	0.278
Proportion in nomadic areas	0.243	0.003	2344	1566	0.012	0.237	0.249
Proportion with improved water sources	0.409	0.028	2752	2637	0.068	0.353	0.465
Proportion with unimproved water sources	0.591	0.028	3688	3803	0.047	0.535	0.647
Proportion with water on premises	0.504	0.015	2387	3251	0.030	0.474	0.534
Proportion with less than 30 minutes to a drinking water source	0.263	0.012	2108	1700	0.046	0.239	0.287
Proportion with 30 minutes or longer to a drinking water source	0.201	0.009	1733	1297	0.045	0.183	0.219
Proportion with basick drinking water service	0.336	0.028	2068	2163	0.083	0.28	0.392
Proportion with limited drinking water service	0.067	0.005	618	431	0.075	0.057	0.077
Proportion with flushed to piped sewer system	0.07	0.012	160	424	0.171	0.046	0.094
Proportion with flush to septic tank	0.028	0.005	90	172	0.179	0.018	0.038
Proportion with flush to pit latrine	0.091	0.008	444	549	0.088	0.075	0.107
Proportion with ventilated improved pit latrine	0.093	0.008	541	564	0.086	0.077	0.109
Proportion with pit latrine with slab	0.098	0.009	465	591	0.092	0.08	0.116
Proportion with pit latrine without slap/open latrine	0.218	0.014	1192	1323	0.064	0.19	0.246
Proportion with composite toilet	0.008	0.002	38	47	0.250	0.004	0.012
Proportion with bucket toilet	0.013	0.002	60	79	0.154	0.009	0.017
Proportion with no facility /bush/ Field	0.364	0.021	3014	2197	0.058	0.322	0.406
Proportion with electricity for lighting	0.446	0.026	1712	2693	0.058	0.394	0.498
Proportion with solar for lighting	0.083	0.006	619	503	0.072	0.071	0.095
Proportion using firewood for lighting	0.014	0.002	115	85	0.143	0.01	0.018
Proportion torch for lighting	0.453	0.024	3610	2735	0.053	0.405	0.501
Proportion with electricity connection	0.446	0.026	1713	2693	0.058	0.394	0.498
Proportion with No education	0.656	0.013	4568	4124	0.020	0.63	0.682
Proportion with Primary education	0.176	0.008	1019	1104	0.045	0.16	0.192
Proportion with Secondary education	0.121	0.01	504	762	0.083	0.101	0.141
Proportion with Higher education	0.047	0.005	194	295	0.106	0.037	0.057
Proportion with Literacy	0.407	0.014	1824	2261	0.034	0.379	0.435
Proportion with Never married	0.371	0.017	1966	2335	0.046	0.337	0.405
Proportion with Currently married	0.546	0.016	3879	3435	0.029	0.514	0.578
Proportion with formerly married	0.082	0.006	440	516	0.073	0.07	0.094
Proportion with pregnant	0.15	0.014	627	536	0.093	0.122	0.178

APPENDIX C



Data Quality Tables



Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Somaliland 2020

Age	Male		Female		Age	Male		Female	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	617	3.5	570	3.0	36	84	0.5	88	0.5
1	503	2.9	570	3.0	37	67	0.4	106	0.6
2	658	3.7	631	3.3	38	122	0.7	158	0.8
3	672	3.8	682	3.6	39	78	0.4	65	0.3
4	650	3.7	635	3.3	40	429	2.4	429	2.3
5	591	3.4	599	3.2	41	65	0.4	76	0.4
6	670	3.8	643	3.4	42	73	0.4	79	0.4
7	605	3.4	567	3.0	43	56	0.3	35	0.2
8	716	4.1	610	3.2	44	43	0.2	66	0.3
9	477	2.7	488	2.6	45	201	1.1	215	1.1
10	589	3.3	619	3.3	46	48	0.3	44	0.2
11	449	2.5	459	2.4	47	31	0.2	33	0.2
12	566	3.2	632	3.3	48	51	0.3	46	0.2
13	527	3.0	556	2.9	49	56	0.3	62	0.3
14	498	2.8	515	2.7	50	453	2.6	473	2.5
15	483	2.7	497	2.6	51	32	0.2	55	0.3
16	452	2.6	478	2.5	52	59	0.3	72	0.4
17	338	1.9	461	2.4	53	42	0.2	33	0.2
18	516	2.9	622	3.3	54	60	0.3	43	0.2
19	278	1.6	319	1.7	55	169	1.0	192	1.0
20	469	2.7	611	3.2	56	48	0.3	30	0.2
21	135	0.8	281	1.5	57	36	0.2	23	0.1
22	240	1.4	265	1.4	58	27	0.2	15	0.1
23	174	1.0	209	1.1	59	46	0.3	27	0.1
24	156	0.9	252	1.3	60	297	1.7	278	1.5
25	286	1.6	472	2.5	61	15	0.1	10	0.1
26	144	0.8	222	1.2	62	24	0.1	15	0.1
27	196	1.1	258	1.4	63	16	0.1	17	0.1
28	199	1.1	221	1.2	64	26	0.1	20	0.1
29	139	0.8	171	0.9	65	91	0.5	55	0.3
30	490	2.8	519	2.7	66	30	0.2	13	0.1
31	71	0.4	70	0.4	67	15	0.1	15	0.1
32	124	0.7	181	1.0	68	16	0.1	15	0.1
33	79	0.4	94	0.5	69	23	0.1	18	0.1
34	92	0.5	131	0.7	70+	498	2.8	588	3.1
35	353	2.0	375	2.0	Total	17629	100.0	18994	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, number and percent distribution of interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by 5-year age groups, Somaliland 2020

Age Group	Household population of women age 10-54	Interviewed women age 15-49		
		Number	Percentage	Percentage of eligible women interviewed
10-14	2781	NA	NA	NA
15-19	2377	1696	27.0	71.4
20-24	1617	1152	18.3	71.2
25-29	1345	1064	16.9	79.1
30-34	995	869	13.8	87.3
35-39	792	725	11.5	91.5
40-44	686	459	7.3	66.9
45-49	400	320	5.1	80.0
50-54	676	NA	NA	NA
15-49	8212	6285	100.0	76.5

Note: the defacto population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both the household population of women and interviewed women are household weights. Age is based on the household questionnaire.

NA = Not applicable

Table C.3 Pregnancy-related mortality trends

Direct estimates of pregnancy-related mortality rates for the Three years preceding each survey, by five-year age groups, Somaliland 2020

Age group	Total
15-19	69
20-24	221
25-29	285
30-34	258
35-39	175
40-44	85
45-49	37
TFR (15-49)	5.7
GFR	176
PRMR	464
PRMR CI	287-641

Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-24 months prior to interview.

TFR: Total fertility rate expressed per women

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

PRMR Pregnancy-related mortality ratio

Pregnancy-related mortality ratio Confidence interval



APPENDIX D



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6. Mustafe Mohamed Elmi
7. Muna Abdi Ahmed
8. Mohamed Jama Mohamed
9. Ubah abdirizaq
10. Ifrah Hassan Musa
11. Ahmed Ali Hussien
12. Ahmed hussien adam
13. Jama Ibrahim Essa
14. Awil Mohamed Daror
15. Jama Mohamoud Ahmed
16. Abdi Haibe Mohamoud

Enumerators

1. Hawa Omar Ahmed
2. Sakariye Ibrahim Ahmed
3. Maxamed Cawd Cabdi
4. Shugri Abdilahi Nuor
5. Iman Ismail Ahmed
6. Mowliid Mohamed Noh

