THE FEDERAL REPUBLIC
OF SOMALIA

SOMALIA NATIONAL
BUREAU OF STATISTICS

JUBALAND STATE
OF SOMALIA

SOMALI HEALTH AND DEMOGRAPHIC SURVEY

Jubaland Report

JLHDS 2021

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Report

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With technical support from:

UNFPA

Foreword

The Jubaland Health and Demographic Survey is a representative household survey that provides reliable data on health, nutrition, and the demographic characteristics of Jubaland. The survey was implemented by the Somali National Bureau of Statistics (SNBS) and the Ministry of Health and Human Services (MoH) of the Federal Government of Somalia in partnership with the Ministry of Health and Social Care (MoH) and Ministry of Planning and International Cooperation (MoPIC) of Jubaland State of Somalia.

The survey marks the first time such data has been produced in the history of the State, which targeted women between the ages of 15-49, the children under the age of five years from randomly selected households across the State.

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

The survey findings indicate social behavior in our communities and encourage our people to adopt positive behavioral changes to improve their lives. The findings show that just above half (58 percent) of the Jubaland population is below 15 years. We are pleased to report that 64 percent of households get their drinking water from improved water sources, 58 percent use improved facilities, and 28 percent have access to electricity.

The results indicate that the total fertility rate (TFR) for Jubaland is relatively high at 7 percent. Twenty percent of Jubaland women deliver safely in a health facility. The results further highlight areas that need urgent intervention—to improve the lives of children, we know that only 5.9 percent of births have been registered, and only 9 percent of children aged 12-23 months have been fully vaccinated against common vaccine-preventable childhood diseases.

According to the three anthropometric indices of nutritional status of children, 28 percent of children under-five are stunted, 16 percent are wasted, and 34 percent are underweight.

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

These professionals worked together diligently to complete every phase of work according to the planned timetable in a challenging environment. Some of these heroes also include more than 25 Jubaland female data collectors who knocked on doors of pre-sampled households in urban, rural, and hard-to-reach nomadic settings to collect diverse information from 1,800 households across the State.

Thanks to our strong collaboration and partnership with SNBS and UNFPA Somalia, Jubaland now has rich information and skilled statistical staff who are able to lay a strong foundation of statistics for our future generations.

We also remain grateful to the donors of this undertaking— The Foreign, Common wealth and Development Office (FCDO) formerly United Kingdom Department for International Development (DfID) for their funding of fieldwork and data analysis, the Government of Sweden, the Government of Finland, the Government of Italy, the Italian Agency for Development Cooperation (AICS), the Swiss Agency for Development and Cooperation for their generous contributions, which have created a product that will help turn the dreams of the Somalis to reality.

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

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Minister of Planning and International Cooperation

Hon. Mohamed Ibrahim Ogle

Minister of Health and Social Care

Hon. Sharmake Mohamed Farah

**Director General
Somalia National Bureau of Statistics**

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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
JLHDS	Jubaland Health and Demographic Survey
GFR	General Fertility Rate
GIS	Geographic Information System
GPI	Gender Parity Index
HC	Health Centres
HIV	Human Immunodeficiency Virus
ICPD	Internal Conference on Population Development
IUD	Intra Uterine Device
IYCF	Infant and Young Child Feeding
KG	Kilogram
LAM	Lactational Amenorrhea
MCH	Maternal Child Health
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio

MM-Rate	Maternal Mortality Rate
MoH	Ministry of Health and Social Care
MoPIC	Ministry of Planning and International Cooperation
MTCT	Mother-to-child transmission
NA	Not Applicable
NARs	Net Attendance Ratios
NDP	National Development Plan
NLWs	Nomadic link workers
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PAPFAM	Pan Arab Project for Family Health
P&D	Population and Development
PESS	Population Estimation Survey of Somalia
PHU	Primary Health Unit
PNC	Postnatal Care
PPS	Probability Proportional to Size
PSU	Primary Sampling Units
RHF	Recommended Home Fluids
SD	Standard Deviation
SDGs	Sustainable Development Goals
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

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	29.4	26.9	28.1
	2.2.2	Prevalence of malnutrition among children under 5 years of age	34.0	33.5	33.7
		a) Prevalence of wasting among children under 5 years of age	16.5	16.1	16.3
3		**Good health and well-being**			
	3.1.2	Proportion of births attended by skilled health personnel	NA	NA	28.7
	3.7.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for birth spacing satisfied with modern methods	NA	0.9	NA
	3.7.2	Adolescent birth rates per 1,000 women a) Women aged 15-19 years	NA	145	NA
	3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	5.8	0.5	3.0
	3.b.1	Proportion of the target population covered by all vaccines included in their national programme	8.9	9.9	9.4
4		**Inclusive and equitable quality education and lifelong learning opportunities for all**			
	4.3.1	4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the last 12 months			
		a) Net Attendance Ratio (primary)	19.1	17.4	18.3
		b) Net Attendance Ratio (secondary)	3.9	4.7	4.3
	4.6.1	Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills			
		a) Adult literacy	NA	22.1	NA

SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator		Male	Female	Total
5	**Gender equality**				
	5.2.1	Proportion of ever-married women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former husband in the previous 12 months			
		a) Physical violence	NA	8.8	NA
		c) Psychological violence	NA	2.2	NA
	5.3.1	Proportion of women aged 20-24 years who were married before age 15 and before age 18			
		a) Before age 15	NA	28.1	NA
		b) Before age 18	NA	64.7	NA
	5.3.2	Proportion of women aged 15-49 years who have undergone female genital mutilation/cutting, by age	NA	99.7	NA
	5.b.1	Proportion of individuals who own a mobile telephone	NA	81.6	NA
6	**Ensure availability and sustainable management of water and sanitation for all**				
	6.1.1	Percentage of population using safely managed drinking water services	NA	NA	65.6
7	**Affordable and clean energy**				
	7.1.1	Proportion of population with access to electricity	NA	NA	30.2
	7.1.2	Proportion of population with primary reliance on clean fuels and technology	NA	NA	1.8

SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal		Indicator	Male	Female	Total
8		**Decent work and economic growth**			
	8.10.2	Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider			
		a) Proportion of adults (15 years and older) with an account at a bank or other financial institution	NA	2.8	NA
		b) Proportion of adults (15 years and older) with with a mobile-money account	NA	76.5	NA
16		**Peaceful and inclusive societies for sustainable development, access to justice for all and effective, accountable and inclusive institutions**			
	16.1.3	Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months			
		a) Percentage of women aged 15-49 who have experienced physical violence in the last 12 months "	NA	9.0	NA
	16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority	4.9	6.9	5.9
17		**Partnerships for the goals**			
	17.8.1	Proportion of individuals who used Internet in the last 12 months	NA	11.6	NA

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Introduction

❶ INTRODUCTION

State Context:

1.1. History and Politics

Jubaland is the second Federal Member State established in Somalia following an agreement among the clan leaders. Jubaland consists of three regions; Gedo, Lower Juba and Middle Juba. The State was established under article 49 of the Federal Government of Somalia's provisional constitution, which stipulates - based on a voluntary decision, two or more regions may merge to form a Federal Member State (FMS).

On 2 April 2013, delegates at the Kismayo conference were presented with a draft provisional constitution, which they overwhelmingly approved. On 15 May 2013, Ahmed Mohamed Islam (Madobe) was elected as the first President of Jubaland.

On 28 August 2013, the Jubaland administration led by his excellency Ahmed Mohammed Islam (Madobe) signed a national reconciliation agreement in Addis Ababa with the Federal Government of Somalia led by the State Minister for the Presidency, Farah Sheikh Abdulkadir.

In August 2019, Ahmed Mohamed Islam (Madobe) was re-elected as President of Jubaland State and immediately sworn into office for four years.

Jubaland aims at achieving a stable and peaceful state through an open and inclusive political process. The current Jubbaland State of Somalia (JSS) political process ensures representation for all. However, women are not well represented both in the executive and state assembly. There is big support for "one person – one vote" elections to select the next administration in 2023 in line with the 2015 Constitution. Significant investment will be needed to ensure that the necessary administrative and legislative frameworks are in place prior to the elections, assuring their adherence to minimum international standards. An important aspect will be to register all citizens to vote, since there is currently no comprehensive governmental system of identity registration. Other major challenges include the lack of full territorial control by the JSS government, the absence of clear guidance in the Constitution regarding the distribution of power and resources between the Federal Government and JSS. These challenges will

hopefully be overcome once the current review process of the Federal Constitution of Somalia is completed and Jubaland State Constitution and laws are harmonized with the Federal ones (Jubaland State of Somalia Strategic Plan 2017 - 2019).

1.2. Geography and the Climate of the State

Jubaland State is located in southern Somalia and comprises three administrative divisions: Gedo, Lower Juba and Middle Juba. It is bordered to the east by the Indian Ocean, Ethiopia to the west, Kenya to the south, Southwest State to the north. Kismayo is the interim State capital.

Jubaland has a hot tropical climate, with little seasonal variation and daily temperatures ranging from 30°C to 40°C. As the rest of Somalia, the state has low annual precipitation and four seasons: the rainy seasons are Gu' and Deyr, while the dry seasons are Hagaa and Jiilaal.

In recent years, the Juba River, the main river in the state, has nearly dried up due to lack of sufficient rainfall in the Ethiopian highlands where it originates. This has resulted in higher water prices in suburban and urban areas and loss of crops and pasture. On the other extreme, occasional heavy rains in the Ethiopian highlands cause floods, riverbank breakages, and loss of wealth and lives (Jubaland State of Somalia Strategic Plan 2017 - 2019).

1.3. Demographics

According to the Population Estimation Survey for Somalia 2014, Jubaland State has a population of 1.36 million inhabitants, with 25 percent residing in the urban, 36 percent in the rural, and 29 percent in the nomadic areas. The state hosts many internally displaced persons (IDPs) from various parts of Somalia, who respresent 10 percent of its population.

1.4. Economy

Jubaland is a resource-rich state with comparatively good seasonal precipitation. The River Juba basin is regarded

agriculturally, as one of the richest and most fertile Somali peninsula. Jubaland's main economic activities include animal production, agriculture, fishing and the importation of manufactured goods. However, the agricultural sector has suffered from the civil war and recurring droughts in the recent years.The pastoral based livestock sub-sector secures direct job opportunities for over 55% of the total labor force, but the sector has been limited by a lack of procedures for export certifications and the lack of public veterinary services. It is estimated that 68% of the total marine resources of Somalia are found in the waters of Jubaland, but the fishing industry is hampered by poor road infrastructure from the coastal areas and lacks cold chain storage facilities. The waters of Jubaland's coasts are said to be rich in oil and gas. JSS also suffers from soil degradation, overfishing of some species, and deforestation.

According to the Strategic Plan's vision, JSS will return to being one of the main food producing areas for all other Federal Member States: production levels comparable to the 1980s will be reached in the future, followed by steady growth. Priorities in agriculture are first flood control, followed by the rehabilitation of irrigation systems (notably repair and desilting of canals and barrages) (Jubaland State of Somalia Strategic Plan 2017 - 2019).

1.5. Health Status

As in other parts of Somalia, Jubaland's healthcare system has suffered from inadequate funding, planning and policy development. Three decades of civil conflict and instability have exacerbated the situation and contributed to the State having some of the lowest health indicators in the country. The state health system is not equipped to ensure minimal coverage for equitable access to health care, leading to increased morbidity and mortality. This is especially evident in the area of reproductive health, an area that relies heavily on the adequacy and availability of health services, characteristics of a well-functioning health system.

The state is facing challenges in delivering health services to its population, including; poor health system, inadequately qualified health professionals, and a lack of financial resources. The health system of Jubaland is structured in four sections: Regional/Referral Hospitals,

District Hospitals, Health Centers, and Primary Health Units. However, some of the health facilities are not functional. Some settlements in Jubaland are under the administration of Alshabab activists, which has hampered access to health care, thus increasing the risk of maternal and child mortality. As of August 2021, there were 140 health facilities registered in DHIS2 of which 19 in Middle Juba, 14 in Gedo, and 7 in Lower Juba are closed due to access or lack of funding to support its operation.

The morbidity and mortality trends have remained the same over the years, with the general population affected by common diseases including; diarrhea, acute respiratory infections (ARI), malaria, malnutrition, and other vaccine-preventable diseases. In addition, non-communicable diseases and psychiatric diseases also exist, although their extent is underestimated because of the lack of diagnostic capacity of the health system infrastructure.

The ministry's policies are centered on 6 priority areas, in line with the Somali health sector strategic plan.

The state may fail to meet its health and nutrition targets without concerted and organized efforts to revitalize the health system. The Ministry of Health and Social Care supports Jubaland to achieve better health, enabling them to participate in economic and social development and contribute to the alleviation of poverty (Ministry of Health and Social Care, 2014). To achieve this target, the Government's health sector initiatives focus on the following objectives and priorities:

Service delivery: Scaling up of essential and basic health and nutrition services (EPHS)
Human resources for health: Overcoming the crisis of human resources for health
Leadership and governance: Improving governance and leadership of the health system
Medicines, medical supplies, and technologies: Enhancing access to essential medicines and technologies
Health information system: Providing a functioning health information system
Health financing: Health financing for progress towards Universal Health Coverage (UHC)
Health infrastructure: Enhancing access to health personnel and medical support equipment

1.6. Survey Objectives and Organization

The survey's main objective was to provide evidence on the health and demographic characteristics of the Jubaland population that will guide the development of programs and formulation of effective policies. This information will also help monitor and evaluate national, subnational, and sector development plans, including the Sustainable Development Goals (SDGs), both by the state, nation and development partners. The specific objectives of the survey were to:

- Measure fertility and birth spacing.
- Examine the basic indicators of maternal and child health.
- Establish patterns of knowledge and awareness of the Human Immunodeficiency Virus (HIV) and other sexually transmitted infections.
- Understand the extent and patterns of gender-based violence, female circumcision and women empowerment.
- Understand the extent of disability, disease and health seeking behavior among the population

1.7. Sample Design

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

Through the use of up-to-date, high-resolution satellite imagery, as well as on-the-ground knowledge of staff from the respective ministry of planning, all dwelling structures were digitized in urban and rural areas. Enumeration Areas (EAs) were formed onscreen through a spatial count of dwelling structures in a Geographic Information System (GIS) software. Thereafter, a sample ground verification of the digitized structures was carried out for large urban and rural areas and necessary adjustments made to the frame. Each EA created had a minimum of 50 and a maximum of 149 dwelling structures. A total of 452 EAs were digitized (323 in urban areas and 129 in rural areas).

The nomadic frame comprised an updated list of temporary nomadic settlements (TNS) obtained from the nomadic link workers who are tied to these settlements. A total of 93 TNS formed the JLHDS nomadic sampling frame.

The JLHDS followed a three-stage stratified cluster sample design in urban and rural strata with a probability proportional to size, for the sampling of Primary Sampling Units (PSU) and Secondary Sampling Units (SSU) (respectively at the first and second stage), and systematic sampling of households at the third stage. For the nomadic stratum, a two-stage stratified cluster sample design was applied with a probability proportional to size for sampling of PSUs at the first stage and systematic sampling of households at the second stage.

To ensure that the survey precision is comparable across regions, PSUs were allocated equally. Within each stratum, a sample of 35 EAs was selected independently, with probability proportional to the number of digitized dwelling structures. In this first stage, a total of 157 EAs were allocated (to urban - 67 EAs, 54 rural EAs, and nomadic – 20 EAs). In the urban and rural selected EAs, all households were listed.

The data collected in this first phase was cleaned and a summary of households listed per EA formed the sampling frames for the second phase. In the second stage, 10 EAs were sampled out of the possible 35 that were listed, using probability proportional to the number of households. All households in each of these 10 EAs were serialized based on their location in the EA and 30 of these households sampled for the survey. The serialization was done to ensure distribution of the households interviewed for the survey in the EA sampled.

A total of 40 EAs were allocated to urban and rural strata (20 EAs each), while in the third stage, an average of 30 households were selected from the listed households in every EA to yield a total of 1, 779 households from 60 EAs covered (20 EAs in urban, 20 EAs in rural and 20 EAs in nomadic) out of the sampled 60 EAs. In nomadic areas, a sample of 10 EAs (in this case TNS) were selected from each nomadic stratum, with probability proportional to the number of estimated households.

A complete listing of households was carried out in the selected TNS followed by the selection of 30 households for the main survey interview. In those TNS with less

than 30 households, all households were interviewed for the main survey. All eligible ever-married women aged 12 to 49 and never-married women aged 15 to 49 were interviewed in the selected households, while the household questionnaire was administered to all households selected.

Questionnaires

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

Household and Individual Questionnaires

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

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

of the dwelling unit; and ownership of various durable goods. In addition, the questionnaire included questions about chronic diseases, disability, as well as out-of-pocket expenditure on health.

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

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

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

- Background characteristics, such as age, education, literacy and media exposure.
- Violence against women
- FGM
- Knowledge and attitudes relating to HIV

In this survey, Computer-Assisted Personal Interviewing (CAPI) was used, with interviewers using smart phones to record responses during interviews. The phones were equipped with Bluetooth technology to enable remote electronic transfer of completed questionnaires from interviewers to supervisors. Supervisors transferred completed files to the CSWeb server 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 JLHDS. The CAPI data collection system employed in the JLHDS 2020 was developed by UNFPA using the mobile version of the Census and Survey Processing System (CSPro). The CSPro software was developed jointly by the U.S. Census Bureau, the DHS Program and Serpro S.A.

1.8. Training

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

Listing

Training of Trainers (ToT) sessions were conducted in Mogadishu, facilitated by technical staff from UNFPA. Three trainers from Jubaland State were trained in household listing concepts (identification of structures, dwelling units, and EA boundaries), interview techniques, interviewers' and supervisors' roles, age probing techniques, fieldwork procedures, sampling techniques, and CSPro mobile data collection application. Thereafter, these trainers transferred this knowledge and skills to 44 data collectors from across the state in Lower Juba and Gedo regions. A pretest was carried out using both paper questionnaires and CAPI to assess the understanding of the trainees. Modifications were made to the questionnaire and survey methods, based on lessons drawn from the pretest. Participants were assessed through both theoretical evaluations in class as well as observations made on their survey implementation during the pretest.

Main Survey Training

The UNFPA technical team trained 19 master trainers in October 2017 in Kigali, Rwanda. These master trainers were all Somali professionals who participated in the development and review of data collection tools. Consequently, along with the master trainers, UNFPA trained 51 trainers of trainers. Finally, 28 trainees from the State were trained (constituting 100 percent of the data collectors who had been drawn from the medical profession (nurses, midwives and doctors). At the end of each training, a pretest was conducted using manual questionnaires and CAPI to ensure that all the trainees had acquired a minimum level of knowledge and skills required for the JLHDS. The selection of supervisors was based on performance in both in-class assessments and field pretests.

1.9. Fieldwork

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

Listing

The listing of households began in February 2018 and was completed in January 2019 for urban and rural areas. As a result of insecurity, flooding and the time taken to engage all of Somalia's Federal Member States, this phase did not take place concurrently throughout the State. Fieldwork was carried out by 11 teams, each consisting of one supervisor, three enumerators and a driver.

An Android platform developed in CSPro was used for data collection. Each team was assigned mobile phones (one for each enumerator and one for the supervisor), EA Maps (in A0 and A3 sizes), EA Google Earth files, control sheets, notebooks, pens and document folders. In addition, 6 data quality controllers (trainers, GIS staff, survey/ state directors, and regional coordinators) were coordinating and supervising fieldwork. In security-compromised areas, survey teams were supported by security guards and facilitators in the field.

Main Survey Data Collection

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

The nomadic households were listed a day prior to the day of enumeration in each TNS to obtain a current and complete list of households. During listing, coordinates of all nomadic household structures and the names of the head of each household were recorded. A sample of 30 households was then selected by the listing team and given to the supervisors of the enumerating team on their first day of enumeration. Subsequent to this, supervisors allocated households to be interviewed to enumerators.

1.10. Data Processing

Data processing for the JLHDS was carried out by a core team of 17 people drawn from in country statistical offices and UNFPA, with several members playing multiple roles.

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

Table 1.1   Results of the household and individual interviews

Number of households, number of interviews, and response rates,(unweighted), SHDS 2020	
Result	**Total**
Household interviews	
Selected households	1,800
Households interviewed	1,769
Household response rate	**98.3**
Interviews with ever-married women aged 15-49	
Number of eligible ever-married women	1,395
Number of eligible ever-married women interviewed	1,333
Eligible ever-married women response rate	**95.6**
Interviews with never-married women aged 15-49	
Number of eligible never-married women	382
Number of eligible never-married women interviewed	355
Eligible never-married women response rate	**92.9**
Interviews with all women aged 15-49	
Number of eligible women	1,777
Number of eligible women interviewed	1,688
Eligible women response rate	**95.0**

1.11. Response Rates

Table 1.1 presents response rates for the Jubaland JLHDS 2020. A total of 1800 households were selected for the sample, and 1769 households were successfully interviewed, yielding a response rate of 98.3 percent. The Jubaland JLHDS 2020 interviewed 1,777 women in Jubaland; 1, 395 ever-married women and 382 never-married women.

1.12. Quality Assurance

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

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

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

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

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

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

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

02

Household and Housing Characteristics

Key Findings

Age structure:
58 percent of the household members are below 15 years of age

Household headship:
34 percent of the household are headed by women.

Education:
58 percent of women and girls and **54 percent** of boys and men aged 6 and above have never been to school.

Drinking water:
64 percent of households use an improved source of drinking water.

Sanitation:
58 percent of households have an improved sanitation facility.

Mobile phone ownership:
79 percent of households own a mobile phone.

Birth registration:
6 percent of children aged 2-4 years have their births registered.

② HOUSEHOLD AND HOUSING CHARACTERISTICS

This chapter presents the socio-economic characteristics of the household and household members that were covered by the Jubaland Health and Demographic Survey (JLHDS) 2020. Information collected includes age of respondents, sex, educational status, type of residence (urban, rural, and nomadic household members), household facilities, and possessions. The household's profile presented in this chapter will assist in understanding the results of the JLHDS 2020 in the subsequent chapters while serving as a foundation for social and economic development planning. The domain of coverage for the Jubaland survey is two regions; Lower Juba and Gedo.

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

BOX 2.1 Key definitions

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

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

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

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

2.1   Age and Sex Composition

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

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

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

The age structure of the household members is typical of a society with a young population. Having one of the highest fertility rates in the world, Jubaland has a broad-based age pyramid, with 58 percent of household members below 15 years of age. The sex and age distribution of the household members is presented in the population pyramid in Figure 2.1.

The population pyramid in Figure 2.1 is in line with a developing country's population where fertility and mortality rates are high, which demographically represents a young population.

There are slightly more boys than girls among children under 15 years of age, and insignificantly more women than men in older ages. This is a pattern observed universally, which is driven by the sex ratio at birth (under normal circumstances, around 105 boys are

Figure 2.1 Jubaland population distribution by age and sex
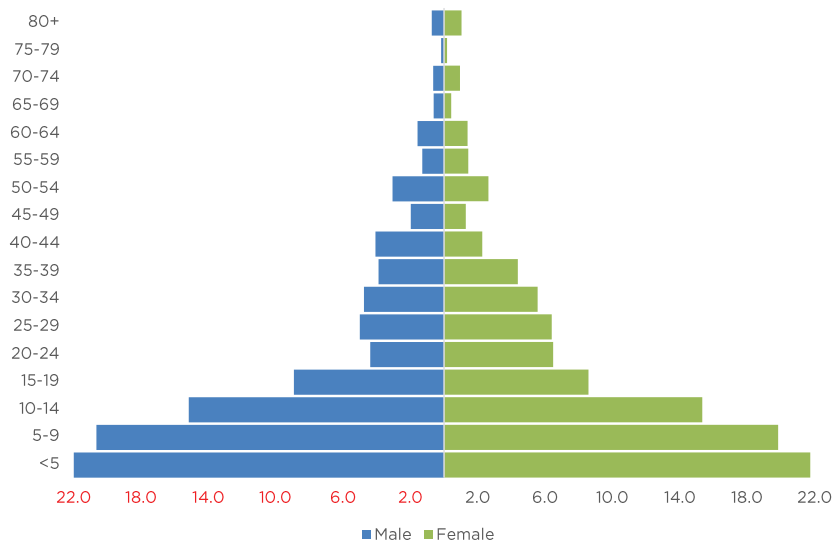
born for every 100 girls) and by the sex differences in mortality as women generally have lower death rates compared to men.

The age pyramid in Figure 2.1 sharply tapers to become narrower above the age of 60, indicating high mortality rates among the older age groups. Around two-thirds of Jubaland's population are below the age of 20 years and slightly more than three-quarters (78 percent) are below 30 years. Youth between 15-29 years of age constitute 20 percent of household members, while older people (65 years and above) make up only 2 percent of household members. Forty percent of household members are within the working age population (15-64 years), highlighting the need to create jobs and ensure that training or education offered addresses the needs of the labour market. This is also an indication of a huge dependency ratio thus creating the need for a strong social support system.

The survey shows that 35 percent of female household members are within childbearing age (15- 49 years). This can have implications on Jubaland's future birth rates. The large number of potential mothers creates a population momentum and it is a strong indication of a potential spike in population growth that Jubaland is likely to experience in the coming years. These projections should be taken into account by policy makers and relevant stakeholders and encouraged to consider preparing for the provision of appropriate social services.

2.2 Household Composition

Table 2.2 shows the distribution of households covered, by sex of the head of household and the number of household members, according to urban, rural, and nomadic residences. Thirty-four percent of households are headed by women, (29 percent in urban households, 38 percent in rural households, and 48 percent in nomadic households) (Figure 2. 2).

The average household size is 5.9 persons. Urban households, which have 6.3 persons per household, are slightly larger than rural households, with 5.6 persons per household. Nomadic households have the lowest average household size with 5.0 persons. An average household size of 5.6 was recorded in Gedo compared to 6.1 in Lower Juba.

Table 2.2 indicates that 25 percent of households have foster and/or orphaned children, 14 percent have single orphans,10 percent have foster children and 3 percent have double orphans. There is a slight difference in the number of households with foster children among the types of residence. In the rural households, 11 percent have foster children, while this proportion was 10 percent in the urban households and 9 percent in nomadic households.

2.3 Education

Level of education is an important characteristic, as it affects behaviour, including health-related behaviours and

Figure 2.2. Household headship

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

■ Male ■ Female

	Urban	Rural	Nomadic
Male	71.2	62.4	51.8
Female	28.8	37.6	48.2
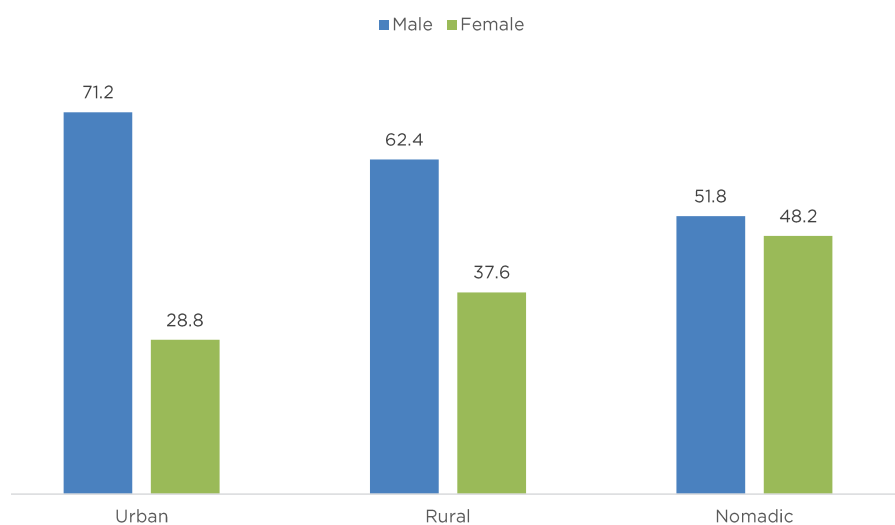
choices made in relation to reproduction, contraceptive use, child health, and hygiene. Access to education is considered a human right which has an intrinsic influence on a country's development. This is one of the main national responses that would guarantee orphans and children of different backgrounds equal access to better lives when they grow up.

2.3.1 Educational attainment

Table 2.3a and Table 2.3b provide information on the educational level of household members aged six years and older. Overall, 58 percent of females and 54 percent of males aged 6 and above have never attended school. Six percent of male household members and 4 percent of female household members have completed primary education. Nine percent of men have attained secondary education, compared to 6 percent of women, while 4 percent of the males and 1 percent of the females have attained higher education (Figure 2.3).

The survey results show that educational attainment varies across age groups. The age group with the lowest number of people with no education is 15-19 and 20-24 among male household members at 32 percent each and 31 percent for females aged 15-19 years.

Table 2.3a and Table 2.3b further shows that 11 percent of males in Lower Juba have completed secondary education compared to 6 percent in Gedo region, while 8 percent of females in Lower Juba have completed secondary education compared to 2 percent in the Gedo. The chances of progression to higher education are slightly better among urban dwellers than people living in rural and nomadic areas, as educational facilities are concentrated in urban centers. Nomadic household members are the most disadvantaged in terms of accessing education. Eighty-eight percent of nomadic male household members have no education. The indicators for women are the same as those for men, as 88 percent of nomadic female household members have no education (Figure 2.4).

2.4 School Attendance Ratios

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

Figure 2.3 Educational attainment by sex

Percent distribution of the de facto male and female populations aged six and over by educational attainment
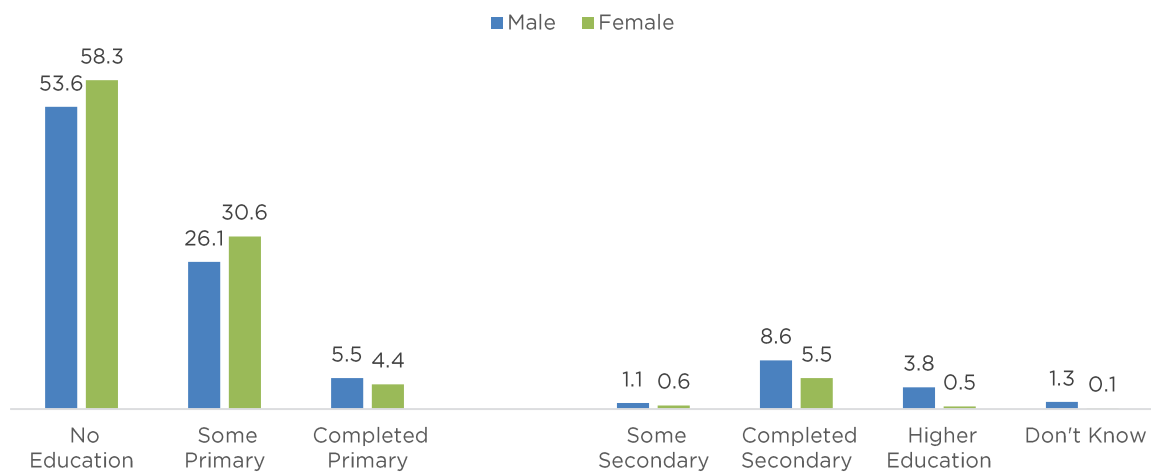
Figure 2.4 Educational attainment

Percent distribution of the de facto male and female populations aged six and over with No education by region and type of residence
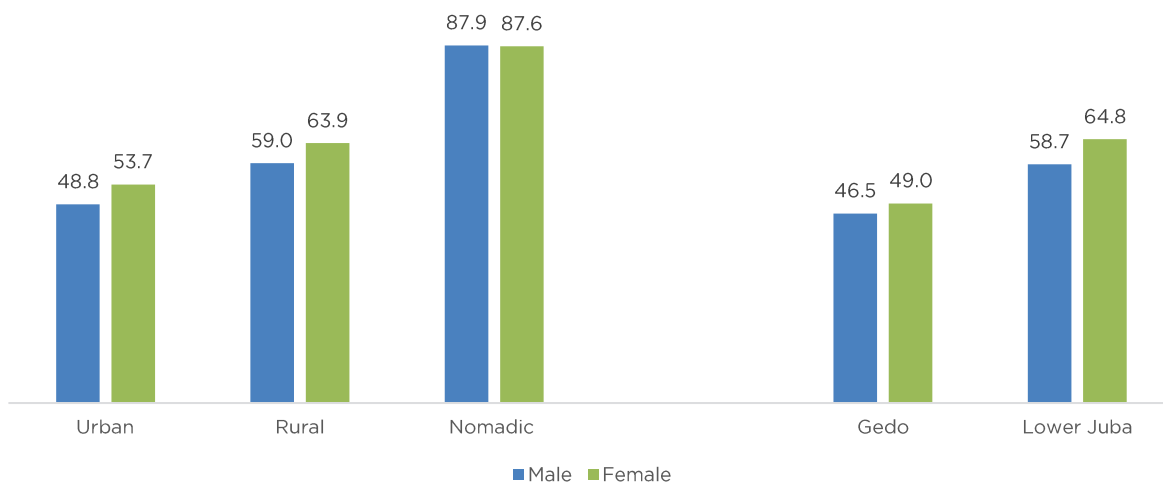
Table 2.4 illustrates that 18 percent of the children attending primary school are of the right age for that level. Only 4 percent of the total children attending secondary education are of the right age for that level at the secondary level.

As shown in Figure 2.5 below, there is little difference between the NAR of boys and girls at the primary level at 19 percent and 17 percent respectively. Conversely, the NAR is almost similar for females than males at the secondary level at 5 percent and 4 percent, respectively. The GAR is higher for males compared

to females, at 39 and 33 percent respectively at the primary-school level, and 11 and 8 percent respectively at the secondary-school level, indicating higher school attendance among males than females.

The NAR is slightly higher in urban areas than in rural areas at 20 percent and 17 percent respectively, while among nomadic household members it is very low at primary level at 2 percent (Figure 2.6).

Regionally, the NAR for primary school is highest in Gedo at 24 percent compared to Lower Juba at 15

Figure 2.5 School attendance ratios

Net Attendance Ratio (NAR) and Gross Attendance Ratio (GAR) for the de facto household
population by sex and level of schooling
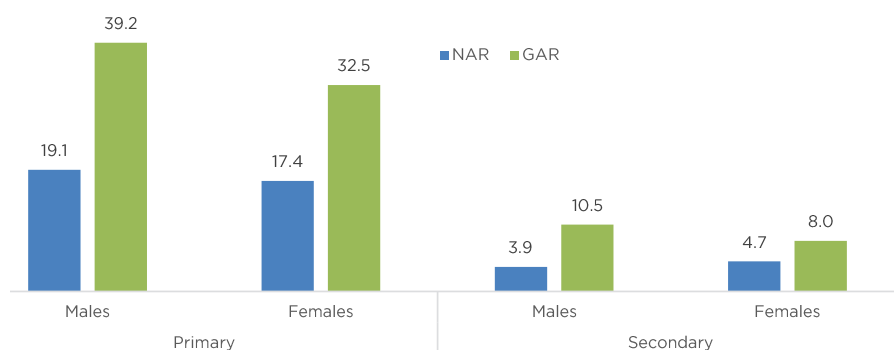
Figure 2.6 Total net attendance ratios

Total net attendance ratios by residence
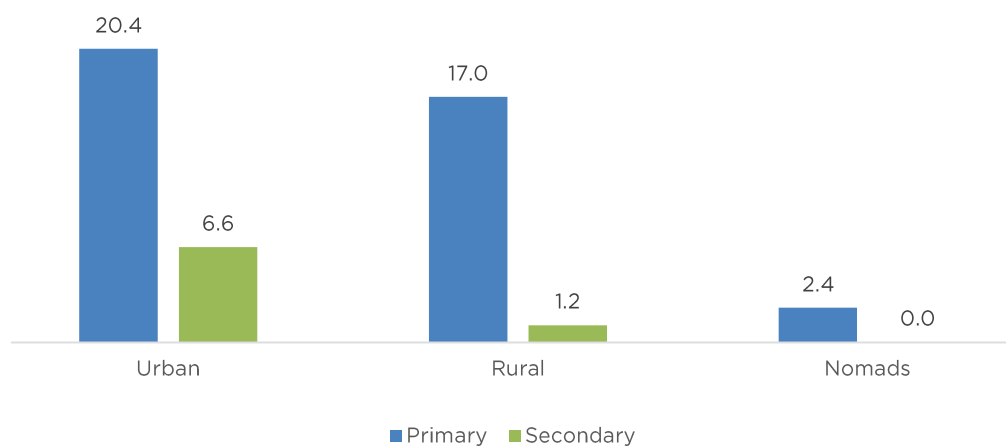
percent. Conversely, the NAR for secondary school is highest in Lower Juba at 6 percent compared to Gedo at 3 percent. The NAR at the primary school level is highest amongst those in the fourth wealth quintile at 27 percent, and lowest among those in the second wealth quintile at 15 percent. The NAR and the GAR at the secondary school level increases with an increase in wealth.

2.5   Housing Characteristics

2.5.1   Water Supply

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

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

of preventable waterborne diseases like diarrhea and dysentery in Jubaland can be reduced by introducing and using better water sources that are readily available to households.

According to the survey, 64 percent of households get their drinking water from improved water sources. Seventy-nine percent of urban households have access to improved water sources, while 51 percent of rural households and 17 percent of nomadic households have access to improved water sources (Table 2.5a and Figure 2.7). Thirty-three percent of household members have access to piped water coming into their dwelling, yard, or plot. Fifteen percent of households travel for at least 30 minutes or longer to get water. Nomadic household members travel the longest distances to get water at 52 percent compared to rural household members and urban household members at 21 percent and 7 percent respectively.

Regionally, Lower Juba has higher proportions of households who get their drinking water from improved water sources at 66 percent compared to 60 percent of Gedo households. Conversely, the percentage of households that travel 30 minutes or longer to obtain water is higher in Lower-Juba at 16 percent than in Gedo at 14 percent.

As shown in Table 2.5b, only 15 percent of households

treat water before drinking it and they all use an appropriate method. Twenty-four percent of urban households and 5 percent of rural households use an appropriate water treatment method, with none among the nomadic households using an appropriate water treatment method.

The most common water treatment method is bleach/ chlorine at 11 percent, followed by boiling which is used by 4 percent of households— (6 percent for urban households and 2 percent for rural households).

In Lower Juba, 89 percent of household did not treat their water compared to Gedo at 79 percent. The most common form of water treatment is bleach/chlorine in both Gedo and Lower Juba at 17 and 7 percent respectively, followed by boiling at 2 and 5 percent respectively.

2.5.2   Sanitation Facilities

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

Figure 2.7   Household drinking water

Percent distribution of population by source of drinking water by Place of residence and Total

	Urban	Rural	Nomadic	Total
Unimproved	21.3	49.4	82.8	36.2
Improved	78.7	50.6	17.2	63.8

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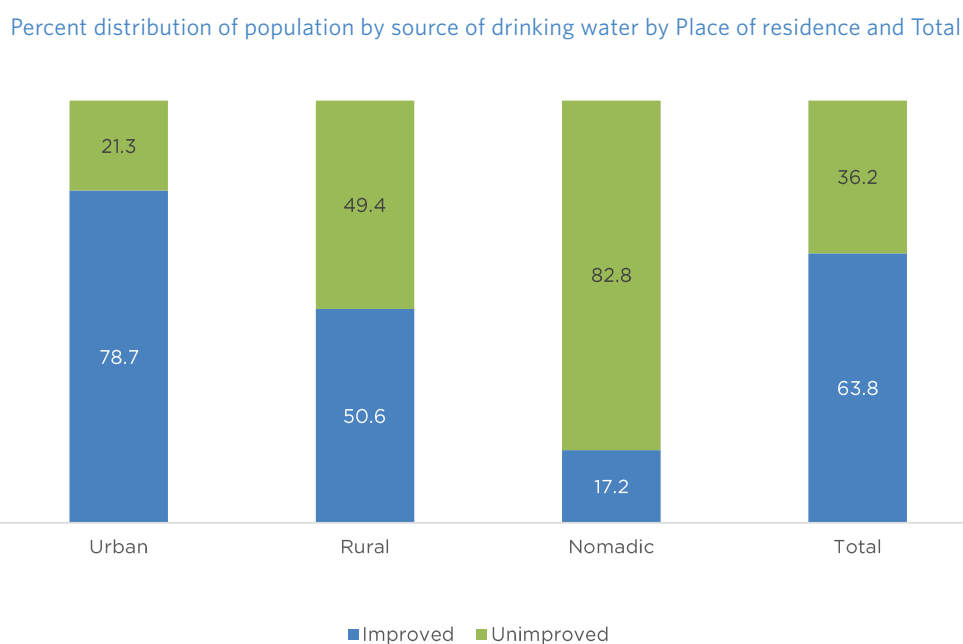
diarrheal disease by more than a third (Cairncross S., Hunt C., Boisson S., et al. 2010) and significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. An improved sanitation facility is defined as one that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

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

Table 2.6 and Figure 2.8 show that 58 percent of households use sanitation facilities with basic sanitation services considered improved toilet facilities. Access to sanitation facilities within households varies greatly by residence. Most households in urban and rural areas have access to improved toilet facilities at 68 and 54 percent, respectively, compared to nomadic households at 1 percent. (Figure 2.9)

2.5.3 Flooring Material, Lighting and Cooking Arrangements

Table 2.7 presents the distribution of households by

characteristics of the dwelling units and household amenities. Twenty-eight percent of households in Jubaland use electricity, 41 percent of urban households use electricity for lighting, compared to 15 percent of rural households, with no nomadic household using electricity for lighting.

The type of flooring used in a house can be indicative of the lifestyle of its inhabitants. Across Jubaland, 76 percent of dwellings have floors made of earth or sand. In urban and rural residences, cement is the second most common type of flooring used, (at 20 percent and 10 percent respectively). Firewood is the most common source of fuel used for cooking in nomadic and rural areas, with 96 percent of nomadic households and 59 percent of rural households using firewood. In urban areas, 44 percent of households use charcoal, compared to 34 percent in rural and 3 percent in nomadic areas.

2.6   Household Possessions

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

As shown in Figure 2.10, 9 percent of households in Jubaland own a television, and 79 percent own a mobile phone. Keeping up with technological advances and

Figure 2.8   Household sanitation facilities

Percent distribution of households by type of toilet/latrine facilities in use
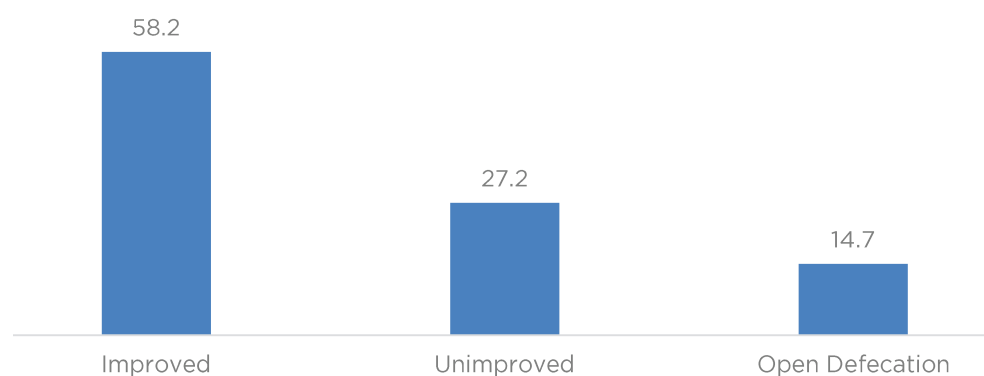
Figure 2.9   Household Sanitation Facilities

Percent distribution of households by type of toilet facilities in use

	Urban	Rural	Nomadic	Total
Open Defecation	3.4	18.6	90.3	14.7
Unimproved	28.9	27.6	9.2	27.2
Improved	67.7	53.8	0.5	58.2

■ Improved   ■ Unimproved   ■ Open Defecation
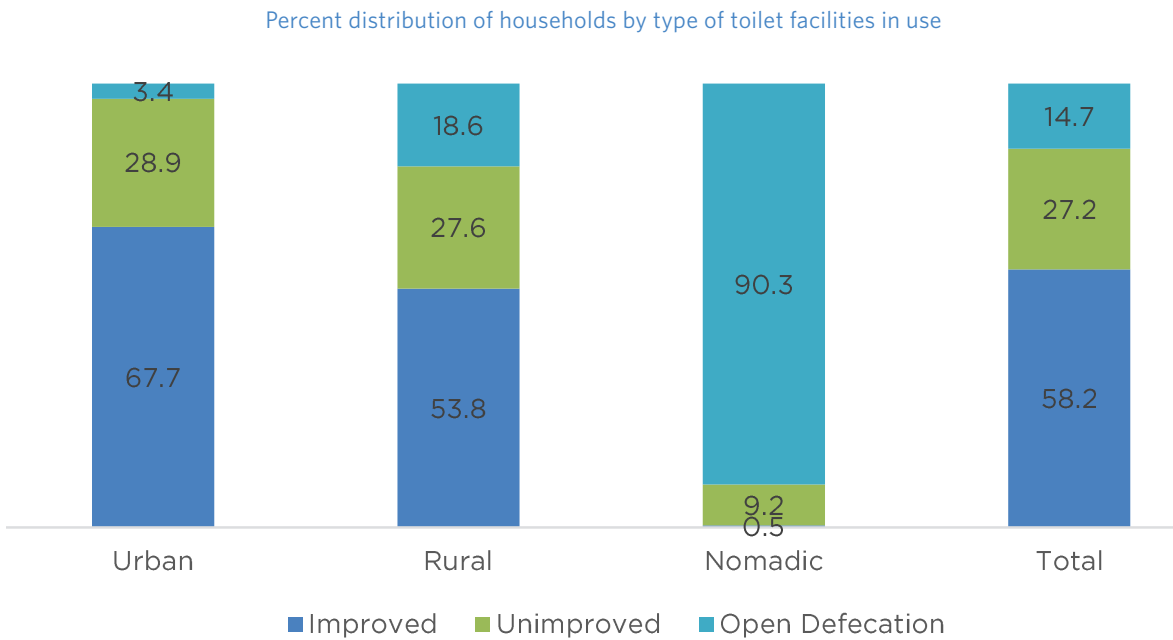
connecting with friends and family is a top priority in majority of households. Eighty-seven percent of people living in urban households, 69 percent living in rural households and 68 percent of nomadic households own simple mobile telephones with access to FM radio. In addition, around 17 percent of urban households, 16 percent of rural households and 5 percent of nomadic households' own radios (Table 2.8).

Twenty-nine percent in nomadic households, 14 percent in rural households, and 3 percent of urban households own a Donkey cart. As is the case throughout the state, families in Jubaland value livestock and regard them as assets. Eighty-six percent of nomadic household's own livestock, while 38 percent of rural households and 23 percent of urban households' own livestock. Eighteen percent of nomadic household's own agriculture land, whereas urban households and rural households own 17 percent of agricultural land each. Climate-related shocks and stresses have become more frequent in recent years and have adversely affected the livestock production sector. Forty-three percent of nomadic households, 19 percent of rural households, and 17 percent of urban households lost their livestock.

2.7   Household Wealth

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

Table 2.9 shows the distribution of household members into five wealth quintiles (five equally divided levels) based on the wealth index by place of residence and region. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed across Jubaland state.

The survey shows that   urban areas are wealthier than rural and nomadic areas. For example, 14 percent of urban households belong to the highest quintile, followed by 2 percent of rural areas while the wealthier households in nomadic areas are less than one percent. This is an indication that the most affluent or wealthier people live in urban settings (Figure 2.11). Regionally, Lower Juba has a larger proportion of wealthier households at 11 percent than Gedo households at 5 percent.

Figure 2.10 Household possessions

Mobile phone	78.5
Radio	15.9
Television	9.3
Donkey cart	9.2
Air conditioner/Fan	7.9
Internet	7.4
Non-mobile telephone	4.2
Computer	3.5
Motorcycle/scoote	3.4
Car/truck	2.0
Animal plough	1.5
Rickshaw	0.7
Motorcycle/scoote	0.5
Bicycle	0.2
Boat /Canoe	0.2
Tractor	0.1
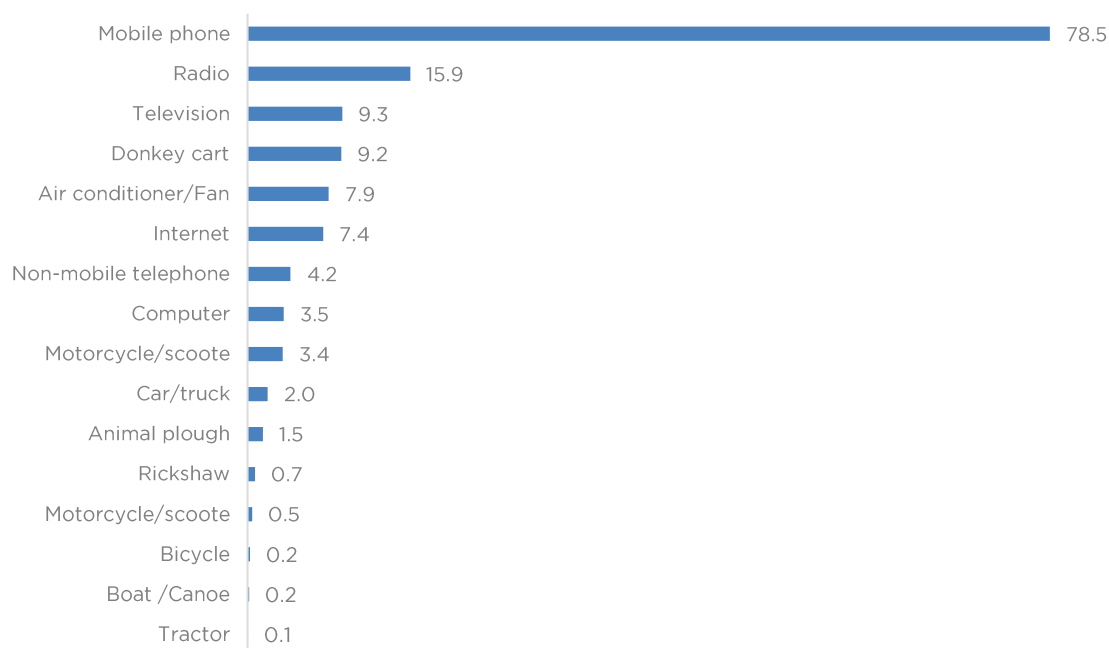
2.8   Birth Registration

The registration of births is the inscription of the facts of a birth into an official log. A birth certificate is issued as proof of the registration of birth. Information on birth registration was collected in the household interview by asking whether children under the age of five had a birth certificate. If the interviewer was informed that the child did not have a birth certificate, then he/she probed further to find out whether the child's birth had been registered with the civil authority.

Almost all children did not have a birth certificate. Six percent of children under five years were registered and less than 1 percent had a birth certificate. These figures may be much lower due to the lack of civil registration and the lack of a vital statistics system in Jubaland. Regionally, there's slight variations in the levels of registration as Lower Juba recorded 7 percent compared to Gedo at 4 percent (Table 2.10).

2.9   Handwashing

Handwashing with water and soap is one of the most effective health interventions to reduce illness, especially among children and the current COVID-19 pandemic. Monitoring correct handwashing behavior is challenging. The survey assessed the potential for proper handwashing behavior to take place by observing if a household had a specific place, where household members most often wash their hands and observing if water and soap (or other local cleansing materials) were present at a specific place for Handwashing. Respondents were requested to show the place where household members wash their hands to observe if soap and water are available for Handwashing.

Table 2.11 indicates that 30 percent of households have a limited hand washing facility; 77 percent of nomad dwellers, 41 percent of urban, and 17 percent of rural households. Regionally, the percentage of households with limited handwashing facility is higher in Gedo at 18 percent compared to Lower Juba at 12 percent.

Figure 2.11   Wealth quintiles

Percent distribution dr jure population by Wealth quintile and type of residence

■ Urban ■ Rural ■ Nomadic
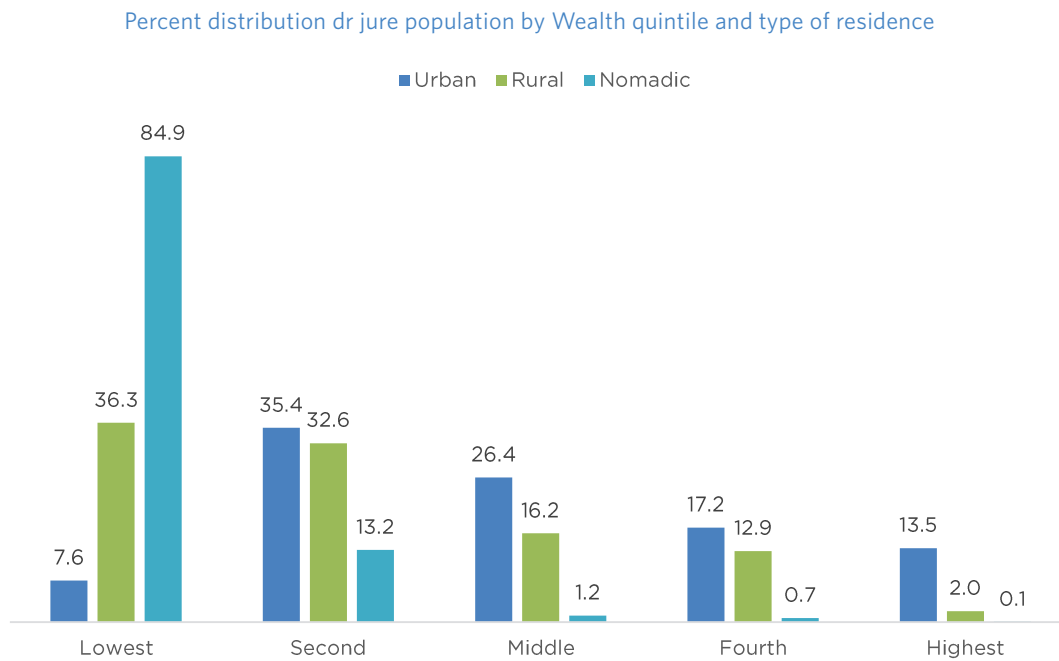
List of Tables

Table 2.1 Household population by age, sex, and residence

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

	Urban			Rural			Nomadic			Number of persons		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age												
<5	23.0	21.8	22.4	23.5	22.0	22.7	21.3	19.4	20.4	23.1	21.8	22.4
5-9	20.9	19.3	20.1	20.6	20.7	20.6	18.4	19.4	18.9	20.7	19.9	20.2
10-14	15.2	16.2	15.7	15.0	14.4	14.7	16.2	13.2	14.8	15.2	15.3	15.3
15-19	10.0	8.7	9.3	7.1	8.4	7.8	10.0	9.1	9.6	8.9	8.6	8.7
20-24	4.2	6.0	5.1	4.5	7.3	6.0	5.7	6.5	6.1	4.4	6.5	5.5
25-29	5.0	6.5	5.8	5.2	6.2	5.7	4.1	7.1	5.6	5.0	6.4	5.7
30-34	4.5	5.5	5.0	5.1	5.9	5.5	4.9	3.7	4.3	4.8	5.6	5.2
35-39	3.6	4.2	3.9	4.4	4.4	4.4	3.5	6.3	4.8	3.9	4.4	4.1
40-44	3.9	2.3	3.1	4.3	2.1	3.1	4.3	3.8	4.0	4.1	2.3	3.1
45-49	2.0	1.5	1.7	1.9	0.9	1.4	2.7	1.9	2.3	2.0	1.3	1.6
50-54	3.1	2.8	3.0	3.0	2.2	2.6	2.7	4.2	3.4	3.1	2.6	2.8
55-59	1.3	1.1	1.2	1.2	2.0	1.6	2.0	1.5	1.7	1.3	1.4	1.4
60-64	1.4	1.6	1.5	1.9	1.2	1.5	1.8	0.8	1.3	1.6	1.4	1.5
65-69	0.5	0.4	0.4	0.8	0.5	0.6	0.7	0.5	0.6	0.6	0.4	0.5
70-74	0.6	1.0	0.8	0.6	1.0	0.8	0.9	0.8	0.9	0.6	0.9	0.8
75-79	0.2	0.1	0.2	0.1	0.2	0.2	0.3	0.6	0.5	0.2	0.2	0.2
80+	0.7	1.2	1.0	0.8	0.8	0.8	0.5	1.3	0.9	0.7	1.0	0.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Dependency Age Groups												
0-14	59.1	57.3	58.2	59.1	57.0	58.0	55.9	52.0	54.0	58.9	57.0	57.9
15-64	38.8	40.1	39.5	38.7	40.5	39.6	41.7	44.9	43.2	38.9	40.5	39.7
65+	2.1	2.6	2.3	2.2	2.5	2.4	2.4	3.2	2.8	2.2	2.6	2.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Child and adult populations												
0-17	65.4	63.2	64.3	64.2	62.8	63.5	62.3	58.5	60.5	64.8	62.8	63.8
18+	34.6	36.8	35.7	35.8	37.2	36.5	37.7	41.5	39.5	35.2	37.2	36.2
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	25.2	24.8	25.0	22.1	22.8	22.4	26.2	22.3	24.3	24.1	23.9	24.0
Number of persons	2,726	2,905	5,631	1,779	1,940	3,719	256	236	492	4,761	5,081	9,842

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, JLHDS, 2020

Background characteristic	Type of residence			Region		
	Urban	Rural	Normadic	Gedo	Lower Juba	Total
Household headship						
Male	71.2	62.4	51.8	69.3	64.5	66.5
Female	28.8	37.6	48.2	30.7	35.5	33.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of usual members						
1	2.6	3.5	4.5	5.6	1.3	3.1
2	6.1	7.2	12.0	9.2	5.2	6.9
3	9.0	13.0	14.0	13.0	9.4	10.9
4	8.2	13.8	15.0	9.5	11.8	10.8
5	15.2	15.6	16.0	13.3	16.9	15.4
6	14.7	12.9	14.0	13.0	14.6	14.0
7	13.1	11.2	7.9	11.8	12.2	12.0
8	10.9	7.6	6.9	8.2	10.2	9.3
9+	20.1	15.2	9.6	16.4	18.4	17.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Mean size of households	6.3	5.6	5.0	5.6	6.1	5.9
Percentage of households with orphans and foster children under 18						
Foster children [1]	10.0	11.1	9.0	13.4	8.2	10.4
Double orphans	4.6	1.4	4.9	2.3	4.1	3.4
Single orphans [2]	17.2	10.5	14.1	13.1	15.2	14.3
Foster and/or orphan children	28.3	21.7	25.2	26.0	25.0	25.4
Number of households	956	708	105	745	1,024	1,769

Note: Table is based on de jure household members, i.e., usual residents
[1] Foster children are those under age 18 years of age living in households with neither their mother nor their father present
[2] Includes children with one dead parent and an unknown survival status of the other parent

Table 2.3a Educational attainment of the male household population

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

Background characteristic	Educational attainment of the household members							Total	Number of males
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary	Higher education	Don't know		
Age									
6-9	83.0	17.0	0.0	0.0	0.0	0.0	0.0	100.0	568
10-14	53.3	44.0	2.4	0.0	0.0	0.0	0.3	100.0	585
15-19	31.7	43.5	10.4	2.4	10.3	1.6	0.0	100.0	321
20-24	31.9	25.0	14.6	4.3	18.5	5.3	0.5	100.0	144
25-29	35.1	12.7	13.6	1.5	25.8	10.0	1.2	100.0	146
30-34	33.6	13.3	8.3	2.5	20.7	19.1	2.5	100.0	122
35-39	43.8	7.5	8.6	0.6	22.8	10.6	6.1	100.0	102
40-44	46.5	9.7	7.8	3.1	20.9	4.7	7.3	100.0	99
45-49	(48.4)	(10.3)	(4.9)	(0.0)	(10.5)	(17.5)	(8.4)	100.0	45
50-54	53.7	4.6	7.8	2.0	15.0	14.9	2.0	100.0	77
55-59	(63.1)	(10.5)	(5.5)	(0.0)	(10.4)	(5.2)	(5.3)	100.0	30
60-64	*	*	*	*	*	*	*	100.0	21
65+	(48.6)	(17.5)	(3.6)	(0.0)	(26.7)	(3.7)	(0.0)	100.0	43
Type of residence									
Urban	48.8	27.1	6.3	1.1	10.1	5.2	1.2	100.0	1,353
Rural	59.0	25.5	4.4	1.0	6.8	2.0	1.3	100.0	899
Nomadic	87.9	8.8	1.1	0.0	0.7	0.0	1.6	100.0	50
Region									
Gedo	46.5	35.5	7.8	1.6	5.8	1.6	1.2	100.0	959
Lower Juba	58.7	19.4	3.8	0.7	10.7	5.4	1.3	100.0	1,342
Total	**53.6**	**26.1**	**5.5**	**1.1**	**8.6**	**3.8**	**1.3**	**100.0**	**2,301**

[1] Completed 8th grade at the primary level
[2] Completed 12th grade at the secondary level.
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 2.3b Educational attainment of the female household population

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

Background characteristic	Educational attainment of the household members							Total	Number of females
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	Higher education	Don't know		
Age									
6-9	81.7	18.3	0.0	0.0	0.0	0.0	0.0	100.0	539
10-14	57.5	39.6	1.4	0.5	1.0	0.0	0.0	100.0	600
15-19	31.1	43.4	10.4	2.2	12.9	0.0	0.0	100.0	288
20-24	40.1	34.3	9.1	1.0	13.0	2.5	0.0	100.0	183
25-29	37.0	38.9	8.9	1.2	12.8	1.2	0.0	100.0	133
30-34	60.5	19.1	4.7	0.0	14.1	1.6	0.0	100.0	99
35-39	71.2	13.2	3.5	0.0	9.7	2.4	0.0	100.0	63
40-44	(53.2)	(20.5)	(18.8)	(0.0)	(7.5)	(0.0)	(0.0)	100.0	41
45-49	*	*	*	*	*	*	*	100.0	11
50-54	(60.5)	(10.0)	(16.3)	(0.0)	(10.9)	(0.0)	(2.3)	100.0	28
55-59	*	*	*	*	*	*	*	100.0	14
60-64	*	*	*	*	*	*	*	100.0	15
65+	*	*	*	*	*	*	*	100.0	23
Type of residence									
Urban	53.7	31.4	5.6	0.5	8.2	0.5	0.1	100.0	1,183
Rural	63.9	30.3	2.8	0.8	1.8	0.4	0.1	100.0	822
Nomadic	87.6	10.6	0.7	0.7	0.0	0.0	0.3	100.0	33
Region									
Gedo	49.0	42.8	5.5	0.2	2.4	0.0	0.1	100.0	838
Lower Juba	64.8	22.1	3.6	0.9	7.6	0.8	0.1	100.0	1,200
Total	**58.3**	**30.6**	**4.4**	**0.6**	**5.5**	**0.5**	**0.1**	**100.0**	**2,038**

[1] Completed 8th grade at the primary level
[2] Completed 12th grade at the secondary level.
 Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 2.4 School attendance ratio

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

	PRIMARY SCHOOL: Net Attendance Ratio[1]				PRIMARY SCHOOL: Gross Attendance Ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
PRIMARY								
Type of Residence								
Urban	21.7	19.0	20.4	0.9	44.8	34.9	42.5	0.8
Rural	17.4	16.7	17.0	1.0	34.8	32.2	34.4	0.9
Nomadic	2.2	2.7	2.4	1.2	5.2	4.2	5.1	0.8
Region								
Gedo	23.5	24.6	24.1	1.0	47.7	42.9	48.6	0.9
Lower Juba	16.5	13.1	14.8	0.8	34.1	26.3	31.2	0.8
Wealth quintile								
Lowest	17.2	18.4	17.8	1.1	32.5	31.2	32.8	1.0
Second	13.9	15.7	14.8	1.1	30.5	25.2	29.5	0.8
Middle	18.2	16.4	17.3	0.9	40.3	32.9	39.1	0.8
Fourth	31.9	21.0	26.9	0.7	58.4	45.7	55.0	0.8
Highest	25.9	19.0	22.3	0.7	57.4	48.2	55.3	0.8
TOTAL	**19.1**	**17.4**	**18.3**	**0.9**	**39.2**	**32.5**	**37.7**	**0.8**
Secondary								
Type of residence								
Urban	5.6	7.5	6.6	1.4	15.2	11.5	13.2	0.8
Rural	1.7	0.7	1.2	0.4	4.6	3.0	3.7	0.6
Nomadic	0.0	0.0	0.0	0.0	0.0	0.9	0.4	0.0
Region								
Gedo	2.6	2.4	2.5	0.9	8.1	3.1	5.5	0.4
Lower Juba	4.9	6.5	5.8	1.3	12.5	11.6	12.0	0.9
Wealth quintile								
Lowest	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.0
Second	0.0	3.0	1.4	0.0	3.0	3.0	3.0	1.0
Middle	4.5	2.1	3.1	0.5	16.5	3.2	8.8	0.2
Fourth	11.5	10.9	11.2	0.9	26.9	20.3	23.3	0.8
Highest	17.3	15.8	16.3	0.9	30.2	28.9	29.4	1.0
Total	**3.9**	**4.7**	**4.3**	**1.2**	**10.5**	**8.0**	**9.2**	**0.8**

[1] The NAR for primary school is the percentage of the primary-school age 6-13 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school age (14-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent
[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent
[3] The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR(GAR) for females to the NAR(GAR) for males.

