Government of Mongolia

National Statistical Office

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“MULTIPLE INDICATOR CLUSTER SURVEY•2010”

Summary Report

MICS

“Мөнхийн Үсэг” ХХК-д хэвлэв.
Утас: 319658, 320807, 321316
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“MULTIPLE INDICATOR CLUSTER SURVEY•2010”

Summary Report

Ulaanbaatar
2011

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Note: This report is also available in Mongolian. The statements and opinions expressed here are only those of the authors and do not necessarily reflect those of the institutions involved.

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The Mongolia Multiple Indicator Cluster Survey 2010 was carried out by National Statistics Office with financial and technical support from United Nations Children's Fund (UNICEF). This round of MICS survey has been conducted in more than 50 countries. Please refer to www.childinfo.org for further information about the survey.

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FOREWORD

In accordance with the Law on Statistics, the "Multiple Indicator Cluster Survey 2010", the fourth round of the Multiple Indicator Cluster Survey, was carried out in Mongolia by the National Statistical Office funded by the Government of Mongolia and UNICEF.

The objective of the Survey is to collect and analyze data for monitoring the situation of children and women through a range of areas including health, education, development andprotection, implementation of rights of children and women in Mongolia, and knowledge of females and males and their sexual behavior in relation to HIV, AIDS. This data is then reviewed in the light of the findings from the previous survey, and progress evaluated against agreed goals, including the goals "A World Fit For Children", Millennium Development Goals and the "National Programme of Action for the Development and Protection of Children".

In this survey, the questionnaires and sample design were amended to include new areas, and the sample coverage was increased. Information on specific areas which were not included in the previous survey such as child injuries, hand washing places, access to and use of information technology, tobacco and alcohol use, life satisfaction, knowledge of disease symptoms, sexual behavior were collected. Furthermore, some modules from the previous survey were updated and enriched with additional information collected. An additional second stage assessment tool that will be used to confirm children's disability status is underway. A separate questionnaire was used for men, enabling the data to be segregated by sex of the respondents.

While collecting information, the geographical location of bags and khoroos, (the primary sampling units), were mapped allowing the MICS 2010 information to be read in conjunction with the Population and housing census 2010 database. Together this data provides a detailed snapshot of the social, health and education situation of children, women, and men in these areas. The detailed informationis invaluable to policymakers, planners, program managers, international organizations and other users allowing them to better understand the situation on the ground, to better target their interventions and budgets to address the challenges identified. The survey results will be a powerful tool influencing public opinion to leverage appropriate resources for children and families.

In order to deliver the survey results to the public without delay, we present this summary report, with the final more detailed report to be published and available in the near future.

Our deep gratitude goes to members of the inter-sectorial Steering Committee and joint task force, representing the Ministries of: Education, Culture and Science, Health, Social Welfare and Labour; Justice and Home affairs; Tourism, as well as the National Authority for Children, the Nutrition Research Center of the Public Health Institute under theMinistry of Health, the General Police Department, and the ECPAT International organization, for their valuable inputs and comments in the organization of the survey, the development of questionnaires, as well as to the writing of the report.

We would like to acknowledge D.Oyunchimeg, Head, Population and Social Statistics Department, O. Baigalmaa, Statistician, B. Davaakhuu, Senior officer, S. Todgerel and N. Amarbayasgalan, Officers, Population and Social Statistics Department, Programmer Ts. Erdenemunkh from Data Processing and Technology Department, D. Khurelmaa, Monitoring and Evaluation Officer, UNICEF Mongolia, and Z. Munkhzul, MICS Consultant, UNICEF Mongolia for successfully completing the survey and making these results available. Their richness and their value will be achieved as you analyze, identify trends and disparities, and use the evidence to inform the policy and budget decisions in the coming period.

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Technical notes

In the graphs of the report, the bars with ascending arrow is designed for the indicators of which high coverage is desirable while the bars with descending arrow is for the indicators of which low coverage is desirable.

Due to certain reasons including sample design, the values of the survey indicators is expected to be within the sampling errors or confident interval. The confident intervals of the indicators are estimated at national level, by urban and rural and by regions it is shown as "I" in the graphs.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DPT	Diphtheria-Pertussis-Tetanus
ECD	Early Childhood Development
GES	General Education School
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MICS 2005	Multiple Indicator Cluster Survey 2005
MICS 2010	Multiple Indicator Cluster Survey 2010
NSO	National Statistics Office
PSSD	Population and Social Statistics Department
STI	Sexually Transmitted Infection
UB	Ulaanbaatar
UN	United Nations
UNICEF	United Nations Children ' s Fund
WHO	World Health Organization

SUMMARY TABLE OF FINDINGS

Multiple Indicator Cluster Survey (MICS) and Millennium Development Goals (MDG) Indicators, Mongolia, 2010

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1.1	4.1	Under-five mortality rate	45	per 1,000 live births
	1.2	4.2	Infant mortality rate	36	per 1,000 live births
CHILD NUTRITION					
Nutritional status		1.8	Underweight prevalence		
	2.1a		Moderate and Severe (Z<-2SD)	5	percent
	2.1b		Severe (Z<-3SD)	2	percent
			Stunting prevalence		percent
	2.2a		Moderate and Severe (Z<-2SD)	16	percent
	2.2b		Severe (Z<-3SD)	5	percent
			Wasting prevalence		percent
	2.3a		Moderate and Severe (Z<-2SD)	2	percent
	2.3b		Severe (Z<-3SD)	1	percent
Breastfeeding and infant feeding	2.4		Ever breastfeeding	97	percent
	2.5		Early initiation of breastfeeding	71	percent
	2.6		Exclusive breastfeeding (0-5 months)	59	percent
	2.7		Continued breastfeeding at 1 year (12-15 months)	82	percent
	2.8		Continued breastfeeding at 2 years (20-23 months)	66	percent
	2.9		Predominant breastfeeding (0-5 months)	69	percent
	2.10		Median duration of breastfeeding (0-35 months)	24	months
	2.11		Children who drank anything from a bottle with nipple (0-23 months)	21	percent
	2.12		Introduction of solid or semi-solid foods (6-8 months)	78	percent
	2.13		Minimum meal frequency (6-23 months)	31	percent
	2.14		Age-appropriate breastfeeding (0-23 months)	69	percent
	2.15		Milk feeding frequency for non-breastfed children	71	percent
Salt iodization	2.16		Iodized salt consumption of households	70	percent
Vitamin A	2.17		Vitamin A supplementation (6-59 months)	61	percent
Low birth weight	2.18		Low-birth weight infants	5	percent
	2.19		Weighed at birth	98	percent

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD HEALTH					
Immunization	3.1		Received Tuberculosis vaccination	98	percent
	3.1a		Received Polio at birth vaccination	98	percent
	3.1b		Received Polio 1 vaccination	98	percent
	3.1c		Received Polio 2 vaccination	97	percent
	3.2		Received Polio 3 vaccination	94	percent
	3.2a		Received DPT or Penta 1 vaccination	96	percent
	3.2b		Received DPT or Penta 2 vaccination	94	percent
	3.3		Received DPT or Penta 3 vaccination	92	percent
	3.4	4.3	Received Measles, Mumps and Rubella 1 accination	88	percent
	3.5		Received Hepatitis B vaccination	97	percent
	3.5a		Received All recommended vaccinations	77	percent
	3.5b		Has vaccination card	85	percent
Child illness	3.5c		Diarrhoea prevalence	10	percent
	3.5d		Suspected pneumonia prevalence	2	percent
Care of illness	3.8		Oral rehydration therapy with continued feeding	56	percent
	3.9		Care seeking for suspected pneumonia	87	percent
	3.10		Antibiotic treatment of suspected pneumonia	72	percent
	3.10a		Knowledge of two danger signs of suspected pneumonia	1	percent
Solid fuel use	3.11		Use of solid fuels for cooking	68	percent
Child disability	3.21		Child disability as reported by mothers/ caretakers	14	percent
Child injury	3.21a		Child injury	4	percent
DRINKING WATER AND SANITATION					
Drinking water and sanitation	4.1	7.8	Use of improved sources of drinking water		
			In accordance with MICS 2005 definition	78	percent
			In accordance with MICS 2010 definition	65	percent
	4.2		Water treatment	37	percent
	4.3	7.9	Use of improved sanitation facilities		
			In accordance with MICS 2005 definition	83	percent
			In accordance with MICS 2010 definition	54	percent
	4.4		Safe disposal of child's faeces	60	percent
	4.4a		Place for handwashing available	67	percent
	4.5		Place for handwashing with water and soap available	92	percent
	4.6		Availability of soap	99	percent

SUMMARY TABLE OF FINDINGS

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
REPRODUCTIVE HEALTH					
Contraception and unmet need	5.1	5.4	Adolescent birth rate	38	per 1,000 adolescents
	5.2		Childbearing before age 18 among young women	2	percent
	5.2a		Knowledge of contraception	97	percent
	5.3	5.3	Contraceptive prevalence rate	55	percent
	5.4	5.6	Unmet need for contraception	22	percent
	5.4a		Percentage of demand for contraception satisfied	71	percent
Maternal and newborn health		5.5	Antenatal care coverage		
	5.5a		At least once by skilled personnel	99	percent
	5.5b		At least four times by skilled personnel	81	percent
	5.5c		First antenatal visit during first 3 months of pregnancy	77	percent
			Contents of antenatal care		
	5.5d		Blood pressure measured	97	percent
	5.5e		Urine specimen taken	97	percent
	5.5f		Blood test taken	97	percent
	5.5g		STI screening done	94	percent
	5.5h		Weight measured	97	percent
	5.5i		Had all five tests	91	percent
	5.6		Blood pressure measured, urine specimen taken and blood test taken	95	percent
	5.7	5.2	Institutional deliveries	99	percent
	5.8		Skilled attendant at delivery	99	percent
	5.9		Caesarean section	21	percent
CHILD DEVELOPMENT					
Child development	6.1		Support for learning	59	percent
	6.2		Father's support for learning	41	percent
	6.3		Learning materials - Three or more children's books	23	percent
	6.4		Learning materials - Two or more types of playthings	68	percent
	6.5		Left with inadequate care	8	percent
	6.6		Early child development index	88	percent
	6.6a		Literacy - numeracy skills	15	percent
	6.6b		Physical skills	100	percent
	6.6c		Social - emotional skills	87	percent
	6.6d		Learning skills	99	percent
	6.7		Pre-school attendance	60	percent

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
EDUCATION					
Literacy and education		2.3	Literacy rate among young people		
	7.1		Women (age 15-24)	98	percent
	7.1a		Men (age 15-24)	96	percent
	7.2		School readiness	91	percent
	7.3		Net intake rate in primary education	81	percent
	7.4	2.1	Primary school net attendance rate (adjusted)	96	percent
	7.5		Secondary school net attendance rate (adjusted)	93	percent
	7.5a		Lower secondary school net attendance rate (adjusted)	96	percent
	7.6	2.2	Reaching last grade of primary	99	percent
	7.7		Primary completion rate	112	percent
	7.8		Transition rate to secondary school	99	percent
	7.9	3.1	Gender parity index (primary school)	1.02	ratio
	7.10	3.1	Gender parity index (secondary school)	1.05	ratio
	7.10a		Gender parity index (lower secondary school)	1.02	ratio
CHILD PROTECTION					
Birth registration	8.1		Birth registration	99	percent
Child labour			Child labour (in accordance with MICS 2010 definition)		
	8.2		Age 5-14	29	percent
	8.2a		Age 5-17	28	percent
			Child labour (in accordance with MICS 2005 definition)		
	8.2b		Age 5-14	10	percent
	8.2c		Age 5-17	13	percent
			School attendance among child labourers (in accordance with MICS 2010 definition)		
	8.3		Age 5-14	96	percent
	8.3a		Age 5-17	92	percent
			School attendance among child labourers (in accordance with MICS 2005 definition)		
	8.3b		Age 5-14	95	percent
	8.3c		Age 5-17	88	percent
			Child labour among students (in accordance with MICS 2010 definition)		
	8.4		Age 5-14	30	percent
	8.4a		Age 5-17	28	percent
			Child labour among students (in accordance with MICS 2005 definition)		
	8.4b		Age 5-14	10	percent
	8.4c		Age 5-17	12	percent

SUMMARY TABLE OF FINDINGS

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
Child discipline	8.5		Violent discipline	46	percent
			Marriage before age 15		
	8.6		Women (age 15-49)	0	percent
	8.6a		Men (age 15-54)	0	percent
			Marriage before age 18		
	8.7		Women (age 20-49)	7	percent
	8.7a		Men (age 20-54)	2	percent
			Young peopleaged 15-19 currently married or in union		
Early marriage	8.8		Women (age 15-19)	5	percent
	8.8a		Men (age 15-19)	1	percent
			Young women married or in union with men older than 10 years		
	8.10a		Age 15-19	9	percent
	8.10b		Age 20-24	2	percent
			Young men married or in union with women older than 10 years		
	8.10c		Age 15-19	0	percent
	8.10d		Age 20-24	0	percent
			Accepting attitudes towards domestic violence		
Domestic violence	8.14		Women (age 15-49)	10	percent
	8.14a		Men (age 15-54)	9	percent
	9.17		Children not living with a biological parent	6	percent
	9.18		Prevalence of children at least one parent dead	7	percent
Orphaned children	9.19	6.4	School attendance of children whose mother and father have died	100	percent
	9.20	6.4	Children of whom both parents are alive and child is living with at least one parent	98	percent
HIV, AIDS AND SEXUAL BEHAVIOUR					
			Comprehensive knowledge about HIV prevention		
	9.1		Women (age 15-49)	29	percent
	9.1a		Men (age 15-54)	26	percent
			Ever heard of HIV		
	9.1b		Women (age 15-49)	93	percent
HIV, AIDS knowledge and attitudes	9.1c		Men (age 15-54)	88	percent
		6.3	Comprehensive knowledge about HIV prevention among young people		
	9.2		Women (age 15-24)	32	percent
	9.2a		Men (age 15-24)	29	percent
			Knowledge of mother-to-child transmission of HIV		
	9.3		Women (age 15-49)	40	percent
	9.3a		Men (age 15-54)	25	percent

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
HIV, AIDS knowledge and attitudes			Accepting attitudes towards people living with HIV		
	9.4		Women (age 15-49)	4	percent
	9.4a		Men (age 15-54)	5	percent
			Know where to be tested for HIV		
	9.5		Women (age 15-49)	70	percent
	9.5a		Men (age 15-54)	62	percent
			Have been tested for HIV and have been told results		
	9.6		Women (age 15-49)	13	percent
	9.6a		Men (age 15-54)	12	percent
			Have been tested for HIV and have been told results and received consultations		
	9.6b		Women (age 15-49)	3	percent
	9.6c		Men (age 15-54)	4	percent
			Sexually active young people who know where to be tested for HIV		
	9.6d		Women (age 15-24)	81	percent
	9.6e		Men (age 15-24)	72	percent
			Sexually active young people who have been tested for HIV and have been told results		
	9.7		Women (age 15-24)	17	percent
	9.7a		Men (age 15-24)	21	percent
			Sexually active young people who have been tested for HIV and have been told results and received consultations		
	9.7b		Women (age 15-24)	3	percent
	9.7c		Men (age 15-24)	9	percent
	9.8		HIV counselling during antenatal care	40	percent
	9.9		HIV testing during antenatal care	61	percent
Sexual behaviour			Young people never married or in union who have never had sex		
	9.10		Women (age 15-24)	68	percent
	9.10a		Men (age 15-24)	47	percent
			Sex before age 15 among young people		
	9.11		Women (age 15-24)	0	percent
	9.11a		Men (age 15-24)	3	percent
			Young people who had sex in the last 12 months		
	9.11b		Women (age 15-24)	46	percent
	9.11c		Men (age 15-24)	57	percent
			Age mixing among sexual partners		
	9.12		Women (age 15-24)	2	percent
	9.12a		Men (age 15-24)	0	percent

SUMMARY TABLE OF FINDINGS

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
			Young people who had sex with multiple partners in the last 12 months		
	9.12b		Women (age 15-24)	1	percent
	9.12c		Men (age 15-24)	13	percent
	9.12d		Condom use during sex with multiple partners in the last 12 months among young men	69	percent
			Had sex in the last 12 months		
	9.12e		Women (age 15-49)	76	percent
	9.12f		Men (age 15-54)	83	percent
			Had sex with multiple partners in the last 12 months		
	9.13		Women (age 15-49)	1	percent
	9.13a		Men (age 15-54)	8	percent
			Condom use during sex with multiple partners in the last 12 months		
	9.14		Women (age 15-49)	44	percent
Sexual behaviour	9.14a		Men (age 15-54)	47	percent
			Young people who had sex with non-regular partners in the last 12 months		
	9.15		Women (age 15-24)	43	percent
	9.15a		Men (age 15-24)	74	percent
		6.2	Condom use with non-regular partners in the last 12 months among young people		
	9.16		Women (age 15-24)	54	percent
	9.16a		Men (age 15-24)	75	percent
			Had sex with non-regular partners in the last 12 months		
	9.16b		Women (age 15-49)	16	percent
	9.16c		Men (age 15-54)	27	percent
			Condom use with non-regular partners in the last 12 months		
	9.16d		Women (age 15-49)	46	percent
	9.16e		Men (age 15-54)	66	percent
MASS MEDIA AND INFORMATION/ COMMUNICATION TECHNOLOGY					
			Exposure to mass media		
Mass media	10.1		Women (age 15-49)	23	percent
	10.1a		Men (age 15-54)	24	percent
			Use of computer in the last 12 months among young people		
	10.2		Women (age 15-24)	72	percent
Information/ communication technology	10.2a		Men (age 15-24)	72	percent
			Use of computer in the last 12 months		
	10.2b		Women (age 15-49)	51	percent
	10.2c		Men (age 15-54)	47	percent

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
Information/ communication technology			Use of the internet in the last 12 months among young people		
	10.3		Women (age 15-24)	59	percent
	10.3a		Men (age 15-24)	60	percent
			Use of the internet in the last 12 months		
	10.3b		Women (age 15-49)	39	percent
	10.3c		Men (age 15-54)	36	percent
SUBJECTIVE WELL-BEING					
Life satisfaction			Life satisfaction among young people		
	11.1a		Women (age 15-24)	64	percent
	11.1b		Men (age 15-24)	65	percent
			Life satisfaction		
	11.1c		Women (age 15-49)	61	percent
	11.1d		Men (age 15-54)	65	percent
			Happiness among young people		
	11.2		Women (age 15-24)	86	percent
	11.2a		Men (age 15-24)	84	percent
			Happiness		
	11.2b		Women (age 15-49)	81	percent
	11.2c		Men (age 15-54)	82	percent
			Young people who perceived that life has improved in the last one year		
	11.2d		Women (age 15-24)	54	percent
	11.2e		Men (age 15-24)	54	percent
			Perceived that life has improved in the last one year		
	11.2f		Women (age 15-49)	46	percent
	11.2g		Men (age 15-54)	45	percent
			Young people who perceived that life will get better after one year		
	11.2h		Women (age 15-24)	92	percent
	11.2i		Men (age 15-24)	86	percent
			Perceived that life will get better after one year		
	11.2j		Women (age 15-49)	87	percent
	11.2k		Men (age 15-54)	81	percent
			Perception of a better life among young people		
	11.3		Women (age 15-24)	53	percent
	11.3a		Men (age 15-24)	51	percent
			Perception of a better life		
	11.3b		Women (age 15-49)	45	percent
	11.3c		Men (age 15-54)	43	percent

SUMMARY TABLE OF FINDINGS

Topic	MICS 2010 Indicator Number	MDG Indicator Number	Indicator	Value	
TOBACCO AND ALCOHOL					
Tobacco use			Use of tobacco in the last one month		
	12.1		Women (age 15-49)	6	percent
	12.1a		Men (age 15-54)	54	percent
			Ever use of tobacco		
	12.1b		Women (age 15-49)	26	percent
	12.1c		Men (age 15-54)	81	percent
			Smoking before age 15		
	12.2		Women (age 15-49)	1	percent
	12.2a		Men (age 15-54)	16	percent
Alcohol use			Use of alcohol in the last one month		
	12.3		Women (age 15-49)	22	percent
	12.3a		Men (age 15-54)	49	percent
			Use of alcohol before age 15		
	12.4		Women (age 15-49)	0	percent
	12.4a		Men (age 15-54)	3	percent

CHAPTER 1

INTRODUCTION

1 INTRODUCTION

1.1. SURVEY BACKGROUND AND METHODOLOGY

The National Statistics Office (NSO) has conducted The Child Development Survey or a Multiple Indicator Cluster Survey (MICS) with the support and assistance from the Government of Mongolia and UNICEF in 1996, 2000 and 2005 according to the international standards and methodology.

According to the Clause J, Article 7.1, "Law on Statistics" of Mongolia, it is recommended to conduct The Multiple Indicator Cluster Survey every 4 years.

The survey was conducted to monitor the progress towards the goals and targets of the United Nations Millennium Declaration, adopted by all 191 United Nations Member States, and the Plan of Action of "A World Fit For Children", adopted by 189 Member States at the United Nations Special Session on Children in May 2002.

The Government of Mongolia has adopted in 2002 "National Program to improve Child development and protection" which ended in 2010. To evaluate the implementation of the Program the Government needed to collect updated information on the children's situation in Mongolia.

The Multiple Indicator Cluster Survey was conducted for the fourth time to assess implementation of the abovementioned Law on Statistics, to collect data for assessing the health, education, development, protection and situation of children and women to monitor the progress on achieving the goals of the implementation of the child protection related international agreements, the National Program and Millennium Development goals, and to revise the data from the previous survey.

SURVEY GOALS AND OBJECTIVES

The objective of the "Multiple Indicator Cluster Survey (MICS) 2010" survey is to collect data on the health, education, development and protection, implementation of rights of children and women in Mongolia, examine females and males knowledge and sexual behavior on HIV, AIDS and to monitor the progress on achieving the goals of the Plan of Action of "A World Fit For Children", Millennium Development Goals and the "National Program to improve Child development and protection".

The survey has as its primary six objectives:

1. To assess the nutrition, care of illness, immunization, development, protection, situation and the rights of children under 5;
2. To collect statistical data on child labour, disability and injuries;
3. To collect statistical data on health status, use of information and technology, tobacco and alcohol use, knowledge and attitudes and practices towards HIV, AIDS of women and men in their reproductive years;
4. To assess 19 out of 50 indicators of the Plan of Action of "A World Fit For Children", adopted by the United Nations Special Session on Children in 2002;
5. To assess 9 out of 28 indicators of the "National Program to improve Child development and protection"adopted by the Government of Mongolia in 2002;
6. To assess the implementation of 14 out of 67 indicators of Millennium Development Goals adopted by the Decree 13 of the Government of Mongolia on 31 January 2008.

SAMPLE DESIGN

Since the MICS is a household based survey the sample unit is a household. The sample was designed to provide estimates on a number of indicators on the situation of children, women and men at the national level, for urban and rural areas, and for the regions.

The five regions (Western, Khangai, Central, Easternand Ulaanbaatar) were identified as the main sampling domains and a sample was selected using the probability proportional to population size. Baghs in soums and khoroos in Ulaanbaatar were taken as the primary sampling units. Altogether 420 baghs and khoroos in the country were selected with probability proportional to size. 25 households within each of these selected units were sampled using the systematic sampling method, and a total of 10, 500 households were selected. For reporting national level results, sample weights are used.

QUESTIONNAIRES

In line with the survey objectives and coverage of the survey, three sets of standard MICS questionnaires were used, and some country specific modifications were made.

Questions and indicators for the questionnaires were developed so they could be comparable with the previous surveys and the surveys done internationally. Based on the current priorities and needs, questionnaires for men aged 15-54 and children aged 2-14 were developed. Altogether 5 types of questionnaires were developed:

1. A household questionnaire
2. A questionnaire for women aged 15-49
3. A questionnaire for children under age of 5
4. A questionnaire for men aged 15-54
5. A questionnaire for children aged 2-14

In order to check the clarity and logical sequence of the questions, team composition, logistics, transportation, to determine the duration of the interview per household and to test the entry program, a pretest was conducted in May 2010, covering selected households in Khan-Uul and Chingeltei districts of Ulaanbaatar, and Kherlen and Dadal soums of Khentiiaimag. Based on the results of the pretest, modifications were made to the wording to improve the logical sequence of the questions.

Household questionnaire	Questionnaire for women aged 15-49	Questionnaire for children under age of 5	Questionnaire for men aged 15-54	Questionnaire for children aged 2-14
Household information panel	Woman information panel	Under-5 child information panel	Man information panel	2-14 years-old child information panel
Household listing form	Woman ' s background	Age	Man' s background	Child injury
Education	Access to mass media and use of information communication technology	Birth registration	Access to mass media and use of information communication technology	Child disability
Water and sanitation	Child mortality	Early childhood development	Reproduction	
Household characteristics	Desire for last birth	Breastfeeding	Contraception	
Child labour	Maternal and newborn health	Care of illness	Marriage/ in union	
Child discipline	Illness symptoms	Immunization	Fertility preference	
Place for hand washing	Contraception	Anthropometry	Attitudes towards domestic violence	
Salt iodization	Unmet need		Sexual behaviour	
	Marriage/ in union		HIV, AIDS	
	Attitudes towards domestic violence		Tobacco and alcohol use	
	Sexual behaviour		Subjective well-being	
	HIV, AIDS			
	Tobacco and alcohol use			
	Subjective well-being			

TRAINING AND FIELD WORK

15 days training for the field staff was conducted in 4-18, August, 2010. Training included lectures on the contents of the questionnaires, practicing and after the training was complete, trainees had a test after which field staff was selected.

The data were collected by 10 teams. Each team comprised of a supervisor, an editor and 5 interviewers (3 women and 2 men).

Fieldwork began on 27 August 2010 and was concluded on 20 December 2010. NSO and UNICEF staff, an international consultant from the UNICEF Regional Office and the members of MICS Steering committee participated in field monitoring. Field worker's achievements and disadvantages had been discussed during the monitoring visit and necessary actions had been taken accordingly.

DATA PROCESSING

Data collected from households were entered on computers using (CSPro 4.0) program adjusted to Mongolian questionnaires by 10 data operators between October-December, 2010. In order to ensure quality control, all questionnaires were double entered, internal consistency checks were performed and database was finalized.

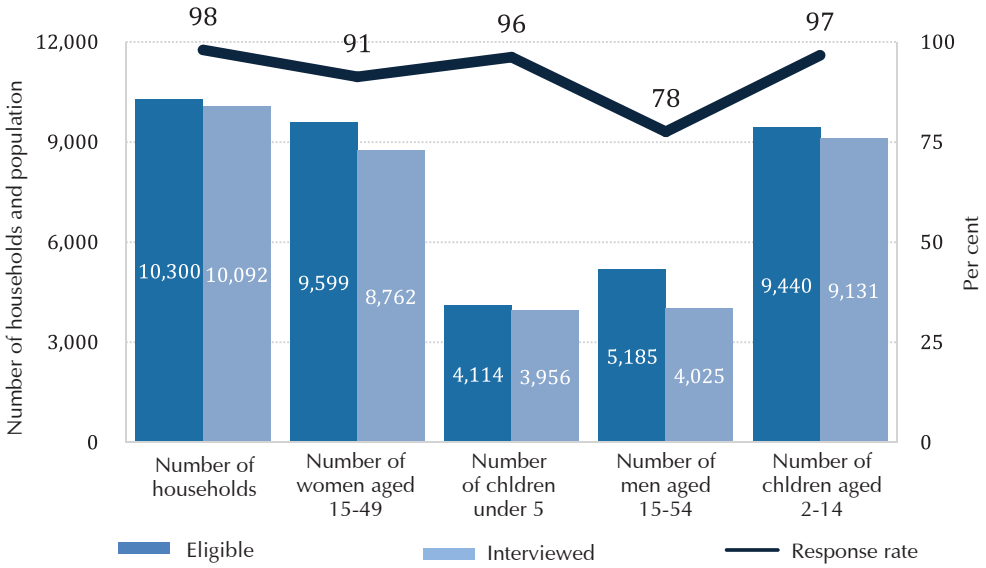
Data were analyzed using the SPSS 18.0 (Statistical Package for Social Sciences) software program, and the model syntax and tabulation plans developed by UNICEF were customized for this purpose according to the modified questionnaire.

1.2. SAMPLE COVERAGE AND CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

SAMPLE COVERAGE

In total 10,500 households selected for the sample, of these 10,092 households were successfully interviewed for a household response rate of 98 per cent. Of the listed household members in the interviewed households, 91 per cent of women aged 15-49, 96 per cent of mothers and caretakers of children under age of 5, 78 per cent of men aged 15-54, and 97 per cent of mothers and caretakers of children aged 2-14 successfully interviewed.

Figure 1:Number of households, women aged 15-49, children under 5, men aged 15-54, and children aged 2-14 and response rates

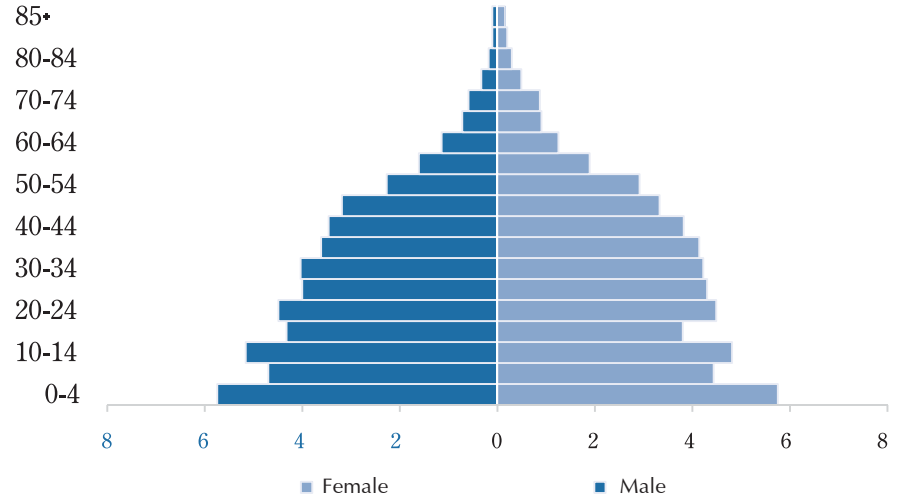


CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

The survey covers data from 35,981 household members from 10,092 households. Of the households interviewed, 6,086 or 60 per cent are urban and 4,006 or 40 per cent are rural. About half of these households have 3-4 persons, households with 1-2 members account for 26 per cent, and those with more than 5 members - 24 per cent. The mean household size is 3.2 persons. 22 per cent of households are female headed.

Of surveyed 35,981 respondents, the sex ratio was 96 males to 100 females. Because of increased fertility rates from 2006, children aged 0-4 constitute 11 per cent of the total population. 61 per cent of total population is men aged 15-59 and women aged 15-54. Figure 2 presents age and sex distribution of household population.

Figure 2: Age and sex distribution of household population, Mongolia, 2010



By marital status, 64 per cent of the women are currently married or in a union, 26 per cent are never been married or in union, 4 per cent are divorced, 3 per cent widowed and 3 per cent are separated. 19 per cent of total women had given a birth to a child in the last two years. By education level, 3 per cent of females have no education, 5 per cent are primary level educated, 10 per cent with vocational education, 19 per cent have lower secondary education, 29 per cent have upper secondary education and 34 per cent have college, university education.

From total of 3,956 children under 5 covered by the survey, male proportion is 50 per cent and female proportion is 50per cent. By education level of the mothers/ caretakers, 5 per cent have no education, 7 per cent have vocational education, 8 per cent are primary educated, 19 per cent are lower secondary educated, 27 per cent with upper secondary education, and 36 per cent have college, university education. The distribution of children under age of 5 by the wealth index of the households shows that, 24 per cent live in lowest quintile, 20 per cent in second quintile, 19 per cent in middle quintile and 19 per cent in fourth quintile and the rest 18 per cent in highest quintile.

65 per cent of all surveyed men are married or in a union, 30 per cent are never been married or in union, and the remaining 5 per cent are either divorced, separated or widowed. Males have lower level of education compared to females, 6 per cent have no education, 9 per cent have primary education, 10 per cent have vocational education, 23per cent have college, university education, 26 per cent lower secondary education, and 26 per cent have upper secondary education.

The sex ratio of total 9,131 children aged 2-14 covered by the survey is 105 boys per 100 girls. Four per cent of the mothers/ caretakers have no education, 8 per cent have primary education, 11 per cent have vocational education, 21 per cent have lower secondary education, 27 per cent with upper secondary education and 29 per cent have college, university education.

DATA DISAGGREGATION

Survey results are disaggregated by regions as well as location, urban and rural, education, household wealth quintiles and ethnicity and religion of household head.

Region: Western, Khangai, Central, Eastern and Ulaanbaatar
Urban and rural: Urban (Capital city, aimag center) and Rural (soum center, rural)
Location: Capital city, Aimag center, Soum center and Rural
Education: None, Primary, Lower secondary, Upper secondary, Vocational and College, university
Household wealth quintiles: Poorest, Second, Middle, Fourth and Richest (wealth index is estimated for each of surveyed household using the information such as source of drinking water, type of sanitary facility, housing type and materials, availability of electricity, household assets applying Principal Component Analysis technique. Households then are divided into 5 quintiles from poorest to richest.
Ethnicity of household head: Khalkha, Kazak, Other
Religion of household head: Buddha, Muslim, Other

Table 1: Number of households, women aged 15-49, children under 5, men aged 15-54, and children aged 2-14 by results of the households, women aged 15-49's, children under-5's, men aged 15-54's, and children aged 2-14's interviews, and household, women aged 15-49's, children under-5's, men aged 15-54's, and children 2-14's response rates, Mongolia, 2010

	Region					Area		Location				Total
	West	Khangai	Center	East	Ulaanbaatar	Urban	Rural	Capital city	Aimag center	Soum center	Rural	
Households												
Sampled	2,100	2,100	2,100	2,100	2,100	5,000	5,500	2,100	2,900	2,485	3,015	10,500
Occupied	2,079	2,090	2,036	2,066	2,029	4,876	5,424	2,029	2,847	2,443	2,981	10,300
Interviewed	2,038	2,064	1,979	2,047	1,964	4,760	5,332	1,964	2,796	2,409	2,923	10,092
Household response rate	98.0	98.8	97.2	99.1	96.8	97.6	98.3	96.8	98.2	98.6	98.1	98.0
Women aged 15-49												
Eligible	2,008	1,816	1,890	1,755	2,130	4,801	4,798	2,130	2,671	2,302	2,496	9,599
Interviewed	1,858	1,670	1,716	1,603	1,915	4,379	4,383	1,915	2,464	2,108	2,275	8,762
Women 's response rate	92.5	92.0	90.8	91.3	89.9	91.2	91.4	89.9	92.3	91.6	91.1	91.3
Women's overall response rate	90.7	90.8	88.3	90.5	87.0	89.0	89.8	87.0	90.6	90.3	89.4	89.4
Children under 5												
Eligible	968	820	838	743	745	1,839	2,275	745	1,094	986	1,289	4,114
Interviewed	956	787	810	709	694	1,747	2,209	694	1,053	961	1,248	3,956
Under-5's response rate	98.8	96.0	96.7	95.4	93.2	95.0	97.1	93.2	96.3	97.5	96.8	96.2
Under-5's overall response rate	96.8	94.8	94.0	94.5	90.2	92.7	95.5	90.2	94.5	96.1	94.9	94.2
Men aged 15-54												
Eligible	1,086	993	1,026	993	1,087	2,392	2,793	1,087	1,305	1,199	1,594	5,185
Interviewed	863	777	760	758	867	1,879	2,146	867	1,012	919	1,227	4,025
Men's response rate	79.5	78.2	74.1	76.3	79.8	78.6	76.8	79.8	77.5	76.6	77.0	77.6
Men's overall response rate	77.9	77.3	72.0	75.6	77.2	76.7	75.5	77.2	76.2	75.6	75.5	76.1
Children aged 2-14												
Eligible	2,421	1,809	1,895	1,837	1,478	4,036	5,404	1,478	2,558	2,648	2,756	9,440
Interviewed	2,385	1,773	1,826	1,772	1,375	3,854	5,277	1,375	2,479	2,582	2,695	9,131
Children aged 2-14's response rate	98.5	98.0	96.4	96.5	93.0	95.5	97.6	93.0	96.9	97.5	97.8	96.7
Children aged 2-14's overall response rate	96.6	96.8	93.7	95.6	90.1	93.2	96.0	90.1	95.2	96.2	95.9	94.8

Table 2: Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Mongolia, 2010

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age						
0-4	2,034	11.6	2,036	11.1	4,070	11.3
5-9	1,663	9.5	1,571	8.5	3,234	9.0
10-14	1,827	10.4	1,704	9.3	3,531	9.8
15-19	1,531	8.7	1,347	7.3	2,878	8.0
20-24	1,590	9.0	1,589	8.6	3,179	8.8
25-29	1,418	8.1	1,523	8.3	2,940	8.2
30-34	1,429	8.1	1,495	8.1	2,924	8.1
35-39	1,280	7.3	1,465	8.0	2,745	7.6
40-44	1,225	7.0	1,354	7.4	2,579	7.2
45-49	1,129	6.4	1,178	6.4	2,307	6.4
50-54	804	4.6	1,032	5.6	1,836	5.1
55-59	570	3.2	670	3.6	1,240	3.4
60-64	405	2.3	443	2.4	848	2.4
65-69	255	1.5	320	1.7	575	1.6
70-74	209	1.2	309	1.7	518	1.4
75-79	117	0.7	173	0.9	290	0.8
80-84	64	0.4	105	0.6	169	0.5
85+	37	0.2	72	0.4	109	0.3
Missing/ DK	5	0.0	5	0.0	9	0.0
Dependency age groups						
0-14	5,523	31.4	5,312	28.9	10,835	30.1
15-64	11,381	64.7	12,095	65.8	23,476	65.2
65+	682	3.9	980	5.3	1,661	4.6
Missing/ DK	5	0.0	5	0.0	9	0.0
Child and adult populations						
Children aged 0-17 years	6,507	37.0	6,150	33.4	12,657	35.2
Adults aged 18 or above years	11,078	63.0	12,237	66.5	23,315	64.8
Missing/ DK	5	0.0	5	0.0	9	0.0
Total	17,590	100.0	18,391	100.0	35,981	100.0

Table 3: Percent and frequency distribution of households by selected background characteristics, Mongolia, 2010

	Weighted percent	Number of households	
		Weighted	Unweighted
Sex of household head			
Male	78.4	7,909	8,051
Female	21.6	2,183	2,041
Region			
Western	13.3	1,338	2,038
Khangai	22.6	2,279	2,064
Central	17.8	1,793	1,979
Eastern	8.2	831	2,047
Ulaanbaatar	38.2	3,850	1,964
Area			
Urban	60.3	6,086	4,760
Rural	39.7	4,006	5,332
Location			
Capital city	38.2	3,850	1,964
Aimag center	22.2	2,235	2,796
Soum center	17.5	1,769	2,409
Rural	22.2	2,237	2,923
Number of household members			
1	9.0	904	970
2	16.7	1,690	1,698
3	24.3	2,455	2,435
4	25.7	2,598	2,554
5	14.2	1,438	1,424
6	5.9	593	602
7	2.5	256	258
8+	1.6	157	151
Education of household head			
None	7.8	786	947
Primary	15.6	1,577	1,822
Lower secondary	20.1	2,026	2,282
Upper secondary	19.5	1,966	1,773
Vocational	11.3	1,144	1,098
College, university	25.4	2,563	2,137
Missing/ DK	0.3	31	33

Continuation of Table 3

Ethnicity of household head			
Khalkha	81.7	8,244	7,715
Kazak	2.8	279	437
Other	15.4	1,549	1,917
Missing/ DK	0.2	19	23
Religion of household head			
No religion	41.3	4,168	4,446
Buddha	52.6	5,304	4,976
Muslim	2.1	212	334
Other	3.8	379	306
Missing/ DK	0.3	29	30
Total	100.0	10,092	10,092
Households with at least			
One child aged 0-17 years	67.7	10,092	10,092
One child aged 0-4 years	33.3	10,092	10,092
One child aged 2-14 years	55.1	10,092	10,092
One woman aged 15-49 years	76.9	10,092	10,092
One man aged 15-54 years	77.4	5,234	5,231
Mean household size	3.6	10,092	10,092

Table 4: Percent and frequency distribution of women aged 15-49 years by selected background characteristics, Mongolia, 2010

	Weighted percent	Number of women	
		Weighted	Unweighted
Region			
Western	13.2	1,158	1,858
Khangai	20.2	1,766	1,670
Central	17.2	1,510	1,716
Eastern	7.2	629	1,603
Ulaanbaatar	42.2	3,699	1,915
Area			
Urban	63.8	5,587	4,379
Rural	36.2	3,175	4,383
Location			
Capital city	42.2	3,699	1,915
Aimag center	21.6	1,888	2,464
Soum center	16.9	1,484	2,108
Rural	19.3	1,691	2,275
Age			
15-19	13.5	1,186	1,151
20-24	15.8	1,385	1,225
25-29	15.2	1,336	1,364
30-34	15.2	1,333	1,369
35-39	14.7	1,291	1,344
40-44	13.6	1,192	1,252
45-49	11.9	1,039	1,057
Marital/ union status			
Currently married/ in union	64.0	5,603	5,872
Widowed	3.0	265	285
Divorced	4.3	376	327
Separated	2.8	247	208
Never married/ in union	25.9	2,270	2,070
Motherhood status			
Ever gave a birth	74.3	6,510	6,742
Never gave a birth	25.7	2,252	2,020
Births in last two years			
Had a birth in last two years	18.9	1,654	1,690
Had no birth in last two years	81.1	7,108	7,072

Continuation of Table 4

Education			
None	3.3	293	392
Primary	5.0	437	536
Lower secondary	18.9	1,655	1,958
Upper secondary	28.7	2,514	2,426
Vocational	10.0	878	891
College, university	34.1	2,986	2,559
Household wealth quintiles			
Poorest	17.7	1,554	2,117
Second	19.2	1,681	1,906
Middle	20.4	1,790	1,771
Fourth	20.9	1,831	1,519
Richest	21.8	1,906	1,449
Ethnicity of household head			
Khalkha	81.2	7,118	6,600
Kazak	3.3	288	481
Other	15.3	1,342	1,663
Missing/ DK	0.2	13	18
Religion of household head			
No religion	41.7	3,656	3,945
Buddha	51.0	4,470	4,122
Muslim	2.5	218	363
Other	4.4	387	299
Missing/ DK	0.4	31	33
Total	100.0	8,762	8,762

Table 5: Percent and frequency distribution of children aged under 5 years by selected background characteristics, Mongolia, 2010

	Weighted percent	Number of children under 5	
		Weighted	Unweighted
Sex			
Male	50.1	1,981	1,990
Female	49.9	1,975	1,966
Region			
Western	15.5	613	956
Khangai	22.2	877	787
Central	18.7	739	810
Eastern	7.4	292	709
Ulaanbaatar	36.3	1,435	694
Area			
Urban	58.1	2,298	1,747
Rural	41.9	1,658	2,209
Location			
Capital city	36.3	1,435	694
Aimag center	21.8	863	1,053
Soum center	17.6	698	961
Rural	24.3	960	1,248
Age			
0-5 months	11.4	452	455
6-11 months	10.7	425	413
12-23 months	23.9	944	897
24-35 months	21.1	835	869
36-47 months	17.7	701	703
48-59 months	15.1	599	619
Mother/ caretaker's education			
None	4.6	181	235
Primary	7.9	312	366
Lower secondary	18.5	730	823
Upper secondary	27.0	1,069	1,034
Vocational	6.6	261	258
College, university	35.5	1,403	1,240

Continuation of Table 5

Household wealth quintiles			
Poorest	23.5	930	1,213
Second	20.2	797	874
Middle	19.3	764	706
Fourth	18.7	738	608
Richest	18.4	727	555
Ethnicity of household head			
Khalkha	80.0	3,166	2,908
Kazak	3.7	148	249
Other	16.0	635	787
Missing/ DK	0.2	8	12
Religion of household head			
No religion	46.3	1,831	1,905
Buddha	46.6	1,843	1,712
Muslim	2.9	117	196
Other	3.9	154	129
Missing/ DK	0.3	12	14
Total	100.0	3,956	3,956

Table 6: Percent and frequency distribution of men aged 15-54 years by selected background characteristics, Mongolia, 2010

	Weighted percent	Number of men	
		Weighted	Unweighted
Region			
Western	13.5	542	863
Khangai	20.8	839	777
Central	17.6	710	760
Eastern	7.6	307	758
Ulaanbaatar	40.5	1,628	867
Area			
Urban	60.7	2,443	1,879
Rural	39.3	1,582	2,146
Location			
Capital city	40.5	1,628	867
Aimag center	20.2	815	1,012
Soum center	16.4	660	919
Rural	22.9	922	1,227
Age			
15-19	15.4	620	586
20-24	14.5	585	524
25-29	12.6	507	531
30-34	14.5	585	591
35-39	12.5	502	531
40-44	11.4	460	479
45-49	11.2	451	461
50-54	7.8	314	322
Marital/ union status			
Currently married/ in union	65.0	2,616	2,718
Widowed	0.7	29	30
Divorced	1.9	76	73
Separated	2.0	81	69
Never married/ in union	30.4	1,223	1,135
Fatherhood status			
Ever have a biological child	65.1	2,622	2,723
Never have a biological child	34.9	1,403	1,301
Missing/ DK	0.0	1	1

Continuation of Table 6

Education			
None	5.8	234	296
Primary	9.4	380	475
Lower secondary	26.2	1,055	1,162
Upper secondary	25.7	1,034	932
Vocational	10.4	417	417
College, university	22.5	906	743
Household wealth quintiles			
Poorest	20.5	827	1,112
Second	18.4	742	820
Middle	19.5	785	764
Fourth	21.0	846	703
Richest	20.5	825	626
Ethnicity of household head			
Khalkha	80.4	3,238	2,984
Kazak	3.8	154	255
Other	15.6	626	778
Missing/ DK	0.2	7	8
Religion of household head			
No religion	44.0	1,773	1,884
Buddha	48.7	1,961	1,810
Muslim	3.0	119	190
Other	3.8	154	121
Missing/ DK	0.5	19	20
Total	100.0	4,025	4,025

Table 7: Percent and frequency distribution of children aged 2-14 years by selected background characteristics, Mongolia, 2010

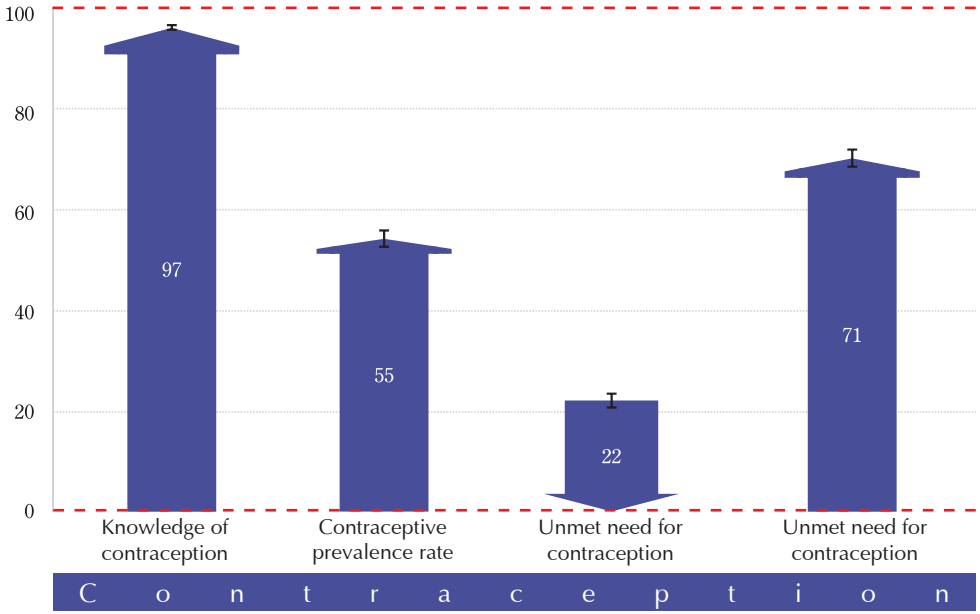
	Weighted percent	Number of children aged 2-14	
		Weighted	Unweighted
Sex			
Male	51.2	4,678	4,682
Female	48.8	4,453	4,449
Region			
Western	17.6	1,608	2,385
Khangai	22.3	2,034	1,773
Central	19.2	1,749	1,826
Eastern	8.3	758	1,772
Ulaanbaatar	32.7	2,982	1,375
Area			
Urban	55.2	5,041	3,854
Rural	44.8	4,090	5,277
Location			
Capital city	32.7	2,982	1,375
Aimag center	22.6	2,059	2,479
Soum center	21.3	1,941	2,582
Rural	23.5	2,149	2,695
Age			
2-4	24.4	2,232	2,194
5-9	36.2	3,301	3,292
10-14	39.4	3,598	3,645
Mother/ caretaker's education			
None	4.3	395	483
Primary	8.0	731	846
Lower secondary	21.4	1,952	2,201
Upper secondary	26.7	2,442	2,393
Vocational	10.7	974	949
College, university	28.9	2,636	2,258
Missing/ DK	0.0	1	1

Continuation of Table 7

Household wealth quintiles			
Poorest	22.3	2,033	2,592
Second	22.7	2,074	2,245
Middle	19.3	1,764	1,700
Fourth	19.2	1,755	1,452
Richest	16.5	1,505	1,142
Ethnicity of household head			
Khalkha	78.9	7,206	6,602
Kazak	4.4	403	628
Other	16.5	1,510	1,885
Missing/ DK	0.1	12	16
Religion of household head			
No religion	43.2	3,948	4,204
Buddha	49.4	4,515	4,141
Muslim	3.4	310	484
Other	3.6	326	273
Missing/ DK	0.3	31	29
Total	100.0	9,131	9,131

CHAPTER 2

PRE-PREGNANCY



By using appropriate family planning methods couples are able to regulate and limit the number of children they plan to have and space the births. Spacing the period between the births is important to the health of women and children.

The main goal of the family planning policy is to satisfy demand for contraception by increasing the couple's knowledge of contraceptive methods and their use based on that knowledge. There are two types of birth control: modern and traditional.

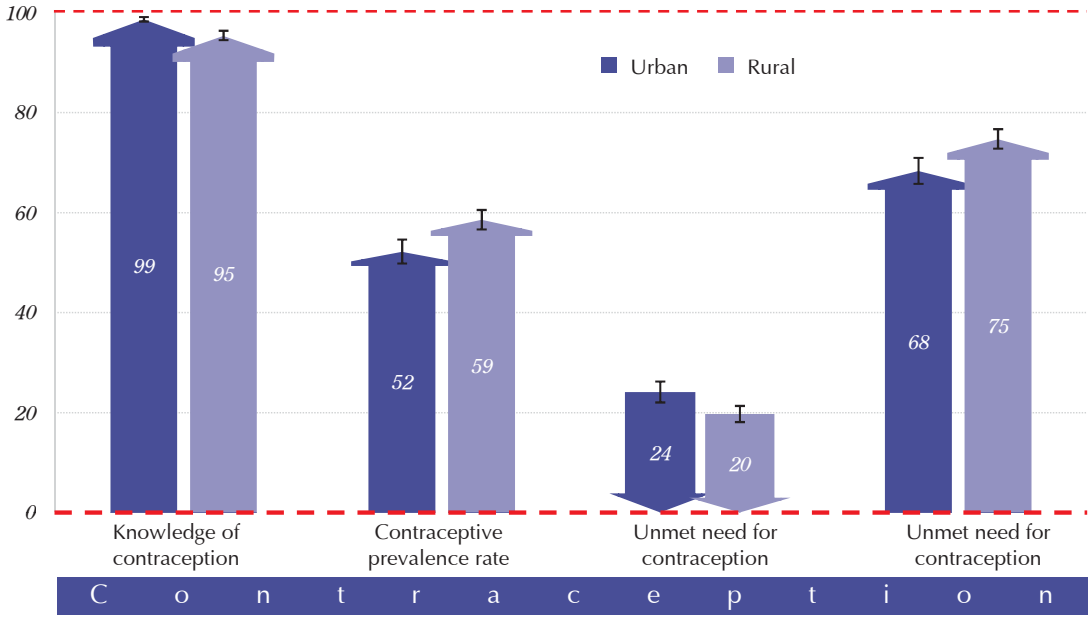
Although in Mongolia nearly all women between the ages of 15 and 49 (97 per cent), who are married or in union have knowledge regarding contraception methods, only a little more than half of surveyed women (55 per cent) used any type of contraception. 91 per cent of women currently using birth control methods used modern, and 9 per cent used traditional methods.

In Mongolia, 22 per cent of women between the ages of 15 and 49, who are married or in union, have unmet needs for contraception. Since the level of unmet needs is relatively high compared to the other regions and countries (in developing countries - 11 per cent, in Eastern Asia region - 2 per cent[1]), it is necessary to investigate further the reasons for not using contraception among those, who have unmet need for contraception.

71 per cent of total demand satisfied, who have unmet need and those who are currently using contraception.

