

Nepal

Monitoring the situation
of children and women



Nepal Multiple Indicator Cluster Survey 2010

Mid- and Far Western Regions

FINAL REPORT
May 2012



Central Bureau of Statistics
Nepal

unicef 

 MICS

The Nepal Multiple Indicator Cluster Survey (NMICS) was carried out in 2010 by the Central Bureau of Statistics (CBS). Financial and technical support was provided by the United Nations Children's Fund (UNICEF).

MICS is an international household survey programme developed by UNICEF. The NMICS 2010 was conducted as part of the fourth global round of MICS (MICS4). MICS 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.

The main purpose of MICS4 in Nepal is to support the government to generate statistically sound and comparable data for monitoring the situation of children and women for specified subregions in the Mid- and Far Western Regions of the country. These regions are inhabited by the most vulnerable populations, those affected by Nepal's decade-long conflict, prone to natural disasters and disease outbreaks, and suffering from chronic food shortage. Although these regions have long been the development focus of the government and donor communities, an absence of data at the local level to support evidence-based planning and actions has persisted.

Nepal Multiple Indicator Cluster Survey 2010
Mid- and Far Western Regions
Final Report

Central Bureau of Statistics

UNICEF
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Summary Table of Findings

Nepal Multiple Indicator Cluster Survey (NMICS) and Millennium Development Goal (MDG) Indicators, Nepal, 2010

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value	
NUTRITION					
Breastfeeding and infant feeding	2.4		Children ever breastfed	99.2 percent	
	2.5		Early initiation of breastfeeding	28.0 percent	
	2.6		Exclusive breastfeeding under six months	63.9 percent	
	2.7		Continued breastfeeding at one year	98.0 percent	
	2.8		Continued breastfeeding at two years	86.7 percent	
	2.9		Predominant breastfeeding under six months	80.1 percent	
	2.10		Duration of breastfeeding	31.5 months	
	2.11		Bottle feeding	5.2 percent	
	2.12		Introduction of solid, semi-solid or soft foods	62.6 percent	
	2.13		Minimum meal frequency	57.4 percent	
	2.14		Age-appropriate breastfeeding	76.1 percent	
	Salt iodization	2.16		Iodized salt consumption	50.4 percent
	Vitamin A	2.17		Vitamin A supplementation (children under five)	90.1 percent
	Low birth weight	2.18		Low-birth-weight infants	26.1 percent
2.19			Infants weighed at birth	30.6 percent	
		NMICS	De-worming tablet coverage	72.8 percent	
CHILD HEALTH					
Vaccinations	3.1		Tuberculosis immunization coverage	88.8 percent	
	3.2		Polio immunization coverage	77.4 percent	
	3.3		Immunization coverage for diphtheria, pertussis and tetanus (DPT)	67.5 percent	
	3.4	4.3	Measles immunization coverage	83.4 percent	
		NMICS	Japanese encephalitis vaccination coverage	31.2 percent	
Tetanus toxoid	3.7		Neonatal tetanus protection	64.4 percent	
Care of illness	3.8		Oral rehydration therapy with continued feeding	47.4 percent	
	3.9		Care seeking for suspected pneumonia	51.1 percent	
	3.10		Antibiotic treatment of suspected pneumonia	56.1 percent	
		NMICS	Zinc tablet along with ORS during diarrhoea	21.7 percent	
Solid fuel use	3.11		Solid fuels	92.9 percent	
Malaria	3.16		Malaria diagnostics usage (finger or heelstick)	5.7 percent	
	3.17		Anti-malarial treatment of children under five the same or next day	0.2 percent	
	3.18	6.8	Anti-malarial treatment of children under five	0.5 percent	
WATER AND SANITATION					
Water and sanitation	4.1	7.8	Use of improved drinking water sources	82.8 percent	
	4.2		Water treatment	3.7 percent	
	4.3	7.9	Use of improved sanitation facilities	35.5 percent	
	4.4		Safe disposal of child's faeces	17.1 percent	
	4.5		Soap and water available at place for hand-washing	51.2 percent	
	4.6		Availability of soap in household	87.5 percent	
	NMICS		Distance between latrine and hand-washing place (within 10 paces)	25.9 percent	

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
REPRODUCTIVE HEALTH				
Contraception and unmet need	5.3	5.3	Contraceptive prevalence rate	52.4 percent
	5.4	5.6	Unmet need	24.4 percent
	NMICS		Experience of discrimination during menstruation (<i>chaupadi</i>)	19.4 percent
Maternal and newborn health	5.5a	5.5	Antenatal care coverage	
			At least once by skilled personnel	45.0 percent
	5.5b		At least four times by any provider	40.4 percent
	5.6		Content of antenatal care	31.5 percent
	5.7	5.2	Skilled attendant at delivery	28.7 percent
	5.8		Institutional deliveries	29.8 percent
	5.9		Caesarean section	2.8 percent
	NMICS		Newborn care practices in non-institutional deliveries	
			Dried before placenta was delivered	58.7 percent
			Wrapped in a separate cloth	88.4 percent
			Newborn first-time bathing practice (within one hour)	33.8 percent
CHILD DEVELOPMENT				
Child development	6.1		Support for learning	70.6 percent
	6.2		Father's support for learning	42.6 percent
	6.3		Learning materials: children's books	4.8 percent
	6.4		Learning materials: playthings	55.2 percent
	6.5		Inadequate care	50.7 percent
	6.6		Early child development index	57.7 percent
	6.7		Attendance in early childhood education	32.3 percent
LITERACY AND EDUCATION				
Literacy and education	7.1	2.3	Literacy rate among young women	74.1 percent
	7.2		School readiness	71.9 percent
	7.3		Net intake rate in primary education	57.8 percent
	7.4	2.1	Primary school net attendance ratio (adjusted)	73.1 percent
	7.5		Secondary school net attendance ratio (adjusted)	55.6 percent
	7.9		Gender parity index (primary school)	0.99
	7.10		Gender parity index (secondary school)	0.90
CHILD PROTECTION				
Birth registration	8.1		Birth registration	41.9 percent
Child labour	8.2		Child labour	44.3 percent
	8.3		School attendance among child labourers	93.8 percent
	8.4		Child labour among students	45.7 percent
Child discipline	8.5		Violent discipline	83.0 percent
Early marriage and polygyny	8.6		Marriage before the age of 15 years	15.7 percent
	8.7		Marriage before the age of 18 years	59.9 percent
	8.8		Young women aged 15–19 years currently married or in union	26.1 percent
	8.9		Polygyny	3.6 percent
			Spousal age difference	
	8.10a		Women aged 15–19 years	4.9 percent
	8.10b		Women aged 20–24 years	3.7 percent
Domestic violence	8.14		Attitudes towards domestic violence	47.5 percent
	NMICS		Attitudes towards domestic violence (mother-in-law)	62.0 percent
	NMICS		Child grant	76.3 percent

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN				
HIV/AIDS knowledge and attitudes	9.1		Comprehensive knowledge about HIV prevention	21.8 percent
	9.2	6.3	Comprehensive knowledge about HIV prevention among young people	34.4 percent
	9.3		Knowledge of mother-to-child transmission of HIV	34.0 percent
	9.4		Accepting attitude towards people living with HIV	47.2 percent
	9.5		Women who know where to be tested for HIV	44.5 percent
	9.6		Women who have been tested for HIV and know the results	1.5 percent
	9.8		HIV counselling during antenatal care	9.8 percent
	9.9		HIV testing during antenatal care	5.0 percent
	MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY			
Access to mass media	MT.1		All three media at least once a week	5.3 percent
Use of information/ communication technology	MT.2		Used a computer	5.8 percent
	MT.3		Used the internet	2.3 percent
TOBACCO AND ALCOHOL USE				
Tobacco use	TA.1		Currently used any tobacco product	16.3 percent
	TA.2		Smoked a whole cigarette before the age of 15 years	5.8 percent
Alcohol use	TA.3		Had at least one drink of alcohol before the age of 15 years	6.5 percent
	TA.4		Currently used alcohol	9.5 percent
SUBJECTIVE WELL-BEING				
	SW.2		Very or somewhat happy	64.2 percent
	SW.3		Perceived a better life	39.2 percent



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I would like to extend gratitude to all colleagues from various sections of UNICEF whose inputs were vital during translation and adaptation of the questionnaires and manual. Thanks are especially due to colleagues from the Planning, Monitoring and Evaluation Section, namely, Ms. Misaki Akasaka Udea, Mr. Ashok Vaidya, Ms. Sarina KC, Mr. Yendra Kamal Rai, Ms. Sita Nepal, Mr. Mohanraj Adhikari (Consultant) and Mr. Sanjay Rijal (UNICEF MICS Consultant) for their timely support and words of advice. Immense thanks go to Mr. Tunga Siromani Bastola, Retired Director General of the CBS, who agreed to support the team as a NMICS technical consultant and also played the guardianship role of fine-tuning even the smallest detail to perfection.

MICS Round Four was adapted for Nepal to collect the data for the first time on the status of children and women in the Mid- and Far Western Regions of the country. Furthermore, undertaking such a comprehensive survey in geographically remote locations with the engagement of female interviewers was a great learning opportunity for CBS. The work done by all 24 persons involved in household listing work, 12 field data collection teams consisting of 36 female interviewers and 24 editors and supervisors, within the limited time available was exemplary. CBS strongly acknowledges the Herculean task conducted by the 12 teams. Thanks are also due for the support and hospitality given by respondents and villagers in the Mid- and Far Western Regions who devoted their time and effort to answering the comprehensive questionnaires.

The technical support from Ivana Bjelic and Turgay Unalan from UNICEF's New York Headquarters, and Rhiannon James from UNICEF's South Asia Regional Office (ROSA) throughout the survey deserves mention. Thanks also go to other colleagues and consultants at UNICEF APSSC and Headquarters, especially Mr. Peter Wingfield-Digby and Mr. Rajesh Sharma, whose immense support shaped the survey design and data analysis of



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NMICS. We are also grateful to members of the Steering Committee and Technical Committee, whose guidance and suggestions helped to improve the questionnaires, manual and report.

Moreover, I appreciate Mr. Bikash Bista, Deputy Director General, for shouldering the overall responsibility of the survey. The survey operation was successfully conducted by the social statistics section under the leadership of Mr. Nebin Lal Shrestha, Director of the section. Statistical Officers involved as core team members were Mr. Ananda Raj Aryal, Mr. Badri Kumar Karki, Mr. Suresh Basnyat, Mr. Hari Narayan Manandhar, Mr. Bimal Kumar Yadav and Mr. Mohan Dev Bhatta. I would like to heartily thank them all for working hard day and night in order to bring the survey to this end.

Likewise, special thank goes to Statistical Officer Mr. Shailendra Ghimire for his tireless work in preparation of enumeration areas (EAs) for the survey. Computer Officers Mr. Dol Narayan Shrestha and Mr. Suresh Prasad Kayastha deserve special credit for their support in data processing.

Our heartfelt condolence goes to the late Ms. Gowsara Khadka who lost her life in a vehicle accident while on the duty during field data collection in Dang. Despite such harsh geographic conditions, all the field team members had done a noteworthy job in the field.

The results from NMICS 2010 will be very useful in monitoring the situation of children and women in the Mid- and Far Western Regions of the country. The internationally comparable data and information will pave the way for prioritizing interventions that can help to improve the overall living conditions of women and children in these regions.

Uttam Narayan Malla
Director General
Central Bureau of Statistics
May 2012

Foreword

It is my great pleasure to acknowledge completion of the Nepal Multiple Indicator Cluster Survey (NMICS) 2010, which is a part of the fourth round of the global MICS household survey programme. This is the first time that a survey of this type that focuses on the situation of women and children in the country's Mid- and Far Western Regions has been conducted exclusively by Nepal's national government agencies.

Our partnership with the Government of Nepal provided useful experience that can be fed into planning for subsequent surveys to monitor the situation of children and women. In particular, it has developed national capacity at the Central Bureau of Statistics (CBS) to more accurately monitor important indicators related to children and women in a variety of important areas including nutrition, child health, water and sanitation, reproductive health, child development, literacy and education, child protection, HIV and AIDS. I am delighted to note that NMICS has also helped to monitor some country-specific indicators such as discrimination against women during menstruation, attitudes toward domestic violence perpetrated by mothers-in-law, the child grant, and de-worming.

I am confident that this new information will be invaluable for achieving the MDGs and other national goals with equity and in helping development workers to target their planning better in order to reduce disparity in the Mid- and Far Western Regions. While some NMICS findings are very encouraging, there are several findings that will require concerted action from all development partners in areas such as early marriage, discriminatory practices against women, violent child discipline, sanitation, and birth registration. Many issues emerging from the study will require further analysis using MICS4 data to understand the equity dynamics required to address them.

I am delighted that the findings of NMICS are also being shared with children from the study area of the Mid- and Far Western Regions through a child-friendly version of the report. It was the decision of the Government of Nepal and UNICEF to disseminate the results of NMICS to children in these remote regions, who do not have access to digital or other media. It is very encouraging that these child-friendly booklets are being provided to all schools in the 24 districts of the study regions. Children are not passive bystanders and should never be treated simply as helpless victims. By having the correct information, this will increase their capacity to engage actively in making their environment a better place for children and women. I am certain that this will provide them with information on how they can help to improve the situation of children and women in their own communities.

I would like to thank the National Planning Commission for their guidance and the leadership provided to the NMICS process. I would also like to congratulate the Director General of CBS for the able leadership and professionalism of the CBS team in successfully carrying out this challenging survey. I also appreciate the great contribution made by the field team and express sincere tribute to Mrs Gaushara Khadka who lost her life in a road accident during the data collection in Dang. May her soul rest in peace.



Hanaa Singer
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Deependra B. Kshetry
Vice-Chairman

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PREFACE

Date:.....

The National Planning Commission is pleased to share the Nepal Multiple Indicator Cluster Survey (NMICS) 2010, produced by the Central Bureau of Statistics as part of the fourth round of the global MICS household survey programme, with technical and financial support from UNICEF Nepal.

NMICS 2010 provides useful estimates on important indicators for nutrition, child health, water and sanitation, reproductive health, child development, literacy and education, child protection, HIV and AIDS, mass media and the use of information and communication technology, attitudes towards domestic violence, tobacco and alcohol use, and women's life satisfaction. In addition, NMICS 2010 also provides information on issues such as *chaupadi*, de-worming coverage and the child grant programme in the Karnali Zone, newborn care practices, and early marriage. These evidence-based data will be extremely valuable for equity-based planning and programming in the Mid- and Far Western Regions of Nepal in particular and other parts of the country in general.

The main purpose of NMICS 2010 is to support the Government of Nepal to generate statistically sound and comparable data for monitoring the situation of children and women in the Mid- and Far Western Regions of the country. This will in turn help in monitoring progress towards goals and targets stemming from various international agreements such as the Millennium Development Goals and A World Fit for Children.

I would like to extend my appreciation to the members of the Steering Committee and Technical Committee for their valuable technical guidance from the beginning to the end of the survey. I would also like to congratulate the Director General of CBS on his able leadership and the professionalism of his team in successfully conducting this challenging survey on time. I also acknowledge UNICEF Headquarters and UNICEF Asia Pacific Shared Services Centre (APSSC) for their efforts and dedication for the completion of this report.

Deependra B. Kshetry,
Vice- Chairman
National Planning Commission
May 2012

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Executive Summary

Summary of findings

The Nepal Multiple Indicator Cluster Survey (NMICS) 2010 is a subnational survey of 7,372 women aged 15–49 years and 3,574 children under five from 6,000 households in the Mid- and Far Western Regions (MFWR) of Nepal. NMICS 2010 was implemented as part of the fourth round of the global MICS household survey programme with technical and financial support from UNICEF Nepal in collaboration with the Government of Nepal. The main purpose of NMICS 2010 is to support the government to generate statistically sound and comparable data for monitoring the situation of children and women in the MFWR of the country. NMICS 2010 covers topics related to nutrition, child health, water and sanitation, reproductive health, child development, literacy and education, child protection, HIV and AIDS, mass media and the use of information and communication technology, attitude towards domestic violence, the use of tobacco and alcohol, and life satisfaction. In addition, NMICS 2010 is the first survey in Nepal to provide baseline information on the prevalence of *chaupadi* (women who live in a separate house or animal shed during menstruation) in the MFWR and evidence on women's life satisfaction.

Nutrition

Breastfeeding is nearly universal in the MFWR, with the median duration of any breastfeeding being 31.5 months and median duration for exclusive breastfeeding being relatively short at 4.0 months. Contrary to UNICEF and WHO recommendations, only around two in three (64 percent) children are exclusively breastfed for the first six months of life. The practice of introducing complementary food varies somewhat in these regions; however, around two in three (63 percent) children are provided with complementary food at 6–8 months of age. The continued practice of bottle-feeding is a concern because of possible contamination due to unsafe water and lack of hygiene in preparation. Overall, the use of bottle with a nipple is fairly low (five percent); however, this practice rises from three percent among children aged 0–5 months to seven percent among children aged 12–23 months. Nearly three fifths (57 percent) of children aged 6–23 months are receiving solid, semi-solid and soft foods the recommended minimum number of times a day.

Child health

Although immunization coverage in Nepal has improved over the past decade, only around three fifths (56 percent) of children in the MFWR have been fully immunized before their first birthday. Polio vaccines coverage is higher than other immunizations, as this vaccine is included as part of the national immunization days in Nepal. Almost nine in 10 (89 percent) children received BCG vaccination; 93 percent received the first polio dose but only 77 percent received the third; 86 percent received the first DPT dose but only 68 percent received the third; and 83 percent received the measles vaccine. In addition, nearly one third (31 percent) of children under five residing in the Terai of the MFWR were vaccinated against Japanese encephalitis.

Eleven percent of children under five in the MFWR had had diarrhoea in the two weeks preceding the survey. Preventing dehydration due to diarrhoea by increasing fluid intake (oral rehydration solution (ORS)) and continuing to feed the child are important strategies for managing diarrhoea. Around half (47 percent) of children had received ORS with continued feeding. The government also recommends using zinc tablets with ORS during an episode of diarrhoea. Twenty-two percent of children with diarrhoea had received zinc tablets along with ORS.

Seven percent of children aged 0–59 months in the MFWR were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, only half (51 percent)

were taken to health facilities or an appropriate healthcare provider, and 56 percent of those with fever received antibiotics. Almost no (0.2 percent) children with fever received anti-malarial drugs.

NMICS 2010 gathered information on the use of solid fuels in the home as these increase the risks of suffering from acute respiratory illness, pneumonia, chronic obstructive lung disease and cancer, as well as tuberculosis, low birth weight, cataracts and asthma. Over nine in 10 (93 percent) household members used solid fuels for cooking in the MFWR.

Water and sanitation

Safe drinking water and proper sanitation and hygiene practices are basic necessities for good health. Improved drinking-water sources include piped water (into dwelling, compound, yard or plot, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection/harvesting. More than four fifths (83 percent) of household members in the MFWR used an improved source of drinking water. Of household members who used an unimproved water source, only four percent use an appropriate water treatment method to make their drinking water safe.

Some 46 percent of household members had an improved/unimproved drinking water source on premises, while 36 percent took less than 30 minutes to collect water from an improved/unimproved source and while 18 percent spent 30 minutes or more for this purpose.

The majority (56 percent) of household members in the MFWR had no toilet facility. Some 36 percent were using an improved sanitation facility that was not shared. Safe disposal of a child's faeces was practiced for only 17 percent of children aged 0–2 years.

The incidence of diarrhoea and pneumonia in children under five could be significantly reduced by correct hand-washing practices with water and soap. Of households in the MFWR where a place for hand-washing was observed, over half (51 percent) had both water and soap present at the designated place. In 12 percent of households only water was available and in another 12 percent only soap was available. The remaining 25 percent of households had neither water nor soap available at the place designated for hand-washing. Around nine in 10 (88 percent) households had soap available somewhere in the dwelling. Around one quarter (26 percent) of households had a hand-washing place within 10 paces of their latrine.

Reproductive health

Current use of contraception was reported by 52 percent of women aged 15–49 years in the MFWR who were currently married or in a marital union. The most popular method was injectables/Dipō/Sangini (16 percent); this was followed by female sterilization (15 percent), male sterilization (seven percent), male condom (five percent) and the pill (five percent). Almost one quarter (24 percent) of women had an unmet need for contraception, with seven percent having an unmet need for spacing and 17 percent having an unmet need for limiting.

Chaupadi is a harmful practice experienced by many women in the MFWR during their menstrual period, when they have to stay in a separate house or animal shed. This kind of living arrangement affects both women both physically and mentally. Almost one fifth (19 percent) of women aged 15–49 had to stay in a separate house and 12 percent had to stay in an animal shed.

Nepal's antenatal care protocol provisions antenatal care visits in the fourth, sixth, eighth and ninth months of pregnancy under the focused safe motherhood programme in line with UNICEF and WHO recommendations. Coverage of antenatal care is relatively low in the MFWR, with only 45 percent of women aged 15–49 years who had a live birth during the two years preceding the survey receiving antenatal care at least once from a skilled provider (doctor, staff nurse or Auxiliary Nurse Midwife). Only two fifths (40 percent) had received at least four antenatal care visits from any provider. Furthermore, only 29 percent of women were delivered by skilled personnel (doctor, staff nurse or

Auxiliary Nurse Midwife), and almost the same percentage (30 percent) of deliveries took place in a health facility. The majority (95 percent) of women who received no antenatal care visits delivered at home; however, almost half (49 percent) of women who attended four or more antenatal care visits also delivered at home.

In the two years preceding the survey, almost three fifths (59 percent) of women aged 15–49 years in the MFWR with a non-institutional live birth in the two years preceding the survey reported that their newborn was dried before the placenta was delivered and 88 percent reported that their newborn was wrapped in a separate cloth after drying. However, one third (34 percent) of women reported that their newborn was bathed within one hour of birth, and only 36 percent waited the recommended 24 hours before bathing their newborn.

Child development

Around one third (32 percent) of children aged 36–59 months in the MFWR were attending early childhood education at the time of the survey. In addition, 71 percent had engaged with an adult household member in four or more activities that promote learning and school readiness during the three days preceding the survey, with an average number of 4.4 activities. Some 43 percent of children had engaged with their father in one or more activities, with an average number of 0.8 activities. Only five percent of children under five in the MFWR lived in a household with at least three children's books, and only one in 1,000 lived in a household with 10 or more children's books. Some 55 percent had two or more types of playthings. Leaving children alone or in the presence of other young children is known to increase the risk of accidents. Around half (51 percent) of under-fives were left with inadequate care in the week preceding the survey, with 32 percent left alone and 42 percent left in the care of children aged less than 10 years.

The Early Child Development Index (ECDI) represents the percentage of children who are developmentally on track in at least three of four domains (literacy–numeracy, physical, socio-emotional and learning). Some 58 percent of children aged 36–59 months in the MFWR were developmentally on track as indicated by the ECDI. The low level for literacy–numeracy (18 percent) might be attributed to limited access to early childhood education opportunities in these regions.

Education and literacy

Around three quarters (74 percent) of women aged 15–24 years in the MFWR were literate.

Attendance in an organized early childhood education programme is important for the readiness of children for school. Seventy-two percent of children in the MFWR who were currently attending Grade 1 had attended preschool in the previous year. Some 73 percent of children of primary school age were attending primary school or higher. However, only 56 percent of children of secondary school age were attending secondary school or higher.

The Gender Parity Index (GPI), which measures the school attendance ratio of girls to boys, was 0.99 at primary school level, indicating that girls and boys in the MFWR attend primary school at about the same rate. However, secondary school GPI dropped to 0.90, indicating that fewer girls than boys attend secondary school.

Child protection

Slightly more than two fifths (42 percent) of children under five had been birth registered with civil authorities in the MFWR, despite 73 percent of children having a mother/caretaker who knew how to register a birth.

'Child labour' is defined as work that exceeds a minimum number of hours, depending on the age of the child and the type of work. Overall, 44 percent of children aged 5–14 years in the MFWR were involved in child labour. Some 51 percent of children aged 5–11 years were involved in child labour

(at least one hour of economic work or 28 hours of domestic work) and 30 percent of children aged 12–14 years were involved in child labour (at least 14 hours of economic work or 28 hours of domestic work). Of children involved in child labour, over nine out of 10 (94 percent) were also attending school. Of children attending school, 46 percent were also involved in child labour. Overall, a very high proportion (83 percent) of children aged 2–14 years in the MFWR were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members, with 18 percent being subjected to severe physical punishment. In addition, 36 percent of respondents believed that a child needs to be physically punished.

Some 16 percent of women aged 15–49 years in the MFWR first married or entered a marital union before their 15th birthday and 60 percent of women aged 20–49 years first married or entered a marital union before their 18th birthday. A low proportion (four percent) reported that they were living in a polygynous marriage or union.

Domestic violence is also measured in NMICS 2010. Overall, 48 percent of women aged 15–49 years in the MFWR felt that a husband/partner is justified in hitting or beating his wife/partner for at least one of a variety of reasons, while 62 percent felt that a mother-in-law is justified in verbally abusing/threatening her daughter-in-law for at least one of a variety of reasons.

NMICS 2010 also assessed the child grant status of children under five in the Karnali Zone (the Mid-Western Mountains), as the Government of Nepal has recently started a child grant scheme in this area. Almost 76 percent of eligible children had received the child grant.

HIV and AIDS

More than half (56 percent) of women aged 15–49 years in the MFWR had heard of AIDS, with younger women (15–24 years) reporting a higher rate of awareness. However, only 40 percent knew of two ways to prevent HIV transmission: 48 percent knew of having one faithful, uninfected sexual partner and 43 percent knew of using a condom for sex every time. Slightly more than one fifth (22 percent) of women had comprehensive knowledge of HIV transmission. Some 42 percent knew that a healthy looking person can have the AIDS virus; 35 percent knew that HIV cannot be transmitted by mosquito bites; 49 percent knew that HIV cannot be transmitted by supernatural means; 41 percent knew that HIV cannot be transmitted by sharing food with someone with AIDS. In total, 25 percent rejected two of the most common misconceptions about HIV transmission and knew that a healthy looking person can have the AIDS virus. Comprehensive knowledge about HIV/AIDS rises to 34 percent among young women (aged 15–24 years).

Thirty-four percent of women aged 15–49 years in the MFWR and 48 percent of young women aged 15–24 years were able to correctly identify all three means of mother-to-child HIV transmission. Furthermore, of women who had heard of AIDS, 47 percent of those aged 15–49 and 53 percent of those aged 15–24 years expressed accepting attitudes towards people living with HIV.

Although 45 percent of women aged 15–49 years in the MFWR knew where to be tested for HIV, only five percent have ever been tested and two percent were tested in the previous 12 months. Furthermore, less than two percent had been tested and told the result.

Access to mass media and use of information/communication technology

NMICS 2010 collected information from women aged 15–49 years on their exposure to mass media (newspapers, radio and television) and from women aged 15–24 years on their use of computers and the internet. Only five percent of women were exposed to all three types of media at least once a week. Radio appears to be most the accessible mass media (49 percent), followed by television (29 percent) and newspapers (eight percent). Six percent of young women had used a computer in the year preceding the survey and two percent had used the internet during the same period.

Tobacco and alcohol use

Tobacco and alcohol use are known risk factors for many deadly diseases and harmful health conditions. Overall, one fifth (20 percent) of women aged 15–49 years in the MFWR reported having ever used a tobacco product and 16 percent currently used any tobacco product. Six percent of women had smoked a whole cigarette before the age of 15 years. Although 85 percent of women had never had an alcoholic drink, seven percent had had at least one drink of alcohol before the age of 15 years, and 10 percent had had at least one drink of alcohol on one or more days in the month preceding the survey.

Subjective well-being

NMICS 2010 asked young women aged 15–24 years in the MFWR to assess how satisfied they were with different areas of their life such as family, friendships, school, job, living environment and income. Some 91 percent were very or somewhat satisfied with their family life and friendships, 83 percent with their current job, 81 percent with school, self and life overall, 80 percent with their income, and 77 percent with their living environment. In total, 36 percent had life satisfaction (i.e., were very or somewhat satisfied with all facets of their life). Young women were also asked how happy they considered themselves to be. About two thirds (64 percent) reported that they were very or somewhat happy. Furthermore, 39 percent perceived a better life (i.e., they considered that their life had improved during the year preceding the survey and would continue to improve in the year subsequent to the survey).

Acronyms

AIDS	acquired immunodeficiency syndrome
BCG	Bacillus Calmette Guerin (Tuberculosis)
CBS	Central Bureau of Statistics
DPT	diphtheria, pertussis, tetanus
ECDI	Early Child Development Index
GIS	geographic information system
GPI	Gender Parity Index
HIV	human immunodeficiency virus
IDD	iodine deficiency disorders
JE	Japanese encephalitis
MDG	Millennium Development Goal
MFWR	Mid- and Far Western Regions
MICS	Multiple Indicator Cluster Survey
NAR	net attendance ratio
NMICS	Nepal Multiple Indicator Cluster Survey
ORS	oral rehydration solution
ORT	oral rehydration therapy
ppm	parts per million
PSU	primary sampling unit
SPSS	Statistical Package for Social Sciences
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
WFFC	World Fit for Children
WHO	World Health Organization

I. Introduction

Background

This report is based on data collected in 2010 for the first subnational Nepal Multiple Indicator Cluster Survey (NMICS) conducted by the Government of Nepal's Central Bureau of Statistics (CBS) with technical and financial support from UNICEF. The survey, this time, was limited to the Mid- and Far Western Regions (MFWR) of Nepal and provides valuable information on the situation of children and women in these two development regions. It was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action for A World Fit For Children (WFFC), adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments were built upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see box below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the WFFC Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (WFFC, paragraph 60)

"...We will conduct periodic reviews at the national and sub-national levels of progress in order to address obstacles more effectively and accelerate actions..." (WFFC, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"... As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the Millennium Declaration (paragraph 31) calls for periodic reporting on progress:

"...We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

NMICS 2010 is intended, in large part, to fill the data gaps that have long existed for the MFWR. Over the years, Nepal has concentrated its development focus on the MFWR because of their higher level of extreme poverty and deprivation relative to the country's other development regions. The results of NMICS 2010 will help in monitoring progress towards goals and targets emanating from international agreements, such as the Millennium Development Goals (MDGs) and WFFC, in these two development regions.

Furthermore, NMICS 2010 has provided the Government of Nepal with useful experience that can be fed into planning for subsequent national surveys. In particular, it has developed national capacity at

the CBS in collecting data on important indicators related to children and women, including some country-specific indicators such as discrimination during menstruation, attitudes toward domestic violence perpetrated by mothers-in-law, the child grant, and de-worming.

This survey has also generated information on indicators that are comparable with the ecological subregions defined in previous national surveys (e.g., the Nepal Demographic and Health Surveys). The results will contribute to monitoring progress made over the past decade on children's and women's issues. They will also help in identifying the regional and geographic disparities that exist within the country.

This final report presents the results of the indicators and topics covered in the survey.

Survey objectives

The specific objectives of the NMICS 2010 are:

- to provide up-to-date information for assessing the situation of children and women in the Mid- and Far Western Regions of Nepal;
- to furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals, as a basis for future action;
- to contribute to the improvement of data and monitoring systems at subnational levels in Nepal and to strengthen technical expertise in the design, implementation and analysis of such systems; and
- to generate data on the situation of children and women that are required to identify vulnerable groups and identify disparities for policies and interventions.

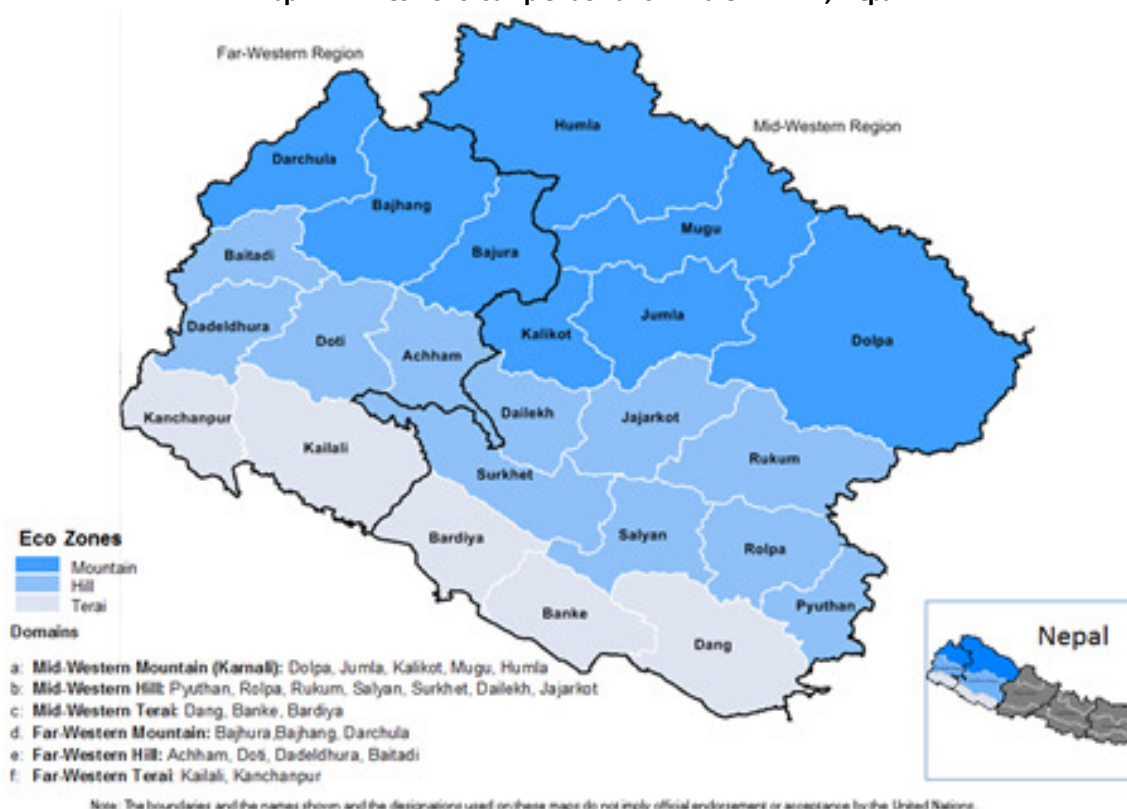
II. Sample and Survey Methodology

Sample design

The sample for NMICS 2010 was designed to provide data on a large number of indicators related to the situation of children and women in each of the two development regions of Nepal's MFWR, in urban and rural areas, and for the following six subregional domains (see Map 1).

- Mid-Western Mountains
- Mid-Western Hills
- Mid-Western Terai¹
- Far Western Mountains
- Far Western Hills
- Far Western Terai

Map 1: NMICS 2010 sample domains in the MFWR, Nepal



Urban and rural areas within each region were identified as the main sampling strata and the sample was selected in two stages. Within each domain, 40 clusters (wards) were selected systematically with probability proportional to size, to yield a total of 240 wards. After a household listing was carried out within the selected wards, a systematic sample of 25 households was drawn from each ward. Smaller wards, where the number of households was less than 25, were grouped with adjoining wards to bring the total number of households to at least 25. Two adjoining wards were

¹ The Terai lies in the northern part of the Indo-Gangetic plain, extending in Nepal nearly 800 km from east to west and 30–40 km from north to south.

grouped together in nine clusters: one rural cluster each in Achham, Dolpa and Kailali and two rural clusters each in Baitadi, Bajhang and Humla.

Similarly, in cases of large wards, especially in urban areas or municipalities, census enumeration blocks were used. Enumeration blocks were created by the GIS Section of the CBS for the 2011 population census by segmenting large wards. Of the 50 urban clusters in the survey, 22 were selected from segmented municipalities in the five districts of Banke, Dang, Kailali, Kandhanpur and Surkhet. Thus, a total of 6,000 households were selected for interviewing, of which 1,250 represented urban areas (municipalities) and 4,750 represented rural areas (Village Development Committees (VDCs)). The sample was stratified by regions and is not self-weighting. Sample weights were applied in the reporting of subregional results. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

The standard MICS4 questionnaires were used and adapted to include several country-specific questions and modules. Three sets of questionnaires were used in the survey.

- (i) A household questionnaire used to collect information on all *de jure* household members (usual residents), the household, and the dwelling.
- (ii) A women's questionnaire administered to all women aged 15–49 years living in each household.
- (iii) An under-fives' questionnaire administered to mothers or caretakers of all children under five² living in each household.

The Household Questionnaire included the following modules.

- Household listing form
- Education
- Water and sanitation
- Household characteristics
- Child labour
- De-worming (Nepal-specific module)
- Child discipline
- Hand-washing
- Salt iodization

The Questionnaire for Individual Women included the following modules.

- Woman's background
- Access to mass media and use of information communication technology
- Desire for last birth
- Maternal and newborn health³
- Illness symptoms
- Contraception
- Unmet need
- Attitudes towards domestic violence⁴ (Nepal-specific module)

² The terms 'children under five', 'under-fives', 'children aged 0–4 years', and 'children aged 0–59 months' are used interchangeably in this report.

³ Non-MICS standard questions were added to the questionnaire for women aged 15–49 years and asked to mothers who had given birth in a non-institutional setting in the two years preceding the survey in order to assess whether safe newborn care practices were adopted in the Mid- and Far Western Regions of Nepal.

⁴ Non-MICS standard questions were added to the questionnaire for women aged 15–49 years to assess their attitudes towards whether mothers-in-law are justified in verbally abusing or threatening their daughters-in-law.

- Marriage/union
- HIV/AIDS
- Tobacco and alcohol use
- Life satisfaction

The Questionnaire for Children Under Five was normally administered to mothers of under-fives; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules.

- Age
- Birth registration
- Early childhood development
- Breastfeeding
- Care during illness
- Malaria
- Immunization
- Child grant (Nepal-specific module)

The questionnaires are based on the MICS4 model questionnaires⁵. From the MICS4 model English version, the questionnaires were translated into Nepali and two other local dialects, Tharu and Awadhi, which are widely spoken in the Terai. Questionnaires were pre-tested in the districts of Jumla (rural Mountains), Salyan (rural Hills) and Barke (urban Terai) during July 2010. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. However, due to political sensitivities regarding language issues, only the Nepali questionnaires were used to record data. An English version of the questionnaires used for NMICS 2010 is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in surveyed households for iodine content and observed the place used for hand-washing. Details and findings of these measurements are provided in the respective sections of the report.

Training and fieldwork

Field workers were contracted for three months. Of 60 personnel recruited, 12 were males and the rest were females. The field personnel recruited formed a heterogeneous group in terms of age, caste/ethnicity and education.

An 11-day residential training course was held on 19–29 September 2010 in Banepa, Kavrepalanchok District, near to Kathmandu. Trainees were organized into three groups, each containing 20 personnel. Each group consisted of interviewers, data editors and supervisors. Training was conducted in three parallel sessions, and included lectures on interviewing techniques and understanding of the questionnaire contents as well as mock interviews between trainees to gain practice on asking questions. The residential mode of training gave participants a good opportunity to become familiar with each other before working as a team during data collection in the field.

Data were collected by 12 field teams. Each team consisted of a supervisor, three female interviewers and a data editor. On average, each team collected data from 20 dusters (enumeration areas). In total, 60 people worked in the field over a period of about two and half months. Fieldwork began in October 2010 and concluded in December 2010.

Data processing

Data were entered using the CPro software on four microcomputers by four data-entry operators and two data-entry supervisors. In order to ensure a high level of quality control, all questionnaires

⁵ The model MICS4 questionnaires can be found at www.childinfo.org

were double-entered and internal consistency checks were performed. Procedures and standard programmes developed under the global MICS4 programme and adapted to the Nepal questionnaires were used throughout. Data entry started in November 2010 and was completed in March 2011. Data were analysed using the Statistical Package for Social Sciences (SPSS) software programme, Version 18. The model syntax and tabulation plans developed by UNICEF were used for this purpose.

III. Sample Coverage and Characteristics of Households and Respondents

Sample coverage

Of the 6,000 households selected for the sample, 5,917 were found to be occupied. Of these, 5,899 were successfully interviewed, giving a household response rate of 99.7 percent. In interviewed households, 7,674 women (aged 15–49 years) were identified. Of these, 7,372 were successfully interviewed, yielding a response rate of 96.1 percent within interviewed households. In addition, 3,688 children under five were listed in the household questionnaire. Questionnaires were completed for 3,574 of these children, giving a response rate of 96.9 percent within interviewed households. Overall response rates of 95.8 percent and 96.6 percent are calculated for women's and under-fives' interviews, respectively (Table HH.1). Response rates for households, women and children under five were similar (above 95 percent) between urban/rural areas and across all subregions.

Table HH.1: Results of household, women's and under-five interviews											
Numbers of households, women and children under five by results of the household, women's and under-fives' interviews, and household, women's and under-fives' response rates, MFWR, Nepal, 2010											
	Region		Subregion						Area		Total
	Mid-Western	Far Western	Mid-Western Mountains	Mid-Western Hills	Mid-Western Terai	Far Western Mountains	Far Western Hills	Far Western Terai	Urban	Rural	
No. of households											
Households sampled	3,000	3,000	1,000	1,000	1,000	1,000	1,000	1,000	1,250	4,748	6,000
Households occupied	2,964	2,953	991	989	984	973	991	989	1,232	4,685	5,917
Households interviewed	2,960	2,939	989	988	983	967	989	983	1,228	4,671	5,899
Household response rate	99.9	99.5	99.8	99.9	99.9	99.4	99.8	99.4	99.7	99.7	99.7
No. of women											
Women eligible	3,809	3,865	1,245	1,238	1,326	1,189	1,216	1,460	1,656	6,018	7,674
Women interviewed	3,671	3,701	1,202	1,198	1,271	1,138	1,174	1,389	1,582	5,790	7,372
Women's response rate	96.4	95.8	96.5	96.8	95.9	95.7	96.5	95.1	95.5	96.2	96.1
Women's overall response rate	96.2	95.3	96.4	96.7	95.8	95.1	96.4	94.6	95.2	95.9	95.8
No. of children under five											
Children under five eligible	1,872	1,816	835	586	451	641	629	546	588	3,100	3,688
Children under five mother/caretaker interviewed	1,817	1,757	817	569	431	624	609	524	561	3,013	3,574
Under-fives' response rate	97.1	96.8	97.8	97.1	95.6	97.3	96.8	96.0	95.4	97.2	96.9
Under-fives' overall response rate	96.9	96.3	97.6	97.0	95.5	96.7	96.6	95.4	95.1	96.9	96.6

Characteristics of households

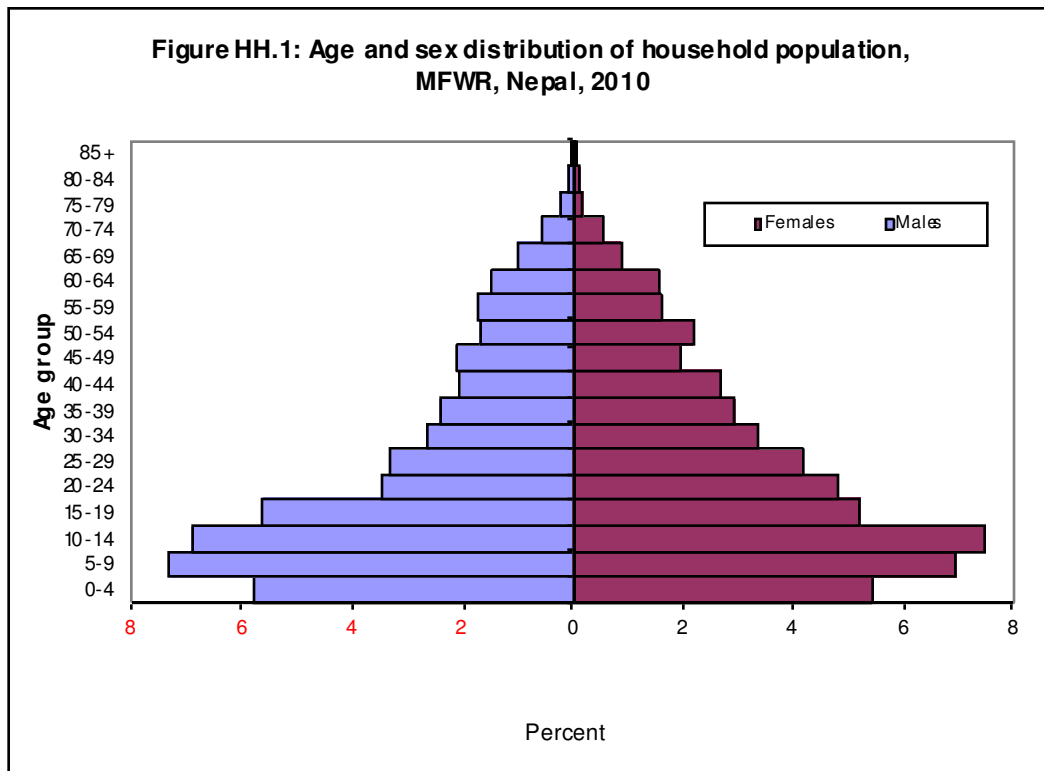
The 2011 population census estimated 26.6 million people are living in Nepal. The sex ratio is estimated to be 94.4 (males per 100 females) and the household size is recorded at 4.7 members. The 2011 census also shows that the Terai constitutes 50.2 percent of the total population, while the Hills constitute 43.1 percent and the Mountains 6.8 percent. Seventeen percent of the total population resides in urban areas.

The weighted age and sex distribution of the surveyed population is provided in Table HH.2. In the 5,899 households interviewed, 31,260 household members were listed. Of these, 15,053 were males and 16,206 were females.

Table HH.2 shows the distribution by age and sex of the surveyed population. Some 11 percent of the surveyed population was aged 0–4 years (under-fives) (12 percent male and 10 percent female), 40 percent was aged 0–14 years (41 percent male and 38 percent female) and 46 percent was aged 0–17 years (49 percent male and 44 percent female). The percentage of the population aged 65 years and above was four percent. The total dependency rate, typically measured as the proportion of the total population outside the economically active age (15–64 years), was 57 percent (55 percent male and 58 percent female). The average household size was 5.3, which is slightly higher than the national average of 4.7.

Table HH.2: Household age distribution by sex						
Frequency and percentage of household population by sex and by five-year age groups, dependency age groups, and child (aged 0–17 years) and adult populations (aged 18+ years), MFWR, Nepal, 2010						
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Age						
0–4 years	1,796	11.9	1,692	10.4	3,489	11.2
5–9 years	2,259	15.0	2,154	13.3	4,413	14.1
10–14 years	2,141	14.2	2,326	14.4	4,468	14.3
15–19 years	1,742	11.6	1,613	10.0	3,356	10.7
20–24 years	1,078	7.2	1,486	9.2	2,565	8.2
25–29 years	1,039	6.9	1,296	8.0	2,335	7.5
30–34 years	822	5.5	1,042	6.4	1,864	6.0
35–39 years	755	5.0	903	5.6	1,658	5.3
40–44 years	643	4.3	841	5.2	1,484	4.7
45–49 years	649	4.3	606	3.7	1,255	4.0
50–54 years	525	3.5	688	4.2	1,213	3.9
55–59 years	540	3.6	494	3.0	1,034	3.3
60–64 years	457	3.0	489	3.0	946	3.0
65–69 years	313	2.1	275	1.7	587	1.9
70–74 years	172	1.1	171	1.1	343	1.1
75–79 years	76	0.5	59	0.4	136	0.4
80–84 years	29	0.2	45	0.3	73	0.2
85+ years	14	0.1	18	0.1	33	0.1
Missing/don't know	1	0.0	7	0.0	8	0.0
Dependency age groups						
0–14 years	6,197	41.2	6,173	38.1	12,370	39.6
15–64 years	8,251	54.8	9,459	58.4	17,709	56.7
65+ years	604	4.0	568	3.5	1,172	3.8
Missing/don't know	1	0.0	7	0.0	8	0.0
Child and adult populations						
Children aged 0–17 years	7,311	48.6	7,156	44.2	14,468	46.3
Adults aged 18+ years	7,741	51.4	9,043	55.8	16,784	53.7
Missing/don't know	1	0.0	7	0.0	8	0.0
Total	15,053	100.0	16,206	100.0	31,260	100.0

Figure HH.1 shows the age and sex distribution of household members in a population pyramid. The population pyramid has odd ‘spikes’ for females aged 10–14 years and 50–54 years. This unexpected age pattern is likely to be caused by heaping on women aged 50 years (as data quality tables suggest), as well as the possibility that some interviewers might have tried to avoid conducting interviews with all women by recording the ages of some women to be outside the eligibility age range, i.e., 15–49 years.



Tables HH.3 to HH.5 provide basic information on households, female respondents aged 15–49, and children under five by presenting the unweighted as well as the weighted numbers. Information on the basic characteristics of households, women and children under five interviewed in the survey is essential for interpretation of the findings presented later in the report and can also provide an indication of the representativeness of the survey. The remaining tables in this report are presented with only weighted numbers. See Appendix A for more details about the weighting.

Tables HH.3 provides basic background information on the households surveyed. These background characteristics are used in subsequent tables in this report; these figures are also intended to show the numbers of observations by major categories of analysis used in the report.

Table HH.3 provides information on composition of households by region, subregion, sex of household head, area, number of household members, and education⁶ of household head. Some 56 percent of households were located in the Mid-Western Region and 44 percent in the Far Western Region. By subregion, 29 percent were in the Mid-Western Hills, 22 percent in the Far Western Terai, 22 percent in the Mid-Western Terai, 14 percent in the Far Western Hills, seven percent in the Far Western Mountains and six percent in the Mid-Western Mountains. The total weighted and unweighted numbers of households are equal, since sample weights were normalized (see Appendix

⁶ Unless otherwise stated, ‘education’ refers to educational level attained by the respondent, when used as a background variable in this report. The categories for education are as follows: no education = None, Grades 1–5 = Primary, and Grade 6 and above = Secondary +.

A). However, it should be noted here that the weighted numbers for the Mid-Western Mountains and Far Western Mountains are much lower than the unweighted numbers due to oversampling in these two subregions.

Around four fifths (80 percent) of surveyed households were headed by a male. Most (89 percent) households were located in rural areas and 61 percent had five or more members. Almost half (49 percent) of household heads were without formal education. Some 45 percent of households had at least one child under five, 87 percent had at least one child under 18, and 90 percent had at least one eligible woman aged 15–49 years. The weighted average household size was estimated to be 5.3.

Table HH.3: Household composition			
Percentage and frequency of households by selected characteristics, MFWR, Nepal, 2010			
	Weighted percent	No. of households	
		Weighted	Unweighted
Region			
Mid-Western	56.4	3,325	2,960
Far Western	43.6	2,574	2,939
Subregion			
Mid-Western Mountains	5.8	344	989
Mid-Western Hills	28.9	1,703	988
Mid-Western Terai	21.7	1,278	983
Far Western Mountains	7.4	438	967
Far Western Hills	14.2	836	989
Far Western Terai	22.0	1,300	983
Sex of household head			
Male	79.8	4,708	4,790
Female	20.2	1,191	1,109
Area			
Urban	10.9	645	1,228
Rural	89.1	5,254	4,671
Number of household members			
1	2.4	140	148
2	6.5	381	357
3	12.3	727	687
4	18.0	1,061	1,036
5	20.2	1,189	1,143
6	16.3	963	981
7	10.7	632	668
8	5.5	325	354
9	3.3	197	222
10+	4.8	284	303
Education of household head			
None	49.0	2,892	2,902
Primary	22.0	1,299	1,173
Secondary +	28.8	1,696	1,808
Missing/don't know	0.2	12	16
Total	100.0	5,899	5,899
Households with at least:			
One child aged 0–4 years	44.7	5,899	5,899
One child aged 0–17 years	87.5	5,899	5,899
One woman aged 15–49 years	90.4	5,899	5,899
Mean household size	5.3	5,899	5,899

Characteristics of female respondents aged 15–49 years and children under five

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents aged 15–49 years and children under five. In both tables, the total weighted and unweighted numbers of households are equal, since sample weights have been normalized (standardized). However, the weighted numbers for the Mid-Western Mountains and Far Western Mountains are much lower than the unweighted numbers due to oversampling in these two subregions.

In addition to providing information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in subsequent tabulations in this report.

Table HH.4 provides information on female respondents aged 15–49 years by region, subregion, urban/rural area, age, marital status, motherhood status, births in last two years, education and wealth index quintile⁷.

Of total female respondents aged 15–49 years, 55 percent were living in the Mid-Western Region and 45 percent were living in Far Western Region. Twenty-seven percent were in the Mid-Western Hills, followed by the Far Western Terai (25 percent), Mid-Western Terai (22 percent), Far Western Hills (13 percent), Far Western Mountains (seven percent) and Mid-Western Mountains (six percent). However, the weighted numbers for the Mid-Western Mountains and Far Western Mountains are much lower than the unweighted numbers due to oversampling in these two subregions. Almost 89 percent of female respondents were from rural areas compared to only 11 percent from urban areas.

The 15–19-years age group had the largest proportion of women (21 percent), followed by the 20–24-years age group (19 percent), 25–29-years age group (17 percent), 30–34 years-age group (14 percent), 35–39-years age group (12 percent), 40–44-years age group (11 percent) and 45–49-years age group (eight percent).

A large proportion of surveyed women (77 percent) were married or in a marital union and about one fifth (20 percent) had never been married. Almost three quarters (73 percent) had given birth at least once in their lifetime, and 17 percent had given birth at least once in the two years preceding the survey. The majority of female respondents (55 percent) had never been to school, while 14 percent had completed primary education, and 31 percent had completed secondary or higher education.

⁷ Principal components analysis was performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth to assign weights (factor scores) to each of the household assets. Each household was then assigned a wealth score based on these weights and the assets owned by the household. The surveyed household population was then ranked according to the wealth score for each household, and was divided into five equal parts (quintiles) from lowest (poorest) to highest (richest). The factors/assets used in these calculations were as follows: source of drinking water, type of sanitation facility, persons per sleeping room, type of floor, type of roof, type of wall, type of cooking fuel, assets in households (electricity, radio, television, non-mobile telephone, refrigerator, improved cooking stove (ICS), table, chair, bed/cot, sofa, wardrobe, computer, wall clock, electric fan, *dhiki/jato*, microwave oven and washing machine) and assets of household members (watch, mobile phone, bicycle/rickshaw, motor cycle/scooter, animal-drawn cart, car/truck/bus/jeep, tractor, boat, rent, agricultural land, area of agricultural land, livestock and ownership of bank account.). The wealth index is assumed to capture underlying long-term wealth through information on household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels. The wealth scores calculated are applicable for only the particular dataset they are based on. Further information on the construction of the wealth index can be found in: *Filmer, D. and Pritchett, L., 2001. Estimating wealth effects without expenditure data—or tears: an application to educational enrollments in states of India. Demography 38(1): 115–132; Gwatkin, D.R., Rutstein, S., Johnson, K., Pande, R. and Wagstaff, A., 2000. Socio-Economic Differences in Health, Nutrition, and Population. HNP/Poverty Thematic Group, Washington, DC: World Bank; Rutstein, S.O. and Johnson, K., 2004. The DHS Wealth Index. DHS Comparative Reports No. 6. Calverton, Maryland: ORC Macro.*

Some 17 percent of female respondents were residing in households in the poorest quintile, while around 22 percent were living in households in the richest quintile.

Table HH.4: Women's background characteristics			
Percentage and frequency of women aged 15–49 years by selected characteristics, MFWR, Nepal, 2010			
	Weighted percent	No. of women aged 15–49 years	
		Weighted	Unweighted
Region			
Mid-Western	54.7	4,036	3,671
Far Western	45.3	3,336	3,701
Subregion			
Mid-Western Mountains	5.5	408	1,202
Mid-Western Hills	27.1	1,998	1,198
Mid-Western Terai	22.1	1,630	1,271
Far Western Mountains	6.9	508	1,138
Far Western Hills	13.0	961	1,174
Far Western Terai	25.3	1,867	1,389
Area			
Urban	11.5	848	1,582
Rural	88.5	6,524	5,790
Age			
15–19 years	20.5	1,511	1,485
20–24 years	18.8	1,387	1,346
25–29 years	16.7	1,235	1,240
30–34 years	13.5	994	987
35–39 years	11.7	861	917
40–44 years	10.9	802	813
45–49 years	7.9	582	584
Marital/union status			
Currently married/in union	77.4	5,706	5,757
Widowed	2.3	166	179
Divorced/separated	0.4	31	18
Never married/in union	19.9	1,469	1,408
Motherhood status			
Ever gave birth	72.8	5,365	5,422
Never gave birth	27.2	2,007	1,950
Births in last two years			
Had a birth in last two years	17.2	1,265	1,339
Had no birth in last two years	82.8	6,107	6,033
Education			
None	54.8	4,042	4,202
Primary	14.1	1,036	956
Secondary +	31.1	2,291	2,211
Missing/don't know	0.0	4	3
Wealth index quintile			
Poorest	16.7	1,230	1,629
Second	19.2	1,412	1,487
Middle	20.6	1,519	1,320
Fourth	21.6	1,594	1,302
Richest	21.9	1,618	1,634
Total	100.0	7,372	7,372

Background characteristics for children under five are presented in Table HH.5; these include distribution by region, subregion, sex, urban/rural area, age, mother's education and wealth index quintile.

Some 56 percent of children under five were living in the Mid-Western Region and 44 percent were living in the Far Western Region. By subregion, almost one third (30 percent) were living in the Mid-Western Hills, 21 percent in the Far Western Terai, 17 percent in the Mid-Western Terai, 16 percent in the Far Western Hills, and eight percent each in the Mid-Western Mountains and Far Western Mountains. Slightly more than half (51 percent) were male and the remainder (49 percent) were female. Over 91 percent were living in rural areas, while nine percent were living in urban areas.

By age group, 10 percent were younger than six months, 10 percent are aged 6–11 months, 18 percent were aged 12–23 months, 20 percent were aged 24–35 months, 23 percent were aged 36–47 months and 21 percent were aged 48–59 months. Around two thirds (60 percent) of mothers/caretakers of children under five had never received any formal education, 16 percent had primary education and 24 percent had at least secondary education.

In terms of wealth quintile, slightly more than one fourth (26 percent) of children under five were living in the poorest households, while 15 percent were living in the richest households.

Table HH.5: Under-fives' background characteristics			
Percentage and frequency of children aged 0–4 years by selected characteristics, MFWR, Nepal, 2010			
	Weighted percent	No. of children aged 0–4 years	
		Weighted	Unweighted
Region			
Mid-Western	55.5	1,984	1,817
Far Western	44.5	1,590	1,757
Subregion			
Mid-Western Mountains	8.4	302	817
Mid-Western Hills	30.3	1,082	569
Mid-Western Terai	16.8	600	431
Far Western Mountains	8.4	300	624
Far Western Hills	15.5	553	609
Far Western Terai	20.6	737	524
Sex			
Male	51.5	1,840	1,843
Female	48.5	1,734	1,731
Area			
Urban	8.7	312	561
Rural	91.3	3,262	3,013
Age			
0–5 months	9.5	339	319
6–11 months	9.8	350	355
12–23 months	17.5	626	622
24–35 months	20.0	714	726
36–47 months	22.5	803	831
48–59 months	20.8	743	721
Mother's education			
None	60.1	2,148	2,323
Primary	16.2	579	479
Secondary+	23.7	846	770
Missing/don't know	0.0	1	2
Wealth index quintile			
Poorest	25.9	927	1,111
Second	22.5	804	848
Middle	19.8	709	634
Fourth	17.1	611	497
Richest	14.6	523	484
Total	100.0	3,574	3,574

Mother's education refers to educational attainment of mothers and caretakers of children under five

IV. Nutrition

Nutritional status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments and, for those who survive, have recurring sicknesses and faltering growth. Three quarters of the children who die from causes related to malnutrition are only mildly or moderately malnourished—showing no outward sign of their vulnerability. One of the MDGs is to halve the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist the MDG on reducing child mortality.

Breastfeeding and infant and young child feeding

Breastfeeding in the first years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available.

WHO/UNICEF provide the following feeding recommendations.

- Exclusive breastfeeding for first six months of life
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at six months of age
- Frequency of complementary feeding: two times per day for 6–8-month-olds; three times per day for 9–11-month-olds

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators related to recommended child feeding practices are as follows.

- Early initiation of breastfeeding (within 1 hour of birth)
- Exclusive breastfeeding rate (< 6 months)
- Predominant breastfeeding (< 6 months)
- Continued breastfeeding rate (at 1 year and at 2 years)
- Duration of breastfeeding
- Age-appropriate breastfeeding (0–23 months)
- Introduction of solid, semi-solid and soft foods (6–8 months)
- Minimum meal frequency (6–23 months)
- Milk feeding frequency for non-breastfeeding children (6–23 months)
- Bottle feeding (0–23 months)

Table NU.1 provides information on the proportion of last-born children in the two years preceding the survey who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a prelacteal feed.

Some 99 percent of surveyed children were breastfed at some stage. However, only 28 percent of babies in the MFWR were breastfed for the first time within one hour of birth, despite this being an important step in the management of lactation and the establishment of a physical and emotional relationship between the mother and baby. Some 90 percent of surveyed children had started breastfeeding within one day of birth. Only seven percent had received a prelacteal feed.

Table NU.1: Initial breastfeeding					
Percentage of last-born children in the two years preceding the survey who were ever breastfed, were breastfed within one hour of birth and within one day of birth, and who received a prelacteal feed, MFWR, Nepal, 2010					
	Percent ever breastfed [1]	Percent who were first breastfed		Percent who received a prelacteal feed	No. of last-born children in two years preceding the survey
		Within one hour of birth [2]	Within one day of birth		
Region					
Mid-Western	99.1	23.8	87.5	7.5	687
Far Western	99.3	33.1	92.5	6.0	578
Subregion					
Mid-Western Mountains	98.8	45.4	92.3	5.4	101
Mid-Western Hills	98.9	23.6	91.9	5.7	373
Mid-Western Terai	99.5	13.9	77.4	11.8	213
Far Western Mountains	100.0	45.0	94.0	6.7	104
Far Western Hills	98.2	27.6	85.9	4.5	198
Far Western Terai	99.8	32.5	96.7	6.9	275
Area					
Urban	98.7	32.2	89.1	15.1	120
Rural	99.2	27.6	89.9	6.0	1,144
Months since birth					
0–11 months	98.9	28.3	88.9	7.9	642
12–23 months	99.5	27.7	90.5	5.4	584
Assistance at delivery					
Skilled attendant	98.5	32.5	88.5	9.3	411
Traditional birth attendant	99.4	26.9	90.2	5.9	773
Other/missing	100.0	16.4	92.2	3.5	80
Place of delivery					
Government health facility	98.2	34.0	87.7	9.7	338
Private sector health facility	(100.0)	(23.1)	(97.8)	(13.3)	39
Home	99.5	26.1	90.4	5.6	873
Mother's education					
None	99.5	30.8	87.9	6.4	699
Primary	98.1	21.6	89.3	4.9	230
Secondary +	99.4	26.7	94.0	9.0	335
Wealth index quintile					
Poorest	99.6	26.6	91.5	3.1	321
Second	98.7	29.8	88.9	8.4	285
Middle	99.0	28.0	89.4	5.9	255
Fourth	98.8	31.0	86.3	7.5	214
Richest	99.8	24.5	92.7	11.4	188
Total	99.2	28.0	89.8	6.8	1,265
[1] MICS Indicator 2.4					
[2] MICS Indicator 2.5					
Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases					
15 cases with missing 'place of delivery' not shown					

Table NU.1 indicates that the practice of breastfeeding within one day of birth is nearly universal in all regions except the Mid-Western Terai (77 percent), and for all other background characteristics. However, there were variations by background characteristic in the initiation of breastfeeding within one hour of birth. Only 24 percent of newborns in the Mid-Western Region were breastfed within one hour of birth compared to 33 percent in the Far Western Region. Subregionally, the highest proportion was in the Mid-Western Mountains (45 percent) and the lowest proportion was in the Mid-Western Terai (14 percent). There was little variation by urban/rural area or months since birth.

Newborns who were delivered by a skilled assistant (33 percent) were more likely to be breastfed within one hour of birth than those delivered by a traditional birth attendant (27 percent) or by others (16 percent). Newborns who were delivered in a government health facility (34 percent) were more likely to breastfeed within one hour than those who were delivered at home (26 percent). Mother’s education level and household wealth status showed uneven variations and no significant trend could be observed.

Figure NU.1 illustrates the large differences in the percentage of newborns who were breastfed within one hour of birth and the percentage breastfed within one day. In addition, there was considerable variation by subregion.

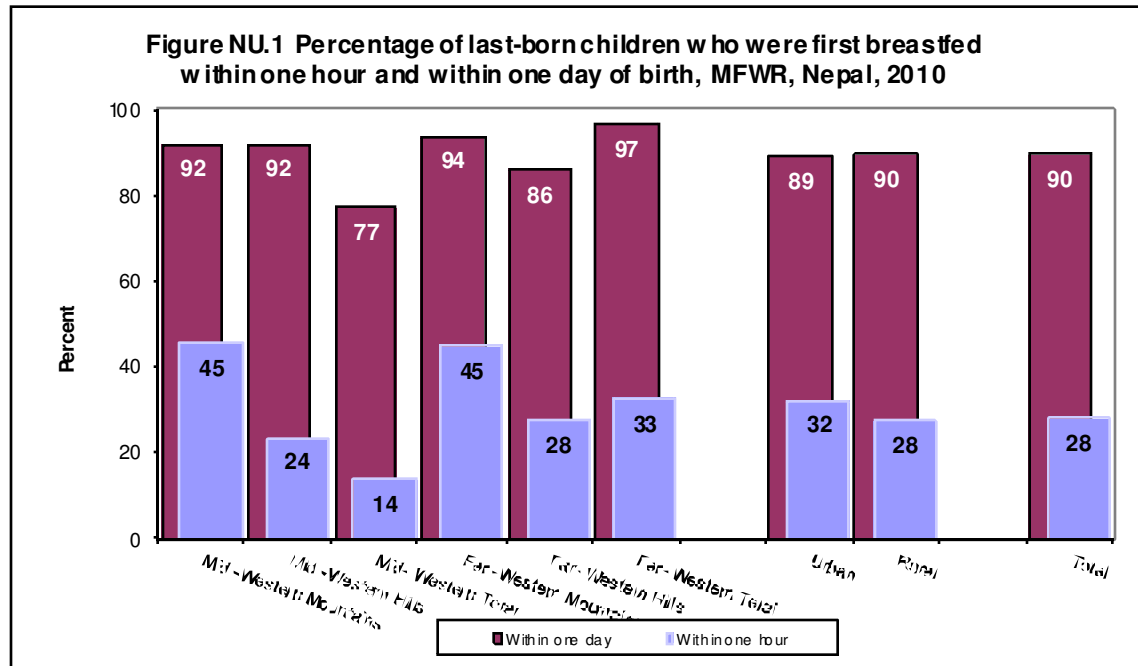


Table NU.2 shows breastfeeding status; this is based on children’s consumption of food and fluids in the 24 hours prior to the interview as reported by mothers/caretakers. Exclusively breastfed refers to infants who received only breastmilk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life, as well as the continued breastfeeding of children at one year of age (i.e., for children aged 12–15 months) and at two years of age (i.e., for children aged 20–23 months).

Some 64 percent of children aged less than six months in the MFWR were exclusively breastfed, a level considerably lower than that recommended. However, 80 percent were predominantly breastfed. At one year of age, 98 percent of children were still being breastfed and, at two years of age, 87 percent were still being breastfed. It should be noted that sample sizes were small; therefore, variations by background characteristic must be viewed with caution. Data suggest that more educated mothers (secondary and above) were less likely than other mothers to exclusively breastfeed their children for the first six months of life. No clear pattern on breastfeeding could be observed by wealth quintile; however, the poorest quintile (71 percent) and the fourth quintile (72 percent) had the highest levels and the second quintile (54 percent) had the lowest. Variations by background characteristic for predominantly breastfed, continued breastfeeding at one year of age and continued breastfeeding at two years of age have not been highlighted because of the small sample sizes.

Table NU.2: Breastfeeding							
Percentage of living children according to breastfeeding status at selected age groups, MFWR, Nepal, 2010							
	Children aged 0–5 months			Children aged 12–15 months	Children aged 20–23 months		
	Percent exclusively breastfed [1]	Percent predominantly breastfed [2]	No. of children	Percent breastfed (continued breastfeeding at 1 year) [3]	No. of children	Percent breastfed (continued breastfeeding at 2 years) [4]	No. of children
Region							
Mid-Western	65.0	82.1	194	96.3	133	83.8	92
Far Western	62.3	77.6	144	100.0	106	89.7	93
Subregion							
Mid-Western Mountains	49.1	68.2	25	(95.9)	16	(97.1)	12
Mid-Western Hills	(65.3)	(80.8)	105	(95.5)	78	(87.3)	40
Mid-Western Terai	(70.6)	(89.5)	64	(98.2)	40	(76.3)	40
Far Western Mountains	54.5	71.5	28	(100.0)	21	*	10
Far Western Hills	54.0	73.0	51	(100.0)	33	(90.6)	30
Far Western Terai	(72.2)	(83.7)	65	(100.0)	53	(89.8)	53
Sex							
Male	62.4	77.1	172	96.8	134	89.0	80
Female	65.4	83.2	167	99.4	105	85.0	106
Area							
Urban	(67.4)	(85.0)	22	(97.0)	24	(95.5)	25
Rural	63.6	79.8	317	98.1	216	85.4	161
Mother's education							
None	66.0	83.6	187	95.6	112	85.3	94
Primary	68.9	82.9	74	(100.0)	50	(88.3)	36
Secondary+	54.0	69.3	78	100.0	78	88.0	55
Wealth index quintile							
Poorest	70.5	87.8	89	92.0	53	(97.1)	46
Second	53.5	75.3	85	99.3	53	(67.0)	30
Middle	62.0	72.7	69	(100.0)	48	(99.5)	38
Fourth	71.5	85.8	59	(99.3)	40	(77.8)	40
Richest	(62.8)	(77.4)	35	100.0	46	(86.4)	30
Total	63.9	80.1	339	98.0	240	86.7	185
<p>[1] MICS Indicator 2.6 [2] MICS Indicator 2.9 [3] MICS Indicator 2.7 [4] MICS Indicator 2.8</p> <p>Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases * An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases One case with missing 'mother's education' not shown</p>							

Figure NU.2 shows the pattern of breastfeeding by child's age in months. Even at the earliest ages, the majority of children in the MFWR received liquids or foods other than breastmilk. By the age of six months, the percentage of children exclusively breastfed was below 18 percent. However, at two years of age the majority of children (over 80 percent) were still receiving breastmilk along with other foods.