Table 2.5a   Household drinking water

Percent distribution of Households and de jure population by source of drinking water, time to obtain drinking water, according to residence, JLHDS, 2020

Background characteristic	Households						Population					
	Type of residence			Region			Type of residence			Region		
	Urban	Rural	Nomadic	Gedo	Lower Juba	Total	Urban	Rural	Nomadic	Gedo	Lower Juba	Total
Source of drinking water												
Improved source	78.7	50.6	17.2	60.3	66.4	63.8	79.5	51.2	16.3	62.3	67.9	65.6
Piped water into dwelling/ yard/plot	42.2	25.0	0.0	35.9	30.6	32.8	43.1	25.1	0.0	39.1	30.8	34.1
Piped to neighbor	5.0	3.2	0.0	2.5	5.0	3.9	4.6	3.8	0.0	1.8	5.6	4.1
Public tab/ standpipe	6.5	6.9	0.0	1.6	9.7	6.3	7.2	5.6	0.0	1.3	9.4	6.2
Tube well/ borehole	8.7	4.0	2.3	1.0	10.4	6.5	9.1	4.5	2.0	0.9	11.1	7.0
Protected dug well	14.0	9.1	7.8	14.5	9.5	11.7	13.3	9.6	6.6	14.5	9.6	11.6
Protected spring	2.0	1.6	3.0	3.7	0.6	1.9	1.8	1.9	3.6	3.5	0.9	1.9
Rainwater	0.2	0.8	4.2	1.1	0.4	0.7	0.2	0.8	4.2	1.1	0.3	0.6
Bottled water	0.2	0.0	0.0	0.0	0.2	0.1	0.3	0.0	0.0	0.0	0.3	0.2
Non-improved source	21.3	49.4	82.8	39.7	33.6	36.2	20.5	48.8	83.7	37.7	32.1	34.4
Unprotected well	3.1	17.6	34.4	9.8	11.5	10.7	3.8	17.3	36.8	9.3	11.3	10.5
Unprotected spring	1.0	1.7	3.8	1.8	1.2	1.5	1.0	2.1	4.2	1.8	1.4	1.6
Tanker truck/cart with drum	14.0	12.4	4.3	13.9	11.9	12.8	13.0	12.1	4.6	13.2	11.6	12.2
Water Kiosk	0.8	2.5	11.8	5.2	0.0	2.2	0.6	2.9	12.5	5.2	0.0	2.1
Surface water	2.0	15.0	27.3	8.3	9.0	8.7	1.7	14.3	24.5	7.2	7.8	7.6
Others	0.3	0.1	1.1	0.7	0.0	0.3	0.4	0.2	1.1	0.9	0.0	0.4
Missing												
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
Time to obtain drinking water (round trip)												
Water on premises	70.3	38.6	7.5	63.8	46.7	53.9	69.7	38.5	6.1	65.8	47.3	54.7
Less than 30 minutes	22.7	40.4	41.0	22.4	37.1	30.9	23.7	41.2	40.5	21.4	37.7	31.2
30 minutes or longer	6.8	20.9	51.5	13.5	16.2	15.1	6.5	20.1	53.4	12.5	15.0	14.0
DK/Missing	0.2	0.1	0.0	0.3	0.0	0.1	0.1	0.2	0.0	0.3	0.0	0.1
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
Drinking water service												
Percentage with basic drinking water service	75.1	43.9	12.9	59.7	58.4	58.9	75.7	44.7	12.1	61.7	60.1	60.8
Percentage with limited drinking water service	3.6	6.7	4.4	0.7	8.0	4.9	3.9	6.5	4.2	0.6	7.7	4.9
Number of Households	956	708	105	745	1,024	1,769	5,661	3,732	498	3,964	5,928	9,892

1 Includes water piped to a neighbor and those reporting a round trip collection time of zero minutes
2 Defined as drinking water from an improved source, provided either water is on the premises or round-trip collection time is 30 minutes or less Includes safely managed
3 Drinking water from an improved source, provided round-trip collection time is more than 30 minutes

Table 2.5b   Treatment of household drinking water

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

Water treatment method	Households						Population					
	Type of residence			Region of residence			Type of residence			Region of residence		
	Urban	Rural	Nomadic	Gedo	Lower Juba	Total	Urban	Rural	Nomadic	Gedo	Lower Juba	Total
Water treatment prior to drinking[1]												
Boiled	5.8	1.5	0.0	1.6	5.3	3.7	6.0	1.4	0.0	1.6	5.6	4.0
Bleach/chlorine added	17.4	3.5	0.0	16.6	6.6	10.8	17.0	3.9	0.0	17.6	6.9	11.2
Strained through cloth	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ceramic, sand or other filter	2.2	0.2	0.0	3.0	0.0	1.3	2.5	0.3	0.0	3.8	0.0	1.5
Solar disinfection	0.0	0.0	0.0	0.0	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	0.0	0.0	0.0	0.0
Other treatment	0.3	0.4	0.0	0.8	0.0	0.3	0.4	0.5	0.0	1.1	0.0	0.4
No treatment	75.5	94.6	98.7	79.0	88.6	84.5	75.1	94.2	98.9	77.0	87.8	83.5
Don't Know	24.4	5.4	1.3	20.8	11.4	15.4	24.8	5.8	1.1	22.8	12.2	16.4
Percentage using an appropriate treatment method2	23.8	5.0	0.0	19.9	11.2	14.9	24.1	5.2	0.0	21.7	11.9	15.8
Number of households	956	708	105	745	1,024	1,769	5,928	3,732	498	3,964	5,928	9,892

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

Table 2.6   Household sanitation facilities

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

Type of toilet/latrine facility	Households				Population			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Improved facility	67.7	53.8	0.5	58.2	68.1	53.0	0.5	59.0
Flush/pour to piped sewer system	4.6	0.3	0.0	2.6	4.2	0.5	0.0	2.6
Flush/pour to septic tank	10.1	3.4	0.0	6.8	9.4	3.8	0.0	6.8
Flush/pour to a pit latrine	22.5	6.4	0.0	14.7	21.9	6.0	0.0	14.8
Ventilated improved pit (VIP) latrine	9.6	21.2	0.0	13.7	10.3	19.7	0.0	13.3
Pit latrine with a slab	19.0	19.8	0.5	18.2	19.8	20.0	0.5	18.9
Composting toilet	2.1	2.6	0.0	2.1	2.5	2.9	0.0	2.5
Non-improved facility	28.9	27.6	9.2	27.2	28.7	28.9	9.9	27.9
Flush to some where else	1.4	0.0	0.0	0.7	1.3	0.0	0.0	0.7
Flush/pour flush, don't know where	1.9	2.1	0.0	1.9	1.9	2.8	0.0	2.1
Pit latrine without slab/Open latrine	16.9	16.3	1.4	15.7	17.8	17.2	1.7	16.8
Bucket toilet	5.1	3.5	0.9	4.2	5.2	3.6	1.2	4.4
Hanging toilet/hanging latrine	2.7	1.6	3.4	2.3	1.9	1.4	4.1	1.8
Others	0.9	4.0	3.5	2.3	0.7	3.9	3.0	2.0
Open Defecation	3.4	18.6	90.3	14.7	3.1	18.1	89.6	13.1
Location of toilet facility								
In own dwelling	56.2	47.1	0.7	49.3	59.0	47.8	0.8	51.8
In own Yard/Plot	19.9	10.5	0.4	15.0	18.0	10.0	0.3	14.1
Else Where	19.3	22.2	8.5	19.8	18.7	22.6	9.2	19.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Percentage with basic sanitation service	36.0	29.4	0.0	31.2	39.6	30.8	0.0	34.3
Percentage with limited sanitation service	29.7	21.8	0.5	24.8	26.0	19.3	0.5	22.2
Number of households	956	708	105	1,769	5,661	3,732	498	9,892

Table 2.7   Housing characteristic

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, JLHDS, 2020

Housing characteristics	Household				Population			
	Type of residence				Type of residence			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Electricity								
Yes	41.1	14.6	0.0	28.1	43.3	14.5	0.0	30.2
No	58.9	85.4	100.0	71.9	56.7	85.5	100.0	69.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Flooring material								
Earth/Sand	71.7	78.1	97.8	75.8	71.2	77.6	97.9	74.9
Dung	3.6	1.0	0.6	2.4	2.9	0.9	0.6	2.1
Grass	0.5	4.2	0.1	2.0	0.7	4.5	0.2	2.1
Wooden Planks	0.3	3.3	0.1	1.5	0.4	3.8	0.1	1.6
Palm/Bamboo	1.0	1.2	1.2	1.1	1.3	1.3	1.1	1.3
Parquet/Polished wood	0.2	0.2	0.0	0.2	0.3	0.2	0.0	0.2
Vinyl/Asphalt Strips	0.0	1.9	0.1	0.8	0.0	1.8	0.0	0.7
Ceramic Tiles	1.0	0.5	0.0	0.7	0.9	0.4	0.0	0.6
Cement	20.0	9.5	0.0	14.6	20.7	9.6	0.0	15.5
Carpet	1.7	0.0	0.0	0.9	1.7	0.0	0.0	0.9
Others	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Rooms used for sleeping								
One	42.1	56.1	92.3	50.7	35.1	48.5	88.6	42.8
Two	39.6	34.9	7.6	35.8	42.3	38.4	11.2	39.3
Three or more	18.3	9.0	0.1	13.5	22.7	13.1	0.2	17.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Place for cooking								
In the house	62.5	59.7	20.4	58.8	61.4	60.1	18.5	58.8
In a separate building	25.8	26.1	1.6	24.5	27.4	26.4	1.4	25.7
Outdoors	11.8	14.1	77.7	16.6	11.1	13.4	80.0	15.5
Others	0.0	0.1	0.3	0.1	0.0	0.0	0.1	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Cooking fuel								
Electricity	0.7	0.5	0.0	0.6	0.8	0.5	0.0	0.6
LPG/natural gas/ biogas	2.4	0.0	0.0	1.3	2.0	0.0	0.0	1.2
Kerosene	1.2	0.2	0.2	0.8	1.3	0.2	0.2	0.8
Firewood	49.5	58.8	95.9	56.0	48.8	60.1	96.2	55.5
Charcoal	44.0	34.4	2.7	37.7	45.1	32.3	2.6	38.2
Straw/shrubs/grass	0.2	2.8	1.0	1.3	0.1	2.8	0.9	1.1
Agricultural crop	2.1	3.3	0.0	2.4	1.8	4.1	0.0	2.6
No food cooked in the household	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	95.7	99.3	99.7	97.4	95.9	99.4	99.8	97.4
Percentage using clean fuel for cooking[2]	3.1	0.5	0.0	1.9	2.9	0.5	0.0	1.8
Number of Households	956	708	105	1,769	5,661	3,732	498	9,892

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

Table 2.8   Household possessions

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

Possession	Type of residence			Region		Total
	Urban	Rural	Nomadic	Gedo	Lower Juba	
Household effects						
Radio	17.4	15.6	5.2	17.1	15.1	15.9
Television	15.0	2.8	0.3	6.5	11.3	9.3
Refrigerator	6.0	0.7	0.5	2.7	4.2	3.5
Mobile phone	87.0	68.6	67.9	86.5	72.6	78.5
Non-mobile telephone	6.8	0.7	4.1	3.1	5.0	4.2
Computer	5.8	0.7	0.2	2.2	4.3	3.4
Internet	12.4	1.7	0.3	8.1	6.9	7.4
Air conditioner/Fan	13.5	1.5	0.6	6.4	9.0	7.9
Means of transport						
Bicycle	0.0	0.5	0.8	0.1	0.3	0.2
Motorcycle/scoote	0.3	0.7	0.2	0.6	0.3	0.5
Donkey cart	3.3	14.1	29.0	14.3	5.4	9.2
Car/truck	3.1	0.6	0.8	1.9	2.0	2.0
Boat /Canoe	0.2	0.1	0.4	0.1	0.2	0.2
Tractor	0.0	0.1	0.2	0.1	0.0	0.1
Rickshaw	1.2	0.2	0.2	1.7	0.0	0.7
Animal plough	2.2	0.2	3.7	0.6	2.1	1.5
Ownership of agriculture land	16.9	16.9	17.5	25.5	10.7	16.9
Ownership of livestock[1]	22.5	37.6	86.0	54.4	16.3	32.3
Livestock lost	16.5	19.2	43.2	37.6	5.7	19.2
Number of households	956	708	105	745	1,024	1,769

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

Table 2.9   Wealth quintiles

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

Residence/region	Wealth quintile						Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest	Total		
Type of residence								
Urban	7.6	35.4	26.4	17.2	13.5	100.0	5,647	0.3
Rural	36.3	32.6	16.2	12.9	2.0	100.0	3,725	0.3
Nomadic	84.9	13.2	1.2	0.7	0.1	100.0	494	0.2
Region								
Gedo	30.7	33.1	23.0	8.0	5.2	100.0	3,956	0.2
Lower Juba	16.7	33.3	20.1	19.3	10.6	100.0	5911	0.2
Total	**22.3**	**33.2**	**21.3**	**14.8**	**8.5**	**100.0**	**9,866**	**0.2**

Table 2.10   Birth registration of children under age five

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

Background characteristic	Children whose births are registered			
	Percentage who had a birth certificate	Percentage who did not have birth certificate	Percentage registered	Number of children
Age				
<2	0.0	8.6	8.6	704
2-4	0.4	4.3	4.6	1,502
Sex				
Male	0.1	4.7	4.9	1,101
Female	0.3	6.6	6.9	1,101
Type of residence				
Urban	0.2	3.4	3.7	1,262
Rural	0.3	9.5	9.7	1,262
Nomadic	0.0	2.0	2.0	1,262
Region				
Gedo	0.1	4.0	4.1	798
Lower Juba	0.3	6.6	6.9	1,408
Total	**0.2**	**5.7**	**5.9**	**2,207**

Table 2.11 Handwashing

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, SHDS, 2020

Background characteristic	Percentage of households/population in which place for washing hands was observed and:			Place for handwashing observed						
	Place for handwashing was fixed	Place for handwashing was mobile	Number of households	Percentage of households with water available	Percentage of households with soap available	Percentage of households with cleansing agent other than soap available	Number of households for whom place for handwashing was observed	Percentage of households with a basic handwashing facility	Percentage of households with a limited handwashing facility	Number of households for whom a place for handwashing was observed or with no place for handwashing in the dwelling, yar
Household										
Number of households										
Urban	0.0	54.4	708	13.5	0.9	0.6	386	0.9	40.6	630
Rural	4.9	57.9	956	44.2	10.7	3.4	601	10.2	17.4	810
Nomadic	0.7	67.0	105	10.1	0.2	17.0	71	0.1	77.3	93
Region										
Gedo	1.1	37.3	745	20.3	3.0	2.2	680	2.8	17.9	734
Lower Juba	1.6	19.7	1,024	9.6	3.2	0.9	377	3.1	12.3	799
Total	**2.7**	**57.0**	**1,769**	**29.9**	**6.2**	**3.1**	**1,057**	**5.9**	**30.3**	**1,533**
Polulation										
Number of households										
Urban	0.0	52.9	3,725	13.5	0.6	0.6	1,971	0.6	39.0	3,284
Rural	5.3	55.9	5,647	45.4	10.4	3.6	3,453	10.0	14.7	4,799
Nomadic	0.9	66.2	494	10.2	0.2	17.9	332	0.1	76.3	439
Region										
Gedo	1.1	35.5	3,956	20.6	2.5	2.2	3,605	2.4	15.8	3,907
Lower Juba	2.0	19.8	5,911	11.0	3.7	1.0	2,151	3.5	11.1	4,614
Total	**3.1**	**55.3**	**9,866**	**31.6**	**6.2**	**3.1**	**5,756**	**5.9**	**27.0**	**8,521**

03

Characteristics of the Respondents

Key Findings

Educational attainment:
75 percent of women have never attended school at all.

Literacy:
Only **22 percent** of women in Jubaland are literate.

Access to media:
92 percent of women have no access to newspapers, radio, or television at least once a week.

Internet use:
14 percent of women had used the internet at least once while **12 percent** had used internet in the 12 months preceding the survey.

Employment:
6 percent of ever-married women were currently employed.

❸ CHARACTERISTICS OF THE RESPONDENTS

This chapter presents information on the individual demographic and socioeconomic characteristics of the survey respondents who were interviewed for the JLHDS 2020. The information presented in this chapter presents questions administered by enumerators to never-married and ever-married women. Questions on educational attainment, literacy, exposure to mass media, and internet use were administered to both never-married and ever-married women, whereas questions on employment status, occupation, and use of tobacco were only administered to ever-married women. This information is useful in understanding the factors that affect the lives of women in the reproductive age group and provides a context for interpreting demographic and health indicators.

3.1 Background characteristic of Respondents

Information on the background characteristics of women aged 15-49 interviewed in the survey is presented in Table 3.1 by age, marital status, type of residence, education and wealth quintile. Twenty-four percent of interviewed women were aged 15-19; (82 percent among never-married women and 7 percent among ever-married women). Sixty-three percent of women were currently married, while 22 percent had never been married, 8 percent were divorced and 7 percent were widowed. More women live in urban areas than in rural and nomadic areas. Fifty-three percent of the women resided in urban areas, 41 percent and 6 percent resided in rural and nomadic areas respectively. Thirty-four percent of the surveyed women resided in Gedo and 66 percent in Lower Juba.

3.2 Educational attainment

Table 3.2 presents the distribution of women aged 15-49 by educational attainment and median years of schooling completed according to background characteristics. The findings show that educational attainment among women in Jubaland is very low. Overall, 75 percent of women aged 15-49 years have not attended any formal schooling. Fourteen percent of women have some levels of primary education, and only 4 percent completed primary schooling. Three percent of women attended some secondary school, and 4 percent completed

secondary education. One percent of women obtained higher levels of education (Figure 3.1).

Educational attainment decreases as the age of women increases. The percentage of women who have some level of primary education is highest among women aged 15-19 at 27 percent and lowest among women aged 35-39 and 45-49 at 5 percent each.

The differences in educational attainment among women aged 15-49 in urban, rural and nomadic area is significant. Ninety-eight percent of women living in nomadic areas have never attended formal schooling compared to 78 percent of those from rural areas and 70 percent of those from urban areas. Lower Juba has more women with no education at 77 percent compared to 71 percent among those in Gedo. One percent of women in Lower Juba have attained higher education. No women in Gedo have attained higher education.

Educational attainment increases with increasing levels of wealth. The proportion of women in Jubaland with no education is highest in the second wealth quintile at 90 percent and lowest in the wealthiest households at 46 percent. The proportion of women who have attained higher education also increases with increasing levels of wealth.

Figure 3:1   Educational attainment

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

3.6   3.1   3.7 0.7

14.0

74.9

- No Education
- Some Primary
- Completed Primary
- Some Secondary
- Completed Secondary
- Higher Education
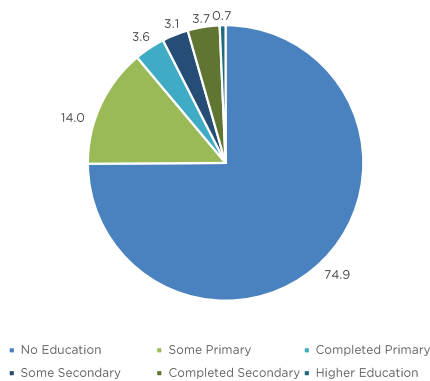
3.3 Literacy rate

Adult literacy is defined as the percentage of the population aged 15 years and above who are both able to read and write with an understanding — a short, simple statement on their everyday lives (UNESCO Institute for Statistics, 2013). The survey assessed literacy levels among women aged 15-49 who had never been to school or who had primary or secondary levels of education by asking them to read all or part of a sentence in Somali or English. Anyone who could read a sentence in any other language was also considered a literate person. Those with a higher level of educations were assumed to be literate without administering a reading test.

Table 3.3 presents the literacy of women by background characteristics. The table shows that 22 percent of women in Jubaland aged 15-49 are literate. As shown in Figure 3.2, women aged 15-19 years have the highest

literacy rate at 54 percent, while women aged 45-49 years have the lowest literacy rate at 7 percent. Literacy among women aged 15-49 varies by place of residence. Among women residing in urban areas, 34 percent are literate compared to 26 percent among those living in rural areas and 4 percent among women living in nomadic areas (Figure 3.3).

Literacy level is higher among women in Gedo compared to those in Lower Juba at 31 percent and 28 percent respectively. Further analysis by wealth show that literacy levels increase with increase in wealth status. Women from wealthier households are more literate at 61 percent, compared to women in the second wealth quintile at 10 percent.

3.4 Exposure to Mass Media

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

Figure 3.2   Literacy

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

Age	Percent
15-19	53.5
20-24	33.0
25-29	23.4
30-34	16.3
35-39	14.1
40-44	17.0
45-49	7.4
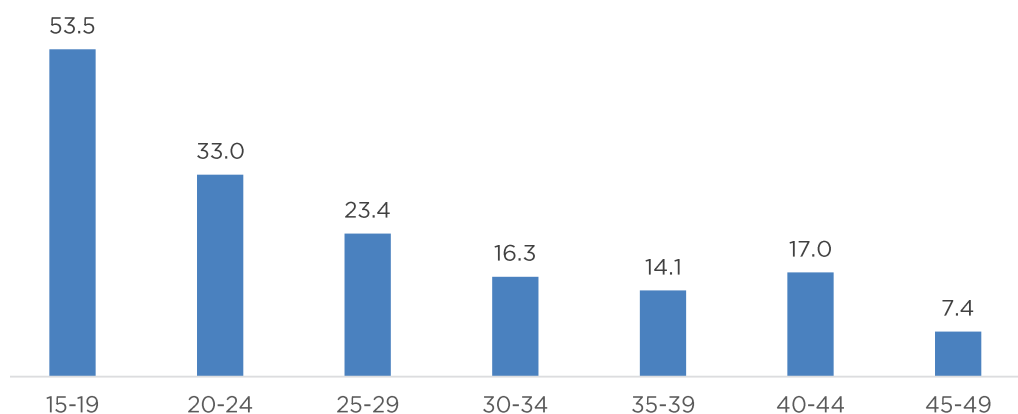
Figure 3.3 Literacy

Percent of literate women aged 15-49 by place of residence

Urban 34.4
Rural 25.5
Nomadic 3.8
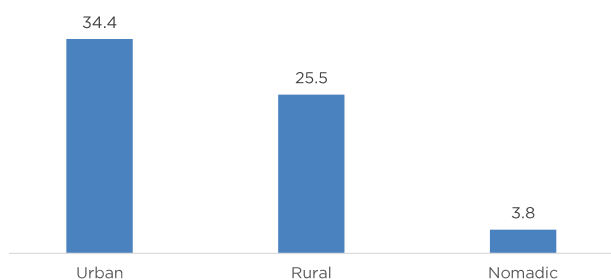
Table 3.4 shows that 92 percent of women did not access any of the three forms of media newspaper, radio and television at least once a week. Five percent of women watch television at least once a week, 4 percent listen to the radio at least once a week and 2 percent read newspapers at least once a week. Television is the most commonly accessed media.

Urban women have more access to newspapers, television and radio compared to their rural and nomadic counterparts—3 percent read a newspaper at least once a week, 8 percent watch television at least once

a week and 5 percent listen to the radio at least once a week. Almost all women in the nomadic areas do not access any media at least once a week, compared to 97 percent among those in the rural areas and 88 percent among those in the urban. Ninety-two percent of women in Lower Juba did not access any media even once a week compared to 93 percent among those in Gedo.

3.5 Internet Use

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

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

Table 3.5 shows that 14 percent of women had ever used the internet at least once, while 12 percent had used the internet in the past 12 months preceding the survey. Ever use of internet is highest among women aged 15-19 at 25 percent, and lowest among those aged 35-39 at 4 percent.

Eighteen percent of women living in urban areas had used the internet at least once, compared to 11 percent in rural areas, while, less than 1 percent of women living in nomadic areas had ever used the internet. Use of internet in the 12 months preceding the survey is reported by 15 percent of women in urban areas compared to 10 percent of women in rural. Less than 1 percent of women in nomadic areas used the internet in the 12 months preceding the survey.

Sixteen percent of women in Lower Juba region had ever used the internet, whereas in Gedo 11 percent reported had ever used the internet. In the 12 months preceding the survey, 13 percent of women in Lower Juba and 9 percent of women in Gedo reported use of internet (Figure 3.4).

Internet usage increases with an increase in wealth. Forty-two percent of women in the highest wealth quintile had used the internet in the past 12 months, compared to 1 percent of women in the lowest wealth quintile (Figure 3.5).

Figure 3.4   Internet Usage

Percent of women aged 15-49 who have ever used the internet in the past 12 months by region
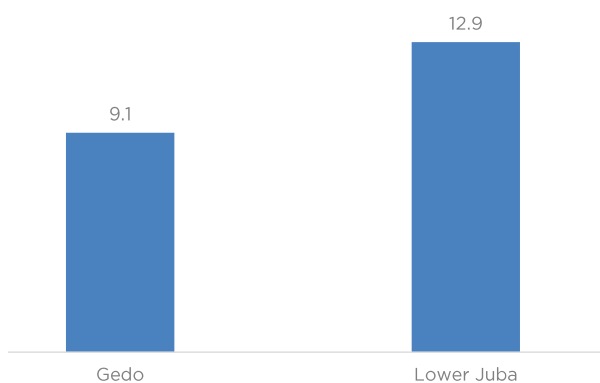
3.6 Employment Status

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

Table 3.6 shows the employment status of ever-married women by background characteristics. The employment status of respondents in Jubaland is low. Six percent of ever-married women were employed at the time of the survey while 1 percent were not employed at the time of the survey but had worked in the 12 months preceding the survey. Ninety-three percent of ever-married women had not been employed in the 12 months prior to the survey.

Employment of women increases with increase in age. Less than 1 percent of women aged 15-19 years were employed at the time of the survey which is the lowest amongst all age groups. Eleven percent of ever-married women aged 35-39 were currently employed, which is the highest proportion of women who were employed in the 12 months preceding the survey (Table 3.6). According to place of residence, the proportion of currently employed women in urban areas was 7 percent and in rural areas at 5 percent, while nomadic areas had the lowest proportion at 2 percent.

Regionally, ever-married women in Gedo are more likely to be employed compared to those in Lower Juba. Among the ever-married women in Gedo 9 percent, were employed at the time of the survey compared to 4 percent among those in Lower Juba at (Figure 3.6). Interestingly, women's employment status in Jubaland does not vary significantly by wealth quintile.

3.7 Type of Employment

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

Overall, 78 percent of ever-married women were paid in cash only while 12 percent were not paid for their work. Fifty percent of currently employed women aged 15-49 were self-employed, 38 percent were employed

Figure 3.5   Internet usage

Percent of women aged 15-49 who have ever used the internet in the past 12 months by wealth quintile

42.4	Highest
16.3	Fourth
5.7	Middle
0.5	Lowest
0.4	Second
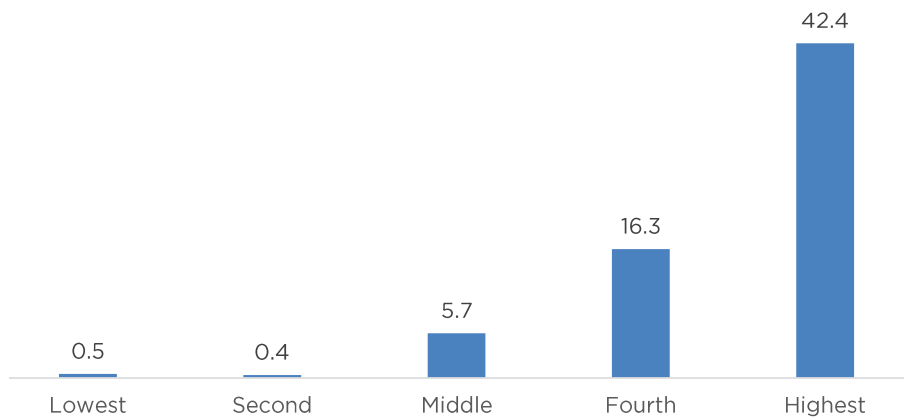
by a family member, and 13 percent were employed by a non-family member. Sixty-one percent of women were employed all year round, compared to women who were occasionally employed at 22 percent, while 17 percent were employed seasonally.

Figure 3.7 shows the percent distribution of ever-married women who were currently employed or who had worked in the 12 months preceding the survey by their occupation. Sixteen percent of ever-married women were in sales and services, while 15 percent were in domestic service while,in professional/technical/managerial occupations and skilled manual were at 12 percent each. The women that belong to unskilled manual occupations in Jubaland are 32 percent, while, agriculture occupies at 11 percent.

Figure 3.6   Employment Status

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

8.8	Gedo
4.4	Lower Juba
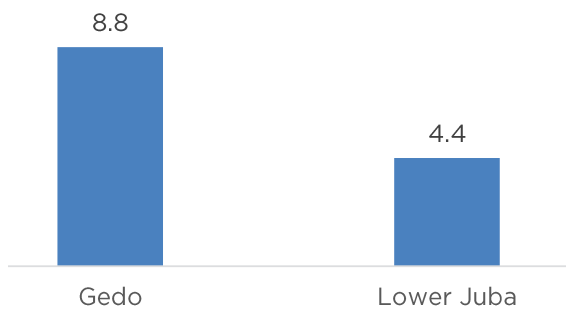
3.8 Use of Tobacco

Exposure to Tobacco and second-hand smoke (SHS) during pregnancy have adverse health effects on women and infants. Women who smoke are more likely than non-smokers to experience infertility and delays in conceiving. Maternal smoking during pregnancy increases risks of prematurity, stillbirth, and neonatal death and may cause a reduction in breast milk (WHO 2010). Ever-married women who are aged 15-49 were asked about their smoking habits. Table 3.8 shows the distribution of cigarette smokers and the percentage of women who use various types of tobacco by background characteristics.

Overall, 1 percent of ever-married women smoke cigarettes or use any type of tobacco. There is a slight variation in tobacco use among women in the different age groups. Majority of women who use any type of tobacco fall within the 35-39 age group at 3 percent. Furthermore, 2 percent of women in urban areas use any type of tobacco, one percent of women in rural and nomadic areas use any type of tobacco each. Regionally, women in Lower Juba are more likely to use any type of tobacco at 2 percent compared to women in Gedo at one percent.

Figure 3.7   Type of Employment and earning

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation

- Professional/ technical/ managerial
- Clerical
- Sales and services
- Skilled manual
- Unskilled manual
- Domestic service
- Agriculture

List of Tables

Table 3.1 Background characteristic of respondents

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

Background characteristic	Ever-married Women			Never-married women			All women		
	Weighted Percentage	Weighted number	Unweighted number	Weighted Percentage	Weighted number	Unweighted number	Weighted Percentage	Weighted number	Unweighted number
Age									
15-19	7.1	93	116	81.5	307	298	23.7	400	414
20-24	20.0	263	264	12.8	48	43	18.4	311	307
25-29	22.1	290	291	3.9	15	10	18.1	305	301
30-34	21.3	279	245	0.9	3	2	16.7	282	247
35-39	16.9	221	228	0.0	0	0	13.1	221	228
40-44	8.0	104	125	0.4	2	1	6.3	106	126
45-49	4.6	61	64	0.4	2	1	3.7	62	65
Marital status									
Never married	na	na	na	100.0	377	355	22.3	377	355
Married	81.1	1,063	1,115	na	na	na	63.0	1,063	1,115
Divorced	10.1	132	116	na	na	na	7.8	132	116
Widowed	8.8	116	102	na	na	na	6.9	116	102
Type of residence									
Urban	53.0	694	460	53.5	202	134	53.1	896	594
Rural	40.8	535	440	41.3	156	114	40.9	690	554
Nomadic	6.2	82	433	5.2	19	107	6.0	101	540
Region									
Gedo	34.6	453	630	31.2	118	148	33.8	571	778
Lower Juba	65.4	858	703	68.8	259	207	66.2	1,117	910
Education									
No Education	81.0	1,062	1,136	53.0	200	223	74.8	1,262	1,359
Primary	14.2	186	157	29.8	112	91	17.7	299	248
Secondary	4.3	56	36	15.9	60	38	6.9	116	74
Higher	0.5	7	4	1.3	5	3	0.7	12	7
Wealth quintile									
Lowest	7.7	101	215	5.6	21	50	7.2	122	265
Second	28.9	379	567	20.9	79	126	27.1	458	693
Middle	30.2	396	270	27.1	102	68	29.5	498	338
Fourth	20.0	262	169	25.4	96	61	21.2	358	230
Highest	13.2	173	112	21.0	79	50	14.9	252	162
Total 15-49	**100.0**	**1,311**	**1,333**	**100.0**	**377**	**355**	**100.0**	**1,688**	**1,688**

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

Table 3.2   Educational attainment: Women

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

| Background characteristic | No education | Highest level of schooling | | | | Higher Education | Total | Number of women |
		Some Primary	Completed Primary[1]	Some Secondary	Completed Secondary[2]			
Age group								
15-24	61.2	22.3	5.4	5.2	5.1	0.7	100.0	711
15-19	55.9	26.7	6.0	7.1	4.4	0.0	100.0	400
20-24	68.1	16.8	4.7	2.8	6.0	1.6	100.0	311
25-29	77.1	13.2	3.3	1.6	3.7	1.1	100.0	305
30-34	87.6	6.2	1.1	1.7	2.8	0.6	100.0	282
35-39	91.1	4.5	0.7	0.7	2.2	0.7	100.0	221
40-44	84.0	5.9	7.0	1.5	1.5	0.0	100.0	106
45-49	89.7	5.2	0.0	2.6	2.6	0.0	100.0	62
Residence								
Urban	70.0	14.7	4.1	4.6	5.7	0.9	100.0	896
Rural	77.8	14.9	3.5	1.5	1.8	0.5	100.0	690
Nomadic	98.2	1.6	0.0	0.2	0.0	0.0	100.0	101
Region								
Gedo	71.1	20.7	5.4	0.8	2.2	0.0	100.0	571
Lower Juba	76.9	10.6	2.7	4.3	4.6	1.0	100.0	1,117
Wealth quintile								
Lowest	86.1	12.9	1.0	0.0	0.0	0.0	100.0	122
Second	90.1	6.9	2.2	0.8	0.0	0.0	100.0	458
Middle	83.1	12.8	2.4	0.3	1.0	0.4	100.0	498
Fourth	60.3	21.9	4.3	7.3	5.7	0.4	100.0	358
Highest	46.4	18.5	8.5	8.2	15.1	3.3	100.0	252
Total	**74.9**	**14.0**	**3.6**	**3.1**	**3.7**	**0.7**	**100.0**	**1,688**

[1] Completed 8th grade at the primary level
[2] Completed 4th grade at the secondary level

Table 3.3   Literacy: Women

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

| Background characteristic | | No schooling, primary or secondary school | | | | | | |
---	Higher education	Can read a whole sentence	Can read part of the sentence	Cannot read at all	No card with required language	Total	Percentage literate[1]	Number of women
Age								
15-24	0.7	25.0	18.9	52.2	3.2	100.0	44.5	711
15-19	0.0	33.4	20.1	45.6	0.9	100.0	53.5	400
20-24	1.6	14.1	17.3	60.8	6.2	100.0	33.0	311
25-29	1.1	11.7	10.7	70.9	5.7	100.0	23.4	305
30-34	0.6	8.9	6.7	78.1	5.6	100.0	16.3	282
35-39	0.7	4.7	8.6	77.2	8.7	100.0	14.1	221
40-44	0.0	8.9	8.1	78.1	4.8	100.0	17.0	106
45-49	0.0	2.6	4.8	89.8	2.8	100.0	7.4	62
Type of residence								
Urban	0.9	18.7	14.8	65.4	0.2	100.0	34.4	896
Rural	0.5	13.3	11.7	62.9	11.7	100.0	25.5	690
Nomadic	0.0	0.7	3.1	96.1	0.1	100.0	3.8	101
Region								
Gedo	0.0	15.1	16.0	68.9	0.0	100.0	31.1	571
Lower Juba	1.0	15.5	11.2	64.8	7.4	100.0	27.8	1,117
Wealth quintile								
Lowest	0.0	3.4	7.5	88.7	0.4	100.0	10.9	265
Second	0.0	3.9	5.9	88.9	1.3	100.0	9.8	693
Middle	0.3	8.3	14.8	71.3	5.3	100.0	23.4	338
Fourth	0.4	28.7	13.9	50.4	6.5	100.0	43.0	230
Highest	3.1	35.8	21.6	36.4	3.1	100.0	60.5	162
Total	**0.4**	**11.1**	**10.5**	**75.1**	**2.8**	**100.0**	**22.1**	**1,688**

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

Table 3.4 Exposure to mass media: Women

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

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to radio at least once a week	Accesses all three media at least once a week	Accesses any three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age							
15-19	2.3	5.8	4.7	1.2	9.3	90.7	400
20-24	2.5	7.8	4.2	0.0	11.0	89.0	311
25-29	2.1	4.7	5.2	1.6	6.8	93.2	305
30-34	0.0	3.4	1.1	0.0	3.9	96.1	282
35-39	0.7	2.1	2.4	0.0	5.2	94.8	221
40-44	3.2	7.4	5.7	0.0	11.8	88.2	106
45-49	0.0	4.8	2.2	0.0	4.8	95.2	62
Type of residence							
Urban	2.6	8.4	5.4	0.9	12.1	87.9	896
Rural	0.8	1.8	2.2	0.3	3.2	96.8	690
Nomadic	0.0	0.0	0.1	0.0	0.1	99.9	101
Region							
Gedo	1.0	4.1	3.6	0.2	6.8	93.2	571
Lower Juba	2.1	5.7	3.8	0.7	8.2	91.8	1,117
Education							
No Education	0.1	1.7	1.5	0.0	2.6	97.4	1,262
Primary	3.8	8.1	8.4	1.1	15.5	84.5	299
Secondary	12.0	29.8	15.3	4.0	38.3	61.7	116
Higher	*	*	*	*	*	*	12
Wealth quintile							
Lowest	0.0	0.0	2.5	0.0	2.5	97.5	122
Second	0.7	0.4	1.9	0.0	2.3	97.7	458
Middle	0.4	0.3	2.9	0.0	2.9	97.1	498
Fourth	2.1	3.2	3.8	0.0	7.0	93.0	358
Highest	6.3	28.8	9.6	3.8	30.7	69.3	252
Total	**1.7**	**5.2**	**3.8**	**0.6**	**7.7**	**92.3**	**1,688**

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 3.5   Internet usage: Women

Percentage of All women age 15-49 who have ever used the internet, and percentage who have used the internet in the past 12 months according to background characteristics, JLHDS 2020

Background characteristic	Ever used the internet	Used the internet in the past 12 months	Number of women
Age			
15-19	24.8	21.9	400
20-24	21.6	17.2	311
25-29	8.0	7.5	305
30-34	10.2	7.4	282
35-39	4.4	2.9	221
40-44	4.5	4.5	106
45-49	4.8	0.0	62
Type of residence			
Urban	18.1	14.5	896
Rural	10.8	9.6	690
Nomadic	0.1	0.1	101
Region			
Gedo	11.1	9.1	571
Lower Juba	15.5	12.9	1,117
Education			
No Education	4.5	3.4	1,262
Primary	28.3	23.1	299
Secondary	72.7	62.8	116
Higher	*	*	12
Wealth quintile			
Lowest	1.5	0.5	122
Second	0.9	0.4	458
Middle	6.0	5.7	498
Fourth	22.0	16.3	358
Highest	48.5	42.4	252
Total	**14.0**	**11.6**	**1,688**

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

Table 3.6 Employment status: Ever Married Women

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

Background characteristic	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	0.1	0.0	99.9	100.0	93
20-24	3.9	0.3	95.8	100.0	263
25-29	4.7	1.2	94.0	100.0	290
30-34	6.1	0.6	93.3	100.0	279
35-39	10.5	2.1	87.4	100.0	221
40-44	10.2	4.5	85.2	100.0	104
45-49	3.7	0.0	96.3	100.0	61
Number of living children					
0	3.6	1.9	94.5	100.0	105
1-2	5.2	0.2	94.7	100.0	281
3-4	4.1	2.3	93.6	100.0	367
5+	7.9	0.8	91.4	100.0	559
Type of residence					
Urban	6.9	1.3	91.8	100.0	694
Rural	5.2	1.0	93.8	100.0	535
Nomadic	1.7	1.2	97.1	100.0	82
Region					
Gedo	8.8	0.8	90.4	100.0	453
Lower Juba	4.4	1.4	94.3	100.0	858
Education					
No Education	5.6	1.0	93.4	100.0	1,062
Primary	4.5	2.7	92.8	100.0	186
Secondary	10.7	0.0	89.3	100.0	56
Higher	*	*	*	100.0	7
Wealth quintile					
Lowest	4.7	1.7	93.6	100.0	101
Second	5.7	1.3	93.0	100.0	379
Middle	5.2	1.3	93.5	100.0	396
Fourth	6.6	0.7	92.7	100.0	262
Highest	7.4	1.1	91.5	100.0	173
Total	**5.9**	**1.2**	**92.9**	**100.0**	**1,311**

[1] 'Currently employed' is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave illness, vacation or any other such a reason.
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases

Table 3.7   Type of employment: Ever Married Women

Percent distribution of ever married women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, JLHDS 2020

Background characteristic	Total
Type of earning	
Cash only	77.7
Cash and in-kind	4.1
In-kind only	5.9
Not paid	12.2
Total	**100.0**
Type of employer	
Employed by family member	37.5
Employed by non-family member	12.5
Self-employed	50.0
Total	**100.0**
Continuity of employment	
All year	61.3
Seasonal	17.2
Occasional	21.6
Total	**100.0**
Number of women employed during the past 12 months	91

Table 3.8 Use of tobacco: Women

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

Background characteristic	Percentage who smoke			Number of women
	Cigarettes	Other types of tobacco	Any type of tobacco	
Age				
15-19	0.1	0.0	0.1	93
20-24	1.2	0.0	1.2	263
25-29	2.4	0.6	2.4	290
30-34	0.2	0.0	0.2	279
35-39	2.9	0.0	2.9	221
40-44	0.0	0.0	0.0	104
45-49	0.0	0.0	0.0	61
Type of residence				
Urban	1.6	0.2	1.6	694
Rural	1.1	0.0	1.1	535
Nomadic	0.5	0.0	0.5	82
Region				
Gedo	0.8	0.0	0.8	453
Lower Juba	1.6	0.2	1.6	858
Education				
No Education	1.1	0.2	1.1	1062
Primary	2.7	0.0	2.7	186
Secondary	0.0	0.0	0.0	56
Higher	*	*	*	7
Wealth quintile				
Lowest	0.0	0.0	0.0	101
Second	1.1	0.0	1.1	379
Middle	1.9	0.4	1.9	396
Fourth	1.3	0.0	1.3	262
Highest	0.9	0.0	0.9	173
Total	**1.3**	**0.1**	**1.3**	**1,311**

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted

04

Marriage, Fertility, Fertility Preference and Birth Spacing

Key Findings

Marital status:
22 percent of women aged 15-49 have never been married.

Age at first marriage:
The median age at first marriage for women is 17.

Early marriage:
28 percent of women in the age group of 20-49 entered their first marriage by the age of 15 and **57 percent** are married by 18 years.

Total Fertility Rate (TFR):
7 children per woman.

Birth Spacing:
A median of 23 months between two births.

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

Teenage pregnancy and motherhood:
16 percent of women aged 15-19 have either given birth or are pregnant with their first child.

Desire for more children:
62 percent of women want to have another child soon.

Ideal number of children:
9 is the average of ideal number of children for currently married women.

Fertility planning:
63 percent of births were reported by the mother to have been wanted at the time of conception, and **28 percent** were mistimed (wanted later); only 8 percent of births were unintended at the time of conception.

Contraceptive knowledge:
48 percent of currently married women and **46 percent** of all ever-married women have knowledge of modern contraception.

❹ MARRIAGE, FERTILITY, FERTILITY PREFERENCE AND BIRTH SPACING

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

Data on marriage and fertility collected as part of the JLHDS 2020 help gain better insight into what is behind fertility levels and trends. Some of these factors, including proximate determinants such as age at marriage, the timing of fertility, birth spacing, age at first birth, and inter-birth intervals, among others, are presented in this chapter. It further examines the key factors that determine the exposure to the risk of pregnancy. The information presented in this chapter is about women of child-bearing age.

4.1   Marriage

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

4.1.1   Marital status

The JLHDS 2020 classified marital status as never-married, currently married, divorced, or widowed. Table 4.1 and Figure 4.1 show the distribution of women aged 15-49 years by their current marital status and according to age. Marriage among Jubaland women is almost universal.

Figure 4.1   Current marital status of women aged 15-49

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

■ Never Married   ■ Currently Married   ■ Divorced   ■ Widowed
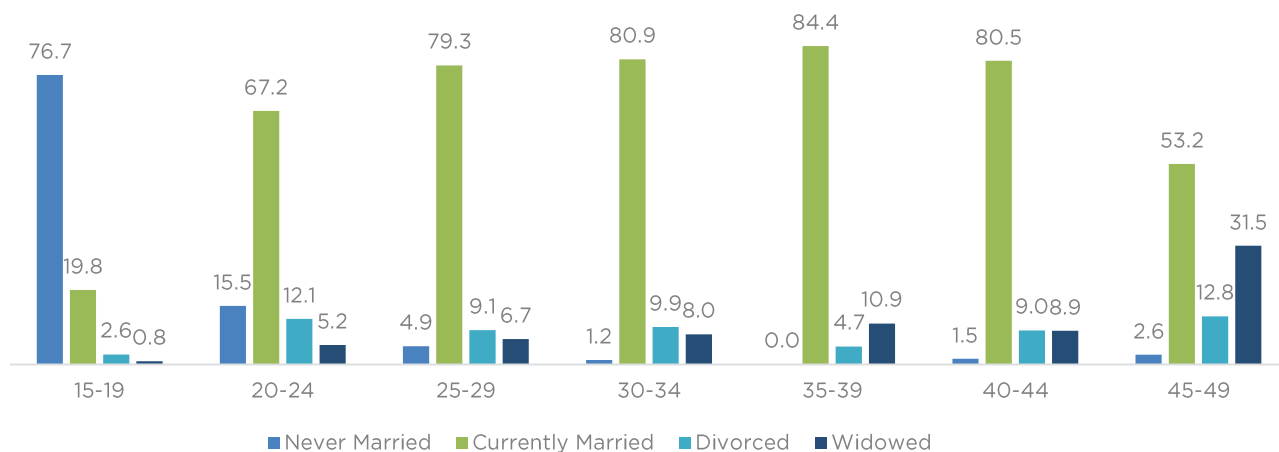
At the time of the survey, 22 percent of the women had never married, 63 percent were currently married, 8 percent divorced, and 7 percent widowed.

The percentage of women who have never been married drops dramatically with age, from 77 percent among women aged 15 to 19 years, to 16 percent among women aged 20 to 24. The proportion of widowed women increases with age and peaks among women in the age group of 45-49 years at 32 percent however there is a drop in widowhood among women of age 40-44 from 11 percent for women in the 35-39 age group to 9 percent..

The percentage of divorced women varies at different age groups; among women aged 15-19, 3 percent are divorced, 12 percent among those aged 20-24, 9 percent among those in the 40-44 age bracket, and 13 percent among those aged 45-49 years. This indicates that age does not impact the decision to remain in a marriage or not.

Age at first marriage

Age at first marriage is an important indicator of the exposure to the risk of conception and childbirth, especially in a society in which almost all births occur within marriage. Women who marry early will, on average, have a longer exposure to the risk of pregnancy and more births in their reproductive years. Information on age at first marriage was obtained by asking all ever-married women the month and year they got married to their first husbands, while similar information for men was obtained from the household roster.

Table 4.2 shows the percentage of ever-married women aged 15-49 yeas who were first married by specific exact ages and the median age at first marriage. Twenty-eight percent of women in the age group of 20-49 and 27 percent of women in the age group of 25-49 entered their first marriage by the age of 15. Fifty-seven percent of women aged 20-49 and 54 percent of women aged 25-49 were married for the first time by the age of 18, while 71 percent of the women in the age groups of 20-49 and 25-49 were married for the first time by the time they turned 20. The median age at first marriage for women aged 25-49 is 17 years.

Table 4.3 shows the percentage of men aged 15 to 64 who were first married based on specific ages and median age at first marriage. Overall, less than 1 percent of men in the age bracket of 20-49 years entered into

their first marriage by the age of 15 and 3 percent by the age of 18. Ten percent of the men aged 25-64 had never married. The median age at first marriage for men aged 25-64 is 25 years.

Early Marriage

Early marriage is still widely practised in many parts of the world, including the Jubaland State of Somalia, even though it violates the rights of young people (particularly girls) and has widespread and long-term consequences. Somali parents in Jubaland encourage their daughters to marry at a young age in the hope that marriage will benefit girls socially.

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

In Jubaland, 28 percent of women aged 20-49 years and 27 percent of women aged 25-49 had entered into marital union by the time they turned 15. Fifty-seven percent of women age group of 20-49 and 54 percent of women in the age group of 25-49 were first married by the age of 18 (Figure 4.2 & Table 4.2).

4.2. Fertility

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

Figure 4.2   Age at first marriage

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

- 25-49
- 20-49

	15	18	20	22	25
25-49	27.5	56.5	71.1	NA	NA
20-49	27.3	53.9	70.7	79.9	89.2
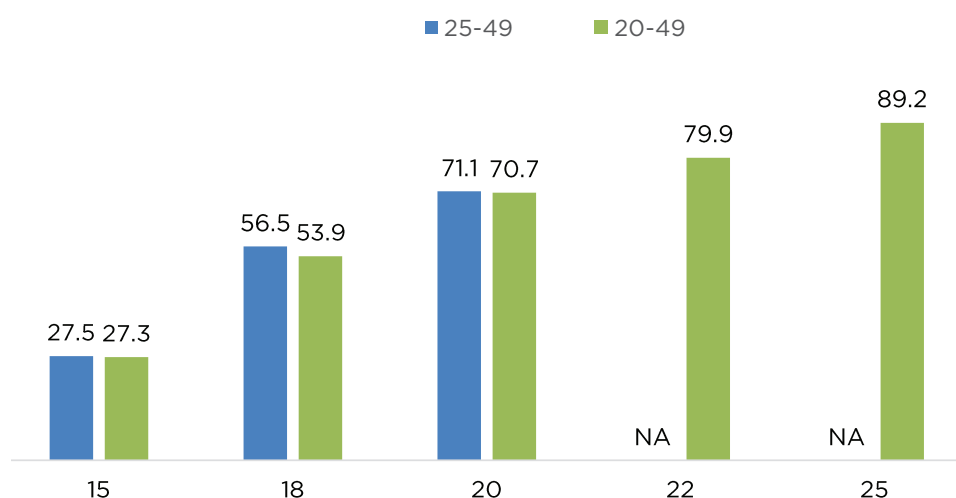
of births for each respondent, from the earliest to the most recent birth, recording for each of them the type of birth (single or multiple), survival status, gender and date of birth.

4.2.1. Current Fertility

The most commonly used measures of current fertility are the Total Fertility Rate (TFR) and one of its components— Age-Specific Fertility Rates (ASFRs). The TFR is a summary measure of fertility and is interpreted as the number of children a woman would have by the end of her childbearing years if she were to experience the currently observed ASFRs. The TFR estimates compiled during the JLHDS 2020 refer to the three years preceding the survey. The ASFR was calculated as the number of live births by women in a given age group divided by the number of woman-years in that age group during the specified period.

As presented in Table 4.4, the ASFR shows that fertility is at its peak between 20 to 34 years and reduces by almost half after the age of 34. Analysis of the trends in ASFR by type of residence shows that the observed pattern is similar for urban and rural dwelles. Among the nomadic dwellers, fertility starts to decline after 29 years though the decline is not rapid. No fertility was recorded for women in the 45-49 age bracket for the rural and nomadic women, however, among the urban women, the ASFR is 29.

Table 4.4 presents the ASFRs and total fertility measures (TFR, GFR, and CBR) by type of residence. The total fertility rate for Jubaland is 7 children per woman. This means that, on average, a woman in Jubaland will give birth to 7 children during her childbearing years. According to SHDS, the national TFR is 6.9 children per woman.

Figure 4.3   Age-specific fertility rates by residence

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

Births per 1,000 women

- Urban
- Rural
- Nomadic
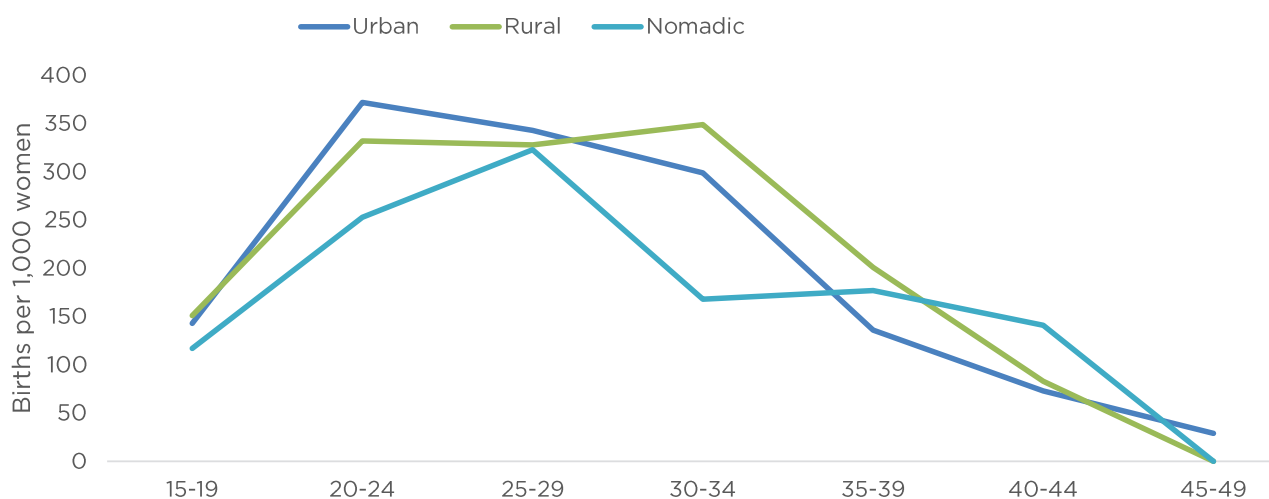
Figure 4.4   Total fertility rate

Total fertility rates by residence
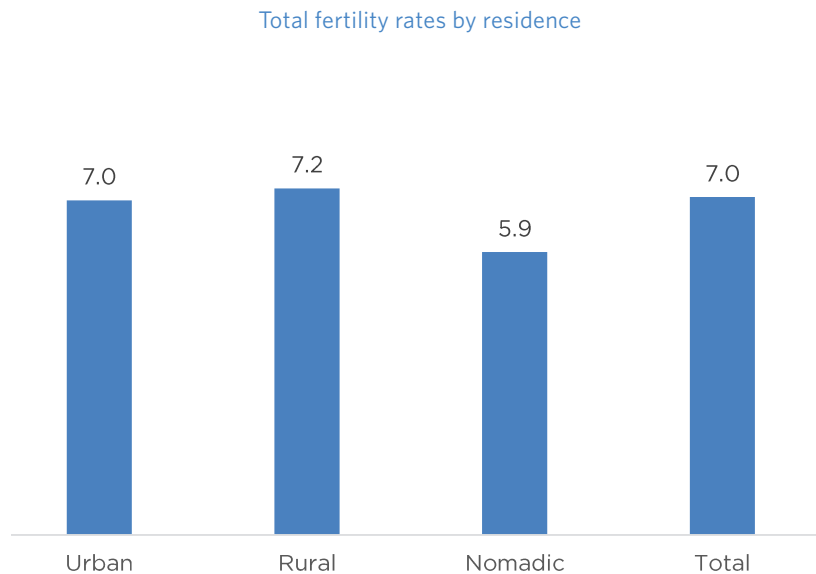
The TFR is almost similar for women residing in rural and urban areas at 7.2 and 7.0 respectivelycompared to 5.9 among the nomadic women (Figure 4.4).

Other important measures of current fertility are the General Fertility Rate (GFR) and Crude Birth Rates (CBR). The GFR is the number of live births in a population per 1,000 women aged 15-49 years. The general fertility rate (GFR) of Jubaland is 250 per 1,000 live births. The GFR in the rural areas is 258 births per 1,000 women while urban and nomadic areas are 250 and 194 births per 1,000 women.

The crude birth rates CBR is the ratio of the number of live births occurring in a given year per 1,000 populations. The crude birth rate (CBR) of Jubaland is 43 per 1,000 population. The CBR is highest in rural areas at 46 per 1,000 populations, followed by urban areas at 42 per 1,000 populations, and lowest in nomadic areas at 35 per 1,000 populations.

Table 4.5 presents information on the mean number of children ever born for ever-married women and currently married women in Jubaland. On average, ever-married women aged 45-49 years have given birth to 6.1 children, of whom 5.8 were alive at the time the survey was conducted.

The mean number of children ever born increases with age, reflecting the natural family building process. For example, among ever-married women, the average number of live births for the age groups of 25-29 is 3.9, while women in the age group of 35-39 years reported

an average of 5.9 children. Among currently married women, the mean number of children ever born to women aged 25-29 years is 4.1, 6.1 for women in the 35-39 age group and 7 among women aged 45-49. The difference in fertility between the two groups could be attributed to the fact that it is almost universal that children are born within marriage across Jubaland. The dissolution of marriage, particularly at early ages of childbearing, reduces the exposure to the risk of pregnancy and childbearing.

Inter-Birth Intervals

The inter-birth interval, defined as the period of time between two consecutive births, has important implications both for the health of the mother and the child and for the fertility levels in a population. After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months, in order to reduce the risk of adverse maternal, perinatal and infant outcomes (WHO 2005). Children born too close together have long been associated with an increased risk of adverse health outcomes, including infant, child and maternal mortality (B. K. Dabal, 2007).

Table 4.6 presents the distribution of non-first births that occurred in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. It shows that the median spacing between births is 23 months compared to 21 months nationally as reported in the SHDS, 2020. Eighteen percent of births reported a spacing of 60

months and above. Births with a spacing of less than 18 months accounted for 31 percent of the total number.

The median birth interval in urban areas is 23 months, followed by rural areas at 22 months and nomadic areas at 17 months.

Regionally, women in Gedo have a longer median birth interval of 23 months compared to women in Lower Juba at 22 months. Women from the lowest wealth quintile have the least birth interval of 19 months while the mean birth interval of women from the highest wealth quintile is 23 months.

4.3. Menopause

Women are considered to have reached menopause if they are neither pregnant nor postpartum amenorrhoeic and have not had a menstrual period in the six months before the survey; if they report being menopausal; or having had a hysterectomy; or if they have never menstruated. Table 4.7 shows the percentage of women aged 30-49 years who are menopausal, according to age. Overall, 14 percent of women aged 30-49 years in Jubaland are menopausal compared to 18 percent nationally.

Age at First Birth

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

Table 4.8 shows the percentage of women aged 15-49 who have given birth by specific exact ages, the percentage who have never given birth, and the median age at first birth, according to the current age. The median age at first birth for women aged 25-49 in Jubaland is 20 years compared to 21 years nationally.

Four percent and 3 percent of women aged 20-49 and 25-49 respectively, had given birth by the time they turned 15. Twenty-four percent and 22 percent of women aged 20-49 and 25-49 respectively had first given birth by the age of 18 (Table 4.8).

4.4. Teenage Pregnancy and Motherhood

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

The percentage of teenage women (aged 15-19) who are mothers or pregnant with their first child is shown in Table 4.9 – the data indicates that 16 percent of Jubaland's girls aged 15-19 fall in this category, 14 percent having already given birth to a child and 2 percent being pregnant with their first child. Nationally, 14 percent of teenage girls have begun childbearing, 12 percent having already given birth to a child and 2 percent were pregnant with their first child. The proportion of teenagers who have begun childbearing rises rapidly with age. Four percent of women aged 15 have started childbearing, but by the age of 19, 40 percent of women have had a baby, or are pregnant with their first child.

There are significant differences in background characteristics. The percentage of women aged 15-19 who had begun childbearing in Gedo were more than twice as compared to the same age group in Lower Juba 22 percent and 12 percent respectively. The findings indicates that early child bearing is associated with maternal education and the wealth quintile. Early child bearing is higher among women with no education and those from the poorest households. Twenty percent of girls aged 15-19 without education have had a baby or are pregnant, compared to 4 percent of girls with secondary education who fall within this bracket. Twenty-three percent of girls aged 15-19 years in the second wealth quintile have started childbearing, compared to 6 percent of girls of the same age in the wealthiest households (Figure 4.5).

Figure 4.5   Childbearing by wealth quintile

Percentage of women age 15-19 who have begun childbearing
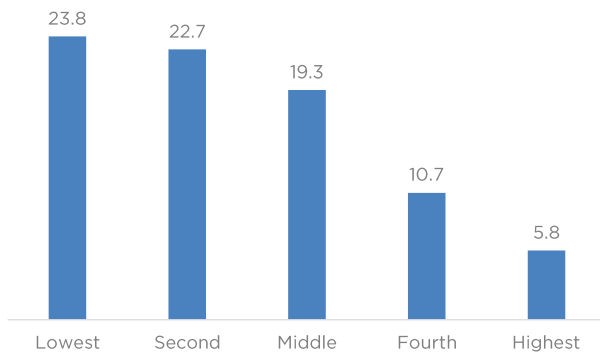
4.5.   Fertility Preferences

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

4.5.1.   Fertility Preferences by Number of Living Children

Table 4.10 presents the percent distribution of currently married women by their desire for more children, according to the number of living children they had, as stated at the time the survey was conducted. Sixty-two percent of currently married women want to have a child soon, 13 percent are undecided on whether to have another child, and 18 percent do not want any more children. Sixty-nine percent of currently married women with a living child want to have a child soon, while 52 percent of women with six or more children want to have another child soon, 27 percent want no more children and 4 percent want to have another child later.

4.5.2. Desire to Limit Childbearing

Table 4.11 shows the percentage of currently married women who want no more children by the number of living children they already have, according to background characteristics. Overall, 18 percent of currently married

women are willing to stop childbearing. The desire to limit childbearing increases as the number of living children increases, from zero percent among married women with no living children to 27 percent among women with six or more living children.

Analysis by women's residence shows that, generally, nomadic women are less likely to want no more children in comparison to urban and rural women (7 percent, 16 percent and 22 percent, respectively). However, there are variations in limiting children among currently married women by regions; Lower Juba has higher proportions of women who want to limit childbearing at 26 percent compared to Gedo at 4 percent.

Comparing data by wealth quintiles shows that women from the wealthiest households are more likely to want no more children at 21 percent than women in the middle and fourth wealth quintiles at 20 percent and 19 percent respectively and 8 percent in the lowest wealth quintile.

4.5.3. Ideal Number of Children

In order to obtain greater insight into fertility preferences among Jubaland women, the JLHDS interviewers asked all ever-married women, regardless of the number of living children they have, a hypothetical question about the number of children they would choose to have if they could start their reproductive lives again. Respondents with no children were asked: "If you could choose exactly the number of children to have in your whole life, how many would that be? Respondents who had children were asked: "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

Table 4.12 shows the percent distribution of women aged 15-49 years by their opinions on their ideal number of children, and mean ideal number of children for all respondents, as well as for currently married respondents, according to the number of living children they have. The results show that the Somali women in Jubaland desire large families. Overall, 59 percent of women consider six or more children to be the ideal family size. Less than one percent stated their ideal number of children is four.

If currently married women in Jubaland could choose their ideal number of children, they would like to have 9 children on average. There is no difference between the mean ideal number of children for ever-married women and currently married women.

Among the currently married women who have no living children, the mean ideal number of children is 8, while among the ever-married women with no living children, the mean ideal number of children is 7. Interestingly, women with four and more living children are more likely to desire more children than women with three and fewer living children.

4.5.4. Fertility Planning

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

Table 4.13 summarizes the planning status of births in the five years preceding the survey: whether the birth was intended at the time of conception, intended later, or not intended at all. Overall, about two-thirds of births (63 percent) were intended at the time they occurred, while 28 percent were intended later, and around 8 percent were born to mothers who intended to have no more children (Figure 4.6). First-order births were more likely to have been intended at 66 percent compared to second and third-order births at 62 percent each while higher-order births (4+) reported 53 percent.

Figure 4.6   Fertility Planning Status

Percent distribution of births to women aged 15-49 in the five years preceding the survey by planning status of the birth
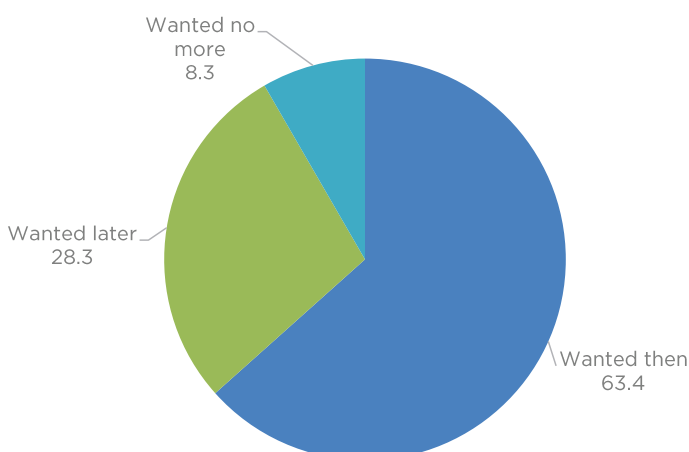
The proportion of unintended births is greater for births that are fourth in order or higher (12 percent) than for first births (8 percent). Similarly, a larger proportion of births to older women are unintended than those to younger women. While only 9 percent of births to women under age 20 are unintended, 12 percent of births to women aged 35-39 years are unintended.

4.6.   Birth Spacing

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

4.6.1.   Knowledge of Contraceptive Methods

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

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

Table 4.14 presents data on the knowledge of contraceptive methods. It indicates that around 46 percent of ever-married women have heard of at least one method of contraception. Modern methods are more widely known than traditional methods. Forty-eight percent of currently married women and 46 percent of ever-married women know of any modern method. The same proportion know of any modern method, while 14 percent and 13 percent of currently married women

and ever-married women know of a traditional method, respectively (Figure 4.7).

The lactational amenorrhea, pill, implants, condoms, injectables, are the contraceptive methods most commonly known among the currently married women in Jubaland. Forty-four percent of currently married women have heard of lactational amenorrhea, 22 percent have heard of the pill, 19 percent have heard of implants and male condoms and 17 percent have heard of injectables.

Table 4.15 presents data on the knowledge of contraceptive methods by background characteristics. Knowledge of contraception is highest among women age group 20-24 at 55 percent, followed by 40-44 at 51 percent, while women in the age bracket of 15-19 have the lowest knowledge of contraception at 43 percent. Currently married women in urban areas are more likely to know of any modern contraceptive at 53 percent compared to currently married women in rural and nomadic areas at 46 and 23 percent respectively.

Regionally, currently married women in Gedo are best informed about modern contraception as 50 percent had heard of at least one modern method of contraception compared to women in Lower Juba, who are least informed at 47 percent. Women with secondary school education are the most informed about modern contraception, with 74 percent having heard of at least one modern method compared with those with no education at 43 per cent.

4.7. Contraceptive Use

One of the most frequently used indicators for assessing the success of birth spacing programs is examining the current level of contraceptive use by determining the current level of Contraceptive Prevalence Rate (CPR). CPR is percentage of currently women of reproductive age who use any contraceptive method at a particular point in time. This is also widely used as a measure in determining fertility.

Figure 4.7 Knowledge of contraceptive methods

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

- Currently married women   - All ever married women

Method	Currently married women	All ever married women
Withdrawal	12.4	11.9
Rythm	7.6	8.1
Any traditional method	13.8	13.4
Other modern method	0.0	0.0
Lactational Amenorrhea (LAM)	43.7	42.3
Standard days method	5.7	6.1
Emergency contraception	5.8	6.1
Female condom	7.8	7.9
Male condom	19.1	18.5
pills	22.1	21.5
Implants	18.6	18.0
Injectables	16.6	16.2
IUD	11.6	11.4
Any modern method	47.8	46.2
Any method	48.0	46.4

Table 4.16 shows the percent distribution of ever-married women and currently married women aged 15-49 by contraceptive method currently used, according to age. Six percent of currently married women are using contraception method and less than 1 percent of currently married women are using a modern method.

4.7.1. Knowledge of Fertile Period

To examine a woman's knowledge of the reproductive process, respondents were asked whether certain days between the menstrual periods when a woman was more likely to become pregnant if she had sexual intercourse. Women who responded that the fertile period is "halfway between two menstrual periods" were considered to have correct knowledge of their fertile period.

Table 4.17 shows the percentage of ever-married women aged 15-49 years with correct knowledge of the fertile period during the ovulation cycle, according to age. Overall, only 16 percent of ever-married women correctly reported the most fertile time as being halfway between two menstrual periods.

Among young ever-married women (15-19 years of age), 15 percent had correct knowledge of the fertile period. Eighteen percent of women aged 20-24 years correctly identified a woman's monthly cycle, while 12 percent of women aged 45-49 years reported the correct woman's fertile period. These results indicate a continued need for education about women's physiology of reproduction and effective use of contraceptive methods.

4.7.2. Need and Demand for Birth Spacing

One of the major concerns of birth spacing programs is assessing the size of the potential demand for contraception and identifying women who need contraceptive services. Table 4.18 presents estimates of unmet need, met need, and the total demand for birth spacing. The table also shows the percentage of the total demand that is satisfied.