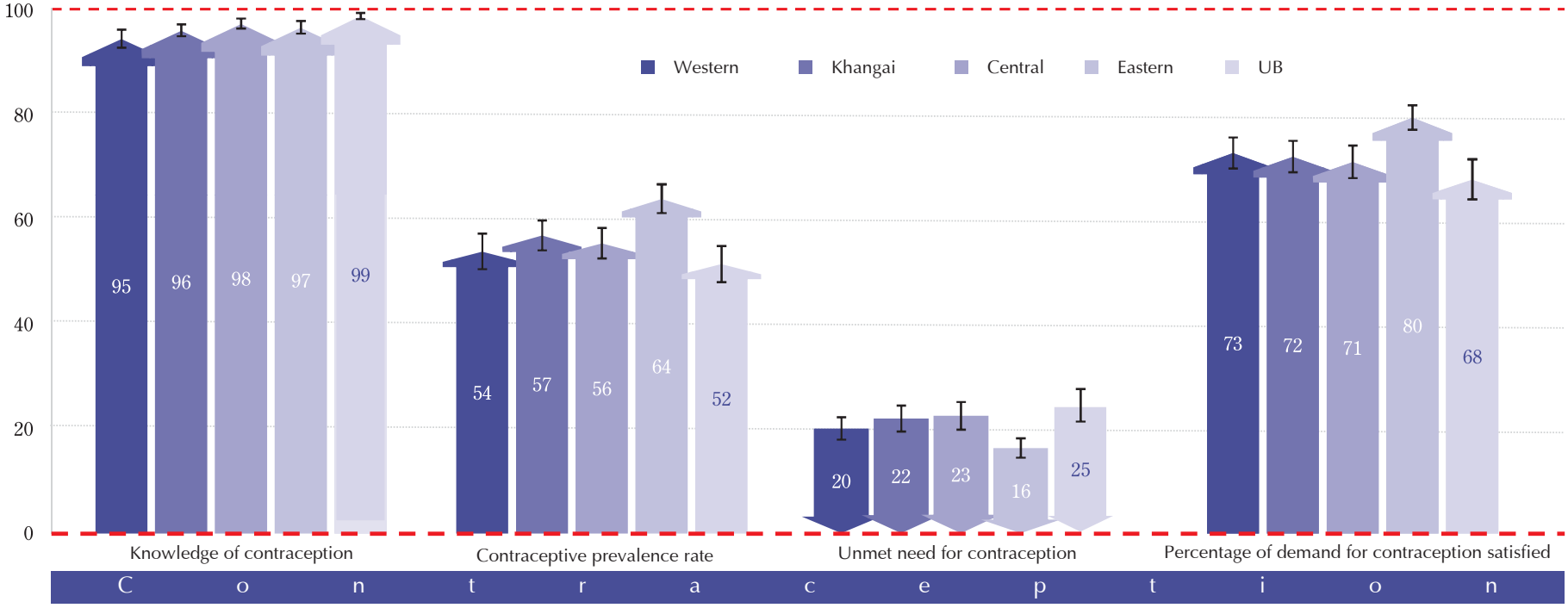
[1] http://www.unfpa.org/public/home/publications/pid/6526

Note: Detailed definition of the survey indicators can be seen in Appendix



Knowledge and use of contraception differ among women living in rural and urban areas.

For example, knowledge of contraception is higher among urban women (99 per cent vis-a-vis 95 per cent among those living in rural areas) though the contraceptive prevalence is lower (52 per cent and 59 per cent). Unmet need for contraception among urban women is higher compared to rural women (24 per cent versus 20 per cent, respectively).



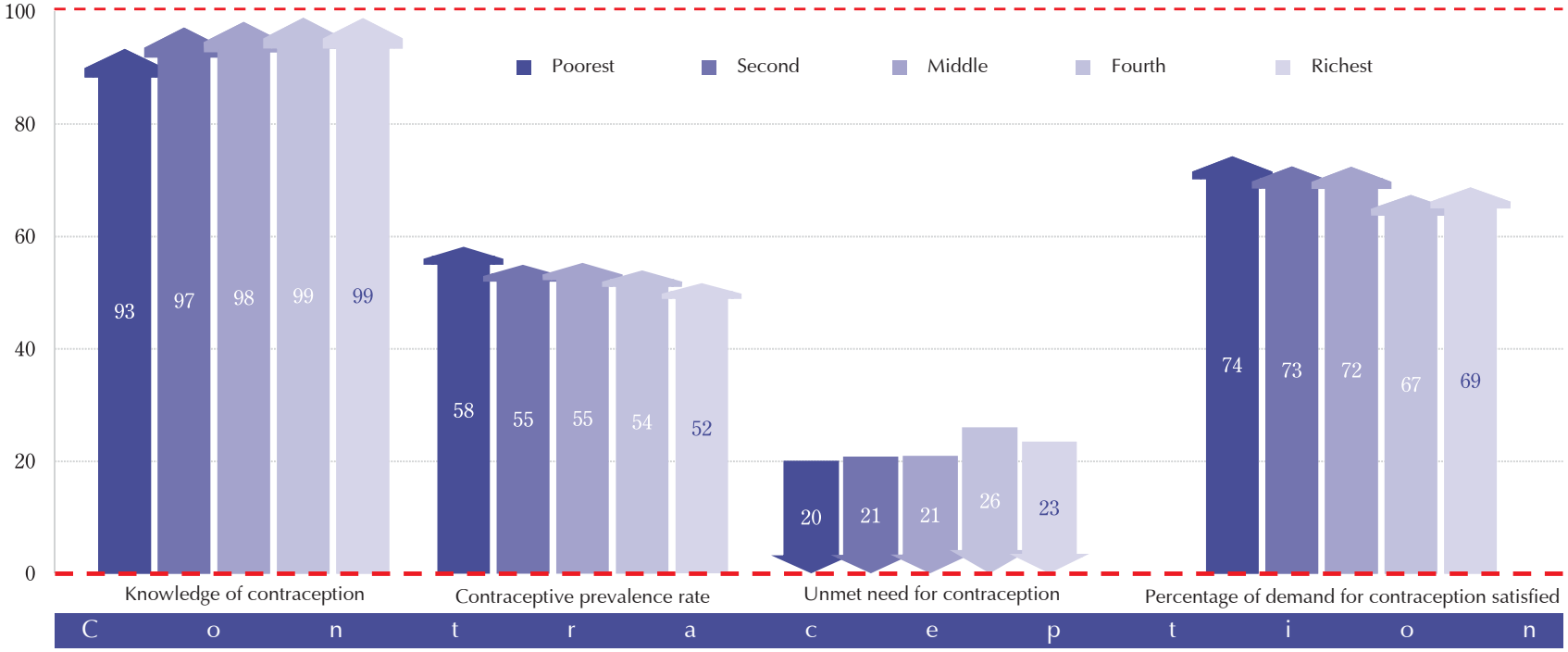
When women's family planning methods were examined by regions, the Eastern region differed from other regions.

While the level of knowledge of contraception is evenly high among women in all regions (95-99 per cent), women in Eastern region put this knowledge into their appropriate family planning. It can be seen by the highest contraceptive prevalence or 64 per cent, and the lowest rate or 16 per cent of unmet need for contraception.

Note: Detailed definition of the survey indicators can be seen in Appendix

PRE-PREGNANCY

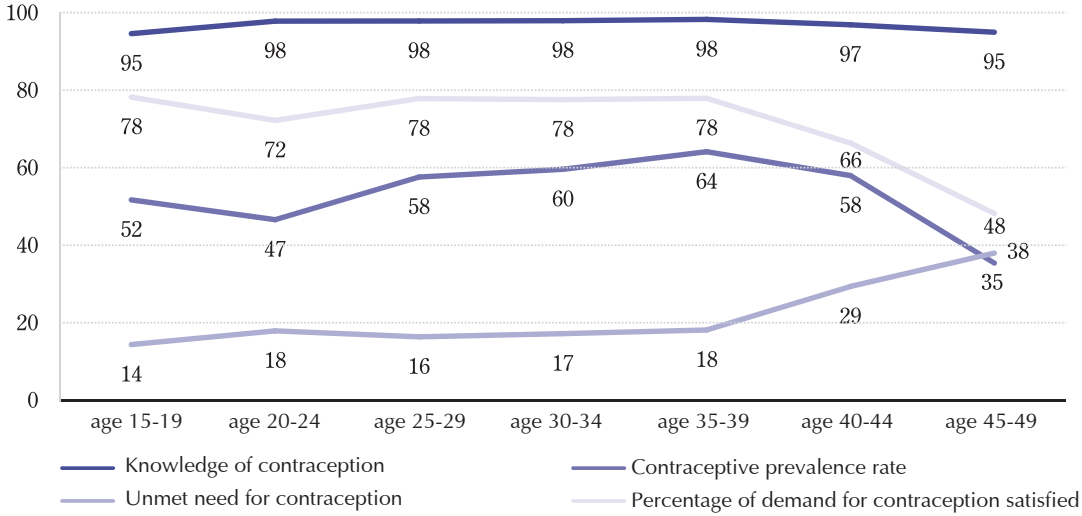
BY HOUSEHOLD WEALTH QUINTILES



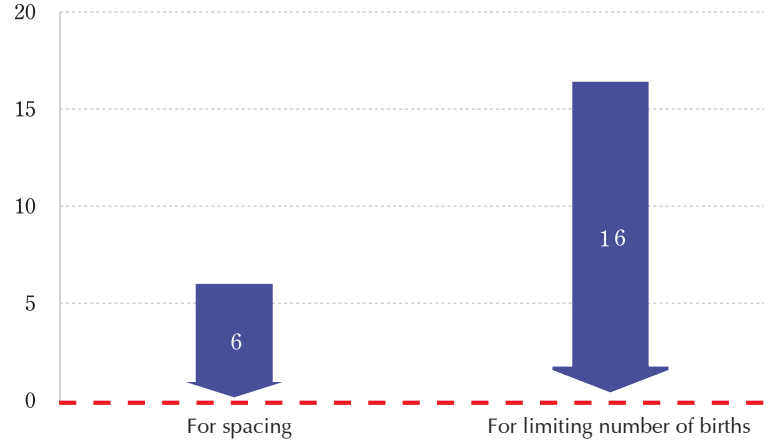
From the graph above, it can be seen that women's family planning methods vary depending on the household wealth quintile.

While among women from richest households knowledge of contraception is the highest (99 per cent) and the contraceptive prevalence is the lowest (52 per cent), it is opposite in the case of women from poorest households (knowledge of contraception 93 per cent, contraceptive prevalence 58 per cent). As for the women from fourth quintile higher than middle quintile households, the unmet need for contraception is not low as expected (23 - 26 per cent), and the satisfied demand for contraception is low (67 - 69 per cent).

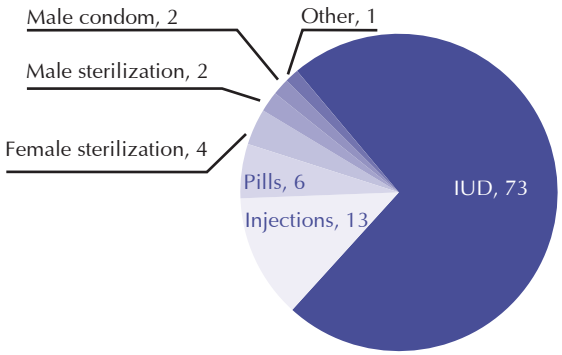
Family planning, by age groups



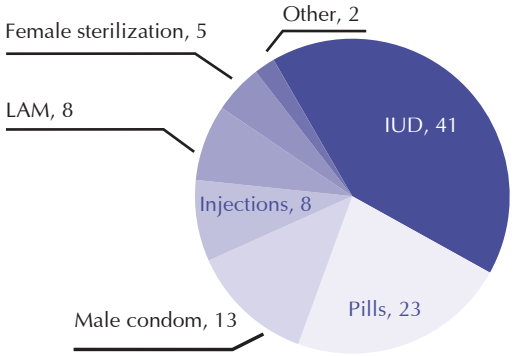
Unmet need for contraception, by purposes



Percentages of women who know a contraception, by type



Percentages of women currently using contraception, by type



Along with the declining contraceptive prevalence among women aged 35 and over, unmet need for contraception is increasing.

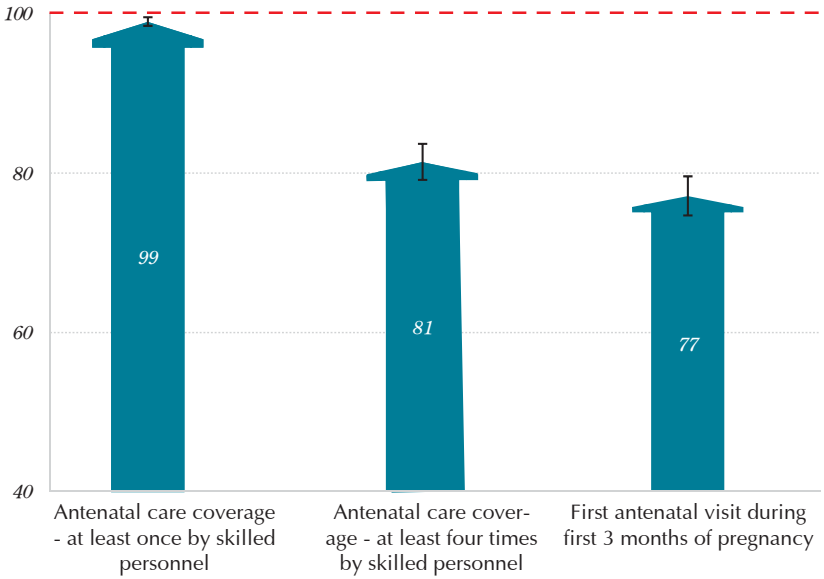
When the results of knowledge of contraception among women are examined by its kinds, 73 per cent of women know about IUD and 13 per cent of women know about injections. 41 per cent of women is using contraceptive methods reported having IUDs, 23 per cent - taking pills, and 13 per cent - using male condoms.

Although 6 per cent of all women aged 15-49, who are married or in union, would like to space births, and 16 per cent want to limit the number of children, they do not use contraception.

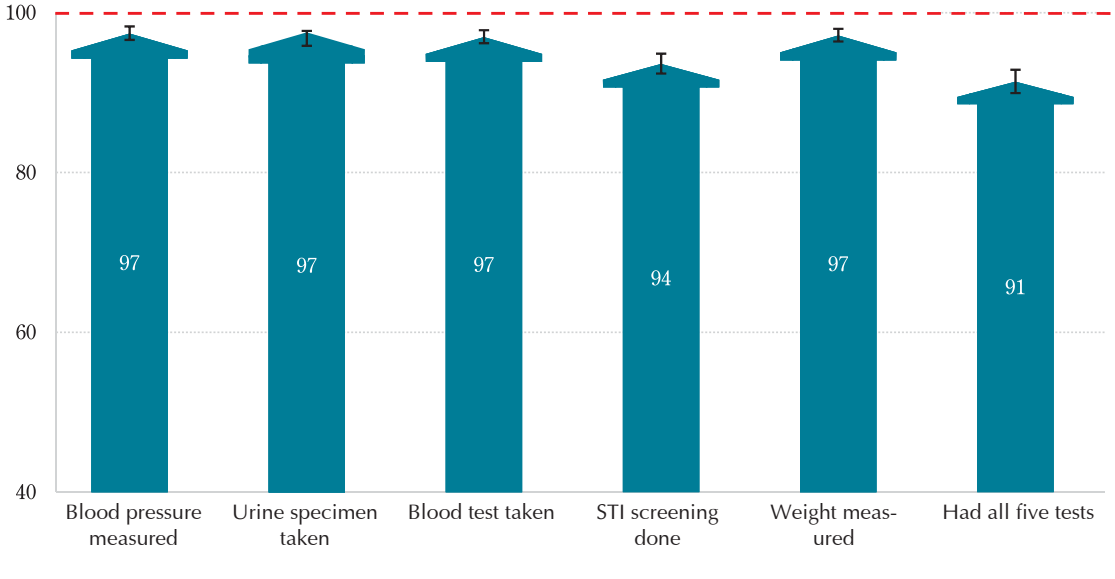
Note: Detailed definition of the survey indicators can be seen in Appendix

CHAPTER 3

PREGNANCY



Antenatal care



Contents of antenatal care

Health services provided to the pregnant women before the delivery are very important both to maternal and newborn health. The foetal growth and development and mother's health are closely related, therefore it is very important for pregnant women to attend antenatal care services to receive appropriate guidance, advice and services.

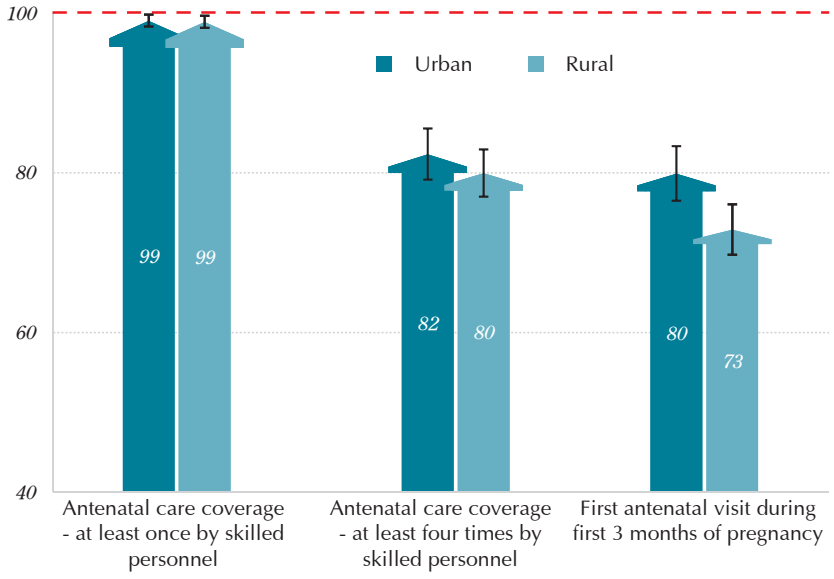
WHO recommends a minimum of at least 4 antenatal care visits during the pregnancy. Receiving antenatal services during the first 3 months of pregnancy is crucial to ensure normal development of the foetus. During the antenatal care visits all pregnant women receive at least once blood pressure measurement, urine testing, blood testing to detect sexually transmitted infections (STI), and weight measurement and it is important to receive all these services.

In Mongolia, almost all women aged 15-49 years (99 per cent), who gave birth in the two years preceding the survey, received antenatal care at least once during the pregnancy. 81 per cent of women had 4 and more antenatal care visits. However, a certain percentage of pregnant women are not able to receive antenatal care services within the first 3 months of pregnancy (23 per cent).

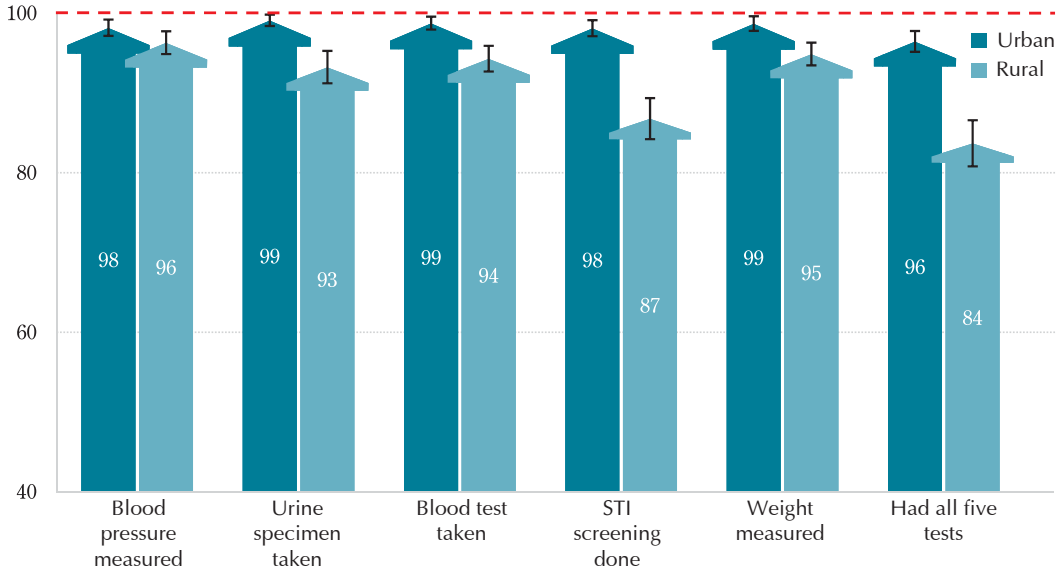
Among women received antenatal care services, the proportion of mothers, who received services such as blood pressure and weight measured, blood and urine sample taken, is 97 per cent, while fewer women or 94 per cent had STI screening done. 91 per cent of all pregnant women had all five tests.

Note: Detailed definition of the survey indicators can be seen in Appendix

PREGNANCY
BY URBAN AND RURAL



A n t e n a t a l c a r e

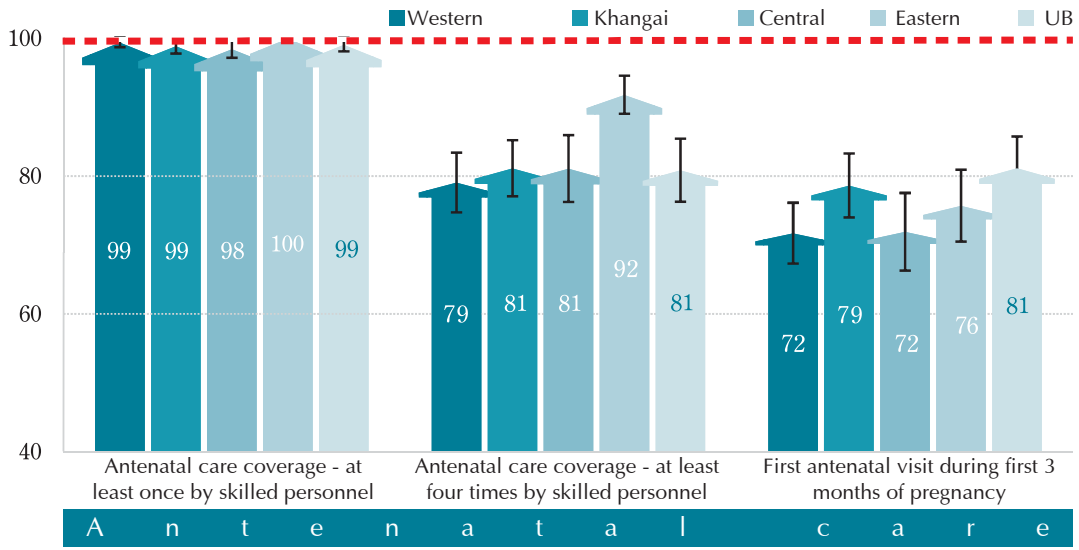


C o n t e n t s o f a n t e n a t a l c a r e

There are some variations between urban and rural areas for the percentage of pregnant women, who are covered by antenatal care and the types of services they receive.

The proportion of urban and rural women receiving antenatal care at least once and at least four times is almost similar (99 per cent vis-a-vis 99 per cent, 82 per cent vis-a-vis 80 per cent, respectively). However, fewer rural women pay their first antenatal visit during the first three months of pregnancy compared to urban women (73 per cent vis-a-vis 80 per cent, respectively).

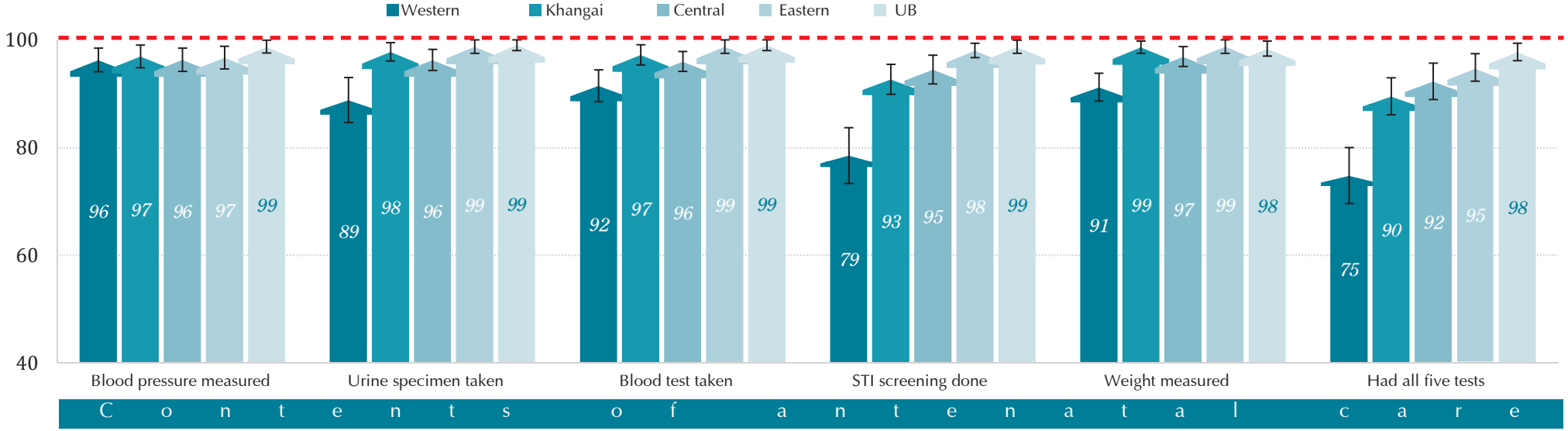
As for the types of services pregnant mothers received as part of antenatal care, there is a slight difference in the percentage of urban and rural women, who had their blood pressure measured, but there were some variations by other types of services they received. For example, a percentage of rural women, who had urine sample taken is 93 per cent vis-a-vis 99 per cent for urban women, 94 per cent vis-a-vis 99 per cent for blood sample taken, 95 per cent vis-a-vis 99 per cent for weight measured with the STI screening being the lowest (84 per cent vis-a-vis 96 per cent). Therefore, there are substantial differences in proportion of rural and urban pregnant women taking all five tests (84 per cent vis-a-vis 96 per cent, respectively).



When access to antenatal care services is examined by regions, there are variations in some types of antenatal care services women receive.

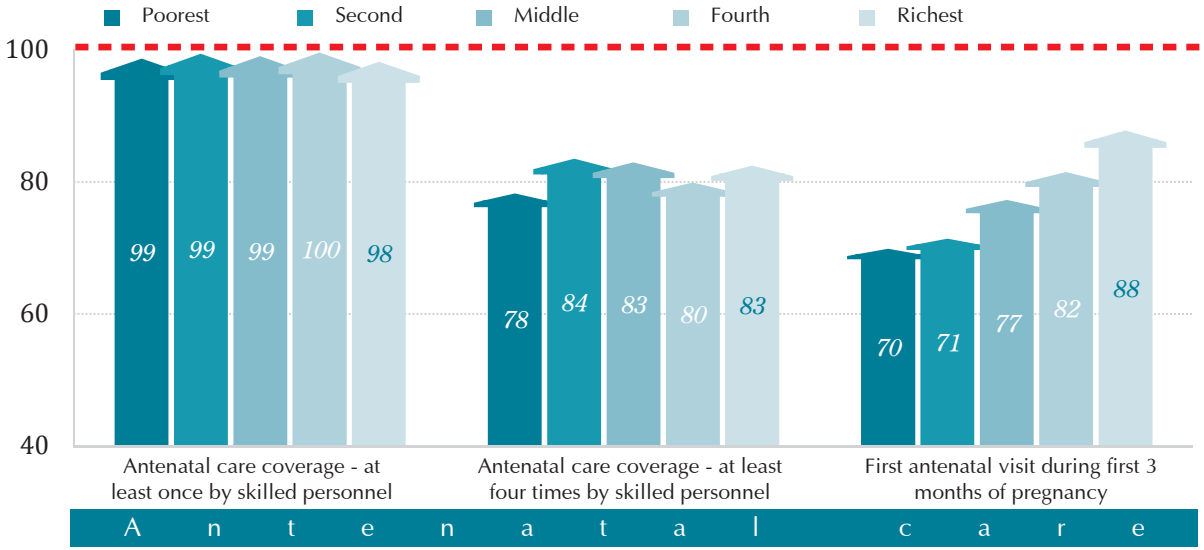
While Eastern region is having the highest coverage (11 percentage points higher than the average national level) of women being checked at least four times during pregnancy, other regions are close to the national average level of 79-81 per cent. Mothers from Ulaanbaatar are more likely to have their first antenatal visit during the first 3 months of pregnancy compared to mothers from Western and Central regions (81 per cent vis-a-vis 72 per cent, respectively).

Women from Western region in general received much less antenatal care services (except for blood pressure measurement) compared to women from other regions, especially STI screening (79 per cent vis-a-vis 93-99 per cent in other regions). Coverage of antenatal care in other regions is almost at the same level.



Note: Detailed definition of the survey indicators can be seen in Appendix

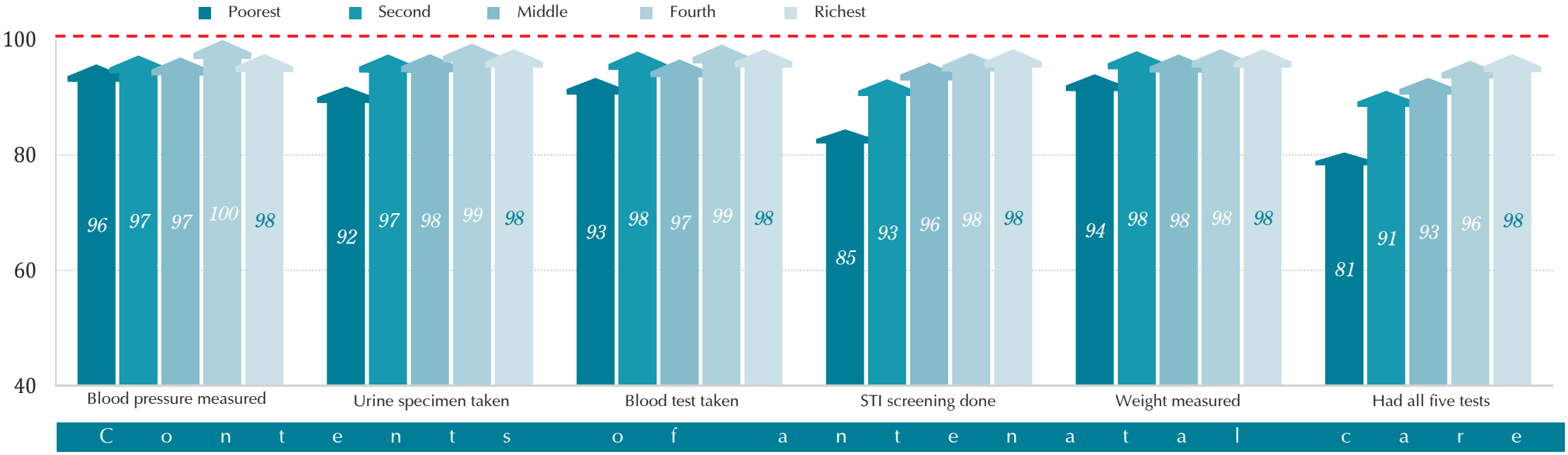
PREGNANCY
BY HOUSEHOLD WEALTH QUINTILES



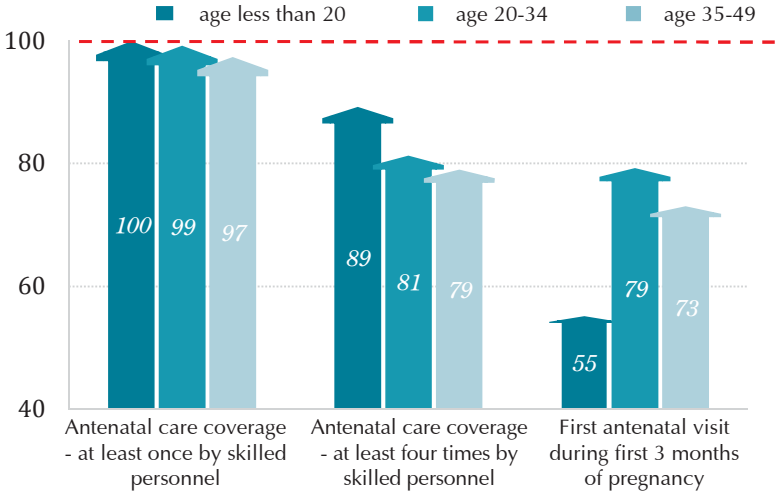
Women from poorest households receive less antenatal care services than women from other households.

For example, the percentage of the women from poorest households, who reported at least four antenatal care visits, is the lowest (78 vis-a-vis 80-84 per cent). Similarly, the proportion of women who had first antenatal visit during the first 3 months of pregnancy decreases as level of household wealth declines.

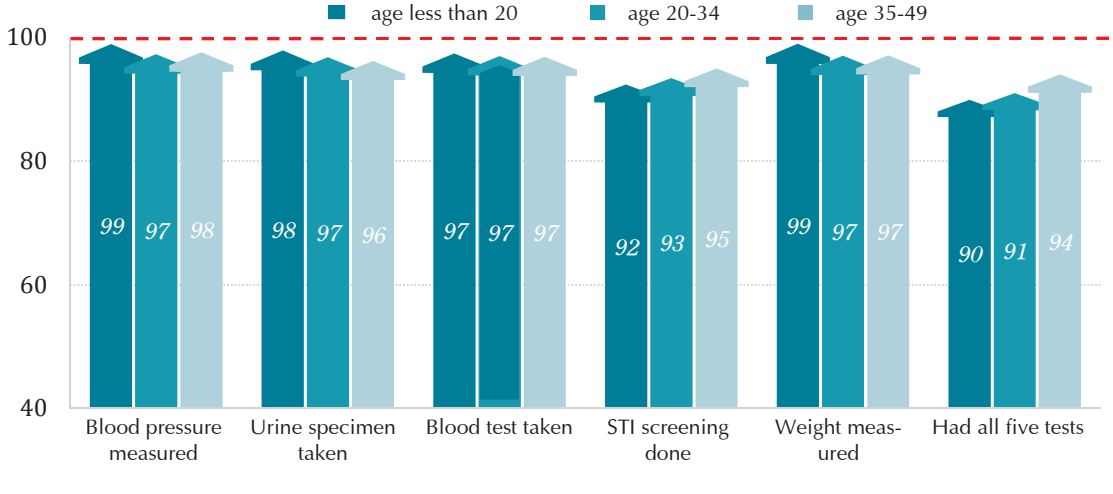
Women from poorest households are more likely to receive fewer antenatal care services compared to the women from other households, and there is a need to increase STI screening coverage for those women.



Antenatal care, by age at time of the birth

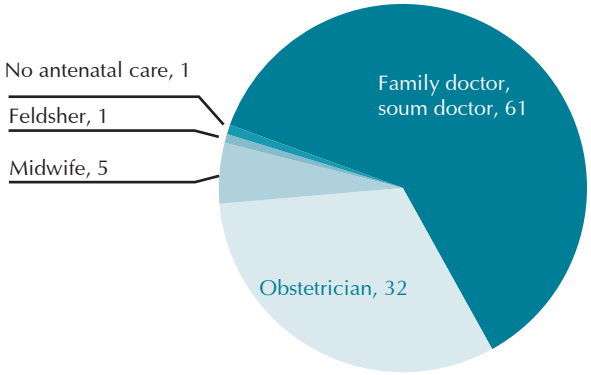


A n t e n a t a l c a r e



C o n t e n t s o f a n t e n a t a l c a r e

Antenatal care, by type of provider



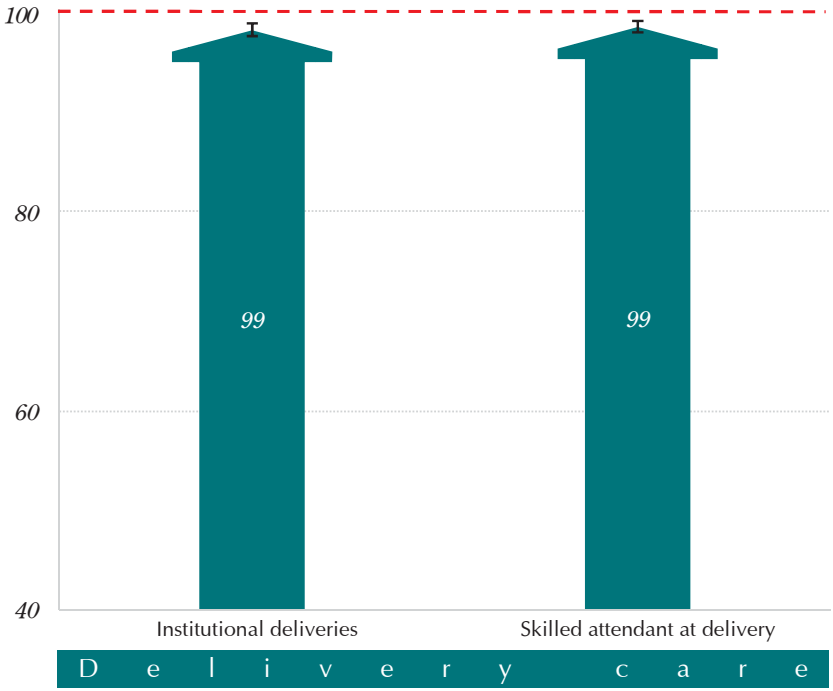
While nearly 80 per cent of women, who gave birth at the age of 20 and over, received antenatal care at least four times during the pregnancy, 89 per cent of women, who gave birth at the age of less than 20 received antenatal care. However, only half of women aged less than 20 have their first ANC visit during the first 3 months of pregnancy.

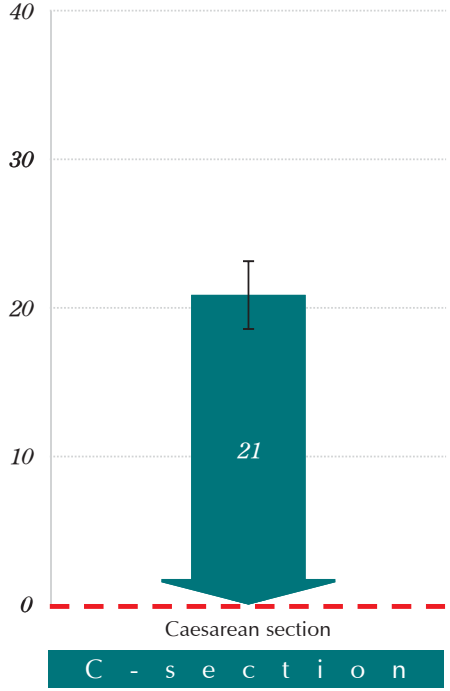
For those women, who gave birth to a child during the two years preceding the survey, in 61 out of 100 cases the person providing antenatal care was a family or a soum doctor, and 32 women had seen an obstetrician. One out of 100 women had not received any antenatal care.

Note: Detailed definition of the survey indicators can be seen in Appendix

CHAPTER 4

DELIVERY





The most critical factor for safe delivery is to ensure that a competent health worker with midwifery skills is present at every birth and the delivery takes place at the hospital. To reduce life threatening health risks both to the mother and the baby, delivery can be assisted by surgical procedures.

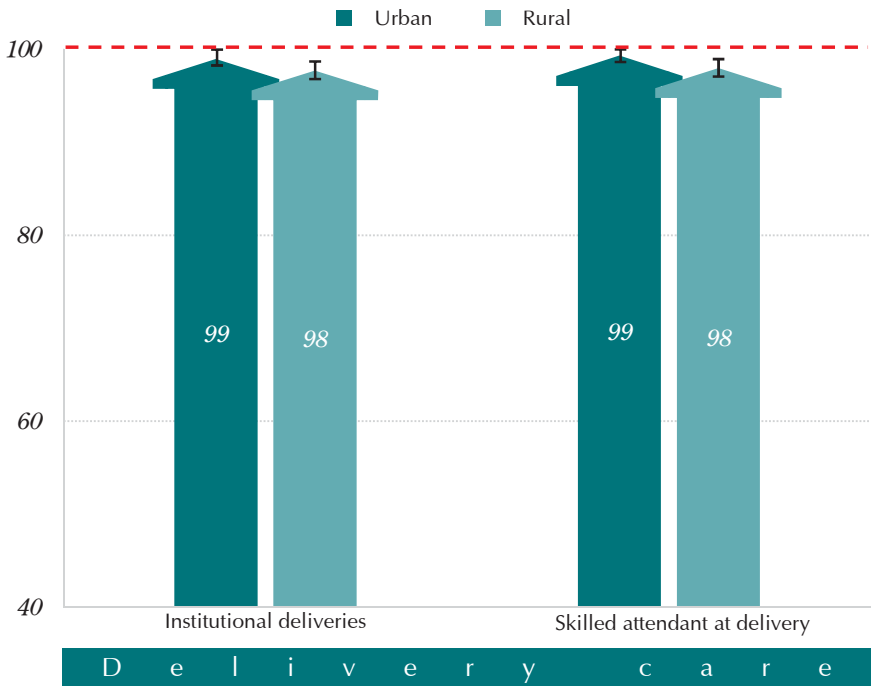
On the other hand, pregnant women have the right to choose the place of delivery (state or private health facility, maternal hospital etc.) and the method of delivery (biological or the surgical) herself or with the advice from her relatives.

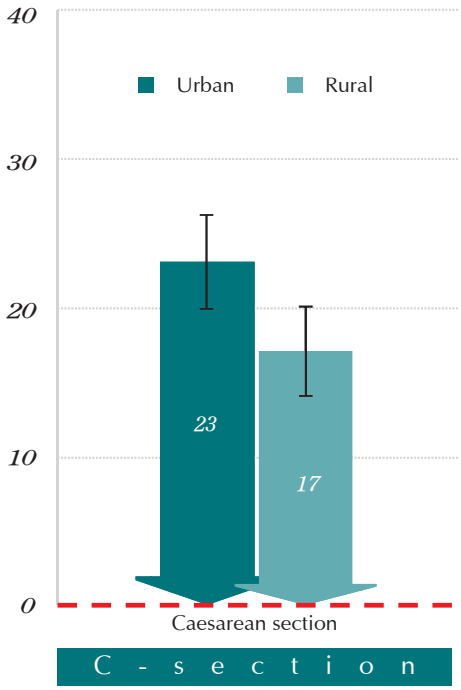
In Mongolia, almost all (99 per cent) women aged 15-49, who had a live birth in the two years preceding the survey, had delivery in a health facility, and 99 per cent of births were delivered by skilled personnel.

Although WHO recommends that 5-15 per cent of all births can be delivered by the surgical procedures, this indicator is relatively high in Mongolia, and 21 per cent of women aged 15-49, who gave birth in the two years preceding the survey, had caesarean delivery.

Note: Detailed definition of the survey indicators can be seen in Appendix

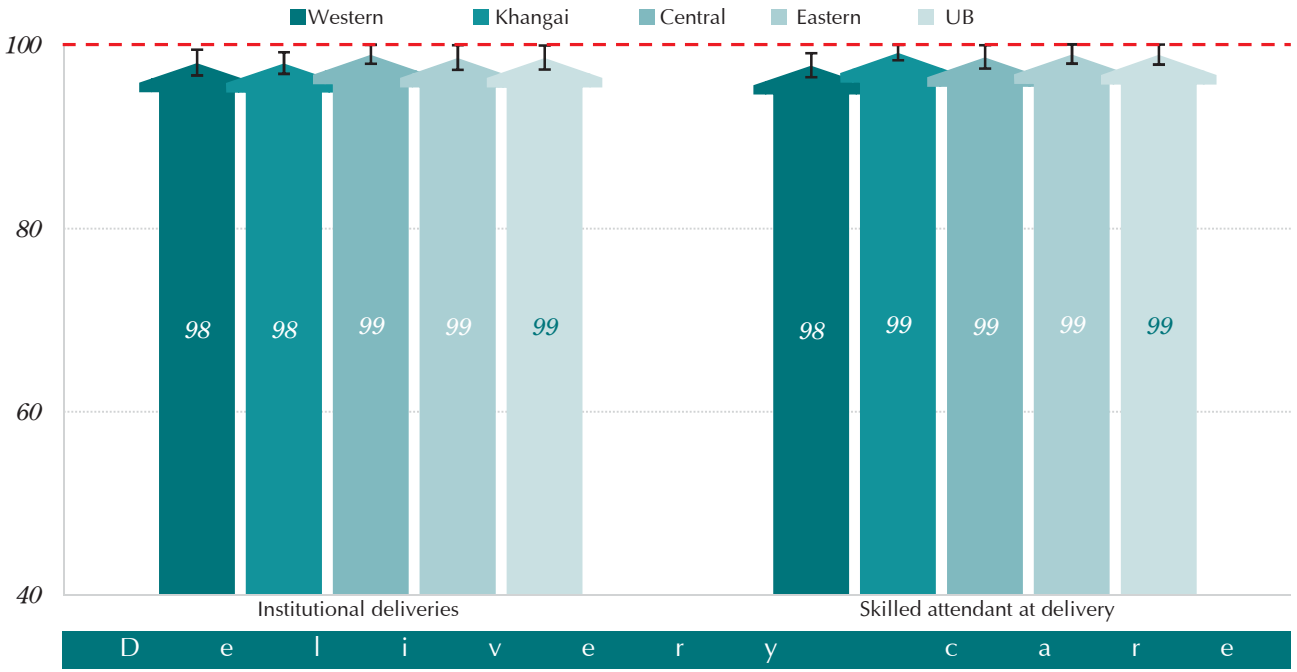
DELIVERY
BY URBAN AND RURAL

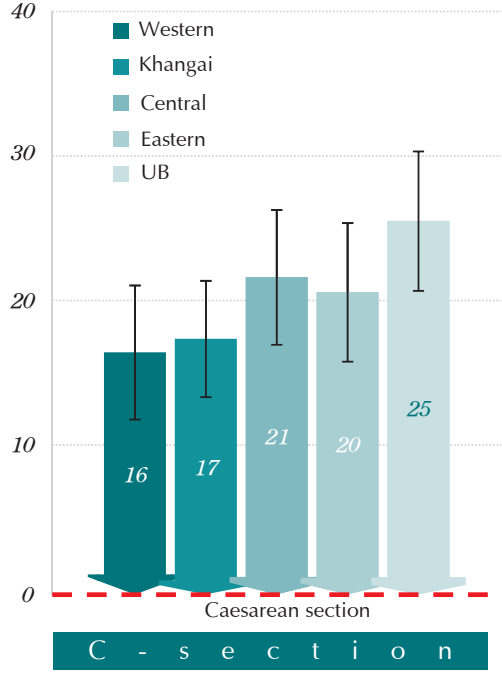




Access to health care assistance and services at delivery is high both in urban and rural areas. However, delivery by caesarean section is more common among urban women (23 per cent and 17 per cent, respectively).

Although access to health care assistance and services at delivery is high both in urban and rural areas, there is a need to examine separately the quality of services provided.



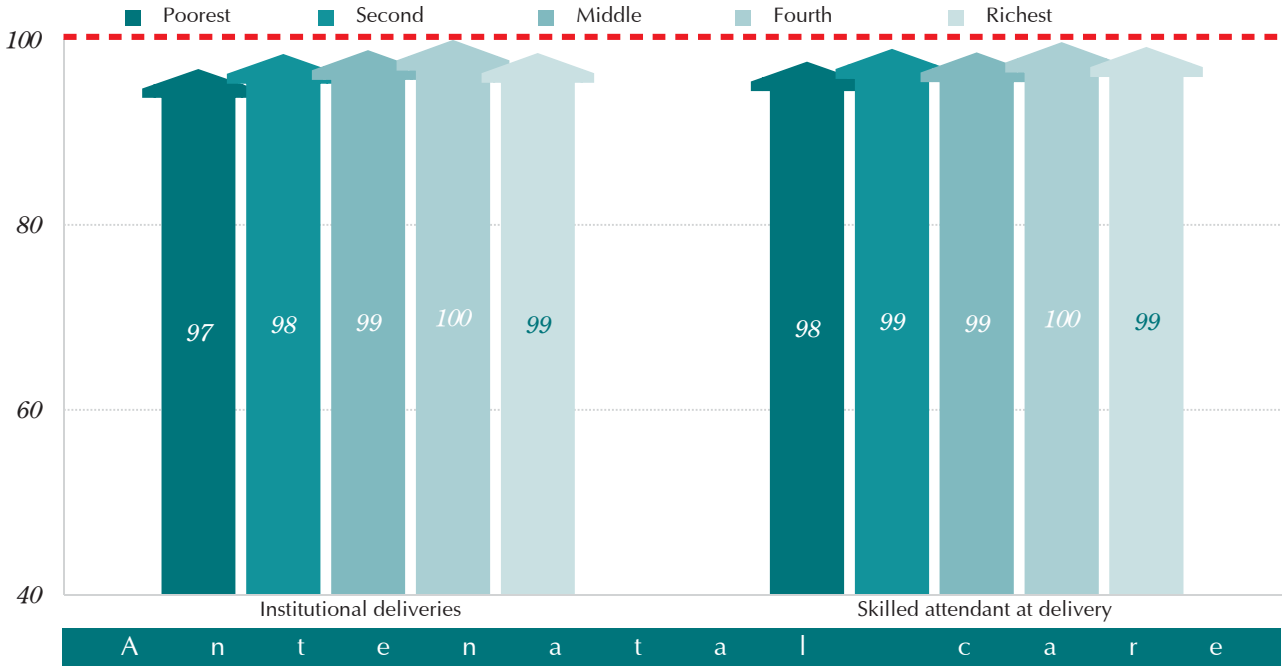


Access to health care services during the delivery is available in all regions without significant differences. In other words, the proportion of institutional deliveries and the presence of a skilled attendant at delivery have similar patterns in all regions i.e., 98-99 per cent.

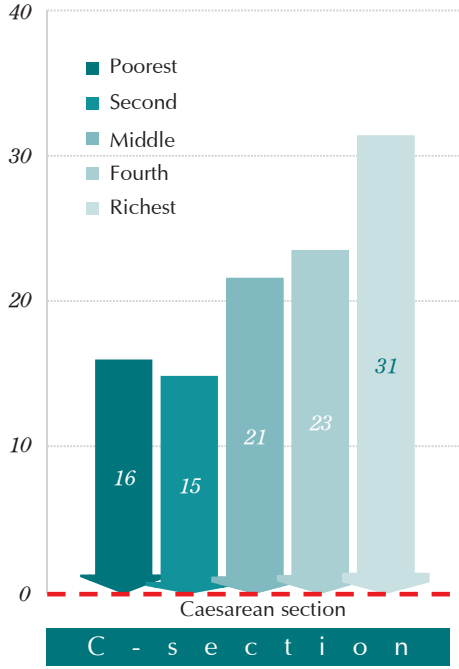
Ulaanbaatar women had more deliveries by caesarean section compared to other regions, and this proportion is much higher compared to the women living in Western and Khangai regions. This needs to be further looked at to find out whether having caesarean delivery was preferred due to the health reasons or it was due to the woman's personal preference.

Note: Detailed definition of the survey indicators can be seen in Appendix

DELIVERY
BY HOUSEHOLD WEALTH QUINTILES



Antenatal care



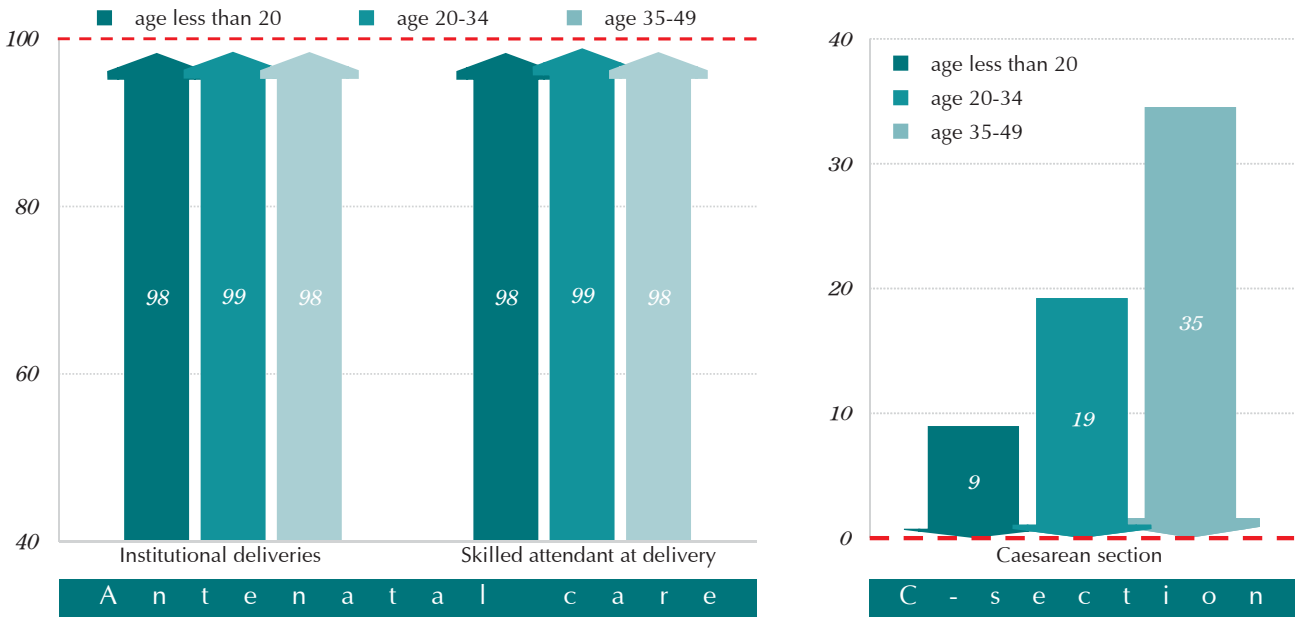
C-section

Women from poorest households have less access to health care services during the delivery compared to other women.