Figure NU.2 Percent distribution of children under age 2 by feeding pattern by age group, MFWR, Nepal, 2010

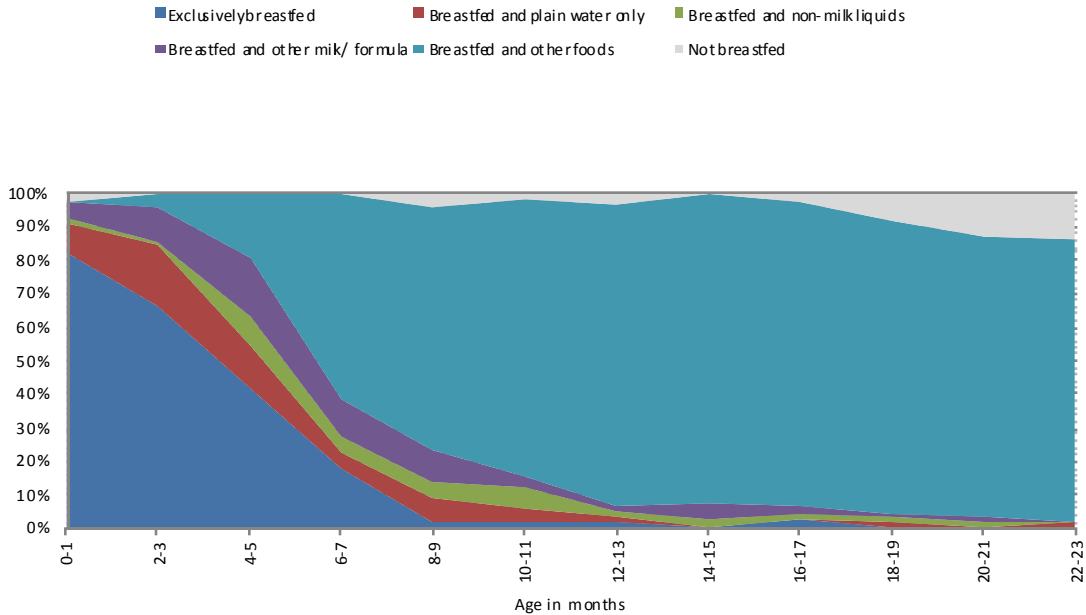


Table NU.3 shows the median duration of breastfeeding by selected background characteristics. Among children aged less than three years in the MFWR, the median duration was 31.5 months for any breastfeeding, 4.0 months for exclusive breastfeeding, and 5.8 months for predominant breastfeeding.

Table NU.3: Duration of breastfeeding				
Median duration (in months) of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children aged 0–35 months, MFWR, Nepal, 2010				
	Median duration (in months) of			No. of children aged 0–35 months
	Any breastfeeding [1]	Exclusive breastfeeding	Predominant breastfeeding	
Region				
Mid-Western	≥36.0	3.7	5.0	1,127
Far Western	≥36.0	3.7	5.0	902
Subregion				
Mid-Western Mountains	33.6	2.4	4.3	170
Mid-Western Hills	≥36.0	3.6	4.7	608
Mid-Western Terai	≥36.0	4.4	5.7	349
Far Western Mountains	≥36.0	3.0	4.1	170
Far Western Hills	≥36.0	2.9	4.3	321
Far Western Terai	≥36.0	4.7	5.8	411
Sex				
Male	≥36.0	3.5	4.8	1,020
Female	≥36.0	3.9	5.2	1,009
Area				
Urban	34.4	3.8	4.8	172
Rural	≥36.0	3.7	5.0	1,857
Mother's education				
None	≥36.0	3.7	5.1	1,137
Primary	≥36.0	4.7	5.8	363
Secondary+	≥36.0	2.8	4.0	529
Wealth index quintile				
Poorest	≥36.0	3.9	4.9	519
Second	≥36.0	2.9	5.1	459
Middle	≥36.0	3.5	4.7	403
Fourth	≥36.0	4.7	6.1	354
Richest	≥36.0	3.7	4.7	293
Median	≥36.0	3.7	5.0	2,029
Mean for all children (0–35 months)	31.5	4.0	5.8	2,029

[1] MICS Indicator 2.10

The adequacy of infant feeding for children aged less than 24 months is shown in Table NU.4. Different criteria for adequate feeding were used depending on the age of the child. For infants aged 0–5 months, exclusive breastfeeding is considered adequate; while infants aged 6–23 months are considered to be adequately fed if they are receiving breastmilk and solid, semi-solid or soft foods. About two thirds (64 percent) of infants aged 0–5 months in the MFWR were found to be appropriately breastfed, while 80 percent of children aged 6–23 months were appropriately breastfed. Of all children aged 0–23 months, 76 percent were appropriately breastfed.

There was little variation by most background characteristics in the percentage of children aged 0–23 months who were being appropriately breastfed. However, subregionally, the highest percentage was in the Mid-Western Hills and Mid-Western Mountains (both 80 percent) and the lowest was in the Far Western Mountains (68 percent). In addition, children in urban areas (82 percent) were more likely to be appropriately breastfed than their rural counterparts (76 percent). The range by wealth quintile was from 71 percent of children in the second quintile to 83 percent in the richest quintile.

Table NU.4: Age-appropriate breastfeeding						
Percentage of children aged 0–23 months who were appropriately breastfed during the day preceding the survey, MFWR, Nepal, 2010						
	Children aged 0–5 months		Children aged 6–23 months		Children aged 0–23 months	
	Percent exclusively breastfed [1]	No. of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	No. of children	Percent appropriately breastfed [2]	No. of children
Region						
Mid-Western	65.0	194	84.6	523	79.3	717
Far Western	62.3	144	75.5	454	72.3	598
Subregion						
Mid-Western Mountains	49.1	25	80.3	80	72.9	105
Mid-Western Hills	65.3	105	86.0	282	80.4	387
Mid-Western Terai	(70.6)	64	84.3	160	80.4	225
Far Western Mountains	54.5	28	73.0	80	68.1	108
Far Western Hills	54.0	51	77.6	155	71.8	206
Far Western Terai	(72.2)	65	75.0	218	74.3	284
Sex						
Male	62.4	172	79.5	483	75.0	655
Female	65.4	167	81.2	493	77.2	660
Area						
Urban	(67.4)	22	85.9	94	82.3	116
Rural	63.6	317	79.8	883	75.5	1,199
Mother's education						
None	66.0	187	78.9	536	75.6	724
Primary	68.9	74	78.2	163	75.3	237
Secondary+	54.0	78	84.7	277	77.9	354
Wealth index quintile						
Poorest	70.5	89	80.1	241	77.5	331
Second	53.5	85	78.5	215	71.4	300
Middle	62.0	69	77.9	195	73.7	264
Fourth	71.5	59	79.7	168	77.5	227
Richest	(62.8)	35	87.3	157	82.8	192
Total	63.9	339	80.4	976	76.1	1,315
			[1] MICS Indicator 2.6			
			[2] MICS Indicator 2.14			

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

Adequate complementary feeding of children from six months to two years of age is particularly important for growth and development and the prevention of undernutrition. Continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help to meet nutritional requirements when breastmilk is no longer sufficient. This requires that for breastfed children two or more meals of solid, semi-solid or soft foods are needed if they are 6–8 months old, and three or more meals if they are 9–23 months old. For children aged 6–23 months and older who are not breastfed, four or more meals of solid, semi-solid or soft foods or milk feeds are needed.

Among all children aged 6–8 months in the MFWR who were currently breastfeeding or non-breastfeeding, slightly more than three fifths (63 percent) were receiving solid, semi-solid, or soft foods (Table NU.5). Although the sample sizes were small and so figures should be viewed with caution, 76 percent of children in the Mid-Western Region were receiving solid, semi-solid, or soft

foods compared to only 50 percent in the Far Western Region. There was little variation by gender or urban/rural area.

Table NU.5: Introduction of solid, semi-solid or soft food				
Percentage of infants aged 6–8 months who received solid, semi-solid or soft foods during the day preceding the survey, MFWR, Nepal, 2010				
	Currently breastfeeding		All (currently breastfeeding + non-breastfeeding)	
	Percent receiving solid, semi-solid or soft foods	No. of children aged 6–8 months	Percent receiving solid, semi-solid or soft foods [1]	No. of children aged 6–8 months
Region				
Mid-Western	74.6	93	74.5	94
Far Western	49.8	90	50.1	90
Sex				
Male	63.4	90	63.6	92
Female	61.5	93	61.5	93
Area				
Urban	*	14	*	14
Rural	63.1	169	63.2	170
Total	62.5	183	62.6	184
[1] MICS Indicator 2.12				
Other background characteristics are not shown because the numbers of unweighted observations were lower than 50				
Information on children currently not breastfeeding is not shown due to only one case in this category				

Table NU.6 presents the proportion of children aged 6–23 months who received semi-solid or soft foods the minimum number of times or more during the day before the interview according to breastfeeding status. The minimum number of times or minimum meal frequency⁸ for different age groups is generally defined as a proportion of breastfed and non-breastfed children aged 6–23 months who receive solid, semi-solid, or soft foods or milk feeds the minimum number of times or more⁹. The recommended minimum meal frequencies are as follows.

- Two times for breastfed infants aged 6–8 months
- Three times for breastfed children aged 9–23 months
- Four times for non-breastfed children aged 6–23 months

Overall, nearly three fifths (57 percent) of all children aged 6–23 months (both currently breastfeeding and non-breastfeeding) in the MFWR were receiving solid, semi-solid and soft foods the minimum number of times a day. Regionally, 66 percent of children in the Mid-Western Region compared to 47 percent in the Far Western Region were receiving the recommended minimum meal frequency, and subregionally, the highest percentage was in the Mid-Western Hills (71 percent) and the lowest percentage was in the Far Western Terai (45 percent). Interestingly for Nepal, there was little variation by gender. Children aged 9–11 months (39 percent) were least likely to receive the recommended minimum number of meals a day. Some 71 percent of children in urban areas received the recommended minimum compared to 56 percent of rural children. There was little variation by mother's education or household wealth quintile.

⁸ Among currently breastfeeding children aged 6–8 months, minimum meal frequency is defined as children who also received solid, semi-solid or soft foods two times or more. Among currently breastfeeding children aged 9–23 months, receipt of solid, semi-solid or soft foods at least three times constitutes minimum meal frequency. For non-breastfeeding children aged 6–23 months, minimum meal frequency is defined as children receiving solid, semi-solid or soft foods, and milk feeds, at least four times during the previous day.

⁹ USAID, AED, UCDAVIS, IFPRI, UNICEF and WHO, 2008. *Indicators for Assessing Infant and Young Child Feeding Practices. Part 1: Definitions*. Geneva: WHO.

Among currently breastfeeding children aged 6–23 months in the MFWR, nearly three fifths (57 percent) were receiving solid, semi-solid and soft foods the minimum number of times.

Table NU.6: Minimum meal frequency				
Percentage of children aged 6–23 months who received solid, semi-solid or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the day preceding the survey, MFWR, Nepal, 2010				
	Currently breastfeeding		All (currently breastfeeding + non-breastfeeding)	
	Percent receiving solid, semi-solid and soft foods the minimum number of times	No. of children aged 6–23 months	Percent with minimum meal frequency [1]	No. of children aged 6–23 months
Region				
Mid-Western	66.4	494	66.3	523
Far Western	45.8	435	47.1	454
Subregion				
Mid-Western Mountains	54.3	77	54.8	80
Mid-Western Hills	71.1	270	71.4	282
Mid-Western Terai	64.3	147	63.1	160
Far Western Mountains	47.7	76	48.7	80
Far Western Hills	48.5	148	50.0	155
Far Western Terai	43.2	211	44.5	218
Sex				
Male	56.3	460	57.1	483
Female	57.3	469	57.6	493
Age				
6–8 months	50.2	183	50.2	184
9–11 months	36.7	159	39.1	166
12–17 months	60.0	351	60.5	360
18–23 months	70.7	236	69.7	266
Area				
Urban	70.7	91	70.5	94
Rural	55.2	838	56.0	883
Mother's education				
None	54.3	509	54.4	536
Primary	56.5	155	57.5	163
Secondary+	61.7	265	63.3	277
Wealth index quintile				
Poorest	55.5	230	56.9	241
Second	58.6	199	59.4	215
Middle	58.8	192	58.4	195
Fourth	50.8	157	51.9	168
Richest	59.8	151	60.1	157
Total	56.8	929	57.4	976
[1] MICS Indicator 2.13				
One case with missing 'mother's education' not shown				
Information on children 'currently not breastfeeding' is not shown due to only 47 cases in this category				

The continued practice of bottle-feeding is a concern because of possible contamination due to unsafe water and lack of hygiene in preparation. Table NU.7 shows that five percent of children aged 0–23 months in the MFWR were being fed using a bottle with a nipple. There was little variation by region, gender, urban/rural area or mother's education. The practice of bottle-feeding was highest in the Mid-Western Hills (seven percent) compared to the other subregions. A low proportion of children aged less than six months (three percent) were bottle fed. The practice of bottle feeding was lowest for the poorest quintile (one percent) and highest for the richest quintile (nine percent).

Table NU.7: Bottle-feeding		
Percentage of children aged 0–23 months who were fed using a bottle with a nipple during the day preceding the survey, MWR, Nepal, 2010		
	Percent fed using a bottle with a nipple [1]	No. of children aged 0–23 months
Region		
Mid-Western	5.8	717
Far Western	4.4	598
Subregion		
Mid-Western Mountains	3.9	105
Mid-Western Hills	6.5	387
Mid-Western Terai	5.3	225
Far Western Mountains	2.6	108
Far Western Hills	2.7	206
Far Western Terai	6.4	284
Sex		
Male	3.7	655
Female	6.6	660
Age		
0–5 months	2.5	339
6–11 months	5.3	350
12–23 months	6.6	626
Area		
Urban	6.3	116
Rural	5.1	1,199
Mother's education		
None	4.6	724
Primary	5.6	237
Secondary+	6.0	354
Wealth index quintile		
Poorest	1.2	331
Second	5.9	300
Middle	7.1	264
Fourth	4.2	227
Richest	9.2	192
Total	5.2	1,315

[1] MICS Indicator 2.11

Salt iodization

Iodine deficiency disorders (IDD) are the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. IDD also increase the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD take their greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal was to achieve sustainable elimination of iodine deficiency by 2005. The indicator for this is the percentage of households consuming adequately iodized salt (≥ 15 parts per million (ppm)).

In Nepal, three major subnational surveys (1965, 1979–82 and 1985–86) found a high prevalence of IDD. This provided an impetus for the establishment of the national IDD programme in 1998. The primary intervention implemented in Nepal to control IDD is the universal iodization of all edible salts. Other strategies include advocacy at national and district levels, mass media campaigns to promote the use of packet iodized salt with the 'two-child logo', demand creation for crushed salt

and other varieties of packed salt, and awareness-raising among health workers and the general public.

In all surveyed households, salt used for cooking was analysed for iodine content using salt test kits that identified the presence of potassium iodate. Table NU.8 shows that very small proportion of households (0.2 percent) in the MFWR had no salt available. In half of interviewed households (50 percent), salt was found to be adequately iodized, i.e., containing 15 ppm or more of iodine. Some 55 percent of households in the Mid-Western Region had adequately salt compared to 44 percent in the Far Western Region. Use of adequately iodized salt was highest in the Mid-Western Terai (63 percent) and lowest in the Far Western Hills (34 percent). Almost three quarters (74 percent) of urban households were found to be using adequately iodized salt compared to 48 percent in rural areas. The use of adequately iodized salt showed wide variation by wealth quintile from 31 percent for the poorest households to 82 percent for the richest households.

Table NU.8: Iodized salt consumption								
Percentage of households by consumption of iodized salt, MFWR, Nepal, 2010								
	Percent in which salt was tested	No. of households	No salt	Percent of household with:			Total	No. of households in which salt was tested or with no salt
				Salt test result				
				Not iodized 0 ppm	>0 and <15 ppm	15+ ppm [1]		
Region								
Mid-Western	99.8	3,325	0.1	22.4	22.4	55.1	100.0	3,323
Far Western	99.5	2,574	0.3	30.1	25.2	44.3	100.0	2,569
Subregion								
Mid-Western Mountains	100.0	344	0.0	17.7	29.1	53.3	100.0	344
Mid-Western Hills	99.7	1,703	0.2	25.2	25.3	49.4	100.0	1,701
Mid-Western Terai	99.9	1,278	0.0	20.0	16.9	63.2	100.0	1,277
Far Western Mountains	99.5	438	0.3	37.1	20.5	42.2	100.0	437
Far Western Hills	99.7	836	0.3	30.4	34.9	34.4	100.0	836
Far Western Terai	99.3	1,300	0.4	27.7	20.5	51.5	100.0	1,296
Area								
Urban	98.9	645	0.9	9.6	15.8	73.8	100.0	644
Rural	99.8	5,254	0.1	27.8	24.6	47.5	100.0	5,248
Wealth index quintile								
Poorest	99.7	1,241	0.2	34.6	34.4	30.8	100.0	1,240
Second	99.9	1,239	0.1	33.6	29.5	36.8	100.0	1,238
Middle	99.6	1,178	0.4	29.2	25.6	44.8	100.0	1,178
Fourth	99.6	1,127	0.3	19.6	18.8	61.4	100.0	1,125
Richest	99.6	1,114	0.2	9.9	7.9	82.1	100.0	1,111
Total	99.7	5,899	0.2	25.8	23.6	50.4	100.0	5,892

[1] MICS Indicator 2.16

Children's vitamin A supplementation

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result,

vitamin A deficiency is moderately prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by 2000. This goal was endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A in child health and immune function also makes control of this deficiency a primary component of child survival efforts, and therefore, critical to the achievement of the fourth MDG to reduce under-five mortality by two thirds between 1990 and 2015.

For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted at all children aged 6–59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programmes, the definition of the indicator is the percentage of children aged 6–59 months receiving at least one high-dose vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, Nepal's Ministry of Health and Population recommends that children aged 6–11 months be given one vitamin A capsule (100,000 IU) and children aged 12–59 months be given a vitamin A capsule (200,000 IU) every six months. It also recommends that mothers take a vitamin A supplement within eight weeks of giving birth due to increased vitamin A requirements during pregnancy and lactation.

In the six months preceding the survey, nine in 10 (90 percent) children aged 6–59 months in the MFWR had received a high-dose vitamin A supplement (Table NU.9). There was little variation by region, gender, urban/rural area, mother's education or wealth quintile. Vitamin A supplementation coverage was lowest in the Far Western Terai (84 percent) compared to other subregions. Only 73 percent of children aged 6–11 months had received vitamin A supplementation in the six months preceding the survey compared to over 90 percent of all older children.

Table NU.9: Children's vitamin A supplementation				
Percentage of children aged 6–59 months by receipt of a high-dose vitamin A supplement in the six months preceding the survey, MFWR, Nepal, 2010				
	Percent who received vitamin A according to:		Percent who received vitamin A during the six months preceding the survey [1]	No. of children aged 6–59 months
	Child health book/card/ vaccination card	Mother's report		
Region				
Mid-Western	0.9	92.2	92.3	1,790
Far Western	1.2	87.2	87.2	1,445
Subregion				
Mid-Western Mountains	0.3	93.1	93.1	277
Mid-Western Hills	0.0	93.7	93.7	978
Mid-Western Terai	2.9	89.0	89.4	536
Far Western Mountains	1.7	91.7	91.7	272
Far Western Hills	0.0	89.0	89.0	502
Far Western Terai	1.9	84.1	84.1	671
Sex				
Male	1.2	89.9	90.1	1,668
Female	0.8	90.1	90.1	1,568
Area				
Urban	0.7	89.1	89.1	290
Rural	1.1	90.1	90.2	2,945
Age				
6–11 months	0.8	73.3	73.3	350
12–23 months	3.4	91.0	91.0	626
24–35 months	0.3	91.6	91.9	714
36–47 months	0.9	91.5	91.5	803
48–59 months	0.0	93.9	93.9	743
Mother's education				
None	1.1	89.3	89.3	1,961
Primary	1.2	90.4	90.9	505
Secondary+	0.7	91.7	91.7	768
Wealth index quintile				
Poorest	0.1	87.8	87.8	838
Second	1.1	94.7	94.7	719
Middle	1.6	87.3	87.3	640
Fourth	1.8	91.3	91.3	552
Richest	0.9	88.9	89.4	487
Total	1.0	90.0	90.1	3,235
[1] MICS Indicator 2.17				
One case with missing 'mother's education' not shown				

Low birth weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 g) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, her short stature (due mostly to under-nutrition and infections during her childhood), and poor nutrition during pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

Cigarette smoking during pregnancy is also a leading cause of low birth weight, especially in the industrialized world. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2,500 g is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth¹⁰.

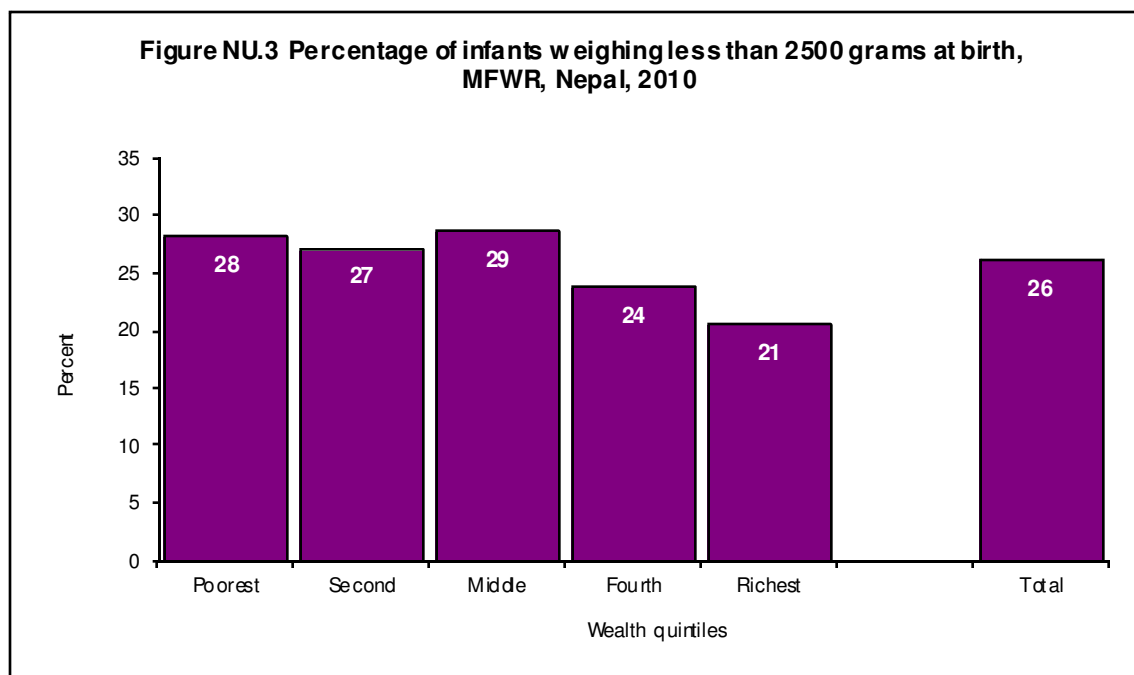
Table NU.10 shows that 26 percent of last-born children in the two years preceding the survey in the MFWR were estimated to weigh less than 2,500 g at birth. There was little variation by region, subregion or urban/rural area. Mother's education and household wealth status affected the prevalence of low birth weight: 28 percent of children whose mother had no education were estimated to have had low birth weight compared to 22 percent of children whose mother had at least secondary education, and 28 percent of children from the poorest quintile were estimated to have had low birth weight compared to 21 percent of children from the richest quintile.

Some 31 percent of last-born children in the MFWR were weighed at birth (Table NU.10). This corresponds to the approximately three in 10 deliveries that take place in institutions. The majority of births in the MFWR take place at home, where the practice of weighing babies is not common. Inaccessibility to health institutions, particularly in the Hills and Mountains, together with lack of human resources and equipment limit use of institutional delivery services. There was substantial variation in weighing at birth by background characteristics. Subregionally, variation ranged from 48 percent on the Far Western Terai to 11 percent in the Far Western Mountains. Urban children (53 percent) were much more likely to be weighed at birth than rural children (28 percent). Children whose mother had no education (20 percent) were less likely to be weighed at birth compared to children whose mother had primary education (33 percent) and children whose mother had at least secondary education (51 percent). Wealth quintile strongly affected the likelihood of being weighed at birth: only seven of children from the poorest quintile were weighed compared to 70 percent of children from the richest quintile.

¹⁰ For a detailed description of the methodology, see Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E., 1996. Data on Birth Weight in Developing Countries: Can Surveys Help? *Bulletin of the World Health Organization*, 74(2), 209-16.

Table NU.10: Low birth weight			
Percentage of last-born children in the two years preceding the survey that are estimated to have weighed below 2,500 g at birth and percentage of live births weighed at birth, MFWR, Nepal, 2010			
	Percent of live births		No. of last-born children in two years preceding survey
	Below 2,500 g [1]	Weighed at birth [2]	
Region			
Mid-Western	25.5	28.9	687
Far Western	26.8	32.6	578
Subregion			
Mid-Western Mountains	26.4	13.9	101
Mid-Western Hills	26.3	22.4	373
Mid-Western Terai	23.8	47.5	213
Far Western Mountains	28.2	10.5	104
Far Western Hills	27.9	22.9	198
Far Western Terai	25.5	47.9	275
Area			
Urban	23.6	52.9	120
Rural	26.4	28.2	1,144
Education			
None	28.3	19.8	699
Primary	25.9	33.0	230
Secondary +	21.7	51.4	335
Wealth index quintile			
Poorest	28.1	6.8	321
Second	27.1	22.9	285
Middle	28.6	24.8	255
Fourth	23.7	48.9	214
Richest	20.5	70.0	188
Total	26.1	30.6	1,265
[1] MICS Indicator 2.18			
[2] MICS Indicator 2.19			

Figure NU.3 shows the correlation between wealth quintile and low birth weight.



De-worming

NMICS 2010 inserted a country-specific module on de-worming into the household questionnaire. Information was collected for each household member aged 6–11 years on whether they had received a de-worming tablet in the year preceding the survey.

Table NU.11 shows that nearly three quarters (73 percent) of children aged 6–11 years in the MFWR had received a de-worming tablet in the year preceding the survey. Some 66 percent of children in Mid-Western Region had received a de-worming tablet compared to 82 percent in the Far Western Region. Subregionally, the highest proportion was in the Far Western Hills (86 percent) and the lowest proportion was in the Mid-Western Terai (59 percent). There was little variation by gender, urban/rural area, mother’s education or wealth quintile.

Table NU.11: De-worming of children					
Percentage of children aged 6–11 years by receipt of de-worming tablet in the year preceding the survey, MFWR, Nepal, 2010					
	Percent by receipt of de-worming tablet in year preceding survey			Total	No. of children aged 6–11 years
	Yes	No	Don't know		
Region					
Mid-Western	65.6	30.7	3.7	100.0	2,863
Far Western	81.8	16.0	2.2	100.0	2,282
Subregion					
Mid-Western Mountains	73.6	23.7	2.8	100.0	371
Mid-Western Hills	67.9	28.2	4.0	100.0	1,520
Mid-Western Terai	59.0	37.3	3.8	100.0	972
Far Western Mountains	77.6	20.8	1.6	100.0	453
Far Western Hills	86.0	11.8	2.1	100.0	828
Far Western Terai	80.1	17.3	2.6	100.0	1,002
Sex					
Male	72.0	24.5	3.5	100.0	2,588
Female	73.6	23.8	2.6	100.0	2,557
Area					
Urban	71.8	24.4	3.8	100.0	473
Rural	72.9	24.1	3.0	100.0	4,673
Mother's education					
None	71.6	25.1	3.3	100.0	4,000
Primary	76.7	21.6	1.6	100.0	546
Secondary+	76.9	20.3	2.7	100.0	593
Wealth index quintile					
Poorest	70.4	25.8	3.8	100.0	1,281
Second	70.2	27.0	2.7	100.0	1,118
Middle	72.7	23.6	3.7	100.0	1,068
Fourth	76.0	22.8	1.2	100.0	885
Richest	76.7	19.8	3.5	100.0	794
Total	72.8	24.2	3.1	100.0	5,145

V. Child Health

Vaccinations

The aim of MDG 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. However, worldwide there are still 27 million children overlooked by routine immunization and, as a result, vaccine-preventable diseases cause more than two million deaths every year.

The WFFC goal is to ensure that full immunization of children aged less than one year reaches 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

The Ministry of Health and Population in Nepal follows the UNICEF and WHO guidelines on vaccinations. Accordingly, by the age of 12 months, each child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination. Mothers in the survey were asked to provide vaccination cards for children under five. Interviewers copied vaccination information from the cards on to the NMICS 2010 questionnaire. Overall, about one fifth (21 percent) of children had vaccination cards. If the child did not have a card, the mother was asked to recall whether or not the child had received each vaccination and, for DPT and polio, how many times. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards. Only children old enough to be fully vaccinated were counted, i.e., those aged 12–23 months.

Table CH.1 shows the percentage of children aged 12–23 months in the MFWR who were vaccinated at any time before the survey according to the vaccination card or the mother's report as well as those who were vaccinated before their first birthday, as recommended. Some 89 percent had received a BCG vaccination by the age of 12 months. Similarly, 93 percent had received Polio 1 by the age of 12 months, but this declines to 77 percent for the third dose. The first dose of DPT was given to 86 percent of children, but declined to 81 percent for the second dose and 68 percent for the third dose. Coverage for measles vaccine was 83 percent. As a result, the percentage of children who had all the recommended vaccinations by their first birthday was 56 percent.

Table CH.1: Vaccinations in first year of life				
Percentage of children aged 12–23 months immunized against childhood diseases at any time before the survey and before their first birthday, MFWR, Nepal, 2010				
	Percent vaccinated any time before survey according to:			Percent vaccinated by 12 months of age
	Vaccination card	Mother's report	Either	
BCG [1]	21.2	70.9	92.2	88.8
Polio				
1	20.9	74.3	95.2	93.2
2	20.8	71.0	91.7	89.8
3 [2]	20.6	60.0	80.6	77.4
DPT				
1	20.7	67.3	88.1	86.2
2	20.6	62.3	82.9	81.1
3 [3]	20.5	49.9	70.3	67.5
Measles [4]	20.1	71.4	91.5	83.4
All vaccinations	20.3	44.3	64.6	55.7
No vaccinations	0.0	4.6	4.6	4.6
Number of children aged 12–23 months	626	626	626	626

[1] MICS Indicator 3.1
 [2] MICS Indicator 3.2
 [3] MICS Indicator 3.3
 [4] MICS Indicator 3.4; MDG Indicator 4.3

Figure CH.1 shows the percentage of children aged 12–23 months in the MFWR who had received each recommended vaccine by the age of 12 months.

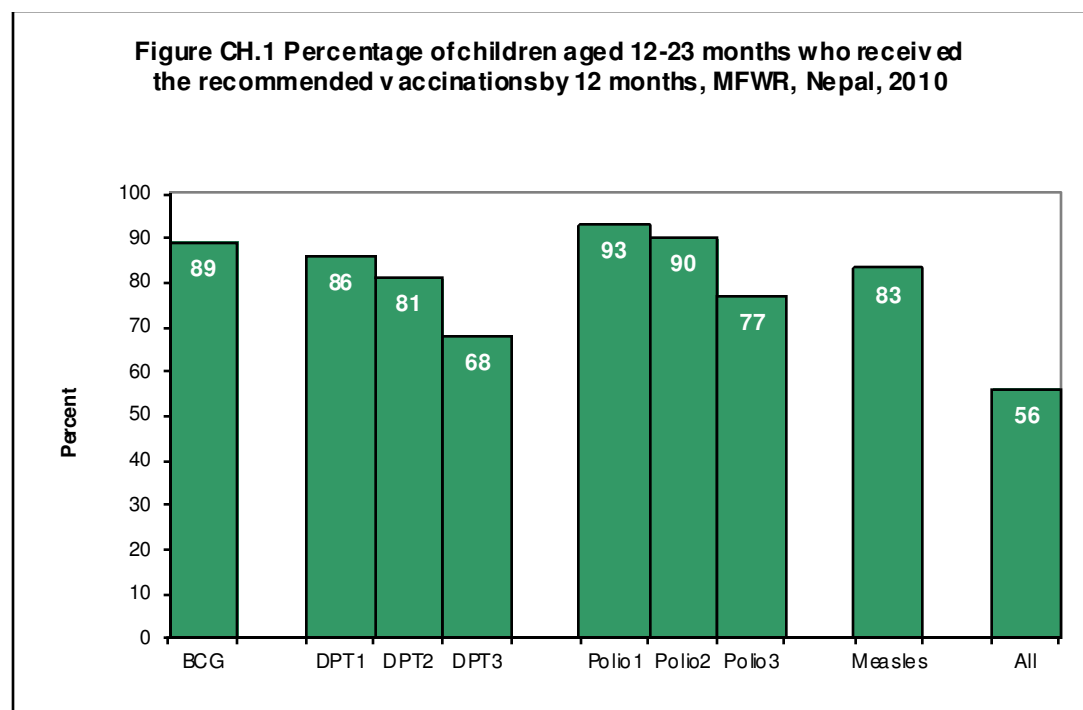


Table CH.2 shows vaccination coverage rates among children aged 12–23 months by background characteristic. The figures indicate children receiving vaccinations at any time up to the date of the survey, and are based on information from both vaccination cards and mothers'/caretakers' reports. There was little variation by region or gender. Full immunization coverage was highest in the Mid-Western Terai (76 percent) and lowest in the Mid-Western Mountains (46 percent). Children living in urban areas (58 percent) were less likely than those in rural areas (65 percent) to receive all vaccinations, and children whose mother had no education (57 percent) were less likely to receive all vaccinations than children whose mother had a primary education (75 percent) or secondary education (73 percent). The likelihood of receiving all vaccinations increases with the wealth status of the household from 60 percent in the poorest quintile to 73 percent in the richest quintile.

Table CH.2: Vaccinations by background characteristics												
Percentage of children aged 12–23 months currently vaccinated against childhood diseases, MFWR, Nepal, 2010												
	Percent of children who received:										Percent with vaccination card seen	No. of children aged 12–23 months
	BCG	Polio			DPT			Measles	None	All		
		1	2	3	1	2	3					
Region												
Mid-Western	91.3	95.4	91.5	79.8	88.0	83.1	68.3	92.5	4.3	62.3	12.4	334
Far Western	93.1	95.0	92.0	81.5	88.2	82.6	72.8	90.3	4.8	67.3	30.8	292
Subregion												
Mid-Western Mountains	93.7	95.1	90.6	65.0	90.9	82.8	59.2	89.0	3.3	45.5	6.1	52
Mid-Western Hills	88.8	95.2	92.4	81.4	87.0	81.4	69.2	92.5	4.7	65.9	6.4	171
Mid-Western Terai	94.1	95.8	90.6	84.3	88.2	86.1	71.1	94.2	4.2	64.5	24.7	111
Far Western Mountains	91.0	96.1	93.8	75.7	87.9	83.6	72.3	92.3	3.0	65.0	21.8	51
Far Western Hills	93.4	94.7	90.2	75.7	85.3	73.7	59.0	88.4	5.3	54.5	7.4	97
Far Western Terai	93.7	94.8	92.5	87.5	90.0	87.9	81.6	90.9	5.2	76.0	49.8	144
Sex												
Male	89.9	95.0	90.0	80.8	86.8	81.8	68.8	91.5	4.8	64.6	22.9	318
Female	94.5	95.5	93.4	80.3	89.4	84.0	71.9	91.5	4.3	64.5	19.1	308
Area												
Urban	89.2	90.1	86.3	83.2	82.7	80.5	62.7	85.8	9.6	57.9	32.8	65
Rural	92.5	95.8	92.3	80.3	88.7	83.2	71.2	92.2	4.0	65.3	19.6	561
Mother's education												
None	88.1	93.4	88.8	74.8	83.9	78.2	63.9	89.1	6.2	57.1	16.3	341
Primary	98.2	98.2	94.8	90.8	91.8	89.5	79.3	92.4	1.8	74.6	21.1	106
Secondary+	96.3	96.9	95.3	85.3	93.4	87.9	76.9	95.4	3.1	72.9	30.0	178
Wealth index quintile												
Poorest	91.5	98.4	95.9	79.2	88.7	77.1	63.3	94.2	1.3	59.8	7.5	144
Second	90.1	92.7	90.2	77.2	80.7	73.4	60.8	88.9	6.6	54.7	12.1	137
Middle	89.0	91.5	86.5	75.4	87.0	84.3	70.0	83.8	8.4	61.5	18.1	131
Fourth	96.5	96.6	93.4	86.7	96.3	96.3	86.0	96.6	3.4	79.0	32.1	111
Richest	95.3	97.1	92.8	87.2	89.9	87.5	76.4	95.4	2.9	72.8	43.5	103
Total	92.2	95.2	91.7	80.6	88.1	82.9	70.3	91.5	4.6	64.6	21.0	626

Japanese encephalitis

Japanese encephalitis (JE) is seasonally endemic to the Terai. The first outbreak of JE in Nepal was reported in 1978. Since then, JE infection has been reported in animal reservoirs and in humans throughout the Terai. It has also been reported outside the Terai and in the Kathmandu valley. In recent years, the Ministry of Health and Population has introduced public health interventions,

including mass immunization campaigns for children aged 1–15 years, in known JE-endemic areas. To assess coverage of JE vaccination, this Nepal-specific indicator was added to NMICS 2010. Only the mothers/caretakers of children aged 12–59 months in the Terai of the MFWR (Dang, Banke, Bardiya, Kailali and Kanchanpur) were asked whether their child had received the JE vaccination. If possible, mothers/caretakers were asked to show the vaccination card that was provided separately when the JE vaccine was given to children.

Table CH.3 shows that seven percent of children aged 12–59 months in the Terai had been vaccinated for JE at some time, according to vaccination cards observed by interviewers during the survey. In addition, the mothers/caretakers of 24 percent of children recalled that their child had received a JE vaccination. Combining the two indicates that 31 percent of children had ever been vaccinated for JE. Subregionally, 27 percent of children in the Mid-Western Terai had been vaccinated compared to 35 percent in the Far Western Terai. There is little variation by gender. Urban children (40 percent) were more likely to be vaccinated than rural children (29 percent). The likelihood of being vaccinated against JE increased with the level of mother's education and household wealth status from 25 percent for children whose mother had no education to 43 percent for children whose mother had at least secondary education, and from five percent for children in the poorest quintile to 43 percent for children in the richest quintile.

Table CH.3: Vaccination against Japanese encephalitis					
Percentage of children aged 12–59 months currently vaccinated against Japanese encephalitis, Terai subregions of MFWR, Nepal, 2010					
	Percent vaccinated for Japanese encephalitis any time before survey according to:			Total	No. of children aged 12–59 months
	Vaccination card	Mother's report	Either		
Subregion					
Mid-Western Terai	2.2	24.3	26.5	100.0	487
Far Western Terai	11.6	23.5	35.0	100.0	597
Sex					
Male	7.5	25.1	32.6	100.0	565
Female	7.2	22.5	29.7	100.0	519
Area					
Urban	7.2	33.3	40.4	100.0	208
Rural	7.4	21.6	29.0	100.0	876
Mother's education					
None	5.5	19.5	24.9	100.0	606
Primary	10.6	25.1	35.7	100.0	158
Secondary +	10.1	33.0	43.1	100.0	298
Wealth index quintile					
Poorest	0.0	5.2	5.2	100.0	63
Second	1.2	12.1	13.3	100.0	113
Middle	9.4	16.6	26.0	100.0	239
Fourth	10.6	22.7	33.4	100.0	307
Highest	6.5	36.5	43.0	100.0	361
Total	7.4	23.8	31.2	100.0	1,084

Neonatal tetanus protection

The aim of MDG 5 is to reduce the maternal mortality ratio by three quarters between 1990 and 2015, with one of the strategies being to eliminate maternal tetanus. In addition, there is a goal to reduce the incidence of neonatal tetanus to less than one case per 1,000 live births in every administrative district. One of the WFFC goals was to eliminate maternal and neonatal tetanus by 2005.

To prevent maternal and neonatal tetanus, all pregnant women should receive at least two doses of the tetanus toxoid vaccine. However, if a woman does not receive two doses of the vaccine during pregnancy, she (and her newborn) is also considered to be protected if the one of following circumstances applies.

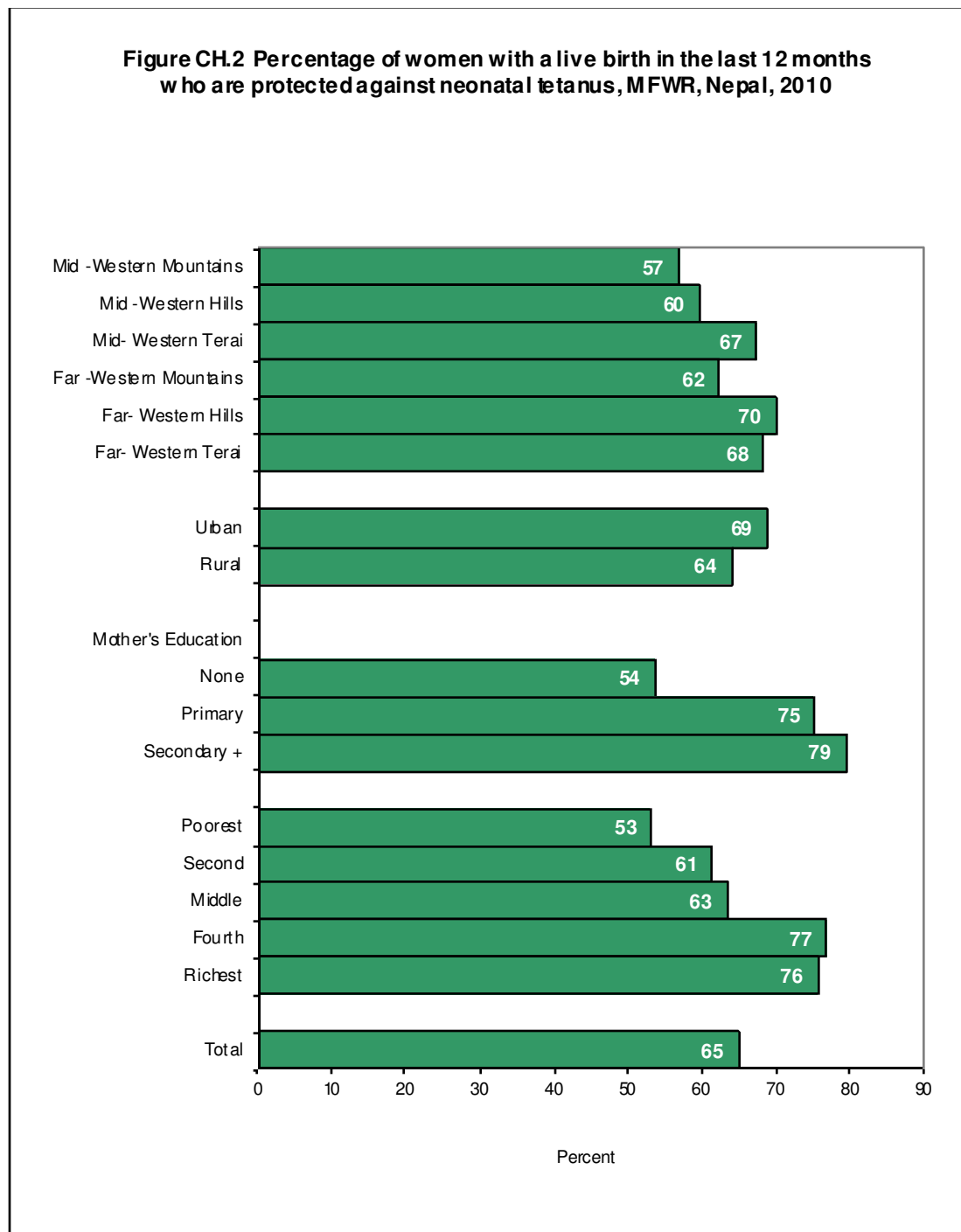
- She has received at least two doses of tetanus toxoid vaccine, the last within the prior three years
- She has received at least three doses, the last within the prior five years
- She has received at least four doses, the last within the prior 10 years
- She has received at least five doses during her lifetime

Table CH.4 shows the tetanus protection status of women aged 15–49 years in the MFWR who had a live birth in the two years preceding the survey. Around two thirds (64 percent) were found to be protected against neonatal tetanus. There was little variation by region or urban/rural area. Subregionally, the highest percentage was in the Far Western Hills (70 percent) and the lowest was in the Mid-Western Mountains (57 percent). The likelihood of protection against neonatal tetanus increased with a woman's level of education and household wealth status. Only 54 percent of women with no education were protected compared to 79 percent of women with at least secondary education. Only 53 percent of women from the poorest quintile were protected compared to 76 percent of women in the richest quintile.

Table CH.4: Neonatal tetanus protection							
Percentage distribution of women aged 15–49 years with a live birth in the two years preceding the survey protected against neonatal tetanus, MFWR, Nepal, 2010							
	Percent who received at least 2 doses during last pregnancy	Did not receive 2 or more doses during last pregnancy but received:				Protected against tetanus [1]	No. of women with a live birth in last 2 years
		2 doses, the last within 3 years	3 doses, the last within 5 years	4 doses, the last within 10 years	5 or more doses during lifetime		
Region							
Mid-Western	56.4	5.3	0.0	0.0	0.0	61.6	687
Far Western	59.8	7.9	0.1	0.0	0.0	67.7	578
Subregion							
Mid-Western Mountains	54.7	2.2	0.0	0.0	0.0	56.8	101
Mid-Western Hills	53.9	5.8	0.0	0.0	0.0	59.7	373
Mid-Western Terai	61.5	5.9	0.0	0.0	0.0	67.3	213
Far Western Mountains	59.4	2.5	0.4	0.0	0.0	62.3	104
Far Western Hills	62.3	7.6	0.0	0.0	0.0	69.9	198
Far Western Terai	58.1	10.2	0.0	0.0	0.0	68.3	275
Area							
Urban	59.0	9.9	0.0	0.0	0.0	68.9	120
Rural	57.8	6.1	0.0	0.0	0.0	64.0	1,144
Education							
None	48.9	4.8	0.1	0.0	0.0	53.7	699
Primary	64.5	10.6	0.0	0.0	0.0	75.2	230
Secondary +	72.3	7.1	0.0	0.0	0.0	79.4	335
Wealth index quintile							
Poorest	48.8	4.2	0.1	0.0	0.0	53.1	321
Second	52.9	8.6	0.0	0.0	0.0	61.5	285
Middle	58.5	4.8	0.0	0.0	0.0	63.3	255
Fourth	68.4	8.5	0.0	0.0	0.0	76.9	214
Richest	68.4	7.1	0.0	0.0	0.0	75.6	188
Total	57.9	6.5	0.0	0.0	0.0	64.4	1,265

[1] MICS Indicator 3.7

Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics.



Oral rehydration treatment for diarrhoea

Diarrhoea is the second highest cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration through the loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea—either through oral rehydration salts (ORS) or a recommended home fluid (RHF)—can prevent many of these

deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The WFFC gave a specific goal of reducing death due to diarrhoea among children under five by half between 2000 and 2010, and it also called for a reduction in the incidence of diarrhoea by 25 percent. Reducing deaths from diarrhoea would also significantly impact the MDG on reducing by two thirds the mortality rate among children under five between 1990 and 2015.

The indicators used are as follows.

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- ORT with continued feeding

In the NMICS 2010 questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks preceding the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Table CH.5 shows that 11 percent of children under five in the MFWR had had diarrhoea in the two weeks preceding the survey. There was little variation by region or gender. Subregionally, the prevalence of diarrhoea was highest among children living in the Far Western Hills (18 percent) and lowest for those in the Far Western Terai (four percent). Urban children (seven percent) were less likely than rural children (12 percent) to have diarrhoea. Children aged 12–23 months (13 percent) were more likely than other children to have diarrhoea; this is the peak weaning period. Children aged 48–59 months (eight percent) were the least likely. Mother's education and household wealth status affected the likelihood of children having diarrhoea. Children whose mother had no education (13 percent) were more likely than children whose mother had primary (11 percent) or at least secondary education (eight percent) to have diarrhoea. Children in the lowest two wealth quintiles (15 percent) were more likely than other to have diarrhoea, with those in the richest quintile (six percent) least likely.

Table CH.5 also shows the percentage of children receiving ORT (recommended liquids) during the episode of diarrhoea. About three fifths (58 percent) of children in the MFWR received ORS (Navjeevan or Jeevanjal powder mixed in water) during their diarrhoeal episode and slightly more than one fifth (22 percent) of children received a zinc tablet along with ORS. Some variations by background characteristic were noticeable; however, sample sizes were small, so these should be viewed with caution. Male children (26 percent) were more likely than female children (17 percent) and urban children (30 percent) were more likely than rural children (21 percent) to receive a zinc tablet along with ORS during an episode of diarrhoea. Children aged under one were the least likely to receive recommended liquids (32 percent) and least likely to receive a zinc tablet (six percent). Variations subregionally, by mother's education and by household wealth status showed no obvious or no reliable trends.

Table CH.5: Oral rehydration solution					
Percentage of children aged 0–59 months with diarrhoea in the preceding two weeks, and treatment with ORS, MFWR, Nepal, 2010					
	Percent with diarrhoea in two weeks preceding survey	No. of children aged 0–59 months	Percent with diarrhoea who received:		No. of children aged 0–59 months with diarrhoea in two weeks preceding survey
			ORS (Navjeevan/Jeevanjal powder mixed in water)	Zinc tablet along with ORS	
Region					
Mid-Western	12.7	1,984	51.4	22.1	252
Far Western	9.4	1,590	68.2	21.1	149
Subregion					
Mid-Western Mountains	17.4	302	68.4	32.3	53
Mid-Western Hills	11.3	1,082	41.8	18.8	122
Mid-Western Terai	12.9	600	55.0	20.2	78
Far Western Mountains	6.5	300	(53.9)	(13.6)	20
Far Western Hills	18.4	553	68.0	16.8	102
Far Western Terai	3.8	737	(79.3)	(42.0)	28
Sex					
Male	11.4	1,840	60.6	26.0	210
Female	11.0	1,734	54.4	17.0	191
Area					
Urban	7.2	312	61.2	30.2	22
Rural	11.6	3,262	57.5	21.2	379
Age					
0–11 months	11.6	689	31.9	5.5	80
12–23 months	13.1	626	64.5	16.3	82
24–35 months	12.0	714	57.7	17.6	86
36–47 months	11.5	803	73.6	36.8	92
48–59 months	8.2	743	58.1	33.0	61
Mother's education					
None	12.6	2,148	54.9	23.0	271
Primary	11.2	579	64.0	13.8	65
Secondary	7.7	846	62.7	24.2	65
Wealth index quintile					
Poorest	14.5	927	51.1	18.2	134
Second	14.9	804	55.1	20.0	120
Middle	9.0	709	67.5	27.6	63
Fourth	8.6	611	(77.1)	(25.0)	53
Richest	5.9	523	(42.4)	(25.4)	31
Total	11.2	3,574	57.7	21.7	401

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

Table CH.6 shows the percentage of children aged 0–59 months in the MFWR with diarrhoea in the two weeks preceding the survey who were given liquids and food during their episode. One quarter (25 percent) drank more liquids than usual while 36 percent drank the same amount. Some 37 percent ate somewhat less food, 33 percent ate the same amount of food, and seven percent ate much less. Children in the Far Western Region were much more likely than those in the Mid-Western Region to be given much less to drink and eat, and much less likely to be given to drink and eat. Given the sample sizes, variations by background characteristic showed no obvious or reliable trends. Generally, drinking more liquids during diarrhoea was more common than eating more food.

Table CH.6: Feeding practices during diarrhoea

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey by amount of liquids and food given during the episode of diarrhoea, MFWR, Nepal, 2010

	Percent with diarrhoea in two weeks preceding survey	No. of children aged 0–59 months	Drinking practices during diarrhoea						Total	Eating practices during diarrhoea:						Total	No. of children aged 0–59 months with diarrhoea in two weeks preceding survey	
			Given much less to drink	Given some-what less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing / don't know		Given much less to eat	Given some-what less to eat	Given about the same to eat	Given more to eat	Stopped food	Never been given food			Missing/ don't know
Region																		
Mid-Western	12.7	1,984	1.9	23.3	42.5	28.9	2.6	0.9	100.0	2.7	35.8	38.6	13.5	5.3	2.5	1.6	100.0	252
Far Western	9.4	1,590	18.3	36.6	23.5	17.3	3.4	0.8	100.0	14.2	38.9	24.4	9.1	12.0	0.7	0.8	100.0	149
Subregion																		
Mid-Western Mountains	17.4	302	4.7	18.8	37.8	34.0	1.1	3.5	100.0	4.9	44.4	28.0	8.6	10.1	1.9	2.1	100.0	53
Mid-Western Hills	11.3	1,082	0.0	19.5	43.3	33.9	3.0	0.3	100.0	0.0	23.7	46.1	20.6	5.7	1.5	2.5	100.0	122
Mid-Western Terai	12.9	600	2.9	32.3	44.4	17.5	2.9	0.0	100.0	5.4	49.0	34.0	5.6	1.5	4.5	0.0	100.0	78
Far Western Mountains	6.5	300	20.8	41.0	31.3	2.1	4.8	0.0	100.0	*	*	*	*	*	*	*	100.0	20
Far Western Hills	18.4	553	17.4	41.5	17.4	18.5	4.1	1.1	100.0	18.7	39.5	17.4	10.3	13.0	0.0	1.1	100.0	102
Far Western Terai	3.8	737	20.1	15.9	40.2	23.9	0.0	0.0	100.0	*	*	*	*	*	*	*	100.0	28
Sex																		
Male	11.4	1,840	9.0	29.7	38.3	20.1	1.6	1.2	100.0	9.0	39.1	32.6	11.2	6.6	0.7	0.9	100.0	210
Female	11.0	1,734	6.9	26.7	32.3	29.5	4.3	0.4	100.0	4.8	34.6	34.1	12.6	9.1	3.0	1.8	100.0	191
Area																		
Urban	7.2	312	5.9	31.6	35.1	23.2	2.6	1.6	100.0	8.0	41.0	29.8	8.6	8.8	2.2	1.6	100.0	22
Rural	11.6	3,262	8.1	28.0	35.5	24.7	2.9	0.8	100.0	6.9	36.7	33.5	12.1	7.7	1.8	1.3	100.0	379
Age																		
0–11 months	11.6	689	8.7	23.2	42.4	20.2	5.5	0.0	100.0	9.1	18.3	45.2	9.6	10.2	7.6	0.0	100.0	80
12–23 months	13.1	626	5.3	28.1	36.3	27.2	1.8	1.4	100.0	3.5	42.6	25.7	18.2	5.0	0.4	4.6	100.0	82
24–35 months	12.0	714	9.1	25.8	30.4	32.0	1.8	0.9	100.0	10.3	43.6	28.7	7.6	8.9	0.0	0.9	100.0	86
36–47 months	11.5	803	10.2	40.1	27.0	21.0	0.9	0.8	100.0	7.5	40.6	27.4	14.0	9.4	1.0	0.0	100.0	92
48–59 months	8.2	743	5.8	20.5	45.0	21.9	5.6	1.2	100.0	3.1	38.8	43.4	9.1	4.3	0.0	1.2	100.0	61

Cont'd Table CH.6: Feeding practices during diarrhoea

Percentage of children aged 0–59 months with diarrhoea in the two weeks preceding the survey by amount of liquids and food given during the episode of diarrhoea, MFWR, Nepal, 2010

	Percent with diarrhoea in two weeks preceding survey	No. of children aged 0–59 months	Drinking practices during diarrhoea						Total	Eating practices during diarrhoea:						Total	No. of children aged 0–59 months with diarrhoea in two weeks preceding survey	
			Given much less to drink	Given some-what less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing / don't know		Given much less to eat	Given some-what less to eat	Given about the same to eat	Given more to eat	Stopped food	Never been given food			Missing/ don't know
Mother's education																		
None	12.6	2,148	6.8	33.6	38.3	17.1	3.2	1.0	100.0	6.8	40.4	36.4	5.8	7.8	1.9	0.8	100.0	271
Primary	11.2	579	8.2	18.9	24.7	47.7	0.0	0.6	100.0	3.0	29.5	21.3	30.3	11.2	0.0	4.7	100.0	65
Secondary	7.7	846	12.6	15.4	34.2	32.7	4.5	0.6	100.0	11.7	29.7	32.4	18.8	4.2	3.3	0.0	100.0	65
Wealth index quintile																		
Poorest	14.5	927	7.8	35.8	35.1	17.0	4.1	0.3	100.0	5.4	44.2	35.9	5.4	7.3	1.4	0.3	100.0	134
Second	14.9	804	6.0	22.8	41.6	28.3	0.4	0.9	100.0	6.9	27.2	40.7	15.3	6.4	2.6	0.9	100.0	120
Middle	9.0	709	9.4	31.6	28.6	26.3	2.4	1.7	100.0	10.5	42.8	25.4	9.8	10.3	0.0	1.1	100.0	63
Fourth	8.6	611	9.7	25.3	39.5	21.6	3.2	0.7	100.0	5.8	37.1	25.8	19.2	10.3	0.9	0.7	100.0	53
Richest	5.9	523	11.2	14.7	19.9	45.0	7.9	1.2	100.0	(8.4)	(30.4)	(22.3)	(18.6)	(5.6)	(6.0)	(8.7)	100.0	31
Total	11.2	3,574	8.0	28.2	35.4	24.6	2.9	0.8	100.0	7.0	36.9	33.3	11.9	7.8	1.8	1.3	100.0	401

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases

Table CH.7 shows the percentage of children aged 0–59 months in the MFWR with diarrhoea in the two weeks preceding the survey who received oral rehydration therapy with continued feeding, and the percentage of children with diarrhoea who received other treatments. Overall, 68 percent of children with diarrhoea received ORS or increased fluids. Combining information in Tables CH.5 and CH.6 indicates that 47 percent of children received both ORS and continued feeding, as is the recommendation.

There was little variation in the correct home management of diarrhoea by region, gender, urban/rural area, mother's education or household wealth status; or sample sizes were too small to be reliable. Subregionally, the highest percentage of children receiving ORS with continued feeding was in the Far Western Terai (73 percent) and the lowest was in the Mid-Western Hills (40 percent). Children aged 0–11 months (26 percent) were less likely than other children to receive ORS with continued feeding.

Table CH.7: Oral rehydration therapy with continued feeding and other treatments

Percent of children aged 0–59 months with diarrhoea in the two weeks preceding the survey who received oral rehydration therapy with continued feeding or other treatments, MFWR, Nepal, 2010

	Percent with diarrhoea who received		Percent with diarrhoea who received other treatment								Not given any treatment or drug	No. of children aged 0–59 months with diarrhoea	
	ORS or increased fluids	ORS with continued feeding [1]	Pill or syrup				Injection		Home remedy/ herbal medicine	Other			
			Antibiotic	Zinc	Other	Unknown	Antibiotic	Unknown					
Region													
Mid-Western	64.9	45.5	4.6	7.0	.9	5.2	0.8	3.0	3.3	1.3	26.9	252	
Far Western	71.8	50.5	0.5	1.0	1.1	4.4	0.0	0.0	3.7	1.1	23.5	149	
Subregion													
Mid-Western Mountains	77.8	53.8	2.0	5.0	0.0	0.9	0.8	0.0	7.7	2.1	17.9	53	
Mid-Western Hills	58.5	39.8	7.1	4.6	1.9	5.8	0.0	6.2	3.5	0.3	31.7	122	
Mid-Western Terai	66.2	48.9	2.5	12.2	0.0	7.1	2.2	0.0	0.0	2.1	25.6	78	
Far Western Mountains	*	*	*	*	*	*	*	*	*	*	*	20	
Far Western Hills	72.9	46.3	0.3	1.5	1.5	3.6	0.0	0.0	5.5	0.0	22.7	102	
Far Western Terai	80.8	73.0	0.0	0.0	0.3	7.5	0.0	0.0	0.0	4.2	15.1	28	
Sex													
Male	67.8	50.0	1.4	6.9	1.7	1.3	0.0	0.0	3.4	1.3	26.3	210	
Female	67.1	44.5	4.9	2.5	0.2	8.9	1.1	4.0	3.6	1.1	25.0	191	
Area													
Urban	66.6	49.1	2.6	4.7	1.6	5.0	0.0	0.0	0.0	1.9	27.7	22	
Rural	67.5	47.3	3.1	4.8	0.9	4.9	0.6	2.0	3.7	1.2	25.5	379	
Age													
0–11 months	49.1	26.2	4.8	2.6	0.1	7.1	0.0	0.0	10.2	0.6	34.3	80	
12–23 months	70.5	56.3	5.9	5.0	2.8	4.3	2.0	9.3	0.0	2.1	22.3	82	
24–35 months	71.4	42.6	0.0	1.9	0.0	9.9	0.0	0.0	3.3	0.4	24.0	86	
36–47 months	79.1	59.2	3.5	1.6	0.3	0.0	0.0	0.0	1.8	0.0	19.1	92	
48–59 months	64.4	51.8	0.7	16.1	2.1	3.2	0.7	0.0	2.2	3.7	30.9	61	
Mother's education													
None	61.8	44.0	2.8	4.1	0.1	4.8	0.8	0.0	2.8	1.1	31.9	271	
Primary	83.4	55.0	7.3	3.0	2.0	7.0	0.0	11.7	5.4	0.0	11.0	65	
Secondary	75.3	53.6	0.0	9.5	3.7	3.0	0.0	0.0	4.5	2.6	14.3	65	

Cont'd Table CH.7: Oral rehydration therapy with continued feeding and other treatments

Percent of children aged 0–59 months with diarrhoea in the two weeks preceding the survey who received oral rehydration therapy with continued feeding or other treatments, MFWR, Nepal, 2010

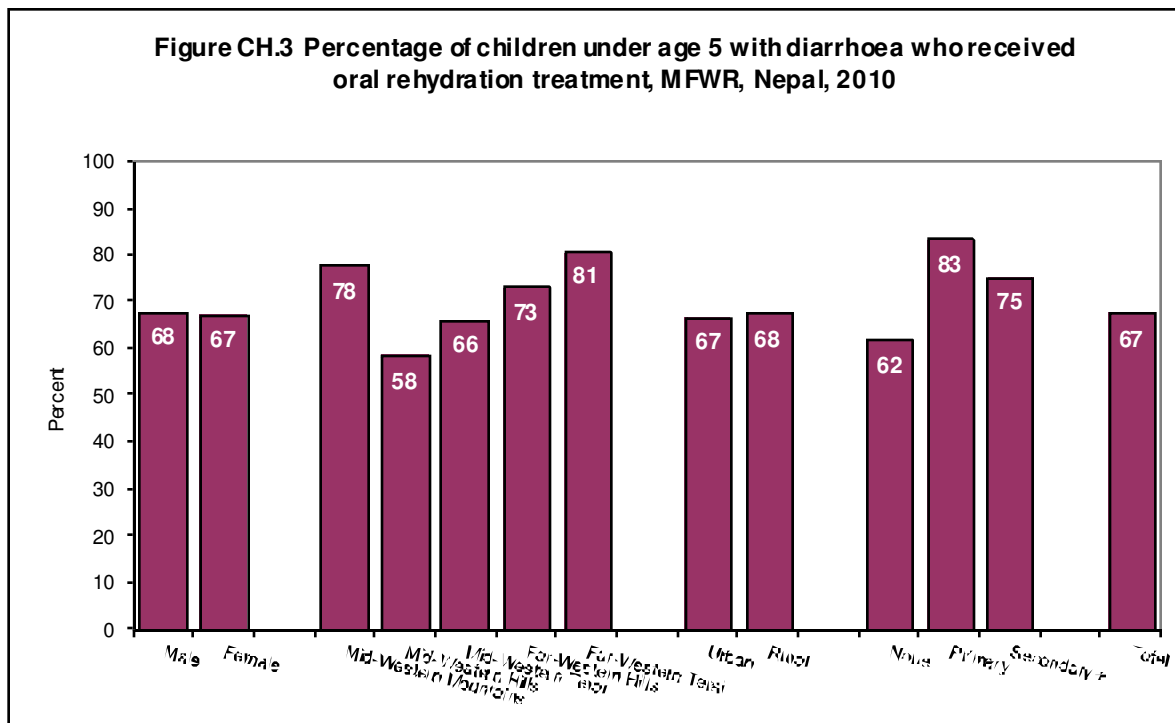
	Percent with diarrhoea who received		Percent with diarrhoea who received other treatment								Not given any treatment or drug	No. of children aged 0–59 months with diarrhoea
	ORS or increased fluids	ORS with continued feeding [1]	Pill or syrup				Injection		Home remedy/ herbal medicine	Other		
			Antibiotic	Zinc	Other	Unknown	Antibiotic	Unknown				
Wealth index quintile												
Poorest	57.4	43.0	0.5	0.5	0.9	4.0	0.0	0.0	4.0	0.7	35.9	134
Second	68.4	45.7	5.0	5.2	1.9	0.4	0.0	6.3	3.5	0.4	25.6	120
Middle	76.4	51.7	1.2	9.1	0.0	7.5	0.0	0.0	4.0	2.6	18.2	63
Fourth	(78.2)	(65.2)	(0.5)	(4.7)	(0.5)	(10.9)	(0.8)	(0)	(0)	(0.7)	13.9	53
Richest	(70.9)	(33.1)	(15.1)	(13.6)	(0.3)	(10.7)	(5.5)	(0)	(6.0)	(4.5)	(16.9)	31
Total	67.5	47.4	3.1	4.8	1.0	4.9	0.5	1.9	3.5	1.2	25.7	401

[1] MICS Indicator 3.8

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

* An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases

Figure CH.3 shows the percentage of children under five in the MFWR with diarrhoea in the two weeks preceding the survey who received ORS or increased fluids by background characteristic.



Care-seeking and antibiotic treatment of pneumonia

Pneumonia is a leading cause of death in children and the use of antibiotics in under-fives with suspected pneumonia is a key intervention. The WFFC goal is to reduce deaths due to acute respiratory infections by one third.

Children with suspected pneumonia are those who have an illness with a cough accompanied by rapid or difficult breathing and whose symptoms are not due to a problem in the chest or a blocked nose.

The indicators used are as follows.

- Prevalence of suspected pneumonia
- Care-seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Table CH.8 presents information on the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. Seven percent of children aged 0–59 months in the MFWR were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these, 51 percent were taken to an appropriate provider. About one third (32 percent) were taken to public sector health institutions (hospital: nine percent, primary healthcare centre: seven percent, and health post/sub health post: 16 percent). Around six percent received treatment from a Female Community Health Volunteer. Some 34 percent received treatment from private hospitals, clinics or pharmacies. Home remedies were given to nine percent of children and two percent visited a traditional healer. There was little variation by background characteristic.

Table CH.8: Care-seeking for suspected pneumonia and antibiotic use during suspected pneumonia

Percentage of children aged 0–59 months with suspected pneumonia in the two weeks preceding the survey who were taken to a health provider and percentage of children who were given antibiotics, MFWR, Nepal, 2010

	Percent with suspected pneumonia in two weeks preceding survey	No. of children aged 0–59 months	Percent with suspected pneumonia who were taken to:											Any appropriate provider [1]	Percent with suspected pneumonia who received antibiotics in two weeks preceding survey [2]	No. of children aged 0–59 months with suspected pneumonia in two weeks preceding survey	
			Public source						Private source		Other source						
			Government hospital	Primary health care centre	Health post/ sub health post	Village Health Worker	Mobile/ outreach clinic	Female Community Health Volunteer	Private hospital / clinic	Private pharmacy	Relative / friend	Shop	Home remedy				Traditional healer (dhami/ jharki)
Region																	
Mid-Western	7.0	1,984	5.6	2.2	20.9	1.9	2.5	5.7	18.3	15.8	0.2	.0	5.8	1.7	51.3	57.3	139
Far Western	7.6	1,590	12.6	11.8	10.5	0.2	1.4	5.4	20.6	13.9	1.1	1.1	11.8	1.6	50.8	54.6	120
Subregion																	
Mid-Western Mountains	5.0	302	11.5	3.7	28.9	6.4	0.0	9.4	3.2	12.9	1.9	0.0	0.0	0.0	53.6	(47.7)	15
Mid-Western Hills	7.6	1,082	5.3	3.0	21.5	0.0	4.3	4.8	16.6	17.9	0.0	0.0	4.0	0.0	50.6	(64.9)	82
Mid-Western Terai	7.0	600	4.0	0.0	16.7	4.0	0.0	6.2	27.2	12.9	0.0	0.0	11.4	5.5	52.0	(45.8)	42
Far Western Mountains	2.1	300	7.4	0.0	43.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.6	0.0	50.5	*	6
Far Western Hills	11.6	553	9.7	17.9	10.1	0.4	0.0	10.1	13.6	7.4	0.0	0.0	10.4	3.1	47.3	52.8	64
Far Western Terai	6.8	737	17.0	5.4	7.0	0.0	3.3	0.0	32.1	23.9	2.7	2.7	14.2	0.0	55.4	(59.4)	50
Sex																	
Male	7.3	1,840	8.7	7.4	15.1	1.9	1.2	2.8	24.8	15.1	0.2	0.0	6.8	1.5	55.8	59.3	135
Female	7.2	1,734	9.0	5.8	17.1	0.3	2.8	8.5	13.5	14.7	1.1	1.1	10.5	1.8	46.0	52.5	124
Area																	
Urban	7.6	312	3.7	1.1	5.2	1.1	0.0	2.0	47.8	23.3	0.0	0.0	1.2	0.0	58.1	(64.1)	24
Rural	7.2	3,262	9.4	7.2	17.2	1.1	2.2	5.9	16.5	14.1	0.7	0.6	9.3	1.8	50.4	55.2	236
Age																	
0–11 months	8.4	689	18.5	2.3	25.8	0.0	0.0	2.7	11.5	8.2	0.5	0.0	10.4	1.7	52.3	(54.7)	58
12–23 months	8.8	626	6.7	6.7	18.5	0.3	0.0	8.1	15.5	22.4	2.5	0.0	13.9	4.2	44.5	(62.6)	55
24–35 months	8.2	714	0.8	6.1	13.9	0.4	8.8	2.9	26.6	19.5	0.0	2.3	8.5	0.0	54.5	63.6	59
36–47 months	7.0	803	10.4	9.0	12.7	1.4	0.0	4.3	15.6	10.6	0.0	0.0	6.2	1.8	49.1	42.1	56
48–59 months	4.2	743	7.2	11.2	4.0	5.3	0.0	13.6	33.8	13.4	0.0	0.0	0.0	0.0	57.8	(58.1)	31

Cont'd Table CH.8: Care-seeking for suspected pneumonia and antibiotic use during suspected pneumonia

Percentage of children aged 0–59 months with suspected pneumonia in the two weeks preceding the survey who were taken to a health provider and percentage of children who were given antibiotics, MFWR, Nepal, 2010

	Percent with suspected pneumonia in two weeks preceding survey	No. of children aged 0–59 months	Percent with suspected pneumonia who were taken to:												Any appropriate provider [1]	Percent with suspected pneumonia who received antibiotics in two weeks preceding survey [2]	No. of children aged 0–59 months with suspected pneumonia in two weeks preceding survey
			Public source						Private source		Other source						
			Government hospital	Primary healthcare centre	Health post/ sub health post	Village Health Worker	Mobile/ outreach clinic	Female Community Health Volunteer	Private hospital / clinic	Private pharmacy	Relative / friend	Shop	Home remedy	Traditional healer (dhami/ jharki)			
Mother's education																	
None	7.6	2,148	9.3	6.5	17.2	1.5	2.1	4.5	17.6	11.3	0.2	0.8	9.3	0.6	52.0	51.9	164
Primary	7.5	579	8.9	12.8	9.2	0.6	3.7	12.6	22.9	10.8	0.0	0.0	5.3	5.3	58.0	(76.9)	44
Secondary	6.1	846	7.3	1.9	18.1	0.3	0.0	3.0	22.0	29.9	2.6	0.0	8.8	1.9	42.5	(51.8)	52
Wealth index quintile																	
Poorest	6.4	927	1.1	8.1	19.9	0.7	5.9	4.1	11.9	6.1	0.5	0.0	14.5	1.7	45.5	45.9	60
Second	8.0	804	13.2	8.6	9.9	1.0	0.0	8.6	19.9	7.3	2.1	0.0	3.2	1.5	52.7	45.8	64
Middle	9.5	709	11.1	6.7	20.1	0.0	0.0	7.4	15.8	23.5	0.0	0.0	6.2	3.4	49.9	61.7	67
Fourth	7.4	611	13.8	5.1	21.9	0.4	0.0	1.0	25.3	23.6	0.0	0.0	16.1	0.0	58.2	(71.9)	45
Richest	4.3	523	0.4	0.0	0.0	7.4	7.2	4.2	35.9	17.2	0.0	5.9	0.0	0.0	50.8	(63.7)	23
Total	7.3	3,574	8.8	6.6	16.1	1.1	2.0	5.6	19.3	14.9	0.6	0.5	8.5	1.6	51.1	56.1	259

[1] MICS Indicator 3.9

[2] MICS Indicator 3.10

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

* An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases

One case with missing 'mother's education' not shown

Some 56 percent of under-fives in the MFWR with suspected pneumonia had received an antibiotic during the two weeks preceding the survey (Table CH.8). There was little variation by background characteristic or sample sizes were too small to show reliable trends.

