



Somaliland Multiple Indicator Cluster Survey 2011

Key Findings

September 2014



Jamhuuriyadda Somaliland
Wasaaradda Qorshaynta Qar
anka, Iyo Horumarinta
(WQQH) – Hargeisa



Republic of Somaliland
Ministry of National Planning,
and Development (MNPDC) –
Hargeisa

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The Somaliland Multiple Indicator Cluster Survey (MICS) was carried out in 2011 by Somaliland Ministry of Planning and National Development with financial and technical support from United Nations Children’s Fund (UNICEF). MICS is an international household survey programme developed by UNICEF. The Somaliland MICS was conducted as part of the fourth global round of MICS surveys (MICS4). It provides up-to-date information on the situation of children and women and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

This summary of key findings is part of further dissemination and use of the results from the Somaliland MICS 2011. The final report which was released in September 2014 contains more

detailed analysis of data and is disaggregated by various demographic and social economic characteristics. The report and additional information on the global MICS project may be obtained from www.childinfo.org.

Suggested citation:

UNICEF Somalia and Somaliland Ministry of Planning and National Development, 2014. Somaliland Multiple Indicator Cluster Survey 2011, Final Report. Nairobi, Kenya: UNICEF, Somalia and Somaliland Ministry of Planning and National Development, Somaliland.

SAMPLE COVERAGE

The sample distribution in any survey is an important marker of representativeness of the data. The Somaliland MICS in 2011 covered 275 settlements interviewing 4820 households, 5,865 women and 4,672 mothers/caretaker for information on children under five years.

Sample Coverage	
Households	
Sampled	4,924
Occupied	4,900
Interviewed	4,820
Household response rate	98.4
Women	
Eligible	6,650
Interviewed	5,865
Women's response rate	88.2
Women's overall response rate	86.8
Children under 5	
Eligible	4,772
Mothers/caretakers interviewed	4,672
Under-5's response rate	97.9
Under-5's overall response rate	96.3

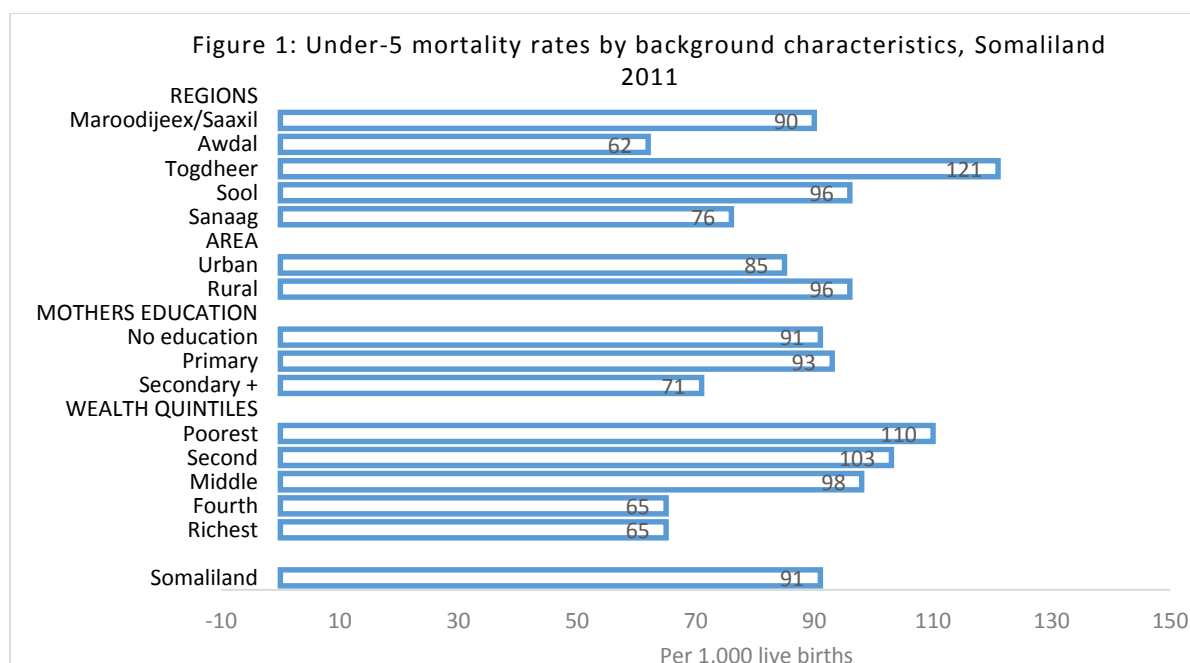
COMPARATIVE PRESENTATION OF FINDINGS

In this key findings report, the results of MICS4 (2011) are compared against the results of MICS3 (2006) to demonstrate the trends of developments in Somaliland over time. These figures are provided for illustration purposes only. The current MICS had nearly five times more clusters compared to MICS3 (60 clusters IN 2006 versus 288 clusters in 2011). Due to the larger sample size and other data quality measures taken, the data for MICS 2011 is considered more robust and reliable. Detailed statistical analysis of significance in results differences between the 2 datasets has not been carried out for this report. Please also note that for some of the indicators covered in MICS4, the data from MICS3 is not available.