The proportion of women from poorest households, who deliver their babies in a health facility, is lower by 3 percentage points compared to the other women, and the proportion of deliveries assisted by a skilled personnel among women from poorest households is lower by 2 percentage points compared with women from the richest households. Although it does not seem to be a significant variation, the fact that the woman, who comes from a poor household, creates a certain difference in accessing above services should be taken into account.

Also, wealthier women are twice more likely to give birth by caesarean section than women from poorest households (31 per cent and 16 per cent, respectively), which could possibly suggest that women have a caesarean section more due to personal choices rather than health reasons.

Delivery care, by age at time of the birth



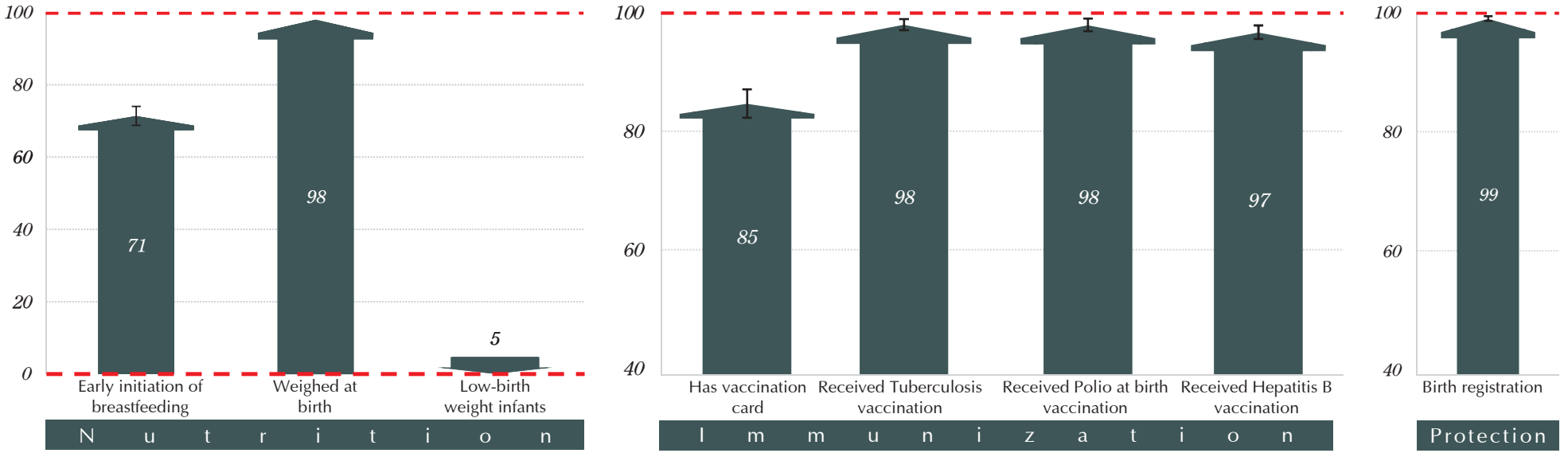
There is no difference by mother's age at birth with regard to the proportion of births with a skilled attendant and the share of institutional deliveries.

Among mothers, who gave birth to their last child at the age of 35 and over, the proportion of deliveries by caesarean section is higher, which could be explained by the possibility of increasing risks of developing complications with the older age of mothers. For example, one out of 10 mothers aged 20 and less, one out 5 women aged 20-34, and one out of 3 women aged 35-49 had caesarean delivery.

Note: Detailed definition of the survey indicators can be seen in Appendix

CHAPTER 5

POSTNATAL



It is important that new babies start to receive health and social welfare services during their infancy period or within one month after the birth. It increases infant's survival possibility and lays foundation for baby's proper development and healthy upbringing.

When mothers breastfeed their babies within one hour after the delivery, it establishes and strengthens the physical and psychological bond between the mother and the baby, and the colostrums available in the milk improves child's immune health. 7 out of 10 children, who were born in the two years preceding the survey, are breastfed for the first time within one hour of birth.

In Mongolia, nearly all newborns are weighed at birth (98 percent). Underweight infants weighing 2,500 grams and less are likely to have impaired nutrition and immunity, and are prone to diseases. One in 20 infants born in the two years preceding the survey had low birth weight.

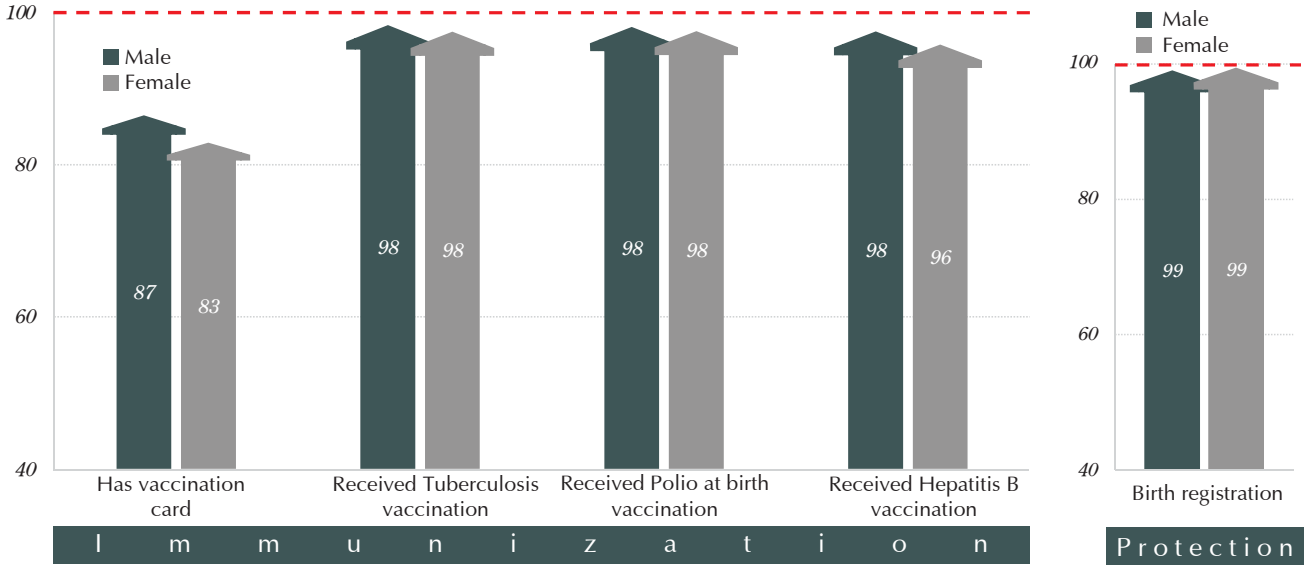
Within 24 hours after the birth it is necessary to give a child tuberculosis and Hepatitis B vaccinations and first dose of Polio vaccination to protect against these diseases. 97-98 per cent of children aged 12-23 months, who covered in the survey, received their vaccines at birth. The high immunization rate is mainly because of high percentage of institutional births. 85 per cent of children aged 12-23 months covered by the survey had vaccination cards, where information about all administered vaccines isrecorded.

The child's parents or caretakers bear a responsibility for registration of the child's birth within one month after the birth with the Civil Registration and Information Department of local administration and receiving a birth registration certificate. In Mongolia, the birth registration rate is high, which can be seen from the fact that almost all surveyed children under age of 5 (99 per cent), had a birth certificate, i.e., their birth was registered.

Note: Detailed definition of the survey indicators can be seen in Appendix

POSTNATAL

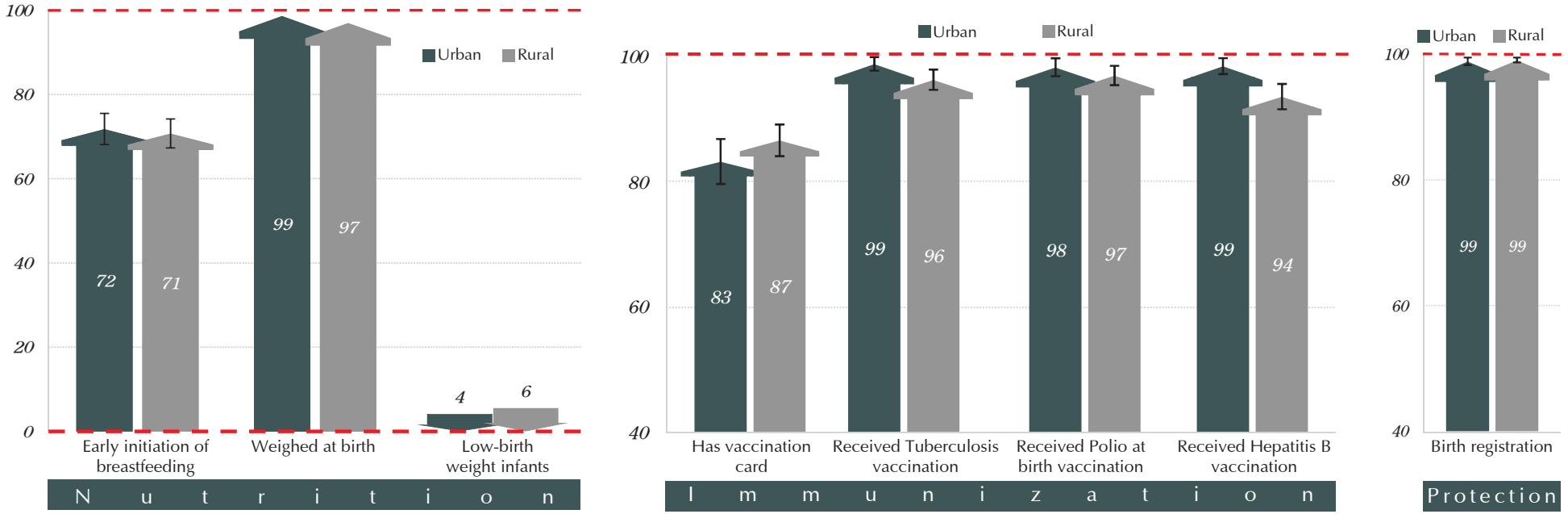
BY SEX



There is a little difference in vaccination coverage rates at birth by sex of the child and the rate is high (96-98 per cent). However, 87 per cent of boys aged 12-23 covered by the survey had vaccination cards, whereas among the girls this indicator drops to 83 per cent.

There are no variations in having a birth certificate across sex category (99 per cent).

5 POSTNATAL
BY URBAN AND RURAL

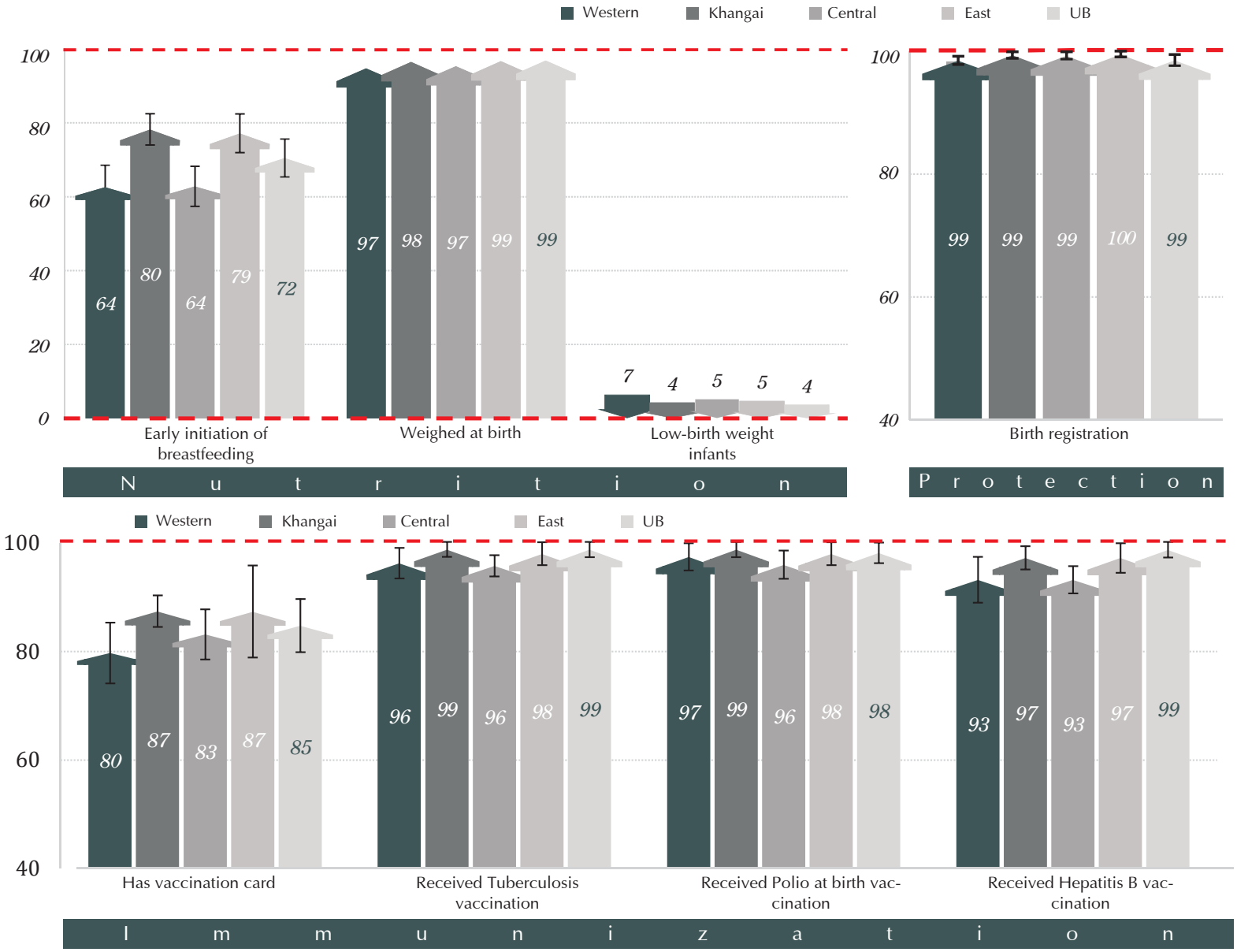


Overall, the proportion of children who start to receive health and social welfare services within one month after the birth is similar in urban and rural areas.

There are no significant variations in proportion of children in rural areas and urban areas, who had colostrums breastfed within one hour after the birth, had weight measured, had low birth weight, had a vaccination card, received Polio vaccine at birth and had a birth registration certificate (71 per cent and 72 per cent, 97 per cent and 99 per cent, 6 per cent and 4 per cent, 87 per cent and 83 per cent, 97 per cent and 98 per cent, 99 per cent and 99 per cent, respectively). The share of rural children receiving tuberculosis and Hepatitis B vaccines at birth is lower by 3-5 percentage points compared to urban children (96 per cent vis-a-vis 99 per cent, 94 per cent vis-a-vis 99 per cent, respectively).

Note: Detailed definition of the survey indicators can be seen in Appendix

POSTNATAL
BY REGIONS

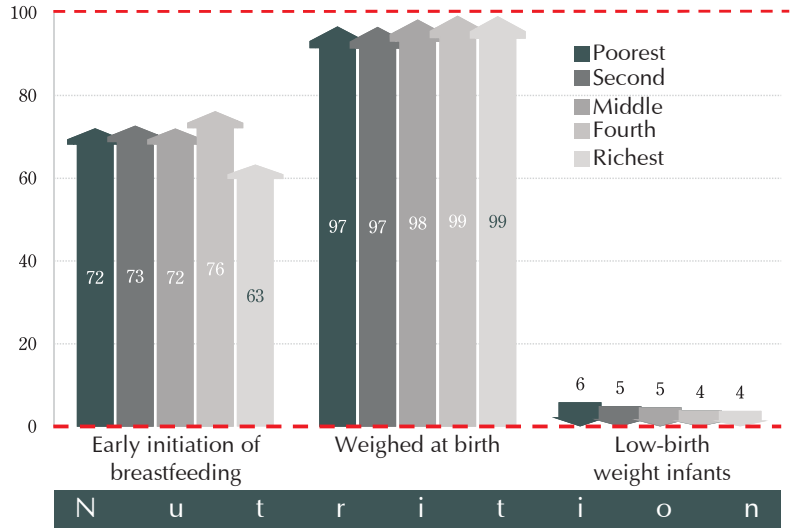


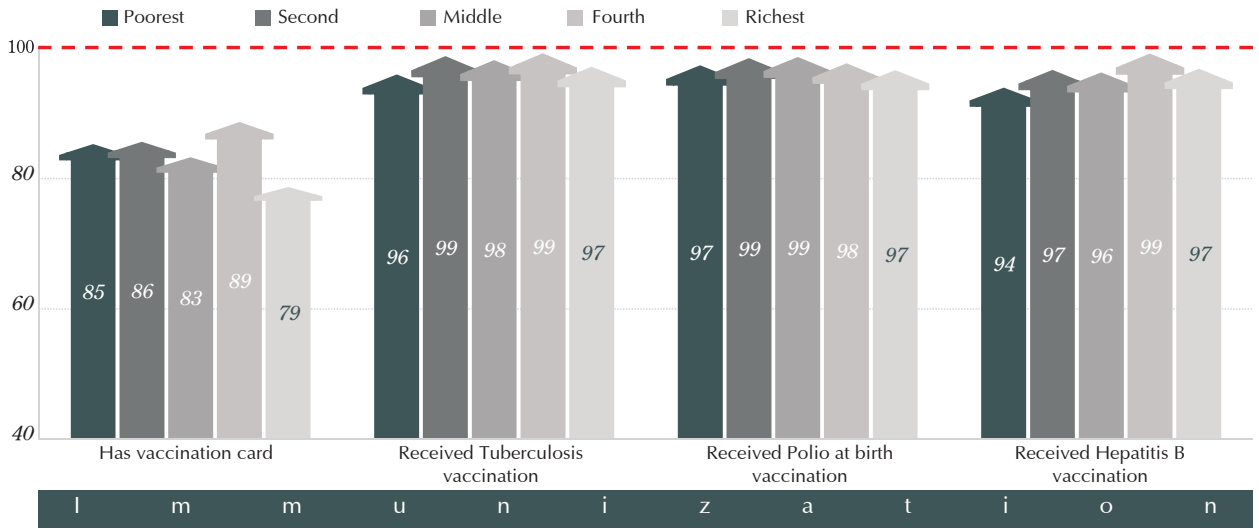
Some differences are found between regions with regard to access to health and social welfare services during the infancy period.

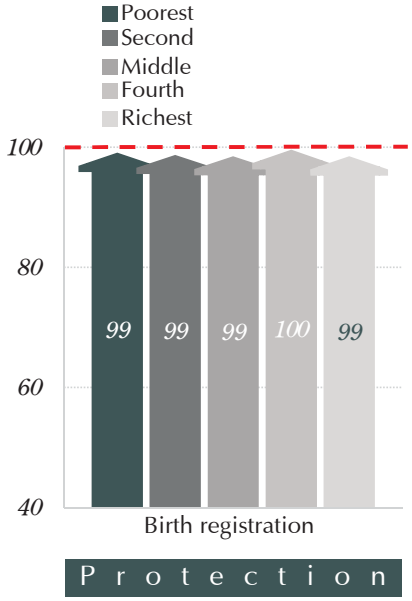
For example, the proportion of children, who had breastfed within one hour after the birth is lower in Western and Central regions (64 per cent and 79-80 per cent), and the proportion of children receiving Hepatitis B vaccine is the lowest among the regions (93 per cent and 97-99 per cent). At the same time, a higher proportion of low birth infants are born in Western region compared to Ulaanbaatar (7 per cent vis-a-vis 4 per cent, respectively).

There are no noticeable variations by regions in such categories as per cent of children weighed at birth, having vaccination card, receiving tuberculosis vaccine and Polio vaccine at birth, and having birth certificate.

5 POSTNATAL
BY HOUSEHOLD WEALTH QUINTILES







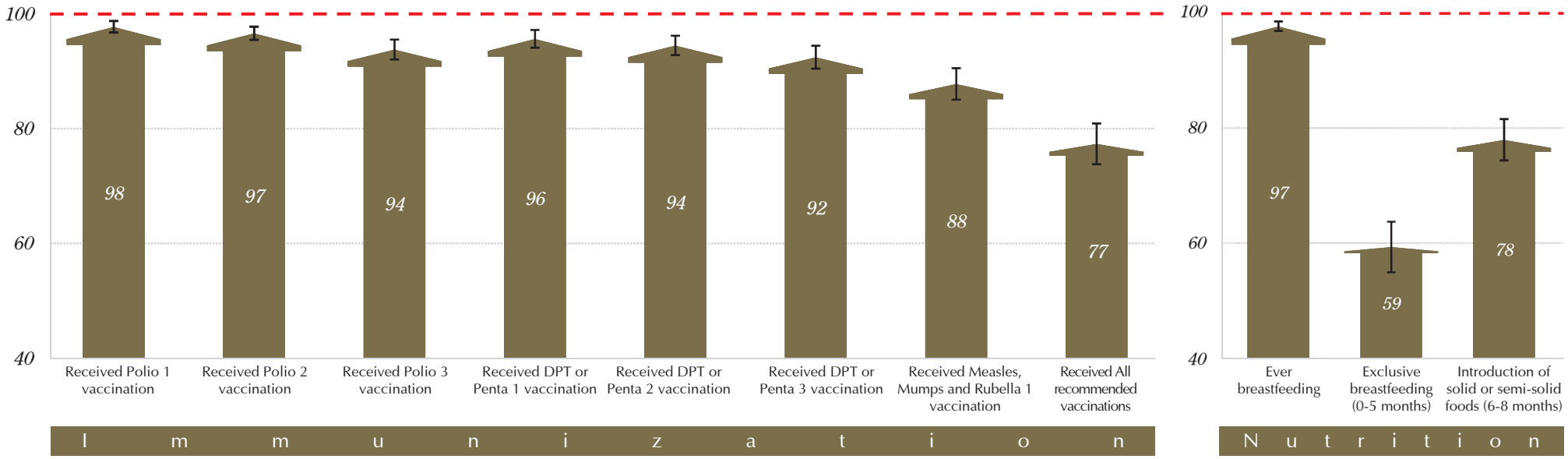
No remarkable difference in access to health and social welfare services during the infancy is found between the households.

The per cent of children with early initiation of breastfeeding within one hour after the birth and the proportion of children, who had vaccination cards, is lower with the increase of the household wealth level. The Hepatitis B vaccine coverage is lower among children from poorest households compared to others (94 per cent and 96-99 per cent, respectively).

Note: Detailed definition of the survey indicators can be seen in Appendix

CHAPTER 6

INFANCY



The first year of life is a particularly important period for a child, who requires the most attention and care at that time. Timely vaccination, regular and appropriate feeding during this period can prevent child's low immunity, malnutrition and disease susceptibility.

By the age of 2 years old, a child should receive a tuberculosis vaccine, four doses of polio vaccine (at birth, 1st, 2nd, 3rd doses), Hepatitis B vaccine, three doses of DPT or Penta vaccine (1st, 2nd, 3rd doses) and first doses of Measles, Mumps and Rubella vaccine. DPT vaccine is used to prevent from Diphteria, Pertussis and Tetanus and Penta vaccine is combined DPT and Hepatitis B and Haemophilus Influenza B vaccine.

In Mongolia, the coverage by the first dose of Measles, Mumps and Rubella vaccine is not sufficient (88 per cent). As for the other vaccines, the coverage is high (92-98 per cent). Although 98 per cent of the children received the first dose of Polio vaccine and 96 per cent - the first dose of DPT or Penta vaccine, the percentage declines for second and third doses (94-97 per cent and 92-94 per cent). Therefore, the percentage of children, who received all recommended vaccines, is 77 per cent.

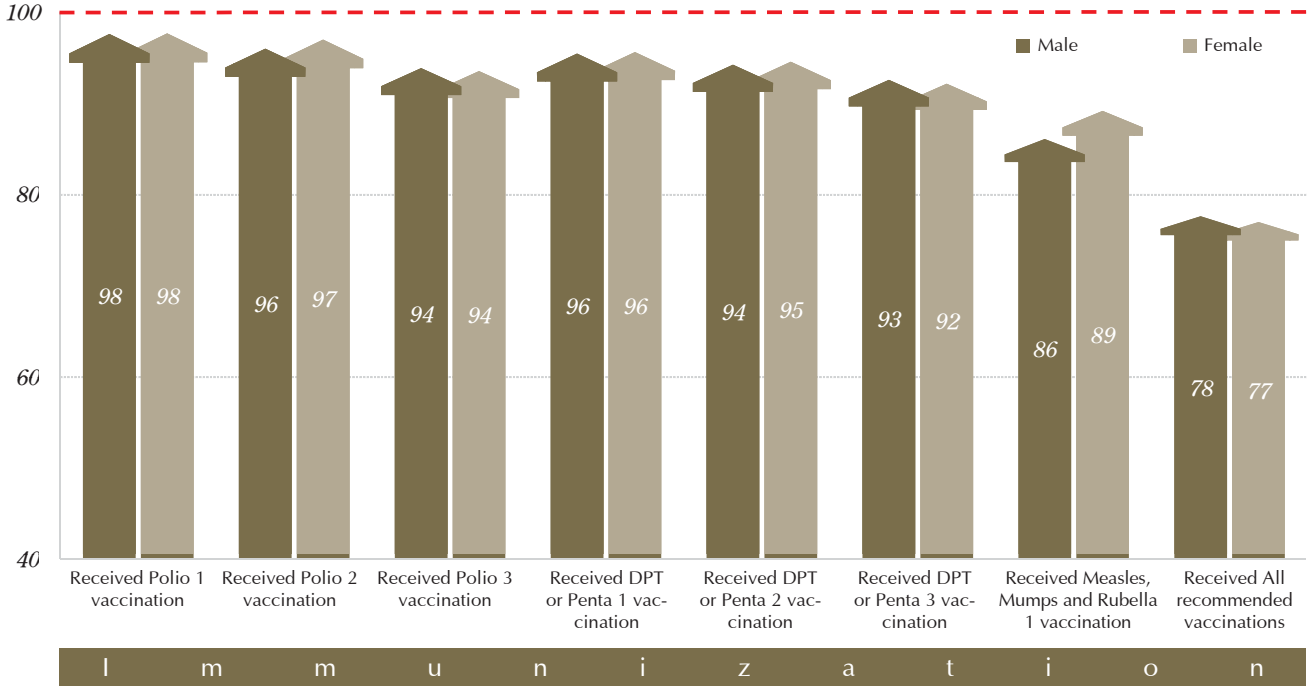
WHO recommends exclusive breastfeeding for the first 6 months, with adequate solid or semi-solid foods beginning at 6 months.

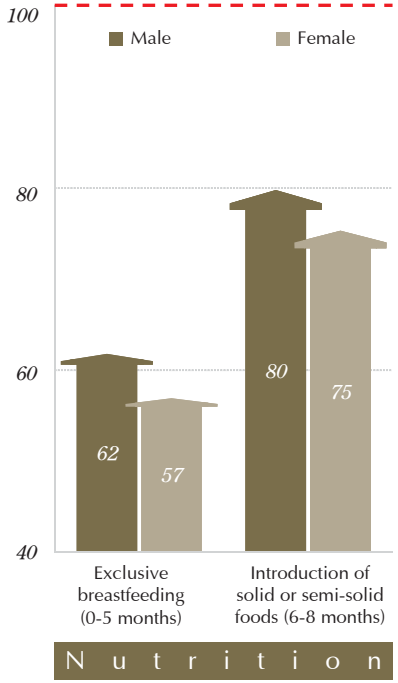
In Mongolia, 97 per cent of children born within the two years preceding the survey had been breastfed, but only 59 per cent of children aged less than 6 months who covered by the survey were exclusively breastfed.78 per cent of children aged 6-8 months started to receive solid or semi-solid foods.

Note: Detailed definition of the survey indicators can be seen in Appendix

INFANCY

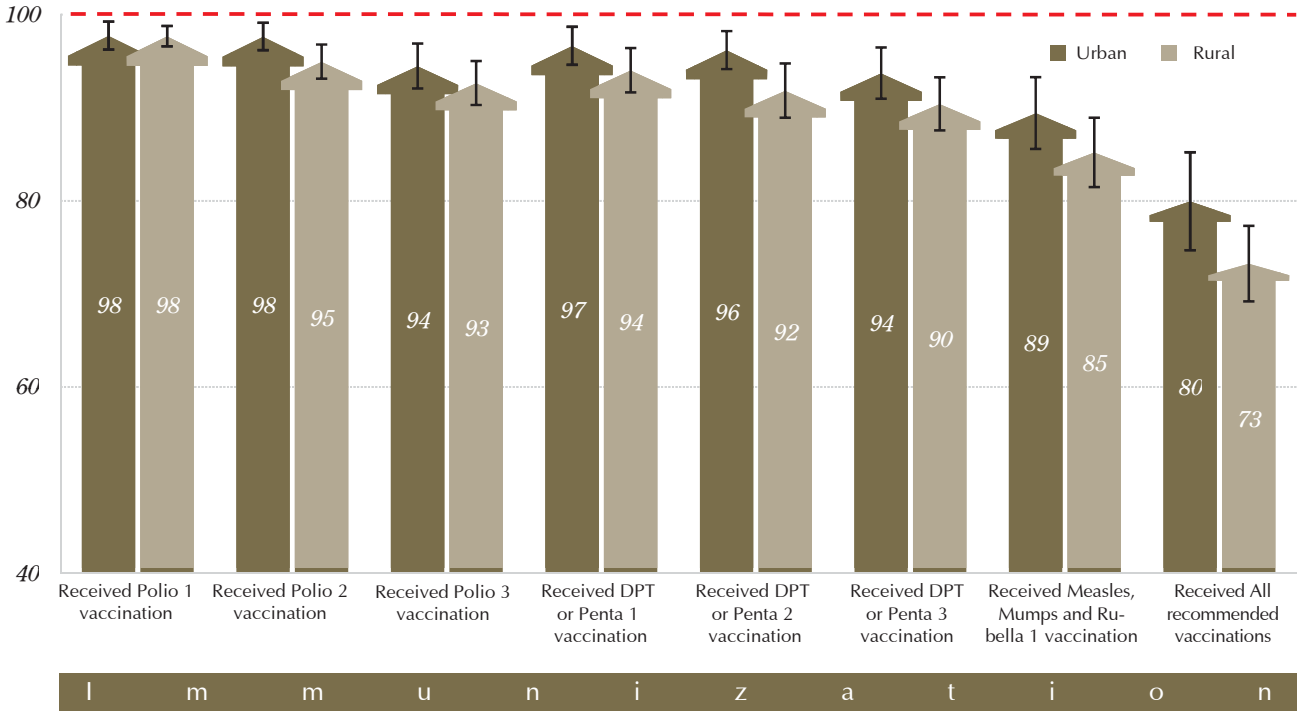
BY SEX

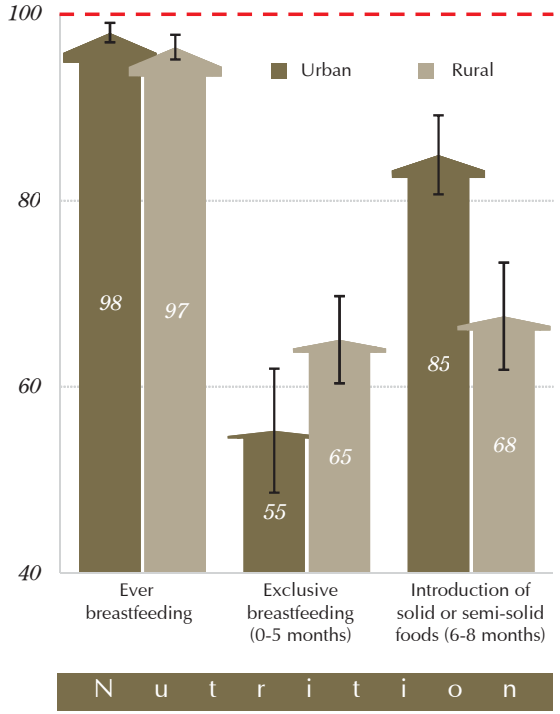




The Polio vaccine, DPT or Penta vaccines coverage rates do not differ by sex of the child. Although the vaccination coverage by the first dose of Measles, Mumps and Rubella vaccine is higher among girls than boys (89 per cent and 86 per cent), overall, the immunization coverage by sex is similar.

No notable differences were observed in nutrition of children by sex.



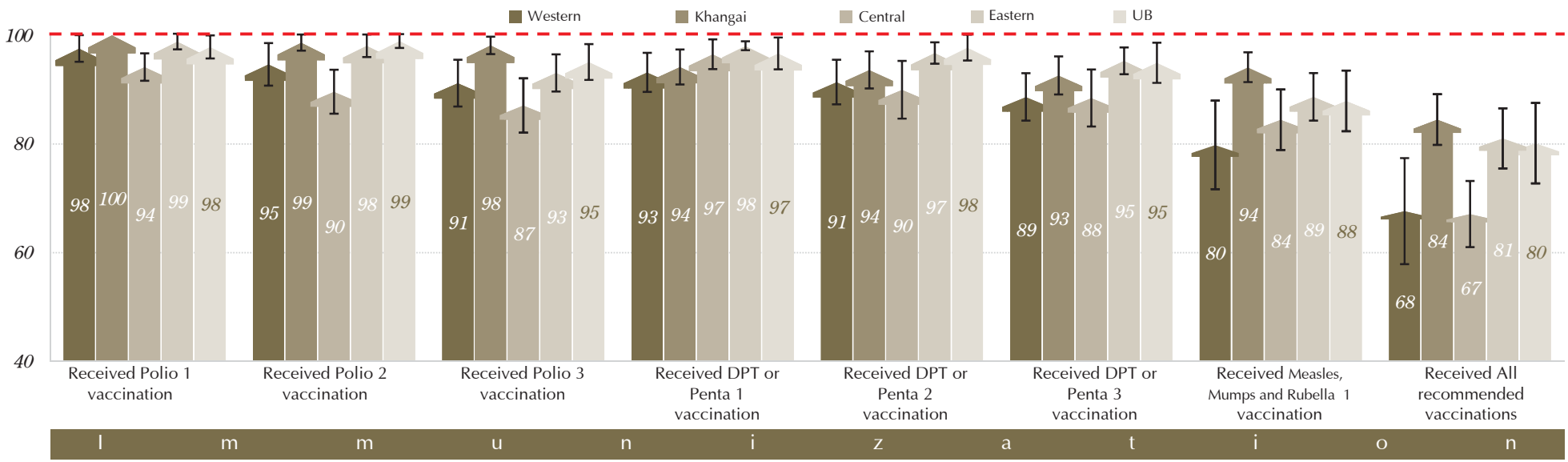


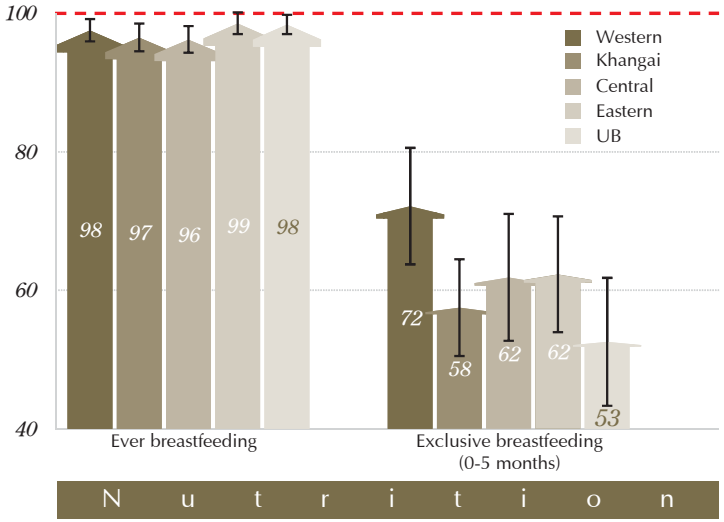
There were no differences in children's vaccination coverage and feeding practices in urban-rural areas.

The vaccination coverage of rural children compared to urban is 85-98 per cent and 89-98 per cent, respectively. When taking into account sampling error, the percentage of rural children, who received all recommended vaccines, is only slightly lower than urban children (73 per cent and 80 per cent, respectively).

Although breastfeeding is at the same level in urban as well as rural areas, exclusive breastfeeding for first six months of age is more common among rural children compared to urban children (65 per cent and 55 per cent). However, solid or semi-solid foods feeding starts later among rural children (68 per cent and 85 per cent, respectively) compared to urban children.

Note: Detailed definition of the survey indicators can be seen in Appendix

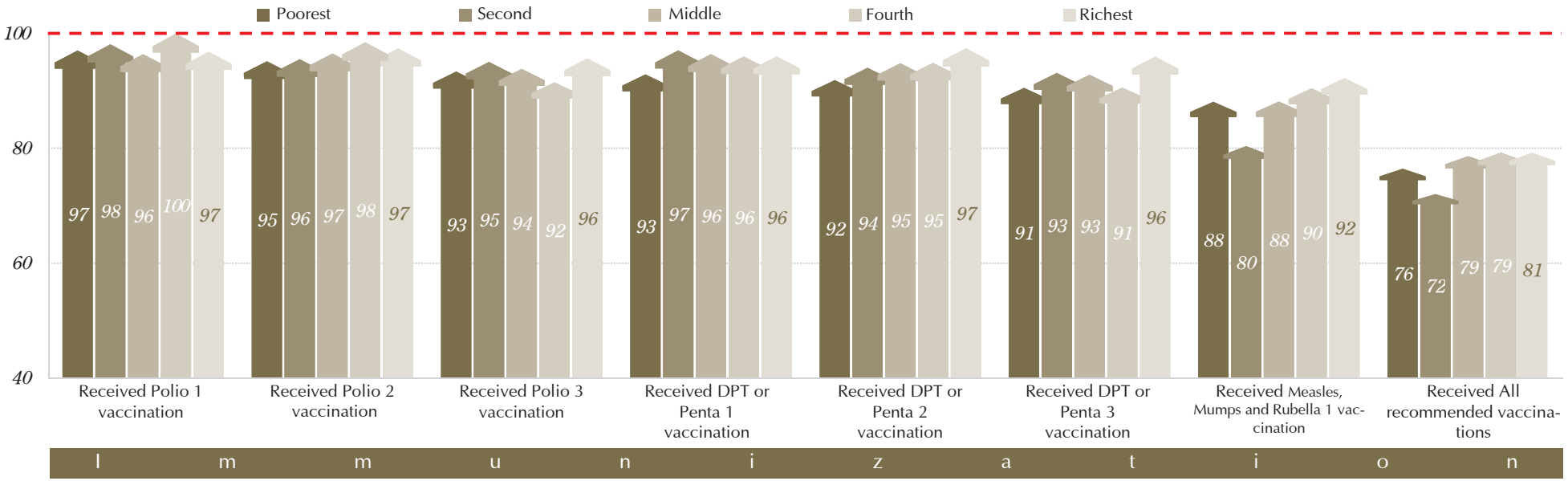


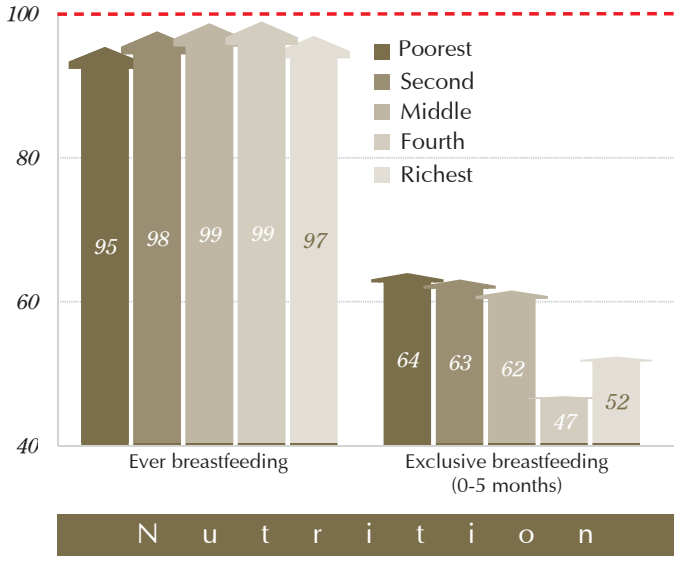


The data by regions for immunization coverage and feeding practices varies. The vaccination coverage of children in Western and Central regions is lower compared to other regions. The share of children, who received all recommended vaccines, is the lowest in Western and Central regions compared to other regions (67-68 per cent and 80-84 per cent, respectively).

Exclusive breastfeeding of children in Ulaanbaatar differs from that of children in Western region. Only 53 per cent of Ulaanbaatar children are exclusively breastfed, while in Western region the majority of children aged 0-5 months are exclusively breastfed (72 per cent).

Since the number of children aged 6-8 months, who received solid or semi-solid foods, is very low, it is not statistically possible to observe differences by regions.





The differentials by household wealth quintiles do not affect children's immunization coverage, but influence in certain measure feeding practices.

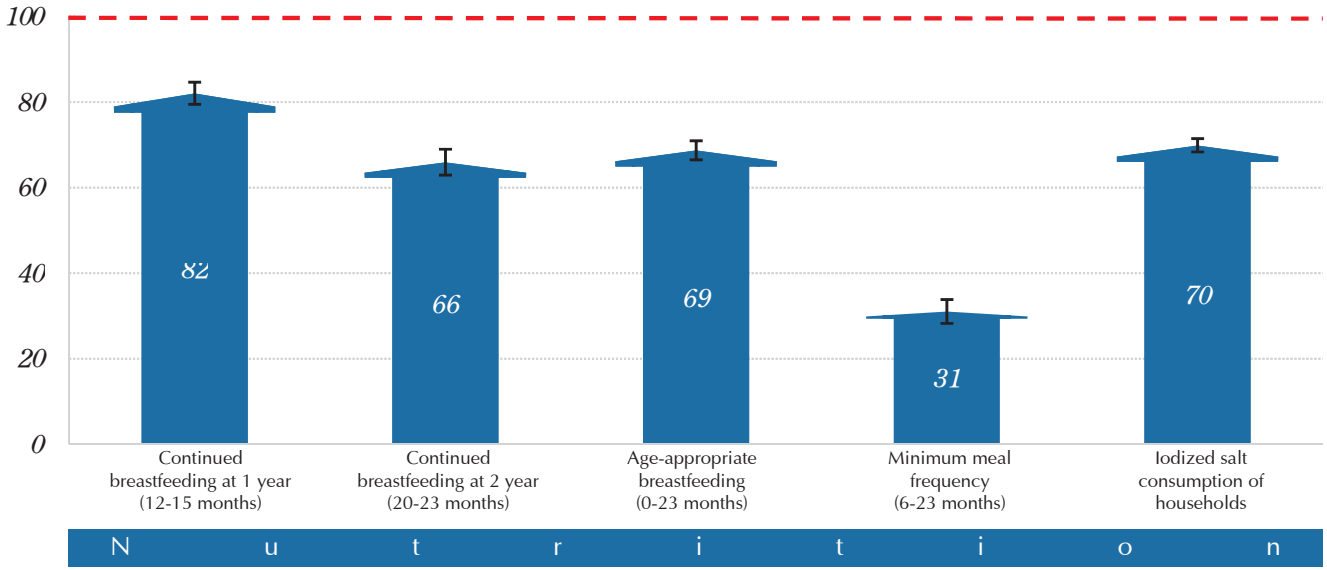
The proportion of children from richest quintiles, who are exclusively breastfed, is the lowest compared to that of other quintiles (47 per cent).

Since the number of children aged 6-8 months, who received solid or semi-solid food, is very low, it is not statistically possible to observe differences by wealth of households.

Note: Detailed definition of the survey indicators can be seen in Appendix

CHAPTER 7

TODDLERHOOD



Attention should be paid to feeding practices of children under the age of 2, who need age-adequate, safe, nutritious, quality food, rich in vitamins along with continued breastfeeding. Intake of sufficient food rich in micronutrients lays the foundation for child's healthy physical growth and intellectual development.

Children should be breastfed exclusively for the first six months, and then introduced to adequate solid or semi-solid foods. Mothers and caretakers should be encouraged to continue breastfeeding up to 2 years. Frequency of solid or semi-solid food feeding depends on child's age and whether the child is breastfed or not. For example, breast-fed children aged 6-8 months need to be fed at least 2 solid or semi-solid foods a day, and three solid or semi-solid foods for a 9-23 months-old child. Children aged 6-23 months, who are not breastfed, need milk-based fluids (infant formula, animal milk, canned, powdered milk or yoghurt) and solid or semi-solid foods at least 4 times a day.

82 per cent of surveyed children aged 12-15 months continued breastfeeding until they were 1 year old, and 66 per cent of children aged 20-23 months were breastfed till they reached 2 years old. Among children aged 0-23 months, 69 per cent were being breastfed according to the age (were exclusively breastfed for 6 months, received solid or semi-solid foods at 6 months and continued breastfeeding).

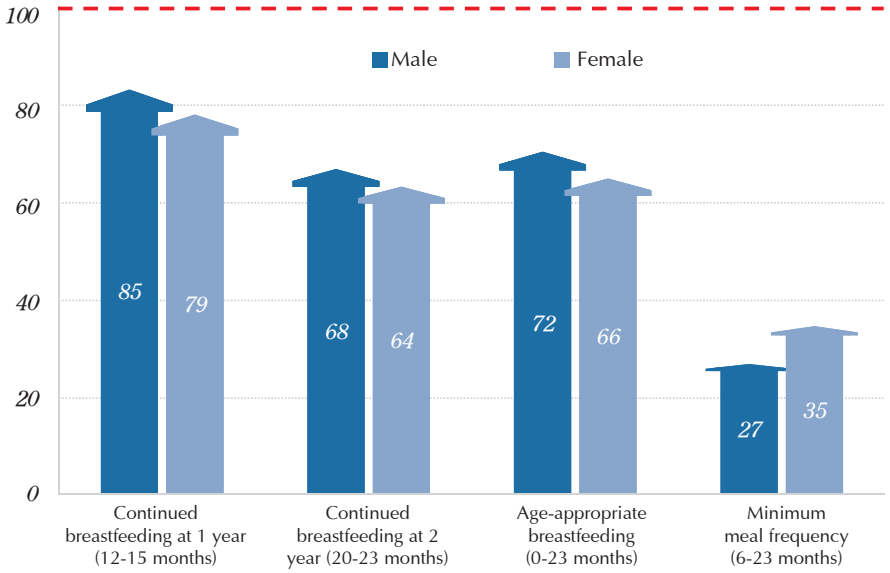
Only 31 per cent of children aged 0-23 months received solid or semi-solid food at least the minimum recommended number a day, which shows that minimum frequency of meals is not reached and this phenomenon is widespread.

To prevent iodine deficiency disorders in children and general population, households are advised to use iodized salt. In Mongolia, 70 per cent of households covered by the survey used iodized salt for cooking.

Note: Detailed definition of the survey indicators can be seen in Appendix

TODDLERHOOD

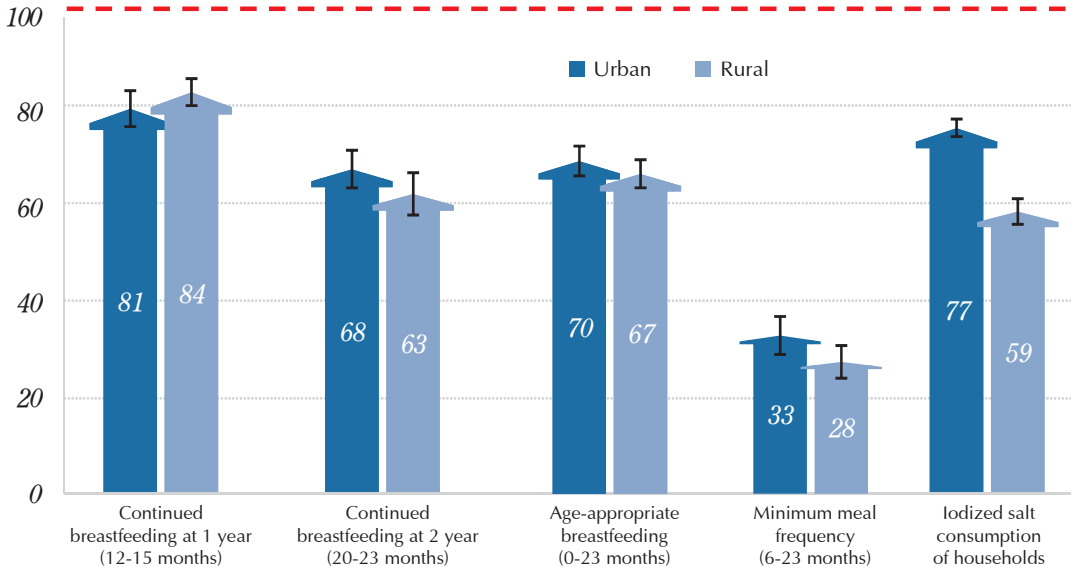
BY SEX, BY URBAN AND RURAL



N u t r i t i o n

As with toddler boys and girls, their feeding practices are in general at similar levels.

For instance, the percentage of girls, who are continuously breastfed until 1 and 2 years old, receive age-appropriate breastfeeding and solid or semi-solid foods at appropriate frequency is 85, 68, 72, 28 percent respectively against 79, 64, 66, 35 percent among boys.

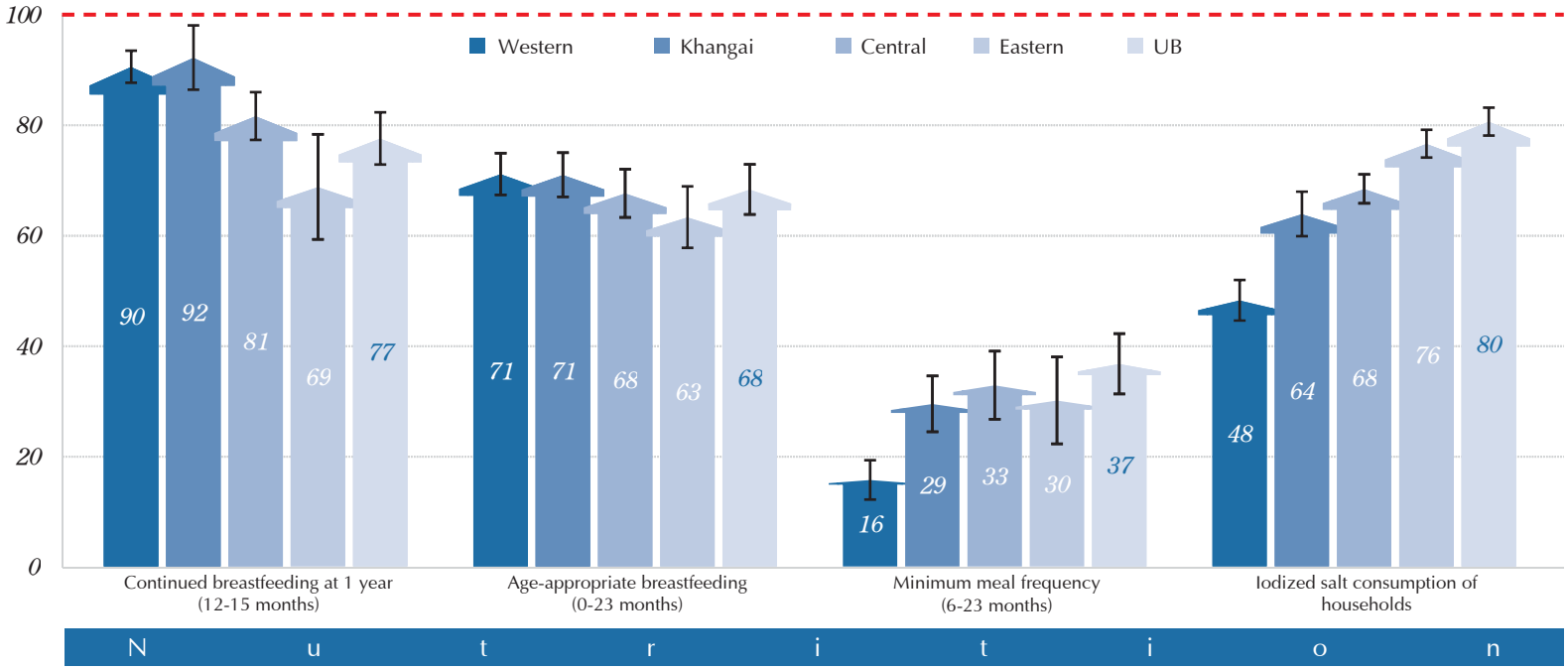


N u t r i t i o n

There are no significant differences in child feeding practices by urban and rural areas.