Mothers' knowledge of the danger signs of pneumonia is an important determinant in care-seeking behaviour. Information on care-seeking behaviour is presented in Table CH.9. Overall, six percent of mothers/caretakers knew of the two danger signs of pneumonia—fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility was fever (89 percent); this was followed by 'becomes sicker' (39 percent). Some 19 percent of mothers/caretakers identified 'fast breathing' and 22 percent identified 'has difficulty breathing' as symptoms requiring children to be taken to a healthcare provider immediately. There was little variation by background characteristic in mothers/caretakers knowledge of the two danger signs of pneumonia.

Table CH.9: Care seeking of illness symptoms										
Percentage of mothers and caretakers of children aged 0–59 months by symptoms that would cause them to take the child immediately to a health facility, and percentage of mothers who recognize fast and difficult breathing as signs for seeking care immediately, MFWR, Nepal, 2010										
	Percent of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child:								Mothers / caretakers who recognized the two danger signs of pneumonia	No. of mothers/ caretakers of children aged 0–59 months
	Is not able to drink or breast-feed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Region										
Mid-Western	16.5	39.6	91.9	18.8	21.2	12.6	8.2	34.6	5.0	1,463
Far Western	25.8	37.1	85.7	19.6	23.7	11.9	5.5	35.3	7.5	1,166
Subregion										
Mid-Western Mountains	22.6	36.8	84.8	16.2	17.6	14.6	9.9	30.9	5.7	212
Mid-Western Hills	11.4	38.4	95.2	16.0	19.2	11.8	10.7	40.7	3.6	801
Mid-Western Terai	22.5	43.0	89.4	25.0	26.4	13.2	2.9	25.4	7.2	450
Far Western Mountains	9.0	38.9	83.2	27.3	18.3	4.3	2.7	40.7	8.8	216
Far Western Hills	31.6	36.3	81.9	19.3	18.3	9.7	10.9	41.3	7.2	395
Far Western Terai	28.2	37.0	89.3	16.7	29.6	16.5	2.8	29.0	7.2	555
Area										
Urban	24.2	26.4	90.4	20.4	24.2	18.0	4.0	33.8	8.1	232
Rural	20.2	39.6	89.0	19.0	22.1	11.8	7.3	35.0	5.9	2,397
Education										
None	20.4	38.4	87.4	18.6	20.5	11.9	7.0	34.7	5.4	1,554
Primary	17.9	38.7	92.5	17.2	28.1	10.9	8.6	37.3	6.5	431
Secondary +	22.8	38.5	91.1	21.9	22.9	14.4	5.8	33.8	7.7	643
Wealth index quintile										
Poorest	16.4	33.6	86.2	14.8	15.3	7.8	8.2	43.0	3.9	667
Second	18.7	34.8	91.0	19.7	21.1	11.4	10.3	36.7	5.8	567
Middle	23.4	43.1	90.4	18.3	25.2	14.1	5.8	31.2	6.1	520
Fourth	24.4	40.8	88.9	23.4	27.2	13.7	4.9	31.5	8.3	472
Richest	22.1	43.1	90.0	21.8	26.1	17.2	4.3	27.8	7.6	403
Total	20.6	38.5	89.1	19.1	22.3	12.3	7.0	34.9	6.1	2,629

Solid fuel use

More than three billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, such as cooking and heating. Cooking and heating with solid fuels with traditional cooking stoves leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is pollution from the products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO₂, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease and cancer, and possibly of tuberculosis, low birth weight, cataracts and asthma. The main indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Overall, nearly 93 percent of all household members in the MFWR used solid fuels for cooking (Table CH.10). Use of solid fuels was common among household members across all subregions, although it was a little lower in the Terai than the Hills and Mountains. It was almost universal in rural areas (95 percent) compared to urban areas (74 percent). It was also higher in households whose household head had no education (97 percent) compared to households whose household head had at least secondary education (86 percent). Although household members in the four poorest wealth quintiles had similar levels of use, at 99 percent, households in the richest quintile had strikingly lower use, at only 66 percent. Most household members use firewood (92 percent) for cooking purposes; this was followed by liquefied petroleum gas (LPG) (four percent) and biogas (three percent).

Table CH.10: Solid fuel use

Percentage of household members according to type of cooking fuel used by the household, and percentage of household members living in households using solid fuels for cooking, MFWR, Nepal, 2010

	Percent household members in households using:											No. of household members	
	Electricity	Liquefied petroleum gas (LPG)	Biogas	Kerosene	Solid fuels				Other	No food cooked in household	Total		Solid fuels for cooking [1]
					Wood	Straw, shrubs, grass	Animal dung/ briquette	Agricultural crop residue					
Region													
Mid-Western	0.0	4.7	2.1	0.2	91.8	0.0	0.6	0.1	0.4	0.0	100.0	92.5	17,155
Far Western	0.2	1.9	4.2	0.2	92.9	0.0	0.1	0.3	0.3	0.0	100.0	93.3	14,105
Subregion													
Mid-Western Mountains	0.0	0.0	0.0	0.1	99.9	0.0	0.0	0.0	0.0	0.0	100.0	99.9	2,033
Mid-Western Hills	0.0	4.0	0.4	0.3	94.9	0.1	0.4	0.0	0.0	0.0	100.0	95.3	8,559
Mid-Western Terai	0.0	7.2	5.1	0.2	85.3	0.0	1.1	0.2	0.9	0.0	100.0	86.6	6,564
Far Western Mountains	0.0	0.0	0.1	0.1	99.6	0.1	0.0	0.0	0.0	0.0	100.0	99.7	2,438
Far Western Hills	0.0	0.3	0.1	0.2	99.4	0.0	0.0	0.0	0.0	0.0	100.0	99.4	4,339
Far Western Terai	0.4	3.5	7.9	0.1	86.8	0.0	0.1	0.5	0.5	0.0	100.0	87.5	7,327
Area													
Urban	0.2	18.2	6.7	0.3	72.1	0.0	0.7	0.7	1.1	0.1	100.0	73.5	3,376
Rural	0.1	1.7	2.6	0.2	94.8	0.0	0.3	0.1	0.2	0.0	100.0	95.2	27,884
Education of household head													
None	0.1	0.8	1.9	0.1	96.1	0.0	0.5	0.2	0.3	0.0	100.0	96.8	15,094
Primary	0.0	3.1	2.9	0.3	92.6	0.0	0.6	0.0	0.5	0.0	100.0	93.2	7,287
Secondary +	0.3	8.3	5.1	0.3	85.7	0.0	0.0	0.2	0.2	0.0	100.0	85.9	8,782
Wealth index quintile													
Poorest	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	6,252
Second	0.0	0.0	0.0	0.2	99.6	0.0	0.2	0.0	0.0	0.0	100.0	99.8	6,253
Middle	0.0	0.0	0.0	0.5	98.0	0.0	1.4	0.2	0.0	0.0	100.0	99.5	6,254
Fourth	0.1	0.1	0.8	0.0	98.3	0.1	0.1	0.3	0.0	0.0	100.0	98.9	6,251
Richest	0.4	17.2	14.4	0.2	65.7	0.0	0.2	0.3	1.6	0.0	100.0	66.2	6,250
Total	0.1	3.5	3.1	0.2	92.3	0.0	0.4	0.2	0.3	0.0	100.0	92.9	31,260

[1] MICS Indicator 3.11

97 cases with missing 'education of household head' not shown

Solid-fuel use on its own is a poor proxy for indoor air pollution, since the concentration of pollutants differs when the same fuel is burnt in different types of stove or fire. Use of dosed stoves with chimneys minimizes indoor air pollution, while an open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels. Solid-fuel use by place of cooking for household members in the MFWR is shown in Table CH.11. Some 46 percent of household members used a separate room as a kitchen, but another 46 percent used any place in the house for cooking. A low proportion of household members used a separate building (seven percent) and only one percent cooked outdoors.

There was little variation in the use of a separate kitchen by region or urban/rural area. Subregionally, the highest percentage was in the Mid-Western Hills (53 percent) and lowest was in the Far Western Mountains (30 percent). Having a separate kitchen had a positive correlation with the level of education of the household head and with the economic status of the household. In households where the household head had at least secondary education, household members were more likely to cook in a separate kitchen than in households where the household head had no education (56 percent compared to 40 percent). In households in the richest quintile, household members were more likely to cook in a separate kitchen than in households in the poorest quintile (64 percent compared to 24 percent). The practice of cooking elsewhere in the house was most common in the Far Western Mountains (68 percent), in rural areas (47 percent) and in households in the poorest quintile (75 percent).

Table CH.11: Solid-fuel use by place of cooking								
Percentage of household members in households using solid fuels by place of cooking, MFWR, Nepal, 2010								
	Place of cooking:						Total	No. of household members using solid fuels for cooking
	In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	Other	Missing		
Region								
Mid-Western	49.4	42.2	7.5	1.0	0.0	0.0	100.0	15,875
Far Western	42.3	49.4	6.6	1.6	0.0	0.0	100.0	13,158
Subregion								
Mid-Western Mountains	38.4	60.6	0.8	0.2	0.1	0.0	100.0	2,030
Mid-Western Hills	53.4	43.3	2.7	0.6	0.0	0.0	100.0	8,160
Mid-Western Terai	47.4	34.0	16.8	1.7	0.0	0.1	100.0	5,685
Far Western Mountains	30.0	68.3	1.5	0.2	0.0	0.0	100.0	2,431
Far Western Hills	35.2	61.2	3.3	0.2	0.0	0.0	100.0	4,315
Far Western Terai	51.7	34.4	10.8	3.1	0.1	0.0	100.0	6,412
Area								
Urban	49.9	27.0	19.0	3.9	0.2	0.0	100.0	2,482
Rural	45.8	47.2	6.0	1.0	0.0	0.0	100.0	26,551
Education of household head								
None	39.5	52.1	6.7	1.6	0.0	0.0	100.0	14,610
Primary	49.0	45.1	5.2	0.7	0.0	0.0	100.0	6,791
Secondary +	56.3	33.0	9.6	1.0	0.0	0.0	100.0	7,544
Wealth index quintile								
Poorest	24.0	74.9	0.7	0.3	0.0	0.1	100.0	6,252
Second	42.0	56.3	1.3	0.3	0.0	0.0	100.0	6,238
Middle	49.3	45.5	3.8	1.3	0.0	0.0	100.0	6,223
Fourth	57.5	28.0	11.9	2.6	0.1	0.0	100.0	6,182
Richest	64.2	10.7	23.1	2.0	0.0	0.0	100.0	4,137
Total	46.2	45.5	7.1	1.3	0.0	0.0	100.0	29,033
88 cases with missing 'education of household head' not shown								

Malaria

Malaria contributes to anaemia in children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. In addition, children recovering from malaria should be given extra liquids and food and, for younger children, should continue breastfeeding. USAID has promoted malaria control programmes in Nepal since 1954. In 1993, WHO initiated the Global Malaria Control Strategy to focus on problem areas. Areas with a high incidence of malaria in Nepal were identified, and 12 priority districts in the forest area, foothills and inner Terai were targeted for focused initiatives under the Roll Back Malaria Strategy. Currently, malaria control activities are in place in 65 of the country's 75 districts.

Questions on the prevalence and treatment of fever were asked of mothers/caretakers of all children under five. About one fifth (19 percent) of children were ill with fever in the two weeks preceding the survey (Table CH.12). There was little variation by region, gender, mother's education or wealth quintile. Differences in fever prevalence across subregions were large, ranging from six percent in the Far Western Mountains to 29 percent in the Mid-Western Terai. Fever prevalence declined with age and peaked at 12–23 months (22 percent).

Table CH.12: Anti-malarial treatment of children with anti-malarial drugs

Percentage of children aged 0–59 months with fever in the two weeks preceding the survey who received anti-malarial drugs, MFWR, Nepal, 2010

	Percent who had a fever in two weeks preceding survey	No. of children aged 0–59 months	Percent with a fever in two weeks preceding survey who were treated with:											Don't know	Percent who took an anti-malarial drug on same or next day [2]	No. of children with fever in two weeks preceding survey
			Anti-malarial							Other medications						
			SP/Fansidar	Chloroquine	Amodiaquine	Quinine	Artemisinin-based combinations	Other anti-malarial	Any anti-malarial drug [1]	Paracetamol/Panadol/Acetaminophan	Aspirin	Ibuprofen	Other			
Region																
Mid-Western	19.3	1,984	0.0	0.1	0.0	0.0	0.2	0.4	0.6	15.6	0.0	0.1	1.8	4.8	0.2	382
Far Western	18.6	1,590	0.0	0.0	0.0	0.0	0.0	0.3	0.3	5.9	0.4	0.0	3.0	12.0	0.1	295
Subregion																
Mid-Western Mountains	13.7	302	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	0.0	1.3	1.8	3.8	0.0	41
Mid-Western Hills	15.2	1,082	0.0	0.0	0.0	0.0	0.0	0.9	0.9	10.5	0.0	0.0	0.3	3.9	0.0	165
Mid-Western Terai	29.3	600	0.0	0.2	0.0	0.0	0.3	0.0	0.5	23.1	0.0	0.0	3.3	5.9	0.5	176
Far Western Mountains	5.7	300	(0.0)	(0)	0.0	0.0	(0)	(5.1)	(5.1)	(5.4)	(0)	(0)	(0)	(2.8)	(2.4)	17
Far Western Hills	28.4	553	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.8	0.0	1.7	19.0	0.0	157
Far Western Terai	16.4	737	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.7	0.0	0.0	5.1	4.1	0.0	121
Sex																
Male	18.0	1,840	0.0	0.1	0.0	0.0	0.2	0.1	0.4	9.0	0.4	0.0	1.5	4.4	0.3	331
Female	20.0	1,734	0.0	0.0	0.0	0.0	0.0	0.5	0.5	13.6	0.0	0.2	3.2	11.2	0.1	347
Area																
Urban	27.2	312	0.0	0.3	0.0	0.0	0.7	0.0	1.0	13.7	0.0	0.0	6.7	6.9	1.0	85
Rural	18.2	3,262	0.0	0.0	0.0	0.0	0.0	0.4	0.4	11.1	0.2	0.1	1.7	8.1	0.1	593
Age																
0–11 months	19.5	689	0.0	0.0	0.0	0.0	0.0	1.1	1.1	9.3	1.0	0.0	3.3	8.1	0.0	134
12–23 months	22.4	626	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.3	0.0	0.0	0.1	7.2	0.0	140
24–35 months	20.5	714	0.0	0.0	0.0	0.0	0.0	0.3	0.3	11.3	0.0	0.4	1.8	8.8	0.0	146
36–47 months	16.7	803	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.5	0.0	0.0	3.1	9.0	0.0	134
48–59 months	16.6	743	0.0	0.2	0.0	0.0	0.5	0.3	1.1	10.6	0.0	0.0	3.6	6.3	1.1	123
Mother's education																
None	19.2	2,148	0.0	0.0	0.0	0.0	0.1	0.2	0.4	10.9	0.0	0.1	2.2	9.5	0.2	413
Primary	22.2	579	0.0	0.0	0.0	0.0	0.0	1.1	1.1	9.0	0.0	0.0	0.9	6.6	0.0	128
Secondary	16.2	846	0.0	0.2	0.0	0.0	0.0	0.0	0.2	15.0	1.0	0.0	4.2	4.4	0.2	137

Cont'd Table CH.12: Anti-malarial treatment of children with anti-malarial drugs

Percentage of children aged 0–59 months with fever in the two weeks preceding the survey who received anti-malarial drugs, MFWR, Nepal, 2010

	Percent who had a fever in two weeks preceding survey	No. of children aged 0–59 months	Percent with a fever in two weeks preceding survey who were treated with:											Don't know	Percent who took an anti-malarial drug on same or next day [2]	No. of children with fever in two weeks preceding survey
			Anti-malarial							Other medications						
			SP/Fansidar	Chloroquine	Amodiaquine	Quinine	Artemisinin-based combinations	Other anti-malarial	Any anti-malarial drug [1]	Paracetamol/Panadol/Acetaminophan	Aspirin	Ibuprofen	Other			
Wealth index quintile																
Poorest	17.5	927	0.0	0.0	0.0	0.0	0.0	1.2	1.2	9.3	0.0	0.3	1.5	13.0	0.0	163
Second	18.6	804	0.0	0.0	0.0	0.0	0.4	0.0	0.4	9.3	0.0	0.0	1.7	9.9	0.4	150
Middle	19.5	709	0.0	0.0	0.0	0.0	0.0	0.3	0.3	16.2	1.0	0.0	0.9	9.1	0.3	138
Fourth	20.4	611	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.9	0.0	0.0	3.7	2.1	0.0	125
Richest	19.7	523	0.0	0.3	0.0	0.0	0.0	0.0	0.3	17.9	0.0	0.0	4.9	2.6	0.3	103
Total	19.0	3,574	0.0	0.0	0.0	0.0	0.1	0.3	0.5	11.4	0.2	0.1	2.3	7.9	0.2	678

[1] MICS Indicator 3.18; MDG Indicator 6.8

[2] MICS Indicator 3.17

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

One case with missing 'mother's education' not shown

Mothers were asked to report all of the medicines given to a child to treat fever, including both medicines given at home and medicines given or prescribed at a health facility. Overall, less than one percent (0.5 percent) of children with fever were treated with an 'appropriate' anti-malarial drug, and only 0.2 percent received anti-malarial drugs within 24 hours of the onset of symptoms.

Table CH.13 provides information on children aged 0–59 months in the MFWR who had a fever in the two weeks preceding the survey and who received a finger or heel stick for malaria testing. Overall, six percent of children had a finger or heel stick. There was little variation by region, urban/rural area or mother's education. Subregionally, the highest proportion of children receiving a finger or heel stick was in the Mid-Western Terai (nine percent) and the lowest was in the Far Western Terai (two percent). Boys (eight percent) were more likely than girls (four percent) to have a finger or heel stick. Only two percent of children aged 12–23 months received a finger or heel stick. There was no obvious trend by wealth quintile, although children from the second quintile (10 percent) were most likely to receive a finger or heel stick and children from the poorest quintile (three percent) were least likely.

Table CH.13: Malaria diagnostics usage		
Percentage of children aged 0–59 months who had a fever in the two weeks preceding the survey and who had a finger or heel stick for malaria testing, MFWR, Nepal, 2010		
	Percent who had a finger or heel stick [1]	No. of children aged 0–59 months with fever in two weeks preceding survey
Region		
Mid-Western	7.2	382
Far Western	3.7	295
Subregion		
Mid-Western Mountains	6.6	41
Mid-Western Hills	5.7	165
Mid-Western Terai	8.8	176
Far Western Mountains	(5.5)	17
Far Western Hills	4.9	157
Far Western Terai	2.0	121
Sex		
Male	7.8	331
Female	3.7	347
Area		
Urban	4.0	85
Rural	5.9	593
Age		
0–11 months	6.2	134
12–23 months	1.9	140
24–35 months	8.3	146
36–47 months	5.3	134
48–59 months	6.6	123
Mother's education		
None	5.7	413
Primary	4.3	128
Secondary	6.9	137
Wealth index quintile		
Poorest	3.3	163
Second	9.7	150
Middle	4.1	138
Fourth	4.5	125
Richest	7.2	103
Total	5.7	678
[1] MICS Indicator 3.16		
Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases		

VI. Water and Sanitation

Safe drinking water and proper sanitation and hygiene practices are basic necessities for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. 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 from long distances. Proper sanitation and hygiene can significantly reduce the incidence of diseases such as diarrhoea, polio and acute respiratory infections.

The MDG target is to reduce the proportion of people without sustainable access to safe drinking water and basic sanitation by half between 1990 and 2015. The WFFC goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third. The Government of Nepal's national goal is to achieve universal coverage of water supply and sanitation services by 2017.

Indicators used for water, sanitation and hygiene in NMICS 2010 are as follows.

- Use of improved source of drinking water
- Use of appropriate water treatment method
- Time taken to collect drinking water from source
- Person collecting drinking water
- Use of improved sanitation facilities
- Sanitary disposal of child's faeces
- Presence of water and soap at place for hand-washing
- Distance between latrine and hand-washing place

For more details on water and sanitation and to access some reference documents, please visit the UNICEF Childinfo website <http://www.childinfo.org/wes.html>.

Use of improved drinking water sources

Table WS.1 shows the proportion of the population by source of drinking water. Improved sources include piped water (into dwelling, compound, yard or plot, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection/harvesting. Unimproved sources include unprotected well, unprotected spring, tanker or truck, and surface water. Bottled water is considered an improved water source only if the household uses water from an improved source for other purposes such as cooking and personal hygiene.

Overall, 83 percent of the population in the MFWR used an improved source of drinking water. There was little variation by region or education of household head. Subregionally, the highest proportion was in the Far Western Terai (99 percent) and the lowest proportion was in the Far Western Mountains (70 percent). The urban population (91 percent) was more likely to use an improved source of drinking water than the rural population (82 percent). The use of an improved source of drinking water was positively associated with the economic status of the household. People living in the richest households (96 percent) were more likely to use an improved source of drinking water than people in the poorest households (64 percent).

About one third (30 percent) of the population in the MFWR used public tap/standpipe as an improved source; this was followed by tube well/handpump without a platform (17 percent) and tube well/handpump with a platform (16 percent). Some one in 10 (10 percent) use an unprotected spring for drinking water (an unimproved source).

Table WS.1: Use of improved water sources

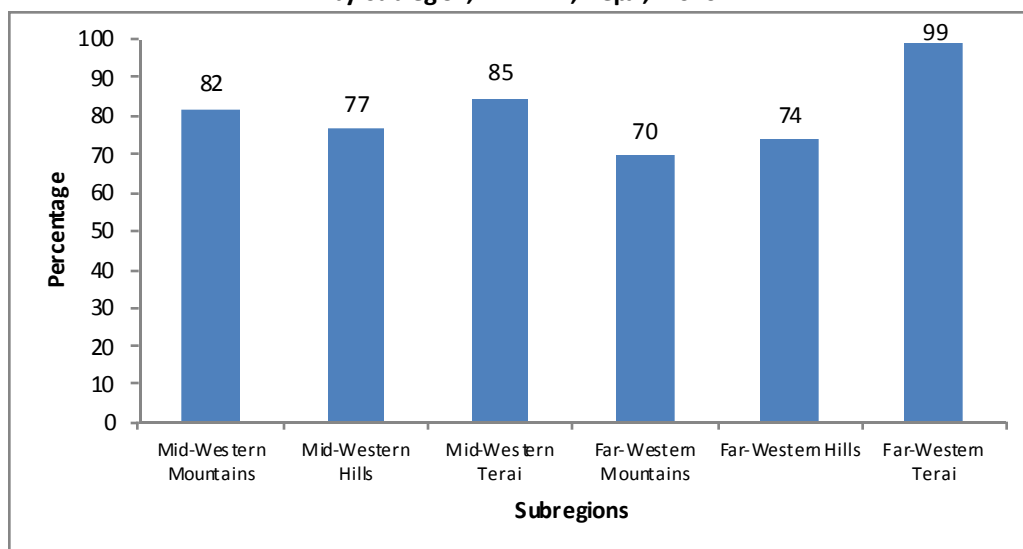
Percentage of household population according to main source of drinking water and percentage of household population using improved drinking water sources, MFWR, Nepal, 2010

	Percent according to main source of drinking water who are using:															Total	Percent using improved source of drinking water [1]	No. of household members
	Improved source:									Unimproved source:								
	Piped water:			Public tap/stand-pipe	Tube well, hand-pump without platform	Tube well, hand-pump with platform	Protected well	Protected spring	Rain-water collection/harvesting	Unprotected well	Unprotected spring	Tanker/truck	Surface water	Bottled water	Other			
Into dwelling	Into compound, yard or plot	To neighbours																
Region																		
Mid-Western	2.3	10.5	2.0	33.0	11.0	11.2	3.0	7.2	0.0	3.1	10.4	0.0	5.3	0.1	0.9	100.0	80.2	17,155
Far Western	0.9	5.5	3.1	25.8	23.9	21.0	0.3	5.4	0.0	0.3	9.1	0.0	4.0	0.1	0.5	100.0	86.1	14,105
Subregion																		
Mid-Western Mountains	0.2	3.8	1.0	55.8	0.0	0.0	0.1	20.9	0.0	0.3	7.7	0.0	10.0	0.0	0.3	100.0	81.8	2,033
Mid-Western Hills	3.3	13.9	2.5	47.1	0.0	0.4	0.6	8.7	0.0	1.3	15.5	0.0	6.5	0.0	0.2	100.0	76.5	8,559
Mid-Western Terai	1.6	8.1	1.6	7.7	28.8	28.7	6.9	1.1	0.0	6.4	4.6	0.0	2.3	0.2	2.0	100.0	84.5	6,564
Far Western Mountains	0.6	11.6	1.6	46.7	0.0	0.0	0.4	8.6	0.1	0.8	19.4	0.2	9.5	0.1	0.3	100.0	69.7	2,438
Far Western Hills	1.4	5.5	7.9	46.4	0.0	0.0	0.2	12.4	0.0	0.2	18.6	0.0	7.4	0.0	0.0	100.0	73.8	4,339
Far Western Terai	0.8	3.4	0.7	6.7	46.0	40.4	0.3	0.3	0.0	0.2	0.1	0.0	0.1	0.2	0.9	100.0	98.6	7,327
Area																		
Urban	5.6	12.0	3.5	8.7	13.1	38.8	5.2	4.5	0.0	3.5	2.5	0.0	1.2	0.6	0.8	100.0	91.3	3,376
Rural	1.2	7.8	2.4	32.3	17.3	12.8	1.4	6.6	0.0	1.6	10.7	0.0	5.1	0.0	0.7	100.0	81.8	27,884
Education of household head																		
None	1.0	6.6	2.5	31.1	17.8	12.6	1.8	6.9	0.0	2.1	11.5	0.0	5.1	0.0	1.0	100.0	80.2	15,094
Primary	1.3	7.1	2.5	28.5	19.6	16.4	1.7	5.3	0.0	1.9	9.7	0.0	5.2	0.0	0.7	100.0	82.4	7,287
Secondary +	3.2	11.7	2.4	28.8	12.9	20.3	1.8	6.5	0.0	1.3	6.9	0.0	3.7	0.2	0.2	100.0	87.6	8,782
Missing/don't know	1.6	29.0	1.8	13.2	10.3	14.8	0.0	3.7	0.0	2.1	16.6	0.0	6.9	0.0	0.0	100.0	74.4	97
Wealth index quintile																		
Poorest	0.0	1.3	2.3	47.6	0.9	0.0	0.1	11.2	0.0	1.1	25.2	0.0	10.1	0.0	0.2	100.0	63.5	6,252
Second	0.5	5.1	4.8	46.0	6.3	2.5	1.0	10.7	0.0	1.7	13.4	0.0	7.1	0.0	0.8	100.0	76.9	6,253
Middle	0.5	10.1	2.4	29.6	21.4	14.7	1.8	5.7	0.0	3.0	6.2	0.1	3.1	0.0	1.4	100.0	86.2	6,254
Fourth	0.9	9.4	2.3	18.7	36.3	18.4	2.2	3.1	0.0	1.7	2.9	0.0	3.2	0.0	0.9	100.0	91.2	6,251
Richest	6.5	15.4	0.7	7.1	19.2	42.5	3.7	1.3	0.0	1.7	1.3	0.0	0.0	0.3	0.3	100.0	96.3	6,250
Total	1.7	8.2	2.5	29.8	16.8	15.6	1.8	6.4	0.0	1.8	9.8	0.0	4.7	0.1	0.7	100.0	82.8	31,260

[1] MICS Indicator 4.1; MDG Indicator 7.8

Figure WS.1 shows the percentage of household members using an improved source of drinking water by subregion.

Figure WS.1: Percentage of household members using improved source of drinking water by subregion, MFWR, Nepal, 2010



Information on use of in-house water treatment is presented in Table WS.2. Households were asked about ways they may be treating water at home to make it safer to drink—boiling, adding bleach or chlorine, using a water filter and using solar disinfection were considered appropriate treatments for drinking water. The table shows water treatment by all households and the percentage of household members living in households using unimproved water sources but using an appropriate water treatment method.

Overall, a very low proportion (four percent) of households in the MFWR who were using an unimproved water source also used an appropriate method to treat their drinking water. Subregionally, use of a household-level water treatment method was highest in the Mid-Western Terai (nine percent) and lowest in the Far Western Mountains (0.2 percent). Urban households (22 percent) were much more likely to use an appropriate water treatment method than rural households (three percent). The education level of the household head had a limited effect on the use an appropriate method of water treatment: only three percent of households whose head had no education used in-house water treatment compared to six percent of households whose head has at least secondary education. However, household wealth status greatly affected the use an appropriate method of water treatment: only two percent of households from the poorest quintile used in-house water treatment compared to 30 percent of households from the richest quintile.

Boiling (three percent) was the most common form of treatment, followed by use of a water filter (three percent) and straining through a cloth (three percent).

Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household and, for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, MFWR, Nepal, 2010

	Water treatment method used in the household									No. of household members	Percent using unimproved drinking water source and using an appropriate water treatment method [1]	No. of household members in households using unimproved drinking water source
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Don't know			
Region												
Mid-Western	87.3	4.0	1.5	5.0	4.6	0.1	0.7	0.3	0.0	17,155	5.0	3,391
Far Western	96.8	2.2	0.3	0.1	1.0	0.0	0.0	0.1	0.0	14,105	1.5	1,964
Subregion												
Mid-Western Mountains	93.0	5.1	0.3	0.3	0.8	0.0	0.0	0.7	0.2	2,033	5.2	370
Mid-Western Hills	90.1	2.8	0.9	1.9	4.9	0.0	0.8	0.4	0.0	8,559	3.2	2,014
Mid-Western Terai	81.9	5.1	2.5	10.6	5.3	0.1	0.7	0.1	0.0	6,564	8.6	1,007
Far Western Mountains	99.2	0.7	0.1	0.0	0.1	0.0	0.0	0.0	0.0	2,438	0.2	738
Far Western Hills	94.5	4.4	1.0	0.1	0.7	0.0	0.1	0.1	0.0	4,339	2.2	1,137
Far Western Terai	97.4	1.4	0.0	0.1	1.5	0.0	0.0	0.1	0.0	7,327	2.2	89
Area												
Urban	79.8	6.8	2.6	6.3	10.0	0.3	0.1	0.5	0.0	3,376	21.9	271
Rural	93.0	2.7	0.8	2.4	2.1	0.0	0.4	0.2	0.0	27,884	2.8	5,084
Education of household head												
None	95.0	1.7	0.5	2.3	0.9	0.0	0.1	0.2	0.0	15,094	2.6	2,981
Primary	91.0	2.8	0.7	3.7	2.2	0.0	0.9	0.1	0.0	7,287	4.3	1,279
Secondary +	86.3	5.9	1.9	3.0	7.1	0.1	0.3	0.3	0.0	8,782	6.2	1,069
Missing/don't know	90.9	9.1	0.0	0.0	9.1	0.0	0.0	0.0	0.0	97	0.0	25
Wealth index quintile												
Poorest	96.9	1.3	0.0	1.2	0.1	0.0	0.4	0.3	0.0	6,252	2.3	2,284
Second	95.4	1.7	0.4	2.6	0.2	0.0	0.6	0.1	0.0	6,253	1.9	1,445
Middle	95.0	1.5	0.9	2.4	0.5	0.0	0.2	0.0	0.0	6,254	4.9	865
Fourth	90.5	3.5	0.8	4.3	2.1	0.0	0.4	0.3	0.0	6,251	2.6	551
Richest	80.3	7.9	2.6	3.5	12.0	0.2	0.3	0.4	0.0	6,250	30.1	209
Total	91.6	3.2	1.0	2.8	3.0	0.0	0.4	0.2	0.0	31,260	3.7	5,354

[1] MICS Indicator 4.2

Respondents may have reported more than one method of water treatment

Table WS.3 presents information on the amount of time taken for a round trip to collect water and Table WS.4 records the person who usually collects it. Data on the number of trips made in one day were not collected.

For household members in the MFWR using an improved source of drinking water, 43 percent had access to it on premises, 31 percent took less than 30 minutes to collect it, and 10 percent spent 30 minutes or more. For household members using an unimproved source of drinking water, one percent had it on premises, seven percent took less than 30 minutes to collect it and nine percent took 30 minutes or more. Households in the Mid-Western Region were less likely than those in the Far Western Region to have either an improved or unimproved water source on premises, and were more likely to spend longer collecting water from an outside source. Subregionally, there was much variation but generally those in the Hills and Mountains were less likely than those in the Terai to have water on premises and more likely to spend longer collecting it. More time was spent collecting water in rural areas than in urban areas, where 72 percent of households had an improved water source on premises. The education level of the household head had a limited association with time spent collecting water, although households with a head who had at secondary education were more likely than other households to have water on the premises. Members of poorer households were more likely than members of richer households to have no access to water on the premises and to spend a longer time collecting it from outside. Only five percent of households from the poorest quintile had an improved water source on premises compared to 86 percent from the richest quintile.

Table WS.3: Time to source of drinking water									
Percentage of household population according to time to go to source of drinking water, collect water and return, for users of improved and unimproved drinking water sources, MFWR, Nepal, 2010									
	Time to source of drinking water							Total	No. of household members
	Users of improved drinking water sources				Users of unimproved drinking water sources				
	Water on premises	Less than 30 minutes	30 minutes or more	Missing/don't know	Water on premises	Less than 30 minutes	30 minutes or more		
Region									
Mid-Western	39.3	29.8	11.2	0.0	1.6	8.0	10.2	100.0	17,155
Far Western	51.8	26.8	7.4	0.0	0.5	6.1	7.4	100.0	14,105
Subregion									
Mid-Western Mountains	6.8	45.1	29.9	0.0	0.3	6.6	11.3	100.0	2,033
Mid-Western Hills	24.9	36.8	14.8	0.0	0.9	7.2	15.4	100.0	8,559
Mid-Western Terai	68.1	15.8	0.8	0.0	2.8	9.3	3.2	100.0	6,564
Far Western Mountains	17.2	38.1	14.4	0.0	0.4	7.8	22.1	100.0	2,438
Far Western Hills	18.0	45.1	10.7	0.0	0.5	14.5	11.2	100.0	4,339
Far Western Terai	83.4	12.1	3.1	0.1	0.5	0.6	0.2	100.0	7,327
Area									
Urban	74.8	13.9	3.2	0.0	1.9	4.3	1.9	100.0	3,376
Rural	41.3	30.2	10.3	0.0	1.0	7.5	9.8	100.0	27,884
Education of household head									
None	40.8	28.0	11.4	0.0	1.1	9.5	9.2	100.0	15,094
Primary	44.8	28.7	8.9	0.1	1.4	5.5	10.6	100.0	7,287
Secondary +	51.9	29.0	6.9	0.0	0.7	4.4	7.0	100.0	8,782
Missing/don't know	57.6	13.2	3.7	0.0	2.1	6.9	16.6	100.0	97
Wealth index quintile									
Poorest	7.5	37.3	18.7	0.0	0.5	15.5	20.5	100.0	6,252
Second	20.3	41.3	15.2	0.1	0.9	9.6	12.7	100.0	6,253
Middle	44.5	32.4	9.2	0.0	1.5	6.3	6.0	100.0	6,254
Fourth	65.8	22.3	3.1	0.0	1.2	3.0	4.6	100.0	6,251
Richest	86.6	8.8	1.3	0.0	1.3	1.2	0.8	100.0	6,250
Total	44.9	28.4	9.5	0.0	1.1	7.1	8.9	100.0	31,260

Table WS.4 shows that 59 percent of households in the MFWR do not have drinking water on the premises. Households in the Mid-Western Region were more likely than households in the Far Western Region to have no drinking water on the premises (63 percent compared to 53 percent). Households in the Mid-Western Mountains (94 percent) showed the highest proportion without a source of drinking water on the premises and households in the Far Western Terai (19 percent) showed the lowest proportion. Households in rural areas (62 percent) were more likely than those in urban areas (28 percent) to have no source of drinking water on the premises. Households with heads with no education and those in poorer wealth quintiles were more likely than others to have no source of drinking water on the premises.

In households without a source of drinking water on the premises, usually an adult female (91 percent) collected it. This was followed by an adult male (four percent), female child (four percent) and male child (one percent). Children in urban areas (seven percent for girls and two percent for boys) were more likely than children with other background characteristics to collect water. Female children in the richest quintile (five percent) were more likely than children in other wealth quintiles to collect water.

Table WS.4: Person collecting water								
Percentage of households without drinking water on the premises, and percentage of households without drinking water on premises according to the person usually collecting drinking water used in the household, MFWR, Nepal, 2010								
	Percent households without drinking water on premises	No. of households	Person usually collecting drinking water in households without a source on the premises				Total	No. of households without drinking water on premises
			Adult woman (aged 15+ years)	Adult man (aged 15+ years)	Female child (aged under 15)	Male child (aged under 15)		
Region								
Mid-Western	62.7	3,325	90.3	4.1	4.6	1.0	100.0	2,084
Far Western	53.2	2,574	93.0	3.8	2.4	0.8	100.0	1,369
Subregion								
Mid-Western Mountains	94.1	344	89.1	4.4	4.4	2.1	100.0	324
Mid-Western Hills	77.4	1,703	91.4	3.3	4.3	1.0	100.0	1,317
Mid-Western Terai	34.6	1,278	88.0	6.3	5.5	0.1	100.0	442
Far Western Mountains	83.7	438	94.0	3.8	1.8	0.5	100.0	367
Far Western Hills	89.8	836	92.9	4.0	2.4	0.7	100.0	751
Far Western Terai	19.3	1,300	91.7	3.2	3.4	1.6	100.0	251
Area								
Urban	27.7	645	85.8	5.3	6.6	2.3	100.0	179
Rural	62.3	5,254	91.7	3.9	3.6	0.9	100.0	3,274
Education of household head								
None	63.7	2,892	90.3	4.3	4.2	1.2	100.0	1,841
Primary	59.2	1,299	92.7	2.5	3.6	1.2	100.0	769
Secondary +	49.4	1,696	92.3	4.7	2.8	0.2	100.0	837
Wealth index quintile								
Poorest	94.7	1,241	90.8	4.2	3.9	1.1	100.0	1,176
Second	83.5	1,239	90.7	4.7	3.4	1.2	100.0	1,035
Middle	56.5	1,178	93.2	2.4	3.9	0.4	100.0	665
Fourth	37.8	1,127	92.4	3.5	3.4	0.8	100.0	426
Richest	13.5	1,114	89.4	5.1	5.1	0.4	100.0	151
Total	58.5	5,899	91.4	4.0	3.7	0.9	100.0	3,453

Five cases with missing 'education of household head' not shown

Use of improved sanitation facilities

Inadequate disposal of human excreta and lack of personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation can reduce diarrheal diseases by more than one third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. Improved sanitation facilities for excreta disposal include flush/pour to a piped sewer system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with slab; or composting toilet.

Table WS.5 shows the proportion of household members in the MFWR using each type of sanitation facility. The majority (56 percent) had no toilet facility. This was followed by an improved toilet facility with flush to septic tank (19 percent), improved toilet facility with flush to pit latrine (12 percent), improved pit latrine with slab (seven percent), and unimproved pit latrine without slab (two percent).

The highest proportion of households with no toilet facility was in the Far Western Mountains (76 percent) and the lowest proportion was in the Mid-Western Terai (49 percent). Urban households (31 percent) were less likely than rural households (59 percent) to have no toilet facility. Households

whose head had no education (62 percent) or primary education (61 percent) were much more likely than households whose head had at least secondary education (40 percent) to have no toilet facility. Households in the poorest quintile (85 percent) were over three times more likely than those in the richest quintile (19 percent) to have no toilet.

Toilet facility with a flush to septic tank were most common in households of the Mid-Western Region (23 percent), of the Mid-Western Terai (28 percent), in urban areas (53 percent), whose head had at least secondary education (33 percent) and in the richest quintile (52 percent). Only six percent of households in the Far Western Mountains, 15 percent of households in rural areas, and two percent of households in the poorest quintile had a toilet facility with a flush to septic tank.

Table WS.5: Types of sanitation facilities

Percentage of household population according to type of toilet facility used by the household, MFWR, Nepal, 2010

	Percent according to type of toilet facility used										Open defecation (no facility, bush, field)	Total	No. of household members
	Improved sanitation facility						Unimproved sanitation facility						
	Flush to:		Ventilated improved pit latrine (VIP)	Pit latrine with slab	Composting toilet	Flush/pour to somewhere else	Pit latrine without slab/ open pit	Bucket	Other				
Piped sewer system	Septic tank												
Region													
Mid-Western	0.4	22.7	13.1	0.3	6.2	1.0	0.1	2.3	0.0	0.1	53.8	100.0	17,155
Far Western	2.3	15.5	10.3	0.9	8.4	2.4	0.4	1.6	0.0	0.2	57.9	100.0	14,105
Subregion													
Mid-Western Mountains	0.3	15.0	19.8	0.4	13.3	0.1	0.1	1.5	0.0	0.1	49.6	100.0	2,033
Mid-Western Hills	0.3	20.7	15.0	0.3	4.4	0.1	0.0	0.7	0.0	0.0	58.4	100.0	8,559
Mid-Western Terai	0.6	27.6	8.6	0.2	6.3	2.4	0.1	4.6	0.1	0.3	49.1	100.0	6,564
Far Western Mountains	0.1	5.6	7.7	0.1	10.2	0.0	0.0	0.8	0.0	0.0	75.5	100.0	2,438
Far Western Hills	2.0	17.3	17.9	0.7	5.6	0.0	1.2	1.6	0.0	0.0	53.8	100.0	4,339
Far Western Terai	3.3	17.8	6.7	1.3	9.5	4.7	0.1	1.8	0.0	0.3	54.5	100.0	7,327
Area													
Urban	2.4	52.9	4.6	0.5	4.4	2.0	0.3	1.6	0.1	0.4	30.8	100.0	3,376
Rural	1.1	15.4	12.8	0.6	7.5	1.6	0.2	2.0	0.0	0.1	58.7	100.0	27,884
Education of household head													
None	1.1	14.0	11.5	0.6	6.6	1.4	0.2	2.1	0.0	0.2	62.2	100.0	15,094
Primary	0.9	14.7	10.7	0.6	8.4	1.0	0.2	1.9	0.0	0.1	61.4	100.0	7,287
Secondary +	1.9	32.6	13.4	0.5	7.3	2.5	0.3	1.8	0.0	0.1	39.7	100.0	8,782
Missing/don't know	0.0	26.2	12.0	0.0	2.5	0.0	0.0	0.0	0.0	0.0	59.4	100.0	97
Wealth index quintile													
Poorest	0.0	2.0	6.9	0.1	4.7	0.0	0.3	0.5	0.0	0.0	85.4	100.0	6,252
Second	0.5	9.6	12.1	0.3	9.2	0.0	0.2	1.0	0.0	0.0	67.1	100.0	6,253
Middle	1.2	12.5	14.8	0.7	7.2	0.4	0.3	2.4	0.0	0.2	60.4	100.0	6,254
Fourth	1.3	21.2	13.3	1.4	10.7	1.3	0.1	3.4	0.0	0.5	46.8	100.0	6,251
Richest	3.4	51.9	12.1	0.3	4.2	6.4	0.3	2.5	0.1	0.1	18.6	100.0	6,250
Total	1.3	19.4	11.9	0.6	7.2	1.6	0.2	2.0	0.0	0.2	55.7	100.0	31,260

Access to proper basic sanitation is measured by the proportion of the population using an improved sanitation facility. The MDGs and WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify households as using an improved sanitation facility if it is an acceptable type of toilet and is not shared (i.e., an improved sanitation facility is not acceptable if it is shared by two or more households).

Table WS.6 shows that 36 percent of the household population in the MFWR were using an improved sanitation facility that was not shared. Some five percent of households were using an improved toilet facility that was shared by five or fewer households. There was little variation in the use of an improved sanitation facility that was not shared by region. Subregionally, the highest proportion was in the Mid-Western Mountains (46 percent) and the lowest proportion was in the Far Western Mountains (22 percent). Urban households (56 percent) were more likely to use an unshared improved toilet than rural households (33 percent). Households whose head had at least secondary education (49 percent) were more likely to use an unshared improved toilet than those whose head had a primary education (29 percent) or no education (31 percent). Households in the richest quintile (64 percent) were much more likely to use an unshared improved toilet than those in the poorest quintile (13 percent).

Table WS.6: Use and sharing of sanitation facilities

Percentage of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, MFWR, Nepal, 2010

	Users of improved sanitation facilities				Users of unimproved sanitation facilities				Open defecation (no facility, bush field, etc.)	Total	No. of household members
	Not shared [1]	Public facility	Shared by:		Not shared	Public facility	Shared by:				
			5 households or fewer	More than 5 households			5 households or fewer	More than 5 households			
Region											
Mid-Western	36.8	0.2	5.7	0.6	2.2	0.0	0.3	0.1	53.8	100.0	17,155
Far Western	33.9	0.1	5.0	1.0	1.8	0.0	0.4	0.0	57.9	100.0	14,105
Subregion											
Mid-Western Mountains	46.2	0.3	1.6	0.4	1.5	0.0	0.0	0.1	49.6	100.0	2,033
Mid-Western Hills	35.2	0.1	4.9	0.2	0.7	0.0	0.0	0.0	58.4	100.0	8,559
Mid-Western Terai	36.0	0.4	8.1	1.1	4.2	0.0	0.7	0.3	49.1	100.0	6,564
Far Western Mountains	22.4	0.1	1.2	0.0	0.8	0.0	0.0	0.0	75.5	100.0	2,438
Far Western Hills	41.1	0.0	2.3	0.0	2.8	0.0	0.0	0.0	53.8	100.0	4,339
Far Western Terai	33.5	0.1	7.9	1.9	1.5	0.0	0.7	0.0	54.5	100.0	7,327
Area											
Urban	55.9	0.3	9.8	0.8	1.8	0.0	0.5	0.1	30.8	100.0	3,376
Rural	33.0	0.1	4.9	0.7	2.0	0.0	0.3	0.1	58.7	100.0	27,884
Education of household head											
None	30.7	0.2	4.0	0.2	2.3	0.0	0.2	0.1	62.2	100.0	15,094
Primary	29.2	0.0	6.0	1.1	1.8	0.0	0.3	0.2	61.4	100.0	7,287
Secondary +	49.0	0.1	7.4	1.3	1.8	0.0	0.4	0.0	39.7	100.0	8,782
Missing/don't know	40.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	59.4	100.0	97
Wealth index quintile											
Poorest	13.2	0.0	0.5	0.0	0.8	0.0	0.0	0.0	85.4	100.0	6,252
Second	28.8	0.1	2.6	0.1	1.1	0.0	0.0	0.0	67.1	100.0	6,253
Middle	32.5	0.0	3.3	0.6	2.3	0.0	0.3	0.4	60.4	100.0	6,254
Fourth	38.9	0.5	8.3	1.5	3.3	0.0	0.7	0.0	46.8	100.0	6,251
Richest	64.2	0.1	12.1	1.4	2.5	0.0	0.5	0.0	18.6	100.0	6,250
Total	35.5	0.1	5.4	0.7	2.0	0.0	0.3	0.1	55.7	100.0	31,260

[1] MICS Indicator 4.3; MDG Indicator 7.9

Disposal of child's faeces is considered to be safe if the child itself is using an improved toilet facility (toilet/ latrine) or the stool is disposed of down an improved toilet facility.

Table WS.7 shows that less than one fifth (17 percent) of children aged 0–2 years in the MFWR had their faeces disposed of safely. There was little variation by region. Subregionally, the highest proportion was in the Far Western Hills (21 percent) and the lowest was in the Far Western Mountains (10 percent). Children in urban areas (37 percent) were more likely to have their faeces disposed of safely than those in rural areas (15 percent). There is positive relationship between mother's education and household wealth status: children whose mother had at least secondary education (33 percent) were more likely to have their faeces disposed of safely than other children, and children in the richest quintile (44 percent) were nearly 13 times more likely to have their faeces disposed of safely than those in the poorest quintile (three percent).

Table WS.7: Disposal of child's faeces

Percentage of children aged 0–2 years according to place of disposal of child's faeces, and percentage of children aged 0–2 years whose stools were disposed of safely the last time the child passed stools, MFWR, Nepal, 2010

	Place of disposal of child's faeces								Total	Percent of children whose stools were disposed of safely [1]	No. of children aged 0–2 years
	Child used toilet/latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in open places	Other	Don't know/missing			
Region											
Mid-Western	1.2	17.2	5.8	43.0	0.9	29.8	2.0	0.0	100.0	18.4	1,127
Far Western	1.2	14.3	9.1	44.5	0.4	28.6	1.6	0.3	100.0	15.5	902
Subregion											
Mid-Western Mountains	1.1	16.4	5.5	35.1	2.1	34.6	5.1	0.2	100.0	17.5	170
Mid-Western Hills	1.2	16.2	5.2	43.2	0.4	32.5	1.3	0.0	100.0	17.3	608
Mid-Western Terai	1.4	19.5	7.0	46.6	1.1	22.9	1.6	0.0	100.0	20.8	349
Far Western Mountains	0.8	9.4	5.8	26.5	0.0	53.6	3.6	0.3	100.0	10.2	170
Far Western Hills	1.7	19.5	4.7	33.8	0.7	38.8	0.0	0.8	100.0	21.2	321
Far Western Terai	1.0	12.3	13.9	60.3	0.3	10.1	2.1	0.0	100.0	13.3	411
Area											
Urban	3.7	33.6	13.8	25.8	0.1	19.3	3.5	0.2	100.0	37.3	172
Rural	1.0	14.3	6.7	45.3	0.7	30.2	1.7	0.2	100.0	15.3	1,856
Mother's education											
None	0.9	10.8	7.0	39.4	0.8	39.1	1.8	0.2	100.0	11.7	1,136
Primary	1.1	10.0	8.4	57.7	0.6	20.8	1.1	0.3	100.0	11.0	363
Secondary +	2.0	31.0	7.0	43.4	0.3	14.0	2.4	0.0	100.0	32.9	529
Wealth index quintile											
Poorest	0.5	2.9	3.9	40.8	0.7	49.4	1.7	0.1	100.0	3.4	519
Second	1.1	11.0	6.8	40.7	0.7	36.1	2.9	0.6	100.0	12.1	459
Middle	0.7	15.2	9.4	51.4	0.3	22.6	0.4	0.0	100.0	15.9	403
Fourth	1.9	21.1	9.1	50.7	0.3	15.6	1.2	0.1	100.0	23.0	354
Richest	2.4	41.6	8.9	34.2	1.3	8.6	3.0	0.0	100.0	44.0	293
Total	1.2	15.9	7.3	43.7	0.6	29.3	1.8	0.2	100.0	17.1	2,028

[1] MCS Indicator 4.4

In 2008, the Joint Monitoring Programme developed a new way of presenting access figures¹¹ by disaggregating and refining data on drinking water and sanitation to reflect them in a 'ladder' format. This allows disaggregated analysis of trends in a three-rung ladder for drinking water and a four-rung ladder for sanitation. For drinking water, this gives two rungs for improved sources (piped into dwelling, plot or yard, and others) and one rung for unimproved. For sanitation, this gives one rung for improved sanitation and three rungs for unimproved (shared improved facilities, unimproved facilities, and no facilities).

Table WS.8 presents information on household population for drinking water and sanitation ladders. It also shows the percentage of household members using an improved source of drinking water as well as a sanitary means of excreta disposal. One third (33 percent) of household members in the MFWR reported using an improved source of drinking water and improved sanitation facility. Some 29 percent of household in the Mid-Western Region and 23 percent in the Far Western Region used both improved drinking water source and sanitation facility. About two fifths (41 percent) of households in the Mid-Western Mountains used both compared to only 18 percent of households in the Far Western Mountains. Urban households (52 percent) were more likely to use both than rural households (30 percent). Households whose head had at least secondary education (46 percent) were more likely to use both than households whose head had primary education (27 percent) or no education (28 percent). Households in the richest quintile (62 percent) were almost six times more likely to use both improved drinking water source and sanitation facility than those in the poorest quintile (11 percent).

¹¹ WHO/UNICEF Joint Monitoring Programme, 2008. *MDG Assessment Report*.
http://www.wssinfo.org/download?id_document=1279

Table WS.8: Use of improved water sources and improved sanitation facilities

Percentage of household population using both improved drinking water sources and improved sanitation facilities, MFWR, Nepal, 2010

	Percentage of household population:									No. of households	
	Using improved sources of drinking water [1]		Unimproved drinking water	Total	Improved sanitation [2]	Unimproved sanitation			Total		Improved drinking water source and improved sanitation
	Piped into dwelling, plot or yard	Other improved				Shared improved facilities	Unimproved facilities	Open defecation			
Region											
Mid-Western	12.8	67.4	19.8	100.0	36.8	6.8	2.5	53.8	100.0	28.6	17,155
Far Western	6.4	79.7	13.9	100.0	33.9	6.0	2.2	57.9	100.0	23.0	14,105
Subregion											
Mid-Western Mountains	4.0	77.8	18.2	100.0	46.2	2.6	1.6	49.6	100.0	41.1	2,033
Mid-Western Hills	17.2	59.2	23.5	100.0	35.2	5.7	0.7	58.4	100.0	32.3	8,559
Mid-Western Terai	9.7	74.8	15.5	100.0	36.0	9.6	5.2	49.1	100.0	33.1	6,564
Far Western Mountains	12.2	57.5	30.3	100.0	22.4	1.2	0.8	75.5	100.0	18.4	2,438
Far Western Hills	6.8	67.0	26.2	100.0	41.1	2.3	2.8	53.8	100.0	35.1	4,339
Far Western Terai	4.2	94.4	1.4	100.0	33.5	9.8	2.2	54.5	100.0	33.1	7,327
Area											
Urban	17.6	73.7	8.7	100.0	55.9	10.8	2.5	30.8	100.0	51.5	3,376
Rural	9.0	72.8	18.2	100.0	33.0	5.9	2.4	58.7	100.0	30.3	27,884
Education of household head											
None	7.5	72.7	19.8	100.0	30.7	4.6	2.6	62.2	100.0	27.6	15,094
Primary	8.4	74.0	17.6	100.0	29.2	7.1	2.3	61.4	100.0	26.8	7,287
Secondary +	14.9	72.7	12.4	100.0	49.0	9.2	2.1	39.7	100.0	45.9	8,782
Missing/don't know	30.6	43.9	25.6	100.0	40.6	0.0	0.0	59.4	100.0	38.5	97
Wealth index quintile											
Poorest	1.3	62.2	36.5	100.0	13.2	.6	0.8	85.4	100.0	11.0	6,252
Second	5.6	71.3	23.1	100.0	28.8	2.9	1.1	67.1	100.0	25.5	6,253
Middle	10.6	75.6	13.8	100.0	32.5	4.2	2.9	60.4	100.0	28.1	6,254
Fourth	10.2	81.0	8.8	100.0	38.9	10.4	4.0	46.8	100.0	36.0	6,251
Richest	21.8	74.5	3.7	100.0	64.2	14.2	3.0	18.6	100.0	62.3	6,250
Total	9.9	72.9	17.2	100.0	35.5	6.4	2.4	55.7	100.0	32.6	31,260

[1] MICS Indicator 4.1; MDG Indicator 7.8

[2] MICS Indicator 4.3; MDG Indicator 7.9

Hand-washing

Hand-washing with water and soap is the most cost-effective health intervention to reduce the incidence of both diarrhoea and acute respiratory infections in children under five. It is most effective when done using water and soap and after using a toilet or cleaning a child, before eating or handling food, and before feeding a child. Monitoring correct hand-washing behaviour at these critical times is challenging. When direct observation is not practicable, a reliable alternative to self-reported behaviour is assessing the likelihood that correct hand-washing takes place by observing if a household has a specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) are present at that specific place.

Table WS.9 shows that 94 percent of households in the MFWR had a specific place for hand-washing. Some five percent of households could not indicate a specific place and less than one percent (0.3 percent) did not give permission to see the place used for hand-washing.

Of those households where a place for hand-washing was observed, over half (51 percent) had both water and soap present at the designated place. In 12 percent of households only water was available and in another 12 percent only soap was available. The remaining 25 percent of households had neither water nor soap available at the place designated for hand-washing. Of households with an observed hand-washing place, some 48 percent in the Mid-Western Region and 55 percent in the Far Western Region had both soap and water available. The highest proportion of households with both soap and water available was in the Far Western Terai (73 percent) and the lowest was in the Mid-Western Mountains (27 percent). Urban households (82 percent) were much more likely than rural households (47 percent) to have both available. The education of the household head and household wealth status were positive associated availability of soap and water. Households whose head had at least secondary education (64 percent) were more likely to have both soap and water available than households whose head had primary education (50 percent) or no education (44 percent). Households in the richest quintile (91 percent) were six times more likely to have water and soap in than those in the poorest quintile (15 percent).

Table WS.9: Water and soap at place for hand-washing

Percentage of households where place for hand-washing was observed and percentage of households by availability of water and soap at place for hand-washing, MFWR, Nepal, 2010

	Percent where place for hand-washing observed	Percent where place for hand-washing not observed:			Total	No. of households	Percent where place for hand-washing observed, and:				Total	No. of households where place for hand-washing observed
		Not in dwelling/plot/yard	No permission to see	Other reasons			Water and soap available [1]	Water available, soap not available	Water not available, soap available	Water and soap not available		
Region												
Mid-Western	92.8	6.6	0.2	0.4	100.0	3,325	48.4	8.8	13.0	29.8	100.0	3,085
Far Western	95.0	3.6	0.5	0.9	100.0	2,574	54.8	16.4	10.1	18.8	100.0	2,444
Subregion												
Mid-Western Mountains	89.7	6.8	1.9	1.6	100.0	344	27.0	7.6	22.1	43.3	100.0	309
Mid-Western Hills	93.9	5.9	0.0	0.1	100.0	1,703	37.4	8.2	13.7	40.7	100.0	1,599
Mid-Western Terai	92.1	7.4	0.0	0.5	100.0	1,278	69.0	9.9	9.6	11.5	100.0	1,177
Far Western Mountains	87.0	6.6	1.7	4.7	100.0	438	41.3	8.4	27.2	23.2	100.0	381
Far Western Hills	96.0	3.8	0.0	0.2	100.0	836	32.0	9.8	13.8	44.3	100.0	808
Far Western Terai	97.0	2.5	0.4	0.1	100.0	1,300	73.3	23.0	2.5	1.2	100.0	1,260
Area												
Urban	93.8	5.5	0.7	0.0	100.0	645	82.1	5.7	6.6	5.6	100.0	605
Rural	93.7	5.3	0.3	0.7	100.0	5,254	47.4	12.9	12.3	27.3	100.0	4,924
Education of household head												
None	92.4	6.4	0.5	0.7	100.0	2,892	43.9	12.0	14.0	30.1	100.0	2,673
Primary	94.0	5.1	0.1	0.8	100.0	1,299	49.9	14.4	11.1	24.6	100.0	1,220
Secondary +	95.7	3.6	0.3	0.4	100.0	1,696	64.2	10.7	8.3	16.8	100.0	1,623
Wealth index quintile												
Poorest	92.0	6.2	0.4	1.4	100.0	1,241	15.0	9.9	22.0	53.0	100.0	1,143
Second	92.7	6.0	0.4	0.9	100.0	1,239	28.6	16.0	16.5	38.9	100.0	1,149
Middle	92.6	6.5	0.4	0.5	100.0	1,178	53.9	17.9	10.1	18.0	100.0	1,090
Fourth	94.8	4.9	0.1	0.2	100.0	1,127	71.4	12.3	6.3	10.0	100.0	1,068
Richest	96.9	2.8	0.3	0.0	100.0	1,114	91.0	4.4	2.5	2.1	100.0	1,079
Total	93.7	5.3	0.3	0.6	100.0	5,899	51.2	12.1	11.7	24.9	100.0	5,529

[1] MICS Indicator 4.5

12 cases with missing 'education of household head' not shown

Table WS.10 shows that nine in 10 (88 percent) households in the MFWR had soap available somewhere in the dwelling. There was little variation by region or urban/rural area. Subregionally, the highest proportion was in the Far Western Terai (95 percent) and the lowest was in the Mid-Western Mountains (66 percent). Soap availability increases with the education of the household head and household wealth status. Households whose head had at least secondary education (93 percent) were more likely to have soap available than households whose head had primary education (89 percent) or no education (84 percent). Households in the richest quintile (99 percent) were more likely to have soap available than those in the poorest quintile (73 percent).

Table WS.10: Availability of soap

Percentage of households by availability of soap in the dwelling, MFWR, Nepal, 2010

	Percent where place for hand-washing observed					Percent where place for hand-washing not observed				Percent of households with soap anywhere in dwelling [1]	No. of households
	Soap observed	Soap shown	No soap in household	Not able/ does not want to show soap	Total	Soap shown	No soap in household	Not able/ does not want to show soap	Total		
Region											
Mid-Western	61.4	28.2	10.3	0.1	100.0	43.9	55.5	0.7	100.0	86.3	3,325
Far Western	64.8	25.7	9.3	0.1	100.0	61.9	35.6	2.5	100.0	89.1	2,574
Subregion											
Mid-Western Mountains	49.1	18.8	31.4	0.6	100.0	51.4	48.6	0.0	100.0	66.2	344
Mid-Western Hills	51.1	39.2	9.7	0.0	100.0	33.9	66.1	0.0	100.0	86.9	1,703
Mid-Western Terai	78.6	15.7	5.7	0.0	100.0	51.4	47.0	1.6	100.0	90.9	1,278
Far Western Mountains	68.4	13.2	17.9	0.5	100.0	47.7	49.4	2.9	100.0	77.2	438
Far Western Hills	45.9	40.9	13.2	0.1	100.0	83.6	16.4	0.0	100.0	86.6	836
Far Western Terai	75.8	19.9	4.3	0.0	100.0	63.9	32.0	4.1	100.0	94.7	1,300
Area											
Urban	88.7	7.4	3.9	0.1	100.0	54.9	41.1	4.0	100.0	93.5	645
Rural	59.8	29.5	10.6	0.1	100.0	49.6	49.4	1.0	100.0	86.8	5,254
Education of household head											
None	57.9	29.6	12.4	0.1	100.0	37.7	62.3	0.0	100.0	83.7	2,892
Primary	61.0	29.9	9.1	0.0	100.0	56.5	40.6	2.9	100.0	88.8	1,299
Secondary +	72.5	21.1	6.4	0.1	100.0	81.0	15.4	3.6	100.0	93.0	1,696
Wealth index quintile											
Poorest	37.0	40.0	22.8	0.1	100.0	27.7	71.7	0.5	100.0	73.1	1,241
Second	45.1	40.0	14.7	0.1	100.0	50.3	48.9	0.7	100.0	82.6	1,239
Middle	64.0	28.8	7.1	0.1	100.0	48.8	50.7	0.5	100.0	89.6	1,178
Fourth	77.7	19.1	3.2	0.0	100.0	69.2	25.4	5.4	100.0	95.4	1,127
Richest	93.5	5.9	.6	0.0	100.0	85.1	14.9	0.0	100.0	99.0	1,114
Total	62.9	27.1	9.9	0.1	100.0	50.2	48.5	1.3	100.0	87.5	5,899

[1] MCS Indicator 4.6

12 cases with missing 'education of household head' not shown

Distance between latrine and place for hand-washing

For households where a hand-washing place was observed, an additional (non-MICS standard) question on the distance between the toilet facility (latrine) and the hand-washing place was added to NMICS 2010. Interviewers were asked to observe and estimate this distance in number of paces. The Government of Nepal has adopted this indicator to measure hand-washing in its Nepal Health Sector Programme Implementation Plan 2010–2015.

Table WS.11 provides information on the distance between a household's latrine and the designated place for hand-washing in households in the MFWR where a hand-washing place was observed. Around one quarter (26 percent) had a hand-washing place within 10 paces of their latrine, suggesting that they were likely to wash their hands after defecation. There was little variation by region or gender of household head. Subregionally, the highest proportion was in the Mid-Western Hills (37 percent) and the lowest was in the Far Western Hills (10 percent). Urban households (48 percent) were more likely than rural households (23 percent) to have a hand-washing place close to their latrine. Households whose head had at least secondary education (38 percent) were more likely to have a hand-washing place close to their latrine than households whose head had primary education (24 percent) or no education (20 percent). Households in the richest quintile (53 percent) were over six times more likely to have a hand-washing place close to their latrine than those in the poorest quintile (eight percent).

Table WS.11: Distance between latrine and place for hand-washing				
Percentage of households where a hand-washing place was observed by distance between latrine and place for hand-washing, MFWR, Nepal, 2010				
	Distance to latrine		Total	No. of households where a hand-washing place was observed
	Within 10 paces	More than 10 paces		
Region				
Mid-Western	29.2	70.8	100.0	3,085
Far Western	21.7	78.3	100.0	2,444
Subregion				
Mid-Western Mountains	15.7	84.3	100.0	309
Mid-Western Hills	36.9	63.1	100.0	1,599
Mid-Western Terai	22.4	77.6	100.0	1,177
Far Western Mountains	14.5	85.5	100.0	381
Far Western Hills	9.9	90.1	100.0	803
Far Western Terai	31.4	68.6	100.0	1,260
Sex of household head				
Male	26.8	73.2	100.0	4,406
Female	22.3	77.7	100.0	1,123
Area				
Urban	48.4	51.6	100.0	605
Rural	23.1	76.9	100.0	4,924
Education of household head				
None	19.7	80.3	100.0	2,673
Primary	24.0	76.0	100.0	1,220
Secondary +	37.5	62.5	100.0	1,623
Wealth index quintile				
Poorest	8.2	91.8	100.0	1,143
Second	18.1	81.9	100.0	1,149
Middle	21.1	78.9	100.0	1,090
Fourth	30.6	69.4	100.0	1,068
Richest	53.1	46.9	100.0	1,079
Total	25.9	74.1	100.0	5,529

12 cases with 'education of household head' not shown

Hand-washing at critical times

NMICS 2010 added a further (non-MICS standard) question to the hand-washing module. Respondents to the household questionnaire were asked to mention all occasions when they felt it was important to wash their hands. This question was asked in order to measure levels of knowledge related to critical times for hand-washing. Critical times for hand-washing are before and after eating, before preparing food, and after defecation and cleaning babies' bottoms. While this question provides some indication of the percentage of household members who know the critical times for hand-washing, it does not necessarily reflect full knowledge of the critical times. In addition, it must be emphasized that the data do not provide information on actual hand-washing practices among the population. Measuring knowledge is not a direct or even proxy measure of behaviour.

Table WS.12 shows that nine out of 10 (90 percent) household members in the MFWR identified that it is important to wash hands before eating and eight out of 10 (82 percent) identified that it is important to wash hands after eating. However, only 16 percent knew that they should wash hands before cooking food, and only three percent knew that should wash hands before breastfeeding a child. Just over three quarters (76 percent) of household members said it is important to wash hands after defecation/urination; this ranged from 63 percent in the poorest households to 89 percent in

the richest households. Only five percent of household members mentioned that it is important to wash hands after cleaning a child that has defecated or after changing a child's nappy. There was generally not much disparity by background characteristic.

Table WS.12: Critical times for hand-washing								
Percentage of household members who have knowledge on critical times for hand-washing, MFWR, Nepal, 2010								
	Percent with knowledge on washing hands at critical times						No. of household members	
	Before eating	After eating	Before cooking or preparing food	Before breast-feeding or feeding child	After defecation/urination	After cleaning child's bottom or changing child's nappy		
Region								
Mid-Western	90.3	83.7	14.2	1.6	76.5	3.5	3,325	
Far Western	89.3	80.7	17.1	3.6	74.2	5.9	2,574	
Subregion								
Mid-Western Mountains	84.0	74.9	14.8	1.0	74.9	3.9	344	
Mid-Western Hills	93.0	90.5	15.9	1.7	73.5	3.2	1,703	
Mid-Western Terai	88.4	77.1	11.8	1.7	80.9	3.7	1,278	
Far Western Mountains	86.1	83.1	13.8	1.4	62.8	3.2	438	
Far Western Hills	94.0	89.2	24.6	5.3	68.5	9.9	836	
Far Western Terai	87.4	74.4	13.3	3.3	81.7	4.3	1,300	
Sex								
Male	89.8	81.8	14.1	2.3	76.5	4.5	4,708	
Female	90.2	84.5	21.0	3.1	71.4	4.6	1,191	
Area								
Urban	93.4	71.9	19.2	2.7	80.7	7.3	645	
Rural	89.5	83.7	15.0	2.5	74.9	4.2	5,254	
Education of household head								
None	89.4	83.2	14.5	1.8	69.5	4.3	2,892	
Primary	89.2	81.3	13.5	2.3	78.0	3.5	1,299	
Secondary +	91.3	82.0	18.6	3.9	83.9	5.5	1,696	
Wealth index quintile								
Poorest	90.6	85.0	13.5	2.0	63.2	4.9	1,241	
Second	89.7	85.1	14.3	2.2	70.8	3.9	1,239	
Middle	89.2	84.0	16.2	1.6	77.7	4.7	1,178	
Fourth	88.5	78.3	16.1	2.9	78.5	3.8	1,127	
Richest	91.5	78.9	17.4	4.0	89.1	5.3	1,114	
Total	89.9	82.4	15.5	2.5	75.5	4.5	5,899	

12 cases with 'education of household head' not shown

VII. Reproductive Health

Contraception

Appropriate family planning is important to the health of women and children by: (i) preventing pregnancies that are too early or too late; (ii) extending the period between births; and (iii) limiting the number of children born. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical.

Table RH.1 presents information on the current use of contraception by women aged 15–49 years who are currently married or in union. Some 52 percent of women in the MFWR reported that they used some form of contraception, with 51 percent using modern methods and one percent using traditional methods. The most popular method was injectables/Dipo/Sangini (16 percent); this was followed by female sterilization (15 percent), male sterilization (seven percent), male condom (five percent) and the pill (five percent).