Women who are currently married and do not want any more children or want to wait two or more years before having another child, but are not using contraception, are considered to have an 'unmet need' for birth spacing. Women with a 'met need' for birth spacing are those who are currently using contraception. The

total demand for birth spacing is the sum of unmet needs and met the needs.

Table 4.18 shows that 38 percent of currently married women have an unmet need for birth spacing services (27 percent for spacing births and 11 percent for stopping childbearing).

Less than one percent of married women are currently using a contraceptive method or have a met need for either birth spacing or limiting childbearing. The total demand for contraceptives is 39 percent (28 percent of them have unmet for birth spacing, and 11 percent are limiting childbearing). Nationally, the SHDS reported that 37 percent of currently married women have an unmet need for birth spacing services (29 percent for spacing births and 8 percent for stopping childbearing).

The analysis by age shows that the unmet need for birth spacing is highest among women aged 40 to 44 years, at 46 percent, and lowest among women aged 15 to 19 at 25 percent. There is variation in the unmet need for birth spacing by type of residence. Unmet need is slightly higher in nomadic and rural areas than in urban areas, with urban areas at 37 percent, rural areas at 40 percent, and nomadic areas at 42 percent.

Regionally, unmet need is higher among women in Lower Juba at 39 percent comapared to those in Gedo at 38 percent. Unmet needs are greatest among women with primary education at 42 percent, followed by women with no education at 38 percent. Furthermore, unmet needs are lowest for women in the poorest households, at 33 percent, and highest for women in the fourth quintile of wealth, at 43 percent.

4.7.3. Exposure to Birth Spacing Messages

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

Table 4.19 shows that women's exposure to all three media is very low. About 5 percent of women have heard a message related to birth spacing on the radio. Nearly 4 percent of the women reported seeing a message on birth spacing on television, and 2 percent saw a message on birth spacing in a newspaper. Ninety-two percent of women had not been exposed to birth spacing messages in any of these media.

As expected, women in urban areas are more likely to have been exposed to birth spacing messages in the media compared to women in nomadic and rural areas (13 percent, 2 percent and 1 percent respectively).

Regionally, women in Lower Juba are most likely to be exposed to birth spacing messages on the radio at 6 percent compared to women in Gedo at 4 percent.

List of Tables

Table 4.1 Current marital status

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

Age	Never-married	Currently Married	Divorced	Widowed	Total	Number of women
15-19	76.7	19.8	2.6	0.8	100.0	400
20-24	15.5	67.2	12.1	5.2	100.0	311
25-29	4.9	79.3	9.1	6.7	100.0	305
30-34	1.2	80.9	9.9	8.0	100.0	282
35-39	0.0	84.4	4.7	10.9	100.0	221
40-44	1.5	80.5	9.0	8.9	100.0	106
45-49	2.6	53.2	12.8	31.5	100.0	62
Total	**22.3**	**63.0**	**7.8**	**6.9**	**100.0**	**1,688**

Table 4.2 Age at first marriage - Women

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

Current age	Percentage first married by exact age:					Percentage of never-married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	15.0	na	na	na	na	76.7	400	a
20-24	28.3	64.7	72.2	na	na	15.5	311	a
25-29	29.4	56.9	68.4	74.5	80.6	4.9	305	16.0
30-34	38.6	66.3	79.7	89.1	96.3	1.2	282	16.0
35-39	17.3	43.9	69.4	80.7	93.3	0.0	221	18.0
40-44	15.9	39.9	63.5	74.8	86.6	1.5	106	18.1
45-49	20.2	42.5	58.7	71.1	88.6	2.6	62	18.0
20-49	27.5	56.5	71.1	na	na	5.4	1,288	a
25-49	27.3	53.9	70.7	79.9	89.2	2.2	977	17.0
Region								
Gedo	26.5	39.1	47.3	39.0	45.4	20.6	571	16.0
Lower Juba	23.6	45.2	57.7	50.0	54.8	23.2	1,117	16.0

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

Table 4.3   Age at first marriage for Male

Percentage of men age 15-64 who were first married by specific exact ages, and median age at first marriage, according to current age, JLHDS, 2020

Current age	Percentage first married by exact age:					Percentage of never-married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	0.4	na	na	na	na	96.9	427	a
20-24	0.7	9.3	18.0	na	na	67.5	209	a
25-29	0.0	1.6	16.7	31.0	48.9	33.7	244	a
30-34	0.0	2.8	10.7	28.2	45.0	13.3	229	24.0
35-39	0.0	1.9	5.1	29.0	42.5	4.1	190	25.0
40-44	0.0	2.3	7.8	27.2	38.5	1.7	197	25.0
45-49	0.0	0.9	5.3	27.9	45.4	1.6	96	25.0
50-54	0.0	5.5	13.6	36.2	41.6	1.3	146	25.0
55-59	0.4	2.3	7.5	37.6	47.7	0.0	64	25.0
60-64	0.0	7.5	7.7	34.0	38.8	0.9	77	25.0
20-49	0.1	3.3	11.4	na	na	22.9	1,165	a
25-49	0.0	2.0	10.0	28.8	44.2	13.1	956	a
20-64	0.1	3.7	11.3	na	na	18.5	1,451	a
25-64	0.0	2.8	10.1	30.5	43.7	10.3	1,242	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 4.4   Current Fertility

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

Age group	Residence			Total
	Urban	Rural	Nomadic	
15-19	143	151	117	145
20-24	372	332	253	349
25-29	343	328	323	336
30-34	299	349	168	314
35-39	136	201	177	165
40-44	73	83	141	82
45-49	29	0	0	18
TFR (15-49)	7.0	7.2	5.9	7.0
GFR	250	258	194	250
CBR	41.9	45.9	34.9	43.0

Notes: Age-specific fertility rates are per 1,000 women.
Rates for age group 45-49 may be slightly
biased due to truncation. Rates are for the period 1-36 months prior to interview.
TFR: Total fertility rate expressed per women
GFR: General fertility rate expressed per 1,000 women age 15-49
CBR: Crude birth rate expressed per 1,000 population

Table 4.5   Children ever born and living

Percent distribution of ever married women and currently married women age 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group,JLHDS, 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+				
ALL EVER MARRIED WOMEN															
15-19	38.1	51.7	7.2	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	93	0.8	0.7
20-24	11.9	25.4	25.4	23.6	10.8	3.0	0.0	0.0	0.0	0.0	0.0	100.0	263	2.1	2.1
25-29	7.4	4.5	7.7	20.1	23.7	16.7	12.1	5.8	1.1	0.6	0.3	100.0	290	3.9	3.8
30-34	3.4	1.5	3.5	10.3	13.8	14.3	19.6	14.6	12.8	4.1	2.3	100.0	279	5.5	5.3
35-39	1.6	1.0	3.8	6.4	10.6	17.9	18.6	17.6	10.5	6.2	5.7	100.0	221	5.9	5.7
40-44	2.3	4.9	3.3	10.4	13.0	9.2	12.6	15.4	10.9	12.9	5.3	100.0	104	5.8	5.6
45-49	3.1	2.7	4.3	8.6	12.9	17.2	14.6	9.2	11.9	2.3	13.3	100.0	61	6.1	5.8
Total	8.0	10.7	9.1	13.9	13.7	11.9	11.7	9.0	6.1	3.2	2.6	100.0	1,311	4.2	4.1
CURRENTLY MARRIED WOMEN															
15-19	35.9	53.9	8.5	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	79	0.8	0.7
20-24	11.2	22.6	26.4	25.7	10.4	3.8	0.0	0.0	0.0	0.0	0.0	100.0	209	2.1	2.2
25-29	4.2	4.7	7.4	22.5	20.9	17.4	14.3	6.3	1.3	0.7	0.4	100.0	242	4.1	3.9
30-34	2.5	0.5	2.2	10.1	10.8	16.7	22.4	15.0	12.7	4.4	2.8	100.0	228	5.7	5.5
35-39	1.9	0.1	3.5	5.2	11.4	16.6	21.0	14.5	11.5	7.4	6.8	100.0	187	6.1	5.8
40-44	0.7	3.5	4.1	12.3	10.6	9.3	12.8	11.4	13.3	15.6	6.4	100.0	85	6.1	5.8
45-49	(0.8)	(0.0)	(7.1)	(0.8)	(7.5)	(21.4)	(16.6)	(6.4)	(15.1)	(4.1)	(20.3)	100.0	33	7.0	6.7
Total	6.8	9.9	9.1	14.4	12.2	12.6	13.3	8.3	6.6	3.8	3.0	100.0	1,063	4.4	4.2

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

Table 4.6 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, JLHDS, 2020

Background characteristic	Birth order						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	*	*	*	*	*	*	100.0	10	14.0
20-29	30.7	17.5	20.5	4.2	0.9	26.2	100.0	497	21.0
30-39	33.0	17.0	33.4	8.2	2.1	6.2	100.0	407	23.0
40-49	29.3	16.4	24.1	5.7	10.7	13.8	100.0	41	23.0
Sex of preceding birth									
Male	31.1	16.2	28.9	6.2	1.7	15.9	100.0	479	23.0
Female	31.8	17.8	22.9	5.7	2.0	19.7	100.0	478	22.0
Survival of preceding birth									
Living	31.4	17.2	26.3	6.0	1.7	17.4	100.0	921	23.0
Dead	(31.0)	(14.1)	(15.6)	(5.4)	(5.4)	(28.4)	100.0	35	21.0
Birth order									
2-3	31.3	17.3	26.4	6.1	1.8	17.1	100.0	895	23.0
4-6	36.2	13.3	19.7	3.1	2.7	25.0	100.0	57	20.4
7+	*	*	*	*	*	*	100.0	4	31.8
Type of residence									
Urban	32.0	16.6	27.0	7.7	1.7	14.9	100.0	517	23.0
Rural	30.4	18.3	24.7	3.7	1.8	21.1	100.0	394	22.0
Nomadic	33.6	10.4	24.4	5.3	4.6	21.7	100.0	44	17.1
Region									
Gedo	32.3	11.6	26.5	8.6	2.9	18.2	100.0	282	23.0
Lower Juba	31.1	19.3	25.7	4.8	1.4	17.6	100.0	674	22.0
Education									
No Education	30.5	17.3	27.1	6.0	2.0	17.1	100.0	767	23.0
Primary	33.4	16.5	23.2	5.5	0.4	21.0	100.0	139	22.0
Secondary	(41.3)	(16.6)	(13.7)	(6.8)	(0.0)	(21.6)	100.0	45	20.8
Higher	*	*	*	*	*	*	100.0	5	45.5
Wealth quintile									
Lowest	40.1	12.4	25.5	3.0	3.9	15.1	100.0	65	18.8
Second	26.8	17.5	29.5	6.6	1.0	18.6	100.0	232	23.0
Middle	33.0	16.1	25.3	4.4	2.5	18.7	100.0	331	22.0
Fourth	31.5	20.7	25.1	7.6	0.7	14.3	100.0	207	22.0
Highest	31.3	14.9	22.2	7.8	2.7	21.1	100.0	121	23.0
Total	**31.4**	**17.0**	**25.9**	**5.9**	**1.9**	**17.8**	**100.0**	**956**	**22.7**

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Note: Figures in parentheses are based on 25-49 unweighted cases An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 4.7   Menopause

Percentage of women age 30-49 who are menopausal, by age, JLHDS, 2020		
	Percentage Menopausal1	Number of women
Age		
30-34	11.6	282
35-39	8.7	221
40-41	17.6	84
42-43	(11.5)	21
44-45	(26.2)	41
46-47	*	11
48-49	65.3	12
Total	13.6	672

1 Percentage of women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey.
Note: 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 4.8   Age at first birth

Percentage of women age 15-49 who gave birth by specific exact ages, percentage who have never given birth, and median age at first birth, according to current age, JLHDS 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	2.3	na	na	na	na	86.0	400	a
20-24	4.8	30.9	60.2	na	na	24.8	311	a
25-29	6.4	33.3	57.3	73.7	84.0	11.9	305	19.0
30-34	4.8	28.1	49.2	70.5	87.5	4.5	282	20.0
35-39	0.0	9.3	28.4	51.1	79.0	1.6	221	21.0
40-44	0.0	7.3	10.5	38.0	69.9	3.8	106	23.0
45-49	0.0	10.2	19.6	34.6	49.4	6.0	62	24.9
20-49	3.7	24.2	45.6	na	na	10.7	1,288	a
25-49	3.4	22.1	40.9	61.3	80.1	6.2	977	20.0

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 4.9　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, JLHDS, 2020

Background characteristic	Percentage who gave birth by exact age:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age Group				
15-19	14.0	1.8	15.8	400
15	3.5	0.0	3.5	111
16	7.1	2.1	9.1	90
17	8.7	4.7	13.4	77
18	26.7	2.6	29.2	72
19	39.6	0.0	39.6	50
Type of residence				
Urban	15.0	1.4	16.4	217
Rural	12.9	2.7	15.6	160
Nomadic	11.3	0.5	11.8	24
Region				
Gedo	19.7	2.5	22.2	153
Lower Juba	10.4	1.4	11.8	248
Education				
No Education	17.2	2.3	19.5	222
Primary	12.3	1.7	13.9	132
Secondary	(3.5)	(0.0)	(3.5)	46
Wealth quintile				
Lowest	(21.6)	(2.2)	(23.8)	28
Second	20.1	2.6	22.7	91
Middle	17.0	2.3	19.3	112
Fourth	8.7	1.9	10.7	90
Highest	5.8	0.0	5.8	79
Total	14.0	1.8	15.8	400

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

Table 4.10   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, JLHDS, 2020

Desire for children	Number of living children[1]							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon[2]	78.7	69.0	68.5	68.3	65.5	60.6	51.9	61.8
Have another later[3]	0.0	1.5	2.8	1.0	3.5	5.9	4.1	3.2
Undecided	20.6	6.6	11.2	12.3	14.2	10.3	15.0	13.0
Want no more	0.0	11.2	11.1	12.4	15.3	19.3	26.5	17.7
Declared infecund	0.7	11.7	6.4	6.0	1.5	3.9	2.6	4.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	55	106	108	141	140	142	372	1,063

na=Not applicable

1 The number of living children includes current pregnancy for women

2 Wants next birth within 2 years

3 Wants to delay next birth for 2 or more years

5 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 4.11   Desire to limit childbearing: Women

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

Background characteristics	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Type of residence								
Urban	0.0	9.5	3.8	13.1	11.9	20.6	22.7	16.0
Rural	0.0	14.2	16.7	11.7	21.9	20.3	34.5	21.7
Nomadic	0.0	3.1	11.1	11.6	5.3	3.8	9.0	6.9
Region								
Gedo	0.0	2.9	2.7	2.5	7.6	3.9	5.8	4.4
Lower Juba	0.0	17.9	16.6	17.7	19.9	27.9	37.5	25.6
Education								
No Education	0.0	11.9	10.3	10.4	18.2	18.5	28.0	18.7
Primary	0.0	12.2	10.8	17.4	0.0	21.2	24.8	15.0
Secondary	0.0	0.0	27.0	22.3	0.0	33.3	9.1	12.9
Higher	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Wealth quintile								
Lowest	0.0	3.5	4.9	7.3	9.2	15.4	6.8	7.7
Second	0.0	7.2	9.0	4.4	13.1	21.1	27.8	16.3
Middle	0.0	11.6	11.3	10.8	19.8	14.9	30.8	19.6
Fourth	0.0	17.0	16.4	6.7	15.6	19.0	27.9	19.4
Highest	0.0	9.2	11.9	45.8	11.4	28.8	24.4	20.5
Total	**0.0**	**11.2**	**11.1**	**12.4**	**15.3**	**19.3**	**26.5**	**17.7**

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

Table 4.12 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, JLHDS, 2020

Ideal number of children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Ideal number of children								
0	5.3	11.7	12.4	19.3	12.7	15.4	15.9	12.3
1	0.0	0.0	0.0	0.0	0.8	0.0	0.4	0.2
2	0.0	0.0	0.0	1.0	0.9	0.0	0.0	0.2
3	0.0	0.0	0.2	1.3	0.0	1.9	0.8	0.5
4	0.4	0.1	0.0	2.1	1.0	0.1	0.4	0.6
5	0.7	3.7	3.1	3.7	2.0	3.9	0.4	1.8
6+	11.4	79.5	81.2	70.7	80.1	76.2	78.0	59.3
Non-numeric response	82.2	4.9	3.1	2.0	2.5	2.5	4.2	25.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of women	465	142	129	170	193	166	422	1,688
Mean ideal number of children for:[2]								
All Ever Married women	6.6	8.8	8.9	8.0	9.1	9.0	9.3	8.8
Number of all ever married women	88	142	129	170	193	166	422	1,311
Mean ideal number of children for currently married women								
Currently married women	7.6	9.6	8.9	8.1	9.4	8.9	9.3	9.0
Number of currently married women	55	106	108	141	140	142	372	1,063

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

Table 4.13   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, JLHDS, 2020

Birth order and mother's age at birth	Planning status of birth				
	Wanted then	Wanted later	Wanted no more	Total	Number of births
Birth Order					
1	66.1	26.1	7.9	100.0	973
2	62.4	28.5	9.1	100.0	705
3	62.2	30.8	7.0	100.0	390
4+	53.0	35.3	11.7	100.0	139
Mother's age at birth					
<20	60.9	30.6	8.5	100.0	325
20-24	64.4	30.0	5.6	100.0	620
25-29	60.0	33.2	6.7	100.0	597
30-34	67.3	21.8	10.9	100.0	442
35-39	70.0	18.2	11.8	100.0	179
40-44	(44.7)	(25.2)	(30.1)	100.0	41
45-49	*	*	*	100.0	2
Total 15-49	63.4	28.3	8.3	100.0	2,207

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

Table 4.14   Knowledge of contraceptive methods

Percentage of ever married women, and currently married women age 15-49 who have heard of any contraceptive method, according to specific method, JLHDS 2020

Method	All ever married women	Currently married women
Any method	46.4	48.0
Any modern method	46.2	47.8
IUD	11.4	11.6
Injectables	16.2	16.6
Implants	18.0	18.6
pills	21.5	22.1
Male condom	18.5	19.1
Female condom	7.9	7.8
Emergency contraception	6.1	5.8
Standard days method	6.1	5.7
Lactational Amenorrhea (LAM)	42.3	43.7
Other modern method		
Any traditional method	13.4	13.8
Rythm	8.1	7.6
Withdrawal	11.9	12.4
Traditional method	0.0	0.0
Mean number of methods known by women 15-49	1.7	1.7
Number of respondents	1311	1,063

Table 4.15 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,JLHDS, 2020

Background characteristic	Heard of any method	Heard of any modern method	Number of currently married women
Age			
15-19	42.8	42.8	79
20-24	55.5	55.4	209
25-29	44.4	44.4	242
30-34	48.6	48.6	228
35-39	49.2	48.2	187
40-44	51.3	51.3	85
45-49	(21.0)	(21.0)	33
Type of residence			
Urban	52.9	52.6	554
Rural	45.8	45.8	438
Nomadic	24.1	23.4	71
Region			
Gedo	49.8	49.7	394
Lower Juba	47.0	46.8	670
Education			
No Education	43.1	42.8	851
Primary	64.3	64.3	156
Secondary	74.4	74.4	50
Higher	*	*	7
Wealth quintile			
Lowest	42.2	42.2	91
Second	36.8	36.6	296
Middle	50.6	50.6	327
Fourth	52.7	51.9	206
Highest	62.2	62.2	143
Total 15-49	**48.0**	**47.8**	**1,063**

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

Table 4.16   Current use of contraception by age

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

Background characteristic	Any method	Any modern method		Implants	Pills	Lactational Amenorrhea (LAM)	Any traditional method	Not currently using	Total	Number
15-19	2.0	2.0	2.0	0.0	0.0	0.0	0.0	98.0	100.0	79
20-24	12.2	11.6	11.6	0.7	0.0	0.0	0.7	87.8	100.0	209
25-29	6.2	6.0	6.0	0.0	0.0	0.3	0.3	93.8	100.0	242
30-34	7.5	6.8	6.8	0.0	0.7	0.0	0.7	92.5	100.0	228
35-39	1.7	1.7	1.7	0.0	0.0	0.0	0.0	98.3	100.0	187
40-44	1.9	1.9	1.9	0.0	0.0	0.0	0.0	98.1	100.0	85
45-49	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)	100.0	33
Total	**6.0**	**5.7**	**5.7**	**0.1**	**0.2**	**0.1**	**0.3**	**94.0**	**100.0**	**1,063**

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

Table 4.17   Knowledge of fertile period by age

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

Age	Percentage with correct knowledge of the fertile period	Number of ever Married women
15-19	15.0	93
20-24	18.2	263
25-29	13.0	290
30-34	13.1	279
35-39	22.3	221
40-44	11.7	104
45-49	11.9	61
Total	**15.6**	**1,311**

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

Table 4.18   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, JLHDS, 2020

Background characteristic	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 currently married women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	23.1	2.0	25.2	0.0	0.0	0.0	23.1	2.0	25.2	0.0	0.0	79
20-24	32.4	6.7	39.1	0.7	0.0	0.7	33.1	6.7	39.8	1.7	1.7	209
25-29	28.1	10.2	38.3	0.3	0.0	0.3	28.3	10.2	38.6	0.7	0.7	242
30-34	28.6	11.3	39.9	0.7	0.0	0.7	29.3	11.3	40.6	1.7	1.7	228
35-39	23.6	13.7	37.2	0.0	0.0	0.0	23.6	13.7	37.2	0.0	0.0	187
40-44	22.9	22.9	45.7	0.0	0.0	0.0	22.9	22.9	45.7	0.0	0.0	85
45-49	(21.5)	(22.9)	(44.4)	(0.0)	(0.0)	(0.0)	(21.5)	(22.9)	(44.4)	(0.0)	(0.0)	33
Type of residence												
Urban	26.6	10.1	36.7	0.5	0.0	0.5	27.2	10.1	37.3	1.4	1.4	554
Rural	26.2	13.9	40.1	0.1	0.0	0.1	26.3	13.9	40.2	0.4	0.4	438
Nomadic	38.9	2.8	41.7	0.0	0.0	0.0	38.9	2.8	41.7	0.0	0.0	71
Region												
Gedo	36.5	1.6	38.1	0.5	0.0	0.5	37.0	1.6	38.6	1.3	1.3	394
Lower Juba	21.8	16.8	38.6	0.2	0.0	0.2	22.1	16.8	38.9	0.6	0.6	670
Education												
No Education	26.0	12.1	38.0	0.4	0.0	0.4	26.3	12.1	38.4	0.9	0.9	851
Primary	35.2	7.2	42.4	0.4	0.0	0.4	35.6	7.2	42.8	0.9	0.9	156
Secondary	21.1	9.7	30.8	0.0	0.0	0.0	21.1	9.7	30.8	0.0	0.0	50
Higher	*	*	*	*	*	*	*	*	*	*	*	7
Wealth quintile												
Lowest	29.9	2.6	32.5	0.0	0.0	0.0	29.9	2.6	32.5	0.0	0.0	91
Second	26.2	9.8	36.0	0.0	0.0	0.0	26.2	9.8	36.0	0.0	0.0	296
Middle	24.9	14.0	38.9	0.2	0.0	0.2	25.1	14.0	39.1	0.5	0.5	327
Fourth	31.0	11.5	42.6	0.0	0.0	0.0	31.0	11.5	42.6	0.0	0.0	206
Highest	27.9	12.4	40.3	2.1	0.0	2.1	29.9	12.4	42.4	4.9	4.9	143
Total	**27.3**	**11.2**	**38.4**	**0.3**	**0.0**	**0.3**	**27.6**	**11.2**	**38.8**	**0.9**	**0.9**	**1,063**

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.
[1] Total demand is the sum of unmet need and met need
[2] Percentage of demand satisfied is met need divided by total demand
[3] Modern methods include pill, IUD, injectables, implants, male condom, female condom, and lactational amenorrhea method (LAM).
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 4.19 Exposure to Birth Spacing messages

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

Background characteristic	Radio	Television	Newspaper	Any of these three media source	All of these three media source	None of these three media sources	Number of women
Type of residence							
Urban	8.4	6.9	3.8	13.2	1.8	86.8	694
Rural	0.9	0.3		1.2	0.0	98.8	535
Nomadic	2.0	0.3	0.1	2.1	0.0	97.9	82
Region							
Gedo	3.9	2.5	0.9	5.1	0.6	94.9	453
Lower Juba	5.5	4.5	2.6	8.9	1.1	91.1	858
Education							
No Education	3.2	1.7	0.9	4.8	0.2	95.2	1062
Primary	8.4	6.4	3.3	13.4	0.7	86.6	186
Secondary	25.0	30.8	16.8	36.5	14.0	63.5	56
Higher	*	*	*	*	*	*	7
Wealth quintile							
Lowest	1.7	0.0	0.0	1.7	0.0	98.3	101
Second	2.0	0.5	0.0	2.0	0.0	98.0	379
Middle	1.2	0.8	1.6	3.5	0.0	96.5	396
Fourth	9.4	3.6	4.2	10.6	1.8	89.4	262
Highest	15.2	20.7	5.5	28.1	4.5	71.9	173
Total 15-49	**5.0**	**3.8**	**2.0**	**7.6**	**0.9**	**92.4**	**1,311**

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

05

Maternal and Newborn Health

Key Findings

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

ANC visits:
4 percent of women had at least four ANC visits.

Components of antenatal care:
90 percent of women who received antenatal care had their blood pressure measured, **72 percent** had a blood sample taken, and **70 percent** had a urine sample taken. **32 percent** were given iron supplements while **14 percent** took intestinal parasite drugs.

Tetanus toxoid injections:
29 percent of births were protected against neonatal tetanus.

Delivery services:
29 percent of births were delivered with the assistance of a skilled birth attendant, **20 percent** were delivered at the health facility, of which **19 percent** went to public and 1 percent went to private facilities.

Postnatal checks:
13 percent of mothers and **12 percent** of new-borns had a postnatal check within the first 2 days after delivery.

Barriers to access to health care:
56 percent of women aged 15-49 had at least one problem accessing health care.

⑤ MATERNAL AND NEWBORN HEALTH

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

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

5.1   Antenatal Care

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

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

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

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

5.2   Antenatal Care Coverage

Table 5.1 and Figure 5.1 show the percentage distribution of women who had given birth in the five years prior to the survey by the ANC provider during pregnancy. Overall, 67 percent of women in Jubaland did not attend ANC during their most recent pregnancy compared to 68 percent nationally (SHDS,2020). Among those who attended ANC, 30 percent received ANC serevices from a skilled provider (doctors/clinical officers, nurses, midwives and auxiliary midwives) at least once for their last birth, 10 percent from a doctor/clinical officer, and 20 percent received from a midwife, nurse or auxiliary midwife. Younger mothers are more likely to attend ANC compared to older mothers. Twenty-one percent of women aged 35-49 received ANC from a skilled provider, compared to 38 percent of women below the age of 20.

Figure 5.2 shows that the use of skilled providers for ANC services varies by residence. Urban women and rural women are more likely than nomadic women to receive any ANC from a skilled provider (38 percent, 25 percent and 6 percent, respectively).

Women in Gedo are more likely to receive ANC from skilled personnel compared to women in Lower Juba region at 41 percent and 25 percent respectively. This could be attributed to more functional mobile clinics in Gedo providing basic antenatal care and better access in targeted areas compared to Lower Juba.

Figure 5.1   Source of antenatal care

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

- ■ Doctor/Clinical Officer
- ■ Nurse/Auxilliary Midwife/Midwife
- ■ TBA/other/relative
- ■ No ANC

Figure 5.2   Skilled assistance received during ANC

Percentage receiving antenatal care from skilled provider by the type of residence
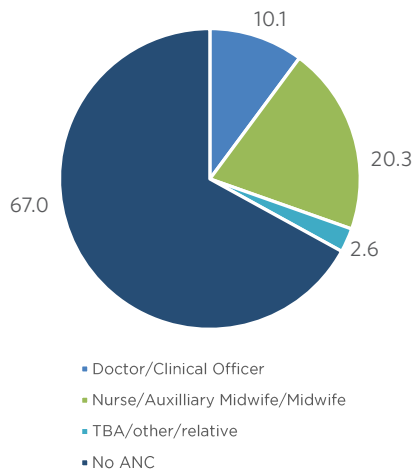
5.3   Number and Timing of Antenatal Visits

ANC is more beneficial in preventing adverse outcomes of pregnancy when it is sought early and is continued throughout pregnancy. Health professionals recommend that the first ANC visit should occur within the first three months of the pregnancy. Visits should continue monthly through week 28 of pregnancy, and then every two weeks up to week 36 (or until birth). If the first ANC visit is made during the third month of pregnancy and then visits occur as regularly as recommended, a total of at least 12 to 13 ANC visits will be made.

Table 5.2 and Figure 5.3 present data on the percent distribution of women aged 15-49 who had a live birth in the five years preceding the survey by the number of ANC visits for the most recent live birth by background characteristics. Overall, 4 percent had made four or more ANC visits, while 23 percent made between 2 to 3 ANC visits during their most recent pregnancy. Sixty-seven percent of women did not attend any ANC.

Six percent of women in urban areas had made four or more ANC visits compared to 3 percent among women in rural areas while no women in the nomadic areas had made four or more ANC visits

The median length of pregnancy at the first ANC visit in Jubaland is 4 months. Thirteen percent of women in the rural areas made their first ANC visit before the fourth month of pregnancy, compared to 15 percent in the urban and 4 percent in the nomadic areas. Urban women had a slightly higher percentage of women who

delayed ANC to the last trimester - 2 percent made their first ANC visit in or after the eighth month, as compared to 1 percent among women in rural areas.

5.4   Components of Antenatal Care

The content of ANC is an essential component of the quality of maternal health services being delivered. In addition to receiving basic care, every pregnant woman should be monitored for complications. Ensuring that pregnant women receive information and undergo screening for complications should be a routine part of all ANC visits. To assess ANC services, respondents were asked whether they had been advised on complications or received certain screening tests during the ANC visits.

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

Thirty-two percent of women took iron supplements during the pregnancy of their last birth while 14 percent of women took drugs to treat intestinal worms. Among other ANC services, 90 percent of women who received ANC had their blood pressure measured,72 percent had a blood sample taken and 70 percent had a urine sample taken.

Figure 5.3 ANC visits made by pregnant women

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

- None
- 1 Visit
- 2-3 Visits
- 4+ Visits
- Don't know/missing
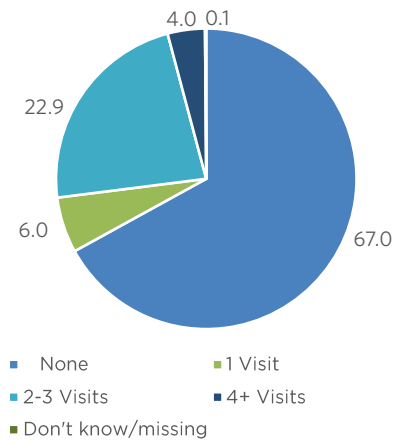
Thirty-eight percent of urban women and 28 percent of rural women took iron supplements compared to only 6 percent of nomadic women (Figure 5.4). Regionally, women in Gedo are more likely to take iron tablets than those in Lower Juba region at 42 percent and 27 percent respectively (Figure 5.5). The proportion of women who took iron supplements generally increases with an increase in wealth status. Women in the highest quintile were more likely to take iron tablets than women in the lowest wealth quintile at 48 percent and 21 percent respectively.

Figure 5.4 Components of antenatal care

Percent of women who received iron supplements during their pregnancy by place of residence
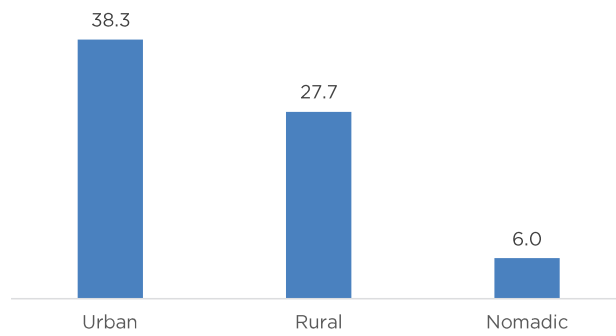
5.5 Intermittent preventive treatment (IPTp) by women during pregnancy

Intermittent preventive treatment of malaria in pregnancy (IPTp) is a full therapeutic course of antimalarial medicine given to pregnant women during routine ANC visits to prevent malaria. IPTp helps prevent maternal malaria episodes, maternal and foetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality.

Figure 5.5 Components of antenatal care

Percent of women who received different components of antenatal care by region
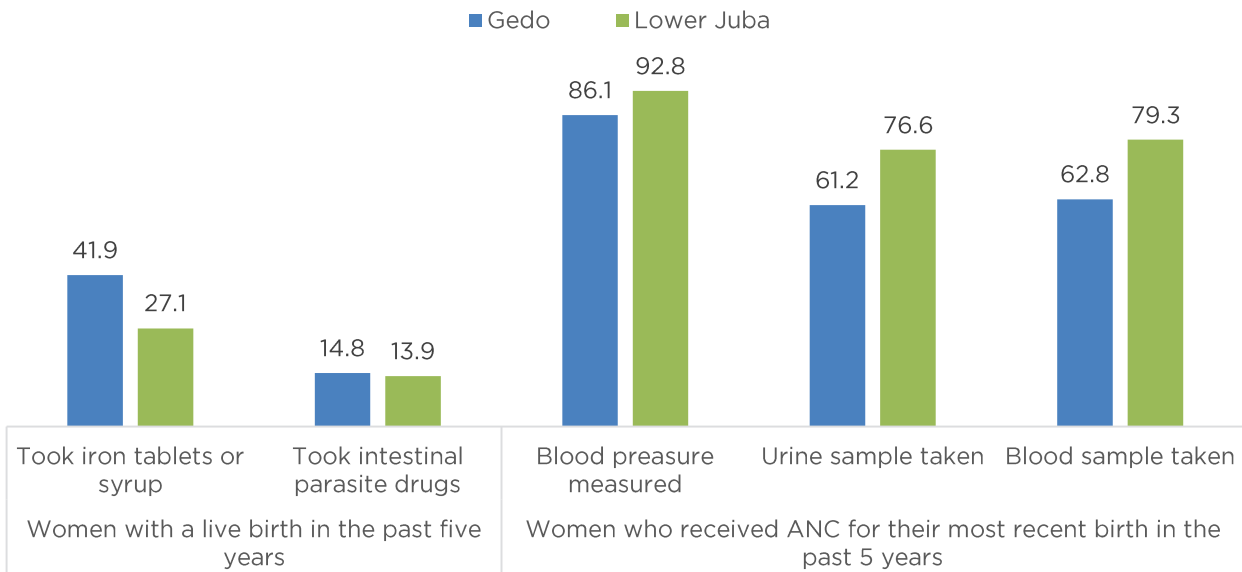
Table 5.4 shows the percentage of women aged 15-49 with a live birth in the 2 years preceding the survey who received one or more doses of SP/Fansider to prevent malaria during their most recent pregnancy (IPTp3+) by background characteristics. Overall, 6 percent of women with a live birth in the 2 years preceding the survey reported having taken one or more doses of SP/Fansidar, 3 percent reported taking two or more doses, and 1 percent reported taking three or more doses.

Seven percent of women in Gedo received one or more doses of SP/Fansidar during their most recent pregnancy compared to 6 percent of women in Lower Juba.

5.6 Tetanus Toxoid

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus which is a leading cause of early infant death in many developing countries. It is often attributed to poor hygiene during delivery. For full protection of her new-born baby, a pregnant woman should receive at least two injections of the vaccine during pregnancy. If a woman has been vaccinated during a previous pregnancy, she may only require one or no dose for the next pregnancy. Five doses are considered to provide protection for a lifetime.

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

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

Table 5.5 indicates the percentage of women aged 15-49 with a live birth in the five years preceding the survey who received two or more tetanus toxoid injections during their most recent pregnancy, and the percentage whose last birth was protected against neonatal tetanus.

The findings show that the exposure of tetanus vaccination for pregnant women is very low despite the need for vaccination. Overall, 20 percent of women received two or more tetanus toxoid injections during the pregnancy of their last live birth and 29 percent of births were protected against neonatal tetanus.

Analysis by residence shows that women in urban and rural areas are more likely to receive tetanus injections and to have had their last live birth protected against neonatal tetanus, compared to those in the nomadic areas. Twenty-five percent of urban women and 15 percent of rural women received two or more injections during their last pregnancy, compared to only 4 percent of women in nomadic areas. Similarly, 35 percent of urban women and 23 percent of rural women had their last live birth protected from neonatal tetanus, compared to 5 percent of women in nomadic areas.

Uptake of tetanus during pregnancy increases with an increase in wealth status.Women from the highest wealth quintile are more likely to receive tetanus injections and to have had their last live birth protected against neonatal tetanus, compared to those from the lowest wealth quintile (Table 5.5).

Women in Gedo are more likely to receive tetanus injections than women in Lower Juba at 28 percent and 15 percent respectively. Similarly, births to women in Gedo are more likely to be protected against neonatal tetanus compared to births to women from Lower Juba at 41 percent and 22 percent respectively (Figure 5.6).

5.7 Place of Delivery

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

Table 5.6 and Figure 5.7 present information on the percentage distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility according to background characteristics. Overall, 20 percent of births in Jubaland occurred in health facilities, (19 percent in public facilities and 1 percent in private facilities). Younger mothers are more likely to deliver in a health facility compared to older mothers. Twenty-eight percent of births to mothers below the age 20 were delivered at a health facility, as compared to 20 percent of births to mothers aged 20-34 and 12 percent to mothers aged 35-49 (Figure 5.8).

Figure 5.6 Tetanus toxoid injections

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

Percentage receiving two or more injections during the pregnancy for the most recent live birth

Percentage whose most recent live birth was protected against neonatal tetanus1

■ Gedo ■ Lower Juba
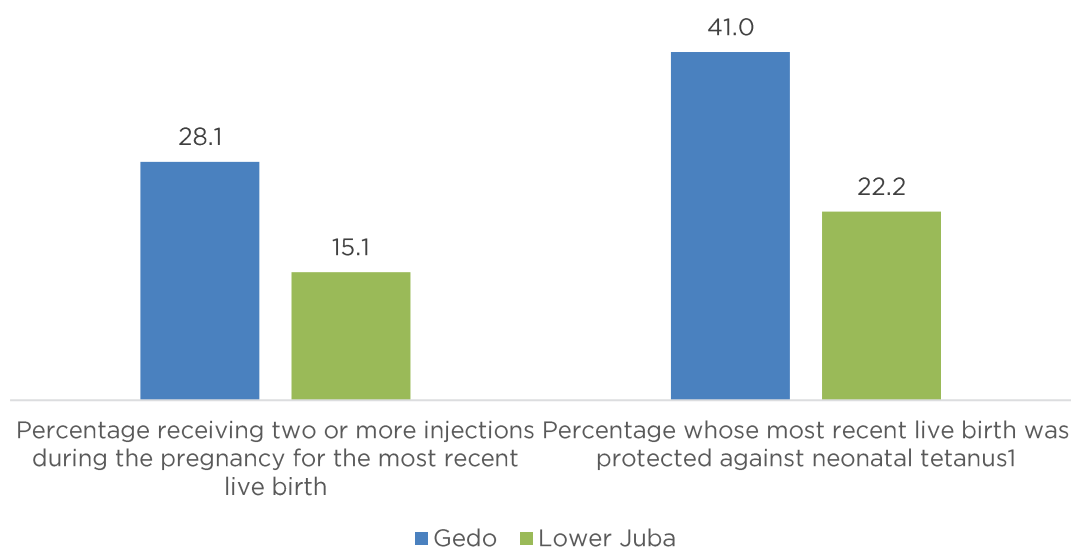
Figure 5.7 Place of delivery

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

■ Health Facility ■ Home ■ Other
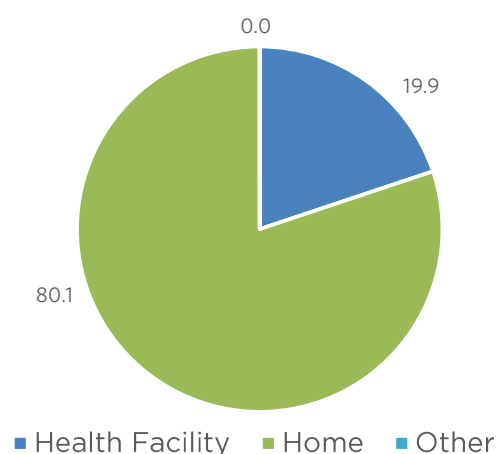
Place of delivery differs greatly by type of residence, 26 percent of births in urban areas and 14 percent in rural areas were delivered in a health facility compared to only 4 percent in nomadic areas. Twenty-two percent of births in Gedo were delivered in a health facility, compared to 19 percent of births in Lower Juba.

As presented in Table 5.6, the number of ANC visits influences the likelihood of a woman delivering in a health facility. Fifty-two percent of most recent births to mothers with 2-3 ANC visits were delivered at a health facility, compared to 11 percent of births to mothers with no ANC visits.

Wealth status also has an effect on the place of delivery. Births to women in the highest wealth quintile are more likely to take place in a health facility compared to births to women in the lowest wealth quintile at 35 percent and 5 percent respectively.

5.8 Assistance During Delivery

Obstetric care from a health professional during delivery is recognized as critical in reducing maternal and neonatal mortality. Table 5.7 shows the percent distribution of births in the five years preceding the survey by the type of medical assistants available at the time of delivery, births attended by a skilled health provider, and births delivered by caesarean section (C-section), according to background characteristics.

Table 5.7 shows that 29 percent of births in Jubaland were delivered with the assistance of a skilled health professional i.e. doctor/clinical officer, nurse, midwife or auxiliary midwife. On the other hand, around two-thirds (66 percent) of births in Jubaland were delivered with the assistance of a traditional birth attendant (TBA), 5 percent were assisted by a relative and less than one percent were unassisted. One percent of births were delivered through C-section.

Analysis by age depicts that mothers under 20 years are more likely to be assisted by a skilled birth attendant at 35 percent compared to those aged 20-34 and those aged 35-49 at 29 percent and 21 percent respectively.

Figure 5.8 Place of delivery

Percentage delivered in a health facility by Mother's age at birth
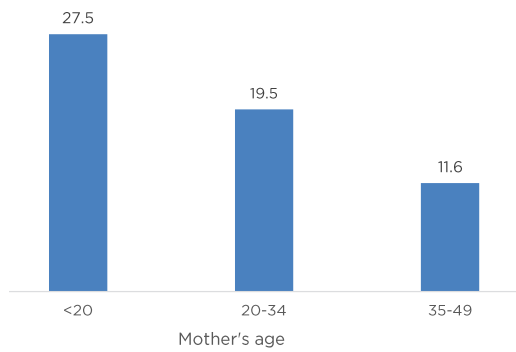
As expected, the number of ANC visits during pregnancy influences the likelihood of a woman seeking skilled attendance during delivery. Among women who attended at least 2-3 ANC visits, 57 percent were delivered by a skilled attendant compared to 22 percent among those who did not attend any ANC visits. Similarly, women who delivered in a health facility were more likely to be assisted by skilled birth attendant compared to those who delivered outside a health facility at 98 percent and 12 percent, respectively.

According to place of residence, urban areas have the highest percentage of women assisted by skilled health providers followed by women in the rural areas and women in nomadic area (35 percent, 24 percent and 4 percent, respectively).

The percentage of women assisted by skilled personnel is higher in Lower Juba at 31 percent than in Gedo at 24 percent.

As presented in Figure 5.9, the wealth quintile is associated with the type of assistance at delivery. Births to women in the fourth and highest wealth quintiles were more likely to be delivered by a skilled provider at 47 percent and 44 percent respectively compared to births to women in the lowest wealth quintile at 8 percent.

Among births in the five years preceding the survey, 2 percent of the deliveries were assisted by a doctor, 27 percent by a nurse or midwife or auxiliary, and 5 percent by relatives or friends. Sixty-six percent of births were assisted by a traditional birth attendant (Figure 5.10).

Figure 5.9 Assistance during delivery by Wealth quintile

Percentage of births assisted by a skilled provider
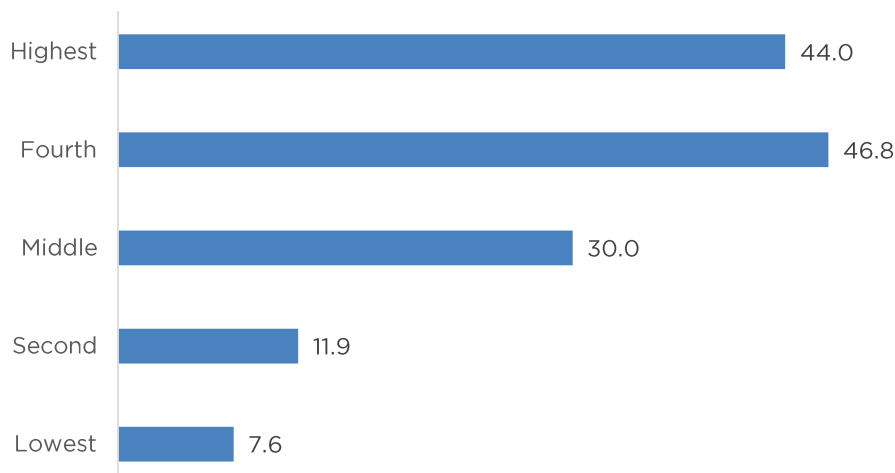
Assistance during delivery

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

- Doctor/Clinical Officer
- Nurse/Auxiliary Midwife/Midwife
- TBA
- Relative/other
- No one
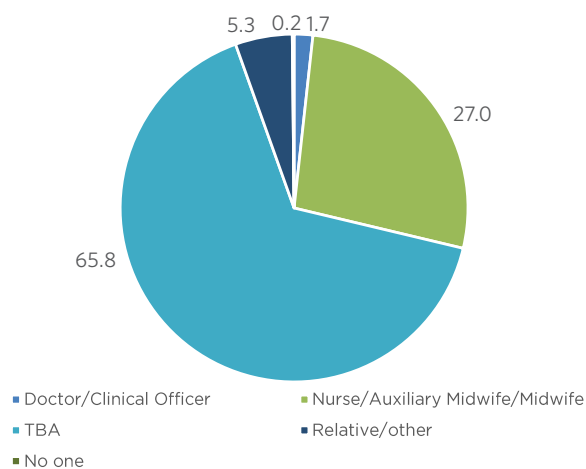
5.9 Postnatal Care and Practices

A large number of maternal and neonatal deaths occur during the first 48 hours after delivery. To address this, safe motherhood programmes have increased their emphasis on the importance of postnatal care, encouraging all women to receive a health check-up within two days of delivery. To assess the extent of the use of postnatal care in Jubaland, respondents who had given birth in the five years preceding the survey were asked whether they had received a health check after the delivery of their last birth. Table 5.8 shows that only 13 percent of mothers had a postnatal check within the first two days after birth, with 12 percent reporting that they were checked within the first 4 hours after giving birth.

Among women who gave birth in a health facility, 47 percent had a postnatal check-up within the first two days after birth. However, those who delivered at home or elsewhere did not receive any postnatal health check.

Analysis by place of residence shows that 16 percent of mothers in urban areas and 11 percent of mothers in rural areas received a postnatal check during the first 2 days after delivery compared to only 4 percent of mothers in nomadic areas.

Women in Lower Juba are twice as likely to receive a postnatal check during the first 2 days after delivery

compared to women in Gedo at 16 percent and 8 percent respectively. Percentage of women with a postnatal check-up in the first two days after birth increases with an increase in wealth status. Women from wealthier households were more likely to receive postnatal care within two days of delivery at 25 percent compared to women from poorer households at 3 percent.

Table 5.9 presents information on the percentage distribution of last births in the two years preceding the survey by time after birth of first postnatal check-up, and births with a postnatal check-up in the first two days after birth, according to background characteristics. Overall, only 12 percent of infants born in the 2 years prior to the survey received a postnatal check during the first 2 days after birth. Among new-borns delivered in a health facility, 43 percent had their first postnatal check-up within two days of birth. New-borns in urban and rural areas are more likely to receive postnatal care in the first two days post delivery at 14 percent and 11 percent respectively, compared to new-borns in nomadic areas at 4 percent . Regionally, new-borns who had their first postnatal check-up within two days after birth are higher in Lower Juba at 15 percent compared to Gedo at 6 percent. Newborns whose mothers are in the highest wealth quintile have a greater chance of receiving a postnatal checkup within two days of birth compared to newborns whose mothers are in the lowest wealth quintile at 25 percent and 3 percent respectively.

5.10. 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. Although largely eradicated in the developed world due to improved obstetric care, fistula continues to have devastating effects on the lives of many women in Somalia. Vaginal fistula usually results from prolonged obstructed labor (Peterman, 2008).

In JLHDS 2020, ever-married women were asked whether they had heard of a medical condition in which women experience constant leakage of stool or urine from their vagina that usually occurs after difficult childbirth but may occur after sexual assault or after pelvic surgery.

Figure 5.11 Obstetric fistula experience by place of residence and region

Percentage of ever-married women aged 15-49 who have experienced obstetric fistula
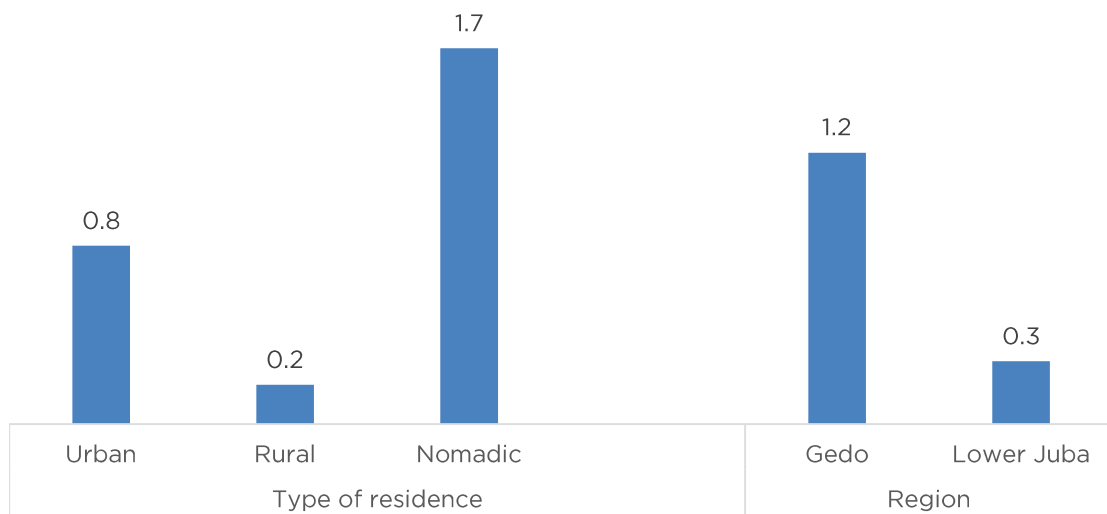
Table 5.10 indicates the percentage of ever-married women aged 15-49 who have heard of obstetric fistula and the percentage who have experienced obstetric fistula. Forty-one percent of ever-married women had heard of the problem but only 1 percent of the women reported they had experienced symptoms consistent with fistula. Obstetric fistula is highly stigmatized and respondents may choose not to report such a "socially undesirable" condition. Consequently, the occurrence of fistula may be under-reported in the JLHDS 2020, and the actual prevalence may be much higher than 1 percent, constituting a severe threat to maternal health. Thus, the JLHDS 2020 findings should be interpreted with caution.

Figure 5.11 shows that nomadic women were more likely to experience symptoms consistent with a fistula at 2 percent, compared to women in urban and rural areas at 1 and less than one percent respectively. Analysis by region shows that one percent of women in Gedo and less than one percent in Lower Juba experienced obstetric fistula. This is caused by the late referral of mothers to CeMOC health facilities.

5.11. Problems in Accessing Health Care

The JLHDS 2020 included a series of questions designed to obtain information on the problems women face in obtaining health care services for themselves. This information is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and, particularly, during child delivery. To obtain this information, women aged 15-49 were asked whether each of the following factors would be a big problem or not for them in obtaining health services: getting permission to go to health facilities, getting money for treatment, the distance to the health facility, and not wanting to go alone. Table 5.11 shows the percentages of respondents who consider the individual factors to be a big problem, and the percentages reporting at least one of the specified factors to be a big challenge, according to background characteristics.

Overall, 56 percent of women face at least one problem in accessing health care. The majority, at 52 percent indicated lack of money as a barrier to their access to health services, 44 percent cited the distance to a health facility as a challenge, while 33 percent of women reported obtaining permission as a arrier to access health services. Thirty percent mentioned not wanting to go alone as a deterrent.

Figure 5.12 indicates that married women are more likely to have at least one problem accessing health care compared to divorced/widowed at 56 percent and 53 percent respectively. Nomadic women are more likely to have at least one problem accessing health care at 70 percent compared to urban women at 53 percent. Analysis by region shows that the percentage of women who experienced at least one problem accessing health care is higher in Gedo at 60 percent compared to women in Lower Juba at 54 percent. The proportion of women having at least one problem accessing health care decreases with increasing wealth status; 82 percent of women in the lowest wealth quintile are likely to encounter at least one problem accessing health care compared to 40 percent of those with the highest wealth quintile.

Figure 5.12 Problems in accessing health care

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

		Percent
Age	15-19	57.4
	20-34	54.5
	35-49	57.5
Marital status	Married	56.3
	Divorced/ widowed	52.5
Types of residence	Urban	53.2
	Rural	56.5
	Nomadic	69.7
Region	Gedo	59.5
	Lower Juba	53.5
Wealth quintile	Lowest	82.1
	Second	57.4
	Middle	55.3
	Fourth	53.7
	Highest	39.5
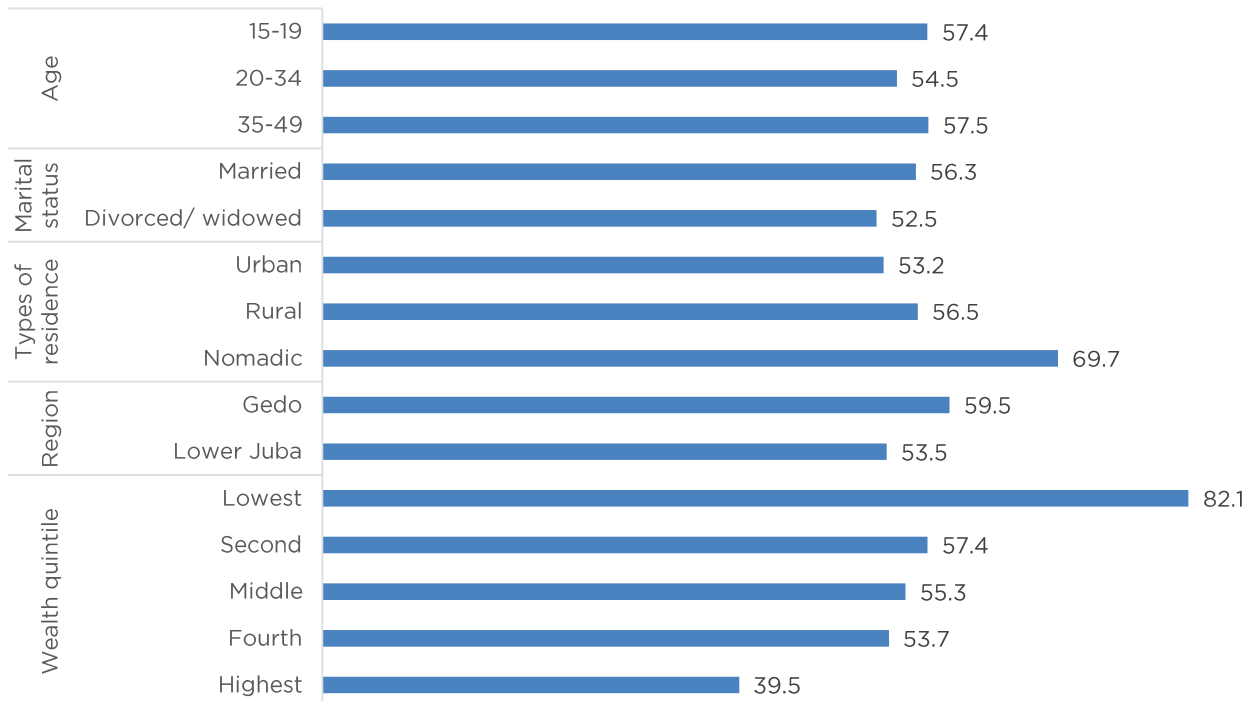
List of Tables

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

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

Number and timing of ANC visits	Type of residence			Total
	Urban	Rural	Nomadic	
Number of ANC visits				
None	60.6	71.6	94.0	67.0
1	5.6	7.0	1.9	6.0
2-3	28.0	18.8	4.1	22.9
4+	5.5	2.6	0.0	4.0
Don't know/missing	0.3	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit				
No antenatal care	60.6	71.6	94.0	67.0
<4	14.8	12.8	3.9	13.3
4-5	15.4	10.0	1.1	12.4
6-7	7.2	5.1	1.1	6.0
8+	2.1	0.6	0.0	1.4
Total	**100.0**	**100.0**	**100.0**	**100.0**
Number of women	520	407	55	983
Median months pregnant at first visit (for those with ANC	4.0	4.0	3.2	4.0
Nomber of women with ANC	205	116	3	324

Table 5.3   Components of antenatal care

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

Background characteristic	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	38.3	14.3	222	87.4	68.3	68.6	89
20-34	31.7	15.1	670	91.5	69.2	72.2	212
35-49	20.0	8.0	92	*	*	*	23
Birth order							
1	37.3	14.4	311	90.5	70.2	72.4	118
2-3	25.1	11.2	238	86.2	69.8	73.4	65
4-5	34.4	17.8	244	88.4	66.3	64.9	76
6+	29.2	13.1	189	93.5	71.9	77.0	66
Type of Residence							
Urban	38.3	20.6	520	89.3	67.8	67.8	205
Rural	27.7	8.0	407	90.5	72.9	79.2	116
Nomadic	6.0	0.2	55	*	*	*	3
Region							
Gedo	41.9	14.8	331	86.1	61.2	62.8	148
Lower Juba	27.1	13.9	651	92.8	76.6	79.3	176
Education							
No Education	26.5	10.8	796	90.7	66.7	69.1	217
Primary	51.0	19.5	140	82.6	69.5	72.4	75
Secondary	(66.5)	(56.0)	42	*	*	*	30
Higher	*	*	5	*	*	*	3
Wealth quintile							
Lowest	20.8	6.4	74	(83.4)	(72.4)	(69.6)	22
Second	23.5	9.7	284	84.5	66.9	67.3	77
Middle	31.2	10.2	312	87.2	65.7	68.0	94
Fourth	40.5	18.4	195	95.0	70.7	74.0	87
Highest	48.2	33.7	118	(97.1)	(78.5)	(84.4)	45
Total	**32.1**	**14.2**	**983**	**89.8**	**69.6**	**71.8**	**324**

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

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

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

Background characteristic	Percentage who received one or more doses of SP/Fansida	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth in the 2 years preceding the survey
Types of residence				
Urban	4.9	1.7	0.4	325
Rural	8.7	5.0	1.3	265
Nomadic	0.9	0.4	0.0	26
Region				
Gedo	6.8	2.3	0.8	198
Lower Juba	6.1	3.4	0.7	417
Education				
No Education	4.7	2.8	0.8	481
Primary	10.5	2.3	1.2	100
Secondary	*	*	*	31
Higher	*	*	*	3
Wealth quintile				
Lowest	2.8	1.4	1.4	41
Second	4.5	4.1	1.8	152
Middle	5.8	2.3	0.7	203
Fourth	8.5	5.2	0.0	142
Highest	9.2	0.0	0.0	77
Total	**6.4**	**3.1**	**0.8**	**616**

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

Table 5.5   Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the 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, JLHDS, 2020

Background characteristic	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	28.0	41.0	222
20-34	18.4	26.5	670
35-49	6.5	13.6	92
Birth order			
1	24.3	33.7	281
2-3	18.6	27.6	587
4-5	12.3	21.9	110
6+	*	*	4
Type of Residence			
Urban	24.6	35.4	520
Rural	15.1	23.0	407
Nomadic	3.7	5.4	55
Region			
Gedo	28.1	41.0	331
Lower Juba	15.1	22.2	651
Education			
No Education	16.6	24.1	796
Primary	28.6	45.7	140
Secondary	(41.2)	(55.4)	42
Higher	*	*	5
Wealth quintile			
Lowest	12.0	20.2	74
Second	12.7	19.0	284
Middle	20.0	28.3	312
Fourth	23.4	35.4	195
Highest	32.5	46.3	118
Total	**19.5**	**28.6**	**983**

[1] Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth),
or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 5.6 Place of delivery

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

Background characteristic	Health facility		Home	Other	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector					
Mother's age at birth							
<20	27.0	0.5	72.4	0.1	100.0	27.5	325
20-34	19.0	0.4	80.5	0.0	100.0	19.5	1659
35-49	10.2	1.4	88.4	0.0	100.0	11.6	223
Birth order							
1	23.4	0.4	76.1	0.0	100.0	23.9	984
2-3	16.1	0.6	83.3	0.0	100.0	16.7	1,089
4-5	15.7	1.2	83.2	0.0	100.0	16.8	131
6+	*	*	*	*	100.0	*	2
Number of ANC visits							
None	10.9	0.0	89.1	0.0	100.0	10.9	658
1	33.2	0.0	66.8	0.0	100.0	33.2	59
2-3	50.1	1.9	48.0	0.0	100.0	52.0	225
4+	(65.9)	(0.0)	(34.1)	(0.0)	100.0	(65.9)	41
Don't know/ missing	*	*	*	*	100.0	*	1
Type of Residence							
Urban	25.1	0.9	74.0	0.0	100.0	26.0	1,181
Rural	13.7	0.2	86.1	0.0	100.0	13.9	912
Nomadic	3.7	0.0	96.0	0.2	100.0	3.7	114
Region							
Gedo	22.0	0.2	77.8	0.0	100.0	22.2	689
Lower Juba	18.1	0.7	81.2	0.0	100.0	18.8	1,518
Education							
No Education	14.2	0.3	85.5	0.0	100.0	14.5	1,777
Primary	33.9	0.9	65.2	0.0	100.0	34.8	317
Secondary	56.4	1.5	42.1	0.0	100.0	57.9	102
Higher	*	*	*	*	100.0	*	11
Wealth quintile							
Lowest	5.2	0.0	94.8	0.0	100.0	5.2	161
Second	7.1	0.0	92.8	0.0	100.0	7.1	596
Middle	16.4	0.2	83.4	0.0	100.0	16.6	713
Fourth	35.9	1.7	62.5	0.0	100.0	37.5	465
Highest	33.8	1.0	65.1	0.0	100.0	34.9	273
Total	**19.3**	**0.6**	**80.1**	**0.0**	**100.0**	**19.9**	**2,207**

[1] Includes only the most recent birth in the five years preceding the survey.
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 5.7   Assistance during delivery

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

Background characteristic	Person providing assistance during delivery					Total	Percentage delivered by skilled provider[1]	Percentage delivered by C-section	Number of birth
	Doctor/ Clinical Officer	Nurse/ Auxiliary Midwife/ Midwife	Traditional birth attendant	Relative/ other	No one				
Mother's age at birth									
<20	2.1	32.7	60.1	4.9	0.1	100.0	34.8	1.2	325
20-34	1.5	27.0	66.6	4.7	0.1	100.0	28.6	1.3	1,659
35-49	2.7	18.3	68.2	9.9	1.0	100.0	21.0	0.0	223
Birth order									
1	2.5	25.2	67.4	4.8	0.1	100.0	27.7	1.7	973
2-3	1.0	28.8	64.5	5.4	0.2	100.0	29.9	0.7	1,095
4-5	2.1	25.7	63.7	8.2	0.4	100.0	27.8	1.0	135
6+	*	*	*	*	*	100.0	*	*	4
Number of ANC visits									
None	1.1	21.1	70.0	7.4	0.4	100.0	22.2	0.7	658
1	0.0	33.4	61.1	5.5	0.0	100.0	33.4	0.0	59
2-3	2.0	55.1	42.7	0.3	0.0	100.0	57.1	3.5	225
4+	(10.2)	(56.4)	(33.5)	(0.0)	(0.0)	100.0	(66.5)	(3.8)	41
Don't know/missing	*	*	*	*	*	100.0	*	*	
Place of delivery									
Health facility	8.6	89.1	2.3	0.0	0.0	100.0	97.7	5.7	439
Elsewhere	0.0	11.6	81.6	6.6	0.2	100.0	11.6	0.0	1,768
Type of Residence									
Urban	2.5	32.6	63.8	1.1	0.0	100.0	35.1	1.5	1,181
Rural	1.0	22.6	66.2	10.3	0.0	100.0	23.6	0.8	912
Nomadic	0.2	4.2	83.8	8.6	3.2	100.0	4.4	0.4	114
Region									
Gedo	1.7	22.4	71.9	3.4	0.5	100.0	24.1	1.4	689
Lower Juba	1.8	29.1	63.0	6.1	0.0	100.0	30.8	1.0	1518
Education									
No Education	1.4	21.9	70.1	6.4	0.2	100.0	23.2	1.1	1,777
Primary	2.6	40.3	56.4	0.8	0.0	100.0	42.9	0.9	317
Secondary	5.8	67.1	27.1	0.0	0.0	100.0	72.9	3.0	102
Higher	*	*	*	*	*	100.0	*	*	11
Wealth quintile									
Lowest	0.4	7.2	87.5	3.8	1.0	100.0	7.6	0.4	161
Second	0.6	11.3	82.0	5.8	0.3	100.0	11.9	0.6	596
Middle	1.3	28.7	62.3	7.7	0.0	100.0	30.0	1.1	713
Fourth	2.3	44.5	48.7	4.5	0.0	100.0	46.8	1.0	465
Highest	5.3	38.6	56.0	0.0	0.0	100.0	44.0	3.3	273
Total	**1.7**	**27.0**	**65.8**	**5.3**	**0.2**	**100.0**	**28.7**	**1.1**	**2,207**

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.
[1] Skilled provider includes doctor, nurse, midwife, and auxiliary nurse/midwife
[2] Includes only the most recent birth in the five years preceding the survey.
Note:Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 5.8   Timing of first postnatal checkup for the mother

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

| Background characteristic | Time after delivery of mother's first postnatal checkup | | | | | | Total | Percentage of women with a postnatal check-up in the first two days after birth[1] | Number of births |
	Less than 4 hours	4-23 hours	1-2 days	7-41 days	Don't know	No postnatal checkup[2]			
Mother's age at birth									
<20	11.2	0.5	0.0	0.0	1.8	86.5	100.0	11.7	178
20-34	13.2	1.2	0.1	0.4	0.4	84.7	100.0	14.5	418
35-49	(3.0)	(0.0)	(0.0)	(0.0)	(0.0)	(97.0)	100.0	(3.0)	20
Birth order									
1	12.5	2.0	0.0	0.0	2.9	82.5	100.0	14.6	111
2-3	10.9	0.5	0.0	0.4	0.4	87.9	100.0	11.3	401
4+	17.7	1.5	0.6	0.0	0.0	80.2	100.0	19.8	104
Place of delivery									
Health facility	43.3	3.3	0.3	0.9	2.7	49.5	100.0	46.9	175
Elsewhere	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.0	440
Type of Residence									
Urban	15.2	0.8	0.0	0.5	1.2	82.3	100.0	16.0	325
Rural	9.7	1.1	0.2	0.0	0.2	88.8	100.0	11.0	265
Nomadic	3.2	0.9	0.0	0.0	0.9	95.0	100.0	4.1	26
Region									
Gedo	5.5	2.0	0.3	0.0	2.4	89.7	100.0	7.9	198
Lower Juba	15.5	0.4	0.0	0.4	0.0	83.7	100.0	15.9	417
Education									
No Education	10.1	0.3	0.1	0.3	0.7	88.4	100.0	10.6	481
Primary	10.1	1.2	0.0	0.0	1.3	87.4	100.0	11.3	100
Secondary	*	*	*	*	*	*	100.0	*	31
Higher	*	*	*	*	*	*	100.0	*	3
Wealth quintile									
Lowest	1.4	0.0	1.4	0.0	1.4	95.7	100.0	2.9	41
Second	3.7	0.9	0.0	0.0	0.2	95.2	100.0	4.7	152
Middle	10.7	0.6	0.0	0.8	1.3	86.6	100.0	11.3	203
Fourth	20.7	1.2	0.0	0.0	0.9	77.2	100.0	21.9	142
Highest	23.7	1.7	0.0	0.0	0.0	74.6	100.0	25.4	77
Total	**12.3**	**0.9**	**0.1**	**0.2**	**0.8**	**85.6**	**100.0**	**13.3**	**616**