CHILD MORTALITY

Worldwide, the under-five mortality rate has dropped 47 per cent – well short of the two-thirds reduction required by the MDG target. The number of deaths per 1,000 live births dropped from 90 deaths in 1990 to 48 in 2012. However, stepped-up progress is needed to reach the target of 30 deaths per 1,000 live births by 2015. In Somaliland about one in every ten children before they celebrate their fifth birthday.

Early Childhood mortality				
MICS4 indicator number	Indicator	MICS 2006	MICS 2011	
1.1 (MDG 4.1)	Under-five mortality rate: The probability of dying between birth and the fifth birthday	113	91	
1.2 (MDG 4.2)	Infant mortality rate: The probability of dying between birth and the first birthday	88	72	
1.3	Neonatal mortality rate: The probability of dying within the first month of life	36	42	
1.4	Post-neonatal mortality rate: The difference between infant and neonatal mortality	52	30	
1.5	Child mortality rate: The probability of dying between exact ages one and five	27	20	



NUTRITION

Breastfeeding and infant feeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients and is economical and safe. Children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to 2 years of age and beyond. It is also recommended that breastfeeding be initiated within one hour of birth. Only 13 percent of children are exclusively breastfed in Somaliland and 46 percent and 20 percent are breastfeeding by one year and two years respectively.

Breastfeeding and infant feeding				
MICS4				
Indicator			MICS	MICS
Number	Indicator		2006	2011
2.4	Percentage of women with a live birth in the last 2 years preceding the survey who breastfed the child at any time		-	91.3
2.5	Percentage of women with a live birth in the last 2 years preceding the survey who put the new-born infant to the breast within 1 hour of birth		35.1	60.9
2.6	Percentage of infants under 6 months of age who are exclusively breastfed		5.1	12.8
2.7	Percentage of children age 12-15 months who are currently breastfeeding		43.1	46.3
2.8	Percentage of children age 20-23 months who are currently breastfeeding		17.0	19.2
2.9	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day		-	32.7
2.10	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		-	14.7
2.11	Percentage of children age 0-23 months who were fed with a bottle during the previous day		-	50.8
2.12	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day		18.9	32.5
2.13	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times or more during the previous day		-	53.5
2.14	Percentage of children age 0-23 months appropriately fed during the previous day		-	20.6
2.15	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day		-	89.3

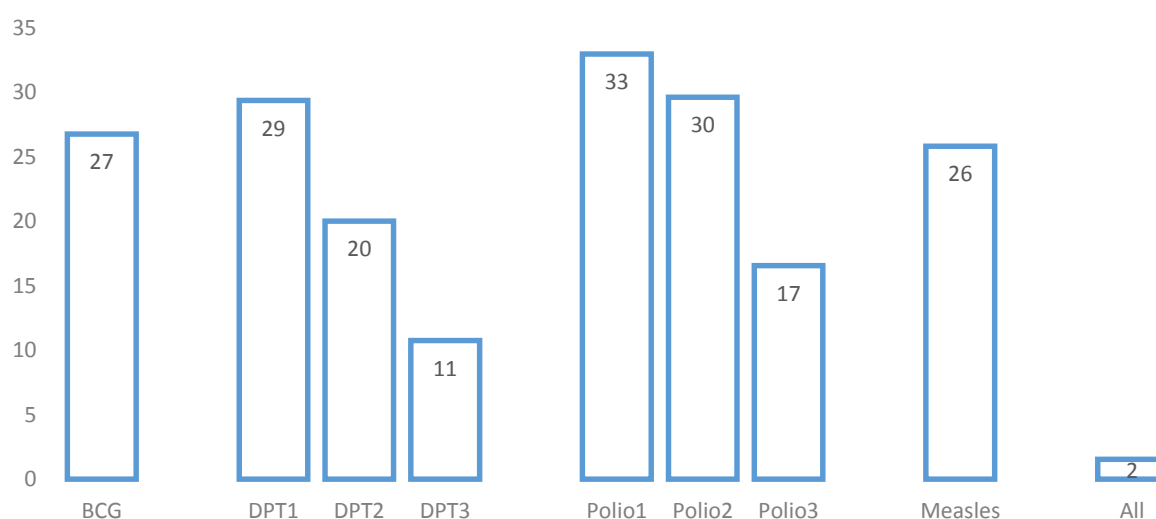
Vitamin A Supplementation			
MICS4 Indicator Number	Indicator	MICS 2006	MICS 2011
2.17	Percentage distribution of children age 6-59 months receiving a high dose vitamin A supplement in the last 6 months	25.9	39.9