There was little variation by region or urban/rural area. Subregionally, the highest contraceptive prevalence was in the Far Western Terai (65 percent) and the lowest was in the Far Western Mountains (34 percent). Contraceptive prevalence was highest among women aged 35–39 years and 40–44 years (both 68 percent) and lowest among women aged 15–19 years (21 percent). Adolescent girls (aged 15–19 years) were far less likely to use contraception than women in other age groups. Among this age group, condom use was most likely (11 percent) followed by injectables (six percent). The proportion of women using any method of contraception ranged from 55 percent for women with no education to 49 percent for women with at least secondary education. Among women with no education, female sterilization (19 percent) was the most common method, followed by injectables/Dipo/Sangini (16 percent) and male sterilization (eight percent). Among women with primary education, injectables/Dipo/Sangini (17 percent) was the most popular method, followed by female sterilization (nine percent) and male sterilization (six percent). Among women with at least secondary education, injectables/Dipo/Sangini (16 percent) was the most popular method, followed by male condom (12 percent) and the pill (six percent). Women in the richest quintile (67 percent) were more likely to use some form of contraception than those in the poorest quintile (36 percent). Female sterilization showed a strong trend by wealth quintile, with the lowest percentage for women in the poorest quintile (five percent) and the highest percentage for women in the richest quintile (23 percent). This trend was also apparent for male sterilization, the pill and male condom.

Table RH.1: Use of contraception																		
Percentage of women aged 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method, MFWR, Nepal, 2010																		
	Not using any method	Percent of women (currently married or in union) who are using:																No. of women aged 15–49 years currently married or in union
		Female sterilization	Male sterilization	IUD/copper T	Injectables/Dipo/Sangini	Implants/Norplant/Zadelle	Pill	Male condom	Female condom	Diaphragm/foam/jelly/kamal	Lactational amenorrhoea method (LAM)	Periodic abstinence/rhythm	Withdrawal	Other	Any modern method	Any traditional method	Any method [1]	
Region																		
Mid-Western	46.2	12.0	10.0	1.6	16.6	1.1	5.0	5.3	0.1	0.4	0.1	0.5	0.9	0.0	52.2	1.6	53.8	3,129
Far Western	49.3	17.8	3.8	0.6	15.1	1.4	5.7	5.6	0.2	0.0	0.1	0.0	0.3	0.1	50.1	0.5	50.7	2,577
Subregion																		
Mid-Western Mountains	55.8	3.4	13.6	1.4	15.9	1.4	4.9	2.0	0.2	0.5	0.0	0.1	0.6	0.1	43.4	0.8	44.2	335
Mid-Western Hills	46.9	5.0	14.3	1.0	18.3	0.7	4.4	6.6	0.0	0.7	0.2	1.0	0.9	0.0	50.9	2.1	53.1	1,549
Mid-Western Terai	42.6	23.0	3.8	2.3	14.8	1.6	5.8	4.6	0.1	0.1	0.0	0.0	1.1	0.1	56.2	1.2	57.4	1,244
Far Western Mountains	66.5	5.2	11.1	0.6	11.0	0.2	3.4	1.9	0.0	0.0	0.0	0.0	0.0	0.0	33.5	0.0	33.5	421
Far Western Hills	66.2	5.9	4.4	0.9	15.0	0.7	3.8	2.7	0.3	0.0	0.0	0.0	0.0	0.0	33.8	0.0	33.8	751
Far Western Terai	35.2	27.9	1.4	0.4	16.4	2.0	7.3	8.3	0.1	0.0	0.1	0.0	0.6	0.2	63.8	1.0	64.8	1,406
Area																		
Urban	40.8	19.5	4.3	2.1	14.5	0.9	5.7	9.7	0.1	0.1	0.3	0.2	1.4	0.4	57.0	2.2	59.2	620
Rural	48.4	14.0	7.6	1.0	16.1	1.3	5.3	4.9	0.1	0.3	0.1	0.3	0.6	0.0	50.6	1.0	51.6	5,085
Age																		
15–19 years	79.1	0.0	0.0	0.4	5.5	0.1	3.2	11.1	0.1	0.1	0.0	0.0	0.5	0.0	20.4	0.5	20.9	394
20–24 years	65.5	1.5	1.1	0.7	15.2	0.6	6.5	7.6	0.0	0.2	0.3	0.2	0.5	0.0	33.5	1.0	34.5	1,110
25–29 years	50.0	11.2	4.3	1.0	17.9	1.5	5.5	7.1	0.0	0.5	0.0	0.4	0.6	0.1	49.0	1.1	50.0	1,167
30–34 years	38.5	17.6	9.3	1.6	21.1	1.4	5.3	3.5	0.1	0.5	0.2	0.5	0.6	0.1	60.2	1.4	61.5	953
35–39 years	32.0	22.1	12.5	1.3	17.1	1.7	5.6	5.2	0.3	0.0	0.0	0.6	1.4	0.2	65.8	2.2	68.0	820
40–44 years	32.4	27.4	13.6	1.4	14.2	2.3	5.5	1.9	0.2	0.3	0.0	0.0	0.8	0.0	66.8	0.8	67.6	736
45–49 years	43.2	25.8	11.2	1.0	12.2	0.6	3.5	2.1	0.0	0.0	0.0	0.0	0.2	0.2	56.4	0.4	56.8	525
Education																		
None	45.3	18.6	8.0	1.2	15.9	1.3	5.1	3.5	0.0	0.3	0.0	0.3	0.5	0.0	53.8	0.9	54.7	3,726
Primary	52.7	9.3	6.4	0.5	16.9	0.9	5.8	5.8	0.0	0.6	0.2	0.3	0.2	0.3	46.3	1.0	47.3	782
Secondary +	51.4	5.5	5.5	1.3	15.5	1.2	5.6	11.5	0.4	0.0	0.2	0.3	1.5	0.1	46.6	2.1	48.6	1,196

Cont'd Table RH.1: Use of contraception

Percentage of women aged 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method, MFWR, Nepal, 2010

	Not using any method	Percent of women (currently married or in union) who are using:																No. of women aged 15–49 years currently married or in union
		Female sterilization	Male sterilization	IUD/copper T	Injectables/Dipo/Sangini	Implants/Norplant/Zadelle	Pill	Male condom	Female condom	Diaphragm/foam/jelly/kamal	Lactational amenorrhoea method (LAM)	Periodic abstinence/rhythm	Withdrawal	Other	Any modern method	Any traditional method	Any method [1]	
Wealth index quintile																		
Poorest	64.5	4.9	4.7	1.2	15.4	1.2	4.2	2.8	0.0	0.1	0.4	0.5	0.0	0.0	34.6	0.9	35.5	1,014
Second	56.3	7.7	7.8	1.3	16.6	0.6	4.9	4.1	0.0	0.1	0.0	0.2	0.6	0.0	43.0	0.8	43.7	1,122
Middle	49.3	13.0	8.6	0.3	16.4	1.3	5.8	3.5	0.2	0.9	0.0	0.4	0.4	0.0	49.9	0.8	50.7	1,172
Fourth	38.3	22.6	6.6	1.5	14.7	1.9	5.5	7.4	0.1	0.2	0.2	0.4	0.5	0.1	60.6	1.2	61.7	1,189
Richest	32.9	22.9	8.1	1.2	16.4	1.3	6.0	8.9	0.2	0.1	0.0	0.1	1.6	0.3	65.1	2.0	67.1	1,208
Total	47.6	14.6	7.2	1.1	15.9	1.2	5.3	5.5	0.1	0.3	0.1	0.3	0.7	0.1	51.3	1.1	52.4	5,706

[1] MICS Indicator 5.3; MDG Indicator 5.3

Two cases with missing 'education' not shown

Unmet need

Unmet need for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity and fertility preferences. Unmet need for spacing is defined as the percentage of women who are not using a method of contraception, and

- are not pregnant or postpartum amenorrhœic¹² and are fecund¹³, and say they want to wait two or more years for their next birth, or
- are not pregnant or postpartum amenorrhœic and are fecund, and unsure whether they want another child, or
- are pregnant, and say that pregnancy was mistimed (wanted to wait longer), or
- are postpartum amenorrhœic, and say that the birth was mistimed (wanted to wait longer).

Unmet need for limiting is defined as the percentage of women who are not using a method of contraception, and

- are not pregnant or postpartum amenorrhœic and are fecund, and say they do not want any more children, or
- are pregnant, and say they did not want the pregnancy, or
- are postpartum amenorrhœic, and say they did not want the birth.

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting. Table RH.2 shows information on unmet need for contraception. Almost one quarter (24 percent) of women aged 15–49 years currently married or in union in the MFWR had an unmet need for contraception, with seven percent having an unmet need for spacing and 17 percent having an unmet need for limiting. There was little variation by region, urban/rural area or level of education. Subregionally, unmet need was highest in the Far Western Hills (40 percent) and lowest in the Far Western Terai (15 percent). A higher proportion of younger women had an unmet need than older women: 28 percent of women aged 15–19 years had an unmet need compared to 21 percent of women aged 45–49 years. Wealth quintile was associated with unmet need: women from the poorest quintile (35 percent) had the highest unmet need and women in the richest quintile had the lowest unmet need (18 percent).

¹² A woman is postpartum amenorrhœic if she had a birth in the last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child.

¹³ A woman is considered infecund (as opposed to fecund) if she is neither pregnant nor postpartum amenorrhœic, and (1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy OR
 (2) She declares that she has had hysterectomy, or that she has never menstruated or that she is menopausal, or that she has been trying to get pregnant for 2 or more years without result in response to questions on why she thinks she is not physically able to get pregnant at the time of survey OR
 (3) She declares she cannot get pregnant when asked about desire for future birth OR
 (4) She has not had a birth in the preceding 5 years, is currently not using contraception and is currently married and was continuously married during the last 5 years preceding the survey

Table RH.2: Unmet need for contraception

Percentage of women aged 15–49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, MFWR, Nepal, 2010

	Percent with met need for contraception			Percent with unmet need for contraception			No. of women currently married or in union	Percent demand for contraception satisfied	No. of women aged 15–49 years currently married or in union with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total [1]			
Region									
Mid-Western	6.4	47.7	53.8	7.1	16.2	23.3	3,129	69.8	2,413
Far Western	7.7	43.1	50.7	7.5	18.3	25.8	2,577	66.3	1,972
Subregion									
Mid-Western Mountains	8.1	36.7	44.2	8.8	16.6	25.4	335	63.5	233
Mid-Western Hills	6.4	47.1	53.1	7.5	17.1	24.6	1,549	68.3	1,204
Mid-Western Terai	5.8	51.6	57.4	6.1	14.9	21.0	1,244	73.2	975
Far Western Mountains	2.5	31.3	33.5	10.3	26.2	36.5	421	47.8	295
Far Western Hills	3.7	30.1	33.8	11.3	28.7	40.0	751	45.8	554
Far Western Terai	11.3	53.6	64.9	4.7	10.3	15.0	1,406	81.2	1,123
Area									
Urban	8.1	51.5	59.3	5.6	16.4	21.9	620	73.0	504
Rural	6.8	44.9	51.6	7.5	17.2	24.7	5,085	67.6	3,880
Age									
15–19 years	15.9	5.0	20.9	24.5	3.1	27.5	394	43.2	191
20–24 years	17.6	17.1	34.7	16.2	11.1	27.2	1,110	56.0	687
25–29 years	7.5	42.8	50.0	7.2	17.8	25.0	1,167	66.7	877
30–34 years	3.1	58.5	61.6	2.5	22.4	24.9	953	71.2	824
35–39 years	1.3	66.7	68.0	2.1	20.5	22.6	820	75.0	742
40–44 years	1.4	66.8	67.6	1.6	19.8	21.3	736	76.0	655
45–49 years	0.2	56.6	56.8	0.4	20.7	21.0	525	73.0	409
Education									
None	4.1	50.8	54.7	4.7	19.4	24.1	3,726	69.4	2,938
Primary	11.3	36.0	47.3	10.6	14.4	25.0	782	65.4	565
Secondary +	13.0	35.8	48.7	13.0	11.8	24.8	1,196	66.3	879

Cont'd Table RH.2: Unmet need for contraception

Percentage of women aged 15–49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, MFWR, Nepal, 2010

	Percent with met need for contraception			Percent with unmet need for contraception			No. of women currently married or in union	Percent demand for contraception satisfied	No. of women aged 15–49 years currently married or in union with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total [1]			
Wealth index quintile									
Poorest	3.9	31.7	35.5	10.0	24.6	34.6	1,014	50.6	711
Second	5.8	38.3	43.7	9.1	18.2	27.3	1,122	61.6	797
Middle	9.1	42.0	50.8	6.0	18.7	24.7	1,172	67.3	885
Fourth	6.3	55.5	61.8	6.2	13.1	19.3	1,189	76.2	964
Richest	9.1	57.9	67.1	5.6	12.4	18.0	1,208	78.9	1,028
Total	7.0	45.6	52.4	7.3	17.1	24.4	5,706	68.2	4,384

[1] MICS Indicator 5.4; MDG Indicator 5.6

Two cases with missing 'education' not shown

Using information on contraception and unmet need, the percentage of demand for contraception that is satisfied is also estimated from MICS data. Demand satisfied is defined as the proportion of women aged 15–49 years currently married or in union who are currently using contraception as a percentage of total demand for contraception. Total demand for contraception includes women who currently have an unmet need (for spacing or limiting) plus those who are currently using contraception.

The percentage of demand for contraception satisfied for women aged 15–49 years in the MFWR was 68 percent. There was little variation region, urban/rural area or level of education. Subregionally, demand satisfied was highest in the Far Western Terai (81 percent) and lowest in the Far Western Hills (46 percent). Demand satisfied was lowest among women aged 15–19 years (43 percent) and highest among women aged 40–44 years (76 percent). Demand satisfied increased with household wealth status: it was lowest for women in the poorest quintile (51 percent) and highest for women in the richest quintile (79 percent).

Experience of discrimination during menstruation (*chaupadi*)

NMICS 2010 included Nepal-specific questions on women’s experience of discrimination during menstruation to assess the extent of harmful practices known locally as *chaupadi*. Women aged 15–49 years were asked if they had faced any of the following discriminatory practices during their menstrual period: (i) having to stay in a separate, specific house (*chaupadi*); (ii) having to stay in an animal shed; (iii) having to eat different types of food; (iv) having to be absent from school or work; (v) having to stay in a different room of the home; (vi) having to bath in a separate place; and (vii) having to avoid social gatherings.

Discrimination against women during menstruation is still prevalent in the MFWR. Table RH.3 indicates that, of severe forms of discriminatory practice, almost one fifth (19 percent) of women aged 15–49 had to stay in a separate, specific house (*chaupadi*) whilst menstruating; this was followed by 12 percent who had to stay in an animal shed, 12 percent who had to eat different food, and six percent who had to be absent from work or school. Of moderate forms of discriminatory practice, 46 percent had to stay in a different room of their home (the most common form of discrimination), 32 percent had to bath in a separate place, and 15 percent had to avoid social gatherings. Menstruation-related discrimination in its severest forms was more prevalent in the Far Western Region, where 30 percent of women experienced *chaupadi*, than in the Mid-Western Region, where 11 percent of women experienced *chaupadi*. However, it was most prevalent in the Mid-Western Mountains (52 percent); this was followed by the Far Western Hills (50 percent) and Far Western Mountains (47 percent). It was least prevalent in the Mid-Western Terai (four percent). Severe forms of discrimination were more prevalent for women living in rural areas than urban areas, and moderate forms of discrimination were more prevalent for women living in urban areas than rural areas. Age did not seem to have an influence on the type of discrimination experienced: if a woman experienced menstruation-related discrimination, she would experience it consistently regardless of her age. Women’s education levels were associated with discriminatory practices: women who had no education were more likely than women with primary education to suffer severe discrimination, and women with at least secondary education were the least likely to experience severe discrimination. Household wealth status also influenced the amount of discrimination experienced by women: women in the poorest quintile were more likely than women in higher quintiles to suffer severe forms of discrimination. Of moderate forms of discrimination, it was noticeable that women in the Far Western Region were nearly six times more likely than women in the Mid-Western Region to have to bath in a separate place and over twice as likely to have to avoid social gatherings.

Table RH.3: Experience of discrimination during menstruation								
Percentage of women aged 15–49 years who experience various types of discrimination during menstruation, MFWR, Nepal, 2010								
	Percent who experience:							No. of women aged 15–49 years
	Severe discriminatory practices				Moderate discriminatory practices			
	Stay in separate specific house/ <i>chaupadi</i>	Stay in animal shed	Eat different food	Absent from school/work	Stay in different room of home	Bath in separate place	Avoid social gatherings	
Region								
Mid-Western	10.8	9.2	5.0	4.0	47.2	10.6	9.7	4,017
Far Western	29.9	15.2	20.2	9.1	45.0	58.3	22.1	3,318
Subregion								
Mid-Western Mountains	52.4	57.9	18.2	7.6	45.2	40.2	14.2	405
Mid-Western Hills	7.7	4.3	4.5	3.9	59.7	6.4	9.8	1,988
Mid-Western Terai	4.2	3.1	2.2	3.1	32.5	8.3	8.5	1,624
Far Western Mountains	46.6	21.4	25.6	9.4	54.3	78.1	34.0	506
Far Western Hills	50.2	23.8	32.2	14.2	54.4	88.3	38.9	952
Far Western Terai	14.9	9.0	12.6	6.4	37.7	37.5	10.2	1,860
Area								
Urban	14.3	9.9	14.9	6.2	49.6	37.6	17.7	842
Rural	20.1	12.2	11.5	6.3	45.8	31.5	15.0	6,492
Age								
15–19 years	18.2	11.1	10.6	7.1	47.6	30.4	15.4	1,480
20–24 years	17.8	11.5	11.2	5.8	44.6	31.0	15.1	1,385
25–29 years	20.3	11.8	11.1	6.2	46.0	30.1	14.7	1,233
30–34 years	21.0	13.6	12.1	5.7	47.2	35.1	15.9	993
35–39 years	21.4	12.0	14.7	7.1	46.9	35.1	17.5	861
40–44 years	19.8	11.6	12.5	5.9	46.1	33.3	15.5	800
45–49 years	18.3	12.7	12.6	5.8	44.6	32.6	12.4	582
Education								
None	24.1	14.8	13.8	6.8	43.0	35.7	17.3	4,033
Primary	18.8	11.7	8.6	6.3	47.5	29.9	14.8	1,026
Secondary +	11.4	6.9	9.8	5.4	51.3	26.9	12.1	2,272
Wealth index quintile								
Poorest	42.7	23.2	17.7	8.5	43.1	48.9	24.3	1,222
Second	26.7	15.4	14.0	7.4	51.5	38.6	17.3	1,404
Middle	15.3	12.0	10.7	6.6	49.1	27.4	15.8	1,511
Fourth	9.8	7.1	7.3	3.6	40.6	22.0	9.2	1,588
Highest	8.8	5.0	11.2	5.9	46.8	28.3	12.2	1,610
Total	19.4	11.9	11.9	6.3	46.2	32.2	15.3	7,334
Four cases with missing 'education' not shown								
Respondents may have reported more than one discriminatory practice								

Antenatal care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about danger signs, symptoms and risks associated with labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled healthcare provider. The antenatal period also provides an opportunity to supply information on

birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy, and treatment of sexually transmitted infections can significantly improve foetal growth 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 sexually transmitted infections) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care—in particular, for the prevention of HIV transmission from mother to child—has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal care visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content of antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bacteriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

Table RH.4 provides information on the type of personnel providing antenatal care to women aged 15–49 years who gave birth in the two years preceding the survey. Coverage of antenatal care is relatively low in the MFWR, with 45 percent of women receiving antenatal care at least once from a skilled person (doctor, staff nurse or Auxiliary Nurse Midwife), 28 percent receiving antenatal care from another health worker, three percent receiving antenatal care from others (not health workers), and 24 percent receiving no antenatal care. For antenatal care from skilled personnel, there was little variation by region. Subregionally, the highest percentage of women to receive antenatal care from skilled personnel was in the Mid-Western Terai (56 percent) and the lowest was in the Mid-Western Mountains (29 percent). Urban women (73 percent) were much more likely to receive antenatal care from skilled personnel than rural women (42 percent). Women's education and wealth index quintile were negatively associated with receiving antenatal care from skilled personnel. Women with no education (32 percent) were least likely to receive antenatal care from skilled personnel, and women with at least secondary education (71 percent) were most likely to receive antenatal care from skilled personnel. Women in the poorest quintile (22 percent) were over three times less likely to receive antenatal care from skilled personnel than women in the richest quintile (77 percent). Trends for receiving no antenatal care followed a similar pattern, with women in rural areas, with no education and from the poorest households most likely to receive no antenatal care. Some 28 percent of women in the Mid-Western Region and 19 percent in the Far Western Region received no antenatal care, with 35 percent of women in the Mid-Western Mountains receiving none.

Table RH.4: Antenatal care provider						
Percentage of women aged 15–49 years who gave birth in the two years preceding the survey by type of personnel providing antenatal care, MFWR, Nepal, 2010						
	Percent by person providing antenatal care:			No antenatal care received	Total	No. of women aged 15–49 years who gave birth in two years preceding survey
	At least once by skilled personnel (doctor, staff nurse and Auxiliary Nurse Midwife) [1]	Other health workers	Others (not health workers)/ missing			
Region						
Mid-Western	46.2	23.2	2.4	28.2	100.0	687
Far Western	43.6	33.5	3.5	19.4	100.0	578
Subregion						
Mid-Western Mountains	29.2	31.7	4.0	35.1	100.0	101
Mid-Western Hills	45.1	23.6	1.9	29.4	100.0	373
Mid-Western Terai	56.2	18.2	2.8	22.9	100.0	213
Far Western Mountains	32.4	26.8	8.1	32.8	100.0	104
Far Western Hills	36.7	40.8	0.6	21.9	100.0	198
Far Western Terai	52.7	30.8	3.8	12.6	100.0	275
Area						
Urban	73.4	6.2	4.4	15.9	100.0	120
Rural	42.0	30.2	2.8	25.1	100.0	1,144
Education						
None	32.0	29.9	3.2	34.9	100.0	699
Primary	46.9	36.1	2.1	14.9	100.0	230
Secondary +	70.8	18.0	3.0	8.3	100.0	335
Wealth index quintile						
Poorest	21.7	32.5	2.8	43.0	100.0	321
Second	43.3	30.9	2.2	23.7	100.0	285
Middle	41.7	30.7	4.5	23.1	100.0	255
Fourth	58.3	25.4	2.1	14.3	100.0	214
Richest	76.8	14.4	3.1	5.7	100.0	188
Total	45.0	27.9	2.9	24.2	100.0	1,265
[1] MICS Indicator 5.5a; MDG Indicator 5.5						
As respondents had difficulty in distinguishing the different types of skilled health personnel providing antenatal care, the data for doctor, staff nurse and Auxiliary Nurse Midwife were aggregated.						

UNICEF and WHO recommend a minimum of at least four antenatal care visits during pregnancy. Nepal's antenatal care protocol provisions antenatal care visits in the fourth, sixth, eighth and ninth months of pregnancy under the focused safe motherhood programme. Table RH.5 shows the number of antenatal care visits for women aged 15–49 years who had a live birth during the two years preceding the survey by any provider. Some 40 percent of women in the MFWR had received at least four antenatal care visits. In addition, 20 percent had received three visits, 10 percent had received two visits and five percent had received one visit.

Women in the Mid-Western Region (34 percent) were less likely than those in the Far Western Region (48 percent) to receive at least four visits. Subregionally, the highest percentage was in the Far Western Terai (59 percent) and the lowest was in the Mid-Western Mountains (21 percent). Urban women (53 percent) were more likely than rural women (39 percent) to receive at least four visits. Women's education level and wealth quintile both influenced the likelihood of their receiving at least four antenatal care visits. Only 27 percent of women with no education received at least four visits compared to 50 percent of women with primary education and 62 percent of women with at

least secondary education. Only 20 percent of women from the poorest quintile received at least four visits compared to 73 percent of women in the richest quintile.

Table RH.5: Number of antenatal care visits								
Percentage of women aged 15–49 years who had a live birth during the two years preceding the survey by number of antenatal care visits by any provider, MFWR, Nepal, 2010								
	Percent who had:						Total	No. of women aged 15–49 years who had live birth in two years preceding survey
	No antenatal care visits	1 visit	2 visits	3 visits	4 or more visits [1]	Missing/ don't know		
Region								
Mid-Western	28.2	5.6	9.1	22.7	34.3	0.1	100.0	687
Far Western	19.4	4.6	10.8	16.6	47.7	0.5	100.0	578
Subregion								
Mid-Western Mountains	35.1	6.3	12.4	25.2	20.6	0.4	100.0	101
Mid-Western Hills	29.4	6.9	10.2	21.5	32.0	0.0	100.0	373
Mid-Western Terai	22.9	2.8	5.5	23.6	44.9	0.3	100.0	213
Far Western Mountains	32.8	3.4	12.7	17.6	32.2	1.3	100.0	104
Far Western Hills	21.9	6.0	10.8	19.9	40.6	0.8	100.0	198
Far Western Terai	12.6	4.0	10.2	13.9	58.6	0.0	100.0	275
Area								
Urban	15.9	4.8	7.1	16.6	53.1	0.9	100.0	120
Rural	25.1	5.1	10.2	20.3	39.1	0.2	100.0	1,144
Education								
None	34.9	6.5	12.0	19.0	27.0	0.3	100.0	699
Primary	14.9	4.7	6.0	24.5	49.5	0.5	100.0	230
Secondary +	8.3	2.5	8.2	18.7	62.2	0.2	100.0	335
Wealth index quintile								
Poorest	43.0	4.2	15.0	17.8	19.5	0.5	100.0	321
Second	23.7	12.2	8.2	19.3	36.2	0.4	100.0	285
Middle	23.1	4.3	12.5	23.3	36.6	0.2	100.0	255
Fourth	14.3	2.3	6.6	22.8	53.7	0.3	100.0	214
Richest	5.7	0.1	3.9	16.7	72.6	0.0	100.0	188
Total	24.2	5.1	9.9	19.9	40.4	0.3	100.0	1,265

[1] MICS Indicator 5.5b; MDG Indicator 5.5

Pregnant women should have their blood pressure measured, a urine sample taken, and a blood sample taken during antenatal care. The services received by women aged 15–49 years who have given birth to a live child during their latest pregnancy in the two years preceding the survey are shown in Table RH.6. Some 32 percent of women in the MFWR had received all three services; 55 percent reported that their blood pressure was measured, 46 percent reported that a urine sample was taken, and 36 percent reported that a blood sample was taken. Some 35 percent of women in the Mid-Western Region and 27 percent in the Far Western Region had received all three services. Subregionally, the highest percentage in the Mid-Western Terai (37 percent) and the lowest was in the Far Western Mountains (16 percent). Urban women (55 percent) were more likely to receive all three services than rural women (29 percent). Women's education level and wealth quintile both influenced the likelihood of their receiving all three services. Only 20 percent of women with no education received them compared to 36 percent of women with primary education and 53 percent of women with at least secondary education. Only 16 percent of women from the poorest quintile received all three services compared to 56 percent of women in the richest quintile.

Table RH.6: Content of antenatal care					
Percentage of women aged 15–49 years who had a live birth during the two years preceding the survey who had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, MFWR, Nepal, 2010					
	Percent of pregnant women who had:				No. of women aged 15–49 years who had a live birth during the two years preceding the survey
	Blood pressure measured	Urine sample taken	Blood sample taken	Blood pressure measured, urine and blood sample taken [1]	
Region					
Mid-Western	52.7	50.0	40.4	35.2	687
Far Western	57.5	41.5	31.1	27.3	578
Subregion					
Mid-Western Mountains	45.3	38.6	31.6	28.6	101
Mid-Western Hills	53.5	50.3	41.4	35.7	373
Mid-Western Terai	54.8	54.9	42.8	37.3	213
Far Western Mountains	42.4	30.1	21.0	16.1	104
Far Western Hills	49.8	40.1	26.2	20.8	198
Far Western Terai	68.6	46.9	38.5	36.1	275
Area					
Urban	71.0	64.1	61.1	55.2	120
Rural	53.2	44.2	33.5	29.1	1,144
Education					
None	41.7	31.6	24.9	20.1	699
Primary	63.1	54.8	41.6	35.6	230
Secondary +	76.9	70.4	55.9	52.6	335
Wealth index quintile					
Poorest	36.9	26.9	19.2	15.7	321
Second	52.0	43.7	37.6	29.4	285
Middle	55.2	42.2	32.8	31.4	255
Fourth	64.7	56.8	43.0	36.8	214
Richest	78.3	75.7	59.6	56.0	188
Total	54.9	46.1	36.1	31.5	1,265

[1] MICS Indicator 5.6

Assistance at delivery

Three quarters of all maternal deaths occur during delivery and the immediate postpartum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of an emergency. The WFFC goal is to ensure that all women have ready and affordable access to skilled attendance at delivery. The indicators used are the proportion of births with a skilled attendant and the proportion of institutional deliveries. The indicator on a skilled attendant at delivery is also used to track progress toward the MDG target of reducing the maternal mortality ratio by three quarters between 1990 and 2015. NMICS 2010 included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, staff nurse and Auxiliary Nurse Midwife.

Table RH.7 shows that 29 percent of women aged 15–49 in the MFWR who had a live birth in the two years preceding the survey were delivered by skilled personnel. Some seven percent were delivered by other health workers, 47 percent by a relative or friend, nine percent by a traditional birth attendant, two percent by a Female Community Health Volunteer, three percent by others, and four percent gave birth alone. For assistance by skilled personnel, there was little variation by region. Subregionally, the highest percentage was in the Mid-Western Terai (41 percent) and lowest

was in the Far Western Mountains (nine percent). Urban women (53 percent) were more likely to be assisted by skilled personnel than rural women (26 percent). Women who gave birth in either a government health facility (87 percent) or a private health facility (96 percent) were much more likely to be assisted by skilled personnel than women who gave birth at home (four percent). Women's education level and wealth quintile both influenced the likelihood of being assisted by skilled personnel. Only 18 percent of women with no education received skilled assistance compared to 29 percent of women with primary education and 51 percent of women with at least secondary education. Only eight percent of women from the poorest quintile received skilled assistance compared to 66 percent of women in the richest quintile.

Some three percent of women in the MFWR who had given birth in the two years preceding the survey had been delivered by Caesarean-section. Women living in the Far Western Terai (five percent), living in urban areas (nine percent), delivering in a government health facility (nine percent), with at least secondary education (six percent), or coming from the richest quintile (seven percent) were most likely to receive a Caesarean-section.

Table RH.7: Assistance during delivery

Percentage of women aged 15–49 years who had a live birth in the two years preceding the survey by the person assisting at delivery, and percentage of births delivered by Caesarean-section, MFWR, Nepal, 2010

	Percent by person assisting at delivery:						No attendant	Total	Any skilled personnel [1]	Percent delivered by Caesarean-section [2]	No. of women aged 15–49 years who had live birth in two years preceding survey
	Skilled health personnel (Doctor, Staff Nurse or Auxiliary Nurse Midwife)	Other health worker	Relative / Friend	Midwife (traditional birth attendant)	Female Community Health Volunteer	Others					
Region											
Mid-Western	28.9	6.2	46.7	8.8	1.6	2.4	5.4	100.0	28.9	2.3	687
Far Western	28.4	8.2	46.8	9.4	2.5	2.7	2.0	100.0	28.5	3.3	578
Subregion											
Mid-Western Mountains	11.5	4.2	59.2	19.4	2.1	2.4	1.2	100.0	11.5	0.6	101
Mid-Western Hills	26.5	6.7	44.3	7.6	2.0	3.8	9.2	100.0	26.5	1.7	373
Mid-Western Terai	41.4	6.3	45.0	5.9	0.8	0.0	0.7	100.0	41.4	4.1	213
Far Western Mountains	8.6	7.0	67.3	8.9	3.8	2.5	2.0	100.0	8.6	1.2	104
Far Western Hills	21.5	10.9	58.1	0.6	2.1	3.0	3.9	100.0	21.5	2.0	198
Far Western Terai	41.0	6.7	30.9	16.0	2.2	2.6	0.6	100.0	41.0	5.1	275
Area											
Urban	53.2	1.0	31.0	9.6	2.0	2.9	0.4	100.0	53.2	9.4	120
Rural	26.1	7.7	48.4	9.1	2.0	2.5	4.2	100.0	26.1	2.1	1,144
Place of delivery											
Government health facility	86.9	11.0	0.6	0.6	0.9	0.0	0.0	100.0	86.9	9.4	338
Private health facility	(96.4)	(3.6)	(0.0)	0.0	0.0	0.0	(0.0)	100.0	(96.4)	(8.0)	39
Home	3.6	5.8	66.5	12.9	2.6	3.5	5.1	100.0	3.6	0.0	873
Other	*	*	*	*	*	*	*	100.0	*	*	15
Education											
None	18.1	7.1	55.4	9.5	1.3	3.8	4.8	100.0	18.1	1.6	699
Primary	29.1	8.9	44.3	13.1	2.4	0.0	2.2	100.0	29.1	2.0	230
Secondary +	50.5	5.9	30.3	5.6	3.2	1.6	2.9	100.0	50.5	5.7	335

Cont'd Table RH.7: Assistance during delivery

Percentage of women aged 15–49 years who had a live birth in the two years preceding the survey by the person assisting at delivery, and percentage of births delivered by Caesarean-section, MFWR, Nepal, 2010

	Percent by person assisting at delivery:						No attendant	Total	Any skilled personnel [1]	Percent delivered by Caesarean-section [2]	No. of women aged 15–49 years who had live birth in two years preceding survey
	Skilled health personnel (Doctor, Staff Nurse or Auxiliary Nurse Midwife)	Other health worker	Relative / Friend	Midwife (traditional birth attendant)	Female Community Health Volunteer	Others					
Wealth index quintile											
Poorest	7.7	5.9	63.9	8.8	1.5	4.7	7.5	100.0	7.7	0.5	321
Second	20.0	7.7	50.9	10.7	2.3	3.8	4.6	100.0	20.0	1.5	285
Middle	25.8	10.1	48.6	9.5	2.4	1.2	2.3	100.0	25.8	1.6	255
Fourth	42.5	6.8	36.4	9.8	2.4	0.5	1.6	100.0	42.5	5.8	214
Richest	65.7	4.5	20.4	5.9	1.6	1.1	0.8	100.0	65.7	6.6	188
Total	28.7	7.1	46.8	9.1	2.0	2.5	3.8	100.0	28.7	2.8	1,265

[1] MICS Indicator 5.7; MDG indicator 5.2

[2] MICS Indicator 5.9

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

* An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases

As respondents had difficulty in distinguishing the different types of skilled health personnel providing delivery assistance, the data for doctor, staff nurse and Auxiliary Nurse Midwife were aggregated.

Place of delivery

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both mother and baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to mother and newborn.

Table RH.8 provides information on women aged 15–49 years who had a live birth in the two years preceding the survey by place of delivery. Around one third (30 percent) of women in the MFWR delivered in a health facility, with 27 percent delivering in a government health facility and three percent delivering in a private health facility. Almost seven in 10 (69 percent) women delivered at home.

For delivery in a health facility, there was little variation by region. Subregionally, the highest percentage was in the Mid-Western Terai (44 percent) and the lowest was in the Far Western Mountains (12 percent). Urban women (49 percent) were more likely than rural women (28 percent) to deliver in a health facility. Women who had received antenatal care were more likely to deliver in a health facility: 50 percent of women who had received at least four visits and 25 percent of women who had received 1–3 visits delivered in a health facility compared to four percent of women who had received no antenatal care. Women's education level and wealth quintile both influenced the likelihood of delivery in a health facility. Only 19 percent of women with no education delivered in a health facility compared to 34 percent of women with primary education and 50 percent of women with at least secondary education. Only eight percent of women from the poorest quintile delivered in a health facility compared to 64 percent of women in the richest quintile.

Table RH.8: Place of delivery							
Percentage of women aged 15–49 years who had a live birth in the two years preceding the survey by place of delivery, MFWR, Nepal, 2010							
	Percent by place of delivery:				Total	Delivered in health facility [1]	No. of women aged 15–49 years who had live birth in two years preceding survey
	Government health facility	Private health facility	Home	Other			
Region							
Mid-Western	26.2	3.0	69.3	1.5	100.0	29.3	687
Far Western	27.3	3.1	68.8	0.8	100.0	30.4	578
Subregion							
Mid-Western Mountains	12.2	0.4	83.0	4.4	100.0	12.6	101
Mid-Western Hills	23.3	2.0	73.1	1.6	100.0	25.4	373
Mid-Western Terai	37.9	6.1	56.0	0.0	100.0	44.0	213
Far Western Mountains	11.0	0.8	87.3	0.9	100.0	11.8	104
Far Western Hills	19.6	2.0	78.0	0.4	100.0	21.6	198
Far Western Terai	39.1	4.8	55.1	1.0	100.0	43.8	275
Area							
Urban	46.0	3.2	49.5	1.3	100.0	49.2	120
Rural	24.7	3.1	71.1	1.2	100.0	27.8	1,144
No. of antenatal care visits							
None	2.9	0.9	95.3	1.0	100.0	3.8	308
1–3	22.4	2.6	74.0	0.9	100.0	25.1	442
4+	44.9	4.8	48.7	1.6	100.0	49.7	511
Education							
None	17.1	1.8	80.0	1.1	100.0	19.0	699
Primary	29.7	4.0	66.3	0.0	100.0	33.7	230
Secondary +	44.7	5.0	48.1	2.2	100.0	49.7	335
Wealth index quintile							
Poorest	7.4	0.7	89.8	2.0	100.0	8.1	321
Second	20.9	1.4	77.3	0.5	100.0	22.3	285
Middle	23.5	2.9	73.7	0.0	100.0	26.3	255
Fourth	42.7	3.4	50.6	3.3	100.0	46.1	214
Richest	54.7	9.7	35.7	0.0	100.0	64.3	188
Total	26.7	3.1	69.0	1.2	100.0	29.8	1,265
[1] MICS Indicator 5.8							
Four cases with missing 'no. of antenatal care visits' not shown							

Newborn care practices

A healthy mother, a safe birth, essential care of and attention to the newborn, a loving family, and a clean home environment contribute greatly to the health and survival of infants. The Ministry of Health and Population recommends that newborns should be dried with a clean, soft cloth before the placenta is delivered and kept warm by wrapping in a doth or blanket. They should be first bathed only 24 hours after birth. As part of postnatal care, the mother and child should be checked regularly during the first 24 hours, within three days, within seven days, and again at six weeks after birth.

In order to assess whether safe newborn care practices are adopted in the MFWR, non-MICS standard questions were added to the women's questionnaire and asked of mothers who had given birth in a non-institutional setting during the two years preceding the survey. Questions were asked

on whether the newborn child was dried before the placenta was delivered and wrapped in a separate doth, and about the time that the newborn was first bathed.

Table RH.9 presents information on newborn care practices for non-institutional live births in the two years preceding the survey. Almost 59 percent of newborns in the MFWR were dried before the placenta was delivered, at 54 percent for the Mid-Western Region and 64 percent for the Far Western Region. Subregionally, the highest percentage was in the Far Western Terai (79 percent) and the lowest was in the Far Western Hills (46 percent). There was little variation by urban/rural area. Mother's education level and household wealth status both had an influence on the practice of drying the child before the placenta was delivered. Some 54 percent of newborns whose mother had no education were dried compared to 63 percent of newborns whose mother had primary education and 71 percent of newborns whose mothers had at least secondary education. Fifty-one percent of newborns from the poorest quintile were dried compared to 72 percent from the richest quintile.

Some 88 percent of newborns from non-institutional live births in the MFWR were wrapped in a separate doth after drying. This practice was widespread, with little variation by background characteristic.

Table RH.9: Newborn care practices in non-institutional deliveries			
Percentage of women aged 15–49 years with non-institutional live births in the two years preceding the survey by application of appropriate newborn care practices, MFWR, Nepal, 2010			
	Percent who reported their newborn was		No. of women with non-institutional live births in two years preceding survey
	Dried before placenta was delivered	Wrapped in a separate cloth	
Region			
Mid-Western	29.6	46.0	476
Far Western	29.1	42.4	397
Subregion			
Mid-Western Mountains	60.0	77.9	84
Mid-Western Hills	50.5	97.9	272
Mid-Western Terai	58.8	88.1	119
Far Western Mountains	68.5	78.2	91
Far Western Hills	46.0	83.4	155
Far Western Terai	79.4	90.4	152
Area			
Urban	60.3	92.7	60
Rural	58.5	88.1	813
Mother's education			
None	53.7	87.0	559
Primary	63.2	86.0	153
Secondary +	71.3	94.4	161
Wealth index quintile			
Poorest	51.1	87.2	289
Second	53.4	87.1	221
Middle	69.7	87.5	188
Fourth	62.0	93.1	108
Highest	71.9	(91.2)	67
Total	58.7	88.4	873

Table RH.10 presents information on the practice of bathing newborns for the first time. One third (34 percent) of newborns in the MFWR were bathed immediately after birth (within one hour), while 28 percent were bathed between one and 24 hours later. Only 36 percent were first bathed after 24 hours. There was a noticeable difference by region, with 26 percent of newborns in the Mid-Western Region being first bathed after 24 hours compared to 46 percent in the Far Western Region.

Subregionally, the highest percentage was in the Far Western Terai (69 percent) and the lowest was in the Mid-Western Hills (23 percent). Although there was little difference between urban children (31 percent) and rural children (36 percent) in first bathing after 24 hours, urban children (47 percent) were comparatively more likely than rural children (33 percent) to be bathed within one of birth. Mother's education level and household wealth status both influenced the practice of first bathing after 24 hours. Only 33 percent of newborns whose mother had no education were first bathed after 24 hours compared to 36 percent of newborns whose mother had primary education and 45 percent of newborns whose mother had at least secondary education. Only 29 percent of newborns from the poorest quintile were first bathed after 24 hours compared to 58 percent from the richest quintile.

Table RH.10: First-time bathing of newborns						
Percentage of women aged 15–49 years with non-institutional live births in the two years preceding the survey by time of first bathing, MFWR, Nepal, 2010						
	Percent who reported their newborn was bathed for the first time:				Total	No. of women aged 15–49 years with non-institutional live births in two years preceding survey
	Within 1 hour	1–24 hours	After 24 hours	Don't know		
Region						
Mid-Western	40.2	32.0	26.3	1.0	100.0	476
Far Western	26.1	23.6	46.0	4.3	100.0	397
Subregion						
Mid-Western Mountains	42.1	24.8	29.4	3.7	100.0	84
Mid-Western Hills	40.1	36.7	23.2	0.0	100.0	272
Mid-Western Terai	39.2	26.3	33.0	1.6	100.0	119
Far Western Mountains	33.5	29.6	32.7	4.3	100.0	91
Far Western Hills	32.3	31.2	31.0	5.5	100.0	155
Far Western Terai	15.3	12.4	69.2	3.1	100.0	152
Area						
Urban	46.8	19.4	30.9	2.9	100.0	60
Rural	32.8	28.8	35.8	2.5	100.0	813
Education						
None	34.8	30.1	32.5	2.6	100.0	559
Primary	32.6	29.7	36.2	1.5	100.0	153
Secondary +	31.2	20.1	45.3	3.4	100.0	161
Wealth index quintile						
Poorest	38.2	30.5	28.8	2.5	100.0	289
Second	41.1	29.6	27.1	2.2	100.0	221
Middle	27.8	31.2	38.6	2.4	100.0	188
Fourth	25.2	19.5	51.2	4.0	100.0	108
Highest	21.5	19.0	57.9	1.5	100.0	67
Total	33.8	28.2	35.5	2.5	100.0	873

VIII. Child Development

Early childhood education and learning

Attendance of preschoolers in an organized learning or child education programme is important in readying children for formal school.

Table D.1 shows that one third (32 percent) of children aged 36–59 months in the MFWR were currently attending early childhood education. There was little variation by region or gender. Subregionally, the highest percentage was in the Mid-Western Terai (48 percent) and the lowest was in the Far Western Mountains (20 percent). Children living in urban areas (40 percent) were more likely to attend early childhood education than those living in rural areas (32 percent). Children aged 36–47 months (21 percent) were less likely to attend than those aged 48–59 months (45 percent). Mother's education level and the household's wealth status influenced the likelihood of attendance in early childhood education. Only 26 percent of children whose mother had no education attended compared to 42 percent of children whose mother had primary education and 47 percent of children whose mother had at least secondary education. Some 16 percent of children living in the poorest households attended early childhood education compared to 50 percent of children from the richest households.

Table CD.1: Early childhood education		
Percentage of children aged 36–59 months who are attending some form of organized early childhood education programme, MFWR, Nepal, 2010		
	Percent currently attending early childhood education [1]	No. of children aged 36–59 months
Region		
Mid-Western	34.5	857
Far Western	29.7	688
Subregion		
Mid-Western Mountains	25.6	132
Mid-Western Hills	29.7	475
Mid-Western Terai	48.2	251
Far Western Mountains	19.9	130
Far Western Hills	22.6	232
Far Western Terai	38.6	326
Sex		
Male	31.4	820
Female	33.3	726
Area		
Urban	40.0	140
Rural	31.6	1,405
Age		
36–47 months	21.1	803
48–59 months	44.5	743
Mother's education		
None	25.8	1,011
Primary	41.6	216
Secondary+	46.6	318
Wealth index quintile		
Poorest	16.3	408
Second	28.9	344
Middle	32.8	306
Fourth	45.6	257
Richest	50.3	230
Total	32.3	1,545

[1] MICS Indicator 6.7

It is well recognized that a period of rapid brain development occurs during the first 3–4 years of life, and the quality of home care is a major determinant of a child's development during this period. In this context, adult activities with children, the presence of books for the child in the home, and the conditions of care are important indicators of the quality of home care. Furthermore, fathers' engagement with children is important in their overall development. Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.

Information on a number of activities that support early learning was collected in the survey. This included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting or drawing things.

Seventy-one percent of children aged 36–59 months in the MFWR engaged with an adult household member in four or more activities that promote learning and school readiness during the three days preceding the survey (Table CD.2). In addition, 43 percent engaged with their father in one or more activities. On average, adult household members engaged in 4.4 activities with children and fathers

engaged in 0.8 activities. About one quarter (24 percent) percent of children were living in a household without their fathers.

Some 66 percent of children in the Mid-Western Region and 76 percent in the Far Western Region engaged with adult household members in four or more activities. Subregionally, the highest percentage was in the Far Western Terai (80 percent) and the lowest was in the Mid-Western Mountains (56 percent). There was little variation by gender. Children living in urban areas (82 percent) were more likely to engage with adult household members than those living in rural areas (69 percent). Children aged 36–47 months (68 percent) were less likely to engage with adult household members than those aged 48–59 months (74 percent). Mother's education level, father's education level and household wealth status all influenced adult engagement with young children. Some 65 percent of children whose mother had no education engaged with adults compared to 76 percent of children whose mother had primary education and 85 percent of children whose mother had at least secondary education. Father's education was less influential than mother's education: some 62 percent of children whose father had no education engaged with adults compared to 71 percent of children whose father had primary education and 77 percent of children whose father had at least secondary education. Some 63 percent of children living in the poorest households engaged with adults compared to 87 percent of children from the richest households.

Some 37 percent of children in the Mid-Western Region engaged with their father in one or more activities compared to 50 percent in the Far Western Region. Subregionally, the highest percentage was in the Far Western Mountains (56 percent) and the lowest was in the Mid-Western Hills (31 percent). There was little variation by gender, urban/rural area or child's age. Mother's education level, father's education level and household wealth status all influenced father's engagement with young children. Some 42 percent of children whose mother had no education engaged with their father compared to 38 percent of children whose mother had primary education and 48 percent of children whose mother had at least secondary education. In addition, only 47 percent of children whose father had no education and whose father had primary education engaged with him compared to 61 percent of children whose father had at least secondary education. Only 33 percent of children living in the poorest households engaged with their father compared to 51 percent of children from the richest households.

Table CD.2: Support for learning						
Percentage of children aged 36–59 months with whom an adult household member engaged in activities that promote learning and school readiness during the three days preceding the survey, MFWR, Nepal, 2010						
	Percent of children		Mean number of activities		Percent of children not living with natural father	No. of children aged 36–59 months
	With whom adult household members engaged in 4 or more activities [1]	With whom father engaged in 1 or more activities [2]	Any adult household member engaged in with child	Father engaged in with child		
Region						
Mid-Western	65.9	36.7	4.3	0.7	27.8	857
Far Western	76.3	49.9	4.5	0.9	20.2	688
Subregion						
Mid-Western Mountains	55.6	47.2	3.7	0.9	3.8	132
Mid-Western Hills	65.1	31.1	4.3	0.6	32.4	475
Mid-Western Terai	73.1	41.9	4.5	0.8	31.7	251
Far Western Mountains	70.9	57.5	4.2	1.0	15.5	130
Far Western Hills	74.1	38.3	4.3	0.7	29.0	232
Far Western Terai	80.0	55.1	4.8	1.1	15.8	326
Sex						
Male	72.0	42.7	4.5	0.8	23.0	820
Female	68.9	42.5	4.3	0.7	26.0	726
Area						
Urban	82.0	48.8	4.8	1.1	21.6	140
Rural	69.4	42.0	4.3	0.8	24.7	1,405
Age						
36–47 months	67.5	43.1	4.2	0.8	25.9	803
48–59 months	73.9	42.0	4.5	0.8	22.8	743
Mother's education						
None	65.1	41.8	4.1	0.7	21.2	1,011
Primary	75.7	38.0	4.6	0.7	33.0	216
Secondary +	84.4	48.4	5.1	1.0	28.9	318
Father's education						
None	61.8	47.2	4.0	0.9	na	281
Primary	71.3	47.0	4.3	0.8	na	327
Secondary +	76.9	61.4	4.7	1.2	na	559
Father not in household	67.2	7.5	4.2	na	na	377
Wealth index quintile						
Poorest	63.0	33.4	4.0	0.6	23.5	408
Second	63.2	38.0	4.0	0.7	31.3	344
Middle	69.5	45.7	4.3	0.8	23.5	306
Fourth	79.3	52.1	4.8	1.0	21.5	257
Richest	86.5	51.1	5.2	1.1	20.1	230
Total	70.6	42.6	4.4	0.8	24.4	1,545
[1] MICS Indicator 6.1						
[2] MICS Indicator 6.2						
One case with missing 'mother's education' not shown						

The presence of books in the household not only provides a child in the early years with greater understanding of the nature of print, but may also give him/her an opportunity to see others reading such as older siblings doing school work. It also has an influence on later school performance and IQ scores. Mothers/caretakers of all children aged less than five years were asked about the availability at home of children's books or picture books for the child, homemade toys or toys that come from a shop, and household objects or outside objects that a child could use as playthings. For the purposes

of NMICS 2010, playthings included homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells or leaves).

In the MFWR, about five percent of children aged less than five years lived in households where at least three children's books were present, and only one in 1,000 lived in households with 10 or more children's books (Table CD.3). For children living in a household with at least three children's books, there was little variation by region or gender. The highest percentage was in the Mid-Western Terai (six percent) and the lowest was in the Far Western Hills (one percent). Children in urban areas (nine percent) were more likely to live in households with at least three children's books than those in rural areas (five percent). Younger children were less likely than older to live in households with at least three children's books: less than one percent of children aged 0–23 months compared to seven percent of children aged 24–59 months. Mother's education level and household wealth status both influence the likelihood of a child living in a household with three or more children's book. Only three percent of children whose mother had no education lived in a household with children's books compared to six percent of children whose mother had primary education and nine percent of children whose mother had at least secondary education. Only two percent of children living in the poorest quintile lived in a household with children's books compared to 12 percent of children from the richest quintile.

Table CD.3: Learning materials							
Percentage of children aged less than five years by the number of children's books present in the household and playthings that a child plays with, MFWR, Nepal, 2010							
	Household has:		Child plays with:			Two or more types of playthings [2]	No. of children aged less than five years
	3 or more children's books [1]	10 or more children's books	Homemade toys	Toys from shop/manufactured toys	Household objects/objects found outside		
Region							
Mid-Western	5.8	0.1	52.2	37.5	70.9	55.3	1,984
Far Western	3.6	0.0	61.4	39.3	61.4	55.0	1,590
Subregion							
Mid-Western Mountains	1.8	0.0	46.1	23.9	68.6	43.9	302
Mid-Western Hills	6.2	0.2	52.7	32.1	73.0	55.3	1,082
Mid-Western Terai	7.0	0.0	54.3	54.0	68.1	60.9	600
Far Western Mountains	1.3	0.0	57.8	37.8	67.3	52.9	300
Far Western Hills	1.1	0.0	58.6	40.4	55.9	50.7	553
Far Western Terai	6.5	0.0	65.1	39.1	63.2	59.1	737
Sex							
Male	5.0	0.1	56.4	38.5	66.1	55.0	1,840
Female	4.6	0.0	56.2	38.1	67.3	55.3	1,734
Area							
Urban	8.6	0.0	60.0	59.5	75.2	68.5	312
Rural	4.5	0.1	55.9	36.3	65.9	53.9	3,262
Age							
0–23 months	0.4	0.0	36.0	29.0	40.4	34.7	1,315
24–59 months	7.4	0.1	68.1	43.8	81.9	67.1	2,259
Mother's education							
None	3.1	0.0	55.5	30.1	66.8	51.2	2,148
Primary	5.7	0.3	58.3	42.8	63.8	56.0	579
Secondary+	8.7	0.0	56.9	56.2	68.4	64.7	846
Wealth index quintile							
Poorest	1.8	0.0	51.2	21.1	63.8	44.5	927
Second	2.7	0.2	55.3	28.1	68.1	48.8	804
Middle	4.9	0.0	57.0	39.0	69.3	59.0	709
Fourth	6.0	0.0	59.7	54.4	63.7	62.0	611
Richest	12.1	0.0	62.1	64.9	69.5	70.8	523
Total	4.8	0.1	56.3	38.3	66.7	55.2	3,574
[1] MICS Indicator 6.3							
[2] MICS Indicator 6.4							
One case with missing 'mother's education' not shown							

Table CD.3 also shows that 55 percent of children aged less than five years played with two or more playthings in their home, with 56 percent playing with homemade toys, 38 percent playing with manufactured or shop-bought toys, and 67 percent playing with household objects/objects found outside. There was little variation by region or gender. Subregionally, the highest percentage was in the Mid-Western Terai (61 percent) and the lowest was in the Mid-Western Mountains (44 percent). Children in urban areas (69 percent) were more likely to play with two or more playthings than those in rural areas (54 percent). Younger children were less likely than older children to play with two or more playthings: 35 percent of children aged 0–23 months compared to 67 percent of children aged 24–59 months. Mother's education level and the household's wealth status influence the likelihood of a child playing with two or more playthings. Only 51 percent of children whose mother had no education played with two or more playthings compared to 56 percent of children whose mother had primary education and 65 percent of children whose mother had at least secondary education.

Only 45 percent of children from the poorest quintile played with two or more playthings compared to 71 percent of children from the richest quintile.

Leaving children aged less than five years alone or in the presence of other young children (aged less than 10 years) is known to increase the risk of accidents. In NMICS 2010, two questions were asked on whether children were left alone or in the care of other young children in the week preceding the survey. Table CD.4 shows that 51 percent of children aged less than five years were left with inadequate care in the past week, with 32 percent left alone and 42 percent left in the care of other young children.

Some 44 percent of children in the Mid-Western Region were left with inadequate care compared to 59 percent in the Far Western Region. The highest percentage was in the Far Western Hills (66 percent) and the lowest was in the Mid-Western Hills (41 percent). There was no gender difference. Children in urban areas (45 percent) were less likely to be left with inadequate care than those in rural areas (51 percent). Younger children were less likely than older children to be left with inadequate care: 36 percent of children aged 0–23 months compared to 59 percent of children aged 24–59 months. Mother's education level and the household's wealth status influence the likelihood of a child being left with inadequate care. Some 58 percent of children whose mother had no education were left with inadequate care compared to 45 percent of children whose mother had primary education and 37 percent of children whose mother had at least secondary education. Some 57 percent of children from the poorest quintile were left with inadequate care compared to 37 percent of children from the richest quintile.

Table CD.4: Inadequate care				
Percentage of children aged less than five years left alone or in the care of other children under the age of 10 years for more than one hour at least once during the week preceding the survey, MFWR, Nepal, 2010				
	Percent of children aged less than five years			No. of children aged less than five years
	Left alone	Left in the care of child younger than 10 years of age	Left with inadequate care in the past week [1]	
Region				
Mid-Western	25.6	38.3	44.2	1,984
Far Western	40.0	45.9	58.7	1,590
Subregion				
Mid-Western Mountains	35.0	49.1	55.6	302
Mid-Western Hills	18.5	37.9	40.7	1,082
Mid-Western Terai	33.7	33.5	44.8	600
Far Western Mountains	32.6	47.9	53.7	300
Far Western Hills	46.5	48.6	65.7	553
Far Western Terai	38.1	43.0	55.5	737
Sex				
Male	31.4	41.3	50.1	1,840
Female	32.6	42.0	51.3	1,734
Area				
Urban	30.3	32.8	44.8	312
Rural	32.1	42.5	51.2	3,262
Age				
0–23 months	18.8	28.3	35.8	1,315
24–59 months	39.6	49.4	59.3	2,259
Mother's education				
None	36.1	48.4	57.5	2,148
Primary	26.6	34.1	44.8	579
Secondary+	25.3	29.5	37.3	846
Wealth index quintile				
Poorest	33.2	50.5	57.6	927
Second	30.7	43.6	52.5	804
Middle	34.6	38.4	49.1	709
Fourth	34.0	39.8	50.3	611
Richest	25.8	29.5	38.1	523
Total	32.0	41.6	50.7	3,574
[1] MICS Indicator 6.5				
One case with missing 'mother's education' not shown				

Early childhood development

Early child development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development.

A 10-item module, developed for NMICS, was used to calculate the Early Child Development Index (ECDI). The indicator is based on benchmarks that children would be expected to have reached if they were developing as the majority of children in that age group.

Each of the 10 items is used in one of the four domains to determine if children are developmentally on track in that domain. The domains in question are:

- *Literacy-numeracy*: Children are identified as being developmentally on track based on whether they can identify/name at least 10 letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from one to 10. If at least two of these are true, then the child is considered developmentally on track.
- *Physical*: If the child can pick up a small object such as a stick or a rock from the ground with two fingers and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.
- *Socio-emotional*: In this domain, children are considered to be developmentally on track if two of the following is true: the child gets along well with other children; the child does not kick, bite or hit other children; and the child is not easily distracted.
- *Learning*: If the child follows simple directions on how to do something correctly and/or, when given something to do, is able to do it independently, then the child is considered to be developmentally on track in the learning domain.

ECDI is then calculated as the percentage of children who are developmentally on track in at least three of these four domains.

Table CD.5 shows that 58 percent of children aged 36–59 months in the MFWR were developmentally on track as indicated by the ECDI. Some 18 percent were on track in literacy–numeracy, 93 percent were on track physically, 70 percent were on track socio-emotionally, and 78 percent were on track in learning. For children developmentally on track as indicated by the ECDI, there was little variation by region or gender. Subregionally, the highest percentage was in the Mid-Western Hills (67 percent) and the lowest was in the Mid-Western Mountains (39 percent). Children in urban areas (64 percent) were more likely to be developmentally on track than those in rural areas (57 percent). Younger children were less likely than older children to be developmentally on track: 50 percent of children aged 36–47 months compared to 66 percent of children aged 48–59 months. This is expected, as children develop more mature skills as they grow older and the tests were not adapted to take account of age. Attendance at preschool is positively associated with being developmentally on track. Some 69 percent of children attending preschool were developmentally on track compared to 52 percent of children not attending preschool. Mother’s education level influences the likelihood of a child being developmentally on track. Only 55 percent of children whose mother had no education and whose mother had primary education were developmentally on track compared 68 percent of children whose mother had at least secondary education. The household’s wealth status was less influential: although children in the richest quintile (68 percent) were more likely to be developmentally on track, children in the other wealth quintiles were all quite similar at 50–60 percent.

Table CD.5: Early Child Development Index						
Percentage of children aged 36–59 months who are developmentally on track in literacy–numeracy, physical, socio-emotional and learning domains, and the Early Child Development Index score, MFWR, Nepal, 2010						
	Percent who are developmentally on track for indicated domains				Early Child Development Index score [1]	No. of children aged 36–59 months
	Literacy–numeracy	Physical	Socio-emotional	Learning		
Region						
Mid-Western	18.8	93.6	67.7	80.7	58.6	857
Far Western	16.9	91.6	73.7	74.2	56.7	688
Subregion						
Mid-Western Mountains	6.0	90.6	64.3	63.8	39.1	132
Mid-Western Hills	19.7	95.2	72.5	86.6	66.5	475
Mid-Western Terai	23.9	92.2	60.6	78.4	53.8	251
Far Western Mountains	10.5	94.9	80.1	79.4	63.3	130
Far Western Hills	10.3	85.4	69.4	55.7	40.6	232
Far Western Terai	24.0	94.8	74.2	85.3	65.4	326
Sex						
Male	18.0	92.3	69.7	79.3	58.6	820
Female	17.8	93.2	71.2	76.2	56.7	726
Area						
Urban	29.7	89.0	76.8	74.5	64.1	140
Rural	16.8	93.1	69.8	78.2	57.1	1,405
Age						
36–47 months	7.5	89.9	70.1	73.1	50.4	803
48–59 months	29.2	95.8	70.8	82.9	65.6	743
Preschool attendance						
Attending preschool	37.6	97.1	71.5	85.0	69.2	500
Not attending preschool	8.5	90.6	69.9	74.4	52.2	1,046
Mother's education						
None	10.7	91.6	70.4	77.8	55.1	1,011
Primary	19.5	95.2	67.1	75.1	54.7	216
Secondary+	39.8	94.7	72.9	79.8	68.2	318
Wealth index quintile						
Poorest	7.9	88.8	74.7	76.3	57.4	408
Second	11.0	92.6	74.4	74.5	56.8	344
Middle	18.7	96.3	64.6	72.9	49.9	306
Fourth	23.9	93.8	69.1	82.0	59.8	257
Richest	38.5	94.0	66.0	87.2	67.7	230
Total	17.9	92.7	70.4	77.8	57.7	1,545

[1] MICS Indicator 6.6

IX Literacy and Education

Literacy among young women

The WFFC and MDGs both have goals on improving adult literacy, with progress being measured through literacy rates and gender gaps. In NMICS 2010, since only a women's questionnaire was administered, the results are only based on females aged 15–24 years. Literacy was assessed either on the ability of a woman to read a short, simple statement provided by the interviewer or with school attendance.

Table ED.1 shows the literacy rate for young women aged 15–24 years, based on the women's questionnaire. Around three quarters (74 percent) of young women in the MFWR were literate, at 77 percent for the Mid-Western Region and 71 percent for the Far Western Region. Subregionally, it was highest in the Mid-Western Hills (84 percent) and lowest in the Mid-Western Mountains (40 percent). Urban women (87 percent) were more likely to be literate than rural women (73 percent). Women aged 15–19 years (84 percent) were more likely to be literate than women aged 20–24 years (63 percent). Women's education level and household wealth status both affected the likelihood of young women being literate. Only six percent of women with no education were literate compared to 83 percent with a primary education and 100 percent of women with at least a secondary education. Young women from the richest quintile (90 percent) were almost twice as likely to be literate as young women from the poorest quintile (49 percent).

Table ED.1: Literacy among young women			
Percentage of women aged 15–24 years who are literate, MFWR, Nepal, 2010			
	Percent literate [1]	Percent not known	No. of women aged 15–24 years
Region			
Mid-Western	77.0	0.2	1,579
Far Western	70.6	0.0	1,319
Subregion			
Mid-Western Mountains	40.4	0.2	161
Mid-Western Hills	83.9	0.0	817
Mid-Western Terai	77.5	0.6	601
Far Western Mountains	57.0	0.2	175
Far Western Hills	69.2	0.0	363
Far Western Terai	74.3	0.0	781
Area			
Urban	86.5	0.6	334
Rural	72.5	0.1	2,565
Age			
15–19 years	84.4	0.2	1,511
20–24 years	62.9	0.1	1,387
Education			
None	5.7	0.0	689
Primary	83.1	0.7	589
Secondary +	100.0	0.0	1,619
Wealth index quintile			
Poorest	49.1	0.1	413
Second	67.0	0.1	580
Middle	72.3	0.4	624
Fourth	82.2	0.0	648
Richest	90.3	0.1	633
Total	74.1	0.2	2,898
[1] MICS Indicator 7.1; MDG Indicator 2.3			
Two cases with missing 'education' not shown			

School readiness

Attendance in an organized early childhood education programme is important for the readiness of children for school. Table ED.2 shows that 72 percent of children in the MFWR who were currently attending Grade 1 had attended preschool in the previous year. There was little variation by region or gender. Subregionally, the highest percentage was in the Far Western Terai (88 percent) and the lowest was in the Mid-Western Mountains (56 percent). Urban children (87 percent) were more likely than rural children (71 percent) to have preschool experience. Mother's education affected the likelihood of children in Grade 1 having attended preschool in the previous year. Only 71 percent of Grade 1 children whose mother had no education or whose mother had primary education had preschool experience compared to 89 percent of Grade 1 children whose mother had at least secondary education. Wealth status was positive correlated with preschool experience. Only 63 percent of Grade 1 children from the poorest quintile had preschool experience compared to 90 percent of Grade 1 children from the richest quintile.

Table ED.2: School readiness		
Percentage of children attending Grade 1 of primary school who attended preschool the previous year, MFWR, Nepal, 2010		
	Percent attending Grade 1 who had attended preschool in previous year [1]	No. of children attending Grade 1
Region		
Mid-Western	69.2	596
Far Western	74.6	607
Subregion		
Mid-Western Mountains	56.2	106
Mid-Western Hills	75.7	315
Mid-Western Terai	65.4	176
Far Western Mountains	62.4	141
Far Western Hills	72.3	287
Far Western Terai	88.0	179
Sex		
Male	74.5	637
Female	69.1	566
Area		
Urban	86.9	78
Rural	70.9	1,125
Mother's education		
None	70.5	976
Primary	70.8	134
Secondary +	88.7	92
Wealth index quintile		
Poorest	63.1	413
Second	67.0	269
Middle	76.6	246
Fourth	83.2	161
Richest	90.1	113
Total	71.9	1,203
[1] MICS Indicator 7.2		

Two cases with missing 'mother's education' not shown

Primary and secondary school participation

Achieving universal primary education is one of the most important goals of the MDGs and WFFC. Education is a vital prerequisite for combating poverty, empowering women, improving people's health, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Primary school net attendance ratio (adjusted)
- Secondary school net attendance ratio (adjusted)
- Female-to-male education ratio (or gender parity index (GPI)) in primary and secondary school

The indicators of school progression include:

- Children reaching last grade of primary
- Primary completion rate
- Transition rate to secondary school

Table ED.3 indicates that 58 percent of children in MFWR who are of primary school entry age (five years) were attending Grade 1 (net intake rate). There was little variation by region, gender, urban/rural area or mother's education. Subregionally, the highest percentage was in the Far Western Hills (70 percent) and the lowest was in the Far Western Terai (48 percent). Household wealth status affected the likelihood of primary school entry age attending Grade 1, with children from the poorest quintile (67 percent) much most likely to enter Grade 1 at the correct age than children in the richest quintile (48 percent).

Table ED.3: Primary school entry		
Percentage of children of primary school entry age entering Grade 1 (net intake rate), MFWR, Nepal, 2010		
	Percent of children of primary school entry age entering Grade 1 [1]	No. of children of primary school entry age (5–9 years)
Region		
Mid-Western	56.3	462
Far Western	59.5	381
Subregion		
Mid-Western Mountains	57.9	66
Mid-Western Hills	59.8	254
Mid-Western Terai	49.3	141
Far Western Mountains	61.7	80
Far Western Hills	70.1	148
Far Western Terai	48.2	154
Sex		
Male	60.1	394
Female	55.7	449
Area		
Urban	56.0	64
Rural	57.9	779
Mother's education		
None	57.4	631
Primary	62.4	103
Secondary +	55.4	109
Wealth index quintile		
Poorest	67.2	226
Second	57.6	189
Middle	62.6	181
Fourth	44.1	142
Richest	48.1	106
Total	57.8	843

[1] MICS Indicator 7.3

Table ED.4 provides information on children of primary school age (5–9 years) who were attending primary or secondary school¹⁴. Some 73 percent of children of primary school age in the MFWR were attending school. However, this suggests that 27 percent of children were out of school. There was little variation in primary school attendance by region, gender, urban/rural area, mother's education or household wealth status. Subregionally, the highest percentage was in the Far Western Hills (84 percent) and the lowest was in the Mid-Western Terai (70 percent). Net attendance rate increases with the age of the child at the beginning of the school year from 41 percent for children who were aged five years to 91 percent for children who were aged nine years.

¹⁴ Ratios are 'adjusted' since they include primary and secondary school attendance in the numerator.

Table ED.4: Primary school attendance or higher						
Percentage of children of primary school age attending primary or secondary school (net attendance ratio), MFWR, Nepal, 2010						
	Male		Female		Total	
	Net attendance ratio (adjusted)	No. of children aged 5–9 years	Net attendance ratio (adjusted)	No. of children aged 5–9 years	Net attendance ratio (adjusted) [1]	No. of children aged 5–9 years
Region						
Mid-Western	71.0	1,163	70.0	1,067	70.5	2,230
Far Western	76.7	967	75.6	904	76.1	1,870
Subregion						
Mid-Western Mountains	70.6	160	67.5	150	69.1	310
Mid-Western Hills	72.8	633	69.1	581	71.0	1,214
Mid-Western Terai	68.1	371	72.9	336	70.4	706
Far Western Mountains	71.5	199	72.7	189	72.1	388
Far Western Hills	85.6	349	81.4	326	83.6	675
Far Western Terai	71.7	418	72.0	389	71.9	808
Area						
Urban	72.9	180	71.7	187	72.3	367
Rural	73.6	1,950	72.7	1,783	73.2	3,733
Age at beginning of school year						
5 years	41.6	483	39.0	404	40.5	887
6 years	69.4	394	65.9	449	67.5	843
7 years	81.8	403	82.2	427	82.0	830
8 years	88.4	432	90.8	360	89.5	792
9 years	91.2	418	90.5	330	90.9	748
Mother's education						
None	74.6	1,624	73.8	1,478	74.2	3,102
Primary	72.7	228	70.2	234	71.4	462
Secondary +	67.9	278	67.4	255	67.7	533
Wealth index quintile						
Poorest	75.3	559	67.8	506	71.7	1,065
Second	73.1	464	71.2	412	72.2	876
Middle	76.7	447	79.8	408	78.2	854
Fourth	72.1	352	75.1	346	73.6	698
Richest	68.2	309	69.9	298	69.0	607
Total	73.6	2,130	72.6	1,970	73.1	4,100
[1] MICS Indicator 7.4; MDG Indicator 2.1						
Two cases with missing 'mother's education' not shown						

The secondary school net attendance ratio¹⁵ is presented in Table ED.5. Only 56 percent of children in the MFWR of secondary school age (10–16 years) were attending secondary school or higher. In addition, 35 percent were attending primary school and nine percent were out of school. The net attendance ratio was 58 percent for boys and 53 percent for girls. There was little variation in net attendance ratio by region. Subregionally, the highest rate was in Far Western Terai (60 percent) and lowest in the Mid-Western Mountains (43 percent). Children in urban areas (67 percent) were more likely to attend secondary school than those in rural areas (54 percent). Net attendance rate varies with the age of the child at the beginning of the school year, starting at 18 percent for children aged 10 years and rising to a peak of 81 percent for children aged 14 years before falling to 74 percent for children aged 16 years. Mother's education level and household wealth status were positively correlated with the net attendance ratio for secondary school. The net attendance ratio was lower for children whose mother had no education (53 percent) compared to children whose mother had

¹⁵ Ratios are 'adjusted' since they include attendance at secondary school and higher levels in the numerator.

primary education (60 percent) and children whose mother had at least secondary education (76 percent). The net attendance ratio was lower for children from the poorest quintile (33 percent) compared to children from the richest quintile (75 percent).