[1] Includes women who received a checkup after 41 days.
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 5.9 Timing of first postnatal checkup for the newborn

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

Background characteristic	Time after birth of newborn's first postnatal checkup						Percentage of births with a postnatal checkup in the first two days after birth	Number of births
	1-3 hours	4-23 hours	1-2 days	Don't know	No postnatal checkup[2]	Total		
Mother's age at birth								
<20	11.0	0.9	0.0	1.5	86.7	100.0	11.9	178
20-34	11.7	0.8	0.1	0.7	86.7	100.0	12.6	418
35-49	(3.0)	(0.0)	(0.0)	(0.0)	(97.0)	100.0	(3.0)	20
Birth order								
1	13.4	2.7	0.0	1.2	82.7	100.0	16.1	111
2-3	9.8	0.4	0.0	0.7	89.2	100.0	10.1	401
4+	14.6	0.2	0.6	1.3	83.3	100.0	15.4	104
Place of delivery								
Health facility	39.5	2.7	0.3	3.1	54.4	100.0	42.5	175
Elsewhere	0.0	0.0	0.0	0.0	100.0	100.0	0.0	440
Type of Residence								
Urban	13.0	0.8	0.0	0.8	85.4	100.0	13.8	325
Rural	9.9	0.6	0.2	0.9	88.4	100.0	10.8	265
Nomadic	2.3	1.8	0.0	1.8	94.1	100.0	4.1	26
Region								
Gedo	3.7	1.6	0.3	1.9	92.6	100.0	5.6	198
Lower Juba	14.8	0.4	0.0	0.4	84.4	100.0	15.2	417
Education								
No Education	8.8	0.4	0.1	0.8	89.9	100.0	9.3	481
Primary	9.6	0.0	0.0	1.7	88.7	100.0	9.6	100
Secondary	*	*	*	*	*	100.0	*	31
Higher	*	*	*	*	*	100.0	*	3
Wealth quintile								
Lowest	1.4	0.0	1.4	0.0	97.1	100.0	2.9	41
Second	4.0	0.3	0.0	0.7	95.0	100.0	4.3	152
Middle	7.7	0.0	0.0	0.6	91.6	100.0	7.7	203
Fourth	21.0	1.2	0.0	2.1	75.7	100.0	22.2	142
Highest	22.0	3.4	0.0	0.0	74.6	100.0	25.4	77
Total	**11.2**	**0.8**	**0.1**	**0.9**	**87.0**	**100.0**	**12.1**	**616**

[1] Includes newborns who received a checkup after the first week.
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 5.10 Obstetric fistula

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

Background characteristic	Heard of obstetric fistula	Experienced obstetric fistula	Number of ever married women
Age			
15-19	12.4	0.0	400
20-24	43.0	0.6	311
25-29	47.1	0.2	305
30-34	52.2	0.0	282
35-39	60.3	1.2	221
40-44	53.8	3.4	106
45-49	53.1	2.6	62
Type of residence			
Urban	41.7	0.8	896
Rural	40.9	0.2	690
Nomadic	40.8	1.7	101
Region			
Gedo	47.4	1.2	571
Lower Juba	38.2	0.3	1,117
Mother's education			
No education	43.5	0.7	1,262
Primary	36.0	0.5	299
Secondary	31.7	0.0	116
Higher	*	*	12
Wealth quintile			
Lowest	52.2	0.9	122
Second	41.3	1.1	458
Middle	40.5	0.6	498
Fourth	41.5	0.0	358
Highest	37.5	0.6	252
Total	**41.4**	**0.6**	**1,688**

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

Table 5.11 Problems in accessing health care

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

Background characteristic	Problems in accessing health care					
	Getting permission to go for treatment	Getting money fortreatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	Number of Ever Married Women
Age						
15-19	32.9	53.8	42.4	35.0	57.4	93
20-34	32.3	50.4	44.3	30.1	54.5	832
35-49	35.7	53.6	45.0	29.2	57.5	386
Number of living children						
0	*	*	*	*	*	2
1-2	*	*	*	*	*	16
3-4	(24.9)	(42.6)	(44.0)	(14.5)	(48.9)	28
5+	33.8	52.0	44.7	30.7	56.0	1,266
Marital status						
Married	32.6	52.1	44.2	28.8	56.3	1,063
Divorced/ widowed	36.6	49.1	45.5	36.4	52.5	248
Employed past 12 months						
Not employed	33.7	51.8	44.6	30.6	55.7	1,220
Employed for cash	22.8	45.0	35.2	20.6	49.8	74
Employed not for cash	*	*	*	*	*	16
Type of Residence						
Urban	35.6	48.5	39.3	32.8	53.2	694
Rural	28.7	53.4	48.6	24.9	56.5	535
Nomadic	44.3	65.2	60.5	42.8	69.7	82
Region						
Gedo	39.0	56.2	43.7	25.6	59.5	453
Lower Juba	30.4	49.1	44.8	32.6	53.5	858
Education						
No Education	33.7	51.6	45.6	30.8	55.4	1,062
Primary	33.4	55.6	42.6	29.0	60.0	186
Secondary	27.0	41.4	29.0	23.0	47.4	56
Higher	*	*	*	*	*	7
Wealth quintile						
Lowest	52.3	74.6	65.2	38.6	82.1	101
Second	32.9	53.2	46.9	32.2	57.4	379
Middle	33.8	51.7	46.3	29.4	55.3	396
Fourth	30.3	51.3	39.4	26.6	53.7	262
Highest	27.0	34.8	30.0	28.2	39.5	173
Total	**33.3**	**51.6**	**44.4**	**30.2**	**55.6**	**1,311**

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
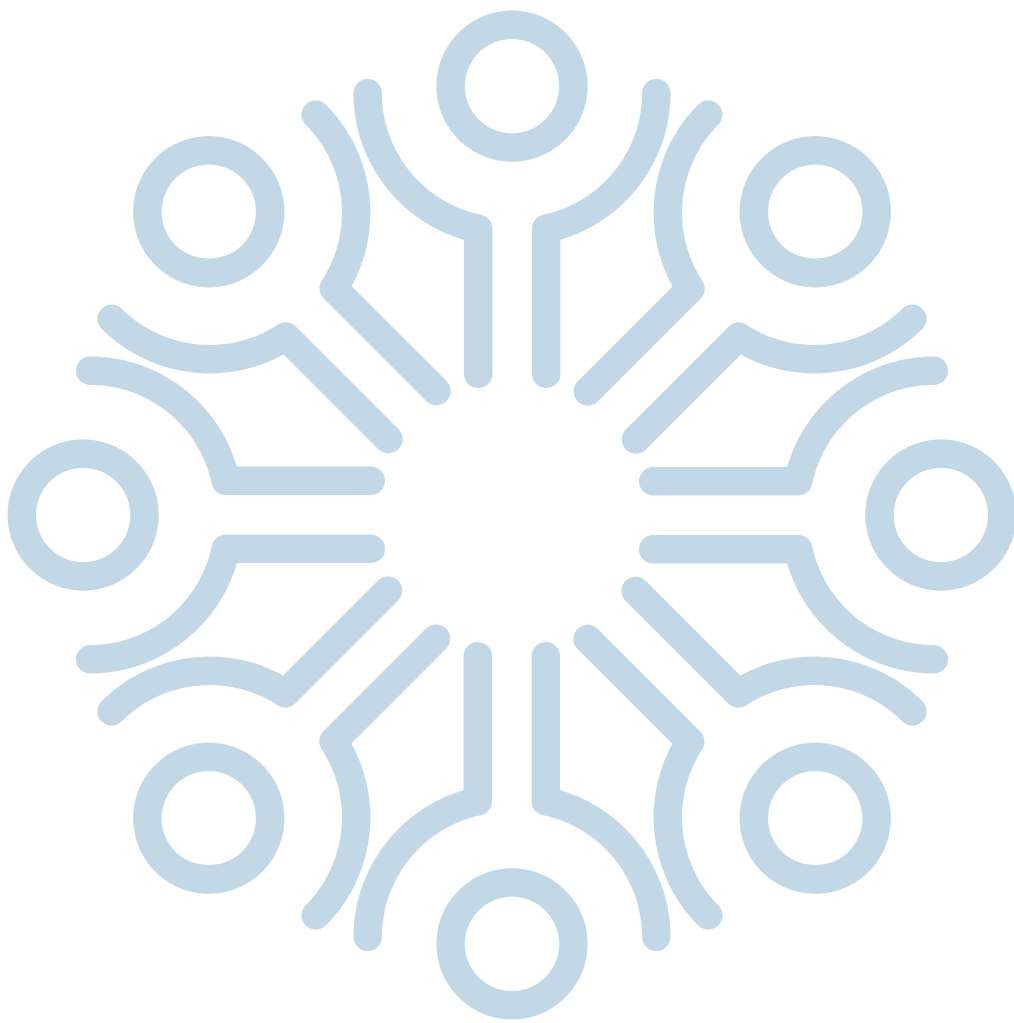
06

Child Health

Key Findings

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

Vaccinations:
9 percent of children aged 12-23 months had received all basic vaccinations (Bacillus Calmette–Guérin (BCG), three doses of pentavalent and polio vaccines, and one dose of the measles vaccine) at any time before the survey. **19 percent** of children had received BCG at any time before the survey, **19 percent** had received the first dose of pentavalent vaccine, **19 percent** received the first dose of polio vaccine and **11 percent** had received the third does of polio. **Eleven percent** had received the measles vaccine.

Symptoms of acute respiratory infection (ARI):
6 percent of children under the age of five had symptoms of ARI in the two weeks before the survey, **13 percent** of these children had treatment or advice sought on the same or next day.

Fever:
5 percent of children under-five had a fever during the two weeks preceding the survey; **48 percent** of these children, advice or treatment was sought on the same or next day.

Diarrhea:
7 percent of children under age five had a diarrhea in the 2 weeks before the survey; **62 percent** of these children advice or treatment was sought from a health facility.

Stool disposal:
50 percent of children under-five living with their mothers had their last stool safely disposed of.

6 CHILD HEALTH

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

6.1   Birth Weight

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

For births in the five years preceding the JLHDS 2020, birth weight was recorded in the Ever-Married Woman's Questionnaire is available from either a written record or the mother's recall. Because birth weight may not be known for many babies, the mother's estimate of the baby's size at birth was also obtained. Even though such an estimate is subjective, it can be a useful proxy for the weight of the child.

Table 6.1 presents information on child weight at birth by background characteristics. Nine percent of births occurring in the five years preceding the survey had a reported birth weight. Among the children with known birth weights, only 4 percent weighed less than 2.5 kg at birth.

6.2 Vaccination of Children

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

Table 6.2 presents the vaccination coverage for children aged 12-23 months, the age by which they should have received all vaccinations. Mothers were able to present health cards for 2 percent of children aged 12-23 months. Nine percent of children aged 12-23 months are fully vaccinated, meaning that they received all the basic vaccinations (one BCG vaccine, three doses of pentavalent and polio vaccines, and one dose of measles vaccine) (Figure 6.1).

With respect to coverage of specific vaccines among children aged 12-23 months (based on the vaccination card or the mother's report), 19 percent received the BCG vaccine and 19 percent received the first dose of pentavalent prior to the survey. Only 9 percent of children received the third dose of pentavalent, while 11 percent received the measles vaccine, 19 percent

received the recommended polio 0 doses at birth, 19 percent received the first dose of polio, and 11 percent received the second dose of polio. Eleven percent of children had received the third dose of the polio vaccine (Table 6.2).

The percentage of children fully vaccinated varies slightly by place of residence. Ten percent and 9 percent of children in urban and rural areas respectively had received all basic vaccinations, compared to 1 percent of children in nomadic areas. Analysis by region depicts that Gedo has a higher proportion of children who received

all the basic vaccinations at 18 percent, compared to 6 percent in Lower Juba . This finding in Gedo could be attributed to the availability of functional mobile clinics targeting the rural population (Table 6.2).

6.3 Symptoms of Acute Respiratory Infection

Acute Respiratory Infection (ARI) is one of the leading causes of childhood morbidity and mortality throughout

Figure 6.1   Vaccination Coverage for children age 12-23 months

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

Vaccine	Percent
No vaccinations	81.0
BCG	19.0
Polio 3	11.4
Measles	11.4
Penta 3	9.4
All basic vaccinations	9.4
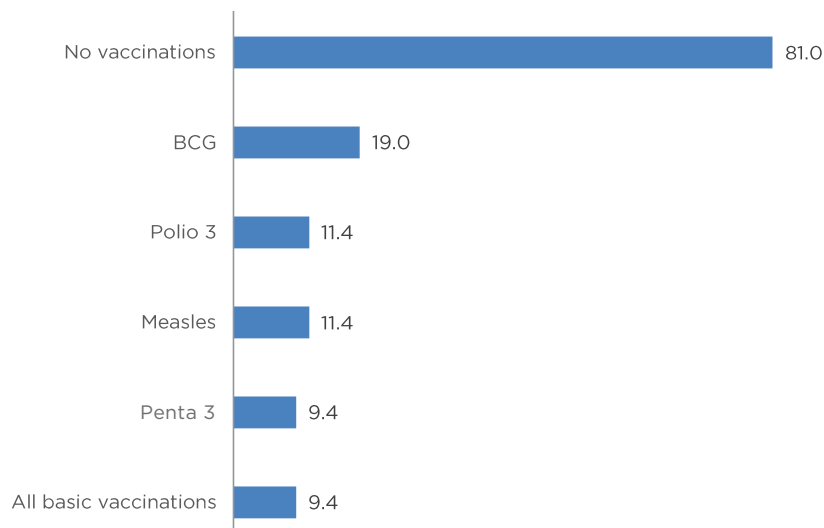
the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the JLHDS 2020, the prevalence of ARI was estimated by asking mothers whether their children under the of age 5 had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. These symptoms are compatible with ARI. It should be noted that the morbidity data collected is subjective—that is, it is based on the mother's perception of illness with no validation from medical personnel—and that the prevalence of ARI is subject to seasonality.

Table 6.3 shows the percentage of children under the age of 5 with symptoms of ARI during the two weeks preceding the survey according to selected background characteristics. Overall, 6 percent of children under age 5 showed ARI symptoms at some point in the two weeks preceding the survey.

The prevalence of ARI increases from 4 percent among children of less than 6 months to 7 percent among those aged 24-35 months. After 35 months, ARI prevalence decreases with an increase in age (Figure 6.2). There is a slight gender difference in children reported to have symptoms of ARI. Female children with symptoms of ARI are higher at 7 percent compared to their male counterparts at 5 percent. The proportion of children with ARI is higher in Lower Juba region as compared to Gedo region (8 percent and 1 percent respectively).

Urban areas reported the highest percentage of children with symptoms of ARI at 6 percent compared to nomadic areas with the lowest proportion at 2 percent.

6.4 Fever

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

Table 6.4 shows the percentage of children under age 5 who had a fever in the 2 weeks preceding the survey by selected background characteristics. Overall, 5 percent of children under the age of five had a fever in the two weeks preceding the survey.

Differences in the proportions of children with fever are presented by background characteristics.

There was slight variation in the prevalence of fever by sex of the child. Females are more likely to have a fever compared to males at 6 percent and 4 percent respectively. The prevalence of fever varies with the children's age. Children aged 12-23 months are more likely to be sick with a fever compared to children in other age groups (Figure 6.3). The proportion of children under-five years reported as having had a fever in the two weeks before the survey is higher in Gedo region at 5 percent compared to Lower Juba at 4 percent.

Figure 6.4 shows that the proportion of children with fever was higher in rural and urban areas at 5 percent and 4 percent respectively compared to 2 percent in nomadic areas.

Figure 6.2   Prevalence and treatment of symptoms of ARI by age

Percent of children with symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey

Age in Months	Percent
0-5	3.8
6-11	5.7
12-23	7.2
24-35	7.3
36-47	5.8
48-59	3.5
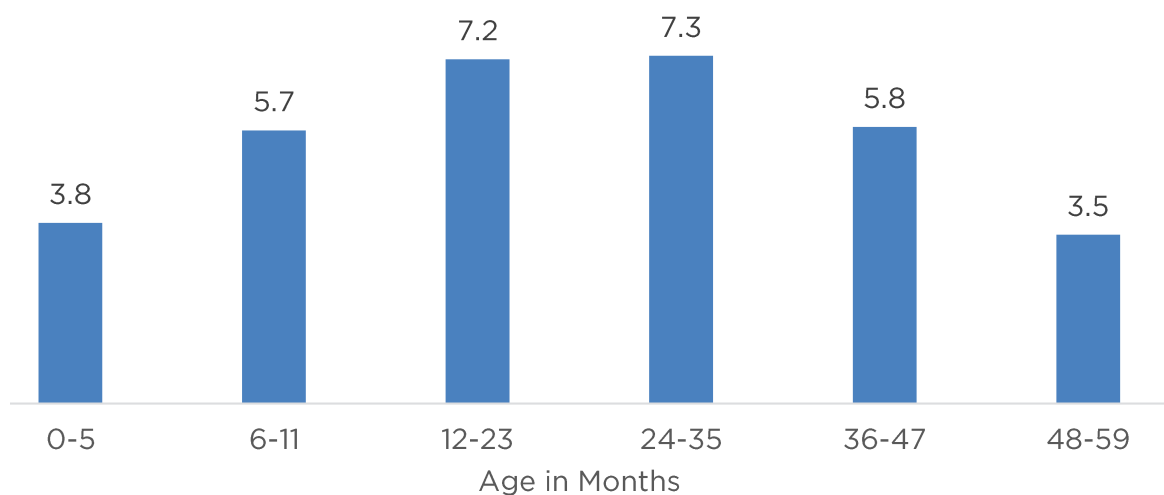
Figure 6.3   Percent of children with fever by age

Percent of children with fever in the two weeks preceeding the survey
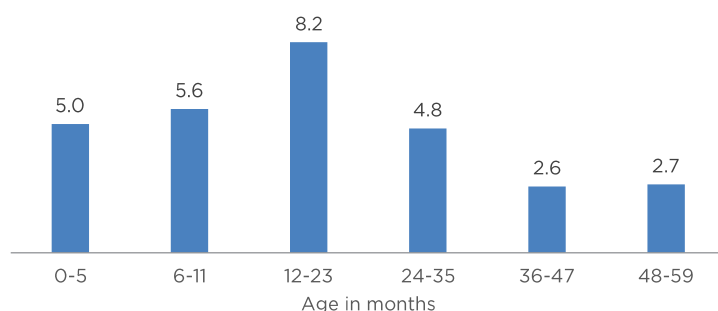
6.5 Diarrheal Diseases

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

Exposure to diarrhea-causing agents frequently relates to the use of contaminated water and unhygienic practices in food preparation and disposal of excreta. The JLHDS 2020 collected information on the prevalence of diarrhea among children in the Jubaland State by asking mothers whether their children under the age of five years had diarrhea during the two weeks preceding the survey. If a child was identified as having had diarrhea, information

was collected on the treatment and feeding practices during the episode.

Table 6.5 shows the percentage of children under-five years who had diarrhea during the two weeks preceding the survey by selected background characteristics. Seven percent of children under-five had a diarrheal episode in the two weeks preceding the survey.

Figure 6.5 shows that the prevalence of diarrhea increases from 9 percent among children less than 6 months to 19 percent among children aged 6-11 months. This observation is expected because children are on average introduced to liquids in addition to breast milk and complementary foods after 5 months. After the age of 11 months, it generally declines due to the child's adaption to complementary foods.

There is slight variation by place of residence in the prevalence of diarrhea. The prevalence of diarrhea among children in rural areas, urban and nomadic is 7 percent, 6 percent and 4 percent respectively. Similarly, Lower Juba region reported a slightly higher proportion of children with diarrhea compared to children in Gedo at 7 percent and 6 percent respectively.

Figure 6.4   Prevalence of fever

Percentage of children with fever by place of residence

6.6   Treatment of Childhood Illnesses

During the 2 weeks preceding the survey, 6 percent of children under-five had symptoms of ARI, while 5 percent had a fever and 7 percent had diarrhea (Figure 6.6). Advice or treatment was sought for 13 percent of children with ARI, 48 percent of children with a fever, and 62 percent of children with diarrhea (Figure 6.7).

Figure 6.5   Percent of children with diarrhea by age

Percent of children who had diarrhea in the two weeks preceding the survey
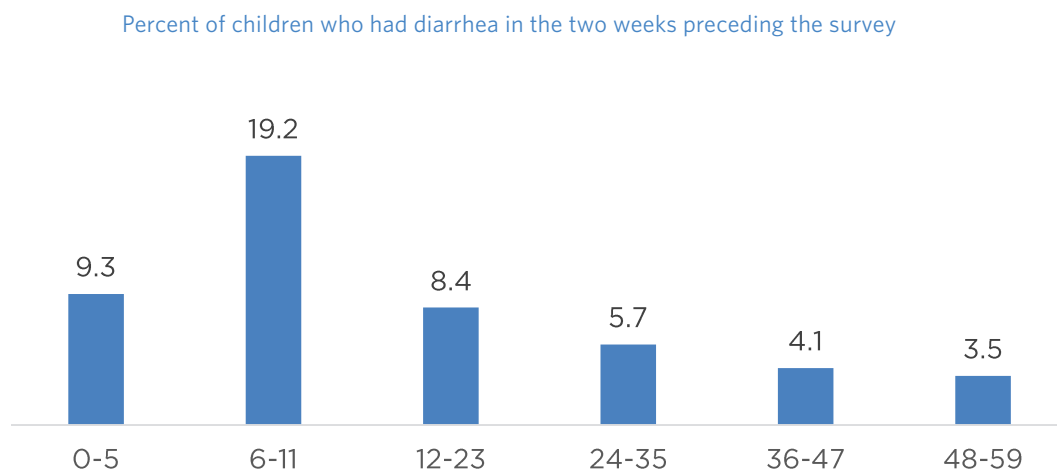
6.7 Disposal of Children's Stools

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

Table 6.6 presents the percent distribution of children under-five years living with their mother by the manner of disposal of the child's last fecal matter. Fifty percent of children's stool is disposed of safely. Children in urban areas and rural are more likely to have their stool safely disposed of at 61 percent and 40 percent respectively compared 15 percent among those in the nomadic areas.

There is a slight variation by region, the percentage of children whose stool is disposed of safely is higher in Lower Juba at 51 percent compared to children in Gedo at 48 percent.

The most common method of disposal of children's faeces is toilet or latrine at 26 percent followed by throwing into garbage at 21 percent while the least reported method of disposal was rinsed into drain or ditch at 3 percent (Figure 6.8).

Figure 6.6   Prevalence of childhood illness

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

Figure 6.7   Sought Advice or Treatment of childhood illnesses

Among children with Childhood illnesses, the percentage for whom advice or treatment was sought from a health facility or provider in the two weeks preceeding the survey
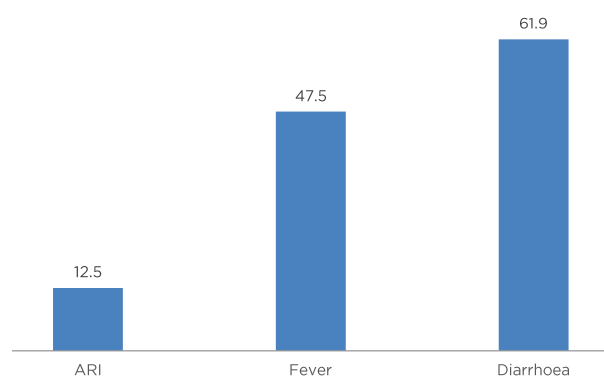
Figure 6.8 Disposal of children's stools

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

- Child used toilet latrine
- Buried
- Thrown into garbage
- Other
- Put/rinsed into toilet or latrine
- Put/rinsed into drain or ditch
- Left in the open
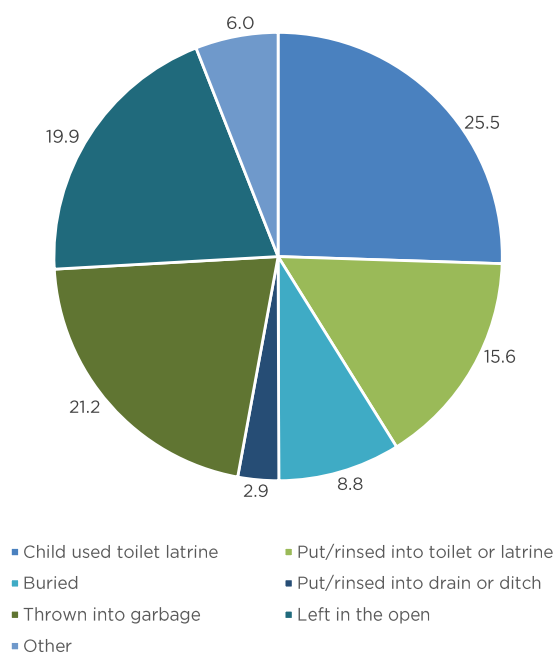
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Table 6.1 Child's weight and size at birth

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, JLHDS, 2020

Background characteristic	Percent distribution of all live births by size of child at birth					Percentage of all births that have a reported birth weight[1]	Number of births	Births with a reported birth weight[1]	
	Very small	Smaller than average	Average or larger	Don't know	Total			Less than 2.5 kg	Number of births
Mother's age at birth									
<20	4.6	9.6	67.6	18.2	100.0	11.0	325	(1.7)	36
20-34	2.8	10.7	70.7	15.7	100.0	9.7	1,659	5.0	160
35-49	3.5	10.8	71.4	14.3	100.0	4.5	223	*	10
Birth order									
1	3.9	10.4	69.6	16.1	100.0	11.4	984	2.5	112
2-3	2.4	10.3	71.6	15.7	100.0	7.8	1,089	5.0	85
4-5	2.7	13.6	66.3	17.4	100.0	6.8	131	*	9
6+	*	*	*	*	100.0	*	2	*	0
Mother's smoking status									
Smokes cigarettes/ tobacco	(0.0)	(0.0)	(62.3)	(37.7)	100.0	(8.7)	37	*	3
Does not smoke	3.2	10.8	70.5	15.6	100.0	9.3	2,170	4.3	203
Type of residence									
Urban	4.0	13.8	65.6	16.6	100.0	12.9	1,181	4.9	152
Rural	1.5	7.0	78.7	12.8	100.0	5.8	912	2.3	53
Nomadic	7.2	5.7	52.1	35.0	100.0	0.8	114	*	1
Region									
Gedo	6.6	7.4	52.0	34.0	100.0	4.4	689	(8.2)	30
Lower Juba	1.5	12.0	78.7	7.8	100.0	11.6	1,518	3.5	176
Education									
No Education	2.9	11.3	69.4	16.3	100.0	5.6	1,777	6.5	99
Primary	2.6	8.6	72.0	16.8	100.0	18.7	317	1.0	59
Secondary	8.6	4.5	77.9	9.0	100.0	38.5	102	(3.9)	39
Higher	*	*	*	*	100.0	*	11	*	8
Wealth quintile									
Lowest	6.7	9.3	59.8	24.2	100.0	1.8	161	*	3
Second	2.5	14.0	62.0	21.5	100.0	2.4	596	*	14
Middle	3.4	8.6	74.0	14.0	100.0	6.2	713	(3.5)	44
Fourth	2.4	7.0	76.5	14.0	100.0	17.9	465	5.3	83
Highest	2.5	15.0	74.7	7.8	100.0	22.5	273	2.5	61
Total	**3.1**	**10.6**	**70.3**	**16.0**	**100.0**	**9.3**	**2,207**	**4.2**	**206**

[1] Based 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

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, JLHDS, 2020

Background characteristic	BCG	PENTA			Polio [1]				Measles	All basic vaccinations[2]	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3					
Sex													
Male	19.0	19.0	8.9	8.9	19.0	19.0	10.1	10.1	10.1	8.9	81.0	1.9	166
Female	18.9	18.9	11.6	9.9	18.9	19.0	12.7	12.7	12.7	9.9	81.0	2.0	165
Birth order													
1	(41.4)	(41.4)	(30.3)	(27.2)	(41.4)	(41.4)	(37.0)	(37.0)	(37.0)	(27.2)	(58.6)	(9.8)	42
2-3	28.3	28.3	15.8	13.7	28.3	28.6	16.6	16.6	16.6	13.7	71.4	0.8	73
4-5	13.8	13.8	5.5	5.5	13.8	13.8	5.5	5.5	5.5	5.5	86.2	0.0	83
6+	9.8	9.8	3.9	3.9	9.8	9.8	4.0	4.0	4.0	3.9	90.2	1.3	133
Type of residence													
Urban	23.3	23.3	11.9	10.4	23.3	23.3	13.3	13.3	13.3	10.4	76.7	2.9	199
Rural	13.5	13.5	9.0	9.0	13.5	13.5	9.5	9.5	9.5	9.0	86.5	0.5	114
Nomadic	5.9	5.9	1.3	1.3	5.9	7.2	2.6	2.6	2.6	1.3	92.8	1.3	18
Region													
Gedo	32.9	32.9	19.2	17.8	32.9	33.1	21.5	21.5	21.5	17.8	66.9	3.6	95
Lower Juba	13.4	13.4	6.7	6.1	13.4	13.4	7.4	7.4	7.4	6.1	86.6	1.3	236
Mother's education													
No Education	15.4	15.4	7.5	6.9	15.4	15.5	8.9	8.9	8.9	6.9	84.5	1.9	265
Primary	(26.1)	(26.1)	(20.0)	(20.0)	(26.1)	(26.1)	(20.0)	(20.0)	(20.0)	(20.0)	(73.9)	(0.0)	49
Secondary	*	*	*	*	*	*	*	*	*	*	*	*	17
Wealth quintile													
Lowest	8.8	8.8	5.9	5.9	8.8	8.8	5.9	5.9	5.9	5.9	91.2	0.0	20
Second	10.2	10.2	5.0	3.4	10.2	10.4	5.8	5.8	5.8	3.4	89.6	0.9	98
Middle	19.1	19.1	11.2	11.2	19.1	19.1	11.2	11.2	11.2	11.2	80.9	0.0	90
Fourth	30.0	30.0	15.4	15.4	30.0	30.0	15.4	15.4	15.4	15.4	70.0	4.2	68
Highest	24.4	24.4	13.6	11.2	24.4	24.4	18.8	18.8	18.8	11.2	75.6	5.2	55
Total	**19.0**	**19.0**	**10.3**	**9.4**	**19.0**	**19.0**	**11.4**	**11.4**	**11.4**	**9.4**	**81.0**	**2.0**	**331**

[1] Polio 0 is the polio vaccination given at birth
[2] BCG, measles, and three doses each of Penta 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

Table 6.3 Prevalence and treatment of symptoms of ARI

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

Background characteristic	Among children under the age of five:	
	Percentage with symptoms of ARI[1]	Number of children
Age in months		
0-5	3.8	163
6-11	5.7	125
12-23	7.2	326
24-35	7.3	435
36-47	5.8	418
48-59	3.5	392
Sex		
Male	4.9	932
Female	6.6	928
Cooking fuel		
Kerosene	*	2
Firewood	6.5	590
Charcoal	*	9
Straw/Shrubs/Grass	*	12
Missing	5.5	1,248
Type of residence		
Urban	6.4	1,002
Rural	5.3	764
Nomadic	2.2	95
Region		
Gedo	1.2	568
Lower Juba	7.7	1,293
Education		
No Education	4.8	1,490
Primary	8.3	274
Secondary	12.4	87
Higher	*	10
Wealth quintile		
Lowest	1.8	129
Second	3.9	493
Middle	3.7	613
Fourth	9.9	394
Highest	9.9	232
Total	**5.7**	**1,861**

[1]Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-relatedand/or by difficult breathing which was chest-related) is considered a proxy for pneumonia.
An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 6.4 Prevalence of fever

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

Background characteristic	Percentage with fever	Number of children
Age in months		
0-5	5.0	163
6-11	5.6	125
12-23	8.2	326
24-35	4.8	435
36-47	2.6	418
48-59	2.7	392
Sex		
Male	3.6	932
Female	5.5	928
Type of residence		
Urban	5.1	1,002
Rural	4.0	764
Nomadic	2.1	95
Region		
Gedo	4.8	568
Lower Juba	4.4	1,293
Education		
No Education	4.1	1,490
Primary	5.2	274
Secondary	8.8	87
Higher	*	10
Wealth quintile		
Lowest	3.2	129
Second	4.6	493
Middle	3.2	613
Fourth	5.3	394
Highest	7.3	232
Total	**4.5**	**1,861**

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

Table 6.5   Diarrhoea treatment

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

Background characteristic	Percentage with diarrhoea	Number of children
Age		
0-5	9.3	163
6-11	19.2	125
12-23	8.4	326
24-35	5.7	435
36-47	4.1	418
48-59	3.5	392
Sex		
Male	7.1	932
Female	6.0	928
Type of residence		
Urban	6.2	1,002
Rural	7.4	764
Nomadic	3.6	95
Region		
Gedo	5.6	568
Lower Juba	7.0	1,293
Education		
No Education	5.7	1,490
Primary	11.0	274
Secondary	8.8	87
Higher	*	10
Wealth quintile		
Lowest	2.9	129
Second	5.0	493
Middle	8.2	613
Fourth	6.3	394
Highest	8.0	232
Total	**6.6**	**1,861**

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

Table 6.6   Disposal of children's stools

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

Background characteristic	Manner of disposal of children's stools								Percentage of children whose stools were disposed of safely[1]	Number of children
	Child used toilet latrine	Put/rinsed into toilet or latrine	Buried	Put/ rinsed into drain or ditch	Thrown into garbage	Left in the open	Others	Total		
Age of child in months										
0-1	14.9	13.9	6.7	0.0	33.1	28.2	3.2	100.0	35.5	67
2-3	16.6	29.0	3.8	2.5	19.6	24.5	4.0	100.0	49.4	53
4-5	10.5	10.8	5.5	4.0	28.2	33.0	8.0	100.0	26.8	56
6-8	16.8	10.1	6.7	1.6	33.2	23.9	7.6	100.0	33.6	79
9-11	27.2	13.0	7.1	1.2	20.6	27.7	3.3	100.0	47.2	50
12-17	26.4	19.3	9.8	3.0	20.9	15.3	5.3	100.0	55.5	296
18-23	15.7	11.5	10.8	3.3	29.0	16.0	13.5	100.0	38.1	39
6-23	24.6	16.2	9.1	2.4	23.2	18.4	6.0	100.0	50.0	451
Type of residence										
Urban	27.0	23.1	10.3	4.4	19.5	8.1	7.6	100.0	60.5	1,290
Rural	26.4	7.6	6.3	1.4	23.8	30.3	4.1	100.0	40.3	971
Nomadic	1.8	0.0	12.9	0.0	18.1	64.0	3.3	100.0	14.7	118
Region										
Gedo	23.4	19.4	4.8	4.7	15.9	30.0	1.7	100.0	47.6	783
Lower Juba	26.5	13.8	10.8	2.1	23.8	15.0	8.1	100.0	51.1	1,596
Mother's education										
No Education	26.1	15.7	10.0	3.0	19.9	20.4	5.0	100.0	51.8	1,917
Primary	24.1	14.5	5.4	1.5	28.1	23.1	3.3	100.0	44.0	342
Secondary	22.4	19.1	0.0	7.2	24.2	0.0	27.1	100.0	41.5	108
Higher	*	*	*	*	*	*	*	100.0	*	13
Wealth quintile										
Lowest	7.4	14.3	12.8	3.0	13.6	44.0	4.8	100.0	34.6	176
Second	26.8	7.1	7.4	0.5	24.5	29.5	4.3	100.0	41.2	644
Middle	29.4	14.0	13.4	4.1	20.3	14.4	4.3	100.0	56.9	774
Fourth	23.8	19.2	6.4	4.5	24.7	12.7	8.7	100.0	49.4	505
Highest	26.3	34.0	1.1	2.3	14.7	11.1	10.4	100.0	61.4	280
Total	**25.5**	**15.6**	**8.8**	**2.9**	**21.2**	**19.9**	**6.0**	**100.0**	**49.9**	**2,380**

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

07

Child nutrition and feeding practices and nutritional status of women

Key Findings

Nutritional status of children:
28 percent of children under-five are stunted (short for their age), **16 percent** are wasted (thin for their height) and **34 percent** are underweight (thin for their age).

Breastfeeding:
88 percent of children have ever breastfed.
Early initiation of breastfeeding: **48 percent** of children started breastfeeding within first hour of their birth.

Exclusive breastfeeding:
42 percent of children under 6 months are exclusively breastfed.

Timely initiation of complementary feeding:
22 percent of children were introduced to complementary foods at 6-8 months.

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

Iron supplementation:
4 percent of children of 6 – 59 months have received iron supplements in the 7 days preceding survey.

Nutritional status of women:
18 percent of women age 15-49 are thin (a body mass index [BMI] below 18.5), while **23 percent** are overweight.

⑦ CHILD NUTRITION AND FEEDING PRACTICES AND NUTRITIONAL STATUS OF WOMEN

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

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

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

7.1.   Nutrition of Children and Women

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

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

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

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

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

Weight for height (wasting) indicator measures the children who suffer acute malnutrition, usually as consequences of insufficient food intake or a high incidence of infectious diseases especially diarrhea. Wasting in turn impairs the functioning of the immune system and increases children's morbidity and mortality.

Weight-for-age (underweight) is a composite index of height-for-age and weight-for-height. It considers both acute and chronic malnutrition.

7.2. Nutritional Status of Children

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

The JLHDS 2020 measured the height and weight of children below 5 years and inquired about their dietary intake. The weight and height measured for children that were recorded were used as anthropometric measurements using the Z-score.

As per WHO standards, indicators such as height-for-age, weight-for-height and weight-for-age can be used to calculate the nutritional status of children under five years of age.

Table 7.1 presents the nutritional status of children under five years of age according to three anthropometric indices—height-for-age, weight-for-height and weight-for-age. Twenty-eight percent of children under the age of five are stunted and 17 percent in the same age

Figure 7.1   Nutritional status of children by residence and region

Percent of children under five years classified as malnourished according to three anthropometric indices of nutritional status
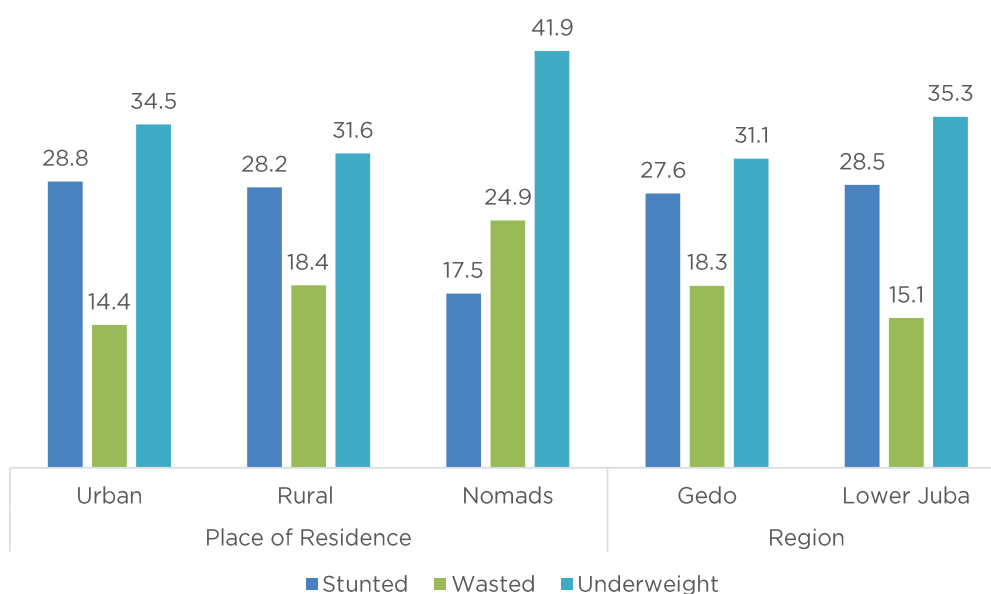
group are severely stunted, while 16 percent are wasted; furthermore 10 percent of children are severely wasted. Thirty-four percent of children under the age of five are underweight, with 21 percent are severely underweight.

As presented in Table 7.1, analysis by sex indicates that the prevalence of stunting is slightly higher in males at 29 percent than in females at 27 percent. The disparity in stunting prevalence by mother's nutritional status is substantial. Children whose mothers are thin (a body mass index [BMI] below 18.5) are more likely to be stunted compared to children whose mothers have a normal BMI or overweight or obese. Children whose mothers are thin have the highest prevalence of stunting at 31 percent while children whose mothers have a normal BMI, are overweight or obese at 28 percent and 27 percent respectively.

The findings show a slightly higher proportion of male than female children who are wasted at 17 percent and 16 percent respectively. The proportion of children who are wasted is highest in nomadic areas at 25 percent and lowest in urban areas at 14 percent. Similarly, wasting is higher in Gedo at 18 percent compared to 15 percent in Lower Juba (Figure 7.1).

There are wide variations by place of residence in the prevalence of underweight children. The highest proportion of children who are underweight are from nomadic areas while rural areas have the lowest prevalence of underweight children at 42 percent and 32 percent respectively. Regionally, Lower Juba has a slightly higher percentage of children who are underweight compared to Gedo at 35 percent and 31 percent respectively (Figure 7.1).

7.3. Breastfeeding

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

7.4. Initiation of breastfeeding

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

Figure 7.2   Initial Breastfeeding

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

Place	Percentage
Nomadic	40.7
Rural	38.3
Urban	56.1
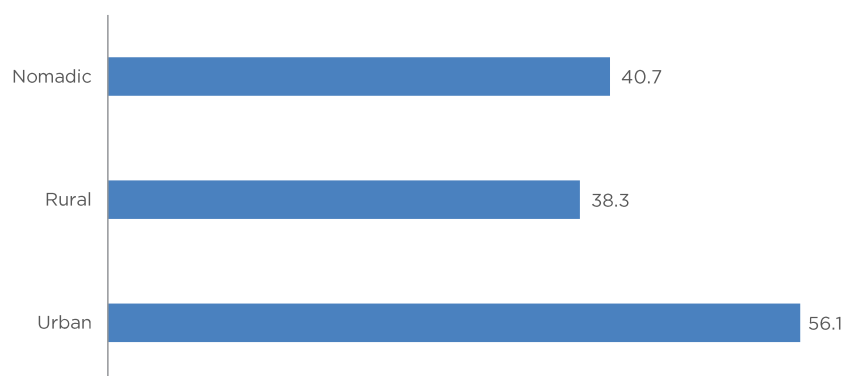
Table 7.2 shows the percentage of all children born in the two years before the survey by breastfeeding status and the timing of initial breastfeeding, according to background characteristics. Eighty-eight percent of last-born children who were born in the two years preceding the survey were breastfed at some point. Forty-eight percent of children were breastfed within one hour of birth, and 80 percent were breastfed within one day of birth. Thirty-four percent have received a pre-lacteal feed.

The proportion of children breastfed within one hour of birth is higher among children whose mothers delivered in a heath facility and whose birth was assisted by a health professional than among children delivered at home or by a traditional birth attendant. The survey data shows that 62 percent of children born in health facilities were breastfed within the first hour of birth, compared to 42 percent of children who were born at home started breastfeeding within the first hour of birth (Table 7.2).

Figure 7.2 shows that children from urban areas are more likely to be breastfed within the first hour of birth at 56 percent, compared to 41 percent and 38 percent of children from nomadic and rural areas respectively. Similarly, the proportion of children who are breastfed within the first hour of birth is higher in Gedo at 63 percent compared to their counterparts in Lower Juba at 41 percent. The variation may be attributed to the ongoing behavioural change program that is ongoing in the Gedo region targeting mothers.

7.5.   Breast feeding status by age

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

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

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

Forty-two percent of children under six months are exclusively breastfed. Contrary to the recommendation that children under the age of six months be exclusively breastfed, many infants under six months are fed other liquids in addition to breast milk, such as water at 20 percent, other milk at 15 percent, and non-milk liquids at 4 percent. Moreover, 10 percent of infants began complementary foods before six months of age. Eight percent of children below six months were not breastfeeding at the time of the survey.

Figure 7.3   IYCF indicators on breastfeeding status

Indicators on breastfeeding by age in months

IYCF 2: Exclusive breastfeeding under 6 months	42.1
Exclusive breastfeeding at 4-5 months of age	39.6
IYCF 3: Continue breastfeeding at 1 year	45.1
IYCF 4: Introduction of solid, semisolid or soft foods (6-8 months)	21.6
IYCF 10: Continued breastfeeding at 2 years	49.0
IYCF 11: Age appropriate breastfeeding (0-23 months)	26.5
IYCF 12: Predominant breastfeeding (0-5 months)	66.3
IYCF 14: Bottle feeding (0-23 months)	31.5

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

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

Figure 7.3 shows that forty-two percent of children under the age of six months were exclusively breastfed, while 66 percent of children under six months were predominantly breastfed. Forty-five percent of children were still breastfeeding at the age of one year, and 49 percent were breastfeeding at age 2 years. Overall, only 22 percent of children were introduced to complementary foods at between six and eight months and 27 percent of children under the age of 2 years were breastfed appropriately for their age.

7.6. Types of complementary Foods

Complementary foods are recommended for children when breastfeeding is no longer sufficient for their nutritional needs. The period for complementary feeding usually starts from four to six months. At this age, children are vulnerable to malnutrition. Complementary feeding should be timely, meaning that all infants should begin receiving foods in addition to breast milk from six months onwards. However, foods should be appropriate for their age and nutritional needs. Mothers or caregivers should take precaution when preparing food, ensuring its safety to minimize the risk of food contamination.

Figure 7.4 shows the foods consumed by children under two years of age who were living with their mother during the day or night preceding the survey according to their breastfeeding status. The findings show that 9 percent of breastfed children under two years of age and 11 percent of non-breastfed children under 2 years were fed on infant formula.

Twenty-two percent of breastfed children were getting other milk in addition to breast milk, compared to 36

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

Percentage of youngest children under two years of age who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status
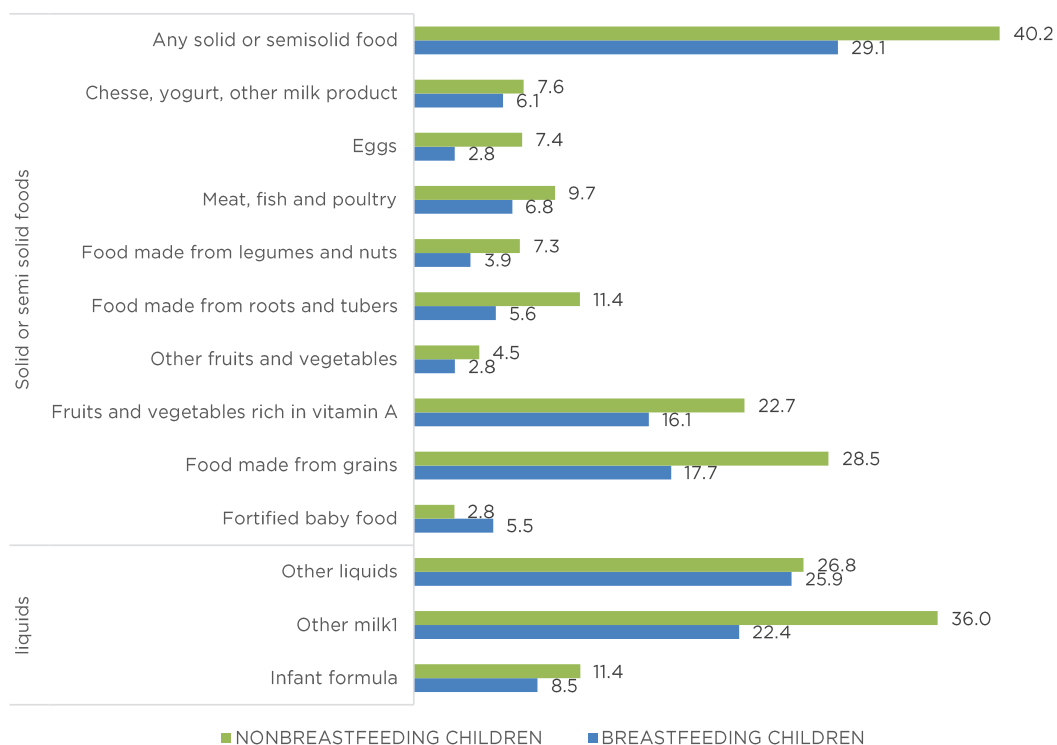
percent who were not breastfed. The data shows that 29 percent of breastfed children under two years of age received solid or semi-solid complementary foods in addition to breast milk. Sixteen percent of children aged 0-23 months currently breast feeding had fruits and vegetables rich in vitamin A whereas, 3 percent of children of the same age ate other fruits and vegetables. Seven percent, 6 percent and 3 percent of breast feeding children aged 0-23 months were given animal sources of food (meat, fish and poultry), milk products (cheese, yoghurt and other), and eggs, respectively. Forty percent of children aged 0-23 months who were not breastfeeding received solid or semi-solid foods from any sources.

7.7. Infant and Young Child Feeding (IYCF) Practices

The period during pregnancy and children's first two years of life are considered as a critical window for their growth and prevention of childhood illnesses. Optimal Infant and Young Child Feeding (IYCF) Practices are essential for child growth and development.

The IYCF Global Strategy was first issued in 2002 jointly by WHO and UNICEF to reverse disturbing trends of infant and child feeding practices. The main objective of the strategy is to improve and promote healthy feeding practices and, as a result, to decrease the child morbidity and mortality.

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

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

Table 7.4 shows that 67 percent of Jubaland children aged 6-23 months received breast milk, milk or milk products during the day or night preceding the interview. Seven percent of children (breastfeeding or not) had an adequately diverse diet—that is, they had been given foods from at least four food groups—and 14 percent had been fed the minimum number of times appropriate for their age. Only 2 percent of Jubaland children aged 6-23 months are fed in accordance with all three IYCF practice.

According to the results presented in Table 7.4, 8 percent of breastfed children aged 6-23 months old were fed four or more different groups of food the day or night preceding the survey and 22 percent were fed the minimum meal frequency the night or day before the survey. Only 3 percent among the breastfed children aged 6-23 months old were fed four or more different groups of foods at a minimum number of times that is required.

Among the non-breastfeeding children, 11 percent were fed four or more different groups of food the night or day preceding the survey and 14 percent of them were fed the minimum meal frequency. Only 1 percent of non-breastfeeding children were fed with 3 IYCF practices (Table 7.4).

Children (breast feeding or not) in Gedo have a slightly higher chance compared to those in Lower Juba of being fed according to the IYCF guidelines at 3 percent and 1 percent respectively.

7.8. Micronutrients intake among Children

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

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

Figure 7.5 Children consuming foods rich in vitamin A and iron by type of residence and region

Percentage of children who consumed foods rich in vitamin A and iron in past 24 hours
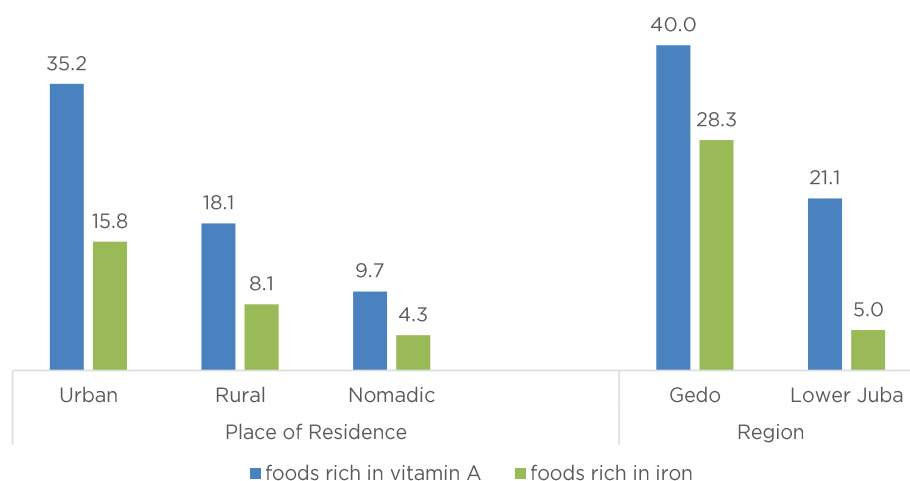
Figure 7.6 Children given iron and Vitamin A supplements by type of residence and region

Percentage of children given iron and Vitamin A supplements
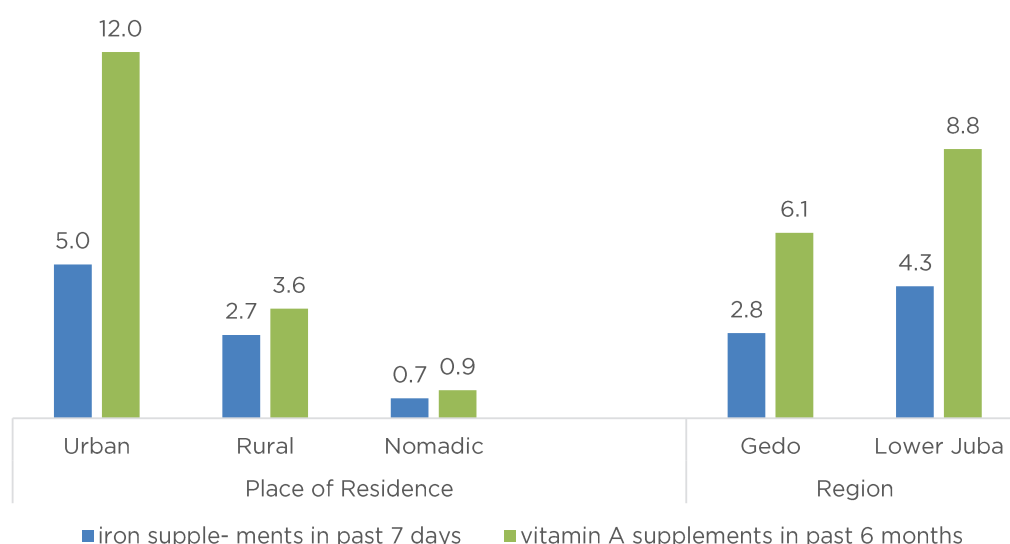
Table 7.5 presents information on consumption of foods rich in vitamin A and iron in the 24 hours preceding the survey among children aged 6-23 months who are living with their mother. The table also provides information on micronutrient supplementation and deworming among children aged 6-59 months. Overall, 27 percent of children aged 6-23 months consumed foods rich in vitamin A in the 24 hours preceding the survey and 12 percent consumed foods rich in iron. Only 4 percent of children aged 6-59 months were given iron supplements in the past 7 days, 8 percent were given vitamin A supplements in the past 6 months, and 8 percent were given deworming medication in the past 6 months.

Regionally, children in Lower Juba consume fewer foods rich in vitamin A and iron than those in Gedo. Twenty-one percent of children in Lower Juba received foods rich in vitamin A, as compared with 40 percent of children in Gedo (Figure 7.5).

The proportion of children consuming foods rich in vitamin A and iron increase with increasing household wealth status except for the second wealth quintile. Thirty-three percent of children in the highest wealth quintiles received foods rich in vitamin A, compared to 22 percent and 25 percent of children in the second and lowest wealth quintiles respectively.

As presented in Figure 7.6, analysis by place of residence shows that 12 percent of urban children received vitamin A supplements, as compared with 4 percent of rural children and 1 percent of nomadic children. The proportion of children aged 6-59 months who had received iron supplements is slightly higher in urban and rural areas as compared with those in nomadic areas (5 percent, 3 percent and 1 percent respectively). Slightly more children in Lower Juba reported having received vitamin A supplements compared to those in Gedo at 9 percent and 6 percent respectively.

7.9. Nutritional status of women

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

The JLHDS 2020 collected anthropometric data on height and weight for women aged 15-49 years. These data were used to calculate several measures of nutritional status such as maternal height and Body Mass Index (BMI).

The BMI is a screening tool that can indicate whether a person is underweight, has normal weight or is overweight. The BMI is calculated by dividing the weight (kg) of the person by height (m) square. The ranges of BMI are <18.5 (underweight), 18.5-24.9 (normal), 25.0-29.9 (overweight) and >=30 (obese). If the person's BMI is outside of normal range, their health risks might increase significantly. Having too much weight can lead to various health conditions, such as diabetes type2, cardiovascular problems and high blood pressure. If the weight of a person is below the normal range, the risk of adverse pregnancy outcomes and overall poor health status increases.

Table 7.6 shows that 2 percent of women aged 15-49 are of short stature (below 145cm). Generally, women with short stature are at a higher risk of obstructed labour, due to cephalo-pelvic disproportion. Fifty-three percent of women have a normal body mass

index (between 18.5 and 24.9), while 18 percent of women aged 15-49 are thin, with a BMI of less than 18.5. Twenty-three percent of women are overweight, with a body mass index of more than 25.0 - 29.9 and 6 percent of women are obese.

The proportion of women who are over-weight sharply increases with age, from 7 percent among those aged 15-19 years to 38 percent among those aged 30-39 years and it declines to 33 percent for the last age group (40-49 years). Analysis by place of residence shows that rural areas have a higher percentage of thin women at 22 percent compared to their counterparts in urban and nomadic areas at 15 percent and 13 percent respectively. Gedo has a higher proportion of thin women at 25 percent, compared to Lower Juba at 13 percent.

In general, the prevalence of overweight or obesity rises with increasing wealth. Thirty-nine percent of women in the highest wealth quintile are overweight or obese, compared to 23 percent of women in the lowest quintile (Figure7.7).

Micronutrient intake among women

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

Table 7.7 shows that 67 percent of women with a child born in the last 5 years did not take any iron tablets during their most recent pregnancy. Overall, only 2 percent of women took iron tablets for 90 days or more during their most recent pregnancy, and 14 percent of women took deworming medication.

The percentage of women who took iron supplements during their most recent pregnancy for at least 90 days was slightly higher in Gedo compared to Lower Juba at 3 percent and 1 percent, respectively. However, the proportion of women who took deworming medication was slightly higher in Lower Juba at 15 percent compared to Gedo at 14 percent (Figure 7.8).

Figure 7.7 Nutritional status of women

Percentage of overweight or obesity by wealth quintile

Highest	38.7
Fourth	33.9
Middle	28.2
Second	27.0
Lowest	22.9
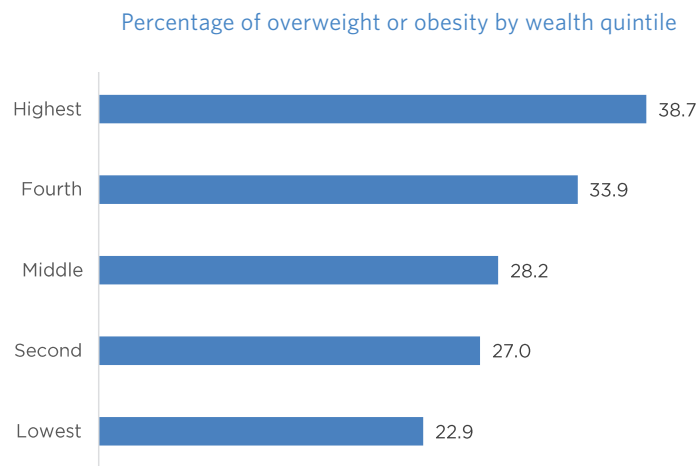
Figure 7.8 Iron tablets and deworming

Percentage of women who took iron supplements for at least 90 days and deworming by region

	Gedo	Lower Juba
Iron Tablets	3.0	0.9
Deworming medication	14.3	14.5
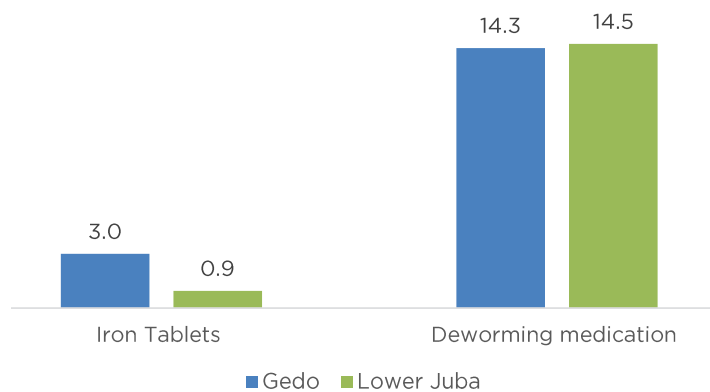
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Table 7.1 Nutritional status of children

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, JLHDS 2020

Background characteristic	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
Sex														
Male	17.1	29.4	1.4	306	9.6	16.5	9.0	1.4	266	20.2	34.0	9.4	0.4	451
Female	17.7	26.9	1.6	292	10.0	16.1	13.0	2.1	316	20.7	33.5	9.5	0.5	467
Mother's nutritional status[3]														
Thin (BMI < 18.5)	16.2	30.7	1.2	69	8.3	13.9	9.2	1.7	52	19.2	29.0	11.7	0.5	91
Normal (BMI 18.5-24.9)	16.6	28.2	1.6	158	9.6	16.1	11.1	1.7	153	20.3	34.8	6.6	0.3	233
Overweight/obese (BMI >= 25)	19.8	26.5	1.7	76	9.7	19.2	12.6	1.8	91	23.2	37.9	8.9	0.3	134
Type of residence														
Urban	18.1	28.8	1.6	357	8.6	14.4	11.6	1.8	322	22.5	34.5	8.8	0.4	537
Rural	16.8	28.2	1.4	227	10.9	18.4	9.0	1.6	220	16.9	31.6	10.4	0.5	338
Nomadic	12.0	17.5	2.6	15	17.5	24.9	23.1	3.2	40	24.9	41.9	9.3	0.5	43
Region														
Gedo	16.3	27.6	2.2	220	9.9	18.3	14.5	2.2	261	17.9	31.1	8.7	0.3	317
Lower Juba	18.0	28.5	1.1	378	9.7	15.1	9.1	1.5	321	22.0	35.3	9.9	0.5	600
Wealth quintile														
Lowest	16.8	25.9	1.5	106	10.4	16.7	10.2	1.8	110	25.1	39.7	10.7	0.5	206
Second	18.3	31.1	1.4	224	9.7	16.7	9.3	1.7	187	17.9	29.5	7.9	0.3	269
Middle	15.8	25.9	2.1	123	11.0	19.5	13.0	1.8	155	17.9	31.0	11.8	0.6	204
Fourth	18.7	26.3	1.5	85	8.7	12.5	14.4	2.0	87	22.0	35.9	10.6	0.7	150
Highest	17.1	30.3	0.8	60	(7.7)	(12.4)	(9.3)	(1.6)	43	24.0	39.6	4.7	0.1	88
Total	**17.4**	**28.1**	**1.5**	**598**	**9.8**	**16.3**	**11.1**	**1.8**	**582**	**20.5**	**33.7**	**9.4**	**0.4**	**917**

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 weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10.
For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.
Note: Figures in parentheses are based on 25–49 unweighted cases.