7. Abdikariim Mohamed Omar
8. Yasmiin Adan Abdi
9. Nasir Rabile Omar
10. Hoodo Mowliid Hassan
11. Sucad Ibrahim Hassan
12. Mukhtar Ahmed Osman
13. Saed Ismail Mohamed
14. Yahya Ali Obsiye
15. Asma Fuad Ali
16. Umalkhayr Abiib Mohamed
17. Mustafe Ahmed Hassan
18. Najah Ahmed Muse
19. Ibrahim Xasan Dahir
20. Abdibasid Ismail Sudi
21. Rahma Abdi Ismael
22. Farhan Abdi Ahmed
23. Samia Ismail Abdi
24. Hamda Dahir Hassan
25. Abas Ahmed H.Ali Adami
26. Mohamoud Abdi Ismael
27. Ayan Ali Mohamed
28. Ifrah Abdirahman Ali
29. Amiira Ahmed Allahi
30. Ilham Osman Adam
31. Yasin Mohamed Eid
32. Sucaad cumar libaan
33. Saacid Ahmed Saciid
34. Mustafe Max'ed Max'mud
35. Najma Cabdi Kariim
36. Mohamed Abdilahi Farah
37. Jama Mohamed Abdi
38. Fardous Farah Duale
39. Yaqub Ahmed Warsame
40. Abdinur Adam Bulale

41. Samira Mohamed Hersi
42. Awil Farah Awad
43. Sakarie Ali Essa
44. Nasra Abdirahman Jama
45. Hussein Harun Salad
46. Khadar Ali Ibrahim
47. Farah Ahmed Abdi
48. Abdiasis Ibrahim Ahmed
49. Mohamoud Abdi Yousuf

MMR Regional Facilitators

1. Ali Abdilahi Dahir (Mardojjeh region)
2. Abdirahman Dahir Abtidoon (Awdal region)
3. Abdalle Ismail Yasin (Sahil region)
4. Mohamed Abdi Arab (Togdher region)
5. Farhiya Hussein Salah (Sanaag region)
6. Jama Ibrahim (Sool region)



APPENDIX E



Household Questionnaire





SLHDS

SOMALILAND HEALTH & DEMOGRAPHIC SURVEY 2018-2019

QUESTIONNAIRE SERIAL NUMBER

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

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																								
NAME																								
REGION	_____			CODE	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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				MONTH	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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SLHDS
**SOMALILAND HEALTH &
DEMOGRAPHIC SURVEY
2018-2019**

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

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																					
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INTRODUCTION AND CONSENT

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1
↓

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

100	RECORD THE START TIME.	HOURS <table border="1" data-bbox="1305 920 1401 965"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1305 972 1401 1016"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								



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		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y Y Y Y <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	10	10

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

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

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD OF HOUSEHOLD
 - 02 = SPOUSE
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = NEPHEW/NIECE
 - 10 = BROTHER/SISTER-IN-LAW
 - 11 = OTHER RELATIVE
 - 12 = ADOPTED/FOSTER/STEPCHILD
 - 13 = NOT RELATED
 - 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

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

CODES FOR Qs. 18 AND 20: EDUCATION

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

HOUSEHOLD SCHEDULE

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

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE G=KIDNEY DISEASE
 B=DIABETES H=LIVER DISEASE
 C=INFLAMMATION/ULCI I=ARTHRITIS
 D=ANEMIA J=TUBERCULOSIS (TB)
 E=SICKLE CELL ANEMIA/K=CHRONIC HEADACHE
 /THALASSEMIA L=STROKE
 F=HEART DISEASE M=EPILEPSY

N=PROSTATIC R=SKIN DISEASE
 HYPERTROPHY S= CANCEROUS TUMORS
 O=CATARACT T=ASTHMA
 P= CHRONIC BACK PAIN/ Y= OTHER _____
 SPINAL PROBLEM (SPECIFY)
 Q=MENTAL/PSYCHOLOGICAL ILLNESS

CODES FOR Q. 30: CAUSE OF DIABILITY

01=CONGENITAL 08=WITCHCRAFT
 02=CONTAGIOUS 96=OTHER
 03=CHILD BIRTH CONDITION (SPECIFY)
 04=OTHER DISEASE
 05=ABUSE 98=DONT KNOW
 06=AGING
 07=INJURY/ACCIDENT

HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	MARITAL STATUS	AGE AT FIRST MARRIAGE	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y Y Y Y <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20	20	20

CK HERE IF CONTINUATION SHEET USED



CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD
 01 = HEAD OF HOUSEHOLD 08 = BROTHER OR SISTER
 02 = SPOUSE 09 = NEPHEW/NIECE
 03 = SON OR DAUGHTER 10 = BROTHER/SISTER-IN-LAW
 04 = SON-IN-LAW OR 11 = OTHER RELATIVE
 DAUGHTER-IN-LAW 12 = ADOPTED/FOSTER/
 05 = GRANDCHILD STEPCHILD
 06 = PARENT 13 = NOT RELATED
 07 = PARENT-IN-LAW 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

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

CODES FOR Qs. 18 AND 20: EDUCATION

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

HOUSEHOLD SCHEDULE

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

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 24: CHRONIC DISEASES

CODES FOR Q. 30: CAUSE OF DIABILITY

- A=BLOOD PRESSURE
- B=DIABETES
- C=INFLAMMATION/ULCI
- D=ANEMIA
- E=SICKLE CELL ANEMIA
- F=HEART DISEASE
- G=CHRONIC HEADACHE
- 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)

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

OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																										
101	Has any member of the household been sick in the last one month?	YES 1 NO 2	→ 107																																																																																										
102	Did you seek any advice or treatment for his/her condition?	YES 1 NO 2 DON'T KNOW 8	→ 107 → 107																																																																																										
103	Where did you seek advice or treatment for his or her condition? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU) D MOBILE CLINIC E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G PHARMACY H OTHER PRIVATE MEDICAL SECTOR I _____ (SPECIFY) OTHER SOURCE SHOP J OTHER X _____ (SPECIFY)																																																																																											
104	Did he/she receive any of the following services? If YES, how much did the household incur on the health services received in the last one month? RECORD AMOUNT IN USD.																																																																																												
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OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
105	In total, how much money did the household spend on treatment and healthcare services during the last one month?	AMOUNT (USD) . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																									
106	In the past one month, which of the following financial sources did your household use to pay for any health expenditure? (READ OUT AND CIRCLE 1 OR 2 AS APPROPRIATE)	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Current income</td> <td>a) INCOME 1</td> <td>2</td> </tr> <tr> <td>b) Health insurance</td> <td>b) INSURANCE 1</td> <td>2</td> </tr> <tr> <td>c) Savings (including in bank)</td> <td>c) SAVINGS 1</td> <td>2</td> </tr> <tr> <td>d) Borrow from banks/other institutions/relatives</td> <td>d) BORROWING 1</td> <td>2</td> </tr> <tr> <td>e) Support from relatives & friends</td> <td>e) RELATIVES/FRIENDS 1</td> <td>2</td> </tr> <tr> <td>f) Sold assets</td> <td>f) SOLD ASSETS 1</td> <td>2</td> </tr> <tr> <td>g) Other means</td> <td>f) OTHER _____ 1</td> <td>2</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	a) Current income	a) INCOME 1	2	b) Health insurance	b) INSURANCE 1	2	c) Savings (including in bank)	c) SAVINGS 1	2	d) Borrow from banks/other institutions/relatives	d) BORROWING 1	2	e) Support from relatives & friends	e) RELATIVES/FRIENDS 1	2	f) Sold assets	f) SOLD ASSETS 1	2	g) Other means	f) OTHER _____ 1	2	
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107	Does any household member have a health insurance policy?	YES 1 NO 2																									