CHILD HEALTH

Immunization is one of the most cost-effective public health interventions to date, saving millions of lives¹ and protecting countless children from illness and disability. As a direct result of immunization, polio is on the verge of eradication. Deaths from measles, a major child killer, declined by 71 per cent worldwide and by 80 per cent in sub-Saharan Africa between 2000 and 2011. In Somaliland immunisation remains unacceptably low with only 2 per cent of all children receiving all the recommended vaccines by their first birthday.

Vaccinations				
MICS4				
Indicator Number	Indicator	MICS 2006	MICS 2011	
3.1	Percentage of children age 12- 23 months who received BCG vaccine by their first birthday	-	26.8	
3.2	Percentage of children age 12- 23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	-	16.5	
3.3	Percentage of children age 12- 23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	-	10.8	
3.4 (MDG 4.3)	Percentage of children age 12- 23 months who received measles vaccine by 12 months of age	-	25.8	

Figure 2. Percentage of children aged 12-23 months who received the recommended vaccinations by 12 months, Somaliland, 2011



Tetanus toxoid

MICS4 Indicator Number	Indicator description	MICS 2006	MICS 2011
3.7	Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus	16.5	33.9

Care of Illness: Pneumonia and diarrhoea

Pneumonia is the single largest killer of children under age 5 worldwide and the leading infectious cause of childhood mortality. Pneumonia accounts for 17 per cent of all under-five deaths and killed 3,000 children a day in 2012 (1.1 million that year). Most of its victims were less than 2 years old. In addition, Diarrhoea is a leading killer of children, accounting for 9 per cent of all deaths among children under age 5 worldwide. In 2012, this translated into 1,600 young children dying each day, or more than 580,000 children a year. Most deaths from diarrhoea occur among children less than 2 years of age living in South Asia and sub-Saharan Africa. Proper management of diarrhoea and suspected pneumonia remains poor in Somaliland.

Care of illness

MICS4 Indicator Number	Indicator	MICS 2006	MICS 2011
3.8	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, or increased fluids and continued feeding during the episode of diarrhoea)	15.9	20.1
3.9	Percentage of children age 0-59 months with suspected pneumonia in the last two weeks who were taken to a health provider	15.9	31.0
3.10	Percentage of children age 0-59 months with suspected pneumonia in the last two weeks who were given antibiotics	27.7	52.8

Malaria

The most recent data indicate that every day in 2012, malaria killed more than 1,200 children under age 5—a total of 450,000 children a year and most of these deaths occurred in sub-Saharan Africa. In Somaliland the number of children and pregnant women sleeping under ITN still remains below 50%. Furthermore intermittent treatment of malaria for pregnant women is almost non-existent.

Malaria				
MICS4 Indicator Number	Indicator		MICS 2006	MICS 2011
3.12	Percentage of households with at least one insecticide treated net (ITN)		9.1	35.1
3.13	Percentage of households with at least one ITN or received IRS during the last 12 months		-	36.6
3.14	Percentage of children under the age of five who slept under any mosquito net		24.5	24.0
3.15 (MDG 6.7)	Percentage of children under the age of five who slept under an insecticide treated net		9.8	21.9
3.16	Percentage of children age 0-59 months who had a fever in the last two weeks and who had a finger or heel stick for malaria testing		-	16.0
3.17	Percentage of children age 0-59 months who had a fever in the last two weeks who took an anti-malarial drug same or next day		1.6	3.4
3.18 (MDG 6.8)	Percentage of children age 0-59 months who had a fever in the last two weeks who took any anti-malarial drug		3.2	9.8
3.19	Percentage of pregnant women who slept under a mosquito net during the previous night		-	20.1
3.20	Percentage of women age 15-49 years who had a live birth during the two years preceding the survey and who received intermittent preventive treatment (IPT) for malaria during pregnancy at any antenatal care visit		0.5	1.4

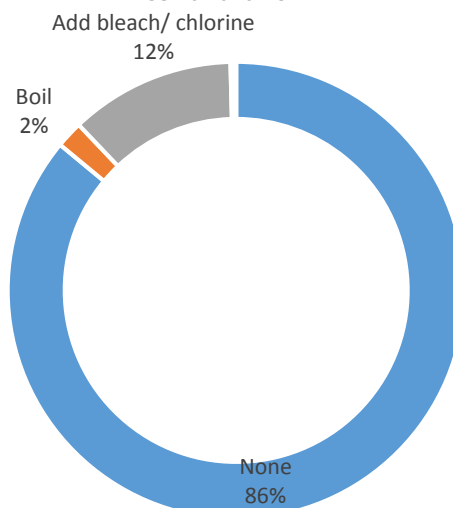
Solid fuel use				
MICS4 Indicator Number	Indicator		MICS 2006	MICS 2011
3.11	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook		98.9	98.3

WATER AND SANITATION

Safe drinking water is important for good health. Unsafe drinking water can carry diseases such as trachoma, cholera and typhoid. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances. About 41 percent of households in Somaliland have access to improved water sources and 50 percent use improved sanitation. However only about one in seven households are treating their drinking water to improve safety.

WATER AND SANITATION				
MICS4 Indicator Number	Indicator	MICS 2006	MICS 2011	
4.1 (MDG 7.8)	Percentage of household members using improved sources of drinking water	40.5	41.9	
4.2	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	8.8	12.6	
4.3 (MDG 7.9)	Percentage of household members using improved sanitation facilities which are not shared	40.0	51.1	
4.4	Percentage of children age 0-2 years whose (last) stools were disposed of safely	50.4	50.5	
4.5	Percentage of households with a designated place for hand washing where water and soap are present	-	76.8	
4.6	Percentage of households with soap anywhere in the dwelling	-	69.7	

Figure 3. Percentage of household population by drinking water treatment method used in the household, Somaliland 2011



REPRODUCTIVE HEALTH

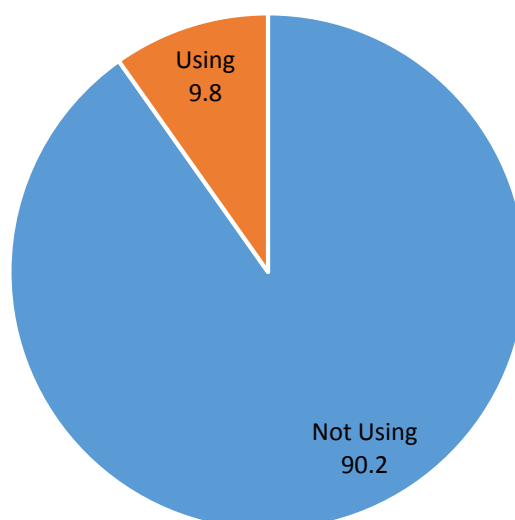
Contraception

UNFPA estimates that some 222 million women who want to delay or cease childbearing—roughly one in six women of reproductive age—are in need of effective contraceptive methods. Substantial proportions of women in every country—more than 50 per cent in some—say their last birth was unwanted or mistimed. In Somaliland only about 10 percent of women of reproductive age use some type contraception.

Contraception and unmet need				
MICS4			MICS	MICS
Indicator			2006	2011
Number	Indicator			
5.1 (MDG 5.4)	Age-specific fertility rate for women age 15-19 years ^a		-	64
5.2 (MDG 5.3)	Percentage of women age 20-24 years who had at least one live birth before age 18		-	13.6
5.3	Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method		25.6	9.8
5.4 (MDG 5.6)	Percentage of women age 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		29.2	20.2

^aThe age-specific fertility rate is defined as the number of live births to women in a specific age group during a specified period, divided by the average number of women in that age group during the same period, expressed per 1,000 women. The age-specific fertility rate for women age 15-19 years is also termed as the adolescent birth rate.