Table 7.2   Initial breastfeeding

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

Background characteristic	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 last-born children	Percentage who received a pre-lacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	88.6	48.3	81.3	319	34.2	282
Female	87.6	47.3	79.3	297	34.1	260
Assistance at delivery						
Health personnel	86.6	54.4	85.2	223	24.3	193
Traditional birth attendant	88.7	46.8	77.4	358	35.3	317
Relative/friend	(92.4)	(14.9)	(78.9)	34	(82.8)	32
No one	*	*	*	0	*	0
Place of delivery						
Health facility	92.6	62.1	90.9	175	27.8	162
At home	86.4	42.1	76.1	440	36.9	380
Other	*	*	*	0	*	0
Type of residence						
Urban	86.9	56.1	74.8	325	36.2	282
Rural	90.6	38.3	88.5	265	31.1	240
Nomadic	77.8	40.7	65.7	26	42.1	20
Region						
Gedo	89.7	63.2	82.8	198	46.6	178
Lower Juba	87.4	40.5	79.1	417	28.1	365
Wealth quintile						
Lowest	96.0	77.2	92.2	41	47.9	39
Second	78.7	45.1	72.0	152	35.7	119
Middle	89.1	44.2	81.3	203	35.8	181
Fourth	91.3	49.1	84.3	142	28.5	130
Highest	94.2	44.6	80.6	77	30.3	73
Total	**88.1**	**47.8**	**80.3**	**616**	**34.2**	**543**

Note: Table is based on last-born children born in the two years preceding the survey regardless of whetherthe children are living or dead at the time of interview.
[1] Includes children who started breastfeeding within one hour of birth
[2] Children given something other than breast milk during the first three days of life
[3] Doctor, nurse/midwife, or auxiliary midwife.
 Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted

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, JLHDS, 2020

Age in months	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	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
Age in months											
0-1	6.5	50.2	23.8	4.5	4.9	10.1	100.0	93.5	60	10.1	66
2-3	(4.6)	(33.7)	(12.6)	(3.2)	(34.1)	(11.8)	100.0	(95.4)	45	(25.4)	49
4-5	(14.1)	(39.6)	(22.5)	(4.7)	(10.1)	(9.1)	100.0	(85.9)	47	(9.9)	48
6-8	25.7	12.6	19.2	9.9	17.2	15.4	100.0	74.3	77	29.9	78
9-11	(14.7)	(25.0)	(12.4)	(11.8)	(4.8)	(31.3)	100.0	(85.3)	47	(50.8)	47
12-17	54.3	11.3	5.9	4.0	5.3	19.0	100.0	45.7	265	36.8	274
18-23	50.0	6.6	1.2	7.4	2.5	32.2	100.0	50.0	28	49.7	29
0-3	5.7	43.2	19.0	3.9	17.3	10.8	100.0	94.3	105	16.6	115
0-5	8.2	42.1	20.0	4.2	15.2	10.3	100.0	91.8	152	14.6	163
6-9	20.3	14.9	19.1	10.9	15.0	19.8	100.0	79.7	100	31.9	101
12-15	54.9	12.2	5.6	3.4	4.6	19.3	100.0	45.1	197	36.9	204
12-23	53.9	10.9	5.5	4.3	5.1	20.3	100.0	46.1	293	38.0	302
20-23	(51.0)	(6.2)	(1.4)	(12.4)	(3.5)	(25.6)	100.0	(49.0)	17	(34.6)	17

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

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Table 7.4 Infant and young child feeding (IYCF) practices

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

Background characteristic	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
Sex														
Male	4.9	24.4	3.0	130	10.3	12.3	15.3	0.0	105	67.3	6.4	16.4	1.3	235
Female	11.1	18.5	3.9	108	12.5	10.0	13.2	2.1	100	66.9	7.5	11.3	2.1	207
Type of Residence														
Urban	11.4	23.9	4.6	123	16.0	15.1	15.8	1.3	119	66.8	10.2	15.8	2.3	241
Rural	4.1	21.1	2.3	102	5.1	6.1	13.0	0.8	78	68.2	3.5	12.6	1.2	180
Nomadic	1.8	5.4	0.0	13	(4.1)	(2.8)	(4.1)	(0.0)	9	60.4	1.8	4.1	0.0	21
Region														
Gedo	16.3	19.2	6.7	75	10.0	27.7	14.1	1.0	60	68.6	15.0	12.9	2.9	135
Lower Juba	3.8	22.9	1.9	162	11.9	4.2	14.3	1.1	145	66.4	3.0	14.4	1.1	307
Wealth quintile														
Lowest	(11.2)	(11.2)	(2.8)	21	*	*	*	*	10	77.3	11.2	12.4	1.5	31
Second	9.5	28.1	4.8	65	1.0	7.2	7.6	1.0	59	58.0	6.9	15.4	2.4	124
Middle	3.7	24.3	3.7	77	8.8	10.3	6.2	0.0	63	69.3	4.8	12.2	1.5	141
Fourth	(11.8)	(23.2)	(3.3)	46	(14.9)	(6.3)	(26.5)	(0.0)	41	70.7	5.9	15.9	1.1	87
Highest	*	*	*	28	*	*	*	*	31	67.9	12.3	12.3	2.1	60
Total	**7.7**	**21.7**	**3.4**	**237**	**11.4**	**11.2**	**14.3**	**1.0**	**205**	**67.1**	**6.9**	**13.9**	**1.7**	**442**

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.
[2] For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months
[3] Includes two or more feedings of commercial infant formula, fresh, tinned and powdered animal milk, and yogurt
[4] For non-breastfed children age 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day
[5] Non-breastfed children age 6-23 months are considered to be fed with a minimum standard of three Infant and young child feeding practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semi-solid foods from at least four food groups not including the milk/milk product group
[6] Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt
[7] Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 4.
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 7.5 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, JLHDS 2020

Background characteristic	Among youngest children age 6-23 months living with the mother:			Among all children age 6-59 months:			
	Percentage who consumed foods rich in vitamin A in past 24 hours[1]	Percentage who consumed foods rich in iron in past 24 hours[2]	Number of children age	Percentage given iron supple- ments in past 7 days	Percentage given deworming medication in past 6 months[3]	Percentage given vitamin A supplements in past 6 months	Number of children
Age in months							
6-8	16.4	2.4	78	1.1	4.4	10.3	78
9-11	(12.6)	(9.3)	47	(2.5)	(5.3)	(7.0)	47
12-17	29.4	14.7	287	3.1	7.8	7.1	287
18-23	46.9	15.2	39	7.8	20.9	15.7	39
24-35	*	*	0	3.0	9.4	8.6	435
36-47	*	*	0	4.3	7.1	9.1	418
48-59	*	*	0	5.2	8.5	5.7	392
Sex							
Male	25.6	12.3	239	3.0	6.7	7.1	857
Female	28.3	11.9	212	4.7	9.9	9.0	841
Breastfeeding status							
Breastfeeding	25.3	10.8	237	4.6	9.4	9.0	275
Not breastfeeding	28.6	13.5	214	3.7	8.0	7.8	1,423
Mother's age							
15-19	(18.3)	(16.5)	33	0.0	0.0	11.3	44
20-29	27.3	11.8	235	3.9	9.4	8.8	849
30-39	29.5	12.2	172	4.0	7.5	7.3	714
40-49	*	*	12	4.8	6.7	5.3	90
Type of residence							
Urban	35.2	15.8	243	5.0	8.2	12.0	920
Rural	18.1	8.1	187	2.7	9.4	3.6	688
Nomadic	9.7	4.3	22	0.7	0.4	0.9	90
Region							
Gedo	40.0	28.3	138	2.8	7.8	6.1	505
Lower Juba	21.1	5.0	314	4.3	8.5	8.8	1,192
Wealth quintile							
Lowest	25.4	18.5	31	3.6	5.4	6.5	121
Second	22.1	11.3	126	4.7	6.9	7.2	463
Middle	27.7	9.2	144	3.5	10.2	4.8	556
Fourth	28.7	12.2	92	4.0	9.2	12.4	342
Highest	33.2	17.3	58	2.8	6.2	12.1	215
Total	**26.9**	**12.1**	**451**	**3.9**	**8.3**	**8.0**	**1,698**

Note: Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A, and red palm oil
[2] Includes meat (including organ meat), fish, poultry, and eggs
[3] Deworming for intestinal parasites is commonly done for helminths and for schistosomiasis.
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 7.6   Nutritional status of women

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

Background characteristic	Height: Percentage below 145 cm	Number of women	Mean body max index (BMI)	Body Mass Index [1] Normal 18.5-24.9 (Total normal)	Thin <18.5 (Total thin)	Thin 17.0-18.4 (Mildly thin)	Thin <17 (Moderately and severely thin)	Overweight/Obese >=25.0 (Total over-weight or obese)	Overweight/Obese 25.0-29.9 (Overweight)	Overweight/Obese 30.0 + (obese)	Number of women
Age											
15-19	2.6	397	20.3	61.2	31.5	18.1	13.4	7.3	6.9	0.4	372
20-29	0.7	617	22.9	57.7	16.0	11.1	5.0	26.2	19.3	6.9	500
30-39	1.5	477	24.5	43.0	9.6	4.2	5.5	47.3	37.7	9.6	388
40-49	2.0	167	24.5	46.5	9.5	4.5	5.0	44.0	33.3	10.7	145
Type of residence											
Urban	1.1	939	23.2	52.2	15.2	8.2	7.0	32.5	26.3	6.3	784
Rural	1.7	647	22.4	52.9	21.7	13.2	8.4	25.5	18.4	7.1	556
Nomadic	4.3	73	22.0	73.2	13.3	11.7	1.5	13.6	12.6	1.0	65
Region											
Gedo	1.5	669	22.2	50.4	24.5	13.5	11.0	25.1	19.6	5.5	560
Lower Juba	1.5	989	23.3	55.4	13.2	8.3	4.9	31.4	24.5	6.9	844
Wealth quintile											
Lowest	2.6	345	22.0	57.0	20.0	13.0	7.0	22.9	20.9	2.1	276
Second	2.5	510	22.9	55.3	17.7	11.1	6.6	27.0	21.3	5.7	426
Middle	0.0	358	22.7	50.9	20.9	12.5	8.4	28.2	20.3	7.9	312
Fourth	0.6	277	23.3	49.8	16.4	7.6	8.8	33.9	26.3	7.6	247
Highest	0.9	168	23.8	52.7	8.6	3.2	5.3	38.7	28.0	10.8	144
Total	**1.5**	**1658**	**22.8**	**53.4**	**17.7**	**10.4**	**7.3**	**28.9**	**22.5**	**6.3**	**1,404**

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m2).
1 Excludes pregnant women and women with a birth in the preceding 2 months.

Table 7.7 Micronutrient intake among mothers

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

Background characteristic	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	58.4	33.9	6.4	1.3	100.0	16.8	45
20-29	62.8	34.6	1.4	1.2	100.0	10.2	108
30-39	69.1	27.3	1.7	2.0	100.0	20.2	91
40-49	(82.0)	(14.1)	(0.0)	(3.9)	100.0	(9.5)	34
Type of residence							
Urban	63.7	29.5	4.0	2.8	100.0	19.3	149
Rural	66.0	33.4	0.0	0.5	100.0	10.4	110
Nomadic	91.1	7.6	0.0	1.3	100.0	0.0	19
Region							
Gedo	58.8	37.1	1.1	3.0	100.0	14.3	115
Lower Juba	72.0	24.2	2.8	0.9	100.0	14.5	162
Education							
No Education	74.7	22.6	2.0	0.7	100.0	11.6	220
Primary	(37.5)	(57.7)	(3.4)	(1.3)	100.0	(22.7)	45
Secondary	*	*	*	*	100.0	*	11
Higher	*	*	*	*	100.0	*	2
Wealth quintile							
Lowest	83.7	16.3	0.0	0.0	100.0	5.3	23
Second	70.6	28.4	0.0	1.0	100.0	13.3	86
Middle	69.9	28.6	0.0	1.5	100.0	8.3	89
Fourth	55.9	32.6	11.5	0.0	100.0	21.0	51
Highest	*	*	*	*	100.0	*	29
Total 15-49	**66.5**	**29.6**	**2.1**	**1.8**	**100.0**	**14.4**	**278**

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

08

HIV/AIDS-Related Knowledge, Beliefs and Attitudes

Key Findings

Knowledge of HIV/AIDS:
63 percent of women aged 15-49 years in Jubaland have heard of HIV/AIDS.

Comprehensive knowledge of HIV/AIDS:
4 percent of all women aged 15-49 years had a comprehensive knowledge about HIV/AIDS.

Discriminatory attitudes towards people living with HIV/AIDS:
55 percent of women have discriminatory attitudes towards people living with HIV/AIDS, **65 percent** of women aged 15-49 years do not think that children living with HIV should be able to attend school with children and **68 percent** of women aged 15-49 years reported they would not buy fresh vegetables from a shopkeeper who is living with HIV.

Knowledge of mother-to-child transmission of HIV/AIDS:
36 percent and **37 percent** of women know that HIV/AIDS can be transmitted during pregnancy and delivery respectively, and **38 percent** know that it can be transmitted through breastfeeding

Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms:
14 percent of ever-married women reported that they had STIs in the 12 months preceding the survey.

8 HIV/AIDS-RELATED KNOWLEDGE, BELIEFS AND ATTITUDES

8.1. Introduction

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

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

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

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

Table 8.1 provides information on women's awareness of HIV/ AIDS. Overall, 63 percent of women aged 15-49 years have heard of HIV/ AIDS in Jubaland. The proportion of women who have heard of HIV/AIDS was lower among those in nomadic and rural areas at 33 percent and 55 percent respectively compared to urban areas at 73 percent. Regionally, Gedo had the highest HIV/AIDS awareness at 70 percent while Lower Juba had the lowest awareness at 60 percent (Figure 8.1).

Fifty-seven percent of women who have not attended school had heard about HIV/ AIDS, compared to 90 percent of those with secondary education. Awareness of HIV/AIDS is higher among women from the wealthiest households at 78 percent compared to women in the second wealth quintile at 55 percent (Figure 8.2). It is worrying that less than half of women residing in the nomadic are not aware of HIV/AIDS.

8.3 Misconceptions about HIV/AIDS

Table 8.2 presents data on the misconceptions about HIV/AIDS transmission in Jubaland (e.g. that HIV/AIDS can be transmitted through mosquito bites and that it can be transmitted by sharing food with someone who has HIV/AIDS). Twenty-five percent of interviewed women were aware that a healthy-looking person can be carrying the HIV/AIDS virus. Twenty-eight percent

Figure 8.1   Percentage of women who have heard HIV/AIDs by type of residence and region
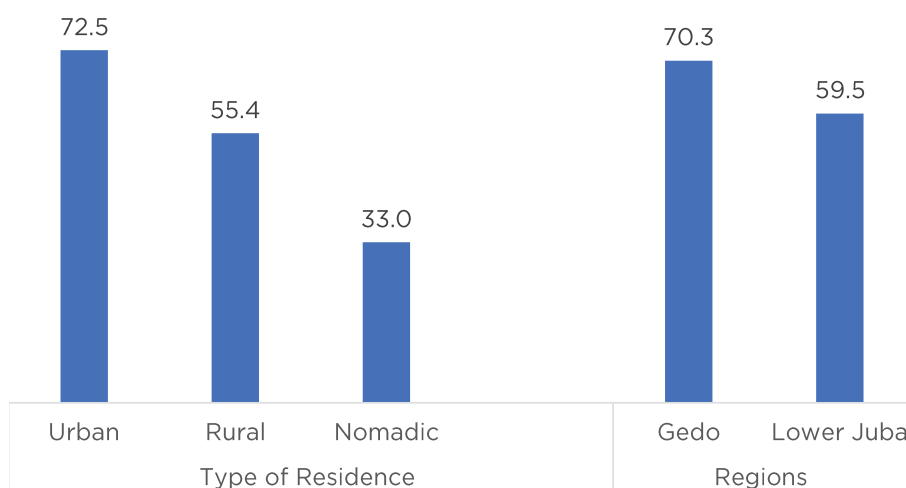
Figure 8.2   Percent of women aged 15-49 who had ever heard about HIV/AIDS by Wealth quintile
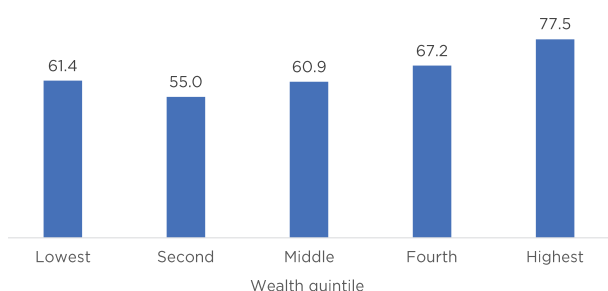
of women know that HIV/AIDS cannot be transmitted through mosquito bites and 42 percent of the women know that the HIV/AIDS virus cannot be transmitted by supernatural means. Thirty-four percent of women understand that people cannot be infected by sharing food with a person who has HIV/AI DS.

Table 8.2 indicates that only 9 percent of all women aged 15-49 years rejected the two most common misconceptions about HIV/AIDS in Jubaland (i.e. HIV/AIDS can be transmitted through mosquito bites or HIV/AIDS virus can be transmitted by supernatural means) and are also aware that a healthy-looking person can have HIV/AIDS.

The percentage of women with comprehensive knowledge about AIDS are more likely to be in the age groups of 20-24 years and 25-29 years at 5 percent and 6 percent , respectively compared to 2 percent for both women in the age groups of 15-19 years and 40-49 years (Figure 8.3). The table also includes a composite measure on knowledge of HIV/AIDS. Only 4 percent of interviewed women have comprehensive knowledge of HIV/AIDS. Comprehensive knowledge of HIV/AIDS is higher among women in urban areas at 5 percent compared to women in rural areas at 3 percent, and 1 percent for women in nomadic areas.

Among women residing in urban areas, 12 percent are more likely to reject the two most common misconceptions compared to 7 percent among those residing in rural areas, while only 1 percent of women in nomadic areas are likely to reject the two most common misconceptions.

Women from Lower Juba are more likely to reject the two most common misconception on HIV/AIDS at 10 percent, compared to those in Gedo at 8 percent.

8.4   Knowledge about Mother to child transmission

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

Table 8.3 presents data on the knowledge of MTCT among women aged 15-49 years by background characteristics It shows that 36 percent of women know that HIV/AIDS can be transmitted during pregnancy, 37 percent during delivery, and 38 percent know that it can be transmitted through breast feeding, whereas 28 percent of respondents believe HIV/AIDS can be transmitted by all three means (Figure 8.4). Twenty percent of women know that the risk of MTCT can be reduced if the mother takes special drugs during pregnancy.

Knowledge of prevention of MTCT of HIV/AIDS is highest in urban areas at 27 percent and lowest in nomadic areas at 7 percent. There is significant regional variation on knowledge of prevention of MTCT of HIV/AIDS; it is higher in Lower Juba at 23 percent and lower in Gedo at 16 percent.

8.5.   Attitude towards People Living with HIV/AIDS

Like the rest of Somalia, many people in Jubaland believe that HIV/AIDS is a disease of the immoral. Stigma and discrimination against people living with HIV/AIDS can adversely affect both testing and adherence to ART. For instance, people may hesitate to take HIV/AIDS test because they are afraid of how other people will react if the test result is positive.

Figure 8.3 Percent of women aged 15-49 with comprehensive knowledge about HIV/AIDS by age
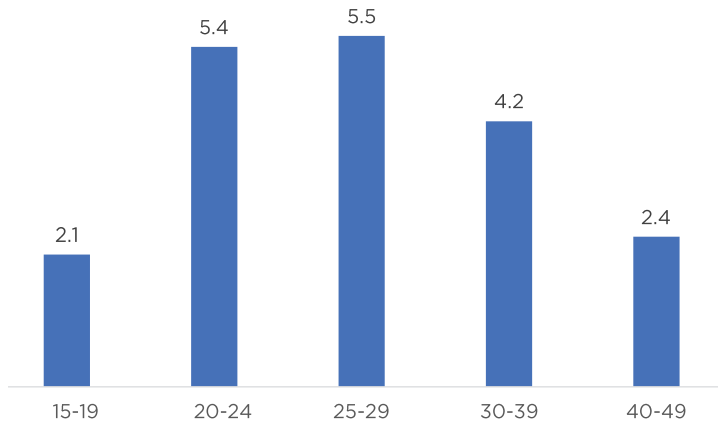
HIV/AIDS-related stigma and discrimination undermine HIV/AIDS prevention as it stops people seeking information about how to reduce their risk of exposure to HIV/AIDS and adopt safer behavior, as they believe such inquires may raise suspicion about their status. Tackling stigma and discrimination is in an important factor for the success of programmes targeting HIV/AIDS prevention and control.

In the survey, both ever married and never married women who had heard of HIV/AIDS were asked several questions to assess the level of stigma associated with HIV/AIDS. Respondents were asked about their willingness or unwillingness to take care of a member of their family with HIV/AIDS in their own household, to buy vegetables from an infected shopkeeper vendor, and to let others know the HIV/AIDS status of family members.

Table 8.4 presents data for women aged 15-49 who have heard of HIV/AIDS and their attitudes towards people living with HIV/AIDS. It shows that 65 percent of women think that children living with HIV/AIDS should not attend school with children who are not infected. Sixty-eight percent of the women said they would not buy fresh vegetables from a shopkeeper who is HIV positive. Further, the table shows that 55 percent of respondents had discriminatory attitudes towards people living with HIV/AIDS.

As presented in Table 8.4 married women have the highest proportion of those that have discriminatory attitudes towards people with HIV/AIDS at 57 percent compared to divorced/widowed women and women who have never married at 51 percent and 50 percent respectively.

Figure 8.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women aged 15-49 years who know the means that HIV can be transmitted from mother to child
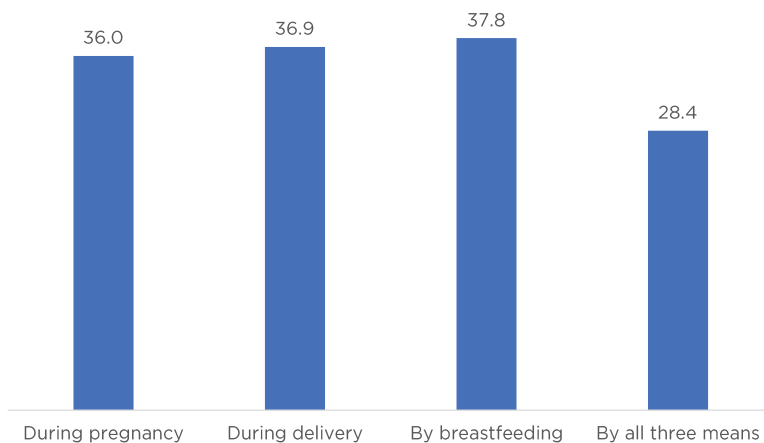
Stigma against people with HIV/AIDS is higher among people in rural households at 64 percent compared to those in urban areas at 50 percent. Fifty-seven percent of women from Lower Juba compared to 51 percent of women from Gedo had discriminatory attitudes towards people with HIV/AIDS.

Discriminatory attitudes against people with HIV/AIDS decreases with increase in education level. Women with no education are more likely to stigmatize people with HIV/AIDS at 60 percent compared to those with secondary education at 34 percent.

Figure 8.5 shows that women in the second and fourth wealth quintile are more likely to have a discriminatory attitudes towards people with HIV/AIDS at 60 percent (each) compared to 40 percent of women in the highest wealth quintile.

8.6. Self-Reporting of sexually Transmitted infections

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

Figure 8.5   Percent of women aged 15-49 with discriminatory attitudes towards people living with HIV/AIDS by wealth quintile.
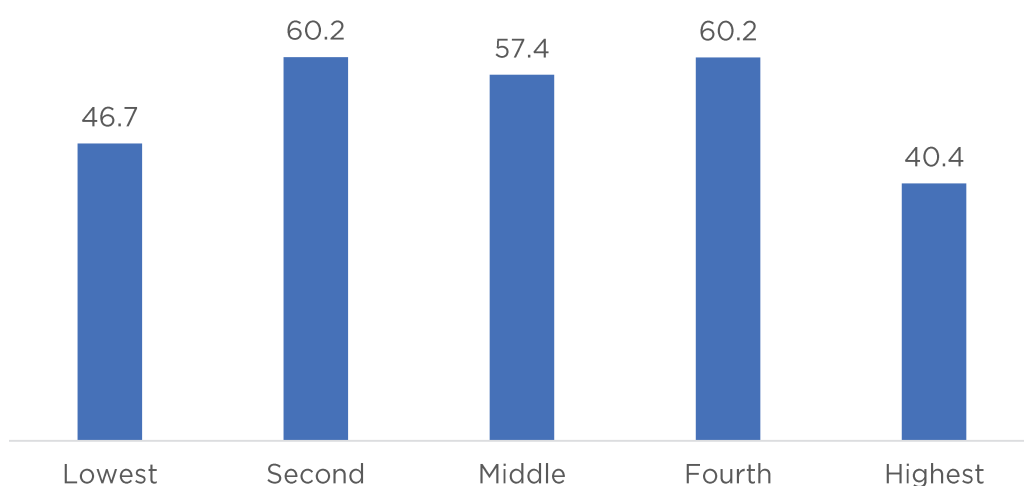
Figure 8.6   Percentage of women aged 15-49 reporting an STI or symptoms of an STI in the past 12 months who sought advice or treatment
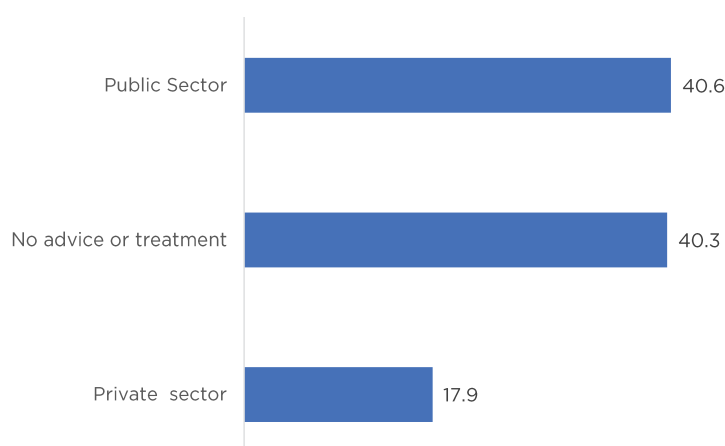
Table 8.5 shows the self-reported prevalence of STIs and STI symptoms. Only 14 percent of ever-married women reported that they had an STI in the 12 months preceding the survey. Ten percent reported having had a bad smell, or an abnormal discharge while 3 percent had a genital sore or ulcer. In total, 15 percent of women reported having an STI/genital discharge/sore or ulcer as symptoms.

Variations in self-reported prevalence of STIs and STI symptoms by background characteristics are also presented in Table 8.5. The prevalence of STIs or STI symptoms is higher among currently married women is at 14 percent compared to 12 percent among those who are divorced/separated or widowed. The prevalence varies slightly by age, education, and wealth quintile.

The prevalence of STIs is lowest in nomadic women at 2 percent compared to women in urban and rural areas at 13 percent and 17 percent. Prevalence of STIs is at 15 and 13 percent in Gedo and Lower Juba respectively.

Table 8.6 and Figure 8.6 show the percentage of women in the 15-49 year age groups reporting an STI or symptoms of an STI in the 12 months preceding the survey and who sought advice or treatment. Forty percent of women who had an STI or STI symptoms did not seek advice or treatment when they presented with STI symptoms. Forty-one percent of ever-married women who had an STI/STI symptoms sought advice from the public health sector and 18 percent got advice from the private sector. None of the women sought advice or treatment from other sources.

List of Tables

Table 8.1   Knowledge of HIV/AIDS

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

Background characteristic	Percentage of women who ever heard HIV/AIDS	Number fo women
Age		
15-19	65.6	400
20-24	68.5	311
25-29	57.9	305
30-39	62.8	503
40-49	57.9	168
Type of residence		
Urban	72.5	896
Rural	55.4	690
Nomadic	33.0	101
Region		
Gedo	70.3	571
Lower Juba	59.5	1,117
Education		
No Education	56.8	1,262
Primary	78.9	299
Secondary	89.6	116
Higher	*	12
Wealth quintile		
Lowest	61.4	122
Second	55.0	458
Middle	60.9	498
Fourth	67.2	358
Highest	77.5	252
Total 15-49	**63.2**	**1,688**

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

Table 8.2 Comprehensive knowledge about HIV/AIDS

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

Background characteristic	Percentage of women who say that:						Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions[1]	Percentage with a comprehensive knowledge about AIDS[2]	Number of respondents
	Using a Condom reduces the chance of HIV infection	Having uninfected spouse can reduce the chance of HIV infection	A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus			
Age									
15-19	26.1	43.2	26.4	32.1	42.4	38.2	11.5	2.1	400
20-24	33.7	47.2	30.4	34.3	46.6	40.9	13.7	5.4	311
25-29	24.9	36.0	22.6	21.3	38.6	28.4	4.0	5.5	305
30-39	25.9	41.8	23.3	26.8	40.1	31.1	6.5	4.2	503
40-49	21.0	41.3	25.5	19.5	41.1	27.7	11.0	2.4	168
Type of residence									
Urban	31.6	48.8	32.2	34.5	46.5	41.2	11.8	5.0	896
Rural	22.9	37.7	19.4	21.4	39.5	27.5	6.6	3.1	690
Nomadic	9.9	11.5	6.4	11.2	13.9	10.7	0.9	0.7	101
Region									
Gedo	17.6	41.5	25.0	20.8	38.2	29.7	7.9	2.4	571
Lower Juba	31.4	42.3	25.6	31.2	43.4	35.8	9.6	4.8	1,117
Education									
No Education	21.3	34.7	20.4	23.0	35.7	26.6	5.9	2.7	1,262
Primary	38.3	58.0	35.5	32.4	54.2	48.4	11.7	7.6	299
Secondary	50.2	76.1	49.5	63.3	70.4	70.4	31.4	7.0	116
Higher	*	*	*	*	*	*	*	*	12
Wealth quintile									
Lowest	19.2	34.8	23.0	11.8	27.5	19.4	3.0	3.4	122
Second	18.9	32.2	17.0	18.1	31.5	23.8	3.3	2.8	458
Middle	26.0	37.7	27.3	26.5	40.3	29.6	9.2	2.9	498
Fourth	30.3	47.8	28.4	33.4	50.4	44.6	10.3	7.7	358
Highest	40.8	63.6	34.2	47.3	57.4	51.7	19.9	3.1	252
Total 15-49	**26.7**	**42.0**	**25.4**	**27.7**	**41.7**	**33.8**	**9.0**	**4.0**	**1,688**

[1] Two most common local misconceptions: [mosquito, supernatural means]
[2] Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about transmission or prevention of the AIDS virus.
Note: . An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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

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

Background characteristic	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	33.8	36.4	39.7	30.1	20.9	400
20-24	42.0	43.2	44.2	33.1	26.4	311
25-29	31.2	33.6	33.0	23.1	13.5	305
30-39	37.7	36.6	37.6	29.6	21.4	503
40-49	34.0	33.8	31.1	21.9	18.1	168
Type of residence						
Urban	42.9	42.4	43.3	32.3	27.3	896
Rural	30.6	33.8	34.7	26.3	13.5	690
Nomadic	12.0	10.5	11.2	8.3	7.2	101
Region						
Gedo	35.7	39.2	42.8	33.4	15.6	571
Lower Juba	36.2	35.8	35.3	25.9	22.9	1,117
Education						
No Education	31.1	31.5	31.8	23.8	15.4	1,262
Primary	47.6	50.0	53.3	38.8	28.7	299
Secondary	56.0	59.5	59.5	47.6	49.7	116
Higher	*	*	*	*	*	12
Total 15-49	**36.0**	**36.9**	**37.8**	**28.4**	**20.4**	**1,688**

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

Table 8.4   Discriminatory attitudes towards people living with HIV/AIDS

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

Background characteristic	Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV	Percentage with discriminatory attitudes towards people living with HIV [1]	Number of women who have heard of HIV or AIDS
Age				
15-24	67.0	67.7	56.5	475
15-19	67.2	68.6	56.2	263
20-24	66.9	66.5	56.9	213
25-29	63.2	64.1	50.6	177
30-39	63.3	71.0	55.6	316
40-49	65.6	68.9	52.0	98
Marital Status				
Never Married	63.8	62.9	50.1	245
Married	67.0	69.4	57.3	689
Divorced/Widowed	57.9	71.6	50.8	132
Type of residence				
Urban	60.4	63.2	49.5	650
Rural	73.5	76.7	63.6	383
Nomadic	61.8	66.6	57.3	33
Region				
Gedo	62.4	62.2	51.4	402
Lower Juba	66.8	71.8	56.9	664
Education				
No Education	68.7	74.2	60.2	717
Primary	61.2	62.0	50.0	235
Secondary	52.3	46.9	33.9	104
Higher	*	*	*	10
Wealth quintile				
Lowest	58.5	60.1	46.7	75
Second	66.4	74.5	60.2	252
Middle	71.4	69.8	57.4	303
Fourth	68.7	69.3	60.2	241
Highest	52.0	59.2	40.4	195
Total 15-49	**65.2**	**68.2**	**54.8**	**1,066**

[1] Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative and/or would not buy fresh.
Note An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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

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

Background characteristic	Percentage of respondents who reported having 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	12.5	9.1	3.6	14.3	93
20-24	10.6	8.4	1.1	10.6	263
25-29	13.7	8.4	1.7	14.8	290
30-39	15.0	13.0	3.5	17.0	500
40-49	14.7	10.3	3.5	14.7	165
Marital status					
Married	14.0	10.9	2.7	15.4	1,063
Divorced/ widowed	12.0	8.5	2.5	12.0	248
Type of residence					
Urban	12.8	12.6	3.8	14.4	694
Rural	16.5	9.1	1.4	17.2	535
Nomadic	1.5	0.9	0.1	2.0	82
Region					
Gedo	14.7	13.2	1.0	15.4	453
Lower Juba	13.0	9.0	3.5	14.4	858
Education					
No Education	13.0	10.2	2.8	14.3	1,062
Primary	18.4	12.0	1.6	19.1	186
Secondary	11.1	11.1	2.5	11.1	56
Higher	*	*	*	*	7
Wealth quintile					
Lowest	14.1	12.9	4.1	15.8	101
Second	12.2	10.5	3.0	13.7	379
Middle	16.3	10.9	2.0	17.1	396
Fourth	14.2	11.5	2.9	15.4	262
Highest	9.3	6.3	1.9	10.1	173
Total 15-49	**13.6**	**10.4**	**2.6**	**14.7**	**1,311**

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

Table 8.6 Source of advice or treatment for STIs

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

Public Sector	Percentage of Women
Public Sector	**40.6**
Government hospital	26.7
Referral health centre	5.7
MCH/HC	9.0
Primary health unit (ph)	2.9
Mobile clinic	0.0
Other public sector	0.0
Private medical sector	
Private sector	**17.9**
Clinical	14.2
Pharmacy	3.7
Other private medical sector	0.8
Other sources	0.0
No advice or treatment	40.3
Number with std or symptoms of std	193
Number of women	**193**

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

09

Gender-Based Violence

Key Findings

Experience of physical Violence:
9 percent of women aged 15-49 years in Jubaland have experienced physical violence since the age of 12 years.

Physical violence by place of residence:
Physical Violence against women in Jubaland is highest among women in nomadic areas at **11 percent.**

Physical violence by region:
More women in Gedo reported physical violence against women at **12 percent.**

Perpetrators of the violent acts:
72 percent of women believe that husbands are the most common perpetrators of violent acts against women in Jubaland.

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

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

Help-seeking behavior:
13 percent of ever-married women aged 15-49 years who had experienced physical or sexual violence had sought help.

9 GENDER-BASED VIOLENCE

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

Gender-based violence includes sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called 'honour crimes'. The consequences of gender-based violence are devastating and can have life-long repercussion for survivors. It can even lead to death. (UNHCR) This chapter focuses on domestic or intimate partner violence, a form of gender-based violence. In Jubaland, intimate partner violence is a persistent societal problem that has its roots in a highly patriarchal culture that asserts male dominance. Additional factors shown to be associated with the experience and/or perpetration of domestic violence include witnessing of parental violence, experiences of child abuse, poverty, and relationship-level factors such as conflicts. Among women, the health effects of experiences of intimate partner violence include increased risk of HIV/AIDS and other sexually transmitted infections, injuries, depression, suicidality, and posttraumatic stress disorder.

9.1. Measurements of Violence

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

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

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

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

Emotional Violence:

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

Physical Violence:

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

Sexual Violence:

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

9.2. Ethical Considerations

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

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

women's lives.

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

9.3. Opinions about Domestic Violence

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

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

Table 9.1 presents the percentage of women aged 15-49 years who understand domestic violence to mean specific acts (highlighted in section 9.3 above) according to their background characteristics. Over 60 percent of women in Jubaland considered physical abuse, no participation in decision-making for household, no participation in decision-making for children, better treatment of males than females, denial of education, forced marriage, rape, sexual harassment, and forced labour as forms of domestic violence.

Physical abuse had the highest proportion of women reporting it as a form of domestic violence at 69 percent, followed by forced marriage at 68 percent, while rape and forced labor account for 66 percent each. The least reported form of violence is failure to meet basic needs reported by 56 percent of the women. Figure 9.1 depicts the difference in understanding of domestic violence by married and never-married women. Married women have a better understanding of acts that constitute

Figure 9.1　Acts that mean domestic violence

Percentage of all women aged 15-49 who understand domestic violence to mean various specified acts, according to marital status (married and Never married)

■ Married　■ Never-married

Act	Married	Never-married
Forced labour	67.6	66.5
Sexual harassment	65.4	65.1
Rape	67.7	69.3
Forced Marriage	70.0	70.4
Denial of education	66.3	65.7
Failing to meet basic living costs	57.8	52.4
Better treatment of males than females	62.5	59.9
No participation in decision making for children	64.0	60.1
No participation in household decision-making	63.0	57.9
Physical abuse	70.6	67.0

domestic violence, compared to those that are never married. Women with the least understanding are the never-married.

Educational attainment plays a role in the understanding of domestic violence. The understanding of women in the acts of domestic violence increases with an increase in educational level.

Women in Gedo aged 15-49 years have a better understanding of all domestic violence acts compared to women in Lower Juba.

9.4.　Women's Experience of Physical Violence

Table 9.2 presents the percentage of women aged 15-49 years who have experienced physical violence since the age of 12 and those who reported they experienced physical violence in the 12 months preceding the survey. Nine percent of women aged 15-49 years had experienced physical violence since the age of 12, while 4 percent of women aged 15-49 years had experienced physical violence often or sometimes in the last 12 months preceding the survey.

Although there is no clear correlation between the experience of violence and the age of women, the percentage of women who had experienced physical violence since the age of 12 is lowest among the age group of 45-49 years at 5 percent, and highest among the age group of 35-39 years at 14 percent (Figure 9.2). Among women who experienced physical violence in the past 12 months, those in the 30-34 age bracket reported the least proportion at 1 percent, while those in the 35-39 years age bracket had the highest reporting of recent experience of violence at 6 percent. On the other hand, women aged 45-49 years did not report any physical violence during the 12 months preceding the survey.

Data by type of residence shows that nomads have the highest proportion of women who have ever experienced physical violence since the age of 12 at 11 percent and lowest among rural women at 8 percent.

Women in Gedo are more likely to experience physical violence compared to those in Lower Juba. Twelve percent of women in Gedo reported that they had experienced physical violence since the age of 12, while 4 percent reported they had experienced physical violence often or sometimes in the 12 months preceding the survey. Eight percent of Lower Juba women reported that they

had experienced physical violence since the age of 12, while 4 percent reported they had experienced physical violence in the 12 months preceding the survey.

9.5. Perpetrators of Physical Violence

Table 9.3 shows the opinions of women aged 15-49 years regarding whom they consider are the most common perpetrators of violence against women. More than two-thirds (72 percent) of women believe that husbands are the most likely to commit violent acts against women in the community. Employers and daughters/sons commit the least violent acts at 4 percent each.

Regionally, the percentage of women who perceive husbands as perpetrators of violence against women is higher in Lower Juba than in Gedo at 79 percent and 58 percent respectively. The proportion of women who reported husbands as perpetrators of violence against women is higher in rural areas at 73 percent and lowest in nomadic at 61 percent.

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

As presented in Table 9.4, among ever-married women who had experienced physical violence, the most common perpetrator was the husband, reported by

73 percent of women. In contrast, the most reported perpetrator of violence among the never-married is Mother/Stepmother at 52 percent. Sister/brother is the second most reported perpetrator of violence for ever-married women at 14 percent, while the relative is the second most reported perpetrator of violence for never-married women at 29 percent.

9.6. Violence during Pregnancy

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

Table 9.5 presents the findings of ever-married women aged 15-49 years who experienced violence during pregnancy. Four percent of ever-married women aged 15- 49 years reported they experienced physical violence during their pregnancy. The experience of physical violence during pregnancy is highest among women aged 20-24 years at 6 percent and lowest among those aged 15-19 years at 2 percent. Five percent of women in urban areas reported having experienced physical violence during pregnancy compared to 3 percent and 2 percent among nomadic and rural women, respectively.

Regionally, physical violence during pregnancy is higher among women in Gedo at 6 percent compared to 3 percent in Lower Juba.

Figure 9.2   Physical Violence

Percent of women aged 15-49 years who have ever experienced physical violence since age 12
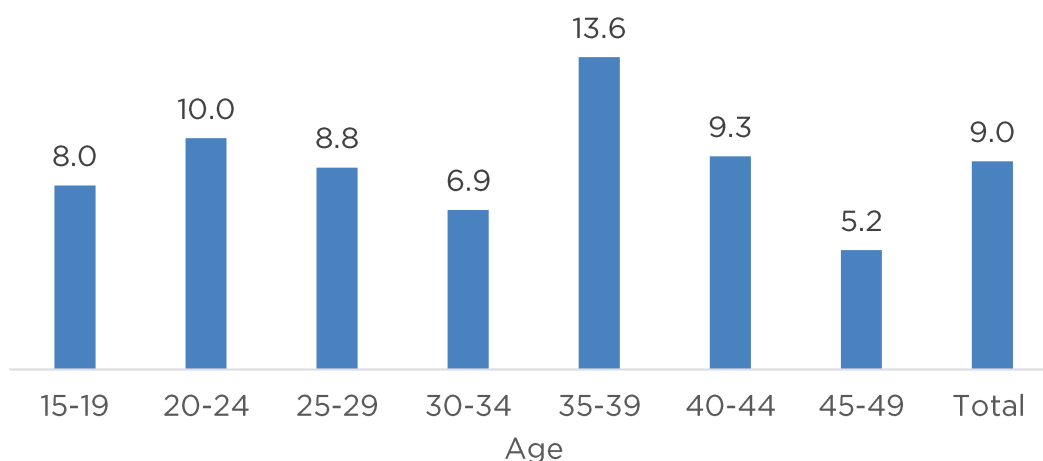
Experience of physical violence during pregnancy is higher among those who are divorced compared to those that are currently married at 9 percent and 3 percent respectively. More women in the second quintile reported having experienced violence during pregnancy at 6 percent compared to women in the highest wealth quintile at 3 percent.

9.7. Spousal Violence

Table 9.6 presents data on spousal violence experienced by ever-married women aged 15- 49 years who reported physical, sexual, or emotional violence perpetrated by their current or most recent husbands in the 12 months preceding the survey.

Nine percent of ever-married women reported physical violence perpetrated against them by a spouse, while 2 percent each reported emotional abuse and sexual violence by a spouse. Spousal violence varies with the number of children a woman has. Five percent of women with five or more children reported spousal violence compared to 1 percent of women with no children. Women from nomadic areas reported they experienced more spousal violence than women in urban and rural areas at 13 percent, 12 percent, and 9 percent respectively.

Women in Gedo reported more experience of spousal violence than women in Lower Juba at 14 percent and 9 percent respectively.

9.8. Injuries to Women due to Spousal Violence

Table 9.7 presents findings among ever-married women aged 15-49 years who had sustained injuries due to domestic violence committed by their current or most recent spouses. Thirty-one percent of the women had sustained at least one of the three types of injuries. Among ever-married women aged 15-49 years who had experienced any violence, 30 percent had cuts, bruises or aches, 7 percent had eye injuries, dislocations, sprains or burns, and 2 percent reported they had deep wounds, broken bones, or teeth, or any other serious wounds as a result of spousal violence (Figure 9.3). Thirty-five percent of women who experienced spousal violence in the last 12 months preceding the survey reported an injury compared to 31 percent among those who reported ever experiencing spousal violence.

9.9. Help-seeking Behaviours

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

Table 9.8 shows that only 13 percent of ever-married women aged 15-49 years who had experienced emotional, physical or sexual violence had sought help, while 87 percent did not seek any help. Twenty-seven percent of women in Gedo sought help after experiencing emotional, physical, or sexual violence. None of the ever-married women in Lower Juba sought help.

Figure 9.3   Injuries to women due to spouse violence

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

Type	Percent
Wounds	2.2
Ever had Eye Injuries	6.7
Ever had bruises	30.4
Any injury	31.3

YES
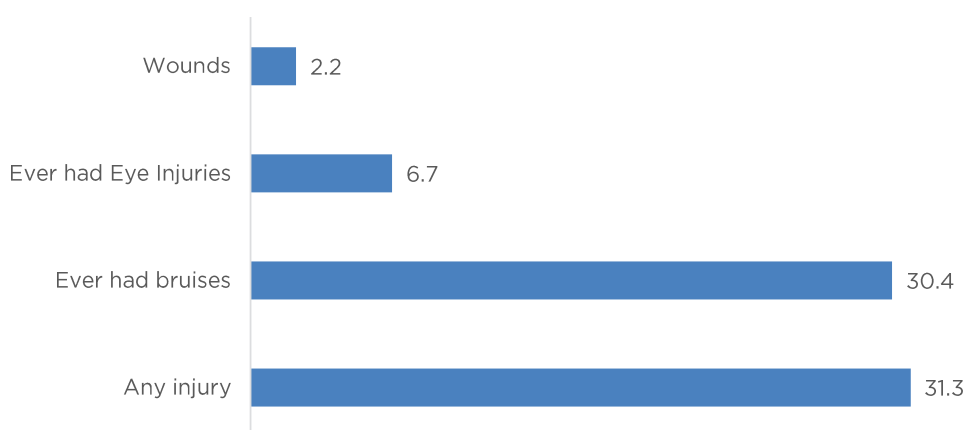
9.10 Places where Violence Against Women usually happens

Table 9.9 shows opinions regarding the most common places where violent acts against women are likely to happen. Women in Jubaland believe that the most violent crimes against women occur at home and workplace at 76 and 9 percent respectively (Figure 9.4). One percent of violent acts against women occur at water points or in schools, and less than 1 percent of violent acts against women accur at the market place and the neighborhood.

Eighty-seven percent of women in rural households believe that violence against women occurs at home

compared to urban and nomadic areas at 69 percent and 62 percent respectively.

Seventy-eight percent of women from Lower Juba reported home as the place where most violence occurs compared to Gedo at 70 percent.

The likelihood of violence happening at home generally decreases with the age of women. For example, 82 percent of women aged 20-24 years experienced home violence, compared to 63 percent of women aged 45-49 years.

Figure 9.4 Place of violence act

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

At home	Workplace	Street	School	Water point	Rural/grazing areas	Market place	Neighbourhood	Other
75.7	9.0	4.2	0.5	0.8	2.9	0.4	0.2	0.2

List of Tables

Table 9.1 Acts that mean domestic violence

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

Background characteristic	Meaning of domestic violence: Physical abuse	Meaning of domestic violence: No participation in decision making for household	Meaning of domestic violence: No participation in decision making for children	Meaning of domestic violence: Better treatment of males than females	Meaning of domestic violence: Failing to meet basic living costs	Meaning of domestic violence: Denial of education	Meaning of domestic violence: Forced Marriage	Meaning of domestic violence: Rape	Meaning of domestic violence: Sexual harassment	Meaning of domestic violence: Forced laour	Meaning of domestic violence: Other	Total number of Women
Age												
15-19	62.7	54.6	57.8	58.5	51.5	64.7	69.2	68.0	65.5	68.3	1.3	400
20-24	75.2	71.6	71.2	69.1	60.3	70.4	75.1	71.4	71.2	71.4	0.0	311
25-29	70.9	60.6	61.2	62.4	57.9	63.0	65.8	64.5	63.9	63.0	0.0	305
30-34	68.4	59.4	59.2	55.3	53.8	62.3	65.0	63.2	59.1	62.8	0.6	282
35-39	67.5	59.8	62.7	61.2	54.1	63.6	68.7	65.7	64.9	67.2	0.2	221
40-44	68.4	61.6	61.9	60.3	52.6	62.8	62.1	60.7	55.4	60.1	0.2	106
45-49	65.7	59.9	59.9	59.9	62.7	62.9	65.9	64.3	61.9	63.7	0.0	62
Type of residence												
Urban	67.6	64.0	64.7	64.4	63.2	66.2	67.9	65.4	62.0	64.3	0.7	896
Rural	70.6	58.6	60.3	58.4	46.8	65.4	70.6	68.1	68.1	69.4	0.0	690
Nomadic	62.2	49.9	51.6	50.4	46.2	47.2	56.5	61.1	59.7	60.7	1.1	101
Region												
Gedo	69.8	65.8	67.7	68.4	64.8	69.2	70.7	67.9	69.8	70.2	0.0	571
Lower Juba	67.9	58.4	59.2	57.4	50.7	62.5	67.1	65.5	61.5	64.1	0.7	1,117
Current marital status												
Never Married	67.0	57.9	60.1	59.9	52.4	65.7	70.4	69.3	65.1	66.5	0.9	377
Married	70.6	63.0	64.0	62.5	57.8	66.3	70.0	67.7	65.4	67.6	0.4	1,063
Divorced	73.9	65.8	67.8	66.5	60.5	65.3	68.5	66.9	69.3	70.6	0.1	132
Widowed	48.0	45.9	44.6	46.1	38.8	46.3	46.1	42.5	46.4	46.6	0.2	116
Education												
No Education	67.5	59.4	60.4	59.9	55.0	62.5	66.4	64.2	62.8	64.9	0.3	1,262
Primary	72.0	64.7	66.0	65.9	58.2	71.8	74.4	72.1	69.1	70.1	0.0	299
Secondary	70.4	66.6	69.3	62.3	54.8	70.7	73.5	73.5	67.8	70.4	2.8	116
Higher	*	*	*	*	*	*	*	*	*	*	*	12
Wealth quintile												
Lowest	75.1	67.0	68.9	66.0	64.3	66.1	71.2	71.0	72.1	71.1	0.3	122
Second	64.1	56.3	56.7	57.5	52.3	59.4	62.0	62.6	58.1	61.7	0.9	458
Middle	73.0	63.8	65.3	64.5	56.4	67.9	72.9	68.8	68.5	69.8	0.0	498
Fourth	69.4	62.7	62.6	60.4	56.1	66.8	69.8	67.2	67.0	67.1	0.9	358
Highest	63.4	58.2	61.5	59.6	54.1	64.8	67.5	64.4	59.8	63.5	0.0	252
Total number of Women	**68.5**	**60.9**	**62.1**	**61.1**	**55.5**	**64.7**	**68.3**	**66.3**	**64.3**	**66.2**	**0.4**	**1,688**

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

Table 9.2 Experience of physical violence

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

Background characteristic	Percentage who have ever experienced physical violence since age 12	Percentage who have experienced physical violence in the past 12 months			Total number of Women
		Often	Sometimes	Often or sometimes	
Age					
15-19	8.0	2.2	3.0	5.2	400
20-24	10.0	1.8	2.7	4.4	311
25-29	8.8	2.5	0.7	3.2	305
30-34	6.9	0.3	0.7	1.0	282
35-39	13.6	2.8	3.2	6.0	221
40-44	9.3	0.1	2.1	2.2	106
45-49	5.2	0.0	0.0	0.0	62
Type of residence					
Urban	9.4	1.5	1.8	3.3	896
Rural	8.3	1.7	2.1	3.9	690
Nomadic	11.1	3.9	2.3	6.2	101
Region					
Gedo	11.8	2.2	1.4	3.6	571
Lower Juba	7.6	1.5	2.3	3.7	1,117
Current marital status					
Never Married	6.0	1.4	3.6	5.0	377
Married	9.9	2.0	1.5	3.5	1,063
Divorced	14.8	2.3	1.3	3.6	132
Widowed	4.5	0.0	1.4	1.4	116
Education					
No Education	9.1	1.5	1.8	3.3	1,262
Primary	10.9	3.3	3.2	6.4	299
Secondary	2.8	0.0	1.4	1.4	116
Higher	*	*	*	*	12
Wealth quintile					
Lowest	12.2	3.1	2.0	5.1	122
Second	12.0	1.9	2.3	4.2	458
Middle	8.6	1.6	2.9	4.5	498
Fourth	6.9	1.3	0.8	2.2	358
Highest	6.1	1.6	1.3	2.9	252
Total	**9.0**	**1.7**	**2.0**	**3.7**	**1,688**

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

Table 9.3 Opinions regarding the most common perpetratror of violent acts against women

Percent distribution of all women according to the person who, in their opinion,is the most common perpetrator of violent acts against women, by backgroundcharacteristics, JLHDS 2020

Background characteristic	Individual who commits the most violent acts against women										Total number of Women
	Husband	Mother/ Stepmother	Father/ Step-father	Sister/ Brother	Daughter/ Son	Other Relative	In-laws	Teacher	Employer/ Someone at work	Police/A soldier	
Age											
15-19	69.6	20.7	27.5	14.0	4.8	13.1	8.7	9.8	4.9	11.3	400
20-24	73.7	21.4	32.5	11.1	3.6	16.6	10.6	5.3	2.1	6.5	311
25-29	72.1	20.8	14.4	8.1	3.2	11.8	10.5	3.9	4.9	8.2	305
30-34	71.4	19.4	14.7	8.6	4.2	17.9	8.7	4.3	4.0	8.6	282
35-39	72.8	15.5	17.9	9.8	1.9	13.5	10.2	7.3	5.7	8.9	221
40-44	73.3	15.1	16.8	9.2	3.0	11.3	7.4	5.3	4.7	7.3	106
45-49	65.8	23.3	21.8	4.6	0.6	9.2	2.6	2.6	6.4	6.0	62
Type of residence											
Urban	71.9	21.4	22.8	12.2	5.0	18.7	6.3	7.1	5.2	10.2	896
Rural	72.9	17.4	20.5	6.8	1.4	7.0	13.6	5.4	3.0	6.5	690
Nomadic	60.8	20.3	21.1	16.8	5.9	21.6	5.5	2.2	6.4	9.2	101
Region											
Gedo	58.0	19.2	38.5	15.2	1.5	11.2	5.0	3.2	2.8	8.3	571
Lower Juba	78.6	20.0	13.2	7.8	4.6	15.6	11.4	7.6	5.2	8.8	1,117
Current marital status											
Never Married	73.5	19.9	27.2	15.0	5.0	13.5	8.9	10.3	4.5	10.0	377
Married	70.9	19.1	20.9	9.5	3.4	14.1	10.1	5.5	4.9	8.2	1,063
Divorced	72.7	29.4	20.8	5.9	2.4	19.6	6.2	1.5	3.7	4.9	132
Widowed	71.2	13.2	13.2	7.7	1.5	9.9	5.8	2.9	0.0	12.6	116
Education											
No Education	72.6	19.2	19.4	9.4	3.4	13.7	9.3	5.5	5.3	8.7	1,262
Primary	66.3	23.8	29.8	9.5	2.7	13.6	8.5	7.0	1.6	7.1	299
Secondary	75.4	12.4	26.7	17.7	4.2	16.8	9.0	8.5	1.4	9.9	116
Higher	*	*	*	*	*	*	*	*	*	*	12
Wealth quintile											
Lowest	72.4	15.9	36.5	14.1	1.9	11.5	2.2	3.7	2.8	5.2	122
Second	75.1	20.7	24.3	9.7	1.5	12.0	8.3	4.7	5.1	9.7	458
Middle	70.8	19.8	20.7	8.8	4.3	10.7	12.6	7.5	5.6	10.4	498
Fourth	64.3	21.6	17.9	9.4	4.5	15.2	9.2	6.2	2.7	6.9	358
Highest	77.0	16.9	17.4	13.7	5.2	24.5	7.8	7.0	3.8	7.4	252
Total	**71.6**	**19.7**	**21.8**	**10.3**	**3.6**	**14.1**	**9.3**	**6.1**	**4.4**	**8.6**	**1,688**

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

Table 9.4   Persons committing physical Violence

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

Background characteristic	Ever-married	Never married	Total
Persons commits violence			
Husband	72.6	na	61.9
Mother/step-mother	7.3	51.6	11.7
Father/step-father	6.1	14.5	9.8
Sister/brother	14.1	5.4	14.5
Daughter/son	1.5	10.0	2.4
Other Relative	3.4	29.3	6.0
Mother-in-law	0.0	na	1.1
Father-in-law	0.0	na	3.0
Other-in-law	0.0	na	0.0
Neighbour	4.0	0.0	4.5
Teacher	6.7	0.0	5.7
Employer/someone at work	0.0	0.8	0.1
Police/soldier	1.3	0.0	1.1
Militia/gangs	0.0	0.0	0.0
Other	1.2	0.0	1.0
Number of women	130	16	146

Note: na: Not Applicable

Table 9.5   Experience of violence During pregnancy

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

Background characteristic	Percentage who have experienced violence during pregnancy	Total number of Women
Age		
15-19	1.6	86
20-24	5.6	247
25-29	3.8	267
30-34	3.5	260
35-39	2.5	203
40-44	4.0	91
45-49	3.6	52
Type of residence		
Urban	4.9	630
Rural	2.4	512
Nomadic	3.1	65
Region		
Gedo	5.9	393
Lower Juba	2.7	813
Marital Status		
Married	3.3	983
Divorced	8.5	126
Widowed	1.9	98
Education		
No Education	3.4	979
Primary	6.9	169
Secondary	0.0	53
Higher	*	7
Wealth quitile		
Lowest	2.5	89
Second	5.5	342
Middle	2.9	369
Fourth	3.6	245
Highest	3.1	162
Total	**3.7**	**1,207**

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

Table 9.6   Spousal violence by background characteristics

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

Background characteristic	Percentage of women whose husband did:							Number of ever married women
	Physical violence	Sexual violence	Emotional	Physical and sexual violence	Physical, sexual and emotional violence	Physical or sexual violence	Physical, sexual or emotional violence	
Age								
15-19	13.7	5.2	5.2	4.5	2.3	14.3	15.8	93
20-24	10.9	1.4	0.6	1.1	0.0	11.1	11.4	262
25-29	7.5	1.3	2.7	0.4	0.1	8.4	10.4	290
30-39	8.1	2.8	2.4	1.4	0.2	9.4	10.8	498
40-49	7.0	1.9	2.0	1.9	0.2	7.0	8.0	165
Type of residence								
Urban	9.2	2.0	2.8	1.2	0.2	10.1	11.8	693
Rural	8.0	2.3	1.1	1.5	0.2	8.8	9.3	535
Nomadic	9.4	3.5	4.9	2.4	1.4	10.5	12.8	81
Region								
Gedo	10.8	4.3	3.5	2.7	0.7	12.4	13.9	453
Lower Juba	7.7	1.1	1.6	0.7	0.0	8.1	9.2	856
Number of living children								
0	0.9	0.2	0.1	0.2	0.0	0.9	1.0	104
1-2	1.9	0.4	0.3	0.3	0.2	2.0	2.1	281
3-4	2.1	0.4	0.6	0.0	0.0	2.5	2.9	366
5+	3.8	1.3	1.2	0.9	0.1	4.2	4.8	557
Marital status								
Currently Married	8.5	2.5	2.8	1.5	0.4	9.5	11.0	1,061
Formerly Married	10.0	1.1	0.0	1.1	0.0	10.0	10.0	248
Employed in the 12 months preceding the survey								
Employed	11.7	8.7	3.4	6.5	0.0	13.9	15.9	89
Not employed	8.5	1.8	2.2	1.0	0.3	9.3	10.5	1,220
Education								
No Education	8.1	2.3	1.9	1.4	0.2	9.1	10.1	1,060
Primary	14.3	2.5	4.7	2.1	1.1	14.6	17.6	186
Secondary	2.9	0.0	0.0	0.0	0.0	2.9	2.9	56
Higher	*	*	*	*	*	*	*	7
Wealth quintile								
Lowest	10.2	3.3	4.3	1.4	0.0	12.1	14.1	101
Second	11.8	2.5	1.9	2.1	0.6	12.1	13.1	379
Middle	7.8	3.1	1.8	1.5	0.3	9.3	10.0	396
Fourth	7.1	1.0	3.0	0.5	0.0	7.6	9.9	262
Highest	6.1	0.8	1.7	0.8	0.0	6.1	7.1	171
Total	**8.8**	**2.2**	**2.2**	**1.4**	**0.3**	**9.6**	**10.8**	**1,309**

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

Table 9.7   Injuries to women due to spouse 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 the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, JLHDS 2020

Background characteristic	Injuries experienced:				Number of women
	Ever had bruises	Ever had Eye Injuries	Wounds	Any injury	
Experienced any violence:					
Ever	30.4	6.7	2.2	31.3	69
In the past 12 Months	34.1	9.2	2.9	35.4	50
Total 15-49	**30.4**	**6.7**	**2.2**	**31.3**	**69**

Table 9.8   Help seeking to stop violence

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

Background characteristic	Sought help		Total	Number of ever-married women
	Yes	No		
Percentage of women whose husband did:				
Physical Abuse	15.2	84.8	100.0	75
Sexual Violence	*	*	100.0	3
Physical and Sexual violence	(6.0)	(94.0)	100.0	23
Type of residence				
Urban	15.8	84.2	100.0	61
Rural	(9.5)	(90.5)	100.0	33
Nomadic	(0.0)	(100.0)	100.0	7
Region				
Gedo	27.0	73.0	100.0	47
Lower Juba	0.0	100.0	100.0	54
Number of living children				
0	*	*	100.0	7
1-2	(10.3)	(89.7)	100.0	19
3-4	(11.5)	(88.5)	100.0	28
5+	16.2	83.8	100.0	46
Marrital status				
Currently Married	11.4	88.6	100.0	88
Formerly Married	*	*	100.0	13
Employed in the 12 months preceding the survey				
employed	*	*	100.0	9
Not employed	11.0	89.0	100.0	92
Education				
No Education	16.3	83.7	100.0	78
Primary	*	*	100.0	22
Secondary	*	*	100.0	2
Wealth quintile				
Lowest	*	*	100.0	11
Second	16.0	84.0	100.0	38
Middle	*	*	100.0	26
Fourth	*	*	100.0	18
Highest	*	*	100.0	8
Total	**12.6**	**87.4**	**100.0**	**101**

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

Table 9.9 Opinions regarding the place of most violent acts against women took place

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 backgroundcharacteristics, SHDS 2020

Background characteristic	Where do most violent acts take place									Don't know/ missing	Count	Total number of Women
	At home	Workplace	Street	School	Water point	Rural/ grazing areas	Market place	Neighbourhood	Other			
Age												
15-19	76.7	9.0	5.4	1.5	1.3	3.8	0.0	0.0	0.4	1.8	100.0	400
20-24	81.6	6.8	3.3	0.0	0.4	2.6	0.0	0.0	0.4	4.9	100.0	311
25-29	74.8	9.4	4.3	0.4	0.2	1.8	1.0	0.5	0.0	7.6	100.0	305
30-34	71.7	13.9	2.9	0.0	0.7	3.7	0.0	0.5	0.0	6.7	100.0	282
35-39	77.4	4.3	5.7	0.1	0.6	3.0	0.7	0.0	0.0	8.3	100.0	221
40-44	71.3	9.7	3.6	0.0	0.7	0.6	1.7	0.0	0.0	12.4	100.0	106
45-49	62.8	10.4	2.6	2.2	3.4	4.8	0.0	0.4	0.0	13.3	100.0	62
Type of												
residence												
Urban	68.7	12.6	6.1	0.8	0.7	3.0	0.3	0.3	0.3	7.2	100.0	896
Rural	86.8	5.2	1.8	0.3	0.1	2.2	0.5	0.0	0.0	3.3	100.0	690
Nomadic	61.9	3.0	4.3	0.2	6.2	7.4	0.0	0.2	0.0	16.8	100.0	101
Region												
Gedo	70.3	3.6	4.7	1.0	1.4	7.7	0.2	0.3	0.2	10.5	100.0	571
Lower Juba	78.4	11.7	4.0	0.3	0.4	0.5	0.5	0.1	0.1	4.0	100.0	1,117
Marital Status												
Never Married	79.3	8.2	5.8	1.3	1.3	3.3	0.0	0.0	0.8	0.0	100.0	377
Married	74.9	9.5	3.4	0.3	0.6	2.9	0.6	0.3	0.0	7.6	100.0	1,063
Divorced	75.5	12.1	5.3	1.0	0.2	1.6	0.0	0.0	0.0	4.3	100.0	132
Widowed	70.8	2.9	5.5	0.0	1.6	3.6	0.0	0.0	0.0	15.7	100.0	116
Education												
No Education	74.9	9.2	4.1	0.5	0.9	3.2	0.2	0.3	0.1	6.6	100.0	1,262
Primary	77.5	8.6	3.3	0.5	0.7	2.4	1.2	0.0	0.0	5.9	100.0	299
Secondary	79.1	8.3	5.8	1.4	0.0	1.2	0.0	0.0	1.4	2.8	100.0	116
Higher	*	*	*	*	*	*	*	*	*	*	100.0	12
Wealth												
quantile												
Lowest	77.4	1.9	0.7	0.0	1.6	8.1	0.0	0.2	0.0	10.0	100.0	122
Second	75.7	6.3	2.4	0.4	1.4	5.2	0.4	0.0	0.0	8.3	100.0	458
Middle	78.1	8.7	5.1	0.6	0.0	0.9	0.6	0.6	0.0	5.3	100.0	498
Fourth	73.8	12.5	4.2	1.3	1.3	1.3	0.5	0.0	0.4	4.8	100.0	358
Highest	72.5	12.6	7.4	0.0	0.0	2.6	0.0	0.0	0.6	4.3	100.0	252
Total	**75.7**	**9.0**	**4.2**	**0.5**	**0.8**	**2.9**	**0.4**	**0.2**	**0.2**	**6.2**	**100.0**	**1,688**

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.

10

Female Circumcision

Key Findings

Prevalence:
99.7 percent of Jubaland women aged 15-49 years have undergone Female Circumcision.

Types practised:
Among women aged 15-49 years, **62 percent** have undergone Pharaonic type of Female Circumcision, the most severe form, which involves the removal of the entire clitoris and flesh.

Religious requirement:
77 percent of women aged 15-49 believe that Circumcision is a religious requirement.

Age at Female Circumcision:
88 percent of women aged 15-49 who underwent female circumcision reported they had been circumcised between 5-9 years, while **11 percent** underwent the same practice at the age of 10-14 years and less than **1 percent** have undergone circumcision at below the age of 5.

Circumcision practice on daughters:
95 percent of girls were circumcised at age 10-14, **47 percent** of girls were circumcised between ages 5-9 while **4 percent** of those girls were circumcised at age 0-4.

Attitudes towards Circumcision:
72 percent of women aged 15-49 years want Female Circumcision practice to continue, while **19 percent** want Female Circumcision practice to be stopped.

1 0 FEMALE CIRCUMCISION

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

In the JLHDS 2020, both ever-married women and never-married women were asked a series of questions about female circumcision, including whether they had been subjected to it. Women who had undergone the practice were asked at what age it was performed and, the type of female circumcision they underwent, their religious perception about the practice, and opinions on whether the practice should continue or not.

Mothers with daughters were asked if their daughters underwent female circumcision, the age at which it happened and the type of female circumcision performed among other questions.

The survey used the definitions below of types of female circumcision:
A. Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris (Sunni)

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

C. Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening; or all other procedures that involve pricking, piercing, stretching; or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it (Pharaonic)

10.1 Opinions on whether Female Circumcision is required by religion or not

Table 10.1 presents the percentage distribution of women aged 15-49 years by their religious belief regarding female circumcision according to their ages and other background characteristics. Overall, 77 percent of women aged 15-49 believe that circumcision is a religious requirement

There is a slight variation in women's beliefs by age. The lowest proportion of women who believe female circumcision is a religious requirement is in the age group of 20-24 years at 71 percent, while the highest proportion is in the age group of 45-49 years at 84

percent. More women in urban areas at 82 percent compared to nomadic and rural areas at 70 percent and 69 percent respectively, believe that female circumcision is a religious requirement (Figure 10.1). There is also marginal regional variation in opinions, 78 percent of women in Gedo believe that it is a religious requirement, compared to 76 percent of women in Lower Juba.

The level of education does not have much influence on whether women believe female circumcision is a religious requirement or not. Wealth status generally plays a role in shaping women's beliefs about female circumcision, 82 percent of women from the lowest wealth quintile or poorest households believe female circumcision is a religious requirement, compared to 72 percent from the highest wealth quintile or wealthiest households (Figure 10.2).

10.2 Prevalence of Female Circumcision

Table 10.2 presents the percentage of women aged 15-49 years who have undergone female circumcision by background characteristics. Female circumcision is almost universal with almost all the women having undergone it. Pharaonic is the most common type, which has been performed on 62 percent of the women interviewed, while 25 percent and 13 percent of women reported they had undergone sunni and intermediate types respectively.

The Pharaonic type of circumcision is largely practiced in nomadic areas with three quarters of the women reporting they underwent pharaonic circumcision compared 61 percent each for women in rural and urban. Nineteen percent of women aged 15-49 years in rural and 12 percent in nomadic had undergone the intermediate type of circumcision compared to 10 percent in urban areas (Figure 10.3).

Figure 10.1 Opinions on circumcision by type of residence

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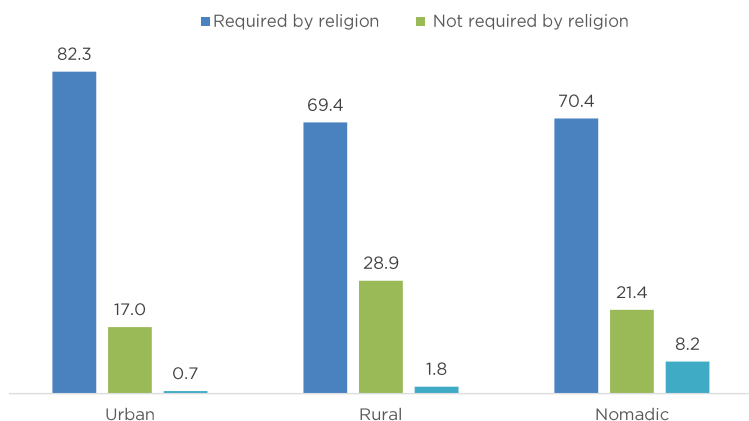
Figure 10.2 Opinions on female circumcision by wealth status

Percent of women aged 15-49 by whether FGM/C is required by religion
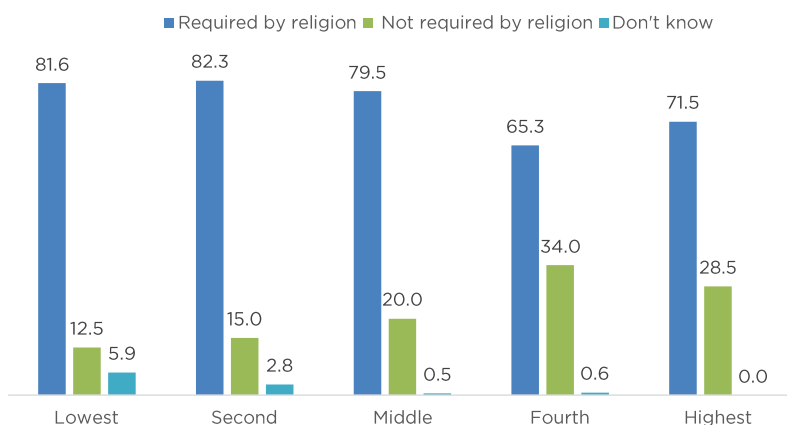
Figure 10.3   Types of circumcision by place of residence

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

■ Sunni ■ Intermediate ■ Pharaonic ■ Don't know
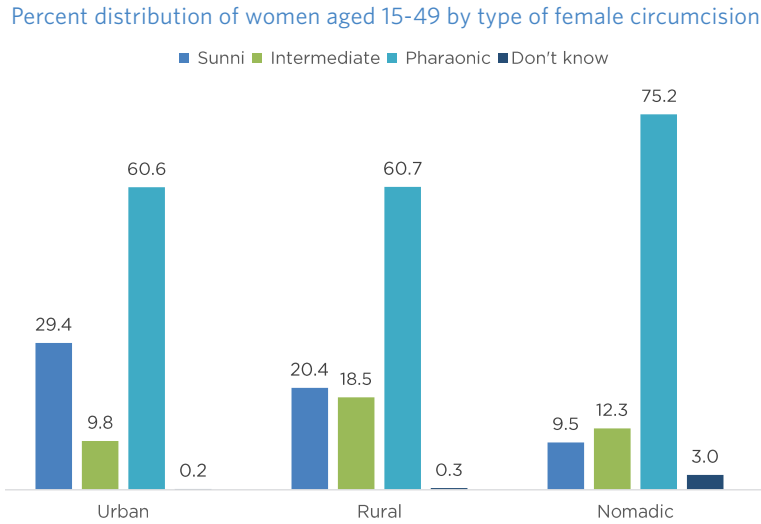
Figure 10.4   Types of circumcision by region

Percent distribution of women aged 15-49 by type of female circumcision
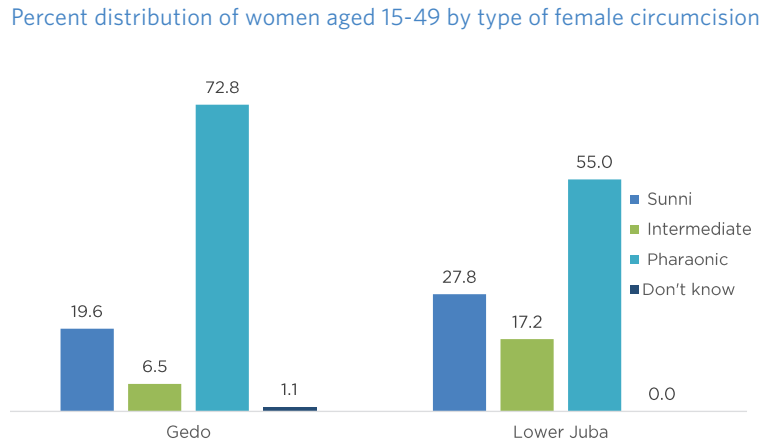
Figure 10.5   Type of female circumcision by wealth quintile

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

■ Sunni ■ Intermediate ■ Pharaonic ■ Don't know
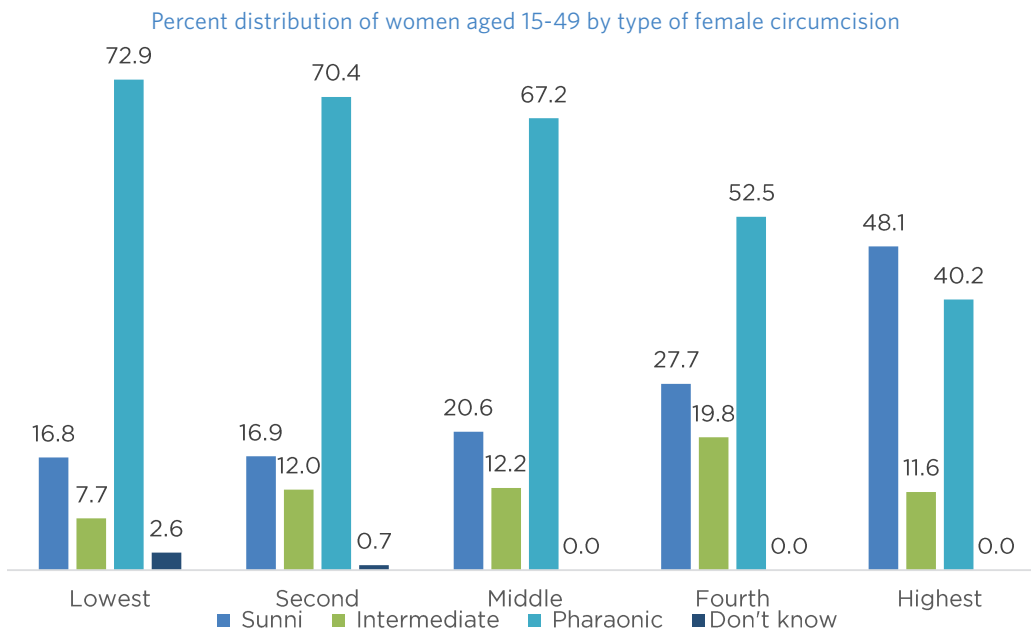
Figure 10.4 shows that 73 percent of women in Gedo underwent pharaonic circumcision, compared to 55 percent of women in Lower Jubba.

The practice of pharaonic type of circumcision decreases with increase in the level of education. Women with secondary education reported a prevalence of 34 percent compared to women with no education at 65 percent. Similarly, the proportion of women that have undergone sunni type increases with an increase in the level of education attained.

Figure 10.5 shows a relationship between the wealth status of the household and the type of circumcision undergone by women aged 15-49 years. Women from the lowest wealth quintile recorded the highest proportion of those who had undergone the pharaonic type of circumcision at 73 percent compared to the highest wealth quintile at 40 percent.

10.3 Age at Circumcision

Table 10.3 shows the percent distribution of women aged 15-49 years by the age when they underwent female circumcision, according to their background characteristics. Women were asked how old they were when they underwent female circumcision. The age at which girls are generally circumcised is between 5 and 14 years. The majority of women (88 percent) aged 15-

49 years were circumcised between the age of 5 to 9 years. Eleven percent were circumcised when they were 10-14 years and less than 1 percent were circumcised when they were 0-4 years old. Ninety percent and 87 percent of women from urban and rural areas respectively, underwent female circumcision when they were aged 5-9 years, compared to 80 percent among those in nomadic areas (Figure 10.6).

There is no regional variation in regards to age at which women were circumcised. The levels of education of women aged 15-49 years and the wealth status of their households do not have much influence on the age at which women were circumcised.

10.4 Female Circumcision Practice on Daughters

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

Table 10.4 shows the percentage of girls aged 0-14 years who underwent female circumcision by age and their mothers' background characteristics. Overall,

Figure 10.6   Age at female circumcision by place of residence

Percent of women aged 15-49 by age at female circumcision
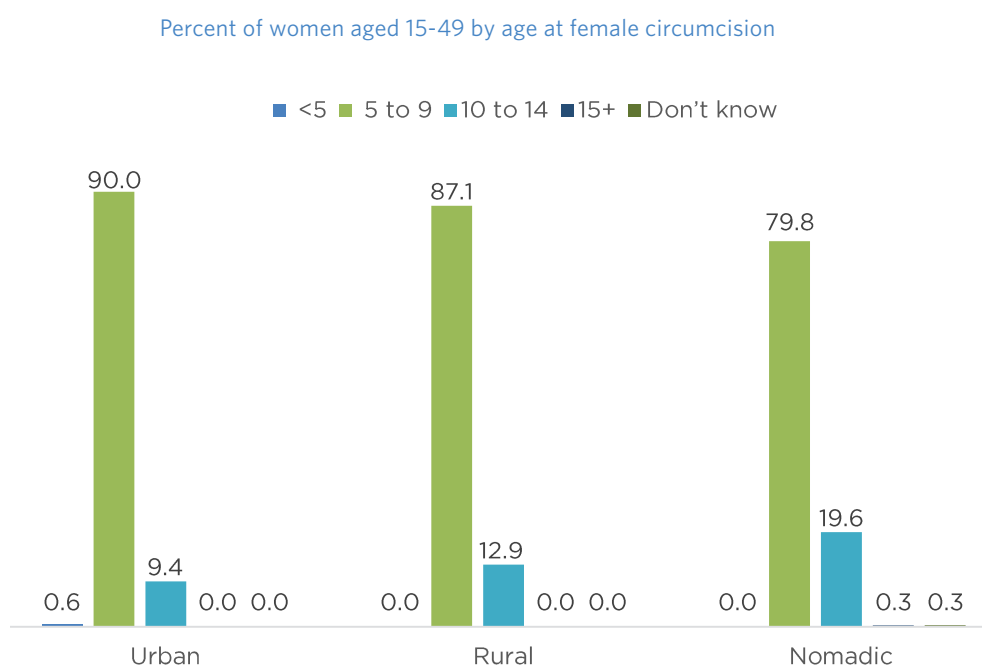
37 percent of girls aged 0-14 years in Jubaland have undergone circumcision. Four percent of girls aged 0-4 years had been circumcised before they were five years compared to 47 percent and 95 percent at the age of 5-9 and 10-14 years respectively. The prevalence of female circumcision among girls aged 0-14 years was highest in urban areas at 42 percent, compared to 40 and 29 percent among girls in nomadic and rural areas respectively. In Lower Juba, 39 percent of girls aged 0-14 years have undergone circumcision compared to 35 percent in Gedo.

Maternal education has an influence on the decision to circumcise girls, with the findings indicating that almost three times as many daughters of mothers with no education were circumcised compared to those of mothers with higher education at 40 and 14 percent respectively. The rate of daughters' circumcision decreases with increase in maternal education. The wealth quintile does not have a significant impact on the prevalence of female circumcision.

10.5 Attitudes towards Female Circumcision

Both ever-married and never-married women aged 15-49 were asked whether the practice of female circumcision should be continued or stopped.

Table 10.5 shows the percentage distribution of women aged 15-49 years by their opinion on the practice of female circumcision. Overall, 72 percent of women believe that female circumcision practice should continue, while 19 percent believe that the practice should be stopped.

The opinion on whether the practice should be continued or not varies with age. Women aged 45-49 years present the highest proportion of women who believe that female circumcision should continue at 90 percent, while those aged 15-19 years have the lowest proportion at 63 percent. The probability that a woman would want the practice continued generally increases with increase in age.

Eighty-two percent of women in nomadic areas are in support of the practice of female circumcision to be continued compared to urban and rural areas at 74 percent and 66 percent respectively.

Seventy-eight percent of women in the second wealth quintile are in favour of continuing the practice compared to 65 percent of women from the highest wealth quintile.

Figure 10.7 presents the views on the continuation of female circumcision by region. Seventy-seven percent of women in Lower Juba believe that female circumcision should continue, compared to 64 percent of women in Gedo.

Figure 10.7   Opinion on continuation of circumcision by region

Percent distribution of women aged 15-49 who believe that the practice needs to be continued

List of Tables

Table 10.1   Opinions about wether circumcision is required by religion

Percent distribution of women age 15-49 who have heard of female circumcision by opinion on whether their religion requires female circumcision, according to background characteristics, JLHDS, 2020

Background characteristic	Religion			Total	Number of women
	Required by religion	Not required by religion	Don't know		
Circumcision status					
Circumcised	76.6	21.8	1.5	100.0	1,103
Not circumcised	*	*	*	100.0	4
Age					
15-19	81.4	16.5	2.0	100.0	80
20-24	70.9	27.6	1.5	100.0	227
25-29	75.1	23.1	1.8	100.0	241
30-34	79.5	20.0	0.5	100.0	227
35-39	78.5	19.2	2.3	100.0	192
40-44	76.7	22.3	1.0	100.0	91
45-49	83.7	13.5	2.8	100.0	50
Type of Residence					
Urban	82.3	17.0	0.7	100.0	623
Rural	69.4	28.9	1.8	100.0	416
Nomadic	70.4	21.4	8.2	100.0	69
Region					
Gedo	78.0	18.4	3.7	100.0	416
Lower Juba	76.0	23.8	0.3	100.0	691
Education					
No Education	78.6	19.9	1.5	100.0	896
Primary	68.1	29.8	2.1	100.0	155
Secondary	74.1	25.9	0.0	100.0	51
Higher	*	*	*	100.0	5
Wealth quintile					
Lowest	81.6	12.5	5.9	100.0	91
Second	82.3	15.0	2.8	100.0	315
Middle	79.5	20.0	0.5	100.0	343
Fourth	65.3	34.0	0.6	100.0	213
Highest	71.5	28.5	0.0	100.0	145
Total	**76.7**	**21.7**	**1.5**	**100.0**	**1,107**

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

Table 10.2   Prevalence of Female circumcision

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

Background characteristics	Percentage of circumcised women	Number of women	Type of FGM/C				Total	Number of circumcised women
			Sunni	Intermediate	Pharaonic	Don't know		
Age group								
15-19	100.0	355	37.2	11.6	50.5	0.7	100.0	355
20-24	100.0	271	25.3	15.9	58.1	0.7	100.0	271
25-29	99.3	256	26.2	14.9	58.8	0.0	100.0	254
30-34	100.0	231	19.4	14.2	66.4	0.0	100.0	231
35-39	98.8	192	12.0	13.4	74.3	0.3	100.0	190
40-44	100.0	92	14.3	9.6	75.6	0.5	100.0	92
45-49	100.0	51	19.9	5.4	74.3	0.5	100.0	51
Types of residence								
Urban	99.6	809	29.4	9.8	60.6	0.2	100.0	806
Rural	99.9	555	20.4	18.5	60.7	0.3	100.0	554
Nomadic	99.7	84	9.5	12.3	75.2	3.0	100.0	84
Region								
Gedo	99.9	527	19.6	6.5	72.8	1.1	100.0	526
Lower Juba	99.6	921	27.8	17.2	55.0	0.0	100.0	917
Education								
No Education	99.8	1074	21.7	12.8	65.0	0.4	100.0	1,071
Primary	100.0	260	27.9	12.0	59.6	0.5	100.0	260
Secondary	98.5	104	46.7	19.4	34.0	0.0	100.0	103
Higher	*	10	*	*	*	*	100.0	10
Wealth quintile								
Lowest	99.4	111	16.8	7.7	72.9	2.6	100.0	110
Second	99.9	385	16.9	12.0	70.4	0.7	100.0	385
Middle	100.0	438	20.6	12.2	67.2	0.0	100.0	438
Fourth	100.0	299	27.7	19.8	52.5	0.0	100.0	299
Highest	98.5	214	48.1	11.6	40.2	0.0	100.0	211
Total	**99.7**	**1448**	**24.8**	**13.3**	**61.5**	**0.4**	**100.0**	**1,444**

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

Table 10.3   Age at Circumcision

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

Background characteristic	Age at Circumcision					Total	Number of Circumcised women
	<5	5 to 9	10 to 14	15+	Don't know		
Age							
15-19	1.3	89.1	9.5	0.0	0.1	100.0	355
20-24	0.0	89.9	10.0	0.0	0.0	100.0	271
25-29	0.0	87.6	12.4	0.0	0.0	100.0	254
30-39	0.0	88.0	11.9	0.0	0.0	100.0	420
40-49	0.0	85.5	14.5	0.0	0.0	100.0	143
Type of Residence							
Urban	0.6	90.0	9.4	0.0	0.0	100.0	806
Rural	0.0	87.1	12.9	0.0	0.0	100.0	554
Nomadic	0.0	79.8	19.6	0.3	0.3	100.0	84
Region							
Gedo	0.3	88.4	11.3	0.0	0.0	100.0	526
Lower Juba	0.4	88.3	11.3	0.0	0.0	100.0	917
Education							
No Education	0.2	88.7	11.1	0.0	0.0	100.0	1,071
Primary	0.5	86.9	12.5	0.0	0.0	100.0	260
Secondary	1.6	88.8	9.7	0.0	0.0	100.0	103
Higher	*	*	*	*	*	100.0	10
Wealth quintile							
Lowest	0.0	87.0	12.7	0.1	0.2	100.0	110
Second	0.4	84.8	14.7	0.0	0.0	100.0	385
Middle	0.0	89.5	10.5	0.0	0.0	100.0	438
Fourth	0.5	92.1	7.4	0.0	0.0	100.0	299
Highest	0.8	87.5	11.7	0.0	0.0	100.0	211
Total	**0.3**	**88.3**	**11.3**	**0.0**	**0.0**	**100.0**	**1,444**

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

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

Percentage of girls age 0-14 who are circumcised, according to age and mother's background characteristics, JLHDS, 2020

Background characteristic	Current age of girls			Total 0-14
	0-4	5-9	10-14	
Type of residence				
Urban	4.7	53.6	95.6	42.3
Rural	1.9	37.0	94.1	29.4
Nomadic	2.9	53.8	94.4	39.7
Region				
Gedo	0.7	41.5	93.8	34.8
Lower Juba	4.9	50.2	95.8	38.6
Education				
No Education	3.7	49.8	95.9	40.1
Primary	3.3	41.0	100.0	27.9
Secondary	0.0	27.3	50.0	18.2
Higher	0.0	0.0	100.0	14.1
Wealth quintile				
Lowest	3.1	35.4	95.9	38.2
Second	6.8	42.7	98.7	38.6
Middle	2.2	54.3	92.6	37.5
Fourth	1.3	48.1	96.4	35.5
Highest	4.4	45.4	90.4	36.3
Total	**3.5**	**47.2**	**95.0**	**37.3**

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

Table 10.5 Opinions about wether practice of circumcision should continue

Percent distribution of women age 15-49 who head of female circumcision by opinion on whether the practice of circumcision should be continueby background characteristics, JLHDS, 2020

Background characteristic	Circumcision should continue or be stopped.				Total	Number of women
	Continued	Stopped	Depends	Don't Know		
Circumcision status						
Circumcised	71.6	18.8	9.0	0.6	100.0	1,103
Not circumcised	*	*	*	*	100.0	4
Age						
15-19	63.1	15.6	19.8	1.6	100.0	80
20-24	64.1	24.0	10.9	0.9	100.0	227
25-29	74.3	19.7	5.7	0.3	100.0	241
30-34	75.3	19.1	5.3	0.3	100.0	227
35-39	70.1	18.6	10.3	1.0	100.0	192
40-44	75.9	11.3	12.8	0.0	100.0	91
45-49	89.7	7.3	3.0	0.0	100.0	50
Type of Residence						
Urban	74.4	17.3	8.0	0.2	100.0	623
Rural	65.9	23.3	9.7	1.2	100.0	416
Nomadic	82.4	4.2	13.5	0.0	100.0	69
Region						
Gedo	63.6	13.4	21.5	1.5	100.0	416
Lower Juba	76.6	22.0	1.5	0.0	100.0	691
Education						
No Education	75.9	16.4	7.0	0.7	100.0	896
Primary	56.2	22.3	21.5	0.0	100.0	155
Secondary	52.6	40.8	6.5	0.0	100.0	51
Higher	*	*	*	*	100.0	5
Wealth quintile						
Lowest	72.2	7.9	14.4	5.5	100.0	91
Second	78.1	10.5	11.5	0.0	100.0	315
Middle	74.7	18.1	6.8	0.4	100.0	343
Fourth	62.1	29.9	8.0	0.0	100.0	213
Highest	64.6	28.6	6.8	0.0	100.0	145
Total 15-49	**71.7**	**18.7**	**9.0**	**0.6**	**100.0**	**1,107**

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

11

Women's Empowerment
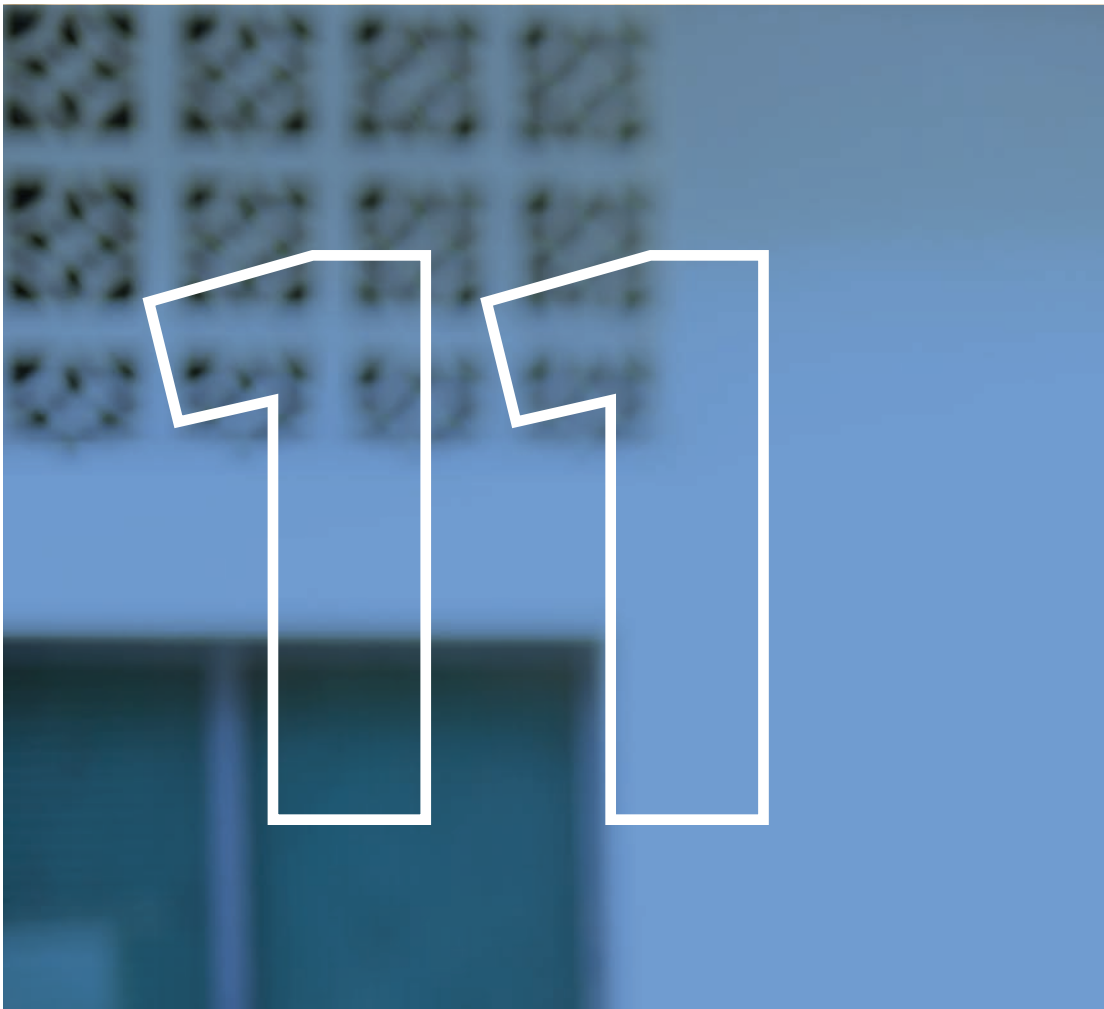
Key Findings

Women's employment:
7 percent of the women were employed at the time of the survey.

Access to financial services:
3 percent of women aged 15-49 years have a bank account, **82 percent** of women own a mobile phone, and **77 percent** of those using a mobile phone use it for financial transactions.

Participation in decision-making:
29 percent of currently married women aged 15-49 years make decisions on their own health care jointly with their husbands.

Attitudes towards wife-beating:
35 percent of all women aged 15-49 believe that a husband is justified in beating his wife for at least one of the six specified reasons.

① ① WOMEN'S EMPOWERMENT

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

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

11.1   Women's Employment

Table 11.1 shows that 7 percent of currently married women aged 15- 49 were employed at the time of the survey or within 12 months preceding the survey. Figure 11.1 shows the percentage distribution of currently married women who were employed 12 months preceding the survey by type of earnings. Generally, employment is assumed to go hand in hand with payment for work. However, not all women in Jubaland state receive earnings for their work, and among those who do receive earnings, not all receive cash. Seventy-eight percent of currently married women who reported being employed at any time in the 12 months preceding

the survey received earnings in cash, 6 percent were paid in-kind only, 1 percent received their earnings in cash and in-kind, while the remaining 16 percent were not paid at all.

11.2   Control over Wives' Earnings

Access to/and control of financial resources are critical variables for women's empowerment and poverty reduction. Employment and cash earnings are more likely to contribute to women's economic and social

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Figure 11.1   Type of earnings of currently married women

Percent distribution of currently married women employed in past 12 months by type of earnings
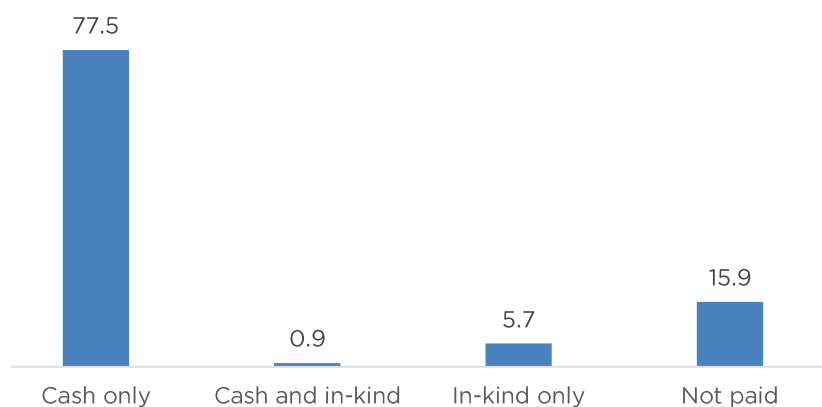
empowerment, particularly if they perceive their earnings to be important to the household's welfare. It can contribute to improving power and autonomy in decision-making that impact women as individuals and their families.

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

Figure 11.2 shows the degree of control women have over the use of their earnings, with 22 percent of currently married women reporting that they decide on their own how their earnings will be used, while 43 percent decide jointly with their husbands. Thirty-six percent reported their husband is the main decision-maker and controls their cash earnings.

11.3   Control over Husbands' Earnings

Figure 11.3 shows that 38 percent of currently married women aged 15-49 years whose husbands earn cash report that decisions about the use of the husbands' cash earnings are made jointly, and 37 percent reported

that the husband is the main decision-maker. Twenty-six percent reported that the wife is the main decision-maker on how the husband's cash earnings are used. Men have more control over their own earnings compared to their wives.

11.4   Ownership of Assets

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

Table 11.2 shows the percent distribution of ever-married women aged 15-49 by ownership of a house and land. Women are more likely to own a house than land with 42 percent of women owning a house and 27 percent owning a land either alone or jointly. The majority of women who own houses do so jointly with their husbands at 21 percent, while 14 percent own land jointly with

Figure 11.2   Control over women's cash earnings

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

- Mainly wife - Wife and husband jointly - Mainly husband
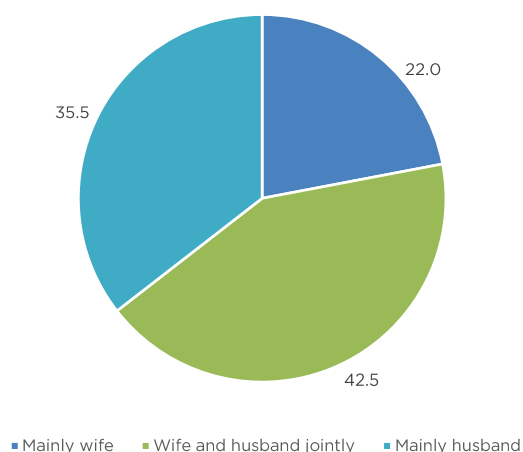
Figure 11.3   Control over husband's cash earnings

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

- Mainly wife - Wife and husband - Mainly husband
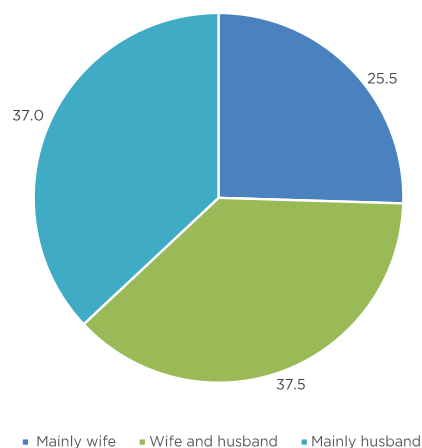
their husbands. The highest proportion of women who own a house either alone, or jointly was among those aged 40-44 years who were reported to have a house at 46 percent, while the lowest proportion was among those aged 15-19 years at 35 percent.

Women in nomadic areas are more likely to own a house alone at 14 percent compared to 13 percent and 10 percent of women in rural and urban areas respectively. Ten percent of women in the rural areas own land alone compared to 6 percent and 5 percent among women in nomadic and urban areas respectively (Table 11.2).

Women in Gedo are more likely to own house (either alone, jointly or both alone and jointly), at 44 percent compared to women in Lower Juba at 41 percent.

11.5 Ownership and Use of Bank Accounts and Mobile Phones

Ownership of a bank account and a mobile phone are reflections of autonomy, social functioning, and financial independence. In the JLHDS, women were asked if they had an account in a bank or any other financial institution that they themselves used and if they owned a mobile

phone. Those who owned a mobile phone were further asked if they used the phone for financial transactions.

Table 11.3 shows that only 3 percent of women have a bank account that they use. However, 82 percent of women own a mobile phone, and among those with a mobile phone, 77 percent use their phones for financial transactions. This could be attributed to the devaluation of the Somali shilling and lack of a small denomination, as well as convenience, which makes mobile money the preferred mode of payment for women throughout the country.

The percentage of women who have a bank account and a mobile phone increases as education levels increase. For example, among women with no education, 1 percent own and use a bank account compared to 14 percent of women with secondary education. Similarly, among women with no education, 72 percent use a mobile phone for financial transactions, compared to 97 percent among those with secondary education.

Women from the highest wealth quintile are more likely than women from other wealth quintiles to have and use a bank account, own a mobile phone, and use a mobile phone for financial transactions. Ten percent of women from the wealthiest households, own and use a bank account, compared to less than 1 percent among those from the middle quintile . Sixty percent of

Figure 11.4 Ownership of bank account and mobile phones by wealth quintile

Percent of women aged 15-49 who have and use a bank account and Use mobile phone for financial transactions

■ Have and use a bank account   ■ Use mobile phone for financial transactions

	Lowest	Second	Middle	Fourth	Highest
Have and use a bank account	1.0	0.8	0.3	4.0	10.3
Use mobile phone for financial transactions	60.4	62.7	79.8	84.2	92.0
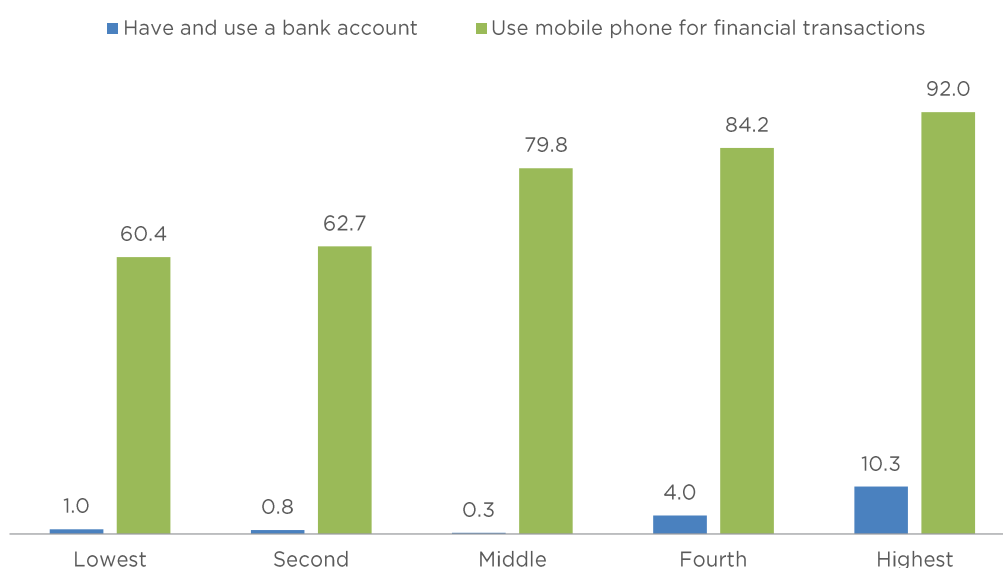
women from the poorest households use a mobile phone for financial transactions, compared to 92 percent of women from the wealthiest households (Figure 11.4).

Women in urban areas are more likely to have and use a bank account, own a mobile phone, and use a mobile phone for financial transactions compared to those from rural and nomadic areas. Eighty-one percent and 77 percent of women from urban and rural areas use mobile phone for financial transactions respectively, compared to 36 percent of women in nomadic areas (Figure 11.5).

The percentages of those with a bank account, mobile phone, and mobile phone use for financial transactions are much higher in Lower Juba region than in Gedo. Seventy-eight percent of women in Lower Juba use mobile phones for financial transactions compared to 74 percent of women in Gedo (Table 11.3).

Figure 11.5 Ownership of bank account and mobile phones by type of residence

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

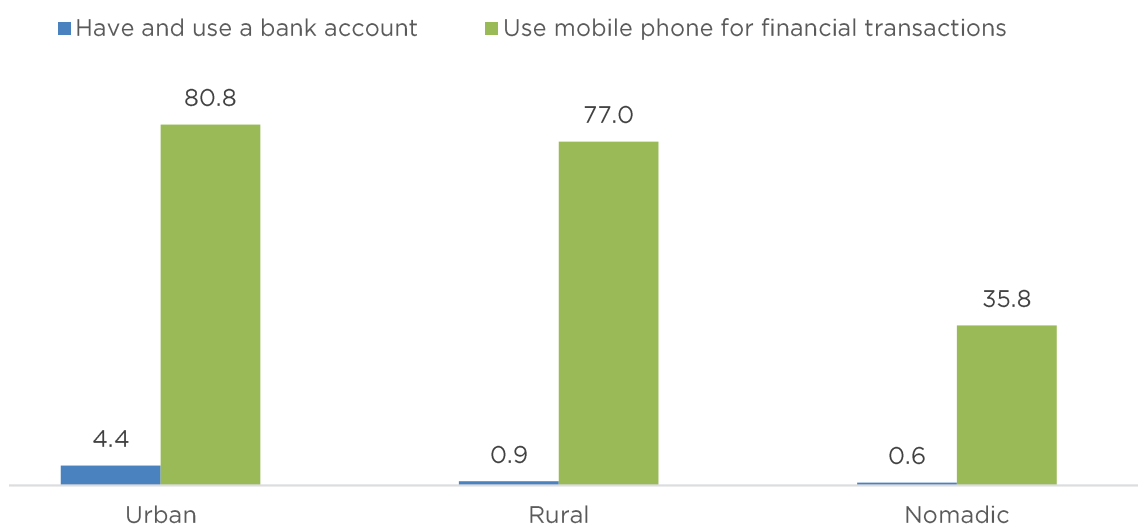
■ Have and use a bank account   ■ Use mobile phone for financial transactions

	Urban	Rural	Nomadic
Have and use a bank account	4.4	0.9	0.6
Use mobile phone for financial transactions	80.8	77.0	35.8

11.6   Women's Participation in Decision- Making

Participation in household decision-making is an essential aspect of women's empowerment and reflects women's status and level of influence women have within their own household and environment. As part of the JLHDS, currently married women were asked about their participation in decisions about their own health care, major household purchases, and visits to their family or relatives.

Table 11.4 shows that 63 percent of women indicated that decisions on their own health care are made mainly by their husbands, 29 percent make decisions regarding their own health care jointly with their husbands, while 8 percent make these decisions on their own. A similar pattern is observed regarding major household purchases, with 61 percent of women indicating that their husbands make decisions for major household purchases. Sixty-two percent of women state their husband makes the decision to visit their family or relatives. Generally, men have more influence in household decision-making than women.

11.7   Attitudes towards Wife Beating

As part of the JLHDS, all women aged 15-49 years were asked if they agree that a husband is justified in hitting or beating his wife under each of the following five circumstances: she neglects household duties, she argues with him, she goes out without telling him, she wastes resources, she neglects the children, and she refuses to have sex with him. If respondents answer "yes" in at least one circumstance, they are considered to have attitudes justifying wife-beating.

Table 11.5 shows that 35 percent of women believe that a husband is justified in beating his wife for at least one of the six specified reasons. Twenty-eight percent of women believe that wife-beating is justified if the wife argues with her husband. For all the six specified reasons, almost a quarter of the women believe that the husband is justified to beat his wife.

Women in Lower Juba are more likely to justify wife-beating for any of the six reasons compared to women from Gedo at 38 and 28 percent respectively.

The proportion of women justifying wife beating under any one of the specified circumstances decreases with wealth quintiles. Forty-seven percent of women in the poorest households agree that wife beating is justified for at least one of the six specified circumstances, compared to 26 percent of women in the wealthiest households.

11.8   Summary Indices of Women's Empowerment

Responses from women on their participation in making household decisions and their attitudes towards wife-beating can be summarized into two separate indices. The first index is the number of decisions in which women participate alone or jointly with their husbands (see Table 11.4 for the list of decisions). This index ranges in value from 0 to 3 and is positively related to women's empowerment, which means, the higher the value, the greater the respondent's level of empowerment. It reflects the degree of decision-making and control that women can exercise in areas that directly affect their lives and environments.

Table 11.6 shows a positive relationship between women's disapproval of wife-beating and their participation in decision-making. The percentage of women who disagree with all the reasons that justify wife-beating increases with the increase of the index, from 52 percent among women who do not participate in any household decisions to 64 percent of women who participate in all three decisions.

The second index is the number of reasons why the respondent believes that a husband is justified in beating his wife (see Table 11.5 for the list of reasons). This index ranges in value from 0 to 6. A lower score on this indicator is interpreted as reflecting a greater sense of autonomy, self-esteem, and a higher status.

The percentage of women participating in all the household decisions generally decreases with the number of reasons women accept as justifying wife-beating, from 33 percent among women who do not agree that wife-beating is justified for any reason to 15 percent among women who accept that wife-beating is justified in five to six specified reasons.

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Table 11.1   Employment of currently married women

Percentage of currently married women age 15-49 who were employed at any time in the past 12 months, JLHDS 2020		
	Among currently married respondents:	
Age	Percentage employed in past 12 months	Number of respondents
Age group		
15-19	0.0	79
20-24	2.1	209
25-29	6.2	242
30-34	6.1	228
35-39	11.9	187
40-44	16.0	85
45-49	(1.9)	33
Total 15-49	**6.6**	**1,063**
Note: Figures in parentheses are based on 25-49 unweighted cases.		

Table 11.2   Ownership of assets

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

Background characteristic	Owns a house alone or jointly					Owns land alone or jointly					Total number of ever married women
	Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	
Age											
15-19	3.3	22.6	8.8	65.3	100.0	4.5	14.2	2.3	79.0	100.0	93
20-24	16.8	17.7	6.9	58.7	100.0	10.0	13.4	5.4	71.2	100.0	263
25-29	11.7	18.7	11.3	58.3	100.0	6.9	15.1	5.7	72.4	100.0	290
30-34	10.8	21.4	11.9	55.9	100.0	10.5	16.3	6.2	67.0	100.0	279
35-39	8.7	23.8	9.9	57.7	100.0	3.1	10.4	6.7	79.8	100.0	221
40-44	6.6	25.8	13.7	53.9	100.0	4.2	15.1	6.3	74.4	100.0	104
45-49	19.0	14.2	7.2	59.6	100.0	6.1	11.9	11.5	70.5	100.0	61
Type of Residence											
Urban	9.7	20.5	13.3	56.5	100.0	4.9	13.7	7.4	74.0	100.0	694
Rural	13.1	19.2	4.1	63.6	100.0	10.4	12.1	3.1	74.4	100.0	535
Nomadic	14.2	29.3	22.6	34.0	100.0	6.1	29.1	12.4	52.4	100.0	82
Region											
Gedo	6.7	26.6	10.4	56.2	100.0	2.7	17.6	3.8	75.9	100.0	453
Lower Juba	13.8	17.3	10.0	58.9	100.0	9.6	12.1	7.1	71.1	100.0	858
Education											
No Education	10.2	21.5	10.2	58.1	100.0	7.1	14.9	6.4	71.6	100.0	1,062
Primary	12.5	18.4	8.2	60.9	100.0	7.6	9.6	4.0	78.8	100.0	186
Secondary	25.5	11.1	17.3	46.2	100.0	5.8	13.5	5.8	75.0	100.0	56
Higher	*	*	*	*	100.0	*	*	*	*	100.0	7
Wealth quintile											
Lowest	4.6	27.9	11.5	56.0	100.0	3.3	21.1	4.1	71.5	100.0	101
Second	9.7	30.1	9.9	50.3	100.0	7.6	21.0	8.3	63.1	100.0	379
Middle	11.2	16.9	8.7	63.1	100.0	8.8	11.7	3.9	75.6	100.0	396
Fourth	13.2	12.8	7.7	66.2	100.0	5.7	9.0	4.2	81.1	100.0	262
Highest	16.4	15.3	16.6	51.7	100.0	7.5	7.2	9.5	75.9	100.0	173
Total number of ever married women	**11.4**	**20.5**	**10.1**	**58.0**	**100.0**	**7.2**	**14.0**	**6.0**	**72.8**	**100.0**	**1,311**

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

| Table 11.3 | Ownership and use of bank accounts and mobile phones |

Percentage of women age 15-49 who use an account in a bank or other financial institution and percentage who own a mobile phone, among women who own a mobile phone, percentage who use it for financial transactions, according to background characteristics, JLHDS 2020

Background characteristic	Have and use a bank account	Own a mobile phone	Number of women	Use mobile phone for financial transactions	Number of women who own a mobile phone
Age					
15-19	2.0	64.7	400	61.8	259
20-24	1.1	84.1	311	80.5	261
25-29	4.6	85.5	305	80.1	261
30-34	3.4	91.1	282	81.9	257
35-39	1.5	88.3	221	83.0	195
40-44	6.8	87.0	106	82.2	92
45-49	2.6	83.4	62	76.9	52
Type of Residence					
Urban	4.4	85.4	896	80.8	765
Rural	0.9	80.9	690	77.0	558
Nomadic	0.6	53.7	101	35.8	54
Region					
Gedo	0.8	80.4	571	74.1	459
Lower Juba	3.8	82.2	1,117	77.8	919
Education					
No Education	1.3	79.1	1,262	72.3	998
Primary	2.7	85.8	299	85.6	256
Secondary	13.9	97.2	116	96.7	113
Higher	*	*	12	*	12
Wealth quintile					
Lowest	1.0	69.3	122	60.4	85
Second	0.8	71.2	458	62.7	326
Middle	0.3	84.8	498	79.8	423
Fourth	4.0	87.0	358	84.2	311
Highest	10.3	92.7	252	92.0	234
Total	**2.8**	**81.6**	**1,688**	**76.5**	**1,378**

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

Table 11.4 Participation in decision making

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

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number
Own health care	7.9	29.1	63.0	0.0	0.0	100.0	1,063
Major household purchases	9.1	30.1	60.6	0.0	0.0	100.0	1,063
Visits to her family or relatives	12.2	25.3	62.4	0.0	0.0	100.0	1,063

Table 11.5 Attitude toward wife beating: Women

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

Background characteristic	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	23.2	26.4	24.0	23.3	24.4	24.2	33.5	400
20-24	24.3	27.7	26.9	25.0	26.7	28.3	36.8	311
25-29	27.1	28.4	28.9	27.2	25.9	27.6	34.6	305
30-34	23.6	26.8	25.6	22.3	23.6	24.5	33.0	282
35-39	28.1	31.2	29.7	28.1	29.9	34.2	41.5	221
40-44	25.2	25.2	25.0	26.2	26.4	26.3	32.3	106
45-49	23.4	23.8	21.2	23.4	23.8	21.8	26.8	62
Employment								
Not employed	25.9	28.1	27.7	25.7	26.5	28.1	35.1	1,216
Employed for cash	28.3	28.5	26.1	28.0	28.6	29.8	37.4	73
Employed, not for cash	*	*	*	*	*	*	*	16
Missing	21.8	25.6	22.4	22.6	23.0	23.1	34.1	383
Number of living children								
0	20.6	23.5	20.8	21.2	21.5	22.2	31.4	482
1-2	21.3	25.0	22.7	21.8	22.8	27.0	31.7	281
3-4	28.4	30.0	30.9	27.1	29.0	25.0	36.3	367
5+	28.3	30.6	30.1	28.4	28.8	32.4	38.8	559
Type of Residence								
Urban	27.3	28.1	29.7	27.5	28.0	27.6	36.8	896
Rural	21.0	26.6	22.1	21.0	22.4	25.6	31.6	690
Nomadic	31.3	29.4	26.7	29.9	29.0	31.2	41.2	101
Region								
Gedo	23.0	22.9	22.6	24.1	23.2	24.4	28.4	571
Lower Juba	26.0	29.9	28.4	25.4	27.1	28.3	38.3	1,117
Education								
No Education	25.2	28.0	26.7	25.2	25.4	27.2	34.9	1,262
Primary	23.0	24.0	23.9	21.5	24.4	22.4	29.5	299
Secondary	29.3	32.2	30.7	29.3	36.4	35.1	46.3	116
Higher	*	*	*	*	*	*	*	12
Wealth quintile								
Lowest	36.9	39.7	35.3	40.0	36.7	39.8	46.7	122
Second	27.8	30.1	29.6	26.5	27.5	28.2	36.7	458
Middle	24.7	28.9	27.4	24.6	26.1	27.8	35.6	498
Fourth	25.2	26.7	24.5	24.7	25.8	26.8	34.1	358
Highest	14.2	15.5	17.1	15.9	16.7	17.2	26.2	252
Total	**24.9**	**27.5**	**26.4**	**25.0**	**25.8**	**27.0**	**35.0**	**1,688**

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

Table 11.6 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, according to value on each of the indicators of women's empowerment, JLHDS, 2020

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife beating	Number of women
Number of decisions in which women participate[1]			
0	na	52.0	545
1-2	na	54.9	217
3	na	64.2	302
Number of reasons for which wife beating is justified[2]			
0	32.5	na	596
1-2	47.1	na	100
3-4	28.8	na	50
5-6	14.7	na	317

na = Not applicable
[1] See Table 11.4 for the list of decisions.
[2] See Table 11.5 for the list of reasons.

12

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

Key Findings

Chronic diseases:
3 percent of Jubaland household members suffer from at least one chronic disease; with a negligible variation between Gedo and Lower Juba.

Diagnosis and treatment of chronic diseases:
2 percent of household members have been diagnosed by a physician and slightly below **2 percent** are undergoing regular treatment for a chronic disease.

Prevalence of the most common diseases:
Most common types of chronic diseases in Jubaland are high blood pressure at **44 percent,** followed by diabetes at **20 percent** and mental health at **8 percent**.

Disability:
4 percent of the population in Jubaland suffers from disabilities.

Most common disability:
Sight disability is the most common type of disability at **32 percent** followed by mobility and hearing at **27 percent** and **24 percent**, respectively.

The onset of disability:
The survey shows that age at the onset of disability is higher among children under 5 years at **26 percent.** The survey also shows that the aging-related and congenital (birth related) problems are the main causes of disability at **33 percent** and **17 percent** respectively.

Care of disabled persons:
48 percent of disabled people in Jubaland did not receive any care or support for their disability during the 12 months preceding the survey.

Out-of-pocket health expenses:
76 percent of households paid their health expenses from their income; **26 percent** relies on relatives/friends to cover their health expenses whereas less than one percent of Jubaland residents sold their assets to cover their health expenses.

Smoking or using tobacco:
3 percent of household members in Jubaland mainly smoke cigarette or use tobacco.

12 CHRONIC DISEASES, DISABILITY, OUT OF POCKET HEALTH EXPENDITURE AND SOCIAL HABITS

This chapter presents information on the prevalence, diagnosis, and treatment of chronic diseases in Jubaland. It also offers information on the origin and age at onset of disability, the prevalence of disability, as well the as care and support available for people with disabilities and information on out-of-pocket health expenditure.

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both according to the National Center for Chronic Disease and Prevention and Health Promotion of the United States of America (CDC, 2020). Chronic diseases generally cannot be prevented by vaccines or cured by medication and can lead to long-term disability. They place burdens and demands on a health care system and are leading causes of death worldwide. In Jubaland the prevalence of chronic diseases is not exactly known due to the poor health care infrastructure as most of the population lives under harsh conditions.

The survey obtained information from household respondents whether each household member suffered from one or more chronic diseases and whether the disease was diagnosed by a physician and treated. Furthermore, the survey gathered information about household members suffering from any physical, mental, or other state that limited them from engaging in their normal activities. Interviewers obtained information from the household respondents on whether any household member had been injured. If the answer to any of these questions was affirmative, follow-up questions were asked about the type of disease, disability, and/or injury. Interviewers also obtained information on sicknesses that families experienced over the one month preceding the survey, in addition to expenditure on health services received.

12.1. Prevalence of Chronic Diseases

Table 12.1 presents data on household members who have at least one chronic disease. Overall, 3 percent of household members in Jubaland reported to be suffering from at least one chronic disease. There is a slight variation between the prevalence for males and females, at 2 percent and 4 percent respectively. Urban and rural households have a slightly higher prevalence of members suffering from a chronic disease at 3 percent each compared to 2 percent among nomadic households. The prevalence of chronic disease increases from 1 percent in the age group of 0-4 years to 32 percent among persons over the age of 70 (Figure 12.1).

At the regional level, no significant variation was reported in Gedo and Lower Juba on the prevalence of chronic disease (Figure 12.2). The difference in prevalence of at least one chronic disease is marginal across all wealth quintiles, with the highest quintile having the highest prevalence at 4 percent and the lowest quintile having the lowest prevalence rate at 2 percent.

## 12.2 Diagnosis and Treatment of Chronic Diseases

Table 12.2 presents data on the distribution of household members who have specific chronic diseases diagnosed by a physician and those who receive treatment regularly.

The findings show that, overall, 2 percent of household members are reported to have been diagnosed by a physician and approximately 2 percent are undergoing regular treatment for a chronic disease. Slightly more women than men were diagnosed by a physician, at 3 percent and 2 percent respectively. No significant variation was observed in the proportion of men and women on regular treatment for illnesses.

More rural residents reported being diagnosed by a physician, at 3 percent, compared with urban and nomadic residents at 2 percent and 1 percent, respectively. Similarly, 2 percent of both urban and rural residents reported receiving treatment for chronic diseases compared to 1 percent of nomadic residents. Despite better access to health facilities in the cities, the difference in diagnosis and treatment between urban and rural settings is negligible.

More residents in Gedo region reported having been diagnosed by a physician at 3 percent, compared to 2 percent of their counterparts in Lower Juba. Similarly, 2 percent (each) of Gedo and Lower Juba household members received treatment. The survey found that the percentage of household members diagnosed by a physician with at least one chronic condition and those who received regular treatment increases as the level of wealth increases. Three percent of household members in the highest wealth quintile were diagnosed by a physician, and 3 percent were treated. In contrast, 1 percent of household members in the lowest income quintile received diagnosis and treatment by a physician.

Figure 12.1   Prevalence of chronic diseases by age

Percentage of household member who have atleast one chronic disease
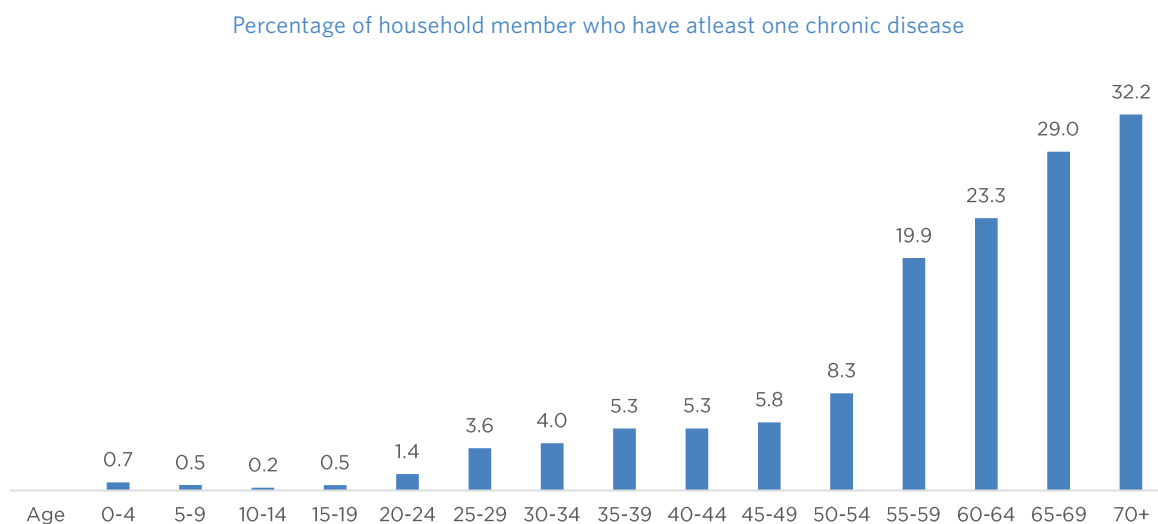
Figure 12.2   Prevalence of chronic diseases

Percentage of household members who have at least one chronic disease by region

at 8 percent. Other common diseases include Arthritis at 6 percent, Asthma and epilepsy at 5 percent each.

The most common chronic diseases among women are blood pressure, diabetes and Arthritis, at 43 percent, 13 percent, and 10 percent respectively. The leading chronic diseases among males are blood pressure, diabetes and mental health at 45, 32 percent, and 7 percent, respectively.
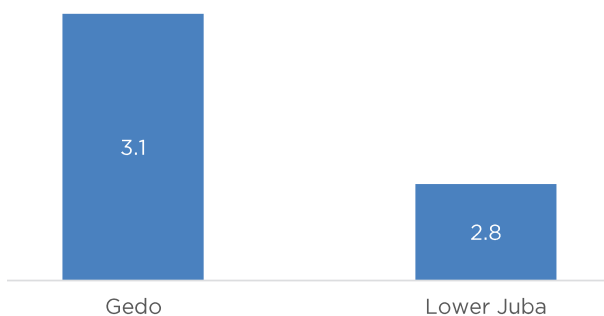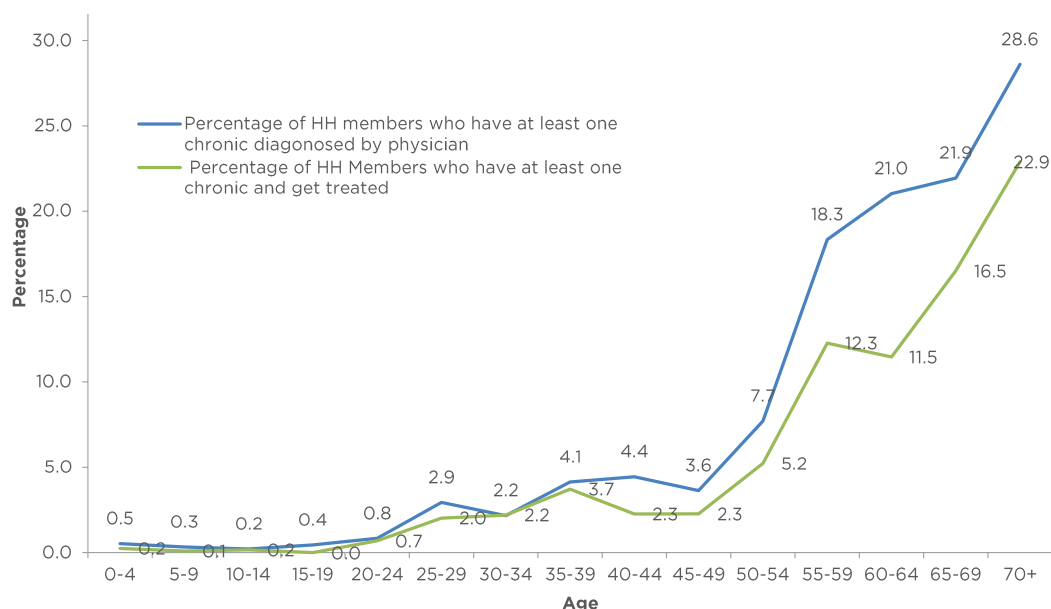
12.3   Prevalence of Disability

Figure 12.3 compares household members whose chronic diseases were diagnosed by a physician against those who regularly get treatment for chronic diseases. The findings indicate that more of those diagnosed in the younger age groups are treated, as compared to those in the older age groups. In the age group of 20-24 years, 1 percent were diagnosed by a physician, and almost all of them received treatment. In the age group of 65-69 years, 22 percent were reported to have been diagnosed by a physician, while 17 percent received treatment for chronic diseases they have.

Table 12.3 and Figure 12.4 present the prevalence of some specific chronic diseases diagnosed by a physician by type of condition and sex. The findings show that the most common chronic diseases were blood pressure at 44 percent, diabetes at 20 percent, and mental health

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

Overall, 4 percent of Jubaland's population suffers from disabilities. The prevalence of disability among females and males is the same, at 4 percent. In the youngest age group, 3 percent of under-fives suffer from disabilities. The prevalence of disability is lowest among the age group of 35-39 years at approximately 2 percent. The highest rate of disability is among persons age 70 years and above at 38 percent (Figure 12.5).
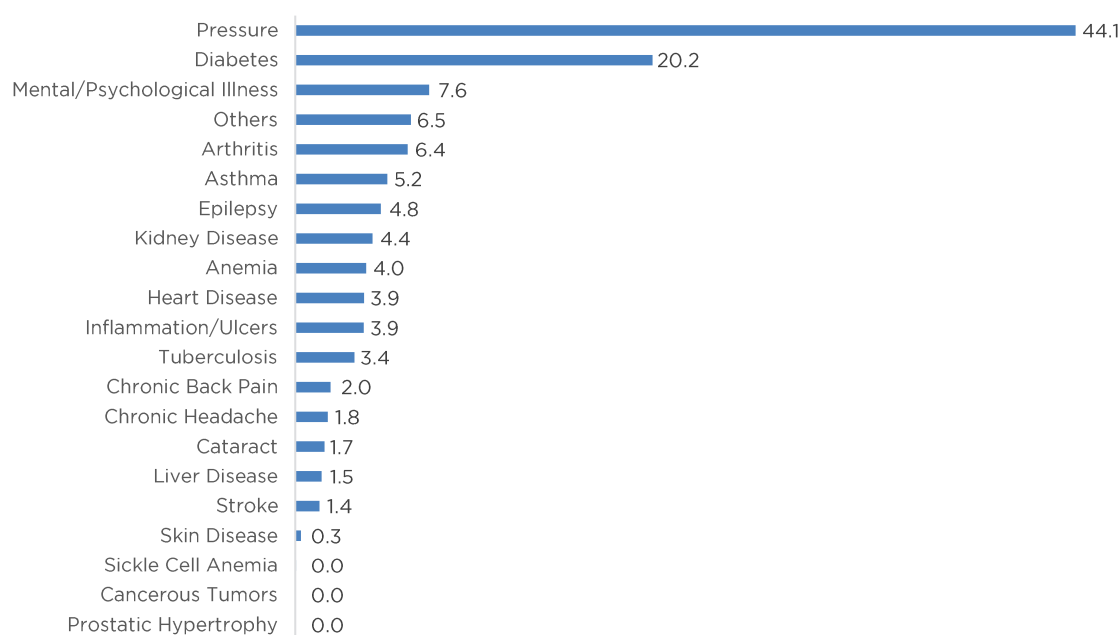
Figure 12.3   Chronic diseases diagnosed and treated

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

Figure 12.4   Common chronic diseases

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

Disease	Percentage
Pressure	44.1
Diabetes	20.2
Mental/Psychological Illness	7.6
Others	6.5
Arthritis	6.4
Asthma	5.2
Epilepsy	4.8
Kidney Disease	4.4
Anemia	4.0
Heart Disease	3.9
Inflammation/Ulcers	3.9
Tuberculosis	3.4
Chronic Back Pain	2.0
Chronic Headache	1.8
Cataract	1.7
Liver Disease	1.5
Stroke	1.4
Skin Disease	0.3
Sickle Cell Anemia	0.0
Cancerous Tumors	0.0
Prostatic Hypertrophy	0.0

The prevalence of disability is slightly higher in rural and urban areas at 4 percent each compared to 2 percent among nomads. There is no significant variation noted between Gedo and Lower Juba.

Figure 12.6 shows the prevalence of the most common types of disabilities. These include disabilities of sight at 32 percent, mobility at 27 percent, hearing at 24 percent, mental health at 18 percent and speech at 7 percent.

12.4   Origin and Age at Onset of Disability

Table 12.5 presents data on the origin and causes of disability. For any household member with a disability, the respondents were asked about the main reason or causes of disability.

The analysis indicates that ageing and congenital (birth-related) problems were thought to be the main causes of disability. Ageing accounts for 33 percent of disabilities, congenital factors account for 17 percent of disabilities and contagious diseases account for 14 percent

Ageing accounts for a larger proportion of disabilities among females at 43 percent, compared to males at 21 percent, while congenital diseases account for a larger proportion of disabilities among males at 15 percent compared to females at 19 percent. Cases of disability in Lower Juba are more likely to result from ageing accounting for 30 percent of the cases followed by congenital causes at 20 percent compared to 38 percent of cases in Gedo arising from ageing and 12 percent from congenital causes.

Table 12.6 and Figure 12.7 present data on the age at onset of disability in Jubaland. Overall, 26 percent of household populations reported disability to have started when they were under the age of five, while for 16 percent of the cases suffered disability at the age of 50-59. Twenty-nine percent of males and 24 percent of females stated that they had first experienced their disabilities before the age of five. More rural household members at 30 percent, reported their disabilities started when they were under the age of five, compared to household members in urban and nomadic areas at 24 percent and 21 percent respectively.

The percentage of those whose experienced disability under the age of five was higher in Lower Juba at 31 percent compared to Gedo at 19 percent.

Figure 12.5 Disability prevalence by age

Prevalence of household members with disabilities

Age
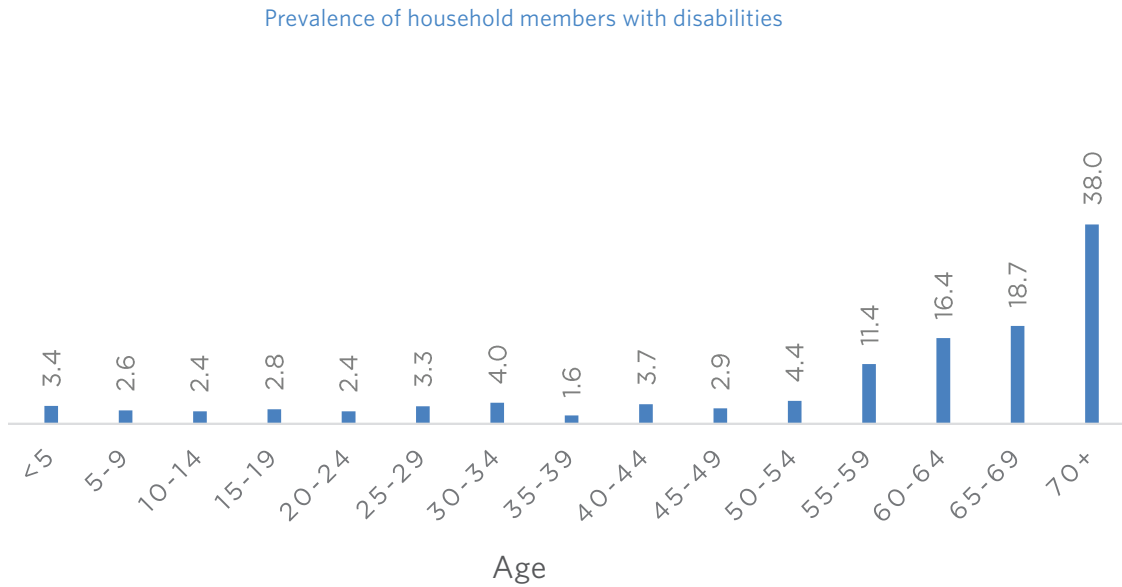
Figure 12.6 Common types of disabilities

Percentage of people suffering from specific types of disabilities
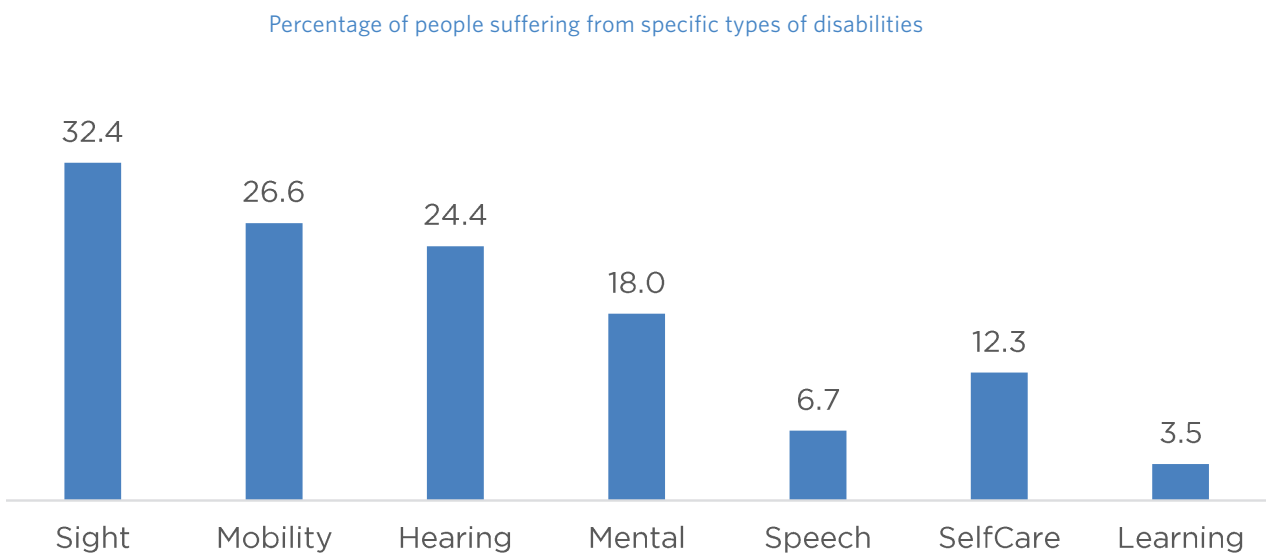
12.5 Care and Support for Persons with Disabilities

Table 12.7 and Figure 12.8 present the percentage distribution of persons with disabilities who received any kind of care and support for their conditions during the 12 months prior to the survey by background characteristics. This includes medical care, welfare, financial support, and nutritional support. The responses indicate that 48 percent of persons with disabilities had not received any care or support for their condition in the 12 months preceding the survey.

Twenty-six percent of households had sought advice or treatment from government health facilities, compared to 20 percent of households who had visited pharmacies...

Figure 12.7   Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability
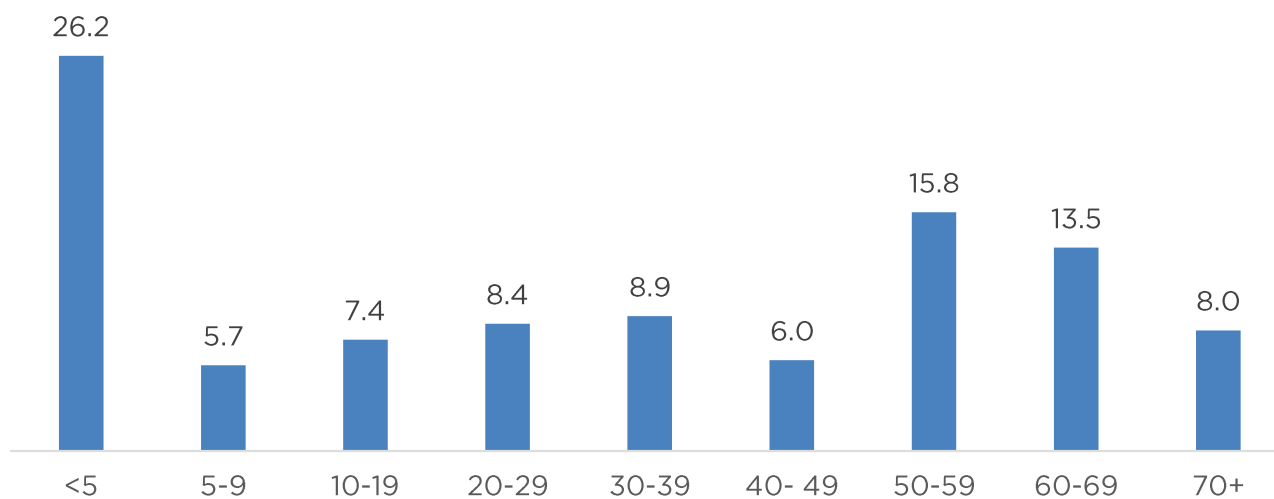
Fifty-seven percent of disabled household members received medical care, while less than 1 percent received welfare or financial support. Fifty-three percent of women and 43 percent of men said they had not received any medical care, welfare, financial or nutritional support for their disability in the 12 months preceding the survey.

Forty-nine percent of persons with disabilities in Lower Juba did not receive any support compared to Gedo at 48 percent. Fifty-four percent and 47 percent of persons with disabilities in the rural and urban areas respectively did not receive any support. The situation is worse among the nomadic residents with disability as almost all of them did not receive any kind of support.

12.6   Household Out-of-Pocket Health Expenditure

Out-of-pocket payments are expenditures borne directly by a patient where insurance does not cover the cost of the health service (OECD 2006). These expenses could be medical as well as non-medical. Out-of-pocket medical expenditures could be payments towards doctors' fees, medicine, diagnostics, operations, ambulance services, etc. (OECD 2006). Overall, health expenditure could amount to catastrophic levels that plunge families deeper into poverty. The World Bank defines catastrophic health expenditure as payments for health services exceeding 40 percent of household disposable income after subsistence needs are met.

Since the collapse of the Somali health care infrastructure three decades ago, most Somali households have not had any form of financial protection and were forced to make out-of-pocket payments when they fell sick. Often, families resort to borrowing money or selling assets to meet these expenditures.

This report presents information on out-of-pocket expenditure. In the Household Questionnaire, households were asked whether advice or treatment was sought for any household member's health conditions and the source of this advice or treatment was obtained. They were also asked how much money the household spent on treatment and health care services in the one month preceding the survey. The survey also gathered information about what financial sources household used to pay for any health expenditure.

Table 12.8 shows that 24 percent of households had a sick member, of which 60 percent sought advice or treatment. Seventy-five percent of rural households and 53 percent of urban households sought medical advice or treatment for sick members. Nomadic households were the least likely to seek medical advice and treatment, at 12 percent.

Twenty-six percent of households had sought advice or treatment from government health facilities, compared to 20 percent of households who had visited pharmacies, 17 percent had sought advice or treatment from private hospitals/clinics, compared to 12 percent that visited Mother Child Health (MCH) clinics/Health Centers (Figure 12.9).

Figure 12.8   Support received by household members for people with disabilities

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

In Lower Juba, 32 percent of households reported members have been sick in the last month, of which 57 percent sought any advice or treatment. While in Gedo 12 percent of households with members that had been sick in the last month, of which 69 percent sought any advice or treatment.

Table 12.9 and Figure 12.10 present data on the sources health care financing. Seventy-six percent of households reported they pay for their health expenses from their income. Twenty-six percent of households reported their relatives or friends supported them while 1 percent of the households sold assets to cover their health expenses, and 10 percent borrowed money to pay for their health expenditure. None of households in Jubaland used insurance for their health expenses. Eighty-nine percent

of rural households and 65 percent of urban households used their income to pay for medical expenses.

Lower Juba has a higher percentage of households paying for their health care expenses from their income at 87 percent compared to 42 percent of households in Gedo. The data also shows that Lower Juba households are more likely to borrow money to pay for their health care expenses at 12 percent compared to Gedo at 5 percent.

Table 12.10 presents data on the amount of money households spent on treatment and health care services during the month preceding the survey. The largest proportion of households, at 60 percent had spent between US$1 and US$49 for treatment and health care services during this period, while 23 percent of the

Figure 12.9   Source of advice or treatment

Percentage of households with a member who has been sick and where they sought advice/treatment
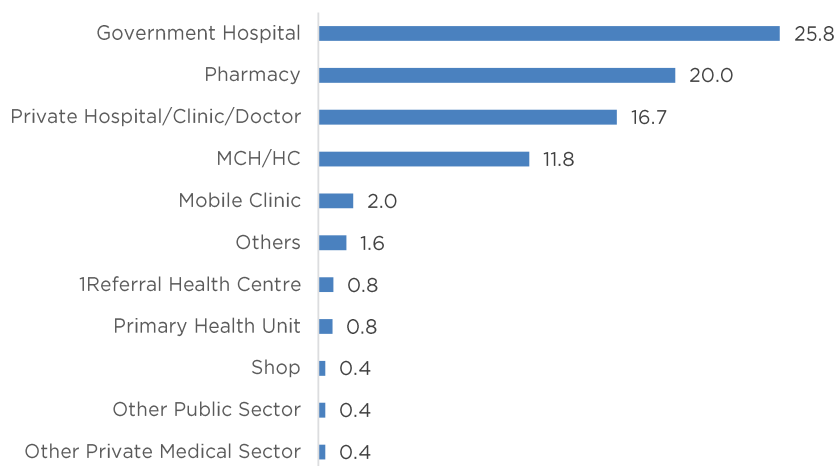
respondents had spent between US$50 and US$99, 9 percent had spent US$100 - US$199 and 5 percent had spent US$300 or more. Only 3 percent of households spent between $200 and 299 for treatment and health care services.

12.7 Tobacco Use and Khat Chewing

Tobacco use is not only a risk factor for medical conditions, but it also contributes to poverty by diverting household spending from basic needs, such as food and shelter, to tobacco. This spending behavior is difficult to curb because tobacco is highly addictive. The economic costs of tobacco use are substantial and include significant health care costs for treating the disease caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality (WHO 2019).

Information about the use of tobacco and chewing of Khat was collected from household members aged 10 years or older, who were asked whether they smoke or use any kind of tobacco or chew Khat.

Table 12.11 presents the percentage of household members who smoke cigarettes or use tobacco by background characteristics. The findings indicate that 3 percent of Jubaland household members smoke cigarettes or use tobacco products. Cigarette smoking or any other tobacco use is rare among women at 1 percent. However, 6 percent of men smoke or use other tobacco products.

The use of tobacco generally increases with increase in age, although there is a decline among those in the middle ages (55-59 years) and those above 70 years. The age groups with the highest percentage of smokers/tobacco users are 35-39 years and 50-54 years at 7 percent each, and the lowest age group is 10-14 years at less than one percent.
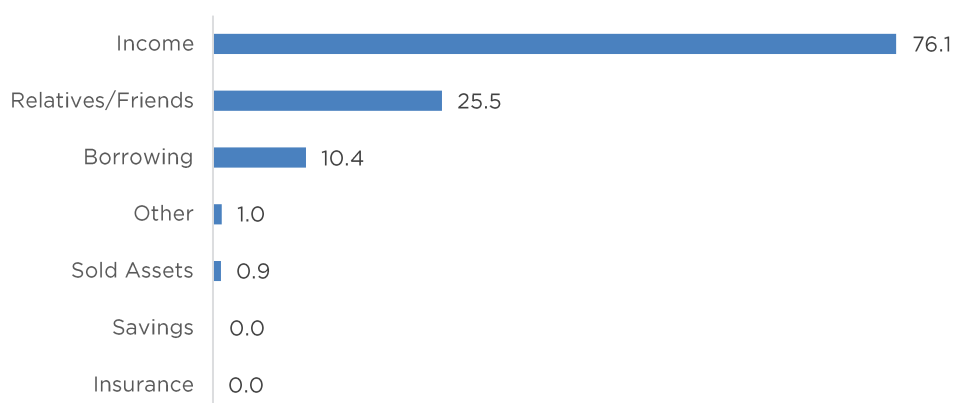
The use of tobacco or smoking by household members slightly varies by place of residence; rural and urban areas have the highest proportion at 4 percent and 3 percent respectively, compared to 2 percent among residents of the nomadic areas. The proportion of household members in Lower Juba who smoke or use tobacco was slightly higher at 4 percent compared to Gedo at 2 percent.

Table 12.12 presents the distribution of household members who chew Khat by background characteristics. It shows that 3 percent of members of Jubaland households chew Khat. There are notable gender differences in this practice; less than 1 percent of women chew khat compared to 7 percent of men. Among all age groups, it can be noted that the practice of chewing Khat generally increases with an increase in age of the household members. It was noted that people aged 65-69 had the highest number at 10 percent.

The data by place of residence shows that nomadic dwellers are less likely to chew Khat at 2 percent, compared to people living in rural and urban households at 4 and 3 percent respectively.

Figure 12.10 Source of payment of health services

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

Income	76.1
Relatives/Friends	25.5
Borrowing	10.4
Other	1.0
Sold Assets	0.9
Savings	0.0
Insurance	0.0

Khat consumption varies among household members in the regions. The proportion of those who chew Khat is highest in Lower Juba at 4 percent compared to Gedo at 2 percent.

Figure 12.11 compares the percentage of household members who chew Khat and household members who smoke cigarettes or using any sort of tobacco. It shows that both the use of tobacco and chewing of Khat generally increases with age

Figure 12.11 smoke cigarettes or use tobacco, and chew *khat*

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

List of Tables

Table 12.1   Prevalence of chronic diseases

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

Background characteristic	Percentage of HH Members who have at least one chronic disease	Number of persons
Sex of household member		
Male	2.3	4,795
Female	3.5	5,097
Age		
0-4	0.7	2,209
5-9	0.5	1,995
10-14	0.2	1,503
15-19	0.5	865
20-24	1.4	540
25-29	3.6	573
30-34	4.0	511
35-39	5.3	412
40-44	5.3	313
45-49	5.8	164
50-54	8.3	281
55-59	19.9	138
60-64	23.3	148
65-69	29.0	51
70+	32.2	188
Type of residence		
Urban	3.1	5,661
Rural	2.8	3,732
Nomadic	2.2	498
Region		
Gedo	3.1	3,964
Lower Juba	2.8	5,928
Wealth quintile		
Lowest	2.1	2,204
Second	3.0	3,292
Middle	3.0	2,099
Fourth	3.4	1,461
Highest	3.7	836
Total	**2.9**	**9,892**

[1]Total includes household members with missing information on age.

Table 12.2   Prevalence of chronic diseases diagnosed by a physician

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

Background characteristic	Percentage of HH members who have at least one chronic diagonosed by physician	Percentage of HH Members who have at least one chronic and get treated	Number of persons
Sex of household member			
Male	1.9	1.5	4,795
Female	2.8	1.8	5,097
Age			
0-4	0.5	0.2	2,209
5-9	0.3	0.1	1,995
10-14	0.2	0.2	1,503
15-19	0.4	0.0	865
20-24	0.8	0.7	540
25-29	2.9	2.0	573
30-34	2.2	2.2	511
35-39	4.1	3.7	412
40-44	4.4	2.3	313
45-49	3.6	2.3	164
50-54	7.7	5.2	281
55-59	18.3	12.3	138
60-64	21.0	11.5	148
65-69	21.9	16.5	51
70+	28.6	22.9	188
Type of residence			
Urban	2.4	1.7	5,661
Rural	2.6	1.7	3,732
Nomadic	1.1	0.6	498
Region			
Gedo	2.5	1.7	3,964
Lower Juba	2.3	1.6	5,928
Wealth quintile			
Lowest	1.4	1.2	2,204
Second	2.3	1.5	3,292
Middle	2.8	1.7	2,099
Fourth	3.1	2.1	1,461
Highest	3.3	2.6	836
Total	**2.4**	**1.6**	**9,892**

[1]Total includes household members with missing information on age.

Table 12.3 Prevalence of specific chronic diseases

Percentage of household members who have specific chronic diseases diagnosed by a physician, by sex, JLHDS 2020			
	Sex of household member		
Type of disease	**Male**	**Female**	**Total**
Type of disease			
Pressure	45.2	43.4	44.1
Diabetes	32.3	12.5	20.2
Inflammation/Ulcers	5.0	3.2	3.9
Anemia	0.0	6.6	4.0
Sickle Cell Anemia	0.0	0.1	0.0
Heart Disease	1.7	5.3	3.9
Kidney Disease	4.1	4.5	4.4
Liver Disease	1.9	1.2	1.5
Arthritis	0.7	10.0	6.4
Tuberculosis	1.7	4.4	3.4
Chronic Headache	0.2	2.9	1.8
Stroke	1.7	1.2	1.4
Epilepsy	3.8	5.5	4.8
Prostatic Hypertrophy	0.0	0.0	0.0
Cataract	0.0	2.7	1.7
Chronic Back Pain	1.7	2.2	2.0
Mental/Psychological Illness	6.6	8.2	7.6
Skin Disease	0.8	0.0	0.3
Cancerous Tumors	0.0	0.0	0.0
Asthma	5.0	5.3	5.2
Others	3.4	8.5	6.5
Total	**92**	**145**	**238**

Table 12.4   Prevalence of disability and Common types of disability

Prevalence of household members with disabilities, percentage who suffer from specific types of disabilities, by Background characteristics, JLHDS 2020

Background characteristic	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 of household										
Male	3.7	4,795	32.6	19.9	5.9	4.2	28.4	12.9	20.7	179
Female	4.3	5,097	32.3	28.1	7.4	2.9	25.2	11.8	15.7	217
Age										
<5	3.4	2,209	19.9	19.3	9.0	7.0	42.7	14.9	6.7	75
5-9	2.6	1,995	33.1	19.4	5.8	1.3	25.3	8.8	26.5	51
10-14	2.4	1,503	(27.1)	(23.4)	(8.6)	(17.2)	(36.8)	(18.9)	(18.8)	36
15-19	2.8	865	*	*	*	*	*	*	*	24
20-24	2.4	540	*	*	*	*	*	*	*	13
25-29	3.3	573	*	*	*	*	*	*	*	19
30-34	4.0	511	*	*	*	*	*	*	*	21
35-39	1.6	412	*	*	*	*	*	*	*	7
40-44	3.7	313	*	*	*	*	*	*	*	12
45-49	2.9	164	*	*	*	*	*	*	*	5
50-54	4.4	281	*	*	*	*	*	*	*	12
55-59	11.4	138	*	*	*	*	*	*	*	16
60-64	16.4	148	*	*	*	*	*	*	*	24
65-69	18.7	51	*	*	*	*	*	*	*	10
70+	38.0	188	58.7	34.4	1.8	0.0	10.4	13.8	13.0	72
Types of residence										
Urban	3.9	3,732	47.3	25.3	6.4	3.1	21.7	7.7	15.3	145
Rural	4.2	5,661	23.1	23.1	7.1	3.9	29.4	15.4	19.9	240
Nomadic	2.2	498	40.8	41.9	3.0	1.0	31.7	5.1	12.2	11
Region										
Gedo	3.9	3,964	25.3	21.6	6.8	0.8	36.4	11.3	24.3	156
Lower Juba	4.0	5,928	37.1	26.3	6.6	5.2	20.3	12.9	13.8	240
Wealth quitile										
Lowest	3.9	2,204	37.6	28.1	12.8	10.5	23.4	19.8	13.5	87
Second	3.9	3,292	36.1	24.2	6.1	0.0	24.6	4.1	17.5	127
Middle	4.5	2,099	26.2	25.8	4.9	1.6	24.3	16.2	27.6	95
Fourth	3.7	1,461	23.0	19.9	5.6	5.8	36.9	14.2	14.4	54
Highest	3.9	836	*	*	*	*	*	*	*	32
Total	**4.0**	**9,892**	**32.4**	**24.4**	**6.7**	**3.5**	**26.6**	**12.3**	**18.0**	**396**

[1] Total includes household members with missing information on age
A person may have two reported diseases; consequently, the percentages.
Note: Figures in parentheses are based on 25-49 unweighted cases..An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 12.5 Origin of disabilities

Percentage distribution of disabled people according to Origin of disabilities, by Background characteristics, JLHDS 2020

Background characteristics	Origin of disabilities										Number of household
	Congenital	Contagious	Child birth conditions	Other disease	Abuse	Ageing	Injury/ Accident	Witch- craft	Others	Don't know	Total	
Sex of household member												
Male	15.0	16.3	6.6	16.0	0.9	21.0	17.6	1.6	0.0	4.9	100.0	97
Female	18.7	11.8	3.2	12.4	0.2	42.9	7.6	0.0	1.2	2.0	100.0	122
Type of residence												
Urban	17.1	7.3	4.9	18.3	0.0	34.2	11.0	1.2	1.2	4.8	100.0	126
Rural	16.5	23.7	4.6	8.1	0.8	31.1	14.3	0.0	0.0	0.8	100.0	82
Nomadic	21.4	13.2	3.1	9.2	4.1	37.7	7.2	0.0	0.0	4.1	100.0	11
Region												
Gedo	12.1	5.0	4.5	19.0	1.3	37.6	10.5	0.0	1.7	8.3	100.0	87
Lower Juba	20.4	19.6	4.8	10.7	0.0	30.3	13.1	1.2	0.0	0.0	100.0	132
Total	**17.1**	**13.8**	**4.7**	**14.0**	**0.5**	**33.2**	**12.0**	**0.7**	**0.7**	**3.3**	**100.0**	**219**

Percentage distribution of disabled people according to Origin of disabilities.

Table 12.6   Age at onset of disability

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

Background characteristic	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 of household member										
Male	28.9	5.2	9.5	11.8	9.0	8.1	11.6	10.9	5.0	97
Female	24.1	6.1	5.7	5.8	8.9	4.3	19.2	15.6	10.3	122
Type of residence										
Urban	24.4	7.3	7.3	11.0	6.1	7.3	19.5	13.4	3.7	126
Rural	29.6	3.2	7.8	5.4	12.7	3.5	10.8	12.7	14.3	82
Nomadic	21.4	6.1	5.1	2.1	13.3	10.2	11.2	20.4	10.3	11
Region										
Gedo	18.5	10.5	9.5	7.0	9.8	7.5	14.3	15.3	7.5	87
Lower Juba	31.3	2.5	6.0	9.4	8.4	5.0	16.9	12.3	8.3	132
Total	**26.2**	**5.7**	**7.4**	**8.4**	**8.9**	**6.0**	**15.8**	**13.5**	**8.0**	**219**

Table 12.7   Care and Support received by background characteristics

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

Background characteristic	Care and support received					Number of persons
	Medical	Welfare	Financial	Nutritional	No support	
Sex of household member						
Male	56.1	0.4	0.7	0.0	42.9	179
Female	57.5	0.3	0.0	0.0	52.7	217
Type of residence						
Urban	54.5	0.0	0.0	0.0	46.8	240
Rural	57.5	0.9	0.9	0.0	54.4	145
Nomadic	100.0	0.0	0.0	0.0	0.0	11
Region						
Gedo	55.5	0.8	0.8	0.0	47.5	156
Lower Juba	57.8	0.0	0.0	0.0	48.8	240
Wealth quintile						
Lowest	63.7	1.5	0.0	0.0	44.1	87
Second	56.0	0.0	0.0	0.0	50.1	127
Middle	54.6	0.0	1.4	0.0	49.7	95
Fourth	54.4	0.0	0.0	0.0	51.5	54
Highest	*	*	*	*	*	32
Total	**56.8**	**0.3**	**0.3**	**0.0**	**48.3**	**396**

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

Table 12.8   Sources for advice or treatment

Percentage of households with members who have been sick in the last month, among the households with members who have been sick in the last month and seek advice or treatment, where they sought advice or treatment by background characteristics, JLHDS 2020

Background Characteristics	Percentage of households with members who have been sick in the last month	Number of households	Percentage who have been sick and sought any advice or treatment	Percentage who have been sick and did not seek any advice or treatment	Number of households with members who have been sick in the last month	Public Sector						Private Medical Sector			Other Source		Number of households with members who have been sick in the last month and seeked 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	25.6	956	52.6	47.4	245	18.6	0.7	16.7	0.7	3.3	0.7	18.0	21.4	0.7	0.7	2.0	129
Rural	22.5	708	74.9	25.1	159	38.5	1.0	5.1	1.0	0.0	0.0	16.0	19.6	0.0	0.0	1.0	119
Nomadic	13.2	105	11.9	88.1	14	*	*	*	*	*	*	*	*	*	*	*	2
Region																	
Gedo	11.6	745	69.3	30.7	87	33.4	2.1	15.0	0.0	1.9	0.0	12.0	14.4	1.9	0.0	1.9	60
Lower Juba	32.4	1,024	57.3	42.7	331	23.8	0.5	11.0	1.0	2.0	0.5	17.9	21.4	0.0	0.5	1.5	190
Wealth quintile																	
Lowest	16.7	403	51.6	7.8	67	(20.3)	(0.4)	(15.0)	(0.0)	(0.0)	(0.0)	(4.5)	(14.3)	(0.0)	(0.0)	(0.0)	35
Second	23.6	603	62.4	12.8	143	30.2	1.1	14.9	0.0	2.3	1.1	11.8	20.6	1.1	1.1	0.0	89
Middle	20.0	366	73.1	4.7	73	40.6	2.3	4.4	2.3	2.2	0.0	10.0	27.1	0.0	0.0	4.4	54
Fourth	31.7	249	54.3	8.6	79	(18.8)	(0.0)	(16.6)	(0.0)	(4.1)	(0.0)	(22.9)	(18.8)	(0.0)	(0.0)	(2.1)	43
Highest	37.9	147	53.0	6.3	56	*	*	*	*	*	*	*	*	*	*	*	30
Number of households	**23.6**	**1,769**	**59.8**	**40.2**	**418**	**25.8**	**0.8**	**11.8**	**0.8**	**2.0**	**0.4**	**16.7**	**20.0**	**0.4**	**0.4**	**1.6**	**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.

Table 12.9 Financial sources used to pay for health services

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

Background characteristic	Financial sources for health services							Number of households
	Income	Insurance	Savings	Borrowing	Relatives/ Friends	Sold Assets	Other	
Type of residence								
Urban	65.0	0.0	0.0	4.1	16.2	0.0	1.3	121
Rural	89.0	0.0	0.0	16.8	35.3	1.8	0.6	114
Nomadic	*	*	*	*	*	*	*	2
Region								
Gedo	42.1	0.0	0.0	5.0	12.4	3.7	4.1	56
Lower Juba	86.7	0.0	0.1	12.0	29.6	0.0	0.0	180
Wealth quintile								
Lowest	(66.4)	(0.0)	(0.4)	(19.2)	(23.3)	(6.8)	(0.0)	31
Second	76.3	0.0	0.0	12.1	21.6	0.0	2.7	84
Middle	80.6	0.0	0.0	10.0	36.5	0.0	0.0	50
Fourth	(69.4)	(0.0)	(0.0)	(7.8)	(27.0)	(0.0)	(0.0)	43
Highest	*	*	*	*	*	*	*	28
Total	**76.1**	**0.0**	**0.0**	**10.4**	**25.5**	**0.9**	**1.0**	**236**

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 12.10 Amount in health expenses

Amount of money that households incurred for health services in the last month by Background characteristics, Somalia 2019

Background characteristic	Amount in health expenses					Total	Number of households
	1-49	50-99	100 -199	200- 299	300+		
Type of residence							
Urban	60.6	19.7	12.1	1.5	6.1	100.0	108
Rural	58.3	29.3	4.1	5.4	2.9	100.0	57
Nomadic	*	*	*	*	*	100.0	1
Region							
Gedo	(64.4)	(14.4)	(8.2)	(6.2)	(6.7)	100.0	48
Lower Juba	57.7	26.8	9.8	1.4	4.2	100.0	117
Wealth quintile							
Lowest	*	*	*	*	*	100.0	17
Second	71.6	14.4	5.5	2.8	5.6	100.0	59
Middle	*	*	*	*	*	100.0	27
Fourth	*	*	*	*	*	100.0	36
Highest	*	*	*	*	*	100.0	26
Total	**59.7**	**23.2**	**9.3**	**2.8**	**4.9**	**100.0**	**165**

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 12.11   Smoking or using tobacco

Percentage of household members who smoke cigarette or using tobacco by background characteristics, JLHDS 2020		
Background characteristic	Percentage of household members who smoke cigarette or use tobacco	Number of Household members
Sex		
Male	5.8	2,707
Female	0.5	2,981
Age		
10-14	0.1	1,503
15-19	1.0	865
20-24	2.7	540
25-29	5.3	573
30-34	5.4	511
35-39	6.9	412
40-44	6.1	313
45-49	5.3	164
50-54	6.8	281
55-59	1.4	138
60-64	5.0	148
65-69	6.3	51
70+	0.8	188
Type of residence		
Urban	2.8	3,265
Rural	3.6	2,120
Nomadic	1.6	304
Region		
Gedo	1.6	2,397
Lower Juba	4.1	3291
Wealth quintile		
Lowest	2.1	1,263
Second	3.0	1,842
Middle	2.9	1,200
Fourth	3.8	872
Highest	4.9	511
Number of Household members	3.0	5,688

Table 12.12   Use of Khat

percentage of household members who who use Kh+B2Oat by Background characteristics, JLHDS 2020		
Background characteristic	**Percentage of household members who use khat**	**Number of Household members**
Sex of household member		
Male	6.5	2,707
Female	0.2	2,981
Age		
10-14	0.0	1,503
15-19	1.2	865
20-24	2.9	540
25-29	5.9	573
30-34	5.3	511
35-39	7.5	412
40-44	7.0	313
45-49	4.2	164
50-54	5.6	281
55-59	1.9	138
60-64	7.3	148
65-69	9.6	51
70+	0.3	188
Type of residence		
Urban	2.8	3,265
Rural	4.1	2,120
Nomadic	1.6	304
Region		
Gedo	2.0	2,397
Lower Juba	4.1	3,291
Wealth quintile		
Lowest	2.2	1,263
Second	3.5	1,842
Middle	3.0	1,200
Fourth	3.9	872
Highest	3.7	511
Number of Household members	3.2	5,688

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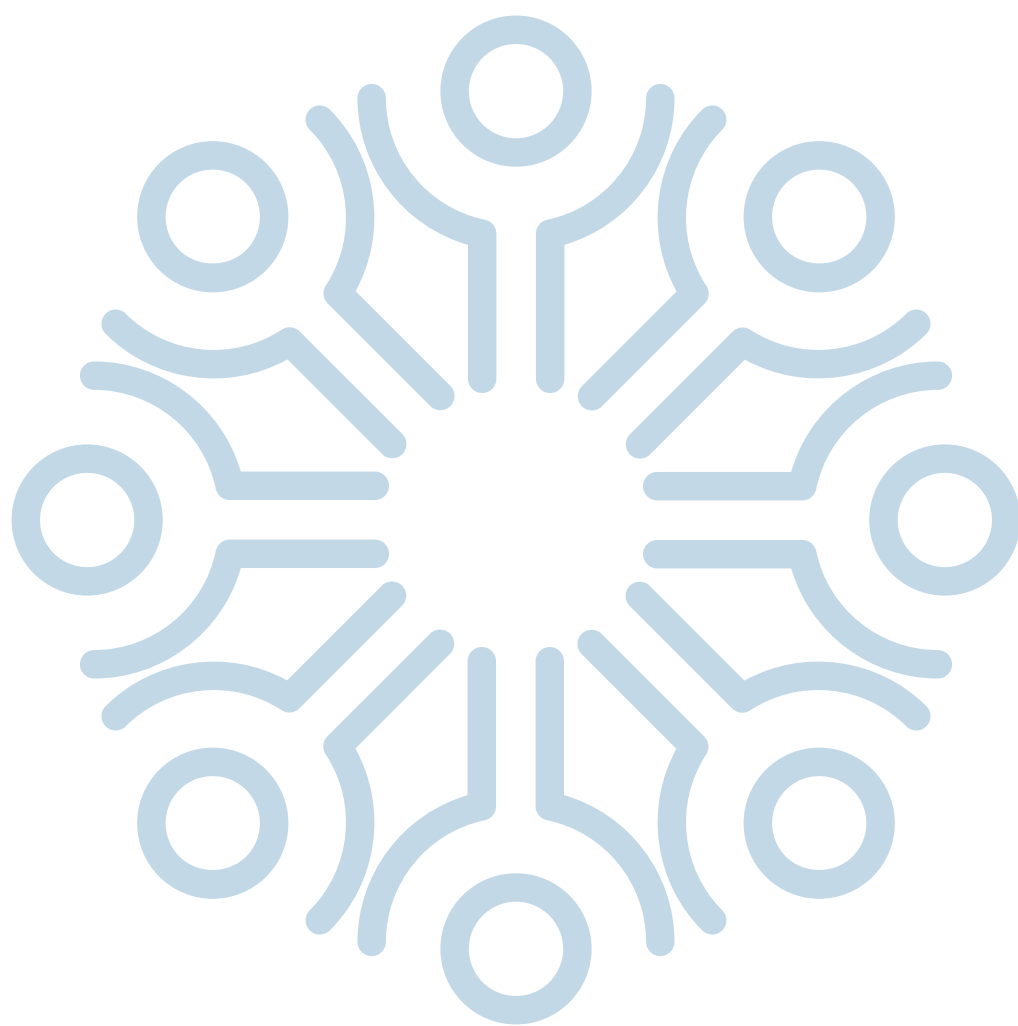
Glossary

Antenatal care (ANC)/Prenatal care

Care provided by skilled health care professionals (which include doctors/clinical officers or nurs-es/midwives/auxiliary midwives) to pregnant women in order to ensure the best health conditions for both mother and baby during pregnancy.

Complementary foods

Foods other than breast milk or infant formula (liquids, semi-solids, and solids) introduced to an infant to provide nutrients.

Crude Birth Rate (CBR)

The total number of births occurring in a given year per 1,000 population.

Dwelling residence

A structure which is used for housing purposes only.

Household roster

Includes listing of all household members and their characteristics, such as each member's age, sex, relation-ship with the head of household, education and literacy status.

Fecundity

Reflects a woman's ability to conceive and her ability to carry the pregnancy to term.

Fertility

The frequency of childbearing within a given population.

General Fertility Rate (GFR)

The annual number of births in a population per 1,000 women aged 15-49.

Gini coefficient

Measure of the deviation of the distribution of income among individuals or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality, a value of 100 absolute inequality.

Infant and young child feeding (IYCF)

Includes early initiation (within one hour of birth) of exclusive breastfeeding, exclusive breastfeeding for the first six months of life, followed by nutritionally adequate and safe complementary foods while breast-feeding continues for up to two years of age or beyond.

Intermediate (Type II)

A form of female circumcision that involves partial or total removal of the clitoris and the labia minora.

Khat

A stimulant drug that comes from a shrub that grows in East Africa and southern Arabia. Like chewing to-bacco, leaves of the khat shrub are chewed and held in the cheek to release their chemicals. Cathinone and cathine are the stimulants in khat that make a person feel intoxicated.

Live birth

The complete expulsion from its mother of a product of conception, regardless of the duration of the preg-nancy, which, after such separation, breathes or shows any other evidence of life—e.g. beating of the heart, pulsation of the umbilical cord or definite move-ment of voluntary muscles—whether or not the umbil-ical cord has been cut or the placenta is attached.

Nomad

A person with no permanent residence, who depends on livestock for livelihood, and who moves from one place to another in search of pastures and water for their livestock.

Pharaonic (Type III & IV)

A form of female circumcision that involves narrowing of the vaginal opening with the creation of a covering seal by cutting, appositioning and stitching together the labia minora or the labia majora, with or without exci-sion of the clitoris.

Postnatal care

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

Reproductive age for women

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

Sampling

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

Sampling frame

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

Skilled delivery

A child delivery assisted by an accredited health pro-

fessional – such as a doctor/clinical officer or nurse/midwife/nurse – who has been educated and trained to proficiency in the skills needed to manage nor-mal (un-complicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

Sunna/sunni (Type I)

A form of female circumcision, which involves the partial or total removal of the clitoris and/or the prepuce.

Vaccination

Stimulates one's immune system to produce antibodies, exactly like it would if they were exposed to the disease. After getting vaccinated, a person develops immunity to that disease, without having to get the dis-ease first.

Wealth quintile

A measure of wealth or poverty status of the household based on the ownership of assets and the character-is-tics of the person's household. Household characteristics in many instances may be considered to be a better or more valid reflection of living standards than monetary income, since they capture long-term wealth and cover both monetary and non-monetary wealth. A quintile represents information for a fifth (20%) of the population. A household is classified into a quintile based on the score where the fifth quintile represents a wealthiest household and vice versa.

Chronic diseases

Anaemia

A medical condition in which the red blood cell count or haemoglobin is less than normal.

Arthritis

Joint disease that causes swelling of the joints, pain, stiffness and decreased range of motion.

Blood pressure

The pressure of the blood on the walls of the arteries as the heart pumps it around a body. A systolic blood pressure reading of 140 or more is high blood pressure (also called hypertension).

Cardiovascular (heart) disease

Refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease

Cataract

Clouding of the eye's natural lens, which lies behind the iris and the pupil. Cataract is the most common cause of loss of vision loss in people over age 40 and is the principal cause of blindness in the world.

Chronic back pain/spinal problem

Pain in the back or a problem with the spine that which

lasts for 3 months or more. People who have chronic back pain may have limited range of motion and/or tenderness upon touch. People with spinal problem ex-pe-rience pain and other symptoms, such as numbness, tingling or weakness.

Chronic headache

This is headache that occurs for more than four hours on more than 15 days per month

Diabetes

Often referred to as diabetes mellitus, this describes a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond properly to insulin, or both.

Epilepsy

Chronic disorder, characterized by recurrent, unpro-voked seizures which occur because of a sudden surge of electrical activity in the brain.

Inflammation/ulcers

Sores in the lining of the rectum and colon. Ulcers form where inflammation has killed the cells that usually line the colon, then bleed and produce pus.

Kidney diseases

Affect the body's ability to clean blood, filter extra water out of blood and help control blood pressure.

Liver disease

Symptoms of liver disease often include swelling of the abdomen and legs, bruising easily, changes in the colour of your stool and urine, and jaundice, or yellowing of the skin and eyes.

Lung disease

Disorders that affect the lungs, the organs that allow us to breathe. The three most common lung diseases are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning. COPD refers to chronic obstructive bronchitis and emphysema. Both diseases limit airflow into and out of the lungs and make breathing difficult. Lung cancer is a disease in which ab-normal (malignant) lung cells multiply and grow without control.

Mental/psychological illness

A condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day.

Prostatic hypertrophy also known as prostatic hyper-plasia

Histologic diagnosis characterized by proliferation of the cellular elements (enlargement) of the prostate. Chronic bladder outlet obstruction (BOO) secondary to BPH may lead to urinary retention, renal insufficien-cy, recurrent urinary tract infections, gross haematuria, and bladder calculi.

Sickle-cell anaemia/thalassemia

Belongs to a group of diseases called sickle-cell diseases (SCD) that are inherited red blood cell disorders. People with SCD have abnormal haemoglobin, called haemoglobin S or sickle haemoglobin, in their red blood cells. Sickle-cell anaemia is the most common and severe kind of SCD. Characteristic features of this disorder include a low number of red blood cells (anaemia), repeated infections, and periodic episodes of pain

Skin disease

A condition or disease affecting the skin. It's anything that irritates, clogs, or inflames your skin causing symptoms such as redness, swelling, burning, and itching.

Stroke

Occurs when the blood supply to your brain is interrupted or reduced. This deprives your brain of oxygen and nutrients, which can cause your brain cells to die. A stroke can sometimes cause temporary or permanent disabilities, depending on how long the brain lacks blood flow and which part was affected. Complications may include: paralysis or loss of muscle movement; difficulty talking or swallowing; memory loss or think-ing difficulties; emotional problems; pain and numbness; changes in behaviour and ability for self-care.

Tumor

Also known as a neoplasm, is an abnormal mass of tissue which may be solid or fluid-filled. Tumors can be benign (not cancerous), pre-malignant (pre-cancerous), or malignant (cancerous).

Literacy and school attendance

Gross Attendance Ratio (GAR)

The total number of students attending a given education level, regardless of age, expressed as a percentage of the eligible official school-age population for that level in a given school year.

Literacy

Is the ability to read and write, with an understanding of a short simple statement about one's everyday life.

Net Attendance Ratio (NAR)

The total persons attending in a given education level who have an age that is within the age range appropri-ate for the level of education they are enrolled in. The NAR is expressed as a percentage of the eligible offi-cial school-age population for a particular level in a given school year corresponding with the population.

Types of disability

Hearing

Hearing loss, also known as hearing impairment, is a partial or total inability to hear. Hearing loss may be caused by genetics, ageing, exposure to noise, some infections, birth complications, trauma to the ear, and certain medications or toxins.

Learning

A learning disability is a neurological disorder. In simple terms, a learning disability results from a differ-ence in the way a person's brain is "wired." Children with learning disabilities are as smart as or smarter than their peers. But they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways.

Mental

A mental disorder, also called a mental illness or psychiatric disorder is a behavioural or mental pat-tern that may cause suffering or a poor ability to function in life. Persons with mental disorders often have significant changes in thinking, emotion and/or behaviour; distress and/or problems functioning in social, work or fami-ly activities.

Mobility

Mobility impairment refers to the inability of a person to use one or more of his/her extremities, or a lack of strength to walk, grasp, or lift objects. The use of a wheelchair, crutches, or a walker may be utilized to aid in mobility.

Self-care

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

Sight

Visual impairment (vision impairment, vision dis-ability) is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses or medication. Visual impairment can be due to dis-ease, trauma, or congenital or degenerative conditions. Terms such as "partially sighted", "low vision", "le-gally blind" and "totally blind" are used to describe visual impairments.

Speech

Speech disorders or speech impediments are a type of communication disorder where 'normal' speech is dis-rupted. This can mean stuttering, lisps, etc. Some-one who is unable to speak due to a speech disorder is con-sidered mute.

Types of toilet facilities

Flush/pour flush toilet

A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odours.

A pour flush toilet uses a water seal, but unlike a flush toilet, it uses water poured by hand for flushing (no cistern is used).

Open field/defecation

Open defecation is the practice of people defecating outside in an open field or in the push and not into a des-ignated toilet.

Piped sewer system

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

Piped to pit latrine

A system that flushes excreta to a hole in the ground.

Piped to septic tank

An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.

Piped to somewhere else

A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g. excreta may be flushed to the street, yard/plot, drainage ditch or other location.

Pit latrine

Excreta are deposited without flushing directly into a hole in the ground.

Pit latrine with slab

A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or plat-form 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 ex-creta is collected.

Ventilated improved pit (VIP) latrine

A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is cov-ered with gauze mesh or fly-proof netting.

If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP super-struc-ture is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit la-trine with slab, not a VIP latrine.

Water sources

Bottled water

Water that is bottled and sold to the household in bot-tles.

Cart with small tank

Water is obtained from a provider who transports water into a community using a cart and then sells the wa-ter. The means for pulling the cart may be motor-ized 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 wa-ter 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 con-sidered as pro-tected.

Protected spring

A spring protected from runoff, bird droppings, and an-imals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.

Public tap or standpipe

Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brick-work, masonry or concrete.

Rainwater

Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.

Tanker truck

Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.

Tube well or borehole

A deep hole that has been bored or drilled with the purpose of reaching ground water supplies. Water is de-livered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.

Unprotected dug well

A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.

Unprotected spring

A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box".

Surface water

Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.

Water treatment

Adding bleach/chlorine

Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.

Boiling

Heating water using fuel.

Let it stand and settle

Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or 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 fil-tering systems usually include ceramic, sand and composite.

APPENDIX A

Sampling Design

Objectives of the Somali Health and Demographic Survey

The Jubaland Health and Demographic Survey (JLHDS 2020) was designed to provide estimates of maternal health, child health, child nutrition and other relevant indicators at state level and regional level, and separately for urban, rural and nomadic places of residence. The target population were women in the reproductive ages (15 to 49 years of age) and children who are under five years of age and reside in households in the state at the time of the survey.

Sampling Frame

The sampling frame required to achieve the objective of SHDS is a complete list of households in the country. The households form Ultimate Sampling Units (USUs), allowing probability sampling to be implemented. The existence of such a list of households, a list in which every household is associated with one and only one household of the list, is the cornerstone of probability sampling. The fact that there was no population and housing census implemented in Jubaland 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 SHDS 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 924 such EAs, also referred to as primary sampling units (PSUs), were digitized; 603 in urban areas and

270 in rural areas.

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

Constructing Sampling Frame for Nomads

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

The nomadic frame was therefore comprised of an updated list of temporary nomadic settlements (TNS) obtained from nomadic link workers (NLWs) who are tied to these nomadic settlements. A total of 51 TNS formed the JLHDS 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 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 JLHDS followed a stratified multi-stage probability cluster sample design. The sample design in urban and rural was three-stage stratified cluster sample design, while in nomadic areas the design was a two-stage stratified cluster sample design. The primary sampling units (PSUs) were selected with a probability proportionate to the number of dwelling structures which constituted the sampling frame. The second-stage sampling units (SSUs), for rural and urban areas, were selected with a probability proportionate to the number of listed households which constituted the frame. The ultimate sampling units (USUs), for rural, urban and nomadic areas were systematically selected from listed households in the cluster. Each administrative region was stratified into urban, rural and nomadic areas, yielding a total of 6 sampling strata.

Sample Allocation

To ensure that the survey precision is comparable across regions, PSUs were allocated equally to all regions. In the first stage, a total of 141 PSUs were selected from 6 strata with 67 PSUs from urban , 54 PSUs from rural and 20 PSUs from nomadic areas, representing about 14% of the total frame of all PSUs. In the second stage, a total of 20 PSUs were allocated to urban and rural strata each and the same 20 PSUs to nomadic areas yielding a total of 60 PSUs. In the third stage for urban and rural and second stage for nomadic areas, 30 households were allocated to each PSU.

Sample selection in urban and rural areas

In the first stage, a selection of 35 PSUs (EAs) in every stratum was carried out using PPS of dwelling structures. Listing of households was conducted and hence the number of households in each of the sampled 35 PSUs in each stratum were obtained. In the second stage 10 SSUs were selected, from the 35 listed PSUs, using PPS to the listed households. Finally, a systematic selection of 30 households from each of the 10 PSUs listed was done using the DHS Program excel sheet template for household selection.

Sample selection in nomadic areas

In nomadic areas, a sample of 10 EAs (in this case TNS) were selected from each nomadic stratum, with probability proportional to the number of estimated households. A

complete listing of households was carried out in the selected TNS followed by selection of 30 households for the main survey interview. In those TNS with 30 or less households, all households were interviewed for the main survey and the MMR questionnaire was administered. All eligible ever-married women aged 12 to 49 and never-married women aged 15 to 49 were interviewed in the selected households, while the household questionnaire was administered to all households selected. All households in each sampled TNS were administered the maternal mortality questionnaire.

First-stage Sample Allocation and Selection

- Equally allocate 35 PSUs to urban and rural areas and 10 TNS to all 6 strata.
- PSUs were selected using Probability Proportional to Size (PPS) sampling of digitized dwelling structures
- All households in the selected PSUs were listed and additional information on births and deaths during the 24 months preceding the survey was obtained for use in computing the maternal mortality ratio (MMR).

Second-stage Sample Allocation and Selection

- Equally allocate 10 SSUs to all 6 strata
- Secondary sampling units (SSUs) were selected using PPS sampling of listed household.

Third-stage Sample Allocation and Selection (2nd Stage in Nomadic Areas)

Thirty households were selected systematically and household questionnaire administered. Further, in all the selected households, an ever-married questionnaire was administered to all ever married women aged 12-49 and never-married questionnaire administered to never-married women aged 15-49. In addition, information was obtained from children under the age of five.

Design Weights and Sampling Weights

Design weights and sampling (survey) weights were

computed for every household and ever-married women and never-married women selected to participate in the JLHDS 2020. A design weight is the inverse of probability of selecting a housing unit to be interviewed. Sampling weight of a household is the design weight corrected for non-response including other adjustments where necessary. Design weights for each stage of the sample selection were computed as shown in the following steps;

First Stage: Selection of 35 PSUs from every urban stratum and rural stratum; and 10 PSUs from nomadic in stratum,

PSU_h = number of PSUs to be sampled in stratum h; and

MOS_{hi} = number of dwelling structures for PSU_i in stratum h.

The probability of selecting PSU_i in stratum h is

$$P_{hi} = \frac{m_h \times MOS_{hi}}{\sum_{i \in h} MOS_{hi}}$$

Second Stage: Selection of 10 SSUs from every urban and rural stratum from the 35 listed PSUs only,

Let

q = total number of SSUs to be sampled;

MOS_{hij} = number of listed households for SSU_j of PSU_i in stratum h; and

I_{ssu} = sampling interval for the selection of SSUs.

The conditional probability (CP) of selecting SSU_j from PSU_i in stratum h is;

$$CP_{hij} = \frac{q \times \left(\frac{MOS_{hij}}{P_{hi}}\right)}{\sum_{hij}\left(\frac{MOS_{hij}}{P_{hi}}\right)} = \frac{MOS_{hij}/P_{hi}}{I_{SSU}}$$

Design weight for enumeration areas: $DW_{2ea} = 1/\ CP_{hij}$

Third and last stage: Selection of 30 households from

each PSU using DHS Program excel sheet template,

let

d_h = total number of housing units to be sampled within the stratum h;

D_h = total number of housing units in the stratum h sampling frame;

Let, $r = d_h/D_h$, then the conditional probability of selecting housing unit k from SSU j of PSUi in stratum h is

$$CP_{hijk} = \frac{r}{P_{hi} \times CP_{hij}} = \frac{r \times I_{SSU}}{MOS_{hij}}$$

The overall probability of selecting housing unit k in SSU j of PSU i of stratum h is

$$P_{hijk} = P_{hi} \times CP_{hij} \times CP_{hijk} = r$$

The design weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hijk} = 1/P_{hijk} = 1/r$$

Adjustment for non-response and computation of sampling weights

The design weight calculated above is based on sample design parameters. If there was no non-response at the cluster level, at the household level, at the individual level, or under-coverage, the design weight is enough for all analyses, for both household indicators and individual indicators. However, non-response was encountered in JLHDS 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. JLHDS used the sampling stratum as the response group because the stratification was achieved by regrouping homogeneous sampling units in a single stratum (urban, rural or nomadic).

The following steps explain how the sampling weight was calculated.

1. Primary Sampling Unit/Cluster level response rate

Let q_h be the number of PSUs for the first stage and/or SSUs for the second stage selected in stratum h; let *q_h be the number of clusters (PSUs/SSUs) interviewed. The cluster level response rate in stratum h is therefore;

$$R_{CL} = * qh/ qh$$

2. Household level response rate

Let k_{hj} be the number of households found, as recorded in the household questionnaire, in cluster j of stratum h; let *k_{HJ} be the number of households interviewed in the cluster. The household response rate in stratum h is calculated by;

$$R_{HH} = \sum d_{hj} * khj / \sum d_{hj} khj$$

where dhj is the design weight of cluster j in stratum h; the summation is over all clusters in the stratum h.

3. Individual response rate

Let h_{jl} be the number of eligible women found in cluster j of stratum h; let *h_{jl} be the number of individuals interviewed. The individual response rate in stratum h is calculated as;

$$R_{ID} = \sum d_{hj} * hjl / \sum d_{hj} hjl$$

where d_{hj} is the design weight of cluster j in stratum h; the summation is over all clusters in the stratum h.

The household sampling weight of cluster j in stratum h is calculated by dividing the household design weight by the product of the cluster response rate and the household response rate, for each of the sampling stratum:

$$* d_{hj} = d_{hj}/ (R_{CL} * R_{HH})$$

The individual sampling weight of cluster j in stratum

h is calculated by dividing the household sampling weight by the individual response rate, or equivalently, by dividing the household design weight by the product of the cluster response rate, the household response rate and the individual response rate, for each of the sampling strata:

$$d_{hj\_ID} = \frac{* \, d_{hj}}{R_{ID}} = \frac{d_{hj}}{(R_{ID} * R_{HH} * R_{CL})}$$

Post-Stratification

The resulting sampling weight was adjusted for target population constructed by the JLHDS team. The sampling frame had excluded areas that were not accessible, areas that had very few dwelling structures according to the satellite image and TNS with very few reported households. The adjusting factors, at the stratum level, were obtained by dividing the stratum target population by stratum sampling frame population. This ensured that the sum of the final weights equal is equal to the target population.

Normalization

Lastly, the survey weights were normalized in order to give a total number of weighted cases that equals the total number of unweighted cases at the national level. Normalization was done by dividing the survey weight by the mean of the survey weight for the household weight and for the individual woman. The normalized weights are relative weights, which are valid for estimating means, proportions and ratios.

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Table A.1   Household Distribution by region

Distribution of the households in the sampling frame by region and residence, JLHDS 2021

Region	Households in the frame				Percentage of Totals to households	Percent Urban
	Urban	Rural	Nomadic	Total		
Gedo	37,771	2,161	2,034	41,966	49.5	90.0
Lower Juba	29,413	9,876	3,586	42,875	50.5	68.6
Total	67184	12037	5620	84841	100	79.2

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, JLHDS 2021

Region	Number of Enumeration areas in frame				Frame			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Gedo	330	100	27	457	120	93	75	112
Lower Juba	273	170	24	467	121	130	149	103
Total	603	270	51	924	121	109	62	110

Table A.3   First stage Sample allocation of clusters and households

JLHDS 2020

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Gedo	32	26	10	68	2,798	1,697	854	5,349
Lower Juba	35	28	10	73	3,837	3,614	461	7,912
Total	67	54	20	141	6,635	5,311	1,315	13,261

Table A.4   Second stage Sample allocation of clusters and households

Sammple allocation of clusters and households for main survey by region, according to residence, JLHDS 2021

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Gedo	10	10	10	30	292	300	301	893
Lower Juba	10	10	10	30	300	300	286	886
Total	20	20	20	60	592	600	587	1,779

APPENDIX B

Estimates of Sampling Errors

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

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the Jubaland Health and Demographic Survey (JLHDS 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 JLHDS 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 JLHDS 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 JLHDS which is Taylor series linearization. The

non-linear estimates are approximated by linear ones for estimating variance. The linear approximation is derived by taking the first-order Tylor series approximation. Standard variance estimation methods for linear statistics are then used to estimate the variance of the linearized estimator.

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

$$SE^2(r) = var(r) = \frac{1}{x^2} \sum_{h=1}^{H} \frac{n_h(1-f_h)}{n_h - 1} \sum_{j} \left(z_{hj} - \frac{z_h}{n_h} \right)^2$$

in which

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

where

h represents the sampling stratum which varies from 1 to H,

n_h is the total number of clusters selected in the hth stratum,

y_{hj} is the sum of weighted values of variable y in the jth cluster in the hth stratum,

x_{hj} is the sum of weighted values of variable x in the jth cluster in the hth stratum,

f_h is the sampling fraction in stratum h, it can be ignored when it is small

x is the sum of weighted values of variable x over the total sample

Sampling errors for the JLHDS 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 Jubaland sample is 0.639 (63.9%) and its standard error is 0.031. Therefore, to obtain the 95% confidence limits, one adds and subtracts twice the standard error to the sample estimate, that is, 0.639 $\pm$ 2 x 0.031. There is a high probability (95%) that the true proportion of households access to improved water services for all households is between 0.600 (60.0%) and 0.701 (70.1%).

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Table B.1 List of selected variables for sampling errors, Benadir 2020

Variable	Estimate	Base population
Proportion with improved water sources	Proportion	Total households
Proportion with unimproved water sources	Proportion	Total households
Proportion with water on premises	Proportion	Total households
Proportion with less than 30 minutes to a drinking water source	Proportion	Total households
Proportion with 30 minutes or longer to a drinking water source	Proportion	Total households
Proportion with basick drinking water service	Proportion	Total households
Proportion with limited drinking water service	Proportion	Total households
Proportion with flush to septik tank	Proportion	Total households
Proportion with flush to pit latrine	Proportion	Total households
Proportion with ventilated improved pit latrine	Proportion	Total households
Proportion with pit latrine with slab	Proportion	Total households
Proportion with electricity for lighting	Proportion	Total households
Proportion with solar for lighting	Proportion	Total households
Proportion using Charcoal for cooking	Proportion	Total households
Proportion using firewood for cooking	Proportion	Total households
Proportion with electricity connection	Proportion	Total households
Proportion with No education	Proportion	Total women
Proportion with Primary education	Proportion	Total women
Proportion with Secondary	Proportion	Total women
Proportion with Higher education	Proportion	Total women
Proportion with Literacy	Proportion	Total women
Proportion with Currently married	Proportion	Total women
Proportion with never married	Proportion	Total women
Proportion with divorced women	Proportion	Total women
Proportion with widowed women	Proportion	Total women
Proportion with pregnant	Proportion	Total currently married women
Proportion Married before age 18	Proportion	Total Ever married women

Table B.2 Sampling errors for all samples, Jubaland report 2021

	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Relative error (RSE)	Confidence limits R-2SE	R+2SE
Households						
Proportion with improved water sources	0.639	0.031	1129	0.048	0.578	0.701
Proportion with unimproved water sources	0.361	0.031	640	0.085	0.299	0.422
Proportion with water on premises	0.541	0.038	953	0.070	0.465	0.617
Proportion with less than 30 minutes to a drinking water source	0.308	0.029	547	0.095	0.249	0.366
Proportion with 30 minutes or longer to a drinking water source	0.150	0.022	267	0.146	0.106	0.194
Proportion with basick drinking water service	0.591	0.031	1043	0.053	0.528	0.654
Proportion with limited drinking water service	0.049	0.016	87	0.320	0.018	0.080
Proportion with flush to septik tank	0.069	0.016	121	0.231	0.037	0.101
Proportion with flush to pit latrine	0.148	0.025	260	0.172	0.097	0.199
Proportion with ventilated improved pit latrine	0.136	0.026	242	0.194	0.083	0.189
Proportion with pit latrine with slab	0.182	0.015	322	0.084	0.151	0.212
Proportion with electricity for lighting	0.281	0.049	497	0.173	0.183	0.378
Proportion using charcoal for cooking	0.377	0.049	667	0.130	0.279	0.475
Proportion using firewood for cooking	0.560	0.047	990	0.084	0.466	0.654
Proportion with No education	0.748	0.024	1262	0.032	0.699	0.796
Proportion of women with Primary education	0.177	0.017	299	0.097	0.143	0.211
Proportion of women with Secondary education	0.069	0.014	116	0.208	0.040	0.097
Proportion of women with Higher education	0.007	0.003	12	0.388	0.002	0.012
Proportion of women with Literacy	0.284	0.028	488	0.098	0.229	0.340
Proportion of Never married Women	0.223	0.014	377	0.061	0.196	0.250
Proportion of Currently married Women	0.630	0.017	1063	0.026	0.597	0.663
Proportion of Divorced women	0.078	0.009	132	0.118	0.060	0.097
Proportion of widowed women	0.069	0.010	116	0.139	0.049	0.088
Proportion of Women with pregnant	0.138	0.013	224	0.091	0.113	0.164
Proportion of Women Married before age 18	0.636	0.016	777	0.025	0.605	0.668

APPENDIX C

Data Quality Tables

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex, SHDS 2020

	Male		Female			Male		Female	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	149	3.1	148	3.0	36	32	0.7	35	0.7
1	183	3.8	179	3.6	37	26	0.5	33	0.7
2	243	5.0	248	5.0	38	19	0.4	51	1.0
3	247	5.1	237	4.8	39	14	0.3	33	0.7
4	263	5.4	235	4.7	40	135	2.8	92	1.8
5	201	4.1	193	3.9	41	17	0.4	14	0.3
6	205	4.2	197	4.0	42	19	0.4	17	0.3
7	197	4.1	194	3.9	43	25	0.5	8	0.2
8	200	4.1	235	4.7	44	8	0.2	2	0.0
9	151	3.1	171	3.4	45	61	1.3	36	0.7
10	207	4.3	197	4.0	46	5	0.1	3	0.1
11	119	2.5	111	2.2	47	17	0.4	11	0.2
12	173	3.6	165	3.3	48	8	0.2	5	0.1
13	123	2.5	146	2.9	49	11	0.2	11	0.2
14	129	2.7	120	2.4	50	94	1.9	89	1.8
15	124	2.6	123	2.5	51	14	0.3	20	0.4
16	96	2.0	105	2.1	52	14	0.3	29	0.6
17	70	1.4	76	1.5	53	13	0.3	13	0.3
18	108	2.2	90	1.8	54	9	0.2	8	0.2
19	45	0.9	48	1.0	55	32	0.7	37	0.7
20	111	2.3	119	2.4	56	10	0.2	10	0.2
21	33	0.7	47	0.9	57	7	0.1	8	0.2
22	39	0.8	54	1.1	58	7	0.1	9	0.2
23	21	0.4	65	1.3	59	15	0.3	7	0.1
24	39	0.8	38	0.8	60	66	1.4	46	0.9
25	86	1.8	110	2.2	61	4	0.1	2	0.0
26	31	0.6	36	0.7	62	5	0.1	2	0.0
27	32	0.7	51	1.0	63	4	0.1	8	0.2
28	51	1.1	87	1.7	64	3	0.1	1	0.0
29	28	0.6	42	0.8	65	15	0.3	11	0.2
30	155	3.2	115	2.3	66	4	0.1	2	0.0
31	15	0.3	26	0.5	67	6	0.1	2	0.0
32	26	0.5	51	1.0	68	2	0.0	2	0.0
33	22	0.5	37	0.7	69	6	0.1	5	0.1
34	18	0.4	26	0.5	70+	80	1.7	115	2.3
35	98	2.0	80	1.6	Total	4,845	100.0	4,979	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, by 5-year age groups, Benadir 2020

Age Group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	739	na	na	Na
15-19	442	414	24.5	93.7
20-24	323	307	18.2	95.0
25-29	326	301	17.8	92.3
30-34	255	247	14.6	96.9
35-39	232	228	13.5	98.3
40-44	133	126	7.5	94.7
45-49	66	65	3.9	98.5
50-54	159	na	na	Na
15-49	1777	1688	100	95.0

Note: the defacto population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both the household population of women and interviewed women are household weights. Age is based on the household questionnaire.
NA = Not applicable

APPENDIX D

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APPENDIX E

Household Questionnaire

SHDS SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

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

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

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

INTERVIEWER VISITS

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

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

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

| LANGUAGE OF QUESTIONNAIRE** | 0 1 | LANGUAGE OF INTERVIEW** | | NATIVE LANGUAGE OF RESPONDENT** | |
| LANGUAGE OF QUESTIONNAIRE** | **ENGLISH** | **LANGUAGE CODES: | | | |

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

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

HH-1

SHDS

SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

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

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

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

INTERVIEWER VISITS

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

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

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE EVER MARRIED WOMEN

TOT ELIGIBLE NEVER MARRIED WOMEN

TOTAL CHILDREN 0-5 YEARS

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

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

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

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

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

HH-1

INTRODUCTION AND CONSENT

HH-2

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   RESPONDENT DOES NOT AGREE
   TO BE INTERVIEWED . .   1   TO BE INTERVIEWED . .   2 ⟶ END

100	RECORD THE START TIME.	HOURS		
		MINUTES		

HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
								IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED			
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	MARITAL STATUS	AGE AT FIRST MARRIAGE	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME's) year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDO-NED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01			M F / 1 2	Y N / 1 2	Y N / 1 2	IN YEARS	Y Y Y Y		IN YEARS	01	01	01
02			1 2	1 2	1 2					02	02	02
03			1 2	1 2	1 2					03	03	03
04			1 2	1 2	1 2					04	04	04
05			1 2	1 2	1 2					05	05	05
06			1 2	1 2	1 2					06	06	06
07			1 2	1 2	1 2					07	07	07
08			1 2	1 2	1 2					08	08	08
09			1 2	1 2	1 2					09	09	09
10			1 2	1 2	1 2					10	10	10

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

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD
01 = HEAD OF HOUSEHOLD
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NEPHEW/NIECE
10 = BROTHER/SISTER-IN-LAW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

HH-3

Jubaland Health and Demographic Survey

HOUSEHOLD SCHEDULE

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

CODES FOR Qs. 18 AND 20: EDUCATION

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

HOUSEHOLD SCHEDULE

	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					**IF AGE 10 YEARS OR OLDER**					
LINE NO.	BIRTH REGISTRATION										
	22	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**32**
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	I would now like to ask you some questions about the health of all family members. Does (NAME) suffer from any chronic disease?	What are the diseases suffered by (NAME)? SEE CODES BELOW.	Has any physician informed (NAME) that (s)he suffers from this disease?	Does (NAME) get treatment regularly for this condition?	Does (NAME) smoke cigarettes, or any kind of tobacco?	Does (NAME) currently chew qat/khat?	Does (NAME) face any of the following limitations? A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	What is the main reason for (NAME's) disability? SEE CODES BELOW.	How old was (NAME) when this condition started? IF 95 OR MORE, RECORD '95'.	During the last 12 months did (NAME) get any of the following forms of support? A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
01	☐	Y N DK 1 2 — 8 → GO TO 27	CODE A B C D E F G H I J K L M N O P Q R S T Y	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H → GO TO 101	CODE ☐☐	IN YEARS ☐☐	CODE A B C D Y
02	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
03	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
04	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
05	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
06	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
07	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
08	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
09	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y
10	☐	1 2 — 8 → GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H → GO TO 101	☐☐	☐☐	A B C D Y

CODES FOR Q. 24: CHRONIC DISEASES

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

CODES FOR Q. 30: CAUSE OF DIABILITY

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

HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
								IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED			
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	MARITAL STATUS	AGE AT FIRST MARRIAGE	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME's) year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDO-NED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11			M 1 F 2	Y 1 N 2	Y 1 N 2	IN YEARS	Y Y Y Y		IN YEARS	11	11	11
12			1 2	1 2	1 2					12	12	12
13			1 2	1 2	1 2					13	13	13
14			1 2	1 2	1 2					14	14	14
15			1 2	1 2	1 2					15	15	15
16			1 2	1 2	1 2					16	16	16
17			1 2	1 2	1 2					17	17	17
18			1 2	1 2	1 2					18	18	18
19			1 2	1 2	1 2					19	19	19
20			1 2	1 2	1 2					20	20	20

CK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD	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

HOUSEHOLD SCHEDULE

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

CODES FOR Qs. 18 AND 20: EDUCATION

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

HOUSEHOLD SCHEDULE

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
11		Y N DK 1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H GO TO 101	CODE	IN YEARS	CODE A B C D Y
12		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
13		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
14		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
15		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
16		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
17		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
18		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
19		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y
20		1 2 — 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101			A B C D Y

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 24: CHRONIC DISEASES

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

CODES FOR Q. 30: CAUSE OF DIABILITY

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

Jubaland Health and Demographic Survey

OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Has any member of the household been sick in the last one month?	YES . . . . 1 NO 2	→ 107
102	Did you seek any advice or treatment for his/her condition?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 107 → 107

103	Where did you seek advice or treatment for his or her condition?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   REFERRAL HEALTH CENTRE . . . . B
		   MCH/HC C
		   PRIMARY HEALTH UNIT (PHU . . . . D
		   MOBILE CLINIC . . . . E
		   OTHER PUBLIC SECTOR
		   _____ F
		            (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		      PRIVATE DOCTOR . . . . G
		   PHARMACY . . . . H
		   OTHER PRIVATE MEDICAL SECTOR
		   _____ I
		            (SPECIFY)
		OTHER SOURCE
		   SHOP . . . . J
		
		OTHER _____ X
		            (SPECIFY)	

104	Did he/she receive any of the following services? If YES, how much did the household incur on the health services received in the last one month? RECORD AMOUNT IN USD.		