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 WATER KIOSK 72 SURFACE WATER (RIVER/DAM/LAKE/BERKAD /POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 206
202	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/BERKAD LAKE/POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	→ 206
203a	Where is the main source of water for drinking located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 204a
203b	How long does it take to go there, get water, and come back in minutes?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
204a	Where is the main source of water for other purposes located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 205
204b	How long does it take to go there, get water, and come back in minutes?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204c	What means does your household mostly use to fetch water i.e. from source to home?	WATER TANKER 1 CAR/PICKUP/TRUCK 2 CAMEL CART 3 DONKEY CART 4 WHEELBARROW 5 ON FOOT 6 OTHER _____ 96 (SPECIFY)	
205	CHECK 201 : CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/> → 207		
206	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
207	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 209
208	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
209	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 214
210	Do you share this toilet facility with other households?	YES 1 NO 2	→ 212
211	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
212	Where is this toilet facility located?	IN OWN DWELLING A IN OWN YARD/PLOT B ELSEWHERE C	
213	In total, how many toilets does your household use?	NO. OF TOILETS <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
214	Whats the main source of energy for lighting?	ELECTRICITY 01 SOLAR 02 KEROSENE 03 FIREWOOD 04 TORCH 05 OTHER 96 (SPECIFY)																																				
215	Whats the main source of energy for cooking?	ELECTRICITY 01 LPG 02 KEROSENE 03 FIREWOOD 04 CHARCOAL 05 STRAW/SHRUBS/GRASS 06 AGRICULTURAL CROP 07 ANIMAL DUNG 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 218																																			
216	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 218																																			
217	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																				
218	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/>																																				
219	Does this household own any livestock including horses, donkeys and poultry?	YES 1 NO 2	→ 221																																			
220	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	a) CAMELS <input type="text"/> <input type="text"/> <input type="text"/> b) CATTLE <input type="text"/> <input type="text"/> <input type="text"/> c) SHOATS <input type="text"/> <input type="text"/> <input type="text"/> d) DONKEYS <input type="text"/> <input type="text"/> <input type="text"/> e) HORSES <input type="text"/> <input type="text"/> <input type="text"/> f) POULTRY <input type="text"/> <input type="text"/> <input type="text"/>																																				
221	Has this household lost any livestock in the last one year due to drought/flooding/disease etc?	YES 1 NO 2	→ 223																																			
222	How many of the following animals did this household loose? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	<table border="1"> <thead> <tr> <th></th> <th>DUE TO DROUGHT</th> <th>DUE TO FLOODS</th> <th>DUE TO DISEASE</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>a) CAMELS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>b) CATTLE</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>c) SHOATS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>d) DONKEYS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>e) HORSES</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>f) POULTRY</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> </tbody> </table>		DUE TO DROUGHT	DUE TO FLOODS	DUE TO DISEASE	TOTAL	a) CAMELS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	b) CATTLE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	c) SHOATS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	d) DONKEYS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	e) HORSES	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	f) POULTRY	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
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a) CAMELS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																		
b) CATTLE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																		
c) SHOATS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																		
d) DONKEYS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																		
e) HORSES	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																		
f) POULTRY	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																		

HOUSEHOLD CHARACTERISTICS

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



ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
233	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 PALM LEAF/GRASS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/STICKS/WOOD WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 IRON SHEETS 24 CARDBOARD 25 CANVAS SHEETS 26 PLASTIC SHEETS 27 CLOTH AND RAGS 28 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)					
234	In the past four weeks, did you worry that your household would not have enough food?	YES 1 NO 2	→ 236				
235	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) .. 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
236	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	YES 1 NO 2	→ 238				
237	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) .. 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
238	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	YES 1 NO 2	→ 240				
239	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) .. 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
240	In the last four weeks, were there cases where you did not have any kind of food to eat because of the lack of resources?	YES 1 NO 2	→ 242				
241	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) .. 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
242	In the last four weeks, were there cases where you or a family member went to bed hungry because there was not enough food or there was nothing to eat?	YES 1 NO 2	→ 244				
243	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) .. 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
244	In the last four weeks, were there cases where you or anyone from your family spent the whole day without eating because there was not enough food?	YES 1 NO 2	→ 301				
245	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) .. 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
246	RECORD THE END TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER



301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←
		OLDER 2	OLDER 2	OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			



WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER



WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

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



WEIGHT, HEIGHT MEASUREMENT FOR WOMEN AGE 12-49

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



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

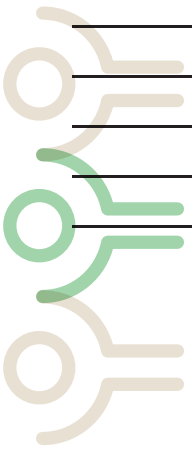
COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



Ever-married Woman's Questionnaire





SLHDS

**SOMALILAND HEALTH & DEMOGRAPHIC SURVEY
2018-2019**

QUESTIONNAIRE SERIAL NUMBER

REG. CODE	DIST CODE	EA CODE	EA CODE	EA CODE	EA CODE	EA CODE	EA CODE	EA CODE	EA CODE	EA CODE	EA CODE

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																				
NAME	CODE																			
REGION _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																			
PRE-WAR NAME OF THE DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																			
CURRENT NAME OF THE DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																			
SETTLEMENT/TOWN _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																			
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																			
EA CODE	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																			
HOUSEHOLD SERIAL NUMBER IN THE EA	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																			
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																
TIME	_____	_____	_____	RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																
	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 7 NOT ELIGIBLE (LESS THAN 12 OR MORE THAN 49 YEARS) 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____</p>																				
<p>LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;">0 1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"></table></p> <p>LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE _____ 02 SOMALI SPECIFY _____</p>																				
	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY																
NAME	_____	_____	_____	_____																
DATE	_____	_____	_____	_____																
CODE	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>				



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/> →		→ 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 <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> a) In what month and year were you legally married (Nikaax/contract)? b) Now I would like to ask about your first husband. In what month and year were you legally married to him (Nikaax/contract) ?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
123	How old were you when you got legally married to your (first) husband (Nikaax)?	AGE <input type="text"/> <input type="text"/>	



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	<p>CHECK 121:</p> <p style="text-align: center;"> MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> </p> <p> a) In what month and year did you wed with your husband (Aqal gal)? b) Now I would like to ask about your first husband. In what month and year did you wed with him (Aqal gal)? </p>	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	
125	How old were you when you wedded with your (first) husband (Aqal gal)?	AGE <input type="text"/> <input type="text"/> 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life but did not survive?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226								



SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME. BIRTH HISTORY NUMBER.					RECORD AGE IN COMPLETED YEARS.				
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2



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



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2013-2018	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226	
225	C FOR EACH BIRTH IN 2013-2018, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8 → 230	
227	How many months pregnant are you? PROBE: WHAT WAS YOUR LAST MENSTRUAL PERIOD? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
228	When you got pregnant, were you expecting to get pregnant at that time?	YES 1 NO 2 → 230	
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you want more children? b) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried or ended in a stillbirth?	YES 1 NO 2 → 239	
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



SECTION 2. REPRODUCTION

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



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start? <hr/> (DATE, IF GIVEN) CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
240	How old were you when you had your first menstrual period?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243
242	Is this time just before her period begins, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 RIGHT AFTER HER PERIOD HAS ENDED 2 HALFWAY BETWEEN TWO PERIODS 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	



SECTION 3. BIRTH SPACING

301	Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
02	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
03	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
05	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
06	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
07	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
08	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y	



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓	PREGNANT <input type="checkbox"/> →	→ 309							
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 309							
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 306 → 307							
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROLUT 01 ZINNIA 02 MICROGYNON 03 CHOICE 04 I-PLAN 05 STYLE 06 OTHER _____ 96 (SPECIFY) DONT KNOW 98	→ 307							
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DUREX 01 MOODS 02 GOLD 03 SENSATION 04 GEANS 05 OTHER _____ 96 (SPECIFY) DONT KNOW 98								
307	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
308	CHECK 307, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 307 NO <input type="checkbox"/> ↓ YES <input type="checkbox"/> →	GO BACK TO 307, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).								



SECTION 3. BIRTH SPACING (CAPI OPTION)

309	<p>CHECK 307:</p> <p>YEAR IS 2013-2018 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2012 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2013 .</p> <p>THEN</p> <p>(SKIP TO 322)</p>		
310	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2013. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
310A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>
310B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310)</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310)</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310)</p>
310C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
310D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310F)</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310F)</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310F)</p> <p>DATE GIVEN 95</p>
310E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>
310F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310H)</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310H)</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/> <input type="text"/></p> <p>(SKIP TO 310H)</p> <p>DATE GIVEN 95</p>
310G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR</p>
310H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
310I		GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 311.



SECTION 3. BIRTH SPACING

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



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	
317	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
318	<p>CHECK 316:</p> <p style="text-align: center;"> <input type="checkbox"/> ANY 'YES' <input type="checkbox"/> OTHER </p> <p>a) At that time, were you told about other methods of birth spacing that you could use?</p> <p>b) <i>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?</i></p>	YES 1 NO 2	→ 320
319	Were you ever told by a health worker about other methods of birth spacing that you could use?	YES 1 NO 2	
320	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 323



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>REFERRAL HEALTH CENTRE 12</p> <p>MCH/HC 13</p> <p>PRIMARY HEALTH UNIT (PHU) 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTOR 21</p> <p>PHARMACY 22</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>FRIEND/RELATIVE 32</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 325</p>
322	Do you know of a place where you can obtain a method of birth spacing?	<p>YES 1</p> <p>NO 2</p>	
323	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 325
324	Did the fieldworker talk to you about birth spacing?	<p>YES 1</p> <p>NO 2</p>	
325	<p>CHECK 202: LIVING WITH CHILDREN</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
326	Did any staff member at the health facility speak to you about birth spacing methods?	<p>YES 1</p> <p>NO 2</p>	



SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2013-2018 <input type="checkbox"/> NO BIRTHS IN 2013-2018 <input type="checkbox"/> → 648						
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)						
403	<table border="1" style="width:100%"> <tr> <th style="width:33%">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</th> <th style="width:33%">LAST BIRTH</th> <th style="width:33%">NEXT-TO-LAST BIRTH</th> </tr> <tr> <td></td> <td>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></td> <td>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></td> </tr> </table>	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH	NEXT-TO-LAST BIRTH		BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH	NEXT-TO-LAST BIRTH					
	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>					
404	<table border="1" style="width:100%"> <tr> <th style="width:33%">FROM 212 AND 216:</th> <th style="width:33%">NAME</th> <th style="width:33%">NAME</th> </tr> <tr> <td></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </table>	FROM 212 AND 216:	NAME	NAME		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
FROM 212 AND 216:	NAME	NAME					
	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>					
405	<table border="1" style="width:100%"> <tr> <td style="width:33%">When you got pregnant with (NAME), did you want to get pregnant at that time?</td> <td style="width:33%"> YES 1 (SKIP TO 408) ← <input type="checkbox"/> NO 2 </td> <td style="width:33%"> YES 1 (SKIP TO 426) ← <input type="checkbox"/> NO 2 </td> </tr> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← <input type="checkbox"/> NO 2	YES 1 (SKIP TO 426) ← <input type="checkbox"/> NO 2			
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← <input type="checkbox"/> NO 2	YES 1 (SKIP TO 426) ← <input type="checkbox"/> NO 2					
406	<table border="1" style="width:100%"> <tr> <td style="width:33%"> CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on? </td> <td style="width:33%"> LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← <input type="checkbox"/> </td> <td style="width:33%"> LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← <input type="checkbox"/> </td> </tr> </table>	CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← <input type="checkbox"/>	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← <input type="checkbox"/>			
CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← <input type="checkbox"/>	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← <input type="checkbox"/>					
407	<table border="1" style="width:100%"> <tr> <td style="width:33%">How much longer did you want to wait?</td> <td style="width:33%"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> <td style="width:33%"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> </tr> </table>	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998			
How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998					
408	<table border="1" style="width:100%"> <tr> <td style="width:33%">Did you see anyone for antenatal care for this pregnancy?</td> <td style="width:33%"> YES 1 NO 2 (SKIP TO 414) ← <input type="checkbox"/> </td> <td style="width:33%"></td> </tr> </table>	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ← <input type="checkbox"/>				
Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ← <input type="checkbox"/>						
409	<table border="1" style="width:100%"> <tr> <td style="width:33%"> Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. </td> <td style="width:33%"> HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER X (SPECIFY) </td> <td style="width:33%"></td> </tr> </table>	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER X (SPECIFY)				
Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER X (SPECIFY)						



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH												
		NAME _____	NAME _____												
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME A OTHER HOME B PUBLIC SECTOR GOVERNMENT HOSPITAL ... C REFERRAL HEALTH CENTRE D MCH/HC E PRIMARY HEALTH UNIT (PHU) F MOBILE CLINIC G OTHER PUBLIC SECTOR _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER _____ X (SPECIFY)													
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98													
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98													
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	
	YES	NO													
a) BP	1	2													
b) URINE	1	2													
c) BLOOD	1	2													
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8													
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8													
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420) ←													



SECTION 4. PREGNANCY AND POSTNATAL CARE

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



SECTION 4. PREGNANCY AND POSTNATAL CARE

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



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>REFERRAL HEALTH CENTRE 22</p> <p>MCH/HC 23</p> <p>PRIMARY HEALTH UNIT (PHU) 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY) ←</p> <p>(SKIP TO 434) ←</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>REFERRAL HEALTH CENTRE 22</p> <p>MCH/HC 23</p> <p>PRIMARY HEALTH UNIT (PHU) 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY) ←</p> <p>(SKIP TO 434) ←</p>		
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DONT KNOW 98</p>			
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434) ←</p>		
433	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains started?</p>	<p>BEFORE 1</p> <p>AFTER 2</p>	<p>BEFORE 1</p> <p>AFTER 2</p>		
434	<p>Immediately after the birth, was (NAME) put on your chest?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434B) ←</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 459) ←</p> <p>DONT KNOW 8</p>		
434A	<p>Was (NAME)'s bare skin touching your bare skin (kangaroo)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>		
434B	<p>CHECK 430: PLACE OF DELIVERY</p>	<p>CODE</p> <p>11, 12, OR 96</p> <p>CIRCLED</p> <p>(SKIP TO 449) ←</p> <p>OTHER</p> <p>↓</p>			



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←							
436	How long after delivery did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="933 600 1034 645"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="933 656 1034 701"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="933 712 1034 757"><tr><td></td><td></td></tr></table> DON'T KNOW 98							
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)							
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8							
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="933 1299 1034 1344"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="933 1355 1034 1400"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="933 1411 1034 1456"><tr><td></td><td></td></tr></table> DON'T KNOW 98							
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)							



SECTION 4. PREGNANCY AND POSTNATAL CARE

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



SECTION 4. PREGNANCY AND POSTNATAL CARE

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



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
454	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH 1 <table border="1" data-bbox="933 432 1034 472"><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH 2 <table border="1" data-bbox="933 472 1034 512"><tr><td></td><td></td></tr></table> WEEKS AFTER BIRTH 3 <table border="1" data-bbox="933 512 1034 553"><tr><td></td><td></td></tr></table> DON'T KNOW 98							
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)							
456	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER 96 SPECIFY							



SECTION 4. PREGNANCY AND POSTNATAL CARE

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



SECTION 4. PREGNANCY AND POSTNATAL CARE

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



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

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



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																													
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>																																																																														
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th colspan="2">DAY</th> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV)/IPV 1</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV)/IPV 2</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV)/IPV 3</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 1</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 2</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 3</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		DAY		MONTH		YEAR		BCG							ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV)/IPV 1							ORAL POLIO VACCINE (OPV)/IPV 2							ORAL POLIO VACCINE (OPV)/IPV 3							DPT-HEP.B-HIB (PENTAVALENT) 1							DPT-HEP.B-HIB (PENTAVALENT) 2							DPT-HEP.B-HIB (PENTAVALENT) 3							MEASLES							VITAMIN A (MOST RECENT)								
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509A	<p>CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/></p> <p style="text-align: center;">YES <input type="checkbox"/> → 520A</p>																																																																															
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A) ←</p> <p>NO 2 DONT KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A) ←</p>																																																																														



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

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



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																	
518A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 520A																
519A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8																	
520A	In the last 7 days was (NAME) given:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPYNUT]?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?	1	2	8	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPYNUT]?	1	2	8	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	1	2	8	
	YES	NO	DK																
a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?	1	2	8																
b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPYNUT]?	1	2	8																
c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	1	2	8																
521A	CONTINUE WITH 501B.																		



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018? MORE BIRTHS IN 2015-2018 <input type="checkbox"/> NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2015-2018. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 521B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																																													
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;">DAY</th> <th style="width:10%;">MONTH</th> <th style="width:10%;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>MEASLES</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)	<input type="text"/>	<input type="text"/>	<input type="text"/>	ORAL POLIO VACCINE (OPV)/IPV 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	ORAL POLIO VACCINE (OPV)/IPV 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	ORAL POLIO VACCINE (OPV)/IPV 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT-HEP.B-HIB (PENTAVALENT) 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT-HEP.B-HIB (PENTAVALENT) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT-HEP.B-HIB (PENTAVALENT) 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																												
509B	<p>CHECK 508B: 'BCG' TO 'MEASLES' ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/></p> <p style="text-align: center;">YES <input type="checkbox"/> → 520B</p>																																														
510B	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B)</p>																																													



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DONT 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 DONT 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 DONT KNOW 8	→ 516B
514B	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
515B	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES <input type="text"/> DONT 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 DONT KNOW 8	→ 518B
517B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/> DONT KNOW 8	



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																	
518B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 520B																
519B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8																	
520B	In the last 7 days was (NAME) given:	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> <td style="text-align:right;">DK</td> </tr> <tr> <td>a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]?</td> <td>a) [POWDER] 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?</td> <td>b) [PLUMPY'NUT] 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?</td> <td>c) [PLUMPY'DOZ] 1</td> <td>2</td> <td>8</td> </tr> </table>		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	
	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 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/> →	601																



SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: ONE OR MORE BIRTHS IN 2013-2018 <input type="checkbox"/> NO BIRTHS IN 2013-2018 <input type="checkbox"/> → 648		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____	NAME _____		NAME _____	NAME _____	
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p> <p>d) Zinc tablets or syrup?</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID 1 2 8</p> <p>d) ZINC 1 2 8</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID 1 2 8</p> <p>d) ZINC 1 2 8</p>				
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea?</p> <p>b) Was anything given to treat the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>				
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>				
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>				
619	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
621	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>				



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:	<table style="width:100%; border:none;"> <tr> <td style="width:33%;"></td> <td style="text-align:center;">YES</td> <td style="text-align:center;">NO</td> <td style="text-align:center;">DK</td> </tr> </table>		YES	NO	DK	
	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 <input style="width:30px;" type="text"/> 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 <input style="width:30px;" type="text"/>					
	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 <input style="width:30px;" type="text"/>					
	g) Any other liquids?	g) 1 2 8					
	h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	h) 1 2 8 NUMBER OF TIMES ATE <input style="width:30px;" type="text"/>					
	i) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	i) 1 2 8					
	j) Bread, dough, pancake, rice, noodles, porridge, or other foods made from grains?	j) 1 2 8					
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k) 1 2 8					
	l) White potatoes, white yams, manioc/cassava, or any	l) 1 2 8					
	m) Any dark green, leafy vegetables?	m) 1 2 8					
	n) Ripe mangoes, papayas, orange, bananas, water	n) 1 2 8					
	o) Any other fruits or vegetables?	o) 1 2 8					
	p) Liver, kidney, heart, or other organ meats?	p) 1 2 8					
	q) Any meat, such as beef, lamb, goat, chicken?	q) 1 2 8					
	r) Eggs?	r) 1 2 8					
	s) Fresh or dried fish or shellfish?	s) 1 2 8					
	t) Any foods made from beans, peas, lentils, or nuts?	t) 1 2 8					
	u) Cheese or other food made from milk?	u) 1 2 8					
	v) Any other solid, semi-solid, or soft food?	v) 1 2 8					
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'): ALL ARE "NO" <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>	→ 653					



SECTION 6. CHILD HEALTH AND NUTRITION

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



SECTION 7. FERTILITY PREFERENCES

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



SECTION 7. FERTILITY PREFERENCES

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



SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
713	In the last three months have you: a) Heard about birth spacing on the radio? b) Seen anything about birth spacing on the television? c) Read about birth spacing in a newspaper or magazine? d) Received a voice or text message about birth spacing on a mobile phone? e) Have you read about birth spacing on internet or social media? f) Have you heard about birth spacing from a health care worker/in the health facility?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>e) SOCIAL MEDIA</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>f) HCWs/HF</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) SOCIAL MEDIA	1	2	f) HCWs/HF	1	2	
	YES	NO																						
a) RADIO	1	2																						
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c) NEWSPAPER OR MAGAZINE	1	2																						
d) MOBILE PHONE	1	2																						
e) SOCIAL MEDIA	1	2																						
f) HCWs/HF	1	2																						
714	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>CURRENTLY USING <input type="checkbox"/></p> <p style="margin-left: 150px;">NOT CURRENTLY USING <input type="checkbox"/></p> <p style="margin-left: 100px;">NOT ASKED <input type="checkbox"/></p>		<p>→ 716</p> <p>→ 717</p>																					
715	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)		→ 717											
MAINLY RESPONDENT	1																							
MAINLY HUSBAND	2																							
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(SPECIFY)																								
716	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)													
MAINLY RESPONDENT	1																							
MAINLY HUSBAND	2																							
JOINT DECISION	3																							
OTHER _____	6																							
(SPECIFY)																								
717	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>SAME NUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DONT KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DONT KNOW	8														
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FEWER CHILDREN	3																							
DONT KNOW	8																							



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

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



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
816	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
817	CHECK 119&120: CURRENTLY MARRIED <input type="checkbox"/> ↓	NOT IN UNION <input type="checkbox"/> →	825
818	CHECK 816: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> →	821
819	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY)	
820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 DONT KNOW 8	822
821	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
822	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 IN-LAWS 4 SOMEONE ELSE 5 OTHER 6	
823	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	When you are going out, who do you usually ask permission?	I GIVE MYSELF PERMISSION 1 MY HUSBAND 2 MYSELF AND MY HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
825	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 828
826	Do you have a title deed for any house you own?	YES 1 NO 2 DONT KNOW 8	→ 828
827	Is your name on the title deed?	YES 1 NO 2 DONT KNOW 8	
828	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 901
829	Do you have a title deed for any land you own?	YES 1 NO 2 DONT KNOW 8	→ 901
830	Is your name on the title deed?	YES 1 NO 2 DONT KNOW 8	



SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 918																
902	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected wives who has no other wives?	YES 1 NO 2 DONT KNOW 8																	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DONT KNOW 8																	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8																	
905	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DONT KNOW 8																	
906	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DONT KNOW 8																	
907	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DONT KNOW 8																	
908	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) DURING PREGNANCY . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) DURING PREGNANCY . . .	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY . . .	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
909	CHECK 908: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → 911 </div> </div>																		
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DONT KNOW 8																	
911	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
912	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
913	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
914	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
915	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
916	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DONT KNOW/NOT SURE/DEPENDS 8																	
917	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DONT KNOW/NOT SURE/DEPENDS 8																	



SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	CHECK 901: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>		→ 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 DONT 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 DONT 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 DONT KNOW 8	
923	CHECK 920, 921, AND 922: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 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 F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/CLINIC G PHARMACY H OTHER PRIVATE MEDICAL SECTOR I _____ (SPECIFY) OTHER SOURCE SHOP J OTHER X _____ (SPECIFY)	
926	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DONT KNOW 8	



SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004															
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004															
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>																
1004	<p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1006															
1005	<p>On average, how many cigarettes do you currently smoke each day?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																
1006	<p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1008															
1007	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>KRETEKS A</p> <p>PIPES FULL OF TOBACCO B</p> <p>CIGARS, CHEROOTS, OR CIGARILLOS C</p> <p>WATER PIPE D</p> <p>SNUFF BY MOUTH E</p> <p>SNUFF BY NOSE F</p> <p>CHEWING TOBACCO G</p> <p>BETEL QUID WITH TOBACCO H</p> <p>OTHER X</p> <p>(SPECIFY)</p>																
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) GO ALONE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
	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 <input type="text"/> <input type="text"/>	
1016	Have you sought treatment for this condition?	YES 1 NO 2	→ 1018
1017	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G OTHER _____ X (SPECIFY)	→ 1111
1018	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 CLINICAL OFFICER 2 NURSE/MIDWIFE 3 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 4 HERBALIST 5 OTHER _____ 6 (SPECIFY)	
1019	Did you have an operation to fix the problem?	YES 1 NO 2	
1020	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4	



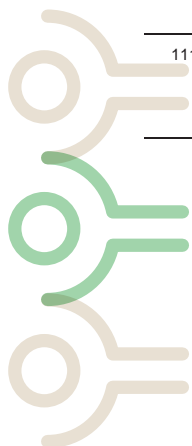
SECTION 11. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 1103
1102	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1201
1103	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1109
1104	What type of circumcision did you undergo?	SUNN 1 INTERMEDIATE 2 PHARAONIC 3 DON'T KNOW 8	
1105	Please describe what was exactly done CIRCLE ONLY ONE OPTION a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening (Infibulation) d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it	TYPE I 1 TYPE II 2 TYPE III 3 TYPE IV 4 DON'T KNOW 8	
1106	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1107	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER 22 NURSE/MIDWIFE 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1108	CHECK 213, 215 AND 216: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2006 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 2006 OR LATER <input type="checkbox"/>		→ 1116



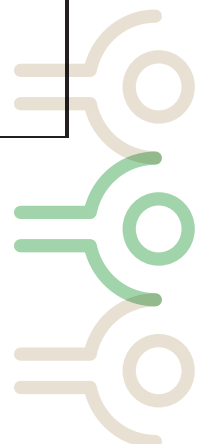
SECTION 11. FEMALE CIRCUMCISION

1109	CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES).			
Now I would like to ask you some questions about your (daughter/daughters).				
1111	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER.	YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____
1112	Is (NAME OF DAUGHTER) circumcised?	YES 1 NO 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES 1 NO 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES 1 NO 2 (GO TO 1112 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1113	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN RECORD '00' IF LESS THAN A YEAR	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98
1114	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
1115	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98
1115		GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO TO 1111 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1116	Do you believe that female circumcision is required by your religion?		YES 1 NO 2 DON'T KNOW 8	
1117	Do you think that female circumcision should be continued, or should it be stopped?		CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	



SECTION 12. MATERNAL DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	CHECK 1201: TWO OR MORE BIRTHS <input type="checkbox"/> ONLT ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							1301
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 2)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 3)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 4)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 5)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 6)	YES 1 NO 2 (SKIP TO 1208) DK 8 (GO TO 7)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/> (GO TO 2)	<input type="text"/> <input type="text"/> (GO TO 3)	<input type="text"/> <input type="text"/> (GO TO 4)	<input type="text"/> <input type="text"/> (GO TO 5)	<input type="text"/> <input type="text"/> (GO TO 6)	<input type="text"/> <input type="text"/> (GO TO 7)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 2)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 3)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 4)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 5)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 6)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 7)	
1210	Was (NAME) pregnant when she died?	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	
1211	Did (NAME) die during childbirth?	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	



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



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



SECTION 13. GENDER BASED VIOLENCE (GBV)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2 →	1331																																																
1302	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in your country. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																																																		
1303	First I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean: a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Forced labour? k) Other	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ABUSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HH DECISION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDREN DECISION ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BETTER TREATMENT ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO LIVING COSTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EDU DENIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORCED MARRIAGE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RAPE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX HARASSMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORCED LABOUR</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> <td>█</td> </tr> </tbody> </table> (SPECIFY)		YES	NO	DK	ABUSE	1	2	8	HH DECISION	1	2	8	CHILDREN DECISION ..	1	2	8	BETTER TREATMENT ..	1	2	8	NO LIVING COSTS	1	2	8	EDU DENIAL	1	2	8	FORCED MARRIAGE	1	2	8	RAPE	1	2	8	SEX HARASSMENT	1	2	8	FORCED LABOUR	1	2	8	OTHER _____	1	2	█	
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FORCED LABOUR	1	2	8																																																
OTHER _____	1	2	█																																																
1304	Who is the person who commits the most violent acts against women in the community?	HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F IN-LAWS G TEACHER H EMPLOYER/SOMEONE AT WORK I POLICE/SOLDIER J OTHER _____ K (SPECIFY)																																																	
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 ↓ <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	1318																																																
1307	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? g) If she refuses to have sex with him?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NEG. HH DUTIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) WASTES RESOURCES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) NEG. HH DUTIES	1	2	8	d) ARGUES	1	2	8	e) WASTES RESOURCES	1	2	8	e) REFUSES SEX	1	2	8																					
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1308	<p>Now, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your current (former) husband?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<p style="text-align: right;">YES NO DK</p> <p>JEALOUS 1 2 8 ACCUSES 1 2 8 NOT MEET FRIENDS ... 1 2 8 NO FAMILY 1 2 8 WHERE YOU ARE 1 2 8</p>		
1309	<p>Now I need to ask some more questions about your relationship</p> <p>A. Did your (last) husband ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>EVER</p> <p>YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <p>OFTEN SOME-TIMES NOT IN LAST 12 MONTHS</p> <p>→ 1 2 3 → 1 2 3 → 1 2 3</p>	
1310	<p>A. Did your (last) husband ever do any of the following things to you:</p>		<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
	<p>a) slap you, push you, shake you, or throw something at you? b) twist your arm or pull your hair? c) punch you with his fist or with something that could hurt you? d) kick you, drag you, or beat you up? e) try to choke you or burn you on purpose? f) threaten or attack you with a knife, gun, or other weapon? g) physically force you to have sexual intercourse with him when you did not</p>	<p>EVER</p> <p>YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓</p>	<p>OFTEN SOME-TIMES NOT IN LAST 12 MONTHS</p> <p>→ 1 2 3 → 1 2 3 → 1 2 3 → 1 2 3 → 1 2 3 → 1 2 3 → 1 2 3</p>	



1311	CHECK 1310 (a-g): AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1314
1312	How long after you first got married with your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> BEFORE MARRIAGE 95	
1313	Did the following ever happen as a result of what your (last) husband did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
1314	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1316
1315	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NEVER 3	
1316	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1317	CHECK121: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONCE <input type="checkbox"/>		→ 1318
	A. So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.	B. How long ago did this last happen?	
		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? b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓ YES 1 NO 2 ↓	→ 1 2 3 → 1 2 3
1318	CHECK119 & 120: CURRENTLY MARRIED <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1321
	a) From the time you were 12 years old has anyone other than your husband hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 12 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	



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) <input type="checkbox"/>	NEVER BEEN PREGNANT <input type="checkbox"/> → 1324	→ 1324
1322	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1324
1323	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAN A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAN G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J NEIGHBOUR K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N MILITIA/GANGS O OTHER _____ X (SPECIFY)	



1324	CHECK 119&120: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> CURRENTLY MARRIED </div> <div style="text-align: center;"> <input type="checkbox"/> NOT IN UNION </div> </div> a) In the last 12 months, has anyone raped you? b) In the last 12 months has anyone physically forced you to have sexual intercourse?	YES 1 NO 2	→ 1326																
1325	CHECK 1310 (a-g) and 1317 (a,b), 1322: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> AT LEAST ONE 'YES' </div> <div style="text-align: center;"> <input type="checkbox"/> NOT A SINGLE 'YES' </div> </div>		→ 1329																
1326	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1329																
1327	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/FORMER HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER X (SPECIFY)	→ 1329																
1328	Have you ever told any one about this?	YES 1 NO 2																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE																			
1329	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES, ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT.....	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT.....	1	2	3																
FEMALE ADULT	1	2	3																
1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		
1331	RECORD THE TIME YOU END THE INTERVIEW.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	



INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



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	
	08	AUG	05	2
0	07	JUL	06	0
1	06	JUN	07	1
8	05	MAY	08	8
(1)	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
<hr/>				
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
2	09	SEP	16	
0	08	AUG	17	2
1	07	JUL	18	0
7	06	JUN	19	1
	05	MAY	20	7
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
<hr/>				
	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
2	09	SEP	28	
0	08	AUG	29	2
1	07	JUL	30	0
6	06	JUN	31	1
	05	MAY	32	6
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
<hr/>				
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
2	09	SEP	40	
0	08	AUG	41	2
1	07	JUL	42	0
5	06	JUN	43	1
	05	MAY	44	5
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
<hr/>				
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
2	09	SEP	52	
0	08	AUG	53	2
1	07	JUL	54	0
4	06	JUN	55	1
	05	MAY	56	4
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
<hr/>				
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
2	09	SEP	64	
0	08	AUG	65	2
1	07	JUL	66	0
3	06	JUN	67	1
	05	MAY	68	3
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	



Never-married Woman's Questionnaire



INTRODUCTION AND CONSENT

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	KORANIC 1 PRIMARY 2 SECONDARY 3 HIGHER 4	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
107	CHECK 105: KORANIC, <input type="checkbox"/> PRIMARY OR SECONDARY ↓	HIGHER <input type="checkbox"/> →	110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> →	→ 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:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) During pregnancy?</td> <td>a) DURING PREGNANCY .. 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) During delivery?</td> <td>b) DURING DELIVERY 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) By breastfeeding?</td> <td>c) BREASTFEEDING 1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) During pregnancy?	a) DURING PREGNANCY .. 1	2	8	b) During delivery?	b) DURING DELIVERY 1	2	8	c) By breastfeeding?	c) BREASTFEEDING 1	2	8	
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b) During delivery?	b) DURING DELIVERY 1	2	8																
c) By breastfeeding?	c) BREASTFEEDING 1	2	8																
209	CHECK 208: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center; margin-left: 200px;"> OTHER <input type="checkbox"/> → </div>		→ 211																
210	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
211	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
212	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
213	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
214	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
215	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
216	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
217	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8																	



SECTION 2. HIV/AIDS AND VACCINATION

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



SECTION 4. VIOLENCE AGAINST WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
401	Now I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean: a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Denial of inheritance? k) Other	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>ABUSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HH DECISIOI</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDREN DECISIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BETTER TREATMENT ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO LIVING COSTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EDU DENIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORCED MARRIAG</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RAPE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX HARASSMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INHERITANCE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table> <p>(SPECIFY)</p>		YES	NO	DK	ABUSE	1	2	8	HH DECISIOI	1	2	8	CHILDREN DECISIC	1	2	8	BETTER TREATMENT ..	1	2	8	NO LIVING COSTS	1	2	8	EDU DENIAL	1	2	8	FORCED MARRIAG	1	2	8	RAPE	1	2	8	SEX HARASSMENT	1	2	8	INHERITANCE	1	2	8	OTHER _____	1	2	8	
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INHERITANCE	1	2	8																																																
OTHER _____	1	2	8																																																
402	Who is the person who commits the most violent acts against women?	<table border="0"> <tr> <td>HUSBAND</td> <td>A</td> </tr> <tr> <td>MOTHER/STEP-MOTHER</td> <td>B</td> </tr> <tr> <td>FATHER/STEP-FATHER</td> <td>C</td> </tr> <tr> <td>SISTER/BROTHER</td> <td>D</td> </tr> <tr> <td>DAUGHTER/SON</td> <td>E</td> </tr> <tr> <td>OTHER RELATIVE</td> <td>F</td> </tr> <tr> <td>IN-LAWS</td> <td>G</td> </tr> <tr> <td>TEACHER</td> <td>H</td> </tr> <tr> <td>EMPLOYER/SOMEONE AT WORK</td> <td>I</td> </tr> <tr> <td>POLICE/SOLDIER</td> <td>J</td> </tr> <tr> <td>OTHER _____</td> <td>K</td> </tr> </table> <p>(SPECIFY)</p>	HUSBAND	A	MOTHER/STEP-MOTHER	B	FATHER/STEP-FATHER	C	SISTER/BROTHER	D	DAUGHTER/SON	E	OTHER RELATIVE	F	IN-LAWS	G	TEACHER	H	EMPLOYER/SOMEONE AT WORK	I	POLICE/SOLDIER	J	OTHER _____	K																											
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403	Where is the place with most violent acts?	<table border="0"> <tr> <td>AT HOME</td> <td>1</td> </tr> <tr> <td>WORKPLACE</td> <td>2</td> </tr> <tr> <td>STREET</td> <td>3</td> </tr> <tr> <td>SCHOOL</td> <td>4</td> </tr> <tr> <td>WATER POINT</td> <td>5</td> </tr> <tr> <td>RURAL/GRAZING AREAS</td> <td>6</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> </table> <p>(SPECIFY)</p>	AT HOME	1	WORKPLACE	2	STREET	3	SCHOOL	4	WATER POINT	5	RURAL/GRAZING AREAS	6	OTHER _____	96																																			
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404	Does any form of violence cause damage?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ 406																																												
YES	1																																																		
NO	2																																																		
405	What is the most serious damage caused by violence?	<table border="0"> <tr> <td>PHYSICAL</td> <td>1</td> </tr> <tr> <td>PSYCHOLOGICAL</td> <td>2</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> </table> <p>(SPECIFY)</p>	PHYSICAL	1	PSYCHOLOGICAL	2	OTHER _____	96																																											
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406	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) If she goes out without telling him?</td> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) If she neglects the children?</td> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) If she neglects household duties including cooking?</td> <td>NEGL. OTHER HH DUTIES ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) If she argues with him?</td> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) If she wastes resources?</td> <td>WASTE RESOURCES ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) If she does not respect his family?</td> <td>NOT RESP. FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		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															
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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?																																																	
	<table border="0"> <tr> <td></td> <td>EVER</td> <td>OFTEN</td> <td>SOME-TIMES</td> <td>NOT IN LAST 12 MONTHS</td> </tr> <tr> <td>a) was slapped, pushed, shaken, or thrown something at?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) twisted your arm or pulled your hair?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) punched you with fist or with something that could hurt you?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) kicked, dragged, or beat you up?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) was slapped, pushed, shaken, or thrown something at?	YES 1 NO 2	→ 1	2	3	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																									
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	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	<p>CHECK 407 a-f:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>ALL 'NO' <input type="checkbox"/></p> <p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>		→				501
							MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C NIECE/NEPHEW D OTHER RELATIVE E NEIGHBOUR H TEACHER I EMPLOYER/SOMEONE AT WORK 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 2 SEARCH FOR BETTER OPPORTUNITIES 3 POOR QUALITY OF EDUCATION 4 INSECURITY 5 POVERTY 6 HOPELESSNESS 7 LONELINESS 8 INEQUALITY/SOCIAL EXCLUSION 9 PEER INFLUENCE 10 SOCIAL MEDIA INTERACTIONS/ POSTS 10 OTHER 96 (SPECIFY)					
507	Do you know any of your peers who lost their lives due to illegal migration?	YES 1 NO 2					
508	What can be done to address the problem of illegal migration/tahrib?	JOB CREATION 1 BETTER PAYING JOBS 2 BUSINESS OPPORTUNITIES 3 GRANTS & CREDIT FACILITIE 4 AWARENESS CREATION 5 STATE RECONSTRUCTIO 6 LAW ENFORCEMENT 7 OTHER 96 (SPECIFY)					
509	RECORD THE TIME YOU END THE INTERVIEW.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					



INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



Maternal Mortality Questionnaire



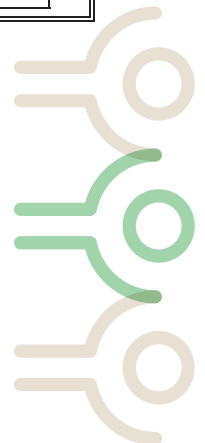

SLHDS
**SOMALILAND HEALTH &
DEMOGRAPHIC SURVEY
2018-2019**

 QUESTIONNAIRE
SERIAL NUMBER

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

MATERNAL MORTALITY QUESTIONNAIRE

IDENTIFICATION					
NAME					CODE
REGION	_____				<input type="text"/> <input type="text"/>
PRE-WAR NAME OF THE DISTRICT	_____				<input type="text"/> <input type="text"/>
CURRENT NAME OF THE DISTRICT	_____				<input type="text"/> <input type="text"/>
SETTLEMENT/TOWN	_____				<input type="text"/> <input type="text"/> <input type="text"/>
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)				<input type="text"/> <input type="text"/>
EA CODE				<input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD SERIAL NUMBER IN THE EA				<input type="text"/> <input type="text"/>
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	<input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	MONTH	<input type="text"/> <input type="text"/> <input type="text"/>
RESULT*	_____	_____	_____	YEAR	<input type="text"/> <input type="text"/> <input type="text"/>
NEXT VISIT: DATE	_____	_____	_____	INT. NO.	<input type="text"/> <input type="text"/> <input type="text"/>
TIME	_____	_____	_____	RESULT*	<input type="text"/> <input type="text"/>
				TOTAL NUMBER OF VISITS	<input type="text"/>
*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 PARTIALLY COMPLETED 96 OTHER _____ (SPECIFY)					
LANGUAGE OF QUESTIONNAIRE**	<input type="text"/> 0 <input type="text"/> 1	LANGUAGE OF INTERVIEW**	<input type="text"/> <input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**	<input type="text"/> <input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 OTHER _____ (SPECIFY) 02 SOMALI		
NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY	
DATE	_____	_____	_____	_____	
CODE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	



INTRODUCTION AND CONSENT

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1 ↓

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

100	RECORD THE START TIME.	HOURS MINUTES <table border="1" data-bbox="1197 896 1276 985" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				



SECTION 1: HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS	DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
		RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & FEMALES AGED 12-49	
101	102	103	104	105	106	107	108	109
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME) in completed years? RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD '00'.
01		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	IN YEARS <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE <input type="text"/>
02		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
03		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
04		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
05		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
06		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
07		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
09		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

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



SECTION 1: HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS	DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
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	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME) in completed years? RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD '00'.
11		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE <input type="text"/>
12		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
13		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
14		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
15		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
16		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
17		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
18		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
19		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
20		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD OF HOUSEHOLD
- 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 = DONT KNOW

1A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES NO

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

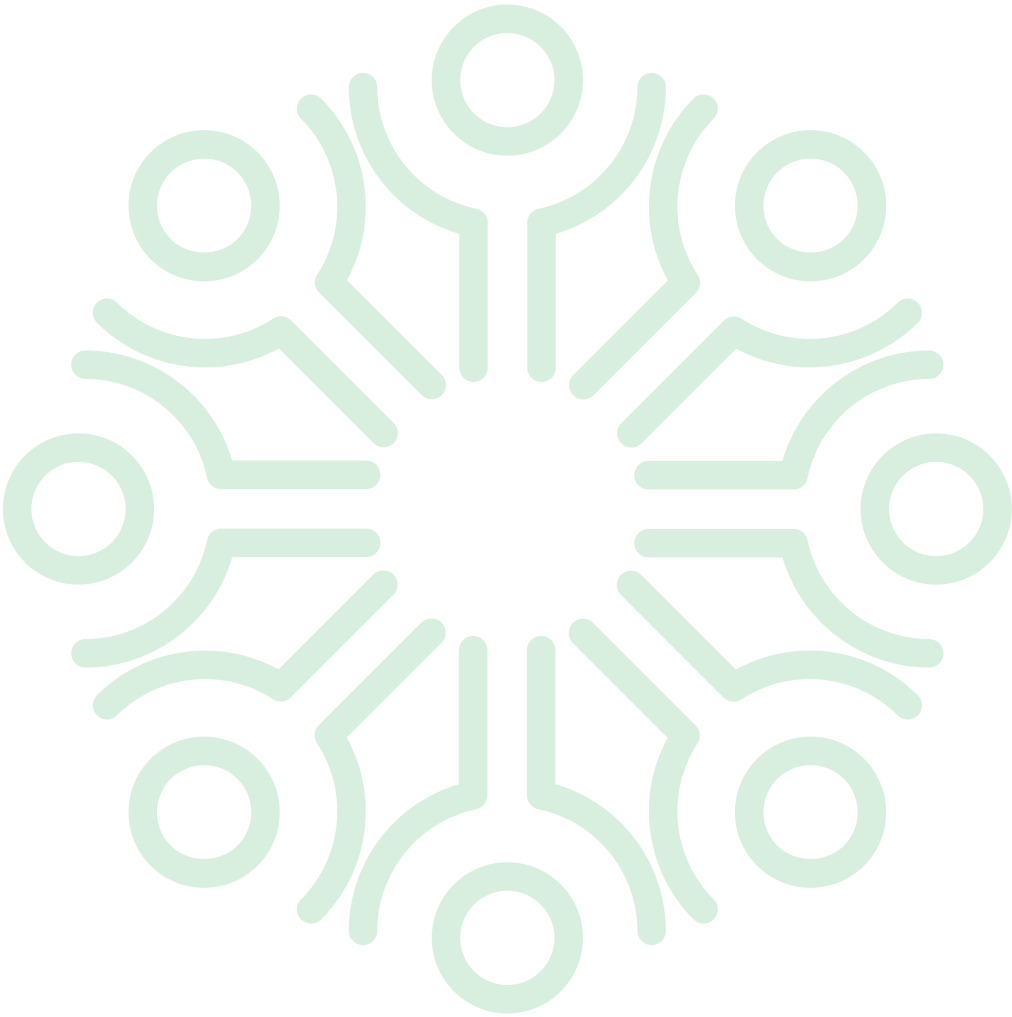


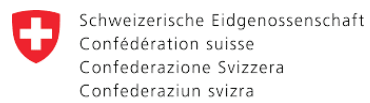
SECTION 2. DEATHS

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES				SKIP	
201	Have you lost any member of the household in the past two years (24 months)?			YES	NO	1	2	→ END	
202	203	204	205	206	207	208	209	210	
LINE NO.	NAME OF DECEASED MEMBER OF HOUSEHOLD	SEX OF DECEASED HOUSEHOLD MEMBER	AGE AT DEATH OF HOUSEHOLD MEMBER	ENUMERATOR SKIPPING INSTRUCTIONS: 1. IF THE DECEASED IS MALE → GO TO NEXT LINE 2. IF THE DECEASED IS A FEMALE NOT AGED 12- 49 → GO TO NEXT LINE 3. IF THE DECEASED IS A FEMALE AGED 12 - 49 → CONTINUE					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?	Was (NAME) Male or Female?	How old was (NAME) he/she when she died?	Was (NAME) pregnant when she died?	Did (NAME) die during delivery?	Did (NAME) die during the 6 weeks following delivery?	Did (NAME) die from accident or violence?	Did (NAME) suffer from any of the following health problems at any time during her last pregnancy, up to 6 weeks after child birth?	
	RECORD ONLY ONE NAME	1 = MALE 2 = FEMALE	RECORD AGE IN COMPLETED YEARS WRITE "00" IF < 1 YEAR IF 95 OR MORE, RECORD '95'.			PROBE FOR APPROX 40 DAYS BIRTH CELEBRATION		CHECK ALL THAT APPLY	
01				YES NO 1 → 2 GO TO 209	YES NO 1 → 2 GO TO 209	YES NO 1 2 ↓ NEXT LINE	YES NO 1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
02				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
03				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
04				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
05				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
CHECK HERE IF CONTINUATION SHEET USED		RECORD THE END TIME. HOURS		MINUTES					









Swiss Agency for Development and Cooperation SDC