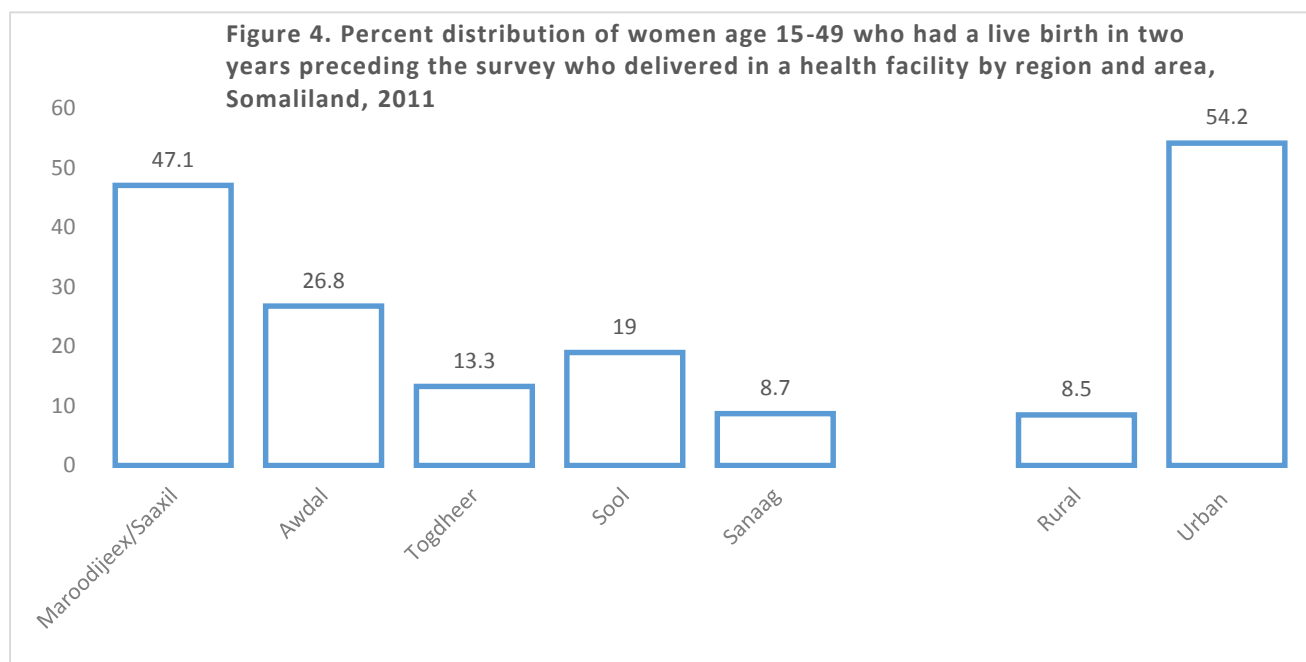
Figure 7. Percentage of women age 15-49 years currently married by use of contraception, Somaliland, 2011



Maternal and new born health

The antenatal period is crucial for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. For example, the prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. In Somaliland only about one in three women received ANC from a skilled attendance and even fewer (15 percent) go for ANC the recommended 4 times during pregnancy. Whereas three quarters of all maternal deaths occur during delivery and the immediate post-partum period about just over half of women in Somaliland are attended by a skilled health personnel during delivery.

Maternal and new born health			
MICS4 Indicator Number	Indicator	MICS 2006	MICS 2011
5.5a (MDG 5.5)	Percentage of women age 15-49 years who were attended during pregnancy in the 2 years preceding the survey		
5.5b (MDG 5.5)	(a) At least once by skilled personnel	31.8	31.7
	(b) At least four times by any provider	10.3	14.8
5.6	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy		23.2
5.7 (MDG 5.2)	Percentage of women age 15-49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	41.3	44.1
5.8	Percentage of women age 15-49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	21.4	30.6
5.9	Percentage of last live births in the 2 years preceding the survey who were delivered by caesarean section	-	4.0



CHILD DEVELOPMENT

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change as billions of integrated neural circuits are established through the interaction of genetics, environment and experience. Optimal brain development requires a stimulating environment, adequate nutrients and social interaction with attentive caregivers. Over half of the children in Somaliland were found to be developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains. However, less than a third of the children had their father engage in one or more activities to promote learning and school readiness.

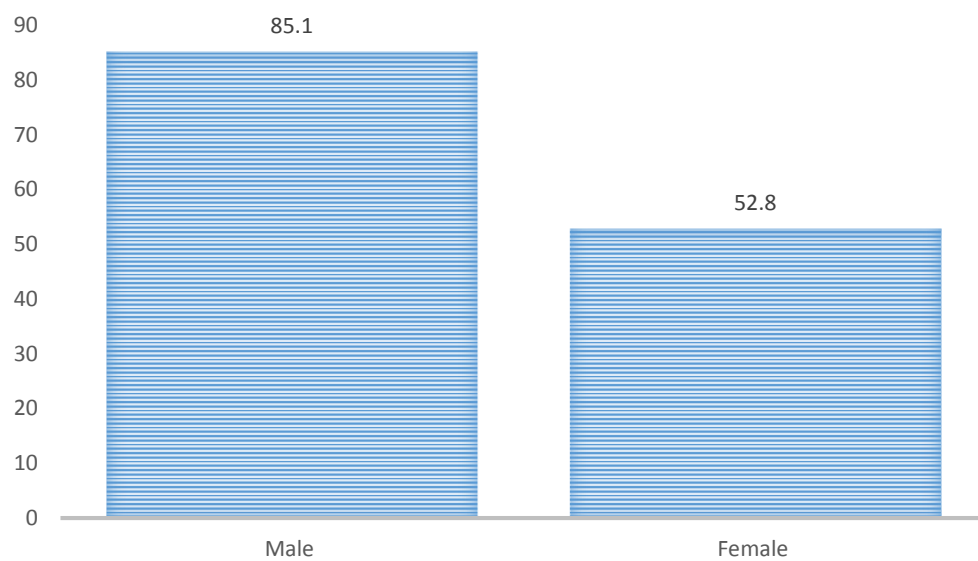
Child development			
MICS4 Indicator No.	Indicator	MICS 2006	MICS 2011
6.1	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	-	65.2
6.2	Percentage of children age 36-59 months whose biological father has engaged in one or more activities to promote learning and school readiness in the past 3 days	-	30.9
6.3	Percentage of children under age 5 who have three or more children's books	-	1.3
6.4	Percentage of children under age 5 with two or more types of playthings	-	6.8
6.5	Percentage 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 past week	-	27.3
6.6	Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	-	58.5
6.7	Percentage of children age 36-59 months who are attending an early childhood education programme	-	2.8

EDUCATION

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit for Children. Education is important for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth. The level of literacy among young women still remains below 50 percent and girls continue to lag behind boys in both primary and secondary school attendance.

Literacy and education				
MICS4				
Indicator Number	Indicator	MICS 2006	MICS 2011	
7.1 (MDG 2.3)	Percentage of young women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	35.5	44.1	
7.2	Percentage of children in first grade of primary school who attended pre-school during the previous school year	-	6.5	
7.3	Percentage of children of school-entry age who enter the first grade of primary school	22.4	20.6	
7.4 (MDG 2.1)	Percentage of children of primary school age currently attending primary or secondary school	45.2	51.4	
7.5	Percentage of children of secondary school age currently attending secondary school or higher	11.0	20.5	
7.6 (MDG 2.2)	Proportion of children entering the first grade of primary school who eventually reach last grade	-	88.7	
7.7	Primary school completion rate: Percentage of children attending of primary school completion age in last grade of primary school (excluding repeaters)	-	68.5	
7.8	Percentage of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	-	76.3	
7.9	Gender Parity Index for primary school: Primary school Net Attendance Ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	0.72	0.85	
7.10	Gender Parity Index for secondary school: Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	0.35	0.67	

Figure 5. Primary school completion rate by gender, somaliland 2011



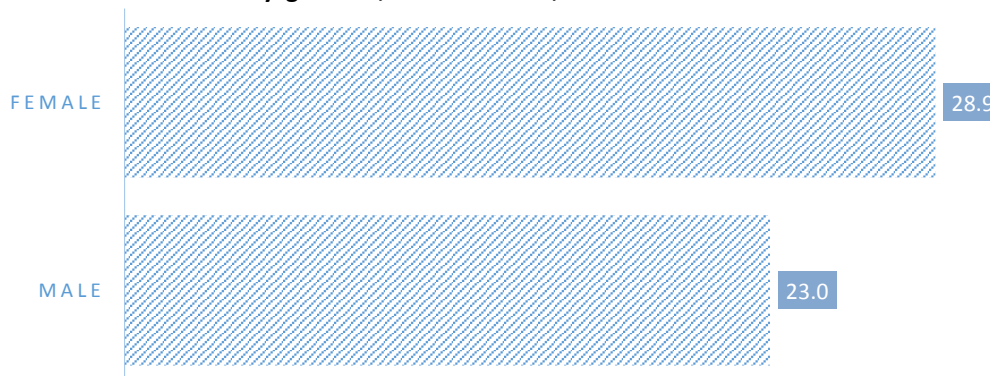
CHILD PROTECTION

Child labour

Children around the world are routinely engaged in paid and unpaid forms of work that are not harmful to them. However, they are classified as child labourers when they are either too young to work or are involved in hazardous activities that may compromise their physical, mental, social or educational development. The prevalence of child labour is highest in sub-Saharan Africa. In the least developed countries, nearly one in four children (ages 5 to 14) are engaged in labour that is considered detrimental to their health and development. In Somaliland one in every four children are engaged in child labour.

Child labour			
MICS4			
Indicator Number	Indicator description	MICS 2006	MICS 2011
8.2	Percentage of children age 5-14 years who are involved in child labour	35.9	26.0
8.3	Percentage of children aged 5-14 involved in child labour who are attending school	47.8	41.9
8.4	Percentage of children age 5-14 attending school who are involved in child labour	32.4	24.8

Figure 6. Percentage of children age 5-14 years involved in child labour by gender, somaliland, 2011



Child discipline

Child discipline is an integral part of child rearing in all cultures. It teaches children self-control and acceptable behaviour. Although the need for child discipline is broadly recognized, there is considerable debate regarding violent physical and psychological disciplinary practices. Research has found that these have negative impacts on children's mental and social development. Violent discipline is also a violation of a child's right to protection from all forms of violence while in the care of their parents or other caregivers, as set forth in the Convention

on the Rights of the Child. In Somaliland about three in every four children had experienced psychological aggression or physical punishment during the past month before the survey.

Child discipline			
MICS4 Indicator Number	Indicator description	MICS 2006	MICS 2011
8.5	Percentage of children age 2-14 years who experienced psychological aggression or physical punishment during the past month	-	78.2

Early marriage and polygyny

Globally over 60 million women aged 20-24 were married/in union before the age of 18. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. About one in every 10 girls in Somaliland were married before the age of 15 years and about one in every three were married by the age of 18 years.

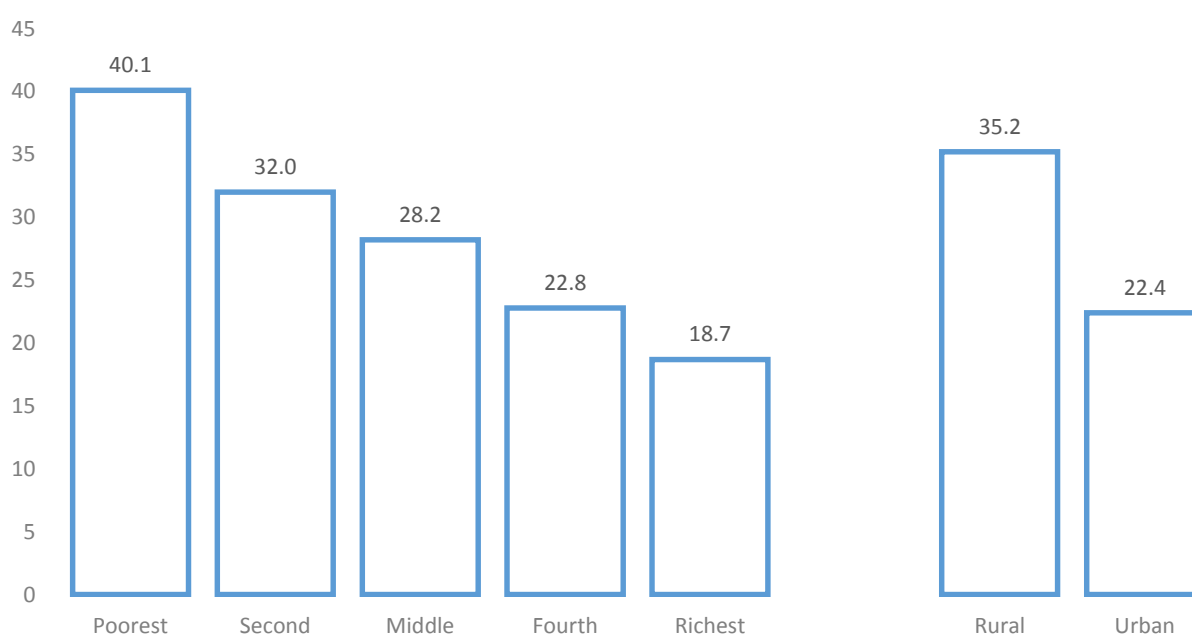
Early marriage and polygyny			
MICS4 Indicator Number	Indicator description	MICS 2006	MICS 2011
8.6	Percentage of women age 15-49 years who were first married or in union by the exact age of 15	3.0	8.7
8.7	Percentage of women age 20-49 years who were first married or in union by the exact age of 18	27.8	30.8
8.8	Percentage of young women age 15-19 years who are currently married or in union	13.0	8.9
8.9	Percentage of women age 15-49 years who are in a polygynous union	16.7	16.8
8.10a 8.10b	Percentage of young women who are currently married or in union and whose spouse is 10 or more years older, (a) 15-19 years (b) 20-24 years	23.6 20.1	32.7 29.3

Female genital mutilation/cutting (FGM/C)

FGM/C is a violation of girls' and women's human rights. Yet where it is still practised, FGM/C is performed in line with tradition and social norms and is strongly associated with ethnicity. More than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. The situation in Somaliland indicate a nearly universal practice with almost all women aged 15 – 49 years having experienced the practice. Furthermore support for continuation of the practice decline with increase family wealth and higher in rural than urban areas.

Female genital mutilation/cutting (FGM/C)			
MICS4			
Indicator Number	Indicator	MICS 2006	MICS 2011
8.11	Percentage of women age 15-49 years favouring the continuation of female genital mutilation/cutting (FGM/C)	32.3	28.9
8.12	Percentage of women age 15-49 years who report to have undergone any form of female genital mutilation/cutting (FGM/C)	94.4	99.1
8.13	Percentage of girls age 0-14 years who have undergone any form of female genital mutilation/cutting (FGM/C), as reported by mothers	-	27.7

Figure 7. Percent distribution of women who support that FGM/C should be continued by wealth quintiles and area, Somaliland 2011



Domestic violence

Overall, over a half of married women age 15-49 believe that there are at least some situations in which a husband is justified in beating his wife.

Attitudes towards domestic violence			
MICS4 indicator	Indicator	MICS 2006	MICS 2011
Attitudes towards domestic violence	Percentage of women aged 15 – 49 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 without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	73.6	54.6

Orphaned Children

Children who are orphaned may be at increased risk of neglect or exploitation if the parents are not available to assist them. Somali children may also have been left vulnerable or orphaned as a result of conflict and/ or displacement. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs. In Somaliland at least 71 percent of orphans are attending school.

Orphaned Children			
MICS4 Indicator Number	Indicator	MICS 2006	MICS 2011
9.17	Percentage of children age 0-17 years not living with a biological parent	9.6	11.9
9.18	Percentage of children age 0-17 years with one or both biological parents dead	11.6	10.9
9.19 (MDG 6.4)	Percentage of children age 10-14 years who have lost both parents and are attending school	51.5	71.5
9.20 (MDG 6.4)	Percentage of children age 10-14 years, whose parents are alive, who are living with at least one parent, and who are attending school	54.0	61.9

HIV/AIDS

HIV/AIDS knowledge and attitudes

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. Generally in Somaliland the knowledge and practices about HIV/AIDS remains very poor. Only 6 percent of women age 15 – 49 years could correctly identify two ways of preventing HIV infection¹, know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission and just over half could correctly identify all three means of mother to child transmission.

HIV/AIDS knowledge and attitudes				
MICS4				
Indicator Number	Indicator	MICS 2006	MICS 2011	
9.1	Percentage of women age 15-49 years who correctly identify two ways of preventing HIV infection ² , know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	-	6.4	
9.2 (MDG 6.3)	Percentage of women age 15-24 years who correctly identify two ways of preventing HIV infection ² , know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	-	7.0	
9.3	Percentage of women age 15-49 years who correctly identify all three means ³ of mother-to-child transmission of HIV	62.3	53.2	
9.4	Percentage of women age 15-49 years expressing accepting attitudes on all four questions ⁴ toward people living with HIV	1.9	8.3	

¹ Using condoms and limiting sex to one faithful, uninfected partner

² Using condoms and limiting sex to one faithful, uninfected partner

³ Transmission during pregnancy, during delivery, and by breastfeeding

⁴ Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

HIV/AIDS testing

Knowledge of where to be tested for HIV and use of such services is an important indicator in combating the spread of HIV/AIDS. Just over a quarter of the women know of a place to be tested. Testing for HIV/AIDS, counselling during ANC visits and proportion of women who receive the test results remain very low at below 5 percent.

HIV/AIDS testing			
MICS4			
Indicator Number	Indicator	MICS 2006	MICS 2011
9.5	Percentage of women age 15-49 years who state knowledge of a place to be tested for HIV	-	28.4
9.6	Percentage of women age 15-49 years who have been tested for HIV in the 12 months preceding the survey and who know their results	-	2.7
9.8	Percentage of women age 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	-	4.7
9.9	Percentage of women age 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they were offered and accepted an HIV test during antenatal care and received their results	-	2.6

ACCESS TO MASS MEDIA & USE OF INFORMATION/COMMUNICATION TECHNOLOGY

According to the World Bank⁵, developing countries, governments, businesses and people are harnessing the transformative power of ICTs to make public services more efficient, grow economies and strengthen social networks. More than 75 percent of people around the world now have access to a cell phone, with the number of global mobile-cellular subscriptions approaching 7 billion at the end of 2013. Use of internet and computer among young women age 15-24 was used to indicate access to ICT. Only about one in seven women aged 15-24 years had access to a computer or and internet. Only about 7 percent of women of reproductive age read a newspaper or magazine, listen to the radio and watch television

Exposure to mass media and ICT

MICS4		MICS	MICS
Indicator Number	Indicator	2006	2011
MT.1	Percentage of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio and watch television	-	6.5
MT.2	Percentage of young people age 15-24 years who used a computer during the last 12 months	-	13.1
MT.3	Percentage of young women age 15-24 years who used the internet during the last 12 months	-	14.3

⁵ World bank 2014. Information and communication technologies overview. <http://www.worldbank.org/en/topic/ict/overview#1>