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

<u>OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	In total, how much money did the household spend on treatment and healthcare services during the last one month?	AMOUNT (USD) . . ☐☐☐☐☐	
106	In the past one month, which of the following financial sources did your household use to pay for any health expenditure? (READ OUT AND CIRCLE 1 OR 2 AS APPROPRIATE) a) Current income b) Health insurance c) Savings (including in bank) d) Borrow from banks/other institutions/relatives e) Support from relatives & friends f) Sold assets g) Other means	YES NO a) INCOME . . . . 1 2 b) INSURANCE . . . . 1 2 c) SAVINGS . . 1 2 d) BORROWING . . . . 1 2 e) RELATIVES/FRIENDS . . . . 1 2 f) SOLD ASSETS . . . . 1 2 f) OTHER _____ 1 2 (SPECIFY)	
107	Does any household member have a health insurance policy?	YES . . . . 1 NO 2	

<u>HOUSEHOLD CHARACTERISTICS</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	What is the main source of drinking water for members of your household?	**PIPED WATER** 　　PIPED INTO DWELLING　. . . . .　11 　　PIPED TO YARD/PLOT . . . .　12 　　PIPED TO NEIGHBOR　. . . . .　13 　　PUBLIC TAP/STANDPIPE　. . . . .　14 TUBE WELL OR BOREHOLE　. . . . .　21 **DUG WELL** 　　PROTECTED WELL . . . .　31 　　UNPROTECTED WELL . . . .　32 **WATER FROM SPRING** 　　PROTECTED SPRING　. . . . .　41 　　UNPROTECTED SPRING　. . . . .　42 RAINWATER　. . . . .　51 TANKER TRUCK　. . . . .　61 CART WITH SMALL TANK . . . .　71 WATER KIOSK　. . . . .　72 SURFACE WATER (RIVER/DAM/LAKE/BERKAD 　　/POND/STREAM/CANAL/MUQSIID/ 　　IRRIGATION CHANNEL)　. . . . .　81 BOTTLED WATER　. . . . .　91 OTHER ＿＿＿＿＿＿＿＿＿＿＿＿ 96 　　　　　　　　　(SPECIFY)	⎤ ⎥→ 206 ⎦
202	What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** 　　PIPED INTO DWELLING　. . . . .　11 　　PIPED TO YARD/PLOT . . . .　12 　　PIPED TO NEIGHBOR　. . . . .　13 　　PUBLIC TAP/STANDPIPE　. . . . .　14 TUBE WELL OR BOREHOLE　. . . . .　21 **DUG WELL** 　　PROTECTED WELL . . . .　31 　　UNPROTECTED WELL . . . .　32 **WATER FROM SPRING** 　　PROTECTED SPRING　. . . . .　41 　　UNPROTECTED SPRING　. . . . .　42 RAINWATER　. . . . .　51 TANKER TRUCK　. . . . .　61 CART WITH SMALL TANK . . . .　71 SURFACE WATER (RIVER/DAM/LAKE/BERKAD 　　LAKE/POND/STREAM/CANAL/MUQSIID/ 　　IRRIGATION CHANNEL)　. . . . .　81 OTHER ＿＿＿＿＿＿＿＿＿＿＿＿ 96 　　　　　　　　　(SPECIFY)	⎤ ⎥→ 206 ⎦
203a	Where is the main source of water for drinking located?	IN OWN DWELLING　. . . . .　1 IN OWN YARD/PLOT　. . . . .　2 ELSEWHERE　. . . . .　3	⎤→ 204a ⎦
203b	How long does it take to go there, get water, and come back in minutes?	MINUTES . . . . ☐☐☐ DON'T KNOW　. 998	
204a	Where is the main source of water for other purposes located?	IN OWN DWELLING　. . . . .　1 IN OWN YARD/PLOT　. . . . .　2 ELSEWHERE　. . . . .　3	⎤→ 205 ⎦
204b	How long does it take to go there, get water, and come back in minutes?	MINUTES . . . . ☐☐☐ DON'T KNOW　. 998	

HH-11

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204c	What means does your household mostly use to fetch water i.e. from source to home?	WATER TANKER . . . . 1 CAR/PICKUP/TRUCK . . . . 2 CAMEL CART . . . . 3 DONKEY CART . . . . 4 WHEELBARROW 5 ON FOOT . . . . 6 OTHER _____ 96 (SPECIFY)	
205	CHECK 201 : CODE '14' OR '21' CIRCLED? YES ☐ NO ☐		207
206	In the past two weeks, was the water from this source not available for at least one full day?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
207	Do you do anything to the water to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	209
208	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . A ADD BLEACH/CHLORINE . . . . B STRAIN THROUGH A CLOTH . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) . . . . D SOLAR DISINFECTION . . . . E LET IT STAND AND SETTLE . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
209	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	**FLUSH OR POUR FLUSH TOILET** FLUSH TO PIPED SEWER SYSTEM . . . . 11 FLUSH TO SEPTIC TANK . . . . 12 FLUSH TO PIT LATRINE . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . 14 FLUSH, DON'T KNOW WHERE . . . . 15 **PIT LATRINE** VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . 22 PIT LATRINE WITHOUT SLAB/OPEN PIT . . . . . 23 COMPOSTING TOILET . . . . 31 BUCKET TOILET . . . . 41 HANGING TOILET/HANGING LATRINE . . . . 51 NO FACILITY/BUSH/FIELD . . . . 61 OTHER _____ 96 (SPECIFY)	214
210	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	212
211	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . ⬚0⬚ 10 OR MORE HOUSEHOLDS . . . . 95 DON'T KNOW 98	
212	Where is this toilet facility located?	IN OWN DWELLING . . . . A IN OWN YARD/PLOT . . . . B ELSEWHERE C	
213	In total, how many toilets does your household use?	NO. OF TOILETS . . . . ⬚⬚	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	Whats the main source of energy for lighting?	ELECTRICITY .... 01 SOLAR .... 02 KEROSENE .... 03 FIREWOOD .... 04 TORCH .... 05 OTHER _____ 96 (SPECIFY)	
215	Whats the main source of energy for cooking?	ELECTRICITY .... 01 LPG .... 02 KEROSENE .... 03 FIREWOOD .... 04 CHARCOAL .... 05 STRAW/SHRUBS/GRASS .... 06 AGRICULTURAL CROP .... 07 ANIMAL DUNG .... 08 NO FOOD COOKED IN HOUSEHOLD .... 95 OTHER _____ 96 (SPECIFY)	→ 218
216	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE .... 1 IN A SEPARATE BUILDING .... 2 OUTDOORS .... 3 OTHER _____ 6 (SPECIFY)	→ 218
217	Do you have a separate room which is used as a kitchen?	YES .... 1 NO 2	
218	How many rooms in this household are used for sleeping?	ROOMS .... [ ][ ]	
219	Does this household own any livestock including horses, donkeys and poultry?	YES .... 1 NO 2	→ 221
220	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	a) CAMELS .... [ ][ ][ ] b) CATTLE .... [ ][ ][ ] c) SHOATS .... [ ][ ][ ] d) DONKEYS .... [ ][ ][ ] e) HORSES .... [ ][ ][ ] f) POULTRY................ [ ][ ][ ]	
221	Has this household lost any livestock in the last one year due to drought/flooding/disease etc?	YES .... 1 NO 2	→ 223
222	How many of the following animals did this household loose? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	DUE TO DROUGHT / DUE TO FLOODS / DUE TO DISEASE / TOTAL a) CAMELS ...... [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] b) CATTLE ...... [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] c) SHOATS ...... [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] d) DONKEYS ..... [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] e) HORSES ...... [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] f) POULTRY ..... [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]	

HOUSEHOLD CHARACTERISTICS

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

<u>ADDITIONAL HOUSEHOLD CHARACTERISTICS</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE . . . . 1 OBSERVED, MOBILE . . . . 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT . . . . 3 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 4 NOT OBSERVED, OTHER REASON 5	→231
229	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
230	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . A ASH, MUD, SAND . . . . B NONE . . . . Y	

231	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/SAND 11
		   DUNG 12
		   GRASS 13
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		   PALM/BAMBOO 22
		FINISHED FLOOR
		   PARQUET OR POLISHED WOOD 31
		   VINYL OR ASPHALT STRIPS 32
		   CERAMIC TILES 33
		   CEMENT 34
		   CARPET 35
		
		OTHER _____ 96
		               (SPECIFY)	

232	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		   NO ROOF 11
		   PALM LEAF/SOD 12
		RUDIMENTARY ROOFING
		   PALM/BAMBOO 21
		   CARDBOARD 22
		   CANVAS SHEETS 23
		   PLASTIC SHEETS 24
		   CLOTH AND RAGS 25
		FINISHED ROOFING
		   IRON SHEETS 31
		   WOOD 32
		   CERAMIC TILES 33
		   CEMENT 34
		   ROOFING SHINGLES 35
		
		OTHER _____ 96
		               (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
233	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** 　　NO WALLS . . . . 11 　　PALM LEAF/GRASS . . . . 12 　　DIRT . . . . 13 **RUDIMENTARY WALLS** 　　BAMBOO/STICKS/WOOD WITH MUD . . . . . 21 　　STONE WITH MUD . . . . 22 　　PLYWOOD . . . . 23 　　IRON SHEETS . . . . 24 　　CARDBOARD . . . . 25 　　CANVAS SHEETS . . . . 26 　　PLASTIC SHEETS . . . . 27 　　CLOTH AND RAGS . . . . 28 **FINISHED WALLS** 　　CEMENT . . . . 31 　　STONE WITH LIME/CEMENT . . . . 32 　　BRICKS . . . . 33 　　CEMENT BLOCKS . . . . 34 　　WOOD PLANKS/SHINGLES . . . . 36 OTHER _____ 96 　　　　　　　　　　(SPECIFY)	
234	In the past four weeks, did you worry that your household would not have enough food?	YES . . . . 1 NO 2	→ 236
235	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
236	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	YES . . . . 1 NO 2	→ 238
237	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
238	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	YES . . . . 1 NO 2	→ 240
239	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
240	In the last four weeks, were there cases where you did not have any kind of food to eat because of the lack of resources?	YES . . . . 1 NO 2	→ 242
241	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
242	In the last four weeks, were there cases where you or a family member went to bed hungry because there was not enough food or there was nothing to eat?	YES . . . . 1 NO 2	→ 244
243	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
244	In the last four weeks, were there cases where you or anyone from your family spent the whole day without eating because there was not enough food?	YES . . . . 1 NO 2	→ 301
245	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) . . . . . . 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
246	RECORD THE END TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	

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

302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐
304	CHECK 303: CHILD BORN IN 2013-2018?	YES .... 1 NO .... 2 (SKIP TO 311) ←	YES .... 1 NO .... 2 (SKIP TO 311) ←	YES .... 1 NO .... 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. . . . ☐☐.☐☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. . . . ☐☐☐.☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 308) ←	CM. . . . ☐☐☐.☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 308) ←	CM. . . . ☐☐☐.☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ...... 1 STANDING UP 2	LYING DOWN ...... 1 STANDING UP 2	LYING DOWN ...... 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER

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

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

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐
304	CHECK 303: CHILD BORN IN 2013-2018?	YES .... 1 NO .... 2 (SKIP TO 311) ←	YES .... 1 NO .... 2 (SKIP TO 311) ←	YES .... 1 NO .... 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. ... ☐☐.☐☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER 9996	KG. ... ☐☐.☐☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER 9996	KG. ... ☐☐.☐☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. ... ☐☐☐.☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 308) ←	CM. ... ☐☐☐.☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 308) ←	CM. ... ☐☐☐.☐ NOT PRESENT .....9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ...... 1 STANDING UP 2	LYING DOWN ...... 1 STANDING UP 2	LYING DOWN ...... 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____

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

WEIGHT, HEIGHT MEASUREMENT FOR WOMEN AGE 12-49

401	CHECK COLUMN 10 & 11 IN ROSTER. RECORD THE LINE NUMBER, NAME AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 402 AND 403. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
		WOMAN 1	WOMAN 2	WOMAN 3

402	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
403	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 9 (MARITAL STATUS):	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS . . . 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS . . . 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS . . . 2

404	WEIGHT IN KILOGRAMS.	KG. . . . ☐☐☐.☐☐ NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER 99996	KG. . . . ☐☐☐.☐☐ NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER 99996	KG. . . . ☐☐☐.☐☐ NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER 99996
405	HEIGHT IN CENTIMETERS.	CM. . . . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . .9995 OTHER 9996	CM. . . . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . .9995 OTHER 9996	CM. . . . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . .9995 OTHER 9996
406	CHECK 403: MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (END) ← OTHER 2

407A	ASK: Are you pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

408	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END THE INTERVIEW.

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

_____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____

_____

_____

_____

<u>EDITOR'S OBSERVATIONS</u>

_____

_____

_____

_____

_____

Ever-married Woman's Questionnaire

SHDS SOMALI HEALTH &
DEMOGRAPHIC SURVEY
2017-2018

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

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

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION

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

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

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

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

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**
**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE
02 SOMALI   SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

W-1

SHDS

SOMALI HEALTH & DEMOGRAPHIC SURVEY 2017-2018

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

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

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
	NAME	CODE

REGION _____

PRE-WAR NAME OF THE DISTRICT _____

CURRENT NAME OF THE DISTRICT _____

SETTLEMENT/TOWN _____

EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC) . . . .

EA CODE . . . .

HOUSEHOLD SERIAL NUMBER IN THE EA . . . .

INTERVIEWER VISITS

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

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

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

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

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

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
CODE				

W-1

SECTION 1. RESPONDENT'S BACKGROUND

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

W-3

SECTION 1. RESPONDENT'S BACKGROUND

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

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SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

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

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

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES . . . . 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT ☐ (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2013-2018	NUMBER OF BIRTHS . . . . ☐ NONE 0	→ 226
225	**C** FOR EACH BIRTH IN 2013-2018, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 230
227	How many months pregnant are you? **PROBE:** WHAT WAS YOUR LAST MENSTRUAL PERIOD? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
228	When you got pregnant, were you expecting to get pregnant at that time?	YES . . . . 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE ☐ NONE ☐ 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 . . . . ☐☐ YEAR . . . . ☐☐☐☐	

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<u>SECTION 2. REPRODUCTION</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2013-2018 ☐ ————————————————————————→			234
	LAST PREGNANCY ENDED IN 2012 OR EARLIER ☐ ————————————→			239

LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2013, have you had any other pregnancies that did not result in a live birth?	
01		☐☐ NUMBER OF MONTHS	YES . . . . 1 NO 2	→ NEXT LINE → 236
02	☐☐ ☐☐☐☐ MONTH YEAR	☐☐ NUMBER OF MONTHS	YES . . . . 1 NO 2	→ NEXT LINE → 236
03	☐☐ ☐☐☐☐ MONTH YEAR	☐☐ NUMBER OF MONTHS	YES . . . . 1 NO 2	→ NEXT LINE → 236
04	☐☐ ☐☐☐☐ MONTH YEAR	☐☐ NUMBER OF MONTHS	YES . . . . 1 NO 2	→ 236

236	**C** FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2013-2018 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.		

237	Did you have any miscarriages, abortions or stillbirths that ended before 2013?	YES . . . . 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2013 end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐		

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SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start? _____ (DATE, IF GIVEN) CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO . . . . 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
240	How old were you when you had your first menstrual period?	AGE IN YEARS . . . . DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 243
242	Is this time just before her period begins, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . 1 RIGHT AFTER HER PERIOD HAS ENDED . . . . 2 HALFWAY BETWEEN TWO PERIODS . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

SECTION 3. BIRTH SPACING

301	Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2
02	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2
03	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2
04	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2
05	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2
06	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2
07	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2
08	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . . . 1 NO 2
09	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . . . 1 NO 2
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . 1 NO 2
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO . . . . Y

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT ☐ OR UNSURE ↓	PREGNANT ☐	→ 309
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 309
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	IUD .... C INJECTABLES .... D 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) DON'T KNOW 98	307
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DUREX .... 01 MOODS .... 02 GOLD .... 03 SENSATION .... 04 GEANS .... 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
307	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH .... ☐☐ YEAR .... ☐☐☐☐	

308	CHECK 307, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 307
	
	NO ☐ YES ☐
	↓ GO BACK TO 307, PROBE AND RECORD MONTH AND YEAR AT
	        START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE
	        AFTER LAST BIRTH OR PREGNANCY TERMINATION).	

SECTION 3. BIRTH SPACING (CAPI OPTION)

309	CHECK 307:

C YEAR IS 2013-2018 → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

THEN CONTINUE ↓

C YEAR IS 2012 OR EARLIER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2013 .

THEN ┐ (SKIP TO 322) ←

310	I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.

C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2013. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

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

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SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ↓ ANY METHOD USED ☐		→ 313
312	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 322
313	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 EMERGENCY CONTRACEPTION . . . . 09 STANDARD DAYS METHOD . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 322 → 319

314	You first started using (CURRENT METHOD) in (DATE FROM 307). Where did you get it at that time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 11
		    REFERRAL HEALTH CENTRE 12
		    MCH/HC 13
		    PRIMARY HEALTH UNIT (PHU 14
		    MOBILE CLINIC 15
		    COMMUNITY HEALTH WORKER 16
		    OTHER PUBLIC SECTOR
		
		    _____ 17
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC/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

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<u>SECTION 3. BIRTH SPACING</u>

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

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SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 REFERRAL HEALTH CENTRE . . . . 12 MCH/HC . . . . 13 PRIMARY HEALTH UNIT (PHU . . . . 14 MOBILE CLINIC . . . . 15 COMMUNITY HEALTH WORKER . . . . 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/DOCTOR . . . . 21 PHARMACY . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP . . . . 31 FRIEND/RELATIVE . . . . 32 OTHER _____ 96 (SPECIFY)	→ 325
322	Do you know of a place where you can obtain a method of birth spacing?	YES . . . . 1 NO 2	
323	In the last 12 months, were you visited by a fieldworker?	YES . . . . 1 NO 2	→ 325
324	Did the fieldworker talk to you about birth spacing?	YES . . . . 1 NO 2	
325	CHECK 202: LIVING WITH CHILDREN YES ☐ NO ☐ a) In the last 12 months, have you visited a health facility for care for yourself or your children? | b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . 1 NO 2	→ 401
326	Did any staff member at the health facility speak to you about birth spacing methods?	YES . . . . 1 NO 2	

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SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:

ONE OR MORE BIRTHS ☐   NO BIRTHS IN ☐ → 648
IN 2013-2018 ↓   2013-2018

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)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBER . . . . ☐☐	BIRTH HISTORY NUMBER . . . . ☐☐
404	FROM 212 AND 216:	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓

405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . 1¬
		      (SKIP TO 408) ←
		NO 2
			YES . . . . 1¬
			      (SKIP TO 426) ←
			NO 2

406	CHECK 208:
	
	    ONLY ONE BIRTH
	    OR MORE THAN ☐
	    ONE BIRTH ↓
	a) Did you want to have a baby later on?
		LATER 1
		NO MORE/NONE . . . . 2¬
		      (SKIP TO 408) ←
			LATER 1
			NO MORE/NONE . . . . 2¬
			      (SKIP TO 426) ←

407	How much longer did you want to wait?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2¬ (SKIP TO 414) ←	

409	Whom did you see?
	
	Anyone else?
	
	PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.
		HEALTH PERSONNEL
		    DOCTOR . . . . A
		    CLINICAL OFFICER . . . . B
		    NURSE/MIDWIFE C
		    AUXILIARY MIDWIFE . . . . . D
		OTHER PERSON
		    TRADITIONAL BIRTH
		      ATTENDANT . . . . E
		    COMMUNITY HEALTH
		      WORKER . . . . F
		
		OTHER _____ X
		        (SPECIFY)	

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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

410	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		    HER HOME . . . . A
		    OTHER HOME . . . . B
		
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL . . C
		    REFERRAL HEALTH CENTRE D
		    MCH/HC . . . . E
		    PRIMARY HEALTH UNIT (PHU F
		    MOBILE CLINIC . . . . G
		    OTHER PUBLIC SECTOR
		    _____ H
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/
		       CLINIC I
		    OTHER PRIVATE
		       MEDICAL SECTOR
		    _____ J
		            (SPECIFY)
		
		OTHER _____ X
		            (SPECIFY)	

411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . ☐☐ DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample?	YES NO a) BP . . . . 1 2 b) URINE . . . . 1 2 c) BLOOD 1 2	
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . 1 NO . . . . 2⌐ (SKIP TO 417) ◄ DON'T KNOW . . . . 8⌐	
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . ☐ DON'T KNOW 8	
416	CHECK 415:	2 OR MORE ☐ OTHER TIMES ☐ ↓ (SKIP TO 420) ◄	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . 1 NO . . . . 2 (SKIP TO 420) ◄ DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . [ ] DON'T KNOW 8	

419	CHECK 418:
	
	ONLY [ ] MORE [ ]
	ONE ▼ THAN ONE ▼
	a) How many years b) How many years
	   ago did you ago did you
	   receive that receive the last
	   tetanus tetanus injection
	   injection? prior to this
	                    pregnancy?
		YEARS AGO . . . . . [ ][ ]	

420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . 1 NO . . . . 2 (SKIP TO 422) ◄ DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . [ ][ ][ ] DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 426) ◄ DON'T KNOW 8	
424	How many times did you take SP/Fansidar during this pregnancy? PROBE: MALARIA PREVENTION DRUG	TIMES . . . . [ ][ ]	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT . . . . 1 ANOTHER FACILITY VISIT . . . . . 2 OTHER SOURCE 6	

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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME

426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1
		LARGER THAN
		    AVERAGE 2
		AVERAGE 3
		SMALLER THAN
		    AVERAGE 4
		VERY SMALL 5
		DON'T KNOW 8
			VERY LARGE 1
			LARGER THAN
			    AVERAGE 2
			AVERAGE 3
			SMALLER THAN
			    AVERAGE 4
			VERY SMALL 5
			DON'T KNOW 8

427	Was (NAME) weighed at birth?	YES 1
		NO . . . . 2 ⌐
		                    (SKIP TO 429) ←
		DON'T KNOW . . . . 8 ⌐
			YES 1
			NO . . . . 2 ⌐
			                    (SKIP TO 429) ←
			DON'T KNOW . . . . 8 ⌐

428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 9998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 9998

429	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		    DOCTOR . . . . A
		    CLINICAL OFFICER . . . . B
		    NURSE/MIDWIFE C
		    AUXILIARY
		        MIDWIFE . . . . D
		OTHER PERSON
		    TRADITIONAL BIRTH
		        ATTENDANT . . . . E
		    RELATIVE/FRIEND . . . . F
		    OTHER
		                                          X
		            (SPECIFY)
		NO ONE ASSISTED . . . . Y
			HEALTH PERSONNEL
			    DOCTOR . . . . A
			    CLINICAL OFFICER . . . . B
			    NURSE/MIDWIFE C
			    AUXILIARY
			        MIDWIFE . . . . D
			OTHER PERSON
			    TRADITIONAL BIRTH
			        ATTENDANT . . . . E
			    RELATIVE/FRIEND . . . . F
			    OTHER
			                                          X
			            (SPECIFY)
			NO ONE ASSISTED . . . . Y

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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

430	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		   HER HOME . . . . 11⌐
		           (SKIP TO 434) ←
		   OTHER HOME . . . . 12⌐
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . 21
		   REFERRAL HEALTH CENTRE 22
		   MCH/HC 23
		   PRIMARY HEALTH UNIT (PHU 24
		   MOBILE CLINIC 25
		   OTHER PUBLIC SECTOR
		
		   _____ 26
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/
		      CLINIC 31
		   OTHER PRIVATE
		      MEDICAL SECTOR
		
		   _____ 36
		        (SPECIFY)
		
		OTHER _____ 96⌐
		      (SPECIFY)
		      (SKIP TO 434) ←
			HOME
			   HER HOME . . . . 11⌐
			           (SKIP TO 434) ←
			   OTHER HOME . . . . 12⌐
			
			PUBLIC SECTOR
			   GOVERNMENT HOSPITAL . . 21
			   REFERRAL HEALTH CENTRE 22
			   MCH/HC 23
			   PRIMARY HEALTH UNIT (PHU 24
			   MOBILE CLINIC 25
			   OTHER PUBLIC SECTOR
			
			   _____ 26
			        (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			   PRIVATE HOSPITAL/
			      CLINIC 31
			   OTHER PRIVATE
			      MEDICAL SECTOR
			
			   _____ 36
			        (SPECIFY)
			
			OTHER _____ 96⌐
			      (SPECIFY)
			      (SKIP TO 434) ←

431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 WEEKS . . . . 3 DON'T KNOW 98	

432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1
		NO . . . . 2⌐
		      (SKIP TO 434) ←
			YES 1
			NO . . . . 2⌐
			      (SKIP TO 434) ←

433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE . . . . 1 AFTER 2	BEFORE . . . . 1 AFTER 2

434	Immediately after the birth, was (NAME) put on your chest?	YES 1
		NO . . . . 2⌐
		     (SKIP TO 434B) ←
		DON'T KNOW 8
			YES 1
			NO . . . . 2⌐
			     (SKIP TO 459) ←
			DON'T KNOW 8

434A	Was (NAME)'s bare skin touching your bare skin (kangaroo)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 ☐ OTHER CIRCLED ☐ (SKIP TO 449) ←	

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

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SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME

454	How many hours, days or weeks after the birth of (NAME) did the first check take place?
	IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS;
	IF LESS THAN ONE WEEK, RECORD DAYS.
		HOURS AFTER
		   BIRTH 1
		DAYS AFTER
		   BIRTH 2
		WEEKS AFTER
		   BIRTH 3
		
		DON'T KNOW 98	

455	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON
		HEALTH PERSONNEL
		   DOCTOR 11
		   CLINICAL OFFICER 12
		   NURSE/MIDWIFE 13
		   AUXILIARY MIDWIFE 14
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT 21
		   COMMUNITY HEALTH
		      WORKER 22
		
		OTHER _____ 96
		         (SPECIFY)	

456	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	     (NAME OF PLACE)
		HOME
		   HER HOME 11
		   OTHER HOME 12
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . 21
		   REFERRAL HEALTH CENTRE 22
		   MCH/HC 23
		   PRIMARY HEALTH UNIT (PHU 24
		   MOBILE CLINIC 25
		   OTHER PUBLIC SECTOR
		
		     _____ 26
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/
		     CLINIC 31
		   OTHER PRIVATE
		     MEDICAL SECTOR
		
		     _____ 36
		        (SPECIFY)
		
		OTHER _____ 96
		         SPECIFY	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

457	During the first two days after (NAME)'s birth, did any health care provider do the following:
	
	a) Examine the cord?
	b) Measure (NAME)'s temperature?
	
	c) Counsel you on danger signs for newborns?
	d) Counsel you on breastfeeding?
	
	e) Observe (NAME) breastfeeding?
	
	f) Checked the mother's temperature?
	
	g) Counsel you on birth spacing?
		YES NO DK
		
		a) CORD 1 2 8
		b) CHILD TEMP . . 1 2 8
		
		c) SIGNS 1 2 8
		d) COUNSEL
		    BREAST-
		    FEED 1 2 8
		e) OBSERVE
		    BREAST-
		    FEED 1 2 8
		f) MOTH TEMP . . 1 2 8
		
		g) COUNSEL FF . . 1 2 8	

458	Has your menstrual period returned since the birth of (NAME)?	YES 1
		      (SKIP TO 460) ←
		NO 2
		      (SKIP TO 461) ←	

459	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 461) ←
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
461	For how many months after the birth of (NAME) did you start seeing your husband?	MONTHS . . . . ☐☐ NOT STARTED . . . . 95 DON'T KNOW . . . . 98 NO RESPONSE 99	MONTHS . . . . ☐☐ NOT STARTED . . . . 95 DON'T KNOW . . . . 98 NO RESPONSE 99
462	Did you ever breastfeed (NAME)?	YES . . . . 1 (SKIP TO 464) ← NO 2	YES . . . . 1 NO 2
463	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 468) ← (SKIP TO 469) ←	
464	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . 00 HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐	
465	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

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

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER		

508A	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		

	DAY	MONTH	YEAR
BCG			
ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)			
ORAL POLIO VACCINE (OPV)/IPV 1			
ORAL POLIO VACCINE (OPV)/IPV 2			
ORAL POLIO VACCINE (OPV)/IPV 3			
DPT-HEP.B-HIB (PENTAVALENT) 1			
DPT-HEP.B-HIB (PENTAVALENT) 2			
DPT-HEP.B-HIB (PENTAVALENT) 3			
MEASLES			
VITAMIN A (MOST RECENT)			

509A	CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED? NO ☐ YES ☐		→ 520A

510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A) NO . . . . 2 DON'T KNOW . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

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

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018? MORE BIRTHS IN 2015-2018 ☐ NO MORE BIRTHS IN 2015-2018 ☐		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2015-2018. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER . . . . ☐☐		
503B	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 521B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	→ 511B

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . ☐☐	

508B	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		

		DAY	MONTH	YEAR
	BCG			
	ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)			
	ORAL POLIO VACCINE (OPV)/IPV 1			
	ORAL POLIO VACCINE (OPV)/IPV 2			
	ORAL POLIO VACCINE (OPV)/IPV 3			
	DPT-HEP.B-HIB (PENTAVALENT) 1			
	DPT-HEP.B-HIB (PENTAVALENT) 2			
	DPT-HEP.B-HIB (PENTAVALENT) 3			
	MEASLES			
	VITAMIN A (MOST RECENT)			

509B	CHECK 508B: 'BCG' TO 'MEASLES' ALL RECORDED? NO ☐ YES ☐		→ 520B

510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B) NO . . . . 2 DON'T KNOW . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B)	

<u>SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)</u>

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

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

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

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:
	ONE OR MORE BIRTHS IN 2013-2018 ☐ NO BIRTHS IN 2013-2018 ☐ ————————→ 648

602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

611	Did you seek advice or treatment for the diarrhea from any source?	YES 1
		NO 2
		                    (SKIP TO 615) ←
			YES 1
			NO 2
			                    (SKIP TO 615) ←

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SECTION 6. CHILD HEALTH AND NUTRITION

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

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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:
	
	a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?
	b) A pre-packaged ORS liquid?
	c) A government-recommended homemade fluid?
	d) Zinc tablets or syrup?
		YES NO DK
		a) FLUID FROM
		    ORS
		    PACKET . . 1 2 8
		b) ORS LIQUID . . 1 2 8
		c) HOMEMADE
		    FLUID 1 2 8
		d) ZINC 1 2 8
			YES NO DK
			a) FLUID FROM
			    ORS
			    PACKET . . 1 2 8
			b) ORS LIQUID . . 1 2 8
			c) HOMEMADE
			    FLUID 1 2 8
			d) ZINC 1 2 8

616	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	                OR 'DK'
	a) Was anything b) Was anything
	   else given to given to treat the
	   treat the diarrhea?
	   diarrhea?
		YES 1
		NO 2
		        (SKIP TO 618)
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 618)
			DON'T KNOW 8

617	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	                OR 'DK'
	a) What else was b) What was given
	   given to treat the to treat the
	   diarrhea? diarrhea?
	
	   Anything else? Anything else?
	
	   RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		   ANTIBIOTIC . . . . A
		   ANTIMOTILITY . . . . B
		   OTHER (NOT ANTIBIOTIC
		      OR ANTIMOTILITY) C
		   UNKNOWN PILL
		      OR SYRUP . . . . D
		
		INJECTION
		   ANTIBIOTIC . . . . E
		   NON-ANTIBIOTIC . . . . F
		   UNKNOWN
		      INJECTION . . . . G
		
		(IV) INTRAVENOUS . . . . H
		
		HOME REMEDY/
		   HERBAL MEDICINE I
		
		OTHER _____ X
		       (SPECIFY)
			PILL OR SYRUP
			   ANTIBIOTIC . . . . A
			   ANTIMOTILITY . . . . B
			   OTHER (NOT ANTIBIOTIC
			      OR ANTIMOTILITY) C
			   UNKNOWN PILL
			      OR SYRUP . . . . D
			
			INJECTION
			   ANTIBIOTIC . . . . E
			   NON-ANTIBIOTIC . . . . F
			   UNKNOWN
			      INJECTION . . . . G
			
			(IV) INTRAVENOUS . . . . H
			
			HOME REMEDY/
			   HERBAL MEDICINE I
			
			OTHER _____ X
			       (SPECIFY)

618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1
		NO 2
		        (SKIP TO 620)
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 620)
			DON'T KNOW 8

619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1
		NO 2
		        (SKIP TO 623)
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 623)
			DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . . 1 NOSE ONLY . . . . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . 8 (SKIP TO 624) ←	CHEST ONLY . . . . 1 NOSE ONLY . . . . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES ☐ NO OR DK ☐ (SKIP TO 646) ←	YES ☐ NO OR DK ☐ (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 629) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 629) ←

625	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		 GOVERNMENT HOSPITAL . . A
		 REFERRAL HEALTH CENTRE B
		 MCH/HC C
		 PRIMARY HEALTH UNIT (PHU D
		 MOBILE CLINIC . . . . E
		 CHW . . . . F
		 OTHER PUBLIC SECTOR
		
		 _____ G
		 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/DOCTOR/
		  CLINIC . . . . H
		 PHARMACY I
		 OTHER PRIVATE
		  MEDICAL SECTOR
		
		 _____ J
		 (SPECIFY)
		
		OTHER SOURCE
		 SHOP . . . . K
		 TRADITIONAL
		  PRACTITIONER L
		 MARKET . . . . M
		 KORAN . . . . N
		
		OTHER _____ X
		 (SPECIFY)
			PUBLIC SECTOR
			 GOVERNMENT HOSPITAL . . A
			 REFERRAL HEALTH CENTRE B
			 MCH/HC C
			 PRIMARY HEALTH UNIT (PHU D
			 MOBILE CLINIC . . . . E
			 CHW . . . . F
			 OTHER PUBLIC SECTOR
			
			 _____ G
			 (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			 PRIVATE HOSPITAL/DOCTOR/
			  CLINIC . . . . H
			 PHARMACY I
			 OTHER PRIVATE
			  MEDICAL SECTOR
			
			 _____ J
			 (SPECIFY)
			
			OTHER SOURCE
			 SHOP . . . . K
			 TRADITIONAL
			  PRACTITIONER L
			 MARKET . . . . M
			 KORAN . . . . N
			
			OTHER _____ X
			 (SPECIFY)

626	CHECK 625:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 628) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE . . . . ☐	FIRST PLACE . . . . ☐
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS . . . . ☐☐	DAYS . . . . ☐☐
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 646) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 646) ← DON'T KNOW 8

630	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL DRUGS
		   ARTEMISININ
		      COMBINATION
		      THERAPY (ACT)/ AL . . . . . A
		   SP/FANSIDAR . . . . B
		   CHLOROQUINE C
		   AMODIAQUINE . . . . D
		   QUININE
		      PILLS . . . . E
		      INJECTION/IV . . . . F
		   ARTESUNATE
		      RECTAL . . . . G
		      INJECTION/IV . . . . H
		
		   OTHER ANTIMALARIAL
		
		      _____ I
		        (SPECIFY)
		
		ANTIBIOTIC DRUGS
		   PILL/SYRUP . . . . J
		   INJECTION/IV . . . . K
		
		OTHER DRUGS
		   ASPIRIN L
		   PANADOL/PARACETAMOL . . M
		   IBUPROFEN . . . . N
		
		OTHER _____ X
		        (SPECIFY)
		DON'T KNOW . . . . Z
			ANTIMALARIAL DRUGS
			   ARTEMISININ
			      COMBINATION
			      THERAPY (ACT)/ AL . . . . . A
			   SP/FANSIDAR . . . . B
			   CHLOROQUINE C
			   AMODIAQUINE . . . . D
			   QUININE
			      PILLS . . . . E
			      INJECTION/IV . . . . F
			   ARTESUNATE
			      RECTAL . . . . G
			      INJECTION/IV . . . . H
			
			   OTHER ANTIMALARIAL
			
			      _____ I
			        (SPECIFY)
			
			ANTIBIOTIC DRUGS
			   PILL/SYRUP . . . . J
			   INJECTION/IV . . . . K
			
			OTHER DRUGS
			   ASPIRIN L
			   PANADOL/PARACETAMOL . . M
			   IBUPROFEN . . . . N
			
			OTHER _____ X
			        (SPECIFY)
			DON'T KNOW . . . . Z

631	CHECK 630:
	ANY CODE A-I CIRCLED?
		YES ↓ NO ☐
		
		            (SKIP TO 646) ←
			YES ↓ NO ☐
			
			            (SKIP TO 646) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

632	CHECK 630:
	ARTEMISININ COMBINATION
	THERAPY ('A') GIVEN
		CODE 'A' CODE 'A'
		CIRCLED NOT ☐
		     CIRCLED
		↓ (SKIP TO 634) ←
			CODE 'A' CODE 'A'
			CIRCLED NOT ☐
			     CIRCLED
			↓ (SKIP TO 634) ←

633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE OR MORE DAYS
		   AFTER FEVER . . 3
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE OR MORE DAYS
			   AFTER FEVER 3
			DON'T KNOW 8

634	CHECK 630:
	SP/FANSIDAR ('B') GIVEN
		CODE 'B' CODE 'B'
		CIRCLED NOT ☐
		     CIRCLED
		↓ (SKIP TO 636) ←
			CODE 'B' CODE 'B'
			CIRCLED NOT ☐
			     CIRCLED
			↓ (SKIP TO 636) ←

635	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE OR MORE DAYS
		   AFTER FEVER 3
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE OR MORE DAYS
			   AFTER FEVER 3
			DON'T KNOW 8

636	CHECK 630:
	CHLOROQUINE ('C') GIVEN
		CODE 'C' CODE 'C'
		CIRCLED NOT ☐
		     CIRCLED
		↓ (SKIP TO 638) ←
			CODE 'C' CODE 'C'
			CIRCLED NOT ☐
			     CIRCLED
			↓ (SKIP TO 638) ←

637	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE OR MORE DAYS
		   AFTER FEVER 3
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE OR MORE DAYS
			   AFTER FEVER 3
			DON'T KNOW 8

638	CHECK 630:
	AMODIAQUINE ('D') GIVEN
		CODE 'D' CODE 'D'
		CIRCLED NOT ☐
		     CIRCLED
		↓ (SKIP TO 640) ←
			CODE 'D' CODE 'D'
			CIRCLED NOT ☐
			     CIRCLED
			↓ (SKIP TO 640) ←

639	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE OR MORE DAYS
		   AFTER FEVER 3
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE OR MORE DAYS
			   AFTER FEVER 3
			DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED □ ↓ CODE 'E' OR 'F' NOT CIRCLED □ (SKIP TO 642) ←	CODE 'E' OR 'F' CIRCLED □ ↓ CODE 'E' OR 'F' NOT CIRCLED □ (SKIP TO 642) ←

641	How long after the fever started did (NAME) first take quinine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE OR MORE DAYS
		   AFTER FEVER 3
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE OR MORE DAYS
			   AFTER FEVER 3
			DON'T KNOW 8

642	CHECK 630: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED □ ↓ CODE 'G' OR 'H' NOT CIRCLED □ (SKIP TO 644) ←	CODE 'G' OR 'H' CIRCLED □ ↓ CODE 'G' OR 'H' NOT CIRCLED □ (SKIP TO 644) ←

643	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE OR MORE DAYS
		   AFTER FEVER 3
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE OR MORE DAYS
			   AFTER FEVER 3
			DON'T KNOW 8

644	CHECK 630: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED □ ↓ CODE 'I' NOT CIRCLED □ (SKIP TO 646) ←	CODE 'I' CIRCLED □ ↓ CODE 'I' NOT CIRCLED □ (SKIP TO 646) ←

645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE OR MORE DAYS
		   AFTER FEVER 3
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE OR MORE DAYS
			   AFTER FEVER 3
			DON'T KNOW 8

646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

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SECTION 6. CHILD HEALTH AND NUTRITION

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

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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:		
		YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth (soup)?	c) 1 2 8	
	d) Canned/powdered livestock milk? IF YES: How many times did (NAME) drink canned/powdered milk? IF 7 OR MORE TIMES, RECORD '7'.	d) . . . . 1 2 8 NUMBER OF TIMES DRANK [ ] CANNED/	
	e) Fresh livestock milk?? IF YES: How many times did (NAME) drink fresh milk? IF 7 OR MORE TIMES, RECORD '7'.	e) . . . . 1 2 8 NUMBER OF TIMES DRANK [ ]	
	f) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	f) . . . . 1 2 8 NUMBER OF TIMES DRANK [ ]	
	g) Any other liquids?	g) 1 2 8	
	h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	h) . . . . 1 2 8 NUMBER OF TIMES ATE [ ]	
	i) Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]?	i) 1 2 8	
	j) Bread, dough, pancake, rice, noodles, porridge, or other foods made from grains?	j) 1 2 8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k) 1 2 8	
	l) White potatoes, white yams, manioc/cassava, or any	l) 1 2 8	
	m) Any dark green, leafy vegetables?	m) 1 2 8	
	n) Ripe mangoes, papayas, orange, bananas, water	n) 1 2 8	
	o) Any other fruits or vegetables?	o) 1 2 8	
	p) Liver, kidney, heart, or other organ meats?	p) 1 2 8	
	q) Any meat, such as beef, lamb, goat, chicken?	q) 1 2 8	
	r) Eggs?	r) 1 2 8	
	s) Fresh or dried fish or shellfish?	s) 1 2 8	
	t) Any foods made from beans, peas, lentils, or nuts?	t) 1 2 8	
	u) Cheese or other food made from milk?	u) 1 2 8	
	v) Any other solid, semi-solid, or soft food?	v) 1 2 8	
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'): ALL ARE "NO" ☐ AT LEAST ONE 'YES' ☐		653

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . 1 ⌐ (GO BACK TO 650 TO RECORD ← FOOD EATEN YESTERDAY) ⌐ (THEN CONTINUE TO 653) ← NO 2	→654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . [ ] DON'T KNOW 8	

654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01
		PUT/RINSED
		   INTO TOILET OR LATRINE 02
		PUT/RINSED
		   INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		
		OTHER _____ 96
		                    (SPECIFY)	

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<u>SECTION 7. FERTILITY PREFERENCES</u>

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

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

708	CHECK 703 & 704:
	
	WANTS TO WAIT ☐ WANTS NO MORE/ ☐
	SOMETIME BEFORE NONE
	A/ANOTHER CHILD ↓ ↓
	a) You have said that you would like to wait for sometime before you get another child. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		   NOT HAVING SEX . . . . B
		   INFREQUENT SEX C
		   MENOPAUSAL/HYSTERECTOMY . . . . D
		   CAN'T GET PREGNANT . . . . E
		   NOT MENSTRUATED SINCE
		      LAST BIRTH . . . . F
		   BREASTFEEDING . . . . G
		   UP TO GOD/FATALISTIC . . . . H
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED I
		   HUSBAND OPPOSED . . . . J
		   OTHERS OPPOSED . . . . K
		   RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD . . . . M
		   KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		   SIDE EFFECTS/HEALTH
		      CONCERNS . . . . O
		   LACK OF ACCESS/TOO FAR . . . . P
		   COSTS TOO MUCH . . . . Q
		   PREFERRED METHOD
		      NOT AVAILABLE . . . . R
		   NO METHOD AVAILABLE . . . . S
		   INCONVENIENT TO USE . . . . T
		   INTERFERES WITH BODY'S
		      NORMAL PROCESSES . . . . U
		
		OTHER _____ X
		                (SPECIFY)
		DON'T KNOW . . . . Z	

709	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, NOT ☐ YES, ☐ ASKED ↓ CURRENTLY USING ↓ CURRENTLY USING		→ 711
710	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
711	CHECK 216: HAS LIVING ☐ NO LIVING ☐ CHILDREN ↓ CHILDREN ↓ a) If you could go back to 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? b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . 00 NUMBER . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 713 → 713
712	How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 7. FERTILITY PREFERENCES

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

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . . . . 2 ONCE IN A WHILE 3	
816	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
817	CHECK119&120: CURRENTLY MARRIED ☐ NOT IN UNION ☐		→ 825
818	CHECK 816: CODE '1' OR '2' CIRCLED ☐ OTHER ☐		→ 821
819	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 OTHER _____ 6 (SPECIFY)	
820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND HAS NO EARNINGS . . . . 4 DON'T KNOW 8	→ 822
821	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 HUSBAND HAS NO EARNINGS . . . . 4 OTHER _____ 6 (SPECIFY)	
822	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 IN-LAWS . . . . 4 SOMEONE ELSE . . . . 5 OTHER 6	
823	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	When you are going out, who do you usually ask permission?	I GIVE MYSELF PERMISSION . . . . 1 MY HUSBAND . . . . 2 MYSELF AND MY HUSBAND JOINTL` . . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
825	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	→ 828
826	Do you have a title deed for any house you own?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 828
827	Is your name on the title deed?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
828	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	→ 901
829	Do you have a title deed for any land you own?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 901
830	Is your name on the title deed?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES . . . . 1 NO 2	→ 918
902	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected wives who has no other wives?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
903	Can people get HIV from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
905	Can people get HIV by sharing food with a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
906	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

908	Can HIV be transmitted from a mother to her baby:			YES	NO	DK
	a) During pregnancy? b) During delivery? c) By breastfeeding?		a) DURING PREGNANCY . . b) DURING DELIVERY . . . . . c) BREASTFEEDING	1 1 1	2 2 2	8 8 8

909	CHECK 908: AT LEAST ☐ ONE 'YES' ↓	OTHER ☐	→ 911
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
911	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
912	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
913	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
914	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
915	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
916	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
917	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . 1 NO . . . . 2 SAYS SHE HAS HIV . . . . 3 DON'T KNOW/NOT SURE/DEPENDS 8	

SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	CHECK 901: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ HIV OR AIDS HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
919	CHECK 918: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 926
920	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
921	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
922	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
923	CHECK 920, 921, AND 922: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 926
924	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or 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 DON'T KNOW 8	

SECTION 10. OTHER HEALTH ISSUES

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

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1011

1010	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		MUTUAL HEALTH ORGANIZATION/
		    COMMUNITY-BASED HEALTH
		      INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		    EMPLOYER . . . . B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		    COMMERCIAL HEALTH INSURANCE . . . . . D
		
		OTHER _____ X
		            (SPECIFY)	

1011	**FISTULA** Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES . . . . 1 NO 2	→ 1013
1012	Have you ever heard of this problem?	YES . . . . 1 NO 2	→ 1101
1013	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY . . . . 1 AFTER HAD STILLBIRTH . . . . 2 NEITHER 3	→ 1017
1014	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY . . . . 1 VERY DIFFICULT LABOR/DELIVERY 2	
1015	How many days after delivery did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT . . . . [ ][ ]	
1016	Have you sought treatment for this condition?	YES . . . . 1 NO 2	→ 1018
1017	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED . . . . A DO NOT KNOW WHERE TO GO . . . . B TOO EXPENSIVE . . . . C TOO FAR . . . . D POOR QUALITY OF CARE . . . . E COULD NOT GET PERMISSION . . . . F EMBARRASSMENT . . . . G OTHER _____ X (SPECIFY)	1111

1018	From whom did you last seek treatment?	**HEALTH PROFESSIONAL**
		    DOCTOR 1
		    CLINICAL OFFICER 2
		    NURSE/MIDWIFE 3
		OTHER PERSON
		    COMMUNITY/VILLAGE
		        HEALTH WORKER 4
		        HERBALIST 5
		OTHER _____ 6
		            (SPECIFY)	

1019	Did you have an operation to fix the problem?	YES . . . . 1 NO 2	
1020	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY . . . . 1 NOT STOPPED BUT REDUCED . . . . 2 NOT STOPPED AT ALL . . . . 3 DID NOT RECEIVE TREATMENT 4	

<u>SECTION 11. FEMALE CIRCUMCISION</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES . . . . 1 NO 2	→ 1103
1102	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES . . . . 1 NO 2	→ 1201
1103	Have you yourself ever been circumcised?	YES . . . . 1 NO 2	→ 1109
1104	What type of circumcision did you undergo?	SUNN . . . . 1 INTERMEDIATE . . . . 2 PHARAONIC . . . . 3 DON'T KNOW 8	
1105	Please describe what was exactly done CIRCLE ONLY ONE OPTION a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening (Infibulation) d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it	TYPE I . . . . 1 TYPE II . . . . 2 TYPE III . . . . 3 TYPE IV . . . . 4 DON'T KNOW 8	
1106	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . . . [ ][ ] AS A BABY/DURING INFANCY . . . . 95 DON'T KNOW 98	

1107	Who performed the circumcision?	**TRADITIONAL**
		    TRAD. CIRCUMCISER 11
		    TRAD. BIRTH ATTENDANT 12
		
		    OTHER TRAD. _____ 16
		                        (SPECIFY)
		
		HEALTH PROFESSIONAL
		    DOCTOR 21
		    CLINICAL OFFICER 22
		    NURSE/MIDWIFE 23
		    OTHER HEALTH
		        PROFESSIONAL _____ 26
		                        (SPECIFY)
		DON'T KNOW 98	

1108	CHECK 213, 215 AND 216:
	
	    HAS ONE OR MORE HAS NO LIVING
	    LIVING DAUGHTERS [ ] DAUGHTERS BORN [ ]
	    BORN IN 2006 OR LATER ↓ IN 2006 OR LATER
			→ 1116

SECTION 11. FEMALE CIRCUMCISION

1109	CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about your (daughter/daughters).

		YOUNGEST LIVING DAUGHTER	NEXT-TO-YOUNGEST LIVING DAUGHTER	SECOND-TO-YOUNGEST LIVING DAUGHTER
1111	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER.	BIRTH HISTORY NUMBER . . ☐☐ NAME _____	BIRTH HISTORY NUMBER . . ☐☐ NAME _____	BIRTH HISTORY NUMBER . . ☐☐ NAME _____
1112	Is (NAME OF DAUGHTER) circumcised?	YES . . . . 1 NO . . . . 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES . . . . 1 NO . . . . 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES . . . . 1 NO . . . . 2 (GO TO 1112 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1113	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN RECORD '00' IF LESS THAN A YEAR	AGE IN COMPLE-TED YRS . . ☐☐ DON'T KNOW 98	AGE IN COMPLE-TED YRS . . ☐☐ DON'T KNOW 98	AGE IN COMPLE-TED YRS . . ☐☐ DON'T KNOW 98
1114	Was her genital area sewn closed?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
1115	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER . . 11 TRAD. BIRTH ATTENDANT . . 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR . . . . 21 CLINICAL OFFICER . . 22 NURSE/MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER . . 11 TRAD. BIRTH ATTENDANT . . 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR . . . . 21 CLINICAL OFFICER . . 22 NURSE/MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER . . 11 TRAD. BIRTH ATTENDANT . . 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR . . . . 21 CLINICAL OFFICER . . 22 NURSE/MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98
1115		GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO TO 1111 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)

1116	Do you believe that female circumcision is required by your religion?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
1117	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . 1 STOPPED . . . . 2 DEPENDS . . . . 3 DON'T KNOW 8

SECTION 12. MATERNAL DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER . . . . ▢▢	

1202	CHECK 1201:		
	TWO OR MORE BIRTHS ▢ ↓ ONLT ONE BIRTH (RESPONDENT ONLY) ▢ ———→		1301

1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . ▢▢	

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

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

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

SECTION 13. GENDER BASED VIOLENCE (GBV)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . 1 PRIVACY NOT POSSIBLE 2		1331
1302	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in in your country. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1303	First I am going to ask you about your understanding of domestic violence.What does domestic violence mean to you? Does it mean: a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Forced labour? k) Other	YES NO DK ABUSE . . . . 1 2 8 HH DECISION . . . . 1 2 8 CHILDREN DECISION . . 1 2 8 BETTER TREATMENT . . 1 2 8 NO LIVING COSTS . . . . . 1 2 8 EDU DENIAL . . . . 1 2 8 FORCED MARRIAGE . . . . . 1 2 8 RAPE . . . . 1 2 8 SEX HARASSMENT . . . . . 1 2 8 FORCED LABOUR . . . . . 1 2 8 OTHER _____ 1 2 (SPECIFY)	
1304	Who is the person who commits the most violent acts against women in the community?	HUSBAND . . . . A MOTHER/STEP-MOTHER . . . . B FATHER/STEP-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 ☐ WIDOWED ☐ DIVORCED/ABANDONED		1318
1307	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? g) If she refuses to have sex with him?	YES NO DK a) GOES OUT . . . . 1 2 8 b) NEGLECTS CHILDREN 1 2 8 c) NEG. HH DUTIES 1 2 8 d) ARGUES 1 2 8 e) WASTES RESOURCES 1 2 8 e) REFUSES SEX 1 2 8	

W-63

1308	Now, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your current (former) husband?				
			YES	NO	DK
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	1	2	8
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	1	2	8
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS ..	1	2	8
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY	1	2	8
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE	1	2	8

1309	Now I need to ask some more questions about your relationship					
	A. Did your (last) husband ever:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?				
		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) say or do something to humiliate you in front of others?	YES 1 NO 2	→	1	2	3
	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2	→	1	2	3
	c) insult you or make you feel bad about yourself?	YES 1 NO 2	→	1	2	3

1310	A. Did your (last) husband ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?				
		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) slap you, push you, shake you, or throw something at you?	YES 1 NO 2	→	1	2	3
	b) twist your arm or pull your hair?	YES 1 NO 2	→	1	2	3
	c) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→	1	2	3
	d) kick you, drag you, or beat you up?	YES 1 NO 2	→	1	2	3
	e) try to choke you or burn you on purpose?	YES 1 NO 2	→	1	2	3
	f) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	→	1	2	3
	g) physically force you to have sexual intercourse with him when you did not	YES 1 NO 2	→	1	2	3

1311	CHECK 1310 (a-g): AT LEAST ONE ☐ NOT A SINGLE ☐ ──────────────→ 1314 'YES' ↓ 'YES'	
1312	How long after you first got married with your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... ☐☐ BEFORE MARRIAGE 95	
1313	Did the following ever happen as a result of what your (last) husband did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES .... 1 NO .... 2 YES .... 1 NO .... 2 YES .... 1 NO 2	
1314	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES .... 1 NO .... 2 → 1316	
1315	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN .... 1 SOMETIMES .... 2 NEVER 3	
1316	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID .... 1 SOMETIMES AFRAID .... 2 NEVER AFRAID 3	

1317	CHECK121: MARRIED MORE ☐ MARRIED ONCE ☐ ──────→ 1318 THAN ONCE ↓ A. So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.	B. How long ago did this last happen?

		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?		YES 1 NO 2 →	1	2	3
b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?		YES 1 NO 2 →	1	2	3

1318	CHECK119 &120: CURRENTLY ☐ NOT IN UNION ☐ MARRIED ↓ ↓ a) From the time you were 12 years old has anyone other than your husband hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 12 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES .... 1 NO .... 2 REFUSED TO ANSWER/ NO ANSWER .... 3 → 1321	

1319	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　　　　　　　NEVER BEEN 　　　　 PREGNANT 　□　　　　　 PREGNANT □ ──────────→ 1324 　　　('YES' ON 201 　　　OR 226 OR 230) ▼		
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 HUSBAND............... G MOTHER-IN-LAW .... H FATHER-IN-LAW .... I OTHER IN-LAW .... J NEIGHBOUR . 　　　　　　　　 K TEACHER . 　　　　　　　　　 L EMPLOYER/SOMEONE AT WORK..... M POLICE/SOLDIER .... N MILITIA/GANGS .... O OTHER _____ X 　　　　　(SPECIFY)	

1324	CHECK119&120:		
	CURRENTLY MARRIED ☐ NOT IN UNION ☐ a) In the last 12 months, has anyone raped you? b) In the last 12 months has anyone physically forced you to have sexual intercourse?	YES .... 1 NO 2	→ 1326

1325	CHECK 1310 (a-g) and 1317 (a,b), 1322:		
	AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' ↓ 'YES'		→ 1329

1326	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES .... 1 NO 2	→ 1329

1327	From whom have you sought help?
	
	 Anyone else?
	
	 RECORD ALL MENTIONED.
		OWN FAMILY .... A
		 HUSBAND'S FAMILY.......... ..... B
		 CURRENT/FORMER
		     HUSBAND C
		 FRIEND .... E
		 NEIGHBOR .... F
		 RELIGIOUS LEADER .... G
		 DOCTOR/MEDICAL PERSONNEL ..... H
		 POLICE I
		 LAWYER .... J
		 SOCIAL SERVICE ORGANIZATION .. K
		
		 OTHER _____ X
		                (SPECIFY)
			→ 1329

1328	Have you ever told any one about this?	YES .... 1 NO 2	

	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE		

1329	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES, ONCE	YES, MORE THAN ONCE	NO
		HUSBAND	1	2	3
		OTHER MALE ADULT.....	1	2	3
		FEMALE ADULT	1	2	3

1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____	

1331	RECORD THE TIME YOU END THE INTERVIEW.	HOURS .... ☐☐ MINUTES .... ☐☐

W-67

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

_____

<u>SUPERVISOR'S OBSERVATIONS</u>

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<u>EDITOR'S OBSERVATIONS</u>

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_____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u> (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: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>

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.

Year	Mo	Month	#	COL. 1	COL. 2	Year
2018 (1)	12	DEC	01			2018
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
	08	AUG	05			
	07	JUL	06			
	06	JUN	07			
	05	MAY	08			
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
2017	12	DEC	13			2017
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
	08	AUG	17			
	07	JUL	18			
	06	JUN	19			
	05	MAY	20			
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
2016	12	DEC	25			2016
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
	08	AUG	29			
	07	JUL	30			
	06	JUN	31			
	05	MAY	32			
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
2015	12	DEC	37			2015
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
	08	AUG	41			
	07	JUL	42			
	06	JUN	43			
	05	MAY	44			
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
2014	12	DEC	49			2014
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
	08	AUG	53			
	07	JUL	54			
	06	JUN	55			
	05	MAY	56			
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
2013	12	DEC	61			2013
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
	08	AUG	65			
	07	JUL	66			
	06	JUN	67			
	05	MAY	68			
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

Never-married Woman's Questionnaire

SHDS

SOMALI HEALTH & DEMOGRAPHIC SURVEY

2017-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

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

NEVER MARRIED WOMAN'S QUESTIONNAIRE

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

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

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

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

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**   **LANGUAGE CODES:
                                                01 ENGLISH   03 LANGUAGE _____
                                                02 SOMALI   SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

W-1

<u>INTRODUCTION AND CONSENT</u>

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	RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . 1	TO BE INTERVIEWED . . 2 ⟶ END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	⟶ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	KORANIC . . . . 1 PRIMARY . . . . 2 SECONDARY . . . . 3 HIGHER 4	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] . . . . ☐☐	
107	CHECK 105: KORANIC, ☐ PRIMARY OR SECONDARY ↓ HIGHER ☐ _____		⟶ 110

108	Now I would like you to read this sentence to me.
	
	 SHOW CARD TO RESPONDENT.
	
	 IF RESPONDENT CANNOT READ WHOLE SENTENCE,
	 PROBE: Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		 ABLE TO READ ONLY PART OF
		   THE SENTENCE 2
		 ABLE TO READ WHOLE SENTENCE 3
		 NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		                   (SPECIFY LANGUAGE)
		 BLIND/VISUALLY IMPAIRED 5	

W-2

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: CODE '2', '3' CODE '1' OR '5' OR '4' CIRCLED CIRCLED ↓		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES . . . . 1 NO 2	
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	

W-3

SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES . . . . 1 NO 2	→ 218
202	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected spouse who has no other relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
203	Can people get HIV from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
204	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
205	Can people get HIV by sharing food with a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
206	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
207	Is it possible for a healthy-looking person to have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
208	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BREASTFEEDING 1 2 8	

209	CHECK 208:
	
	       AT LEAST ☐ OTHER ☐
	       ONE 'YES' ↓
			→ 211

210	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
211	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
212	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
213	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
214	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
215	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
216	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
217	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . 1 NO . . . . 2 SAYS SHE HAS HIV . . . . 3 DON'T KNOW/NOT SURE/DEPENDS 8	

SECTION 2. HIV/AIDS AND VACCINATION

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

SECTION 3. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES . . . . 1 NO 2	→ 303
302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES . . . . 1 NO 2	→ 401
303	Have you yourself ever been circumcised?	YES . . . . 1 NO 2	→ 308
304	What type of circumcision did you undergo?	SUNN . . . . 1 INTERMEDIATE . . . . 2 PHARAONIC . . . . 3 DON'T KNOW 8	
305	Please describe what was exactly done YES NO DK a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it.	TYPE I . . . . 1 2 8 TYPE II . . . . 1 2 8 TYPE III . . . . 1 2 8 TYPE IV 1 2 8	
306	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . . . ☐☐ AS A BABY/DURING INFANCY . . . . 95 DON'T KNOW 98	

307	Who performed the circumcision?	**TRADITIONAL**
		   TRAD. CIRCUMCISER 11
		   TRAD. BIRTH ATTENDANT 12
		
		   OTHER TRAD. _____ 16
		                   (SPECIFY)
		
		HEALTH PROFESSIONAL
		   DOCTOR 21
		   NURSE/MIDWIFE 22
		   OTHER HEALTH
		     PROFESSIONAL _____ 26
		                   (SPECIFY)
		DON'T KNOW 98	

308	Do you believe that female circumcision is required by your religion?	YES . . . . 1 NO . . . . 2 NO RELIGION . . . . 3 DON'T KNOW 8	
309	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . 1 STOPPED . . . . 2 DEPENDS . . . . 3 DON'T KNOW 8	
310	If you get married and give birth to girls in the future, would you want them to be circumcized?	YES . . . . 1 NO . . . . 2 DEPENDS . . . . 3 DON'T KNOW 8	

SECTION 4. VIOLENCE AGAINST WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I am going to ask you about your understanding of domestic violence.What does domestic violence mean do you? Does it mean: a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Denial of inheritance? k) Other	YES NO DK ABUSE .... 1 2 8 HH DECISIO .... 1 2 8 CHILDREN DECISIC .... 1 2 8 BETTER TREATMENT .. 1 2 8 NO LIVING COSTS .... 1 2 8 EDU DENIAL .... 1 2 8 FORCED MARRIAG .... 1 2 8 RAPE .... 1 2 8 SEX HARASSMENT .... 1 2 8 INHERITANCE .... 1 2 8 OTHER _____ 1 2 (SPECIFY)	
402	Who is the person who commits the most violent acts against women?	HUSBAND .... A MOTHER/STEP-MOTHER .... B FATHER/STEP-FATHE .... C SISTER/BROTHER .... D DAUGHTER/SON .... E OTHER RELATIVE .... F IN-LAWS .... G TEACHER .... H EMPLOYER/SOMEONE AT WOR .... I POLICE/SOLDIER .... J OTHER _____ K (SPECIFY)	
403	Where is the place with most violent acts?	AT HOME....................... 1 WORKPLACI..................... 2 STREET .... 3 SCHOOL .... 4 WATER POINT .... 5 RURAL/GRAZING AREAS .... 6 OTHER _____ 96 (SPECIFY)	
404	Does any form of violence cause damage?	YES .... 1 NO 2	→ 406
405	What is the most serious damage caused by violence?	PHYSICAL .... 1 PSYCHOLOGICAL .... 2 OTHER _____ 96 (SPECIFY)	
406	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? f) If she does not respect his family?	YES NO DK GOES OUT .... 1 2 8 NEGL. CHILDREN .... 1 2 8 NEGL. OTHER HH DUTIES 1 2 8 ARGUES .... 1 2 8 WASTE RESOURCES .. 1 2 8 NOT RESP. FAMILY 1 2 8	
407	A. Has anyone ever done any of the following things to you, while you were at the water point, grazing areas, at the school, at the house, at work, ETC :	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

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

W-7

b) twisted your arm or pulled your hair?	YES	1		1	2	3
	NO	2				
c) punched you with fist or with something that could hurt you?	YES	1		1	2	3
	NO	2				
d) kicked, dragged, or beat you up?	YES	1		1	2	3
	NO	2				
e) choked or burned you on purpose?	YES	1		1	2	3
	NO	2				
f) threatened or attacked you with a knife, gun, or other weapon?	YES	1		1	2	3
	NO	2				

408	CHECK 407 a-f: AT LEAST ONE ☐ ALL 'NO' ☐ 'YES' Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	→ 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 WOR . . . . J POLICE/SOLDIER . . . . K MILITIA/GANGS . . . . L OTHER _____ X (SPECIFY)
409	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3

W-8

SECTION 5. ILLEGAL MIGRATION (TAHRIB)

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

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

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_____

EDITOR'S OBSERVATIONS

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_____

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W-10

Maternal Mortality Questionnaire

SHDS
SOMALI HEALTH & DEMOGRAPHIC SURVEY
2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

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

MATERNAL MORTALITY QUESTIONNAIRE

IDENTIFICATION	
NAME	CODE

REGION

PRE-WAR NAME OF THE DISTRICT

CURRENT NAME OF THE DISTRICT

SETTLEMENT/TOWN

EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC) . . . .

EA CODE . . . .

HOUSEHOLD SERIAL NUMBER IN THE EA . . . .

INTERVIEWER VISITS

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

*RESULT CODES:
1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT
    RESPONDENT AT HOME AT TIME OF VISIT
3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIM
4   POSTPONED
5   REFUSED

6   DWELLING VACANT OR ADDRESS NOT A DWELLING
7   DWELLING DESTROYED
8   DWELLING NOT FOUND
9   PARTIALY COMPLETED
96 OTHER _____
                              (SPECIFY)

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

LANGUAGE OF QUESTIONNAIRE**   **ENGLISH**

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

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

MMR-1

INTRODUCTION AND CONSENT

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

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

SIGNATURE OF INTERVIEWER _____   DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . .   1

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

100	RECORD THE START TIME.	HOURS		
		MINUTES		

SECTION 1: HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
					IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & FEMALES AGED 12-49	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS	AGE AT FIRST MARRIAGE	PARTICULARS OF LIVE BIRTHS WITHIN THE PAST 24 MONTHS	
101	102	103	104	105	106	107	108	109
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	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 = ABANDO-NED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD '00'.
01			M 1 F 2	IN YEARS		IN YEARS	YES 1 NO 2 → NEXT LINE	MALE FEMALE
02			1 2				1 2 → NEXT LINE	
03			1 2				1 2 → NEXT LINE	
04			1 2				1 2 → NEXT LINE	
05			1 2				1 2 → NEXT LINE	
06			1 2				1 2 → NEXT LINE	
07			1 2				1 2 → NEXT LINE	
08			1 2				1 2 → NEXT LINE	
09			1 2				1 2 → NEXT LINE	
10			1 2				1 2 → NEXT LINE	

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = NEPHEW/NIECE
10 = BROTHER/SISTER-IN-LAW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

SECTION 1: HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
					IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & FEMALES AGED 12-49	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS	AGE AT FIRST MARRIAGE	PARTICULARS OF LIVE BIRTHS WITHIN THE PAST 24 MONTHS	
101	102	103	104	105	106	107	108	109
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME) in completed years? RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDO-NED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD '00'.
11			M F 1 2	IN YEARS		IN YEARS	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE
12			1 2				1 2 ↓ NEXT LINE	
13			1 2				1 2 ↓ NEXT LINE	
14			1 2				1 2 ↓ NEXT LINE	
15			1 2				1 2 ↓ NEXT LINE	
16			1 2				1 2 ↓ NEXT LINE	
17			1 2				1 2 ↓ NEXT LINE	
18			1 2				1 2 ↓ NEXT LINE	
19			1 2				1 2 ↓ NEXT LINE	
20			1 2				1 2 ↓ NEXT LINE	

TICK HERE IF CONTINUATION SHEET USED ☐

1A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?   YES   NO ☐

1B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?   YES   NO ☐

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD
01 = HEAD OF HOUSEHOLD
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NEPHEW/NIECE
10 = BROTHER/SISTER-IN-LAW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

HH-4

SECTION 2. DEATHS

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

LINE NO.	NAME OF DECEASED MEMBER OF HOUSEHOLD	SEX OF DECEASED HOUSEHOLD MEMBER	AGE AT DEATH OF HOUSEHOLD MEMBER	ENUMERATOR SKIPPING INSTRUCTIONS: 1. IF THE DECEASED IS MALE → GO TO NEXT LINE 2. IF THE DECEASED IS A FEMALE NOT AGED 12- 49 → GO TO NEXT LINE 3. IF THE DECEASED IS A FEMALE AGED 12 - 49 → CONTINUE				
202	**203**	**204**	**205**	**206**	**207**	**208**	**209**	**210**
	What was the name of the deceased family member? RECORD ONLY ONE NAME	Was (NAME) Male or Female? 1 = MALE 2 = FEMALE	How old was (NAME) he/she when she died? RECORD AGE IN COMPLETED YEARS WRITE "00" IF < 1 YEAR IF 95 OR MORE, RECORD '95'.	Was (NAME) pregnant when she died?	Did (NAME) die during delivery?	Did (NAME) die during the 6 weeks following delivery? PROBE FOR APPROX 40 DAYS BIRTH CELEB-RATION	Did (NAME) die from accident or violence?	Did (NAME) suffer from any of the following health problems at any time during her last pregnancy, up to 6 weeks after child birth? CHECK ALL THAT APPLY
01				YES NO 1 → 2 GO TO 209	YES NO 1 → 2 GO TO 209	YES NO 1 2 ↓ NEXT LINE	YES NO 1 2 ↓ NEXT LINE	Y N DK 1 2 8 A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
02				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
03				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
04				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)
05				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)

TICK HERE IF CONTINUATION SHEET USED ☐

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

HH-5