The proportion of children, who are breastfed up to 1-2 years old, is more or less similar in both urban and rural areas, and so is the age-appropriate breastfeeding (70 per cent and 67 per cent, respectively). The meal frequency by urban and rural children is at a similar level (33 per cent and 28 per cent, respectively).

Only 59 per cent of households in rural areas used iodized salt for cooking compared to 77 per cent for urban households, which could result in rural children being affected in greater measure by iodine deficiency disorders.



There are differences in child feeding practices and meal frequency between the Western and Eastern regions and compared to the other regions.

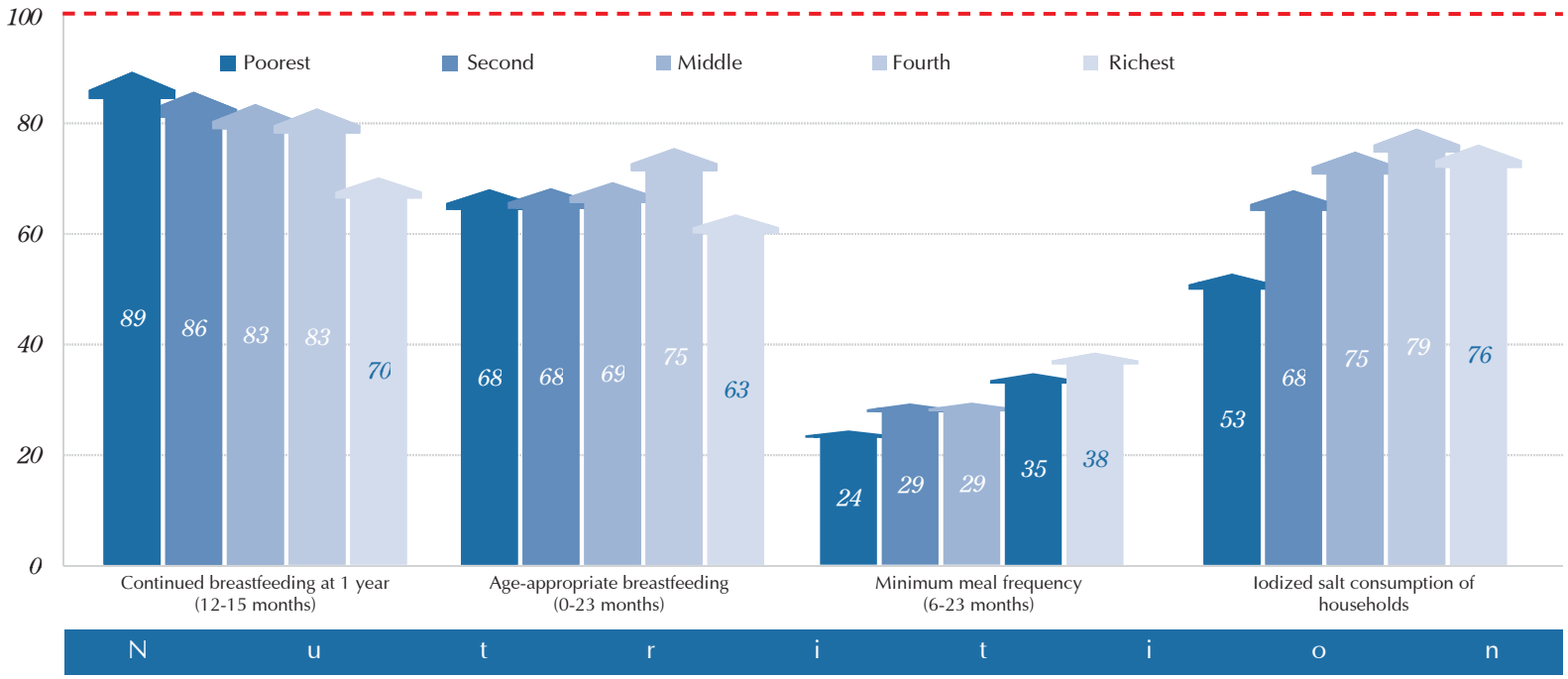
Among the regions, Western region has the highest rate for continued breastfeeding at age 1 year old compared to other regions (90 per cent and 69-81 respectively). At the same time it has the lowest frequency of solid or semi-solid foods (16 per cent vis-a-vis 29-37 per cent). Eastern region has the lowest rate of continued breastfeeding at age of 1 year old (69 per cent). In other regions this indicator is more or less close to the national average figures.

Iodized salt consumption differs by regions, with less than half of Western region households (48 per cent) using it for cooking. This rate is the highest in Ulaanbaatar (80 per cent), which is explained by the proximity to the iodized salt market.

Since the number of children aged 12-15 months, who were continuously breastfed up to 2 years old is low; it is not statistically possible to observe regional differences.

Note: Detailed definition of the survey indicators can be seen in Appendix

TODDLERHOOD
BY HOUSEHOLD WEALTH QUINTILES



Certain differences were observed when child feeding practices and meal frequency were looked by household wealth status.

For example, continued breastfeeding at 1 year old and age-appropriate breastfeeding rates are lower among children from households in richest quintile (70 per cent and 63 per cent), however, more children have an appropriate meal frequency compared to other children (38 per cent vis-a-vis 24-35 per cent, respectively). On the contrary, children from households in poorest quintile are mostly exclusively breastfed (continued breastfeeding at the age of 1 year old - 89 per cent, age appropriate breastfeeding - 68 per cent), and only 24 per cent enjoy the minimum meal frequency compared to children from other households (29-38 per cent). Mothers and caretakers from households in fourth quintile tend to feed their children more appropriate and sufficient frequency of food a day.

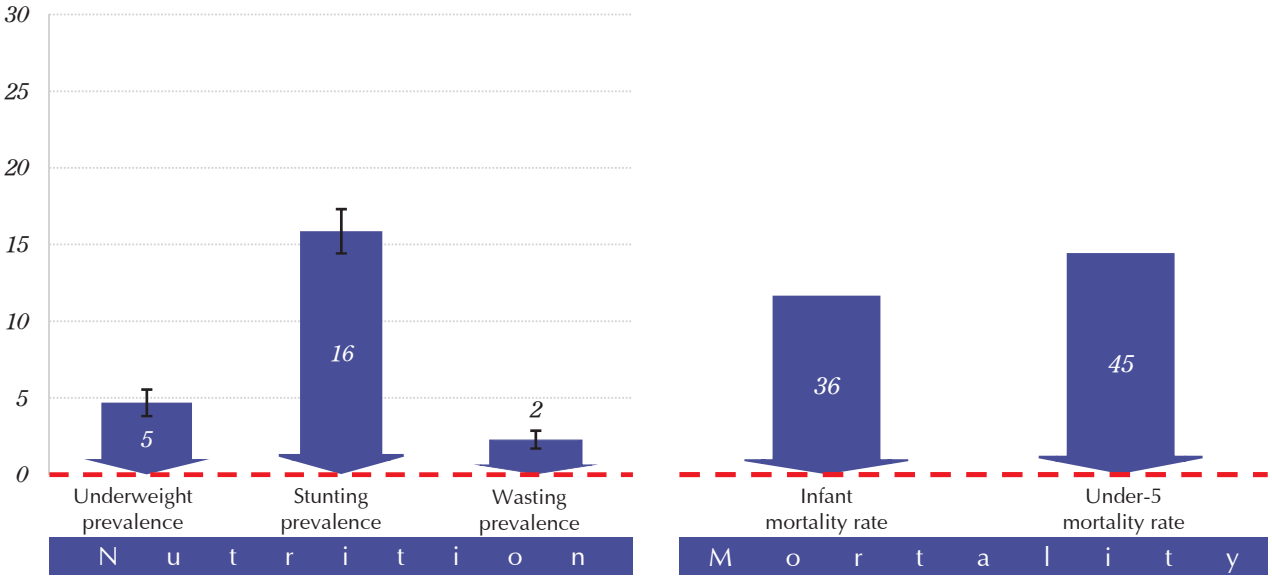
The consumption of iodized salt is visibly associated with the household wealth index, so the higher the wealth status, the greater the consumption.

Since the number of children aged 12-15 months, who were continuously breastfed up to 2 years old is low; it is not statistically possible to observe differences by living standards of households.

CHAPTER 8

UNDER AGE OF 5 YEARS

8 UNDER AGE OF 5 YEARS



Children under 5 are at high risk of developing protein deficiency, one type of malnutrition. There are three indicators of protein energy malnutrition. Weight-for-age is a measure of acute and chronic malnutrition, and affected children are considered underweight. Height-for-age is an indicator of chronic protein energy malnutrition (PEM), and children are short for their age. Some children have low weight compared to his age. This is called weight-for-height indicator, which is a result of acute nutritional deficiency, and children are classified as wasted. Wasted children are in danger because it is associated with a high risk of death. These three PEM indicators are calculated according to the WHO child growth standards, and are determined by the comparison with the reference standards weight/age, height/age, weight/height, and are expressed in standard deviation units Z scores from the median of the reference population. There are 3 types: moderate (-3SD≤Z≤-2SD), severe (Z<-3SD), moderate and severe (Z<-2SD). Here we will talk about moderate and severe PEM. Here: SD - is a standard deviation.

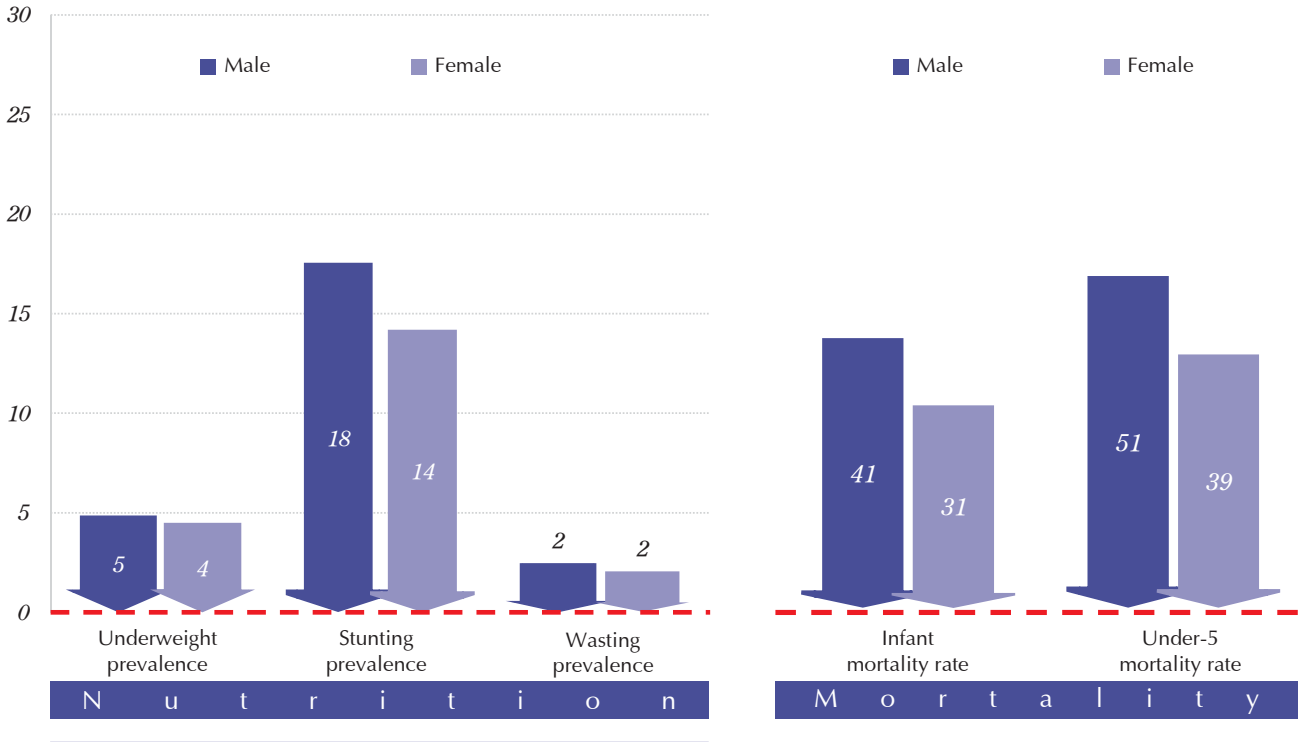
Protein energy malnutrition in children under the age of 5 is still present in Mongolia, and the proportion of stunted children is relatively high or 16 per cent. 5 per cent of children surveyed were underweight, and 2 per cent - were wasted.

In Mongolia, infant mortality rate is estimated as 36 per thousand live births, and under the 5 mortality rate 45 per thousand live births. Infant and under five mortality rates were calculated based on an indirect estimation technique known as the Brass method, which uses data on the mean number of children ever born, and the proportion among these children who are dead, and converts these data into probabilities of dying. Estimates based on the information from women aged 25-29 and 30-34 on average and refer to 2004.9-2007.1. Coale-Demeny West Model was assumed to approximate the age pattern of mortality in Mongolia.

Note: Detailed definition of the survey indicators can be seen in Appendix

UNDER AGE OF 5 YEARS

BY SEX

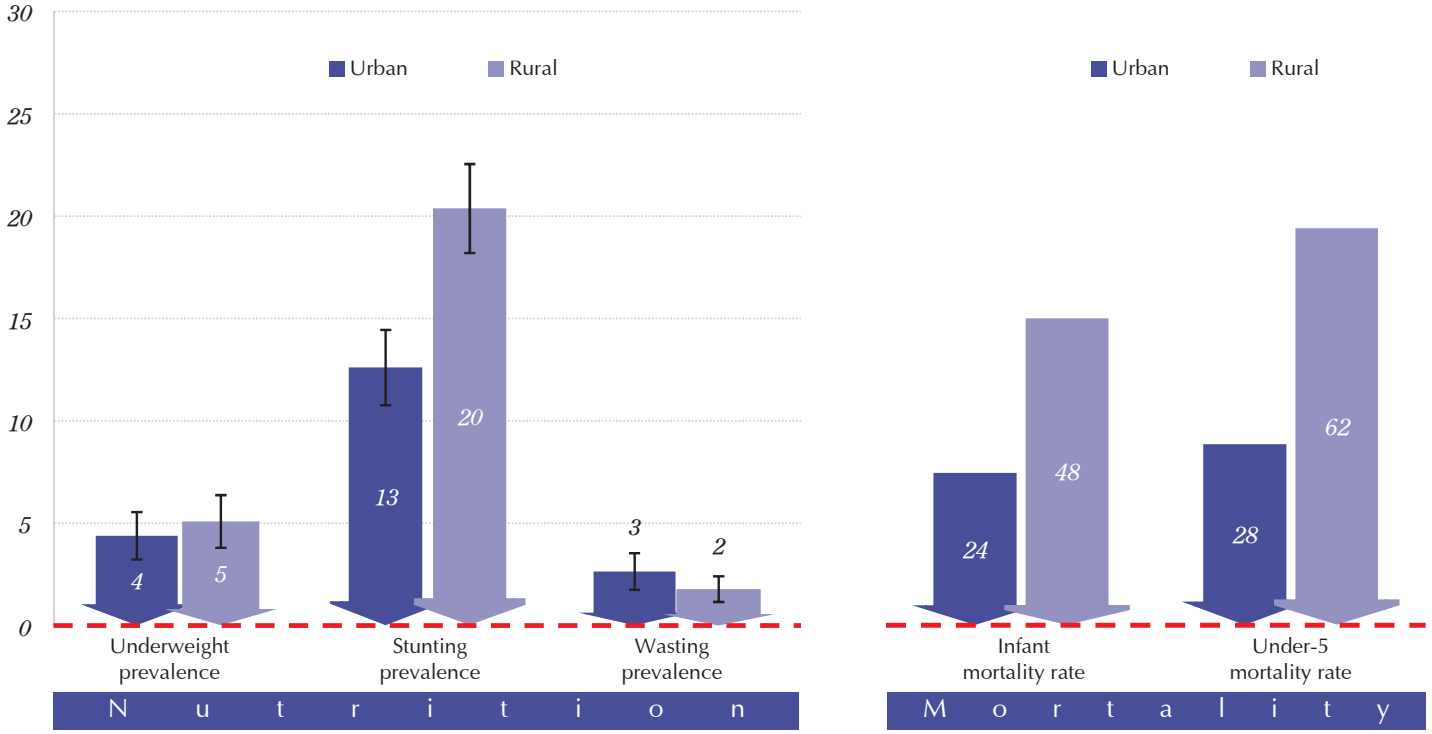


When nutrition and the mortality rate are examined by sex, certain differences can be observed.

For instance, underweight prevalence and wasting prevalence by sex are at a similar level. However, stunting in boys under age of 5 is higher than in girls, by 4 percentage point.

The child mortality rate varies by sex. For example, the infant boys' mortality rate is 41 per thousand live births, while that of infant girls is 31 per thousand live births. The under 5 mortality rate among boys is 51 per thousand live births, which is relatively higher than that of girls (39 per thousand live births).

8 UNDER AGE OF 5 YEARS
BY URBAN AND RURAL



The nutritional status and mortality rates show differences by urban and rural areas.

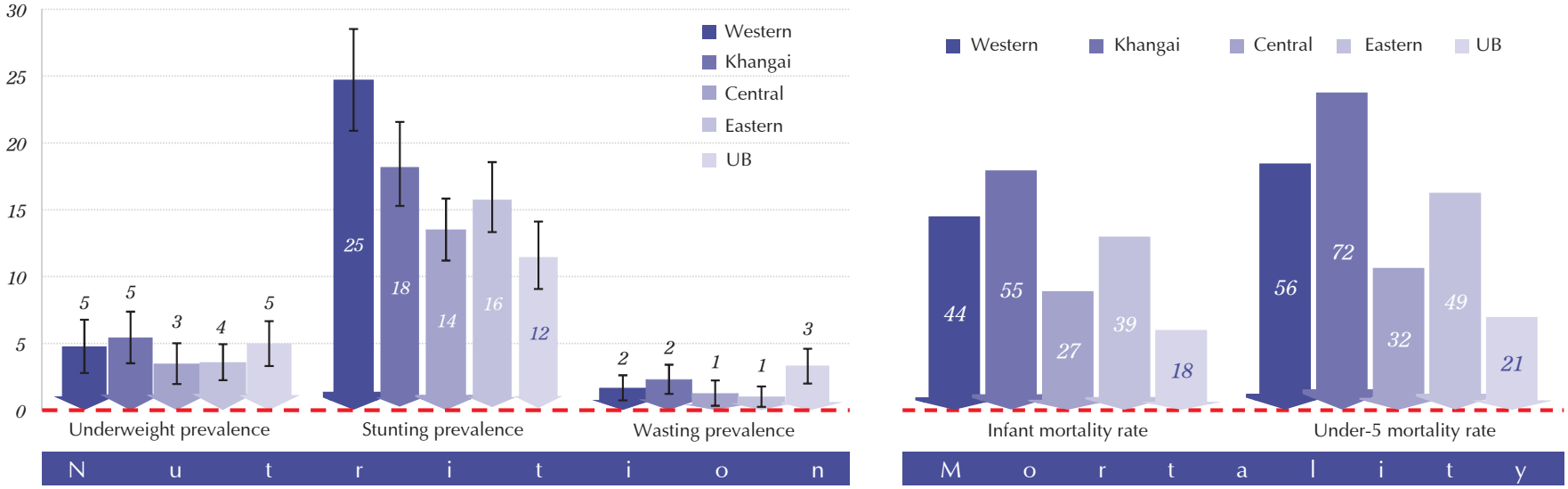
The nutritional status by urban-rural areas varies with the rural children being more stunted (20 per cent and 12 per cent). The percentage of underweight and wasted children does not differ much by urban and rural areas (4 per cent and 5 per cent, 3 per cent and 2per cent).

The infant mortality rate and under 5 mortality are 2-2.2 times higher in rural areas compared to urban areas (the infant mortality rate - 24 and 28 per thousand live births, respectively, the under 5 mortality rate - 28 and 62 per thousand live births, respectively).

Note: Detailed definition of the survey indicators can be seen in Appendix

UNDER AGE OF 5 YEARS

BY REGIONS

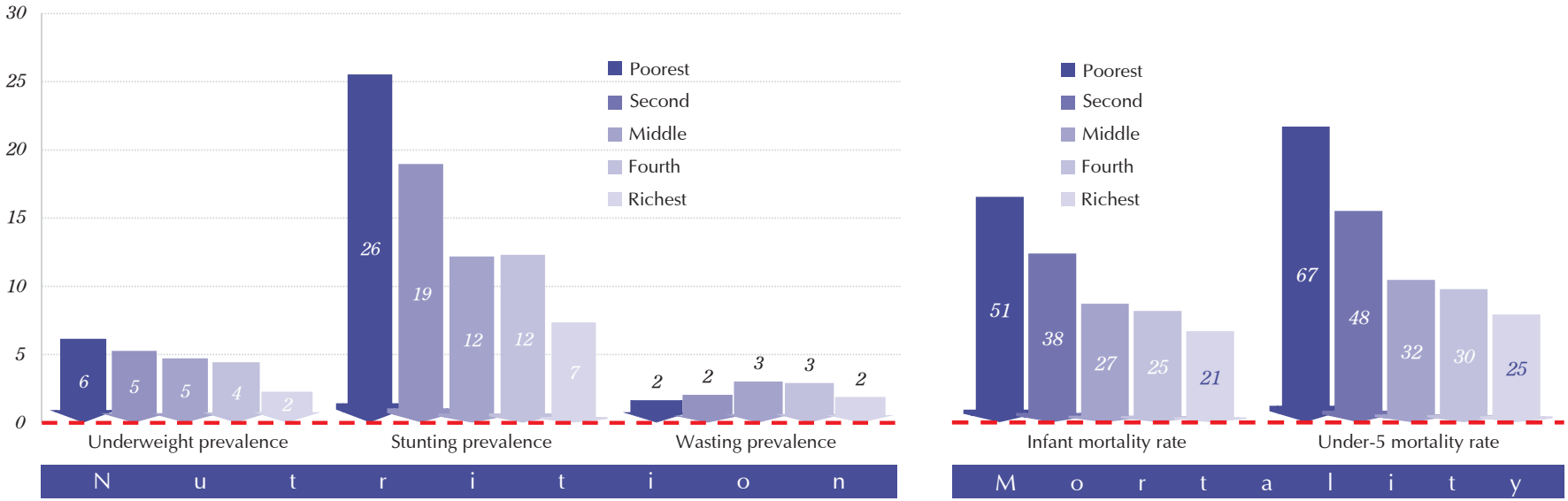


Child nutritional status and mortality rates differ by regions.

Among children in Western and Khangai regions stunting is prevalent (18-25 per cent). Especially in Western region, the number of children, who are too short for their age, is twice higher compared to Ulaanbaatar (25 per cent and 12 per cent, respectively).

Among the regions, Ulaanbaatar has the lowest infant mortality and under 5 mortality rates (the infant mortality rate - 18 per thousand live births, the under 5 mortality rate - 21 per thousand live births), while Khangai region has the highest (the infant mortality rate - 55 per thousand live births, the under 5 mortality rate - 72 per thousand live births).

8 UNDER AGE OF 5 YEARS
BY HOUSEHOLD WEALTH QUINTILES



Data on nutrition status and mortality rate by household wealth status suggest that children from households in poorest quintile are more likely to be malnourished, stunted and have higher probability of dying at an earlier age.

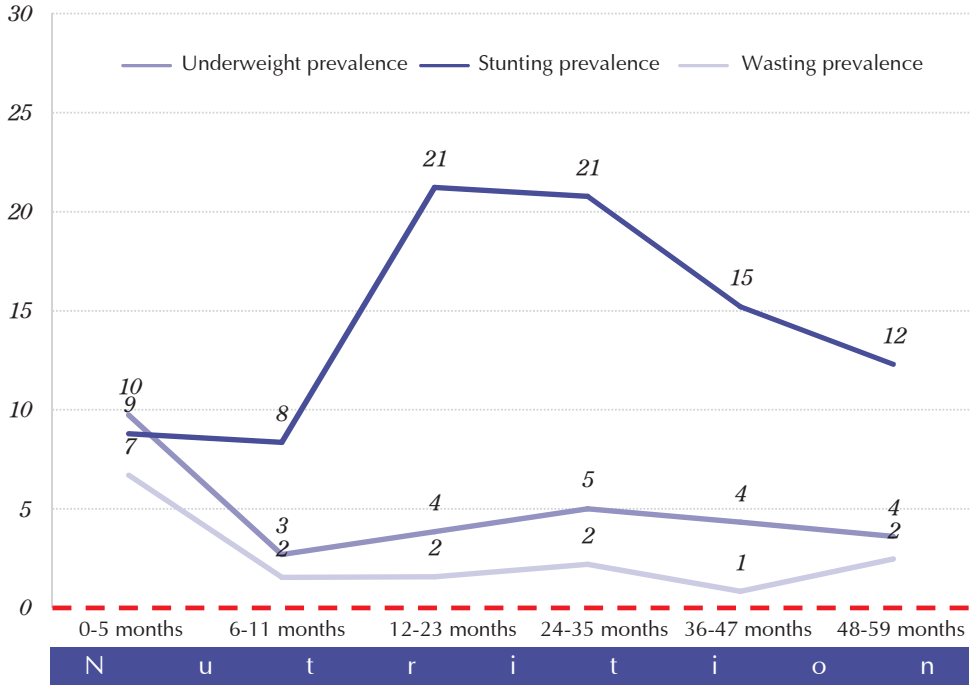
There is a tendency for children from households in poorest quintile to be more underweight and stunted. The nutritional status of children from poorest households is extremely adverse compared to that of children from wealthy families (proportion of underweight children - 6 per cent vis-a-vis 2 per cent, stunting prevalence - 29 per cent vis-a-vis 7 per cent, respectively).

Infant mortality and under 5 mortality rates differ greatly by household wealth status and mortality rates decrease by 2.4-2.7 times with an increase in the household wealth status.

Note: Detailed definition of the survey indicators can be seen in Appendix

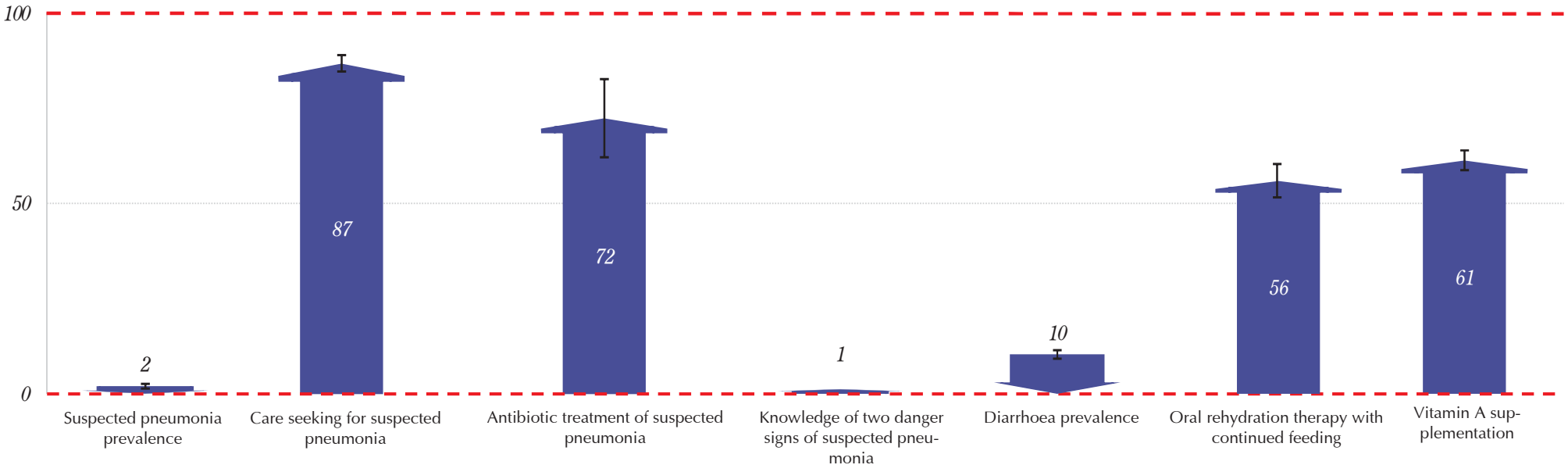
UNDER AGE OF 5 YEARS

BY AGE GROUPS



Some differences were observed when the nutritional status was examined by child age.

Among children aged 0-5 months, the proportion of low weight and stunted children is the highest compared to other children under 5 (underweight prevalence - 10 per cent and 3-5 per cent, stunting - 7 per cent and 1-2 per cent, respectively). 2 out of every 10 children aged 12-35 months is stunted (21 per cent and 8-15 per cent).



Care of illness

Pneumonia and diarrhoea are the most dangerous diseases among children under 5. Preventing diseases in children under 5, taking timely measures to provide appropriate treatment of sick children, effective treatment can prevent future complications and decrease health, growth and developmental risks.

In the last 14 days preceding the survey, 2 per cent of children under the age of 5, who surveyed, were reported to have had symptoms of pneumonia (cough, fast and difficult breathing). 87 percent of mothers (or caretakers) of children, who exhibited symptoms of pneumonia, addressed medical doctors and 72 percent received antibiotics for treatment. When mothers know diseases signs, they could take the child immediately to the health facility before the child's condition worsens. Only 1 per cent of mothers aged 15-49 with children under age of 5, know two danger signs of pneumonia (fast and difficult breathing), which is extremely insufficient.

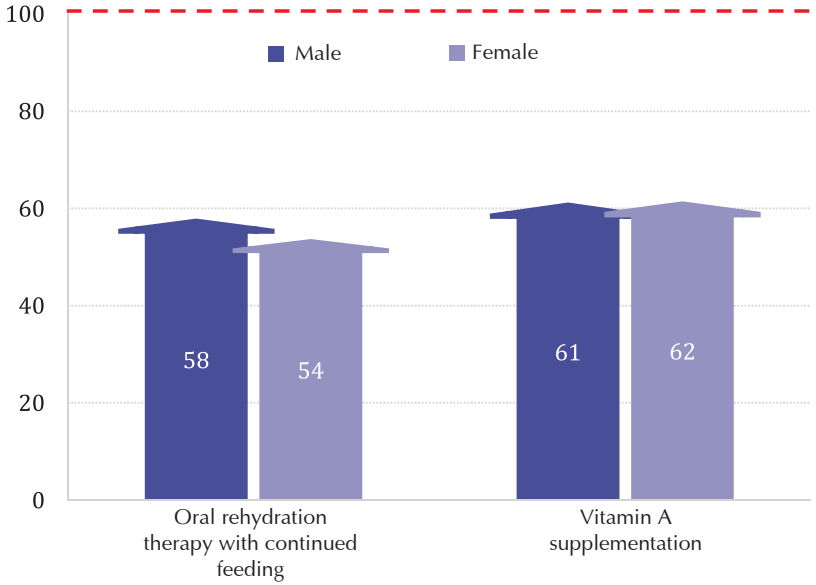
10 per cent of children under the age of 5 were reported to have had diarrhoea in the 14 days prior the survey. Home management of diarrhoea includes giving oral rehydration treatment (ORT) and continuing feeding. ORT includes giving either oral rehydration salts from a packet or home-made solution, or increasing fluids intake. 56 per cent of children under 5, who had diarrhea in the 14 days preceding the survey, received ORT and feeding was continued.

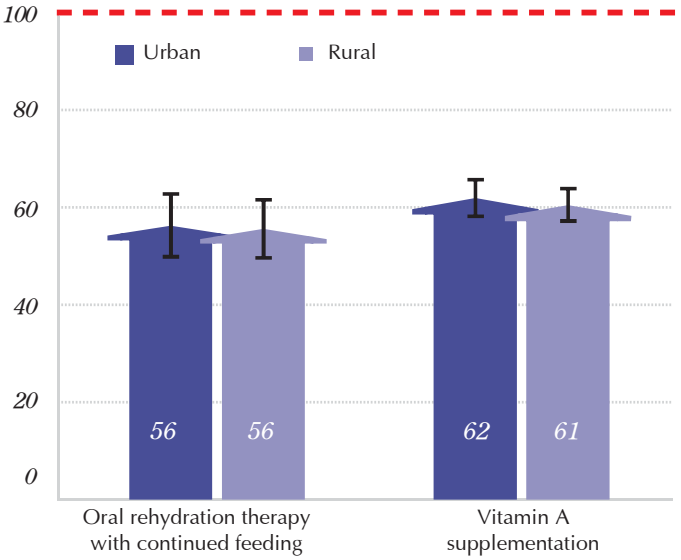
Vitamin A intake is essential for child's growth and development, and proper functioning of immune system. In Mongolia, according to WHO recommendation, all children aged 6-59 months should receive high dose Vitamin A supplementation twice a year. 61 per cent of children aged 6-59 months received Vitamin A supplement within the six months prior the survey.

Note: Detailed definition of the survey indicators can be seen in Appendix

UNDER AGE OF 5 YEARS *(CONT.-1)*

BY SEX, BY URBAN AND RURAL





C a r e o f i l l n e s s

There is not much difference in treatment and care of children by sex.

58 per cent of boys, who had diarrhea in 14 days prior to the survey received ORT and continued feeding, with the indicator for girls being 56 per cent. Supply of vitamin A is similar for both girls and boys, i.e., 61-62 per cent.

Since the number of children, who might have had pneumonia, is very small, it is not possible to examine by sex the number of those, who sought professional medical assistance or got antibiotic treatment. Since the proportion of mothers (or caretakers) who know 2 danger signs of pneumonia was very low, it is not relevant in statistical aspect to observe differences by sex.

C a r e o f i l l n e s s

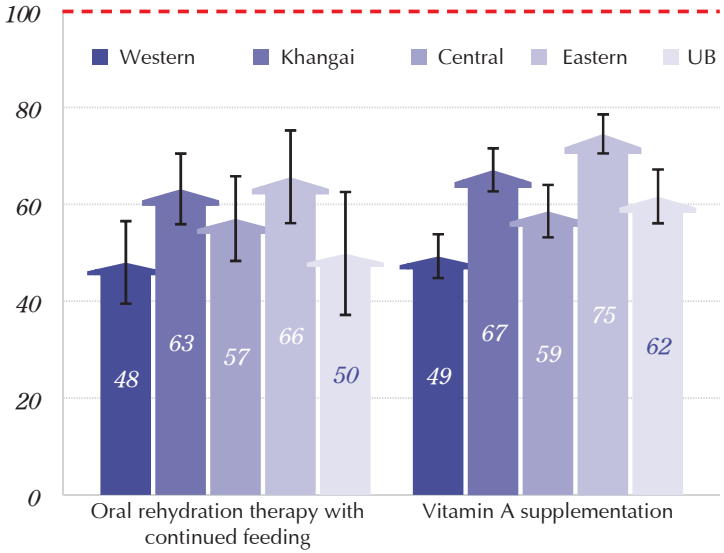
There is not much difference among urban and rural areas in treatment and care of children.

Such indicators as the percentage of children, who received ORT and continued feeding (56 percent) as well as that of children, who received vitamin A (62 and 61 percent) are similar in urban and rural areas.

Since the number of children, who might have had pneumonia, is very small, it is not possible to examine by urban-rural areas the number of those, who sought professional medical assistance or got antibiotic treatment. Since the proportion of mothers (or caretakers) who know 2 danger signs of pneumonia was very low, it is not relevant in statistical aspect to observe differences by urban and rural.

8 UNDER AGE OF 5 YEARS *(CONT.-1)*

BY REGIONS, BY HOUSEHOLD WEALTH QUINTILES



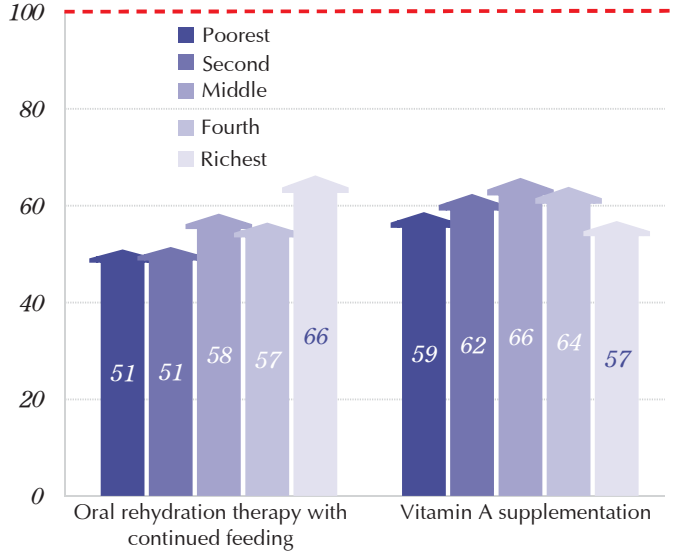
Care of illness

Overall, mothers (or caretakers) in Khangai and Eastern regions show better caretaking practices compared to other regions.

Only half of mothers (or caretakers) in Western region and Ulaanbaatar immediately started diarrhoea treatment (48-50 per cent and 57-66 per cent).

Intake of Vitamin A supplementation is insufficient in Western region, while in Eastern and Khangai region are the highest (49 per cent and 59-75 per cent, respectively).

Since the number of children, who might have suspected pneumonia, is very low, it is not possible to examine by regions the number of those, who sought professional medical assistance or got antibiotic treatment. Since the proportion of mothers (or caretakers) who know 2 danger signs of pneumonia was very low, it is not relevant in statistical aspect to observe differences by regions.



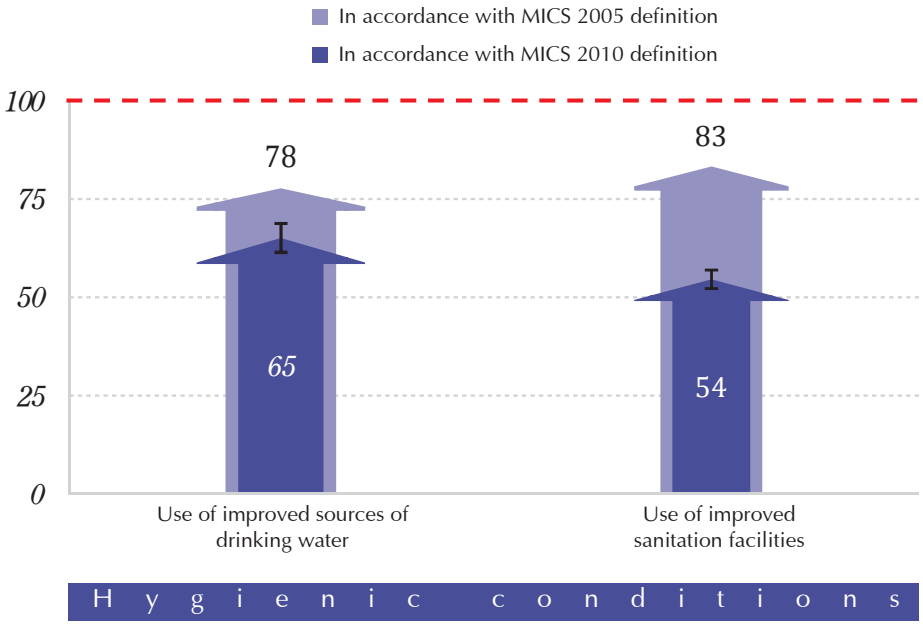
Care of illness

There is not much difference in treatment and care of children by wealth of households.

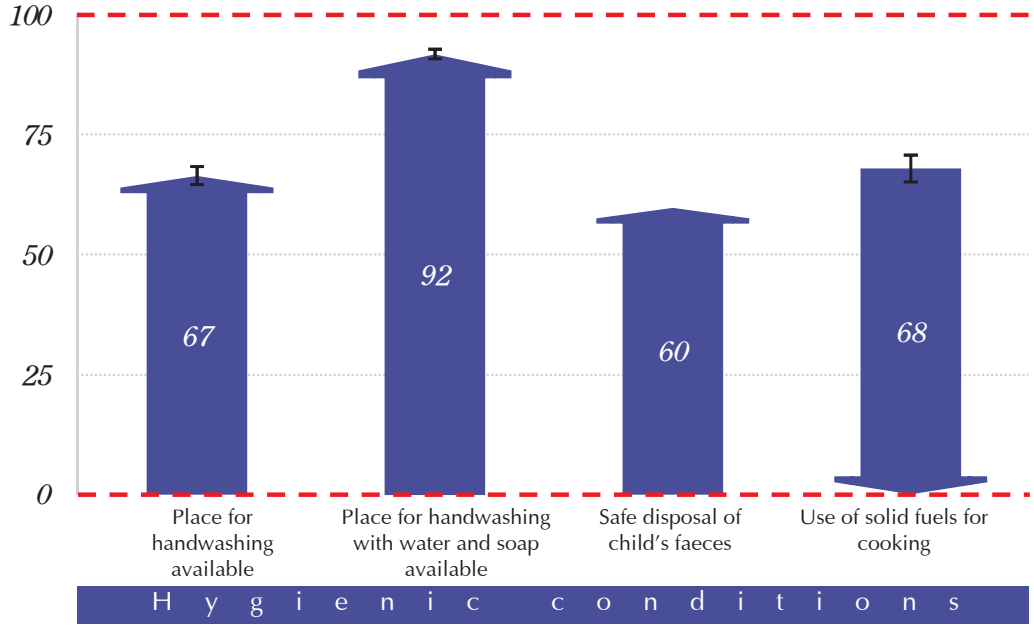
However, when children from wealthier households had diarrhea, their mothers (or caretakers) took appropriate measures in greater degree (66 per cent).

Since the number of children, who had suspected pneumonia, is very low, it is not possible to examine by wealth of households and the number of those, who sought professional medical assistance or got antibiotic treatment. Since the proportion of mothers (or caretakers), who know 2 danger signs of pneumonia was very low, it is not relevant in statistical aspect to observe differences by household wealth quintiles.

Note: Detailed definition of the survey indicators can be seen in Appendix



Hygienic conditions



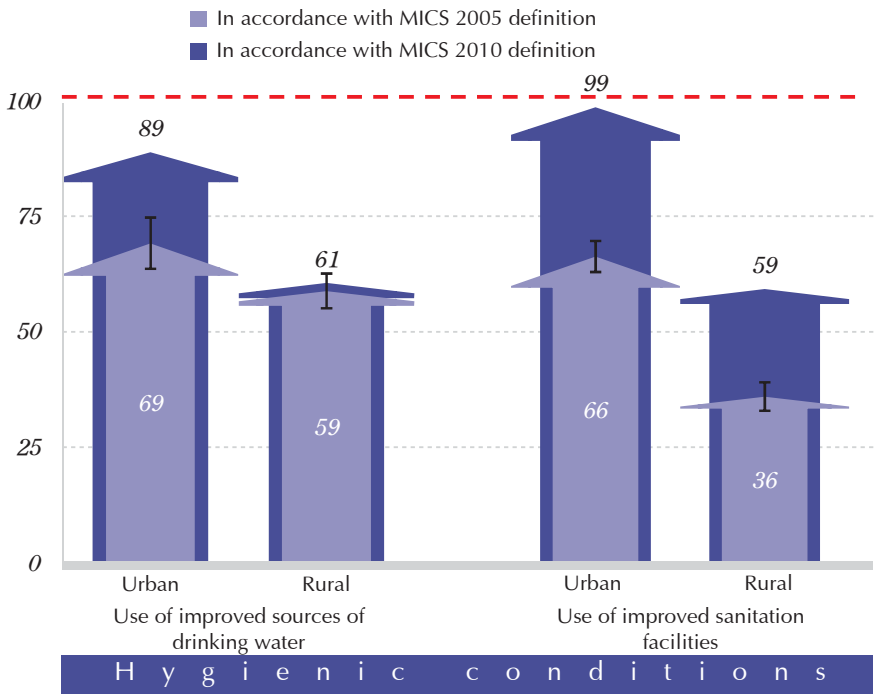
Hygienic conditions

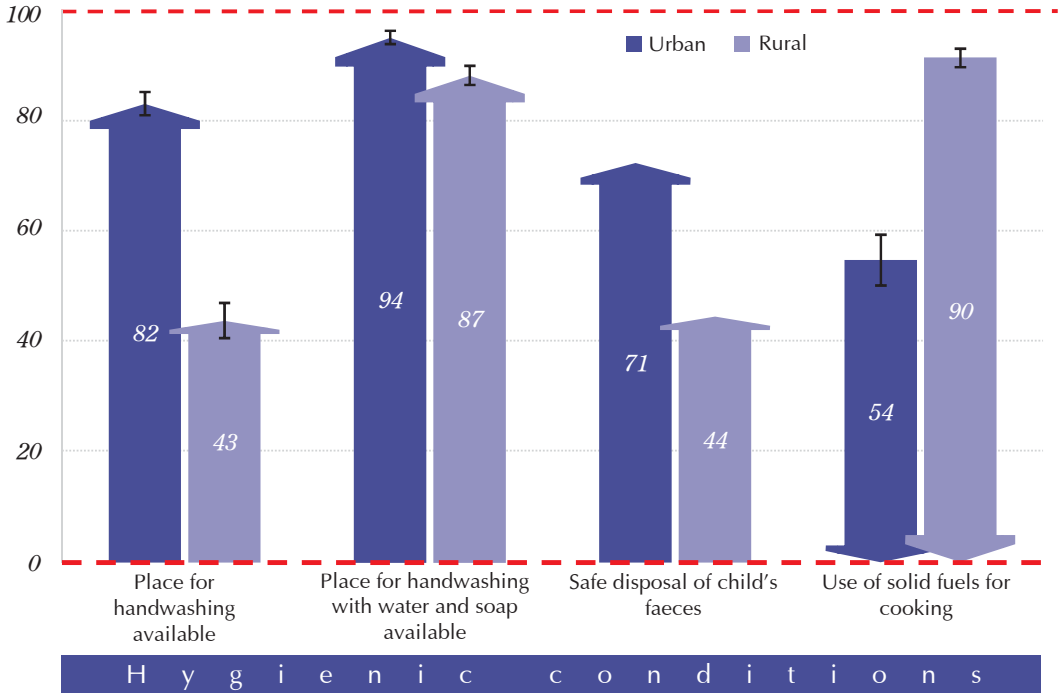
It is very important to provide children with safe, hygienic living environment in order to prevent any diseases. If each household member has access to improved drinking water sources, uses improved sanitation facilities, disposes safely child faeces, washes hands with soap in a designated place, restricts use of solid fuel (coal, charcoal, wood, straw, shrubs, grass, dung, sawdust, tire, rubber etc. for cooking and heating, effects of pollutants damaging child health will decrease.

According to the new definition by UNICEF and WHO, improved sources of drinking water include piped water into dwelling or public water kiosk, tube well, borehole, protected dug well, protected spring, rain, snow water, bottled water (only when bottled water is used for drinking purpose and other improved sources of water is used for other purposes such as cooking and hand washing). When use of improved sources of drinking water in Mongolia is calculated in line with the above definition, it is 65 per cent. Since in our country there is a practice of using water from public water kiosk where water is transported by tanker-truck, which can be included in improved sources of drinking water, the previous survey viewed it as an improved source of drinking water. In order to compare the present findings with the previous survey results this source was taken into account and the use of improved sources of water was calculated as 78 per cent.

According to the new definition by UNICEF and WHO, improved sanitation facilities include flush/ pour flush to piped sewer system, septic tank, pit latrine or unknown place, ventilated improved pit latrine, pit latrine with slab. However, if the household shares such facilities with several other households or the facility is for communal use, the given household is not considered to use an improved sanitation facility. Therefore, use of improved sanitation facility in our country was calculated at 54 per cent. If the country specifics are taken into account and to compare the present findings with the previous survey results, use of improved sanitation facilities is calculated regardless of their shared use by several families, it equals 83 per cent.

Of total households covered by the survey 67 per cent had a designated place for hand washing and 92 percent of those places had water and soap available. Of total children aged under 2 covered by survey 60 per cent of their faeces were disposed of in a safe place (either children themselves used toilets or their faeces were flushed into the toilet). 68 per cent of surveyed households use solid fuel for cooking and heating.





Environmental conditions of rural children are much worse compared to urban children.

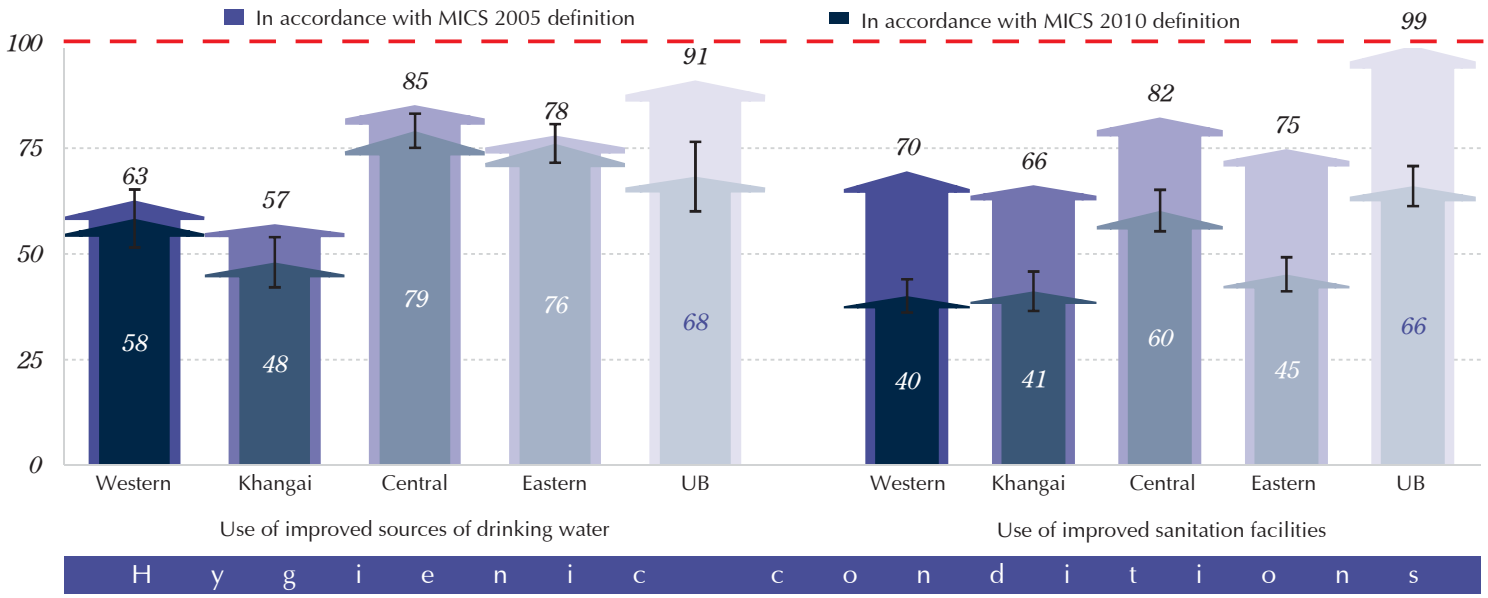
An urban-rural differences persist by the indicators of living and environmental conditions, such as the percentage of households using improved drinking water sources (according to MICS 2005 definition - 61 and 89 percent, according to MICS 2010 definition - 59 per cent and 69 per cent), improved sanitation facilities (according to MICS 2005 definition - 59 and 99 percent, according to MICS 2010 definition -36 per cent and 66 per cent).

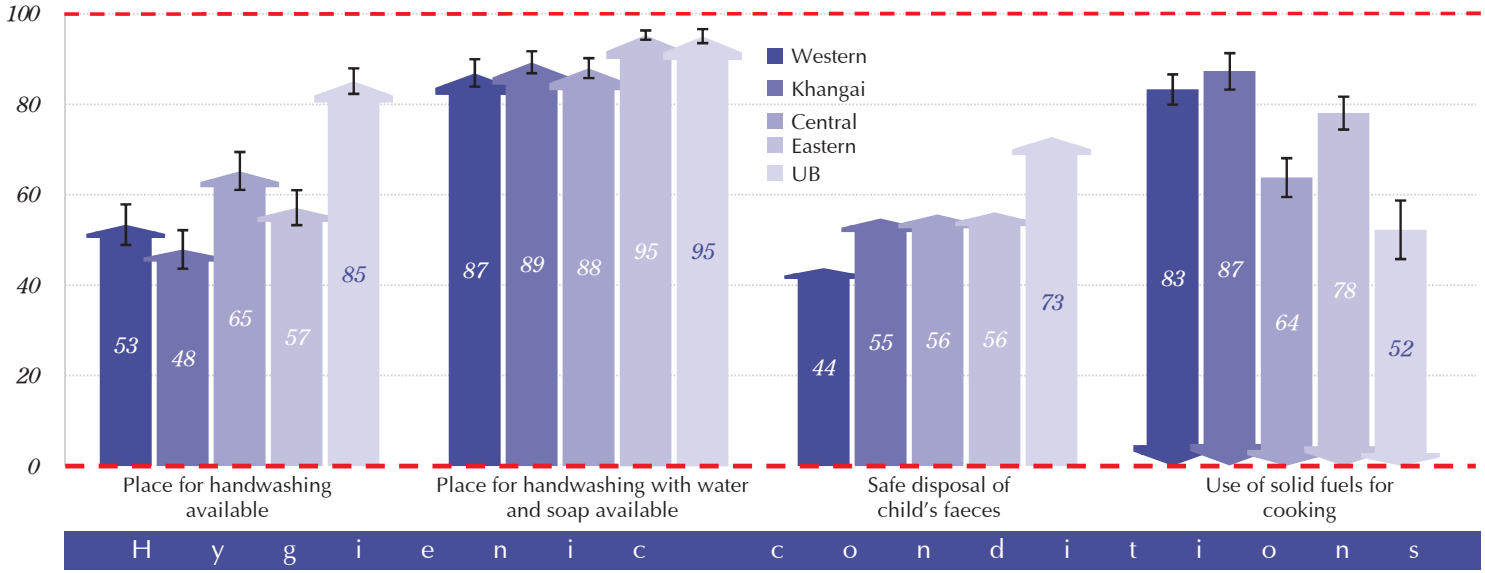
Such indicators as having designated place for hand washing (43 per cent and 82 per cent), having sanitary means of child excreta disposal (44 per cent and 71 per cent) are at much lower level in rural vis-a-vis urban areas and use of solid fuels (90 per cent and 54 per cent) is twice greater in rural areas.