There were also some important gender variations with girls of secondary school age much less likely than boys to be attending secondary school or higher in the Mid-Western Mountains and Far Western Mountains, when the mother is not in the household, and for the poorest and second wealth quintiles.

Table ED.5: Secondary school attendance or higher

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), MFWR, Nepal, 2010

	Male			Female			Total		
	Net attendance ratio (adjusted)	Percent attending primary school	No. of children aged 10–16 years	Net attendance ratio (adjusted)	Percent attending primary school	No. of children aged 10–16 years	Net attendance ratio (adjusted) [1]	Percent attending primary school	No. of children aged 10–16 years
Region									
Mid-Western	57.3	32.8	1,443	53.1	37.4	1,578	55.1	35.2	3,021
Far Western	59.7	33.3	1,287	52.3	38.0	1,204	56.1	35.6	2,492
Subregion									
Mid-Western Mountains	50.8	40.3	159	34.4	47.4	160	42.6	43.8	319
Mid-Western Hills	60.2	32.4	668	53.1	39.4	857	56.2	36.4	1,526
Mid-Western Terai	55.7	31.2	615	58.4	31.4	561	57.0	31.3	1,176
Far Western Mountains	57.4	39.5	214	42.8	46.2	204	50.3	42.8	418
Far Western Hills	57.8	39.1	383	48.3	40.9	392	53.0	40.1	775
Far Western Terai	61.5	28.1	690	58.0	33.5	608	59.9	30.6	1,298
Area									
Urban	68.5	23.5	312	66.0	26.0	271	67.3	24.7	583
Rural	57.1	34.3	2,418	51.3	38.9	2,511	54.2	36.6	4,929
Age at beginning of school year									
10 years	20.3	73.9	369	16.8	79.4	442	18.4	76.9	810
11 years	30.7	64.3	473	28.1	66.1	482	29.4	65.2	955
12 years	56.0	40.3	391	54.5	40.1	386	55.2	40.2	778
13 years	71.2	23.9	386	62.8	29.0	483	66.5	26.7	869
14 years	80.4	9.6	403	81.5	13.4	363	80.9	11.4	766
15 years	79.7	6.2	354	74.1	6.4	293	77.2	6.3	647
16 years	77.5	4.0	353	69.4	4.9	334	73.5	4.4	687
Mother's education									
None	55.8	35.1	2,235	50.2	41.5	2,221	53.0	38.3	4,455
Primary	61.0	34.4	205	58.7	37.2	189	59.9	35.7	394
Secondary +	78.8	20.1	197	73.2	25.0	203	76.0	22.6	400
Mother not in household	74.4	7.1	89	56.3	1.5	166	62.6	3.5	255

Cont'd Table ED.5: Secondary school attendance or higher

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), MFWR, Nepal, 2010

	Male			Female			Total		
	Net attendance ratio (adjusted)	Percent attending primary school	No. of children aged 10–16 years	Net attendance ratio (adjusted)	Percent attending primary school	No. of children aged 10–16 years	Net attendance ratio (adjusted) [1]	Percent attending primary school	No. of children aged 10–16 years
Wealth index quintile									
Poorest	40.4	49.9	495	25.6	56.9	494	33.0	53.4	989
Second	50.7	40.7	557	40.5	48.0	567	45.6	44.4	1,124
Middle	55.1	31.8	561	54.6	36.0	575	54.8	33.9	1,136
Fourth	68.5	24.4	553	65.7	27.4	637	67.0	26.0	1,190
Richest	75.2	20.3	565	74.5	22.1	509	74.9	21.2	1,074
Total	58.4	33.0	2,730	52.7	37.7	2,782	55.6	35.4	5,513

[1] MCS Indicator 7.5

Five cases with missing 'mother's education' not shown

The ratios of girls to boys attending primary and secondary education are provided in Table ED.6. These ratios are better known as the Gender Parity Index (GPI). Note that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter provides an erroneous description of the GPI, mainly because, in most cases, the majority of over-aged children attending primary education tend to be boys. The table shows that the GPI for primary school is 0.99, indicating that as many girls as boys in the MFWR attended primary school. However, the indicator drops to 0.90 for secondary school, indicating that fewer girls than boys in the MFWR attended secondary school. Girls were particularly disadvantaged in the Mountains, where the GPI for secondary school was only 0.68 for Mid-Western Mountains and 0.70 for the Far Western Mountains. The GPI for secondary school was also particularly low when the mother was not in the household (0.72) and in households in the poorest quintile (0.62).

Table ED.6: Education gender parity						
Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, MFWR, Nepal, 2010						
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR [1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR [2]
Region						
Mid-Western	70.0	71.0	0.99	53.1	57.2	0.93
Far Western	75.6	76.7	0.99	52.2	59.4	0.88
Subregion						
Mid-Western Mountains	67.5	70.6	0.96	34.4	50.8	0.68
Mid-Western Hills	69.1	72.8	0.95	53.1	60.2	0.88
Mid-Western Terai	72.9	68.1	1.07	58.4	55.7	1.05
Far Western Mountains	72.7	71.5	1.02	42.6	57.4	0.74
Far Western Hills	81.4	85.6	0.95	48.1	57.4	0.84
Far Western Terai	72.0	71.7	1.00	58.0	61.2	0.95
Area						
Urban	71.7	72.9	0.98	65.9	67.8	0.97
Rural	72.7	73.6	0.99	51.3	57.1	0.90
Mother's education						
None	73.8	74.6	0.99	50.2	55.6	0.90
Primary	70.2	72.7	0.97	58.6	61.0	0.96
Secondary +	67.4	67.9	0.99	72.8	78.8	0.92
Wealth index quintile						
Poorest	67.8	75.3	0.90	25.6	40.4	0.63
Second	71.2	73.1	0.97	40.5	50.7	0.80
Middle	79.8	76.7	1.04	54.6	55.1	0.99
Fourth	75.1	72.1	1.04	65.7	68.3	0.96
Richest	69.9	68.2	1.03	74.2	74.8	0.99
Total	72.6	73.6	0.99	52.7	58.3	0.90
[1] MICS Indicator 7.9; MDG Indicator 3.1						
[2] MICS Indicator 7.10; MDG Indicator 3.1						

Table ED.7 shows the percentage of household members aged 5–24 years in the MFWR attending school by residence and sex. More than 75 percent of children of the official school entry age (five years) were attending some form of school. School attendance remained steady for children up to the age of 15 years and then began to decrease sharply from the age of 16 years—the official entry age for higher secondary school. Few household members aged over 20 years attended school. Gender differentials were generally small; however, for the population aged 12–19 years, more boys than girls appeared to attend school, particularly in rural areas.

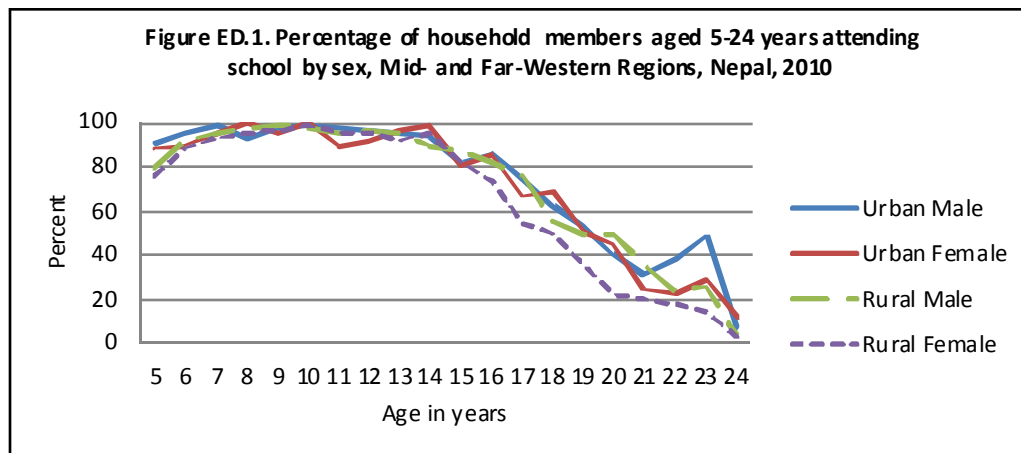
Table ED.7: School attendance

Percentage of household members aged 5–24 years attending school, by residence and sex, MFWR, Nepal, 2010

	Urban				Rural			
	Male		Female		Male		Female	
	Percent attending	No. of household members	Percent attending	No. of household members	Percent attending	No. of household members	Percent attending	No. of household members
Age at beginning of school year								
5 years	90.6	33	88.1	40	79.0	451	75.1	364
6 years	95.3	33	89.5	31	90.9	362	87.7	418
7 years	97.8	44	95.0	42	94.6	359	92.3	385
8 years	93.0	44	100.0	31	97.4	388	94.8	329
9 years	96.6	28	94.9	43	98.5	390	96.0	287
10 years	97.9	38	100.0	37	97.3	331	97.8	405
11 years	97.4	51	89.7	34	95.3	422	94.6	448
12 years	96.2	38	91.3	40	96.4	353	95.3	346
13 years	95.1	43	95.7	46	95.3	343	91.4	437
14 years	93.2	58	98.0	48	89.5	345	94.4	315
15 years	81.6	35	79.7	33	86.4	319	80.7	260
16 years	85.7	49	84.6	34	80.8	304	73.1	300
17 years	73.9	33	65.9	34	75.8	276	54.0	333
18 years	62.1	47	68.9	35	54.9	225	48.8	233
19 years	52.4	26	50.5	34	49.5	255	35.1	269
20 years	(39.8)	25	45.0	45	49.0	190	22.5	244
21 years	(31.1)	20	24.0	38	35.4	163	20.1	264
22 years	(38.4)	30	(21.7)	29	23.4	155	17.4	257
23 years	(48.0)	23	28.5	31	25.1	177	13.7	235
24 years	(7.4)	28	12.0	48	4.2	229	2.5	240

Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases

Figure ED.1 shows the trends in school attendance for urban and rural household members aged 5–24 years in the MFWR.



Self-reported literacy status of household members

An additional non-MICS standard table on the literacy status of household members was included in the household questionnaire. The respondent to the household questionnaire was asked whether each household member aged five years and above could read and write. It is important to emphasize that, unlike in the women’s questionnaire, no actual testing of the ability to read and write was conducted.

Table ED.8 shows the reported literacy rates of household members in the MFWR for various age groups. The reported literacy rates for household members aged five years and above and household members aged six years and above were nearly equal, at 65 percent and 66 percent respectively. The reported literacy rate for household members aged 15 years and above was 56 percent and the reported literacy rate for household members aged 15–24 years was 86 percent. Reported literacy rates of household members for all age groups tended to be lower in the Mountains than the Hills and Terai. Household members from urban areas were more likely to be reported as literate than those from rural areas for all age groups. Female household members were less likely to be reported as literate than male household members for all age groups. Reported literacy status was positively associated with household wealth status: household members from poorer quintiles were less likely to be reported as literate than those from richer quintiles for all age groups.

Table ED.8: Self-reported literacy status of household members								
Percentage of household members who were reported as literate, MFWR, Nepal, 2010								
	5 years and above	No. of household members	6 years and above	No. of household members	15 years and above	No. of household members	15–24 years	No. of household members
Region								
Mid-Western	65.6	15,218	66.3	14,710	56.8	10,330	86.8	3,218
Far Western	64.0	12,553	64.4	12,107	54.0	8,560	85.7	2,702
Subregion								
Mid-Western Mountains	55.2	1,739	56.4	1,653	42.8	1,111	68.1	355
Mid-Western Hills	67.8	7,499	68.9	7,233	59.8	4,942	90.2	1,535
Mid-Western Terai	65.8	5,981	65.9	5,824	56.9	4,276	88.0	1,329
Far Western Mountains	58.1	2,146	59.1	2,060	46.0	1,388	79.6	404
Far Western Hills	59.1	3,801	60.3	3,617	47.5	2,388	82.5	717
Far Western Terai	68.7	6,606	68.4	6,430	59.5	4,784	88.8	1,581
Area								
Urban	75.8	3,071	75.7	2,994	69.4	2,228	92.1	708
Rural	63.5	24,700	64.2	23,824	53.7	16,662	85.6	5,212
Sex								
Male	77.5	13,257	78.6	12,751	73.7	8,856	95.5	2,821
Female	53.3	14,514	53.5	14,066	39.4	10,034	78.0	3,100
Wealth index quintile								
Poorest	50.3	5,351	51.5	5,082	35.4	3,224	69.8	857
Second	58.6	5,480	60.0	5,251	47.2	3,556	81.4	1,127
Middle	65.3	5,558	65.5	5,384	54.4	3,744	85.3	1,221
Fourth	69.2	5,655	69.3	5,492	60.3	4,050	91.9	1,366
Richest	79.6	5,727	79.4	5,609	73.7	4,316	96.3	1,348
Total	64.8	27,771	65.5	26,818	55.5	18,890	86.3	5,920

X. Child Protection

Birth registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. One WFFC goal is to develop systems that ensure the registration of every child at or shortly after birth and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator for this goal is the percentage of children aged less than five years whose birth is registered.

Table CP.1 shows that 42 percent of children aged less than five years in the MFWR were birth registered. There was little variation by region or gender. Subregionally, three quarters (76 percent) of children in Mid-Western Mountains were registered compared to one quarter (27 percent) in the Mid-Western Hills. High birth registration in the Mid-Western Mountains can be attributed to the child grant scheme initiated by the government in the Karnali Zone in 2010 that requires birth registration in order to be eligible for the scheme. Late registration is common, as only 18 percent of children aged 0–11 months were registered compared to 63 percent of children aged 48–59 months. Birth registration was highest among children whose mother had secondary education (47 percent) and lowest among children whose mother had primary education (36 percent); however, 41 percent of children whose mother have no education were registered, possibly as a result of the child grant scheme operating in the Karnali Zone. Birth registration is positively correlated with wealth index quintiles. Children from the richest quintile (53 percent) were more likely to be registered than their counterparts, with only 33 percent of children from the poorest quintile being registered.

Table CP.1: Birth registration							
Percentage of children aged less than five years by whether their birth is registered, and percentage of children not registered whose mothers/caretakers know how to register birth, MFWR, Nepal, 2010							
	Percent whose birth is registered with civil authorities				No. of children aged 0–59 months	Children under five whose birth is not registered	
	Has birth certificate		No birth certificate	Total registered [1]		Percent whose mother/caretaker knows how to register birth	No. of children without birth registration
	Seen	Not seen					
Region							
Mid-Western	19.7	20.2	2.1	41.9	1,984	73.7	1,153
Far Western	23.7	16.5	1.6	41.8	1,590	71.9	925
Subregion							
Mid-Western Mountains	33.2	38.1	4.2	75.5	302	75.6	74
Mid-Western Hills	10.2	15.6	1.1	26.9	1,082	70.5	791
Mid-Western Terai	30.0	19.4	2.7	52.1	600	82.0	287
Far Western Mountains	24.2	11.8	1.5	37.6	300	63.6	187
Far Western Hills	13.1	18.7	1.0	32.9	553	63.6	371
Far Western Terai	31.4	16.8	2.1	50.3	737	84.6	366
Sex							
Male	21.4	18.8	2.0	42.3	1,840	72.2	1,062
Female	21.5	18.3	1.7	41.5	1,734	73.6	1,015
Area							
Urban	22.3	21.0	1.9	45.2	312	74.4	171
Rural	21.4	18.3	1.8	41.6	3,262	72.8	1,906
Age							
0–11 months	9.0	7.6	1.5	18.0	689	73.1	565
12–23 months	20.4	14.1	2.1	36.5	626	77.5	397
24–35 months	19.2	21.1	1.7	41.9	714	75.5	414
36–47 months	23.6	20.9	2.4	46.9	803	68.2	426
48–59 months	33.8	27.6	1.6	63.0	743	68.9	275
Mother's education							
None	20.1	19.1	2.2	41.4	2,148	65.9	1,259
Primary	16.5	17.3	1.8	35.7	579	79.7	372
Secondary+	28.3	18.0	1.0	47.3	846	86.9	446
Wealth index quintile							
Poorest	14.7	16.0	2.0	32.8	927	59.3	623
Second	14.0	18.3	1.3	33.6	804	67.2	533
Middle	24.5	21.7	1.6	47.7	709	82.4	371
Fourth	29.1	18.3	2.8	50.3	611	88.0	304
Richest	31.7	19.6	1.7	53.0	523	86.7	246
Total	21.5	18.6	1.9	41.9	3,574	72.9	2,077
[1] MICS Indicator 8.1							
One case with missing 'mother's education' not shown							

Child labour

Article 32 of the Convention on the Rights of the Child states: 'State parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development...' WFFC mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children aged 5–14

years who are involved in labour activities. A child is considered to be involved in child labour if, during the week preceding the survey:

- those aged 5–11 years had performed at least one hour of economic work or 28 hours of domestic work; or
- those aged 12–14 years had performed at least 14 hours of economic work or 28 hours of domestic work.

This definition allows differentiation between child labour and child work in order to identify the type of activity that should be eliminated. As such, the estimate provided here is a minimum for prevalence of child labour, since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above. Table CP.2 presents the results of child labour by the type of work. Percentages do not add up to the total for child labour, as children may be involved in more than one type of work.

Overall, 44 percent of children aged 5–14 years in the MFWR were involved in child labour. Some 51 percent of children aged 5–11 years were involved in child labour (at least one hour of economic work or 28 hours of domestic work) and 30 percent of children aged 12–14 years were involved in child labour (at least 14 hours of economic work or 28 hours of domestic work). For all children aged 5–14 years, there was little variation by region or gender. Subregionally, the highest prevalence was in the Far Western Mountains (53 percent) and the lowest was in the Far Western Terai (35 percent). Children in urban areas (31 percent) were less likely than those in rural areas (46 percent) to be involved in child labour. Of children attending school, just under half (46 percent) were also involved in child labour activities. Of children not attending school, only 31 percent were involved in child labour; therefore, for about 70 percent of children not in school, child labour may not be the cause of their non-attendance. However, there was a distinct variation by age group; it was more common for younger children attending school to also participate in child labour than for their older counterparts. Older children not attending school were, however, more likely to participate in child labour (43 percent) than younger children not attending school. This result requires further analysis for fuller understanding. Mother's education and household wealth quintile affect the likelihood of being involved in child labour. Children whose mother had no education (46 percent) were more likely than children whose mother had primary education (38 percent) or at least secondary education (31 percent) to be involved in child labour. Children from the poorest quintile (50 percent) and children from the second quintile (53 percent) were more likely to be involved in child labour than children from other quintiles, with children from the richest quintile (30 percent) being the least likely.

Table CP.2: Child labour

Percentage of children aged 5–14 years by involvement in economic activity and household chores during the past week, and percentage involved in child labour, MFWR, Nepal, 2010

	Percent of children aged 5–11 years involved in:							No. of children aged 5–11 years	Percent of children aged 12–14 years involved in:							No. of children aged 12–14 years	Total child labour [1]	No. of children aged 5–14 years	
	Economic activity			Economic activity for at least 1 hour	Household chores for less than 28 hours	Household chores for 28 hours or more	Child labour		Economic activity			Economic activity for less than 14 hours	Economic activity for 14 hours or more	Household chores for less than 28 hours	Household chores for 28 hours or more				Child labour
	Outside household		Family business						Outside household		Family business								
Paid	Unpaid						Paid	Unpaid											
Region																			
Mid-Western	3.0	1.6	52.3	52.7	43.8	0.5	52.7	3,371	10.2	2.9	82.1	53.7	29.5	80.3	1.0	29.5	1,517	45.5	4,888
Far Western	4.0	3.6	48.2	48.8	38.6	0.7	48.8	2,728	10.8	5.4	81.4	52.2	29.9	74.2	2.3	30.1	1,265	42.9	3,993
Subregion																			
Mid-Western Mountains	4.1	6.1	52.1	52.4	44.8	1.1	52.4	457	8.8	9.8	90.7	44.6	46.7	79.1	6.0	46.8	171	50.9	627
Mid-Western Hills	3.5	0.3	58.4	58.7	48.3	0.4	58.7	1,786	10.6	0.6	86.8	59.9	28.0	86.9	0.3	28.0	771	49.4	2,556
Mid-Western Terai	1.8	1.8	42.7	43.4	36.1	0.4	43.4	1,129	10.0	3.9	73.3	48.2	26.3	71.8	0.3	26.4	575	37.7	1,704
Far Western Mountains	3.3	8.9	55.7	56.4	42.6	0.2	56.4	538	6.2	16.5	90.9	45.8	45.1	77.1	3.4	45.3	219	53.2	757
Far Western Hills	7.3	0.7	48.0	48.2	34.4	1.6	48.2	1,011	18.0	2.7	92.5	47.7	44.8	72.9	5.0	45.0	402	47.3	1,413
Far Western Terai	1.5	3.7	45.0	45.9	40.4	0.1	45.9	1,178	7.9	3.2	71.2	57.1	15.4	74.0	0.3	15.7	644	35.2	1,823
Sex																			
Male	3.3	2.2	47.0	47.5	34.6	0.5	47.5	3,094	10.3	3.5	75.7	52.1	24.7	67.0	1.0	24.8	1,306	40.7	4,401
Female	3.6	2.7	54.0	54.6	48.5	0.6	54.6	3,005	10.6	4.4	87.2	53.9	34.0	86.8	2.1	34.3	1,476	47.9	4,480
Area																			
Urban	1.2	0.4	39.2	39.4	32.0	0.3	39.4	550	4.6	2.2	69.3	54.7	15.7	68.8	1.2	16.4	293	31.4	843
Rural	3.7	2.7	51.6	52.1	42.4	0.6	52.1	5,549	11.2	4.2	83.3	52.8	31.3	78.5	1.6	31.4	2,489	45.7	8,038
School participation																			
Yes	3.6	2.4	53.2	53.7	43.9	0.6	53.7	5,460	9.6	4.0	81.8	53.8	28.8	78.1	1.6	29.0	2,617	45.7	8,077
No	2.0	2.8	26.9	27.4	20.7	0.4	27.4	639	24.3	4.3	81.0	40.3	43.1	69.0	2.3	43.1	165	30.6	804
Mother's education																			
None	3.9	2.7	53.8	54.3	44.1	0.5	54.3	4,678	11.3	4.3	84.5	52.8	32.4	78.8	1.9	32.6	2,343	47.0	7,022
Primary	1.1	1.8	43.6	44.4	36.7	1.0	44.4	683	4.4	3.6	76.1	59.0	17.6	74.3	0.2	17.6	214	38.0	897
Secondary +	2.7	1.6	36.0	36.2	29.3	0.7	36.2	732	7.7	1.3	59.4	49.8	12.6	68.3	0.2	12.9	220	30.8	952

Cont'd Table CP.2: Child labour

Percentage of children aged 5–14 years by involvement in economic activity and household chores during the past week, and percentage involved in child labour, MFWR, Nepal, 2010

	Percent of children aged 5–11 years involved in:							No. of children aged 5–11 years	Percent of children aged 12–14 years involved in:							No. of children aged 12–14 years	Total child labour [1]	No. of children aged 5–14 years	
	Economic activity			Economic activity for at least 1 hour	Household chores for less than 28 hours	Household chores for 28 hours or more	Child labour		Economic activity			Economic activity for less than 14 hours	Economic activity for 14 hours or more	Household chores for less than 28 hours	Household chores for 28 hours or more				Child labour
	Outside household		Family business						Outside household		Family business								
Paid	Unpaid						Paid	Unpaid											
Wealth index quintile																			
Poorest	4.0	3.0	53.5	53.7	43.8	0.8	53.7	1,549	9.9	6.2	92.3	53.6	38.8	80.6	2.6	38.8	578	49.6	2,127
Second	3.1	2.3	57.7	57.9	46.1	0.8	57.9	1,347	12.1	4.6	93.4	54.0	39.7	83.3	2.5	39.9	577	52.5	1,924
Middle	5.6	2.1	52.1	52.9	43.2	0.2	52.9	1,243	14.5	3.5	83.6	54.8	30.1	76.6	1.6	30.3	572	45.8	1,814
Fourth	2.6	2.0	45.3	46.0	36.7	0.8	46.0	1,048	9.8	3.0	73.7	50.4	24.2	75.4	0.4	24.2	557	38.4	1,605
Richest	1.1	2.8	38.3	39.2	33.9	0.0	39.2	912	5.5	2.7	63.2	52.2	13.1	70.7	0.7	13.5	499	30.1	1,411
Total	3.5	2.5	50.5	51.0	41.5	0.6	51.0	6,099	10.5	4.0	81.8	53.0	29.7	77.5	1.6	29.8	2,782	44.3	8,881

[1] MICS Indicator 8.2

Four cases with missing 'mother's education' not shown

Table CP.3 presents the percentage of children aged 5–14 years involved in child labour who were attending school and the percentage of children aged 5–14 years attending school who were involved in child labour. Of the 44 percent of children in the MFWR who were involved in child labour, over nine out of 10 (94 percent) were also attending school. There was little variation by region, gender, urban/rural area or age group. Subregionally, the highest percentage was in the Far Western Terai (96 percent) and the lowest was in the Mid-Western Mountains and Far Western Mountains (both 90 percent). Mother's education and household wealth quintile affected the likelihood of a child being involved in child labour and also attending school. Children whose mother had no education (93 percent) were more likely than children whose mother had primary education (97 percent) or at least secondary education (99 percent) to be involved in child labour and also attending school. Children from the poorest quintile (87 percent) were less likely than children from other quintiles to be involved in child labour and also attending school, with children from the richest quintile (99 percent) being the most likely.

Of the 91 percent of children aged 5–14 years attending school in the MFWR, 46 percent were also involved in child labour. There was little variation by region or gender. Subregionally, the percentage was highest in the Mid-Western Mountains (55 percent) and lowest in the Far Western Terai (36 percent). Urban children (32 percent) who were attending school were less likely to be also involved in child labour than their rural counterparts (47 percent). Younger children who were attending school (54 percent) were more likely than older children attending school (29 percent) to be also involved in child labour. The likelihood of attending school and being involved in child labour was influenced by mother's education level and household wealth status. Some 49 percent of children attending school whose mother had no education were also involved in child labour compared to 40 percent of children whose mother had primary education and 31 percent of children whose mother had at least secondary education. Some 53 percent of children attending school from the poorest quintile were also involved in child labour compared to 30 percent of children attending school from the richest quintile.

Table CP.3: Child labour and school attendance							
Percentage of children aged 5–14 years involved in child labour who are attending school, and percentage of children aged 5–14 years attending school who are involved in child labour, MFWR, Nepal, 2010							
	Percent of children involved in child labour	Percent of children attending school	No. of children aged 5–14 years	Percent of child labourers who are attending school [1]	No. of children aged 5–14 years involved in child labour	Percent of children attending school who are involved in child labour [2]	No. of children aged 5–14 years attending school
Region							
Mid-Western	45.5	91.2	4,888	93.8	2,225	46.8	4,457
Far Western	42.9	90.7	3,993	93.7	1,713	44.3	3,620
Subregion							
Mid-Western Mountains	50.9	86.1	627	89.8	319	53.1	540
Mid-Western Hills	49.4	92.2	2,556	94.8	1,264	50.8	2,358
Mid-Western Terai	37.7	91.5	1,704	93.9	642	38.7	1,559
Far Western Mountains	53.2	86.7	757	89.8	403	55.1	657
Far Western Hills	47.3	88.1	1,413	94.1	668	50.5	1,245
Far Western Terai	35.2	94.3	1,823	95.6	642	35.7	1,718
Sex							
Male	40.7	92.1	4,401	95.5	1,792	42.2	4,052
Female	47.9	89.8	4,480	92.3	2,145	49.2	4,025
Area							
Urban	31.4	94.3	843	97.0	264	32.3	795
Rural	45.7	90.6	8,038	93.5	3,673	47.2	7,282
Age							
5–11 years	51.0	89.5	6,099	94.4	3,109	53.7	5,460
12–14 years	29.8	94.1	2,782	91.4	829	29.0	2,617
Mother's education							
None	47.0	89.8	7,022	92.9	3,302	48.7	6,303
Primary	38.0	92.2	897	97.3	341	40.1	828
Secondary +	30.8	98.5	952	99.2	293	31.0	938
Wealth index quintile							
Poorest	49.6	82.0	2,127	87.4	1,056	52.9	1,745
Second	52.5	89.8	1,924	94.2	1,010	55.1	1,728
Middle	45.8	92.8	1,814	96.2	830	47.4	1,683
Fourth	38.4	95.4	1,605	97.0	617	39.1	1,531
Richest	30.1	98.6	1,411	99.1	425	30.3	1,391
Total	44.3	90.9	8,881	93.8	3,938	45.7	8,077
[1] MICS Indicator 8.3							
[2] MICS Indicator 8.4							
Six cases with missing 'mother's education' not shown							

Child discipline

As stated in WFFC, 'children must be protected against any acts of violence ...' and the Millennium Declaration calls for the protection of children from abuse, exploitation and violence. In NMICS 2010, mothers/caretakers of children aged 2–14 years were asked a series of questions on the ways parents tend to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2–14 per household was selected randomly during fieldwork. Two indicators are used to describe aspects of child discipline: (ii) the proportion of children aged 2–14 years who experience psychological aggression as punishment or minor physical punishment or severe physical

punishment; and (ii) the proportion of parents/caretakers of children aged 2–14 years that believe that in order to raise their children properly, they need to physically punish them.

In the MFWR, more than four fifths (83 percent) of children aged 2–14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members, with 18 percent being subjected to severe physical punishment (Table CP.4). Differentials with respect to background characteristics were mostly small; there was little variation by region, subregion, gender, age group or education of household head. Urban children (75 percent) were less likely than rural children (84 percent) to face severe physical discipline. Psychological aggression and physical punishment decreased as household wealth status increased: 87 percent of children from the poorest quintile faced severe physical discipline compared to 76 percent of children from the richest quintile.

In addition, 36 percent of respondents believed that a child needs to be physically punished. Only 31 of respondents in the Mid-Western Region believed this compared to 43 percent in the Far Western Region. Subregionally, the highest percentage was in the Far Western Hills (45 percent) and the lowest was in the Mid-Western Hills (25 percent). There was little variation by gender of child, urban/rural area or age of child. Respondents with no education (41 percent) were more likely to believe this than respondents with primary education (34 percent) or at least secondary education (29 percent). Household wealth quintile affected the likelihood that respondents would believe that a child needs to be physically punished: 41 percent of respondents from the poorest quintile believed this compared to 25 percent from the richest quintile.

Table CP.4: Child discipline								
Percentage of children aged 2–14 years according to method of disciplining the child, MFWR, Nepal, 2010								
	Percent experienced:				Any violent discipline method [1]	No. of children aged 2–14 years	Respondent believes that child needs to be physically punished	No. of respondents to child discipline module
	Only non-violent discipline	Psychological aggression	Physical punishment					
			Any	Severe				
Region								
Mid-Western	12.3	79.6	62.1	19.6	83.9	6,119	31.0	2,635
Far Western	13.7	78.2	60.0	16.3	81.9	4,957	42.8	2,026
Subregion								
Mid-Western Mountains	7.5	76.6	62.2	20.5	81.4	817	43.9	298
Mid-Western Hills	12.1	82.2	60.0	15.0	85.1	3,233	24.6	1,380
Mid-Western Terai	14.5	76.7	65.2	26.5	83.0	2,069	36.2	957
Far Western Mountains	13.9	76.8	60.0	11.6	80.6	945	44.9	367
Far Western Hills	11.2	82.4	68.7	26.7	84.6	1,751	45.4	677
Far Western Terai	15.6	75.6	53.2	10.3	80.4	2,261	40.2	982
Sex								
Male	11.2	81.0	64.2	20.3	84.7	5,596	38.9	2,388
Female	14.7	76.9	58.0	15.9	81.4	5,480	33.2	2,273
Area								
Urban	19.6	70.4	52.1	16.0	75.3	1,032	37.3	469
Rural	12.2	79.9	62.0	18.4	83.8	10,044	36.0	4,192
Age								
2–4 years	13.9	72.0	61.5	16.3	79.2	2,223	33.1	1,011
5–9 years	10.7	82.4	66.1	19.3	86.0	4,308	34.7	1,712
10–14 years	14.6	79.2	56.2	17.9	82.1	4,546	39.0	1,938
Education of household head								
None	10.7	80.4	64.4	19.5	85.0	5,397	na	na
Primary	14.9	79.1	60.3	17.7	82.2	2,700	na	na
Secondary +	14.8	76.5	55.9	15.7	80.5	2,947	na	na
Respondent's education								
None	na	na	na	na	na	na	40.5	2,422
Primary	na	na	na	na	na	na	34.3	898
Secondary +	na	na	na	na	na	na	29.3	1,338
Wealth index quintile								
Poorest	9.7	83.5	70.2	24.5	86.5	2,701	41.0	1,022
Second	13.4	79.0	61.5	16.1	83.1	2,404	39.3	994
Middle	12.2	79.7	61.6	18.7	83.2	2,252	40.5	954
Fourth	11.8	78.2	60.4	17.0	84.6	1,978	32.6	896
Richest	19.5	72.0	46.7	11.6	75.6	1,742	24.6	795
Total	12.9	79.0	61.1	18.1	83.0	11,076	36.1	4,661
[1] MICS Indicator 8.5								
32 cases with missing 'education of household head' not shown								
3 cases with missing 'respondent's education' not shown								

Early marriage and polygyny

Marriage before the age of 18 years is a reality for many children, especially girls. According to UNICEF's worldwide estimates, over 64 million women aged 20–24 years were married or in a marital union before the age of 18 years. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to

address cases of child marriage; and the existence of customary or religious laws that condone the practice.

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 years tend to have more children than those who marry later in life. Pregnancy-related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19 years, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at a young age are more likely to marry older men, which puts them at increased risk of HIV infection. The pressures on a young wife to start having children and the power imbalance resulting from the age differential lead to very low condom use among such couples. The current legal age for marriage in Nepal is 18 years for both women and men with parental consent and 20 years for both women and men without parental consent.

Indicators used for early marriage are the percentage of women aged 15–49 years who first married or entered a marital union before their 15th birthday, the percentage of women aged 20–49 years who first married or entered a marital union before their 18th birthday and the percentage of women aged 15–19 years who are currently married or in a marital union. The percentage of women married at various ages is provided in Table CP.5. Some 16 percent of women aged 15–49 years in the MFWR first married or entered a marital union before their 15th birthday and 60 percent of women aged 20–49 years first married or entered a marital union before their 18th birthday. Slightly more than one quarter (26 percent) of women aged 15–19 years were currently married.

Of women aged 15–49 years who first married or entered a marital union before their 15th birthday, there was little variation by region, subregion, urban/rural area or wealth status. However, younger women were less likely than older women to be married before their 15th birthday: only four percent of women currently aged 15–19 years were married before their 15th birthday compared to 24 percent of women currently aged 45–49 years. A woman's education level also increased the likelihood of her being married before her 15th birthday: 22 percent of women with no education were married before their 15th birthday compared to six percent of women with at least secondary education.

Of women aged 20–49 years who first married or entered a marital union before their 18th birthday, there was little variation by region or subregion. Urban women (51 percent) were less likely than rural women (61 percent) to be married before their 18th birthday. Younger women were less likely than older women to be married before their 18th birthday: only 50 percent of women currently aged 20–24 years were married before their 18th birthday compared to 71 percent of women currently aged 45–49 years. A woman's education level increased the likelihood of her being married before her 18th birthday: 67 percent of women with no education were married before their 18th birthday compared to 38 percent of women with at least secondary education. Household wealth status also had an influence: 66 percent of women in the poorest quintile were married before their 18th birthday compared to 54 percent of women in the richest quintile.

Of women aged 15–19 years who were currently married, there was little variation by region or subregion. Urban women aged 15–19 years (18 percent) were less likely than rural women aged 15–19 years (27 percent) to be currently married. Level of education and household wealth status both influenced the likelihood of being currently married. Young women with no education (57 percent) were more likely than young women with at least secondary education (18 percent) to be currently married and young women from the poorest quintile (37 percent) were more than young women from the richest quintile (22 percent) to be currently married.

Table CP.5: Early marriage and polygyny

Percentage of women aged 15–49 years who first married or entered a marital union before their 15th birthday, percentage of women aged 20–49 years who first married or entered a marital union before their 15th or 18th birthday, percentage of women aged 15–19 years currently married or in a marital union, and percentage of women currently in a polygynous marriage or marital union, MFWR, Nepal, 2010

	Percent married before age 15 [1]	No. of women aged 15–49 years	Percent married before age 15	Percent married before age 18 [2]	No. of women aged 20–49 years	Percent currently married [3]	No. of women aged 15–19 years	Percent in polygynous marriage [4]	No. of women aged 15–49 years currently married
Region									
Mid-Western	16.9	4,036	20.0	60.1	3,201	26.9	835	4.2	3,129
Far Western	14.3	3,336	17.0	59.6	2,660	25.1	676	2.9	2,577
Subregion									
Mid-Western Mountains	18.5	408	20.6	62.1	326	34.9	82	3.6	335
Mid-Western Hills	16.0	1,998	19.0	60.2	1,559	26.8	439	4.3	1,549
Mid-Western Terai	17.7	1,630	21.0	59.5	1,316	24.9	314	4.3	1,244
Far Western Mountains	19.6	508	22.5	65.4	417	31.7	91	3.2	421
Far Western Hills	15.3	961	18.3	68.5	761	26.7	201	3.1	751
Far Western Terai	12.3	1,867	14.8	53.3	1,482	22.7	385	2.7	1,406
Area									
Urban	15.3	848	18.1	51.3	692	17.7	155	3.9	620
Rural	15.8	6,524	18.7	61.0	5,169	27.0	1,356	3.6	5,085
Age									
15–19 years	4.4	1,511	na	na	na	26.1	1,511	0.7	394
20–24 years	12.4	1,387	12.4	49.5	1,387	na	na	1.2	1,110
25–29 years	18.6	1,235	18.6	60.3	1,235	na	na	2.5	1,167
30–34 years	19.2	994	19.2	62.3	994	na	na	4.1	953
35–39 years	21.0	861	21.0	61.7	861	na	na	6.1	820
40–44 years	22.0	802	22.0	64.6	802	na	na	5.1	736
45–49 years	24.4	582	24.4	70.5	582	na	na	6.7	525
Education									
None	22.0	4,042	22.7	66.6	3,841	57.1	201	4.5	3,726
Primary	13.5	1,036	16.8	62.3	731	33.9	305	2.4	782
Secondary +	5.6	2,291	7.5	38.3	1,287	17.5	1,003	1.8	1,196

Cont'd Table CP.5: Early marriage and polygyny

Percentage of women aged 15–49 years who first married or entered a marital union before their 15th birthday, percentage of women aged 20–49 years who first married or entered a marital union before their 15th or 18th birthday, percentage of women aged 15–19 years currently married or in a marital union, and percentage of women currently in a polygynous marriage or marital union, MFWR, Nepal, 2010

	Percent married before age 15 [1]	No. of women aged 15–49 years	Percent married before age 15	Percent married before age 18 [2]	No. of women aged 20–49 years	Percent currently married [3]	No. of women aged 15–19 years	Percent in polygynous marriage [4]	No. of women aged 15–49 years currently married
Wealth index quintile									
Poorest	18.6	1,230	20.3	66.0	1,021	36.6	209	4.7	1,014
Second	15.7	1,412	18.9	62.4	1,106	30.7	306	2.7	1,122
Middle	14.9	1,519	18.5	59.8	1,175	25.1	343	3.0	1,172
Fourth	16.2	1,594	19.7	59.0	1,249	20.6	345	4.1	1,189
Richest	13.9	1,618	16.3	53.8	1,310	21.6	308	3.8	1,208
Total	15.7	7,372	18.6	59.9	5,861	26.1	1,511	3.6	5,706

[1] MICS Indicator 8.6

[2] MICS Indicator 8.7

[3] MICS Indicator 8.8

[4] MICS Indicator 8.9

4 cases with missing 'education' not shown

Polygynous marriage, often known as the practice of having more than one wife, increases the frequency of sexual intercourse which has implications for fertility and violations of women's rights. Four percent of women aged 15–49 years in the MFWR were in a polygynous marriage or marital union (Table CP.5). There was little variation by region, subregion, urban/rural area or wealth status. However, younger women were less likely than older women to be in a polygynous marriage: one percent of women aged 15–19 years compared to seven percent of women aged 45–49 years. Women's education level also had an influence: five percent of women with no education were in a polygynous marriage compared to two percent of women with at least secondary education.

Examining the percentages of women married before the age of 15 and 18 years by different age group allows us to see the trends in early marriage over time. This shows that early marriage in Nepal is gradually declining, although rates remain high. Table CP.6 shows that 71 percent of women aged 45–49 years in the MFWR were first married or in a marital union before the age of 18 years compared to 50 percent of women aged 20–24 years. Some 16 percent of women aged 15–49 years were first married or in a marital union before the age of 15 years and 60 percent were first married or in a marital union before the age of 18 years. There was little variation overall between urban and rural women in marriage before 15 or 18 years. However, the variation by age group was more pronounced for urban women than for rural women: marriage before the age of 15 years ranged from two percent for urban women aged 15–19 years to 32 percent for urban women aged 45–49 years compared to five percent for rural women aged 15–19 years to 23 percent for rural women aged 45–49 years; and marriage before the age of 18 years ranged from 36 percent for urban women aged 20–24 years to 80 percent for urban women aged 45–49 years compared to 51 percent for rural women aged 20–24 years to 69 percent for rural women aged 45–49 years.

Table CP.6: Trends in early marriage

Percentage of women who were first married or entered into a marital union before the age of 15 years and 18 years, by residence and age groups, MFWR, Nepal, 2010

	Urban				Rural				All			
	Percent married before age 15	No. of women aged 15–49 years	Percent married before age 18	No. of women aged 20–49 years	Percent married before age 15	No. of women aged 15–49 years	Percent married before age 18	No. of women aged 20–49 years	Percent married before age 15	No. of women aged 15–49 years	Percent married before age 18	No. of women aged 20–49 years
Age												
15–19 years	2.4	155	na	na	4.7	1,356	na	na	4.4	1,511	na	na
20–24 years	7.4	178	36.4	178	13.2	1,209	51.4	1,209	12.4	1,387	49.5	1,387
25–29 years	17.4	128	42.3	128	18.8	1,107	62.3	1,107	18.6	1,235	60.3	1,235
30–34 years	16.2	99	56.9	99	19.5	895	62.8	895	19.2	994	62.3	994
35–39 years	18.1	117	51.9	117	21.5	744	63.2	744	21.0	861	61.7	861
40–44 years	30.2	97	62.7	97	20.9	705	64.8	705	22.0	802	64.6	802
45–49 years	32.3	73	80.1	73	23.2	510	69.1	510	24.4	582	70.5	582
Total	15.3	848	51.3	692	15.8	6,524	61.0	5,169	15.7	7,372	59.9	5,861

Another component of child protection is spousal age difference, with the indicator being the percentage of women aged 15–19 and 20–24 years who are married or in union and are 10 or more years younger than their current spouse. Table CP.7 shows that in the MFWR five percent of women aged 15–19 who are married or in union and four percent of those aged 20–24 years were currently married to a man who was older by 10 or more years. Women in the Mid-Western Region were more likely than those in the Far Western Region to be married to an older man, particularly those aged 15–19 years (six percent in the Mid-Western Region compared to four percent in the Far Western Region). The highest proportion of women aged 15–19 whose husband or partner was older by 10 years or more was in the Mid-Western Hills (seven percent) and the lowest was in the Far Western Hills (0.4 percent). Subregional variation was smaller for women aged 20–24 years.

Table CP.7: Spousal age difference

Percentage of women currently married or in a marital in union aged 15–19 and 20–24 years according to the age difference with their current husband or partner, MFWR, Nepal, 2010

	Percent aged 15–19 years whose husband or partner is:						No. of women ages 15–19 years currently married/in union	Percent aged 20–24 years whose husband or partner is:						No. of women aged 20–24 years currently married/in union
	Younger	0–4 years older	5–9 years older	10+ years older [1]	Husband/partner's age unknown	Total		Younger	0–4 years older	5–9 years older	10+ years older [2]	Husband/partner's age unknown	Total	
Region														
Mid-Western	8.1	63.8	17.4	6.0	4.8	100.0	224	14.1	64.5	15.3	4.2	1.9	100.0	589
Far Western	4.9	61.9	22.2	3.5	7.5	100.0	169	9.0	65.1	17.7	3.2	5.0	100.0	521
Subregion														
Mid-Western Mountains	9.4	70.7	12.3	4.1	3.4	100.0	29	10.9	61.0	13.8	6.5	7.9	100.0	71
Mid-Western Hills	11.8	65.7	15.3	7.1	0.2	100.0	118	16.3	66.3	12.5	4.1	0.9	100.0	315
Mid-Western Terai	2.0	58.5	22.3	4.9	12.2	100.0	78	12.0	62.9	20.2	3.7	1.3	100.0	203
Far Western Mountains	2.8	69.3	15.9	3.1	8.8	100.0	29	7.0	70.8	12.4	1.6	8.1	100.0	77
Far Western Hills	7.2	66.2	21.8	0.4	4.4	100.0	54	5.4	67.2	20.7	4.8	1.8	100.0	138
Far Western Terai	4.1	56.8	24.4	5.6	9.1	100.0	87	11.0	62.7	17.7	2.8	5.7	100.0	306
Area														
Urban	0.7	57.3	21.2	4.1	16.7	100.0	27	4.0	60.0	27.5	4.7	3.8	100.0	125
Rural	7.1	63.4	19.3	5.0	5.2	100.0	367	12.7	65.4	15.0	3.6	3.3	100.0	985
Age														
15–19 years	6.7	63.0	19.4	4.9	6.0	100.0	394	na	na	na	na	na	na	na
20–24 years	na	na	na	na	na	na	na	11.7	64.8	16.4	3.7	3.4	100.0	1,110
Education														
None	8.3	62.7	16.3	3.5	9.1	100.0	115	11.0	66.2	13.3	4.1	5.4	100.0	454
Primary	7.8	62.9	15.9	3.9	9.5	100.0	103	10.6	72.2	13.8	1.5	1.9	100.0	256
Secondary +	5.0	63.2	23.6	6.4	1.8	100.0	176	13.2	58.3	21.8	4.8	2.0	100.0	399

Cont'd Table CP.7: Spousal age difference

Percentage of women currently married or in a marital in union aged 15–19 and 20–24 years according to the age difference with their current husband or partner, MFWR, Nepal, 2010

	Percent aged 15–19 years whose husband or partner is:						No. of women ages 15–19 years currently married/in union	Percent aged 20–24 years whose husband or partner is:						No. of women aged 20–24 years currently married/in union
	Younger	0–4 years older	5–9 years older	10+ years older [1]	Husband/partner's age unknown	Total		Younger	0–4 years older	5–9 years older	10+ years older [2]	Husband/partner's age unknown	Total	
Wealth index quintile														
Poorest	8.7	62.5	16.4	5.8	6.6	100.0	76	11.3	68.7	11.5	5.9	2.6	100.0	180
Second	9.9	72.5	9.5	4.8	3.4	100.0	94	11.7	70.3	11.4	4.4	2.3	100.0	242
Middle	6.3	61.2	12.7	8.4	11.4	100.0	86	14.8	64.4	15.3	2.1	3.4	100.0	234
Fourth	0.0	70.2	28.2	0.3	1.3	100.0	71	13.9	61.7	18.6	3.4	2.4	100.0	224
Richest	7.7	44.8	36.3	4.4	6.8	100.0	67	6.9	59.3	24.6	3.3	5.9	100.0	230
Total	6.7	63.0	19.4	4.9	6.0	100.0	394	11.7	64.8	16.4	3.7	3.4	100.0	1,110

[1] MICS Indicator 8.10a

[2] MICS Indicator 8.10b

Attitudes toward domestic violence

A number of questions were asked of women aged 15–49 years to assess whether they believe that a husband is justified in hitting or beating his wife/partner in a variety of scenarios. These situations tend to be associated with cultural perceptions that condone violence against women by their husbands/partners. The assumption here is that women who agree with statements indicating that husbands/partners are justified in beating their wives/partners in the situations described tend to be abused by their own husbands/partners. Table CP.8 shows the responses to these questions.

Overall, 48 percent of women aged 15–49 years in the MFWR felt that a husband/partner is justified in hitting or beating his wife/partner for at least one of the suggested reasons. Some 26 percent agreed that violence is justified if a woman goes out without telling her husband/partner, 41 percent agreed that violence is justified if a woman neglects her children, and 19 percent agreed that violence is justified if a woman argues with her husband/partner. Fewer believed that violence is justified if a woman refuses to have sex with her husband/partner (two percent) or if she burns the food (six percent). There was little variation by region or urban/rural area. Subregionally, the highest percentage of agreement with at least one reason was in the Far Western Hills (64 percent) and the lowest was in the Far Western Terai (40 percent). Younger women tended to show lower agreement than older women: 35 percent of women aged 15–19 years agreed with at least one reason compared to 55 percent of women aged 45–49 years. Women who had never married (33 percent) were much less likely to agree than women who were currently or formerly married (both 51 percent). Women with no education (54 percent) were more likely to agree with at least one reason than women with at least secondary education (34 percent). Acceptance decreased with an increase in household wealth status: 56 percent of women from the poorest quintile agreed compared to 41 percent from the richest quintile.

Table CP.8: Attitudes toward domestic violence							
Percentage of women aged 15–49 years who believe a husband is justified in beating his wife/partner in various circumstances, MFWR, Nepal, 2010							
	Percentage who believe a husband is justified in beating:						No. of women aged 15–49 years
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these reasons [1]	
Region							
Mid-Western	25.2	39.8	17.9	2.5	4.0	47.3	4,036
Far Western	26.7	41.5	21.3	2.4	8.3	47.8	3,336
Subregion							
Mid-Western Mountains	30.9	45.0	24.7	5.1	6.0	49.5	408
Mid-Western Hills	23.5	40.2	14.1	0.9	0.9	47.9	1,998
Mid-Western Terai	25.9	38.1	20.7	3.8	7.3	46.0	1,630
Far Western Mountains	35.8	42.9	34.5	2.4	6.9	47.6	508
Far Western Hills	45.7	55.1	30.9	3.7	15.0	63.5	961
Far Western Terai	14.4	34.1	12.8	1.6	5.2	39.8	1,867
Area							
Urban	22.2	42.2	18.5	4.3	5.4	48.9	848
Rural	26.3	40.4	19.6	2.2	6.0	47.4	6,524
Age							
15–19 years	17.1	30.6	13.5	1.5	4.0	35.3	1,511
20–24 years	23.9	39.0	15.9	1.6	4.9	46.0	1,387
25–29 years	28.0	40.4	19.7	3.2	6.5	50.0	1,235
30–34 years	28.7	46.4	21.6	2.5	7.9	52.3	994
35–39 years	26.7	41.1	21.7	3.3	5.8	48.5	861
40–44 years	32.5	51.5	25.2	1.9	7.2	57.1	802
45–49 years	33.5	44.8	27.7	4.5	7.4	54.7	582
Marital/union status							
Currently married/in union	28.8	43.4	21.6	2.8	6.6	51.1	5,706
Formerly married/in union	27.1	44.9	21.1	1.1	5.6	50.7	197
Never married/in union	14.2	29.2	10.8	1.0	3.5	33.1	1,469
Education							
None	32.1	46.5	25.3	3.2	7.9	54.4	4,042
Primary	27.7	42.1	18.9	2.1	4.4	50.3	1,036
Secondary +	13.9	29.4	9.1	1.3	3.2	34.0	2,291
Wealth index quintile							
Poorest	39.1	49.7	30.7	3.2	10.1	56.3	1,230
Second	29.7	44.3	21.4	2.4	5.8	51.1	1,412
Middle	25.1	40.7	18.9	2.6	6.6	48.6	1,519
Fourth	20.6	35.9	14.1	2.2	3.7	43.0	1,594
Richest	18.3	34.9	14.8	1.9	4.6	41.1	1,618
Total	25.9	40.6	19.4	2.4	5.9	47.5	7,372

[1] MICS Indicator 8.14

It is often believed in Nepal that mothers-in-law have a high level of social control over their daughters-in-law that tends to be associated with the prevalence of violence against women. Therefore, a number of questions were asked of women aged 15–49 years to assess whether they believed that a mother-in-law is justified in verbally abusing or threatening her daughter-in-law in a variety of scenarios. As with the assumptions around domestic violence perpetrated by husbands, the assumption again is that women that agreed with the statements indicating that mothers-in-law are justified in verbally abusing or threatening their daughters-in-law in the situations described, in reality tend to be abused by their own mothers-in-law. Many of the scenarios were the same as

those asked about husbands; however, questions on other types of domestic violence were also added. The responses to these questions can be found in Table CP.9.

Overall, slightly more than three fifths (62 percent) of women aged 15–49 years in the MFWR felt that a mother-in-law is justified in verbally abusing/threatening her daughter-in-law for at least one of the suggested reasons. Some 35 percent agreed that violence is justified if a woman goes out without telling her mother-in-law, 50 percent agreed that violence is justified if a daughter-in-law neglects her children, 28 percent agreed that violence is justified if a woman argues with her mother-in-law, and 37 percent agreed that violence is justified if a woman doesn't obey her mother-in-law's orders. Fewer believed that violence is justified if a woman doesn't bring dowry (two percent) or if she doesn't finish her work on time (12 percent). For agreement with at least one reason, there was little variation by region or urban/rural area. Subregionally, the highest percentage was in the Far Western Hills (76 percent) and the lowest was in the Far Western Terai (55 percent). Younger women tended to show lower agreement than older women: 52 percent of women aged 15–19 years agreed with at least one reason compared to 71 percent of women aged 45–49 years. Women who had never married (48 percent) were less likely to agree than women who were currently or formerly married (both 66 percent). Women with no education (68 percent) were more likely to agree with at least one reason than women with at least secondary education (50 percent). Acceptance decreased with an increase in household wealth status: 68 percent of women from the poorest quintile agreed compared to 58 percent from the richest quintile.

Table CP.9: Attitudes toward domestic violence								
Percentage of women aged 15–49 years who believe a mother-in-law is justified in verbally abusing/threatening her daughter-in-law in various circumstances, MFWR, Nepal, 2010								
	Percent who believe a mother-in-law is justified in verbally abusing/threatening her daughter-in-law:							No. of women aged 15–49 years
	If she goes out without telling her	If she neglects the children	If she argues with her	If she doesn't obey her orders	If she doesn't bring dowry	If she doesn't finish work on time	For any of these reasons	
Region								
Mid-Western	33.8	50.0	28.0	34.8	1.9	11.8	62.9	4,036
Far Western	36.5	48.9	27.0	39.8	1.9	12.1	60.9	3,336
Subregion								
Mid-Western Mountains	39.4	49.1	33.4	35.2	2.9	11.1	56.2	408
Mid-Western Hills	27.0	49.7	24.8	30.3	0.5	8.4	62.7	1,998
Mid-Western Terai	40.8	50.6	30.4	40.2	3.3	16.3	64.9	1,630
Far Western Mountains	44.0	48.2	40.2	43.3	0.6	5.1	56.5	508
Far Western Hills	53.9	59.8	36.2	42.8	4.7	24.7	75.5	961
Far Western Terai	25.5	43.5	18.7	37.3	0.8	7.5	54.6	1,867
Area								
Urban	36.2	50.8	28.9	42.4	1.1	7.1	65.5	848
Rural	34.9	49.3	27.3	36.3	2.0	12.6	61.5	6,524
Age								
15–19 years	27.1	41.1	20.2	30.9	1.3	9.2	52.3	1,511
20–24 years	31.7	47.9	23.0	35.4	1.6	9.7	59.4	1,387
25–29 years	36.3	47.4	29.0	35.8	2.0	11.5	62.1	1,235
30–34 years	38.0	54.8	33.3	40.8	2.2	14.0	67.3	994
35–39 years	39.1	49.6	27.9	40.1	2.5	12.3	62.6	861
40–44 years	40.8	60.5	34.3	40.1	1.9	14.8	70.9	802
45–49 years	41.7	55.0	34.6	44.5	2.4	17.4	70.8	582
Marital/union status								
Currently married/in union	38.2	52.3	30.3	39.2	2.1	13.0	65.5	5,706
Formerly married/in union	36.3	52.5	35.1	41.3	3.3	14.5	66.1	197
Never married/in union	22.5	38.0	15.7	28.0	0.8	7.6	48.0	1,469
Education								
None	41.6	54.9	33.4	41.5	2.9	15.0	68.4	4,042
Primary	36.6	51.7	28.1	39.2	1.4	12.0	64.1	1,036
Secondary +	22.6	38.8	16.8	28.2	0.3	6.6	49.7	2,291
Wealth index quintile								
Poorest	45.4	56.2	38.4	43.3	3.7	18.3	68.3	1,230
Second	38.3	52.9	29.7	36.9	1.7	11.9	64.0	1,412
Middle	32.6	49.6	24.1	36.0	2.6	12.2	61.0	1,519
Fourth	32.0	44.9	24.1	34.3	1.4	10.5	60.2	1,594
Richest	29.6	45.7	23.9	36.1	0.4	8.4	58.1	1,618
Total	35.0	49.5	27.5	37.0	1.9	11.9	62.0	7,372

Child grant

The child grant scheme, introduced by the Government of Nepal in 2009/10, is an important step in addressing child poverty, deprivation, vulnerability and malnourishment in Nepal. Currently, a grant of NRs 200 is given each month to families in the Karnali Zone (the Mid-Western Mountains) and Dalit families across the country for up to two eligible children aged less than five years. Questions on the provision of a child grant were only asked of mothers/caretakers of children aged less than

five years living in the Mid-Western Mountains (the districts of Humla, Jumla, Mugu, Kalikot and Ddpa).

Table CP.10 shows that 76 percent of eligible children aged less than five years in Mid-Western Mountains had ever received a child grant (N.B, only two under-fives per family are eligible; additional under-fives are non-eligible). Little variation was observed by gender. Some 55 percent of eligible children aged 0–23 months and 88 percent of eligible children aged 24–59 months had ever received child grant. The long processing time from registration to payment (VDC Secretaries collect data once a year for the District Development Committee; the District Development Committee sends data to the Ministry of Local Development; the Ministry of Local Development releases the budget; and the grant is paid to families) means that almost half of eligible children do not receive the grant for their first year of life. This suggests an urgent need to strengthen the registration and delivery system. There was some variation by mother’s education level and household wealth status: children whose mother had at least secondary education (65 percent) and children from the richest quintile (69 percent) were less likely than their counterparts to have ever received child grant.

Table CP.10: Child grant					
Percentage of children aged less than five years in the Mid-Western Mountains by child grant status, 2010					
	Ever received child grant			Total	No. of children aged 0–4 years living in Mid-Western Mountains
	Yes	No	Don't know		
Sex					
Male	75.4	23.8	0.7	100.0	153
Female	77.2	22.6	0.2	100.0	149
Age					
0–23 months	54.7	44.6	0.7	100.0	105
24–47 months	88.0	11.4	0.5	100.0	134
48–59 months	87.6	12.4	0.0	100.0	63
Mother's education					
None	76.7	22.9	0.4	100.0	253
Primary	81.4	17.4	1.2	100.0	26
Secondary	65.1	34.9	0.0	100.0	22
Wealth index quintile					
Poorest	79.5	19.7	0.8	100.0	144
Second	76.4	23.6	0.0	100.0	93
Richest 60 percent	69.2	30.4	0.5	100.0	65
Total	76.3	23.2	0.5	100.0	302
One case with missing 'mother's education' not shown					

XI. HIV and AIDS

Knowledge about HIV transmission and misconceptions about HIV/AIDS

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 (e.g., that sharing food or being bitten by a mosquito 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 halving HIV infections between 1990 and 2015 include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module for the NMICS 2010 was administered to women aged 15–49 years.

One common indicator both for the MDGs and UNGASS is the percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission. In this survey, all women who had heard of AIDS were asked whether they knew of two main ways of preventing HIV transmission—having only one faithful, uninfected sexual partner, and using a condom every time. Results are presented in Table HA.1. Slightly more than half (56 percent) of women aged 15–49 years in the MFWR had heard of AIDS. However, only 40 percent knew of two main ways to prevent HIV transmission: 48 percent knew of having one faithful, uninfected sexual partner and 43 percent knew of using a condom for sex every time.

Comprehensive knowledge about HIV prevention includes knowing two main ways of preventing HIV transmission, knowing that a healthy looking person can have the AIDS virus, and rejecting the two of the most common misconceptions about HIV transmission. Table HA.1 presents the findings on comprehensive knowledge about HIV transmission. Slightly more than one fifth (22 percent) of women aged 15–49 years in the MFWR had comprehensive knowledge of HIV transmission. Some 42 percent knew that a healthy looking person can have the AIDS virus; 35 percent knew that HIV cannot be transmitted by mosquito bites; 49 percent knew that HIV cannot be transmitted by supernatural means; 41 percent knew that HIV cannot be transmitted by sharing food with someone with AIDS. In total, 25 percent rejected two of the most common misconceptions about HIV transmission and knew that a healthy looking person can have the AIDS virus.

There was little variation on comprehensive knowledge about HIV prevention by region. However, subregional variation was greater, with the highest percentage of women with comprehensive knowledge in the Far Western Terai (26 percent) and lowest percentage in the Far Western Mountains (nine percent). Urban women (34 percent) were more likely than rural women (20 percent) to have comprehensive knowledge. Younger women were more likely than older women to have comprehensive knowledge: 34 percent for women aged 15–24 years compared to seven percent for women aged 40–49 years. Women who had ever been married or in a marital union (17 percent) were less likely than women who had never been married or in a marital union (43 percent) to have comprehensive knowledge. Education level and household wealth status influenced comprehensive knowledge. Women with no education (nine percent) were much less likely than women with at least secondary education (49 percent) to have comprehensive knowledge. Women from the poorest quintile (nine percent) were much less likely than women from the richest quintile (44 percent) to have comprehensive knowledge.

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission											
Percentage of women aged 15–49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, MFWR, Nepal, 2010											
	Percent who have heard of AIDS	Percent who know transmission can be prevented by:		Percent who know both ways	Percent who know that a healthy looking person can have the AIDS virus	Percent who know that HIV cannot be transmitted by:			Percent who reject two of the most common misconceptions and know that a healthy looking person can have the AIDS virus	Percent with comprehensive knowledge [1]	No. of women aged 15–49 years
		Having only one faithful, uninfected sexual partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Region											
Mid-Western	59.7	49.6	47.3	43.4	45.9	35.9	51.8	43.5	27.0	23.2	4,036
Far Western	51.0	45.3	38.3	35.7	36.9	33.4	44.6	38.8	23.6	20.2	3,336
Subregion											
Mid-Western Mountains	28.2	24.0	22.2	20.7	21.7	20.5	24.5	22.0	14.3	12.7	408
Mid-Western Hills	67.4	56.5	55.3	50.6	51.2	34.8	57.5	47.5	27.2	24.5	1,998
Mid-Western Terai	58.3	47.6	43.7	40.2	45.5	41.1	51.7	44.0	29.8	24.2	1,630
Far Western Mountains	23.6	20.0	19.0	17.4	18.5	14.2	19.8	15.4	10.7	9.4	508
Far Western Hills	49.2	42.3	28.5	25.8	33.9	30.2	40.0	35.5	20.2	15.7	961
Far Western Terai	59.3	53.7	48.6	45.8	43.5	40.3	53.7	46.9	28.8	25.5	1,867
Area											
Urban	72.8	61.1	58.6	52.1	58.3	52.6	65.9	58.5	41.3	34.0	848
Rural	53.6	45.9	41.2	38.3	39.7	32.5	46.3	39.2	23.4	20.3	6,524
Age											
15–24 years	74.7	66.9	60.6	57.0	60.1	51.1	67.7	60.2	39.4	34.4	2,898
25–29 years	57.7	48.7	44.0	40.6	40.7	35.2	49.6	43.1	23.4	19.3	1,235
30–39 years	46.7	36.7	33.4	29.9	31.8	23.9	38.1	29.6	17.4	14.9	1,855
40–49 years	26.5	20.9	19.4	16.9	18.2	15.0	21.6	16.1	8.7	7.1	1,384
Marital status											
Ever married/in union	48.5	40.0	36.4	33.1	34.8	27.8	40.9	33.6	19.4	16.6	5,908
Never married/in union	85.1	78.1	70.6	67.1	70.1	63.0	79.4	72.8	49.6	42.7	1,469

Cont'd Table HA1: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission

Percentage of women aged 15–49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, MFWR, Nepal, 2010

	Percent who have heard of AIDS	Percent who know transmission can be prevented by:		Percent who know both ways	Percent who know that a healthy looking person can have the AIDS virus	Percent who know that HIV cannot be transmitted by:			Percent who reject two of the most common misconceptions and know that a healthy looking person can have the AIDS virus	Percent with comprehensive knowledge [1]	No. of women aged 15–49 years
		Having only one faithful, uninfected sexual partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Education											
None	31.7	24.0	20.6	18.3	19.8	14.1	24.1	18.0	8.6	7.0	4,042
Primary	66.4	55.8	50.2	45.2	46.3	38.0	56.6	44.6	23.1	18.9	1,036
Secondary +	93.5	85.6	79.9	75.6	78.8	69.9	88.0	81.3	56.2	49.4	2,291
Wealth index quintile											
Poorest	35.4	27.9	23.1	21.0	22.7	16.9	27.2	21.3	10.5	9.1	1,230
Second	50.8	43.4	36.3	34.4	35.1	26.5	42.2	33.5	18.1	15.5	1,412
Middle	49.6	43.4	39.8	37.1	37.1	29.2	42.1	36.7	20.9	18.0	1,519
Fourth	61.6	51.7	47.7	43.2	46.4	39.1	54.9	47.4	28.9	24.3	1,594
Richest	75.7	66.3	63.4	58.5	62.3	56.6	70.1	62.1	44.0	38.2	1,618
Total	55.8	47.6	43.2	39.9	41.9	34.8	48.5	41.4	25.4	21.8	7,372

[1] MCS Indicator 9.1

4 cases with missing 'education' not shown

A key indicator used to measure a country's response to the HIV epidemic is the proportion of young people aged 15–24 with comprehensive knowledge of preventing HIV transmission. Table HA.2 shows that about one third (34 percent) of young women aged 15–24 years in the MFWR had comprehensive knowledge of preventing HIV transmission; this is higher than for women aged 15–49 years (22 percent) (see Table HA.1). Variation by region was small. Subregional variation was greater: the highest percentage was in the Far Western Terai (41 percent) and lowest was in the Far Western Mountains (19 percent). Young women living in urban areas (46 percent) were more likely to have comprehensive knowledge than those living in rural areas (33 percent). Similarly, women aged 15–19 years (39 percent) were more likely to have comprehensive knowledge than those aged 20–24 years (30 percent). Young women who were married or in a marital union (26 percent) were less likely than young women who had never been married or in a marital union (43 percent) to have comprehensive knowledge. Education level and household wealth status influenced comprehensive knowledge. Young women with no education (nine percent) were much less likely than young women with at least secondary education (51 percent) to have comprehensive knowledge; this variation was similar to that for women aged 15–49 years. Young women from the poorest quintile (19 percent) were less likely than young women from the richest quintile (54 percent) to have comprehensive knowledge.

Table HA.2: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among young people

Percentage of women aged 15–24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, MFWR, Nepal, 2010

	Percent who have heard of AIDS	Percent who know transmission can be prevented by:		Percent who know both ways	Percent who know that a healthy looking person can have the AIDS virus	Percent who know that HIV cannot be transmitted by:			Percent who reject two of the most common misconceptions and know that a healthy looking person can have the AIDS virus	Percent with comprehensive knowledge [1]	No. of women aged 15–24 years
		Having only one faithful, uninfected sexual partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Region											
Mid-Western	78.0	68.3	64.5	60.4	63.8	51.6	70.7	62.6	40.8	35.5	1,579
Far Western	70.8	65.2	55.9	52.9	55.6	50.5	64.1	57.4	37.8	33.2	1,319
Subregion											
Mid-Western Mountains	42.6	38.8	36.2	34.6	35.7	33.0	39.4	35.6	24.8	22.8	161
Mid-Western Hills	87.4	77.8	75.5	70.3	70.5	51.7	78.4	70.2	42.8	39.0	817
Mid-Western Terai	74.6	63.3	57.2	53.8	62.3	56.4	68.5	59.6	42.3	34.1	601
Far Western Mountains	41.5	36.9	33.9	31.2	33.8	26.6	36.4	28.8	20.8	18.5	175
Far Western Hills	67.3	60.3	41.5	38.8	47.3	46.3	57.0	50.4	30.5	24.3	363
Far Western Terai	79.0	73.9	67.4	64.3	64.3	57.8	73.6	67.1	45.0	40.6	781
Area											
Urban	86.4	75.0	74.1	65.9	73.0	68.3	80.1	73.3	55.1	46.4	334
Rural	73.2	65.8	58.8	55.8	58.4	48.8	66.0	58.5	37.4	32.9	2,565
Age											
15–19 years	80.3	73.2	65.3	61.9	64.8	56.6	73.2	66.6	44.7	38.9	1,511
20–24 years	68.6	60.1	55.5	51.6	54.9	45.1	61.6	53.3	33.6	29.6	1,387
Marital status											
Ever married/in union	65.2	56.4	51.0	47.5	50.4	39.9	56.6	48.3	29.6	26.2	1,507
Never married/in union	85.0	78.2	70.9	67.2	70.5	63.1	79.7	73.2	50.0	43.3	1,391
Education											
None	36.0	28.8	22.1	20.2	23.6	17.0	27.7	21.7	10.5	8.7	689
Primary	66.3	56.8	49.6	45.7	47.5	35.6	56.4	44.0	22.6	19.0	589
Secondary +	94.3	86.8	81.0	76.8	80.2	71.3	88.8	82.6	57.9	51.0	1,619

Cont'd Table HA2: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among young people

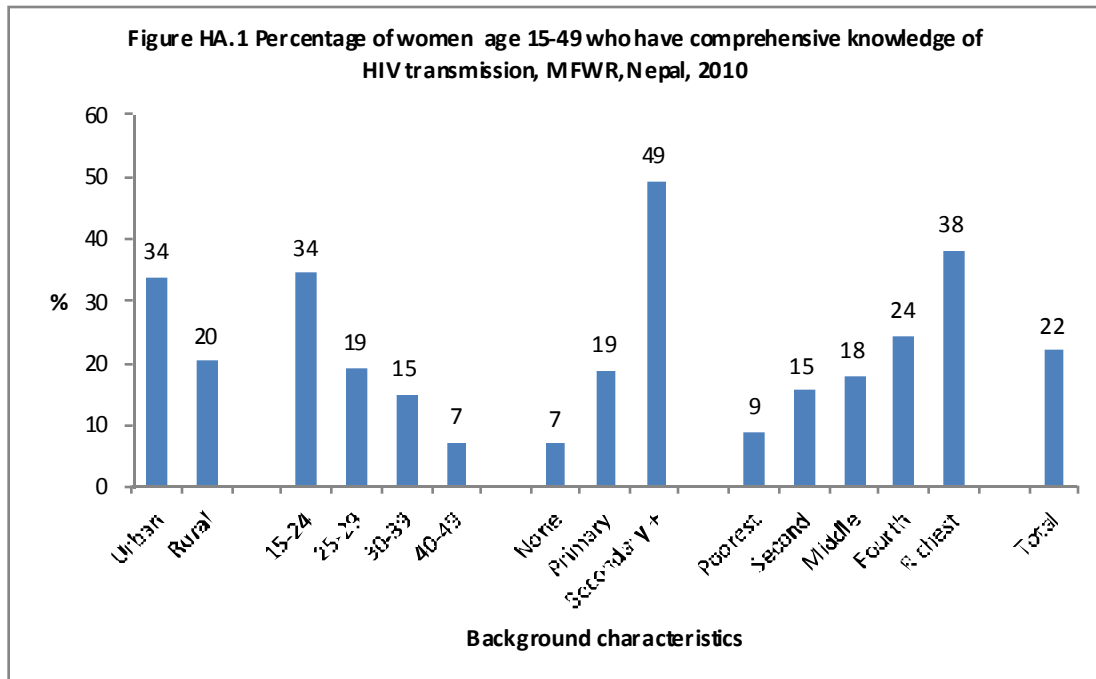
Percentage of women aged 15–24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, MFWR, Nepal, 2010

	Percent who have heard of AIDS	Percent who know transmission can be prevented by:		Percent who know both ways	Percent who know that a healthy looking person can have the AIDS virus	Percent who know that HIV cannot be transmitted by:			Percent who reject two of the most common misconceptions and know that a healthy looking person can have the AIDS virus	Percent with comprehensive knowledge [1]	No. of women aged 15–24 years
		Having only one faithful, uninfected sexual partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Wealth index quintile											
Poorest	54.8	47.3	39.3	36.7	38.1	32.2	46.1	38.2	20.9	19.2	413
Second	67.8	60.5	50.3	48.0	49.0	40.6	60.6	50.9	29.5	25.0	580
Middle	72.8	68.1	63.2	60.3	57.7	47.1	65.4	58.2	35.1	30.9	624
Fourth	82.7	72.4	66.8	62.0	68.6	55.8	76.0	67.7	43.6	37.3	648
Richest	87.6	78.7	75.0	69.9	78.2	72.1	81.9	77.6	60.6	53.5	633
Total	74.7	66.9	60.6	57.0	60.1	51.1	67.7	60.2	39.4	34.4	2,898

[1] MICS Indicator 9.2; MDG Indicator 6.3

2 cases with missing 'education' not shown

Figure HA.1 shows the percentage of women aged 15–49 years in the MFWR who have comprehensive knowledge of preventing HIV transmission by various background characteristics. Urban women, younger women, women with at least secondary education and women from the richest quintile were all more likely than their counterparts to have comprehensive knowledge of HIV transmission.



Knowledge of mother-to-child transmission of HIV is an important first step in encouraging pregnant women to seek HIV testing and thereby avoid infection in their baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. Table HA.3 presents the level of knowledge on mother-to-child transmission for women aged 15–49 years in the MFWR. Overall, slightly more than half of women (52 percent) knew that HIV can be transmitted from mother to child. Some 50 percent knew that HIV can be transmitted during pregnancy, 46 percent knew it can be transmitted during delivery, and 37 percent knew it can be transmitted by breastfeeding. In total, 34 percent correctly identified all three ways for mother-to-child transmission and four percent did not know of any specific way. The proportion of women aged 15–49 years who correctly identified all three means of mother-to-child transmission varied little by region or urban/rural area. Subregionally, the percentage was highest in the Mid-Western Hills (41 percent) and lowest in the Far Western Mountains (18 percent). There was marked difference in knowledge by age group: young women aged 15–24 (48 percent) were more likely than those aged 25 years and over (25 percent) to correctly identify all three means of mother-to-child transmission, and women aged 15–19 years (52 percent) were over three times more likely than women aged 40–49 years (14 percent) to have correct knowledge. Ever married women (30 percent) were less likely than never married women (55 percent) to have correct knowledge of mother-to-child transmission. Level of knowledge also increased with level of education and household wealth status. Women with no education (18 percent) were less likely than women with at least secondary education (60 percent) to correctly identify all three means of mother-to-child transmission, and women from the poorest quintile (23 percent) were less likely than women from the richest quintile (43 percent) to have correct knowledge.

Table HA.3: Knowledge of mother-to-child HIV transmission							
Percentage of women aged 15–49 years who correctly identify means of HIV transmission from mother to child, MFWR, Nepal, 2010							
	Percent who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Percent who do not know any of the specific means	No. of women aged 15–49 years
		During pregnancy	During delivery	By breastfeeding	All three means [1]		
Region							
Mid-Western	55.7	53.9	49.3	37.1	34.5	4.0	4,036
Far Western	47.6	45.7	41.9	37.4	33.4	3.4	3,336
Subregion							
Mid-Western Mountains	25.9	25.8	23.3	20.9	19.6	2.3	408
Mid-Western Hills	63.2	62.1	58.7	42.5	41.0	4.2	1,998
Mid-Western Terai	54.0	50.8	44.4	34.5	30.3	4.3	1,630
Far Western Mountains	22.6	22.1	21.5	18.2	17.5	1.0	508
Far Western Hills	45.3	43.2	38.3	39.8	34.7	4.0	961
Far Western Terai	55.6	53.5	49.3	41.4	37.1	3.8	1,867
Area							
Urban	67.4	64.1	54.2	45.4	38.0	5.4	848
Rural	50.0	48.4	44.9	36.2	33.5	3.5	6,524
Age							
15–24 years	71.4	69.2	63.7	51.4	47.5	3.3	2,898
25+ years	39.4	37.8	34.5	28.1	25.3	4.1	4,474
Age (years)							
15–19	77.3	75.0	70.1	55.5	51.5	2.9	1,511
20–24	65.0	63.0	56.7	46.9	43.2	3.7	1,387
25–29	53.4	51.5	47.6	37.7	35.1	4.4	1,235
30–39	41.9	40.2	36.2	30.3	26.9	4.7	1,855
40–49	23.7	22.5	20.3	16.5	14.3	2.9	1,384
Marital status							
Ever married/in union	44.6	43.0	38.9	31.7	28.8	3.8	5,903
Never married/in union	81.7	78.9	74.3	59.4	55.2	3.4	1,469
Education							
None	28.2	27.1	23.8	20.2	17.8	3.5	4,042
Primary	61.8	58.5	55.3	43.4	39.8	4.6	1,036
Secondary +	89.6	87.1	80.9	64.6	60.1	3.9	2,291
Wealth index quintile							
Poorest	32.1	31.5	26.9	24.5	22.5	3.2	1,230
Second	46.4	45.2	41.8	34.0	31.7	4.4	1,412
Middle	46.6	45.4	42.3	33.7	31.8	2.9	1,519
Fourth	58.2	56.2	52.5	41.0	37.5	3.4	1,594
Richest	71.0	67.4	60.9	49.4	43.4	4.7	1,618
Total	52.0	50.2	45.9	37.2	34.0	3.8	7,372

[1] MICS Indicator 9.3

4 cases with missing 'education' not shown

Accepting attitudes towards people living with HIV/AIDS

Indicators on attitudes towards people living with HIV/AIDS measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude for the following four scenarios: (i) would be willing to care for a family member with the AIDS virus in respondent's own home; (ii) would be willing to buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus; (iii) believes that a female teacher with the AIDS virus who is not sick should

be allowed to continue teaching; and (iv) would not want to keep secret that a family member was infected with the AIDS virus.

Table HA.4 presents information on the accepting attitudes of women aged 15–49 years towards people living with HIV/AIDS. Of women who had heard of AIDS in the MFWR, 47 percent agreed with all four accepting attitudes, and 97 percent agreed with at least one. The most common accepting attitude was willingness to care for a family member with the AIDS virus in own home (84 percent). This was followed by willingness to buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus (79 percent), belief that a female teacher with the AIDS virus who is not sick should be allowed to continue teaching (78 percent), and willingness not to keep secret that a family member was infected with the AIDS virus (70 percent). Of women who expressed an accepting attitude to all four indicators, there was little variation by region or urban/rural area. Subregionally, the percentage was highest in the Far Western Terai (55 percent) and lowest in the Far Western Hills (34 percent). There was variation by age group: young women aged 15–24 (53 percent) were more likely than those aged 25 years and over (41 percent) to be accepting, and women aged 15–19 years (57 percent) were over three times more likely than women aged 40–49 years (39 percent) to be accepting. Ever married women (43 percent) were less likely than never married women (58 percent) to be accepting. Level of education and household wealth status also influenced an accepting attitude to all four indicators. Women with no education (31 percent) were less likely than women with at least secondary education (59 percent) to be accepting, and women from the poorest quintile (28 percent) were less likely than women from the richest quintile (57 percent) to be accepting.

Table HA.4: Accepting attitudes toward people living with HIV/AIDS							
Percentage of women aged 15–49 years who have heard of AIDS who express an accepting attitude towards people living with HIV/AIDS, MFWR, Nepal, 2010							
	Percent who:						No. of women aged 15–49 years who have heard of AIDS
	Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member was infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators [1]	
Region							
Mid-Western	85.2	75.5	77.7	69.6	96.6	46.8	2,411
Far Western	82.9	83.3	78.2	69.7	97.0	47.8	1,700
Subregion							
Mid-Western Mountains	80.6	83.2	82.4	70.0	93.9	52.2	115
Mid-Western Hills	85.5	70.6	74.1	66.8	96.3	41.2	1,347
Mid-Western Terai	85.4	81.6	82.2	73.4	97.3	54.2	949
Far Western Mountains	82.7	80.8	80.5	64.9	97.2	43.2	120
Far Western Hills	72.8	78.1	68.3	61.0	94.6	33.5	473
Far Western Terai	87.2	85.9	82.2	73.9	98.0	54.5	1,107
Area							
Urban	84.1	86.3	85.9	67.4	97.2	49.5	617
Rural	84.3	77.4	76.5	70.0	96.7	46.9	3,494
Age							
15–24 years	87.3	86.0	85.7	70.9	98.3	53.1	2,165
25+ years	80.9	70.7	69.3	68.2	95.0	40.7	1,946
Age							
15–19 years	88.6	87.1	87.3	73.8	98.8	57.2	1,213
20–24 years	85.6	84.7	83.6	67.2	97.8	47.9	952
25–29 years	81.8	76.0	75.8	68.7	95.8	44.3	713
30–39 years	79.8	66.1	66.3	69.3	94.8	38.8	866
40–49 years	81.8	70.9	63.6	64.6	93.9	38.5	367
Marital status							
Ever married/in union	82.6	73.9	73.3	68.1	95.8	42.6	2,861
Never married/in union	88.2	89.8	88.4	73.2	99.0	57.8	1,250
Education							
None	74.7	59.4	57.9	66.1	91.4	31.2	1,281
Primary	85.5	74.7	74.8	67.0	98.3	41.4	688
Secondary +	89.6	91.6	90.9	72.6	99.4	58.8	2,141
Wealth index quintile							
Poorest	75.6	61.3	58.0	65.5	93.4	26.7	435
Second	82.3	69.6	69.6	63.9	95.8	33.7	717
Middle	79.8	77.4	78.7	72.4	96.0	49.4	753
Fourth	86.7	83.4	81.2	70.2	97.0	52.7	981
Richest	89.3	87.5	86.7	72.2	98.7	56.8	1,226
Total	84.3	78.8	77.9	69.6	96.7	47.2	4,111

[1] MICS Indicator 9.4

2 cases with missing 'education' not shown

Knowledge of a place for HIV testing, and counselling and testing during antenatal care

Another important indicator for the prevention of HIV transmission is the knowledge of where to be tested for HIV and the use of such services. In order to protect themselves and prevent themselves

from infecting others, it is important for individuals to know their HIV status. Knowledge of one's status is also a critical factor in the decision to seek treatment. Information on knowledge of a place to get tested and on whether testing has taken place is presented in Table HA.5 for women aged 15–49 years in the MFWR. Although 45 percent of women knew where to be tested, only five percent have ever been tested and two percent were tested in the previous 12 months. Furthermore, less than two percent had been tested and told the result.

Of women with knowledge of a place to get tested, there was little variation by region. Subregionally, the highest percentage was in the Mid-Western Hills (56 percent) and the lowest was in the Far Western Mountains (21 percent); women in the Far Western Mountains also had the lowest level of comprehensive knowledge on HIV transmission in the MFWR. Urban women (58 percent) were more likely than rural women (43 percent) to know of a place to get tested. Younger women were more likely than older women to know of a place: 68 percent of women aged 15–19 years knew a place compared to 14 percent of women aged 45–49 years. It is noticeable that never married women (73 percent) were more knowledgeable about a place to get tested than ever married women (37 percent). Women in poorer households were less likely than women in richer households to know of a place: 28 percent of women from the poorest quintile knew compared to 62 percent of women from the richest quintile.

As very few women had been tested and had been told the result, it is difficult to ascertain variation by background characteristic. However, over four percent of women in the Far Western Hills had been tested and received the result. Other subregions and background characteristics were generally around or below two percent.

Table HA.5: Knowledge of a place for HIV testing					
Percentage of women aged 15–49 years who know where to obtain an HIV test, percentage who have ever been tested, percentage who have been tested in the last 12 months, and percentage who have been tested and have been told the result, MFWR, Nepal, 2010					
	Percent who:				No. of women aged 15–49 years
	Know a place to get tested [1]	Have ever been tested	Have been tested in the last 12 months	Have been tested and have been told result [2]	
Region					
Mid-Western	46.5	3.8	1.4	0.8	4,036
Far Western	42.1	7.0	2.8	2.2	3,336
Subregion					
Mid-Western Mountains	24.5	1.7	0.7	0.6	408
Mid-Western Hills	55.8	3.0	0.9	0.6	1,998
Mid-Western Terai	40.6	5.2	2.2	1.3	1,630
Far Western Mountains	21.1	2.4	0.8	0.4	508
Far Western Hills	44.6	12.2	4.9	4.3	961
Far Western Terai	46.5	5.5	2.3	1.6	1,867
Area					
Urban	56.9	8.4	2.7	1.6	848
Rural	42.9	4.8	1.9	1.5	6,524
Age					
15–19 years	67.7	4.0	2.0	1.5	1,511
20–24 years	56.9	7.7	2.7	1.1	1,387
25–29 years	45.6	7.3	2.7	2.2	1,235
30–34 years	35.6	4.8	2.3	2.1	994
35–39 years	35.5	4.6	1.5	1.4	861
40–44 years	20.8	3.9	1.1	1.1	802
45–49 years	13.7	1.5	0.6	0.6	582
Marital status					
Ever married/in union	37.4	6.0	2.3	1.6	5,903
Never married/in union	73.0	2.2	1.0	1.0	1,469
Wealth index quintile					
Poorest	28.0	5.0	2.1	2.0	1,230
Second	41.8	3.5	1.3	0.9	1,412
Middle	39.8	3.7	1.3	1.0	1,519
Fourth	46.4	6.2	2.5	2.0	1,594
Richest	61.9	7.3	2.8	1.6	1,618
Total	44.5	5.2	2.0	1.5	7,372
[1] MICS Indicator 9.5					
[2] MICS Indicator 9.6					

Information on women who received HIV counselling and testing during antenatal care is presented in Table HA.6 for women aged 15–49 in the MFWR who gave birth in the two years preceding the survey. Some percent of women had received antenatal care from a healthcare professional during their last pregnancy. However, only one in 10 (10 percent) had received HIV counselling during antenatal care. Six percent were offered an HIV test and were tested during antenatal care, and five percent were offered an HIV test, were tested and received the results during antenatal care. Only four percent received HIV counselling, were offered a test, accepted and received the results during antenatal care.

Of women who received HIV counselling during antenatal care, there was little variation by region. Subregionally, the highest percentage was in the Mid-Western Terai (15 percent) and the lowest was in the Mid-Western Mountains (three percent). Urban women (19 percent) were more likely to receive HIV counselling than rural women (nine percent). Younger women were more likely to

receive HIV counselling during antenatal care than older women: 19 percent of women aged 15–19 compared to two percent of women aged 35–49 years. Women with no education (four percent) were less likely than women with at least secondary education (22 percent) to receive counselling. The trend in variation by wealth quintile was inconsistent, although women in the poorest quintile (four percent) were least likely to receive counselling and women in the richest quintile (20 percent) were most likely to receive counselling.

Of women who were offered an HIV test, were tested and received the results during antenatal care, the most significant variations were between women in the Far Western Hills (eight percent) and women in the Far Western Mountains (one percent); urban women (12 percent) and rural women (four percent); women aged 20–24 years (seven percent) and women aged 34–49 years (two percent); women with no education (two percent) and women with at least secondary education (10 percent); and women from the poorest quintile (two percent) and women from the richest quintile (10 percent).

Table HA.6: HIV counselling and testing during antenatal care						
Percentage of women aged 15–49 who gave birth in the two years preceding the survey, percentage who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and accepted an HIV test and received the results, MFWR, Nepal, 2010						
	Percent who:					No. of women aged 15–49 who gave birth in the two years preceding the survey
	Received antenatal care from a health professional for last pregnancy	Received HIV counselling during antenatal care [1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results [2]	Received HIV counselling, were offered an HIV test, accepted and received the results	
Region						
Mid-Western	61.3	10.2	5.6	4.2	3.2	687
Far Western	61.9	9.3	6.4	6.0	4.8	578
Subregion						
Mid-Western Mountains	45.4	3.3	1.8	1.8	1.4	101
Mid-Western Hills	61.1	9.1	4.2	3.5	2.6	373
Mid-Western Terai	69.1	15.3	9.7	6.5	5.1	213
Far Western Mountains	47.3	3.6	1.7	0.8	0.8	104
Far Western Hills	46.1	9.5	8.2	8.2	7.1	198
Far Western Terai	78.9	11.4	6.9	6.4	4.6	275
Area						
Urban	76.3	18.5	13.2	12.0	9.5	120
Rural	60.0	8.9	5.2	4.3	3.3	1,144
Young women						
15–24 years	71.7	13.7	8.3	6.7	5.1	637
Age						
15–19 years	77.5	19.3	10.7	6.4	4.6	128
20–24 years	70.3	12.4	7.7	6.7	5.3	509
25–29 years	54.8	6.3	4.7	4.6	3.6	348
30–34 years	53.7	7.0	2.2	1.7	1.7	175
35–49 years	35.4	1.8	2.3	1.8	1.2	104
Education						
None	48.4	3.5	2.1	2.1	1.5	699
Primary	70.9	10.7	8.1	6.1	5.7	230
Secondary +	82.7	22.3	12.5	10.3	7.7	335
Wealth index quintile						
Poorest	37.7	3.5	1.6	1.6	1.6	321
Second	61.5	11.5	5.1	3.9	3.6	285
Middle	59.5	6.7	2.9	2.9	2.3	255
Fourth	79.4	11.8	10.4	9.8	6.3	214
Richest	85.2	19.7	13.7	9.9	7.9	188
Total	61.6	9.8	5.9	5.0	3.9	1,265
			[1] MICS Indicator 9.8			
			[2] MICS Indicator 9.9			

XII. Access to Mass Media and Use of Information/Communication Technology

NMICS 2010 collected information from women on their exposure to mass media (newspapers, radio and television) and their use of computers and the internet. This information will contribute to understanding on how women use common channels of communication.

Access to mass media

Table MT.1 provides information on the proportion of women aged 15–49 years in the MFWR who read a newspaper, listen to the radio, and watch television at least once a week. Only five percent of women were exposed to all three types of media at least once a week. Some eight percent read a newspaper at least once a week, 49 percent listened to the radio at least once a week, and 29 percent watched television at least once a week. In addition, 41 percent did not have exposure to any of the three media at least once a week.

Although the radio was generally the most common channel for communication, women in urban areas and women in the richest quintile were more likely than other women to watch television than listen to the radio. Women in the Mid-Western Mountains (19 percent), women with no education (38 percent) and women in the poorest quintile (24 percent) had noticeably lower exposure to the radio than their counterparts in other background categories. Women in the Mid-Western Mountains (seven percent), women in the Far Western Mountains (five percent), and women in the poorest (one percent) and second quintile (four percent) had much lower exposure to television than their counterparts in other background categories. Women in the Mid-Western Terai (49 percent), women in urban areas (71 percent), women with at least secondary education (50 percent), and women in the richest quintile (80 percent) had much higher exposure to television than their counterparts in other background categories. Women in the Mid-Western Terai (13 percent), women in urban areas (22 percent), women aged 15–19 years (16 percent), women with at least secondary education (23 percent), and women in the richest quintile (23 percent) had much higher exposure to newspapers than their counterparts in other background categories. Women in the Far Western Region (47 percent), women in the Mid-Western Mountains (78 percent), women in rural areas (44 percent), women aged 40–44 years (49 percent), women with no education (54 percent) and women from the poorest quintile (76 percent) were more likely than their counterparts to have no weekly exposure to any of the three forms of media.

Exposure to all three forms of media at least once a week was higher for women in the Mid-Western Region (seven percent) than for those in the Far Western Region (four percent). The highest percentage was in the Mid-Western Terai (10 percent) and the lowest was in the Mid-Western Mountains (0.4 percent). Urban women (18 percent) were more likely than rural women (four percent) to be exposed weekly to all three media. Younger women were more likely than older women to be exposed weekly to all three media: 10 percent of women aged 15–19 years were exposed compared to one percent of women aged 45–49 years. Education level and household wealth status influenced the likelihood of being exposed to all three forms of media at least once a week. Women with no education (0.1 percent) were much less likely than women with at least secondary education (16 percent), and women in the poorest quintile (0.2 percent) were much less likely than those in the richest quintile (18 percent) to be exposed.

Table MT.1: Exposure to mass media						
Percentage of women aged 15–49 years who are exposed to specific mass media on a weekly basis, MFWR, Nepal, 2010						
	Percent who:			All three media at least once a week [1]	No media at least once a week	No. of women aged 15–49 years
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week			
Region						
Mid-Western	9.8	55.6	30.7	6.7	35.2	4,036
Far Western	5.9	41.4	26.8	3.5	47.0	3,336
Subregion						
Mid-Western Mountains	1.0	19.1	6.5	0.4	78.2	408
Mid-Western Hills	9.2	63.8	20.5	5.4	30.3	1,998
Mid-Western Terai	12.7	54.7	49.2	9.9	30.6	1,630
Far Western Mountains	3.1	42.6	4.9	1.0	56.0	508
Far Western Hills	3.9	40.5	10.8	1.5	55.0	961
Far Western Terai	7.8	41.6	41.0	5.3	40.5	1,867
Area						
Urban	22.3	58.4	71.3	18.1	17.9	848
Rural	6.2	48.0	23.4	3.6	43.5	6,524
Age						
15–19 years	15.5	59.5	32.9	9.6	31.1	1,511
20–24 years	11.2	52.0	33.1	7.9	37.6	1,387
25–29 years	7.6	48.4	26.7	4.5	41.7	1,235
30–34 years	4.8	43.7	25.9	3.0	44.4	994
35–39 years	4.4	45.9	29.0	3.7	43.3	861
40–44 years	2.1	41.7	25.9	1.4	48.6	802
45–49 years	1.1	41.5	22.4	0.6	48.4	582
Education						
None	0.5	37.6	16.9	0.1	54.4	4,042
Primary	3.6	51.7	30.2	1.5	35.5	1,036
Secondary +	23.3	68.4	49.5	16.0	18.5	2,291
Wealth index quintile						
Poorest	0.7	24.0	0.7	0.2	75.6	1,230
Second	2.1	48.3	4.3	0.4	50.4	1,412
Middle	3.8	51.1	12.2	0.7	43.7	1,519
Fourth	7.9	53.6	36.9	4.8	32.7	1,594
Richest	22.9	63.0	79.5	18.0	10.2	1,618
Total	8.0	49.2	28.9	5.3	40.6	7,372
[1] MICS Indicator MT.1						
4 cases with missing 'education' not shown						

Use of information/communication technology

Questions on computer and internet use were asked only of women aged 15–24 years. Table MT.2 shows that nine percent of women aged 15–24 years had ever used a computer, six percent had used a computer during the year preceding the survey, and three percent had used a computer at least once a week during the month preceding the survey. Use of a computer during the 12 months preceding the survey was higher for young women in the Mid-Western Region (seven percent) than for those in the Far Western Region (four percent). The highest percentage was in the Mid-Western Terai (11 percent) and lowest was in the Far Western Mountains (one percent). There was little variation by age. Urban young women (18 percent) were more likely than rural young women (four percent) to have used a computer during the last year. Young women with at least a secondary

education (10 percent) were more likely than young women with primary education (0.4 percent) to have used a computer during the last year. Young women with no education had not used a computer during the last year. Young women in the richest quintile (19 percent) were much more likely than young women in the fourth (six percent) and other quintiles (one percent and lower) to have used a computer during the last year.

Only three percent of women aged 15–24 years had ever used the internet, two percent had used the internet during the year preceding the survey, and one percent had used the internet at least once a week during the month preceding the survey. Use of the internet during the 12 months preceding the survey was low. The most noticeable variations were for women in the Mid-Western Terai (five percent), women in urban areas (11 percent), women with at least secondary education (four percent), and women in the richest quintile (nine percent). Women with either primary or no education and women from the poorest quintile had not used the internet during the year preceding the survey.

Table MT.2: Use of computers and internet							
Percentage of women aged 15–24 years who have ever used a computer, percentage who have used a computer during the last 12 months, and frequency of use during the month preceding the survey, MFWR, Nepal, 2010							
	Percent who have:			Percent who have:			No. of women aged 15–24 years
	Ever used a computer	Used a computer during the 12 months preceding the survey [1]	Used a computer at least once a week during the month preceding the survey	Ever used the internet	Used the internet during 12 months preceding the survey [2]	Used the internet at least once a week during the month preceding the survey	
Region							
Mid-Western	9.1	7.1	3.8	3.8	2.6	1.4	1,579
Far Western	7.8	4.2	2.3	2.2	1.8	0.8	1,319
Subregion							
Mid-Western Mountains	2.2	1.8	0.6	0.0	0.0	0.0	161
Mid-Western Hills	6.4	5.1	2.2	2.6	1.3	0.9	817
Mid-Western Terai	14.5	11.1	6.9	6.5	5.1	2.5	601
Far Western Mountains	2.5	1.1	0.4	0.9	0.5	0.0	175
Far Western Hills	2.7	1.9	0.9	0.9	0.5	0.2	363
Far Western Terai	11.4	6.0	3.3	3.1	2.7	1.3	781
Age							
15–19 years	8.8	6.5	3.4	3.1	2.1	1.0	1,511
20–24 years	8.2	5.0	2.8	3.1	2.4	1.3	1,387
Area							
Urban	27.7	17.8	12.0	12.3	10.5	5.5	334
Rural	6.0	4.2	2.0	1.9	1.2	0.6	2,565
Education							
None	0.3	0.0	0.0	0.0	0.0	0.0	689
Primary	0.5	0.4	0.2	0.0	0.0	0.0	589
Secondary +	14.9	10.2	5.5	5.5	4.1	2.0	1,619
Wealth index quintile							
Poorest	0.2	0.2	0.0	0.0	0.0	0.0	413
Second	0.9	0.5	0.2	0.2	0.1	0.0	580
Middle	1.8	1.2	1.0	0.3	0.1	0.0	624
Fourth	7.2	5.6	1.3	2.6	1.5	0.5	648
Richest	28.8	18.9	11.7	11.0	8.7	4.7	633
Total	8.5	5.8	3.1	3.1	2.3	1.1	2,898
			[1] MICS Indicator MT.2				
			[2] MICS Indicator MT.3				
2 cases with missing 'education' not shown							

XIII. Tobacco and Alcohol Use

Tobacco use is a known risk factor for many deadly diseases. Smoking cigarettes, pipes or cigars increases the risk of cardiovascular disease and respiratory illness, and causes lung and other forms of cancer. Smokeless tobacco products are also known to cause cancer.

Excessive use of alcohol also increases the risk of many harmful health conditions. In the long term, excessive drinking can lead to cardiovascular problems, neurological impairments, liver disease and social problems. Alcohol abuse is also associated with injuries and violence, including intimate partner violence and child maltreatment¹⁶.

The following information was collected on tobacco and alcohol use among women aged 15–49 years.

- Ever and current use of cigarettes and age at which cigarette smoking first started
- Ever and current use of smoked and smokeless tobacco products
- Intensity of use of cigarettes and smoked and smokeless tobacco products
- Ever and current use of alcohol, and intensity of use

Ever and current use of tobacco

Table TA.1 presents information on the ever and current use of tobacco products by women aged 15–49 years in the MFWR. Overall, one fifth (20 percent) of women reported having ever used a tobacco product. Some 12 percent had used cigarettes only, five percent had used cigarettes and other tobacco products, and three percent had used only other tobacco products. Some 79 percent had never used any tobacco product.

As expected, current use of tobacco products (on one or more days during the month preceding the survey) was lower than ever use. Some 16 percent of women currently used any tobacco product. Some nine percent used cigarettes only, four percent used cigarettes and other tobacco products, and three percent used only other tobacco products. There was little variation in the use of any tobacco products by region. Subregionally, the highest percentage was in the Mid-Western Mountain (28 percent) and the lowest in Far Western Terai (13 percent). Current use of any tobacco products increases with age: two percent of women aged 15–19 years currently used compared to 41 percent of women aged 45–49 years. Urban women (nine percent) were less likely than rural women (17 percent) to currently use any tobacco products. Level of education influences use of any tobacco products: women with no education (27 percent) were thirty times more likely to currently use any tobacco products compared to women with at least secondary education (one percent). Although variations were not large (and may not be significant), fewer women who were currently pregnant (10 percent) were using any tobacco products compared to women who were currently breastfeeding (12 percent) and women who were neither pregnant nor breastfeeding (17 percent). Women from the poorest quintile (27 percent) were almost four times more likely to be currently using any tobacco products than women from the richest quintile (seven percent).

¹⁶ US Centers for Disease Control and Prevention, <http://www.cdc.gov/>

Table TA.1: Ever and current use of tobacco

Percentage of women aged 15–49 years by pattern of use of tobacco, MFWR, Nepal, 2010

	Percent who never smoked cigarettes or used other tobacco products	Percent who ever used:				Percent who used tobacco products on one or more days during the month preceding the survey:				No. of women aged 15–49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product [1]	
Region										
Mid-Western	77.2	11.8	5.9	4.0	21.7	9.1	4.4	3.9	17.3	4,036
Far Western	81.4	11.8	4.4	2.1	18.2	9.6	3.1	2.3	15.0	3,336
Subregion										
Mid-Western Mountains	68.4	12.9	9.7	8.3	30.9	11.3	8.2	8.7	28.1	408
Mid-Western Hills	74.8	12.2	7.2	4.0	23.3	8.9	5.7	3.5	18.1	1,998
Mid-Western Terai	82.4	11.1	3.3	3.0	17.4	8.8	1.9	3.0	13.7	1,630
Far Western Mountains	76.5	16.2	4.1	2.3	22.6	15.4	3.2	1.9	20.6	508
Far Western Hills	80.2	14.1	4.0	1.4	19.5	12.1	3.1	1.5	16.7	961
Far Western Terai	83.3	9.3	4.7	2.3	16.4	6.8	3.0	2.8	12.6	1,867
Age										
15–19 years	97.1	0.9	0.7	1.0	2.7	0.6	0.6	0.8	2.0	1,511
20–24 years	93.9	3.1	1.3	1.4	5.8	1.7	1.1	1.2	3.9	1,387
25–29 years	83.6	8.7	3.6	3.4	15.7	5.9	2.9	2.8	11.6	1,235
30–34 years	71.9	16.3	7.1	3.6	27.0	14.4	5.0	3.7	23.1	994
35–39 years	64.1	22.7	8.3	3.2	34.1	17.0	6.6	3.3	26.8	861
40–44 years	57.3	25.3	10.9	5.4	41.6	21.2	6.3	6.9	34.3	802
45–49 years	52.0	24.9	13.9	8.1	46.9	21.4	11.1	8.2	40.7	582
Area										
Urban	86.6	7.8	2.5	2.4	12.8	5.8	1.1	2.3	9.2	848
Rural	78.1	12.3	5.5	3.2	21.1	9.8	4.2	3.3	17.2	6,524
Education										
None	66.5	19.3	8.9	4.4	32.6	15.8	6.6	4.9	27.2	4,042
Primary	88.2	6.2	1.5	3.3	11.0	4.3	0.9	2.4	7.6	1,036
Secondary +	97.3	1.2	0.3	0.8	2.2	0.3	0.2	0.4	0.9	2,291

Cont'd Table TA1: Ever and current use of tobacco										
Percentage of women aged 15–49 years by pattern of use of tobacco, MFWR, Nepal, 2010										
	Percent who never smoked cigarettes or used other tobacco products	Percent who ever used:				Percent who used tobacco products on one or more days during the month preceding the survey:				No. of women aged 15–49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product [1]	
Maternity status										
Pregnant	85.2	6.6	5.3	2.0	13.9	5.2	4.0	1.0	10.2	349
Breastfeeding (not pregnant)	85.1	4.9	5.1	4.4	14.5	3.7	4.6	4.0	12.3	383
Neither	78.4	12.5	5.2	3.1	20.8	9.9	3.8	3.2	16.8	6,641
Wealth index quintile										
Poorest	68.8	16.6	9.1	4.8	30.5	14.3	8.0	4.7	27.0	1,230
Second	74.2	14.8	7.0	3.9	25.7	11.4	5.2	3.8	20.4	1,412
Middle	77.5	13.3	4.7	3.3	21.3	11.4	3.8	3.0	18.2	1,519
Fourth	83.1	9.0	4.1	2.6	15.7	6.6	2.2	3.1	12.0	1,594
Richest	88.8	6.9	2.2	1.6	10.7	4.4	1.0	1.5	7.0	1,618
Total	79.1	11.8	5.2	3.1	20.1	9.3	3.8	3.1	16.3	7,372
[1] MICS Indicator TA.1										
4 cases with missing 'education' not shown										

First use of cigarettes and frequency of use

Table TA.2 shows the percentage of women aged 15–49 years in the MFWR who smoked a whole cigarette before the age of 15 years and the frequency of cigarette use in the 24 hours preceding the survey for women who are current smokers. Overall, six percent of women smoked a whole cigarette before the age of 15 years. There was little variation by region, subregion, urban/rural area, or maternity status. Younger women were less likely than older women to have smoked a whole cigarette before the age of 15 years: one percent of women aged 15–19 years compared to 14 percent of women aged 45–49 years. Education level and household wealth status influenced the consumption of a whole cigarette before the age of 15 years. Women with no education (10 percent) were much more likely than women with at least secondary education (one percent), and women in the poorest quintile (10 percent) were more likely than women in the richest quintile (three percent) to have smoked a whole cigarette before the age of 15 years.

Of women who were current smokers, 50 percent had smoked than less five cigarettes in the 24 hours preceding the survey, 26 percent had smoked 5–9 cigarettes, 16 percent had smoked 10–19 cigarettes and eight percent had smoked 20 cigarettes or more. Women in the Far Western Hills tended to be the heaviest smokers and women in the Far Western Terai tended to be the lightest smokers. Younger women tended to be lighter smokers than older women. As sample sizes were quite small, variations in other background characteristics cannot be made reliably.

Table TA.2: Age at first use of cigarettes and frequency of use									
Percentage of women aged 15–49 years who smoked a whole cigarette before the age of 15 years, and percentage of current smokers by the number of cigarettes smoked in the 24 hours preceding the survey, MFWR, Nepal, 2010									
	Percent who smoked a whole cigarette before the age of 15 years[1]	No. of women aged 15–49 years	Percent of smokers by number of cigarettes in the 24 hours preceding the survey					Total	No. of women aged 15–49 years who are current cigarette smokers
			Less than 5	5–9	10–19	20+			
Region									
Mid-Western	5.7	4,036	50.1	28.5	15.0	6.4	100.0	544	
Far Western	5.8	3,336	49.3	22.4	17.8	10.6	100.0	424	
Subregion									
Mid-Western Mountains	9.4	408	50.2	24.0	21.7	4.1	100.0	80	
Mid-Western Hills	6.0	1,998	54.2	28.8	13.3	3.7	100.0	291	
Mid-Western Terai	4.5	1,630	43.1	30.1	14.8	11.9	100.0	174	
Far Western Mountains	8.9	508	48.6	21.7	16.2	13.5	100.0	95	
Far Western Hills	7.1	961	34.4	23.8	23.1	18.7	100.0	146	
Far Western Terai	4.4	1,867	61.4	21.6	14.4	2.6	100.0	184	
Age									
15–19 years	1.0	1,511	*	*	*	*	100.0	17	
20–24 years	1.4	1,387	(71.9)	(16.1)	(8.4)	(3.6)	100.0	38	
25–29 years	4.4	1,235	38.9	40.7	11.9	8.5	100.0	108	
30–34 years	7.1	994	51.9	21.7	19.6	6.8	100.0	193	
35–39 years	11.4	861	50.2	20.6	19.7	9.6	100.0	203	
40–44 years	11.0	802	47.3	29.8	13.2	9.7	100.0	220	
45–49 years	13.9	582	49.2	26.5	16.5	7.8	100.0	189	
Area									
Urban	4.3	848	43.1	20.4	21.4	15.0	100.0	58	
Rural	6.0	6,524	50.1	26.2	15.9	7.8	100.0	910	
Education									
None	9.6	4,042	49.4	25.0	16.9	8.7	100.0	904	
Primary	2.7	1,036	47.6	43.4	8.2	0.8	100.0	53	
Secondary +	0.5	2,291	*	*	*	*	100.0	12	
Maternity status									
Pregnant	5.1	349	(59.5)	(19.2)	(14.4)	(6.9)	100.0	32	
Breastfeeding (not pregnant)	3.1	383	(45.6)	(36.4)	(12.1)	(5.8)	100.0	32	
Neither	6.0	6,641	49.5	25.7	16.5	8.3	100.0	905	
Wealth index quintile									
Poorest	9.5	1,230	45.3	27.1	17.7	9.8	100.0	274	
Second	6.8	1,412	48.7	25.1	19.1	7.2	100.0	234	
Middle	5.4	1,519	54.9	27.9	11.9	5.3	100.0	231	
Fourth	5.1	1,594	46.0	21.7	18.2	14.2	100.0	141	
Richest	3.1	1,618	58.4	24.9	12.4	4.3	100.0	88	
Total	5.8	7,372	49.7	25.8	16.2	8.2	100.0	969	
[1] MICS Indicator TA.2									
Four cases missing with 'education' not shown									
Figures in parenthesis indicate that the percentage is based on denominators of 25–49 unweighted cases									
* An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases									

Information on the use of alcohol by women aged 15–49 years in the MFWR is shown in Table TA.3. Overall, 85 percent of women had never had an alcoholic drink, seven percent had had at least one drink of alcohol before the age of 15 years, and 10 percent had had at least one drink of alcohol on

one or more days in the month preceding the survey. Consumption of at least one drink of alcohol before the age of 15 years was highest for women in the Mid-Western Terai (12 percent) and lowest in the Far Western Mountains (0.1 percent). There was little variation by region, urban/rural area, age or education. One in 10 women from the fourth quintile (10 percent) reported that they had had at least one drink of alcohol before the age of 15 years.

Consumption of at least one drink of alcohol on one or more days during the month preceding the survey was higher for women in the Mid-Western Region (12 percent) than for those in the Far Western Region (seven percent). The highest percentage was in the Mid-Western Terai (16 percent) and lowest in the Far Western Mountains (0.3 percent). There was little variation by urban/rural area. Younger women were much less likely than older women to have consumed alcohol during the preceding month: two percent of women aged 15–19 years compared to 16 percent of women aged 45–49 years. Women with no education (14 percent) were more likely than women with primary (eight percent) or at least secondary education (two percent) to have consumed alcohol during the preceding month. Variation by household wealth quintile did not show any clear pattern.

Table TA.3: Use of alcohol				
Percentage of women aged 15–49 years who have never had one drink of alcohol, percentage who first had one drink of alcohol before the age of 15 years, and percentage who have had at least one drink of alcohol on one or more days during the month preceding the survey, MFWR, Nepal, 2010				
	Percent who:			No. of women aged 15–49 years
	Never had one drink of alcohol	Had at least one drink of alcohol before the age of 15 years [1]	Had at least one drink of alcohol on one or more days during the month preceding the survey [2]	
Region				
Mid-Western	81.6	7.4	11.8	4,086
Far Western	89.2	5.4	6.8	3,336
Subregion				
Mid-Western Mountains	92.3	3.0	5.6	408
Mid-Western Hills	83.4	4.9	9.6	1,998
Mid-Western Terai	76.9	11.5	16.1	1,630
Far Western Mountains	99.6	0.1	0.3	508
Far Western Hills	98.7	0.3	0.5	961
Far Western Terai	81.4	9.6	11.8	1,867
Area				
Urban	87.6	4.5	6.9	848
Rural	84.7	6.8	9.9	6,524
Age				
15–19 years	94.1	4.4	1.5	1,511
20–24 years	87.3	7.9	7.3	1,387
25–29 years	87.2	5.7	7.9	1,235
30–34 years	80.1	7.3	14.2	994
35–39 years	80.0	6.8	13.2	861
40–44 years	77.3	8.4	16.9	802
45–49 years	78.5	5.8	15.7	582
Education				
None	80.5	7.8	14.2	4,042
Primary	84.8	6.8	8.2	1,086
Secondary +	93.2	4.0	1.9	2,291
Wealth index quintile				
Poorest	89.8	3.4	7.3	1,230
Second	88.6	3.5	7.8	1,412
Middle	83.1	7.2	12.5	1,519
Fourth	80.5	10.4	11.7	1,594
Richest	84.7	6.9	7.8	1,618
Total	85.1	6.5	9.5	7,372
		[1] MICS Indicator TA.3		
		[2] MICS Indicator TA.4		

Four cases missing with 'education' not shown

XIV. Subjective well-being

It is well known that the subjective perceptions of individuals of their income, health, living environment and such like play a significant role in their lives and can impact their perception of well-being, irrespective of objective conditions such as actual income and physical health status.

A set of questions were asked of young women aged 15–24 years to assess how satisfied they were with different areas of their life such as family, friendships, school, job, living environment and income. Life satisfaction is a measure of an individual's perceived level of well-being. Understanding young women's satisfaction in different areas of their lives can help in gaining a comprehensive picture of young people's life situations.

A distinction can be made between life satisfaction and happiness. In addition to the set of questions on life satisfaction, respondents were also asked a few simple questions about happiness and their perceptions of a better life. Happiness is a fleeting emotion that can be affected by numerous things including day-to-day factors such as the weather or a recent death in the family. It is possible for an individual to be satisfied with her family life, friends, job, income and other aspects of her life, but still be unhappy.

To assist respondents in answering the set of questions on happiness and life satisfaction they were shown a card with smiling faces (and not smiling faces) that corresponded to the response categories (see the Questionnaires in Appendix F).

The indicators related to subjective well-being are as follows.

- Life satisfaction—the proportion of women aged 15–24 years who are very or somewhat satisfied with family life, friendships, school, current job, living environment, self, life overall and current income
- Happiness—the proportion of women aged 15–24 years who are very or somewhat happy
- Perception of a better life—the proportion of women aged 15–24 years whose life improved during the last one year, and who expect that their lives will be better after one year

Table SW.1 shows the proportion of young women aged 15–24 in the MFWR who are very or somewhat satisfied in selected domains. Of the various domains, 91 percent of young women were very or somewhat satisfied with their family life and friendships, 83 percent with their current job, 81 percent with school, self and life overall, 80 percent with their income, and 77 percent with their living environment.

While there was little variation by background characteristic for family life and friendships, the other domains showed greater deviations. Generally, the greatest variation can be seen by subregion and household wealth quintile. By subregion, satisfaction with current job ranged from 71 percent in the Far Western Hills to 93 percent in the Far Western Terai; satisfaction with living environment ranged from 61 percent in the Mid-Western Mountains to 84 percent in the Far Western Terai; satisfaction with self ranged from 66 percent in the Far Western Hills to 92 percent in the Mid-Western Hills; satisfaction with life overall ranged from 64 percent in the Mid-Western Mountains to 90 percent in the Mid-Western Hills; and satisfaction with current income ranged from 56 percent in the Far Western Hills to 86 percent in the Mid-Western Hills. Overall, young women in the Mid-Western Hills and Far Western Terai were most satisfied and young women in the Far Western Hills and Mid-Western Mountains were least satisfied. Satisfaction tended to increase as household wealth increased, with about a 15-percentage-point range from the poorest quintile to the richest quintile for satisfaction with current job, living environment, self, life overall and current income. In addition, only 42 percent of young women with no education were satisfied with school compared to 88 percent of young women with at least secondary education.

Table SW.1: Life satisfaction and happiness

Percentage of women aged 15–24 years who are very or somewhat satisfied with their family life, friendships, school, current job, living environment, satisfied with own life, overall satisfaction with life and current income, MFWR, Nepal, 2010

	Percent who are very or somewhat satisfied with:								Percent who:			No. of women aged 15–24 years
	Family life	Friendships	School	Current job	living environment	Self	Life overall	Current income	Are not currently attending school	Do not have a job	Do not have any income	
Region												
Mid-Western	91.1	91.7	81.8	79.7	75.0	83.9	81.6	79.6	22.2	28.4	67.4	1,579
Far Western	90.9	90.6	80.8	86.8	79.1	78.3	80.3	79.8	28.0	24.6	50.5	1,319
Subregion												
Mid-Western Mountains	87.3	87.5	77.3	74.1	60.6	77.0	64.0	69.0	47.3	35.4	62.7	161
Mid-Western Hills	93.1	95.9	83.3	81.5	74.8	92.0	89.7	85.9	18.3	35.0	74.9	817
Mid-Western Terai	89.3	87.1	80.6	79.0	79.1	74.7	75.5	77.1	20.9	17.5	58.3	601
Far Western Mountains	92.2	87.1	87.8	81.3	75.6	78.5	75.1	85.4	42.0	11.0	48.3	175
Far Western Hills	85.7	88.2	79.0	70.6	70.9	66.3	70.1	56.0	41.4	48.6	68.3	363
Far Western Terai	93.1	92.5	80.3	92.8	83.7	83.9	86.3	84.8	18.7	16.5	42.8	781
Age												
15–19 years	92.0	93.0	86.9	83.1	77.7	81.3	83.0	79.4	15.2	30.6	69.0	1,511
20–24 years	89.9	89.3	73.5	83.1	75.9	81.5	79.0	79.9	35.4	22.4	49.5	1,387
Area												
Urban	92.1	94.2	91.1	89.3	91.0	84.0	84.8	84.8	18.5	29.9	59.2	334
Rural	90.8	90.8	80.0	82.3	75.0	81.0	80.6	79.0	25.7	26.2	59.8	2,565
Marital/union status												
Currently married/in union	89.1	89.1	72.3	83.8	74.9	81.1	78.3	77.8	39.9	22.2	50.1	1,504
Never married/in union	93.2	93.5	87.8	82.0	79.0	81.7	84.1	83.2	8.5	31.5	70.1	1,391
Education												
None	87.3	84.6	41.6	79.8	70.5	75.7	72.8	73.8	81.2	22.4	54.2	689
Primary	90.0	88.9	71.8	81.8	74.7	77.0	76.6	73.3	15.8	28.5	62.2	589
Secondary +	92.9	94.8	87.9	85.1	80.3	85.3	86.2	84.9	4.3	27.8	61.1	1,619

Cont'd Table SW.1: Life satisfaction and happiness

Percentage of women aged 15–24 years who are very or somewhat satisfied with their family life, friendships, school, current job, living environment, satisfied with own life, overall satisfaction with life and current income, MFWR, Nepal, 2010

	Percent who are very or somewhat satisfied with:								Percent who:			No. of women aged 15–24 years
	Family life	Friendships	School	Current job	living environment	Self	Life overall	Current income	Are not currently attending school	Do not have a job	Do not have any income	
Wealth index quintile												
Poorest	88.5	90.1	72.8	77.2	72.4	76.8	75.3	73.5	50.0	37.9	66.7	413
Second	90.1	91.6	81.6	81.9	69.0	80.5	77.0	72.1	34.7	28.8	63.3	580
Middle	90.1	88.6	77.8	78.4	71.7	80.3	80.7	80.8	27.0	22.4	61.7	624
Fourth	88.9	89.9	79.6	83.0	80.3	79.6	81.0	77.3	13.4	25.6	57.3	648
Richest	96.5	95.5	89.0	91.7	88.5	88.0	89.0	89.2	9.1	22.7	52.3	633
Total	91.0	91.2	81.4	83.1	76.9	81.4	81.1	79.7	24.9	26.7	59.7	2,898

Two cases with missing 'education' and three cases with missing 'marital/union status' not shown

Information on the proportion of women aged 15–24 years in the MFWR with life satisfaction is shown in Table SW.2. ‘Life satisfaction’ is defined as those who are very or somewhat satisfied with their family life, friendships, school, current job, living environment, self, life overall and current income. Slightly more than one third (36 percent) of young women had life satisfaction. There was little variation by region, age, urban/rural area, or marital/union status. Life satisfaction ranged from 16 percent of young women in the Mid-Western Mountains to 47 percent of young women in the Far Western Terai; from six percent of women with no education to 47 percent of women with at least secondary education; and from 20 percent of women from the poorest quintile to 53 percent of women from the richest quintile.

The average life satisfaction score is the arithmetic mean of responses to questions included in the calculation of life satisfaction. Lower scores indicate higher satisfaction levels. As Table SW.2 indicates, young women in the MFWR had an average life satisfaction score of 1.8.

Table SW.2 also provides information on how happy women aged 15–24 year in the MFWR considered themselves to be. About two thirds (64 percent) were very or somewhat happy. Again, there was little variation by region, age, urban/rural area, marital/union status or education. Variation by subregion ranged from 48 percent of young women in the Mid-Western Mountains to 77 percent of young women in the Mid-Western Hills considering themselves to be very or somewhat happy. A similar percentage (61–64 percent) of women from the lowest four wealth quintiles considered themselves to be very or somewhat happy, while 72 percent of women from the richest quintile were very or somewhat happy.

Table SW.2: Life satisfaction and happiness							
Percentage of women aged 15–24 years with life satisfaction, average life satisfaction score, percentage with life satisfaction who are very or somewhat satisfied with their income, and percentage who are very or somewhat happy, MFWR, Nepal, 2010							
	Percent with life satisfaction	Average life satisfaction score	Missing / cannot be calculated	Percent with life satisfaction who are very or somewhat satisfied with their income	No income / cannot be calculated	Percent who are very or somewhat happy [1]	No. of women aged 15–24 years
Region							
Mid-Western	33.1	1.9	5.0	12.9	68.0	63.7	1,579
Far Western	40.7	1.7	10.6	25.4	52.9	64.9	1,319
Subregion							
Mid-Western Mountains	15.5	2.0	15.5	8.7	64.1	47.9	161
Mid-Western Hills	31.1	1.8	3.4	9.8	75.1	76.8	817
Mid-Western Terai	40.0	1.9	4.4	18.1	59.3	50.1	601
Far Western Mountains	35.2	1.7	7.2	20.0	51.7	58.7	175
Far Western Hills	25.7	1.9	27.6	11.7	73.8	51.9	363
Far Western Terai	47.1	1.6	3.5	31.3	43.5	72.3	781
Age							
15–19 years	40.2	1.7	5.0	17.3	69.6	66.3	1,511
20–24 years	32.1	1.9	10.4	19.6	51.9	62.0	1,387
Area							
Urban	47.5	1.6	5.6	24.1	60.0	68.4	334
Rural	35.0	1.8	7.8	17.6	61.3	63.7	2,565
Marital/union status							
Currently married/in union	30.6	1.9	11.9	17.6	52.7	61.6	1,504
Never married/in union	42.2	1.7	2.9	19.2	70.3	67.2	1,391
Education							
None	5.8	2.0	23.0	3.7	57.4	57.0	689
Primary	34.2	1.9	6.1	15.6	63.9	62.5	589
Secondary +	47.4	1.7	1.5	24.2	61.7	67.9	1,619
Wealth index quintile							
Poorest	20.0	1.9	20.7	10.1	70.2	60.7	413
Second	28.4	1.9	9.6	13.4	65.1	60.9	580
Middle	32.1	1.8	7.5	13.9	63.2	63.8	624
Fourth	39.6	1.8	3.2	19.9	57.6	62.3	648
Richest	52.7	1.6	1.7	29.5	53.2	72.1	633
Total	36.4	1.8	7.6	18.4	61.1	64.2	2,898
[1] MICS Indicator SW.2							
Two cases with missing 'education' and three cases with missing 'marital/union status' not shown							

Table SW.3 provides information on women's perceptions of a better life. Some 39 percent of women aged 15–24 years in the MFWR perceived a better life (i.e., they considered that their life had improved during the year preceding the survey and would continue to improve in the year subsequent to the survey). In total, 48 percent felt their life had improved during the year preceding the survey and 56 percent felt their life would improve in the year subsequent to the survey. There was little variation in young women's perceptions of a better life by age, urban/rural area or marital/union status. Only 33 percent of women in the Mid-Western Region perceived a better life compared to 47 percent in the Far Western Region. The highest percentage was in the Far Western Terai (58 percent) and the lowest was in the Far Western Hills (25 percent). A similar proportion of women with primary or no education (both 29 percent) perceived a better life compared to women with at least secondary education (47 percent). Household wealth status influenced perceptions of a

better life: only 21 percent of women from the poorest quintile perceived a better life compared to 58 percent of women from the richest quintile.

Table SW.3: Perception of a better life				
Percentage of women aged 15–24 years who think that their lives improved during the year preceding the survey and who expect that their lives will improve in the year subsequent to the survey, MFWR, Nepal, 2010				
	Percentage of women who think that their life			No. of women aged 15–24 years
	Improved during the year preceding the survey	Will improve in the year subsequent to the survey	Both [1]	
Region				
Mid-Western	41.2	49.5	32.6	1,579
Far Western	55.3	63.5	47.1	1,319
Subregion				
Mid-Western Mountains	33.4	54.0	28.2	161
Mid-Western Hills	34.8	42.5	25.8	817
Mid-Western Terai	52.0	57.8	43.0	601
Far Western Mountains	53.8	61.4	44.2	175
Far Western Hills	33.3	42.8	25.0	363
Far Western Terai	65.8	73.6	58.0	781
Age				
15–19 years	51.6	60.7	43.0	1,511
20–24 years	43.3	50.6	35.0	1,387
Area				
Urban	57.1	60.9	48.5	334
Rural	46.4	55.2	38.0	2,565
Marital/union status				
Currently married/in union	43.9	50.2	35.1	1,504
Never married/in union	51.8	62.0	43.6	1,391
Education				
None	37.3	43.7	28.7	689
Primary	38.9	47.4	29.4	589
Secondary +	55.2	64.2	47.2	1,619
Wealth index quintile				
Poorest	25.2	38.8	20.8	413
Second	38.3	47.4	29.2	580
Middle	48.7	57.8	40.4	624
Fourth	52.2	58.2	40.5	648
Richest	64.9	70.5	57.7	633
Total	47.6	55.9	39.2	2,898
[1] MICS Indicator SW.3				
Two cases with missing 'education' and three cases with missing 'marital/union status' not shown				

Appendix A. Sample Design

The major features of the sample design are described in this appendix. Sample design features include target sample size, sample allocation, sampling frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for NMICS 2010 was to produce statistically reliable estimates of most indicators at each of the six subregions: Mid-Western Mountains, Mid-Western Hills, Mid-Western Terai, Far Western Mountains, Far Western Hills and Far Western Terai. It also provides estimates in aggregate at urban and rural areas of the combined Mid- and Far Western Regions of Nepal. In subregions where urban areas exist, (i.e., four of six subregions), urban and rural areas were defined as the sampling strata.

A two-stage, cluster sampling design was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for NMICS 2010 was calculated as 6,000 households. For the calculation of the sample size, the key indicator used was the comprehensive knowledge about the HIV transmission among women aged 15–49 years. The following formula was used to estimate the required sample size for this indicator:

$$n = \frac{[4(r)(1-r)(f)(1.05)]}{[(0.12r)^2(p)(\bar{n})]}$$

where

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 percent level of confidence
- r is the predicted or anticipated value of the indicator, expressed in the form of a proportion
- 1.05 is the factor necessary to raise the sample size by five percent for the expected non-response
- f is the shortened symbol for *deff* (design effect)
- $0.12r$ is the margin of error to be tolerated at the 95 percent level of confidence, defined as 12 percent of r (relative margin of error of r)
- p is the proportion of the total population upon which the indicator, r , is based
- \bar{n} is the average household size (number of persons per household).

For the sample size calculation, r (comprehensive knowledge about HIV transmission) was anticipated to be 24 percent of women aged 15–49 years. The value of *deff* (design effect) was taken as 1.5 based on the absence of any estimate from previous surveys, p (percentage of women aged 15–49 years in the total population) was taken as 25 percent, and average household size was taken as 5.5 person per household. The values of p and average household size were used from the population projections of Nepal for the specified subregions for 2010.

The resulting number of households from this exercise was 1,000 households, which is the sample size needed in each subregion—thus yielding about 6,000 in total. The average number of households selected per cluster for NMICS 2010 was determined as 25 households, based on a number of considerations, including the design effect, intra-class correlation coefficient, the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of sample households per cluster, it was calculated that 40 sample clusters would need to be selected in each subregion.

Equal allocation of the total sample size to the six subregions was used. Therefore, 40 clusters were allocated to each subregion, with the final sample size calculated at 6,000 households (40 clusters * 6 subregions * 25 sample households per cluster). In each subregion, the clusters (primary sampling units) were distributed to urban and rural domains, proportional to the size of urban and rural households in that subregion. Table SD.1 shows the allocation of clusters to the sampling strata.

Region	Ecological zone	District	Pop Census 2001		NMICS 2010					
			Urban households	Rural households	Number of clusters			Sample households		
					Urban	Rural	Total	Urban	Rural	Total
Far-Western	Mountain	Bajhura		20,378	-	12	12	-	300	300
		Bajhang		28,588	-	16	16	-	400	400
		Darchula		21,029	-	12	12	-	300	300
		Domain 1 Total		69,995	-	40	40	-	1,000	1,000
Mid-Western Karnali	Mountain	Dolpa		5,812	-	4	4	-	100	100
		Jumla		15,850	-	12	12	-	300	300
		Kalikot		18,487	-	13	13	-	325	325
		Mugu		8,261	-	6	6	-	150	150
		Humla		6,953	-	5	5	-	125	125
Domain 2 Total		55,363	-	40	40	-	1,000	1,000		
Far-Western	Hills	Achham		44,005	-	10	10	-	250	250
		Doti	4,203	32,262	4	7	11	100	175	275
		Dadeldhura	3,538	18,442	3	4	7	75	100	175
		Baitadi	3,481	36,906	3	9	12	75	225	300
		Domain 3 Total		11,222	131,615	10	30	40	250	750
Mid-Western	Hills	Pyuthan		40,183	-	5	5	-	125	125
		Rolpa		38,512	-	5	5	-	125	125
		Rukum		33,501	-	4	4	-	100	100
		Salyan		38,084	-	4	4	-	100	100
		Surkhet	7,139	46,908	6	5	11	150	125	275
		Dailekh	3,854	37,286	4	4	8	100	100	200
		Jajarkot		24,147	-	3	3	-	75	75
Domain 4 Total		10,993	258,621	10	30	40	250	750	1,000	
Far-Western	Terai	Kailali	18,025	76,405	9	16	25	225	400	625
		Kanchanpur	13,738	46,420	6	9	15	150	225	375
Domain 5 Total		31,763	122,825	15	25	40	375	625	1,000	
Mid-Western	Terai	Dang	16,001	66,494	7	10	17	175	250	425
		Banke	10,592	56,677	5	8	13	125	200	325
		Bardya	7,939	51,630	3	7	10	75	175	250
Domain 6 Total		34,532	174,801	15	25	40	375	625	1,000	
Total households/clusters			88,510	813,220	50	190	240	1,250	4,750	6,000

Sampling frame and selection of clusters

The 2001 census frame was used for the selection of clusters. Census enumeration areas (wards) were defined as primary sampling units (PSUs), and were selected from each of the sampling strata by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the enumeration areas from the 2001 Population Census. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the six subregions.

Special selection procedures had to be followed in the case of a few so-called 'disturbed areas', comprising seven rural districts that could not be fully covered in the 2001 population census because of the tense situation prevailing there at the time. For these areas, the best estimates of their size are the number of households obtained in the census listing operations, rather than in the main census fieldwork, but this information is only available at district level, not at ward level.

Listing activities

A listing of households was conducted in all the sample enumeration areas prior to the selection of households. For this purpose, listing teams were formed, who visited each enumeration area, and listed the occupied households.

Once the selection of wards had been done, it was necessary to segment any very large wards that had been selected, so that the final sample would be relatively compact. In these large wards, segments were created containing about 150 households in urban areas and 100 segments in rural areas, and one segment was then selected at random. This segmentation was usually done using detailed (1:2,500) maps which were available in the CBS; but for some urban areas, it was necessary to do some cartographic work in the field in order to establish suitable boundaries. One segment was picked at random in each selected ward, and a detailed field listing of all households in the ward or segment selected for the survey was made. The sample of 25 households was then drawn by staff at CBS headquarters. Interviews were only attempted with the selected households. No replacements were used in the case of refusal or non-response. The listing activities were performed by 12 teams in March 2010.

Listing training and listing work

Listing training was organized for three days from 10–12 March 2010 in Nepalgunj.

24 listers including six females were trained (both theoretical and practical) on filling up the listing forms, control forms and using the Global Positioning System to record the coordinates at the centre of selected PSU. Listers were engaged for a half-day in piloting their learning, which was followed by a recapitulation session of their learning from the training and field testing. Listers were immediately engaged in the listing work after completion of the training. Each lister was provided with one GPS set and four sets of alkaline battery packs for hassle-free GPS operation. Listers were also provided with adequate listing forms and backpack gear for listing work.

Listing was done in 234 wards of 165 VDCs and 12 municipalities consisting of 240 PSUs in the region. Out of the 12 municipalities, four had more than 1 PSU selected. They were:

- | | |
|--|--------|
| a. Tikapur NP, Kailali District, Ward No. 9 | 4 PSUs |
| b. Tribhuvanagar NP, Dang District, Ward No. 4 | 2 PSUs |
| c. Tulsipur NP, Dang District, Ward No. 4 | 2 PSUs |
| d. Birendranagar, NP, Surkhet District, Ward No. 2 | 2 PSUs |

Listing work was completed by mid-May 2010.

Selection of households

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were then sequentially numbered from 1 to *n* (the total number of households in each enumeration area) at the CBS, where the selection of 25 households in each enumeration area was carried out using systematic random sampling technique.

Calculation of sample weights

The NMICS 2010 sample is not self-weighting. Essentially, by allocating equal numbers of households to each of the subregions, different sampling fractions were used in each subregion since the size of the subregions varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling stratum (*h*) and PSU (*i*):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term f_{hi} , the sampling fraction for the *i*-th sample PSU in the *h*-th stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi} \times p_{3hi}$$

Where p_{shi} is the probability of selection of the sampling unit at stage *s* for the *i*-th sample PSU in the *h*-th sampling stratum.

Since the estimated number of households in each enumeration area (PSU) in the sampling frame used for the first stage selection and the updated number of households in the enumeration area from the listing were different, individual sampling fractions for households in each sample enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the first stage probability of selection of the enumeration area in that particular sampling stratum and the second stage probability of selection of a household in the sample enumeration area (cluster).

A second component in the calculation of sample weights takes into account the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

$$RR_h = \text{Number of interviewed households in stratum } h / \text{Number of occupied households listed in stratum } h$$

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates in NMICS 2010 are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and children under five) for each stratum is equal to the inverse value of:

$$RR_{h_i} = \text{Completed women's (or under-5's) questionnaires in stratum } h / \text{Eligible women (or under-5s) in stratum } h$$

The non-response adjustment factors for women's and under-5s' questionnaires are applied to the adjusted household weights. Numbers of eligible women and under-5s were obtained from the roster of household members in the Household Questionnaire for households where interviews were completed.

The design weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal the total sample size at the

subregional level. Normalization is performed by dividing the aforementioned design weights by the average design weight at the subregional level. The average design weight is calculated as the sum of the design weights divided by the unweighted total. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5s' questionnaires. The great majority of the adjusted (normalized) household weights were in the range of 0.3 to 2.0, but a few fell outside this range, usually because of large disparities between the original estimated size of a ward or segment and the actual size found during listing.

Sample weights were appended to all datasets and analyses were performed by weighting each household, woman or under-5 with these sample weights.