Note: Detailed definition of the survey indicators can be seen in Appendix

UNDER AGE OF 5 YEARS *(CONT.-2)*

BY REGIONS





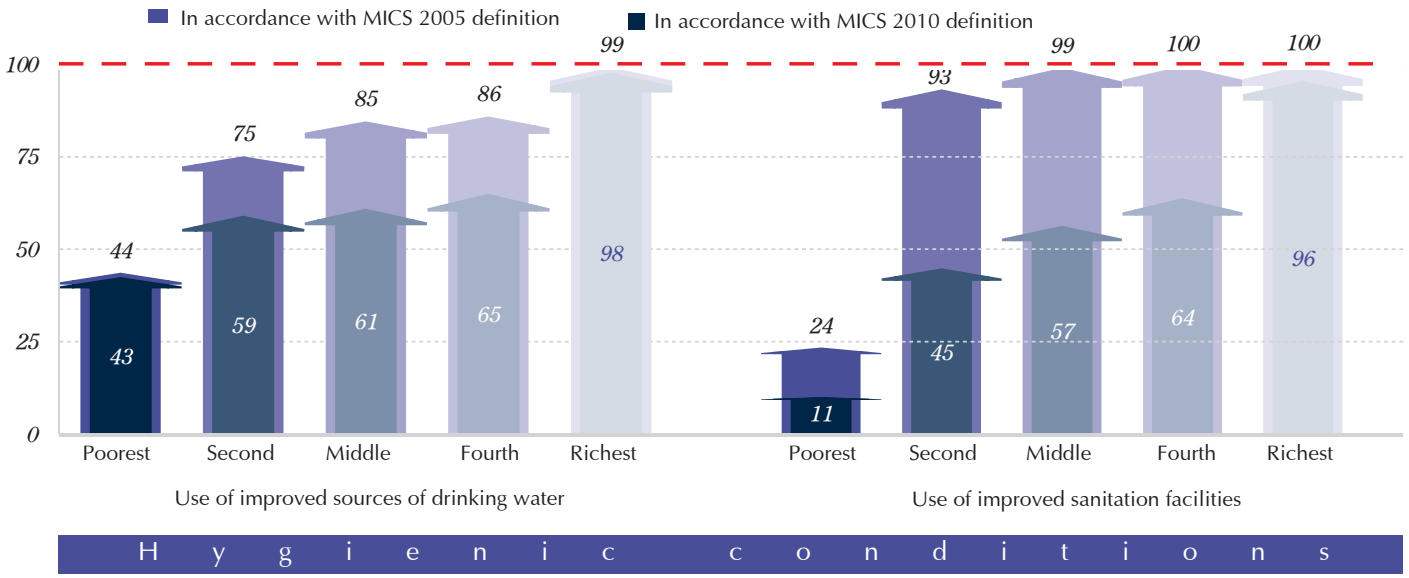
In Western and Khangai regions, in addition to the lowest use of improved drinking water sources, the use of improved sanitation facilities is also insufficient as well as in Eastern region that has the lowest level in this aspect.

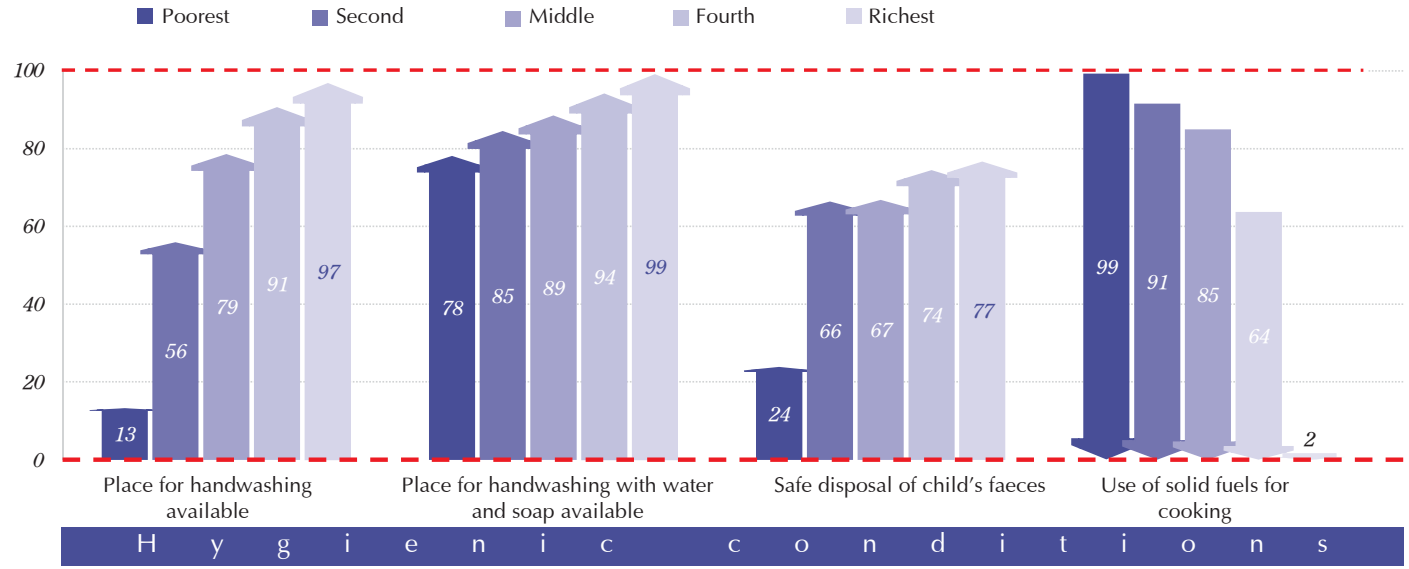
The Central region has the highest percentage of households with a specific place for hand washing compared to other regions except Ulaanbaatar (65 percent). Safe disposal of child faeces is the highest in Ulaanbaatar (73 per cent) and the lowest in Western region (44 per cent), which is related to sanitation facilities of households.

Solid fuel usage is the highest in Western, Khangai and Eastern regions (78-87 per cent).

8 UNDER AGE OF 5 YEARS *(CONT.-2)*

BY HOUSEHOLD WEALTH QUINTILES

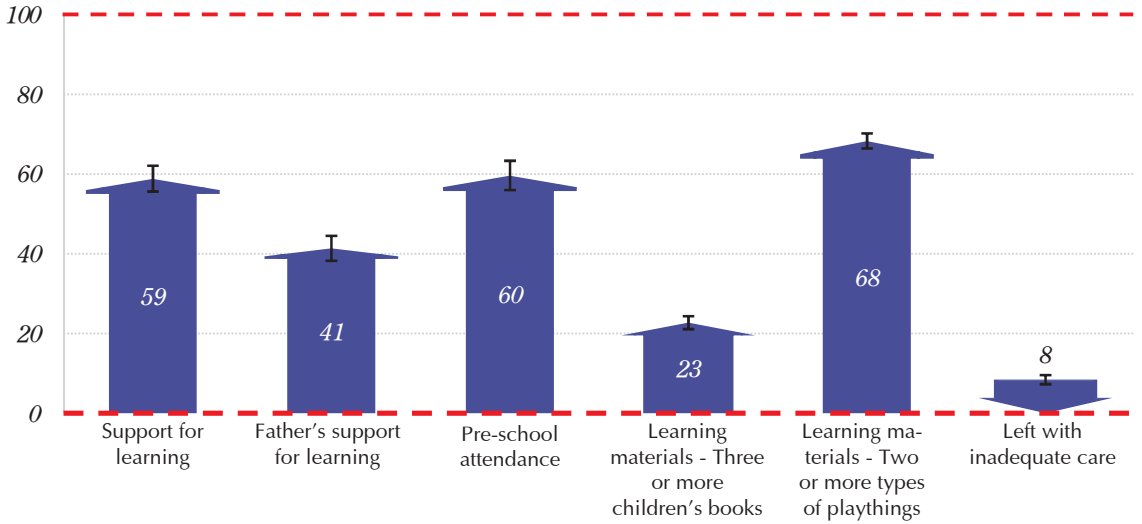




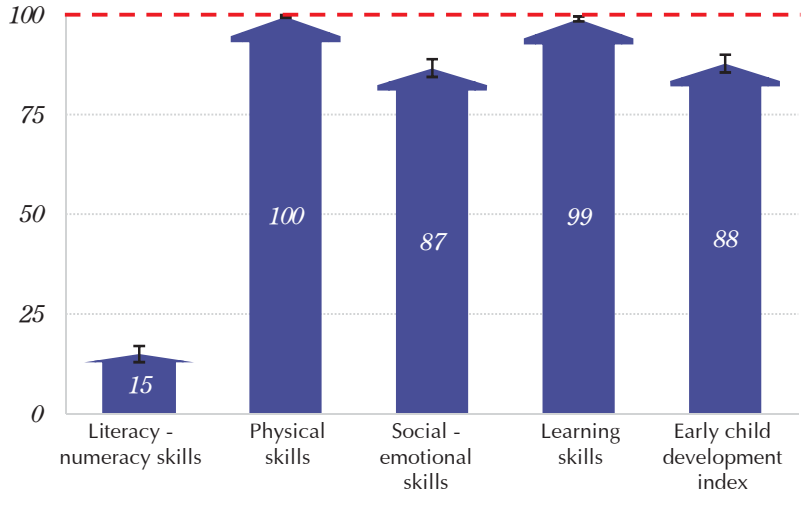
Hygienic conditions in the living environment of the child depend greatly on the household wealth quintiles.

With the lower wealth quintile of the household using of improved drinking water sources, improved sanitation facilities, hand washing facilities, availability of water and soap for hand washing, safe disposal of child faeces is the lowest, and the use of solid fuel is the highest.

Note: Detailed definition of the survey indicators can be seen in Appendix



Early childhood development



Early childhood development index

It is recognized that during the first 3-4 years rapid brain development occurs. In this context, parents' and household members' support of learning activities with children will be an important factor of child development.

Involvement of household members aged 15 and over, including parents, in activities such as reading books or watching books with pictures, telling stories, singing songs, taking children for walks, playing with children, spending time with children naming, counting or drawing things, supports child development. In 59 per cent of children under 5 covered by survey, one household member was engaged and in 41 per cent, the father was engaged in child learning activities. At national level, 60 percent of total children aged 3-4 are covered by pre-school education provided at kindergartens or early childhood education facilities.

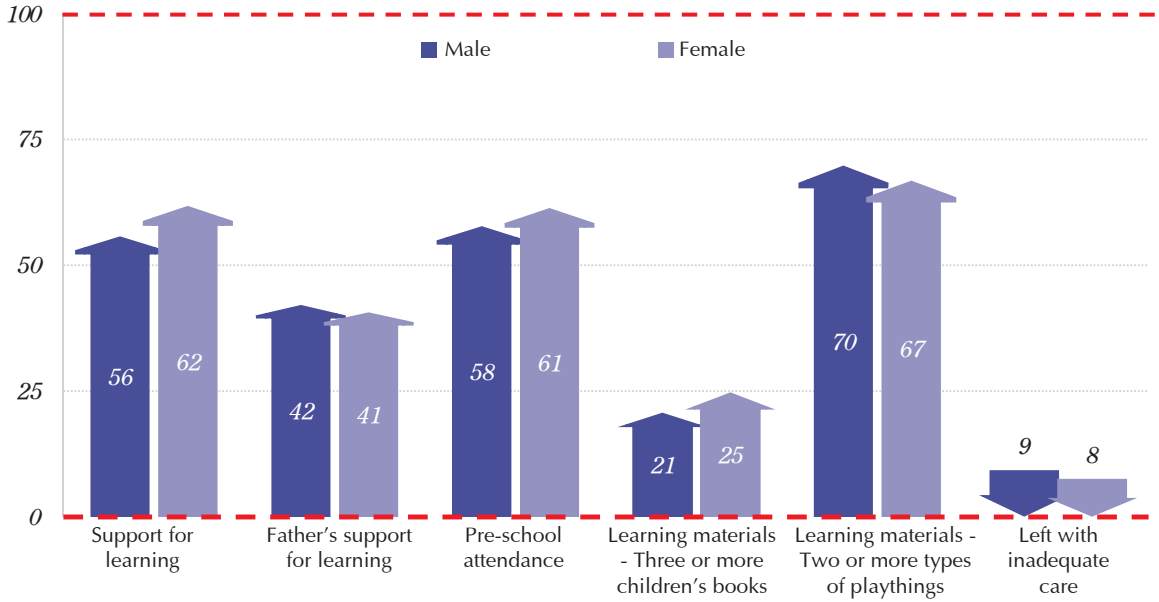
Books and games for children are the main tool for child's intellectual development. In Mongolia, only 23 per cent of children under age of 5 had 3 or more children's books, and 68 per cent have 2 and more playthings to play (homemade toys, toys bought at store, household objects such as bowls, plates and objects such as wood, stone).

Leaving children alone at home or leaving them in the care of another child, poses risks of them getting into accidents. 8 per cent of children were left alone for more than one hour or were left in the care of another child under the age of 10 in one week preceding the survey, which is not a small percentage.

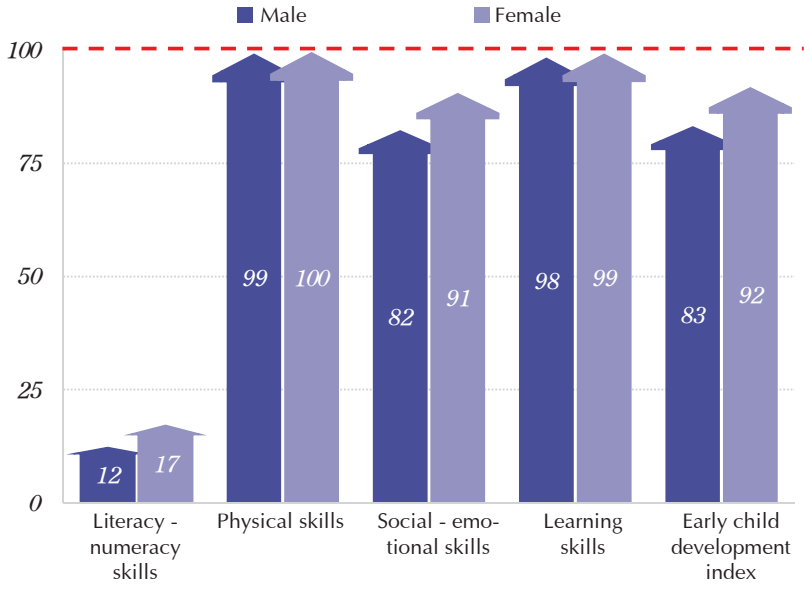
For the first time in Mongolia, early child development index (ECDI) was calculated (for children aged 3-4) according to the international methodology. Mongolian children had 88 per cent of ECDI, with the percentage of children with adequate physical development and learning skills being the highest (100 points and 99 points), the percentage of children with adequate social and emotional skills being satisfactory (87 points), but those lacking in literacy-numeracy skills being the lowest (15 points). This is due to the specifics of Mongolia's pre-school education content. On the other hand, 15 percent might be not a small number taking into account the fact that such skills are not taught in pre-school facilities.

8 UNDER AGE OF 5 YEARS *(CONT.-3)*

BY SEX



Early childhood development



Early childhood development index

Differences were observed in child care and child development by the sex of the child.

For example, household members are more likely to support girls aged 3-4 in learning (62 per cent and 56 per cent).

Attendance of girls and boys in pre-school education is at similar level (61 per cent and 58 per cent). Father's involvement in learning activities with girls and boys was equal (41 per cent and 42 per cent).

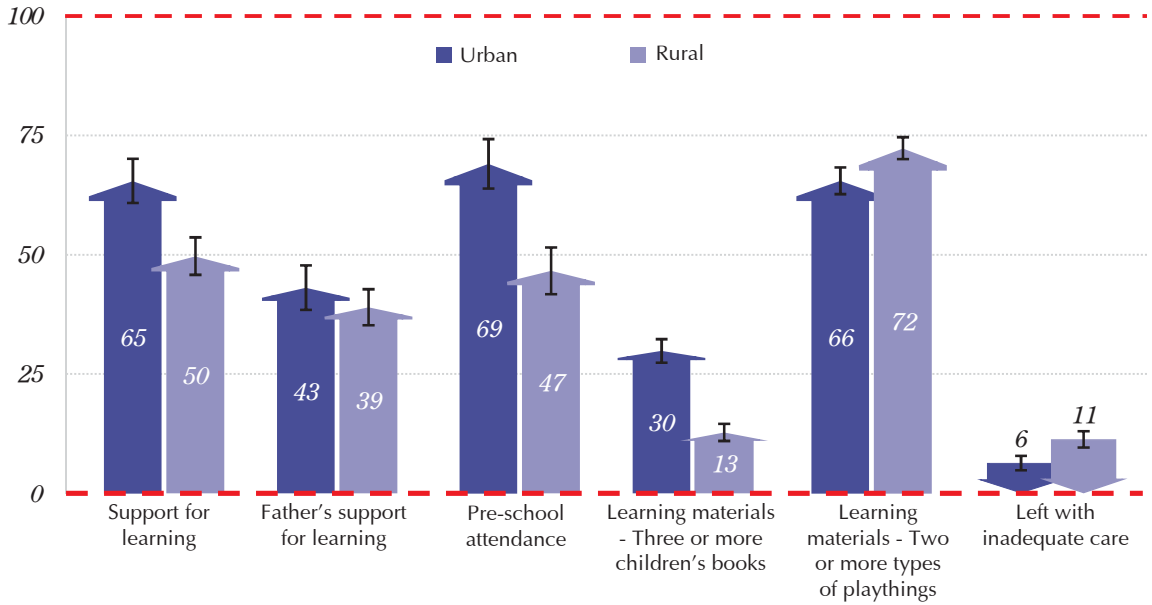
The number of toys or playthings, books does not differ much among girls and boys (3 or more books - 25 and 21 percent, 2 or more toys or other playthings - 67 and 70 per cent). No difference is observed in the percentage of children left unattended at home by the sex of the child (8 and 9 percent).

Surveyed girls aged 3-4 had higher development indices by 5-9 percentage points, especially in literacy-numeracy skills, social and emotional skills.

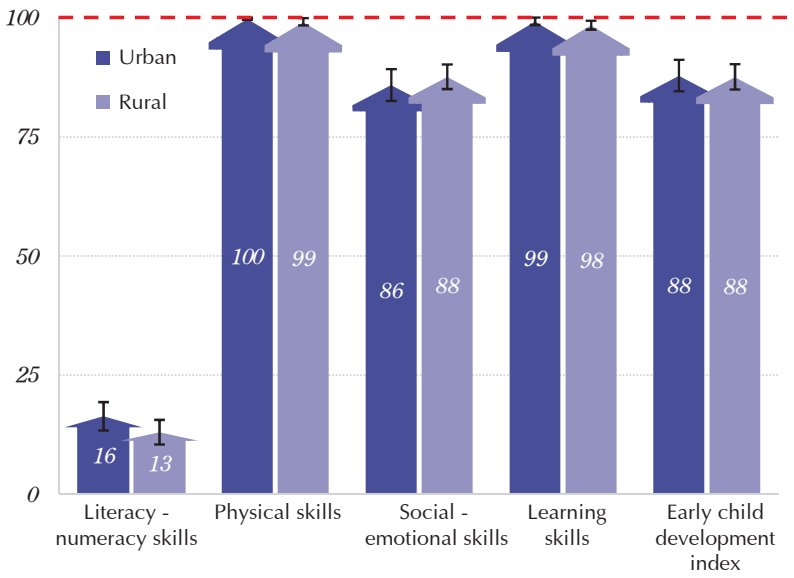
Note: Detailed definition of the survey indicators can be seen in Appendix

UNDER AGE OF 5 YEARS *(CONT.-3)*

BY URBAN AND RURAL



Early childhood development



Early childhood development index

Although there are some differences in child care and support by urban and rural areas, child development outcomes are similar around the country.

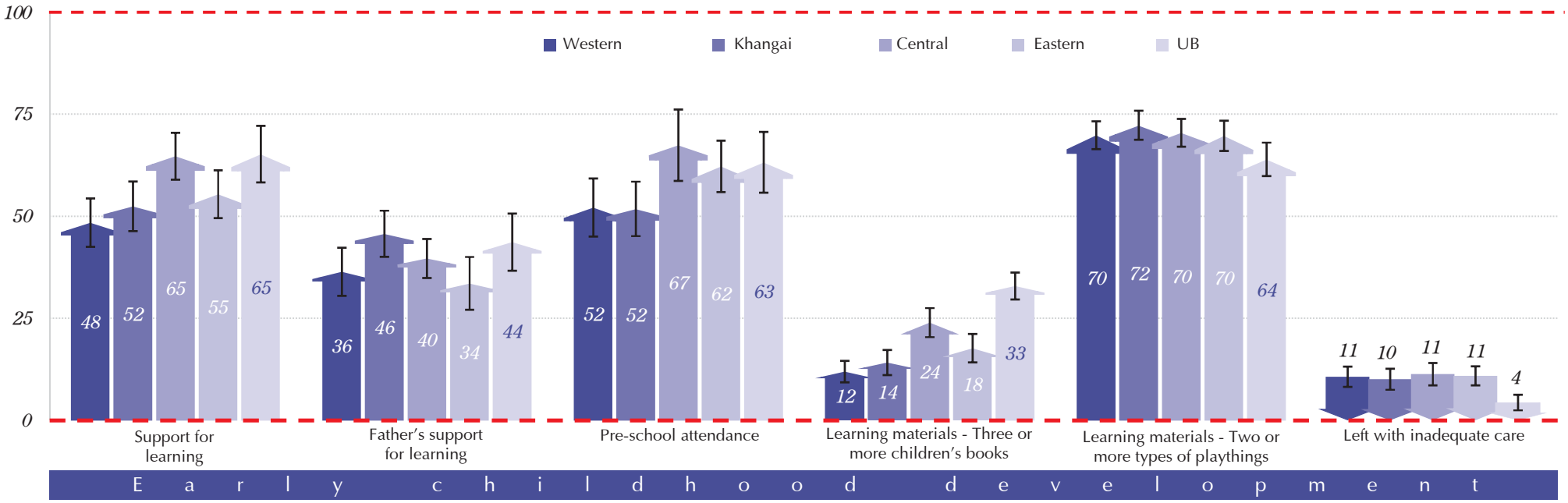
Inadequate child learning support and father's involvement was slightly more prevalent in rural areas (50 per cent and 65 per cent). Same goes for pre-school child attendance (47 per cent in rural areas and 69 per cent in urban areas).

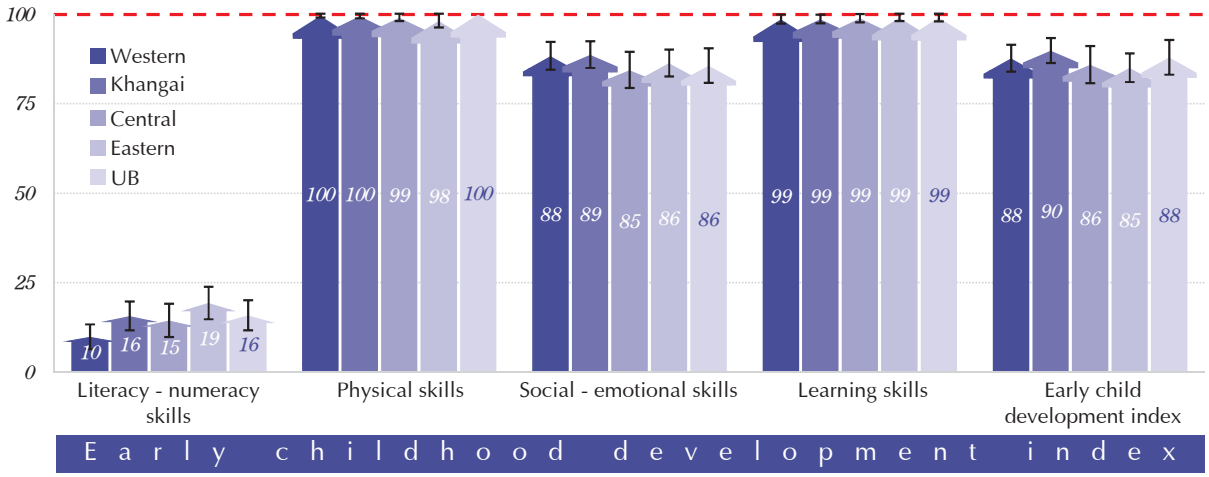
Proportion of children under 5 having children's books is lower in rural areas compared to urban areas (13 per cent and 30 per cent, respectively). Rural children compared to urban ones reported having more toys and playthings by 6 percentage points (72 per cent and 66 per cent), which could be because rural children tend to replace toys with available materials found outside the house such as wood or stone pebbles. Depending on the living conditions and lifestyle, rural children are left unattended at home more often compared to urban children (11 per cent and 6 per cent).

The analysis of child development domains shows that there are no differences in the physical development, learning, social-emotional, literacy-numeracy skills by urban and rural areas.

8 UNDER AGE OF 5 YEARS *(CONT.-3)*

BY REGIONS





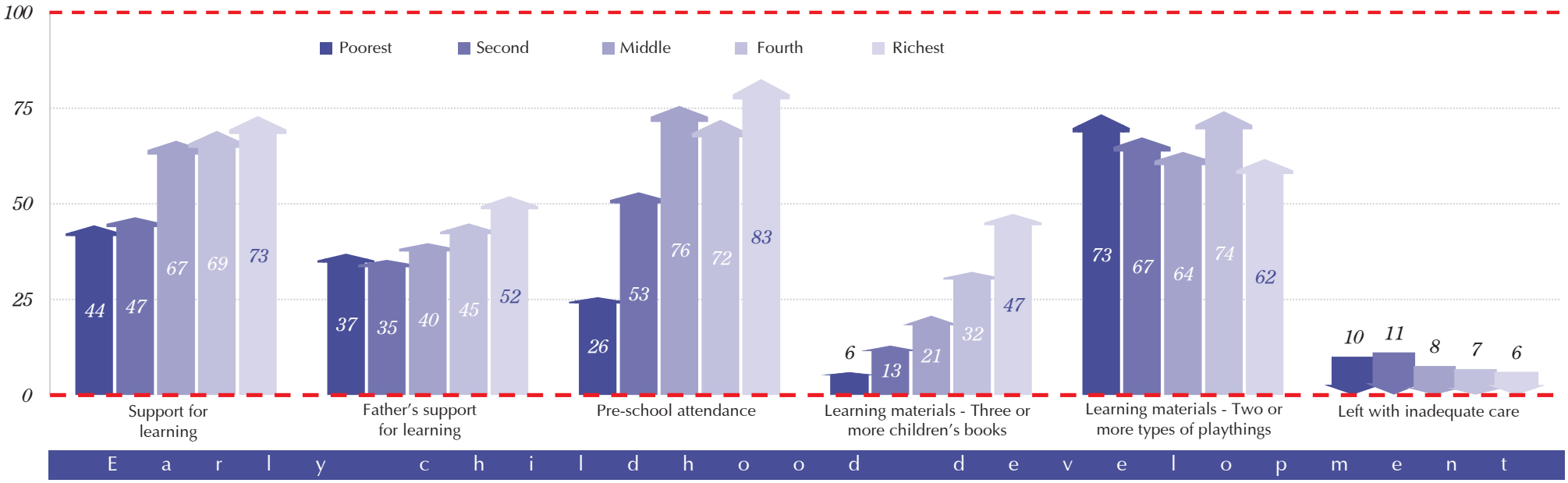
The proportion of children with whom adult household member spend more time to engage in activities with their children (65 percent), and that of children, who have 3 or more children's books (22 and 33 percent) is higher in Central region and Ulaanbaatar. A larger proportion of children are left alone at home or with another child in all regions, but Ulaanbaatar (10-11 per cent and 4 per cent, respectively).

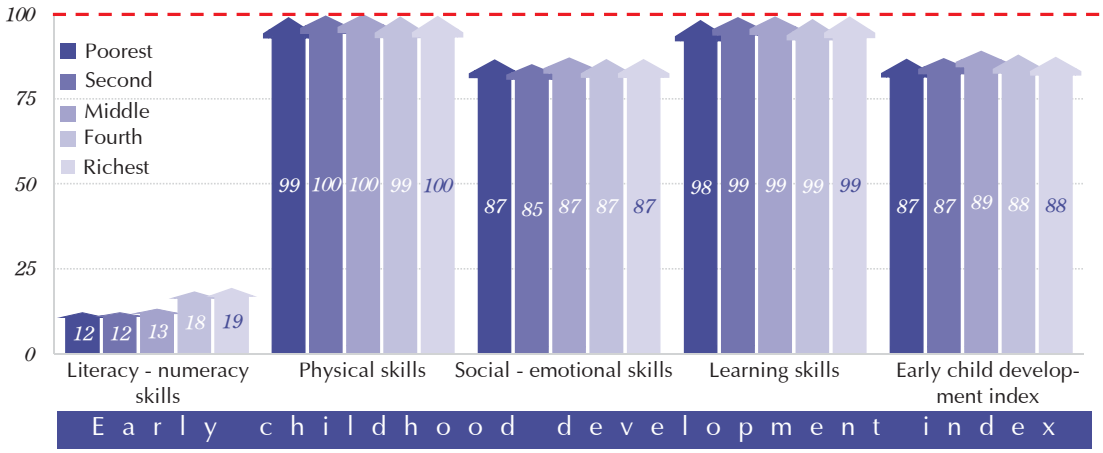
Slightly more than half of the children in Western and Khangai regions attend pre-schools (52 per cent), whereas in other regions this indicator is 62-67 per cent. However, there is no difference in Child development index by regions.

Note: Detailed definition of the survey indicators can be seen in Appendix

UNDER AGE OF 5 YEARS *(CONT.-3)*

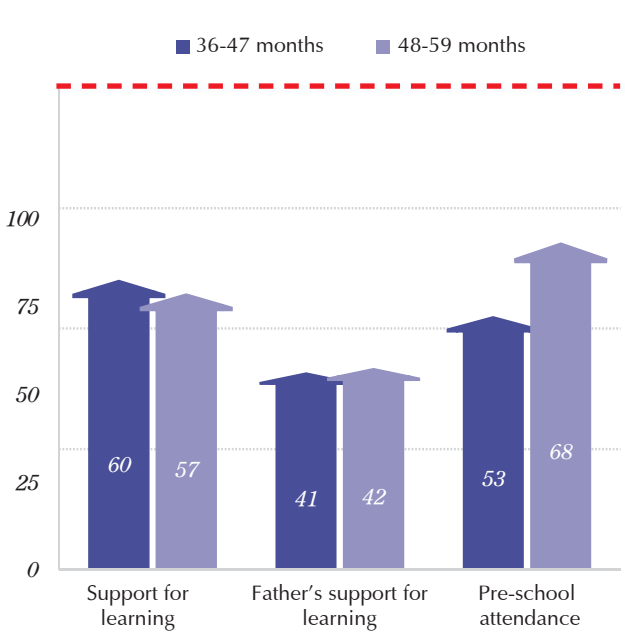
BY HOUSEHOLD WEALTH QUINTILES



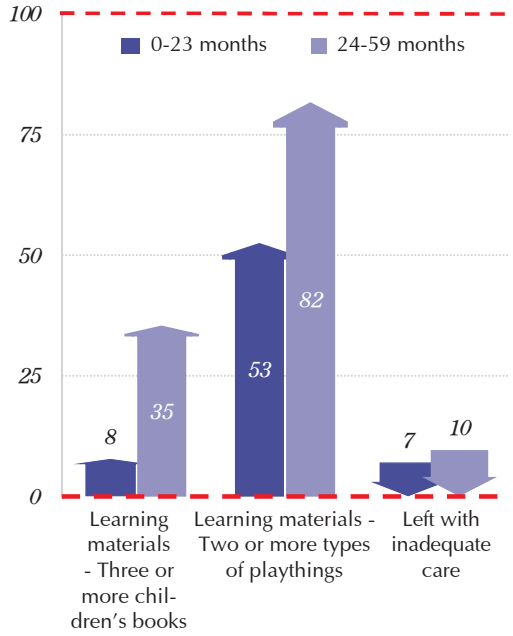


There are significant differences in child care, support, pre-school attendance indicators in terms of household wealth status. For example, children from poorest quintile households have less support from adult household member (by 1.5 times), their pre-school attendance is 3 times low and they have children's books 8 times less than children from other households.

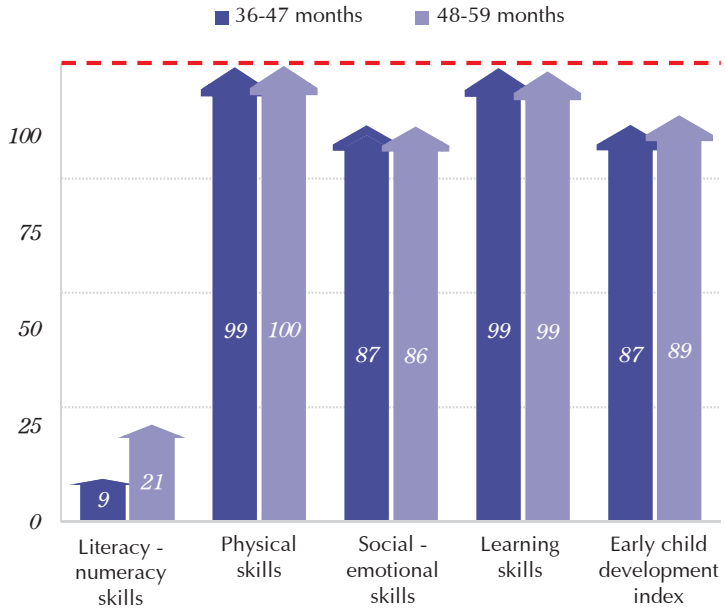
Although in overall, early child development index is relatively similar regardless of household wealth status, children from higher wealth index households are better at literacy-numeracy skills (18-19 per cent and 12-13 per cent).



Early childhood development



Early childhood development



Early childhood development index

There are no age differences in terms of child learning support (household member support - 60 per cent and 57 per cent, father's support - 41 per cent and 42 per cent). However, pre-school attendance of 4 year olds is higher (68 per cent) compared to children aged 3 (53 per cent).

The presence of books and games, which is important for child learning and development, is different by the child age. Children aged 2-4 years have 3 and more books four times more (35 per cent and 8 per cent), have 2 and more different toys 1.5 times more (82 per cent and 53 per cent) compared to other children. As a child grows, it becomes more common to leave him/her unattended or in care of another child (10 per cent and 7 per cent).

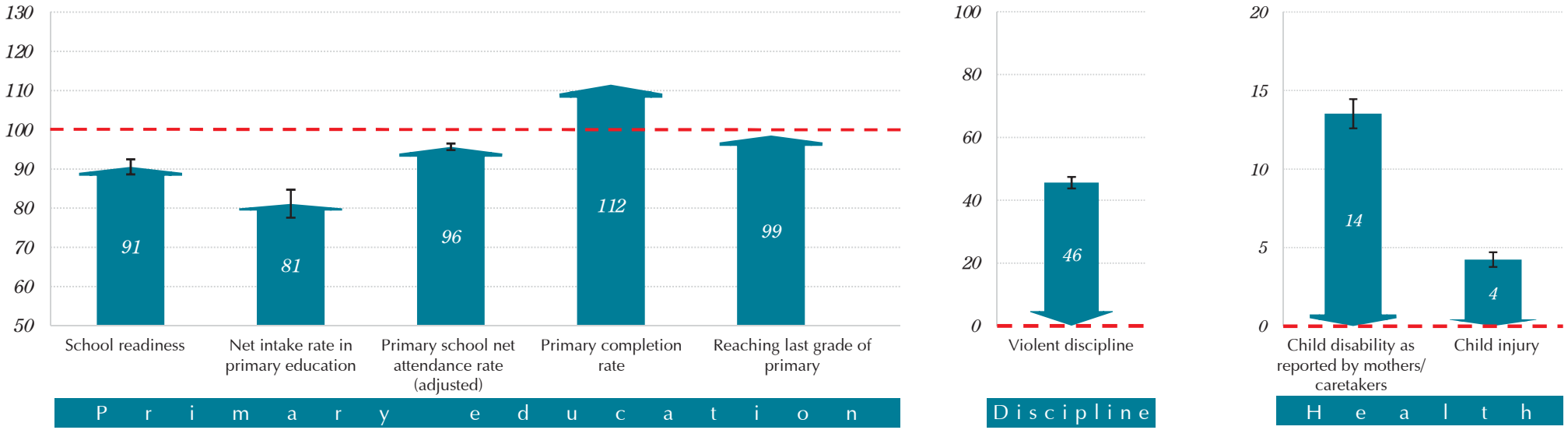
Although child development outcomes such as physical development, learning and social-emotional skills do not differ among children aged 3-4, four-year-olds were better at literacy-numeracy skills compared to 3-year-olds (21 per cent and 9 percent).

Note: Detailed definition of the survey indicators can be seen in Appendix

CHAPTER 9

PRIMARY SCHOOL AGE

9 PRIMARY SCHOOL AGE



Apart from policies and activities, parents and household members play an important role in ensuring child's right to education.

The indicators for primary school attendance include: net intake rate in primary education, primary school net attendance rate (adjusted), primary completion rate and reaching last grade of primary. In Mongolia, the indicators were used for formal education only.

School readiness is measured by pre-school or any early childhood education program. Overall, 91 per cent of surveyed children, who currently attend the first grade of primary school attended pre-school or early childhood education program the previous year. 81 per cent of primary school entrance age children attended the first grade of primary school, and reaching last grade of primary is 99 per cent.

The primary completion rate or the ratio of children attending the grade 5 to the total number of children of age appropriate for primary education, and adjusted primary school net attendance rate is 96 per cent.

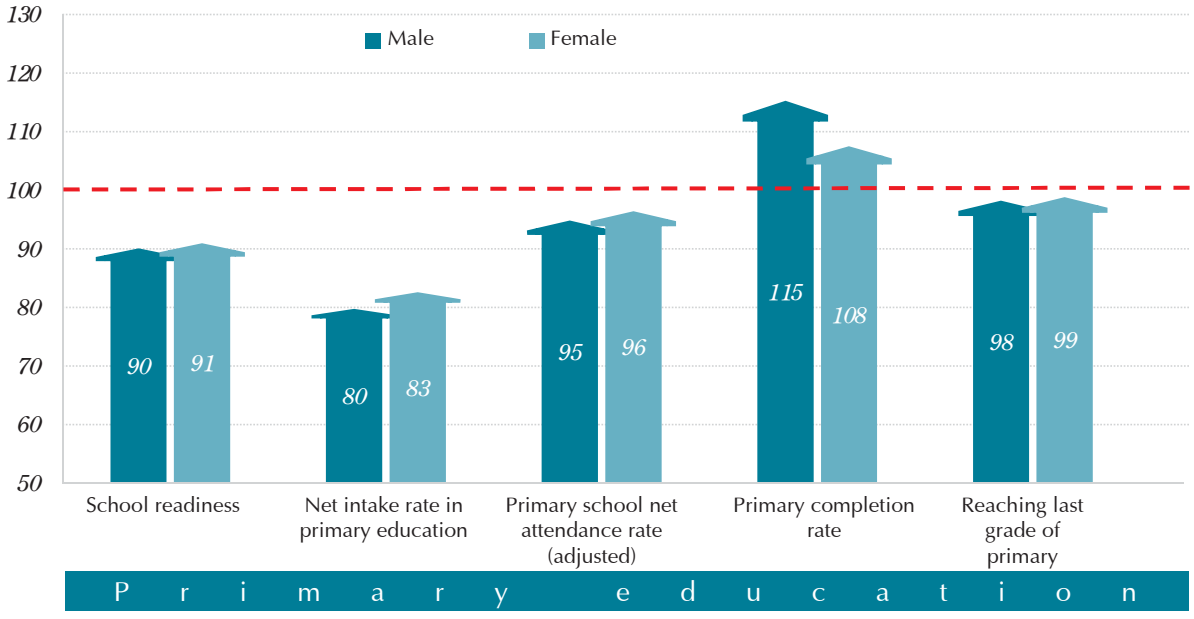
Apart from paying attention to the children's education it is also important for parents and caretakers to bring them up properly, teach children positive behavior and change their bad habits. In Mongolia, it is quite common for parents and caretakers to discipline their children using physical and psychological punishment when they misbehave. Nearly half or 46 per cent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers (or caretakers) or other household members in one month preceding the survey.

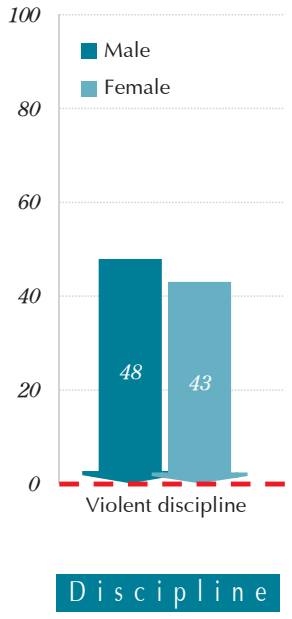
In this survey, a separate questionnaire were used for children aged 12-14 regarding the incidence of accidents and injuries and the presence of any disability. Children's mothers (or caretakers) were asked a series of questions on child's development disabilities. 14 per cent of surveyed children aged 12-14 could possibly have one kind of developmental disability, and 4 per cent of all children aged 12-14 had an accident or injury in the previous year.

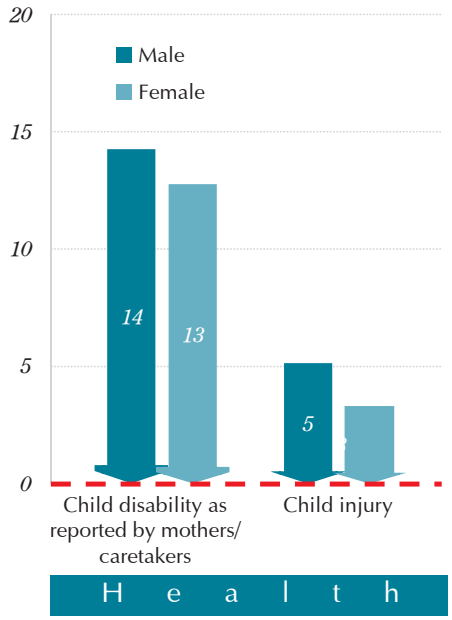
Note: Detailed definition of the survey indicators can be seen in Appendix

PRIMARY SCHOOL AGE

BY SEX





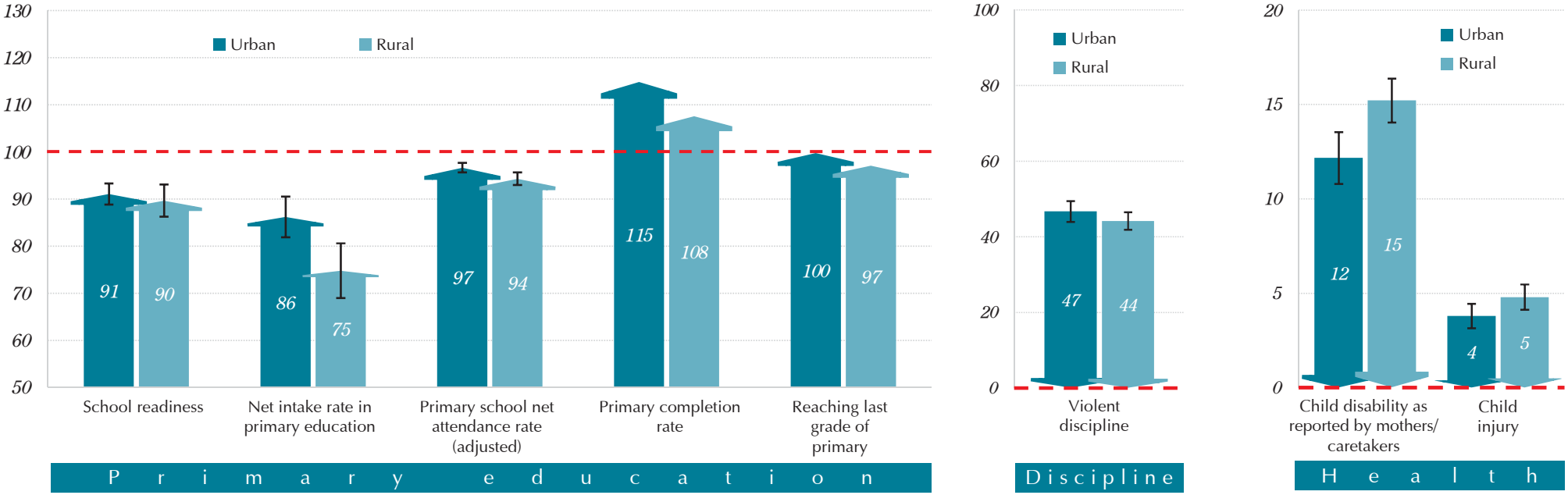


There are certain differences by sex in primary school attendance, discipline and health.

Although overall primary school net attendance is nearly the same for boys and girls, the primary completion rate among boys is higher than that of girls by 7 percentage points (115 per cent and 108 per cent).

Male children are subjected to more physical and psychological punishment compared with female children (48 per cent and 43 per cent), and male children are more likely to suffer from accidents and injuries.

9 PRIMARY SCHOOL AGE
BY URBAN AND RURAL



The indicators related to primary school attendance and child health status are lower in rural areas.

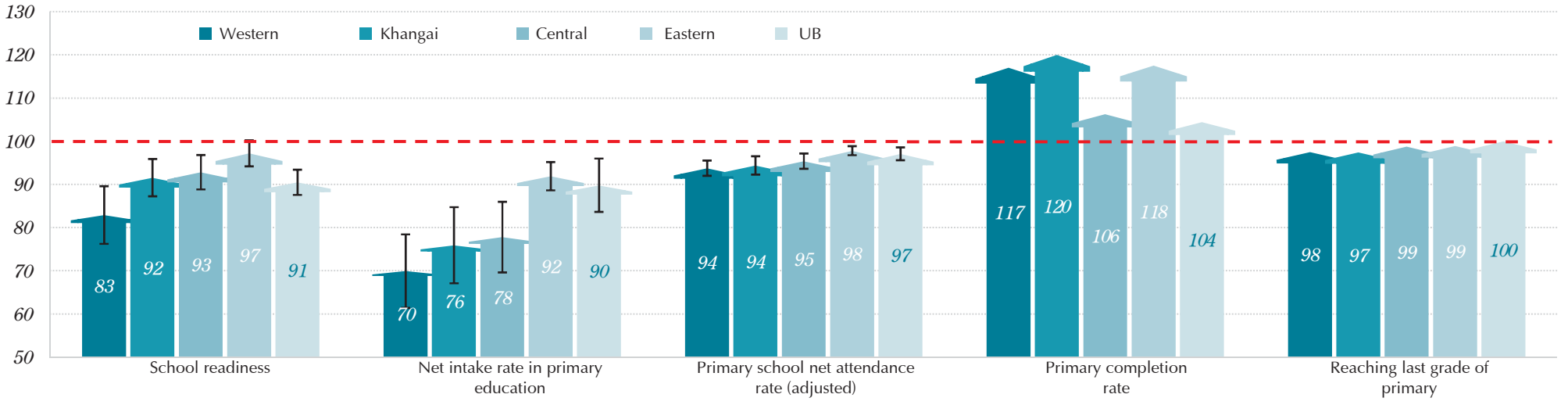
75 per cent of rural children of primary age attend the first grade of primary school, while in urban places the rate is higher (86 per cent). Reaching last grade of primary is 97 per cent among rural children compared to 100 per cent in urban children; the primary school net attendance rate in rural areas is 94 per cent compared to 97 per cent in urban areas.

There is no difference in child disciplining methods by urban and rural areas. The proportion of parents and household members, who discipline their children, is similar in urban and rural areas (47 per cent and 44 per cent).

Rural children are more likely to have development disability (15 per cent vis-a-vis 12 per cent in urban children). There is no difference in prevalence of accidents and injuries by the sex of the child (5 per cent and 4 per cent).

Note: Detailed definition of the survey indicators can be seen in Appendix

PRIMARY SCHOOL AGE
BY REGIONS



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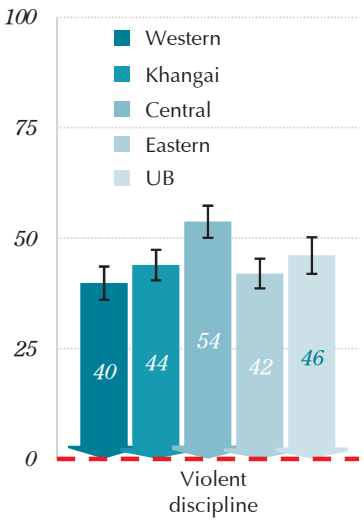

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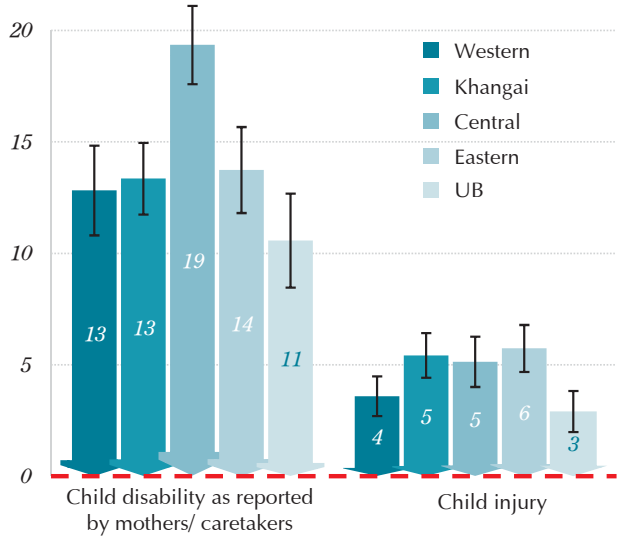


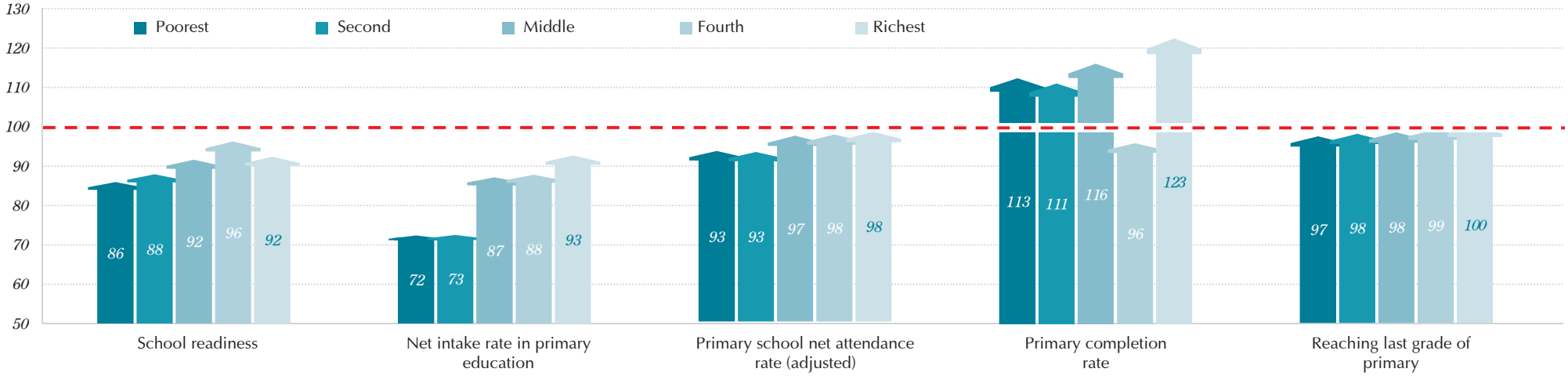
H e a l t h

Primary school attendance indicators are the lowest in Western region, while children in Central region experience more domestic violence (54 percent) and are more likely to have development disabilities (19 percent).

The Western region has the lowest pre-school attendance rate of 83 per cent, only 70 per cent of children of primary school entry age enter grade 1, and the primary school net attendance rate is 94 per cent. The Eastern region and Ulaanbaatar enjoy the highest indicators in regard to primary education.

The number of child accidents and injuries prevail in Khangai, Central and Eastern regions.

9 PRIMARY SCHOOL AGE
BY HOUSEHOLD WEALTH QUINTILES



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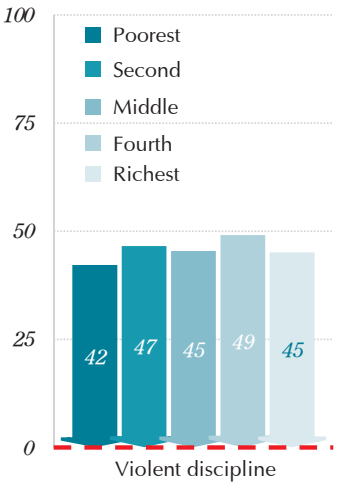

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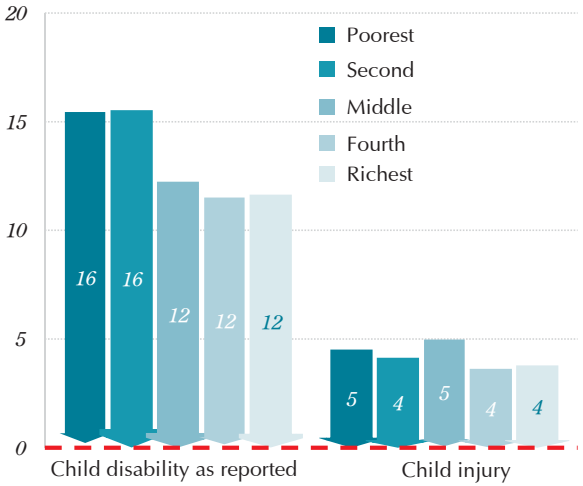


H e a l t h

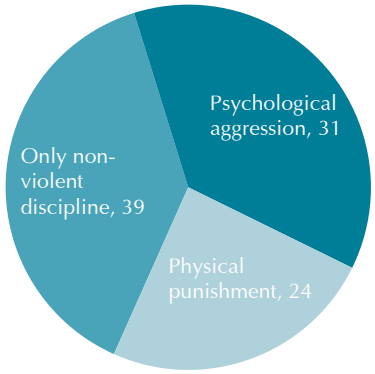
The indicators on attendance by children of primary school and their health differ by the child's household wealth status.

Pre-school attendance, primary school entry, primary school net attendance rates of children from poorest households are much lower compared to children from other households (86-88 per cent, 72-73 per cent and 93 per cent, respectively).

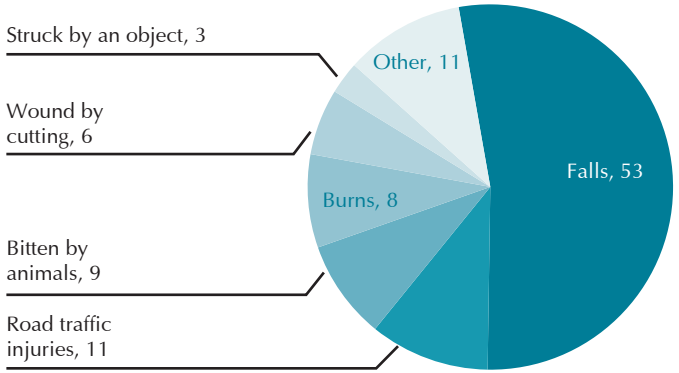
Although children from poorest households are more likely to have any kind of disabilities compared to other children (16 per cent and 12 per cent, respectively), there is no difference in child injury by household wealth status.

Note: Detailed definition of the survey indicators can be seen in Appendix

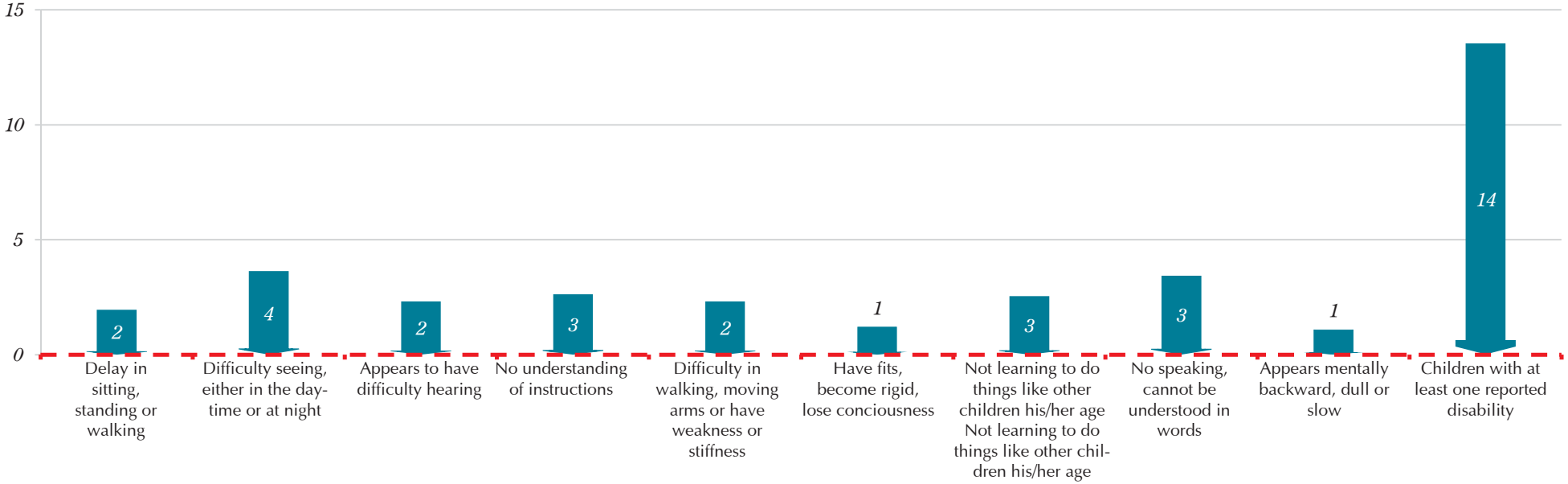
Percentage of children aged 2-14 years, according to method of disciplining the child



Percentages of children who had injury, by type of the most recent injury



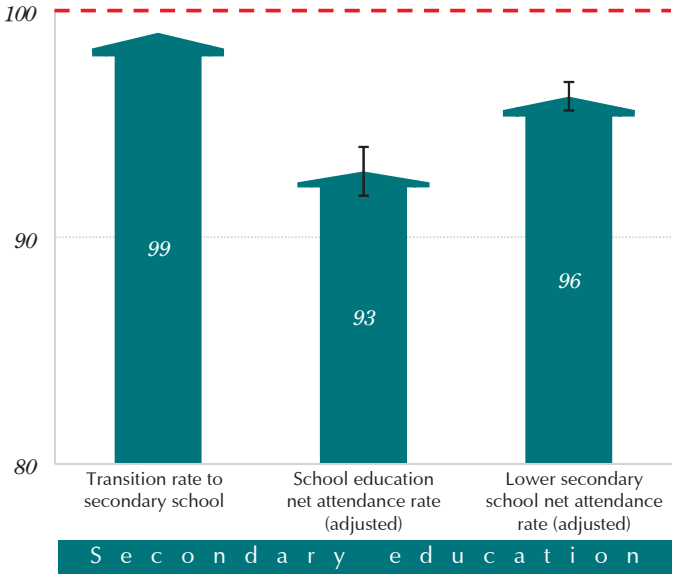
Children whose mothers/ caretakers reported the child to have impairments, by type of impairment

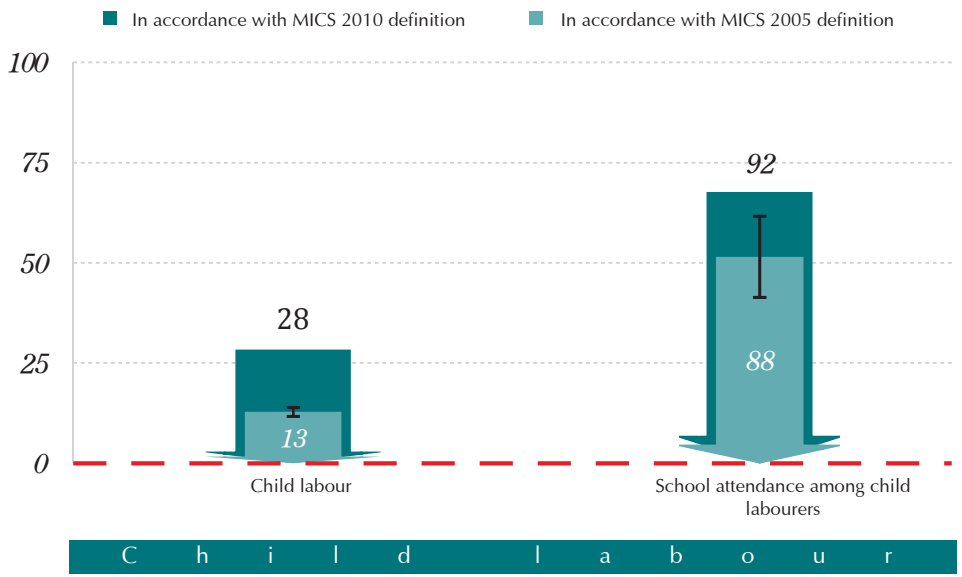


CHAPTER 10

SECONDARY SCHOOL AGE

10 SECONDARY SCHOOL AGE





Completion of primary education allows secondary school attendance. The secondary school is important for the children's formation as they prepare themselves to find their place in the society and it is a start of their future lives.

The indicators for secondary school attendance include: a transition rate to secondary school, a net secondary school attendance rate and a net lower secondary school attendance rate. 99 per cent of children, who were in the last or fifth grade of primary school in one year preceding the survey, entered the secondary school. The net secondary school attendance rate is 93 per cent, and the net lower secondary school attendance rate is 96 per cent.

There are children, who instead of attending secondary school, are involved in child labor activities, which violate the right of the child to be protected from economic exploitation and from performing hazardous labor activities.

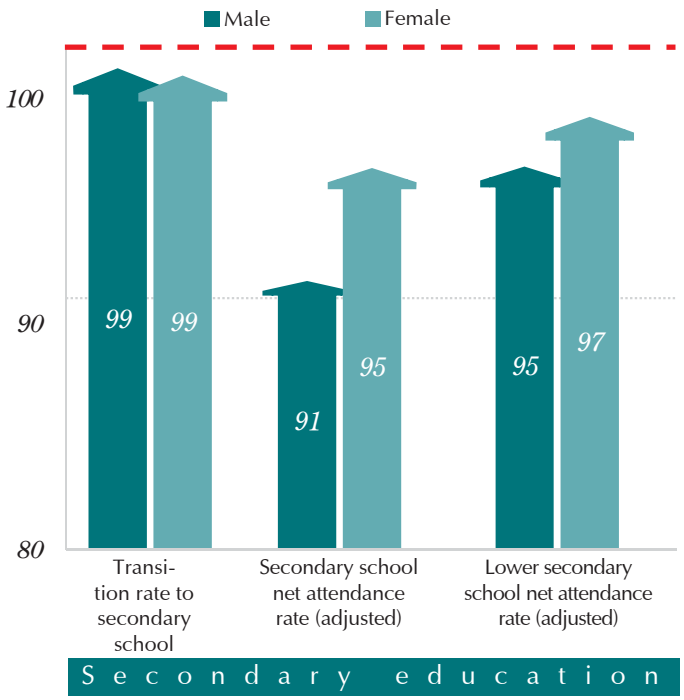
According to the new UNICEF definition, a child aged 5-11 is considered to be involved in child labor activities if during the week he/she was involved in at least one hour of economic activity or 28 hours of domestic work per week. For the child aged 12-14 at least 14 hours of involvement in economic activity or 28 hours of domestic work per week. Economic activity involves working outside the household and it includes paid and unpaid work, working for family business, as well as carrying water and preparing firewood for the household needs. According to the above definition child labor in our country is 28 percent and 92 percent of child laborers study at school.

Although carrying water and preparing firewood and coal for domestic purposes is a hard work, in Mongolia these activities are mostly carried out by children and are unpaid, so these activities were not considered as economic activity and are included in domestic work. Similarly, the age indicator is 5-17. In this way there is a possibility of comparing the present results with the previous survey findings. Therefore, considering the abovementioned country specifics, 13 per cent of the children aged 5-17 years are engaged in child labor, and 88 per cent of these children attend school.

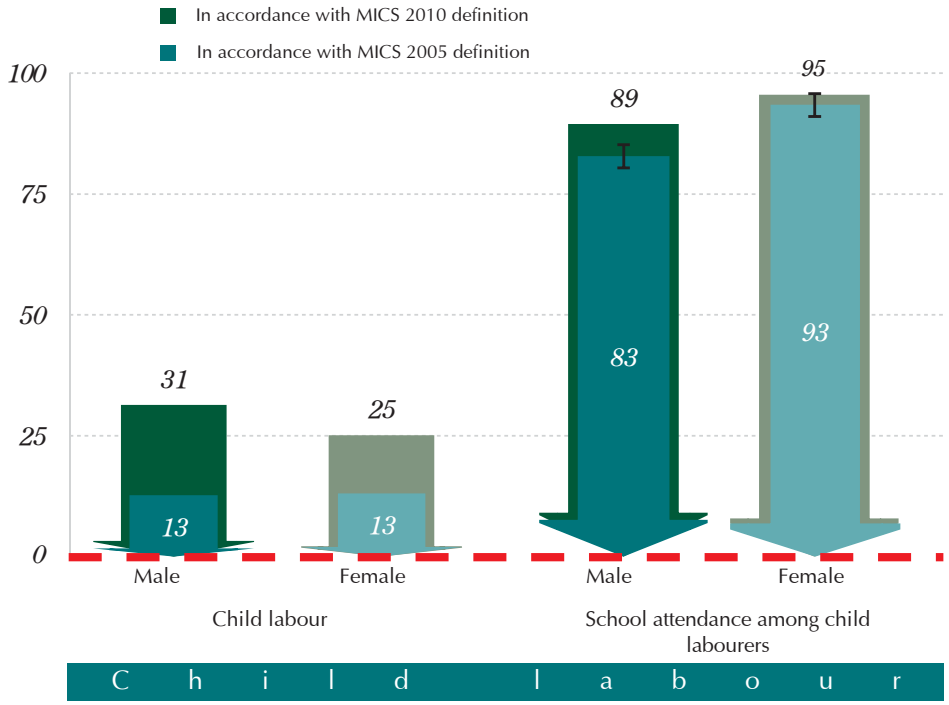
Note: Detailed definition of the survey indicators can be seen in Appendix

SECONDARY SCHOOL AGE

BY SEX



Secondary education

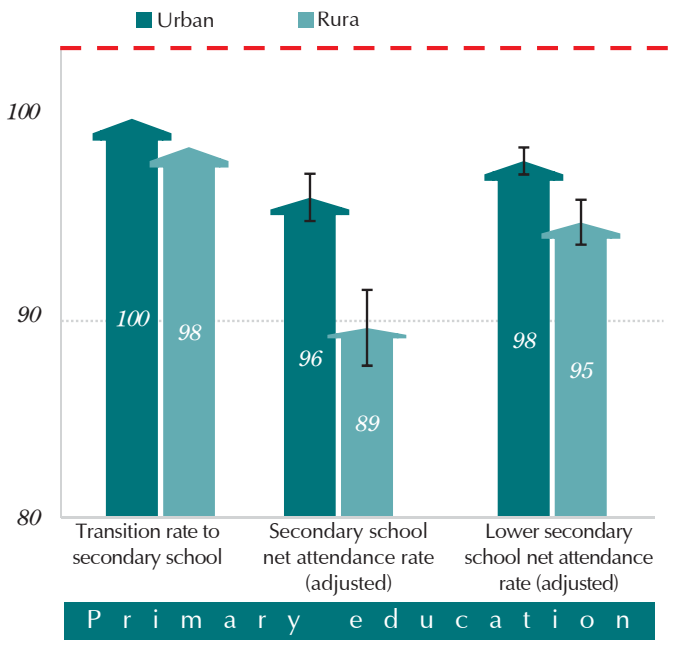


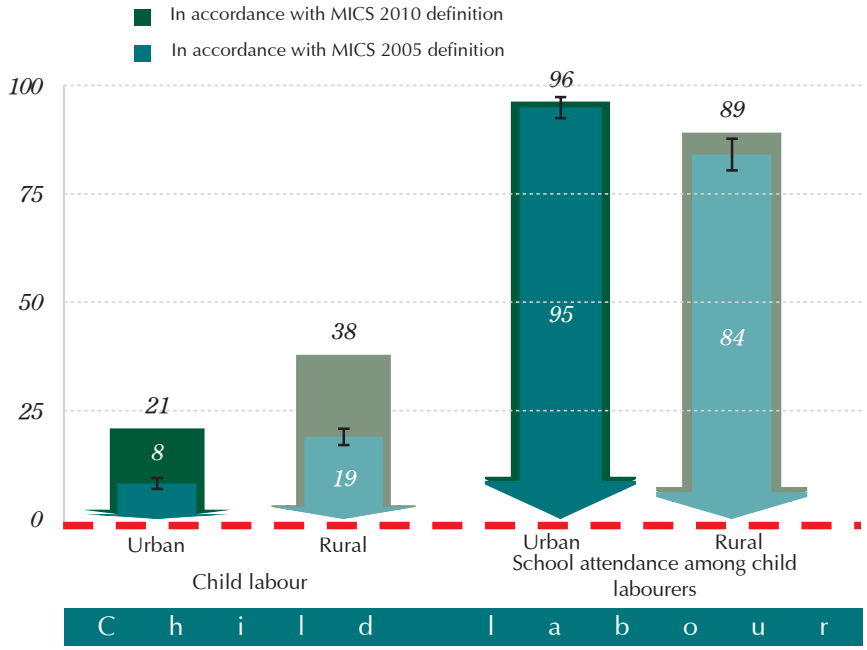
Child labour

Although the transition rate to secondary school was similar by sex of the child (99 per cent and 99 per cent), the net secondary school attendance rate and lower secondary school net attendance are higher among female children (secondary school - 95 per cent and 91 per cent, lower secondary school - 97 per cent and 95 per cent). This suggests that male students might drop out from school as the grade increases.

There is no difference in child labor participation by sex (MICS 2005 -13 per cent and 13 per cent, MICS 2010 - 31 and 25 percent). However, school attendance among male children is lower compared to female children by 10 percentage points (MICS 2005 - 83 and 93 percent, MICS 2010 - 89 and 95 percent).

10 SECONDARY SCHOOL AGE
BY URBAN AND RURAL



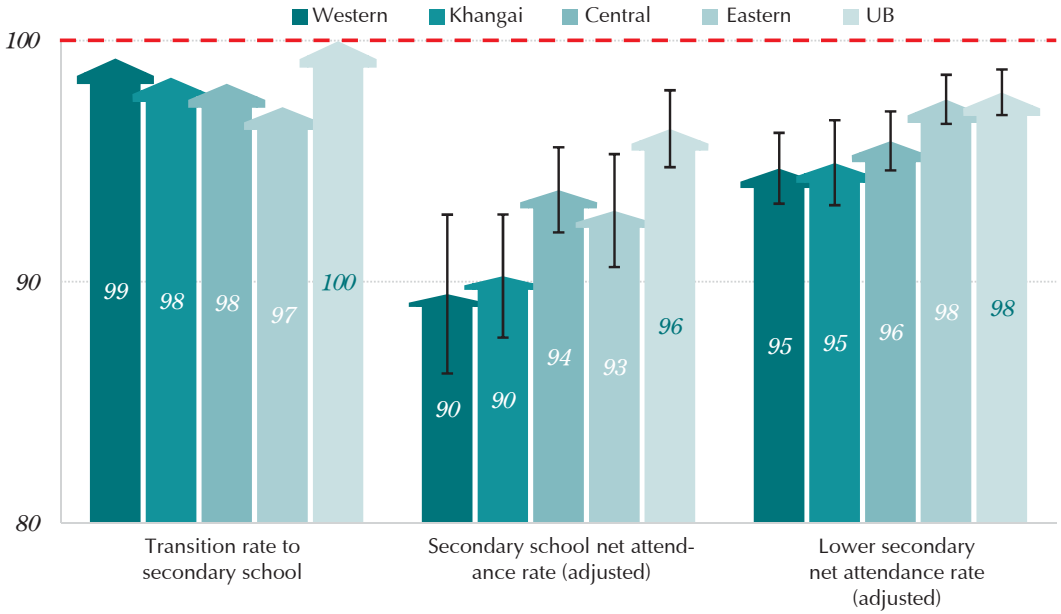


The secondary school attendance indicators in rural areas are insufficient compared to urban areas. It could be possibly explained by the high percentage of rural children involved in child labor activities.

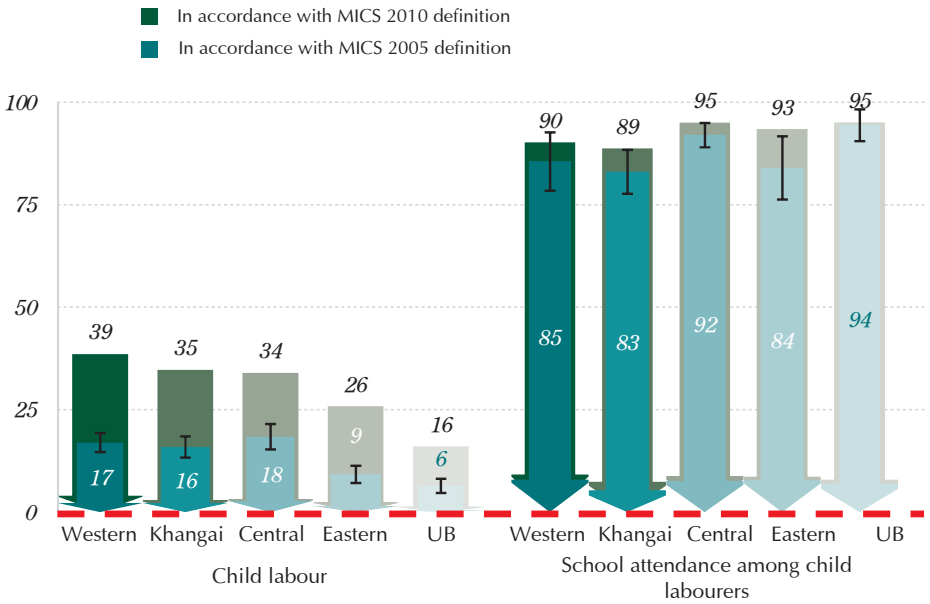
The secondary school net attendance rate and lower secondary school net attendance rate are lower among rural children (secondary school - 89 per cent versus 96 per cent, lower secondary school - 95 per cent versus 98 per cent). At the same time, the proportion of child laborers in rural areas is higher compared to urban areas (MICS 2005 - 19 per cent and 8 per cent, MICS 2010 - 38 and 21 percent respectively), and school attendance among rural children engaged in labor is lower compared to that of urban children (MICS 2005 - 84 per cent and 95 per cent, MICS 2010- 89 and 96 per cent).

Note: Detailed definition of the survey indicators can be seen in Appendix

SECONDARY SCHOOL AGE
BY REGIONS



Secondary education

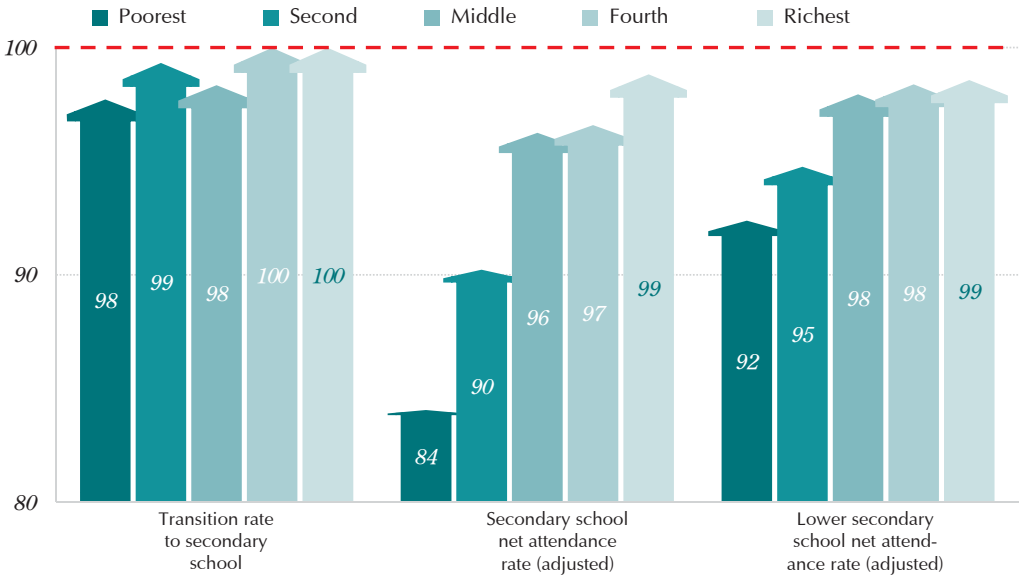


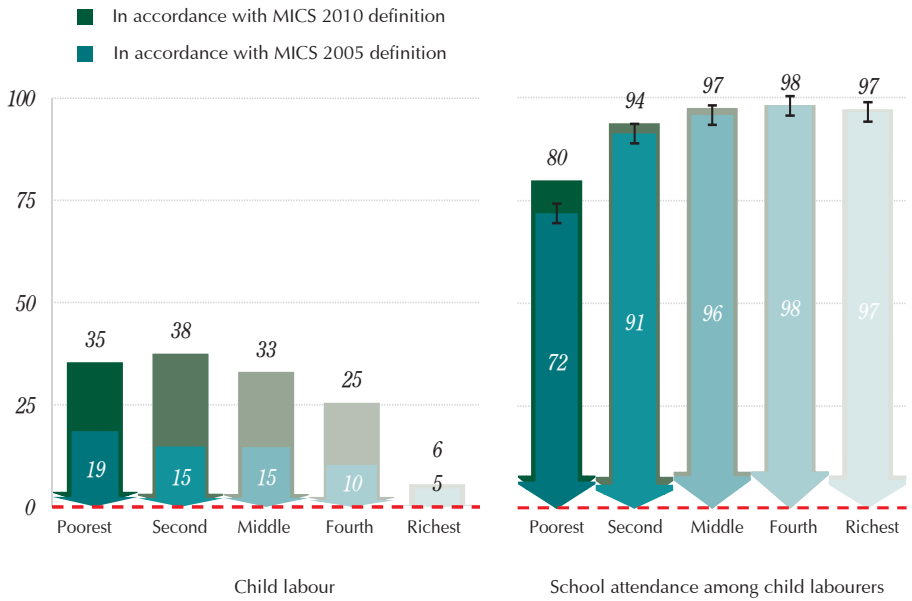
Child labour

Children's secondary school attendance and child labor indicators vary by regions. In Western, Khangai and Central regions lower secondary school attendance rates is lower compared to children from other regions (95-96 per cent and 98 per cent). In addition, children in these regions are more engaged in labor activities (MICS 2005 - 17-18 per cent and 6-9 per cent, MICS 2010 - 34-39 per cent and 16-26 per cent). Among regions, Western and Khangai regions have the lowest secondary school attendance rate (90 per cent and 93-96 per cent), which proves that engaging in labor activities limits child's time for studies and their learning opportunities.

Nearly all children in Ulaanbaatar transit to secondary school (100 per cent), and the secondary school net attendance rate is the highest (96 per cent and 90-94 per cent). Similarly, the proportion of child laborers and school attendance among them is the lowest in Ulaanbaatar (6 per cent, 94 per cent).

10 SECONDARY SCHOOL AGE
BY HOUSEHOLD WEALTH QUINTILES





P r i m a r y e d u c a t i o n

C h i l d l a b o u r

Household wealth quintiles create differences in obtaining secondary education and child labor.

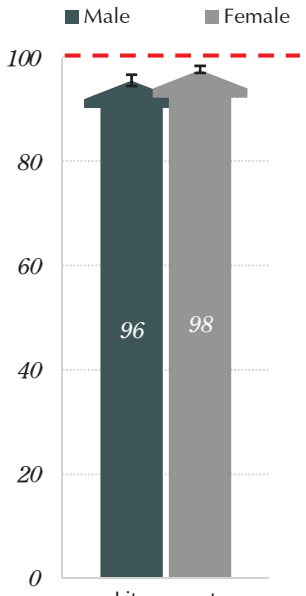
The secondary school net attendance and lower secondary school attendance rates decrease with decreasing household wealth status, and at the same time child participation in labor activities increases. Although the transition rate to secondary school is 98 per cent among children from poor households, the secondary school attendance rate drops to 84 per cent, and the lower secondary school net attendance rate is the lowest or 92 per cent. The proportion of children engaged in labor activities is the highest among children from poor households (MICS 2005 - 19 per cent and MICS 2010 - 35 per cent), and only 72 per cent of these children (MICS 2005 and 80 percent according to MICS 2010) attend school.

Note: Detailed definition of the survey indicators can be seen in Appendix

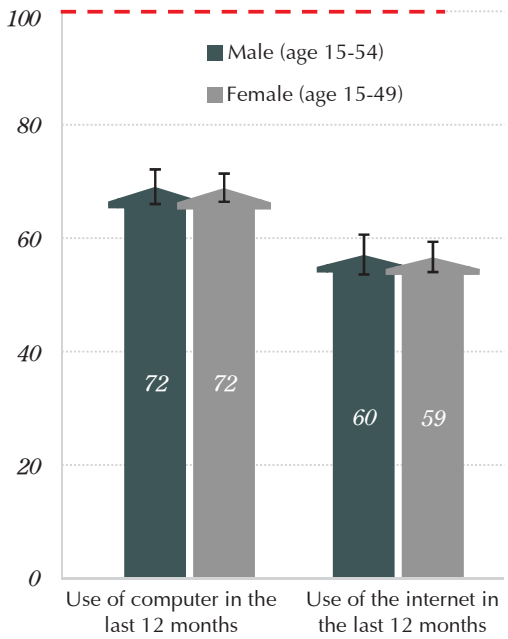
CHAPTER 11

YOUNG AGE

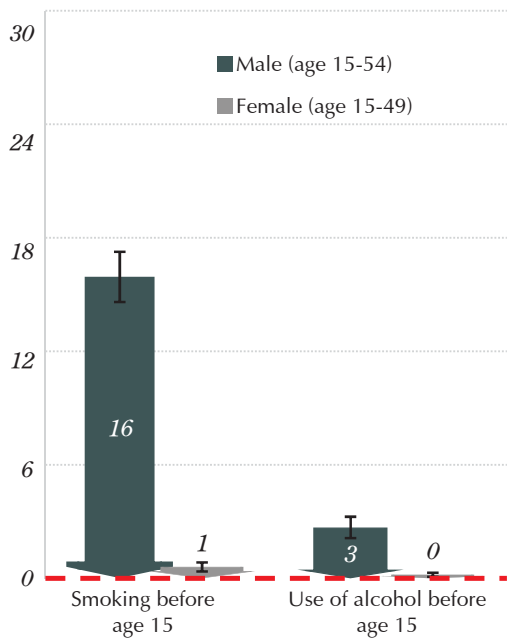
11 YOUNG AGE
BY SEX



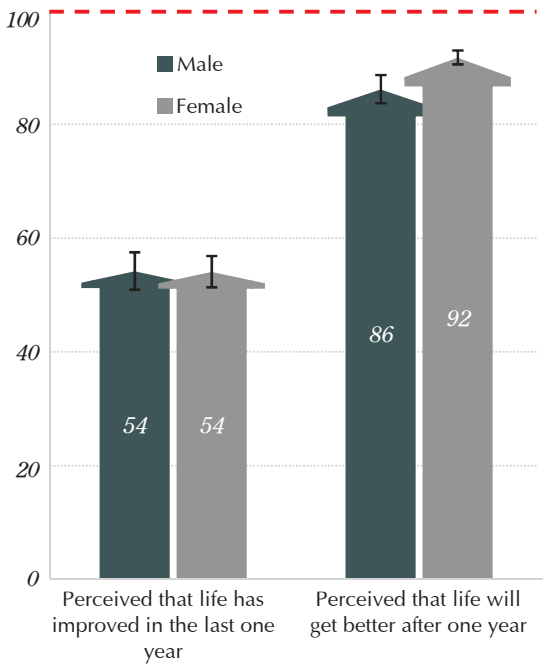
Education



Information technology



Use of tobacco and alcohol



Subjective well-being

One of the factors that form the country's bright future is the eagerness of young people to study, learn and acquire healthy behavior, and having positive attitudes.

In Mongolia, 96 per cent of all men and 98 per cent of all women aged 15-24 are literate.

In Mongolia, the use of modern technology and equipment has increased tremendously among young people, and there is no difference by sex in proportion of young people aged 15-24, who in the last 12 months used computers (72 per cent and 72 per cent), surfing Internet - 60 per cent and 59 per cent.

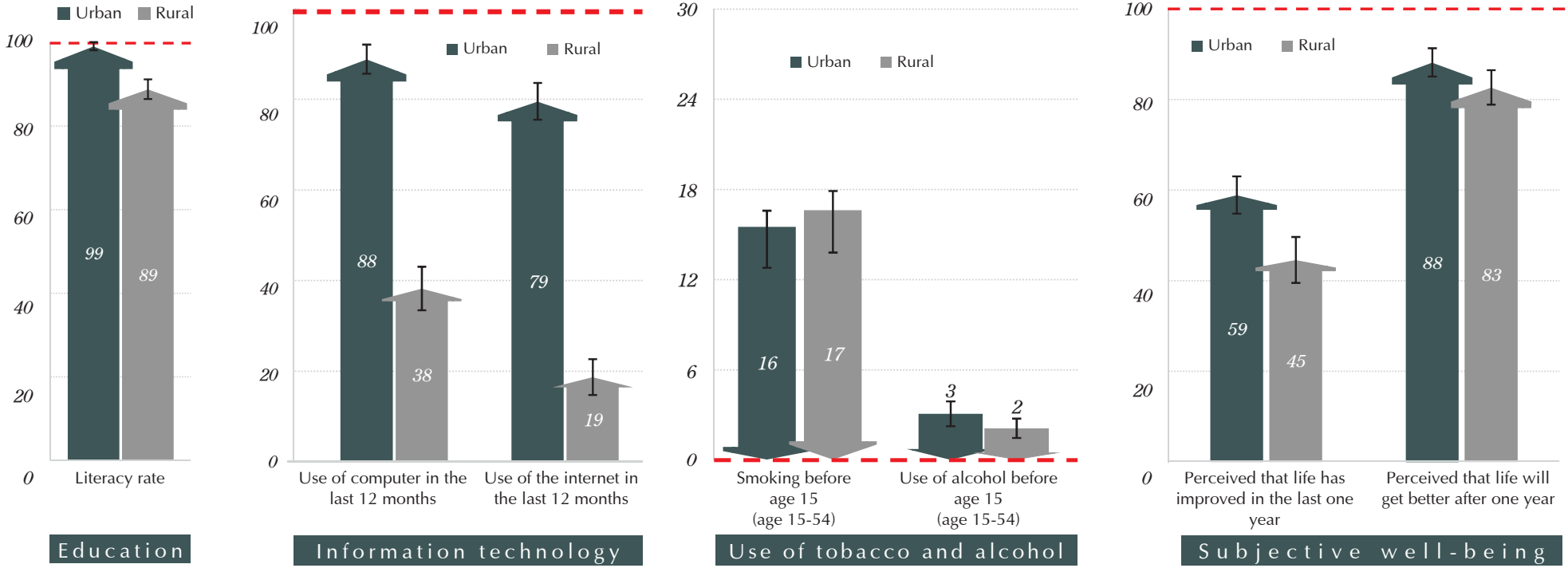
It is important that young people adopt healthy behaviors and practices along with studying. 16 per cent of surveyed men aged 15-54 and 1 per cent of women aged 15-49, have tried smoking before the age of 15. As for alcoholic drinks, 3 per cent of men aged 15-54 and less than 1 per cent of women aged 15-49 have had an alcoholic beverage before age 15.

When surveyed youth were asked about their satisfaction with life, only 54 per cent of young people aged 15-24 reported that their life has improved in the one year preceding the survey. However, 89 per cent of young men and 92 per cent of female respondents believed their life will improve within one year, which shows that Mongolian youth is confident in their future.

Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE

BY URBAN AND RURAL (MEN AGED 15-24 YEARS))



Literacy and use of information technology rates among youth in urban and rural areas were different.

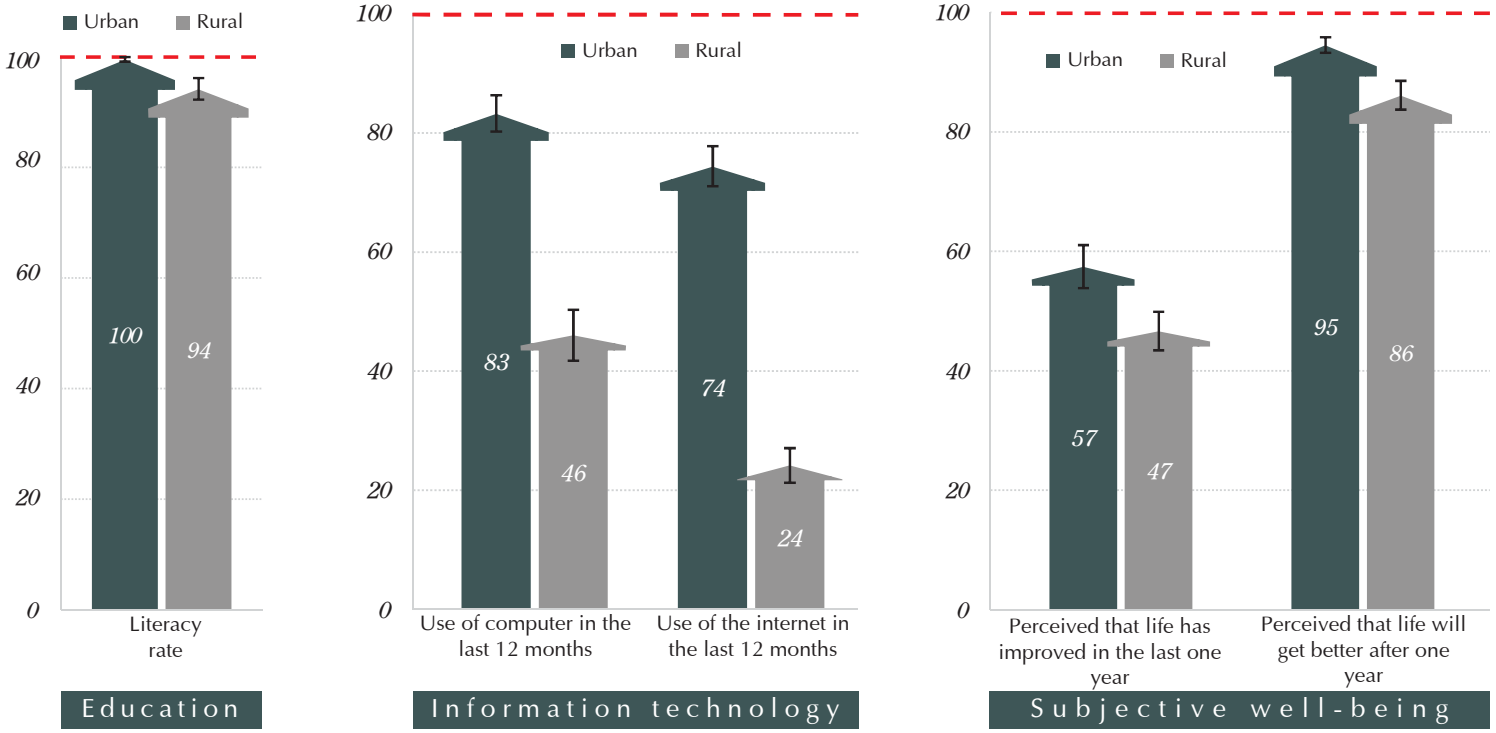
For example, among rural men aged 15-24, the literacy rate is lower by 10 percentage points compared to urban young men (89 per cent and 99 per cent). The low usage of computers and Internet among rural young men - 2.3 to 4.2 times lower (38 and 88, 19 and 79 percent) - is probably related to underdeveloped infrastructure in rural areas.

There is little difference in proportion of men aged 15-54, who smoked and used alcohol before age 15 by urban and rural areas (16 per cent and 17 per cent, 3 per cent and 2 per cent).

Since living in the city offers greater opportunities compared to rural areas, more urban young men perceived that their life has improved in the last year (59 per cent and 45 per cent), and were confident their life will improve after one year (88 per cent and 83 per cent).

11 YOUNG AGE

BY URBAN AND RURAL (WOMEN AGED 15-24 YEARS))



The data for young women do not differ greatly from the data of young men in terms of literacy rate, healthy behaviors and satisfaction with life.

For example, 100 per cent of surveyed urban female respondents were literate, while in rural areas 94 per cent are literate. There are significant differences in computer and Internet usage among young women aged 15-24 by urban and rural areas (use of computers - 83 per cent and 46 per cent, Internet usage - 74 per cent and 24 per cent).

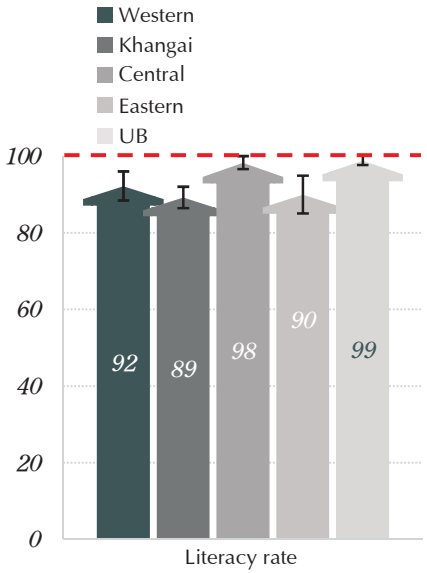
Urban young women were more confident compared to the rural young women (perceived that life has improved in the last year - 57 per cent and 47 per cent, perceived that life will get better after one year - 95 per cent and 86 per cent, respectively).

Since the number of women aged 15-49, who tried alcohol and tobacco before age of 15, is very small, it is not statistically possible to observe differences by urban and rural areas.

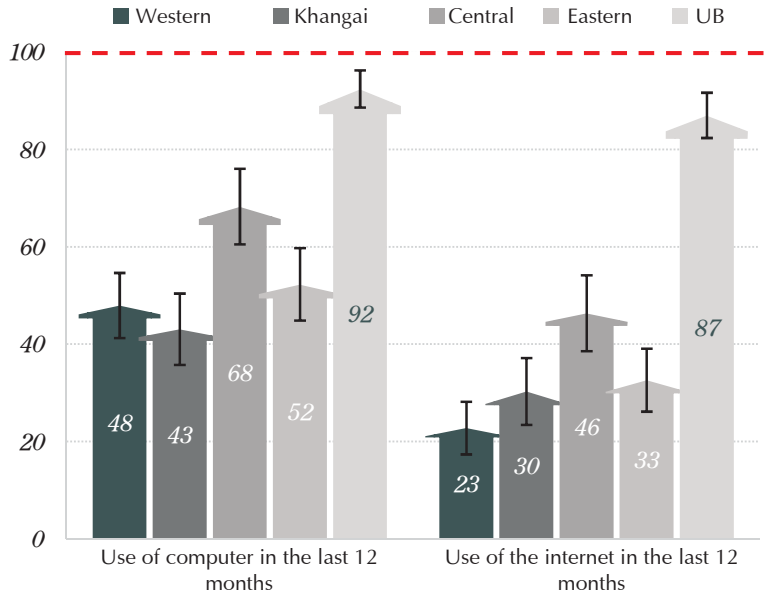
Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE

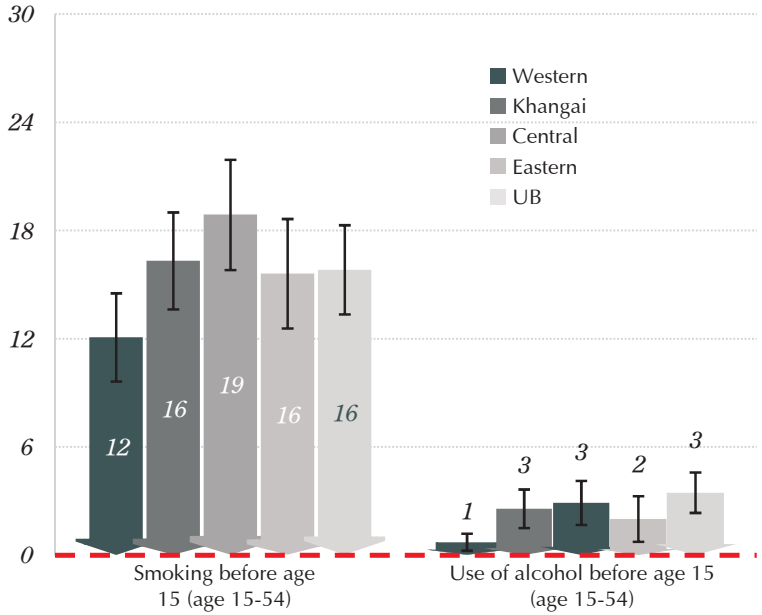
BY REGIONS (MEN AGED 15-24 YEARS))



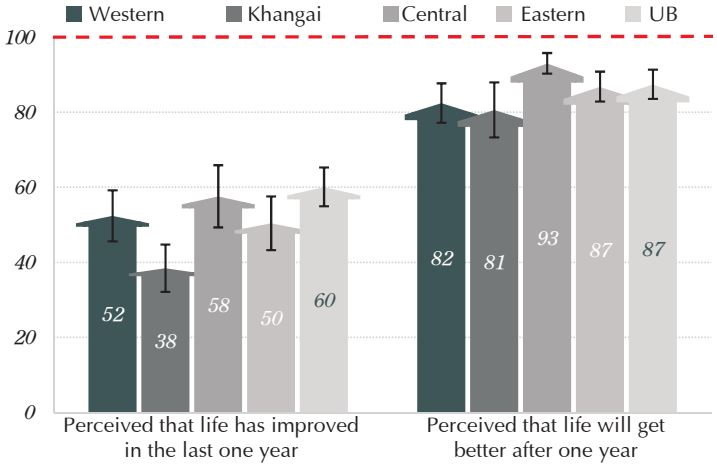
Education



Information technology



Use of tobacco and alcohol



Subjective well-being

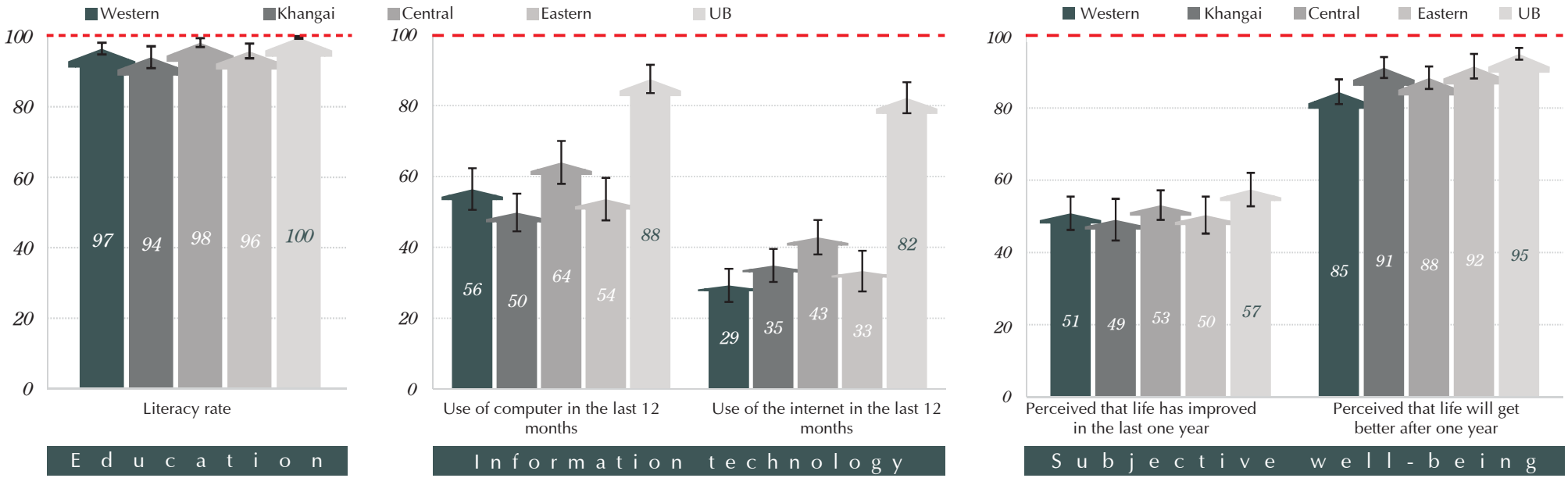
Young men in Western, Khangai and Eastern regions have the lowest literacy rate (89-92 per cent and 98-99 per cent) and the lowest computer and Internet usage rates compared to young men in other regions (43-52 per cent and 23-33 per cent, respectively).

Tobacco and alcohol usage before the age 15 was the highest among men respondents in Central region (19 per cent versus 3 per cent), and the lowest in Western region (12 per cent versus 1 per cent).

The differentials by regions show that only 38 per cent of young men in Khangai region believed that their life has improved in the last year, while in Ulaanbaatar a much higher proportion or 60 per cent believed so. While 81-82 per cent of young men in Khangai and Western regions perceived that their life will get better within one year, in Central region - 93 per cent of respondents believed so.

11 YOUNG AGE

BY REGIONS (WOMEN AGED 15-24 YEARS))



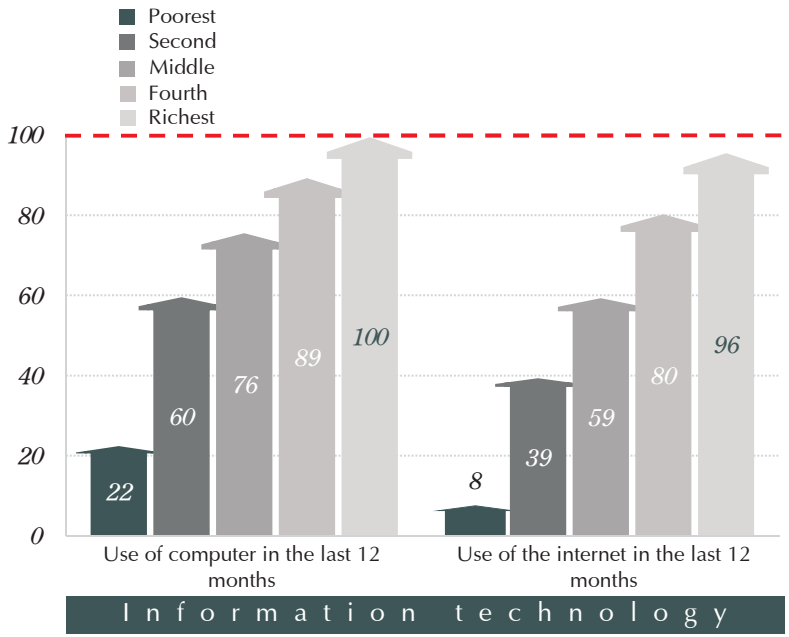
Regional data on literacy rate, computer and Internet use, life satisfaction of young women aged 15-24 do not differ much from data obtained from male youth.

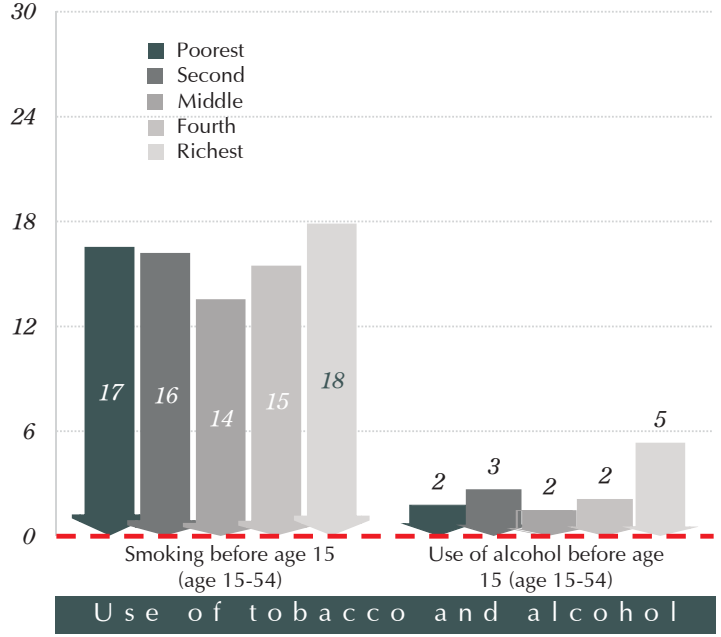
Since there was only a small number of women aged 15-49, who smoked and drank alcohol before the age 15, it was impossible to observe differences by regions.

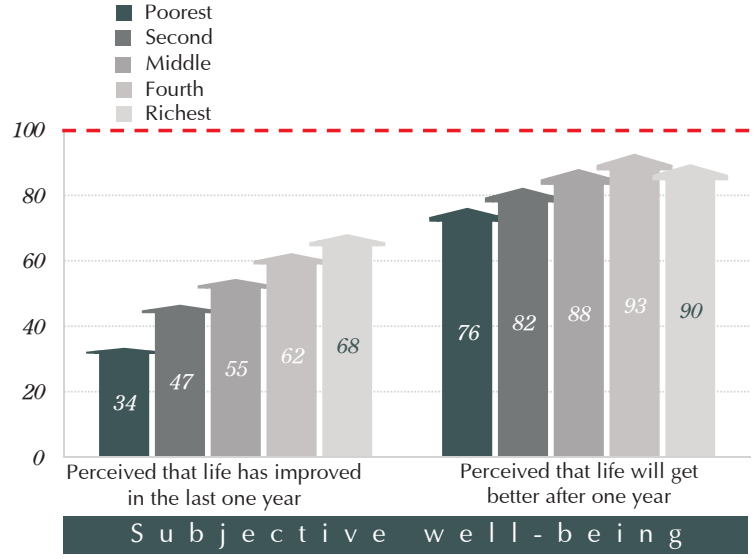
Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE

BY HOUSEHOLD WEALTH QUINTILES (MEN AGED 15-24 YEARS))







Household wealth status of young people have a certain effect on their literacy, use of PC and internet, alcohol and tobacco usage and their confidence in the future.

For example, young men from poorest households, aged 15-24 have the lowest literacy rate, and the lower household wealth status, the more young men are unable to use computer and Internet. At the same time, poor young men have the minimum confidence in the future.

Men from richest households are most likely to try tobacco and alcohol before the age of 15 (18 per cent, 5 per cent).

11 YOUNG AGE

BY HOUSEHOLD WEALTH QUINTILES (WOMEN AGED 15-24 YEARS))

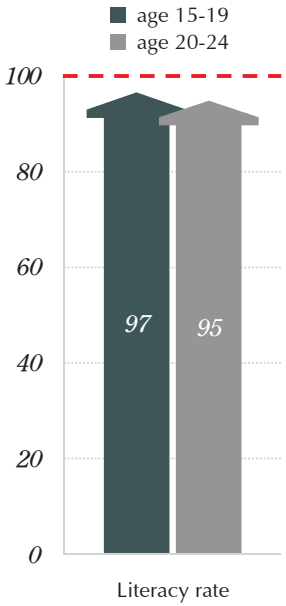
Overall, there are no differences from young men in literacy rate, computer and Internet usage and life satisfaction among young women aged 15-24.

Since very few women aged 15-49 smoke and drank alcohol before the age of 15, it was impossible to observe differences by household wealth index.

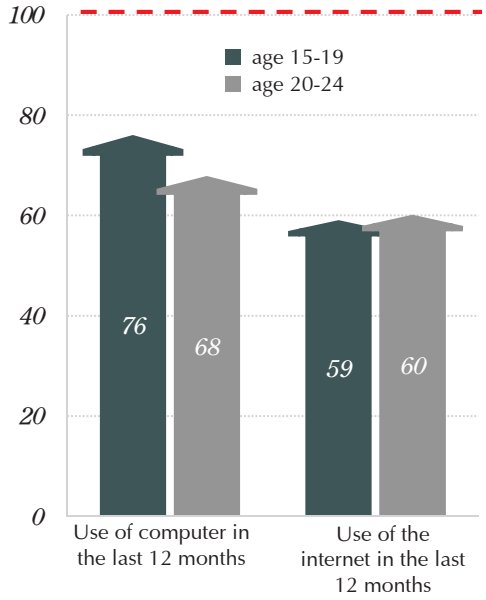
Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE

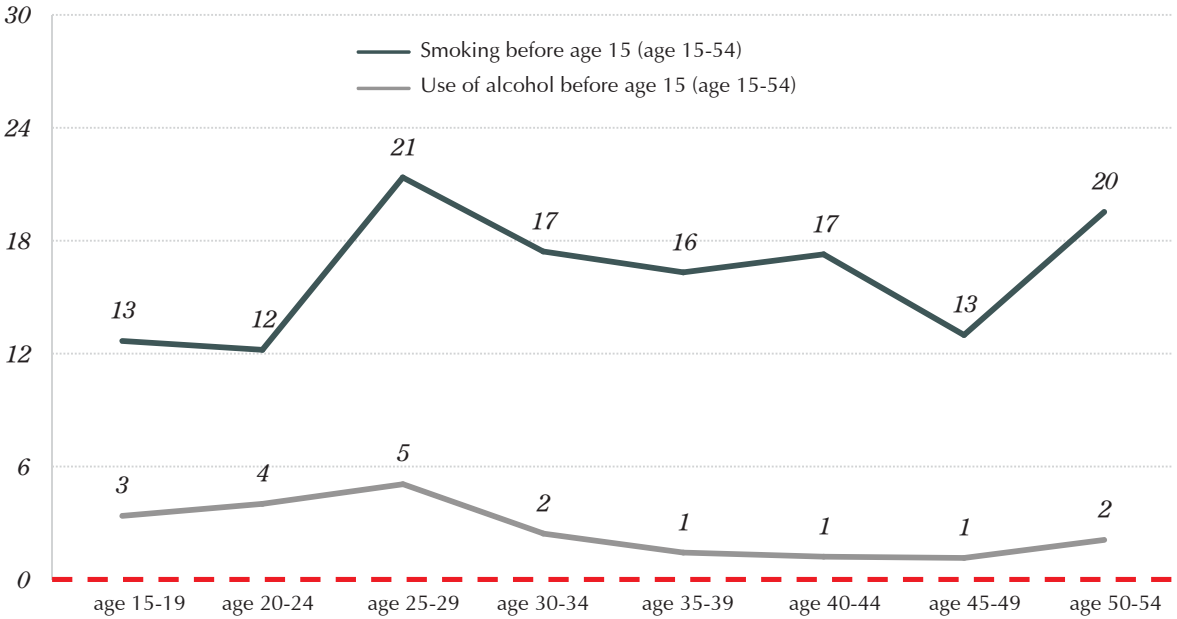
BY AGE GROUPS (MEN AGED 15-24 YEARS))



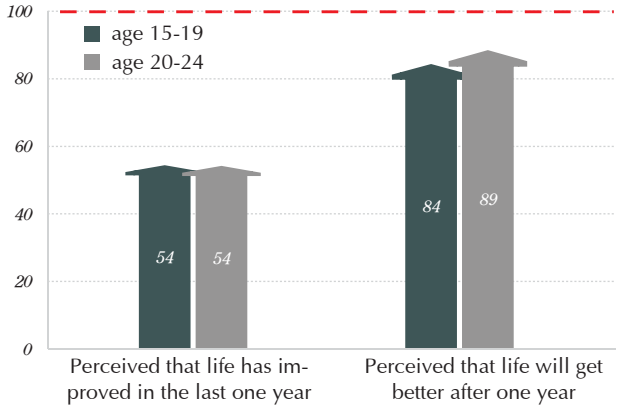
Education



Information technology



Use of tobacco and alcohol



Subjective well-being

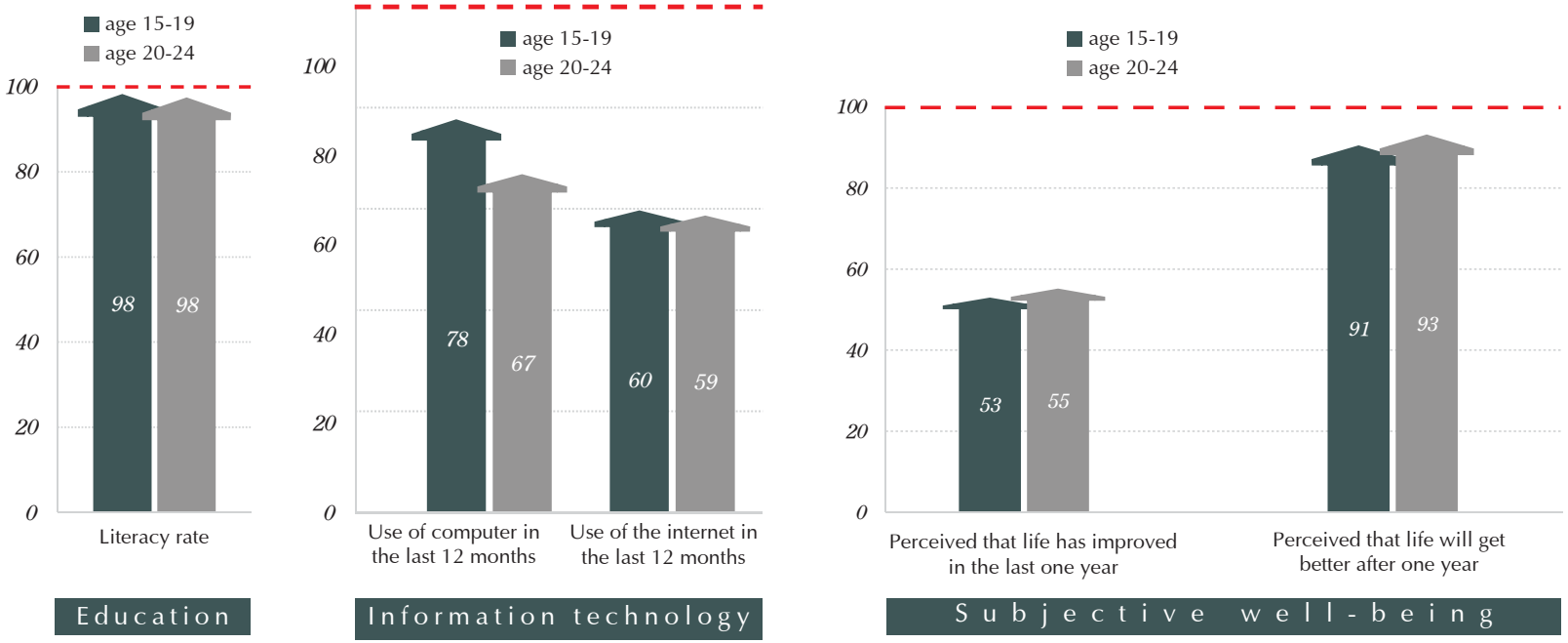
Young men aged 20-24 have lower literacy rate by 2 points compared to those aged 15-19 and lower computer usage - by 8 percent, but similar Internet use.

The percentage of those who perceive that their lives have improved in the last year does not differ by age groups, but that of men aged 20-24 who believe that it will be better next year is greater by 5 percent compared to men aged 15-19.

The percentage of men who tried smoking early is greater among those aged over 25 compared to those aged 15-24, which shows that early smoking has decreased in certain measure in the last years. On the contrary, the percentage of men, who tried alcohol before they were 15, was greater among men aged 15-29, which might be related to increased consumption of alcohol in the last years (3-5 per cent).

11 YOUNG AGE

BY AGE GROUPS (WOMEN AGED 15-24 YEARS)



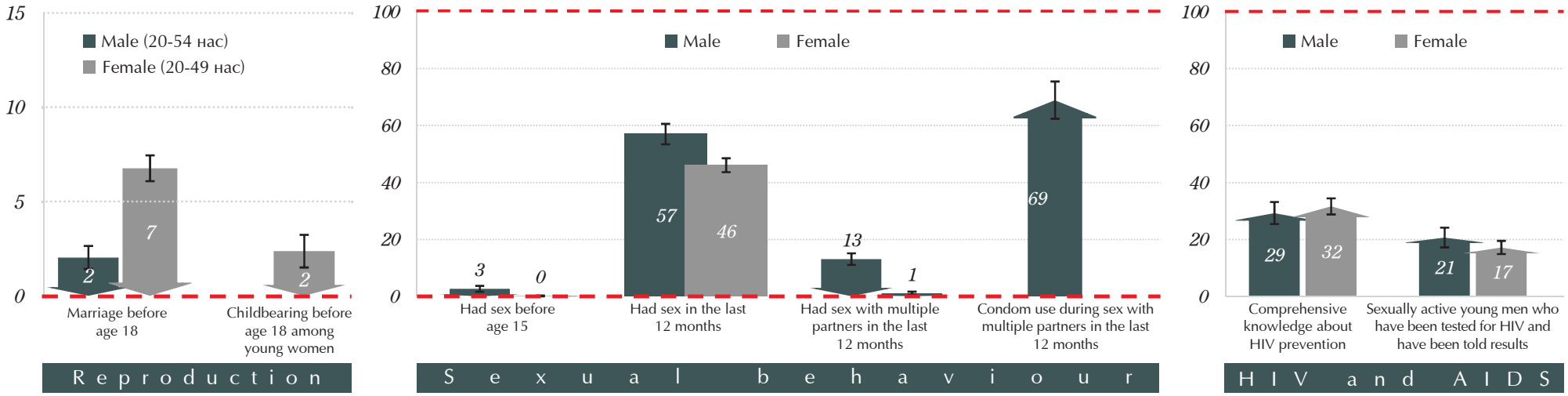
Young women aged 15-24 and young men have similar literacy rate, information technology use and life confidence by age groups.

Since very few women aged 15-49 smoke and drank alcohol before the age 15, it was impossible to observe differences by age groups.

Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE *(CONT.)*

BY SEX



One of the most important problems governments are facing is the question of young people's reproductive health, sexual behavior and knowledge about HIV, AIDS prevention and transmission.

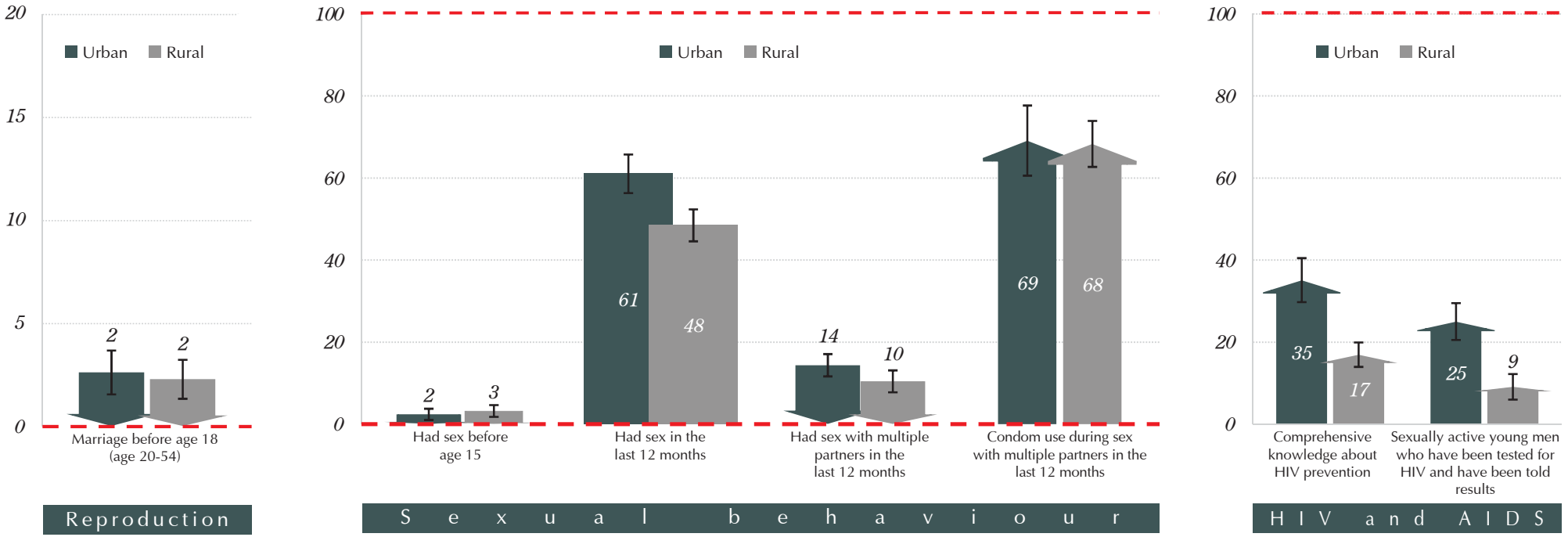
Getting married or cohabitating before the age 18 compromises the health and development of girls and violates their rights. Early marriage and early pregnancy reduces their chance to study and results in social isolation reinforcing the gendered nature of poverty. In Mongolia, 2 per cent of surveyed men aged 20-54, and 7 per cent of women aged 20-49 were cohabitating before reaching age 18. Also, 2 per cent of women aged 20-24 had a child before the age 18.

Adopting safer sexual behavior would improve young people's sexual health and promote safe living. 3 per cent of surveyed males aged 15-24 and less than one per cent of females had sex before reaching the age of 15. 57 per cent of men and 46 per cent of young women reported having sex during the 12 months preceding the survey. Of these young men and women, who had sex during the past 12 months, 13 per cent of men and 1 per cent of young women had sex with more than one partner. 69 per cent of those men, who had sex with more than one partner in the 12 months preceding the survey, reported using a condom when they had sex. However, only 1 per cent of young women, who had sex with more than one partner in the 12 months preceding the survey, used condoms, therefore, it should be taken into account that it was impossible to calculate condom use of these women.

It is important to convey correct information about HIV, AIDS transmission to young people, so they can protect themselves and adopt safer sexual behavior. Young people, who have comprehensive and correct knowledge of HIV prevention and transmission, know ways of HIV transmission and can reject common misconceptions about HIV. Among surveyed young men aged 20-24 this indicator was 29 per cent and among young women - 32 per cent. About 21 per cent of young men and 17 per cent of young women, who had sex in the 12 months preceding the survey, reported getting an HIV test.

11 YOUNG AGE *(CONT.)*

BY URBAN AND RURAL (MEN AGED 15-24 YEARS)



Although there are no differences in the proportion of early marriages in young men by urban and rural areas, quite significant differences in regard to sexual behavior and knowledge about HIV, AIDS are present by urban-rural areas.

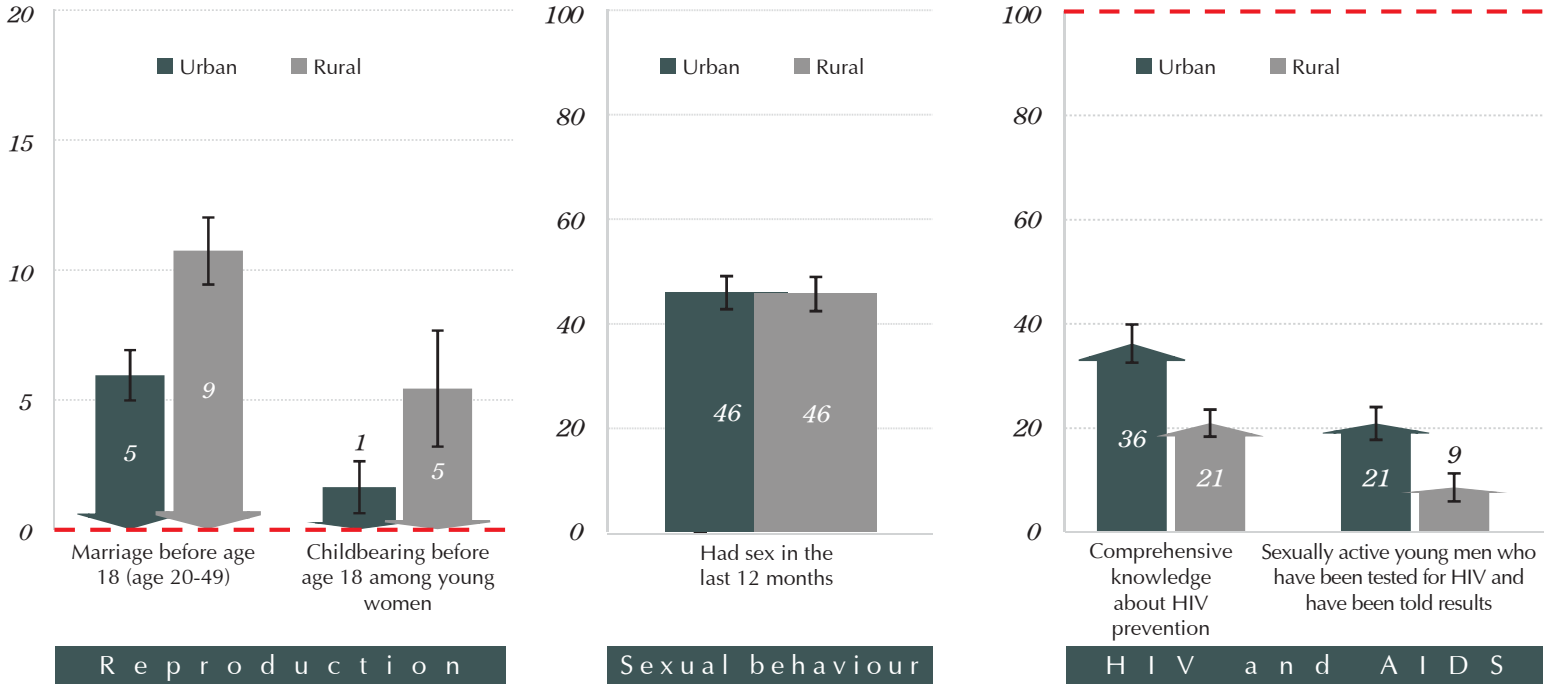
Young men in urban areas are more likely to have sex (61 per cent and 48 per cent) and have risky sexual behavior - the proportion of young men, who had sex with multiple partners in the last 12 months is by 4 percentage points higher among urban young men (14 per cent and10 per cent). The number of young men, who had more than one partner in the last 12 months and used condoms during the last sexual encounter, is similar in urban and rural areas.

Rural young men have twice less comprehensive knowledge about HIV transmission and prevention. The percentage of rural young men, who had sex in the last 12 months preceding the survey, had an HIV test and have been told results, is three times lower compared to urban young men.

Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE *(CONT.)*

BY URBAN AND RURAL (WOMEN AGED 15-24 YEARS)



The urban-rural differences in young women's early marriage, condom use and knowledge about HIV prevention are quite significant. Also, the proportion of early marriages in young women aged 20-49 differ by urban and rural areas.

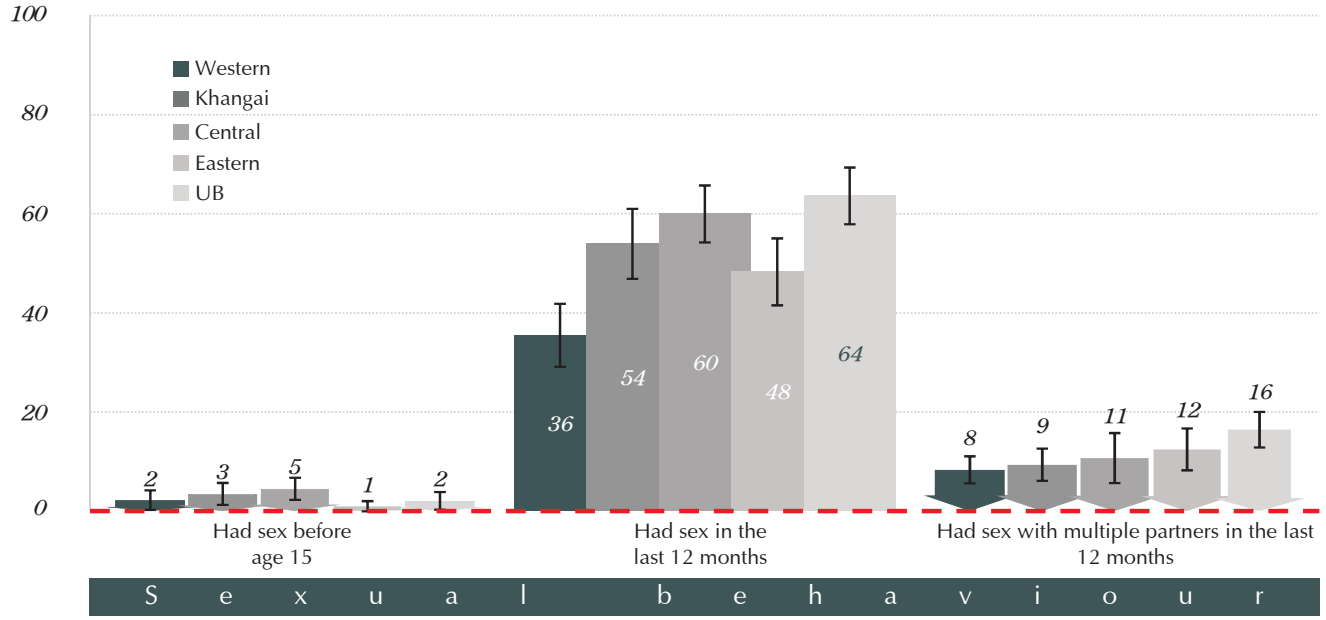
Rural young women are more likely to get married earlier (9 per cent and 5 per cent) and have a child before reaching age 18 compared to urban young women (5 per cent and 1 per cent).

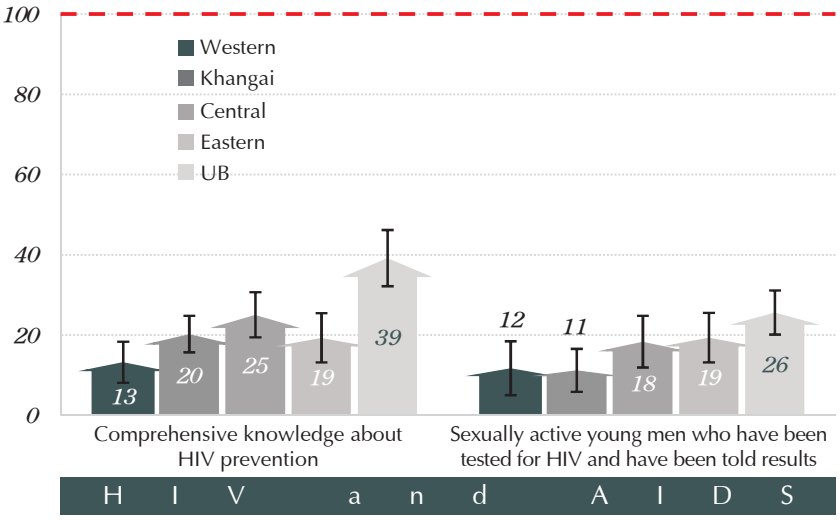
The percentage of young urban and rural women with comprehensive knowledge about HIV prevention and who got an HIV test and knew the result is similar to those of young men.

Such indicators as the percentage of women, who had sex before the age 15, who had multiple sex partners in the last 12 months are at very low level, so urban-rural disparities are not relevant statistically.

11 YOUNG AGE *(CONT.)*

BY REGIONS (MEN AGED 15-24 YEARS)





There are certain regional differences in young men's sexual behavior and knowledge about HIV transmission. Similarly, the percentage of early marriages in men aged 20-54 differ by the regions.

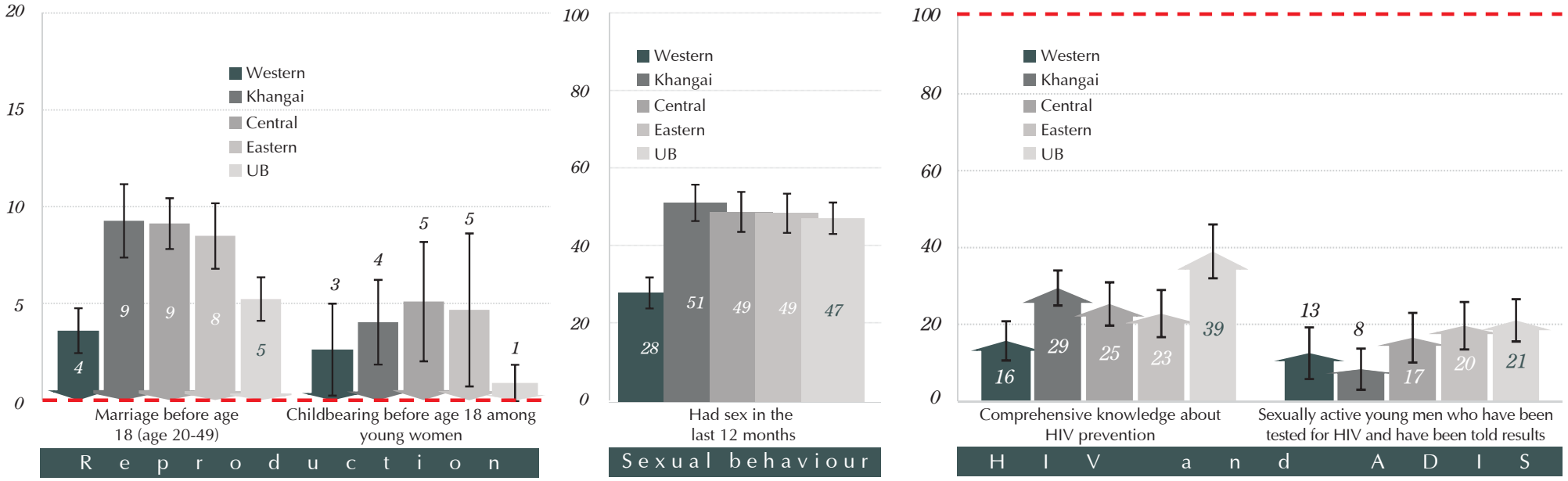
Early marriage or marrying before the age 18 among men aged 20-54 is very low in Western region (1 per cent) with the highest rate in Central region (3 percent). Young men in Central region are more likely to have sex before the age 15 compared to those in Eastern region. The proportion of young men, who had sex with multiple partners in the last 12 months, is higher in Ulaanbaatar compared to Western region. It was impossible to assess condom use by regions among young men, who engage in risky behavior.

Ulaanbaatar has the highest percentage of young men aged 15-24 with comprehensive knowledge about HIV prevention and transmission and who have been tested for HIV and received results (39 per cent, 26 per cent), while in Western region these indicators are much lower (13 per cent, 12 per cent).

Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE *(CONT.)*

BY REGIONS (WOMEN AGED 15-24 YEARS)



Differences in young women's sexual behavior and knowledge about HIV transmission are quite significant by regions. The proportion of early marriages in women aged 20-49 differ by regions too.

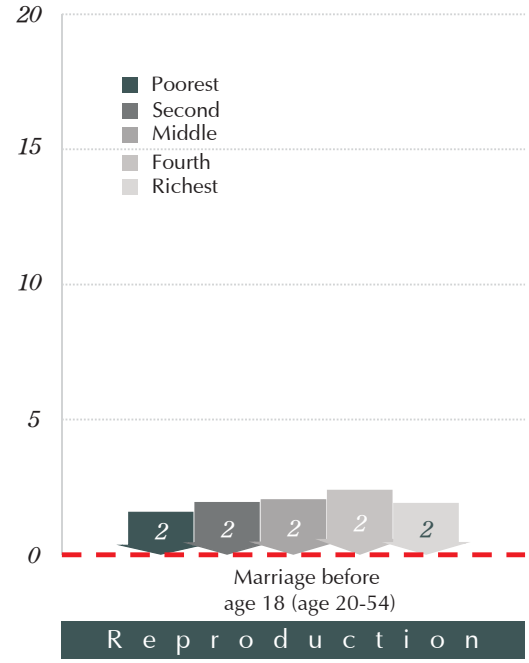
For example, Ulaanbaatar and Western region have the lowest percentage of early marriages in women aged 20-49 (4-5 per cent). The proportion of young women aged 15-24, who had sex in the last 12 months is the lowest in Western region (28 per cent).

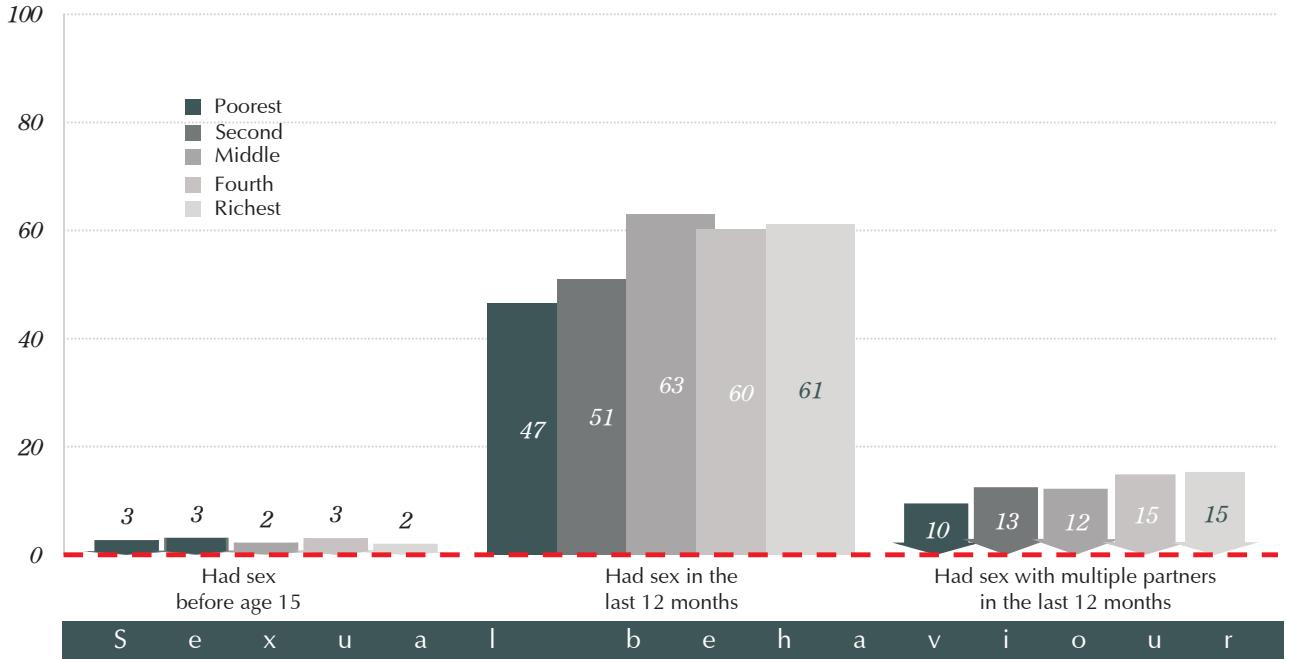
In Western region, young women aged 15-24 had very low knowledge about HIV prevention and transmission compared to other regions (16 per cent and 23-39 per cent). The proportion of young women, who had sex in the last 12 months and who had HIV testing, was the lowest in Khangai region (8 per cent and 13-21 per cent).

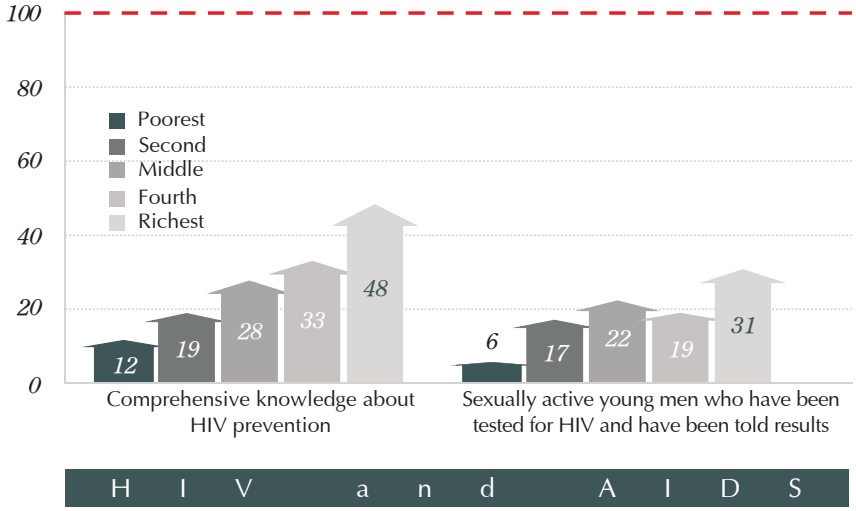
Since there were too few cases of young women, who had sex before the age 15 and had one or more sex partners in the last 12 months, it was impossible to differentiate by regions.

11 YOUNG AGE *(CONT.)*

BY HOUSEHOLD WEALTH QUINTILES (MEN AGED 15-24 YEARS)







The wealth status of the household influenced the sexual behavior and knowledge about HIV prevention and transmission among young men.

A higher proportion of young men from richest households have sex with more than one partner (15 per cent and 10-13 per cent). It was impossible to assess condom use among young men, who engage in risky behavior by household wealth status.

Among young men, the higher the household wealth status, the more comprehensive knowledge about HIV prevention and transmission was (48 per cent and 12-33 per cent), and as a result more young men from richest families have been tested for HIV (31 per cent and 6-22 per cent).

Note: Detailed definition of the survey indicators can be seen in Appendix

YOUNG AGE *(CONT.)*

BY HOUSEHOLD WEALTH QUINTILES (WOMEN AGED 15-24 YEARS)

There are significant differences in the sexual behavior, comprehensive knowledge about HIV prevention and transmission among young women by household wealth status. The proportion of women aged 20-49, who are getting married before the age 18, also differ by the household wealth status.

In other words, more women aged 20-49 from poorest households are getting married before the age 18 (12 per cent and 4-8 per cent), and the proportion of early pregnancies is the highest among poor young women aged 20-24 (6 per cent). At the same time, the proportion of poor young women aged 15-24, who had sex in the last 12 months is the highest (54 per cent and 41-47 per cent).

Young women from poor households had the lowest knowledge about HIV prevention and were least likely to get HIV testing and results.

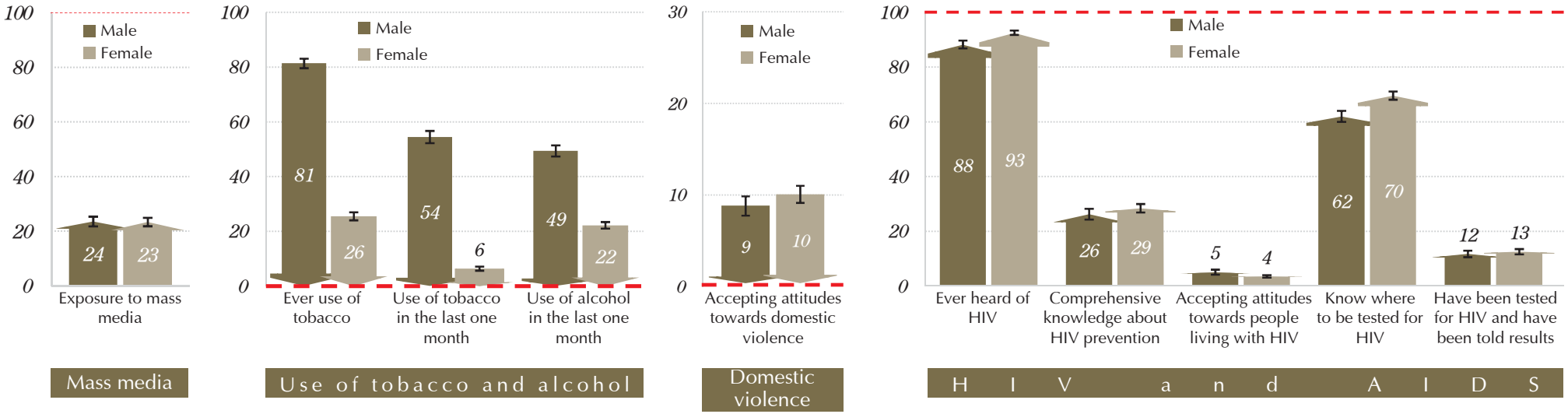
Since there were too few cases of young women, who had sex before the age 15 and had one or more sex partners during the last 12 months, it was impossible to differentiate by household wealth status.

CHAPTER 12

REPRODUCTIVE AGE

12 REPRODUCTIVE AGE

BY SEX



Adult's unhealthy behavior, their attitudes to domestic violence, knowledge and attitudes regarding HIV, AIDS has a great impact on their families and their children's future.

It is possible to disseminate timely health, education and government policy-related messages to the population if the country citizens have exposure to mass media. In Mongolia, 24 per cent of men aged 15-54 and 22 per cent of women aged 15-49 read newspapers, listened to radio and watched TV in the 7 days preceding the survey.

There are significant differences in tobacco and alcohol use by sex. 81 per cent of men aged 15-54 tried smoking, whereas among women aged 15-49 this indicator is 26 per cent. More than half of surveyed men aged 15-54 smoked and had alcohol during the one month preceding the survey (54 per cent and 49 per cent). Only 6 per cent of women aged 15-49 had smoked during one month preceding the survey, and 22 per cent had an alcoholic drink.

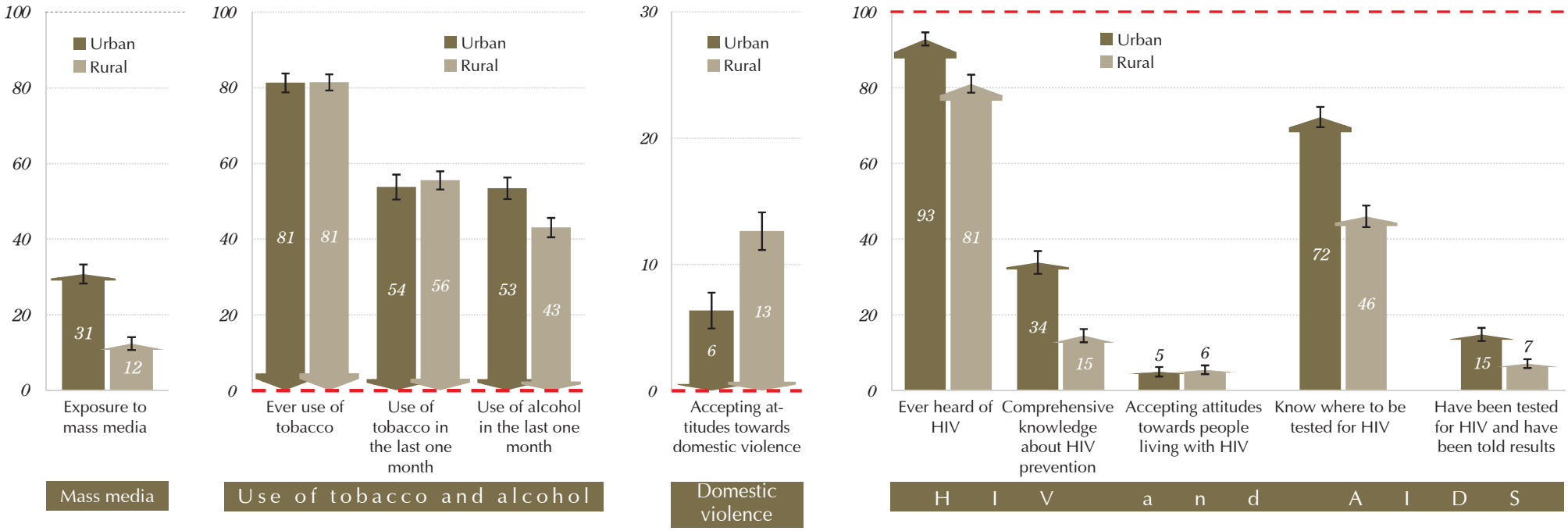
Domestic violence creates an environment that can affect negatively child's development and upbringing. Therefore it is very important to change adult's attitude to domestic violence. 9 per cent of surveyed men aged 15-54 and 10 per cent of women aged 15-49 agree that a husband is justified in beating his wife.

When asked about the knowledge, attitudes and practices on HIV, AIDS, 88 per cent of surveyed reproductive age men (15-54) and 93 per cent of reproductive age women (15-49) have heard about HIV, however, their attitudes and practices were unsatisfactory. 26 per cent of men and 29 per cent of women know HIV transmission ways and correctly identify misconceptions about HIV, however only 4 per cent of men and 5 per cent of women have accepting attitudes. Moreover, although 62 per cent of men and 70 per cent of women know a facility for HIV testing, only 12-13 per cent had HIV testing and had result within 12 months preceding the survey.

Note: Detailed definition of the survey indicators can be seen in Appendix

REPRODUCTIVE AGE

BY URBAN AND RURAL (MEN AGED 15-54 YEARS)



There are urban-rural differences in access to mass media. The proportion of rural men, who read newspapers, listen to radio and watch TV is 2.6 times lower in compared to urban men. This is related to underdeveloped infrastructure in rural areas.

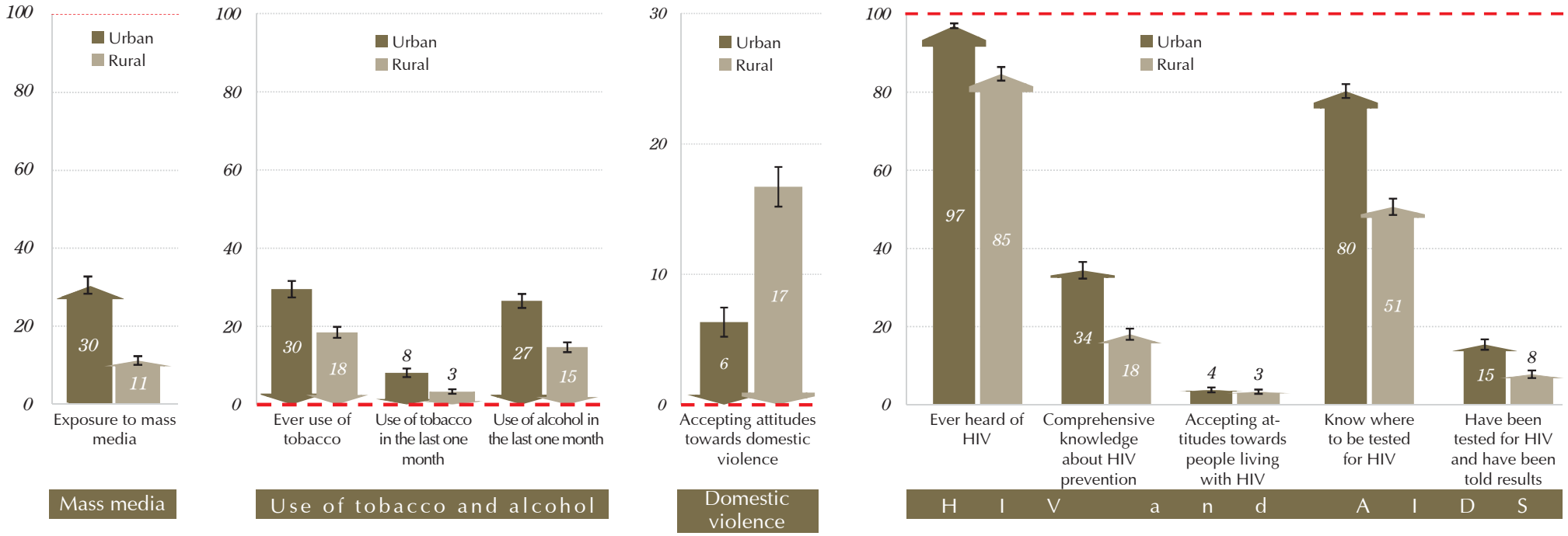
Smoking patterns among urban and rural men are similar, while use of alcohol is much higher among urban (53 per cent and 43 per cent).

When asked about attitudes towards domestic violence, more rural men accepted that a husband is justified to beat his wife than urban men (13 per cent and 6 per cent, respectively), which shows that rural women could be more subjected to domestic violence.

The proportion of urban men, who heard about HIV, had comprehensive knowledge about HIV, AIDS, know about a facility for HIV, have been tested for HIV and received results in 12 months preceding the survey, is higher compared to rural men. There is no difference in accepting attitudes towards people living with HIV by urban and rural men.

12 REPRODUCTIVE AGE

BY URBAN AND RURAL (WOMEN AGED 15-49 YEARS)



Access to mass media among women is different by urban-rural areas (in the city - 30 per cent, in rural areas - 11 per cent) which are a result of poor developed infrastructure in rural areas.

Women in urban areas are more likely to use tobacco and alcohol compared to rural women, possibly as a result of being close to the market. The proportion of women in urban areas, who smoke is 30 per cent compared to 18 per cent in rural areas, and 27 per cent of women in the urban areas and 15 per cent in rural areas consumed alcohol in the last one month preceding the survey.

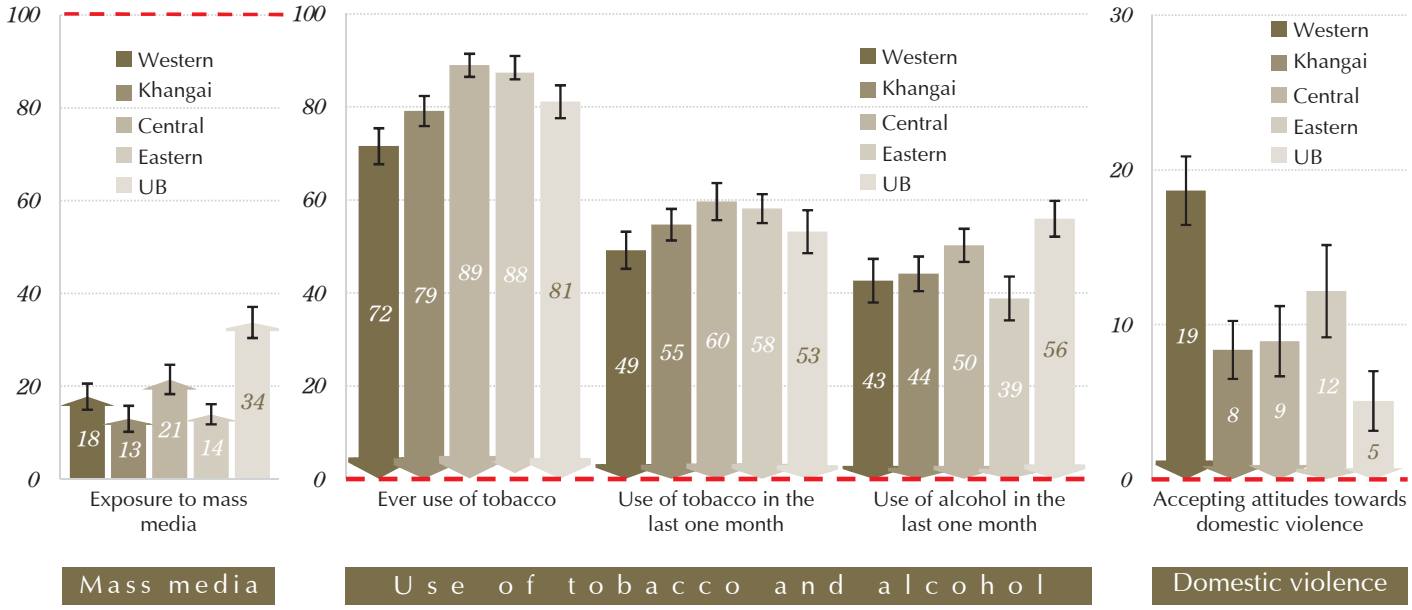
More women in rural areas have accepting attitudes towards domestic violence (17 per cent and 6 per cent).

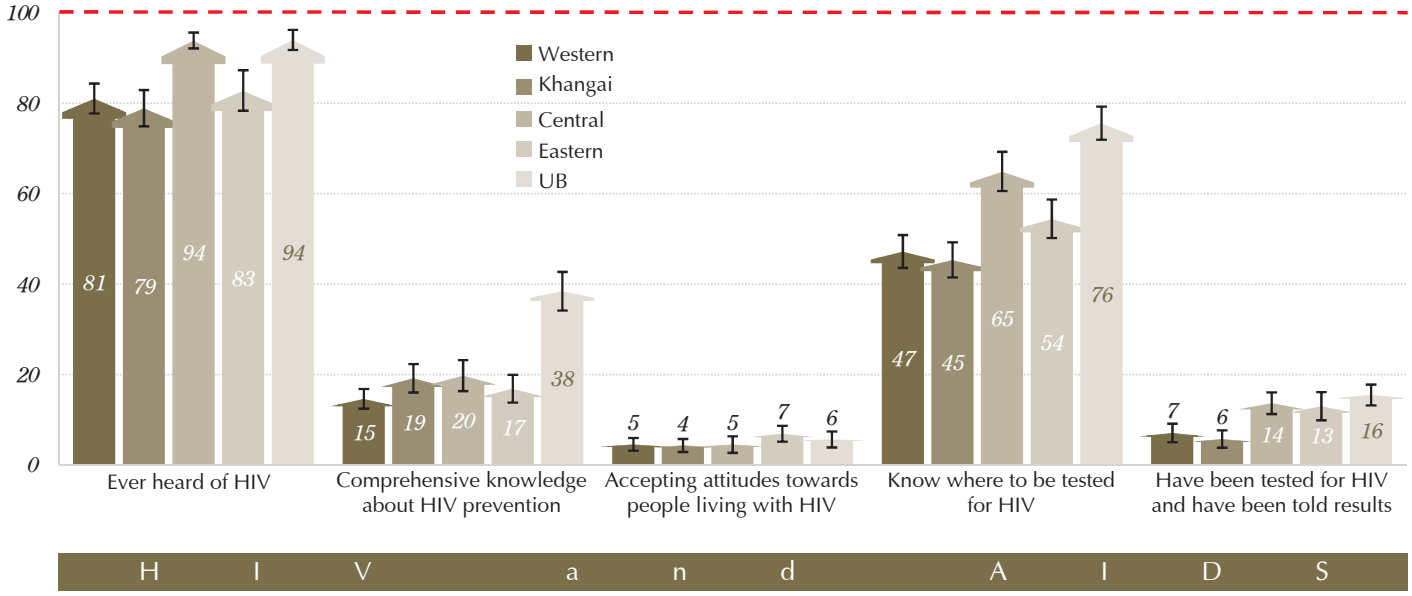
There is no urban-rural difference among reproductive age women in knowledge, attitudes and practices about HIV, AIDS, and the results are similar to those of men.

Note: Detailed definition of the survey indicators can be seen in Appendix

REPRODUCTIVE AGE

BY REGIONS (MEN AGED 15-54 YEARS)





Exposure to mass media is the highest in Ulaanbaatar (34 per cent) and lowest in Eastern and Khangai regions (13-14 per cent).

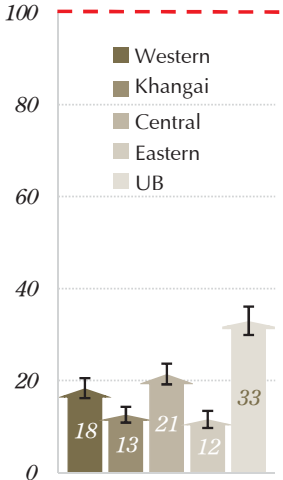
Men in Ulaanbaatar city have the highest alcohol consumption (56 percent), while men in Central and Eastern regions have the highest tobacco use rate (58-60 per cent).

One out of 5 men in Western region and one out of 20 men in Ulaanbaatar agreed that husbands are justified to beat their wives.

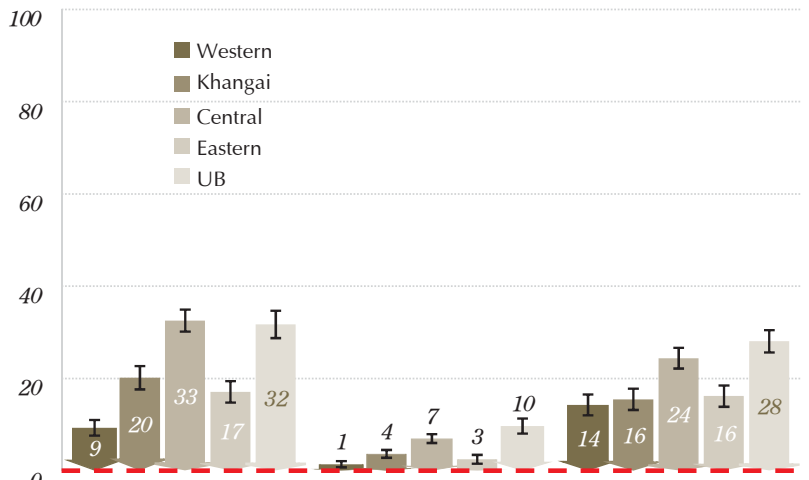
The proportion of men who have heard about HIV is the highest in Central region and Ulaanbaatar (94 per cent and 79-83 per cent), and Ulaanbaatar men had the highest figure or twice more in comprehensive knowledge about HIV prevention. Men in Western and Khangai regions had the lowest knowledge about a facility for HIV testing compared to other regions (45-47 per cent and 54-76 per cent, respectively), and therefore had the lowest HIV testing rate among the regions (6-7 per cent and 13-16 per cent, respectively).

12 REPRODUCTIVE AGE

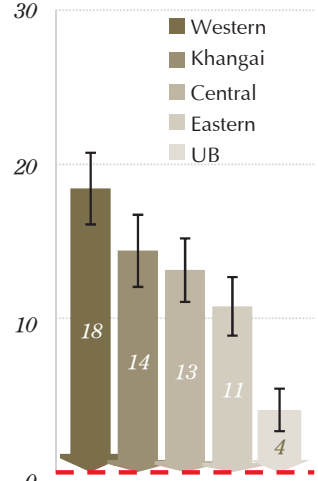
BY REGIONS (WOMEN AGED 15-49 YEARS)



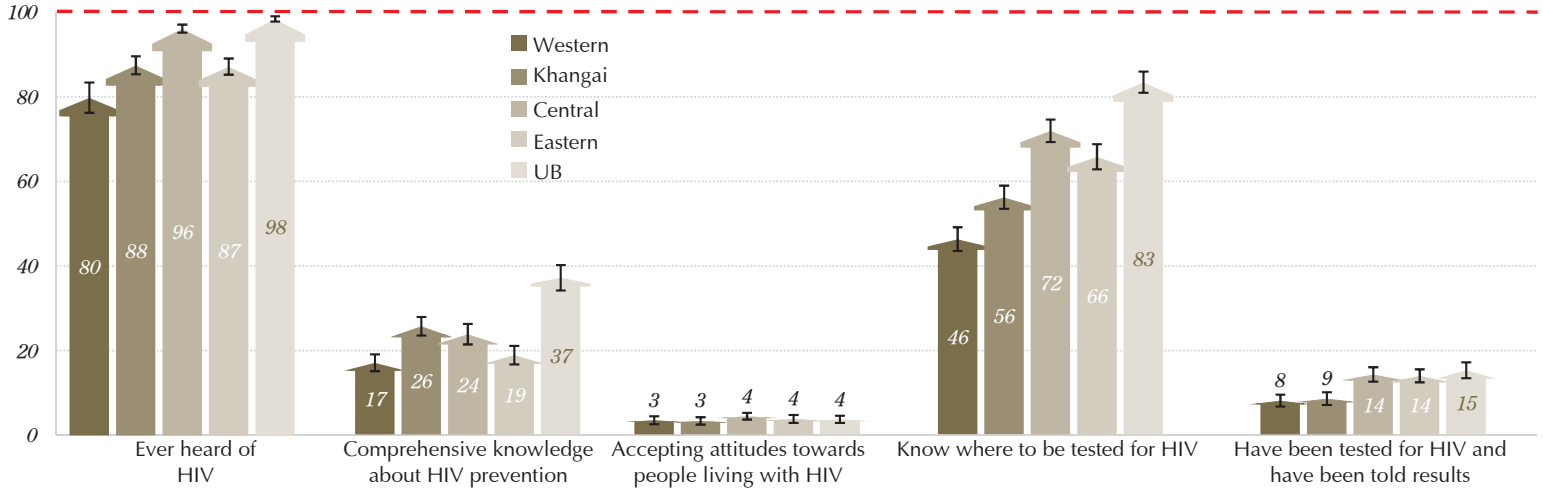
Mass media



Use of tobacco and alcohol



Domestic violence



H I V a n d A I D S

The patterns regarding women's exposure to mass media, knowledge, attitudes and practices about HIV, attitudes to domestic violence by regions are similar to the patterns, which men have.

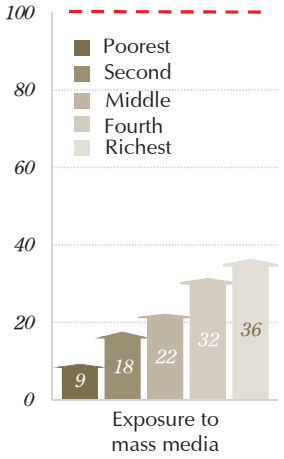
Tobacco and alcohol use is the highest among women from Central region and Ulaanbaatar city (7-10, 24-28 per cent).

When asked about domestic violence, women had attitudes similar to men by regions.

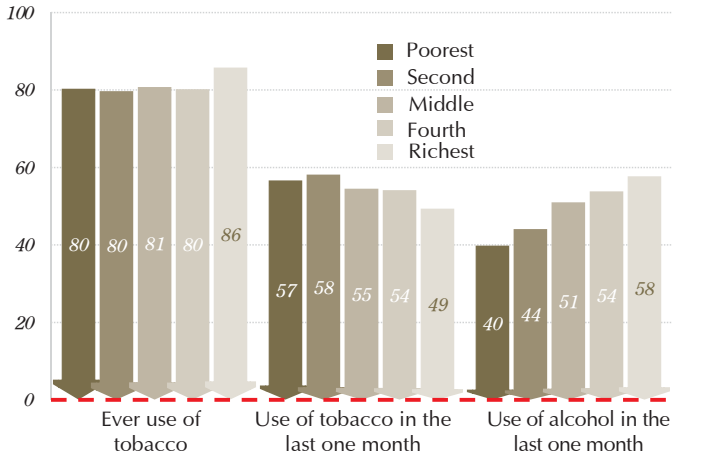
Note: Detailed definition of the survey indicators can be seen in Appendix

REPRODUCTIVE AGE

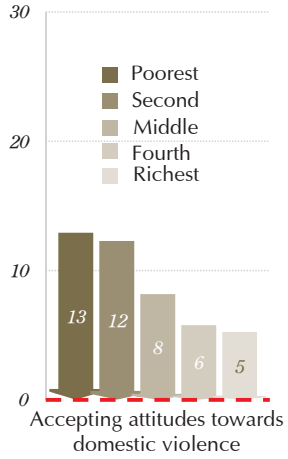
BY HOUSEHOLD WEALTH QUINTILES (MEN AGED 15-54 YEARS)



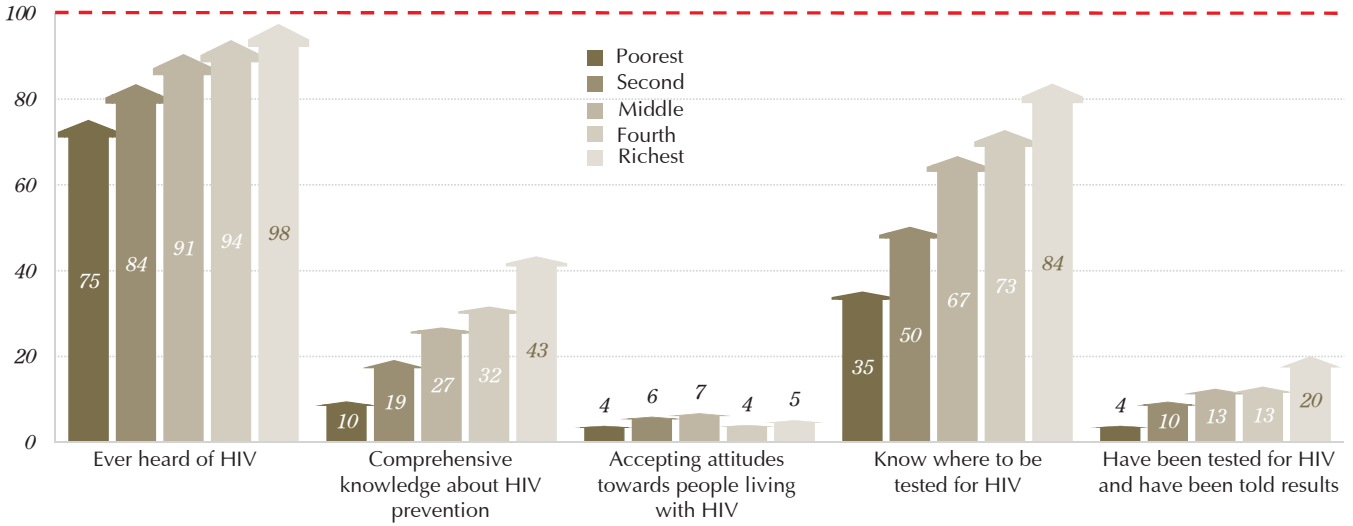
Mass media



Use of tobacco and alcohol



Domestic violence



H I V a n d A I D S

It is evident from the survey results that exposure to mass media depends on the household wealth status. The wealthier household, the more exposure to mass media is, and men from well-off families use 4 times more mass media.

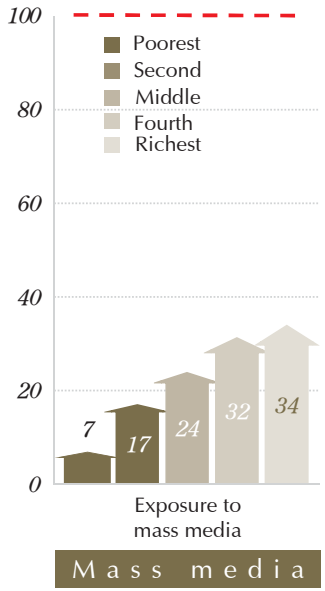
The use of tobacco products in men decreases with the household wealth (49 per cent and 54-58 per cent), and the consumption of alcohol increases (58 per cent and 40-54 per cent).

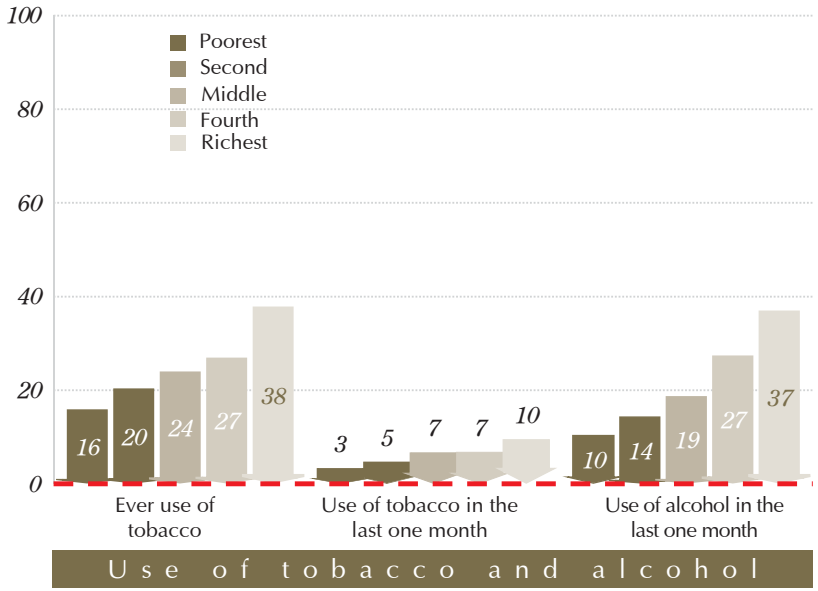
Accepting attitude towards domestic violence decreases greatly with the increase in the wealth status of the household.

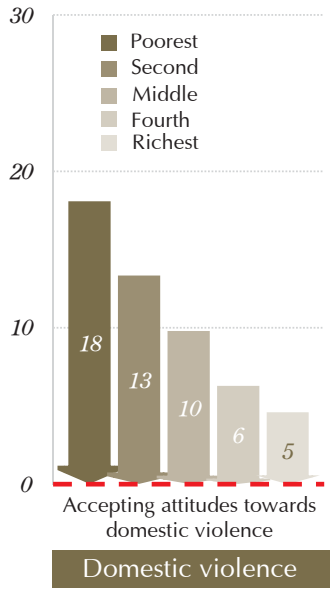
There are significant differences in knowledge, attitudes and practices regarding HIV, AIDS by the household wealth status, however little difference is observed regarding accepting attitudes towards people living with HIV, AIDS.

12 REPRODUCTIVE AGE

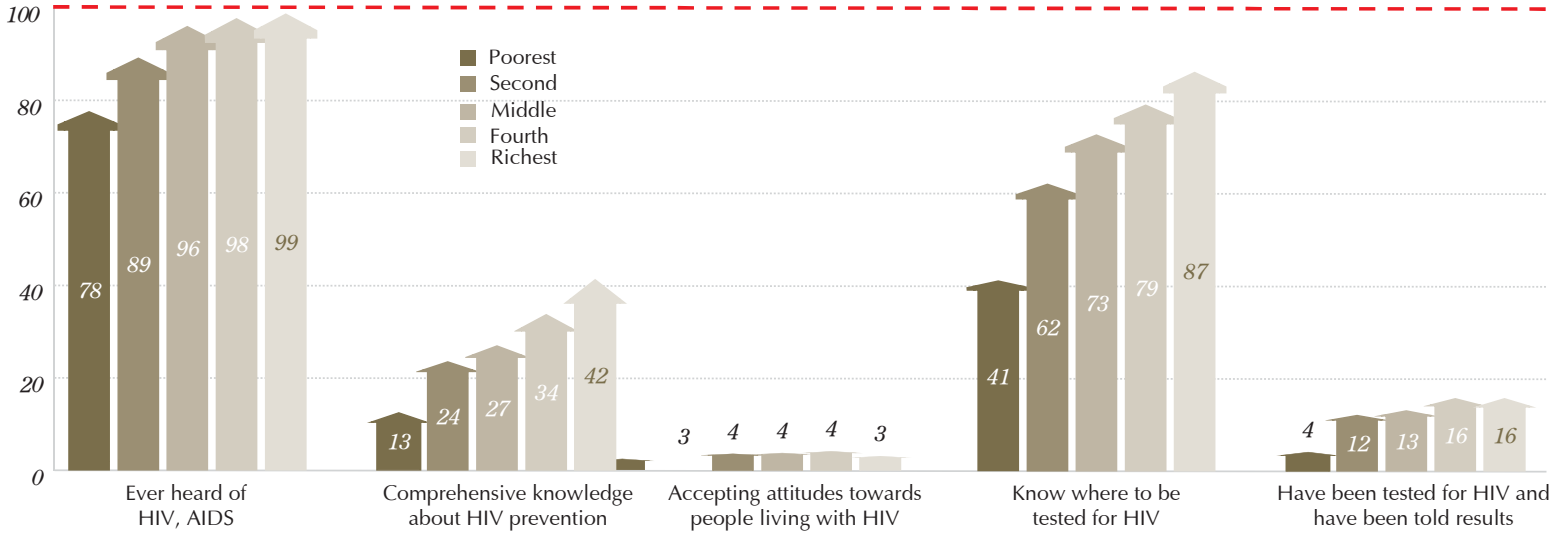
BY HOUSEHOLD WEALTH QUINTILES (WOMEN AGED 15-49 YEARS)







Mass media | Use of tobacco and alcohol | Domestic violence



HIV and AIDS

The practices regarding women's exposure to mass media, knowledge, attitudes and practices about HIV by wealth quintiles are similar to the practices, which men have.

The consumption of tobacco and alcohol products is the highest among women from richest households.

For example, the proportion of women from richest households, who ever used tobacco is 2.4 times greater, the percentage of women who used tobacco in the last one month - 3.3 times higher and the percentage of women, who had alcohol in the last one month is by 3.7 times greater compared to women from poorest families.

Note: Detailed definition of the survey indicators can be seen in Appendix

APPENDIX

Indicators Definition

APPENDIX
INDICATORS DEFINITION

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
CHILD MORTALITY					
1.1	Under-five mortality rate	CM	Probability of dying by exact age 5 years		MDG 4.1
1.2	Infant mortality rate	CM	Probability of dying by exact age 1 year		MDG 4.2
CHILD NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Ever breastfeeding	MN	Number of women with a live birth in the 2 years preceding the survey who breastfed the child at any time	Total number of women with a live birth in the 2 years preceding the survey	
2.5	Early initiation of breastfeeding	MN	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey	
2.6	Exclusive breastfeeding (0-5 months)	BF	Number of infants aged 0-5 months who are exclusively breastfed (received breast milk and not received any other fluids or foods with the exception of oral rehydration solution, vitamins, mineral supplements and medicines) duringthe day and night preceding the survey	Total number of infants aged 0-5 months	
2.7	Continued breastfeeding at 1 year (12-15 months)	BF	Number of children aged 12-15 months who are currently breastfeeding	Total number of children aged 12-15 months	
2.8	Continued breastfeeding at 2 years (20-23 months)	BF	Number of children aged 20-23 months who are currently breastfeeding	Total number of children aged 20-23 months	

[M] Indicates that the indicator is also calculated for men, for the same age group, in surveys where the Questionnaire for Individual Men has been included. Men's reproductive age is regarded as 15-54 years while women's reproductive age is regarded as 15-49 years.

1 Some indicators are constructed by using questions in several modules. In such cases, only the module(s) which contains most of the necessary information is indicated.

2 MDG indicators as of February 2010

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
2.9	Predominant breastfeeding (0-5 months)	BF	Number of infants aged 0-5 months who received breast milk and certain fluidsother than non-human milk based fluids (other than infant formula, milk such as tinned, powdered or fresh animal milk and yogurt), but not received anything else) during the day and night preceding the survey	Total number of infants aged 0-5 months	
2.10	Median duration of breastfeeding (0-35 months)	BF	The age in months when 50 percent of children aged 0-35 months did not receive breast milk during the day and night preceding the survey		
2.11	Children who drank anything from a bottle with nipple (0-23 months)	BF	Number of children aged 0-23 months who drank anything from a bottle with nipple during the day and night preceding the survey	Total number of children aged 0-23 months	
2.12	Introduction of solid or semi-solid foods (6-8 months)	BF	Number of infants aged 6-8 months who received solid or semi-solid foods (soup thickened with flour, food for adults, etc.) during the day and night preceding the survey	Total number of infants aged 6-8 months	
2.13	Minimum meal frequency (6-23 months)	BF	Number of children aged 6-23 months receiving solid or semi-solid foods the minimum number of times or more (breastfeeding children – solid or semi-solid foods at least 2 times for infants aged 6-8 months, 3 times for children aged 9-23 months, non breastfeeding children – solid or semi-solid foods or milk feeds (infant formula, milk such as tinned, powdered or fresh animal milk and yogurt) at least 4 times for children aged 6-23 months) during the day and night preceding the survey	Total number of children aged 6-23 months	
2.14	Age-appropriate breastfeeding (0-23 months)	BF	Number of children aged0-5 months who are exclusively breastfed and children aged 6-23 months who are breastfed and received solid or semi-solid foods during the day and night preceding the survey	Total number of children aged 0-23 months	
2.15	Milk feeding frequency for non-breastfed children	BF	Number of non-breastfed children aged 6-23 months who received milk feeds at least 2 times(infant formula, milk such as tinned, powdered or fresh animal milk and yogurt) during the day and night preceding the survey	Total number of non-breastfed children aged 6-23 months	
2.16	Iodized salt consumption of households	SI	Number of households with salt testing 15 parts per million or more	Total number of households in which salt was tested or with no salt	
2.17	Vitamin A supplementation (6-59 months)	IM	Number of children aged 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey	Total number of children aged 6-59 months	
2.18	Low-birth weight infants	MN	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams at birth	Total number of last live births in the 2 years preceding the survey	
2.19	Weighed at birth	MN	Number of last live births in the 2 years preceding the survey who were weighed at birth	Total number of last live births in the 2 years preceding the survey	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
CHILD HEALTH					
3.1	Received Tuberculosis vaccination	IM	Number of children aged 12-23 months who received tuberculosis vaccine	Total number of children aged 12-23 months	
3.1a	Received Polio at birth vaccination	IM	Number of children aged 12-23 months who received the dose at birth of Polio vaccine	Total number of children aged 12-23 months	
3.1b	Received Polio 1 vaccination	IM	Number of children aged 12-23 months who received 1st dose of Polio vaccine	Total number of children aged 12-23 months	
3.1c	Received Polio 2 vaccination	IM	Number of children aged 12-23 months who received 2nd dose of Polio vaccine	Total number of children aged 12-23 months	
3.2	Received Polio 3 vaccination	IM	Number of children aged 12-23 months who received 3rd dose of Polio vaccine	Total number of children aged 12-23 months	
3.2a	Received DPT or Penta 1 vaccination	IM	Number of children aged 12-23 months who received 1st dose of DPT or Penta vaccine	Total number of children aged 12-23 months	
3.2b	Received DPT or Penta 2 vaccination	IM	Number of children aged 12-23 months who received 2nd dose of DPT or Penta vaccine	Total number of children aged 12-23 months	
3.3	Received DPT or Penta 3 vaccination	IM	Number of children aged 12-23 months who received 3rd dose of DPT or Penta vaccine	Total number of children aged 12-23 months	
3.4	Received Measles, Mumps and Rubella 1 vaccination	IM	Number of children aged 12-23 months who received 1st dose of Measles, Mumps and Rubella vaccine	Total number of children aged 12-23 months	MDG 4.3
3.5	Received Hepatitis B vaccination	IM	Number of children aged 12-23 months who received Hepatitis B vaccine	Total number of children aged 12-23 months	
3.5a	Received All recommended vaccinations	IM	Number of children aged 12-23 months who received all vaccines (1 dose of tuberculosis vaccine, 4 doses of Polio vaccine, 3 doses of DPT or Penta vaccine, 1 dose of Measles, Mumps and Rubella vaccine) that they are supposed to receive before their second birthday	Total number of children aged 12-23 months	
3.5b	Has vaccination card	IM	Number of children aged 12-23 months who have vaccination card	Total number of children aged 12-23 months	
3.5c	Diarrhoea prevalence	CA	Number of children under age 5 who had diarrhoea during the 14 days preceding the survey	Total number of children under age 5	
3.5d	Suspected pneumonia prevalence	CA	Number of children under age 5 who had suspected pneumonia (breathed faster than usual with short or rapid breaths or have difficulty breathing when had an illness with cough) during the 14 days preceding the survey	Total number of children under age 5	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
3.8	Oral rehydration therapy with continued feeding	CA	Number of children under age 5 with diarrhoea during the 14 days preceding the survey who received ORT (ORS fluid from packet or recommended homemade ORS fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea during the 14 days preceding the survey	
3.9	Care seeking for suspected pneumonia	CA	Number of children under age 5 with suspected pneumonia during the 14 days preceding the surveywho were taken to an appropriate health provider	Total number of children under age 5 with suspected pneumonia during the 14 days preceding the survey	
3.10	Antibiotic treatment of suspected pneumonia	CA	Number of children under age 5 with suspected pneumonia during the 14 days preceding the survey who received antibiotics	Total number of children under age 5 with suspected pneumonia during the 14 days preceding the survey	
3.10a	Knowledge of two danger signs of suspected pneumonia	CA	Number of women aged 15-49 years who is mother/ caretaker of children under age 5 and who know 2 danger signs of pneumonia (breathing faster than usual with short or rapid breaths or have difficulty breathing when had an illness with cough)	Number of women aged 15-49 years who is mother/ caretaker of children under age 5	
3.11	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels (coal (stone coal, lignite, wood coal), charcoal, wood, straw, shrubs, grass, dung, sawdust, tire, rubber) as the primary source of domestic energy to cook	Total number of household members	
3.21	Child disability as reported by mothers/ caretakers	DA	Number of children aged 2-14 years whose mothers/ caretakers reported the children to have at least one of the specified impairments (delay in sitting, standing or walking, difficulty seeing, either in the daytime or at night, appears to have difficulty hearing, no understanding of instructions, difficulty in walking, moving arms or have weakness or stiffness, have fits, become rigid, lose consciousness, not learning to do things like other children his/her age, no speaking, cannot be understood in words, appears mentally backward, dull or slow)	Total number of children aged 2-14 years	
3.21a	Child injury	CI	Number of children aged 2-14 years who had injury in the 12 months preceding the survey (falling, burning, drowning, severely freezing, moderately freezing, wound by cutting, struck by an object, bitten by animals, road traffic injuries)	Total number of children aged 2-14 years	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
DRINKING WATER AND SANITATION					
4.1	Use of improved sources of drinking water (in accordance with MICS 2010 definition)	WS	Number of household members using improved sources of drinking water (piped water into dwelling or public water kiosk, tube well, borehole, protected dug well, protected spring, rain, snow water, bottled water (only when bottled water is used for drinking purpose and other improved sources of water is used for other purposes such as cooking andhandwashing)	Total number of household members	MDG 7.8
4.1a	Use of improved sources of drinking water (in accordance with MICS 2005 definition)	WS	Number of household members using improved sources of drinking water (piped water into dwelling or public water kiosk, public water kiosk where water is transported by tanker-truck, tube well, borehole, protected dug well, protected spring, rain, snow water, bottled water (only when bottled water is used for drinking purpose and other improved sources of water is used for other purposes such as cooking and handwashing)	Total number of household members	
4.2	Water treatment (in accordance with MICS 2010 definition)	WS	Number of household members using unimproved drinking water (in accordance with MICS 2010 definition) who use an appropriate treatment method (boil, add bleach/ chlorine, use water filter, solar disinfection)	Total number of household members in households using unimproved drinking water sources (inaccordance with MICS 2010 definition)	
4.2a	Water treatment (in accordance with MICS 2005 definition)	WS	Number of household members using unimproved drinking water (in accordance with MICS 2005 definition) who use an appropriate treatment method (boil, add bleach/ chlorine, use water filter, solar disinfection)	Total number of household members in households using unimproved drinking water sources (inaccordance with MICS 2005 definition)	
4.3	Use of improved sanitation facilities (in accordance with MICS 2010 definition)	WS	Number of household members using improved sanitation facilities (flush/ pour flush to piped sewer system, septic tank, pit latrine or unknown place, ventilated improved pit latrine, pit latrine with slab) which are not shared	Total number of household members	MDG 7.9
4.3a	Use of improved sanitation facilities (in accordance with MICS 2005 definition)	WS	Number of household members using improved sanitation facilities (flush/ pour flush to piped sewer system, septic tank, pit latrine or unknown place, ventilated improved pit latrine, pit latrine with slab)	Total number of household members	
4.4	Safe disposal of child's faeces	CA	Number of children aged 0-2 years whose (last) stools were disposed of safely (child used toilet/ latrine, disposed in toilet/ latrine)	Total number of children aged 0-2 years	
4.4a	Place for handwashing available	HW	Number of households with a designated place for hand washing	Total number of households	
4.5	Place for handwashing with water and soap available	HW	Number of households with a designated place for hand washing where water and soap are present	Total number of households with a designated place for hand washing	
4.6	Availability of soap	HW	Number of households with soap anywhere in the dwelling	Total number of households	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate	CM	Age-specific fertility rate for women aged 15-19 years for the one year period preceding the survey		MDG 5.4
5.2	Childbearing before age 18 among young women	CM	Number of women aged 20-24 years who had at least one live birth before age 18	Total number of women aged 20-24 years	
5.2a	Knowledge of contraception	CP	Number of women aged 15-49 years currently married or in union who know a contraceptive method (female sterilization, male sterilization, IUD, injections, implants, pills, male condom, female condom, diaphragm, foam, jelly, lactational amenorrhoea method, periodic abstinence, rhythm, withdrawal)	Total number of women aged 15-49 years who are currently married or in union	
5.3	Contraceptive prevalence rate	CP	Number of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method (female sterilization, male sterilization, IUD, injections, implants, pills, male condom, female condom, diaphragm, foam, jelly, lactational amenorrhoea method, periodic abstinence, rhythm, withdrawal)	Total number of women aged 15-49 years who are currently married or in union	MDG 5.3
5.4	Unmet need for contraception	UN	Number of women aged 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women aged 15-49 years who are currently married or in union	MDG 5.6
5.4a	Percentage of demand for contraception satisfied	UN	Number of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method (female sterilization, male sterilization, IUD, injections, implants, pills, male condom, female condom, diaphragm, foam, jelly, lactational amenorrhoea method, periodic abstinence, rhythm, withdrawal)	Total number of women aged 15-49 years who are currently married or in unionwho are fecund and want to space their births or limit the number of children they have	
5.5a 5.5b	Antenatal care coverage	MN	Number of women aged 15-49 years who were attended during pregnancy in the 2 years preceding the survey (a) at least once by skilled personnel (b) at least four times by skilled personnel	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.5
5.5c	First antenatal visit during first 3 months of pregnancy	MN	Number of women aged 15-49 years who had first antenatal visit during the first 3 months of pregnancy in the 2 years preceding the survey	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.5d	Contents of antenatal care: Blood pressure measured	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who had their blood pressure measured during the last pregnancy	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.5e	Contents of antenatal care: Urine specimen taken	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who had their urine specimen taken during the last pregnancy	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
5.5f	Contents of antenatal care: Blood test taken	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who had their blood test taken during the last pregnancy	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.5g	Contents of antenatal care: STI screening done	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who had STI screening done during the last pregnancy	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.5h	Contents of antenatal care: Weight measured	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who had their weight measured during the last pregnancy	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.5i	Contents of antenatal care: Had all five tests	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who had all five tests (blood pressure measured, urine specimen taken, blood test taken, STI screening done, weight measured) during the last pregnancy	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.6	Contents of antenatal care: Blood pressure measured, urine specimen taken and blood test taken	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who their blood pressure measured, urine specimen taken and blood test taken during the last pregnancy	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.7	Institutional deliveries	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.2
5.8	Skilled attendant at delivery	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	
5.9	Caesarean section	MN	Number of women aged 15-49 years with a live birth in the 2 years preceding the survey who deliveredthe newbornby caesarean	Total number of women aged 15-49 years with a live birth in the 2 years preceding the survey	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
CHILD DEVELOPMENT					
6.1	Support for learning	EC	Number of children aged 36-59 months with whom an adult has engaged in four or more activities (read books or looked at picture books with, told stories to, sang songs with or lullabies to, took outside, played with, named, counted or drew things to or with) to promote learning and school readiness in the 3 days preceding the survey	Total number of children aged 36-59 months	
6.2	Father's support for learning	EC	Number of children aged 36-59 months whose father has engaged in one or more activities (read books or looked at picture books with, told stories to, sang songs with or lullabies to, took outside, played with, named, counted or drew things to or with) to promote learning and school readiness in the 3 days preceding the survey	Total number of children aged 36-59 months	
6.3	Learning materials - Three or more children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.4	Learning materials - Two or more types of playthings	EC	Number of children under age 5 with two or more playthings (handmade toys, manufactured toys, household objects such as cups, pots, etc, objects found outside such as sticks, stones, etc)	Total number of children under age 5	
6.5	Left with inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the 7 days preceding the survey	Total number of children under age 5	
6.6	Early child development index	EC	Number of children aged 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional and learning domains	Total number of children aged 36-59 months	
6.6a	Literacy - numeracy skills	EC	Number of children aged 36-59 months who are developmentally on track in literacy-numeracy domain	Total number of children aged 36-59 months	
6.6b	Physical skills	EC	Number of children aged 36-59 months who are developmentally on track in physical domain	Total number of children aged 36-59 months	
6.6c	Social - emotional skills	EC	Number of children aged 36-59 months who are developmentally on track in social-emotional domain	Total number of children aged 36-59 months	
6.6d	Learning skills	EC	Number of children aged 36-59 months who are developmentally on track in learning domain	Total number of children aged 36-59 months	
6.7	Pre-school attendance	EC	Number of children aged 36-59 months who are attending an early childhood education programme	Total number of children aged 36-59 months	

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	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
EDUCATION					
7.1 7.1a	Literacy rate among young people [M]	WB (a) MB	Number of women [(a) men] aged 15-24 years who are able to read a short simple statement about everyday life or who has primary or higher education	Total number of women [(a) men] aged 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary education who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Primary school entry	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance rate (adjusted)	ED	Number of children of primary school age currently attending primary (grades 1-5) or secondary (grades 6-9) school	Total number of children of primary school (grades 1-5) age	MDG 2.1
7.5	Secondary school net attendance rate (adjusted)	ED	Number of children of secondary school age currently attending secondary school (grades 6-9) or higher	Total number of children of secondary school (grades 6-9) age	
7.5a	Lower secondary school net attendance rate (adjusted)	ED	Number of children of lower secondary age currently attending lower secondary school (grades 1-9) or higher	Total number of children of lower secondary school (grades 1-9) age	
7.6	Reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school (grade 5) during the previous school year who are in the first grade of secondary school (grade 6) during the current school year	Total number of children who are attending the first grade of secondary school (grade 6)	
7.9	Gender parity index (primary school)	ED	Primary school net attendance rate (adjusted) for girls	Primary school net attendance rate (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance rate (adjusted) for girls	Secondary school net attendance rate (adjusted) for boys	MDG 3.1
7.10a	Gender parity index (lower secondary school)	ED	Lower secondary school net attendance rate (adjusted) for girls	Lower secondary school net attendance rate (adjusted) for boys	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2 8.2a	Child labour (in accordance with MICS 2010 definition)	CL	Number of children aged 5-14 [(a) 5-17] years who are involved in child labour (in accordance with MICS 2010 definition – fetching water or collecting firewood or fuel for own household use regarded as economic activity)	Total number of children age 5-14 [(a) 5-17] years	
8.2b 8.2c	Child labour (in accordance with MICS 2005 definition)	CL	Number of children aged (b) 5-14 [(c) 5-17] years who are involved in child labour (in accordance with MICS 2005 definition – fetching water or collecting firewood or fuel for own household use regarded as household chores)	Total number of children age (b) 5-14 [(c) 5-17] years	
8.3 8.3a	School attendance among child labourers (in accordance with MICS 2010 definition)	ED - CL	Number of children aged 5-14 [(a) 5-17] years who are involved in child labour (in accordance with MICS 2010 definition) and are currently attending school	Total number of children aged 5-14 [(a) 5-17] years involved in child labour (in accordance with MICS 2010 definition)	
8.3b 8.3c	School attendance among child labourers (in accordance with MICS 2005 definition)	ED - CL	Number of children aged (b) 5-14 [(c) 5-17] years who are involved in child labour (in accordance with MICS 2005 definition) and are currently attending school	Total number of children aged (b) 5-14 [(c) 5-17] years involved in child labour (in accordance with MICS 2005 definition)	
8.4 8.4a	Child labour among students (in accordance with MICS 2010 definition)	ED - CL	Number of children aged 5-14 [(a) 5-17]years who are attending school and are involved in child labour (in accordance with MICS 2010 definition)	Total number of children age 5-14 [(a) 5-17] years attending school	
8.4b 8.4c	Child labour among students (in accordance with MICS 2005 definition)	ED - CL	Number of children aged (b) 5-14 [(c) 5-17] years who are attending school and are involved in child labour (in accordance with MICS 2005 definition)	Total number of children age (b) 5-14 [(c) 5-17] years attending school	
8.5	Violent discipline	CD	Number of children aged 2-14 years who experienced psychological aggression (shouted, screamed or yelled at, called dumb, lazy or another name like that) or physical punishment (shook, spanked, hit or slapped on the bottom with bare hand, hit on the bottom or elsewhere on the body with something like a belt, stick or other hard object, hit or slapped on the face, head or ears, hit or slapped on the hand, arm or leg, beat up, that is hit him/ her over and over as hard as one could) by adults in households during the one month preceding the survey	Total number of children aged 2-14 years	
8.6 8.6a	Marriage before age 15[M]	MA (a) MS	Number of women aged 15-49 [(a) men aged 15-54] years who were first married or in union by the exact age of 15	Total number of women aged 15-49 [(a) men aged 15-54]years	
8.7 8.7a	Marriage before age 18[M]	MA (a) MS	Number of women aged 20-49 [(a) men aged 20-54] years who were first married or in union by the exact age of 18	Total number of women aged 20-49 [(a) men aged 20-54]years	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
8.8 8.8a	Young people aged 15-19 currently married or in union[M]	MA (a) MS	Number of women [(a) men] aged 15-19 years who are currently married or in union	Total number of women [(a) men] age 15-19 years	
8.10a 8.10b	Young women married or in union with men older than 10 years	MA	Number of women currently married or in union whose spouse is 10 or more years older for women aged (a) 15-19 [(b) 20-24] years	Total number of women currently married or in union aged (a) 15-19 [(b) 20-24] years	
8.10c 8.10d	Young men married or in union with women older than 10 years	MS	Number of men currently married or in union whose spouse is 10 or more years older for men aged (a) 15-19 [(b) 20-24] years	Total number of men currently married or in union aged (a) 15-19 [(b) 20-24] years	
8.14 8.14a	Accepting attitudes towards domestic violence[M]	DV (a) GE	Number of women aged 15-49 [(a) men aged 15-54] years who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out to see friends or relatives without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses to have sex with him, (5) she burns the food	Total number of women aged 15-49 [(b) men aged 15-54] years	
9.17	Children not living with a biological parent	HL	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years	
9.18	Prevalence of children at least one parent dead	HL	Number of children aged 0-17 years with at least one dead parent	Total number of children aged 0-17 years	
9.19	School attendance of children whose mother and father have died	HL - ED	Number of children aged 10-14 years who have lost both parents and are attending school	Total number of children aged 10-14 years who have lost both parents	MDG 6.4
9.20	Children of whom both parents are alive and child is living with at least one parent	HL - ED	Number of children aged 10-14 years, whose parents are alive, who are living with at least one parent, and who are attending school	Total number of children aged 10-14 years, whose parents are alive, and who are living with at least one parent	MDG 6.4

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
HIV, AIDS AND SEXUAL BEHAVIOUR					
9.1 9.1a	Comprehensive knowledge about HIV prevention[M]	HA (a) HI	Number of women aged 15-49 [(a) men aged 15-54] years who correctly identify two ways of preventing HIV infection (having just one uninfected sex partner who has no other sex partners, using a condom every time they have sex), know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission (transmission by sharing food with a person who has HIV or from mosquito bites)	Total number of women aged 15-49 [(a) men aged 15-54] years	
9.1b 9.1c	Ever heard of HIV[M]	(b) HA (c) HI	Number of (b) women aged 15-49 [(c) men aged 15-54] years who have heard of HIV	Total number of (b) women aged 15-49 [(c) men aged 15-54] years	
9.2 9.2a	Comprehensive knowledge about HIV prevention among young people[M]	HA (a) HI	Number of women [(a) men] aged 15-24 years who correctly identify two ways of preventing HIV infection (having just one uninfected sex partner who has no other sex partners, using a condom every time they have sex), know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission (transmission by sharing food with a person who has HIV or from mosquito bites)	Total number of women [(a) men] aged 15-24 years	MDG 6.3
9.3 9.3a	Knowledge of mother-to-child transmission of HIV[M]	HA (a) HI	Number of women aged 15-49 [(a) men aged 15-54] years who correctly identify all three means (transmission during pregnancy, delivery and by breastfeeding) of mother-to-child transmission of HIV	Total number of women aged 15-49 [(a) men aged 15-54] years	
9.4 9.4a	Accepting attitudes towards people living with HIV[M]	HA (a) HI	Number of women aged 15-49 years expressing accepting attitudes on all four questionstoward people living with HIV (think a female teacher with should be allowed to continue teaching in school, would buy fresh vegetables or meat from a vendor from a person with HIV, If a member of your family got infected with the AIDS virus, would not want to keep it as a secret if a family member became infected with HIV, would be willing to care for a family member who became sick with the AIDS)	Total number of women aged 15-49 [(a) men aged 15-54] years who have heard of HIV	
9.5 9.5a	Know where to be tested for HIV[M]	HA (a) HI	Number of women aged 15-49 [(a) men aged 15-54] years who state knowledge of a place to be tested for HIV	Total number of women aged 15-49 [(a) men aged 15-54] years	
9.6 9.6a	Have been tested for HIV and have been told results[M]	HA (a) HI	Number of women aged 15-49 [(a) men aged 15-54] years who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women aged 15-49 [(a) men aged 15-54] years	
9.6b 9.6c	Have been tested for HIV and have been told results and received consultations[M]	(b) HA (a) HI	Number of (b) women aged 15-49 [(c) men aged 15-54] years who have been tested for HIV in the 12 months preceding the survey and who know their results and received consultations	Total number of (b) women aged 15-49 [(c) men aged 15-54] years	

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	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
9.6d 9.6e	Sexually active young people who know where to be tested for HIV[M]	(d) HA (e) HI	Number of (d) women [(e) men] aged 15-24 years who have had sex in the 12 months preceding the survey who state knowledge of a place to be tested for HIV	Total number of (d) women [(e) men] aged 15-24 years who have had sex in the 12 months preceding the survey	
9.7 9.7a	Sexually active young people who have been tested for HIV and have been told results[M]	HA (a) HI	Number of women [(a) men] aged 15-24 years who have had sex in the 12 months preceding the survey, who have been tested for HIV in the 12 months preceding the surveyand who know their results	Total number of women [(a) men] aged 15-24 years who have had sex in the 12 months preceding the survey	
9.7b 9.7c	Sexually active young people who have been tested for HIV and have been told results and received consultations[M]	(b) HA (c) HI	Number of women [(a) men] aged 15-24 years who have had sex in the 12 months preceding the survey, who have been tested for HIV in the 12 months preceding the surveyand who know their results and received consultations	Total number of women [(a) men] aged 15-24 years who have had sex in the 12 months preceding the survey	
9.8	HIV counselling during antenatal care	HA	Number of women aged 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they received counselling on HIV during antenatal care	Total number of women aged 15-49 years who gave birth in the 2 years preceding the survey	
9.9	HIV testing during antenatal care	HA	Number of women aged 15-49 years who gave birth in the 2 years preceding the surveyand received antenatal care, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women aged 15-49 years who gave birth in the 2 years preceding the survey	
9.10 9.10a	Young peoplenever married or in union who have never had sex[M]	SB (a) SA	Number of never married women [(a) men] aged 15-24 years who have never had sex	Total number of never married women [(a) men] aged 15-24 years	
9.11 9.11a	Sex before age 15 among young people[M]	SB (a) SA	Number of women [(a) men] aged 15-24 years who have had sexual intercourse before age 15	Total number of women [(a) men] aged 15-24 years	
9.11b 9.11c	Young people who had sex in the last 12 months[M]	(b) SB (c) SA	Number of (b) women [(c) men] aged 15-24 years who have had sexual intercourse in the 12 months preceding the survey	Total number of (b) women [(c) men]aged 15-24 years	
9.12 9.12a	Age mixing among sexual partners[M]	SB (a) SA	Number of women [(a) men] aged 15-24 years who had sex in the 12 months preceding the survey with a partner who was 10 or more years older than they were	Total number of women [(a) men] aged 15-24 years who have had sex in the 12 months preceding the survey	
9.12b 9.12c	Young people who had sex with multiple partners in the last 12 months[M]	(b) SB (c) SA	Number of (b) women [(c) men] aged 15-24 years who have had sexual intercourse with more than one partner in the 12 months preceding the survey	Total number of (b) women [(c) men] aged 15-24 years	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
9.12d	Condom use during sex with multiple partners in the last 12 months among young men	SA	Number of (d) men aged 15-24 years who report having had more than one sexual partner in the 12 months preceding the surveywho also reported that a condom was used the last time they had sex	Total number of (d) men aged 15-24 years who reported having had more than one sexual partner in the 12 months preceding the survey	
9.12e 9.12f	Had sex in the last 12 months[M]	(e) SB (f) SA	Number of (e) women aged 15-49 [(f) men aged 15-54] years who have had sexual intercourse in the 12 months preceding the survey	Total number of (e) women aged 15-49 [(f) men aged 15-54] years	
9.13 9.13a	Had sex with multiple partners in the last 12 months[M]	SB (a) SA	Number of women aged 15-49 [(a) men aged 15-54] years who have had sexual intercourse with more than one partner in the 12 months preceding the survey	Total number of women aged 15-49 [(a) men aged 15-54] years	
9.14 9.14a	Condom use during sex with multiple partners in the last 12 months[M]	SB (a) SA	Number of women aged 15-49 [(a) men aged 15-54] years who report having had more than one sexual partner in the 12 months preceding the surveywho also reported that a condom was used the last time they had sex	Total number of women aged 15-49 [(a) men aged 15-54] years who reported having had more than one sexual partner in the 12 months preceding the survey	
9.15 9.15a	Young people who had sex with non-regular partners in the last 12 months[M]	SB (a) SA	Number of sexually active women [(a) men] aged 15-24 years who have had sex with a non-marital, non-cohabitating partner in the 12 months preceding the survey	Total number of women [(a) men] aged 15-24 years who have had sex in the 12 months preceding the survey	
9.16 9.16a	Condom use with non-regular partners in the last 12 months among young people[M]	SB (a) SA	Number of women [(a) men] aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the 12 months preceding the survey	Total number of women [(a) men] aged 15-24 years who had a non-marital, non-cohabiting partner in the 12 months preceding the survey	MDG 6.2
9.16b 9.16c	Had sex with non-regular partners in the last 12 months[M]	(b) SB (c) SA	Number of (b) women aged 15-49 [(c) men aged 15-54] years who have had sex with a non-marital, non-cohabitating partner in the 12 months preceding the survey	Total number of (b) women aged 15-49 [(c) men aged 15-54] years who have had sex in the 12 months preceding the survey	
9.16d 9.16e	Condom use with non-regular partners in the last 12 months[M]	(d) SB (e) SA	Number of (d) women aged 15-49 [(e) men aged 15-54] years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the 12 months preceding the survey	Total number of women [(a) men] aged 15-24 years who had a non-marital, non-cohabiting partner in the 12 months preceding the survey	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
MASS MEDIA AND INFORMATION/ COMMUNICATION TECHNOLOGY					
10.1 10.1a	Exposure to mass media[M]	MT (a) MI	Number of women aged 15-49 [(a) men aged 15-54] years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women aged 15-49 [(a) men aged 15-54] years	
10.2 10.2a	Use of computer in the last 12 months among young people[M]	MT (a) MI	Number of young women [(a) men] aged 15-24 years who used a computer during the 12 months preceding the survey	Total number of women [(a) men] aged 15-24 years	
10.2b 10.2c	Use of computer in the last 12 months[M]	(b) MT (c) MI	Number of (b) women aged 15-49 [(c) men aged 15-54] years who used a computer during the 12 months preceding the survey	Total number of (b) women aged 15-49 [(c) men aged 15-54] years	
10.3 10.3a	Use of internet in the last 12 months among young people[M]	MT (a) MI	Number of young women [(a) men] aged 15-24 years who used ainternet during the 12 months preceding the survey	Total number of women [(a) men] aged 15-24 years	
10.3b 10.3c	Use of internet in the last 12 months[M]	(b) MT (c) MI	Number of (b) women aged 15-49 [(c) men aged 15-54] years who used ainternet during the 12 months preceding the survey	Total number of (b) women aged 15-49 [(c) men aged 15-54] years	
SUBJECTIVE WELL-BEING					
11.1a 11.1b	Life satisfaction among young people[M]	(a) LS (b) LH	Number of (a) women [(b) men] aged 15-24 years who are very or somewhat satisfied with their family life, friendships, school, current job, where they live and how they look	Total number of (a) women [(b) men] aged 15-24 years	
11.1c 11.1d	Life satisfaction[M]	(c) LS (d) LH	Number of (c) women aged 15-49 [(d) men aged 15-54] years who are very or somewhat satisfied with their family life, friendships, school, current job, where they live and how they look	Total number of (c) women aged 15-49 [(d) men aged 15-54] years	
11.2 11.2a	Happiness among young people[M]	LS (a) LH	Number of women [(a) men]aged 15-24 years who are very or somewhat happy	Total number of women [(a) men] aged 15-24 years	
11.2b 11.2c	Happiness[M]	(b) LS (c) LH	Number of (b) women aged 15-49 [(c) men aged 15-54] years who are very or somewhat happy	Total number of (b) women aged 15-49 [(c) men aged 15-54] years	
11.2d 11.2e	Young people who perceived that life has improved in the last one year[M]	(d) LS (e) LH	Number of (d) women [(e) men] aged 15-24 years who perceived that life improved during the last one year	Total number of (d) women [(e) men] aged 15-24 years	
11.2f 11.2g	Perceived that life has improved in the last one year[M]	(f) LS (g) LH	Number of (f) women aged 15-49 [(g) men aged 15-54] years who perceived that life improved during the last one year	Total number of (f) women aged 15-49 [(g) men aged 15-54] years	
11.2h 11.2i	Young people who perceived that life will get better after one year[M]	(h) LS (i) LH	Number of (h) women [(i) men] aged 15-24 years who perceived that life will get better after one year	Total number of (h) women [(i) men] aged 15-24 years	
11.2j 11.2k	Perceived that life will get better after one year[M]	(j) LS (k) LH	Number of (j) women aged 15-49 [(k) men aged 15-54] years who perceived that life will get better after one year	Total number of (j) women aged 15-49 [(k) men aged 15-54] years	
11.3 11.3a	Perception of a better life among young people[M]	LS (a) LH	Number of women [(a) men] aged 15-24 years who perceived that life improved during the last one year and life will get better after one year	Total number of women [(a) men] aged 15-24 years	
11.3b 11.3c	Perception of a better life[M]	(b) LS (c) LH	Number of (b) women aged 15-49 [(c) men aged 15-54] years who perceived that life improved during the last one year and life will get better after one year	Total number of (b) women aged 15-49 [(c) men aged 15-54] years	

	INDICATOR[M]	MODULE[1]	NUMERATOR	DENOMINATOR	MDG[2]
TOBACCO AND ALCOHOL					
12.1 12.1a	Use of tobacco in the last one month[M]	TA (a) AT	Number of women aged 15-49 [(a) men aged 15-54] years who smoked cigarettes or used smoked or smokeless tobacco products on one or more days during the one month preceding the survey	Total number of women aged 15-49 [(a) men aged 15-54] years	
12.1b 12.1c	Ever use of tobacco[M]	(b) TA (c) AT	Number of women aged 15-49 [(a) men aged 15-54] years who ever smoked cigarettes or used smoked or smokeless tobacco products	Total number of women aged 15-49 [(a) men aged 15-54] years	
12.2 12.2a	Smoking before age 15[M]	TA (a) AT	Number of women aged 15-49 [(a) men aged 15-54] years who smoked a whole cigarette before age 15	Total number of women aged 15-49 [(a) men aged 15-54] years	
12.3 12.3a	Use of alcohol in the last one month[M]	TA (a) AT	Number of women aged 15-49 [(a) men aged 15-54] years who had at least one alcoholic drink on one or more days during the one month preceding the survey	Total number of women aged 15-49 [(a) men aged 15-54] years	
12.4 12.4a	Use of alcohol before age 15[M]	TA (a) AT	Number of women aged 15-49 [(a) men aged 15-54] years who had at least one alcoholic drink before age 15	Total number of women aged 15-49 [(a) men aged 15-54] years	