Appendix B. List of Personnel Involved in the Survey

NMICS 2010 Steering Committee Members

Honourable Member, National Planning Commission	Chairperson
Joint Secretary, Social Development Division, NPC Secretariat	Member
Joint Secretary, Economic Analysis Division, NPC Secretariat	Member
Joint Secretary, Ministry of Education	Member
Joint Secretary, Ministry of Health and Population	Member
Joint Secretary, Ministry of Local Development	Member
Joint Secretary, Ministry of Women, Children and Social Welfare	Member
Invitees (maximum 7 persons)	Member
Director General, CBS	Member Secretary

NMICS 2010 Technical Committee Members

Deputy Director General, CBS	Chairperson
Director, Data Processing and GIS Section, CBS	Member
Director, Population Section, CBS	Member
Director, Household Survey Section, CBS	Member
Director, Agriculture Statistics Section, CBS	Member
Director, Planning, Coordination and Standardization Section, CBS	Member
Under Secretary, Department of Education	Member
Under Secretary, Department of Health Services	Member
Under Secretary, Department of Women's Development	Member
Under Secretary, Ministry of Local Development	Member
Invitees (maximum 8 persons)	Member
Director, Social Statistics Section, CBS	Member Secretary

NMICS 2010 Core Team Members

Mr Uttam Narayan Malla	Director General
Mr Bikash Bista	Deputy Director General
Mr Nebin Lal Shrestha	Director (Project Coordinator, NMICS 2010)
Mr Suresh Basnyat	Statistics Officer
Mr Badri Kumar Karki	Statistics Officer
Mr Ananda Raj Aryal	Statistics Officer
Mr Hari Narayan Manandhar	Statistics Officer
Mr Mohan Dev Bhatta	Statistics Officer
Mr Bimal Kumar Yadav	Statistics Assistant

Financial Support and Facilitation Team

Mr Krishna Rana	Account Officer
Mr Jib Narayan Baral	Account Officer
Mr Ananda Prasad Chapagai	Account Officer
Mr Jarak Khadka	Accountant

Data Processing Team

Mr Dol Narayan Shrestha	Computer Officer
Mr Suresh Prasad Kayashtha	Computer Officer
Ms Samjhana Bista	Data Entry Operator

Ms Nilam Thapa	Data Entry Operator
Ms Meera Shrestha	Data Entry Operator
Ms Dhanendra Parajuli	Data Entry Operator

Household Listers

Mr Ananata Dhakal
Mr Anjani Pokhrel
Mr Badri Prasad Subedi
Mr Bhaktiram Gautam
Mr Dev Krishna Chaudhary
Mr Dhanendra Kumar Parajuli
Ms Gaushara Khadka
Ms Geeta Swamakar
Mr Hom Prasad Acharya
Ms Jaya Paudel
Mr Madhav Gautam
Mr Moti Ram Rokaya
Mr Nabin Kumar Yadav
Mr Niraj Datta Pandey
Mr Prabesh Pathak
Mr Rabi Bhandari
Mr Rajan Ghimire
Mr Ram Bahadur Kumal
Mr Sagar Sharma
Ms Shradha Yogi
Ms Suja Karki
Mr Thaneswor Ghimire
Mr Tikendra Singh Chaisir
Ms Urmila Dulal

Supervisors, Editors and Enumerators

Ms Lila Adhikari	Supervisor
Ms Jaya Paudel	Supervisor
Ms Manu Kumari Sharma	Supervisor
Mr Bhakti Ram Gautam	Supervisor
Ms Renuka Khanal	Supervisor
Ms Nancy Yadav	Supervisor
Mr Anjani Kumar Pokharel	Supervisor
Ms Anita Subedi	Supervisor
Mr Amit Bikram Sijapati	Supervisor
Mr Tikendra Singh Chaisir	Supervisor
Ms Usha Kumari Sedhain	Supervisor
Ms Nila Deo	Supervisor
Ms Himanni Budha	Interviewer
Ms Laxmi Sapkota	Interviewer
Ms Laxmi Kunwar	Interviewer
Ms Kopila Pudasaini	Interviewer
Ms Khushila Rai	Interviewer
Ms Gobinda Kumari Rokaya	Interviewer
Ms Maya Kumari Chaudhary	Interviewer
Ms Dichen Dolkar Lama	Interviewer

Ms Devi Maya Bhattarai	Interviewer
Ms Biju Sakha	Interviewer
Ms Bijaya Laxmi Kilambu	Interviewer
Ms Bhima Khatiwada	Interviewer
Ms Anuradha Bhandari	Interviewer
Ms Anju Gautam	Interviewer
Ms Anita Paudel	Interviewer
Ms Gita Sawornakar	Interviewer
Ms Ranjana Kunwar	Interviewer
Ms Sunita Regmi	Interviewer
Ms Sumita Paudel	Interviewer
Ms Sunita Kharal Adhikari	Interviewer
Ms Sudha Paudel	Interviewer
Ms Soniya Joshi	Interviewer
Ms Shila Kumal	Interviewer
Ms Sapana Gautam	Interviewer
Ms Sampuma Bhatt	Interviewer
Ms Maha Laxmi Luitel	Interviewer
Ms Ratna Kumari Joshi	Interviewer
Ms Yamuna Adhikari	Interviewer
Ms Padma Giri	Interviewer
Ms Prabina Awal	Interviewer
Ms Pramila Kumari Dahal	Interviewer
Ms Manjila Regmi	Interviewer
Ms Pretty Raya	Interviewer
Ms Gausara Khadka	Interviewer
Ms Sitadevi Kandel	Interviewer
Ms Sabitri Kumari Tharu	Interviewer
Mr Ananta Dhakal	Editor
Mr Madhav Gautam	Editor
Ms Lila Kumari Bogati	Editor
Mr Nava Raj Sharma	Editor
Ms Pabitra Thapa	Editor
Mr Sashidhar Bhakta Raya	Editor
Ms Laxmi Devi Paudel	Editor
Mr Sanjeev Kumar Yadav	Editor
Mr Pashupati Lal Das	Editor
Ms Iru Paudel	Editor
Mr Amrit Nepali	Editor
Mr Badri Prasad Subedi	Editor

Appendix C. Estimates of Sampling Errors

The sample of respondents selected in the Nepal Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (*se*): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance of the estimate. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (se/r) is the ratio of the standard error to the value of the indicator, and is a measure of the relative sampling error.
- Design effect (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (*deft*) is used to show the efficiency of the sample design in relation to the precision. A *deft* value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a *deft* value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error ($r + 2.se$ or $r - 2.se$) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from NMICS data, SPSS Version 18 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the sub national level, for the subregions, and for urban and rural areas. One of the selected indicators is based on households, five are based on household members, 15 are based on women, and 15 are based on children under five. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.9 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations	
List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, MFWR, Nepal, 2010	
MICS4 Indicator	Base Population
HOUSEHOLDS	
2.16 Iodized salt consumption	All households in which salt was tested or with no salt
HOUSEHOLD MEMBERS	
4.1 Use of improved drinking water sources	All household members
4.3 Use of improved sanitation facilities	All household members
7.5 Secondary school net attendance ratio (adjusted)	Children of secondary school age
8.2 Child labour	Children aged 5–14 years
8.5 Violent discipline	Children aged 2–14 years
WOMEN	
- Pregnant women	Women aged 15–49 years
5.3 Contraceptive prevalence	Women aged 15–49 years who are currently married or in union
5.4 Unmet need	Women aged 15–49 years who are currently married or in union
5.5a Antenatal care coverage—at least once by skilled personnel	Women aged 15–49 years with a livebirth in the 2 years preceding the survey
5.5b Antenatal care coverage—at least four times by any provider	Women aged 15–49 years with a livebirth in the 2 years preceding the survey
5.7 Skilled attendant at delivery	Women aged 15–49 years with a livebirth in the 2 years preceding the survey
5.8 Institutional deliveries	Women aged 15–49 years with a livebirth in the 2 years preceding the survey
5.9 Caesarean section	Women aged 15–49 years with a livebirth in the 2 years preceding the survey
7.1 literacy rate among young women	Women aged 15–24 years
8.7 Marriage before the age of 18 years	Women aged 20–49 years
8.9 Polygyny	Women aged 15–49 years who are currently married or in union
9.2 Comprehensive knowledge about HIV prevention among young people	Women aged 15–24 years
9.3 Knowledge of mother-to-child transmission of HIV	Women aged 15–49 years
9.4 Accepting attitudes towards people living with HIV	Women aged 15–49 years who have heard of HIV
9.6 Women who have been tested for HIV and know the results	Women aged 15–49 years
UNDER-5s	
2.6 Exclusive breastfeeding under 6 months	Total number of infants under 6 months of age
2.14 Age-appropriate breastfeeding	Children aged 0–23 months
- Tuberculosis immunization coverage	Children aged 12–23 months
- Received polio immunization	Children aged 12–23 months
- Received DPT immunization	Children aged 12–23 months
- Received measles immunization	Children aged 12–23 months
- Diarrhoea in the previous 2 weeks	Children under five
- Illness with a cough in the previous 2 weeks	Children under five
- Fever in last two weeks	Children under five
3.8 Oral rehydration therapy with continued feeding	Children under five with diarrhoea in the previous 2 weeks
3.10 Antibiotic treatment of suspected pneumonia	Children under five with suspected pneumonia in the previous 2 weeks
3.18 Anti-malarial treatment of children under five	Children under five reported to have had fever in the previous 2 weeks
6.1 Support for learning	Children aged 36–59 months
6.7 Attendance in early childhood education	Children aged 36–59 months
8.1 Birth registration	Children under five

Table SE.2: Sampling errors: Total sample											
Standard errors, coefficients of variation, design effects (<i>deff</i>), square root of design effects (<i>deft</i>) and confidence intervals for selected indicators, MFWR, Nepal, 2010											
	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
									<i>r - 2se</i>	<i>r + 2se</i>	
HOUSEHOLDS											
	Iodized salt consumption	2.16	0.5038	0.01996	0.040	9.383	3,063	5,892	5,890	0.464	0.544
HOUSEHOLD MEMBERS											
	Use of improved drinking water sources	4.1	0.8280	0.01636	0.020	11.081	3,329	31,260	5,899	0.795	0.861
	Use of improved sanitation facilities	4.3	0.3551	0.02291	0.065	13.522	3,677	31,260	5,899	0.309	0.401
	Secondary school net attendance ratio (adjusted)	7.5	0.5557	0.01575	0.280	5.453	2,335	5,513	5,427	0.524	0.587
	Child labour	8.2	0.4434	0.01145	0.026	4.873	2,208	8,881	9,180	0.420	0.466
	Violent discipline	8.5	0.8304	0.00854	0.010	2.445	1,563	11,076	4,722	0.813	0.847
WOMEN											
	Pregnant women	-	0.0473	0.00405	0.086	2.684	1,638	7,372	7,372	0.039	0.055
	Contraceptive prevalence	5.3	0.5239	0.01636	0.031	6.174	2,485	5,706	5,757	0.491	0.557
	Unmet need	5.4	0.2441	0.01073	0.044	3.593	1,896	5,706	5,757	0.223	0.266
	Antenatal care coverage – at least once by skilled personnel	5.5a	0.4499	0.02528	0.056	3.454	1,858	1,265	1,339	0.399	0.500
	Antenatal care coverage – at least four times by any provider	5.5b	0.4042	0.02555	0.063	3.627	1,904	1,265	1,339	0.353	0.455
	Skilled attendant at delivery	5.7	0.2867	0.02804	0.098	5.143	2,268	1,265	1,339	0.231	0.343
	Institutional deliveries	5.8	0.2979	0.02922	0.098	5.463	2,337	1,265	1,339	0.239	0.356
	Caesarean section	5.9	0.0275	0.00481	0.175	1.154	1,074	1,265	1,339	0.018	0.037
	Literacy rate among young women	7.1	0.7409	0.01597	0.022	3.760	1,939	2,898	2,831	0.709	0.773
	Marriage before age of 18 years	8.7	0.5987	0.00951	0.016	2.214	1,488	5,861	5,887	0.580	0.618
	Polygyny	8.9	0.0363	0.00385	0.106	2.440	1,562	5,706	5,757	0.029	0.044
	Comprehensive knowledge about HIV prevention among young people	9.2	0.3442	0.01715	0.050	3.690	1,921	2,898	2,831	0.310	0.378
	Knowledge of mother-to-child transmission of HIV	9.3	0.3403	0.01161	0.034	4.423	2,103	7,372	7,372	0.317	0.363
	Accepting attitudes towards people living with HIV	9.4	0.4725	0.01365	0.029	2.773	1,665	4,111	3,710	0.445	0.500
	Women who have been tested for HIV and know the results	9.6	0.0150	0.00187	0.125	1.742	1,320	7,372	7,372	0.011	0.019

Cont'd Table SE2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits	
									<i>r - 2se</i>	<i>r + 2se</i>
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.6386	0.02581	0.040	0.918	0.958	339	319	0.587	0.690
Age-appropriate breastfeeding	2.14	0.7613	0.01419	0.019	1.435	1.198	1,314	1,296	0.428	0.498
Tuberculosis immunization coverage	-	0.9216	0.02017	0.022	3.445	1.856	619	613	0.881	0.962
Received polio immunization	-	0.8057	0.02127	0.026	1.772	1.331	620	614	0.763	0.848
Received DPT immunization	-	0.7034	0.02868	0.041	2.393	1.547	612	608	0.646	0.761
Received measles immunization	-	0.9150	0.01661	0.018	2.169	1.473	619	613	0.882	0.948
Diarrhoea in the previous 2 weeks	-	0.1123	0.00800	0.071	2.294	1.515	3,574	3,574	0.096	0.128
Illness with a cough in the previous 2 weeks	-	0.0726	0.00551	0.076	1.611	1.269	3,574	3,574	0.062	0.084
Fever in last two weeks	-	0.1896	0.01241	0.065	3.581	1.892	3,574	3,574	0.165	0.214
Oral rehydration therapy with continued feeding	3.8	0.5487	0.02252	0.041	0.884	0.940	401	433	0.504	0.594
Antibiotic treatment of suspected pneumonia	3.10	0.5606	0.03491	0.062	1.163	1.078	259	236	0.491	0.630
Anti-malarial treatment of children under five	3.18	0.0019	0.00087	0.458	0.258	0.508	678	646	0.000	0.004
Support for learning	6.1	0.7055	0.01837	0.026	2.520	1.587	1,545	1,552	0.669	0.742
Attendance in early childhood education	6.7	0.3232	0.01939	0.060	2.667	1.633	1,545	1,552	0.284	0.362
Birth registration	8.1	0.4187	0.01876	0.045	5.168	2.273	3,574	3,574	0.381	0.456

Table SE.3: Sampling errors: Urban areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r - 2se</i>	<i>r + 2se</i>	
HOUSEHOLDS										
Iodized salt consumption	2.16	0.7376	0.0290	0.039	5.335	2.310	644	1225	0.680	0.796
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9134	0.01958	0.021	5.945	2.438	3376	1228	0.880	0.960
Use of improved sanitation facilities	4.3	0.5591	0.0431	0.0770	9.2255	3.0373	3376	1228	0.473	0.645
Secondary school net attendance ratio (adjusted)	7.5	0.6748	0.0322	0.048	4.882	2.216	583	1036	0.610	0.739
Child labour	8.2	0.3136	0.0252	0.080	4.749	2.179	843	1607	0.263	0.364
Violent discipline	8.5	0.7528	0.0163	0.022	1.305	1.142	1032	914	0.720	0.785
WOMEN										
Pregnant women	-	0.0433	0.0077	0.1779	2.2641	1.5047	848	1582	0.028	0.059
Contraceptive prevalence	5.3	0.5924	0.0243	0.0411	2.8116	1.6768	620	1148	0.544	0.641
Unmet need	5.4	0.2192	0.0181	0.0825	2.1903	1.4800	620	1148	0.183	0.255
Antenatal care coverage – at least once by skilled personnel	5.5a	0.7344	0.0349	0.0470	1.3590	1.1660	120	219	0.665	0.804
Antenatal care coverage – at least four times by any provider	5.5b	0.5308	0.0407	0.0767	1.4512	1.2047	120	219	0.449	0.612
Skilled attendant at delivery	5.7	0.5320	0.0530	0.100	2.459	1.568	120	219	0.426	0.638
Institutional deliveries	5.8	0.4916	0.0499	0.102	2.172	1.474	120	219	0.392	0.591
Caesarean section	5.9	0.0936	0.0266	0.284	1.821	1.349	120	219	0.040	0.147
Literacy rate among young women	7.1	0.8651	0.0241	0.028	3.000	1.732	334	602	0.817	0.913
Marriage before age of 18 years	8.7	0.5132	0.0190	0.037	1.826	1.351	692	1270	0.475	0.551
Polygyny	8.9	0.0392	0.0080	0.204	1.944	1.394	620	1148	0.023	0.055
Comprehensive knowledge about HIV prevention among young people	9.2	0.4640	0.0278	0.060	1.867	1.366	334	602	0.408	0.520
Knowledge of mother-to-child transmission of HIV	9.3	0.3800	0.0176	0.046	2.087	1.445	848	1582	0.345	0.415
Accepting attitudes towards people living with HIV	9.4	0.4946	0.0175	0.035	1.386	1.177	617	1133	0.460	0.530
Women who have been tested for HIV and know the results	9.6	0.0158	0.0036	0.229	1.332	1.154	848	1582	0.009	0.023

Cont'd Table SE3: Sampling errors: Urban areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	*	*	*	*	22	43	*	*	
Age-appropriate breastfeeding	2.14	0.8235	0.0294	0.0360	1.2040	166	204	0.765	0.882	
Tuberculosis immunization coverage	-	0.8920	0.0329	0.0369	1.1799	64	106	0.826	0.958	
Received polio immunization	-	0.8315	0.0413	0.0497	1.2289	62	102	0.749	0.914	
Received DPT immunization	-	0.6269	0.0522	0.0832	1.2458	65	108	0.523	0.731	
Received measles immunization	-	0.8583	0.0304	0.0354	0.8037	65	107	0.798	0.919	
Diarrhoea in the previous 2 weeks	-	0.0717	0.0097	0.135	0.791	312	561	0.052	0.091	
Illness with a cough in the previous 2 weeks	-	0.0762	0.0129	0.169	1.321	312	561	0.050	0.102	
Fever in last two weeks	-	0.2717	0.0234	0.086	1.547	312	561	0.225	0.318	
Oral rehydration therapy with continued feeding	3.8	0.5187	0.0271	0.052	0.153	22	53	0.464	0.573	
Antibiotic treatment of suspected pneumonia	3.10	*	*	*	*	24	45	*	*	
Anti-malarial treatment of children under five	3.18	0.0103	0.0071	0.687	0.745	85	153	0.000	0.024	
Support for learning	6.1	0.8203	0.0346	0.042	2.060	140	254	0.751	0.890	
Attendance in early childhood education	6.7	0.4003	0.0381	0.095	1.531	140	254	0.324	0.477	
Birth registration	8.1	0.4523	0.0479	0.106	5.182	312	561	0.357	0.548	

* An asterisk indicates that the value is calculated on fewer than 50 unweighted cases

Table SE.4: Sampling errors: Rural areas											
Standard errors, coefficients of variation, design effects (<i>deff</i>), square root of design effects (<i>deft</i>) and confidence intervals for selected indicators, MFWR, Nepal, 2010											
	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
									<i>r - 2se</i>	<i>r + 2se</i>	
HOUSEHOLDS											
	Iodized salt consumption	2.16	0.4751	0.0221	0.047	9.154	3.026	5248	4665	0.431	0.519
HOUSEHOLD MEMBERS											
	Use of improved drinking water sources	4.1	0.8177	0.0183	0.022	10.461	3.234	27884	4671	0.781	0.854
	Use of improved sanitation facilities	4.3	0.3304	0.0250	0.0755	13.1531	3.6267	27884	4671	0.281	0.380
	Secondary school net attendance ratio (adjusted)	7.5	0.5416	0.0170	0.031	5.110	2.261	4929	4391	0.508	0.576
	Child labour	8.2	0.4570	0.0126	0.027	4.812	2.194	8038	7573	0.432	0.482
	Violent discipline	8.5	0.8384	0.0093	0.011	2.422	1.556	10044	3808	0.820	0.857
WOMEN											
	Pregnant women	-	0.0478	0.0045	0.094	2.556	1.599	6524	5790	0.039	0.057
	Contraceptive prevalence	5.3	0.5156	0.0182	0.035	6.137	2.477	5085	4609	0.479	0.552
	Unmet need	5.4	0.2472	0.0119	0.048	3.499	1.871	5085	4609	0.223	0.271
	Antenatal care coverage – at least once by skilled personnel	5.5a	0.4200	0.0272	0.065	3.398	1.843	1144	1120	0.366	0.474
	Antenatal care coverage – at least four times by any provider	5.5b	0.3908	0.0276	0.071	3.588	1.894	1144	1120	0.336	0.446
	Skilled attendant at delivery	5.7	0.2609	0.0298	0.114	5.152	2.270	1144	1120	0.201	0.321
	Institutional deliveries	5.8	0.2775	0.0314	0.113	5.519	2.349	1144	1120	0.215	0.340
	Caesarean section	5.9	0.0206	0.0041	0.198	0.921	0.960	1144	1120	0.012	0.029
	Literacy rate among young women	7.1	0.7248	0.0174	0.024	3.381	1.839	2565	2229	0.690	0.760
	Marriage before age of 18 years	8.7	0.6101	0.0103	0.017	2.061	1.436	5169	4617	0.589	0.631
	Polygyny	8.9	0.0359	0.0042	0.117	2.359	1.536	5085	4609	0.028	0.044
	Comprehensive knowledge about HIV prevention among young people	9.2	0.3286	0.0193	0.059	3.757	1.938	2565	2229	0.290	0.367
	Knowledge of mother-to-child transmission of HIV	9.3	0.3351	0.0130	0.039	4.399	2.097	6524	5790	0.309	0.361
	Accepting attitudes towards people living with HIV	9.4	0.4685	0.0158	0.034	2.571	1.604	3494	2577	0.437	0.500
	Women who have been tested for HIV and know the results	9.6	0.0149	0.0021	0.138	1.671	1.293	6524	5790	0.011	0.019

Cont'd Table SEA: Sampling errors: Rural areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits	
									<i>r - 2se</i>	<i>r + 2se</i>
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.6361	0.0274	0.043	0.892	0.945	317	276	0.581	0.691
Age-appropriate breastfeeding	2.14	0.7553	0.0153	0.020	1.3839	1.1764	1552	1092	0.725	0.786
Tuberculosis immunization coverage	-	0.9250	0.0222	0.024	3.594	1.896	555	507	0.881	0.969
Received polio immunization	-	0.8028	0.0232	0.029	1.735	1.317	558	512	0.756	0.849
Received DPT immunization	-	0.7125	0.0314	0.044	2.400	1.549	547	500	0.650	0.775
Received measles immunization	-	0.9215	0.0182	0.020	2.309	1.519	554	506	0.885	0.958
Diarrhoea in the previous 2 weeks	-	0.1161	0.0087	0.075	2.222	1.491	3262	3013	0.099	0.134
Illness with a cough in the previous 2 weeks	-	0.0722	0.0059	0.082	1.570	1.253	3262	3013	0.060	0.084
Fever in last two weeks	-	0.1818	0.0134	0.073	3.611	1.900	3262	3013	0.155	0.208
Oral rehydration therapy with continued feeding	3.8	0.5505	0.0238	0.043	0.865	0.930	379	380	0.503	0.598
Antibiotic treatment of suspected pneumonia	3.10	0.5525	0.0379	0.069	1.104	1.051	236	191	0.477	0.628
Anti-malarial treatment of children under five	3.18	0.0007	0.0000	0.044	0.001	0.026	593	493	0.001	0.001
Support for learning	6.1	0.6941	0.0197	0.028	2.380	1.543	1405	1298	0.655	0.734
Attendance in early childhood education	6.7	0.3155	0.0210	0.066	2.637	1.624	1405	1298	0.274	0.357
Birth registration	8.1	0.4155	0.0200	0.048	4.958	2.227	3262	3013	0.376	0.456

Table SE.5: Sampling errors: Mid-Western Mountains

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r - 2se</i>	<i>r + 2se</i>	
HOUSEHOLDS										
Iodized salt consumption	2.16	0.5327	0.0569	0.107	12.835	344	989	0.419	0.646	
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8179	0.0541	0.066	19.422	4.407	2033	989	0.710	0.926
Use of improved sanitation facilities	4.3	0.4623	0.0480	0.1039	9.1676	3.0278	2033	989	0.366	0.558
Secondary school net attendance ratio (adjusted)	7.5	0.4256	0.0313	0.074	3.654	1.912	319	912	0.363	0.488
Child labour	8.2	0.5090	0.0212	0.042	3.224	1.796	627	1793	0.467	0.551
Violent discipline	8.5	0.8141	0.0180	0.022	1.829	1.353	817	851	0.778	0.850
WOMEN										
Pregnant women	-	0.0737	0.0102	0.138	1.822	1.350	408	1202	0.053	0.094
Contraceptive prevalence	5.3	0.4421	0.0254	0.057	2.563	1.601	335	980	0.391	0.493
Unmet need	5.4	0.2541	0.0147	0.058	1.119	1.058	335	980	0.225	0.284
Antenatal care coverage – at least once by skilled personnel	5.5a	0.2916	0.0493	0.169	3.451	1.858	101	294	0.193	0.390
Antenatal care coverage – at least four times by any provider	5.5b	0.2059	0.0365	0.177	2.382	1.543	101	294	0.133	0.279
Skilled attendant at delivery	5.7	0.1149	0.0306	0.266	2.700	1.643	101	294	0.054	0.176
Institutional deliveries	5.8	0.1258	0.0335	0.267	2.998	1.732	101	294	0.059	0.193
Caesarean section	5.9	0.0059	0.0043	0.726	0.923	0.961	101	294	0.000	0.015
Literacy rate among young women	7.1	0.4035	0.0429	0.106	3.660	1.913	161	479	0.318	0.489
Marriage before age of 18 years	8.7	0.6207	0.0175	0.028	1.235	1.112	326	955	0.586	0.656
Polygyny	8.9	0.0361	0.0068	0.189	1.310	1.145	335	980	0.022	0.050
Comprehensive knowledge about HIV prevention among young people	9.2	0.2284	0.0199	0.087	1.070	1.034	161	479	0.189	0.268
Knowledge of mother-to-child transmission of HIV	9.3	0.1958	0.0185	0.094	2.611	1.616	408	1202	0.159	0.233
Accepting attitudes towards people living with HIV	9.4	0.5223	0.0341	0.065	1.625	1.275	115	349	0.454	0.591
Women who have been tested for HIV and know the results	9.6	0.0060	0.0019	0.308	0.690	0.831	408	1202	0.002	0.010

Cont'd Table SE5: Sampling errors: Mid-Western Mountains

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits	
									<i>r - 2se</i>	<i>r + 2se</i>
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.4914	0.0386	0.079	0.412	0.642	25	70	0.414	0.569
Age-appropriate breastfeeding	2.14	0.7289	0.0245	0.034	0.865	0.930	133	286	0.680	0.778
Tuberculosis immunization coverage	-	0.9367	0.0196	0.021	0.869	0.932	51	135	0.897	0.976
Received polio immunization	-	0.6496	0.0375	0.058	0.833	0.912	52	136	0.575	0.725
Received DPT immunization	-	0.5921	0.0520	0.088	1.499	1.224	51	135	0.488	0.696
Received measles immunization	-	0.8896	0.0212	0.024	0.607	0.779	51	134	0.847	0.932
Diarrhoea in the previous 2 weeks	-	0.1744	0.0140	0.080	1.104	1.051	302	817	0.147	0.202
Illness with a cough in the previous 2 weeks	-	0.0505	0.0120	0.238	2.446	1.564	302	817	0.026	0.074
Fever in last two weeks	-	0.1371	0.0204	0.149	2.869	1.694	302	817	0.096	0.178
Oral rehydration therapy with continued feeding	3.8	0.6259	0.0412	0.066	1.030	1.015	53	143	0.543	0.708
Antibiotic treatment of suspected pneumonia	3.10	*	*	*	*	*	15	41	*	*
Anti-malarial treatment of children under five	3.18	0.0000	0.0000	0.000	na	na	41	120	0.000	0.000
Support for learning	6.1	0.5556	0.0343	0.062	1.683	1.297	132	355	0.487	0.624
Attendance in early childhood education	6.7	0.2564	0.0249	0.097	1.150	1.073	132	355	0.207	0.306
Birth registration	8.1	0.7546	0.0316	0.042	4.404	2.098	302	817	0.691	0.818

* An asterisk indicates that the value is calculated on fewer than 50 unweighted cases

Table SE.6: Sampling errors: Mid-Western Hills

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
HOUSEHOLDS										
Iodized salt consumption	2.16	0.4936	0.0481	0.097	9.091	3.015	1701	985	0.397	0.590
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7647	0.0440	0.057	10.596	3.255	8559	988	0.677	0.853
Use of improved sanitation facilities	4.3	0.3519	0.0567	0.1613	13.9359	3.7331	8559	988	0.238	0.465
Secondary school net attendance ratio (adjusted)	7.5	0.5624	0.0380	0.067	4.929	2.220	1526	843	0.486	0.638
Child labour	8.2	0.4944	0.0266	0.054	4.025	2.006	2556	1428	0.441	0.547
Violent discipline	8.5	0.8513	0.0179	0.021	1.987	1.410	3233	785	0.816	0.887
WOMEN										
Pregnant women	-	0.0432	0.0083	0.192	1.985	1.409	1998	1198	0.027	0.060
Contraceptive prevalence	5.3	0.5306	0.0287	0.054	3.043	1.744	1549	924	0.473	0.588
Unmet need	5.4	0.2463	0.0195	0.079	1.891	1.375	1549	924	0.207	0.285
Antenatal care coverage – at least once by skilled personnel	5.5a	0.4512	0.0501	0.111	2.045	1.430	373	203	0.351	0.551
Antenatal care coverage – at least four times by any provider	5.5b	0.3201	0.0551	0.172	2.817	1.679	373	203	0.210	0.430
Skilled attendant at delivery	5.7	0.2646	0.0681	0.258	4.820	2.196	373	203	0.128	0.401
Institutional deliveries	5.8	0.2537	0.0740	0.292	5.838	2.416	373	203	0.106	0.402
Caesarean section	5.9	0.0170	0.0052	0.305	0.323	0.569	373	203	0.007	0.027
Literacy rate among young women	7.1	0.8387	0.0285	0.034	2.897	1.702	817	484	0.782	0.896
Marriage before age of 18 years	8.7	0.6023	0.0199	0.033	1.557	1.248	1559	942	0.562	0.642
Polygyny	8.9	0.0431	0.0087	0.202	1.694	1.302	1549	924	0.026	0.060
Comprehensive knowledge about HIV prevention among young people	9.2	0.3899	0.0417	0.107	3.533	1.880	817	484	0.306	0.473
Knowledge of mother-to-child transmission of HIV	9.3	0.4101	0.0304	0.074	4.574	2.139	1998	1198	0.349	0.471
Accepting attitudes towards people living with HIV	9.4	0.4115	0.0271	0.066	2.560	1.600	1347	844	0.357	0.466
Women who have been tested for HIV and know the results	9.6	0.0064	0.0027	0.425	1.402	1.184	1998	1198	0.001	0.012

Cont'd Table SE6: Sampling errors: Mid-Western Hills

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits	
								<i>r - 2se</i>	<i>r + 2se</i>
UNDER-5s									
Exclusive breastfeeding under 6 months	2.6	*	*	*	*	105	49	*	*
Age-appropriate breastfeeding	2.14	0.8043	0.0284	0.035	1.001	1.001	487	197	0.748 0.861
Tuberculosis immunization coverage	-	0.8880	0.0606	0.068	3.178	1.783	171	87	0.767 1.000
Received polio immunization	-	0.8138	0.0306	0.038	0.499	0.707	169	82	0.753 0.875
Received DPT immunization	-	0.6920	0.0675	0.097	1.837	1.355	171	87	0.557 0.827
Received measles immunization	-	0.9247	0.0360	0.039	1.585	1.259	169	86	0.853 0.997
Diarrhoea in the previous 2 weeks	-	0.1128	0.0176	0.156	1.762	1.327	1082	569	0.078 0.148
Illness with a cough in the previous 2 weeks	-	0.0758	0.0114	0.150	1.054	1.026	1082	569	0.053 0.099
Fever in last two weeks	-	0.1525	0.0330	0.217	4.800	2.191	1082	569	0.086 0.219
Oral rehydration therapy with continued feeding	3.8	0.5400	0.0525	0.097	0.676	0.822	122	62	0.435 0.645
Antibiotic treatment of suspected pneumonia	3.10	0.6494	0.0791	0.122	1.318	1.148	82	49	0.491 0.808
Anti-malarial treatment of children under five	3.18	0.0000	0.0000	0.000	na	na	165	90	0.000 0.000
Support for learning	6.1	0.6506	0.0396	0.061	1.748	1.322	475	255	0.572 0.730
Attendance in early childhood education	6.7	0.2968	0.0418	0.141	2.126	1.458	475	255	0.213 0.380
Birth registration	8.1	0.2689	0.0380	0.141	4.163	2.040	1082	569	0.193 0.345

* An asterisk indicates that the value is calculated on fewer than 50 unweighted cases

Table SE.7: Sampling errors: Mid-Western Terai

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r - 2se</i>	<i>r + 2se</i>	
HOUSEHOLDS										
Iodized salt consumption	2.16	0.6315	0.0446	0.071	8.376	2894	1277	982	0.542	0.721
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.8451	0.0374	0.044	10.468	3.235	6564	983	0.770	0.920
Use of improved sanitation facilities	4.3	0.3605	0.0497	0.1380	10.5425	3.2469	6564	983	0.261	0.460
Secondary school net attendance ratio (adjusted)	7.5	0.5702	0.0429	0.075	6.680	2.585	1176	890	0.484	0.656
Child labour	8.2	0.3767	0.0249	0.066	3.420	1.849	1704	1294	0.327	0.427
Violent discipline	8.5	0.8303	0.0186	0.022	1.806	1.344	2069	733	0.793	0.868
WOMEN										
Pregnant women	-	0.0437	0.0092	0.209	2.546	1.596	1630	1271	0.025	0.062
Contraceptive prevalence	5.3	0.5736	0.0337	0.059	4.427	2.104	1244	953	0.506	0.641
Unmet need	5.4	0.2100	0.0211	0.100	2.545	1.595	1244	953	0.168	0.252
Antenatal care coverage – at least once by skilled personnel	5.5a	0.5619	0.0722	0.128	3.531	1.879	213	168	0.418	0.706
Antenatal care coverage – at least four times by any provider	5.5b	0.4492	0.0538	0.120	1.957	1.399	213	168	0.341	0.557
Skilled attendant at delivery	5.7	0.4518	0.0704	0.156	3.344	1.829	213	168	0.311	0.593
Institutional deliveries	5.8	0.4136	0.0618	0.149	2.627	1.621	213	168	0.290	0.537
Caesarean section	5.9	0.0415	0.0141	0.340	0.834	0.913	213	168	0.013	0.070
Literacy rate among young women	7.1	0.7752	0.0483	0.062	6.302	2.510	601	471	0.679	0.872
Marriage before age of 18 years	8.7	0.5951	0.0168	0.028	1.210	1.100	1316	1028	0.561	0.629
Polygyny	8.9	0.0428	0.0086	0.201	1.726	1.314	1244	953	0.026	0.060
Comprehensive knowledge about HIV prevention among young people	9.2	0.3406	0.0379	0.111	3.013	1.736	601	471	0.265	0.416
Knowledge of mother-to-child transmission of HIV	9.3	0.3027	0.0242	0.080	3.531	1.879	1630	1271	0.254	0.351
Accepting attitudes towards people living with HIV	9.4	0.5423	0.0353	0.065	3.857	1.964	949	768	0.472	0.613
Women who have been tested for HIV and know the results	9.6	0.0129	0.0044	0.340	1.912	1.383	1630	1271	0.004	0.022

Cont'd Table SE7: Sampling errors: Mid-Western Terai

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r - 2se</i>	<i>r + 2se</i>	
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	*	*	*	*	64	45	*	*	
Age-appropriate breastfeeding	2.14	0.8035	0.0317	0.039	1.024	1.012	329	162	0.740	0.867
Tuberculosis immunization coverage	-	0.9412	0.0248	0.026	0.863	0.929	109	79	0.892	0.991
Received polio immunization	-	0.8430	0.0352	0.042	0.729	0.854	109	79	0.773	0.913
Received DPT immunization	-	0.7113	0.0572	0.080	1.245	1.116	108	79	0.597	0.826
Received measles immunization	-	0.9425	0.0210	0.022	0.653	0.808	111	81	0.900	0.985
Diarrhoea in the previous 2 weeks	-	0.1293	0.0247	0.191	2.326	1.525	600	431	0.080	0.179
Illness with a cough in the previous 2 weeks	-	0.0695	0.0114	0.163	0.859	0.927	600	431	0.047	0.092
Fever in last two weeks	-	0.2931	0.0315	0.108	2.065	1.437	600	431	0.230	0.356
Oral rehydration therapy with continued feeding	3.8	0.5554	0.0561	0.101	0.675	0.822	78	54	0.443	0.668
Antibiotic treatment of suspected pneumonia	3.10	0.4579	0.0563	0.123	0.357	0.598	42	29	0.345	0.570
Anti-malarial treatment of children under five	3.18	0.0050	0.0034	0.680	0.298	0.546	176	130	0.000	0.012
Support for learning	6.1	0.7305	0.0303	0.041	0.848	0.921	251	183	0.670	0.791
Attendance in early childhood education	6.7	0.4817	0.0425	0.088	1.317	1.148	251	183	0.397	0.567
Birth registration	8.1	0.5214	0.0333	0.064	1.906	1.380	600	431	0.455	0.588

* An asterisk indicates that the value is calculated on fewer than 50 unweighted cases

Table SE.8: Sampling errors: Far Western Mountains

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
HOUSEHOLDS										
Iodized salt consumption	2.16	0.4216	0.0560	0.133	12.394	3.521	437	965	0.310	0.534
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.6972	0.0498	0.071	11.359	3.370	2438	967	0.598	0.797
Use of improved sanitation facilities	4.3	0.2242	0.0352	0.1571	6.8909	2.6251	2438	967	0.154	0.295
Secondary school net attendance ratio (adjusted)	7.5	0.5028	0.3064	0.061	3.473	1.864	418	926	0.000	1.000
Child labour	8.2	0.5318	0.0217	0.041	3.122	1.767	757	1656	0.488	0.575
Violent discipline	8.5	0.8058	0.0161	0.020	1.344	1.159	945	808	0.774	0.838
WOMEN										
Pregnant women	-	0.0652	0.0094	0.145	1.665	1.290	508	1138	0.046	0.084
Contraceptive prevalence	5.3	0.3346	0.0228	0.068	2.201	1.483	421	942	0.289	0.380
Unmet need	5.4	0.3652	0.0208	0.056	1.672	1.293	421	942	0.325	0.406
Antenatal care coverage – at least once by skilled personnel	5.5a	0.3237	0.0387	0.120	1.568	1.252	104	230	0.246	0.401
Antenatal care coverage – at least four times by any provider	5.5b	0.3216	0.0419	0.130	1.839	1.356	104	230	0.238	0.405
Skilled attendant at delivery	5.7	0.0861	0.0231	0.269	1.558	1.248	104	230	0.040	0.132
Institutional deliveries	5.8	0.1181	0.0298	0.252	1.948	1.396	104	230	0.059	0.178
Caesarean section	5.9	0.0120	0.0069	0.572	0.909	0.954	104	230	0.000	0.026
Literacy rate among young women	7.1	0.5698	0.0370	0.065	2.179	1.476	175	391	0.496	0.644
Marriage before age of 18 years	8.7	0.6544	0.0226	0.034	2.100	1.449	417	933	0.609	0.700
Polygyny	8.9	0.0315	0.0058	0.184	1.033	1.016	421	942	0.020	0.043
Comprehensive knowledge about HIV prevention among young people	9.2	0.1854	0.0242	0.131	1.518	1.232	175	391	0.137	0.234
Knowledge of mother-to-child transmission of HIV	9.3	0.1752	0.0164	0.094	2.114	1.454	508	1138	0.142	0.208
Accepting attitudes towards people living with HIV	9.4	0.4320	0.0262	0.061	0.767	0.876	120	276	0.380	0.484
Women who have been tested for HIV and know the results	9.6	0.0039	0.0014	0.366	0.594	0.771	508	1138	0.001	0.007

Cont'd Table SE8: Sampling errors: Far Western Mountains

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits	
									<i>r - 2se</i>	<i>r + 2se</i>
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.5452	0.0733	0.135	1.258	1.121	28	59	0.398	0.692
Age-appropriate breastfeeding	2.14	0.6814	0.0341	0.050	1.199	1.095	119	225	0.613	0.750
Tuberculosis immunization coverage	-	0.9101	0.0210	0.023	0.544	0.738	50	102	0.868	0.952
Received polio immunization	-	0.7571	0.0572	0.076	1.833	1.354	51	104	0.643	0.872
Received DPT immunization	-	0.7226	0.0464	0.064	1.073	1.036	49	101	0.630	0.815
Received measles immunization	-	0.9228	0.0195	0.021	0.541	0.736	50	102	0.884	0.962
Diarrhoea in the previous 2 weeks	-	0.0652	0.0157	0.241	2.516	1.586	300	624	0.034	0.097
Illness with a cough in the previous 2 weeks	-	0.0207	0.0054	0.262	0.904	0.951	300	624	0.010	0.032
Fever in last two weeks	-	0.0571	0.0101	0.176	1.170	1.082	300	624	0.037	0.077
Oral rehydration therapy with continued feeding	3.8	*	*	*	*	*	20	43	*	*
Antibiotic treatment of suspected pneumonia	3.10	*	*	*	*	*	6	14	*	*
Anti-malarial treatment of children under five	3.18	*	*	*	*	*	17	38	*	*
Support for learning	6.1	0.7087	0.0310	0.044	1.256	1.121	130	270	0.647	0.771
Attendance in early childhood education	6.7	0.1988	0.0302	0.152	1.542	1.242	130	270	0.138	0.259
Birth registration	8.1	0.3756	0.0385	0.102	3.929	1.982	300	624	0.299	0.453

* An asterisk indicates that the value is calculated on fewer than 50 unweighted cases

Table SE.9: Sampling errors: Far Western Hills

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
HOUSEHOLDS										
Iodized salt consumption	2.16	0.3438	0.0322	0.094	4.551	2.133	836	989	0.279	0.408
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.7381	0.0298	0.040	4.553	2.134	4339	989	0.678	0.798
Use of improved sanitation facilities	4.3	0.4110	0.0527	0.1282	11.3334	3.3665	4339	989	0.306	0.516
Secondary school net attendance ratio (adjusted)	7.5	0.5306	0.0278	0.052	2.735	1.654	775	882	0.475	0.586
Child labour	8.2	0.4728	0.0155	0.033	1.547	1.244	1413	1608	0.442	0.504
Violent discipline	8.5	0.8460	0.0189	0.022	2.168	1.473	1751	795	0.808	0.884
WOMEN										
Pregnant women	-	0.0624	0.0086	0.139	1.497	1.224	961	1174	0.045	0.080
Contraceptive prevalence	5.3	0.3377	0.0156	0.046	0.986	0.993	751	907	0.307	0.369
Unmet need	5.4	0.4001	0.0250	0.063	2.364	1.537	751	907	0.350	0.450
Antenatal care coverage – at least once by skilled personnel	5.5a	0.3672	0.0573	0.156	3.377	1.810	198	233	0.253	0.482
Antenatal care coverage – at least four times by any provider	5.5b	0.4059	0.0581	0.143	3.249	1.802	198	233	0.290	0.522
Skilled attendant at delivery	5.7	0.2148	0.0535	0.249	3.943	1.986	198	233	0.108	0.322
Institutional deliveries	5.8	0.2158	0.0458	0.212	2.877	1.696	198	233	0.124	0.307
Caesarean section	5.9	0.0197	0.0094	0.477	1.060	1.030	198	233	0.001	0.038
Literacy rate among young women	7.1	0.6920	0.0355	0.051	2.534	1.592	363	430	0.621	0.763
Marriage before age of 18 years	8.7	0.6853	0.0177	0.026	1.364	1.168	761	936	0.650	0.721
Polygyny	8.9	0.0310	0.0077	0.249	1.801	1.342	751	907	0.016	0.046
Comprehensive knowledge about HIV prevention among young people	9.2	0.2429	0.0237	0.098	1.313	1.146	363	430	0.195	0.290
Knowledge of mother-to-child transmission of HIV	9.3	0.3467	0.0211	0.061	2.300	1.517	961	1174	0.305	0.389
Accepting attitudes towards people living with HIV	9.4	0.3352	0.0288	0.086	2.197	1.482	473	592	0.278	0.393
Women who have been tested for HIV and know the results	9.6	0.0430	0.0094	0.219	2.529	1.590	961	1174	0.024	0.062

Cont'd Table SE9: Sampling errors: Far Western Hills

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits	
									<i>r - 2se</i>	<i>r + 2se</i>
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	0.5397	0.0356	0.066	0.266	0.516	51	53	0.468	0.611
Age-appropriate breastfeeding	2.14	0.7180	0.0326	0.045	1.161	1.078	299	223	0.653	0.783
Tuberculosis immunization coverage	-	0.9340	0.0412	0.044	2.801	1.674	94	103	0.852	1.000
Received polio immunization	-	0.7571	0.0627	0.083	2.264	1.505	97	107	0.632	0.882
Received DPT immunization	-	0.5901	0.0755	0.128	2.336	1.528	90	100	0.439	0.741
Received measles immunization	-	0.8842	0.0531	0.060	2.831	1.682	95	104	0.778	0.990
Diarrhoea in the previous 2 weeks	-	0.1837	0.0185	0.101	1.395	1.181	553	609	0.147	0.221
Illness with a cough in the previous 2 weeks	-	0.1161	0.0127	0.109	0.957	0.978	553	609	0.091	0.141
Fever in last two weeks	-	0.2844	0.0226	0.079	1.525	1.235	553	609	0.239	0.330
Oral rehydration therapy with continued feeding	3.8	0.4887	0.0367	0.075	0.581	0.762	102	109	0.415	0.562
Antibiotic treatment of suspected pneumonia	3.10	0.5278	0.0625	0.119	1.020	1.010	64	66	0.403	0.653
Anti-malarial treatment of children under five	3.18	0.0000	0.0000	0.000	na	na	157	184	0.000	0.000
Support for learning	6.1	0.7413	0.0357	0.048	1.780	1.334	232	269	0.670	0.813
Attendance in early childhood education	6.7	0.2258	0.0324	0.143	1.607	1.268	232	269	0.161	0.291
Birth registration	8.1	0.3290	0.0389	0.118	4.168	2.041	553	609	0.251	0.407

Table SE.10: Sampling errors: Far Western Terai

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r - 2se</i>	<i>r + 2se</i>	
HOUSEHOLDS										
Iodized salt consumption	2.16	0.5148	0.0361	0.070	5.117	2262	1296	980	0.443	0.587
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9863	0.0041	0.004	1.195	1.093	7327	983	0.978	0.994
Use of improved sanitation facilities	4.3	0.3349	0.0427	0.1275	8.0318	2.8340	7327	983	0.250	0.420
Secondary school net attendance ratio (adjusted)	7.5	0.5986	0.0203	0.034	1.663	1.290	1298	974	0.558	0.639
Child labour	8.2	0.3521	0.0307	0.087	5.787	2.406	1823	1401	0.291	0.414
Violent discipline	8.5	0.8045	0.0223	0.028	2.376	1.541	2261	750	0.760	0.849
WOMEN										
Pregnant women	-	0.0365	0.0081	0.221	2.569	1.603	1867	1389	0.020	0.053
Contraceptive prevalence	5.3	0.6482	0.0365	0.056	6.134	2.477	1406	1051	0.575	0.721
Unmet need	5.4	0.1500	0.0213	0.142	3.728	1.931	1406	1051	0.107	0.193
Antenatal care coverage – at least once by skilled personnel	5.5a	0.5273	0.0601	0.114	3.047	1.746	275	211	0.407	0.648
Antenatal care coverage – at least four times by any provider	5.5b	0.5861	0.0558	0.095	2.695	1.642	275	211	0.474	0.698
Skilled attendant at delivery	5.7	0.4097	0.0618	0.151	3.316	1.821	275	211	0.286	0.533
Institutional deliveries	5.8	0.4385	0.0504	0.115	2.165	1.471	275	211	0.338	0.539
Caesarean section	5.9	0.0506	0.0157	0.311	1.082	1.040	275	211	0.019	0.082
Literacy rate among young women	7.1	0.7430	0.0292	0.039	2.576	1.605	781	576	0.685	0.802
Marriage before age of 18 years	8.7	0.5330	0.0197	0.037	1.701	1.304	1482	1093	0.494	0.572
Polygyny	8.9	0.0274	0.0074	0.270	2.164	1.471	1406	1051	0.013	0.042
Comprehensive knowledge about HIV prevention among young people	9.2	0.4057	0.0307	0.076	2.248	1.499	781	576	0.344	0.467
Knowledge of mother-to-child transmission of HIV	9.3	0.3714	0.0152	0.041	1.376	1.173	1867	1389	0.341	0.402
Accepting attitudes towards people living with HIV	9.4	0.5445	0.0225	0.041	1.799	1.341	1107	881	0.499	0.590
Women who have been tested for HIV and know the results	9.6	0.0165	0.0028	0.171	0.681	0.825	1867	1389	0.011	0.022

Cont'd Table SE.10: Sampling errors: Far Western Terai

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, MFWR, Nepal, 2010

MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
UNDER-5s										
Exclusive breastfeeding under 6 months	2.6	*	*	*	*	65	43	*	*	
Age-appropriate breastfeeding	2.14	0.7434	0.0359	0.048	1.365	1.168	350	203	0.672	0.815
Tuberculosis immunization coverage	-	0.9372	0.0293	0.031	1.544	1.243	144	107	0.879	0.996
Received polio immunization	-	0.8749	0.0591	0.067	3.346	1.829	142	106	0.757	0.993
Received DPT immunization	-	0.8164	0.0548	0.067	2.101	1.450	143	106	0.707	0.926
Received measles immunization	-	0.9088	0.0409	0.045	2.115	1.454	143	106	0.827	0.991
Diarrhoea in the previous 2 weeks	-	0.0376	0.0089	0.236	1.139	1.067	737	524	0.020	0.055
Illness with a cough in the previous 2 weeks	-	0.0678	0.0153	0.226	1.947	1.395	737	524	0.037	0.098
Fever in last two weeks	-	0.1644	0.0185	0.113	1.306	1.143	737	524	0.127	0.201
Oral rehydration therapy with continued feeding	3.8	*	*	*	*	*	28	22	*	*
Antibiotic treatment of suspected pneumonia	3.10	*	*	*	*	*	50	37	*	*
Anti-malarial treatment of children under five	3.18	0.0000	0.0000	0.000	na	na	121	84	0.000	0.000
Support for learning	6.1	0.8001	0.0476	0.060	3.104	1.762	326	220	0.705	0.895
Attendance in early childhood education	6.7	0.3857	0.0476	0.123	2.090	1.446	326	220	0.291	0.481
Birth registration	8.1	0.5026	0.0416	0.083	3.620	1.903	737	524	0.419	0.586

* An asterisk indicates that the value is calculated on fewer than 50 unweighted cases

Appendix D. Data Quality Tables

Table DQ.1: Age distribution of household population						
Single-year age distribution of household population by sex, MFWR, Nepal, 2010						
Age (years)	Sex					
	Male		Female		Missing	
	Number	Percent	Number	Percent	Number	Percent
0	344	2.3	341	2.1	0	0.0
1	312	2.1	293	1.8	0	0.0
2	353	2.3	339	2.1	0	0.0
3	416	2.8	368	2.3	0	0.0
4	371	2.5	351	2.2	0	0.0
5	506	3.4	447	2.8	0	0.0
6	476	3.2	444	2.7	0	0.0
7	413	2.7	462	2.8	0	0.0
8	438	2.9	444	2.7	0	0.0
9	426	2.8	357	2.2	0	0.0
10	463	3.1	417	2.6	0	0.0
11	372	2.5	433	2.7	0	0.0
12	538	3.6	515	3.2	0	0.0
13	360	2.4	452	2.8	0	0.0
14	409	2.7	509	3.1	0	0.0
15	407	2.7	314	1.9	0	0.0
16	405	2.7	308	1.9	0	0.0
17	303	2.0	362	2.2	0	0.0
18	354	2.4	361	2.2	0	0.0
19	274	1.8	269	1.7	0	0.0
20	280	1.9	330	2.0	0	0.0
21	184	1.2	289	1.8	0	0.0
22	232	1.5	306	1.9	0	0.0
23	188	1.3	304	1.9	0	0.0
24	194	1.3	257	1.6	0	0.0
25	262	1.7	331	2.0	0	0.0
26	194	1.3	251	1.5	0	0.0
27	190	1.3	282	1.7	0	0.0
28	254	1.7	254	1.6	0	0.0
29	140	0.9	178	1.1	0	0.0
30	253	1.7	283	1.7	0	0.0
31	148	1.0	194	1.2	0	0.0
32	193	1.3	238	1.5	0	0.0
33	99	0.7	165	1.0	0	0.0
34	129	0.9	160	1.0	0	0.0
35	254	1.7	326	2.0	0	0.0
36	130	0.9	117	0.7	0	0.0
37	112	0.7	145	0.9	0	0.0
38	130	0.9	186	1.1	0	0.0
39	129	0.9	129	0.8	0	0.0
40	231	1.5	304	1.9	0	0.0
41	76	0.5	136	0.8	0	0.0
42	119	0.8	179	1.1	0	0.0
43	113	0.7	131	0.8	0	0.0
44	104	0.7	91	0.6	0	0.0
45	245	1.6	245	1.5	0	0.0
46	110	0.7	87	0.5	0	0.0

Cont'd Table DQ1: Age distribution of household population						
Single-year age distribution of household population by sex, MFWR, Nepal, 2010						
Age (years)	Sex					
	Male		Female		Missing	
	Number	Percent	Number	Percent	Number	Percent
47	80	0.5	110	0.7	0	0.0
48	113	0.8	77	0.5	0	0.0
49	101	0.7	87	0.5	0	0.0
50	180	1.2	209	1.3	0	0.0
51	82	0.5	120	0.7	0	0.0
52	116	0.8	179	1.1	0	0.0
53	67	0.4	81	0.5	0	0.0
54	80	0.5	99	0.6	0	0.0
55	166	1.1	176	1.1	0	0.0
56	111	0.7	106	0.7	0	0.0
57	116	0.8	64	0.4	0	0.0
58	71	0.5	79	0.5	0	0.0
59	75	0.5	68	0.4	0	0.0
60	213	1.4	240	1.5	0	0.0
61	70	0.5	68	0.4	0	0.0
62	76	0.5	90	0.6	0	0.0
63	55	0.4	59	0.4	0	0.0
64	43	0.3	32	0.2	0	0.0
65	133	0.9	121	0.7	0	0.0
66	50	0.3	50	0.3	0	0.0
67	62	0.4	28	0.2	0	0.0
68	43	0.3	53	0.3	0	0.0
69	24	0.2	23	0.1	0	0.0
70	90	0.6	85	0.5	0	0.0
71	28	0.2	27	0.2	0	0.0
72	29	0.2	29	0.2	0	0.0
73	15	0.1	11	0.1	0	0.0
74	9	0.1	19	0.1	0	0.0
75	29	0.2	28	0.2	0	0.0
76	12	0.1	9	0.1	0	0.0
77	19	0.1	5	0.0	0	0.0
78	10	0.1	16	0.1	0	0.0
79	6	0.0	2	0.0	0	0.0
80+	43	0.3	63	0.4	0	0.0
Missing/DK	1	0.0	7	0.0	0	0.0
Total	15,053	100.0	16,206	100.0	0	0.0

Table DQ.2: Age distribution of eligible and interviewed women				
Household population of women aged 10–54 years, interviewed women aged 15–49 years, and percentage of eligible women who were interviewed, by five-year age groups, MFWR, Nepal, 2010				
Age (years)	Household population of women aged 10–54 years	Interviewed women aged 15–49 years		Percent of eligible women interviewed (completion rate)
	Number	Number	Percent	
10–14	2,326	0	0	0
15–19	1,613	1,531	20.5	94.9
20–24	1,486	1,408	18.8	94.7
25–29	1,296	1,252	16.7	96.6
30–34	1,042	1,008	13.5	96.8
35–39	903	873	11.7	96.7
40–44	841	813	10.9	96.6
45–49	606	591	7.9	97.6
50–54	688	0	0	0
Total (15–49)	7,787	7,475	100.0	96.0

Table DQ.3: Age distribution of under-5s in household and under-5 questionnaires				
Household population of children aged 0–7 years, children aged 0–4 years whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single ages, MFWR, Nepal, 2010				
Age (years)	Household population of children aged 0–7 years	Interviewed under-5 children		Percent of eligible under-5s interviewed (completion rate)
	Number	Number	Percent	
0	684	648	19.3	94.7
1	606	585	17.4	96.5
2	693	672	20.0	96.9
3	784	755	22.5	96.3
4	722	702	20.9	97.2
5	953	0	0	0
6	920	0	0	0
7	874	0	0	0
Total (0–7)	3,489	3,361	100.0	96.3

Table DQ.4: Women's completion rates by socio-economic characteristics of households					
Household population of women aged 15–49 years, interviewed women aged 15–49 years, and percentage of eligible women who were interviewed, by selected social and economic characteristics of the household, MFWR, Nepal, 2010					
	Household population of women aged 15–49 years		Interviewed women aged 15–49 years		Percent of eligible women interviewed (completion rate)
	Number	Percent	Number	Percent	
Subregion					
Mid-Western Mountains	431	5.5	416	5.6	96.4
Mid-Western Hills	2,116	27.2	2,035	27.2	96.2
Mid-Western Terai	1,719	22.1	1,657	22.2	96.4
Far Western Mountains	536	6.9	513	6.9	95.7
Far Western Hills	1,015	13.0	981	13.1	96.7
Far Western Terai	1,971	25.3	1,873	25.1	95.1
Area					
Urban	892	11.4	852	11.4	95.5
Rural	6,896	88.6	6,624	88.6	96.1
Household size					
1–3	4,241	54.5	847	11.3	97.0
4–6	2,262	29.0	3,828	51.2	96.7
7+	1,285	16.5	2,800	37.5	94.8
Education of household head					
None	3,636	46.7	3,461	46.3	95.2
Primary	1,816	23.3	1,764	23.6	97.1
Secondary +	2,312	29.7	2,229	29.8	96.4
Wealth index quintile					
Poorest	1,308	16.8	1,257	16.8	96.1
Second	1,489	19.1	1,436	19.2	96.4
Middle	1,587	20.4	1,537	20.6	96.8
Fourth	1,705	21.9	1,615	21.6	94.7
Richest	1,699	21.8	1,631	21.8	96.0
Total	7,787	100.0	7,475	100.0	96.0
Nine cases with missing 'education of household head' not shown					

Table DQ.5: Completion rates for under-5 questionnaires by socio-economic characteristics of households					
Household population of under-5s, under-5 questionnaires completed, and percentage of under-5s for whom interviews were completed, by selected socio-economic characteristics of the household, MFWR, Nepal, 2010					
	Household population of under-5s		Interviewed under-5s		Percent of eligible under-5s with completed under-5 questionnaire (completion rate)
	Number	Percent	Number	Percent	
Subregion					
Mid-Western Mountains	294	8.4	287	8.5	97.8
Mid-Western Hills	1,060	30.4	1,018	30.3	96.0
Mid-Western Terai	583	16.7	561	16.7	96.2
Far Western Mountains	292	8.4	285	8.5	97.5
Far Western Hills	539	15.4	521	15.5	96.6
Far Western Terai	721	20.7	690	20.5	95.7
Area					
Urban	305	8.7	287	8.5	94.2
Rural	3,184	91.3	3,074	91.5	96.5
Household size					
1-3	395	11.3	281	8.4	96.5
4-6	2,144	61.5	1,667	49.6	97.4
7+	949	27.2	1,412	42.0	95.0
Education of household head					
None	1,691	48.5	1,620	48.2	95.8
Primary	775	22.2	756	22.5	97.6
Secondary +	1,014	29.1	976	29.0	96.2
Wealth index quintile					
Poorest	901	25.8	882	26.2	97.8
Second	773	22.2	756	22.5	97.8
Middle	695	19.9	664	19.8	95.5
Fourth	596	17.1	572	17.0	95.9
Richest	523	15.0	487	14.5	93.2
Total	3,489	100.0	3,361	100.0	96.3
Nine cases with missing 'education of household head' not shown					

Table DQ.6: Completeness of reporting		
Percentage of observations that are missing information for selected questions and indicators, MFWR, Nepal, 2010		
	Percent with missing/incomplete information*	No. of cases
Household questionnaire		
Age	0.0	31,753
Salt testing	0.1	5,899
Starting time of interview	0.0	5,899
Ending time of interview	0.0	5,899
Women's questionnaire		
Woman's date of birth: Only month	4.7	7,372
Woman's date of birth: Both month and year	11.8	7,372
Date of first marriage/union: Only month	1.2	5,903
Date of first marriage/union: Both month and year	19.8	5,903
Age at first marriage/union	0.0	5,903
Starting time of interview:	0.0	7,372
Ending time of interview:	0.0	7,372
Under-5s' questionnaire		
Date of birth: Only month	0.1	3,574
Date of birth: Both month and year	0.1	3,574
Starting time of interview	0.0	3,574
Ending time of interview	0.0	3,574

Table DQ.7: Observation of places for hand-washing						
Percentage of places for hand-washing observed by interviewer in all interviewed households, MFWR, Nepal, 2010						
	Observation of places for hand-washing: Observed	Place for hand-washing not in dwelling	No permission to see	Other	Total	No. of households interviewed
Region						
Mid-Western	91.7	6.8	0.9	0.7	100.0	2,960
Far Western	93.4	4.4	0.7	1.5	100.0	2,939
Subregion						
Mid-Western Mountains	89.3	7.1	2.0	1.6	100.0	989
Mid-Western Hills	93.1	6.3	0.5	0.1	100.0	988
Mid-Western Terai	92.6	7.0	0.1	0.3	100.0	983
Far Western Mountains	87.7	6.5	1.7	4.1	100.0	967
Far Western Hills	95.3	4.4	0.0	0.2	100.0	989
Far Western Terai	97.2	2.3	0.4	0.1	100.0	983
Area						
Urban	94.6	4.7	0.7	0.0	100.0	1,228
Rural	92.0	5.8	0.8	1.3	100.0	4,671
Wealth index quintile						
Poorest	91.3	5.7	0.8	2.1	100.0	1,549
Second	90.7	6.8	1.0	1.6	100.0	1,257
Middle	91.2	7.2	0.8	0.8	100.0	1,022
Fourth	93.4	6.1	0.3	0.2	100.0	941
Richest	96.8	2.3	0.9	0.0	100.0	1,130
Total	92.5	5.6	0.8	1.1	100.0	5,899

Table DQ.8: Observation of women's health cards							
Percentage of women with a live birth in the two years preceding the survey by presence of a health card, and percentage of health cards seen by interviewer, MFWR, Nepal, 2010							
	Woman does not have health card	Woman has health card		Missing/DK	Total	Percent of health cards seen by the interviewer (1)/(1+2)* 100	No. of women with a live birth
		Seen by the interviewer (1)	Not seen by the interviewer (2)				
Region							
Mid-Western	62.3	6.1	31.0	0.6	100.0	16.3	687
Far Western	57.8	10.0	31.8	0.4	100.0	24.0	578
Subregion							
Mid-Western Mountains	68.6	6.0	25.1	0.3	100.0	19.2	101
Mid-Western Hills	60.2	5.3	34.0	0.6	100.0	13.5	373
Mid-Western Terai	62.9	7.4	28.7	0.9	100.0	20.6	213
Far Western Mountains	60.6	7.8	31.2	0.4	100.0	19.9	104
Far Western Hills	55.4	6.5	38.1	0.0	100.0	14.5	198
Far Western Terai	58.5	13.4	27.4	0.7	100.0	32.9	275
Area							
Urban	49.1	15.1	35.6	0.2	100.0	29.8	120
Rural	61.4	7.1	30.9	0.6	100.0	18.7	1,144
Wealth index quintile							
Poorest	71.3	3.2	24.7	0.9	100.0	11.3	321
Second	63.3	5.7	31.1	0.0	100.0	15.4	285
Middle	60.7	8.5	29.5	1.4	100.0	22.3	255
Fourth	48.6	12.5	38.9	0.0	100.0	24.4	214
Richest	49.4	13.2	37.2	0.1	100.0	26.2	188
Total	60.2	7.9	31.4	0.5	100.0	20.1	1,265

Table DQ.9: Observation of under-5s birth certificates							
Percentage of children under five by presence of birth certificates, and percentage of birth calendar seen, MFWR, Nepal, 2010							
	Child does not have birth certificate	Child has birth certificate		Missing/DK	Total	Percent of birth certificates seen by interviewer (1)/(1+2)*100	No. of children under five
		Seen by interviewer (1)	Not seen by interviewer (2)				
Subregion							
Mid-Western Mountains	29.5	32.9	37.0	0.6	100.0	47.1	817
Mid-Western Hills	69.9	11.4	16.9	1.8	100.0	40.4	569
Mid-Western Terai	52.0	27.6	20.4	0.0	100.0	57.5	431
Far Western Mountains	63.0	23.6	11.9	1.6	100.0	66.5	624
Far Western Hills	66.2	14.6	18.7	0.5	100.0	43.8	609
Far Western Terai	53.4	30.2	15.5	1.0	100.0	66.1	524
Area							
Urban	57.9	21.0	20.7	0.4	100.0	50.4	561
Rural	53.6	24.2	21.2	1.0	100.0	53.3	3,013
Child's age							
0	78.9	12.3	8.6	0.1	100.0	58.9	674
1	59.3	21.9	18.5	0.3	100.0	54.2	621
2	52.2	23.3	23.4	1.1	100.0	49.9	726
3	47.7	26.4	24.5	1.4	100.0	51.8	831
4	36.6	33.2	28.8	1.4	100.0	53.6	722
Total	54.3	23.7	21.1	0.9	100.0	52.9	3,574

Table DQ.10: Observation of vaccination cards							
Percentage of children under five by presence of a vaccination card, and the percentage of vaccination cards seen, MFWR, Nepal, 2010							
	Child does not have vaccination card		Child has vaccination card		Total	Percent of vaccination cards seen by interviewer (1)/(1+2)*100	No. of children under five
	Had vaccination card previously	Never had vaccination card	Seen by interviewer (1)	Not seen by interviewer (2)			
Subregion							
Mid-Western Mountains	34.3	24.0	3.9	37.8	100.0	9.4	817
Mid-Western Hills	32.0	17.4	6.9	43.8	100.0	13.5	569
Mid-Western Terai	34.1	16.7	16.7	32.5	100.0	34.0	431
Far Western Mountains	26.1	13.3	12.2	48.4	100.0	20.1	624
Far Western Hills	15.4	24.0	7.2	53.4	100.0	11.9	609
Far Western Terai	29.4	6.3	32.1	32.3	100.0	49.9	524
Area							
Urban	18.7	16.9	16.0	48.3	100.0	24.9	561
Rural	30.4	17.7	11.3	40.6	100.0	21.8	3,013
Child's age							
0	10.5	32.6	28.9	27.9	100.0	50.9	674
1	24.0	15.1	18.7	42.2	100.0	30.7	621
2	32.4	13.5	8.7	45.5	100.0	16.0	726
3	34.2	15.9	4.2	45.7	100.0	8.4	831
4	38.9	11.8	3.0	46.3	100.0	6.2	722
Total	28.5	17.6	12.1	41.8	100.0	22.4	3,574

Table DQ.11: Presence of mother in household and person interviewed for under-5 questionnaire								
Percentage of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire, MFWR, Nepal, 2010								
	Mother in household			Mother not in household			Total	No. of children under five
	Mother interviewed	Father interviewed	Other adult female interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
Age (years)								
0	99.0	0.3	0.1	0.0	0.7	0.0	100.0	684
1	99.5	0.0	0.2	0.1	0.2	0.0	100.0	606
2	98.1	0.0	0.1	0.4	1.4	0.1	100.0	693
3	98.2	0.0	0.3	0.4	1.1	0.0	100.0	784
4	98.1	0.0	0.0	0.2	1.7	0.0	100.0	722
Total	98.5	0.1	0.1	0.2	1.0	0.0	100.0	3,489

Table DQ.12: Selection of children aged 2–14 years for the child discipline module		
Percentage of households with at least two children aged 2–14 years where correct selection of one child for the child discipline module was performed, MFWR, Nepal, 2010		
	Percent of households where correct selection was performed	No. of households with 2 or more children aged 2–14 years
Subregion		
Mid-Western Mountains	99.7	669
Mid-Western Hills	100.0	561
Mid-Western Terai	100.0	474
Far Western Mountains	99.8	634
Far Western Hills	99.8	604
Far Western Terai	99.4	537
Area		
Urban	100.0	609
Rural	99.8	2,870
Number of households by number of children aged 2–14 years		
2	100.0	1,469
3	100.0	1,130
4	99.2	880
Total	99.8	3,479

Table DQ.13: School attendance by single age

Percentage of household population aged 5–24 years by educational level and grade attended in the current (or most recent) school year, MFWR, Nepal, 2010

Age at beginning of school year	Not attending school	Pre-school	Primary					Secondary or higher						College/university	DK	Total	No. of household members	
			1	2	3	4	5	6	7	8	9	10	11					12
5	0.2	59.3	31.7	8.0	0.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	887
6	0.3	32.0	33.0	24.8	8.5	1.2	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	843
7	0.0	17.8	23.3	33.2	18.9	5.4	1.1	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	100.0	830
8	0.2	9.7	14.3	28.8	25.1	17.8	3.5	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	792
9	0.2	5.3	8.8	16.6	26.9	25.9	12.7	2.9	0.4	0.2	0.0	0.1	0.0	0.0	0.0	0.0	100.0	748
10	0.1	4.6	3.4	6.9	21.2	20.7	24.8	13.8	3.7	0.8	0.1	0.0	0.0	0.0	0.0	0.0	100.0	810
11	1.2	4.2	2.5	6.6	13.7	18.2	24.2	18.4	9.0	1.8	0.2	0.1	0.0	0.0	0.0	0.0	100.0	955
12	1.5	3.1	0.9	2.4	6.6	12.6	17.7	23.8	18.2	10.7	2.1	0.5	0.0	0.0	0.0	0.0	100.0	778
13	3.4	3.3	0.2	0.9	5.2	8.3	12.1	15.1	20.7	20.0	7.0	2.6	0.0	1.1	0.0	0.0	100.0	869
14	4.6	3.0	0.1	0.5	1.9	3.8	5.1	12.6	16.9	22.2	19.2	6.2	1.5	2.4	0.0	0.0	100.0	766
15	10.0	6.6	0.0	0.1	0.8	1.5	4.0	5.3	12.4	22.2	15.0	14.6	1.9	5.8	0.0	0.0	100.0	647
16	16.4	5.6	0.1	0.2	0.7	1.0	2.4	2.8	7.1	10.7	14.4	15.8	6.4	15.5	0.8	0.0	100.0	687
17	24.7	10.8	0.0	0.0	0.0	0.0	1.3	2.0	4.6	6.8	9.5	13.0	5.5	18.3	3.4	0.0	100.0	675
18	34.7	11.6	0.0	0.0	0.0	0.0	0.6	1.6	1.2	2.2	4.3	14.7	5.4	19.0	4.8	0.0	100.0	539
19	42.5	14.3	0.0	0.0	0.0	0.2	0.5	0.0	0.5	1.6	1.5	6.4	3.2	19.0	10.4	0.0	100.0	584
20	48.5	16.2	0.0	0.0	0.0	0.0	0.2	0.4	0.6	0.5	1.1	5.3	1.0	16.2	10.2	0.0	100.0	504
21	47.8	26.2	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	1.9	3.9	11.9	7.9	0.0	100.0	485
22	54.5	24.5	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.5	0.2	3.7	1.4	5.4	9.8	0.0	100.0	471
23	54.9	24.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	2.9	1.2	6.2	10.4	0.0	100.0	466
24	33.6	58.8	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.2	0.7	1.9	4.2	0.0	100.0	545

Appendix E. MICS4 Indicators: Numerators and Denominators

MICS4 INDICATOR	Module	Numerator	Denominator	MDG	
2.4	Children ever breastfed	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 under 6 months	BF	Number of infants under 6 months of age who are exclusively breastfed	Total number of infants under 6 months of age	
2.7	Continued breastfeeding at 1 year	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	BF	Number of children aged 20–23 months who are currently breastfeeding	Total number of children aged 20–23 months	
2.9	Predominant breastfeeding under 6 months	BF	Number of infants under 6 months of age who received breastmilk as the predominant source of nourishment during the previous day	Total number of infants under 6 months of age	
2.10	Duration of breastfeeding	BF	The age in months when 50 percent of children aged 0–35 months did not receive breastmilk during the previous day		
2.11	Bottle feeding	BF	Number of children aged 0–23 months who were fed with a bottle during the previous day	Total number of children aged 0–23 months	
2.12	Introduction of solid, semi-solid or soft foods	BF	Number of infants aged 6–8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants aged 6–8 months	
2.13	Minimum meal frequency	BF	Number of children aged 6–23 months receiving solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum times or more, according to breastfeeding status, during the previous day	Total number of children aged 6–23 months	
2.14	Age-appropriate breastfeeding	BF	Number of children aged 0–23 months appropriately fed during the previous day	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 at least 2 milk feedings during the previous day	Total number of non-breastfed children aged 6–23 months	
2.16	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or with no salt	
2.17	Vitamin A supplementation (children under five)	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	Infants 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	
	De-worming tablet coverage	MN	Number of children aged 6–11 years who received de-worming tablets in the last one year	Total number of children aged 6–11 years	

MICS4 INDICATOR		Module	Numerator	Denominator	MDG
3.1	Tuberculosis immunization coverage	IM	Number of children aged 12–23 months who received BCG vaccine before their first birthday	Total number of children aged 12–23 months	
3.2	Polioimmunization coverage	IM	Number of children aged 12–23 months who received OPV3 vaccine before their first birthday	Total number of children aged 12–23 months	
3.3	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	IM	Number of children aged 12–23 months who received DPT3 vaccine before their first birthday	Total number of children aged 12–23 months	
3.4	Measles immunization coverage	IM	Number of children aged 12–23 months who received measles vaccine before their first birthday	Total number of children aged 12–23 months	4.3
	Vaccination against Japanese encephalitis		Number of children aged 1–4 years currently vaccinated against Japanese encephalitis	Total number of children aged 1–4 years	
3.7	Neonatal tetanus protection	MN	Number of women aged 15–49 years with a live birth in the 2 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to giving birth	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	
3.8	Oral rehydration therapy with continued feeding	CA	Number of children under five with diarrhoea in the previous 2 weeks who received ORT (ORS packet or recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under five with diarrhoea in the previous 2 weeks	
3.9	Care-seeking for suspected pneumonia	CA	Number of children under five with suspected pneumonia in the previous 2 weeks who were taken to an appropriate health provider	Total number of children under five with suspected pneumonia in the previous 2 weeks	
3.10	Antibiotic treatment of suspected pneumonia	CA	Number of children under five with suspected pneumonia in the previous 2 weeks who received antibiotics	Total number of children under five with suspected pneumonia in the previous 2 weeks	
3.11	Solid fuels	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.17	Anti-malarial treatment of children under five the same or next day	ML	Number of children under five reported to have had fever in the previous 2 weeks who were treated with any anti-malarial drug within the same or next day of onset of symptoms	Total number of children under five reported to have had fever in the previous 2 weeks	
3.18	Anti-malarial treatment of children under five	ML	Number of children under five reported to have had fever in the previous 2 weeks who received any anti-malarial treatment	Total number of children under five reported to have had fever in the previous 2 weeks	6.8
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	7.8
4.2	Water treatment	WS	Number of household members using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation facilities	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	7.9
4.4	Safe disposal of child's faeces	CA	Number of children aged 0–2 years whose (last) stools were disposed of safely	Total number of children aged 0–2 years	

MICS4 INDICATOR		Module	Numerator	Denominator	MDG
4.5	Place for hand-washing	HW	Number of households with a designated place for hand washing where water and soap are present	Total number of households	
4.6	Availability of soap	HW	Number of households with soap anywhere in the dwelling	Total number of households	
	Distance between latrine and hand-washing place		Number of households with latrine and hand-washing place	Total number of households where a hand-washing place was observed	
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 (modern or traditional) contraceptive method	Total number of women aged 15–49 years who are currently married or in union	5.3
5.4	Unmet need	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	5.6
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 any provider	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	5.5
5.6	Content of antenatal care	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 and gave urine and blood samples 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	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	5.2
5.8	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	
5.9	Caesarean section	MN	Number of last live births in the 2 years preceding the survey who were delivered by caesarean section	Total number of last live births in the 2 years preceding the survey	
	Newborn care practices in non-institutional deliveries		Number of live births in the two years preceding the survey who were dried before placenta was delivered	Total number of women aged 15–49 with live births	
			Number of live births in the two years preceding the survey who were wrapped in a separate cloth	Total number of women aged 15–49 with live births	
	First-time newborn bathing practice		Number of live births in the two years preceding the survey who were bathed for the first time	Total number of women aged 15–49 with live birth in the previous 2 years that did not deliver in an institution	
6.1	Support for learning	EC	Number of children aged 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	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 to promote learning and school readiness in the past 3 days	Total number of children aged 36–59 months	
6.3	Learning materials: children's books	EC	Number of children under five who have three or more children's books	Total number of children under five	

MICS4 INDICATOR	Module	Numerator	Denominator	MDG	
6.4	Learning materials: playthings	EC	Number of children under five with two or more playthings	Total number of children under five	
6.5	Inadequate care	EC	Number of children under five 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	Total number of children under five	
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	
6.7	Attendance in early childhood education	EC	Number of children aged 36–59 months who are attending an early childhood education programme	Total number of children aged 36–59 months	
7.1	Literacy rate among young women	WB	Number of women aged 15–24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women aged 15–24 years	2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	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 ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		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 (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number 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	Total number of children who are attending the first grade of secondary school	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	3.1
8.1	Birth registration	BR	Number of children under five whose births are reported registered	Total number of children under five	
8.2	Child labour	CL	Number of children aged 5–14 years who are involved in child labour	Total number of children aged 5–14 years	
8.3	School attendance among child labourers	ED-CL	Number of children aged 5–14 years who are involved in child labour and are currently attending school	Total number of children aged 5–14 years involved in child labour	
8.4	Child labour among students	ED-CL	Number of children aged 5–14 years who are involved in child labour and are currently attending school	Total number of children aged 5–14 years attending school	
8.5	Violent discipline	CD	Number of children aged 2–14 years who experienced psychological aggression or physical punishment during the past month	Total number of children aged 2–14 years	

MICS4 INDICATOR		Module	Numerator	Denominator	MDG
8.6	Marriage before age of 15 years	MA	Number of women aged 15–49 years who were first married or in union by the exact age of 15 years	Total number of women aged 15–49 years	
8.7	Marriage before age of 18 years	MA	Number of women aged 20–49 years who were first married or in union by the exact age of 18 years	Total number of women aged 20–49 years	
8.8	Young women aged 15–19 years currently married or in union	MA	Number of women aged 15–19 years who are currently married or in union	Total number of women aged 15–19 years	
8.9	Polygyny	MA	Number of women aged 15–49 years who are in a polygynous union	Total number of women aged 15–49 years who are currently married or in union	
8.10a 8.10b	Spousal age difference	MA	Number of women currently married or in union whose spouse is 10 or more years older, (a) for women aged 15–19 years, (b) for women aged 20–24 years	Total number of women currently married or in union (a) aged 15–19 years, (b) aged 20–24 years	
8.14	Attitude towards domestic violence Attitudes towards domestic violence	MA	Number of women who state that husband is justified in beating at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with her, (4) she refuses sex with him (5) she burns the food Number of women who state that mother-in-law is justified in beating at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with her, (4) she doesn't obey her orders (5) she doesn't bring dowry, and (6) she doesn't finish work on time	Total number of women aged 15–49 years Total number of women aged 15–49 years	
	Child grant		Number of children under five received child grant in Mid-Western Mountain (Humla, Jumla, Mugu, Kalikot and Dolpa districts)	Total Number of children aged 0–4 years	
9.1	Comprehensive knowledge about HIV prevention	HA	Number of women aged 15–49 years who correctly identify two ways of preventing HIV infection, know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women aged 15–49 years	
9.2	Comprehensive knowledge about HIV prevention among young people	HA	Number of women aged 15–24 years who correctly identify two ways of preventing HIV infection, know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women aged 15–24 years	6.3
9.3	Knowledge of mother-to-child transmission of HIV	HA	Number of women aged 15–49 years who correctly identify all three means of mother-to-child transmission of HIV	Total number of women aged 15–49 years	
9.4	Accepting attitudes towards people living with HIV	HA	Number of women aged 15–49 years expressing accepting attitudes on all four questions toward people living with HIV	Total number of women aged 15–49 years who have heard of HIV	
9.5	Women who know where to be tested for HIV	HA	Number of women aged 15–49 years who state knowledge of a place to be tested for HIV	Total number of women aged 15–49 years	

MICS4 INDICATOR	Module	Numerator	Denominator	MDG	
9.6	Women who have been tested for HIV and know the results	HA	Number of women aged 15–49 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 years	
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 survey and 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	
MT.1	Exposure to mass media	MT	Number of women aged 15–49 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 years	
MT.2	Information/Communication technology	MT	Number of young women aged 15–24 years who have ever used computers and internet	Total number of women aged 15–24 years	
TA.3	Use of alcohol	TA	Number of women aged 15–49 years who had at least one drink of alcohol before age of 15 years	Total number of women aged 15–49 years	
TA.4	Use of alcohol	TA	Number of women aged 15–49 years who had at least one drink of alcohol on one or more days during the last one month	Total number of women aged 15–49 years	
	Life satisfaction		Number of women aged 15–24 years who are very or somewhat satisfied with family life, friendships, school, current job, self, living environment, life overall and current income	Total number of women aged 15–24 years	
SW.2	Happiness	LS	Number of women aged 15–24 years who are very or somewhat happy	Total number of women aged 15–24 years	
SW.3	Perception of a better life	LS	Number of women aged 15–24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women aged 15–24 years	

Appendix F. Questionnaires

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010 HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household serial number: _____	
HH3. Interviewer name and code number: Name _____ Code No _____	HH4. Supervisor name and code number: Name _____ Code No _____	
HH5. Day / Month / Year of interview in BS: _____ / _____ / _____		
HH6. AREA: Municipality..... 1 Village Development Committee 2	HH7. REGION: Mid-Western Mountain..... 41 Mid-Western Hill 42 Mid-Western Terai 43 Far-Western Mountain 51 Far-Western Hill 52 Far-Western Terai 53	

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS ACT 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

SHALL WE START NOW?

- Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household (household, women and children) have been completed, fill in the following information:

HH8. Name of head of household: _____	
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time.....03 Refused.....04 Dwelling vacant / Address not a dwelling.....05 Dwelling destroyed.....06 Dwelling not found.....07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____ HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of individual woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____

HH16. Field edited by (Name and code number): Name _____ Code No _____	HH17. Data entry clerk (Name and code number): Name _____ Code No _____
---	--

HH18.
Record the time.
Hour ____
Minutes ____

HOUSEHOLD LISTING FORM											HL
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. <i>List the head of the household in line '01'. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)</i> Then ask: ARE THERE ANY OTHERS WHO LIVE HERE? <i>If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5-HL14 for each person in the household at a time. Use an additional questionnaire if all rows in the household listing form have been used.</i></p>											
					<i>For women age 15-49</i>	<i>For children age 5-14</i>	<i>For children under age 5</i>	<i>For children age 0-17 years</i>			

HL1. <i>Line number</i>	HL2. <i>Name, lastname</i>	HL3. <i>WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?</i> <i>Write appropriate code</i>	HL4. <i>IS (name) MALE OR FEMALE?</i>	HL5. <i>WHAT IS (name)'S DATE OF BIRTH?</i>		HL6. <i>HOW OLD IS (name)?</i> <i>Record in completed years. If age is 95 or above, record '95'</i>	HL7.	HL8. <i>WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)?</i> <i>Record line number of mother/ caretaker</i>	HL9. <i>WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)?</i> <i>Record line number of mother/ caretaker</i>	HL11. <i>IS (name)'S NATURAL MOTHER ALIVE?</i>	HL12. <i>DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?</i> <i>Record line number of mother or '00' for "No"</i>	HL13. <i>IS (name)'S NATURAL FATHER ALIVE?</i>	HL14. <i>DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?</i> <i>Record line number of father or '00' for "No"</i>	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1	2	___	_____	___	01	___	___	1 2 8	___	1 2 8	___
02		___	1	2	___	_____	___	02	___	___	1 2 8	___	1 2 8	___
03		___	1	2	___	_____	___	03	___	___	1 2 8	___	1 2 8	___
04		___	1	2	___	_____	___	04	___	___	1 2 8	___	1 2 8	___
05		___	1	2	___	_____	___	05	___	___	1 2 8	___	1 2 8	___
06		___	1	2	___	_____	___	06	___	___	1 2 8	___	1 2 8	___
07		___	1	2	___	_____	___	07	___	___	1 2 8	___	1 2 8	___
08		___	1	2	___	_____	___	08	___	___	1 2 8	___	1 2 8	___

HL1. Line number	HL2. Name, lastname	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? Write appropriate code	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or '00' for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or '00' for "No"	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
09		___	1	2	___	_____	___	09	___	___	1 2 8	___	1 2 8	___
10		___	1	2	___	_____	___	10	___	___	1 2 8	___	1 2 8	___
11		___	1	2	___	_____	___	11	___	___	1 2 8	___	1 2 8	___
12		___	1	2	___	_____	___	12	___	___	1 2 8	___	1 2 8	___
13		___	1	2	___	_____	___	13	___	___	1 2 8	___	1 2 8	___
14		___	1	2	___	_____	___	14	___	___	1 2 8	___	1 2 8	___
15		___	1	2	___	_____	___	15	___	___	1 2 8	___	1 2 8	___

Tick here if additional questionnaire used

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and line number and the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman age 15-49 and each child under five in the household.

** Codes for HL3: Relationship to head of household:*

01 Head	06 Parent	11 Niece / Nephew	16 Household servants
02 Wife / Husband	07 Parent-In-Law	12 Other relative	98 Don't know
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild	
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related (except household servants)	
05 Grandchild	10 Uncle / Aunt	15 Co-wife	

EDUCATION

ED

For household members age 5 and above										For household members age 5-24 years									
ED1. Line number	ED2. Name and age <i>Copy from Household Listing Form, HL2 and HL6 according to line number.</i>		ED2A. DOES (name) KNOW TO READ AND WRITE?			ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED?		ED5. DURING THE CURRENT SCHOOL YEAR 2067, DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED6B. DURING SCHOOL YEAR 2067, WHICH GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2066 DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?			ED8B. DURING THE PREVIOUS SCHOOL YEAR 2066, WHICH GRADE DID (name) ATTEND?		
			1 Both read and write	2 Read only	3 Can't read and write	1 Yes	2 No	Grade: 98 DK	1 Yes	2 No	Grade: 98 DK	1 Yes	2 No	8 DK	Grade: 98 DK				
Line	Name	age	1	2	3	Yes	No	Grade	Yes	No	Grade	Y	N	DK	Grade				
01		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
02		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
03		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
04		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
05		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
06		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
07		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
08		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
09		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				

EDUCATION

ED

For household members age 5 and above						For household members age 5-24 years									
ED1. Line number	ED2. Name and age		ED2A. DOES (name) KNOW TO READ AND WRITE?			ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED?	ED5. DURING THE CURRENT SCHOOL YEAR 2067, DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED6B. DURING SCHOOL YEAR 2067, WHICH GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2066 DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED8B. DURING THE PREVIOUS SCHOOL YEAR 2066, WHICH GRADE DID (name) ATTEND?
			1 Both read and write 2 Read only 3 Can't read and write			1 Yes 2 No ↘ Next Line		Grade: 98 DK <i>If less than 1 grade, write '00'.</i>	1 Yes 2 No ↘ ED7		Grade: 98 DK <i>If less than 1 grade, write '00'.</i>		1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line		Grade: 98 DK <i>If less than 1 grade, write '00'.</i>
Line	Name	age	1	2	3	Yes	No	Grade	Yes	No	Grade	Y	N	DK	Grade
10		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
11		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
12		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
13		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
14		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
15		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	<u>Piped water</u> Piped into dwelling..... 11 Piped into compound yard or plot..... 12 Piped to neighbour..... 13 Public tap / standpipe..... 14 <u>Tube well/Hand pump/Rower pump</u> Hand pump/Rower without platform..... 21 Hand pump/Rower with platform..... 22 <u>Dug well</u> Protected well..... 31 Unprotected well..... 32 <u>Water from spring</u> Protected spring..... 41 Unprotected spring..... 42 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank / drum..... 71 <u>Surface water</u> (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Bottled water..... 91 Other (<i>specify</i>)..... 96	11⇒WS2 12⇒WS2 13⇒WS1B 91⇒WS2
WS1A. WHERE IS DRINKING WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3	1⇒WS2 2⇒WS2
WS1B. HOW LONG DOES IT TAKE TO GO THERE, STAY IN A QUEUE, GET DRINKING WATER, AND COME BACK?	Number of minutes..... Not necessary to go to fetch water.....997 DK.....998	
WS1C. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)..... 1 Adult man (age 15+ years)..... 2 Female child (under 15)..... 3 Male child (under 15)..... 4 Not necessary to go to fetch water..... 7 DK..... 8	
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND-WASHING?	<u>Piped water</u> Piped into dwelling..... 11 Piped into compound yard or plot..... 12 Piped to neighbour..... 13 Public tap / standpipe..... 14 <u>Tube well/Hand pump/Rower pump</u> Hand pump/Rower without platform..... 21 Hand pump/Rower with platform..... 22 <u>Dug well</u> Protected well..... 31 Unprotected well..... 32 <u>Water from spring</u> Protected spring..... 41 Unprotected spring..... 42 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank / drum..... 71 <u>Surface water</u> (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Bottled water..... 91 Other (<i>specify</i>)..... 96	11⇒WS6 12⇒WS6 13⇒WS4 91⇒WS6

<p>WS3. WHERE IS THE WATER SOURCE FOR COOKING AND HAND-WASHING LOCATED?</p>	<p>In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3</p>	<p>1⇒WS6 2⇒WS6</p>
<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, STAY IN A QUEUE, GET WATER FOR COOKING AND HAND-WASHING, AND COME BACK?</p>	<p>Number of minutes _____ Not necessary to go to fetch water.....997 DK.....998</p>	
<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR COOKING AND HAND-WASHING IN YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 Not necessary to go to fetch water 7 DK.....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE DRINKING WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1 No 2 DK.....8</p>	<p>2⇒WS7A 8⇒WS7A</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Circle all the ways mentioned by the respondent.</i></p>	<p>Boil A Add bleach / chlorine..... B Strain it through a cloth C Use water filter D Solar disinfection E Let it stand and settle..... F Other (<i>specify</i>) X DK..... Z</p>	
<p>WS7A. DO YOU STORE YOUR DRINKING WATER?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒WS8</p>
<p>WS7B. MAY I SEE THE MAIN CONTAINER WHERE YOU STORE DRINKING WATER?</p>	<p>Allowed to observe..... 1 Not Allowed to observe 2</p>	<p>2⇒WS7D</p>
<p>WS7C. <i>Based on the observations of container's mouth, spigot and lid circle the appropriate response code.</i></p> <p><i>Interviewer should observe by him/herself and circle the appropriate response codes.</i></p>	<p><u>Container's mouth</u> Wide mouth (=>10 cm) 1 Narrow mouth (<10 cm) 2</p> <p><u>Spigot</u> Yes 1 No 2</p> <p><u>Lid</u> Yes 1 No 2</p>	

<p>WS7D. IS THIS CONTAINER USED ONLY FOR STORING DRINKING WATER?</p>	<p>Yes 1 No 2</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>Ask permission to observe the facility.</i></p>	<p><u>Flush / Pour flush (water seal)</u> Flush to piped sewer system..... 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where..... 15</p> <p><u>Pit latrine</u> Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23</p> <p>Composting toilet 31 Tin/Bucket toilet 41 No facility, Bush, Field..... 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒NEXT MODULE</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒NEXT MODULE</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒WS 11A</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households ____</p> <p>DK 98</p>	<p>⇒NEXT MODULE 98⇒NEXT MODULE</p>
<p>WS11A. CAN YOU USE THIS FACILITY AT ALL HOURS OF THE DAY AND NIGHT?</p>	<p>Yes 1 No 2</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Hindu 01 Buddhist..... 02 Muslim 03 Kirat..... 04 Christian..... 05 Sikh 06 Jain..... 07 Other religion (<i>specify</i>) _____ 96 No religion..... 97	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Mother Tongue ____ Other language (<i>specify</i>) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Ethnic group..... ____ Other ethnic group (<i>specify</i>) _____ 996	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ____	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Earth / Sand 11 Wood planks 21 Palm / Bamboo 22 Ceramic tiles/marbles 33 Cement 34 Carpet 35 Linoleum 36 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	<u>Natural roofing</u> Thatch / Palm leaf 12 Sod 13 <u>Rudimentary Roofing</u> Rustic mat 21 Wood planks 23 Finished roofing Metal/ CGI sheets 31 Wood 32 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p><u>Natural walls</u></p> <p>No walls 11</p> <p><u>Rudimentary walls</u></p> <p>Bamboo materials 21</p> <p>Stone/bricks with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood 24</p> <p>Straw and mud 27</p> <p>Plastic covered 28</p> <p>Mud 29</p> <p><u>Finished walls</u></p> <p>Cement plastered bricks or stones 31</p> <p>Cemented bricks or stones 32</p> <p>Cement blocks 34</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Fire Wood 08</p> <p>Straw/ Shrubs / Grass 09</p> <p>Animal dung/briquette 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95→HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE SAME HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p><u>In the house</u></p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house 2</p> <p>In a separate building 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE (things/facilities) :	Yes	No
[A] ELECTRICITY	Electricity 1	2
[B] A RADIO	Radio 1	2
[C] A TELEVISION	Television..... 1	2
[D] A NON-MOBILE TELEPHONE	Non-mobile telephone 1	2
[E] A REFRIGERATOR	Refrigerator 1	2
[F] AN IMPROVED COOKING STOVE (ICS)	Improved Cooking Stove..... 1	2
[G] TABLE	Table 1	2
[H] CHAIR	Chair 1	2
[I] BED/COT	Bed/Cot 1	2
[J] SOFA	Sofa..... 1	2
[K] WARDROBE	Wardrobe 1	2
[L] COMPUTER	Computer 1	2
[M] WALL CLOCK	Wall Clock 1	2
[N] ELECTRIC FAN	Electric Fan 1	2
[O] DHIKI/JATO	Dhiki/Jato 1	2
[P] MICROWAVE OVEN	Microwave Oven..... 1	2
[Q] WASHING MACHINE	Washing Machine 1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN (things)?	Yes	No
[A] A WATCH	Watch 1	2
[B] A MOBILE TELEPHONE	Mobile telephone 1	2
[C] A BICYCLE/RICKSHAW	Bicycle/Rickshaw..... 1	2
[D] A MOTORCYCLE OR SCOOTER	Motorcycle / Scooter 1	2
[E] AN ANIMAL-DRAWN CART	Animal drawn-cart 1	2
[F] A CAR/ TRUCK/ BUS/JEEP	Car / Truck/ Bus/Jeep 1	2
[H] A TRACTOR	Tractor..... 1	2
[I] A BOAT	Boat 1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING OR IS IT RENTED OR HAVE ANY OTHER ARRANGEMENT?</p> <p><i>If own the household circle "1" if not owned, probe for whether it is rented or under what terms and conditions is the household using this dwelling? if "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own.....1 Rent.....2</p> <p>Other (Not owned or rented)6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1 No2</p>	2⇒HC13
<p>HC12. HOW MUCH AREA OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p>	<p>Ropani (ropani/aana/paisa)A _ _ / _ _ / _ _ Bigha (Bigha/katha/dhur).....B _ _ / _ _ / _ _</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1 No2</p>	2⇒HC15
<p>HC14. HOW MANY (<i>livestock</i>) DOES THIS HOUSEHOLD HAVE?</p> <p>[A] COW/OX [H] YAK /NAK/ CHAURI [G] MALE/FEMALE BUFFALO [C] GOATS/TIBETAN GOAT [D] SHEEP [F] PIGS/SWINE [B] HORSE, ASS, MULES [E] CHICKEN/DUCKS/PIGEONS [X] OTHERS ANIMALS [Y] OTHERS POULTRY</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cow/Ox..... Yak/Nak/Chauri Buffalo Goats, Sheep Pigs/swines Horse, ass or mules Chicken/ducks/pigeons Other animals (<i>specify</i>) Other Poultry (<i>specify</i>)</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN ANY BANK OR FINANCIAL INSTITUTION?</p>	<p>Yes.....1 No2</p> <p>Don't Know.....8</p>	

CHILD LABOUR

CL

to be administered for children in the household age 5-14 years. See household listing form and copy the name and age of the person aged 5-14 years according to the line numbers in the Household Listing Form. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN AGED 5-14 YEARS IN THIS HOUSEHOLD MAY DO.

CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST 7 DAYS, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.			CL5. DURING THE PAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST 7 DAYS, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY BUSINESS OR SELLING GOODS IN THE STREET FOR HIS/HER FAMILY OR HIMSELF/HERSELF? Include work for a business run by the child, alone or with one or more partners.		CL8. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?		CL9. DURING THE PAST 7 DAYS, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next Line		CL10. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) SPEND DOING THESE CHORES?		
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	
10		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	__	__
11		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	__	__
12		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	__	__
13		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	__	__
14		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	__	__
15		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	__	__

DE-WORMING

DW

To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank.

Now I would like to ask about the de-worming tablets your children of age 6-11 years have received in the last one year.

DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DE- WORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR? 1 Yes 2 No ⇒ Next line/Module 8 DK ⇒ Next line/ Module			DW 4. FROM WHERE HAS (name) RECEIVED DE-WORMING TABLET DURING THE LAST ONE YEAR?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Health post Sub health post Primary Healthcare centres	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
01		-- --	1	2	8	A	B	C	D	E	F	z	X
02		-- --	1	2	8	A	B	C	D	E	F	z	X
03		-- --	1	2	8	A	B	C	D	E	F	z	X
04		-- --	1	2	8	A	B	C	D	E	F	z	X
05		-- --	1	2	8	A	B	C	D	E	F	z	X
06		-- --	1	2	8	A	B	C	D	E	F	z	X
07		-- --	1	2	8	A	B	C	D	E	F	z	X
08		-- --	1	2	8	A	B	C	D	E	F	z	X
09		-- --	1	2	8	A	B	C	D	E	F	z	X
10		-- --	1	2	8	A	B	C	D	E	F	z	X

DE-WORMING

DW

To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank.

Now I would like to ask about the de-worming tablets your children of age 6-11 years have received in the last one year.

DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DE- WORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR? 1 Yes 2 No ⇒ Next line/Module 8 DK ⇒ Next line/ Module			DW 4. FROM WHERE HAS (name) RECEIVED DE-WORMING TABLET DURING THE LAST ONE YEAR?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Health post Sub health post Primary Healthcare centres	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
11		__ __	1	2	8	A	B	C	D	E	F	z	X
12		__ __	1	2	8	A	B	C	D	E	F	z	X
13		__ __	1	2	8	A	B	C	D	E	F	z	X
14		__ __	1	2	8	A	B	C	D	E	F	z	X
15		__ __	1	2	8	A	B	C	D	E	F	z	X

Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Male/Female from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	---		1	2	__ __
2	---		1	2	__ __
3	---		1	2	__ __
4	---		1	2	__ __
5	---		1	2	__ __
6	---		1	2	__ __
7	---		1	2	__ __
8	---		1	2	__ __
CD6.	Total children age 2-14 years				__

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

Table 2: Selection of Random Child for Child Discipline Questions

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child.....

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH (<i>name</i>) <u>IN THE PAST ONE MONTH</u> .		
CD11. IN THE PAST ONE MONTH, <u>TOOK AWAY PRIVILEGES, FORBADE SOMETHING</u> (<i>name</i>) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE?	Yes 1 No 2	
CD12. IN THE PAST ONE MONTH, EXPLAINED WHY (<i>name</i>)'S BEHAVIOUR WAS WRONG?	Yes 1 No 2	
CD13. IN THE PAST ONE MONTH, SHOOK (<i>name</i>)?	Yes 1 No 2	
CD14. IN THE PAST ONE MONTH, SHOUTED, YELLED AT OR SCREAMED AT (<i>name</i>)?	Yes 1 No 2	
CD15. IN THE PAST ONE MONTH, GAVE (<i>name</i>) SOMETHING ELSE TO DO? <i>Probe:</i> THIS MEANS DISTRACTING THE CHILD OR HELPING THE CHILD PAY ATTENTION TO SOMETHING ELSE.	Yes 1 No 2	
CD16. IN THE PAST ONE MONTH, SPANKED, HIT OR SLAPPED (<i>name</i>) ON THE BOTTOM WITH BARE HAND?	Yes 1 No 2	
CD17. IN THE PAST ONE MONTH, HIT (<i>name</i>) ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?	Yes 1 No 2	
CD18. IN THE PAST ONE MONTH, CALLED (<i>name</i>) DUMB, LAZY, OR ANOTHER NAME LIKE THAT?	Yes 1 No 2	
CD19. IN THE PAST ONE MONTH, HIT OR SLAPPED (<i>name</i>) ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD20. IN THE PAST ONE MONTH, HIT OR SLAPPED (<i>name</i>) ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD21. IN THE PAST ONE MONTH, BEAT (<i>name</i>) UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?	Yes 1 No 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 Don't know/ No opinion 8	

HAND-WASHING		HW
<p>HW 1A. PLEASE MENTION ALL THE OCCASIONS WHEN IS IT IMPORTANT TO WASH YOUR HANDS.</p> <p><i>Circle all mentioned.</i></p>	<p>Before eating.....A After eating.....B Before praying.....C Before breast feeding or feeding a child....D Before cooking or preparing food.....E After defecation/urination.....F After cleaning a child that has defecated/ changing child's nappy.....G When the hands are dirty.....H After cleaning toilet or potty.....I</p> <p>Others (<i>Specify</i>).....X Don't know.....Z</p>	
<p>HW 1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed.....1</p> <p>Not observed Not in dwelling / plot / yard.....2 No permission to see.....3 Other reason.....6</p>	<p>2 ⇒HW 4 3 ⇒HW 4 6 ⇒HW 4</p>
<p>HW 2. <i>Observe presence of water at the specific place for hand-washing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available.....1 Water is not available.....2</p>	
<p>HW 2A. <i>Check the distance of the hand-washing place from the toilet in paces and circle appropriate code.</i></p>	<p>The distance of toilet and hand washing place (in Paces)</p> <p>Less than 10 paces.....1 10 paces or more.....2</p>	
<p>HW 3. <i>Record if soap or detergent is present at the specific place for hand-washing.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D None.....Y</p>	<p>A⇒HH19 B⇒HH19 C⇒HH19 D⇒HH19</p>
<p>HW 4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER LOCALLY USED CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒HH19</p>
<p>HW 5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D Not able / Does not want to show.....Y</p>	

HH19. <i>Record the time.</i>	Hour and minutes ____ : ____	
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SALT IODIZATION		SI
<p>SI1A. WHAT TYPE OF SALT DO YOU USUALLY USE AT HOME? COULD YOU SHOW ME THE SALT YOU REGULARLY USE FOR COOKING?</p> <p><i>(Observe the salt in use in the household; if packed salt is used and if packet is available at home, check if it has the mark of a girl and a boychild or not and tick the appropriate answer.</i></p>	<p>LARGE CRYSTAL SALT1 LOOSE POWDER SALT 2</p> <p><u>PACKAGED POWDER SALT</u> PACKAGED POWDER SALT WITH LOGO3 PACKAGED POWDER SALT WITHOUT LOGO ...4</p> <p>TIBETAN SALT5</p> <p>OTHER TYPES (<i>SPECIFY</i>)..... 6</p>	
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Use the provided salt test kit to test the iodine content in the salt sample. Once you have tested the salt, circle number that corresponds to test outcome</i></p>	<p>Not iodized 0 PPM1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more3</p> <p>No salt in the house6</p> <p>Salt not tested7</p>	
<p>HH20. <i>Is there any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire?</i></p> <p><i>Check the presence of any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire in column HL7 of the HH Listing form.</i></p> <p><i>There must be a separate questionnaire with the Woman's Information Panel (WM) for Personal Questionnaire for Women for every woman in the age group of 15-49 years in the Household.</i></p> <p><input type="checkbox"/> Yes ⇒ <i>Fill up the Personal Questionnaire for Women by interviewing the first woman amongst 15-49 years' old women in the household.</i></p> <p><input type="checkbox"/> No ⇒ <i>Move (to the next question, HH21).</i></p>		

HH21. *Is there any child in the Household below 4 years?*

Check the presence of any boy/girl child below 5 years in the Household that is to be administered the questionnaire in column HL9 of the HH Listing form.

There must be a separate questionnaire filled up with introductory information section UF for every girl/boy child below 5 years in the Household.

Yes ⇒ Administer the questionnaire to the mother/caretaker of the first child among below 5 years old children in the Household and then fill up the personal questionnaire for below 5 years old child.

No ⇒ Conclude the interview by thanking the respondent for cooperation. Compile all the questionnaires filled up in this HH and fill in HH8 to HH15 on the cover page. After filling up all information in the covering envelope, keep the filled HH questionnaire in this envelope.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010
QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household serial number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and code number: Name _____ code ____	WM6. Day / Month / Year of interview in BS: _____ / _____ / _____	

Repeat greeting if not already read to this woman:

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS Act 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **35** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed..... 01
	Not at home..... 02
	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (<i>specify</i>) _____ 96

WM8. Field edited by (Name and code number): Name _____ Code No ____	WM9. Data entry clerk (Name and code number): Name _____ Code No ____
WM10. Record the time	Hour and minutes : ____

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth in BS Month..... DK month98 Year DK year9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....	
WB3. HAVE YOU EVER ATTENDED ANY SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU HAVE COMPLETED? <i>If less than 1 grade, enter "00"</i>	Grade	
WB5A. See question WB5 and tick the appropriate box: <input type="checkbox"/> Grade '11'(SLC) or higher ⇒ Go to next module <input type="checkbox"/> Lower than Grade '11'⇒ Start from question WB5B		
WB5B. ARE YOU CURRENTLY STUDYING IN ANY SCHOOL?	Yes 1 No 2	1⇒WB6
WB5C. WHAT WAS THE <u>MAIN</u> REASON WHY YOU DIDN'T CONTINUE YOUR STUDIES FURTHER?	Due to poverty 01 Parents didn't allow 02 Got married..... 03 School facility far away 04 Need to do household works 05 Didn't like to study myself 06 Physically disabled..... 07 Others (Specify) 96	
WB6. See question WB5 tick appropriate box: <input type="checkbox"/> Grade '6' or higher ⇒ Go to next module <input type="checkbox"/> Lower than grade '6'⇒ Start from question WB7		
WB7. NOW I WOULD LIKE YOU TO READ OUT THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent and request to read out loud.</i>	Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 (specify language) Blind/ visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check question WB5 and WB7 and tick appropriate box : <input type="checkbox"/> Grade 6 or above in WB5 ⇒ Start from question MT2. <input type="checkbox"/> Able to read or Sentence not in the readable and required language (code 2, 3 or 4 in WB 7) ⇒ Start from question MT2. <input type="checkbox"/> Cannot read at all or blind (code 1 or 5 in WB7) ⇒ Go to question MT3.		
MT2. HOW OFTEN DO YOU READ NEWSPAPERS OR MAGAZINES: ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT READ AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not read at all 4	
MT3. HOW OFTEN DO YOU LISTEN TO THE RADIO : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT LISTEN AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not listen at all 4	
MT4. HOW OFTEN DO YOU WATCH TV: ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT WATCH AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not watch at all 4	
MT5. See question WB2; does the respondent belong to the age group 15-24? <input type="checkbox"/> Age group 15-24 ⇒ Start from question MT6. <input type="checkbox"/> Age group 25-49 ⇒ Go to next module		
MT6. HAVE YOU EVER USED (OR OPERATED) A COMPUTER?	YES 1 No 2	2 ⇒ MT 9
MT7. DID YOU EVER USE THE COMPUTER AT ANY PLACE IN THE PAST 12 MONTHS?	YES 1 No 2	2 ⇒ MT 9
MT8. HOW OFTEN DID YOU USE THE COMPUTER DURING THE <u>PAST ONE MONTH</u> : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK, DID NOT USE AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Did not use at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	YES 1 No 2	2 ⇒ Next Module
MT10. HAVE YOU USED THE INTERNET IN THE <u>PAST 12 MONTHS</u> ? <i>If necessary, ask additional questions about the place and means.</i>	YES 1 No 2	2 ⇒ Next Module
MT11. HOW OFTEN DID YOU USE THE INTERNET IN THE <u>PAST 1 MONTH</u> : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK, DID NOT USE AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Did not use at all 4	

DESIRE OF LAST BIRTH		DB
<i>The questionnaire of this module is to be administered to all mothers who have given birth to live babies</i>		
DB1A. NOW, LET'S TALK ABOUT ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO. HAVE YOU EVER GIVEN BIRTH TO A CHILD? <i>PROBE: I WISH TO KNOW ABOUT THE FIRST CHILD YOU HAVE GIVEN BIRTH TO, EVEN IF IT IS NOT ALIVE TODAY OR ITS FATHER IS NOT YOUR CURRENT HUSBAND?</i>	YES 1 NO 2	2 ⇒ ILLNESS SYMPTOMS MODULE
DB1B. OUT OF THE CHILDREN YOU GAVE LIVE BIRTH TO, WHEN DID YOU GIVE BIRTH TO THE LAST ONE? <i>PROBE: I WISH TO KNOW ABOUT THE FIRST CHILD YOU HAVE GIVEN BIRTH TO, EVEN IF IT IS NOT ALIVE TODAY OR ITS FATHER IS NOT YOUR CURRENT HUSBAND?</i> <i>Month and year must be disclosed.</i>	Date of birth of the latest child Day 98 Don't know day 98 Month Year	
DB1C. Check question DB1B on whether the child was born within the last two years and circle the appropriate response code.	Yes 1 No 2	2 ⇒ ILLNESS SYMPTOMS MODULE
DB1D. CHECK DB1C, IF THE ANSWER IS YES, WRITE DOWN THE NAME OF THE CHILD BELOW AFTER ASKING THE NAME OF THE CHILD WITH THE RESPONDENT. NAME _____ <i>While asking the questions hereafter, refer to the name of this child where mentioned. If the child is dead, be particularly careful while talking about such children by referring to them by the name in the modules below.</i>		
DB1. DID YOU WANT TO BECOME PREGNANT WHEN (name) WAS CONCEIVED?	Yes 1 No 2	1 ⇒ Next Module
DB2. DID YOU WANT TO GIVE BIRTH TO A CHILD A LITTLE LATER OR DID YOU NOT WANT TO GIVE BIRTH TO ANY MORE (ADDITIONAL) CHILD?	Wanted to give birth later 1 Didn't want to give birth to more (additional) children 2	2 ⇒ Next Module
DB3. HOW LONG DID YOU WANT TO WAIT?	Months 1 ____ Years 2 ____ Don't know 998	

MATERNAL AND NEW BORN HEALTH		MN												
<p>The questions in this module are to be administered to all mothers who have given birth to live babies within the past 2 years.</p> <p>Write down the name of the most recent child last born within the last two years from DB1D here.</p> <p>Name of the child _____.</p> <p>Mention the name of the child in the following questions where required.</p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CHECK-UP (ANC) DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE FOR ANC CHECK-UP? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health workers: Doctors A Staff Nurses B Assistant Nurse Midwife C Health assistant /AHW D Other persons Midwife (Traditional birth attendant, TBA) F Village health worker (VHW) G Maternal child Health worker (MCHW) H Female community health volunteer (FCHV) .. I Others (Specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED WHEN YOU WERE PREGNANT WITH (name)? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH? MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Yes 1 No 2 DK 8 Number of times DK 8	2⇒MN9 8⇒MN9 8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injections during last pregnancy. ⇒ Continue with MN9														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p> <p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, write '7'.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>Number of times ___</p> <p>DK 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If less than one year, write '00'.</i></p>	<p>Years ago ___</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes in MN1, antenatal care received ⇒ Continue with MN16A</p> <p><input type="checkbox"/> No in MN1, no antenatal check-up done ⇒ Go to MN17</p>		
<p>MN 16A. DURING THIS PREGNANCY, DID YOU TAKE IRON/FOLIC ACID TABLETS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ MN16C</p> <p>8⇒ MN16C</p>
<p>MN 16B DURING THIS WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE IRON/FOLIC ACID TABLETS?</p>	<p>Number of Days..... ___</p> <p>DK 998</p>	
<p>MN 16C DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINES FOR INTESTINAL WORMS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health workers:</p> <p>Doctors A</p> <p>Staff Nurses B</p> <p>Assistant Nurse Midwife C</p> <p>Health assistant /AHW D</p> <p>Other persons</p> <p>Midwife (Traditional birth attendant) F</p> <p>Village Health Worker G</p> <p>Relatives or Friends H</p> <p>Maternal Child Health Worker I</p> <p>Female Community Health Volunteer (FCHV) J</p> <p>Others (<i>Specify</i>) X</p> <p>Nobody helped Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p><u>Home</u></p> <p>Own house.....11</p> <p>Other's house.....12</p> <p><u>Gov t agency</u></p> <p>Govt hospital..... 21</p> <p>Primary health care centre.....22</p> <p>Health post/sub health post.....23</p> <p>Other Govt agency (<i>Specify</i>).....26</p> <p>Priv ate health agency</p> <p>Private hospital.....31</p> <p>Private clinic.....32</p> <p>Private maternity home.....33</p> <p>Other priv ate health agency (<i>Specify</i>)36</p> <p>Others (<i>Specify</i>).....96</p>	<p>21⇒MN19</p> <p>22⇒MN19</p> <p>23⇒MN19</p> <p>26⇒MN19</p> <p>31⇒MN19</p> <p>32⇒MN19</p> <p>33⇒MN19</p> <p>36⇒MN19</p> <p>96⇒MN19</p>
<p>MN18A. WAS THE SAFE/HOME DELIVERY KIT USED DURING THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know.....8</p>	
<p>MN 18B. BEFORE DISCHARGE OF PLACENTA, WAS <i>(name)</i> WIPED WITH A CLOTH AND DRIED?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know.....8</p>	<p>2⇒MN 18D</p> <p>8⇒MN 18D</p>
<p>MN 18C. BEFORE DISCHARGE OF PLACENTA, WAS <i>(name)</i> COVERED WITH ANOTHER DRY CLOTH AFTER WIPING?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know..... 8</p>	
<p>MN 18D. WHAT TOOLS OR EQUIPMENT WERE USED TO CUT THE PLACENTA DURING <i>(name)</i> DELIVERY?</p>	<p>New blade/boiled/sterilized blade..... 1</p> <p><u>Unsterilized Instruments</u></p> <p>Used blade 21</p> <p>Knif e 22</p> <p>Sickle..... 23</p> <p>Khukuri 24</p> <p>Scissors 25</p> <p>Others (<i>Specify</i>)..... 96</p> <p>Don't know..... 98</p>	
<p>MN 18E. WAS ANYTHING APPLIED ON THE WOUND AFTER CUTTING THE CORD AND REMOVING THE PLACENTA?</p> <p>MN 18F. HOW LONG AFTER DELIVERY, WAS <i>(name)</i> BATHED FOR THE FIRST TIME?</p> <p><i>(Write hour if less than 1 day and write day if more than a day)</i></p> <p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know.....8</p> <p>Hours 1__</p> <p>Day s 2__</p> <p>Don't know..... 998</p> <p>Yes1</p> <p>No2</p>	<p>1⇒MN 20</p> <p>2⇒MN 20</p> <p>998⇒MN20</p>

MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large1 Larger than average2 Average3 Smaller than average4 Very small5 DK8	
MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes1 No2 DK8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH AT BIRTH? <i>Record weight from health card, if available.</i>	From card1 (kg) __ . ____ From recall2 (kg) __ . ____ DK 9998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes1 No2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes1 No2	2⇒MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREASTS? <i>If less than 1 hour, record in minutes. If 1 hour to less than 24 hours, record hours. If 24 hours or more record in days.</i>	Minutes 0 __ __ Hours 1 __ __ Days 2 __ __ Don't know / remember998	
MN26. IN THE FIRST THREE DAYS AFTER BIRTH, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREASTMILK?	Yes1 No2	2⇒MN 27A
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe: ANYTHING ELSE?</i>	Milk (other than breastmilk)A Plain waterB Sugar or glucose waterC Gripe waterD Sugar-salt-water solutionE Fruit juiceF Infant formulaG Tea / InfusionsH HoneyI Other (<i>specify</i>) _____ X	
MN 27A. AFTER (<i>name</i>) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON YOUR HEALTH AS POST NATAL CHECK-UP?	Yes1 No2 DK8	2⇒Next Module 8⇒Next Module
MN 27B. HOW LONG AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE? <i>If less than one day, record hours If less than one week, record days</i>	Hours 1 __ __ Days 2 __ __ Weeks 3 __ __ DK998	

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing form, column HL9 and tick appropriate box.

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to **Next Module**.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z

CONTRACEPTION		CP
<p>CP1. LET'S US TALK ABOUT ANOTHER SUBJECT: FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	1⇒Next Module
<p>CP2. THERE ARE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY: ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A</p> <p>Male sterilization..... B</p> <p>IUD/copper T C</p> <p>Injectables/Dipo/ Sargini D</p> <p>Implants/Norplant/zadelle E</p> <p>Pill F</p> <p>Male condom..... G</p> <p>Female condom..... H</p> <p>Diaphragm I</p> <p>Foam / Jelly/Kamal J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence/Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	

UNMET NEED		UN
<p>UN1. Check CPI. Currently pregnant or not tick appropriate codes .</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes..... 1 No 2	1⇒UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later..... 1 No more..... 2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 No more / None..... 2 Undecided / Don't know 8	1⇒UN7 2⇒UN13 8⇒UN13
<p>UN5. Check CP3. Currently using "Female sterilization" or not tick appropriate box.</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13.</p> <p><input type="checkbox"/> No, ⇒ Continue with UN6.</p>		
UN6. Now I would like to ask you some questions about the future. Would you like to have (another) child, or would you prefer not to have any (more) children?	Have (another) child 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (another) child?	Months 1 ___ Years..... 2 ___ Soon / Now993 Says she cannot get pregnant994 After marriage995 Other996 Don't know998	994⇒UN11
<p>UN8. Check CPI. Currently pregnant or not tick appropriate box</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		

<p>UN9. Check CP2. Currently using a family planning method or not tick appropriate box.</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1 ⇒UN13</p> <p>8 ⇒UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sexA</p> <p>MenopausalB</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without resultE</p> <p>Postpartum amenorrheaF</p> <p>Breastfeeding..... G</p> <p>Too old H</p> <p>FatalisticI</p> <p>Male SterilizationJ</p> <p>Other (specify) _____ X</p> <p>Don't knowZ</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned or is code "C" circled or not tick appropriate box.</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago 3 ___</p> <p>Years ago 4 ___</p> <p>In menopause / Has had hysterectomy994</p> <p>Before last birth995</p> <p>Never menstruated996</p>	
<p>UN 13A. DO YOU SEEK ANY HELP/ADVICE IF REQUIRED ON REPRODUCTIVE HEALTH?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2 ⇒UN13C</p>

<p>UN 13B. FROM WHOM DO YOU SEEK ADVICE ON REPRODUCTIVE HEALTH?</p>	<p>MotherA Mother in LawB Elder SisterC HusbandD FriendsE FCHVF MCHW/VHWG Health Facilities/HospitalsH Others (<i>specify</i>) X</p>																									
<p>UN 13C. DO YOU FACE ANY OF THE FOLLOWING SITUATIONS DURING YOUR MENSTRUAL PERIOD? <i>Ask one by one</i></p> <p>[A] HAVE TO LIVE IN DIFFERENT HOUSE/ [B] HAVE TO LIVE IN DIFFERENT ROOM OF SAME HOUSE [C] HAVE TO LIVE IN ANIMAL SHED [D] HAVE TO EAT DIFFERENT TYPES OF FOOD [E] HAVE TO BATH IN SEPARATE PLACE [F] HAVE TO BE ABSENT FROM SCHOOL OR WORK [G] HAVE TO AVOID SOCIAL GATHERINGS</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Live in different house.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Different room of same house ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal shed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Eat different food.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bath in separate place</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Absent from school/work</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Avoid Social gatherings</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Live in different house.....	1	2	Different room of same house ..	1	2	Animal shed	1	2	Eat different food.....	1	2	Bath in separate place	1	2	Absent from school/work	1	2	Avoid Social gatherings	1	2	
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ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
<p>DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:</p>				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8
<p>DV2A. SOMETIMES A MOTHER-IN-LAW IS ANNOYED OR ANGERED BY THINGS THAT THEIR DAUGHTER-IN-LAW DOES. IN YOUR OPINION, IS A MOTHER-IN-LAW JUSTIFIED IN VERBAL ABUSE OR THREAT THEIR DAUGHTER-IN-LAW IN THE FOLLOWING SITUATIONS:</p>				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HER?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HER?	Argues with them	1	2	8
[D] IF SHE REFUSES TO OBEY HER ORDER?	Refuses to obey orders	1	2	8
[E] IF SHE DID NOT BRING DOWRY?	Did not bring Dowry	1	2	8
[F] IF SHE DID NOT COMPLETE HER WORK ON TIME?	Didn't complete work on time ...	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, 1	3⇒MA5
	No..... 3	
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe.</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years __ __ DK98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes..... 1	2⇒MA7
	No..... 2	
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __	⇒MA7
	DK 8	8⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1	3 ⇒Next Module
	No..... 3	
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1	
	Divorced 2	
	Separated..... 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1	
	More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU (FIRST) MARRY?	Date of first marriage	⇒Next Module
	Month __ __	
	DK month98	
	Year..... __ __ __ __	
DK year 9998		
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR (FIRST) HUSBAND?	Age in years __ __	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AIDS?	Yes 1 No 2	2→Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER: [A] DURING PREGNANCY TO HER BABY? [B] DURING DELIVERY TO HER BABY? [C] BY BREASTFEEDING TO HER BABY?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
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HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAS THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	

<p>HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>																					
<p>HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>																					
<p>HA13. Check DB1C: Any live birth in last 2 years or not tick appropriate box.</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> <p>HA14. Check MN1: Received antenatal care or not tick appropriate box</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Things to do.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Tested for AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Offered a test.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do.....	1	2	8	Tested for AIDS	1	2	8	Offered a test.....	1	2	8	
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<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒HA19 8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒HA22 8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1 No 2 DK 8</p>	<p>1⇒HA22 2⇒HA22 8⇒HA22</p>																				

HA19. Check MN17: Birth delivered by health professional (A, B or C) or not tick appropriate box.

Yes, birth delivered by health professional ⇒ Continue with HA20

No, birth not delivered by health professional ⇒ Go to HA24

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes 1 No 2 DK 8	2⇒HA24 8⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1⇒ Next Module 2⇒ Next Module 3⇒ Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1⇒ Next Module 2⇒ Next Module 8⇒ Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

CONSUMPTION OF TOBACCO OR ALCOHOLIC SUBSTANCES		TA
TA1. HAVE YOU EVER SMOKED A CIGARETTE/ <i>BIDI</i> , EVEN IF A PUFF OR TWO?	Yes..... 1 No..... 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE STICK OF CIGARETTE/ <i>BIDI</i> THE VERY FIRST TIME?	Never smoked af ull stick of cigarete.....00 Age in completedy ears..... _____	00⇒TA6
TA3. DO YOU SMOKE CIGARETTE/ <i>BIDI</i> NOW-A-DAYS?	Yes..... 1 No..... 2	2⇒TA6
TA4. HOW MANY CIGARETTE/ <i>BIDI</i> STICKS HAVE YOU SMOKED IN THE PAST 24 HOURS?	No. of cigarette sticks..... _____	
TA5. HOW MANY DAYS DID YOU SMOKE CIGARETTE/ <i>BIDI</i> IN THE PAST ONE MONTH? <i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i>	No. of days..... _____ 10 days or more but less than a month10 Ev ery day/almost every day.....30	
TA6. HAVE YOU EVER CONSUMED A TOBACCO-BASED SUBSTANCE THAT IS SMOKED OTHER THAN CIGARETTE/ <i>BIDI</i> , SUCH AS TOBACCO, <i>KAKKAD</i> , <i>SULFA</i> , <i>HUKKAH</i> (HUBBLE-BUBBLE), <i>CHILIM</i> , CIGAR, ETC.?	Yes..... 1 No..... 2	2⇒TA10
TA7. HAVE YOU SMOKED ANY TOBACCO-BASED SUBSTANCE OTHER THAN CIGARETTE/ <i>BIDI</i> (SUCH AS TOBACCO, <i>KAKKAD</i> , <i>SULFA</i> , <i>HUKKAH</i> , <i>CHILIM</i> , CIGAR, ETC) IN THE PAST ONE MONTH?	Yes..... 1 No..... 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO-BASED SUBSTANCE DID YOU CONSUME IN THE PAST ONE MONTH? <i>Circle on all answers given by respondents.</i>	Cigar..... A Hubble-bubble B Sulfa/Chilim/Kulfi..... D Others (mention)..... X	
TA9. HOW MANY DAYS DID YOU SMOKE A TOBACCO-BASED SUBSTANCE OTHER THAN CIGARETTE/ <i>BIDI</i> (SUCH AS TOBACCO, <i>KAKKAD</i> , <i>SULFA</i> , <i>HUKKAH</i> , <i>CHILIM</i> , CIGAR, ETC) IN THE PAST ONE MONTH? <i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i>	No. of days..... _____ 10 days or more but less than a month.....10 Ev ery day/almost every day.....30	
TA10. HAVE YOU EVER CONSUMED SMOKELESS TOBACCO-BASED SUBSTANCES SUCH AS <i>SURTI</i> (TOBACCO PLANT LEAVES), <i>KHAINI</i> , SNUFF?	Yes..... 1 No..... 2	2 ⇒TA14

<p>TA11. HAVE YOU CONSUMED ANY SMOKELESS TOBACCO SUBSTANCES (SUCH AS <i>SURTI</i> TOBACCO PLANT LEAVES, <i>KHAINI</i>, SNUFF) IN THE PAST ONE MONTH?</p>	<p>Yes..... 1 No..... 2 2 ⇒ TA14</p>
<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO DID YOU CONSUME OR CHEW IN THE PAST ONE MONTH?</p> <p><i>Tick circle on every answer.</i></p>	<p>Chewing tobacco..... A Snuff..... B Gutkha..... D Khaini..... E Others (<i>Specify</i>)..... X</p>
<p>TA13. HOW MANY DAYS DID YOU CONSUME SMOKELESS TOBACCO SUBSTANCES (SUCH AS <i>SURTI</i> TOBACCO PLANT LEAVES, <i>KHAINI</i>, SNUFF) IN THE PAST ONE MONTH?</p> <p><i>Write number of days if less than 10 days. Circle 10 if days 10 or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i></p>	<p>No. of days..... ____ ____ 10 days or more but less than a month..... 10 Every day/almost every day..... 30</p>
<p>TA14. NOW, I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT ALCOHOL-DRINKING? HAVE YOU EVER HAD ALCOHOL (SUCH AS BEER, WINE OR HOMEMADE LIQUOR)?</p>	<p>Yes..... 1 No..... 2 2 ⇒ Next Module</p>
<p>TA15A. HOW OLD WERE YOU WHEN YOU FIRST HAD AN ALCOHOLIC DRINK?</p>	<p>Age..... ____ ____</p>
<p>TA16A. HOW MANY DAYS DID YOU DRINK ALCOHOL IN THE PAST ONE MONTH?</p> <p><i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i></p>	<p>Didn't drink any alcohol last month..... 00 00 ⇒ Next Module No. of days..... ____ ____ 10 days or more but less than a month..... 10 Everyday/almost everyday..... 30</p>

LIFE SATISFACTION

LS

LS1. Check WB2: Age of respondent is between 15 and 24 or not and tick appropriate response.

- Age 25-49 ⇒ Go to WM11
- Age 15-24 ⇒ Continue with LS2

LS2. NOW I WOULD LIKE TO ASK YOU SOME VERY SIMPLE QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED.

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Give response card to respondent and prompt her to look at the card while and after you ask each question from LS2 to LS10.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Does not have family..... 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS3. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

- Does not have friends 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS4. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?

- Does not go to school..... 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

<p>LS5. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS6. HOW SATISFIED ARE YOU WITH YOURSELF?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS7. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p>	<p>Does not have any income 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS10. TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY?</p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
<p>LS11. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENERED, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worsened 3</p>	
<p>LS12. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE, OVERALL?</p>	<p>Better 1</p> <p>More or less the same 2</p> <p>Worse 3</p> <p>Don't Know 8</p>	

WM11. Record the time.

Hour and minutes :

WM12. See question HL9 of the Household Listing Form and tick appropriate box.

Is the current respondent the mother or caretaker of the child in the age group of 0-4 years of this household?

- Yes ⇒ start administering the Personal Questionnaire for below 5 Children on this respondent for that child.
- No ⇒ Conclude the interview by thanking the respondent for cooperating.

Find out whether there are other women or children below 5 years in this household for administering the questionnaire.

If None, collect all the questionnaires filled in this household. Now fill in the relevant information in the HH8-HH15 in the household information panel in the Household Questionnaire.

After collecting all the questionnaires filled in this households (Household, individual women and children under 5) check the information panel on the first page of each questionnaire to ensure that the details are correctly filled up by comparing the details with the Household listing form of the household questionnaire.

After filling up all necessary information in the covering envelope, keep all the filled questionnaires for this household in this envelope. While keeping in the envelope, put it in the order of HH's questionnaire at the top followed by women's questionnaire (in the order of line number in Household Listing Form) and finally the children questionnaire (in the same order of the line number of U5 Children in the Household Listing form). For example if eligible women are listed in the line number 02, 04 and 07, in the household listing form, arrange the questionnaires in the following order. First the HH's questionnaire, followed by women's questionnaire of line no 02 then 04 and finally 07.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010
QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: _____	UF2. Household serial number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and code number: Name _____ code number ____	UF8. Day / Month / Year of interview in BS: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS ACT 2015** **BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

SHALL WE START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

UF9. Result of interview for children under 5	Completed..... 01
	Not at home..... 02
Codes refer to mother/caretaker.	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (<i>specify</i>) _____ 96
UF10. Field edited by (Name and code number): Name _____ Code Number ____	UF11. Data entry clerk (Name and code number): Name _____ Code Number ____

UF-12 <i>Record the time.</i>	Hour and minutes : ..
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE AGE OF (<i>name</i>).</p> <p>IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day _ _</p> <p>DK day 98</p> <p>Month _ _</p> <p>Year _ _ _ _</p>	
<p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) _</p>	

BIRTH REGISTRATION		BR
<p>BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen 1</p> <p>Yes, not seen..... 2</p> <p>No..... 3</p> <p>DK 8</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
<p>BR2. HAS (<i>name</i>)'S BIRTH BEEN REGISTERED WITH VDCS OR MUNICIPALITIES?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>1⇒Next Module</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p> <p><i>If none write '00'</i></p>	<p>Number of children's books _ _</p>	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<p style="text-align: right;">Y N DK</p> <p>Homemade toys..... 1 2 8</p> <p>Toys from a shop 1 2 8</p> <p>Household objects or outside objects 1 2 8</p>	
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>[A] ON HOW MANY DAYS IN THE PAST 7 DAYS WAS <i>(name)</i> LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] ON HOW MANY DAYS IN THE PAST 7 DAYS WAS <i>(name)</i> LEFT IN THE CARE OF ANOTHER CHILD THAT IS, SOMEONE LESS THAN 10 YEARS OLD FOR MORE THAN AN HOUR?</p> <p>If 'none' enter '0'. If 'don't know' enter '8'</p>	<p>Number of days left alone for more than an hour..... _ _</p> <p>Number of days left with other child for more than an hour..... _ _</p>	
<p>EC4. Check AG2 (Age of child) and tick appropriate box.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME? (such as a private or government facility, including kindergarten or community child care)</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ EC7</p> <p>8 ⇒ EC7</p>

<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND SUCH ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME?</p>	<p>Number of hours _____</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1 No 2 DK 8</p>																																				
<p>EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1 No 2 DK 8</p>																																				
<p>EC10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1 No 2 DK 8</p>																																				
<p>EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1 No 2 DK 8</p>																																				

<p>EC12. Is <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?</p>	<p>Yes 1 No 2 DK 8</p>	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS (<i>name</i>) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times..... ____	
BF6. DID (<i>name</i>) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK <u>TINNED, POWDERED OR FRESH ANIMAL MILK</u> ?	Number of times..... ____	
BF8. DID (<i>name</i>) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF9. DID (<i>name</i>) DRINK (<u><i>mixed beans soup/ Dhal soup/ /meat soup/vegetable soup</i></u>) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	

<p>BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION/JEEVANJAL)</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT/YOGURT DRINK</u> YESTERDAY, DURING THE DAY OR NIGHT?</p> <p>BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT/ <u>YOGURT DRINK</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p> <p>Number of times..... ___</p>	<p>2⇒BF15 8⇒BF15</p>
<p>BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD (ROTI, FRUITS, RICE)</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒BF18 8⇒BF18</p>
<p>BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD (<u>ROTI, FRUITS, RICE</u>) YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Number of times..... ___</p>	
<p>BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u></p>	<p>Yes 1 No 2 DK 8</p>	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No..... 2 DK 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same..... 3 More 4 Nothing to drink 5 DK 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same..... 3 More 4 Stopped food 5 Never gave food..... 6 DK 8	
CA4. [A] WAS (<i>name</i>) GIVEN ORAL REHYDRATION SOLUTION (ORS) BY MIXING NAWAJEEWAN/JEEWANJAL POWDER IN WATER DURING DIARRHOEA?	Yes..... 1 No..... 2 Don't know..... 8	2⇒CA5 8⇒CA5
CA4F. FROM WHERE WAS THE PACKET OF ORS (NAWAJEEVAN) BROUGHT FROM?	Health Posts/Sub health posts..... 11 Female Community Health Volunteer..... 12 Private health facilities..... 13 Pharmacy 14 Others (<i>Specify</i>) 96	
CA4G. HOW MUCH YOU HAD TO PAY FOR ONE PACKET OF ORS (NAWAJEEVAN)? <i>If received for free write '00':</i>	Price of one packet of ORS (NRs)..... ____ Don't know..... 98	
CA4H. WAS (<i>name</i>) GIVEN TO TAKE ZINC TABLET ALONG WITH ORS DURING THAT EPISODE OF DIARRHOEA?	Yes..... 1 No..... 2 Don't know..... 8	2⇒CA5 8⇒CA5
CA4I. FROM WHERE WAS ZINC TABLETS BROUGHT FROM?	Health Posts/Sub health posts..... 11 Female Community Health Volunteer..... 12 Private health facilities..... 13 Pharmacy 14 Others (<i>Specify</i>) 96	

<p>CA4J. HOW MUCH YOU HAD TO PAY FOR ONE FILE (10 TABLETS) OF ZINC TABLETS? <i>If received for free write '00'.</i></p>	<p>Price of one file of zinc tablets (NRs) ___ Don't know 98</p>	
<p>CA5. WAS ANYTHING ELSE GIVEN TO (<i>name</i>) TO TREAT THE EPISODE OF DIARRHOEA?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒ CA7 8⇒ CA7</p>
<p>CA6. WHAT ELSE WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ (Name)</p>	<p><u>Pill or Syrup</u> Antibiotic..... A Antimotility..... B Zinc Tablet..... C Other (Not antibiotic, antimotility)..... G Unknown pill or syrup..... H <u>Injection</u> Antibiotic..... L Non-antibiotic..... M Unknown injection..... N Intravenous..... O Home remedy / Herbal medicine..... Q Other (<i>specify</i>) _____ X</p>	
<p>CA 6A. WHY DO YOU THINK HE/SHE WAS SUFFERING FROM DIARRHOEA? <i>Probe:</i> ANY OTHER REASONS?</p>	<p>Unsafe drinking water..... A Eating unhygienic/stale food..... B Open defecation..... C Eating without washing hands with soap..... D Others (<i>specify</i>) _____ X DK..... Z</p>	
<p>CA6B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT FOR DIARRHOEA? <i>Probe:</i> ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)</p>	<p><u>Public sector</u> Govt. hospital..... A Primary Health Care Centre..... B Health post/Sub health post..... C Village health worker..... D Mobile / Outreach clinic..... E FCHV..... F Other public (<i>specify</i>) _____ H <u>Private medical sector</u> Private hospital / clinic..... I Private physician..... J Private pharmacy..... K Mobile clinic..... L Other private medical (<i>specify</i>) _____ O <u>Other source</u> Traditional practitioner..... R Household treatment..... S Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒ CA14 8⇒ CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒ CA14 8⇒ CA14</p>

<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1 Blocked or runny nose only..... 2 Both..... 3 Other (<i>specify</i>) 6 DK..... 8</p>	<p>2⇒CA14 6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p><u>Public sector</u> Govt. hospital A Primary Health Care centre B Health Post / Sub Health Post C Village health worker D Mobile / Outreach clinic E FCHV..... F Other public (<i>specify</i>) H</p> <p><u>Private medical sector</u> Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O</p> <p>Other source Relative / Friend P Shop Q Home remedy S Dhami/Jhakri T Other (<i>specify</i>) X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p><u>Antibiotic</u> Pill / Syrup/ A Injection B Anti-malarials M Paracetamol / Panadol / Acetaminophen ... P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) X DK Z</p>	
<p>CA14. Check AG2: Child aged under 3 or not and tick the appropriate box?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01 Put / Rinsed into toilet or latrine..... 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (<i>specify</i>) 96 DK 98</p>	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK 8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes 1 No 2 DK 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒ML8 8⇒ML8
ML4. WAS (<i>name</i>) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒ML8 8⇒ML8
ML5. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes 1 No 2 DK 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name of medicine)	<u>Anti-malarials</u> SP / Fansidar A Chloroquine B Amodiaquine C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) H <u>Antibiotic drugs</u> Pill / Syrup I Injection J <u>Other medications</u> Paracetamol/ Panadol / Acetaminophen... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML7. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK 8	1⇒ML9 2⇒ML10 8⇒ML10

<p>ML8. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒ML10 8⇒ML10</p>
<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____ (Name)</p>	<p>Anti-malarials SP / Fansidar A Chloroquine B Amodiaquine C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) _____ H</p> <p><u>Antibiotic drugs</u> Pill / Syrup I Injection J</p> <p><u>Other medications</u> Paracetamol/ Panadol/ Acetaminophen P Aspirin Q Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X DK Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG (DAY) AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned and write down the response for the medicine that was taken at first taken after the fever started.</i></p>	<p>Same day 0 Next day 1 2 days after the fever 2 3 days after the fever 3 4 or more days after the fever 4 DK 8</p>	

Information on Vaccination		IM	
<p>If v accination card is produced by the family , note down all the vaccination dates mentioned in the card in IM3. The questions in IM6-IM16 are for filling in information that are not mentioned in the v accination card. In case of availability of the v accination card there is no need to ask the questions from IM6-IM16.</p>			
IM1. IS THERE A VACCINATION CARD FOR THE VACCINATIONS ADMINISTERED TO (<i>name</i>) (IF YES) CAN I SEE THE CARD?	Yes, seen 1 Yes, not seen..... 2 No card..... 3	1⇒IM3 2⇒IM6	
IM2. WAS VACCINATION CARD FOR (<i>name</i>) EVER PREPARED?	Yes..... 1 No..... 2	1⇒IM6 2⇒IM6	
IM3. (a) Note the date each v accination was administered from the v accination card. (b) If the dates are not mentioned in the v accination card, write '44' in the column for day.	Vaccination Dates		
	Day	Month	Year
BCG	BCG		
Polio drop 1	OPV1		
Polio drop 2	OPV2		
Polio drop 3	OPV3		
DPT, HepB - 1	DPT, HEP B - 1		
DPT, HepB - 2	DPT, HEP B - 2		
DPT, HepB - 3	DPT, HEP B - 3		
Measles	Measles		
Vitamin A (Latest dose)	VIT - A		
<p>IM4. SEE QUESTION IM3. HAVE THE DETAILS FOR ALL VACCINATIONS (FROM BCG TO VITAMIN A) HAS BEEN FILLED IN TICK IN THE APPROPRIATE BOX .</p> <p><input type="checkbox"/> Yes ⇒ go to question IM18.</p> <p><input type="checkbox"/> No⇒ START FILLING UP FROM QUESTION IM5.</p>			

<p>IM5. HAS (<i>name</i>) BEEN ADMINISTERED ANY VACCINATIONS OTHER THAN THOSE MENTIONED IN THE VACCINATION CARD (EVEN IF ON ANY HEALTH CAMP/CAMPAIGN OR IMMUNIZATION DAY)?</p> <p>Tick 'Yes', only if the respondent mentions the names of the vaccines mentioned in the table above.</p> <p>IM6. WAS ANY DISEASE-PREVENTIVE VACCINE EVER ADMINISTERED TO (<i>name</i>) AT A HEALTH CAMP/CAMPAIGN OR IMMUNIZATION DAY OR ON ANY OTHER OCCASION?</p>	<p>Yes..... 1</p> <p><i>(Find out about vaccines by enquiring in detail and write '66' for every vaccine mentioned by the respondent in the column for vaccination date. Thereafter, go to IM18.)</i></p> <p>No..... 2</p> <p>Don't know..... 8</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>⇒ IM18</p> <p>2⇒ IM18</p> <p>8⇒ IM18</p> <p>2⇒ IM18</p> <p>8⇒ IM18</p>
<p>IM7. HAS THE BCG VACCINE (I.E. INJECTED IN THE ARMS, WHICH ALSO LEAVES MARKS ON THE INJECTED AREA), WHICH IS ADMINISTERED AGAINST TUBERCULOSIS, EVER ADMINISTERED ON (<i>name</i>)</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	
<p>IM8. HAS THE ORAL POLIO DROP AGAINST THE POLIO EVER FED TO (<i>name</i>)?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>2⇒ IM11</p> <p>8⇒ IM11</p>
<p>IM10. HOW MANY TIMES WAS POLIO DROP FED?</p>	<p>No. of times..... _ _</p>	
<p>IM11. HAS (<i>name</i>) EVER BEEN ADMINISTERED DPT/HEPB VACCINE (ADMINISTERED ON THIGHS) AGAINST TETANUS, WHOOPING COUGH, DIPHTHERIA, (I.E. A THROAT-RELATED DISEASE ACCOMPANIED BY DIFFICULTY IN BREATHING)?</p> <p><i>DPT vaccine and polio drop are sometimes administered simultaneously; so, probe to find out.</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>2⇒ IM16</p> <p>8⇒ IM16</p>
<p>IM12. HOW MANY TIMES WAS DPT INJECTION ADMINISTERED?</p>	<p>No. of times..... _</p>	
<p>IM16. HAS (<i>name</i>) EVER BEEN ADMINISTERED VACCINATION AGAINST MEASLES (I.E. INJECTION ADMINISTERED ON ARMS AT THE AGE OF 9 MONTHS OR ABOVE)?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	

<p>IM18. HAS (<i>name</i>) BEEN FED VITAMIN A (SUCH OR ANY OF THE FOLLOWING) WITHIN 6 MONTHS?</p> <p><i>Show the popular, capsules or syrup drugs to the respondent.</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	
<p>IM19. MENTION IF (<i>name</i>) HAS TAKEN PART IN ANY CAMPAIGNS SUCH AS THE NATIONAL IMMUNIZATION DAY, VITAMIN A DAY OR CHILD HEALTH DAY IN THE PAST ONE YEAR?</p> <p>[A] National Vitamin A Day, Vitamin A?</p> <p>[B] National Polio Campaign, against Polio.</p>	<p>Yes No DK</p> <p>National Vitamin A Day..... 1 2 8</p> <p>Polio Campaign..... 1 2 8</p>	
<p>IM20A. See Cover Page. Is the name of the district Dang, Banke, Bardiya, Kailali or Kanchanpur written?</p> <p><input type="checkbox"/> Yes, start from IM20B</p> <p><input type="checkbox"/> No, ⇨ go to next module</p>		
<p>IM20B. HAS (<i>name</i>) EVER RECEIVED AN INJECTION FOR JAPANESE ENCEPHALITIS? (AN INJECTION GIVEN IN THE ARM AFTER A CHILD IS ONE YEARS OF AGE TO PROTECT FROM JAPANESE ENCEPHALITIS).</p>	<p>Yes (card seen)..... 1</p> <p>Yes (respondent's memory)..... 2</p> <p>No..... 3</p> <p>Child below 1 Years age..... 4</p> <p>Don't know..... 8</p>	<p>2⇨ NEXT MODULE</p> <p>3⇨ NEXT MODULE</p> <p>4⇨ NEXT MODULE</p> <p>8⇨ NEXT MODULE</p>
<p>IM20C. RECORD THE DATE FROM THE IMMUNIZATION CARD. IF DATE IS NOT MENTIONED IN THE CARD MENTION '44'. IF ANY OF THE DAY, MONTH OR YEAR IS MISSING WRITE '98' OR '9998" AS APPLICABLE</p>	<p>Date (day / month / year in BS)</p> <p>____ / ____ / _____</p>	

Child Grant (only for Humla, Jumla, Mugu, Kalikot and Dolpa of Karnali)		CG
CG1. See Cover Page. Is the name of the district Humla, Jumla, Mugu, Kalikot or Dolpa written?		
<input type="checkbox"/> Yes, start from CG2 <input type="checkbox"/> No, ⇨ go to UF13 and note down the time		
CG2. HAS (<i>name</i>) EVER RECEIVED MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT? <i>(This grant is received by the parents of the caretaker of the child. Thus prove to find out whether parents or caretaker has received on behalf of the child)</i>	Yes.....1 No.....2 Don't know.....8	2⇨UF13 8⇨UF13
CG3. WHEN DID (<i>name</i>) RECEIVE MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS THE MOST RECENT INSTALMENT OF THE CHILD GRANT? <i>If less than 7 days ago write in days. If less than a month ago write in weeks. If more than a month, write in months.</i>	Days ago.....1 ___ Weeks ago.....2 ___ Months ago.....3 ___ DK.....998	
CG4. WHO IN YOUR FAMILY RECEIVED THE MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) ON BEHALF OF (<i>name</i>)?	Mother1 Father2 Others (<i>Specify</i>).....6	
CG5. HOW MUCH MONEY/CASH WAS RECEIVED MOST RECENTLY FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT FOR (<i>name</i>)?	Amount in NRs..... ___ DK.....998	
CG6. HOW MUCH MONEY/CASH IN TOTAL HAS BEEN RECEIVED UNTIL NOW FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT FOR (<i>name</i>)?	Amount in NRs..... ___ DK.....998	
CG7. IN TOTAL FOR HOW MANY MONTHS GRANT HAS (<i>name</i>) RECEIVED THE CHILD GRANT FROM THE GOVERNMENT AUTHORITIES (DDC/VDC)?	Number of Months..... ___ DK.....98	

UF13. Record the time.

Hour and minutes :

UF14. Read the following instructions carefully and complete the interview as directed below in a sequential manner

1. IS THE MOTHER OR CARETAKER OF THE OTHER UNDER FIVE CHILD OF THE FAMILY THE CURRENT RESPONDENT AND THE QUESTIONNAIRE FOR THE CHILD
 - REMAINING TO BE FILLED UP ⇒ FILL UP THE PERSONAL QUESTIONNAIRE FOR CHILDREN BELOW 5 YEARS WITH THIS RESPONDENT.
 - not remaining ⇒ Conclude the interview by thanking the respondent for cooperation.
2. Check if there are INDIVIDUAL WOMEN'S QUESTIONNAIRE OR UNDER FIVE CHILDREN QUESTIONNAIRE IN THE HOUSEHOLD THAT REMAIN TO BE FILLED UP
 - REMAINING TO BE FILLED UP ⇒ FILL UP THE PERSONAL QUESTIONNAIRE.
 - Not remaining ⇒ Conclude the interview by thanking the respondent for cooperation.

Collect all the questionnaires filled in this household and fill in the necessary information from HH8 to HH15 in the Household Questionnaire.

After all the questionnaires filled up in this household are collected, check the information panel of each individual questionnaire and check its correctness by comparing it with the household listing form (HL). If necessary to correct any information please do so.

After filling up all necessary information in the covering envelope, keep all the filled questionnaires for this household in this envelope. While keeping in the envelope, put it in the order of HH's questionnaire at the top followed by women's questionnaire (in the order of line number in Household Listing Form) and finally the children questionnaire (in the same order of the line number of U5 Children in the Household Listing form). For example if eligible women are listed in the line number 02, 04 and 07, in the household listing form, arrange the questionnaires in the following order. First the HH's questionnaire, followed by women's questionnaire of line no 02 then 04 and finally 07.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations