Uzbekistan
Multiple Indicator Cluster Survey
2006

Uzbekistan 2006

Multiple Indicator Cluster Survey MICS

Uzbekistan

Monitoring the Situation of Children and Women

Multiple Indicator Cluster Survey 2006

State Statistical Committee of the Republic of Uzbekistan

unicef United Nations Children's Fund

UNFPA United Nations Population Fund

MICS

The Uzbekistan Multiple Indicator Cluster Survey (MICS) was carried by State Statistical Committee of the Republic of Uzbekistan. Financial and technical support was provided by the United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA).

The survey has been conducted as part of the third round of MICS surveys (MICS3), carried out around the world in more than 50 countries, in 2005–2006, following the first two rounds of MICS surveys that were conducted in 1995 and the year 2000. Survey tools are based on the models and standards developed by the global MICS project, designed to collect information on the situation of children and women in countries around the world. Additional information on the global MICS project may be obtained from www.childinfo.org.

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FOREWORD

Along with 189 countries, the Republic of Uzbekistan has signed up to the Millennium Development Goals and World Fit for Children Declarations. By signing up to these declarations, the government also committed itself to monitor progress towards achieving goals and objectives they contained. It is within this framework that, in 2006, the Government of Uzbekistan conducted a Multiple Indicators Cluster Survey (MICS) with technical support of UNICEF and UNFPA. This multiple indicator cluster survey is the latest in a series of nationwide periodic surveys which depicts the status of women and children in Uzbekistan and provides opportunity to track the progress.

The present report not only highlights the trend and progress made but more importantly provides data at sub-national level to compare progress between the regions and oblast. This is critical as very often, the national aggregated data masks regional disparities.

This nationwide survey was implemented by the State Statistical Committee (SSC) and covered 10,500 households in all regions of the country. The successful implementation of the survey would not have been possible without the joint effort of a number of organizations and individuals, whose participation we would like to acknowledge with gratitude. In preparation for the survey, a coordination working group under the Social Complex on Health, Education and Social Protection of the Cabinet of Ministers was established. This working group comprised the chairman and the deputy chairman of the State Statistical Committee, the heads of the ministries of Health, Education, Finance, Labour and Social Protection. Representatives of the Women's Committee of the Republic of Uzbekistan, NGOs and youth organizations were also members of the working group

At national level, the State Statistical Committee was in charge of planning and coordination of the survey. Supervision and implementation of the survey at sub-national level was carried out by the heads of the State Statistical Departments at oblast-level, including the State Statistical Department of the Republic of Karakalpakstan and Tashkent city. Local authorities at Oblast, rayon and mahalla levels supported the implementation of the fieldwork.

We hope that the findings of the survey and this report bring a better understanding of the situation of the women and children in the country and serve in preparation of the social policy and planning by the government and international partners.

Cabinet of Ministers
of the Republic of Uzbekistan

State Statistical Committee
of the Republic of Uzbekistan

unicef

United Nations
Children's Fund

UNFPA

United Nations
Population Fund

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Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Uzbekistan, 2006

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	57	per thousand
	2	14	Infant mortality rate	48	per thousand
NUTRITION					
Nutritional status	6	4	Underweight prevalence	5.1	percent
	7		Stunting prevalence	14.6	percent
	8		Wasting prevalence	3.3	percent
Breastfeeding	45		Timely initiation of breastfeeding	67.1	percent
	15		Exclusive breastfeeding rate		
			less than 6 months old	26.4	percent
			less than 4 months old	36.9	percent
	16		Continued breastfeeding rate		
			at 12–15 months	78.3	percent
			at 20–23 months	37.9	percent
	17		Timely complementary feeding rate	45.2	percent
	18		Frequency of complementary feeding	28.5	percent
	19		Adequately fed infants	27.6	percent
Salt iodization	41		Iodized salt consumption	53.1	percent
Vitamin A	42		Vitamin A supplementation (under-fives)	72.0	percent
Low birth weight	9		Low birth weight infants	4.8	percent
	10		Infants weighed at birth	99.2	percent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage	99.2	percent
	26		Polio immunization coverage	86.8	percent
	27		DPT immunization coverage	90.4	percent
	28	15	Measles immunization coverage	96.0	percent
	31		Fully immunized children	81.1	percent
	29		Hepatitis B immunization coverage	86.5	percent
Care of illness	33		Use of oral rehydration therapy (ORT)	78.8	percent
	34		Home management of diarrhoea	16.6	percent
	35		Received ORT or increased fluids, and continued feeding	28.1	percent
	23		Care seeking for suspected pneumonia	67.7	percent
	22		Antibiotic treatment of suspected pneumonia	55.7	percent
Solid fuel use	24	29	Solid fuels	15.7	percent
Source and cost of supplies	96		Source of supplies (from public sources)		
			Antibiotics	12.3	percent
	97		Cost of supplies (median costs)		
			Antibiotics		
			(public sources)	—	UZS
			(private sources)	1000	UZS
			Oral rehydration salts		
			(public sources)	—	UZS
			(private sources)	200	UZS

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	89.6	percent
	13		Water treatment	98.7	percent
	12	31	Use of improved sanitation facilities	99.4	percent
	14		Disposal of child's faeces	58.6	percent
REPRODUCTIVE HEALTH					
Contraception and unmet need	21	19c	Contraceptive prevalence	64.9	percent
	98		Unmet need for family planning	7.8	percent
	99		Demand satisfied for family planning	89.3	percent
Maternal and new-born health	20		Antenatal care	99.0	percent
	44		Content of antenatal care	99.1	percent
			Blood test taken	97.7	percent
			Blood pressure measured	97.7	percent
			Urine specimen taken	97.6	percent
			Weight measured	89.8	percent
	4	17	Skilled attendant at delivery	99.9	percent
	5		Institutional deliveries	97.3	percent
Maternal mortality	3	16	Maternal mortality ratio	28	per 100,000
CHILD DEVELOPMENT					
Child development	46		Support for learning	71.3	percent
	47		Father's support for learning	46.9	percent
	48		Support for learning: children's books	42.5	percent
	49		Support for learning: non-children's books	77.8	percent
	50		Support for learning: materials for play	32.3	percent
	51		Non-adult care	5.0	percent
EDUCATION					
Education Literacy	52		Pre-school attendance	19.7	percent
	53		School readiness	26.9	percent
	54		Net intake rate in primary education	88.9	percent
	55	6	Net primary school attendance rate	95.8	percent
	56		Net secondary school attendance rate	93.1	percent
	57	7	Children reaching grade five	99.5	percent
	58		Transition rate to secondary school	100.0	percent
	59	7b	Primary completion rate	96.6	percent
	61	9	Gender parity index		
			primary school	1.00	ratio
			secondary school	0.98	ratio
	60	8	Adult literacy rate	100.0	percent
CHILD PROTECTION					
Birth registration	62		Birth registration	99.9	percent
Child labour	71		Child labour	2.0	percent
	72		Labourer students	93.3	percent
	73		Student labourers	2.2	percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
Early marriage	67		Marriage before age 15	0.3	percent
			Marriage before age 18	12.5	percent
	68		Young women aged 15–19 currently married/ in union	4.9	percent
Disability	101		Child disability	2.0	percent
Orphaned children	75		Prevalence of orphans	4.1	percent
	78		Children's living arrangements	1.9	percent
HIV/AIDS AND SEXUAL BEHAVIOUR					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	35.3	percent
	89		Knowledge of mother-to-child transmission of HIV	73.4	percent
	86		Attitude towards people with HIV/AIDS	2.7	percent
	87		Women who know where to be tested for HIV	54.5	percent
	88		Women who have been tested for HIV	32.8	percent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	69.3	percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	65.4	percent
Sexual behaviour	84		Age at first sex among young people	—	percent
	92		Age-mixing among sexual partners	2.8	percent
	83	19a	Condom use with non-regular partners	60.5	percent
	85		Higher risk sex in the last year	3.6	percent

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus-Cereus-Guerin (Tuberculosis)
CDC	Centre for Disease Control and Prevention
CSPr	Census and Survey Processing Software
DHS	Demographic and Health Survey
DPT	Diphtheria-Pertussis-Tetanus
EA	Enumeration Area
GPI	Gender Parity Index
HFA-DB	Health for All Databases
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
IUD	Intrauterine Device
LAM	Lactation Amenorrhea Method
MOH	Ministry of Health
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MICS3	Multiple Indicator Cluster Survey—3rd Phase
NAR	Net Attendance Rate
NCHS	National Centre for Health Statistics
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Treatment
PPM	Parts Per Million
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
RHF	Recommended Home Fluid
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
SSC	State Statistical Committee
UDHS	Uzbekistan Demographic and Health Survey
UHES	Uzbekistan Health Examination Survey
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UZS	Uzbekistan Sum
WFFC	World Fit For Children
WH	World Health Organization
i-WISP	Welfare Improvement Strategy Paper

EXECUTIVE SUMMARY

The Uzbekistan Multiple Indicator Survey is a nationally representative sample survey of households, women, and children. The main objectives of the survey were to provide up-to-date information for assessing the situation of children and women in Uzbekistan; to furnish data needed for monitoring progress toward the Millennium Development Goals, the goals of A World Fit For Children, and other internationally agreed upon goals, as a basis for future action; to contribute to the improvement of data and monitoring systems in Uzbekistan and to strengthen technical expertise in the design, implementation and analysis of such systems. Questionnaires were completed for 10,198 households, 13,919 women (age 15–49), and 4,986 children (age under-5).

Child mortality

- The infant mortality rate is estimated at 48 per thousand, while the under-5 mortality rate is 57 per thousand.

Nutritional Status

- Almost one in twenty children under age five in Uzbekistan are moderately underweight (5 percent) and one percent are classified as severely underweight.
- Fifteen percent of children are stunted or too short for their age and four percent are severely stunted.
- Three percent of children under-5 are wasted or too thin for their height.
- It is estimated that about seven percent of children under-5 are overweight.

Breastfeeding

- More than two-thirds (67 percent) of women with a live birth in the two years preceding the survey started breastfeeding as early as within one hour of birth and only 15 percent of infants were not put to the breast within one day of birth.
- Approximately 26 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended.
- At age 6–9 months, 45 percent of children are receiving breast milk and solid or semi-solid foods. By age 12–15 months, 78 percent of children are still being breastfed and by age 20–23 months the figure decreases to 38 percent.

Salt Iodization

- In 53 percent of households in Uzbekistan, salt was found to contain 15 PPM or more of iodine.

Vitamin A Supplements

- Within the six months prior to the MICS, 72 percent of children aged 6–59 months received a high dose Vitamin A supplement.

Low Birth Weight

- Nearly all infants were weighted at birth and approximately 5 percent were estimated to weigh less than 2500 grams at birth.

Immunization

- Overall, 96 percent of children under-5 had health cards recording vaccinations.
- Nearly all children aged 15–26 months received a BCG vaccination by the age of 12 months (99.2 %).
- The first dose of DPT was given to 98 percent. The percentage declines for subsequent doses of DPT (95 percent for the second dose, and 90 percent for the third dose).
- Similarly, 96 percent received the first dose of Polio by age 12 months and this declines to 87 percent for the last dose.
- The coverage for measles vaccine by age15 months is also high at 96 percent.
- As a result, the percentage of children who had received all eight recommended vaccinations is high at 81 percent.

Oral Rehydration Treatment

- Overall, only 3 percent of under-5 children in Uzbekistan had had diarrhea in the two weeks preceding the survey.
- Approximately 79 percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 21 percent had received no treatment.
- However, only 17 percent children received increased fluids and at the same time continued feeding. Overall, 28 percent of children either received ORT or their fluid intake was increased, while feeding was continued, as is recommended.

Care Seeking and Antibiotic Treatment of Pneumonia

- Only 2 percent of children aged 0–59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey.
- Of these children, 68 percent were taken to an appropriate provider.
- Fifty-six percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.
- Overall, only 15 percent of women knew of the two danger signs of pneumonia—fast and difficult breathing.

Solid Fuel Use

- Only 16 percent of all households in Uzbekistan are using solid fuels for cooking.
- Among households using solid fuel, more than one third of them (35 percent) is using an open stove or fire with no chimney or hood while 54 percent is using an open stove or fire with a chimney or hood and only 10 percent is using a closed stove with chimney.

Water and Sanitation

- Overall, 90 percent of the population has access to improved drinking water sources (piped water into a dwelling, yard or plot, public tap or standpipe, a borehole or tube-well, a protected well, or a protected spring).
- Nearly all households (99 percent) in Uzbekistan use an appropriate water treatment method (the overwhelming majority use boiling) and there is no variation according to whether the household is using an improved or unimproved water source.

- Nearly all of the population of Uzbekistan is living in households using improved sanitation facilities.
- Overall, stools are disposed of safely for 59 percent of children aged 0–2 years.

Contraception

- Use of contraception was reported by 65 percent of women currently married or in union.
- The most popular method is the IUD (Intrauterine Device) which is used by half of all married women in Uzbekistan. All of the remaining contraceptive methods have percentages not exceeding three percent.
- Only six percent of currently married women reported the use of traditional methods.

Unmet Need

- Among all currently married women, only 8 percent has an unmet need for contraception (4 percent for spacing and 4 percent for limiting purposes).
- Overall, 89 percent of the demand for family planning is satisfied.

Antenatal Care

- Coverage of antenatal care (by a doctor, nurse, or midwife) is nearly a standard in Uzbekistan with 99 percent of women receiving antenatal care at least once during pregnancy.

Assistance at Delivery

- Almost every single birth occurring in the year prior to the survey was delivered by skilled personnel.
- For 95 percent of the deliveries in the year prior to the survey, medical doctors assisted with the delivery.

Child Development

- For 71 percent of under-five children, an adult engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey. The average number of activities that adults engaged with children was 4.4.
- Fathers' involvement with one or more activities was 47 percent but the average number of activities that fathers engaged with children was 0.8.
- In Uzbekistan, 78 percent of children are living in households where at least 3 non-children's books are present. However, only 43 percent of children aged 0–59 months have children's books. The average number of non-children's books is high (10 books) while the number of children's books is low (2 books).
- One-third of children aged 0–59 months had three or more playthings to play with in their homes, while only 4 percent had none of the playthings.

Pre-School Attendance and School Readiness

- Nearly 20 percent of children aged 36–59 months are attending pre-school.
- Overall, 34 percent of children who are currently age 6 and 26 percent of children aged 7 attending the first grade of primary school were attending pre-school the previous year.

Primary and Secondary School Participation

- Among children who are of primary school entry age in Uzbekistan, 79 percent of those aged 7 are attending the first or second grade of primary school
- and 99 percent of those aged 8 are attending the first, second or third grade of primary school.

- Overall, 96 percent of children of primary school age in Uzbekistan are attending primary school or secondary school.
- Only 7 percent of the children of secondary school age are not attending secondary school.
- Of all children starting grade one, nearly all of them will eventually reach grade five.
- 97 percent of the children of primary completion age (11 years) were attending the last grade of primary education.
- Gender parity for primary school is exactly 1.00, indicating no difference in the attendance of girls and boys at primary school. The indicator drops only very slightly to 0.98 for secondary education.

Adult Literacy

- In Uzbekistan, adult literacy is universal.

Birth Registration

- The births of almost all children under five years in Uzbekistan have been registered.

Child Labour

- Only 2 percent of children aged 5–14 are involved in child labour activities and for most of these children this activity is unpaid.
- Out of the 2 percent of the children classified as child labourers, the majority of them are also attending school (93 percent).

Early Marriage

- Only five percent of women 15–19 years are currently married in Uzbekistan.
- Among women 15–49 years, less than one percent was married before age 15 and, among women 20–49 years nearly 13 percent was married before age 18.

Child Disability

- Of children aged 2–9, only 2 percent is reported by their mother or caretaker as having at least one disability. For none of the disability types asked about in the questionnaire, did the percentage of children with that particular disability exceed 1 percent.

Orphans and Vulnerable Children

- Overall, 91 percent of children aged 0–17 are living with both parents, 6 percent are living with the mother only, 1 percent with father only and 2 percent with neither biological parent.

Knowledge of HIV Transmission and Condom Use

- Of the interviewed women, 48 percent reject the two most common misconceptions and know that a healthy-looking person can be infected.
- Overall, 60 percent of women report knowing two prevention methods.
- Only 31 percent of young women (15–24 years) have comprehensive and accurate knowledge of HIV.
- Overall, 92 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 73 percent, while 5 percent of women did not know of any specific way.
- More than half of all women know where to be tested for HIV (55 percent), while 33 percent have actually been tested.

1. INTRODUCTION

Background

This report is based on the Uzbekistan Multiple Indicator Cluster Survey (MICS), conducted in 2006 by the State Statistical Committee of the Republic of Uzbekistan, with the support of its regional-level offices. The survey provides valuable information on the situation of children and women in Uzbekistan, and 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 of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build 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 table below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children 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." (A World Fit for Children, paragraph 60)

"…We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions.…" (A World Fit for Children, 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."

Over the past years, the Uzbekistan government has increased its political commitment and capacity in undertaking social reforms in line with the realization of the Millennium Development Goals (MDGs) and the rights of children and women. As a signatory to the Millennium Declaration, Uzbekistan is fulfilling its promises to address the challenges outlined in the MDGs. The Government recognizes the relevance and seriousness of these challenges in the national development context. The Government, in collaboration with the donor community and civil society, has embarked on the process of formulating its own national MDG targets and indicators. The national experts' team made major steps in analyzing the development context

for each goal by setting appropriate baselines and indicators. The Government recognizes, in particular, the successful adaptation and integration of MDGs into the interim—Welfare Improvement Strategy Paper (i-WISP). Additional work is needed to institutionalize monitoring and reporting. Since the purpose of both the national MDGs and the country's i-WISP is improving living standards, the MDG and i-WISP formulations complement each other, especially during the discussion processes. MDGs set a specific framework for the i-WISP formulation as well as benefiting wider national ownership. The completion of the 2006 MICS will complement this strategically related work by providing updated baseline data for future planning and implementation by all stakeholders and duty-bearers. It is expected that the MICS 2006 findings will further enhance the evidence based policy planning and analysis of the Government, thus, contributing to more systematic policy development and its implementation towards the MDGs and A World Fit For Children (WFFC).

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

Survey Objectives

The 2006 Uzbekistan Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Uzbekistan;
- To furnish data needed for monitoring progress toward goals established in the Millennium Development Goals, the goals of A World Fit For Children, and other internationally agreed upon goals, as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Uzbekistan and to strengthen technical expertise in the design, implementation, and analysis of such systems.

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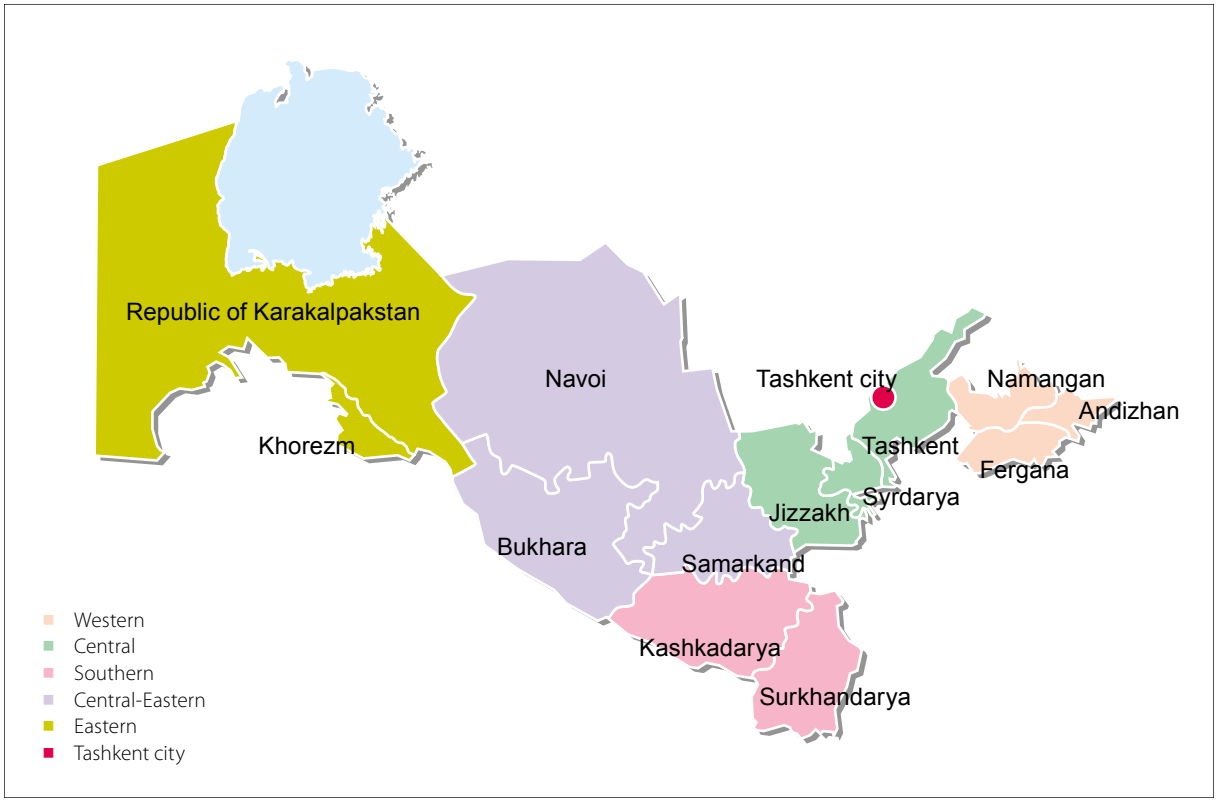
10.198 households were successfully interviewed.
4.986 questionnaires for children under age five and
13.919 questionnaires for women aged 15–49 were filled.

2. SAMPLE AND SURVEY METHODOLOGY

Sample Design

The sample for the Uzbekistan Multiple Indicator Cluster Survey was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for six geo-economical regions of the country, as follows:



Regions were identified as the main sampling domains and the sample was selected in three stages. At the first stage, 375 primary sampling units were selected with probability proportional to size from a master frame of 14,799 enumeration areas called "mahala" produced by a countrywide population review, conducted by the State Statistical Committee (SSC) in 2002. The list of selected enumeration areas served as the frame for the second stage of selection. Each enumeration area was assigned a measure of size equal to the desired number of "standard segments" it contains by dividing the population size of the enumeration area by 500 and rounding to the nearest whole number. One segment was randomly selected on the basis of a sketch-map prepared for each enumeration area. After a household listing was carried out within the selected segments, a systematic sample of 10,505 households was drawn. All selected enumeration areas were successfully visited.

The distribution of clusters between sampling domains is not proportional to the distribution of population and, consequently neither is the final household distribution. The sample is therefore not a self-weighting household sample. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all de jure household members, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15–49 years; and 3) an under-5 questionnaire, administered to mothers or caretakers of all children under 5 living in the household. A Steering Committee coordinated selection of the most important topics to be covered by the survey and final adjustment of the questionnaires to reflect issues relevant to Uzbekistan regarding population, women and children's health, family planning and other health issues.

The Household Questionnaire included the following modules:

- Household Listing
- Education
- Water and Sanitation
- Household Characteristics
- Child Labour
- Disability
- Maternal Mortality
- Salt Iodization

The Questionnaire for Individual Women was administered to all women aged 15–49 years living in the households, and included the following modules:

- Child Mortality
- Maternal and Newborn Health
- Marriage and Union
- Contraception
- Sexual Behaviour
- HIV knowledge

The Questionnaire for Children Under Five was administered to mothers or caretakers of children under 5 years of age[1] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; 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:

- Birth Registration and Early Learning
- Child Development
- Vitamin A
- Breastfeeding
- Care of Illness
- Immunization
- Anthropometry

The questionnaires are based on the MICS3 (MICS 3rd Phase) model questionnaire[2]. The questionnaires were translated into Uzbek and Russian from the MICS3 model English version and were pre-tested in one urban area of Tashkent city and one rural area of the Zangiatinsky rayon of Tashkent oblast during January 2006. Twenty eight persons, expected to act as fieldwork supervisors and editors during the main fieldwork, were trained for eight days, including a two-day fieldwork exercise to conduct interviews in both Uzbek and Russian. At this time weight measurements were also taken. Participants conducted interviews working in teams composed of two people, which allowed them to observe and support each other. A

1 The terms "children under 5", "children age 0–4 years", and "children aged 0–59 months" are used interchangeably in this report.

2 The model MICS3 questionnaire can be found at www.childinfo.org, or in UNICEF, 2006.

total of 117 household interviews were conducted, including completion of the 146 individual women's questionnaire and 55 questionnaires for children under-5. Each team performed five to ten household interviews. After the completion of the field exercise one day was dedicated to reviewing survey questionnaires and discussing issues and concerns which participants met during the interviews. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the Uzbekistan MICS questionnaires is provided in Appendix F.

There were a number of additions made to the Uzbekistan MICS questionnaires compared to the model MICS questionnaires. These were particularly related to education levels of population and pregnancy outcomes. In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, and measured the weights and heights of children age under 5 years. Details and findings of these measurements are provided in the respective sections of the report.

Training and Fieldwork

The field staff was trained for 10 days in early March 2006. A total of 92 participants were trained as field staff supervisors, editors and interviewers. Only female candidates were selected for the positions of interviewers and field editors. Males were recruited to act mainly as field supervisors. Training included plenary presentations, demonstrations and discussions. These were supplemented by small group activities such as role playing, mock interviews, discussions and performing, anthropometric measurements and iodine tests. A separate exercise to standardise anthropometric measurements was conducted in three Tashkent kindergartens.

Resource people from Ministry of Health, UNFPA and UNICEF made presentations on the country's programmes in family planning, maternal and child health, HIV/AIDS and salt iodization. In addition to in-class training, participants practiced their interviewing skills during a two days fieldwork exercise. Once completed, a final session was held to address any lasting concerns or issues that would be faced in the field. Participants selected as field supervisors and editors were given an additional two days of training on the topic of how to supervise fieldwork and edit questionnaires.

The data was collected by 15 teams; each comprising three to four female interviewers, one female editor/measurer, one supervisor and one driver. Senior staff from the State Statistical Committee and two national fieldwork coordinators coordinated and supervised the field work activities. An external supervision programme was set up to monitor and provide assistance to the survey field work activities.

Fieldwork began in the middle of March 2006 and was concluded in the middle of May 2006.

Data Processing

Data were entered on six microcomputers using the CSPro software and carried out by 9 data entry operators and 2 data entry supervisors. In order to ensure quality control, double entry of questionnaires and internal consistency checks were performed. Procedures and standard programs developed under the global MICS3 project and adapted to the Uzbekistan questionnaire were used throughout. An additional set of data quality control tables was developed by the data collection team and was used throughout the data entry to monitor the quality of incoming data and provide feedback to data collection teams. Data processing began simultaneously with data collection in April 2006 and was completed in early June 2006. Data were analysed using the SPSS (Statistical Package for Social Sciences) software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

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53.190 households' members were listed.
Of these, 26.578 were males, and 26.611 were females.
The survey estimated average household size is at 5.2.

3. SAMPLE COVERAGE AND THE CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Sample Coverage

Of the 10,505 households selected for the sample, 10,349 were found to be occupied. Of these, 10,198 were successfully interviewed resulting in a household response rate of 98.5 percent. In the interviewed households, 14,205 women (age 15–49) were identified. Of these, 13,919 were successfully interviewed, yielding a response rate of 98 percent. In addition, 5,039 children under age five were listed in the household questionnaire. Questionnaires were completed for 4,986 of these children, which corresponds to a response rate of 98.9 percent. Overall response rates of 96.6 and 97.5 are calculated for the women's and under-5's interviews respectively (Table 1).

There are no significant differences in response rates according to regions and urban rural residence. Household, woman and children questionnaires' response rates are all 95 percent or higher across different regions and urban and rural areas.

Characteristics of Households

The age and sex distribution of the survey population is provided in Table 2. The distribution is also used to produce the population pyramid in Figure 1. In the 10,198 households successfully interviewed in the survey, 53,190 household members were listed. Of these, 26,578 were males, and 26,611 were females. The survey estimated figures also indicate that the survey estimated the average household size at 5.2.

Table 3 provides basic background information on the households. Within households, the sex of the household head, region, urban/rural status, number of household members, and mother tongue of household head[3] are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households with at least one child under 18 (81%), at least one child under 5 (37%), and at least one eligible woman age 15–49 (89%). The majority of the household heads are males (82%). As a result of the distribution of the population across regions and urban and rural residence, the highest percentage of households in the sample is from the Eastern region (28%) and rural areas (62%). In four out of five households, the mother tongue of the household head is Uzbek.

Characteristics of Respondents

Tables 4 and 5 provide information on the background characteristics of female respondents 15–49 years of age and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful 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 the subsequent tabulations of this report.

3 This was determined by asking the mother tongue/native language of the head of the household in Household Questionnaire.

Figure 1.
Age and sex distribution of household population, Uzbekistan, 2006

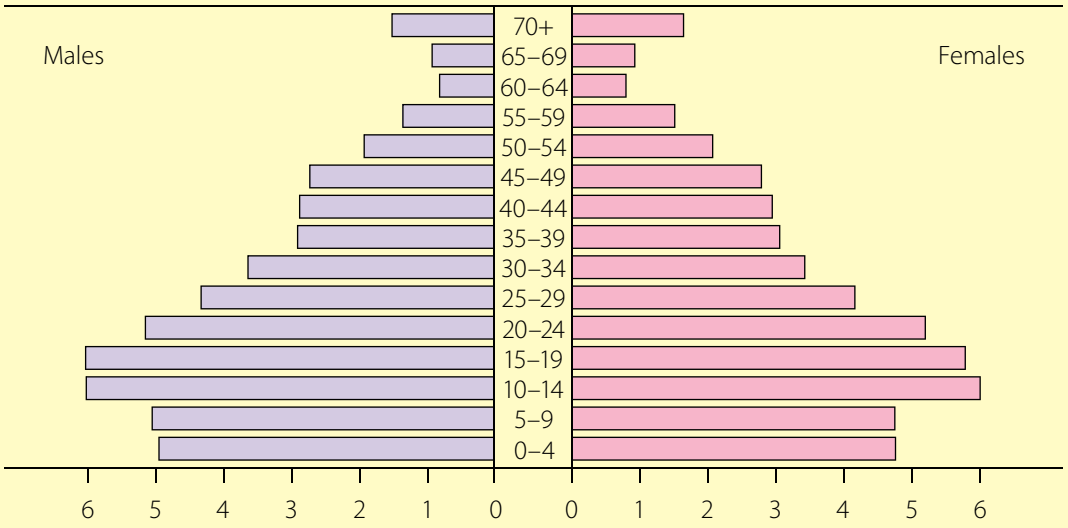


Table 4 provides background characteristics of female respondents 15–49 years of age. The table includes information on the distribution of women according to region, urban-rural areas, age, marital status, motherhood status, education[4], wealth index quintiles[5], and mother tongue of the household head.

Reflecting the results of high fertility rates in the past, there are proportionally more younger than older women and the proportion of respondents in each age group generally declines as age increases. Sixty-four percent of all women were currently married at the time of the survey and five percent were formerly married. As expected, most women reside in rural areas (69 percent) and the highest proportion was living in the Eastern region (29 percent) followed by the Central region (21 percent). Table 4 shows that primary education is almost universal in Uzbekistan and a large majority of women have also completed secondary school; 46 percent of women have completed secondary education and 25 percent completed secondary special, while only eight percent have received higher education. The distribution of women according to wealth quintiles implies nearly equal proportions for each category. As regards mother tongue of the household head, for 85 percent of women it is Uzbek while other languages like Russian, Karakalpak, and Tajik are also reported as the mother tongue of the household head.

4 Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

5 Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: main material of the dwelling floor, main material of the roof, main material of the walls, type of fuel used for cooking, availability of electricity, radio, TV, mobile telephone, non-mobile telephone, refrigerator, electric water boiler, table, chair, mirror, washing machine, vacuum cleaner, video player/DVD player, armoire, set of furniture, watch, bicycle, motorcycle or scooter, animal-drawn cart, car or truck, computer, tractor/combine, land that can be used for agriculture, cattle, milk cows or bulls, horses/donkeys/mules, camels, goats, sheep, chickens, rabbits, source of drinking water, and type of sanitary facility). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. It is assumed that the captures the underlying long-term wealth through information on the 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, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

The weighted and unweighted numbers of observations by regions and residences are in the expected direction and reflect the deliberate effort of over- and under-sampling of households as a sampling strategy. With regard to other background characteristics, weighted and unweighted numbers of observations do not differ significantly except for wealth and education.

Some background characteristics of children under 5 are presented in Table 5. These include distribution of children by several attributes: sex, region and area of residence, age in months, mother's or caretaker's education, wealth, and mother tongue of the household head.

Most children reside in rural areas (71 percent) and the highest proportion is in the Eastern region (27 percent) followed by the Central (22 percent) and Southern (21 percent) regions. With reference to mother's education, 49 percent of the children's mothers have completed secondary school and 28 percent have completed secondary special. The distribution of children according to wealth quintiles shows a slightly higher proportion for the poorest category and a slightly lower proportion for richest category compared to the others.

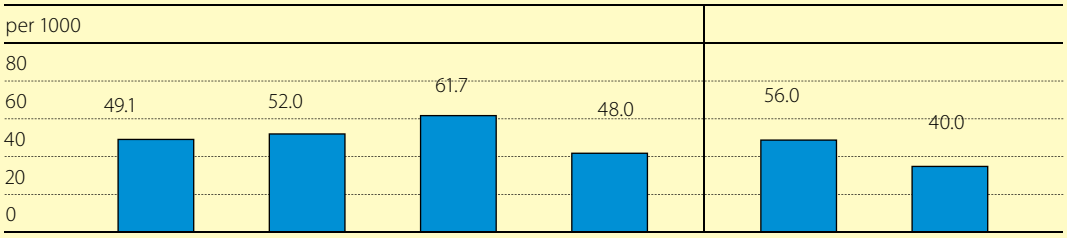
One of the overarching goals of the MDGs and the WFFC is to reduce infant and under five mortality. The infant mortality rate is estimated at 48 per thousand and the under five mortality rate is 57 per thousand.

4. CHILD MORTALITY

One of the overarching goals of the MDGs and the WFFC is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction of under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with those obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

The infant mortality rate is the probability of a child dying before the first birthday. The under-five mortality rate is the probability of a child dying before the fifth birthday. In the MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women. The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Uzbekistan, the East model life table was selected as the most appropriate pattern and age groups 25–29 and 30–34 were used to produce the mortality estimates[6].

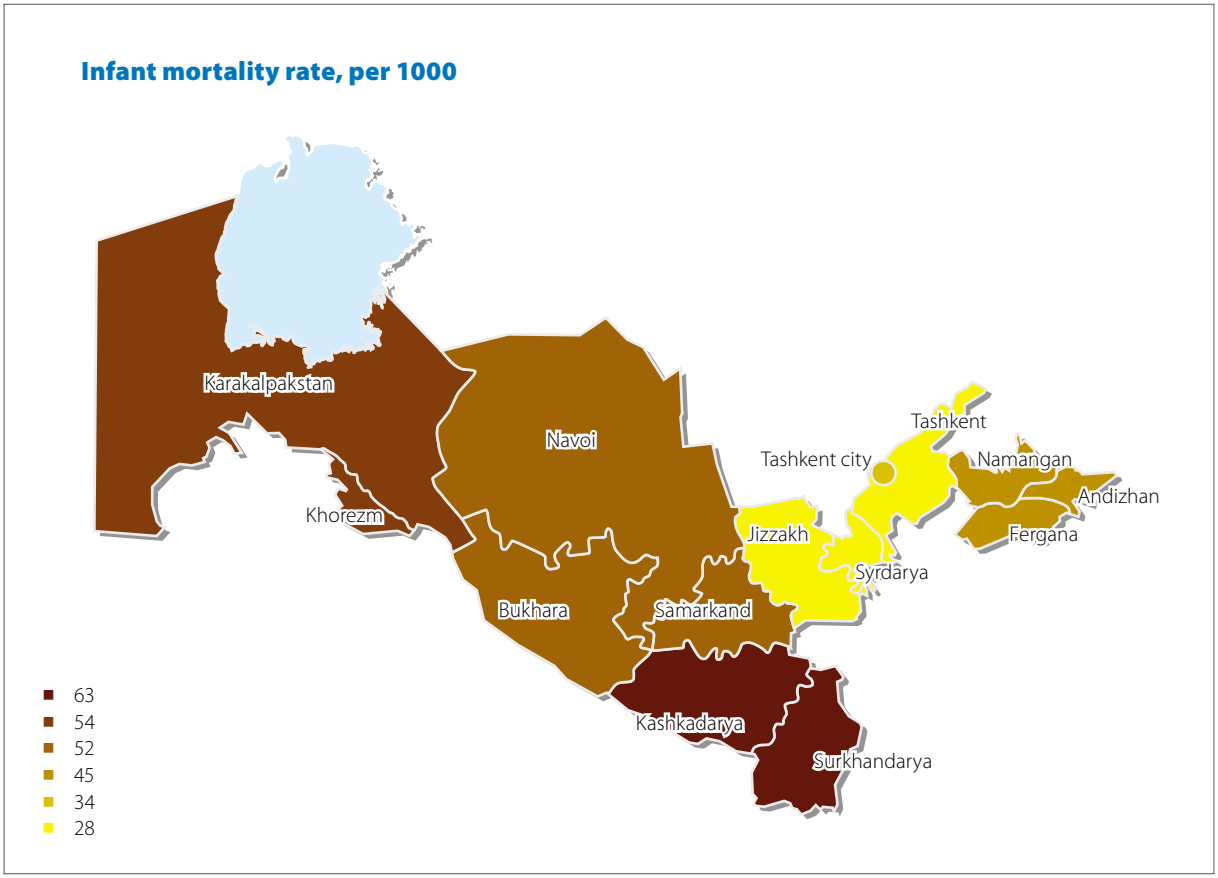
Figure 2.
Infant mortality rate estimates, Uzbekistan, 1996–2006



Recent infant mortality estimates for Uzbekistan are available from three other national-level surveys: the 2002 Uzbekistan Health Examination Survey (UHES), the 2000 Multiple Indicator Cluster Survey (MICS), and the 1996 Uzbekistan Demographic and Health Survey (UDHS). All of these surveys used the World Health Organization's definitions of live birth and child death. Mortality rates were calculated directly by using pregnancy histories of women in the 1996 UDHS and the 2002 UHES while MICS 2000 and MICS 2006 used indirect methods of calculation. Infant mortality estimates from all these sources are shown in Figure 2.

6 In MICS 2000, the age groups used for producing the mortality estimates were 20–24 and 25–29. Considering the declining fertility trends in Uzbekistan and in all other countries, it was decided in the third round of MICS to use 25–29 and 30–34 age groups for producing estimates.

The trend in infant mortality based on survey data suggests that there has been a relatively slow change in infant mortality over the past ten years taking into account the broad confidence intervals common for mortality estimates. There are also differences between the registered mortality rates and the survey findings. The existing discrepancy between registered infant mortality rates and survey data may be partially explained by the fact that official estimates of infant mortality use protocols established during the Soviet time, which do not consider newborns less than 999 grams in weight, those born before 28 weeks of pregnancy and those who do not manifest vital signs other than breath, as live births. At the same time, there is a persistent gap in the registration of births particularly for the first six months of a child's life (Aleshina and Redmond, 2003).



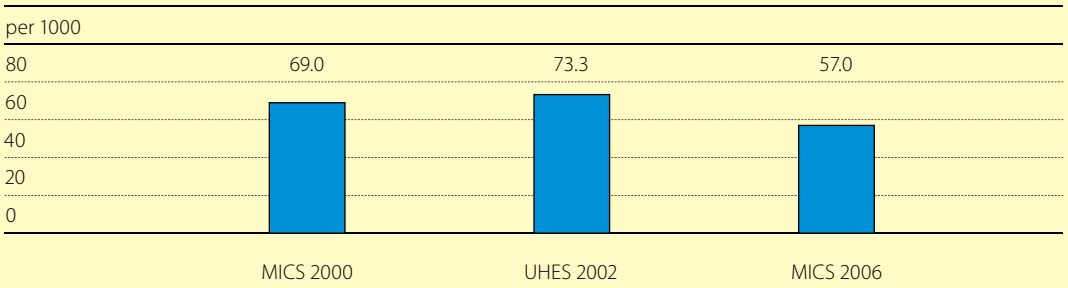
In addition to the differences in definitions between the surveys and the registration system, there are differences in the methodology of data collection. In all the surveys mentioned above, information about births and child deaths was obtained from the mother. In contrast, the registration system requires that either a health official or a family member registers the births or death.

Recent under-5 mortality estimates for Uzbekistan are also available from the 2002 UHES and the 2000 MICS (Figure 3). Although the under-5 mortality remained at around 70 per 1,000 in the first years of this decade, this survey implies an important drop in the under-5 mortality rate compared to the previous MICS. Further qualification of these apparent declines and differences as well as its determinants should be taken up in a more detailed and separate analysis.

Table 6 provides estimates of child mortality by various background characteristics. The infant mortality rate is estimated at 48 per thousand, while the under-5 mortality rate is 57 per thousand. These estimates have been calculated by averaging mortality estimates obtained from women age 25–29 and 30–34, and refer to mid 2002.

There is some difference between the probabilities of dying among males and females. In Uzbekistan, male children experience higher mortality than female children. Nationally, the

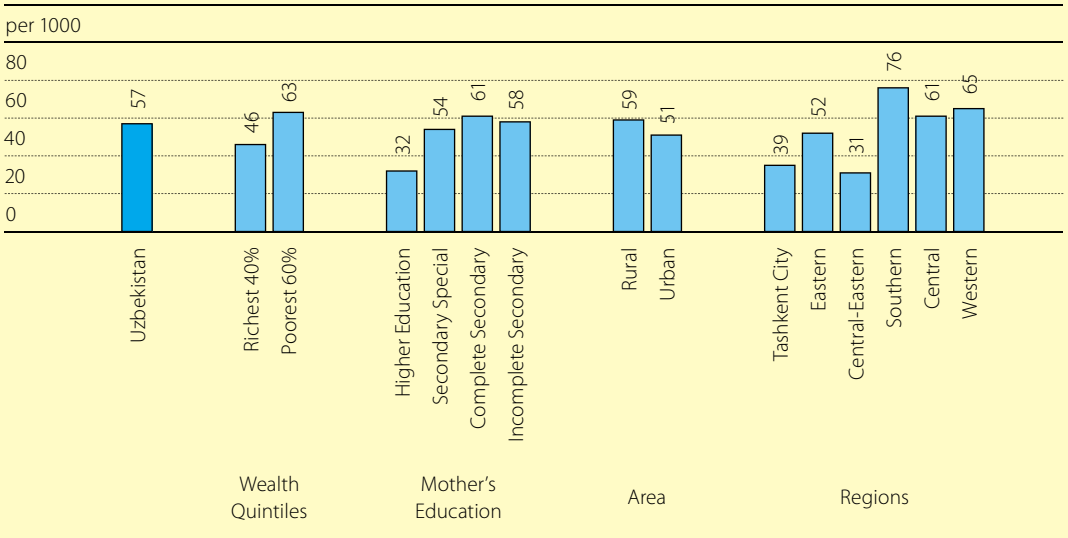
Figure 3.
Under-5 mortality rates, Uzbekistan, 2000–2006



level of infant mortality is 56 per 1,000 for males and 40 per 1,000 for females. Thus, infant deaths are 42 percent more likely among males than females. Excess male mortality during the first year of life is widespread in the European region and substantial in the countries of Central Asia and the Caucasus region where the official statistics show a male to female infant mortality ratio of 1.34 (WHO, 2006a). These findings need further analysis taking into consideration the higher than expected differentials. Underreporting of female children deaths might be one of the reasons for such gender differentials (Aleshina and Redmond, 2003).

Infant and under-5 mortality rates are lowest in the Central-Eastern region (28 and 31 per 1,000) and Tashkent (34 and 39 per 1,000), while the highest figures are registered in the Southern region (63 and 76 per 1,000). While there are differentials in infant mortality by education level of the mother, differentials by residence are not very high in Uzbekistan; children born in rural areas have a 14 percent higher probability of dying before their first birthday compared to those born in urban areas. There are significant differences in mortality in terms of wealth—the probability of dying among infants and under-5s living in the richest households is almost one-fourth lower then for children living in the poorest households. Differentials in under-5 mortality rates by background characteristics are also shown in Figure 4.

Figure 4.
Under-5 mortality rates by background characteristics, Uzbekistan, 2006



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4.986 children aged under five were measured for height and weight during the survey to define their nutritional status.

5. 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.

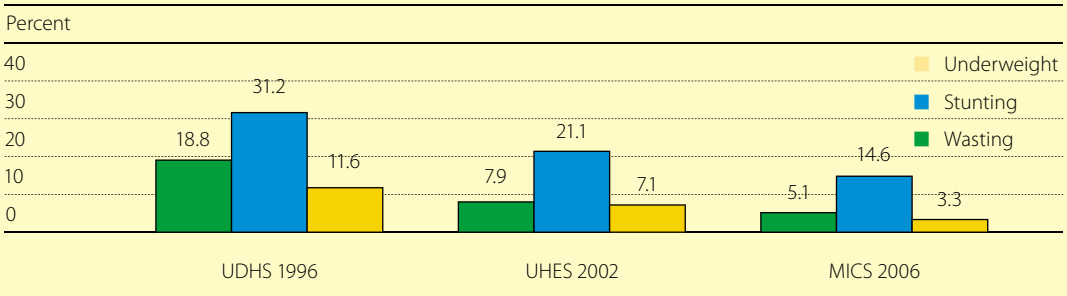
Malnutrition is associated with more than half of all children deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and those who survive are more likely to have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished—showing no outward sign of their vulnerability. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one-third (between 2000 and 2010), with special attention to children under 2 years of age. A reduction in the prevalence of malnutrition will assist in the goal of reducing child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the WHO/CDC/NCHS reference, which was recommended for use by UNICEF and the World Health Organization at the time the survey was implemented. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight-for-age is more than three standard deviations below the median are classified as *severely underweight.*

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted.* Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted.* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Figure 5.
Prevalence of malnutrition, Uzbekistan, 1996–2006



Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted,* while those who fall more than three standard deviations below the median are *severely wasted.* Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In MICS, the weight and height of all children under 5 years of age was measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements.

For all the three indicators, considerable drops were observed during the last 10 years (see Figure 5). The prevalence of underweight children decreased down from 19 to 5 percent, stunting from 31 to 15 percent, and wasting from 12 percent to 3 percent.

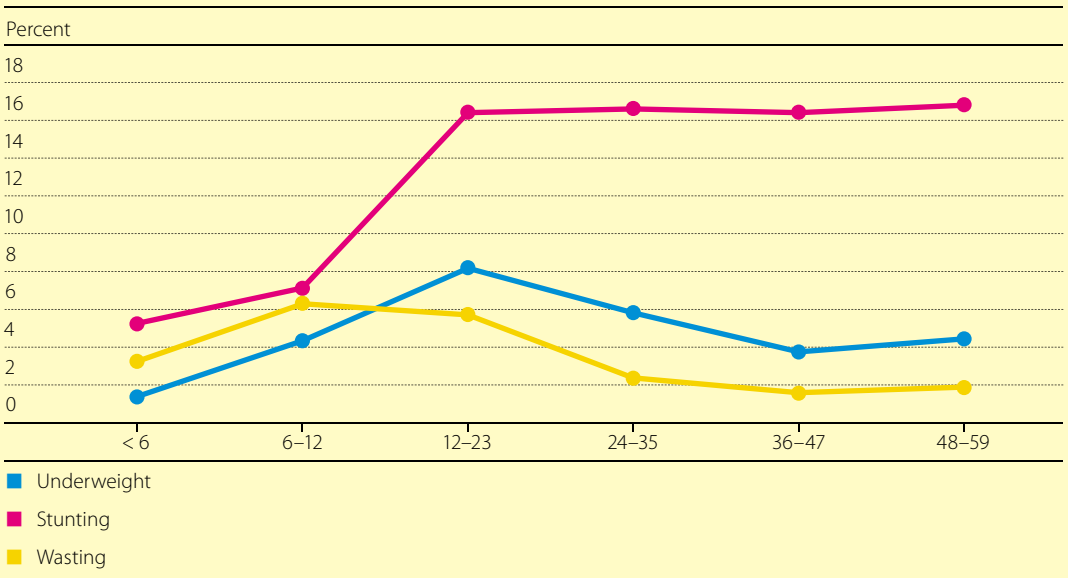
Table 7 shows percentages of children classified into each of these categories, based on the anthropometric measurements taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above 2 standard deviations from the median of the reference population.

In Table 7, children who were not weighed and measured (approximately 2 percent of children) and those whose measurements are outside a plausible range are excluded.

Almost one in twenty children under age five in Uzbekistan are moderately underweight (5 percent) and one percent are classified as severely underweight (Table 7). Fifteen percent of children are stunted or too short for their age and four percent are severely stunted, indicating the prevalent failure to receive adequate nutrition over a long period. Three percent of children under-5 are wasted or too thin for their height. It is estimated that about seven percent of children under-5 are overweight.

Children from the Southern and Eastern regions are more likely to be underweight (7 and 6 percent accordingly) while stunting is more prevalent in Western (18 percent), Eastern (17 percent), Southern (16 percent) and Central-Eastern regions (15 percent). In contrast, the percentage of children who display wasting is highest in the Central region (6 percent). Those children whose mothers have secondary special or higher education are the least likely to be underweight

Figure 6.
Percentage of children aged 0–59 months who are undernourished, Uzbekistan, 2006



and stunted compared to children of mothers with incomplete or complete secondary education. Girls appear to be slightly more likely to be underweight and stunted than boys, but the latter are slightly more exposed to wasting. The age pattern shows that a higher percentage of children aged 12–23 months are undernourished according to all three indices in comparison to children who are younger and older (Figure 6).

This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and the environment. The wealth of the household and mother tongue of household head are also important determinants of the nutritional status of the children. Those living in the wealthier households are less exposed to malnourishment. Children from the households where the mother language of the household head is Karakalpak are the most exposed to moderate (27 percent) and severe stunting (8 percent).

Breastfeeding

Breastfeeding for the first few 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 faltering growth and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding up to 2 years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for the first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at 6 months
- Frequency of complementary feeding: 2 times per day for 6–8 month olds; 3 times per day for 9–11 month olds

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

The indicators of recommended child feeding practices are as follows:

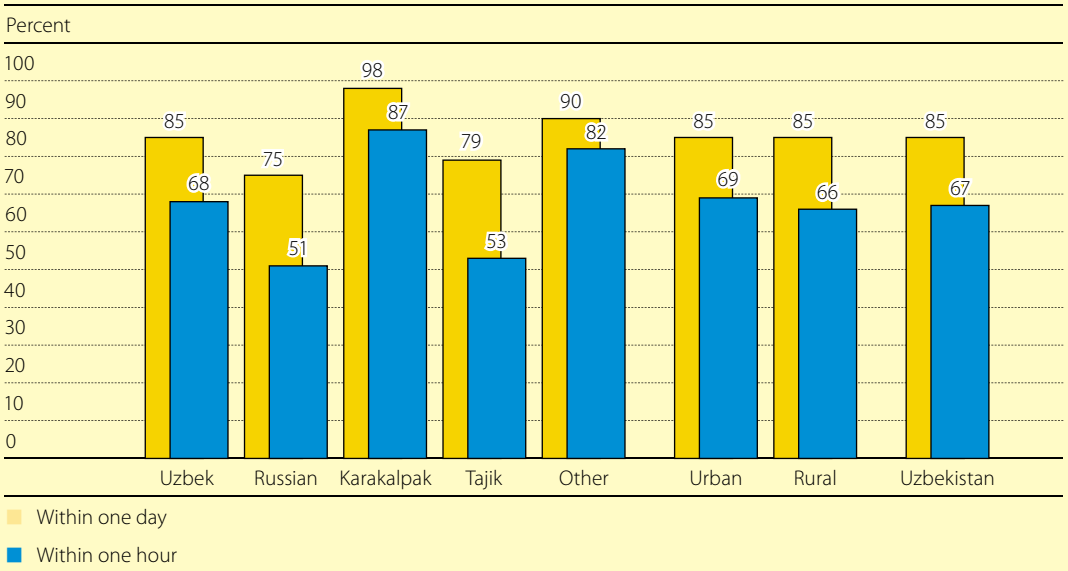
- Exclusive breastfeeding rate (< 6 months & < 4 months)
- Timely complementary feeding rate (6–9 months)
- Continued breastfeeding rate (12–15 & 20–23 months)
- Timely initiation of breastfeeding (within 1 hour of birth)
- Frequency of complementary feeding (6–11 months)
- Adequately fed infants (0–11 months)

Table 8 provides the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (including those who started within one hour). More than two-thirds (67 percent) of women with a live birth in the two years preceding the survey started breastfeeding as early as within one hour of birth and only 15 percent did not begin breast feeding within one day of birth. Except for regions and mother tongue of household head there were no marked variations among population subgroups with respect to starting breastfeeding within one hour of birth. The Central region had the lowest proportion (50 percent) while the Eastern region had the highest (77 percent). Differences by mother tongue of household head may be due to the low number of observations for some categories but when the household head's mother tongue is Karakalpak the proportions were quite high (87 percent for starting breastfeeding within one hour and 98 percent for starting within one day) while if it is Russian the proportions were as low as 51 percent and 75 percent,

Exclusive breastfeeding during first six months and continued for the next two years of life protects children from infections, provides an ideal source of nutrients, and is economical and safe.

respectively (Figure 7). Overall, variations among background characteristics are smaller in case of breastfeeding started within one day of birth.

Figure 7.
Percentage of mothers who started breastfeeding within one hour and within one day of birth, Uzbekistan, 2006



In Table 9, breastfeeding status is based on the reports of mothers/caretakers regarding children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0–3 months and 0–5 months), as well as complementary feeding of children 6–9 months and continued breastfeeding of children at 12–15 and 20–23 months of age.

Despite the high prevalence of breastfeeding of newborns, the majority of infants are not fed in compliance with WHO/UNICEF recommendations. Exclusive breastfeeding, which should continue until age six months, is not very common in Uzbekistan. Approximately 26 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. At age 6–9 months, 45 percent of children are receiving breast milk and solid or semi-solid foods. By age 12–15 months, 78 percent of children are still being breastfed and by age 20–23 months, 38 percent are still breastfed. There is no difference between boys and girls with regard to exclusively breastfeeding. Continued breastfeeding of infants after one year of age is more common among women living in rural areas and those who classified as poorer according to the wealth index quintiles. Also, among women where the mother tongue of the household head is Uzbek, continued breastfeeding is more common compared to other language groups.

The adequacy of infant feeding in children under 12 months is provided in Table 10. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0–5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6–8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9–11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day. Table 10 shows that the proportion of infants age 6–8 months who are adequately fed is 30 percent

and for those age 9–11 months the proportion is only 28 percent. The figures imply that the feeding practices with the introduction of complementary foods do not improve after the age of six months. As the age of the infant increases, higher percentages are observed with regard to adequate feeding for females, for those living in urban areas, Tashkent city, the Central-Eastern, and Eastern regions, and for those living in richer households. As a result of these feeding patterns, only 29 percent of children aged 6–11 months are being adequately fed. Adequate feeding among all infants (aged 0–11) drops to 28 percent. When infants age 6–11 months and all infants aged under one year are considered, females and those living in urban and the Central-Eastern and Eastern regions have higher percentages of appropriate feeding.

Salt Iodization

Iodine Deficiency Disorders (IDD) is 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. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its 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 is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

The production of Iodized salt in Uzbekistan commenced in 1998, as a measures to eliminate Iodine Deficiency. Iodine as a fortificant comes from potassium iodate, which has been distributed by the Institute of Endocrinology and the Ministry of Health, with the assistance of UNICEF and the Asian Development Bank, who also provided equipment for iodination and established national mechanism for systematic supply with potassium iodate. In a framework of

Percentage of households consuming adequately iodized salt by oblast

Universal Salt Iodination advocacy campaign in Uzbekistan, a number of salt producers were equipped with the laboratories and trained in monitoring of the quality of process. During the campaign, UNICEF and the Ministries of Public Education and Health conducted a series of health lessons at about 10.000 schools with participation of more than 2 million children.

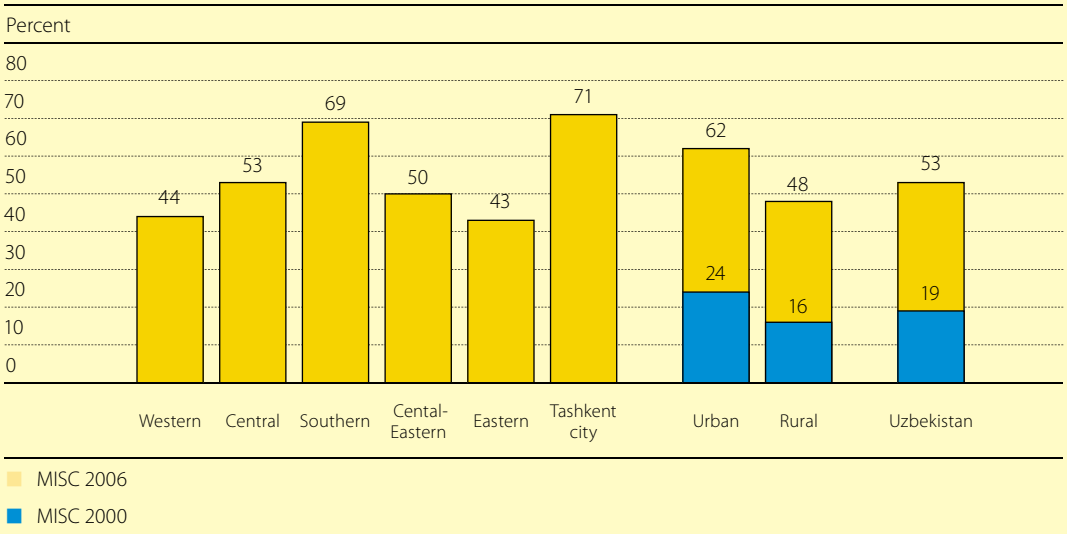
By the middle 2005, there are 62 salt producing companies in Uzbekistan, where iodized salt is being produced at 26 enterprises. They produced 91,486 tons of salt in 2004.

According to the survey conducted by the Institute of Endocrinology in 2005, the adequate provision of iodized salt are 56% and 63% of population have access to iodized salt.

The Uzbekistan Senate approved the IDD law on the 29th of March 2007. UNICEF will work with the MOH & state standard committee to revise existing rules and regulations on sales of none iodized salt, monitoring and quality control, import of the potassium iodate.

In about 99 percent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. Table 11 shows that in 53 percent of households, salt was found to contain 15 PPM or more of iodine. This indicates the significant progress made over the past five years (19 percent in MICS 2000) (See also Figure 8). Use of iodized salt was lowest in the Eastern region (43 percent) and highest in the Tashkent city (71 percent). More than three-fifth (62 percent) of urban households were found to be using adequately iodized salt as compared to 48 percent in rural areas. There was an increasing trend in the use as the level of education of household head and the wealth of the household increased.

Figure 8.
Percentage of households consuming adequately iodized salt, Uzbekistan, 2000–2006



Vitamin A Supplements

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 quite 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 the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the United Nations General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 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 between the ages of 6 to 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 programs, the definition of the indicator is the percentage of children 6–59 months of age who have received at least one high dose vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, the Uzbekistan Ministry of Health recommends that children aged 6–11 months be given one high dose Vitamin A capsule and children aged 12–59 months given a vitamin A capsule every 6 months. In some parts of the country, Vitamin A capsules are linked to immunization services and are given when the child has contact with these services at six months of age. The MoH and UNICEF agreed on a "Prevention of the vitamin A deficiency" project in Uzbekistan and started the implementation of the program in 2003. This program is targeting children aged 6–59 months and is an integral part of the "Healthy Child Week" program which is conducted twice-yearly using the postnatal health services in all regions of the republic. The last tour of vitamin A supplementation campaign was carried out in February and August 2006.

Within the six months prior to the MICS, 72 percent of children aged 6–59 months received a high dose Vitamin A supplement (Table 12). Approximately 6 percent had not received the supplement in the last 6 months but had received one prior to that time. Twelve percent of children received a Vitamin A supplement at some time in the past but their mother/ caretaker was unable to specify when. For 3 percent of children, the mother could not remember if the child had received the supplement or not. Vitamin A supplementation coverage is highest in the Western region (95 percent) and lowest in Tashkent city (37 percent).

The age pattern of Vitamin A supplementation shows that supplementation in the last six months drops from around 78 percent among children aged 6–11 and 12–23 months to 63 percent among children aged 48–59 months. The mother's level of education does not seem to be related to the likelihood of Vitamin A supplementation. The percentage who received a supplement in the last six months was 65 percent among children whose mothers have higher education while for all other education categories the percentage was above 70 percent. Similarly, children living in richer households have the lowest percentage (56 percent) compared to all other groups but there was no clear trend.

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 grams) carries a range of grave health risks for children. Ba-

bies 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.

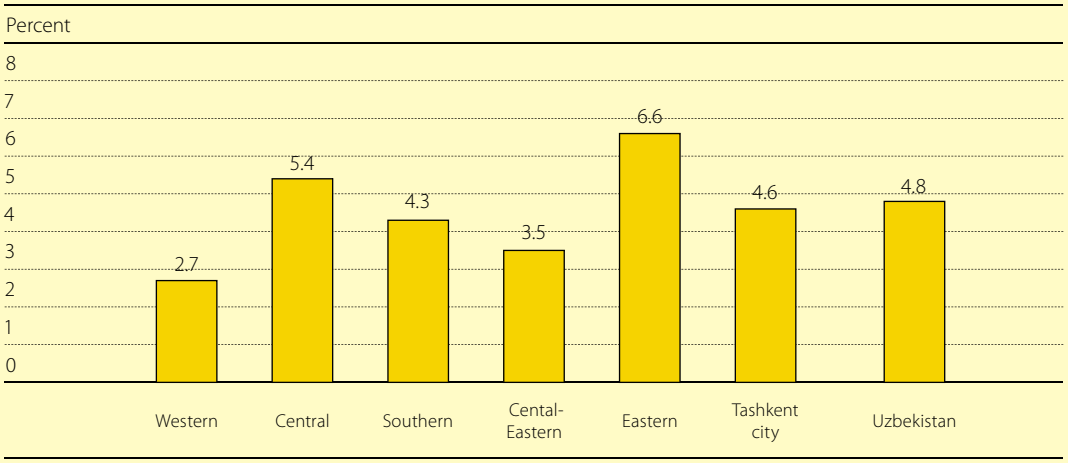
In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the 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.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. 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.

The percentage of infants weighing below 2500 grams at birth 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 recollection of the child's weight or the weight as recorded on a health card if the child was weighed at birth[7] .

Overall, nearly all infants were weighed at birth and approximately 5 percent were estimated to weigh less than 2500 grams (Table 13). There was only slight variation by region (Figure 9). The percentage of low birth weight was slightly higher among children living in poorer households.

Figure 9.
Percentage of Infants weighting less than 2500 grams at birth, Uzbekistan, 2006



7 For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

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"...a World Fit For Children goal is to ensure full immunization of children under one year of age at 90 percent nationally…". 81 percent of children in Uzbekistan received all eight recommended vaccinations.

6. CHILD HEALTH

Immunization

The Millennium Development Goal 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 in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a 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. The vaccination schedule followed by the National Immunization Programme of Uzbekistan provides all vaccinations mentioned above as well as vaccinations against hepatitis B (three doses). In Uzbekistan, a polio vaccination is given right after birth (classified as Polio 0) and then three doses of Polio as well as DPT are given as in many other countries. All vaccinations should be received during the first year of life, with the exception of measles which is given soon after the age of 12 months. Taking into consideration this vaccination schedule, immunization coverage was estimated for the cohort 15–26 months of age, allowing a reasonable interval of three months for children to receive measles vaccine.

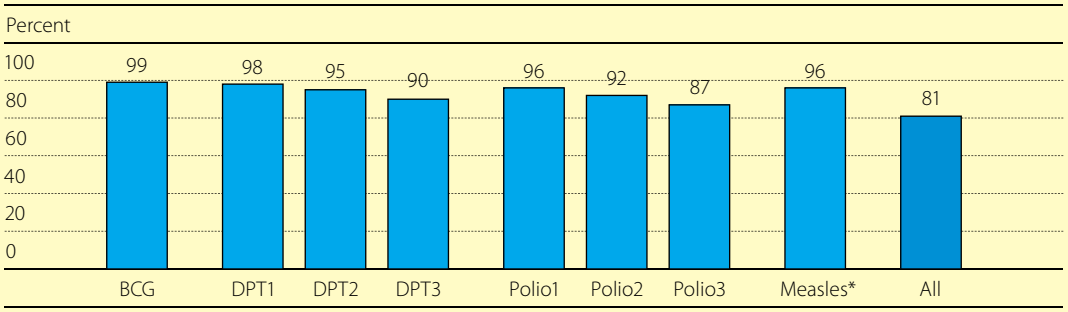
Mothers were asked to provide vaccination cards for children under the age of five. If there was a card, interviewers copied vaccination information onto the MICS3 questionnaire. Overall, 96 percent of children had cards (Table 14) but if there was no card, interviewers asked the mother questions about each vaccine separately. In Uzbekistan child health records, including vaccination cards, are routinely kept and updated in the local health facilities. Therefore interviewers were required to visit the health clinics near to the interview location and check the vaccination status of every child by completing a separate vaccination module on the questionnaire regardless of the availability of a vaccination card at home or the mother's report. The vaccination status of each child was then reconstructed using all three sources of information, giving priority to the records held at health facilities.

The percentage of children aged 15 to 26 months who received each of the vaccinations is shown in Figure 10.

Nearly all children aged 15–26 months received a BCG vaccination by the age of 12 months (99.2 %) and the first dose of DPT was given to 98 percent. The percentage declines for subsequent doses of DPT to 95 percent for the second dose, and 90 percent for the third dose (Figure 10). Similarly, 96 percent received the first dose of Polio by age 12 months and this declines to 87 percent by the last dose. The coverage for measles vaccine by 15 months is also high at 96 percent. As a result, the percentage of children who had all eight recommended vaccinations is high at 81 percent. The corresponding figure from MICS 2000 was 60 percent.

The coverage of hepatitis B vaccine was analyzed separately since it was only recently introduced in Uzbekistan. Nearly all children (99 percent) aged 15–26 months had received the first dose of hepatitis B vaccine by the age of 12 months (Table not shown). As in the case of the polio and DPT coverage, the prevalence of subsequent doses of hepatitis B vaccine drops slightly to 94 percent for the second dose and 86 percent for the third dose.

Figure 10.
Percentage of children aged 15–26 months who received the recommended vaccinations by 12 months, Uzbekistan, 2006



* By 15 months for measles vaccine

Tables 14 and 15 show vaccination coverage rates among children 15–26 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. There are no significant differences in vaccination coverage by sex. However, although the differences are not very high, it is interesting to note that vaccination coverage is lower in urban areas, among children of women with higher education and those living in richer households. The overall high levels of immunization coverage for different vaccines are partly responsible for the small differentiations but it is clear that vaccination programs are more successful in rural or less developed areas.

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from 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 goals are to: 1) reduce by one half death due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- (ORT or increased fluids) AND continued feeding

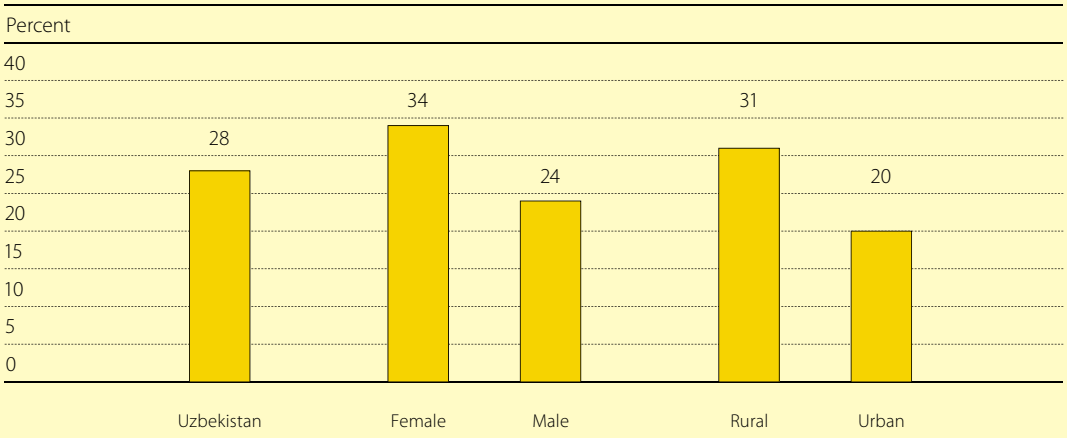
In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the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

Overall, only 3 percent of children under five had diarrhoea in the two weeks preceding the survey (Table 16). Because of the low number of observations, Tables 16 and 17 are presented only with background characteristics sex and residence. Diarrhoea prevalence was similar in urban and rural residences and among males and females. Table 16 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add up to 100. About 28 percent received fluids from ORS packets; 36 percent received recommended home-made fluids, and 60 percent received pre-packaged ORS fluids. Approximately 79 percent of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 21 percent received no treatment. The low number of cases observed with diarrhoea during the two weeks preceding the survey also does not allow the analysis of the source and cost of supplies for oral rehydration salts. For about 39 percent of the diarrhoea cases who received ORS treatment the source is public without a cost involved while for 41 percent the source is private and the median cost is 200 UZS (Table not shown).

About one third (34 percent) of children under five with diarrhoea drank more than usual while 62 percent drank the same or less (Table 17). Forty eight percent ate somewhat less, the same or more (continued feeding), but 49 percent ate much less or ate almost nothing. Given these figures, only 17 percent of children received increased fluids and at the same time continued feeding. Combining the information in Table 17 with those in Table 16 on oral rehydration therapy, it is observed that 28 percent of children either received ORT or fluid intake was increased, and at the same time, feeding was continued, as is recommended.

There are significant differences in the home management of diarrhoea by sex and residence. In rural areas, only 20 percent of children received ORT or increased fluids AND continued feeding, while the figure is 31 percent in rural areas. A higher percentage of females received ORT or increased fluids AND continued feeding (34 percent versus 24 percent) (Figure 11).

Figure 11.
Percentage of children aged 0–59 with diarrhoea who received ORT or increased fluids, AND continued feeding, Uzbekistan, 2006



Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A World Fit for Children goal is to reduce by one-third the deaths due to acute respiratory infections.

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

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

This question was limited to children who had had suspected pneumonia within the previous two weeks and whether or not they had received an antibiotic within the previous two weeks.

Table 18 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. Only 2 percent of children aged 0–59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 68 percent were taken to an appropriate provider. Because of the low number of cases with acute respiratory infection Table 18 is presented with only two background variables; sex and residence. It is evident that a higher proportion of children are taken to appropriate providers in urban areas.

Table 19 presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex, and residence. Because of the low number of children with suspected pneumonia, the table only presents differentiation by sex and residence. In Uzbekistan, 56 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. The percentage is higher among females and among children living in urban areas. For most of the cases (86 percent) the source of the antibiotics is the private sector. Those obtaining the antibiotics from public sources received them for free, while the median cost for obtaining the antibiotics from the private sector was 1000 UZS (Table not shown).

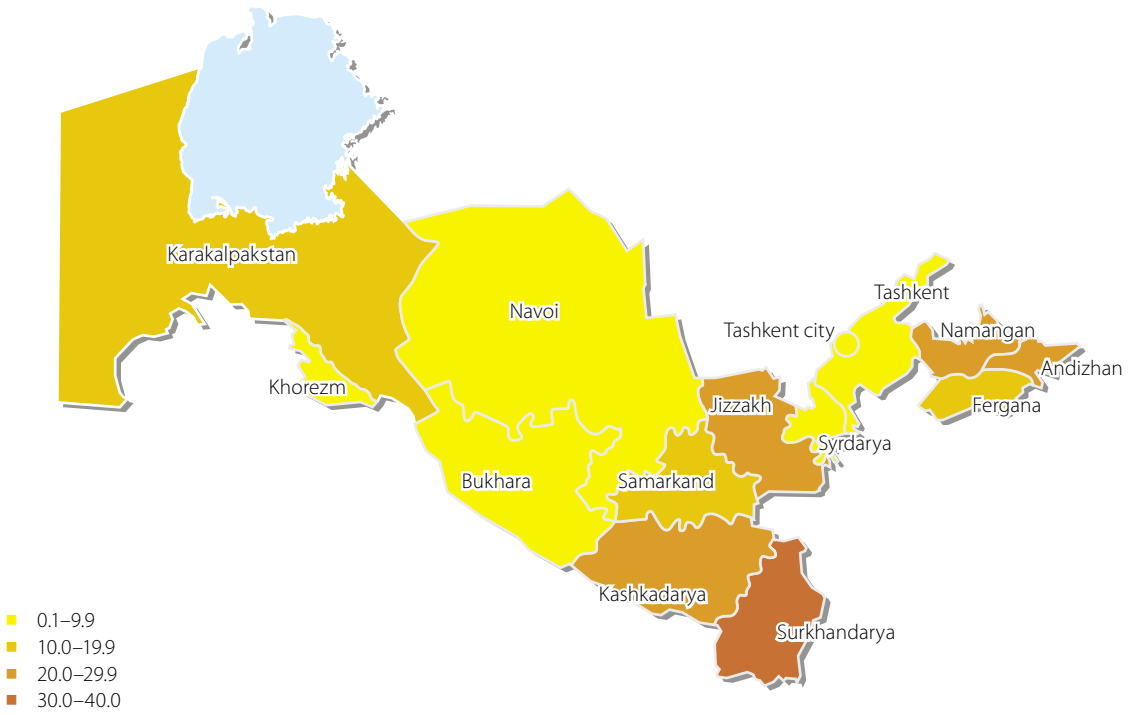
Issues related to knowledge of the danger signs of pneumonia are presented in Table 20. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, only 15 percent of women know the two danger signs of pneumonia—fast and difficult breathing. The most commonly identified reason for taking a child to a health facility is the child developing a fever (94 percent). Thirty five percent of mothers identified fast breathing and 24 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. There is significant variation by residence in recognizing the two danger signs of pneumonia. Half of the mothers/care takers in the Western region are able to recognize the two danger signs of pneumonia while this proportion is only 3 percent in the Eastern region and 6 percent in the Southern region. No significant differentiation is observed by residence. This percentage increases with increasing education level and socioeconomic status.

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO2, and other toxic elements. Use of solid fuels increases the risk of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Overall, only 16 percent of all households in Uzbekistan are using solid fuels for cooking (Table 21). Use of solid fuels is very low in urban areas (1 percent) compared to rural areas (25 percent). Differentials with respect to region and household wealth are also significant while

Percentage of households used solid fuels for cooking



there are very small differences for different educational levels. The table clearly shows that the percentage becomes lower where there is significant use of natural gas and higher where wood is the main fuel used for cooking purposes.

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. The use of closed stoves with chimneys minimizes indoor pollution, while an open stove or fire with no chimney or hood provides no protection from the harmful effects of solid fuels. The type of stove used with solid fuel is depicted in Table 22. In Uzbekistan, among households using solid fuel, more than one third of them (35 percent) uses an open stove or fire with no chimney or hood, 54 percent an open stove or fire with chimney or hood and only 10 percent a closed stove with chimney. As expected, there are regional and residential differences in the use of solid fuels for cooking. In the western region, the majority of households using solid fuel is using closed stove with chimney (81 percent), while the most common use is open stove or fire with chimney or hood in the Southern region (77 percent) and open stove or fire without chimney or hood in the Central region (61 percent). No significant relationship is found by residence, education, or socioeconomic status.

Safe drinking water is a basic necessity for good health

7. ENVIRONMENT

Water and Sanitation

Safe drinking water is a basic necessity 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 is particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction of at least one-third in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water.

The list of indicators used in MICS are as follows:

Water

- Use of improved drinking water sources
- Use of an adequate water treatment method
- Time to the source of drinking water
- Person collecting drinking water

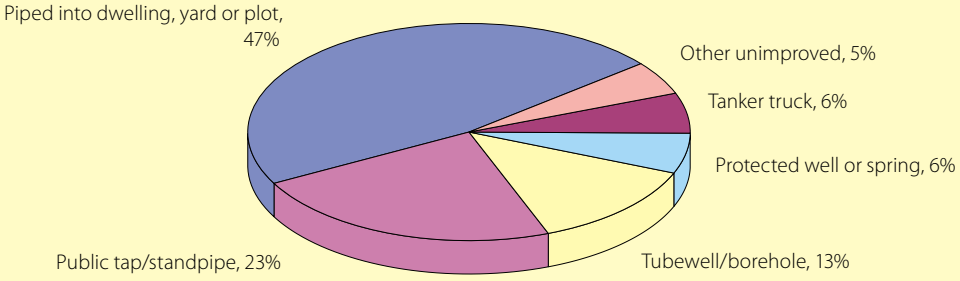
Sanitation

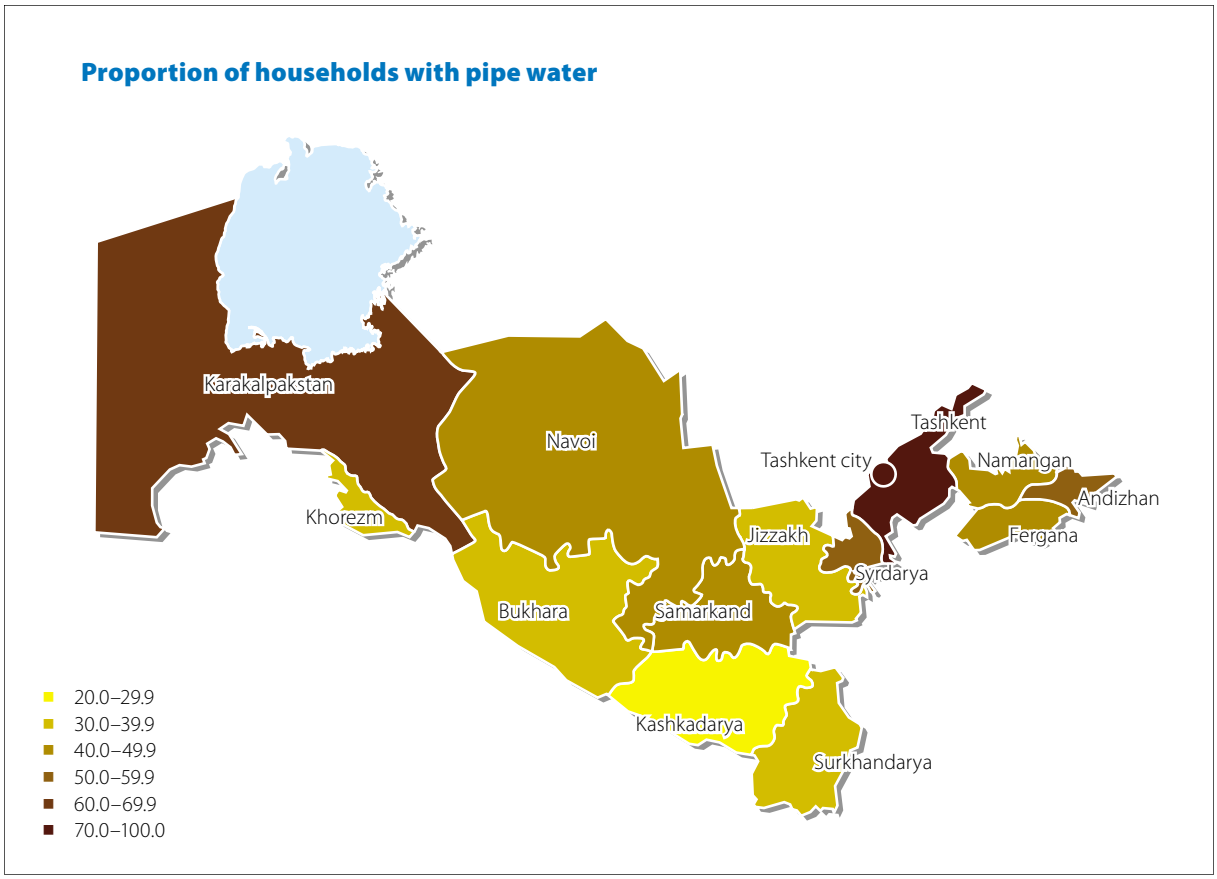
- Use of improved sanitation facilities
- Sanitary disposal of children's faeces

The distribution of the population by source of drinking water is shown in Table 23 and Figure 12. The population using improved sources of drinking water are those who use any of the following types of supply: piped water (into dwelling, yard or plot) public tap/standpipe, borehole/tube-well, protected well, or protected spring.

Overall, 90 percent of the population has access to improved drinking water sources—100 percent in urban areas and 85 percent in rural areas. The situation in the Southern region is considerably worse than in other regions; only 67 percent of the population in this region gets its drinking water from an improved source.

Figure 12.
Percentage distribution of household members by source of drinking water
Uzbekistan, 2006





The source of drinking water for the population varies significantly by region (Table 23). Use of water piped into dwellings is quite widespread in Tashkent city (80 percent) and 19 percent use water piped into their yard or plot as their drinking water. The second closest use of piped water, both into dwellings and yards/plots, is in the Central-Eastern region with 55.7 percent. In the Southern region, only 29 percent use piped water (either into the dwelling or the yard/plot) while 19 percent of population in the Southern region use water from tanker trucks as their drinking water (an unsafe source). The source of drinking water also varies significantly by household wealth. There is a strong positive association between the wealth of the household and the use of water piped into the dwelling.

Use of in-house water treatment is presented in Table 24. 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 treatment methods. The table shows the percentages of household members using each of these methods for households using improved and unimproved drinking water sources. Overall, nearly all households (99 percent) use an appropriate water treatment method (the overwhelming majority use boiling) and there is no variation according to whether the household is using an improved or unimproved water source. There is also no differentiation by background characteristics as almost all categories have very high levels of appropriate water treatment.

The amount of time it takes to obtain water is presented in Table 25 and the person who usually collects the water in Table 26. Note that these results refer to one roundtrip from home to the drinking water source. Information on the number of trips made in one day was not collected.

Table 25 shows that for 60 percent of households, the drinking water source is on the premises. For a third of all households, it takes less than 30 minutes to get to the water source and bring water, while 7 percent of households spend 30 minutes to 1 hour for this purpose. Excluding those households with water on the premises, the average time to the source of drinking water

is 15 minutes. The time spent in urban and rural areas in collecting water does not differ significantly. There are slight differences in the average time to the source of drinking water by region but the differences are negligible for education, and wealth level of the household.

Table 26 shows that for the majority of households, an adult female is usually the person collecting the water (58 percent), when the source of drinking water is not on the premises. Adult men collect water in 36 percent of cases, while it is relatively rare for female or male children under age 15 to collect water (6 percent). For households in the Western region, it is more likely for woman to collect drinking water (69 percent) while in the Eastern region this percentage declines to 54 percent.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush to a piped sewer system, septic tank, or pit latrine, ventilated improved pit latrine, and pit latrine with slab.

Nearly all of the population of Uzbekistan is living in households using improved sanitation facilities and there are no differentiations according to the background characteristics (Table 27). However, there are important differences with respect to the type of facility. The most common facility in Tashkent city is flush toilets connected to a sewage system (91 percent). In all other regions, ventilated improved pit latrines or pit latrines with slabs are common. In the Eastern region three out of every four households have a pit latrine with a slab while in the Southern region more than half of the households use ventilated improved pit latrines. The most common facilities in urban areas are flush toilets connected to a sewage system or septic tank (39 percent) followed by pit latrines with slabs (30 percent) while in rural areas pit latrines with slabs are the most common (54 percent) followed by ventilated improved pit latrines (40 percent).

Safe disposal of children's faeces is disposal of the stool either by the child using a toilet or by rinsing the stool into a toilet or latrine. The method of disposal of faeces of children 0–2 years of age is presented in Table 28. Overall, stools are disposed of safely for 59 percent of children aged 0–2 years. For more than half of the children, the child's last stool was put/rinsed into a toilet or latrine (56 percent). The child's last stool was put/rinsed into a drain or ditch in 20 percent of the cases and in another 15 percent it was buried. The differentiation by regions is significant. Burying the child's faeces was quite common in the Western region (49 percent) while in the Central region in nearly half of the cases the last stool was put/rinsed into a drain or ditch (47 percent). Putting/rinsing the stool into a toilet or latrine was the most common method in the other regions, the Eastern region having the highest percentage (77 percent).

Overall, 90 percent of the households are using improved sources of drinking water and nearly all households use sanitary means of excreta disposal (99 percent) (Table not shown). The use of both improved sources of drinking water and sanitary means of excreta disposal is evident in 89 percent of the households. The lowest percentages are observed for the households in the Southern region and households in rural areas have lower percentages of using improved sources of drinking water and sanitary means of excreta disposal. These indicators increase with increasing socioeconomic status.

Almost every single baby in the country is delivered by skilled personnel

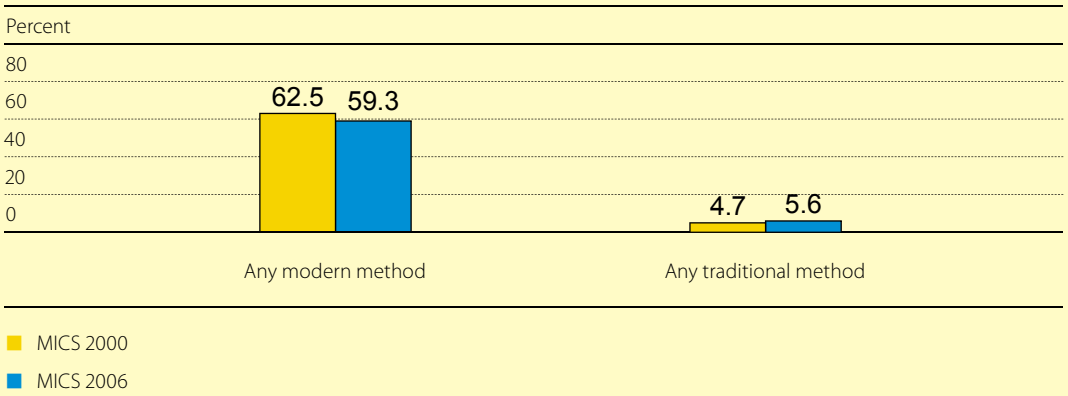
8. REPRODUCTIVE HEALTH

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. A World Fit for Children goal is access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.

Current use of contraception was reported by 65 percent of women currently married or in union (Table 29). Compared to the previous MICS 2000 survey, there was a slight decrease at the overall level of use and modern method use (Figure 13). The most popular method is the IUD (Intrauterine Device) which is used by half of all married women in Uzbekistan. All of the remaining contraceptive methods have percentages not exceeding three percent implying clearly that IUD is the most widely preferred method in Uzbekistan. Between two and three percent of women reported the use of the Lactation Amenorrhea Method (LAM), pill, condom, and female sterilization. Only six percent of currently married women reported the use of traditional methods.

Figure 13.
Contraceptive use, Uzbekistan, 2000–2006



The use of contraception is highest in the Eastern region at 71 percent and lowest in the Southern region at 56 percent. About two-thirds of currently married women in the other regions use a method of contraception. Adolescents are far less likely to use contraception than older women. Only about 22 percent of married or in union women aged 15–19 currently use a method of contraception compared to 68 percent of 25–29 year olds.

As a result of high levels of education among women in Uzbekistan, less differentiation is observed among different categories of education. The percentage of women using any method of contraception is lowest among women with incomplete secondary education (60 percent). Differentiation is less clear with regard to wealth status of the household and mother tongue of the household head. The method mix also does not vary significantly according to different characteristics with the exception of regions.

Unmet Need

Unmet need[8] for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or to stop childbearing altogether. 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. The total demand for contraception includes women who currently have an unmet need plus those who are currently using contraception.

Table 30 shows the results of the survey on contraception, unmet need and the demand for contraception which is satisfied. Among all currently married women, only 8 percent have an unmet need for contraception (4 percent for spacing and 4 percent for limiting purposes). Overall, 89 percent of the demand for family planning is satisfied. There is very little variation by background variables in unmet need for contraception and the percentage of demand for contraception which is satisfied. Unmet need for contraception is slightly higher (10 percent) in the Southern region while the lowest percentage is in the Eastern region (6 percent). It is also slightly higher among women age 15–29 and women living in urban areas.

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 the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care 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 STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. 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 visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on 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)

Coverage of antenatal care (by a doctor, nurse, or midwife) is nearly a standard in Uzbekistan with 99 percent of women receiving antenatal care at least once during the pregnancy. There are also negligible differences with regard to background characteristics.

8 Unmet need measurement in MICS is somewhat different than that used in other household surveys, such as the Demographic and Health Surveys (DHS). In DHS, more detailed information is collected on additional variables, such as postpartum amenorrhea, and sexual activity. Results from the two types of surveys are strictly not comparable.

The type of personnel providing antenatal care to women aged 15–49 years who gave birth in the two years preceding is presented in Table 31. Nearly all women in Uzbekistan with a birth during the two years preceding the survey had antenatal care from skilled personnel. For 96 percent of the cases, the person providing antenatal care was a medical doctor. Although there is some regional variation, the figures do not vary considerably by different background characteristics. In the Central-Eastern region, the percentage of medical doctors providing antenatal care declines to 91 while in Tashkent city it is above 99 percent.

The types of services pregnant women received are shown in Table 32. Nearly all pregnant women received antenatal care one or more times during their pregnancy (99 percent) with almost no significant differentiation by background characteristics. In 98 percent of these visits a blood test was carried, blood pressure was measured, and a urine specimen was taken. Weight was measured for 90 percent of these women. Overall, the differentiation by background characteristics is small except for education where there is an increasing trend of receiving specific care with increasing education of women. The Southern region has slightly lower percentages compared to other regions and the differentiation is more salient for measurement of weight.

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum 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 emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and the proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife.

Almost every single birth occurring in the year prior to the MICS survey was attended by skilled personnel (Table 33). There was no differentiation with respect to the background characteristics. For 95 percent of the deliveries in the year prior to the MICS survey, medical doctors assisted with the delivery. Overall, about five percent of births were delivered by health assistants. For women living in the Central-Eastern region, the type of personnel providing delivery assistance was slightly different than in other regions. In the Central-Eastern region, about 13 percent of births were attended by nurses or midwives. Births occurring to older women and women living in poorer households were slightly less likely to be delivered in a health facility.

When all pregnancies of women aged 15–49 currently married or in union are considered, 82 percent of them ended with a live birth, 13 percent ended with an induced abortion and 5 percent ended with a miscarriage (Table 34). The percentage of pregnancies that ended with induced abortion is higher in urban areas (18 percent) compared to rural areas (11 percent) and more prevalent in Tashkent city (27 percent). The percentage has an increasing trend with increasing education, age, and socioeconomic status. Induced abortion is also more frequent if the mother tongue of the household head is Russian (as high as 40 percent). Miscarriages and stillbirth do not show significant variation by background characteristics.

Maternal Mortality

The complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. It is estimated worldwide that around

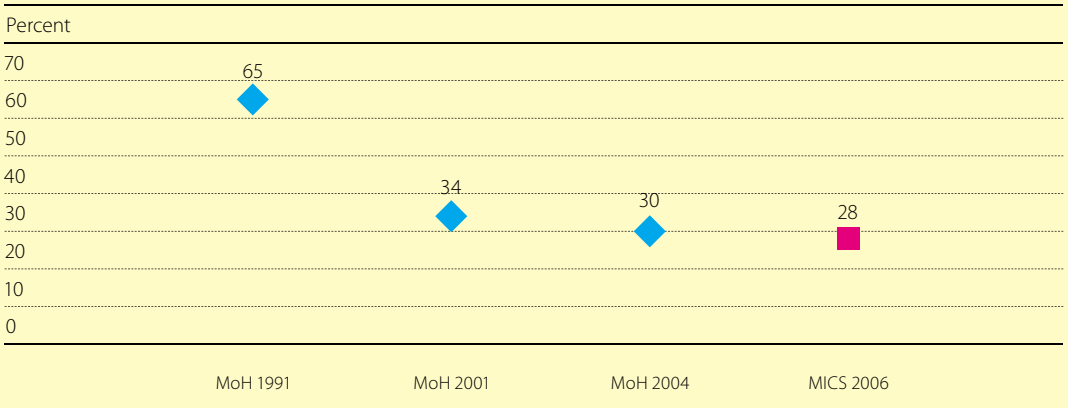
529,000 women die each year from maternal causes. And for every woman who dies, approximately 20 more suffer injuries, infection or disabilities in pregnancy or childbirth. This means that at least 10 million women a year incur this type of damage.

The most common fatal complication is post-partum haemorrhage. Sepsis, complications of unsafe abortion, prolonged or obstructed labour and the hypertensive disorders of pregnancy, especially eclampsia, claim further lives. These complications, which can occur at any time during pregnancy and childbirth without forewarning, require prompt access to quality obstetric services equipped to provide lifesaving drugs, antibiotics and transfusions and to perform the caesarean sections and other surgical interventions that prevent deaths. One MDG target is to reduce the maternal mortality ratio by three quarters, between 1990 and 2015.

Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of termination of the pregnancy. The maternal mortality ratio is the number of maternal deaths per 100,000 live births. In MICS, the maternal mortality ratio is estimated by using the indirect sisterhood method, which produces estimates centred on 10 to 12 years before the survey is carried out. To collect the information needed in this estimation method, adult household members are asked a small number of questions regarding the survival of their sisters and the timing of death relative to pregnancy, childbirth and the postpartum period for deceased sisters. The information collected is then converted to lifetime risks of maternal death and maternal mortality ratios[9].

Uzbekistan MICS results on maternal mortality are shown in Table 35. The results are also presented only for the national total, since maternal mortality ratios generally have very large sampling errors. When compared with the findings of the Ministry of Health over the last two decades (Figure 14) and considering the fact that the MICS indirect estimate of maternal mortality centres around 10 to 12 years before the survey was carried out, the estimate is lower than those calculated by MoH.

Figure 14.
Maternal mortality ratio, Uzbekistan



9 For more information on the indirect sisterhood method, see WHO and UNICEF, 1997.

9. CHILD DEVELOPMENT

It is well recognized that a period of rapid brain development occurs in the first 3–4 years of life, and the quality of home care is the major determinant of a child's development during this period. In this context, adult activities with children, presence of books in the home, for the child, and the conditions of care are important indicators of quality of home care. A World Fit for Children goal is that "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. These 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.

For 71 percent of children under five, an adult had been engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey (Table 36). The average number of activities that adults engaged in with children was 4.4. The table also indicates that the father's involvement in such activities was somewhat limited. Father's involvement with one or more activities was 47 percent but the average number of activities that fathers engaged in with children was 0.8. Only 4 percent of children were living in a household without their fathers.

There are no gender differentials in terms of adult activities with children; and there is no significant difference in the proportion of fathers engaged in activities with male or female children. A slightly higher proportion of adults engaged in learning and school readiness activities with children in urban areas (75 percent) than in rural areas (70 percent). Larger differentials by region and socio-economic status are also observed: Adult engagement in activities with children was greatest in the Eastern region (85 percent) and lowest in the Western region (65 percent), while the proportion was 78 percent for children living in the richest households, as opposed to those living in the poorest households (64 percent). More educated mothers and fathers engaged slightly more in such activities with children than those with less education. Father's involvement showed a stronger variation by region in terms of engagement in such activities.

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance and IQ scores.

In Uzbekistan, 78 percent of children are living in households where at least 3 non-children's books are present (Table 37). However, only 43 percent of children aged 0–59 months have children's books. While the median number of non-children's books is high (10 books) children's books are low (2 books). Although no gender differentials are observed, children of educated mothers appear to have more access to both types of books than those less educated. Lower percentages are found in the Western and Southern regions for both non-children and children's books compared to other regions. The presence of both non-children's and children's books is positively correlated with the socioeconomic status.

Table 37 also shows that one-third of children aged 0–59 months had 3 or more playthings in their homes, while only 4 percent had none of the playthings their mothers/caretakers were asked about. The playthings in MICS included household objects, homemade toys, toys

bought in a store, and objects and materials found outside the home. It is interesting to note that 91 percent of children play with toys from a store while 40 percent play with homemade toys. The proportion of children who have 3 or more playthings does not differ according to sex of child and no or small differentials are observed in terms of urban-rural residence, mother's education, and wealth of household. The only background variable which appears to have a strong correlation with the number of playthings children have is the age of the child, a not unexpected result.

“Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn...”

10. EDUCATION

Pre-School Attendance and School Readiness

Attendance at pre-school in an organized learning or child education program is important for the readiness of children for school. One of the World Fit for Children goals is the promotion of early childhood education.

Nearly 20 percent of children aged 36–59 months are attending pre-school (Table 38). Compared to the previous MICS, there was no change in preschool attendance (Figure 15). Urban-rural and regional differentials are significant—the figure is as high as 35 percent in urban areas, compared to 14 percent in rural areas. Among children aged 36–59 months, attendance at pre-school is more prevalent in Tashkent city (53 percent), and lowest in the Southern region (7 percent). No gender differential exists, but differentials by socioeconomic status are significant. If the mother has higher education, the figure increases to 48 percent while it drops significantly for children whose mothers' education is complete secondary and incomplete secondary (11 and 13 percent respectively). Forty-six percent of children living in rich households attend pre-school, while the figure drops to 5 percent in poor households. It is interesting to note that the proportions of children attending pre-school at ages 36–47 months and 48–59 months do not differ significantly (18 and 21 percent respectively).

The table also shows the proportion of children in the first grade of primary school who attended pre-school in the previous year (Table 38), an important indicator of school readiness. In Uzbekistan the survey was conducted in March-May 2006 and school starts in September. Consequently, during the survey dates, there were children aged both 6 and 7 who were attending first grade who had attended a preschool program in the previous year. In order to address this, early childhood education was also assessed for children 7 years of age.

Overall, 34 percent of children who are currently age 6 and 26 percent of children aged 7 attending the first grade of primary school had been attending pre-school the previous year. The proportion among males was slightly higher (29 percent) than females (24 percent), while almost one-third of children in urban areas (33 percent) had attended pre-school the previous year compared to 24 percent among children living in rural areas. Regional differentials are also very significant; first graders in Tashkent city were four times more likely (66 percent) to have attended pre-school then their counterparts in the Central-Eastern region (15 percent). Mother's education appears to have a positive correlation with school readiness—while the indicator is only 25 percent among mothers with incomplete secondary education, it increases to 40 percent among mothers with higher education. Socioeconomic status also appears to be related to school readiness—while the percentage of children attending first grade who attended a preschool program in the previous year is only 20 percent among the poorest households, it is 41 percent among those children living in the richest households.

Primary and Secondary School Participation

Universal access to basic education and the completion of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate
- Net primary school attendance rate of children of secondary school age
- Female to male education ratio (or gender parity index—GPI)

The indicators of school progression include:

- Survival rate to grade five
- Transition rate to secondary school
- Net primary completion rate

The school system in Uzbekistan has two compulsory levels. The first level, primary education, consist of grades one through four for students age 7–10. The second level consists of grades five through nine for students age 11–15. Students who have completed a minimum of nine grades may enrol in special secondary education. The special secondary school system provides special training of three years. Students who complete special secondary school may enrol in university.

The MICS questionnaire does not include questions on whether the children are enrolled in primary or secondary school but include questions on attendance during the current and previous school years. In addition, because the age information in the MICS questionnaire was only collected in the form of completed age, the day and month of birth is not available, so it is very difficult to assess if children of school starting age are enrolled in the schools or not. However, Table DQ.8 in the Appendix presents valuable information regarding the schooling status of children who are expected to start primary school. Among children aged 7, 67 percent attend first grade (as they had completed age 7 at the beginning of the school year in September 2005) and 12 percent attend grade 2 (they probably started grade 1 in September 2004 while they were still 6 years of age) while 4 percent attend preschool and 17 percent do not attend school (because they had not completed 7 years of age at the beginning of school year in September 2005). It is also observed from Table DQ.8 that 10 percent of children aged 6 were attending grade 1 at the time of the survey, although children are expected to start school at age 7.

In Uzbekistan, the survey was conducted in March-May 2006 and the schools start in September. Consequently, not all children 7 year of age (born September-March) were eligible for primary school at the beginning of the school year 2005–2006. In order to address the above difficulties in identifying the eligible children who were required to start the primary school in the current school year, the school attendance in Table 39 was assessed not only for children aged 7 but also for children aged 8 and for children who were attending first, second or third grade.

Among children who are of primary school entry age in Uzbekistan, 79 percent of those aged 7 are attending the first or second grade of primary school and 99 percent of those aged 8 are attending the first, second or third grade of primary school. Although sex differentials do not exist, there are some differentials by region, urban-rural areas, education, and socioeconomic status. In Tashkent city, for instance, the value of the indicator reaches 94 percent, while it is 87 percent in the Central region. Children's participation in primary school is timelier in urban areas (92 percent) than in rural areas (88 percent). A positive correlation with mother's education and socioeconomic status is observed; for children whose mothers have higher education, 94 percent were attending primary school. In rich households, the proportion is around 92 percent, while it is 84 percent among children living in the poorest households.

Figure 15.
Early childhood, primary and secondary school attendance, Uzbekistan 2006

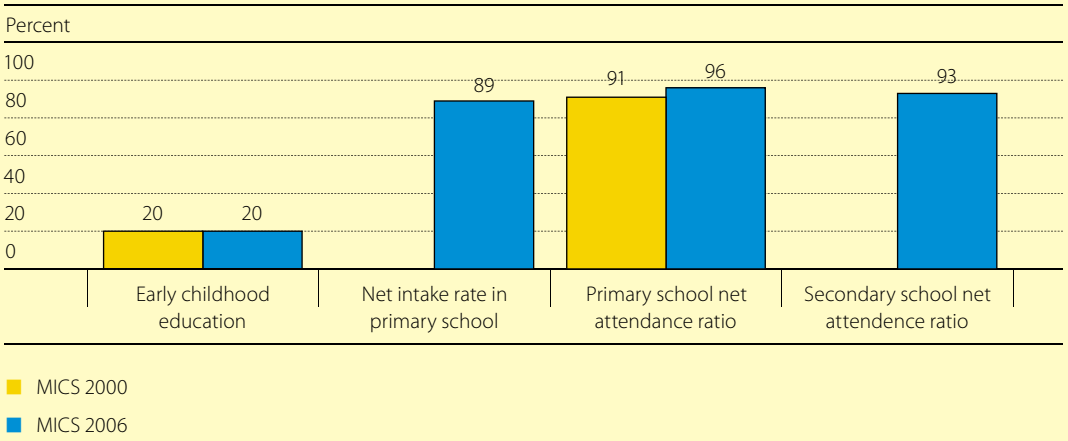


Table 40 provides the percentage of children of primary school age attending primary or secondary school. Overall, 96 percent of children of primary school age in Uzbekistan are attending primary school or secondary school. Compared to the previous MICS, there is a 5 percent net increase in primary school attendance (Figure 15). Only less than 4 percent of the children are not attending school when they are expected to be doing so. At the national level and according to background characteristics, there is very little difference between male and female primary school attendance as well as overall attendance.

The secondary school net attendance ratio is presented in Table 41. Because the survey was conducted in March-May 2006 and the schools start in September, the secondary school attendance was assessed for children 12 to 17 years of age although there maybe some children aged 11 who were attending secondary school and some children aged 17 who had already completed secondary school.

Again, as in primary school where only 4 percent of the children are not attending school at all, a low percentage of the children of secondary school age are not attending secondary school (7 percent). Of these only a small portion are attending primary school (see below). There is no differentiation by sex; net attendance ratio was 94 percent for males and 92 percent for females. Also no significant differentiation was observed by background characteristics with the exception of mother's education; net attendance ratio increases with the mother's education level and this was more prevalent among girls.

The primary school net attendance ratio of children of secondary school age is presented in Table 42. Less than one percent of the children of secondary school age are attending primary school when they should be attending secondary school. The remaining 6 percent are not attending school at all.

The percentage of children entering first grade who eventually reach grade 5 is presented in Table 43. Of all children starting grade one, nearly all of them will eventually reach grade five. Notice that this number includes children that repeat grades and that eventually move up to reach grade five. There is very little or no variation according to the background characteristics included in the table reflecting the full attendance of children during the first five grades of school regardless of their sex, region, residence, mother's education, or socioeconomic status.

The net primary school completion rate and transition rate to secondary education are presented in Table 44. At the time of the survey, 97 percent of the children of primary completion age (11 years) were attending the last grade of primary education. This value should be distin-

guished from the gross primary completion ratio which includes children of any age attending the last primary grade. No significant variation exists by sex, region, residence, mother's education or socioeconomic status. All of the children (100 percent) who successfully completed the last grade of primary school were found to be attending the first grade of secondary school at the time of the survey. Again there is also no significant variation by background variables.

The ratio of girls to boys attending primary and secondary education is provided in Table 45. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The last ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary school tend to be boys. The table shows that gender parity for primary school is exactly 1.00, indicating no difference in the attendance of girls and boys. The indicator drops only very slightly to 0.98 for secondary education. It appears that neither sex is disadvantaged with regard to attendance at primary and secondary school irrespective of the background characteristics.

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females age 15–24. Literacy was assessed on the ability of women to read a short simple statement or on school attendance. In Uzbekistan, adult literacy is universal and there is virtually no variation in adult literacy by background variables.

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“The 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…”

11. CHILD PROTECTION

Birth Registration

The 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. The World Fit for Children states the goal of developing systems to 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 is the percentage of children under 5 years of age whose birth is registered.

The births of almost all children under five years in Uzbekistan have been registered (Table 46). There are no variations in birth registration across sex, age, or education categories.

Child Labour

Article 32 of the Convention on the Rights of the Child states: "States 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..." The World Fit for Children goals 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 5–14 years of age involved in labour activities. A child is considered to be involved in labour activities at the moment of the survey if during the week preceding the survey he/she was engaged in:

- at least one hour of economic work or 28 hours of domestic work per week (Age 5–11)
- at least 14 hours of economic work or 28 hours of domestic work per week (Ages 12–14)

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here represents the minimum prevalence of child labour since some children may be involved in hazardous labour activities for fewer hours than specified in the criteria explained above. Table 47 presents the results of child labour by the type of work. Percentages do not add up to the total extent of child labour as children may be involved in more than one type of work. Only 2 percent of children aged 5–14 are involved in child labour activities and for most of these children this activity is unpaid. There is no differentiation in child labour by sex but there are significant variations by region. Eleven percent of children aged 5–14 in Tashkent city are involved in child labour. For other variables examined, there is no significant variation in child labour.

The trend on child labour shows a sharp decline from 23% (MICS2000) to 2% (MICS2006), which could be explained by seasonality of child labour. The MICS2000 was carried out in summer period during school holiday, when many children are believed to be working in the agricultural field. The MICS2006 was conducted between march and may during the school year. Therefore, one cannot compare the findings of the two MICS surveys.

Table 48 presents the percentage of children classified as student labourers or as labourer students. Student labourers are the children attending school that were involved in child labour activities at the time of the survey. More specifically, of the 84 percent of the children 5–14 years

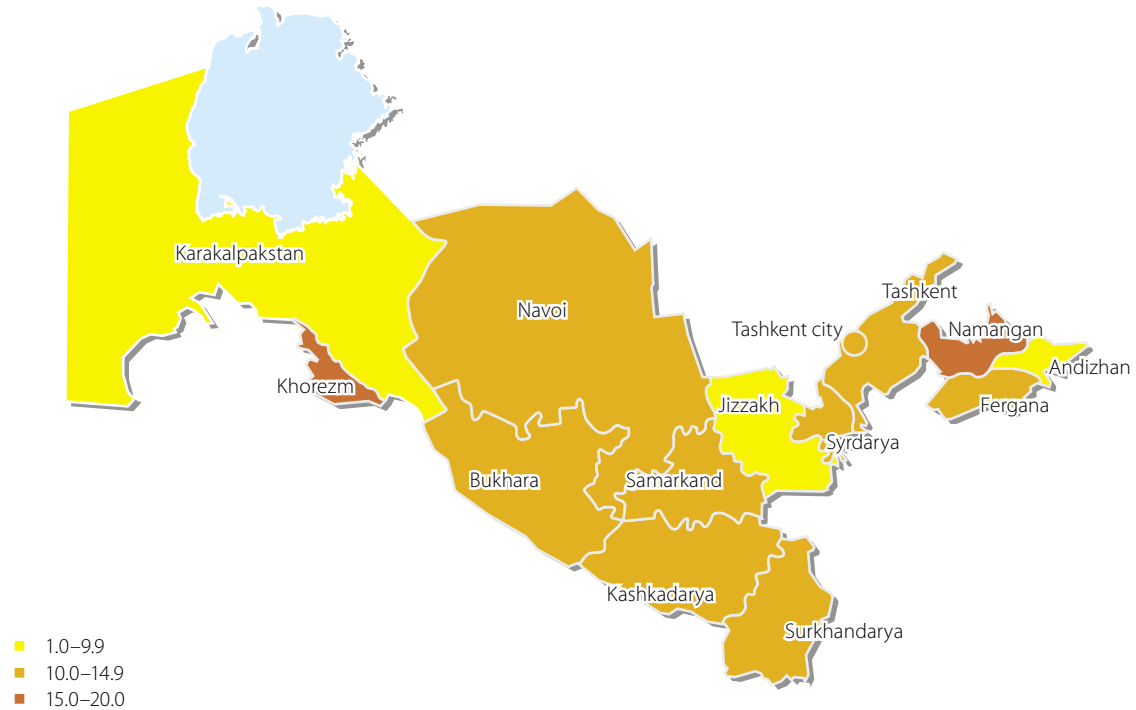
of age attending school, 2 percent are also involved in child labour activities. On the other hand, out of the 2 percent of the children classified as child labourers, the majority of them are also attending school (93 percent). The percentage of students who are also involved in child labour is highest in Tashkent city (12 percent) and lowest in the Eastern region (1 percent). For other characteristics there are no significant variation in labourer students and student labourers.

Early Marriage

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20–24 were married/in union before the age of 18. 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.

In many parts of the world parents encourage the marriage of their daughters while they are still children in the hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights—with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary

Marriage before the age of 18th among women aged 20–49



action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights—such as the right to express views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices—and is frequently addressed by the Committee on the Rights of the Child.

Young married girls are a unique, though often invisible, group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls in far larger numbers and with more intensity. Cohabitation—when a couple lives together as if married—raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caregiver for him, it is often assumed that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship—for example, inheritance, citizenship and social recognition—might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who married at a younger age are more likely to believe that it is sometimes acceptable for a husband to beat his wife and are more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

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 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, particularly among the youngest in this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at an increased risk of HIV infection. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected. The demand for this young wife to reproduce and the power imbalance resulting from the age differential leads to very low condom use among such couples.

Two of the indicators are the estimated the percentage of women married before 15 years of age and the percentage married before 18 years of age. The percentage of women married at various ages is provided in Table 49. Only five percent of women 15–19 years are currently married in Uzbekistan. Among women 15–49 years, less than one percent was married before age 15 and the differences across categories are negligible. On the other hand, among women 20–49 years nearly 13 percent were married before age 18. Marriage before age 18 was more frequent among women with less education and those living in poorer households. Even though there are small differences with respect to region, Tashkent city has the lowest percentage of women marrying before age 18 (10 percent) while the Eastern region has the highest (14 percent).

Child Disability

One of the World Fit for Children goals is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities. For children age 2 through 9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach

rests in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child (e.g. health, nutrition, education, etc.). Table 50 presents the results of these questions. Of children aged 2–9, only 2 percent were reported by their mother or caretaker as having at least one disability. For none of the disability types asked in the questionnaire did the percentage of children with that particular disability exceed one percent. The differentiations are not significant for the background variables included in the table. Among children aged 2 years, only 3 percent were unable to name at least one object and among those aged 3–9, only for 1 percent of mothers/caretakers reported that the child's speech was abnormal.

Orphans and Vulnerable Children

Children who are orphaned or in vulnerable households may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

The frequency of children living with neither parent, mother only, and father only is presented in Table 60. Overall, 91 percent of children aged 0–17 are living with both parents, 6 percent are living with the mother only, 1 percent are living with the father and 2 percent are not living with either biological parent. For 4 percent of children aged 0–17, one or both parents are dead. The lowest percentages of children living with both parents were found in Tashkent city (82 percent) and in rural areas (86 percent). There was also a declining trend with increasing age as a result of one or both parents being dead (from 95 percent among children aged 0–4 years to 85 percent among children aged 15–17 years).

The United Nations 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

12. HIV/AIDS AND SEXUAL BEHAVIOUR

Knowledge of HIV Transmission and Condom Use

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that food sharing or mosquito bites can transmit HIV). The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module was administered to women 15–49 years of age.

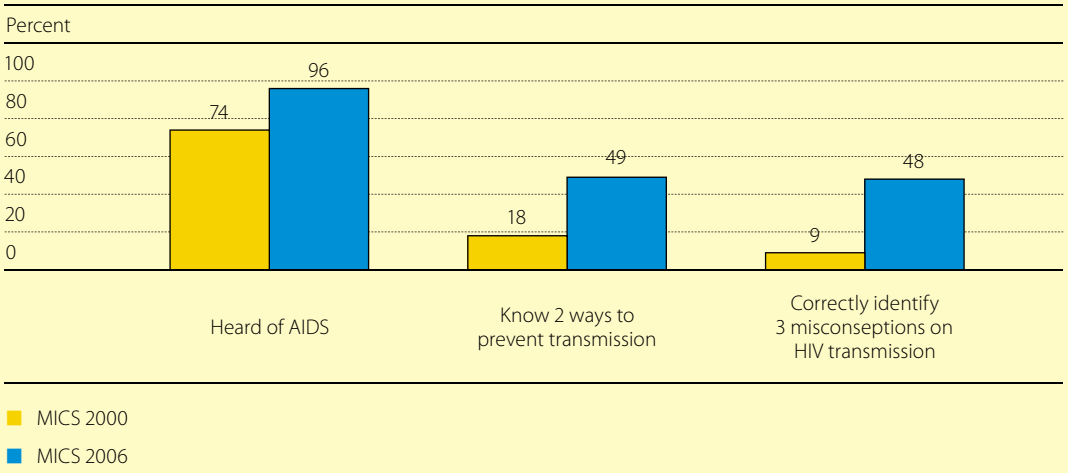
One indicator which is both an MDG and UNGASS indicator is the percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways in which HIV can be transmitted—having only one faithful uninfected partner, always using a condom and abstaining from sex. The results are presented in Table 51. In Uzbekistan, a large majority of the interviewed women (96 percent) had heard of AIDS, a significant increase compared to MICS 2000 results (Figure 16). However, the percentage of women who knew of all three main ways of preventing HIV transmission is only 49 percent. Seventy-six percent of women knew about having one faithful uninfected sex partner, 65 percent knew about using a condom every time, and 66 percent knew about abstaining from sex as main ways of preventing HIV transmission. While 86 percent of women knew at least one way, 14 percent did not know any of the three ways. As expected, the percent of women who know all three ways and who knew at least one way increases with the woman's educational level. The highest percentages of women for both indicators were found in the Central-Eastern region while the Western region had the highest percentage of women who do not know any way to prevent HIV transmission. The youngest age group (15–19) has the lowest percentages for both indicators and for women aged 20 and above there was less variation. No significant differentiation was found in knowledge of HIV transmission by urban-rural residence and socioeconomic status.

Table 52 presents the percent of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Uzbekistan, that HIV can be transmitted by supernatural means and mosquito bites. The table also provides information on whether women know that HIV cannot be transmitted by sharing food, and that HIV can be transmitted by sharing needles. Of the interviewed women, 48 percent rejected the two most common misconceptions and knew that a healthy-looking person can be infected. Eighty-three percent of women know that HIV cannot be transmitted by supernatural means, and 68 percent know that HIV cannot be transmitted by mosquito bites, while 71 percent know that a healthy-looking person can be infected. Table 52 also presents the percent of women who know that HIV cannot be transmitted by sharing food (67 percent) and that HIV can be transmitted by sharing needles (93 percent). For all the indicators presented, the percentage of women has an increasing trend with increasing education and socioeconomic status.

There was no significant variation in identifying misconceptions about HIV/AIDS by urban-rural residence and age. Women living in the Central-Eastern region have the highest percent age rejecting the most two common misconceptions and know that a healthy-looking person can be infected (62 percent) while women in the Southern region had the lowest (33 percent).

Table 53 summarizes information from Tables 51 and 52 and presents the percentage of women who know two ways of preventing HIV transmission and reject three common misconceptions. Knowledge of HIV prevention methods is not very high although there are differences by residence. Overall, 60 percent of women knew two prevention methods. In the Central-Eastern region, 77 percent of women identified both methods. Nearly half of the women (48 percent) 15–49 years were able to correctly identify three misconceptions about HIV transmission and the regional differences are considerable (ranging from 33 percent in the Southern to 62 percent in Central-Eastern region. As expected, the percent of women with comprehensive knowledge increases with the woman's education level (Figure 17).

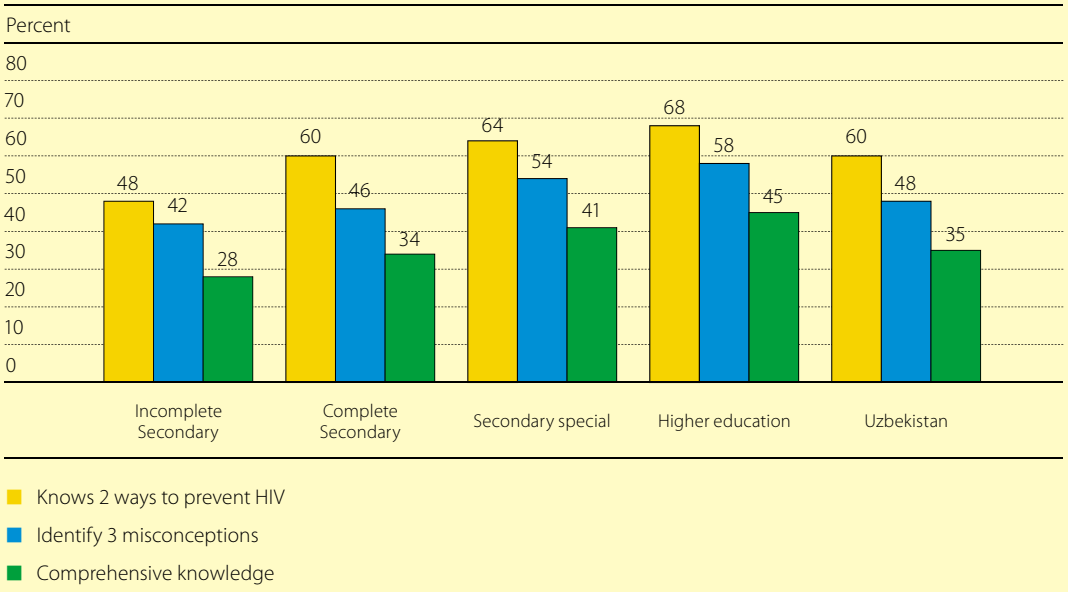
Figure 16.
Knowledge of HIV transmission, Uzbekistan, 2000–2006



A key indicator used to measure countries' responses to the HIV epidemic is the proportion of young people 15–24 years who know two methods of preventing HIV reject two misconceptions and know that a healthy looking person can have HIV. Only 31 percent of young women (15–24 years) have comprehensive accurate knowledge of HIV.

Knowledge of mother-to-child transmission of HIV is also an important first step towards women seeking HIV testing when they are pregnant to avoid infection of the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women age 15–49 years concerning mother-to-child transmission is presented in Table 54. Overall, 92 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 73 percent, while 5 percent of women did not know of any specific way. Knowledge of mother-to-child HIV transmission increased with increasing education level of women

Figure 17.
Percent of women who have comprehensive knowledge of HIV/AIDS transmission, Uzbekistan, 2006



and socioeconomic status of the household. Women living in the Central-Eastern region had the highest percentage of knowledge while women in Tashkent city had the lowest.

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) Would you care for a family member sick with AIDS? 2) Would you buy fresh vegetables from a vendor who was HIV positive? 3) Do you think that a female teacher who is HIV positive should be allowed to teach in school? 4) Would you want to keep the HIV status of a family member secret? Table 55 presents the attitudes of women towards people living with HIV/AIDS. Nearly one-third of the women stated that they would not care for a family member sick with AIDS (32 percent) and nearly half of them said they would want to keep it secret if a family member was HIV positive. Large proportions of women stated that they believe a teacher with HIV should not be allowed to work (80 percent) and that they would not buy food from a person with HIV/AIDS (86 percent). Overall, as many as 97 percent of women agreed with at least one of the discriminatory statements. Although there were large differentiations for particular statements by region, because of the different patterns observed for each statement, the variation in agreeing with at least one discriminatory statement by region was less salient. In rural areas a higher percentage of women agreed with the discriminatory statements.

Another important indicator is the knowledge of where to go to be tested for HIV and the use of such services. Questions related to knowledge among women of a HIV testing facility, whether they have ever been tested, and if tested, whether they were told the result is presented in Table 56. More than half of women knew where to be tested (55 percent), while 33 percent had actually been tested. Of these, a large proportion had been informed of the result (92 percent). Knowledge of a place to get tested showed significant variations by region; the highest proportion of women who know a place to get tested was in the Central-Eastern region (81 percent) and the lowest was in the Southern region (30 percent). Regional differences in percentages of women who have been tested were less salient. In urban areas more women knew a place to get tested (62 percent) than those in rural areas (51 percent) and more women in urban areas have

been tested (38 percent) than those in rural areas (30 percent). There was an increasing trend in both the percentage who know a place to be tested and who have been tested with increasing level of education and increasing socioeconomic status of the household. A lower proportion women aged 15–19 knew a place to get tested (35 percent) compared to other age groups.

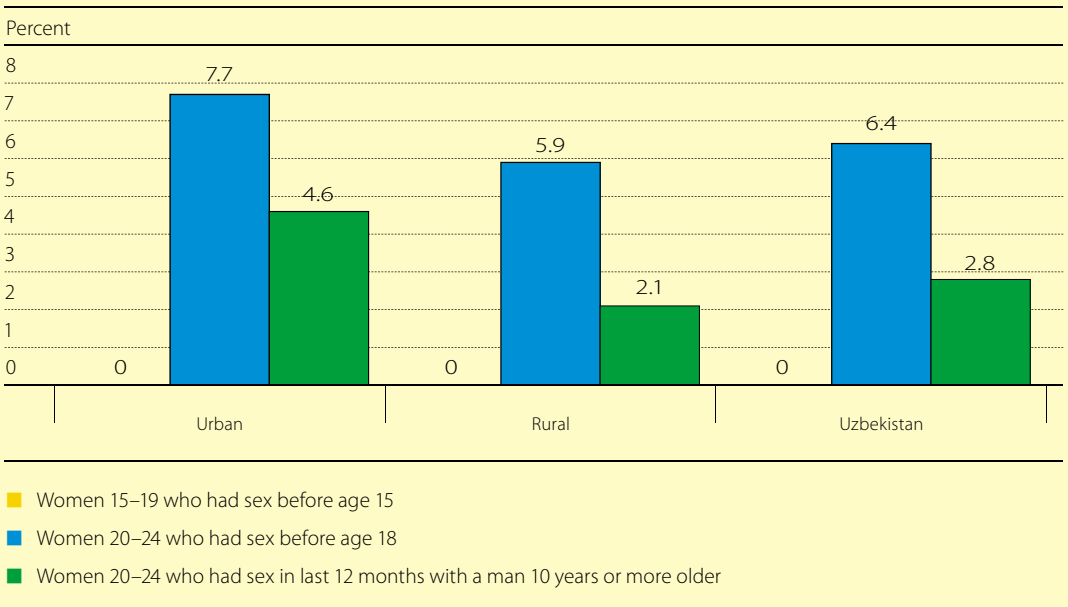
Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table 57. Nearly all women aged 15–49 received antenatal care from a health care professional during their last pregnancy (99 percent). During these antenatal care visits, 69 percent of them were given information about HIV prevention, 71 percent were tested for HIV, and 65 percent of them received the results of the HIV test. The proportion of women who were tested for HIV during antenatal care visits was lowest in the Southern region (56 percent) and highest in Tashkent city (87 percent). There was also an increasing trend in being tested for HIV with increasing level of education and increasing socioeconomic status of the household.

Sexual Behaviour Related to HIV Transmission

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially with non-regular partners, is especially important for reducing the spread of HIV. In most countries over half of new HIV infections are among young people 15–24 years thus a change in behaviour among this age group will be especially important in reducing new infections. A module of questions was administered to women 15–24 years of age to assess their risk of HIV infection. Risk factors for HIV include sex at an early age, sex with older men, sex with a non-marital non-cohabitating partner, and failure to use condoms.

The frequency of sexual behaviours that increase the risk of HIV infection among women is presented in Table 58 and Figure 18. There were no women aged 15–19 who had had sex before age 15 while only 6 percent of women aged 20–24 stated that they had sex before age 18. Among women aged 15–24, only 3 percent stated that they had had sex with a man 10 or more years older than themselves in the 12 months prior to the survey. The percentage of women aged

Figure 18.
Sexual behaviour that increases risk of HIV infection, Uzbekistan, 2006



20–24 who had sex before age 18 decreased significantly with increasing level of education. There was no other clear differentiation by background variables.

Condom use during sex with men other than husbands or live-in partners (non-marital, non-cohabiting) was assessed in women 15–24 years of age who had had sex with such a partner in the previous year (Table 59). Among women 15–24 years, 29 percent reported that they had never had sex, 28 percent stated that they had had sex in the last 12 months and the percentage of women who had had sex with non-marital or non-cohabiting partner was very low (4 percent). Sixty-one percent of the women 15–24 years who had had sex with a non-regular partner in the 12 months prior to the survey date reported using a condom when they had sex with their high risk partner. The percentage of women aged 15–24 who had had sex with more than one partner in last 12 months was negligible. Because of the low number of observations it was not possible to comment on any differentiation in high risk sex across different categories.

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Table 1: Results of household and individual interviews

Number of households, women, and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Uzbekistan, 2006

Number of households									
Sampled	5,213	5,292	1,681	1,622	1,596	1,710	1,680	2,216	10,505
Occupied	5,086	5,263	1,677	1,612	1,582	1,686	1,650	2,142	10,349
Interviewed	4,989	5,209	1,657	1,580	1,562	1,648	1,634	2,117	10,198
Response rate	98.1	99.0	98.8	98.0	98.7	97.7	99.0	98.8	98.5
Number of women									
Eligible	5,875	8,330	2,711	2,201	2,508	2,353	2,404	2,028	14,205
Interviewed	5,785	8,134	2,671	2,174	2,423	2,308	2,325	2,018	13,919
Response rate	98.5	97.6	98.5	98.8	96.6	98.1	96.7	99.5	98.0
Overall response rate	96.6	96.6	97.3	96.8	95.4	95.9	95.8	98.3	96.6
Number of children under-5									
Eligible	1,890	3,149	972	812	1,026	793	804	632	5,039
Mother/Caretaker interviewed	1,874	3,112	970	805	1,015	785	780	631	4,986
Response rate	99.2	98.8	99.8	99.1	98.9	99.0	97.0	99.8	98.9
Overall response rate	97.3	97.8	98.6	97.2	97.7	96.8	96.1	98.7	97.5

Table 2: Household age distribution by sex

Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Uzbekistan, 2006

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age						
0–4	2625	9.9	2540	9.5	5165	9.7
5–9	2675	10.1	2537	9.5	5212	9.8
10–14	3192	12.0	3210	12.1	6402	12.0
15–19	3198	12.0	3088	11.6	6286	11.8
20–24	2731	10.3	2775	10.4	5506	10.4
25–29	2291	8.6	2223	8.4	4514	8.5
30–34	1924	7.2	1830	6.9	3754	7.1
35–39	1537	5.8	1633	6.1	3169	6.0
40–44	1521	5.7	1573	5.9	3093	5.8
45–49	1444	5.4	1487	5.6	2930	5.5
50–54	1016	3.8	1106	4.2	2122	4.0
55–59	715	2.7	811	3.0	1525	2.9
60–64	425	1.6	426	1.6	851	1.6
65–69	486	1.8	496	1.9	982	1.8
70+	800	3.0	878	3.3	1677	3.2
Dependency age groups						
<15	8492	32.0	8287	31.1	16779	31.5
15–64	16801	63.2	16951	63.7	33751	63.5
65 +	1285	4.8	1374	5.2	2659	5.0
Children aged 0–17	10370	39.0	10145	38.1	20514	38.6
Adults 18+	16208	61.0	16467	61.9	32675	61.4
Total	26578	100.0	26611	100.0	53190	100.0

Table 3: Household composition

Percent distribution of households by selected characteristics, Uzbekistan, 2006

	Weighted percent	Number of households	
		Weighted	Unweight.
Sex of household head			
Male	82.2	8387	8116
Female	17.8	1811	2082
Region			
Western	9.8	996	1657
Central	21.4	2182	1580
Southern	16.3	1658	1562
Central-Eastern	15.0	1527	1648
Eastern	27.9	2841	1634
Tashkent city	9.7	994	2117
Residence			
Urban	37.7	3843	4989
Rural	62.3	6355	5209
Number of household members			
1	4.8	487	598
2–3	15.9	1623	1825
4–5	38.1	3889	3779
6–7	27.9	2848	2666
8–9	8.5	869	829
10+	4.7	482	501
Mother tongue of household head			
Uzbek	80.1	8169	7684
Russian	7.0	717	1027
Karakalpak	2.0	202	352
Tajik	6.3	643	511
Kirgiz	0.3	33	26
Other Language	4.3	435	598
Total	100.0	10198	10198
At least one child aged < 18 years	81.3	10198	10198
At least one child aged < 5 years	36.7	10198	10198
At least one woman aged 15–49 years	89.1	10198	10198

Table 4: Women's background characteristics

Percent distribution of women aged 15-49 years by background characteristics, Uzbekistan, 2006

	Weighted percent	Number of women	
		Weighted	Unweight.
Region			
Western	11.2	1554	2671
Central	20.9	2915	2174
Southern	18.4	2554	2423
Central-Eastern	14.5	2015	2308
Eastern	28.7	3995	2325
Tashkent city	6.4	885	2018
Residence			
Urban	31.3	4360	5785
Rural	68.7	9559	8134
Age			
15–19	21.0	2929	2901
20–24	18.9	2634	2588
25–29	15.2	2121	2155
30–34	12.6	1754	1758
35–39	11.2	1563	1619
40–44	10.9	1514	1517
45–49	10.1	1405	1381
Marital/Union status			
Currently married/in union	64.2	8929	8855
Formerly married/in union	5.2	726	789
Never married/in union	30.6	4264	4275
Motherhood status			
Ever gave birth	63.9	8898	8897
Never gave birth	36.1	5021	5022
Education*			
Incomplete Secondary	20.3	2827	2777
Complete Secondary	46.3	6448	5901
Secondary special	25.2	3503	3878
Higher education	8.2	1135	1357
Wealth index quintiles			
Poorest	18.8	2621	2107
Second	20.1	2803	2348
Middle	20.7	2880	2637
Fourth	20.3	2832	2904
Richest	20.0	2782	3923
Mother tongue of household head			
Uzbek	84.5	11757	11252
Russian	3.3	461	685
Karakalpak	2.1	287	516
Tajik	6.3	880	739
Other Language	3.8	535	727
Total	100.0	13919	13919

* 6 unweighted cases with "Non-standard education" not shown

Table 5: Children's background characteristics

Percent distribution of children under five years of age by background characteristics, Uzbekistan, 2006

	Weighted percent	Number of under-5 children	
		Weighted	Unweight.
Sex			
Male	50.7	2527	2521
Female	49.3	2459	2465
Region			
Western	11.3	564	970
Central	21.8	1085	805
Southern	21.2	1057	1015
Central-Eastern	13.8	688	785
Eastern	26.6	1325	780
Tashkent city	5.4	267	631
Residence			
Urban	28.7	1432	1874
Rural	71.3	3554	3112
Age			
< 6 months	8.7	435	446
6–11 months	11.5	574	565
12–23 months	21.6	1078	1098
24–35 months	19.1	954	938
36–47 months	20.2	1010	994
48–59 months	18.8	936	945
Mother's education*			
Incomplete Secondary	15.6	778	756
Complete Secondary	48.9	2438	2281
Secondary special	28.0	1394	1508
Higher education	7.4	369	435
Wealth index quintiles			
Poorest	22.8	1139	950
Second	19.9	993	857
Middle	19.7	983	930
Fourth	20.1	1003	1021
Richest	17.4	868	1228
Mother tongue of household head			
Uzbek	86.6	4316	4169
Russian	1.7	84	133
Karakalpak	1.7	87	161
Tajik	6.5	322	273
Other Language	3.5	177	250
Total	100.0	4986	4986

* 6 unweighted cases with "Non-standard education" not shown

Table 6: Child mortality

Infant and under-five mortality rates, Uzbekistan, 2006

	Infant mortality rate*	Under-5 mortality rate**
Sex		
Male	56	66
Female	40	47
Region		
Western	54	65
Central	52	61
Southern	63	76
Central-Eastern	28	31
Eastern	45	52
Tashkent city	34	39
Residence		
Urban	44	51
Rural	50	59
Mother's education***		
Incomplete Secondary	49	58
Complete Secondary	51	61
Secondary special	46	54
Higher education	28	32
Wealth index quintiles		
Poorest	59	72
Second	51	60
Middle	46	54
Fourth	43	50
Richest	36	42
Mother tongue of household head		
Uzbek	49	57
Russian	19	21
Karakalpak	47	55
Tajik	57	68
Other Language	29	32
Total	48	57

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

*** 6 unweighted cases with "Non-standard education" not shown

Table 7: Child malnourishment

Percentage of children aged 0-59 months who are severely or moderately malnourished, Uzbekistan, 2006

	Weight for age		Height for age		Weight for height			Number of children aged 0–59 months
	% below – 2 SD*	% below – 3 SD	% below – 2 SD**	% below – 3 SD	% below – 2 SD***	% below – 3 SD	% above + 2 SD	
Sex								
Male	4.8	0.5	13.9	3.7	3.9	0.9	6.6	2,389
Female	5.4	1.1	15.4	4.9	2.7	0.5	7.9	2,303
Region								
Western	4.1	0.7	18.4	5.6	1.9	0.8	12.0	527
Central	4.1	0.9	10.4	2.1	6.0	1.3	9.6	1,013
Southern	6.9	0.5	15.5	4.3	3.2	0.7	4.1	988
Central-Eastern	4.3	0.5	15.1	4.4	3.3	0.3	9.4	651
Eastern	5.9	1.2	16.6	5.7	2.1	0.4	4.9	1,257
Tashkent city	2.2	0.4	9.1	2.6	2.1	0.6	6.6	255
Residence								
Urban	4.7	0.5	14.0	4.2	3.3	0.8	8.6	1,337
Rural	5.2	0.9	14.9	4.3	3.3	0.6	6.7	3,354
Age								
< 6 months	1.3	0.3	5.2	0.5	3.2	0.7	9.8	377
6–11 months	4.3	1.2	7.1	3.2	6.3	1.3	10.1	532
12–23 months	8.2	1.1	16.5	4.9	5.7	1.3	9.8	999
24–35 months	5.8	0.9	16.7	5.2	2.3	0.7	5.1	919
36–47 months	3.7	0.5	16.5	4.6	1.5	0.1	5.4	965
48–59 months	4.4	0.7	16.9	4.5	1.8	0.3	5.9	899
Mother's education****								
Incomplete Secondary	5.3	1.1	17.9	5.4	2.3	0.5	8.1	735
Complete Secondary	5.5	0.8	15.0	4.2	3.3	0.7	6.6	2,307
Secondary special	4.7	0.8	13.3	4.0	4.0	0.8	7.4	1,297
Higher education	2.6	0.2	9.6	3.4	2.9	0.5	9.1	346
Wealth index quintiles								
Poorest	5.6	0.7	16.1	4.9	4.3	1.0	5.6	1085
Second	7.0	1.0	16.7	4.1	2.8	0.6	7.4	920
Middle	5.0	1.1	14.8	4.2	3.7	0.4	7.1	919
Fourth	4.2	0.7	13.4	3.5	2.2	0.5	8.5	952
Richest	3.4	0.5	11.6	4.8	3.4	0.8	8.0	814
Mother tongue of household head								
Uzbek	5.1	0.8	14.6	4.1	3.2	0.7	7.0	4,060
Russian	2.6	0.5	9.9	3.2	4.4	—	8.3	83
Karakalpak	5.3	0.9	26.5	7.7	1.9	0.9	18.1	75
Tajik	5.5	0.5	10.9	4.6	4.6	1.1	6.4	304
Other Language	5.3	0.8	18.4	7.5	3.5	0.8	10.7	169
Total	5.1	0.8	14.6	4.3	3.3	0.7	7.3	4,691

* MICS indicator 6; MDG indicator 4

** MICS indicator 7

*** MICS indicator 8

**** 6 unweighted cases with "Non-standard education" not shown

Note: The percent 'below –2 standard deviations' includes those who fall -3 standard deviations below the median

Table 8: Initial breastfeeding

Percentage of women aged 15–49 years with a birth in the two years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Uzbekistan, 2006

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with a live birth in the two years preceding the survey
Region			
Western	61.8	85.4	236
Central	49.7	76.5	446
Southern	71.7	92.4	427
Central-Eastern	75.9	84.2	303
Eastern	76.7	86.7	544
Tashkent city	59.9	85.4	115
Residence			
Urban	68.8	84.5	591
Rural	66.4	85.3	1480
Months since birth			
<6 months	68.6	85.9	452
6–11 months	68.9	84.7	593
12–23 months	65.4	84.9	1027
Mother's education**			
Incomplete Secondary	64.3	78.1	334
Complete Secondary	66.8	85.8	975
Secondary special	69.0	87.2	608
Higher education	67.1	87.1	154
Wealth index quintiles			
Poorest	67.8	87.7	433
Second	62.6	82.2	416
Middle	73.4	88.1	427
Fourth	67.3	83.0	423
Richest	63.8	84.2	373
Mother tongue of household head			
Uzbek	67.6	85.3	1765
Russian	51.4	75.4	35
Karakalpak	86.6	98.2	38
Tajik	52.9	78.7	154
Other Language	81.6	90.2	79
Total	67.1	85.1	2072

* MICS indicator 45

** 2 unweighted cases with "Non-standard education" not shown

Table 9: Breastfeeding

Percentage of living children according to breastfeeding status at each age group, Uzbekistan, 2006

	Children 0–3 months		Children 0–5 months		Children 6–9 months		Children 12–15 months		Children 20–23 months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed*	Number of children	Percent receiving breastmilk and solid/ mushy food**	Number of children	Percent breast-fed***	Number of children	Percent breast-fed***	Number of children
Sex										
Male	35.7	147	26.5	229	48.0	195	79.8	183	38.4	178
Female	38.2	134	26.3	206	42.4	194	76.7	165	37.4	181
Region										
Western	31.3	34	24.1	51	43.3	40	82.9	40	45.1	44
Central	(32.4)	51	21.0	84	18.7	87	82.2	76	32.9	90
Southern	44.8	54	30.8	84	43.9	73	80.0	74	35.8	84
Central-Eastern	(45.9)	39	30.8	67	53.3	54	63.8	58	35.3	52
Eastern	35.8	88	28.1	123	64.2	113	85.5	82	(47.3)	69
Tashkent city	19.4	(14)	14.5	25	39.2	22	(58.6)	17	(27.5)	21
Residence										
Urban	31.8	94	22.8	149	48.7	83	73.8	104	27.6	102
Rural	39.5	187	28.3	285	44.2	306	80.3	244	41.9	257
Mother's education****										
Incomplete Secondary	(38.2)	47	24.4	73	36.4	51	77.6	53	34.8	56
Complete Secondary	35.5	125	26.2	192	41.4	173	80.4	161	38.0	182
Secondary special	39.7	92	28.6	136	53.7	134	78.8	110	40.4	96
Higher education	(*)	18	(24.4)	33	(43.8)	(31)	(63.7)	24	(33.6)	25
Wealth index quintiles										
Poorest	(33.4)	58	23.9	85	42.5	75	88.5	78	49.3	68
Second	(51.4)	53	35.7	89	46.5	84	79.3	73	45.0	78
Middle	31.6	65	25.0	85	41.9	92	85.0	61	31.5	83
Fourth	38.2	58	24.0	95	45.6	73	70.6	78	35.0	76
Richest	30.7	47	23.4	80	50.7	65	66.2	57	27.0	54
Mother tongue of household head										
Uzbek	37.2	247	26.8	382	44.7	330	82.0	295	39.7	302
Other Language	(34.5)	34	24.1	53	47.9	59	57.8	53	28.0	57
Total	36.9	281	26.4	435	45.2	389	78.3	348	37.9	359

* MICS indicator 15

** MICS indicator 17

*** MICS indicator 16

**** 1 unweighted case with "Non-standard education / Children 0–5 months" not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Table 10: Adequately fed infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Uzbekistan, 2006

	Percent of infants					
	0–5 months exclusively breastfed	6–8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9–11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6–11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0–11 months who were appropriately fed**	Number of infants aged 0–11 months
Sex						
Male	26.5	29.5	24.0	26.6	26.5	510
Female	26.3	29.8	30.9	30.4	28.7	499
Region						
Western	24.1	28.9	27.0	27.8	26.1	110
Central	21.0	19.8	8.9	14.2	16.9	218
Southern	30.8	17.8	18.2	18.0	23.5	196
Central-Eastern	30.8	36.4	46.4	41.3	36.3	140
Eastern	28.1	43.2	42.5	42.8	36.5	288
Tashkent city	14.5	20.4	25.8	23.2	19.3	56
Residence						
Urban	22.8	34.9	33.8	34.2	28.4	292
Rural	28.3	28.3	25.0	26.6	27.3	717
Mother's education***						
Incomplete Secondary	24.4	17.9	29.0	24.8	24.6	158
Complete Secondary	26.2	25.6	26.0	25.8	25.9	452
Secondary special	28.6	39.4	28.9	34.1	31.8	321
Higher education	24.4	29.3	27.1	28.1	26.5	76
Wealth index quintiles						
Poorest	23.9	19.3	24.1	21.8	22.7	197
Second	35.7	30.1	28.3	29.4	32.3	194
Middle	25.0	31.1	23.3	26.6	26.0	227
Fourth	24.0	36.1	28.1	31.9	28.1	201
Richest	23.4	32.1	35.1	33.8	29.4	190
Mother tongue of household head						
Uzbek	26.8	29.2	27.2	28.1	27.5	866
Other Language	24.1	32.2	29.1	30.5	28.1	143
Total	26.4	29.6	27.5	28.5	27.6	1009

* MICS indicator 18

** MICS indicator 19

*** 1 unweighted case with "Non-standard education" not shown

Table 11: Iodized salt consumption

Percentage of households consuming adequately iodized salt, Uzbekistan, 2006

	Percent of households in which salt was tested	Number of households interviewed	Percent of households with				Total	Number of households in which salt was tested or with no salt
			No salt	Salt test result				
				0 PPM	< 15 PPM	15+ PPM*		
Region								
Western	99.0	996	0.5	13.4	42.4	43.6	100	991
Central	99.7	2182	0.1	22.8	23.8	53.2	100	2176
Southern	99.0	1658	0.4	18.2	12.8	68.6	100	1648
Central-Eastern	99.9	1527	0.1	15.5	34.8	49.6	100	1527
Eastern	99.2	2841	0.4	21.8	34.9	42.9	100	2830
Tashkent city	98.9	994	0.3	6.4	21.8	71.5	100	986
Residence								
Urban	99.2	3843	0.2	11.4	26.4	62.0	100	3823
Rural	99.4	6355	0.3	22.3	29.6	47.8	100	6335
Education of household head								
Primary/Non-standard	(100.0)	30	(–)	(18.5)	(55.7)	(25.8)	100.0	30
Incomplete Secondary	99.2	1659	0.3	21.1	30.0	48.7	100	1650
Complete Secondary	99.5	3822	0.2	21.0	30.4	48.4	100	3808
Secondary special	99.2	2801	0.3	15.9	27.8	55.9	100	2789
Higher education	99.4	1885	0.4	13.2	23.4	63.0	100	1880
Wealth index quintiles								
Poorest	98.8	1864	0.4	24.4	30.0	45.2	100	1849
Second	99.5	1914	0.2	23.7	30.4	45.7	100	1909
Middle	99.6	1888	0.2	21.3	29.8	48.8	100	1885
Fourth	99.5	1903	0.3	16.0	30.6	53.1	100	1899
Richest	99.3	2629	0.3	9.1	23.3	67.3	100	2617
Total	99.3	10198	0.3	18.2	28.4	53.1	100	10158

* MICS indicator 41

( ) Figures that are based on 25–49 unweighted cases

Table 12: Children's vitamin A supplementation

Percent distribution of children aged 6-59 months by whether they have received a high dose vitamin A supplement in the last 6 months, Uzbekistan, 2006

	Percent of children who received vitamin A:			Not sure if received vitamin A	Never received vitamin A	Total	Number of children aged 6–59 months
	Within last 6 months*	Prior to last 6 months	Not sure when				
Sex							
Male	72.4	5.9	11.8	2.7	7.3	100.0	2298
Female	71.7	5.2	12.0	3.1	8.0	100.0	2253
Region							
Western	94.7	0.1	1.3	0.1	3.8	100.0	513
Central	65.4	8.6	16.5	2.9	6.6	100.0	1002
Southern	74.6	2.9	8.3	3.3	11.0	100.0	972
Central-Eastern	75.4	5.0	9.5	4.6	5.5	100.0	620
Eastern	71.1	8.3	15.5	2.0	3.1	100.0	1202
Tashkent city	37.3	3.5	18.1	6.6	34.5	100.0	242
Residence							
Urban	60.8	7.4	15.6	4.4	11.8	100.0	1282
Rural	76.4	4.8	10.5	2.3	6.0	100.0	3269
Age							
6–11 months	76.2	1.6	5.8	2.5	13.9	100.0	574
12–23 months	77.7	4.2	8.7	2.7	6.8	100.0	1078
24–35 months	72.5	6.5	12.7	2.0	6.2	100.0	954
36–47 months	71.5	6.5	13.1	2.7	6.2	100.0	1010
48–59 months	63.1	7.6	17.2	4.5	7.7	100.0	936
Mother's education**							
Incomplete Secondary	72.3	5.6	11.1	1.3	9.7	100.0	704
Complete Secondary	73.6	5.1	12.0	3.2	6.2	100.0	2246
Secondary special	70.9	6.2	12.3	2.7	7.9	100.0	1259
Higher education	64.6	6.5	11.7	4.9	12.2	100.0	337
Wealth index quintiles							
Poorest	74.8	5.4	10.9	2.6	6.3	100.0	1054
Second	73.9	4.5	12.0	2.0	7.6	100.0	904
Middle	76.0	6.1	9.6	2.2	6.0	100.0	898
Fourth	76.7	5.0	10.4	2.5	5.3	100.0	908
Richest	56.2	6.9	17.5	5.4	14.0	100.0	788
Mother tongue of household head							
Uzbek	72.7	5.7	11.6	2.8	7.2	100.0	3933
Russian	38.0	5.4	20.0	8.6	28.0	100.0	76
Karakalpak	88.3	–	4.8	1.7	5.1	100.0	77
Tajik	61.8	7.8	17.7	3.1	9.5	100.0	298
Other Language	81.9	1.4	7.9	2.7	6.0	100.0	166
Total	72.0	5.6	11.9	2.9	7.6	100.0	4551

* MICS indicator 42

** 5 unweighted cases with "Non-standard education" not shown

Table 13: Low birth weight infants

Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth,Uzbekistan, 2006

	Percent of live births:		Number of live births
	Below 2500 grams*	Weighed at birth**	
Region			
Western	2.7	98.7	236
Central	5.4	99.7	446
Southern	4.3	98.6	427
Central-Eastern	3.5	99.5	303
Eastern	6.6	99.5	544
Tashkent city	4.6	98.8	115
Residence			
Urban	4.7	99.2	591
Rural	4.9	99.2	1480
Mother's education***			
Incomplete Secondary	4.8	99.0	334
Complete Secondary	4.5	99.1	975
Secondary special	5.4	99.4	608
Higher education	4.7	100.0	154
Wealth index quintiles			
Poorest	5.4	99.2	433
Second	5.7	99.0	416
Middle	4.8	98.6	427
Fourth	4.2	99.8	423
Richest	4.0	99.6	373
Mother tongue of household head			
Uzbek	4.9	99.3	1765
Russian	4.8	98.1	35
Karakalpak	2.7	100.0	38
Tajik	5.9	99.2	154
Other Language	3.3	98.9	79
Total	4.8	99.2	2072

* MICS indicator 9

** MICS indicator 10

*** 2 unweighted cases with "Non-standard education" not shown

Table 14: Vaccinations by background characteristics

Percentage of children aged 15-26 months currently vaccinated against childhood diseases, Uzbekistan, 2006

	Percentage of children who received:											Percent with health card	Number of children aged 15–26 months
	BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3	Measles*	All	None		
Sex													
Male	100.0	99.5	96.3	93.5	98.9	98.1	93.4	90.1	97.0	86.8	–	95.6	532
Female	100.0	99.1	95.5	92.8	99.6	97.3	93.5	88.9	97.8	87.0	–	96.4	515
Region													
Western	100.0	99.5	95.4	93.5	100.0	94.0	86.3	82.2	99.5	81.7	–	89.5	129
Central	100.0	99.3	96.5	94.3	98.3	97.2	93.1	87.0	97.1	86.2	–	98.3	235
Southern	100.0	99.5	96.4	94.8	99.2	99.0	96.0	95.1	96.3	92.1	–	97.4	223
Central–Eastern	100.0	98.6	91.8	83.6	99.0	95.9	85.5	78.0	96.3	73.3	–	95.9	153
Eastern	100.0	100.0	98.1	97.1	100.0	99.7	99.0	97.3	98.7	94.4	–	96.4	250
Tashkent city	100.0	97.4	94.3	90.1	99.2	100.0	97.5	92.1	95.4	84.2	–	94.8	58
Residence													
Urban	100.0	99.4	93.5	89.1	99.2	96.4	89.7	82.4	97.3	78.1	–	91.8	300
Rural	100.0	99.3	96.9	94.8	99.2	98.2	94.9	92.4	97.5	90.4	–	97.7	747
Mother's education**													
Incomplete Secondary	100.0	98.9	97.0	92.9	99.7	99.5	93.4	90.0	99.3	87.2	–	96.9	164
Complete Secondary	100.0	99.4	96.5	94.2	99.1	98.2	95.4	92.3	97.0	89.4	–	96.9	518
Secondary special	100.0	99.6	95.1	93.1	99.8	95.8	89.5	86.0	96.8	84.4	–	95.8	285
Higher education	100.0	99.1	93.3	87.3	97.0	98.2	94.6	83.3	98.1	78.6	–	89.8	79
Wealth index quintiles													
Poorest	100.0	98.7	95.2	93.7	98.8	98.2	93.8	91.1	96.6	90.1	–	96.8	218
Second	100.0	99.3	97.6	95.3	99.5	98.6	94.3	92.3	96.9	89.1	–	97.5	209
Middle	100.0	99.4	96.3	93.3	98.8	98.3	95.9	93.9	98.5	91.0	–	96.9	212
Fourth	100.0	100.0	94.5	91.2	100.0	96.6	91.2	85.2	97.4	83.5	–	96.3	222
Richest	100.0	99.2	96.1	92.5	99.0	96.9	91.8	84.9	97.7	80.0	–	92.1	186
Mother tongue of household head													
Uzbek	100.0	99.3	96.1	93.9	99.1	98.6	95.1	92.2	97.5	89.5	–	97.4	876
Russian	(100.0)	(97.0)	(97.0)	(95.1)	(100.0)	(87.0)	(86.1)	(76.4)	(96.2)	(67.7)	(–)	(96.5)	22
Karakalpak	(100.0)	(97.2)	(80.0)	(74.1)	(100.0)	(84.1)	(70.9)	(59.3)	(100.0)	(59.3)	(–)	(86.2)	22
Tajik	100.0	100.0	98.1	91.3	100.0	95.2	87.1	79.4	97.3	78.1	–	90.9	82
Other Language	100.0	100.0	95.8	90.2	100.0	96.4	86.4	76.9	95.7	74.9	–	83.7	45
Total	100.0	99.3	95.9	93.2	99.2	97.7	93.4	89.6	97.4	86.9	–	96.0	1047

* Measles vaccination before the age of 15 months

** 1 unweighted case with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 15: Vaccinations by background characteristics (continued)

Percentage of children aged 15-26 months currently vaccinated against childhood diseases, Uzbekistan, 2006

	Percentage of children who received:			Percent with health card	Number of children aged 15–26 months
	HepB1	HepB2	HepB3		
Sex					
Male	99.7	95.9	90.5	95.6	532
Female	99.7	96.2	90.3	96.4	515
Region					
Western	99.5	95.8	87.2	89.5	129
Central	99.3	95.3	93.3	98.3	235
Southern	99.5	99.0	95.0	97.4	223
Central-Eastern	100.0	89.2	78.0	95.9	153
Eastern	100.0	98.1	92.8	96.4	250
Tashkent city	100.0	97.9	91.4	94.8	58
Residence					
Urban	100.0	91.8	85.8	91.8	300
Rural	99.5	97.8	92.3	97.7	747
Mother's education*					
Incomplete Secondary	100.0	96.7	91.0	96.9	164
Complete Secondary	99.3	97.0	92.5	96.9	518
Secondary special	100.0	94.6	88.7	95.8	285
Higher education	100.0	93.5	82.3	89.8	79
Wealth index quintiles					
Poorest	98.7	96.1	90.7	96.8	218
Second	99.7	99.5	91.4	97.5	209
Middle	100.0	95.2	92.0	96.9	212
Fourth	100.0	93.8	89.7	96.3	222
Richest	100.0	95.9	88.2	92.1	186
Mother tongue of household head					
Uzbek	99.7	96.7	91.3	97.4	876
Russian	(100.0)	(92.2)	(88.5)	(96.5)	22
Karakalpak	(97.2)	(82.8)	(73.0)	(86.2)	22
Tajik	100.0	93.2	86.2	90.9	82
Other Language	100.0	96.8	89.8	83.7	45
Total	99.7	96.1	90.4	96.0	1047

* 1 unweighted case with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 16: Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Uzbekistan, 2006

	Had diarrhea in last two weeks	Number of children aged 0–59 months	Children with diarrhea who received:				ORT Use Rate *	Number of children aged 0–59 months with diarrhea
			Fluid from ORS packet	Recom-mended home-made fluid	Pre-pack-aged ORS fluid	No treatment		
Sex								
Male	2.9	2527	26.7	37.8	55.2	21.2	78.8	74
Female	2.2	2459	(29.2)	(34.2)	(66.8)	(21.3)	(78.7)	53
Residence								
Urban	2.4	1432	(36.5)	(31.3)	(63.9)	(20.5)	(79.5)	34
Rural	2.6	3554	24.5	38.2	58.6	21.5	78.5	92
Total	2.5	4986	27.8	36.3	60.1	21.2	78.8	127

* MICS indicator 33

( ) Figures that are based on 25–49 unweighted cases

Table 17: Home management of diarrhea

Percentage of children aged 0-59 months with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, Uzbekistan, 2006

	Had diarrhea in last two weeks	Number of children aged 0–59 months	Children with diarrhea who:				Home management of diarrhea*	Received ORT or increased fluids AND continued feeding**	Number of children aged 0–59 months with diarrhea
			Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none			
Sex									
Male	2.9	2527	35.7	61.9	42.3	52.1	14.6	24.1	74
Female	2.2	2459	(31.0)	(62.0)	(53.0)	(44.8)	(19.4)	(33.7)	53
Residence									
Urban	2.4	1432	(45.3)	(54.7)	(38.0)	(60.1)	(14.9)	(20.1)	34
Rural	2.6	3554	29.4	64.6	50.1	44.9	17.2	31.0	92
Total	2.5	4986	33.7	61.9	46.8	49.0	16.6	28.1	127

* MICS indicator 34

** MICS indicator 35

( ) Figures that are based on 25–49 unweighted cases

Table 18: Care seeking for suspected pneumonia

Percentage of children aged 0-59 months with suspected pneumonia in the last two weeks taken to a health provider, Uzbekistan, 2006

	Had acute respiratory infection	No. of children aged 0–59 months	Children with suspected pneumonia who were taken to:							Any appropriate provider*	No. of children 0–59 months with suspected pneumonia
						Public sources		Private sources	Other source		
			Govt. Hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ outreach clinic	Private hospital/ clinic	Relative/ friend		
Sex											
Male	2.8	2527	5.0	27.3	20.0	9.0	8.9	3.5	0.9	70.5	70
Female	1.8	2459	(13.0)	(38.9)	(11.3)	(7.1)	(–)	(–)	(2.8)	(63.2)	44
Residence											
Urban	2.8	1432	11.0	53.3	–	–	12.8	3.4	–	73.5	41
Rural	2.1	3554	6.5	19.8	25.9	12.8	1.4	1.5	2.5	64.5	73
Total	2.3	4986	8.1	31.8	16.7	8.2	5.5	2.2	1.6	67.7	114

* MICS indicator 23

( ) Figures that are based on 25–49 unweighted cases

Table 19: Antibiotic treatment of pneumonia

Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment, Uzbekistan, 2006

	Percentage of under fives with suspected pneumonia who received antibiotics in the last two weeks*	Number of children with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	52.4	70
Female	(61.1)	44
Residence		
Urban	63.5	41
Rural	51.4	73
Total	55.7	114

* MICS indicator 22

( ) Figures that are based on 25–49 unweighted cases

Table 20: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Uzbekistan, 2006

	Percentage 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 recognize the two danger signs of pneumonia	Number of mothers/caretakers of children aged 0–59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Region										
Western	52.9	83.5	98.0	72.7	53.6	35.8	6.8	0.1	50.5	564
Central	30.1	58.0	92.7	30.9	16.3	6.5	17.6	3.0	10.4	1085
Southern	30.6	62.2	92.8	30.3	21.4	10.9	4.8	3.8	6.3	1057
Central-Eastern	25.9	64.0	89.9	40.6	35.0	27.3	8.7	1.2	24.1	688
Eastern	26.7	68.6	94.4	24.0	13.8	17.2	0.4	0.7	3.1	1325
Tashkent city	17.7	41.7	95.8	35.8	31.2	16.7	6.2	7.4	21.1	267
Residence										
Urban	28.5	59.3	94.1	37.6	25.0	16.9	5.9	3.2	15.6	1432
Rural	31.5	66.6	93.3	34.3	24.0	17.1	7.8	1.8	14.2	3554
Mother's education*										
Incomplete Secondary	25.2	61.0	94.6	30.8	20.7	12.8	6.6	1.6	10.9	778
Complete Secondary	31.5	66.7	93.6	35.0	25.7	18.4	8.1	2.3	15.6	2438
Secondary special	31.7	64.4	92.6	37.4	23.5	16.8	6.0	2.2	14.6	1394
Higher education	32.0	58.2	94.5	38.1	25.9	17.8	8.1	2.8	16.1	369
Wealth index quintiles										
Poorest	30.1	64.9	92.0	31.2	21.3	11.2	10.0	1.2	9.7	1139
Second	30.0	67.7	93.6	33.6	25.4	19.3	7.1	2.8	14.2	993
Middle	34.3	70.3	95.0	35.7	24.0	19.0	7.1	2.0	16.1	983
Fourth	31.5	65.1	93.8	40.1	24.6	19.2	6.0	1.7	18.0	1003
Richest	26.9	53.2	93.5	36.2	27.0	17.2	5.6	3.7	15.7	868
Mother tongue of household head										
Uzbek	31.7	65.2	93.3	34.5	25.0	17.6	7.7	2.3	15.0	4316
Russian	18.5	43.4	95.9	27.6	26.7	20.5	5.2	5.9	15.5	84
Karakalpak	26.0	64.9	93.0	55.9	12.3	2.2	2.1	0.7	11.1	87
Tajik	19.4	58.2	96.2	37.6	18.6	18.5	6.4	1.0	7.6	322
Other Language	32.9	69.9	93.6	43.9	22.9	6.1	1.8	2.0	17.5	177
Total	30.6	64.5	93.5	35.3	24.3	17.0	7.3	2.2	14.6	4986

* 6 unweighted cases with "Non-standard education" not shown

Table 21: Solid fuel use

Percent distribution of households according to type of cooking fuel, and percentage of households using solid fuels for cooking, Uzbekistan, 2006

	Percentage of households using:											
	Electricity	Liquefied Petroleum Gas (LPG)	Natural Gas	Kerosene	Coal, lignite	Charcoal	Wood	Agricultural crop residue	Other source	Total	Solid fuels for cooking*	Number of households
Region												
Western	0.1	1.7	91.0	0.1	–	–	7.1	0.0	–	100.0	7.2	996
Central	0.3	1.3	86.2	–	–	–	12.2	–	0.1	100.0	12.2	2182
Southern	1.7	6.7	58.3	0.1	0.1	0.2	29.2	3.6	0.1	100.0	33.2	1658
Central–Eastern	3.5	4.2	81.5	–	0.1	0.2	10.1	0.4	–	100.0	10.8	1527
Eastern	0.3	1.9	78.6	–	–	0.1	19.0	–	0.1	100.0	19.2	2841
Tashkent city	1.7	0.6	97.6	–	0.1	–	–	–	–	100.0	0.1	994
Residence												
Urban	2.0	3.0	94.4	–	0.0	–	0.6	–	–	100.0	0.7	3843
Rural	0.6	2.6	71.9	0.0	0.0	0.2	23.5	1.1	0.1	100.0	24.7	6355
Education of household head												
Primary/Non-standard	(–)	(–)	(79.1)	(–)	(–)	(–)	(20.9)	(–)	(–)	100.0	(20.9)	30
Incomplete Secondary	1.3	3.0	79.9	–	–	0.1	14.9	0.7	0.1	100.0	15.7	1659
Complete Secondary	0.8	3.0	77.8	0.0	0.0	0.1	17.5	0.8	–	100.0	18.4	3822
Secondary special	1.4	2.6	81.1	–	0.0	0.1	14.3	0.4	0.1	100.0	14.8	2801
Higher education	1.3	2.2	85.0	0.0	0.1	0.1	10.4	0.7	0.1	100.0	11.4	1885
Wealth index quintiles												
Poorest	0.9	3.1	40.9	0.1	–	0.1	51.9	2.8	0.3	100.0	54.7	1864
Second	1.0	2.8	75.6	–	0.0	0.2	19.6	0.6	0.1	100.0	20.5	1914
Middle	0.4	2.9	88.9	–	0.1	0.3	7.5	0.1	–	100.0	7.8	1888
Fourth	0.5	3.0	94.7	0.0	0.1	–	1.5	0.1	–	100.0	1.7	1903
Richest	2.3	2.1	95.4	–	0.0	–	0.2	–	–	100.0	0.2	2629
Mother tongue of household head												
Uzbek	0.9	2.6	78.9	0.0	0.0	0.1	16.6	0.8	0.0	100.0	17.6	8169
Russian	4.4	1.7	93.9	–	–	–	0.1	–	–	100.0	0.1	717
Karakalpak	0.2	1.0	87.4	–	–	–	11.4	–	–	100.0	11.4	202
Tajik	0.7	4.8	83.8	–	–	–	10.2	0.2	0.4	100.0	10.3	643
Kirgiz	–	6.7	34.4	–	–	–	58.8	–	–	100.0	58.8	33
Other language	1.6	4.8	81.0	0.1	0.1	0.4	11.6	0.4	–	100.0	12.5	435
Total	1.1	2.7	80.4	0.0	0.0	0.1	14.9	0.7	0.1	100.0	15.7	10198

* MICS indicator 24; MDG Indicator 29

( ) Figures that are based on 25–49 unweighted cases

Table 22: Solid fuel use by type of stove or fire

Percentage of households using solid fuels for cooking by type of stove or fire, Uzbekistan, 2006

	Percentage of households using solid fuels for cooking:						Number of households using solid fuels for cooking
	Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	Other stove	Don't know stove type	Total	
Region							
Western	80.9	19.1	–	–	–	100.0	71
Central	1.4	35.3	60.6	–	2.6	100.0	266
Southern	0.9	77.3	21.9	–	–	100.0	550
Central-Eastern	44.9	37.1	17.5	0.5	–	100.0	165
Eastern	4.5	48.9	46.3	–	0.3	100.0	545
Tashkent city	(*)	(*)	(*)	(*)	(*)	100.0	1
Residence							
Urban	(13.9)	(54.6)	(28.4)	(3.1)	(–)	100.0	25
Rural	10.3	53.8	35.3	–	0.6	100.0	1572
Education of household head*							
Incomplete Secondary	10.6	51.5	37.3	–	0.5	100.0	260
Complete Secondary	9.0	52.9	37.6	0.1	0.4	100.0	702
Secondary special	10.5	53.9	34.6	–	1.0	100.0	415
Higher education	14.5	59.6	25.9	–	–	100.0	214
Wealth index quintiles							
Poorest	7.7	51.5	39.9	–	0.8	100.0	1020
Second	16.1	56.5	27.4	–	–	100.0	393
Middle	12.2	61.4	25.9	0.5	–	100.0	148
Fourth	(14.5)	(57.5)	(28.0)	(–)	(–)	100.0	32
Richest	(*)	(*)	(*)	(*)	(*)	100.0	5
Mother tongue of household head							
Uzbek	8.9	53.5	36.9	0.1	0.6	100.0	1434
Karakalpak	92.3	7.7	–	–	–	100.0	23
Tajik	4.3	74.9	20.8	–	–	100.0	67
Other language	19.4	55.5	25.1	–	–	100.0	74
Total	10.4	53.9	35.2	0.0	0.5	100.0	1598

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

* 4 unweighted cases with "Primary/Non-standard education" not shown

Table 23: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Uzbekistan, 2006

	Main source of drinking water												Total	Improved source of drinking water*	Number of household members
	Improved sources						Unimproved sources								
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Pro-tect-ed well	Pro-tect-ed spring	Unpro-tected well	Unpro-tected spring	Tanker truck	Cart with tank/ drum	Surface water	Other			
Region															
Western	34.0	15.6	12.7	27.7	7.4	0.2	0.5	–	0.2	–	1.6	0.1	100.0	97.5	5848
Central	14.5	26.4	19.7	17.9	11.8	–	0.1	–	6.2	0.2	3.2	–	100.0	90.3	11430
Southern	5.5	23.2	22.2	11.8	4.1	0.7	0.6	0.5	18.7	8.4	4.0	0.3	100.0	67.4	9860
Central-Eastern	12.1	43.6	23.0	9.9	1.8	5.1	–	0.5	1.0	0.1	2.2	0.6	100.0	95.6	7700
Eastern	10.8	36.6	34.4	10.6	2.6	0.2	0.3	0.1	2.0	0.2	2.1	0.2	100.0	95.2	14875
Tashkent city	80.3	19.2	0.2	–	–	–	–	–	–	–	–	0.3	100.0	99.7	3476
Residence															
Urban	43.6	42.7	11.8	1.6	0.1	–	–	–	–	–	–	0.1	100.0	99.9	16574
Rural	6.2	23.5	27.6	18.9	7.3	1.4	0.4	0.3	8.0	2.4	3.7	0.3	100.0	84.9	36616
Education of household head															
Primary/Non-standard	9.2	31.7	46.0	9.5	–	–	–	–	–	–	2.6	1.0	100.0	96.4	173
Incomplete Secondary	15.7	32.7	20.8	14.6	6.5	1.2	0.1	0.3	3.8	1.4	2.9	0.1	100.0	91.4	8631
Complete Secondary	13.1	28.2	25.3	14.8	5.7	1.0	0.4	0.2	6.2	1.6	3.4	0.1	100.0	88.1	20688
Secondary special	17.5	30.0	24.5	12.8	4.1	0.6	0.2	0.3	5.4	2.4	1.8	0.4	100.0	89.5	14364
Higher education	31.4	28.5	15.6	10.6	4.0	1.2	0.2	0.1	5.9	0.9	1.4	0.2	100.0	91.3	9334
Wealth index quintiles															
Poorest	0.8	15.5	36.0	20.1	10.8	1.4	0.3	0.5	5.7	4.0	4.8	0.0	100.0	84.7	10638
Second	3.7	23.7	32.0	17.4	6.2	2.4	0.6	0.5	7.2	2.5	3.6	0.3	100.0	85.3	10636
Middle	6.6	34.9	24.5	16.6	4.8	0.7	0.2	0.1	7.0	1.5	2.7	0.3	100.0	88.2	10643
Fourth	14.3	46.4	16.4	11.5	3.4	0.2	0.2	–	5.5	0.3	1.3	0.4	100.0	92.3	10632
Richest	64.1	26.9	4.6	1.8	0.2	–	0.0	–	2.1	–	0.3	0.1	100.0	97.6	10640
Mother tongue of household head															
Uzbek	14.2	29.6	23.6	15.2	5.8	1.0	0.3	0.2	5.5	1.8	2.6	0.2	100.0	89.3	44793
Russian	79.5	12.8	4.5	1.0	1.2	–	–	–	0.3	–	0.4	0.2	100.0	99.1	1876
Karakalpak	41.6	27.3	25.0	–	0.8	1.2	–	–	2.1	–	2.1	–	100.0	95.8	1076
Tajik	19.1	37.1	24.5	5.0	0.4	0.8	0.1	0.2	7.6	1.9	3.1	0.4	100.0	86.8	3353
Kirgiz	16.7	36.7	29.8	3.8	4.6	1.3	–	–	–	–	7.0	–	100.0	93.0	166
Other Language	28.8	31.2	15.5	9.2	2.2	0.7	–	–	9.6	0.4	1.5	0.9	100.0	87.6	1925
Total	17.9	29.5	22.7	13.5	5.1	1.0	0.3	0.2	5.5	1.7	2.5	0.2	100.0	89.6	53190

* MICS indicator 11; MDG indicator 30

Table 24: Household water treatment

Percent distribution of household population according to drinking water treatment method used in the household, and percentage of household population that applied an appropriate water treatment method, Uzbekistan, 2006

	Water treatment method used in the household								All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infect-ion	Let it stand and settle	Other		Number of household members		Number of household members		Number of household members
Region														
Western	0.4	96.7	–	3.4	1.2	0.1	68.5	–	96.9	5848	96.8	5703	100.0	145
Central	0.8	98.2	0.1	0.1	0.2	–	42.1	0.1	98.3	11430	98.2	10323	99.5	1107
Southern	1.1	98.7	2.6	0.1	–	0.3	36.9	–	98.8	9860	98.8	6650	98.6	3211
Central-Eastern	0.9	98.8	2.0	–	0.1	0.1	36.0	–	98.8	7700	98.8	7358	99.4	342
Eastern	0.3	99.5	0.2	–	–	0.3	52.7	0.1	99.5	14875	99.5	14154	100.0	721
Tashkent city	0.9	98.8	0.1	0.2	0.7	–	21.9	1.0	98.8	3476	98.8	3467	(100.0)	9
Residence														
Urban	0.7	98.5	0.9	0.5	0.7	0.1	40.5	0.3	98.7	16574	98.7	16559	(100.0)	14
Rural	0.7	98.6	0.8	0.4	0.0	0.2	46.8	0.0	98.7	36616	98.6	31095	99.0	5520
Education of household head														
Primary/Non-standard	–	100.0	–	–	2.2	–	80.1	–	98.1	8631	97.9	7890	99.7	740
Incomplete Secondary	1.1	98.0	0.4	0.6	0.2	0.1	46.8	0.2	98.8	20688	98.9	18222	98.5	2466
Complete Secondary	0.7	98.8	0.8	0.3	0.1	0.3	44.8	0.0	98.5	14364	98.4	12854	99.3	1510
Secondary special	0.7	98.4	1.1	0.5	0.3	0.1	43.6	0.1	99.2	9334	99.2	8522	99.6	812
Higher education	0.3	99.1	1.0	0.4	0.5	0.1	44.3	0.2	100.0	173	100.0	167	(*)	6
Wealth index quintiles														
Poorest	0.3	99.0	1.1	0.2	–	0.1	44.6	–	99.1	10638	99.0	9007	99.8	1632
Second	0.9	98.7	0.5	0.3	–	0.2	45.6	–	98.7	10636	98.7	9068	98.9	1568
Middle	0.6	98.7	0.4	0.4	0.0	0.3	52.0	0.1	98.8	10643	98.8	9385	98.5	1258
Fourth	1.0	98.0	0.6	0.6	0.1	0.2	45.1	–	98.1	10632	98.0	9816	98.5	816
Richest	0.7	98.5	1.6	0.6	1.0	0.1	36.8	0.4	98.8	10640	98.7	10379	99.2	261
Mother tongue of household head														
Uzbek	0.6	98.9	0.9	0.5	0.2	0.2	45.0	0.0	98.9	44793	98.9	40012	99.0	4782
Karakalpak	0.6	94.5	–	–	0.9	0.2	42.7	–	95.4	1076	95.2	1031	100.0	45
Tajik	1.3	98.5	0.6	–	–	–	56.4	–	98.5	3353	98.5	2912	98.5	441
Other Language	1.5	97.0	1.0	0.2	0.9	0.1	33.3	0.9	97.1	3967	97.0	3700	99.2	267
Total	0.7	98.6	0.8	0.4	0.2	0.2	44.8	0.1	98.7	53190	98.6	47655	99.0	5535

* MICS indicator 13

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Table 25: Time to source of water

Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Uzbekistan, 2006

	Time to source of drinking water							Mean time to source of drinking water*	Number of households
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	Don't know	Missing	Total		
Region									
Western	52.0	31.5	12.4	3.8	0.3	0.1	100.0	12.0	996
Central	48.6	27.0	16.6	7.2	0.4	0.1	100.0	13.9	2182
Southern	55.6	21.8	15.1	7.4	0.1	–	100.0	15.1	1658
Central-Eastern	70.8	13.8	8.4	6.3	0.5	0.1	100.0	15.4	1527
Eastern	52.6	18.4	19.1	9.7	0.2	–	100.0	16.2	2841
Tashkent city	99.9	0.1	0.0	–	–	–	100.0	8.9	994
Residence									
Urban	89.1	4.4	4.0	2.3	0.1	0.0	100.0	16.3	3843
Rural	41.6	28.8	19.7	9.5	0.4	0.1	100.0	14.7	6355
Education of household head									
Primary/Non-standard	(37.5)	(30.1)	(10.5)	(21.9)	(–)	(–)	100.0	(16.3)	30
Incomplete Secondary	59.9	18.2	14.8	6.6	0.4	0.1	100.0	14.9	1659
Complete Secondary	52.4	22.5	16.4	8.3	0.4	0.0	100.0	15.1	3822
Secondary special	59.9	19.9	13.1	6.8	0.2	0.1	100.0	14.8	2801
Higher education	73.4	14.3	8.7	3.5	0.1	–	100.0	13.7	1885
Wealth index quintiles									
Poorest	25.7	33.5	25.6	14.8	0.3	–	100.0	15.5	1864
Second	38.2	29.6	22.7	8.7	0.6	0.2	100.0	14.6	1914
Middle	52.6	24.2	15.4	7.4	0.3	0.0	100.0	14.4	1888
Fourth	71.7	15.3	8.5	4.3	0.1	0.1	100.0	14.1	1903
Richest	95.1	2.3	1.6	0.9	0.0	–	100.0	14.9	2629
Mother tongue of household head									
Uzbek	54.7	22.7	15.3	7.0	0.3	0.1	100.0	14.5	8169
Russian	95.6	2.7	0.9	0.8	–	–	100.0	13.5	717
Karakalpak	71.1	7.6	12.5	8.1	0.5	0.2	100.0	19.0	202
Tajik	61.6	10.9	15.8	11.6	0.2	–	100.0	18.4	643
Kirgiz	(52.8)	(24.0)	(16.6)	(5.2)	(1.5)	(–)	100.0	(13.3)	33
Other Language	83.7	7.0	4.7	4.4	0.2	–	100.0	17.1	435
Total	59.5	19.6	13.8	6.8	0.3	0.0	100.0	14.8	10198

* The mean time to source of drinking water is calculated based on those households that do not have water on the premises

( ) Figures that are based on 25–49 unweighted cases

Table 26: Person collecting water

Percent distribution of households according to the person collecting drinking water used in the household, Uzbekistan, 2006

	Person collecting drinking water						Total	Number of households
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Don't know	Missing		
Region								
Western	68.8	18.1	6.6	6.2	0.1	0.2	100.0	478
Central	57.9	38.3	2.1	0.7	0.2	0.9	100.0	1120
Southern	60.9	33.2	4.2	1.7	–	–	100.0	736
Central-Eastern	57.4	39.0	1.9	1.1	0.2	0.4	100.0	445
Eastern	53.9	39.9	2.4	3.4	–	0.3	100.0	1346
Tashkent city	(*)	(*)	(*)	(*)	(*)	(*)	100.0	1
Residence								
Urban	52.5	40.2	3.1	3.4	–	0.8	100.0	417
Rural	59.0	35.1	3.1	2.3	0.1	0.4	100.0	3711
Education of household head								
Primary/Non-standard	(*)	(*)	(*)	(*)	(*)	(*)	100.0	19
Incomplete Secondary	59.2	34.6	2.5	3.2	–	0.5	100.0	665
Complete Secondary	58.6	35.0	3.1	2.6	0.1	0.5	100.0	1821
Secondary special	56.4	37.7	3.6	2.1	0.0	0.3	100.0	1122
Higher education	61.0	34.2	2.6	1.9	–	0.3	100.0	501
Wealth index quintiles								
Poorest	58.7	34.8	3.3	2.6	0.2	0.3	100.0	1384
Second	59.0	35.1	3.2	2.0	–	0.6	100.0	1182
Middle	58.3	36.1	2.7	2.5	0.1	0.2	100.0	895
Fourth	57.2	36.5	2.6	3.1	–	0.6	100.0	539
Richest	52.7	42.7	2.9	1.7	–	–	100.0	128
Mother tongue of household head								
Uzbek	59.2	35.6	2.8	2.0	0.1	0.4	100.0	3704
Russian	(43.9)	(56.1)	(–)	(–)	(–)	(–)	100.0	32
Karakalpak	51.0	18.5	13.6	16.2	–	0.7	100.0	58
Tajik	48.3	39.9	4.2	6.9	–	0.7	100.0	247
Other Language	61.9	31.8	3.5	2.2	0.6	–	100.0	86
Total	58.3	35.7	3.1	2.5	0.1	0.4	100.0	4128

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Table 27: Use of sanitary means of excreta disposal

Percent distribution of household population according to type of toilet facility used by the household, and the percentage of household population using sanitary means of excreta disposal, Uzbekistan, 2006

	Type of toilet facility used by household							Total	Percentage of population using sanitary means of excreta disposal*	Number of household members
	Improved sanitation facility					Unimproved sanitation facility				
	Flush/pour flush to:			Ventilated improved pit latrine	Pit latrine with slab	Flush/ pour flush to somewhere else	Pit latrine without slab/ open pit			
	Piped sewer system	Septic tank	Pit latrine							
Region										
Western	7.0	2.2	7.9	43.1	39.6	0.1	–	100.0	99.9	5848
Central	7.5	0.3	18.0	46.3	27.4	–	0.5	100.0	99.5	11430
Southern	4.0	0.1	1.4	51.9	42.2	0.0	0.3	100.0	99.7	9860
Central-Eastern	9.5	0.1	5.4	31.4	52.9	–	0.8	100.0	99.2	7700
Eastern	6.4	0.0	0.4	17.7	74.5	–	1.0	100.0	99.0	14875
Tashkent city	90.7	0.5	5.8	1.4	1.6	–	–	100.0	100.0	3476
Residence										
Urban	38.6	0.9	9.6	21.0	29.7	0.0	0.2	100.0	99.8	16574
Rural	0.3	0.1	4.8	39.7	54.4	0.0	0.7	100.0	99.3	36616
Education of household head										
Primary/Non-standard	2.3	3.9	2.6	19.0	69.9	–	2.3	100.0	97.7	173
Incomplete Secondary	8.7	0.4	6.0	30.8	53.6	–	0.5	100.0	99.5	8631
Complete Secondary	7.4	0.3	6.8	35.2	49.5	0.0	0.8	100.0	99.1	20688
Secondary special	12.9	0.4	5.9	33.7	46.7	–	0.4	100.0	99.6	14364
Higher education	25.1	0.4	6.1	34.5	33.6	0.0	0.2	100.0	99.8	9334
Wealth index quintiles										
Poorest	–	0.0	3.2	47.1	48.9	–	0.8	100.0	99.2	10638
Second	0.0	0.2	3.9	36.8	58.1	–	1.0	100.0	99.0	10636
Middle	0.3	0.4	6.6	34.3	57.7	0.0	0.8	100.0	99.2	10643
Fourth	2.8	0.6	9.4	37.0	50.0	0.0	0.2	100.0	99.8	10632
Richest	57.9	0.7	8.4	14.4	18.7	–	–	100.0	100.0	10640
Mother tongue of household head										
Uzbek	9.6	0.3	5.4	35.5	48.6	0.0	0.6	100.0	99.4	44793
Russian	78.1	0.2	2.9	5.9	12.9	–	–	100.0	100.0	1876
Karakalpak	9.2	4.7	22.8	44.6	18.7	–	–	100.0	100.0	1076
Tajik	7.0	–	14.3	19.6	58.9	–	0.3	100.0	99.7	3353
Kirgiz	16.7	–	–	16.8	62.7	–	3.8	100.0	96.2	166
Other language	18.2	1.2	8.2	44.5	27.8	0.1	–	100.0	99.9	1925
Total	12.2	0.4	6.3	33.9	46.7	0.0	0.5	100.0	99.4	53190

* MICS indicator 12; MDG indicator 31

Table 28: Disposal of child's faeces

Percent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Uzbekistan, 2006

	Place of disposal of child's faeces									Proportion of children whose stools are	Number of children aged 0–2 years
	Child used toilet	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Don't know/ Missing	Total		
Region											
Western	0.4	45.3	4.4	0.5	48.7	0.2	0.2	0.4	100.0	45.6	347
Central	2.4	21.1	47.3	11.6	11.6	0.3	5.5	0.2	100.0	23.5	673
Southern	1.0	62.7	19.4	3.0	11.5	0.6	1.1	0.7	100.0	63.7	634
Central-Eastern	9.2	60.7	21.2	3.1	3.9	0.0	1.1	0.7	100.0	69.9	434
Eastern	2.2	76.6	5.0	0.4	15.6	0.3	0.0	0.0	100.0	78.7	830
Tashkent city	7.0	71.2	7.6	6.2	0.5	0.0	6.9	0.5	100.0	78.2	167
Residence											
Urban	4.2	65.6	14.1	4.4	8.1	0.0	2.9	0.6	100.0	69.9	883
Rural	2.5	51.6	21.7	3.9	17.9	0.4	1.6	0.3	100.0	54.1	2201
Mother's education**											
Incomplete Secondary	5.0	58.1	17.8	3.4	12.8	0.1	2.6	0.2	100.0	63.1	487
Complete Secondary	2.0	50.6	23.8	4.5	17.0	0.2	1.6	0.2	100.0	52.7	1476
Secondary special	3.4	59.4	15.9	3.3	14.3	0.6	2.3	0.7	100.0	62.8	897
Higher education	3.9	67.3	10.0	5.9	11.3	0.0	1.3	0.4	100.0	71.2	224
Wealth index quintiles											
Poorest	2.3	46.9	26.1	3.1	18.1	0.4	2.8	0.3	100.0	49.2	667
Second	2.0	51.7	20.9	3.9	19.4	0.4	1.1	0.6	100.0	53.7	607
Middle	2.0	54.9	20.0	3.0	18.3	0.2	1.5	0.1	100.0	56.9	625
Fourth	4.4	57.5	19.3	5.0	11.4	0.4	1.7	0.4	100.0	61.9	652
Richest	4.6	69.4	9.6	5.5	7.5	0.0	2.8	0.6	100.0	73.9	535
Mother tongue of household head											
Uzbek	2.7	56.4	19.8	3.8	14.6	0.3	2.0	0.4	100.0	59.1	2635
Russian	11.1	67.5	7.3	7.6	4.7	0.0	1.8	0.0	100.0	78.6	50
Karakalpak	1.1	33.2	4.1	0.9	57.0	0.0	1.2	2.6	100.0	34.3	56
Tajik	2.7	49.7	28.1	8.4	8.2	0.0	2.7	0.2	100.0	52.4	230
Other language	8.0	55.5	9.7	0.9	25.4	0.0	0.4	0.0	100.0	63.5	113
Total	3.0	55.6	19.6	4.1	15.1	0.3	2.0	0.4	100.0	58.6	3084

* MICS indicator 14

** 2 unweighted cases with "Non-standard education" not shown

Table 29: 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, Uzbekistan, 2006

	Not using any method	Percent of women (currently married or in union) who are using:																Number of women currently married or in
		Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Diaphragm/ foam/ jelly	LAM	Periodic abstinence	Withdrawal	Other	Total	Any modern method	Any traditional method	Any method*	
Region																			
Western	36.7	0.8	–	0.9	56.7	1.4	–	0.2	–	–	2.4	0.2	0.1	0.4	100.0	60.1	3.2	63.3	983
Central	35.3	1.1	0.5	1.8	48.9	2.4	–	1.5	–	–	4.6	2.2	1.6	0.1	100.0	56.2	8.5	64.7	1934
Southern	43.6	2.9	–	1.5	42.4	2.4	0.4	1.1	–	0.4	2.6	1.4	0.9	0.2	100.0	51.2	5.2	56.4	1595
Central-Eastern	35.2	2.5	0.1	3.1	49.8	2.9	–	2.2	0.1	0.1	2.4	0.7	0.6	0.2	100.0	60.9	3.9	64.8	1265
Eastern	29.1	2.8	–	2.4	54.7	3.9	0.1	2.3	0.3	0.1	1.2	2.3	0.8	–	100.0	66.6	4.4	70.9	2617
Tashkent city	34.9	1.6	–	6.2	36.4	0.5	–	8.9	0.4	0.3	3.1	2.2	4.7	0.8	100.0	54.3	10.8	65.1	535
Residence																			
Urban	37.1	1.8	0.1	3.3	45.9	1.8	–	3.3	0.4	0.2	2.4	1.8	1.6	0.3	100.0	56.8	6.1	62.9	2728
Rural	34.2	2.3	0.2	1.8	51.4	3.1	0.1	1.5	–	0.1	2.7	1.6	0.9	0.1	100.0	60.4	5.4	65.8	6202
Age																			
15–19	78.0	1.2	–	1.1	14.2	–	–	2.1	–	–	2.6	0.9	–	–	100.0	18.5	3.5	22.0	144
20–24	51.6	0.2	0.1	1.7	35.8	0.8	–	1.8	0.2	–	6.4	1.0	0.5	–	100.0	40.4	8.0	48.4	1438
25–29	31.8	0.7	–	2.9	52.9	2.0	–	2.6	0.3	–	4.5	1.5	0.7	0.1	100.0	61.4	6.8	68.2	1813
30–34	27.3	2.0	0.1	2.9	56.2	3.3	0.4	2.1	–	0.2	2.4	1.5	1.4	0.2	100.0	67.2	5.5	72.7	1569
35–39	22.9	3.6	0.3	2.6	59.0	4.0	0.1	2.8	0.1	–	0.6	1.9	1.8	0.3	100.0	72.5	4.6	77.1	1399
40–44	26.2	4.4	0.3	2.2	55.5	4.6	0.1	1.9	–	0.4	0.4	2.5	1.2	0.3	100.0	69.4	4.4	73.8	1342
45–49	49.0	2.7	0.1	1.1	40.1	1.8	–	1.0	0.1	0.2	0.4	1.8	1.4	0.2	100.0	47.2	3.8	51.0	1224
Number of living children																			
0	95.4	0.6	–	1.4	1.0	0.3	–	0.8	–	–	0.1	0.2	0.1	–	100.0	4.1	0.5	4.6	759
1	49.2	0.6	0.1	2.3	35.5	0.4	–	2.5	0.5	0.1	6.1	1.7	0.9	0.2	100.0	41.9	8.9	50.8	1261
2	28.6	1.4	–	2.7	56.4	2.3	–	2.7	0.1	–	3.1	1.4	0.9	0.2	100.0	65.8	5.6	71.4	2179
3	21.4	2.3	0.2	2.8	61.2	3.9	0.1	2.3	0.1	0.2	2.1	1.9	1.5	0.2	100.0	73.0	5.6	78.6	2171
4+	27.3	3.8	0.3	1.7	55.7	3.8	0.3	1.5	–	0.2	1.7	2.1	1.4	0.2	100.0	67.2	5.5	72.7	2559

	Not using any method	Percent of women (currently married or in union) who are using:																Number of women currently married or in union
		Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Diaphragm/ foam/ jelly	LAM	Periodic abstinence	Withdrawal	Other	Total	Any modern method	Any traditional method	Any method*	
Education**																		
Incomplete Secondary	40.5	2.2	–	1.5	45.2	3.3	–	2.4	0.2	–	2.5	1.5	0.7	–	100.0	54.8	4.7	59.5	1032
Complete Secondary	33.3	2.3	0.2	1.9	52.5	2.6	0.2	1.3	0.1	0.2	2.7	1.5	1.1	0.2	100.0	61.2	5.5	66.7	4716
Secondary special	36.3	2.2	0.1	2.7	47.6	2.7	–	2.7	0.2	–	2.7	1.6	1.1	0.1	100.0	58.3	5.4	63.7	2388
Higher education	35.0	1.1	–	4.2	44.7	2.1	0.1	4.4	0.3	0.4	2.3	2.9	1.9	0.8	100.0	57.1	7.9	65.0	788
Wealth index quintiles																			
Poorest	33.6	2.4	0.3	1.8	51.7	3.1	0.4	1.2	–	0.1	3.0	1.4	1.1	–	100.0	60.9	5.5	66.4	1709
Second	32.6	2.8	0.2	1.1	53.1	2.9	0.1	1.6	–	–	3.1	1.5	0.9	0.1	100.0	61.8	5.6	67.4	1831
Middle	35.8	1.5	0.1	1.8	50.8	3.0	–	1.3	–	0.2	2.5	1.8	0.9	0.3	100.0	58.8	5.5	64.2	1836
Fourth	36.2	2.3	–	2.6	49.4	2.6	–	1.8	0.2	0.1	2.2	1.7	0.7	0.1	100.0	59.1	4.7	63.8	1824
Richest	37.2	1.7	–	4.2	43.1	1.8	–	4.5	0.5	0.2	2.3	1.9	2.1	0.5	100.0	56.0	6.8	62.8	1731
Mother tongue of household head																			
Uzbek	34.6	2.3	0.2	2.2	50.2	2.8	0.1	1.8	0.1	0.1	2.6	1.7	1.1	0.2	100.0	59.9	5.5	65.4	7605
Russian	37.0	1.7	–	9.4	31.2	2.7	–	10.6	–	0.7	1.1	2.5	2.0	1.1	100.0	56.3	6.7	63.0	229
Karakalpak	37.0	0.4	–	–	57.0	0.3	–	0.2	–	–	4.8	–	0.4	–	100.0	57.8	5.2	63.0	169
Tajik	38.7	1.2	–	1.2	47.0	2.3	0.4	2.3	–	–	2.6	2.2	2.2	–	100.0	54.3	7.0	61.3	602
Kirgiz	(38.8)	(–)	(–)	(–)	(55.6)	(–)	(–)	(–)	(–)	(–)	(–)	(5.6)	(–)	(–)	100.0	(55.6)	(5.6)	(61.2)	29
Other language	37.3	0.8	–	3.2	50.3	2.6	–	2.2	0.2	–	2.7	–	0.1	0.5	100.0	59.3	3.4	62.7	296
Total	35.1	2.1	0.1	2.3	49.7	2.7	0.1	2.1	0.1	0.1	2.6	1.7	1.1	0.2	100.0	59.3	5.6	64.9	8929

* MICS indicator 21; MDG indicator 19C

** 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 30: 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, Uzbekistan, 2006

	Current use of contraception*	Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraception satisfied***	Number of women currently married or in union with need for contraception
		For spacing	For limiting	Total**			
Region							
Western	63.3	4.6	3.4	8.0	983	88.8	700
Central	64.7	3.5	3.9	7.4	1934	89.7	1394
Southern	56.4	6.1	4.3	10.3	1595	84.5	1064
Central-Eastern	64.8	3.4	4.5	7.9	1265	89.1	921
Eastern	70.9	2.3	3.8	6.2	2617	92.0	2017
Tashkent city	65.1	2.8	6.3	9.0	535	87.8	397
Residence							
Urban	62.9	3.4	5.9	9.3	2728	87.2	1968
Rural	65.8	3.8	3.4	7.1	6202	90.2	4525
Age							
15–19	22.0	9.0	0.9	9.8	144	(69.1)	46
20–24	48.4	8.7	1.3	10.0	1438	82.8	840
25–29	68.2	5.9	3.2	9.1	1813	88.2	1403
30–34	72.7	3.5	3.8	7.3	1569	90.8	1255
35–39	77.1	1.2	4.8	6.0	1399	92.8	1162
40–44	73.8	0.5	5.9	6.5	1342	91.9	1078
45–49	51.0	0.2	6.9	7.1	1224	87.8	710
Education****							
Incomplete Secondary	59.5	5.2	3.4	8.6	1032	87.4	703
Complete Secondary	66.7	3.0	4.0	7.0	4716	90.5	3474
Secondary special	63.7	4.4	4.3	8.7	2388	88.0	1728
Higher education	65.0	3.7	5.3	9.0	788	87.9	583
Wealth index quintiles							
Poorest	66.7	4.5	4.0	8.5	1727	88.7	1299
Second	65.9	3.7	3.4	7.0	1816	90.3	1324
Middle	65.7	3.6	3.4	6.9	1854	90.5	1347
Fourth	62.9	3.1	3.7	6.8	1810	90.3	1260
Richest	63.4	3.5	6.3	9.9	1723	86.5	1263
Mother tongue of household head							
Uzbek	65.4	3.7	3.9	7.6	7605	89.6	5549
Russian	63.0	1.9	9.5	11.4	229	84.6	171
Karakalpak	63.0	6.3	2.1	8.4	169	88.3	120
Tajik	61.3	3.5	5.7	9.2	602	87.0	424
Kirgiz	(61.2)	(–)	(–)	(–)	29	(*)	18
Other language	62.7	3.5	5.3	8.8	296	87.7	212
Total	64.9	3.7	4.1	7.8	8929	89.3	6493

* MICS indicator 21; MDG indicator 19C

** MICS indicator 98

*** MICS indicator 99

**** 5 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Table 31: Antenatal care provider

Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Uzbekistan, 2006

	Person providing antenatal care				No ante-natal care received	Total	Any skilled personnel*	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Relative/ friend				
Regio								
Western	98.2	0.8	–	0.8	0.2	100.0	99.0	236
Central	98.4	0.2	–	–	1.4	100.0	98.6	446
Southern	95.4	2.4	0.8	–	1.4	100.0	98.6	427
Central-Eastern	91.0	7.8	0.4	–	0.9	100.0	99.1	303
Eastern	97.1	2.1	0.4	–	0.5	100.0	99.5	544
Tashkent city	99.3	0.2	0.0	–	0.5	100.0	99.5	115
Residence								
Urban	97.4	1.7	0.0	–	0.9	100.0	99.1	591
Rural	96.0	2.6	0.4	0.1	0.9	100.0	99.0	1480
Age**								
15–19	(94.2)	(1.6)	(2.8)	(1.4)	(–)	100.0	(98.6)	45
20–24	97.0	2.3	–	0.1	0.6	100.0	99.3	782
25–29	96.9	1.9	0.1	0.1	1.0	100.0	98.9	752
30–34	94.8	3.5	0.9	–	0.9	100.0	99.1	347
35–39	94.7	1.5	0.9	–	2.9	100.0	97.1	115
40–44	96.3	3.7	–	–	–	100.0	100.0	29
Education***								
Incomplete Secondary	95.9	2.0	0.4	–	1.8	100.0	98.2	334
Complete Secondary	96.0	2.3	0.2	0.2	1.3	100.0	98.6	975
Secondary special	97.1	2.3	0.5	–	0.1	100.0	99.9	608
Higher education	96.7	3.3	–	–	–	100.0	100.0	154
Wealth index quintiles								
Poorest	96.5	1.1	0.5	–	2.0	100.0	98.0	433
Second	94.1	3.6	0.5	0.1	1.7	100.0	98.2	416
Middle	97.4	2.0	0.3	0.3	–	100.0	99.7	427
Fourth	98.1	1.9	–	–	–	100.0	100.0	423
Richest	95.6	3.3	0.3	–	0.8	100.0	99.2	373
Mother tongue of household head								
Uzbek	96.4	2.3	0.3	0.1	0.9	100.0	99.0	1765
Russian	97.0	3.0	–	–	–	100.0	100.0	35
Karakalpak	97.3	1.6	–	–	1.1	100.0	98.9	38
Tajik	96.4	2.0	0.8	–	0.8	100.0	99.2	154
Other language	94.8	4.1	–	–	1.1	100.0	98.9	79
Total	96.4	2.3	0.3	0.1	0.9	100.0	99.0	2072

* MICS indicator 20

( ) Figures that are based on 25–49 unweighted cases

** 1 unweighted case in age group "45–49" not shown

*** 2 unweighted cases with "Non-standard education" not shown

Table 32: Antenatal care

Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, Uzbekistan, 2006

	Percent of pregnant women receiving ANC one or more times during pregnancy*	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
		Blood test taken	Blood pressure measured	Urine specimen taken	Weight measured	
Region						
Western	99.8	97.8	97.8	97.3	95.1	236
Central	98.6	97.3	97.3	97.3	92.3	446
Southern	98.6	95.5	96.0	95.2	78.6	427
Central-Eastern	99.1	98.1	98.2	98.5	92.0	303
Eastern	99.5	99.1	99.1	99.1	91.3	544
Tashkent city	99.5	99.5	98.7	99.5	97.7	115
Residence						
Urban	99.1	97.8	98.1	97.7	94.6	591
Rural	99.1	97.6	97.6	97.6	87.9	1480
Age**						
15–19	(100.0)	(93.1)	(93.1)	(91.8)	(89.9)	45
20–24	99.4	97.8	97.8	97.8	89.3	782
25–29	99.0	97.7	97.9	97.6	89.6	752
30–34	99.1	98.4	98.2	98.4	91.4	347
35–39	97.1	96.7	96.7	96.1	90.9	115
40–44	(100.0)	(97.1)	(97.1)	(97.1)	(83.6)	29
Education***						
Incomplete Secondary	98.2	94.9	95.4	95.1	85.9	334
Complete Secondary	98.7	97.3	97.5	97.2	87.8	975
Secondary special	99.9	99.3	99.0	99.2	93.5	608
Higher education	100.0	99.5	99.5	99.5	95.8	154
Wealth index quintiles						
Poorest	98.0	95.8	96.7	95.9	84.3	433
Second	98.3	96.3	96.1	96.2	84.4	416
Middle	100.0	98.7	99.0	98.5	90.8	427
Fourth	100.0	98.9	98.5	98.6	93.6	423
Richest	99.2	98.9	98.5	98.9	96.7	373
Mother tongue of household head						
Uzbek	99.1	97.6	97.7	97.6	89.5	1765
Russian	100.0	100.0	100.0	100.0	100.0	35
Karakalpak	98.9	94.3	95.9	91.2	94.4	38
Tajik	99.2	98.4	97.6	98.4	85.1	154
Other language	98.9	98.2	98.2	98.2	98.2	79
Total	99.1	97.7	97.7	97.6	89.8	2072

* MICS indicator 44

( ) Figures that are based on 25–49 unweighted cases

** 1 unweighted case in age group "45–49" not shown

*** 2 unweighted cases with "Non-standard education" not shown

Table 33: Assistance during delivery

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Uzbekistan, 2006

	Person assisting at delivery				Total	Any skilled personnel*	Delivered in health facility**	Number of women who gave birth in preceding two years
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Relative/ Friend				
Region								
Western	94.5	4.8	-	0.8	100.0	99.2	98.5	236
Central	97.9	1.8	0.3	–	100.0	100.0	97.6	446
Southern	95.2	3.8	1.0	–	100.0	100.0	92.8	427
Central-Eastern	86.8	12.9	0.2	–	100.0	100.0	99.6	303
Eastern	96.8	3.2	–	–	100.0	100.0	98.5	544
Tashkent city	99.5	0.5	–	–	100.0	100.0	99.7	115
Residence								
Urban	97.2	2.6	0.1	–	100.0	100.0	98.4	591
Rural	94.3	5.2	0.4	0.1	100.0	99.9	96.9	1480
Age***								
15–19	(92.2)	(2.0)	(4.4)	(1.4)	100.0	(98.6)	(93.8)	45
20–24	95.0	5.0	–	0.1	100.0	99.9	98.5	782
25–29	95.5	4.2	0.2	0.1	100.0	99.9	96.7	752
30–34	95.1	4.3	0.6	–	100.0	100.0	98.6	347
35–39	95.3	3.8	0.9	–	100.0	100.0	92.3	115
40–44	(93.0)	(7.0)	(–)	(–)	100.0	(100.0)	(92.7)	29
Education****								
Incomplete Secondary	94.2	4.8	1.0	–	100.0	100.0	97.6	334
Complete Secondary	94.8	4.7	0.3	0.2	100.0	99.8	96.7	975
Secondary special	96.2	3.8	–	–	100.0	100.0	97.8	608
Higher education	95.0	5.0	–	–	100.0	100.0	98.5	154
Wealth index quintiles								
Poorest	94.5	4.6	1.0	–	100.0	100.0	94.9	433
Second	96.2	3.7	–	0.1	100.0	99.9	96.7	416
Middle	94.0	5.4	0.3	0.3	100.0	99.7	98.5	427
Fourth	94.9	5.1	–	–	100.0	100.0	99.3	423
Richest	96.3	3.5	0.2	0.0	100.0	100.0	97.5	373
Mother tongue of household head								
Uzbek	95.0	4.6	0.2	0.1	100.0	99.9	97.2	1765
Russian	96.3	3.7	–	–	100.0	100.0	96.3	35
Karakalpak	100.0	–	–	–	100.0	100.0	98.6	38
Tajik	97.3	1.4	1.3	–	100.0	100.0	96.9	154
Other Language	90.9	9.1	–	–	100.0	100.0	100.0	79
Total	95.1	4.5	0.3	0.1	100.0	99.9	97.3	2072

* MICS indicator 4; MDG indicator 17

** MICS indicator 5

*** 1 unweighted case aged "45–49" not shown

**** 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 34: Completed pregnancies

Percentage of pregnancies that ended with live births, induced abortion, miscarriages and still births by background characteristics, Uzbekistan, 2006

	Live birth	Induced abortion	Miscarriage	Still birth	Total	Number of pregnancies
Region						
Western	85.5	8.5	5.1	1.0	100.0	3455
Central	78.7	16.3	4.2	0.9	100.0	7608
Southern	84.9	10.5	4.1	0.5	100.0	6366
Central-Eastern	82.6	12.1	4.5	0.7	100.0	4650
Eastern	84.3	10.5	4.8	0.5	100.0	9147
Tashkent city	64.3	27.3	7.4	1.0	100.0	2128
Residence						
Urban	75.7	18.2	5.2	0.8	100.0	10203
Rural	84.4	10.6	4.4	0.6	100.0	23152
Mother's education*						
Incomplete Secondary	82.4	11.9	4.8	0.9	100.0	3466
Complete Secondary	83.4	11.5	4.3	0.7	100.0	18651
Secondary special	80.0	14.3	5.1	0.6	100.0	8245
Higher education	75.2	18.7	5.5	0.5	100.0	2974
Age						
15–19	88.4	4.3	7.3	–	100.0	57
20–24	88.2	5.4	5.8	0.5	100.0	1745
25–29	86.3	7.8	5.1	0.8	100.0	4686
30–34	81.0	13.6	4.8	0.6	100.0	5895
35–39	80.6	14.9	3.9	0.6	100.0	6234
40–44	80.4	14.4	4.5	0.7	100.0	7185
45–49	80.2	14.3	4.7	0.8	100.0	7554
Wealth index quintiles						
Poorest	86.7	8.5	4.3	0.5	100.0	6890
Second	84.5	10.8	4.0	0.8	100.0	6818
Middle	83.3	11.3	4.8	0.6	100.0	6666
Fourth	82.5	12.5	4.4	0.6	100.0	6340
Richest	71.6	21.7	5.8	0.9	100.0	6641
Mother tongue of household head						
Uzbek	82.5	12.2	4.6	0.7	100.0	28453
Russian	54.1	39.6	5.4	0.9	100.0	1052
Karakalpak	94.2	2.9	2.6	0.3	100.0	561
Tajik	80.1	13.3	5.8	0.9	100.0	2182
Kirgiz	85.3	8.8	5.9	–	100.0	85
Other Language	86.1	9.3	4.0	0.6	100.0	1022
Total	81.7	12.9	4.7	0.7	100.0	33355

* 18 unweighted cases with "Non-standard education" not shown

Table 35: Maternal mortality ratio

Lifetime risk of maternal death and proportion of dead sisters dying of maternal causes, Uzbekistan, 2006

	Number of adult household respond-ents	Sisters who reached age 15	Sisters who reached age 15 (adjusted)	Sisters who reached aged 15 and who died	Maternal deaths	Adjustment factor	Sister units of risk exposure	Lifetime risk of maternal death	Proportion of dead sisters dying of maternal causes
Respondent age									
15–19	6286	8495	20751	29	1	0.107	2220	0.001	4.4
20–24	5506	10304	25171	45	1	0.206	5185	0.000	3.2
25–29	4514	10689	26110	67	3	0.343	8956	0.000	4.8
30–34	3751	10246	10246	124	7	0.503	5154	0.001	5.5
35–39	3169	9073	9073	118	5	0.664	6025	0.001	4.1
40–44	3093	8834	8834	152	8	0.802	7085	0.001	5.3
45–49	2929	8155	8155	162	7	0.900	7340	0.001	4.4
50–54	2122	5235	5235	219	7	0.958	5015	0.001	3.4
55–59	1525	3318	3318	218	4	0.986	3272	0.001	2.0
60+	3509	5321	5321	1113	12	1.000	5321	0.002	1.1
Total	36405	79670	122214	2248	57	–	55572	0.001	2.5

Maternal Mortality Ratio*—28

* MICS indicator 3; MDG indicator 16

Table 36: Family support for learning

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Uzbekistan, 2006

	Percentage of children aged 0–59 months					
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children aged 0–59 months
Sex						
Male	71.9	4.4	48.8	0.9	3.8	2527
Female	70.8	4.4	45.0	0.8	4.9	2459
Region						
Western	64.9	4.2	17.3	0.2	3.8	564
Central	59.0	4.0	48.9	0.7	3.6	1085
Southern	63.3	4.1	44.9	0.5	2.7	1057
Central-Eastern	78.4	4.6	58.2	1.4	6.7	688
Eastern	85.1	5.0	56.1	1.1	4.0	1325
Tashkent city	80.0	4.7	34.4	1.0	10.7	267
Residence						
Urban	75.1	4.6	45.1	0.9	7.1	1432
Rural	69.8	4.4	47.6	0.8	3.2	3554
Age						
0–23 months	46.7	3.5	38.8	0.7	4.0	2087
24–59 months	89.1	5.1	52.7	1.0	4.6	2899
Mother's education***						
Incomplete Secondary	68.4	4.3	44.8	0.8	6.8	778
Complete Secondary	70.3	4.4	47.9	0.8	3.2	2438
Secondary special	73.4	4.5	45.6	0.9	5.2	1394
Higher education	76.0	4.7	49.7	1.0	2.7	369
Father's education****						
Incomplete Secondary	66.7	4.3	44.6	0.8	na	505
Complete Secondary	70.1	4.4	49.2	0.8	na	2052
Secondary special	72.2	4.5	43.0	0.8	na	1747
Higher education	75.8	4.7	52.3	1.0	na	671
Wealth index quintiles						
Poorest	63.8	4.2	51.1	0.8	2.7	1139
Second	71.7	4.5	47.2	0.9	4.0	993
Middle	71.6	4.4	43.1	0.7	3.8	983
Fourth	73.8	4.5	46.1	0.8	4.0	1003
Richest	77.7	4.7	46.2	1.0	7.8	868
Mother tongue of household head						
Uzbek	70.9	4.4	48.2	0.8	3.9	4316
Russian	82.2	5.0	37.4	1.1	29.8	84
Karakalpak	67.4	4.3	19.0	0.3	2.6	87
Tajik	72.7	4.4	41.8	0.6	3.0	322
Other Language	76.7	4.6	43.6	0.9	6.1	177
Total	71.3	4.4	46.9	0.8	4.3	4986

* MICS indicator 46

** MICS Indicator 47

*** 6 unweighted cases with "Non-standard education" not shown

**** 10 unweighted cases with "Non-standard education" not shown

Table 37: Learning materials

Percentage of children aged 0-59 months living in households containing learning materials, Uzbekistan, 2006

	Children living in households with:		Child has:		Child plays with:					3 or more types of play-things ***	Number of children aged 0-59 months
	3 or more non-child-ren's books*	Median number of non-child-ren's books	3 or more child-ren's books**	Median number of child-ren's books	House-hold objects	Objects and ma-terials found outside the home	Home-made toys	Toys that came from a store	No play-things men-tioned		
Sex											
Male	78.5	10	42.2	2	29.4	45.8	39.6	90.9	4.1	32.2	2527
Female	77.0	9	42.7	2	36.7	37.8	39.4	91.2	3.6	32.5	2459
Region											
Western	58.7	5	18.9	0	24.2	48.2	47.5	86.7	4.3	27.3	564
Central	83.7	9	47.0	2	27.6	35.7	26.6	91.2	1.6	24.1	1085
Southern	72.7	6	21.1	1	35.0	55.6	58.7	90.5	3.3	46.7	1057
Central-Eastern	84.9	10	55.8	3	26.2	30.5	38.8	93.6	4.4	25.3	688
Eastern	80.9	9	54.8	3	42.9	40.6	35.3	91.7	5.5	34.8	1325
Tashkent city	80.0	10	62.6	4	34.8	34.0	22.3	92.1	4.9	25.9	267
Residence											
Urban	75.9	10	48.8	2	32.6	35.8	36.9	92.3	3.8	28.8	1432
Rural	78.5	8	39.9	2	33.2	44.2	40.6	90.5	3.8	33.8	3554
Age											
0–23 months	75.1	9	38.5	2	26.3	22.1	27.6	86.4	8.8	18.3	2087
24–59 months	79.7	10	45.3	2	37.9	56.0	48.1	94.4	0.3	42.4	2899
Mother's education****											
Incomplete Secondary	72.7	6	37.6	2	37.6	44.7	38.4	88.9	4.1	35.4	778
Complete Secondary	77.1	8	37.4	2	32.0	42.5	40.0	90.9	3.7	31.8	2438
Secondary special	78.8	10	47.5	2	32.6	38.8	39.0	92.2	4.0	31.7	1394
Higher education	88.8	10	67.1	5	31.7	42.1	40.2	91.7	3.6	31.3	369
Wealth index quintiles											
Poorest	74.1	6	31.7	1	33.6	48.4	46.2	88.3	4.3	37.5	1139
Second	75.8	7	36.4	2	33.9	42.0	39.6	90.3	4.7	32.8	993
Middle	78.9	10	42.6	2	30.5	39.6	39.2	91.8	4.2	29.1	983
Fourth	78.9	10	46.5	2	33.8	42.1	38.3	92.0	2.5	32.8	1003
Richest	82.3	10	58.6	3	33.3	35.4	32.3	93.4	3.4	28.2	868
Mother tongue of household head											
Uzbek	78.7	10	42.8	2	33.5	43.0	39.3	91.1	3.9	33.1	4316
Russian	87.4	10	78.0	10	42.2	40.8	21.6	89.2	6.4	32.2	84
Karakalpak	34.3	0	12.3	0	26.2	36.6	70.8	85.7	3.6	30.3	87
Tajik	80.1	10	43.6	2	27.9	29.3	28.5	93.1	3.3	25.7	322
Other Language	67.9	10	28.7	1	30.2	39.0	56.9	90.0	1.9	28.1	177
Total	77.8	10	42.5	2	33.0	41.8	39.5	91.0	3.8	32.3	4986

* MICS indicator 49

** MICS indicator 48

*** MICS indicator 50

**** 6 unweighted cases with "Non-standard education" not shown

Table 38: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education program and percentage of first graders who attended pre-school, Uzbekistan, 2006

	Percentage of children aged 36–59 months currently attending early childhood education*	Number of children aged 36–59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex				
Male	20.1	994	29.4	434
Female	19.3	951	24.1	375
Region				
Western	16.2	219	36.6	88
Central	20.4	418	19.1	176
Southern	6.7	432	14.9	148
Central-Eastern	22.8	259	14.6	132
Eastern	23.5	514	35.7	211
Tashkent city	52.6	103	66.3	53
Residence				
Urban	35.2	561	33.4	272
Rural	13.5	1384	23.6	537
Age of child				
36–47 months	18.4	1010	na	na
48–59 months	21.2	936	na	na
6 years	na	na	33.6	101
7 years	na	na	26.0	708
Mother's education***				
Incomplete Secondary	12.8	296	25.1	93
Complete Secondary	11.2	993	23.3	407
Secondary special	32.1	504	29.2	220
Higher education	48.2	146	40.1	88
Wealth index quintiles				
Poorest	5.3	485	20.1	170
Second	12.7	394	22.9	154
Middle	17.5	371	26.4	168
Fourth	24.5	357	24.8	158
Richest	45.9	338	40.7	158
Mother tongue of household head				
Uzbek	18.8	1721	25.8	688
Russian	50.2	35	(54.1)	16
Tajik	23.4	92	(34.7)	56
Other language	21.7	96	24.9	48
Total	19.7	1945	26.9	809

* MICS indicator 52

** MICS indicator 53

** 3 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 39: Primary school entry

Percentage of children of primary school entry age attending grade 1 or higher, Uzbekistan, 2006

	Percentage of children of primary school entry age currently attending grade 1 or higher *	Number of children of primary school entry age
Sex		
Male	89.1	1101
Female	88.6	958
Region		
Western	89.2	233
Central	87.1	453
Southern	85.6	418
Central-Eastern	89.3	346
Eastern	91.6	483
Tashkent city	93.7	126
Residence		
Urban	91.8	657
Rural	87.5	1402
Age of child**		
7	79.0	1054
8	99.2	1005
Mother's education**		
Incomplete Secondary	85.9	241
Complete Secondary	87.7	1090
Secondary special	90.7	521
Higher education	93.8	207
Wealth index quintiles		
Poorest	83.7	456
Second	88.3	431
Middle	91.2	399
Fourth	89.9	385
Richest	92.1	388
Mother tongue of household head		
Uzbek	88.7	1762
Russian	92.1	42
Karakalpak	89.4	38
Tajik	88.6	130
Other Language	91.2	87
Total	88.9	2059

* MICS indicator 54

** 1 unweighted cases with "Non-standard education" not shown

Table 40: Primary school net attendance ratio

Percentage of children of primary school age** attending primary or secondary school (NAR), Uzbekistan, 2006

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Region						
Western	95.1	285	95.9	286	95.5	571
Central	95.3	625	95.2	639	95.2	1264
Southern	95.3	607	94.3	545	94.8	1152
Central-Eastern	94.2	443	97.1	417	95.6	860
Eastern	97.8	755	96.4	662	97.1	1417
Tashkent city	97.2	162	97.7	149	97.5	311
Residence						
Urban	96.6	867	96.9	809	96.8	1676
Rural	95.5	2010	95.3	1889	95.4	3899
Age**						
7	79.2	561	78.8	493	79.0	1054
8	99.4	540	99.0	465	99.2	1005
9	100.0	549	100.0	519	100.0	1069
10	100.0	635	99.8	620	99.9	1255
11	100.0	592	99.7	600	99.8	1193
Mother's education***						
Incomplete Secondary	93.7	296	93.3	227	93.5	523
Complete Secondary	95.9	1596	95.2	1485	95.6	3081
Secondary special	96.5	716	96.5	699	96.5	1414
Higher education	96.1	270	99.1	286	97.7	555
Wealth index quintiles						
Poorest	94.2	680	94.7	651	94.4	1331
Second	96.2	626	95.3	560	95.8	1186
Middle	97.6	506	94.8	501	96.2	1007
Fourth	96.0	528	96.4	495	96.2	1023
Richest	95.8	537	98.4	491	97.0	1028
Mother tongue of household head						
Uzbek	96.0	2502	95.8	2358	95.9	4860
Russian	95.0	65	100.0	38	96.8	104
Karakalpak	92.5	40	98.0	51	95.6	91
Tajik	94.1	169	95.8	162	94.9	332
Other Language	97.4	101	94.2	87	95.9	188
Total	95.8	2877	95.8	2697	95.8	5575

* MICS indicator 55; MDG indicator 6

** Primary school starts at age 7 in Uzbekistan

*** 2 unweighted cases with "Non-standard education" not shown

Table 41: Secondary school net attendance ratio

Percentage of children of secondary school age** attending secondary school or higher (NAR), Uzbekistan, 2006

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Region						
Western	94.9	398	93.2	443	94.0	842
Central	93.5	875	92.9	842	93.2	1717
Southern	95.1	763	91.6	778	93.3	1541
Central-Eastern	93.6	540	88.6	554	91.1	1094
Eastern	94.3	1058	92.2	1034	93.3	2092
Tashkent city	94.6	208	95.3	197	94.9	405
Residence						
Urban	93.0	1078	89.4	1084	91.2	2162
Rural	94.7	2764	93.0	2764	93.9	5528
Age						
12	96.1	673	95.8	649	96.0	1322
13	99.4	596	98.9	602	99.2	1197
14	99.6	696	99.5	740	99.5	1436
15	97.1	641	96.6	645	96.8	1286
16	91.1	635	84.8	562	88.2	1197
17	81.1	601	75.0	651	77.9	1252
Mother's education**						
Incomplete Secondary	91.6	328	82.5	337	87.0	665
Complete Secondary	93.8	2171	92.7	2091	93.3	4262
Secondary special	94.6	966	92.2	1058	93.3	2023
Higher education	97.9	373	96.4	357	97.2	731
Wealth index quintiles						
Poorest	94.4	828	93.1	839	93.8	1666
Second	94.2	841	92.0	815	93.1	1655
Middle	93.8	754	92.2	792	93.0	1546
Fourth	95.3	744	89.7	740	92.5	1484
Richest	93.4	676	92.9	663	93.2	1339
Mother tongue of household head						
Uzbek	94.9	3281	92.5	3283	93.7	6564
Russian	91.9	79	92.8	92	92.4	171
Karakalpak	93.6	84	96.9	99	95.4	183
Tajik	88.6	258	85.4	221	87.1	479
Other Language	91.2	140	88.1	152	89.6	293
Total	94.2	3842	92.0	3848	93.1	7690

* MICS indicator 56

** 7 unweighted cases with "Non-standard education" not shown

Table 42: Secondary school age children attending primary school

Percentage of children of secondary school age** attending primary school, Uzbekistan, 2006

	Male		Female		Total	
	Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
Region						
Western	0.9	670	1.0	735	0.9	1405
Central	0.3	633	0.3	602	0.3	1235
Southern	1.0	702	1.3	719	1.1	1421
Central-Eastern	0.5	613	0.6	628	0.6	1241
Eastern	0.8	595	0.2	588	0.5	1183
Tashkent city	–	466	–	431	–	897
Residence						
Urban	0.3	1401	0.4	1387	0.4	2788
Rural	0.8	2278	0.7	2316	0.8	4594
Age**						
12	3.6	635	3.6	644	3.6	1279
13	–	553	–	586	–	1139
14	–	671	–	700	–	1371
15	–	620	–	610	–	1230
16	–	611	–	532	–	1143
17	–	589	–	631	–	1220
Mother's education*						
Incomplete Secondary	1.5	325	0.9	336	1.2	661
Complete Secondary	0.9	1894	0.6	1874	0.8	3768
Secondary special	0.1	1027	0.5	1105	0.3	2132
Higher education	–	430	0.5	383	0.2	813
Wealth index quintiles						
Poorest	1.1	645	1.2	667	1.1	1312
Second	0.7	680	0.3	679	0.5	1359
Middle	0.6	681	0.8	724	0.7	1405
Fourth	0.8	735	0.7	739	0.7	1474
Richest	0.1	938	0.2	894	0.2	1832
Mother tongue of household head						
Uzbek	0.6	3030	0.6	3030	0.6	6060
Russian	–	113	–	124	–	237
Karakalpak	0.7	148	1.2	169	0.9	317
Tajik	0.5	210	0.5	190	0.5	400
Other Language	1.7	178	1.1	190	1.4	368
Total	0.6	3679	0.6	3703	0.6	7382

* 7 unweighted cases with "Non-standard education" not shown

Table 43: Children reaching grade 5

Percentage of children entering first grade of primary school who eventually reach grade 5, Uzbekistan, 2006

	Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade*
Sex					
Male	99.7	100.0	100.0	100.0	99.7
Female	99.6	99.9	99.8	100.0	99.4
Region					
Western	100.0	99.7	100.0	100.0	99.7
Central	100.0	100.0	100.0	100.0	100.0
Southern	99.5	100.0	100.0	100.0	99.5
Central-Eastern	99.6	100.0	99.5	100.0	99.0
Eastern	99.2	100.0	100.0	100.0	99.2
Tashkent city	100.0	100.0	100.0	100.0	100.0
Residence					
Urban	99.8	99.9	100.0	100.0	99.7
Rural	99.5	100.0	99.9	100.0	99.4
Mother's education**					
Incomplete Secondary	100.0	100.0	100.0	100.0	100.0
Complete Secondary	99.9	100.0	100.0	100.0	99.9
Secondary special	98.8	100.0	99.7	100.0	98.5
Higher education	100.0	99.7	100.0	100.0	99.7
Wealth index quintiles					
Poorest	100.0	100.0	100.0	100.0	100.0
Second	99.5	100.0	100.0	100.0	99.5
Middle	100.0	99.8	99.6	100.0	99.4
Fourth	98.8	100.0	100.0	100.0	98.8
Richest	99.6	100.0	100.0	100.0	99.6
Mother tongue of household head					
Uzbek	99.6	100.0	99.9	100.0	99.4
Russian	100.0	100.0	100.0	100.0	100.0
Karakalpak	100.0	100.0	100.0	100.0	100.0
Tajik	100.0	100.0	100.0	100.0	100.0
Other language	100.0	100.0	100.0	100.0	100.0
Total	99.6	100.0	99.9	100.0	99.5

* MICS indicator 57; MDG indicator 7

** 16 unweighted cases with "Non-standard education" not shown

Table 44: Primary school completion and transition to secondary education

Primary school completion rate and transition rate to secondary education, Uzbekistan, 2006

	Net primary school completion rate*	Number of children of primary school completion age	Transition rate to secondary education**	Number of children who were in the last grade of primary school the previous year
Sex				
Male	97.4	592	100.0	587
Female	95.9	600	99.9	601
Region				
Western	98.5	111	99.6	119
Central	95.9	283	100.0	270
Southern	93.9	234	100.0	241
Central-Eastern	98.5	171	100.0	185
Eastern	97.8	330	100.0	309
Tashkent city	95.4	64	100.0	66
Residence				
Urban	98.6	343	100.0	326
Rural	95.8	849	99.9	862
Mother's education***				
Incomplete Secondary	100.0	93	99.5	88
Complete Secondary	96.0	675	100.0	661
Secondary special	97.1	305	100.0	313
Higher education	96.4	118	100.0	125
Wealth index quintiles				
Poorest	95.5	290	99.8	279
Second	95.8	262	100.0	254
Middle	97.5	217	100.0	216
Fourth	97.3	213	100.0	236
Richest	97.7	210	100.0	204
Mother tongue of household head				
Uzbek	96.6	1039	100.0	1034
Russian	97.3	23	(100.0)	26
Karakalpak	(100.0)	14	(100.0)	17
Tajik	94.1	77	100.0	71
Other language	100.0	39	99.4	40
Total	96.6	1193	100.0	1189

* MICS indicator 59; MDG indicator 7b

** MICS indicator 58

*** 1 unweighted case with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 45: Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Uzbekistan, 2006

	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
Sex						
Male	na	95.8	na	na	94.2	na
Female	95.8	Na	na	92.0	na	na
Region						
Western	95.9	95.1	1.01	93.2	94.9	0.98
Central	95.2	95.3	1.00	92.9	93.5	0.99
Southern	94.3	95.3	0.99	91.6	95.1	0.96
Central-Eastern	97.1	94.2	1.03	88.6	93.6	0.95
Eastern	96.4	97.8	0.99	92.2	94.3	0.98
Tashkent city	97.7	97.2	1.01	95.3	94.6	1.01
Residence						
Urban	96.9	96.6	1.00	89.4	93.0	0.96
Rural	95.3	95.5	1.00	93.0	94.7	0.98
Mother's education**						
Incomplete Secondary	93.3	93.7	1.00	82.5	91.6	0.90
Complete Secondary	95.2	95.9	0.99	92.7	93.8	0.99
Secondary special	96.5	96.5	1.00	92.2	94.6	0.97
Higher education	99.1	96.1	1.03	96.4	97.9	0.98
Wealth index quintiles						
Poorest	94.7	94.2	1.01	93.1	94.4	0.99
Second	95.3	96.2	0.99	92.0	94.2	0.98
Middle	94.8	97.6	0.97	92.2	93.8	0.98
Fourth	96.4	96.0	1.00	89.7	95.3	0.94
Richest	98.4	95.8	1.03	92.9	93.4	1.00
Mother tongue of household head						
Uzbek	95.8	96.0	1.00	92.5	94.9	0.97
Russian	100.0	95.0	1.05	92.8	91.9	1.01
Karakalpak	98.0	92.5	1.06	96.9	93.6	1.03
Tajik	95.8	94.1	1.02	85.4	88.6	0.96
Other Language	82.7	98.6	0.84	90.0	95.3	0.95
Total	95.8	95.8	1.00	92.0	94.2	0.98

* MICS indicator 61; MDG indicator 9

** 16 unweighted cases with "Non-standard education" not shown

Table 46: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered, Uzbekistan, 2006

	Birth is registered*	Number of children aged 0–59 months
Sex		
Male	99.8	2527
Female	100.0	2459
Region		
Western	100.0	564
Central	100.0	1085
Southern	99.9	1057
Central-Eastern	99.9	688
Eastern	99.8	1325
Tashkent city	100.0	267
Residence		
Urban	100.0	1432
Rural	99.9	3554
Age		
0–11 months	99.9	1009
12–23 months	99.9	1078
24–35 months	100.0	954
36–47 months	100.0	1010
48–59 months	99.8	936
Mother's education**		
Incomplete Secondary	99.7	778
Complete Secondary	99.9	2438
Secondary special	100.0	1394
Higher education	100.0	369
Wealth index quintiles		
Poorest	99.9	1139
Second	100.0	993
Middle	99.8	983
Fourth	99.9	1003
Richest	100.0	868
Mother tongue of household head		
Uzbek	99.9	4316
Russian	100.0	84
Karakalpak	100.0	87
Tajik	100.0	322
Other Language	100.0	177
Total	99.9	4986

* MICS indicator 62

** 6 unweighted cases with "Non-standard education" not shown

Table 47: Child labour

Percentage of children aged 5-14 years who are involved in child labour activities by type of work, Uzbekistan, 2006

	Working outside household		Household chores for 28+ hours/ week	Working for family business	Total child labour*	Number of children aged 5–14 years
	Paid work	Unpaid work				
Sex						
Male	0.1	1.7	–	0.6	2.0	5867
Female	0.1	1.6	0.0	0.5	1.9	5747
Region						
Western	0.4	1.0	–	0.3	1.4	1241
Central	–	1.1	0.1	0.2	1.3	2642
Southern	0.1	3.0	–	0.5	3.2	2334
Central-Eastern	–	0.3	–	0.8	1.0	1728
Eastern	–	0.3	–	0.2	0.5	3045
Tashkent city	0.2	10.7	–	4.2	11.2	624
Residence						
Urban	0.1	2.9	–	1.2	3.2	3369
Rural	0.1	1.1	0.0	0.3	1.4	8245
Age						
5–11 years	0.1	2.5	–	0.9	2.8	7660
12–14 years	0.1	0.1	0.1	0.0	0.3	3955
School participation						
Yes	0.1	1.8	0.0	0.7	2.2	9765
No	–	0.8	–	0.1	0.8	1849
Mother's education**						
Incomplete Secondary	–	2.2	–	0.4	2.2	1140
Complete Secondary	0.1	1.4	–	0.6	1.7	6394
Secondary special	0.1	1.5	–	0.5	1.8	2943
Higher education	0.1	2.9	0.2	0.9	3.6	1127
Wealth index quintiles						
Poorest	0.0	1.0	–	0.3	1.1	2697
Second	–	1.4	–	0.2	1.6	2482
Middle	0.1	1.1	–	0.3	1.4	2254
Fourth	0.1	1.1	0.1	0.9	1.7	2113
Richest	0.1	3.9	–	1.4	4.3	2069
Mother tongue of household head						
Uzbek	0.1	1.7	–	0.6	2.0	10060
Russian	–	2.7	–	0.4	2.7	225
Karakalpak	0.2	1.2	–	0.8	1.9	217
Tajik	0.1	1.1	0.3	0.1	1.5	711
Other Language	0.1	1.8	0.0	0.7	2.4	402
Total	0.1	1.6	0.0	0.6	2.0	11614

* MICS indicator 71

** 9 unweighted cases with "Non-standard education" not shown

Table 48: Labourer students and student labourers

Percentage of children aged 5-14 years who are labourer students and student labourers, Uzbekistan, 2006

	Percentage of children in child labour	Percentage of children attending school	Number of children 5–14 years of age	Percentage of child labourers who are also attending school*	Number of child labourers aged 5–14	Percentage of students who are also involved in child labour**	Number of students aged 5–14
Sex							
Male	2.0	84.3	5867	95.3	119	2.3	4946
Female	1.9	83.8	5747	91.1	108	2.0	4819
Region							
Western	1.4	80.9	1241	(*)	18	1.7	1004
Central	1.3	83.3	2642	(85.4)	33	1.3	2200
Southern	3.2	82.9	2334	91.5	75	3.5	1936
Central-Eastern	1.0	82.6	1728	(*)	17	1.1	1427
Eastern	0.5	86.2	3045	100.0	15	0.6	2625
Tashkent city	11.2	91.8	624	96.7	70	11.8	572
Residence							
Urban	3.2	87.8	3369	96.4	108	3.5	2959
Rural	1.4	82.5	8245	90.5	119	1.6	6806
Age							
5–11 years	2.8	76.1	7660	93.0	216	3.4	5830
12–14 years	0.3	99.5	3955	(*)	11	0.3	3935
Mother's education***							
Incomplete Secondary	2.2	76.7	1140	(90.4)	25	2.6	874
Complete Secondary	1.7	83.9	6394	91.9	110	1.9	5363
Secondary special	1.8	84.6	2943	92.9	52	1.9	2490
Higher education	3.6	91.3	1127	(99.5)	40	3.9	1029
Wealth index quintiles							
Poorest	1.1	80.3	2697	(96.2)	31	1.4	2166
Second	1.6	82.4	2482	(88.9)	39	1.7	2046
Middle	1.4	82.9	2254	(83.8)	32	1.4	1868
Fourth	1.7	86.9	2113	(96.6)	37	1.9	1836
Richest	4.3	89.4	2069	96.3	89	4.6	1850
Mother tongue of household head							
Uzbek	2.0	83.9	10060	92.9	197	2.2	8445
Russian	2.7	90.8	225	(*)	6	2.9	204
Karakalpak	1.9	81.4	217	(*)	4	2.3	177
Tajik	1.5	84.9	711	(*)	11	1.8	603
Other Language	2.4	83.6	402	(*)	10	2.6	336
Total	2.0	84.1	11614	93.3	227	2.2	9765

* MICS indicator 72

** MICS indicator 73

** 9 unweighted cases with "Non–standard education" not shown

Table 49: Early marriage

Percentage of women aged 15-49 years in marriage or union before their 15th birthday, percentage of women aged 20-49 years in marriage or union before their 18th birthday, and percentage of women aged 15-19 years currently married or in union, Uzbekistan, 2006

	Percentage married before age 15*	Number of women aged 15–49 years	Percentage married before age 18*	Number of women aged 20–49 years	Percentage of women 15–19 married/in union**	Number of women aged 15–19 years	Number of women aged 15–49 years currently married/in union
Region							
Western	0.2	1554	12.8	1213	6.1	342	983
Central	0.3	2915	11.4	2295	5.9	620	1934
Southern	0.6	2554	13.1	1998	3.6	556	1595
Central-Eastern	0.4	2015	11.6	1559	6.0	457	1265
Eastern	0.1	3995	14.1	3194	3.8	801	2617
Tashkent city	0.4	885	9.5	732	6.0	153	535
Residence							
Urban	0.5	4360	12.6	3529	5.8	831	2728
Rural	0.2	9559	12.5	7462	4.6	2097	6202
Age							
15–19	0.1	2929	na	na	4.9	2929	144
20–24	0.3	2634	7.2	2634	na	na	1438
25–29	0.5	2121	15.7	2121	na	na	1813
30–34	0.5	1754	15.1	1754	na	na	1569
35–39	0.3	1563	9.9	1563	na	na	1399
40–44	0.2	1514	13.1	1514	na	na	1342
45–49	0.6	1405	16.9	1405	na	na	1224
Education***							
Incomplete Secondary	0.5	2827	22.1	1303	2.7	1524	1032
Complete Secondary	0.3	6448	15.3	5580	7.0	869	4716
Secondary special	0.2	3503	6.7	3015	8.6	488	2388
Higher education	–	1135	3.2	1087	1.0	47	788
Wealth index quintiles							
Poorest	0.4	2621	13.8	2056	2.6	565	1727
Second	0.3	2803	13.1	2191	3.5	612	1816
Middle	0.2	2880	13.8	2243	6.3	637	1854
Fourth	0.3	2832	11.5	2228	6.4	605	1810
Richest	0.4	2782	10.6	2272	5.7	510	1723
Mother tongue of household head							
Uzbek	0.2	11757	12.4	9251	4.7	2506	7605
Russian	0.6	461	13.4	395	8.0	66	229
Karakalpak	0.4	287	6.4	216	4.8	71	169
Tajik	0.8	880	16.3	701	5.5	178	602
Kirgiz	–	47	–	36	(*)	12	29
Other Language	0.9	487	11.8	392	7.6	96	296
Total	0.3	13919	12.5	10990	4.9	2929	8929

* MICS indicator 67

** MICS indicator 68

*** 6 unweighted cases with "Non-standard education" not shown

(*) Figures that are based on less than 25 unweighted cases

Table 50: Child disability

Percentage of children aged 2-9 years with disability reported by their mother or caretaker according to the type of disability, Uzbekistan, 2006

	Percentage of children aged 2–9 years with reported disability by type of disability											3–9 years		2 years	
	Delay in sitting, standing or walking	Difficulty seeing, either in the daytime or at night	Appears to have difficulty hearing	No understanding of instr-uctions	Difficulty in walking, moving arms, weakness or stiffness	Have fits, become rigid, lose conciousness	Not learning to do things like other children his/her age	No speaking / cannot be understood in words	Appears mentally backward, dull, or slow		Number of children aged 2–9 years	Speech is not normal	Number of children aged 3–9 years	Cannot name at least one object	Number of children aged 2 years
Region															
Western	1.0	0.7	0.4	0.5	0.5	0.4	0.4	0.7	0.2	3.4	918	1.3	813	2.5	105
Central	0.3	0.2	0.3	0.5	0.4	0.5	0.4	0.4	0.4	1.7	1788	3.7	1578	3.3	210
Southern	0.3	0.1	0.3	0.6	0.1	0.9	0.2	0.7	0.2	1.8	1685	0.5	1477	2.2	207
Central-Eastern	0.4	0.2	0.3	0.4	0.6	0.8	0.4	0.7	0.4	2.0	1234	1.2	1098	6.3	136
Eastern	0.5	0.1	0.1	0.2	–	0.2	0.2	1.1	0.2	2.0	2118	0.8	1821	1.8	298
Tashkent city	0.3	0.0	0.2	0.3	0.1	0.3	0.1	0.8	0.1	1.3	443	0.1	393	1.1	50
Residence															
Urban	0.7	0.5	0.6	0.7	0.4	0.7	0.5	1.0	0.7	3.0	2399	3.0	2119	2.7	280
Rural	0.3	0.1	0.1	0.3	0.2	0.4	0.2	0.6	0.1	1.6	5787	0.8	5061	2.9	726
Age of child															
2–4	0.5	0.1	0.2	0.6	0.4	0.7	0.5	1.1	0.4	2.6	2973	2.01	1967	2.92	1006
5–6	0.4	0.1	0.1	0.2	0.1	0.3	0.3	0.4	0.2	1.5	2085	1.4	2085	na	0
7–9	0.4	0.4	0.4	0.4	0.2	0.6	0.1	0.6	0.2	1.7	3127	1.1	3127	na	0
Mother's education**															
Incomplete Secondary	0.2	0.2	–	0.2	0.3	0.2	0.2	1.0	0.1	1.8	1057	2.7	898	3.2	160
Complete Secondary	0.4	0.2	0.2	0.4	0.3	0.6	0.4	0.7	0.3	2.0	4261	0.9	3768	3.3	493
Secondary special	0.6	0.4	0.6	0.6	0.2	0.6	0.2	0.8	0.3	2.1	2164	1.8	1879	2.5	285
Higher education	0.5	0.1	0.1	0.4	0.2	0.2	0.4	0.3	0.6	1.7	695	1.7	626	0.0	68
Wealth index quintiles															
Poorest	0.3	0.0	0.1	0.2	0.1	0.6	0.3	0.3	0.0	1.4	1972	1.2	1726	3.7	247
Second	0.5	0.3	0.1	0.3	0.1	0.5	0.2	0.7	0.1	1.8	1719	1.5	1524	1.2	195
Middle	0.6	0.1	0.2	0.5	0.6	0.2	0.5	0.7	0.5	2.0	1560	0.8	1377	5.6	183
Fourth	0.3	0.3	0.4	0.3	0.3	0.6	0.2	1.3	0.3	2.3	1498	1.3	1274	2.5	224
Richest	0.6	0.4	0.5	0.7	0.3	0.7	0.3	0.9	0.6	2.5	1436	2.5	1279	0.9	157

	Percentage of children aged 2-9 years with reported disability by type of disability										3-9 years		2 years	
	Delay in sitting, standing or walking	Difficulty seeing, either in the daytime or at night	Appears to have difficulty hearing	No understanding of instr-uctions	Difficulty in walking, moving arms, weakness or stiffness	Have fits, become rigid, lose conciousness	Not learning to do things like other children his/her age	No speaking / cannot be understood in words	Appears mentally backward, dull, or slow		Number of children aged 2-9 years	Speech is not normal	Number of children aged 3-9 years	Cannot name at least one object	Number of children aged 2 years
Mother tongue of household head															
Uzbek	0.5	0.2	0.2	0.4	0.2	0.6	0.3	0.7	0.2	2.0	7118	1.5	6244	3.0	874
Russian	0.6	1.7	1.7	0.8	–	0.8	–	2.9	0.8	4.3	153	1.5	138	(*)	15
Karakalpak	0.3	0.3	1.9	0.4	1.0	–	–	–	–	3.7	142	1.2	125	(–)	16
Tajik	0.1	–	0.3	0.5	0.4	0.5	0.3	0.3	0.5	1.3	484	1.3	414	1.5	70
Other language	0.6	0.6	0.3	0.2	–	–	–	0.2	0.6	1.8	289	0.8	259	(3.6)	31
Total	0.4	0.2	0.2	0.4	0.3	0.5	0.3	0.7	0.3	2.0	8185	1.4	7179	2.9	1006

* MICS indicator 101

** 7 unweighted cases with "Non-standard education" aged 2–9 not shown

( ) Figures that are based on 25–49 unweighted cases

1 Percent is based on children 3–4 years of age

(*) Figures that are based on less than 25 unweighted cases

2 Percent is based on children 2 years of age only

Table 51: Knowledge of preventing HIV transmission

Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Uzbekistan, 2006

	Heard of AIDS	Percentage who know transmission can be prevented by:			Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
Region								
Western	92.4	59.8	42.9	52.4	32.9	66.4	33.6	1554
Central	96.8	81.1	72.6	65.4	50.7	89.5	10.5	2915
Southern	96.3	66.4	52.6	61.9	31.7	85.0	15.0	2554
Central-Eastern	99.2	88.6	80.9	72.5	63.8	94.3	5.7	2015
Eastern	96.1	81.8	70.8	72.7	59.7	88.4	11.6	3995
Tashkent city	98.3	59.6	57.5	54.6	35.0	78.3	21.7	885
Residence								
Urban	96.8	74.3	66.3	63.2	47.9	84.5	15.5	4360
Rural	96.3	76.7	64.9	66.9	49.1	86.4	13.6	9559
Age								
15–19	94.0	64.6	52.8	58.7	38.2	77.7	22.3	2929
20–24	96.7	75.9	65.8	64.9	47.7	86.0	14.0	2634
25–29	97.2	78.1	68.1	67.3	50.9	88.2	11.8	2121
30–34	97.2	80.9	69.6	68.3	52.3	89.0	11.0	1754
35–39	96.9	80.6	71.1	69.0	54.4	88.7	11.3	1563
40–44	98.1	80.8	71.3	68.7	54.1	88.6	11.4	1514
45–49	96.9	79.6	68.4	69.7	52.6	88.2	11.8	1405
Education*								
Incomplete Secondary	92.9	64.9	54.2	56.4	38.0	77.1	22.9	2827
Complete Secondary	96.4	78.1	66.4	67.7	50.1	87.5	12.5	6448
Secondary special	98.4	79.1	69.7	68.3	52.5	88.1	11.9	3503
Higher education	99.6	81.4	73.9	70.1	56.0	90.6	9.4	1135
Wealth index quintiles								
Poorest	95.4	71.5	62.9	62.9	44.5	83.4	16.6	2621
Second	94.4	74.6	62.5	64.0	46.9	83.6	16.4	2803
Middle	97.1	79.3	65.6	68.9	51.3	87.4	12.6	2880
Fourth	97.1	78.6	67.5	68.3	51.5	88.2	11.8	2832
Richest	98.1	75.1	68.1	64.3	49.0	85.9	14.1	2782
Mother tongue of household head								
Uzbek	96.7	76.2	65.3	66.0	48.6	86.5	13.5	11757
Russian	99.5	82.4	76.1	68.4	54.5	91.5	8.5	461
Karakalpak	87.3	42.9	33.4	40.6	28.9	47.6	52.4	287
Tajik	95.4	80.3	71.2	69.5	53.0	88.7	11.3	880
Kirgiz	(96.6)	(92.2)	(75.8)	(69.1)	(62.3)	(92.2)	(7.8)	47
Other Language	95.5	71.9	63.3	64.0	49.3	80.0	20.0	487
Total	96.4	75.9	65.3	65.7	48.7	85.8	14.2	13919

* 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 52: Identifying misconceptions about HIV/AIDS

Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Uzbekistan, 2006

	Percent who know that:			Reject two most common misconceptions and know a healthy-looking person can be infected	Percent who know that:		Number of women
	HIV cannot be transmitted by:		A healthy looking person can be infected		Option 3: HIV cannot be transmitted by sharing food	Option 4: HIV can be transmitted by sharing needles	
	Option 1: Supernatural means	Option 2: Mosquito bites					
Region							
Western	86.0	83.2	56.1	50.3	79.2	90.7	1554
Central	87.4	72.0	77.4	55.1	67.3	92.3	2915
Southern	73.6	54.2	68.4	33.1	47.9	91.7	2554
Central-Eastern	89.2	74.8	82.7	62.4	78.1	94.5	2015
Eastern	81.9	67.7	66.6	46.1	67.0	93.9	3995
Tashkent city	85.8	58.7	74.1	42.8	66.4	94.4	885
Residence							
Urban	85.0	68.7	71.4	49.4	70.1	93.3	4360
Rural	82.5	68.1	70.6	47.7	64.8	92.7	9559
Age							
15–19	80.2	67.6	67.8	45.1	62.4	90.7	2929
20–24	84.7	69.6	70.8	49.0	67.2	92.8	2634
25–29	84.0	68.9	73.8	50.8	67.3	93.2	2121
30–34	83.8	68.8	73.0	49.4	68.9	93.8	1754
35–39	83.9	66.6	71.6	46.7	65.8	94.0	1563
40–44	85.1	68.0	71.6	49.8	69.0	94.6	1514
45–49	82.9	68.2	68.5	47.8	67.5	93.3	1405
Education*							
Incomplete Secondary	77.4	64.7	64.6	42.4	59.5	88.6	2827
Complete Secondary	81.9	67.2	69.4	46.2	64.6	92.8	6448
Secondary special	87.9	72.0	75.4	53.7	71.9	95.2	3503
Higher education	91.5	72.0	80.3	57.5	77.9	97.1	1135
Wealth index quintiles							
Poorest	76.5	63.6	68.1	43.1	58.6	91.7	2621
Second	81.1	66.3	64.3	43.2	62.6	90.9	2803
Middle	83.2	70.8	71.9	50.0	68.0	93.8	2880
Fourth	86.5	71.9	73.5	52.1	70.5	93.4	2832
Richest	88.7	68.6	76.2	52.2	72.2	94.6	2782
Mother tongue of household head							
Uzbek	83.2	67.5	70.9	47.6	65.6	93.1	11757
Russian	88.9	71.5	82.6	55.7	79.8	95.8	461
Karakalpak	73.9	74.7	51.6	41.9	67.8	85.6	287
Tajik	82.8	71.4	72.6	53.0	66.1	91.8	880
Kirgiz	(89.5)	(76.8)	(74.5)	(63.7)	(76.9)	(91.3)	47
Other Language	85.7	74.5	66.9	49.0	74.2	91.9	487
Total	83.3	68.3	70.8	48.2	66.5	92.9	13919

* 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 53: Comprehensive knowledge of HIV/AIDS transmission

Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Uzbekistan, 2006

	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women
Region				
Western	39.0	50.3	25.3	1554
Central	66.6	55.1	42.0	2915
Southern	42.0	33.1	17.5	2554
Central-Eastern	76.9	62.4	54.0	2015
Eastern	67.4	46.1	38.8	3995
Tashkent city	47.2	42.8	24.4	885
Residence				
Urban	60.1	49.4	36.6	4360
Rural	59.2	47.7	34.8	9559
Age				
15–19	46.4	45.1	27.2	2929
20–24	59.7	49.0	35.3	2634
15–24	52.7	47.0	31.0*	5562
25–29	61.2	50.8	38.7	2121
30–34	64.5	49.4	38.8	1754
35–39	65.7	46.7	36.5	1563
40–44	66.2	49.8	39.5	1514
45–49	63.4	47.8	37.4	1405
Education**				
Incomplete Secondary	48.3	42.4	27.7	2827
Complete Secondary	60.4	46.2	34.2	6448
Secondary special	64.0	53.7	40.6	3503
Higher education	68.2	57.5	44.5	1135
Wealth index quintiles				
Poorest	55.2	43.1	31.2	2621
Second	57.2	43.2	31.2	2803
Middle	61.3	50.0	37.4	2880
Fourth	61.4	52.1	38.2	2832
Richest	61.9	52.2	38.4	2782
Mother tongue of household head				
Uzbek	59.3	47.6	34.9	11757
Russian	70.7	55.7	42.6	461
Karakalpak	29.9	41.9	17.6	287
Tajik	66.2	53.0	42.7	880
Kirgiz	(75.8)	(63.7)	(53.7)	47
Other Language	57.6	49.0	34.1	487
Total	59.5	48.2	35.3	13919

* MICS indicator 82; MDG indicator 19b

** 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 54: 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, Uzbekistan, 2006

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breastmilk	All three ways*		
Region							
Western	90.2	90.0	80.4	82.8	77.5	2.2	1554
Central	89.5	87.3	79.8	72.5	68.6	7.2	2915
Southern	92.7	90.0	81.0	85.0	75.3	3.6	2554
Central-Eastern	96.3	93.7	87.0	87.6	79.4	2.9	2015
Eastern	92.4	91.2	79.2	83.0	73.1	3.7	3995
Tashkent city	88.7	85.7	80.3	68.9	64.2	9.6	885
Residence							
Urban	92.4	90.7	84.4	80.2	74.9	4.5	4360
Rural	91.7	89.8	79.4	81.3	72.7	4.5	9559
Age							
15–19	85.0	82.6	72.6	74.2	66.4	8.9	2929
20–24	92.1	90.4	78.6	80.3	71.0	4.6	2634
25–29	93.7	92.0	82.6	83.2	75.0	3.4	2121
30–34	94.8	93.4	84.5	83.1	76.2	2.4	1754
35–39	94.2	92.4	85.6	83.3	77.1	2.7	1563
40–44	95.0	93.3	86.5	85.6	78.8	3.0	1514
45–49	93.8	91.8	84.9	82.3	76.3	3.1	1405
Education**							
Incomplete Secondary	85.4	83.0	74.3	74.9	68.0	7.5	2827
Complete Secondary	91.9	90.1	80.2	81.4	73.3	4.5	6448
Secondary special	95.7	94.0	85.3	84.6	77.0	2.7	3503
Higher education	97.2	95.2	88.5	82.3	75.8	2.4	1135
Wealth index quintiles							
Poorest	88.4	86.1	76.5	77.8	69.3	7.0	2621
Second	90.0	88.4	77.4	79.4	70.8	4.4	2803
Middle	93.7	92.1	83.1	85.0	77.5	3.4	2880
Fourth	94.0	92.0	82.9	83.6	76.1	3.1	2832
Richest	93.3	91.2	84.7	78.5	72.8	4.8	2782
Mother tongue of household head							
Uzbek	92.0	90.1	80.4	81.3	73.3	4.6	11757
Russian	94.1	91.7	86.9	70.6	66.7	5.4	461
Karakalpak	86.6	85.7	83.0	77.4	75.0	0.7	287
Tajik	90.3	88.8	80.5	79.9	73.0	5.1	880
Kirgiz	(93.2)	(93.2)	(82.3)	(86.6)	(75.6)	(3.4)	47
Other Language	93.1	91.7	88.0	85.0	80.8	2.5	487
Total	91.9	90.0	81.0	80.9	73.4	4.5	13919

* MICS indicator 89

** 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 55: Attitudes toward people living with HIV/AIDS

Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Uzbekistan, 2006

	Percent of women who:						Number of women who have heard of AIDS
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	
Region							
Western	39.3	38.2	92.2	96.0	99.8	0.2	1436
Central	19.8	57.2	74.9	84.3	98.1	1.9	2821
Southern	30.5	54.8	85.9	91.5	99.3	0.7	2461
Central-Eastern	27.3	61.3	66.2	73.4	90.6	9.4	1998
Eastern	45.9	35.9	85.5	88.2	98.5	1.5	3838
Tashkent city	12.6	55.8	71.8	81.9	94.6	5.4	870
Residence							
Urban	26.2	52.2	77.6	84.4	96.3	3.7	4222
Rural	34.6	47.8	81.5	87.1	97.7	2.3	9202
Age							
15–19	32.2	47.2	80.5	85.7	96.5	3.5	2752
20–24	31.4	49.3	80.3	86.5	97.2	2.8	2547
25–29	32.6	48.0	79.4	85.1	97.3	2.7	2061
30–34	33.5	50.0	80.3	86.4	97.6	2.4	1705
35–39	31.6	51.6	80.2	86.8	97.3	2.7	1514
40–44	30.3	51.1	80.3	87.0	97.7	2.3	1484
45–49	31.9	48.9	81.4	86.7	97.9	2.1	1361
Education							
Incomplete Secondary	32.4	48.2	81.2	85.4	96.5	3.5	2627
Complete Secondary	32.9	47.8	81.9	87.5	97.9	2.1	6214
Secondary special	32.1	50.4	79.5	85.3	96.9	3.1	3447
Higher education	25.3	55.1	71.7	84.2	96.6	3.4	1130
Wealth index quintiles							
Poorest	32.2	50.9	80.9	86.5	98.5	1.5	2500
Second	33.7	44.6	81.7	86.7	97.5	2.5	2647
Middle	35.8	47.7	83.9	88.4	97.8	2.2	2797
Fourth	32.8	47.8	81.7	87.3	96.8	3.2	2751
Richest	25.3	54.8	73.3	82.1	95.8	4.2	2729
Mother tongue of household head							
Uzbek	32.9	49.6	81.4	87.2	97.8	2.2	11364
Russian	13.9	60.6	57.3	73.5	93.1	6.9	459
Karakalpak	23.3	32.3	92.3	95.2	99.8	0.2	250
Tajik	32.6	41.7	78.8	82.1	94.5	5.5	840
Kirgiz	(44.6)	(54.6)	(72.8)	(73.6)	(90.7)	(9.3)	46
Other Language	30.6	48.1	74.0	79.1	93.2	6.8	466
Total	32.0	49.2	80.3	86.2	97.3	2.7	13424

* MICS indicator 86

** 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 56: Knowledge of a facility for HIV testing

Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Uzbekistan, 2006

	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Region					
Western	53.9	25.6	1554	93.5	398
Central	49.2	28.1	2915	87.2	818
Southern	30.3	24.1	2554	88.1	615
Central-Eastern	80.7	47.5	2015	95.1	957
Eastern	57.2	34.5	3995	92.5	1378
Tashkent city	71.1	45.1	885	95.7	399
Residence					
Urban	61.6	38.4	4360	93.7	1672
Rural	51.3	30.3	9559	90.8	2893
Age					
15–19	35.1	12.7	2929	88.6	371
20–24	58.7	38.1	2634	93.1	1004
25–29	63.9	45.3	2121	91.6	961
30–34	63.5	42.8	1754	90.7	751
35–39	61.0	37.7	1563	92.6	589
40–44	56.5	32.9	1514	93.0	497
45–49	52.1	27.9	1405	92.2	392
Education***					
Incomplete Secondary	39.5	21.6	2827	89.0	611
Complete Secondary	52.1	30.9	6448	91.3	1994
Secondary special	63.8	41.2	3503	93.3	1443
Higher education	77.0	45.5	1135	93.5	516
Wealth index quintiles					
Poorest	36.6	22.8	2621	90.7	599
Second	49.0	29.5	2803	88.7	826
Middle	56.8	33.3	2880	91.6	960
Fourth	61.2	35.5	2832	92.8	1005
Richest	67.7	42.3	2782	94.0	1175
Mother tongue of household head					
Uzbek	54.5	32.1	11757	91.3	3772
Russian	77.9	54.5	461	98.3	251
Karakalpak	26.2	19.0	287	89.5	55
Tajik	49.0	31.2	880	90.1	274
Kirgiz	(81.9)	(54.7)	47	(*)	26
Other Language	55.7	38.6	487	96.0	188
Total	54.5	32.8	13919	91.9	4566

* MICS indicator 87

** MICS indicator 88

*** 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Table 57: HIV testing and counseling coverage during antenatal care

Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Uzbekistan, 2006

	Percent of women who:				Number of women who gave birth in the 2 years preceding the survey
	Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**	
Region					
Western	99.0	70.8	65.5	61.2	236
Central	98.6	70.4	77.7	72.3	446
Southern	98.6	53.8	56.0	46.1	427
Central-Eastern	99.1	70.1	71.4	66.5	303
Eastern	99.5	80.5	75.9	72.0	544
Tashkent city	99.5	64.6	87.4	84.8	115
Residence					
Urban	99.1	67.2	71.9	68.6	591
Rural	99.0	70.2	70.6	64.1	1480
Age					
15–19	(98.6)	(68.3)	(73.9)	(66.5)	45
20–24	99.3	69.8	71.3	66.2	782
25–29	98.9	67.6	67.7	62.1	752
30–34	99.1	73.5	75.1	69.1	347
35–49	97.7	66.1	75.2	68.8	146
Education***					
Incomplete Secondary	98.2	61.2	64.8	58.9	334
Complete Secondary	98.6	68.4	68.5	62.9	975
Secondary special	99.9	75.2	77.1	70.9	608
Higher education	100.0	69.6	76.9	73.6	154
Wealth index quintiles					
Poorest	98.0	61.8	64.6	58.7	433
Second	98.2	68.6	67.2	59.9	416
Middle	99.7	73.2	72.4	66.2	427
Fourth	100.0	76.1	73.9	68.8	423
Richest	99.2	66.7	77.7	74.5	373
Mother tongue of household head					
Uzbek	99.0	70.0	71.8	65.7	1765
Russian	100.0	62.7	83.7	83.7	35
Karakalpak	98.9	50.1	28.8	25.7	38
Tajik	99.2	67.1	70.1	67.1	154
Kirgiz	98.9	71.0	69.0	66.7	79
Other Language					
Total	99.0	69.3	71.0	65.4	2072

* MICS indicator 90

** MICS indicator 91

*** 6 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25–49 unweighted cases

Table 58: Sexual behavior that increases risk of HIV infection

Percentage of young women aged 15-19 years who had sex before age 15, percentage of young women aged 20-24 who had sex before age 18, and percentage of young women aged 15-24 who had sex with a man 10 or more years older, Uzbekistan, 2006

	Percentage of women aged 15-19 who had sex before age 15*	Number of women aged 15-19 years	Percentage of women aged 20-24 who had sex before age 18	Number of women aged 20-24 years	Percentage who had sex in the 12 months preceding the survey with a man 10 or more years older**	Number of women who had sex in the 12 months preceding the survey
Region						
Western	-	342	7.3	296	2.8	164
Central	-	620	7.5	559	2.8	358
Southern	-	556	6.1	517	1.7	276
Central-Eastern	-	457	5.3	336	4.0	211
Eastern	-	801	5.9	779	2.1	459
Tashkent city	-	153	6.6	147	6.4	87
Residence						
Urban	-	831	7.7	731	4.6	436
Rural	-	2097	5.9	1902	2.1	1119
Age						
15-19	-	2929	na	na	4.0	145
20-24	na	na	6.4	2634	2.6	1410
Education***						
Incomplete Secondary	-	1524	13.4	413	4.7	258
Complete Secondary	-	869	7.2	1199	1.7	744
Secondary special	-	488	3.3	790	3.5	459
Higher education	-	47	0.7	231	2.5	93
Wealth index quintiles						
Poorest	-	565	6.6	458	3.0	272
Second	-	612	5.8	513	2.5	302
Middle	-	637	8.5	592	2.1	346
Fourth	-	605	5.5	585	1.0	354
Richest	-	510	5.4	486	5.9	281
Mother tongue of household head						
Uzbek	-	2506	6.1	2233	2.8	1321
Russian	-	66	8.2	75	10.4	42
Karakalpak	-	71	2.8	45	(2.7)	19
Tajik	-	178	10.4	181	0.4	117
Other Language	-	107	7.3	100	1.6	56
Total	-	2929	6.4	2634	2.8	1555

* MICS indicator 84

** MICS indicator 92

*** 1 unweighted cases with "Non-standard education" not shown

( ) Figures that are based on 25-49 unweighted cases

Table 59: Condom use at last high-risk sex

Percentage of young women aged 15-24 years who had high risk sex in the previous year and who used a condom at last high risk sex, Uzbekistan, 2006

	Ever had sex	Had sex in the last 12 months	Of those who had sex in last 12 months, the percent who had sex with non-marital, non-cohabiting partner in the last 12 months*	Of those who had a non-marital, non-cohabiting partner in the last 12 months, the percent who used a condom at last sex with such a partner**	Had sex with more than one partner in last 12 months	Number of women aged 15-24 years
Region						
Western	26.4	25.8	5.6	(*)	0.1	638
Central	31.2	30.4	1.5	(*)	0.1	1179
Southern	26.0	25.7	1.0	(*)	-	1073
Central-Eastern	27.9	26.6	5.5	(*)	0.5	793
Eastern	30.2	29.1	4.0	(*)	-	1580
Tashkent city	30.5	29.0	10.3	(*)	0.4	300
Residence						
Urban	29.1	27.9	6.3	(67.3)	0.4	1563
Rural	28.7	28.0	2.6	(54.1)	0.0	4000
Age						
15-19	5.0	4.9	7.0	(*)	0.0	2929
20-24	55.4	53.5	3.3	(62.1)	0.2	2634
Education***						
Incomplete Secondary	14.2	13.3	4.5	(*)	0.1	1937
Complete Secondary	36.9	36.0	2.3	(*)	0.0	2068
Secondary special	36.9	35.9	4.0	(*)	0.4	1279
Higher education	33.8	33.4	9.5	(*)	0.2	278
Wealth Index Quintiles						
Poorest	27.6	26.6	0.4	(*)	-	1023
Second	27.6	26.9	3.8	(*)	0.1	1125
Middle	28.5	28.2	2.8	(*)	-	1229
Fourth	30.4	29.7	3.4	(*)	0.1	1189
Richest	30.1	28.2	7.9	(66.0)	0.6	995
Mother tongue of household head						
Uzbek	28.7	27.9	2.6	(58.2)	0.1	4739
Russian	32.7	29.9	30.3	(*)	2.0	141
Karakalpak	16.7	16.2	(16.6)	(*)	-	116
Tajik	34.0	32.6	1.1	(*)	0.4	359
Other Language	28.2	27.1	8.2	(*)	-	208
Total	28.8	28.0	3.6	60.5	0.1	5562

* MICS indicator 85

** MICS indicator 83; MDG indicator 19a

*** 1 unweighted case with "Non-standard education" not shown

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Table 60: Children's living arrangements and orphanhood

Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0–17 years in households not living with a biological parent and percentage of children who are orphans, Uzbekistan, 2006

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	91.4	0.1	0.0	0.7	0.8	3.5	2.4	0.4	0.6	0.2	100.0	1.6	3.8	10370
Female	90.8	0.1	0.0	1.0	0.9	3.5	2.6	0.2	0.6	0.2	100.0	2.1	4.3	10145
Region														
Western	91.1	0.1	0.0	1.1	1.6	2.0	2.6	0.3	1.0	0.2	100.0	2.8	5.3	2242
Central	92.2	0.1	0.0	0.5	1.0	2.9	2.3	0.2	0.5	0.2	100.0	1.7	3.9	4582
Southern	92.9	0.0	-	0.7	0.6	2.3	2.5	0.2	0.8	0.1	100.0	1.3	3.9	4181
Central-Eastern	88.7	0.0	0.1	0.7	1.1	4.6	3.2	0.3	0.9	0.4	100.0	2.0	5.3	2993
Eastern	91.9	0.2	0.1	1.0	0.5	3.4	2.1	0.4	0.2	0.2	100.0	1.8	3.1	5419
Tashkent city	82.4	0.2	0.0	2.1	0.7	10.5	3.0	0.8	0.3	-	100.0	3.0	4.2	1098
Residence														
Urban	86.1	0.2	0.1	1.2	0.8	6.7	3.6	0.7	0.4	0.3	100.0	2.2	5.1	5894
Rural	93.1	0.1	0.0	0.7	0.9	2.2	2.0	0.2	0.6	0.1	100.0	1.7	3.7	14620
Age														
0-4 years	95.4	0.1	-	0.2	0.2	3.0	0.8	0.1	0.1	0.1	100.0	0.6	1.2	5165
5-9 years	92.3	0.0	0.0	1.0	0.4	3.5	2.0	0.3	0.4	0.1	100.0	1.4	2.8	5212
10-14 years	90.1	0.1	0.1	1.0	0.4	3.9	3.0	0.5	0.8	0.1	100.0	1.6	4.4	6402
15-17 years	85.2	0.1	0.1	1.3	3.2	3.4	4.7	0.4	1.2	0.5	100.0	4.7	9.2	3735
Wealth index quintiles														
Poorest	93.0	-	-	0.4	1.1	1.9	2.2	0.4	0.8	0.2	100.0	1.5	4.0	4692
Second	92.3	0.1	0.0	0.8	0.6	2.3	3.1	0.2	0.3	0.3	100.0	1.6	4.1	4325
Middle	93.1	0.1	-	0.4	1.0	2.5	2.0	0.2	0.6	0.1	100.0	1.5	3.7	4006
Fourth	90.8	0.3	0.0	1.3	0.9	3.9	1.9	0.1	0.6	0.2	100.0	2.5	3.7	3877
Richest	85.4	0.1	0.1	1.5	0.7	7.5	3.3	0.6	0.6	0.2	100.0	2.3	4.8	3614

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Mother tongue of household head														
Uzbek	92.0	0.1	0.0	0.8	0.9	3.0	2.3	0.3	0.6	0.2	100.0	1.7	3.9	17709
Russian	59.5	0.5	-	3.5	2.4	24.9	5.3	1.5	1.4	1.0	100.0	6.4	9.7	400
Karakalpak	87.6	-	-	1.2	0.9	3.1	4.3	1.1	0.9	0.9	100.0	2.1	6.1	402
Tajik	92.3	0.2	0.1	0.7	0.8	3.3	1.9	0.4	0.2	0.1	100.0	1.8	3.2	1267
Kirgiz	(85.9)	(-)	(-)	(4.6)	(-)	(3.9)	(5.7)	(-)	(-)	(-)	100.0	(4.6)	(5.7)	56
Other Language	87.0	0.1	-	1.5	0.4	4.6	4.9	0.2	1.0	0.3	100.0	2.0	6.4	680
Total	91.1	0.1	0.0	0.9	0.9	3.5	2.5	0.3	0.6	0.2	100.0	1.9	4.1	20514

* MICS indicator 78;

** MICS indicator 75;

( ) Figures that are based on 25-49 unweighted cases

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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, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Uzbekistan Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the six main geo-economical regions of the country:

1. Western: (Republic of Karakalpakstan & Khorezm oblast)
2. Central: (Bukhara, Navoi & Samarkhand oblasts)
3. Southern: (Kashkadarya & Surkhandarya oblasts)
4. Central-Eastern: (Jjizzakh, Syrdarya & Taskentskaya oblasts)
5. Eastern: (Andizhan, Namangan & Fergana oblasts)
6. Tashkent city

Urban and rural areas in each of the six regions (except Tashkent city which does not include any rural area) were defined as the sampling domains.

A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for the Uzbekistan MICS was calculated as 10500 households. For the calculation of the sample size, the key indicator used was the estimated prevalence of moderate to severe stunting of children aged 0-4 years, based on UHES 2002. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{[\,4\,(r)\,(1\text{-}r)\,(f)\,(1.1)\,]}{[\,(0.12\,r)^2\,(p)\,(n_h)\,]}$$

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 prevalence (coverage rate) of the indicator
- 1.1 is the factor necessary to raise the sample size by 10 percent for 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 per cent of r (relative sampling error of r)
- p is the proportion of the total population upon which the indicator, r, is based
- n_h is the average household size.

For the calculation, r (moderate to severe prevalence) was assumed to be 20 percent. The value of *deff* (design effect) was taken as 1.5 based on estimates from previous surveys, p (percentage of children aged 0–4 years in the total population) was taken as 9,5 percent, and n_h (average household size) was taken as 5.3 households.

The resulting number of households from this exercise was 3641 households which is the sample size needed in each sample domain. Responding to the need to produce reliable sub-national region based estimates additionally to national estimates and urban/rural domains, the following rationale was considered: Maintaining precision requirement for the sub-national domains would require increasing the domain-based estimate by a factor of D, where D is the number of domains of the sample—thus yielding $3641 \times 6 = 21846$ households sample in total. This sample size was regarded rather large as its implementation requires significant resources and might be considered impractical.

One option to reduce the sample size was increasing the national-level sample size by the factor D.65 where D is the number of domains[1]. The reliability of each domain's estimate is somewhat less than the national estimate under this approach. Applying that approach to the Uzbekistan case would result in a sample size of 11,669 households that still requires important efforts to be implemented.

In order to achieve a reasonable compromise between the need for domain's estimates and budgetary constraints there were accepted a higher relative error for region-based estimates.

According to the MICS3 manual reporting domains might have their margins of error relaxed considerably—even as high as 25 to 30 percent of *r*.

Margin of error to be tolerated at region-base domain was defined as 0.17. For any domain estimate with a prevalence of 40% and higher, a relative error of 12% or less will be achieved. Calculation of the overall sample size was based on estimates for one domain, increased by the factor 6.

Item	Values
Nomber of domains	6
Margin of error to be tolerated at region-base domain	0.17
Domain-based sample size (no. of households)	1649
Total sample size (no. of households)	1649 × 6 domains = 9896 households

Following the above mentioned scenario, it was expected that for any prevalence indicator of 20% and more, the relative error (95 percent confidence level) for the national estimates is less than 8% and for urban/rural estimates—less than 10%.

Finally the overall sample size was slightly increased up to 10,500 households allowing for any prevalence indicator of 20% and more the relative error (95 percent confidence level) for the national estimates is less than 7%.

The size of the primary sampling unit (cluster) was defined as 28 households. Calculations were based on estimated interview time for one household to be equal to 60 minutes. Considering the 8 hours working day, one interviewer was supposed to complete interview in 5 households. One team of four interviewers was expected to complete interview in one cluster during 1.5 working days, allowing also sufficient time for movement (from cluster to cluster and inside the cluster) and conducting early morning and late evening call back visits when appropriate (including call back visits during a subsequent day). Additional time was considered also for conducting visits to health facilities to obtain and review children's immunization cards.

Dividing the total number of households by the number of households per cluster, it was calculated that the selection of a total number of 375 clusters would be needed.

In each region, the clusters (primary sampling units) were distributed to urban and rural domains, proportional to the size of urban and rural populations and estimated response rate for eligible women and children.

Domain	Distribution of HH		Estimated completed interviews per HH	
	Urban	Rural	Women 15–49 years	Children under 5
Western	0.42	0.58	1.44	0.61
Central	0.34	0.66	1.30	0.56
Southern	0.27	0.73	1.30	0.56
East-Central	0.41	0.59	1.22	0.49
Eastern	0.37	0.63	1.26	0.78
Tashkent city	1.00	-	1.00	0.42
Uzbekistan	0.42	0.58	1.25	0.58

1 "A Critical Review of MICS Sampling Methodology", Report by Verma to UNICEF, April 1995.

The variation of target populations response rates by domains might yield excessively large samples in some domains (Eastern region) and smaller than expected in other domains (East-Central and Tashkent city).

A suggested final adjusted sample was provided to have at least 1000 eligible children up to 5 completed in each domain that would yield not less than 165 children in one birth cohort.

The table below shows the allocation of clusters to the sampling domains.

Allocation of Sample Clusters (Primary Sampling Units) to Sampling Domains

Region	Households (2002 Estimates)			Number of Clusters		
	Total	Urban	Rural	Urban	Rural	Total
Western	567,810	237,500	330,310	25	35	60
Central	964,987	329,935	635,052	20	38	58
Southern	781,248	208,783	572,466	15	42	57
East-Central	790,145	326,283	463,862	25	36	61
Eastern	1,358,129	496,957	861,172	22	38	60
Tashkent city	468,326	468,326	-	79	-	79
Uzbekistan	4,930,645	2,067,783	2,862,862	186	189	375

Neither the 375 EUs distribution between domains areas nor the households sample distribution is proportional to the last population inventory distribution. That is due to the disproportional number of EAs and therefore the household sample for the MICS2005 is not a self-weighted household sample.

Sampling Frame and Selection of Clusters

The last census was conducted in Uzbekistan by the State Statistical Committee in 1989. Consequently its data do not represent a reliable source for the sampling frame, taking into consideration important socio-economical and demographical changes that have happened in the country during the last 16 years.

In 2002 the State Committee of Statistics conducted a countrywide population review, which provided population data for all major cities, small cities, towns, villages and population segments called “mahala” or “enumeration areas” (EA) in Uzbekistan. The main advantage of this data is availability of the “mahala” level of dis-aggregation that will make the sampling process simpler.

The list of EAs has population data for each EA, and the EA’s lists are grouped by administrative unit. The average size of the rural EA was 1358 persons and the average size of the urban EA was 3471 persons. A total of 14799 EAs were established in Uzbekistan. While no major population movements are reported since 2002, the MICS would still require updating the listing of the population in selected primary sampling units. Unfortunately, there were no sketch maps available for the enumeration areas at the State Statistical Committee.

Therefore, the 2002 countrywide population review conducted by State Statistical Committee was used as a frame for the selection of clusters.

Following the State Statistical Committee recommendations, 96 EA accounting for 63686 population have been excluded from the sampling frame due to lack of access to those areas.

Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling domains by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the enumeration areas from the 2002

population review. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the 6 regions by urban and rural areas separately.

In the *first stage,* 375 PSUs were selected in each stratum with equal probabilities. The numbers of clusters in each domain area was calculated dividing its total allocated number of households by the sample take of 28 (number of households for selection per EA).

In rural places the selection of PSUs was carried out independently for each of the five rural strata, and in urban places independently for each of the six urban strata. In each stratum implicit geographical stratification was introduced by ordering rayons/cities from North to South in a serpentine manner. Within each rayon, EA was ordered sequentially by mahala.

Since some enumeration areas are very large it was not economically feasible to carry out a new listing of all households, it was more efficient to use segments. Each enumeration area was assigned a measure of size equal to the desired number of "standard segments" it contains. In the MICS3 manual it is recommended that the number of standard segments be defined (and computed) by dividing the census population of the enumeration area by 500 and rounding to the nearest whole number.

The next step was to select sample enumeration areas in each domain using probability proportional to this measure of size (the number of segments).

The selection was done using the following formula:

$$P_{1i} = (b\,s_i / \Sigma s_i)$$

where b: number of EAs in the MICS 2006 in a given domain area,
s_i: measure of size (the number of segments) of i-th EA
Σs_i: measure of size for the corresponding domain area

At the *second stage of sampling,* segmentation was performed in selected sample enumeration areas using available maps or sketch maps produced in the field. When the number of segments in the sample enumeration area was equal to one, no segmentation was necessary, because the segment and the enumeration area are one and the same. The segmentation was necessary only if the number of segments was greater that one. The sampled enumeration area was subdivided in parts equal to the number of segments, with each part containing roughly the same number of households.

After segmentation, one segment was selected at random in each sample enumeration area. The probability of selection at this stage is represented by the following formula:

$$P_{2i} = 1 / s_i$$

where si: number of segments of i-th EA.

In each selected EA, a household listing operation was carried out during the next 60 days. The updated list of households obtained was used as the frame for the *third stage of sampling.* Households were selected to achieve *a fixed sample take* per cluster. However, since the MICS 2006 sample is unbalanced among domain areas, it required a final weighing adjustment procedure to provide estimates at the national level.

In a given domain for the i-th cluster, if (c) is the fixed number of households selected out of the total households (L_i)—found in the listing process- then the household probability in the selected i-th cluster can be expressed as

$$P_{3i} = (c / L_i)$$

The final households overall probability in the i-th cluster could be calculated as

$$f_i = P_{1i} \times P_{2i} \times P_{3i}$$

and the sampling design weight for the i-th cluster is given as

$$1 / f_i = 1 / (P_{1i} \times P_{2i} \times P_{3i})$$

Listing Activities

Since the sample frame (the 2002 population review) was not up to date, household lists in all selected enumeration areas were updated prior to the selection of households. For this purpose, listing teams visited each enumeration area, and listed the occupied households.

Before the start of the fieldwork, the selected PSUs were updated (i.e. mapping and household enumeration) so that complete household lists were available for the final selection of households in the sample. The updating was carried out by 14 enumeration teams for a period of 28 working days. Each team was composed of two trained enumerators. Three supervisors were assigned to oversee the listing/mapping activities. A 4-day training session was organized for enumeration fieldwork within the 7 days prior to the commencement of the fieldwork. Enumeration activities included taking geo-reference points with GPS units. The Household Listing Manual of the DHS program was adapted and utilized during the training.

Selection of Households

After the 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) and selection of 28 households in each enumeration area was carried out using systematic selection procedures.

Calculation of Sample Weights

The Uzbekistan Multiple Indicator Cluster Survey sample is not self-weighted. Essentially, by allocating equal numbers of households to each of the regions, different sampling fractions were used in each region since the size of the regions 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 domain:

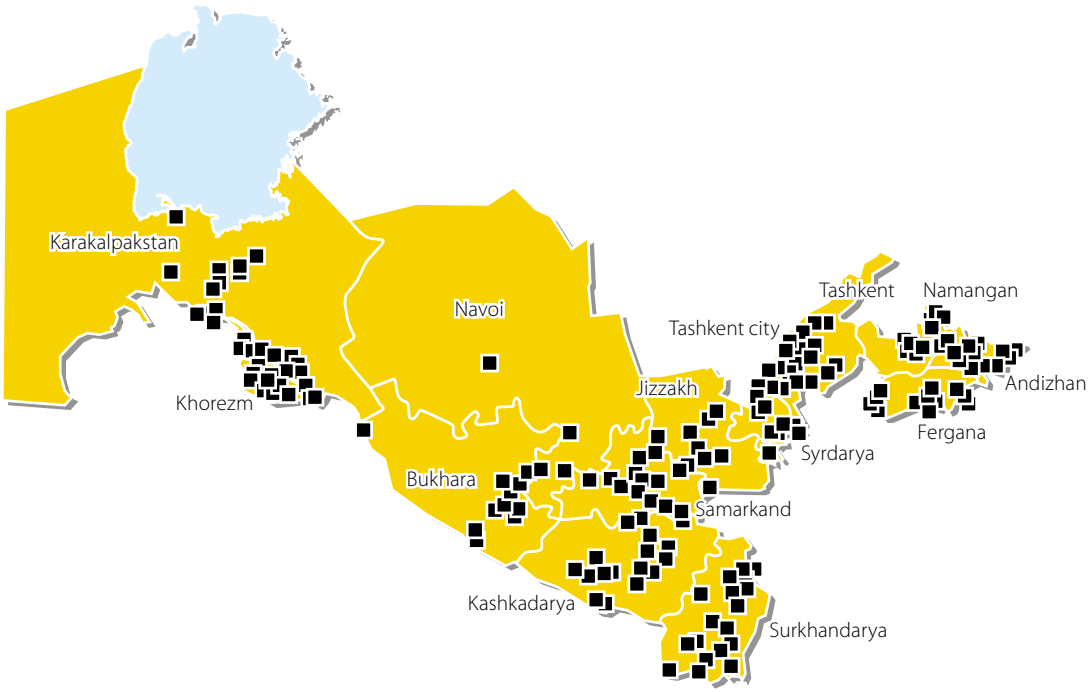
$$W_h = 1 / f_h$$

The term fh, the sampling fraction at the *h*-th stratum, is the product of probabilities of selection at every stage in each sampling domain:

$$f_h = P_{1h} \times P_{2h} \times P_{3h}$$

where Pih is the probability of selection of the sampling unit in the i-th stage for the h-th sampling domain.

Location of Clusters, Uzbekistan MICS 2006



Since the estimated numbers of households per enumeration area prior to the first stage selection (selection of primary sampling units) and the updated number of households per enumeration area were different, individual sampling fractions for households in each enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the probability of selection of the enumeration area in that particular sampling domain and the probability of selection of a household in the sample enumeration area (cluster).

A second component which has to be taken into account in the calculation of sample weights is 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 = Number of interviewed households / Number of occupied households listed

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in the Uzbekistan Multiple Indicator Cluster Survey are shown in Table 1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) is equal to the inverse value of:

RR = Completed women's (or under-5's) questionnaires / Eligible women (or under-5s)

Numbers of eligible women and under-5 children were obtained from the household listing in the Household Questionnaire in households where interviews were completed.

The unadjusted 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 was to make the sum of the interviewed sample units equal the total sample size at

the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) household weights varied between 0.195821 and 3.172926 in the 375 enumeration areas (clusters).

Sample weights were appended to all data sets 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

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State Statistical Committee, deputy Chairman

Technical coordinator
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State Statistical Committee

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Appendix C. Sampling Errors

The sample of respondents selected in the Uzbekistan 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 all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

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. 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.
- 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 *(deff)* is used to show the efficiency of the sample design. A *deff* value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a *deff* 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. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error ($p + 2.se$ or $p - 2.se$) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 14 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 national total, for the regions, and for urban and rural areas. Three of the selected indicators are based on households, 8 are based on household members, 13 are based on women, and 15 are based on children under 5. 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.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Uzbekistan, 2006

MICS Indicator		Base Population
HOUSEHOLDS		
41	Iodized salt consumption	All households
HOUSEHOLD MEMBERS		
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5–14 years
75	Prevalence of orphans	Children aged under 18
WOMEN		
4	Skilled attendant at delivery	Women aged 15–49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15–49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15–49 currently married/in union
60	Adult literacy	Women aged 15–24 years
67	Marriage before age 18	Women aged 20–49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15–24 years
83	Condom use with non-regular partners	Women aged 15–24 years that had a non-marital, non-cohabiting partner in the last 12 months
84	Age at first sex among young people	Women aged 15–24 years
86	Attitude towards people with HIV/AIDS	Women aged 15–49 years
88	Women who have been tested for HIV	Women aged 15–49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15–49 years
UNDER-5s		
6	Underweight prevalence	Children under age 5
25	Tuberculosis immunization coverage	Children aged 15–26 months
26	Polio immunization coverage	Children aged 15–26 months
27	Immunization coverage for DPT	Children aged 15–26 months
28	Measles immunization coverage	Children aged 15–26 months
31	Fully immunized children	Children aged 15–26 months
–	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
–	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.531448468	0.00849241	0.015979743	2.940615327	1.714822244	10156	10154	0.514	0.548	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.895942532	0.013979484	0.015603104	21.3747677	4.623285379	53190	10198	0.868	0.924	0
Use of improved sanitation facilities	27	0.99447511	0.00120948	0.001216199	2.714891027	1.647692637	53190	10198	0.992	0.997	0
Net primary school attendance rate	40	0.958312611	0.003156134	0.003293428	1.360671417	1.166478211	5575	5458	0.952	0.965	0
Net secondary school attendance rate	41	0.931262182	0.004000446	0.004295725	1.845290271	1.358414617	7690	7382	0.923	0.939	0
Primary completion rate	44	0.966334991	0.006769591	0.007005429	1.596058483	1.263352082	1193	1134	0.953	0.980	0
Child labour	47	0.019587251	0.001630663	0.083251228	1.560938374	1.249375193	11614	11274	0.016	0.023	0
Prevalence of orphans	60	0.04068807	0.002144684	0.052710384	2.345644599	1.531549738	20514	19906	0.036	0.045	0
WOMEN											
Skilled attendant at delivery	33	0.9991069	0.000891671	0.000892469	1.865841413	1.365958057	2072	2095	0.997	1.000	0
Antenatal care	32	0.990133772	0.003293087	0.003325901	2.324547525	1.524646689	2072	2095	0.984	0.997	0
Contraceptive prevalence	29	0.64925064	0.006805038	0.010481373	1.80049464	1.341825115	8929	8855	0.636	0.663	0
Marriage before age 18	49	0.125339248	0.004592094	0.036637322	2.119135256	1.455724993	10990	11018	0.116	0.135	0
Comprehensive knowledge about HIV prevention among young people	53	0.310218144	0.009374792	0.030219998	2.254025424	1.501341208	5562	5489	0.291	0.329	0
Condom use with non-regular partners	59	0.605309732	0.028918789	0.047775192	0.217029263	0.465863997	56	63	0.547	0.663	0
Age at first sex among young people	58	0	0	.	.	.	2929	2901	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.027402403	0.002259655	0.082461916	2.567821083	1.602442225	13424	13404	0.023	0.032	0
Women who have been tested for HIV	56	0.328011326	0.006218342	0.018957705	2.441606431	1.562564057	13919	13919	0.316	0.340	0
Knowledge of mother- to-child trans-mission of HIV	54	0.733822236	0.006058525	0.008256121	2.615462532	1.61723917	13919	13919	0.722	0.746	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.050822511	0.004118827	0.081043361	1.648661962	1.284002321	4691	4689	0.043	0.059	0
Tuberculosis immunization coverage	14	1	0	0	.	.	1047	1057	1.000	1.000	0
Polio immunization coverage	14	0.895928649	0.013081915	0.014601515	1.936381602	1.391539292	1047	1056	0.870	0.922	0
Immunization coverage for DPT	14	0.934475387	0.009154767	0.009796692	1.439920352	1.199966813	1044	1053	0.916	0.953	0
Measles immunization coverage	14	0.978452195	0.005774259	0.005901422	1.662084217	1.289218452	1042	1052	0.967	0.990	0
Fully immunized children	14	0.870181926	0.015272309	0.017550708	2.176232127	1.475205791	1045	1055	0.840	0.901	0
Acute respiratory infection in last two weeks	18	0.022882223	0.002769605	0.121037404	1.710236219	1.30776	4986	4986	0.017	0.028	0
Antibiotic treatment of suspected pneumonia	19	0.557078863	0.050962377	0.091481442	1.115738828	1.056285391	114	107	0.455	0.659	0
Diarrhoea in last two weeks	16	0.025416862	0.00293793	0.115589787	1.737030982	1.317964712	4986	4986	0.020	0.031	0
Received ORT or increased fluids and continued feeding	17	0.280738223	0.036641142	0.130517113	0.718081294	0.847396775	127	109	0.207	0.354	0
Support for learning	36	0.713286531	0.007670676	0.01075399	1.434236432	1.197596105	4986	4986	0.698	0.729	0
Birth registration	46	0.999077384	0.000529621	0.00053011	1.516967092	1.23165218	4986	4986	0.998	1.000	0

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, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.619213688	0.0129557	0.020922826	3.535856556	1.880387342	3827	4968	0.593	0.645	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.999136138	0.000592656	0.000593168	2.02984166	1.424725118	16574	4989	0.998	1.000	0
Use of improved sanitation facilities	27	0.997947425	0.000586816	0.000588023	0.838539431	0.915717986	16574	4989	0.997	0.999	0
Net primary school attendance rate	40	0.967658133	0.005673164	0.005862777	2.187417152	1.478991938	1676	2128	0.956	0.979	0
Net secondary school attendance rate	41	0.911756282	0.007435375	0.008155003	1.915052676	1.383854283	2162	2788	0.897	0.927	0
Primary completion rate	44	0.986088416	0.00540126	0.00547746	0.901704292	0.949581114	343	425	0.975	0.997	0
Child labour	47	0.032087318	0.00305509	0.095211756	1.29285361	1.137037207	3369	4303	0.026	0.038	0
Prevalence of orphans	60	0.050989383	0.004240795	0.08317016	2.797103417	1.672454309	5894	7527	0.043	0.059	0
WOMEN											
Skilled attendant at delivery	33	1	0	0	.	.	591	791	1.000	1.000	0
Antenatal care	32	0.990691232	0.004542022	0.0045847	1.767240572	1.329376008	591	791	0.982	1.000	0
Contraceptive prevalence	29	0.628870376	0.010078928	0.016027036	1.562996162	1.250198449	2728	3592	0.609	0.649	0
Marriage before age 18	49	0.126345625	0.008481284	0.067127644	3.051092316	1.746737621	3529	4683	0.109	0.143	0
Comprehensive knowledge about HIV prevention among young people	53	0.327923114	0.013284551	0.040511177	1.668787677	1.291815651	1563	2085	0.301	0.354	0
Condom use with non-regular partners	59	0.672532219	0.035548811	0.052858153	0.21231018	0.460771288	27	38	0.601	0.744	0
Age at first sex among young people	58	0	0	.	.	.	831	1102	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.036567414	0.004386833	0.119965648	3.052962069	1.747272752	4222	5590	0.028	0.045	0
Women who have been tested for HIV	56	0.383544458	0.010163617	0.02649919	2.527016114	1.589659119	4360	5785	0.363	0.404	0
Knowledge of mother- to-child transmission of HIV	54	0.748533031	0.008396098	0.011216736	2.166166913	1.471790377	4360	5785	0.732	0.765	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.047112853	0.006179394	0.131161535	1.492755255	1.221783637	1337	1756	0.035	0.059	0
Tuberculosis immunization coverage	14	1	0	0	.	.	300	399	1.000	1.000	0
Polio immunization coverage	14	0.825481666	0.028987463	0.035115816	2.31559709	1.521708609	300	398	0.768	0.883	0
Immunization coverage for DPT	14	0.892887901	0.018301161	0.020496595	1.39031405	1.179115792	300	398	0.856	0.929	0
Measles immunization coverage	14	0.974161862	0.007413933	0.007610576	0.866953991	0.931103642	300	398	0.959	0.989	0
Fully immunized children	14	0.782476443	0.032610524	0.041676046	2.480441962	1.574941892	300	398	0.717	0.848	0
Acute respiratory infection in last two weeks	18	0.028474187	0.004621175	0.162293476	1.44589731	1.202454702	1432	1874	0.019	0.038	0
Antibiotic treatment of suspected pneumonia	19	0.635435172	0.078942532	0.12423381	1.318173887	1.148117541	41	50	0.478	0.793	0
Diarrhoea in last two weeks	16	0.02399953	0.004200525	0.175025298	1.410888557	1.1878083	1432	1874	0.016	0.032	0
Received ORT or increased fluids and continued feeding	17	0.201173346	0.066424844	0.330187102	1.043331194	1.021435849	34	39	0.068	0.334	0
Support for learning	36	0.75065181	0.012548303	0.016716543	1.575663945	1.255254534	1432	1874	0.726	0.776	0
Birth registration	46	0.999648782	0.000356706	0.000356832	0.678790422	0.823887385	1432	1874	0.999	1.000	0

Table SE.4: Sampling errors: Rural areas

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.478378028	0.010941399	0.022871867	2.487526396	1.577189398	6329	5186	0.456	0.500	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.849233374	0.020301317	0.023905463	16.764368	4.09443134	36616	5209	0.809	0.890	0
Use of improved sanitation facilities	27	0.992903414	0.001736516	0.001748928	2.228806535	1.492918797	36616	5209	0.989	0.996	0
Net primary school attendance rate	40	0.954296581	0.003812774	0.003995376	1.109594085	1.053372719	3899	3330	0.947	0.962	0
Net secondary school attendance rate	41	0.938890918	0.004642234	0.004944381	1.725162335	1.313454352	5528	4594	0.930	0.948	0
Primary completion rate	44	0.958348291	0.009238711	0.009640243	1.513910346	1.230410641	849	709	0.940	0.977	0
Child labour	47	0.014478985	0.001947019	0.13447206	1.851695148	1.360770057	8245	6971	0.011	0.018	0
Prevalence of orphans	60	0.03653495	0.002470352	0.067616139	2.145972469	1.464913809	14620	12379	0.032	0.041	0
WOMEN											
Skilled attendant at delivery	33	0.998750021	0.001247255	0.001248816	1.623663463	1.274230538	1480	1304	0.996	1.000	0
Antenatal care	32	0.989911014	0.004236041	0.004279214	2.341107571	1.530067832	1480	1304	0.981	0.998	0
Contraceptive prevalence	29	0.658214256	0.0087328	0.013267412	1.783762306	1.335575646	6202	5263	0.641	0.676	0
Marriage before age 18	49	0.12486336	0.005446726	0.043621489	1.719644032	1.311351986	7462	6335	0.114	0.136	0
Comprehensive knowledge about HIV prevention among young people	53	0.303300102	0.011930288	0.039334929	2.292165005	1.513989764	4000	3404	0.279	0.327	0
Condom use with non-regular partners	59	0.541198587	0.045684315	0.08441322	0.2017272	0.449140513	29	25	0.450	0.633	0
Age at first sex among young people	58	0	0	.	.	.	2097	1799	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.023197356	0.002611121	0.112561163	2.350861247	1.533251854	9202	7814	0.018	0.028	0
Women who have been tested for HIV	56	0.302683136	0.007734522	0.025553198	2.305152725	1.518272941	9559	8134	0.287	0.318	0
Knowledge of mother- to-child trans-mission of HIV	54	0.727112767	0.007927037	0.010902073	2.575656084	1.604885069	9559	8134	0.711	0.743	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.052301051	0.005215599	0.099722645	1.609132986	1.268516057	3354	2933	0.042	0.063	0
Tuberculosis immunization coverage	14	1	0	0	.	.	747	658	1.000	1.000	0
Polio immunization coverage	14	0.924219585	0.013676726	0.014798135	1.754679901	1.324643311	747	658	0.897	0.952	0
Immunization coverage for DPT	14	0.951234195	0.01030294	0.010831129	1.496572057	1.223344619	744	655	0.931	0.972	0
Measles immunization coverage	14	0.980184959	0.007546544	0.007699102	1.914726601	1.383736464	742	654	0.965	0.995	0
Fully immunized children	14	0.905457678	0.016289987	0.017990887	2.033533196	1.426020054	746	657	0.873	0.938	0
Acute respiratory infection in last two weeks	18	0.02062959	0.003413945	0.165487802	1.79463435	1.339639634	3554	3112	0.014	0.027	0
Antibiotic treatment of suspected pneumonia	19	0.51351153	0.064542404	0.125688325	0.933804338	0.96633552	73	57	0.384	0.643	0
Diarrhoea in last two weeks	16	0.025987812	0.003755626	0.1445149	1.733528442	1.316635273	3554	3112	0.018	0.033	0
Received ORT or increased fluids and continued feeding	17	0.310337471	0.042841667	0.138048642	0.591713238	0.769228989	92	70	0.225	0.396	0
Support for learning	36	0.698234521	0.00947424	0.01356885	1.325312337	1.151222106	3554	3112	0.679	0.717	0
Birth registration	46	0.998847205	0.000727564	0.000728404	1.430185012	1.195903429	3554	3112	0.997	1.000	0

Table SE.5: Sampling errors: Western

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
Iodized salt consumption	11	0.438403495	0.021394102	0.048800026	3.046978507	1.745559654	985	1640	0.396	0.481	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.975260098	0.008896027	0.009121697	5.431680168	2.330596526	5848	1657	0.957	0.993	0
Use of improved sanitation facilities	27	0.999194456	0.000800034	0.000800679	1.316857372	1.147544061	5848	1657	0.998	1.000	0
Net primary school attendance rate	40	0.955199443	0.007567214	0.007922129	1.268538258	1.126294037	571	949	0.940	0.970	0
Net secondary school attendance rate	41	0.940023551	0.008543979	0.009089112	1.817894723	1.348293263	842	1405	0.923	0.957	0
Primary completion rate	44	0.984617204	0.009171529	0.009314817	1.016325095	1.008129503	111	184	0.966	1.000	0
Child labour	47	0.014250286	0.004167192	0.29242867	2.562694534	1.600841821	1241	2074	0.006	0.023	0
Prevalence of orphans	60	0.053270652	0.006358455	0.119361317	2.995000978	1.730607112	2242	3737	0.041	0.066	0
WOMEN											
Skilled attendant at delivery	33	0.992171695	0.007709135	0.00776996	3.121889905	1.766887066	236	409	0.977	1.000	0
Antenatal care	32	0.990337633	0.007965737	0.008043456	2.705490737	1.644837602	236	409	0.974	1.000	0
Contraceptive prevalence	29	0.632533201	0.014420301	0.022797698	1.502993977	1.225966548	983	1681	0.604	0.661	0
Marriage before age 18	49	0.127680868	0.014024705	0.109841867	3.687376498	1.920254279	1213	2089	0.100	0.156	0
Comprehensive knowledge about HIV prevention among young people	53	0.200978728	0.010884937	0.054159647	0.802736552	0.895955664	638	1089	0.179	0.223	0
Condom use with non-regular partners	59	0.861638878	0.053840584	0.062486252	0.340415177	0.583451092	9	15	0.754	0.969	0
Age at first sex among young people	58	0	0	.	.	.	342	582	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.001640172	0.000882257	0.537905327	1.16603672	1.079831802	1436	2454	0.000	0.003	0
Women who have been tested for HIV	56	0.255900213	0.01450724	0.056691005	2.951071873	1.71786841	1554	2671	0.227	0.285	0
Knowledge of mother- to-child trans-mission of HIV	54	0.774756324	0.010592156	0.013671596	1.716575812	1.310181595	1554	2671	0.754	0.796	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.041213001	0.006916188	0.167815682	1.091904031	1.044942118	527	903	0.027	0.055	0
Tuberculosis immunization coverage	14	1	7.01628E-21	7.01628E-21	.	.	129	221	1.000	1.000	0
Polio immunization coverage	14	0.821868621	0.035491052	0.043183364	1.892859317	1.375812239	129	221	0.751	0.893	0
Immunization coverage for DPT	14	0.939285136	0.01701025	0.018109783	1.111152846	1.05411235	128	220	0.905	0.973	0
Measles immunization coverage	14	0.995229893	0.004657039	0.00467936	1.005059279	1.002526448	129	221	0.986	1.000	0
Fully immunized children	14	0.817098515	0.035173706	0.043047081	1.821243606	1.349534588	129	221	0.747	0.887	0
Acute respiratory infection in last two weeks	18	0.016113893	0.002543539	0.157847566	0.395417557	0.628822357	564	970	0.011	0.021	0
Antibiotic treatment of suspected pneumonia	19	0.690551404	0.11279465	0.163339976	0.833529977	0.912978629	9	15	0.465	0.916	0
Diarrhoea in last two weeks	16	0.007860279	0.002791949	0.355197119	0.968564479	0.984156735	564	970	0.002	0.013	0
Received ORT or increased fluids and continued feeding	17	0.268699014	0.013425433	0.04996458	0.00642086	0.08013027	4	8	0.242	0.296	0
Support for learning	36	0.649467369	0.01533936	0.023618369	1.001505185	1.000752309	564	970	0.619	0.680	0
Birth registration	46	1	0	0	.	.	564	970	1.000	1.000	0

Table SE.6: Sampling errors: Central

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.532027997	0.025124077	0.047223224	3.995603793	1.998900646	2178	1577	0.482	0.582	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.903119741	0.036673456	0.040607523	24.27198206	4.926660335	11430.01762	1580	0.830	0.976	0
Use of improved sanitation facilities	27	0.995225117	0.00250621	0.002518234	2.087051445	1.44466309	11430.01762	1580	0.990	1.000	0
Net primary school attendance rate	40	0.952142964	0.00717857	0.007539383	1.026866849	1.013344388	1264	909	0.938	0.967	0
Net secondary school attendance rate	41	0.932103525	0.008321358	0.008927504	1.35018268	1.161973614	1717	1235	0.915	0.949	0
Primary completion rate	44	0.959301226	0.014818935	0.015447635	1.158684507	1.076422086	283	207	0.930	0.989	0
Child labour	47	0.012634126	0.003146766	0.249068783	1.495501604	1.22290703	2642	1885	0.006	0.019	0
Prevalence of orphans	60	0.039455507	0.004313872	0.10933511	1.615004069	1.270828104	4582	3290	0.031	0.048	0
WOMEN											
Skilled attendant at delivery	33	1	0	0	.	.	446	340	1.000	1.000	0
Antenatal care	32	0.986345398	0.0105189	0.01066452	2.785047474	1.66884615	446	340	0.965	1.000	0
Contraceptive prevalence	29	0.64685289	0.015306661	0.02366328	1.477964651	1.215715695	1934	1442	0.616	0.677	0
Marriage before age 18	49	0.11380533	0.008096377	0.071142333	1.109490321	1.053323465	2295	1708	0.098	0.130	0
Comprehensive knowledge about HIV prevention among young people	53	0.298894978	0.020559944	0.068786516	1.777126742	1.333089173	1179	882	0.258	0.340	0
Condom use with non-regular partners	59	0.4235956	0	0	0	0	5	4	0.424	0.424	0
Age at first sex among young people	58	0	0	.	.	.	620	466	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.019475084	0.003562441	0.182922995	1.392328347	1.179969638	2821	2096	0.012	0.027	0
Women who have been tested for HIV	56	0.280639326	0.01410952	0.050276347	2.142837928	1.463843546	2915	2174	0.252	0.309	0
Knowledge of mother- to-child transmission of HIV	54	0.6858919	0.012025078	0.017532031	1.458481848	1.207676218	2915	2174	0.662	0.710	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.040612603	0.008405991	0.206979854	1.356515912	1.164695631	1013	749	0.024	0.057	0
Tuberculosis immunization coverage	14	1	6.42634E-21	6.42634E-21	.	.	235	176	1.000	1.000	0
Polio immunization coverage	14	0.869844496	0.041580361	0.047802063	2.672457048	1.634765136	235	176	0.787	0.953	0
Immunization coverage for DPT	14	0.942739728	0.022796134	0.024180729	1.684672753	1.297949442	235	176	0.897	0.988	0
Measles immunization coverage	14	0.980067514	0.010395986	0.010607419	0.957106748	0.978318327	233	174	0.959	1.000	0
Fully immunized children	14	0.861845356	0.043744715	0.050757035	2.812514162	1.677055205	235	176	0.774	0.949	0
Acute respiratory infection in last two weeks	18	0.011965835	0.003260372	0.272473457	0.722895976	0.850232895	1085	805	0.005	0.018	0
Antibiotic treatment of suspected pneumonia	19	0.687738981	0.218127315	0.317165845	1.772429553	1.331326238	13	9	0.251	1.000	0
Diarrhoea in last two weeks	16	0.012932859	0.003264213	0.252396834	0.6710765	0.81919259	1085	805	0.006	0.019	0
Received ORT or increased fluids and continued feeding	17	0.163065116	0.15491252	0.950004045	1.5825707	1.258002663	14	10	0.000	0.473	0
Support for learning	36	0.59039887	0.018666463	0.031616698	1.158440603	1.076308786	1085	805	0.553	0.628	0
Birth registration	46	1	0	0	.	.	1085	805	1.000	1.000	0

Table SE.7: Sampling errors: Southern

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.685363354	0.015905603	0.023207548	1.820799949	1.349370204	1649	1553	0.654	0.717	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.674397245	0.046928909	0.069586448	15.6559717	3.956762781	9860	1562	0.581	0.768	0
Use of improved sanitation facilities	27	0.996924034	0.001708783	0.001714055	1.486390965	1.219176347	9860	1562	0.994	1.000	0
Net primary school attendance rate	40	0.947857993	0.007363025	0.007768068	1.191274347	1.091455151	1152	1087	0.933	0.963	0
Net secondary school attendance rate	41	0.933281314	0.008669852	0.009289645	1.714162952	1.30926046	1541	1421	0.916	0.951	0
Primary completion rate	44	0.939075555	0.015563673	0.016573398	0.901803878	0.94963355	234	214	0.908	0.970	0
Child labour	47	0.032022182	0.005172425	0.161526318	1.89541733	1.376741562	2334	2197	0.022	0.042	0
Prevalence of orphans	60	0.039324814	0.004912452	0.124919896	2.498282556	1.580595633	4181	3912	0.029	0.049	0
WOMEN											
Skilled attendant at delivery	33	1	5.94288E-21	5.94288E-21	.	.	427	405	1.000	1.000	0
Antenatal care	32	0.985544355	0.007177092	0.007282364	1.460714007	1.208600019	427	405	0.971	1.000	0
Contraceptive prevalence	29	0.564010981	0.0171571	0.030419798	1.811190002	1.345804593	1595	1514	0.530	0.598	0
Marriage before age 18	49	0.13079801	0.011404103	0.087188661	2.180337651	1.476596645	1998	1907	0.108	0.154	0
Comprehensive knowledge about HIV prevention among young people	53	0.162589438	0.018411255	0.113237707	2.507066805	1.583371973	1073	1008	0.126	0.199	0
Condom use with non-regular partners	59	0.623919784	0	0	0	0	3	3	0.624	0.624	0
Age at first sex among young people	58	0	0	.	.	.	556	516	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.006939946	0.001773439	0.255540743	1.070605109	1.034700492	2461	2347	0.003	0.010	0
Women who have been tested for HIV	56	0.240829687	0.008526729	0.035405639	0.963141803	0.981397882	2554	2423	0.224	0.258	0
Knowledge of mother- to-child transmission of HIV	54	0.752898406	0.016507856	0.021925742	3.547676221	1.8835276	2554	2423	0.720	0.786	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.068545325	0.009640069	0.140637882	1.385664578	1.177142548	988	953	0.049	0.088	0
Tuberculosis immunization coverage	14	1	8.07886E-21	8.07886E-21	.	.	223	210	1.000	1.000	0
Polio immunization coverage	14	0.951345598	0.018175994	0.019105563	1.491703701	1.221353225	223	210	0.915	0.988	0
Immunization coverage for DPT	14	0.952520255	0.019647204	0.020626547	1.775344567	1.332420567	222	209	0.913	0.992	0
Measles immunization coverage	14	0.968305196	0.021276231	0.02197265	3.067982002	1.751565586	222	209	0.926	1.000	0
Fully immunized children	14	0.926163234	0.027075717	0.029234282	2.229787559	1.49324732	222	209	0.872	0.980	0
Acute respiratory infection in last two weeks	18	0.021578243	0.005734785	0.265767027	1.579539691	1.256797395	1057	1015	0.010	0.033	0
Antibiotic treatment of suspected pneumonia	19	0.474717696	0.097224336	0.204804533	0.720237553	0.848668105	23	20	0.280	0.669	0
Diarrhoea in last two weeks	16	0.039559636	0.006916963	0.174849009	1.276869787	1.129986632	1057	1015	0.026	0.053	0
Received ORT or increased fluids and continued feeding	17	0.436642457	0.042708869	0.097811993	0.289195205	0.537768728	42	40	0.351	0.522	0
Support for learning	36	0.633126141	0.016458902	0.025996244	1.182586914	1.087468121	1057	1015	0.600	0.666	0
Birth registration	46	0.998549571	0.001103093	0.001104695	0.851915678	0.922992783	1057	1015	0.996	1.000	0

Table SE.8: Sampling errors: Central-Eastern

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.496583343	0.019348289	0.038962824	2.464879586	1.569993499	1527	1647	0.458	0.535	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.955529824	0.020476664	0.021429644	16.25170717	4.031340617	7700	1648	0.915	0.996	0
Use of improved sanitation facilities	27	0.991936923	0.00540235	0.005446263	6.009996551	2.451529431	7700	1648	0.981	1.000	0
Net primary school attendance rate	40	0.956003785	0.007900612	0.008264206	1.435071405	1.197944658	860	968	0.940	0.972	0
Net secondary school attendance rate	41	0.9109794	0.012757335	0.014003977	2.488530772	1.577507773	1094	1241	0.885	0.936	0
Primary completion rate	44	0.984544326	0.008858429	0.008997491	0.995286166	0.997640299	171	194	0.967	1.000	0
Child labour	47	0.009853025	0.002279572	0.231357532	1.034928877	1.017314542	1728	1944	0.005	0.014	0
Prevalence of orphans	60	0.052775251	0.007310234	0.138516324	3.592925268	1.895501324	2993	3362	0.038	0.067	0
WOMEN											
Skilled attendant at delivery	33	1	0	0	.	.	303	341	1.000	1.000	0
Antenatal care	32	0.990792325	0.00629497	0.00635347	1.476842041	1.2152539	303	341	0.978	1.000	0
Contraceptive prevalence	29	0.648483623	0.017714486	0.027316782	2.001600626	1.414779356	1265	1455	0.613	0.684	0
Marriage before age 18	49	0.115609957	0.010792777	0.093355083	2.023348974	1.422444717	1559	1777	0.094	0.137	0
Comprehensive knowledge about HIV prevention among young people	53	0.542341612	0.024253355	0.044719701	2.166087446	1.47176338	793	915	0.494	0.591	0
Condom use with non-regular partners	59	0.563827712	0	0	0	0	12	11	0.564	0.564	0
Age at first sex among young people	58	0	0	.	.	.	457	531	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.093935032	0.01219247	0.129796835	3.999746161	1.999936539	1998	2291	0.070	0.118	0
Women who have been tested for HIV	56	0.474815886	0.021017574	0.044264682	4.086734739	2.021567397	2015	2308	0.433	0.517	0
Knowledge of mother- to-child transmission of HIV	54	0.793755214	0.014974089	0.018864869	3.159797971	1.777582057	2015	2308	0.764	0.824	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.043116273	0.007785837	0.180577697	1.088751987	1.04343279	651	742	0.028	0.059	0
Tuberculosis immunization coverage	14	1	0	0	.	.	153	169	1.000	1.000	0
Polio immunization coverage	14	0.782715458	0.041206124	0.052645088	1.667276945	1.291230787	153	168	0.700	0.865	0
Immunization coverage for DPT	14	0.843623226	0.032931181	0.039035413	1.364590649	1.168156946	152	167	0.778	0.909	0
Measles immunization coverage	14	0.971872963	0.01232062	0.012677192	0.921807442	0.960108037	152	167	0.947	0.997	0
Fully immunized children	14	0.735622823	0.050726358	0.068957021	2.209556752	1.486457787	153	168	0.634	0.837	0
Acute respiratory infection in last two weeks	18	0.01938499	0.007350162	0.379167687	2.228159351	1.49270203	688	785	0.005	0.034	0
Antibiotic treatment of suspected pneumonia	19	0.437689373	0.003502246	0.008001671	0.000598044	0.024454929	13	13	0.431	0.445	0
Diarrhoea in last two weeks	16	0.016287947	0.005185558	0.318367787	1.315749284	1.147061151	688	785	0.006	0.027	0
Received ORT or increased fluids and continued feeding	17	0.369496023	0	0	0	0	11	14	0.369	0.369	0
Support for learning	36	0.784259175	0.015448314	0.019697971	1.105826053	1.051582642	688	785	0.753	0.815	0
Birth registration	46	0.99879013	0.00121404	0.001215511	0.956246452	0.977878546	688	785	0.996	1.000	0

Table SE.9: Sampling errors: Eastern

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.429351008	0.014747603	0.034348592	1.443384732	1.201409477	2826	1627	0.400	0.459	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.951541104	0.022616097	0.023767862	18.11425562	4.256084541	14875	1634	0.906	0.997	0
Use of improved sanitation facilities	27	0.990443011	0.002420126	0.002443478	1.010442537	1.005207708	14875	1634	0.986	0.995	0
Net primary school attendance rate	40	0.971386387	0.00645877	0.006649022	1.244198471	1.115436449	1417	830	0.958	0.984	0
Net secondary school attendance rate	41	0.932670571	0.008053304	0.008634672	1.220766794	1.104883159	2092	1183	0.917	0.949	0
Primary completion rate	44	0.978469753	0.016039419	0.01639235	2.332461322	1.527239772	330	192	0.946	1.000	0
Child labour	47	0.004780691	0.001533922	0.320857824	0.866920567	0.931085693	3045	1754	0.002	0.008	0
Prevalence of orphans	60	0.030651858	0.003608174	0.117714697	1.367954161	1.169595725	5419	3123	0.023	0.038	0
WOMEN											
Skilled attendant at delivery	33	1	0	0	.	.	544	329	1.000	1.000	0
Antenatal care	32	0.995263653	0.004814551	0.004837463	1.612887597	1.269995117	544	329	0.986	1.000	0
Contraceptive prevalence	29	0.709194945	0.013347266	0.018820306	1.318171237	1.148116387	2617	1527	0.683	0.736	0
Marriage before age 18	49	0.14113051	0.010400909	0.073697097	1.660890977	1.288755593	3194	1862	0.120	0.162	0
Comprehensive knowledge about HIV prevention among young people	53	0.365941093	0.021232186	0.058020776	1.78163293	1.334778233	1580	918	0.323	0.408	0
Condom use with non-regular partners	59	0.659871322	0.076413336	0.115800358	0.208125844	0.456208115	18	9	0.507	0.813	0
Age at first sex among young people	58	0	0	.	.	.	801	463	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.015335421	0.003497969	0.228097342	1.811029859	1.345745094	3838	2236	0.008	0.022	0
Women who have been tested for HIV	56	0.34500824	0.012925549	0.037464465	1.718181692	1.310794298	3995	2325	0.319	0.371	0
Knowledge of mother- to-child transmission of HIV	54	0.730797731	0.012812689	0.01753247	1.93928245	1.392581218	3995	2325	0.705	0.756	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.058918284	0.010046885	0.170522368	1.33987268	1.157528695	1257	737	0.039	0.079	0
Tuberculosis immunization coverage	14	1	0	0	.	.	250	149	1.000	1.000	0
Polio immunization coverage	14	0.972510476	0.010120319	0.010406386	0.5670076	0.75299907	250	149	0.952	0.993	0
Immunization coverage for DPT	14	0.971172653	0.011691832	0.012038881	0.722646605	0.850086234	250	149	0.948	0.995	0
Measles immunization coverage	14	0.987054385	0.00582912	0.005905571	0.393553806	0.627338669	250	149	0.975	0.999	0
Fully immunized children	14	0.94448389	0.019689359	0.020846686	1.094237357	1.046058008	250	149	0.905	0.984	0
Acute respiratory infection in last two weeks	18	0.036365245	0.008049647	0.22135549	1.440430701	1.200179445	1325	780	0.020	0.052	0
Antibiotic treatment of suspected pneumonia	19	0.542368189	0.08621312	0.158956815	0.868429513	0.931895655	48	30	0.370	0.715	0
Diarrhoea in last two weeks	16	0.037849747	0.008306646	0.219463723	1.475989532	1.214903096	1325	780	0.021	0.054	0
Received ORT or increased fluids and continued feeding	17	0.171623861	0.070584832	0.411276335	0.911152581	0.954543127	50	27	0.030	0.313	0
Support for learning	36	0.850735538	0.013869928	0.016303454	1.180144333	1.086344482	1325	780	0.823	0.878	0
Birth registration	46	0.998313463	0.001667044	0.001669861	1.285787747	1.133925812	1325	780	0.995	1.000	0

Table SE.10: Sampling errors: Tashkent city

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Uzbekistan, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
HOUSEHOLDS											
Iodized salt consumption	11	0.711399977	0.014466277	0.020334942	2.149714942	1.466190623	991	2110	0.682	0.740	0
HOUSEHOLD MEMBERS											
Use of improved drinking water sources	23	0.997444313	0.002552793	0.002559334	5.409422917	2.325816613	3476	2117	0.992	1.000	0
Use of improved sanitation facilities	27	1	0	0	.	.	3476	2117	1.000	1.000	0
Net primary school attendance rate	40	0.974641171	0.007120209	0.007305467	1.464572149	1.210195087	311	715	0.960	0.989	0
Net secondary school attendance rate	41	0.949326721	0.010063974	0.010601171	1.886484814	1.373493653	405	897	0.929	0.969	0
Primary completion rate	44	0.954107666	0.022050405	0.023111024	1.576830217	1.255719004	64	143	0.910	0.998	0
Child labour	47	0.112384685	0.011528903	0.10258429	1.890720988	1.375034904	624	1420	0.089	0.135	0
Prevalence of orphans	60	0.041906941	0.00656677	0.156698862	2.664634795	1.632370912	1098	2482	0.029	0.055	0
WOMEN											
Skilled attendant at delivery	33	1	0	0	.	.	115	271	1.000	1.000	0
Antenatal care	32	0.995443158	0.004528119	0.004548847	1.220450098	1.104739833	115	271	0.986	1.000	0
Contraceptive prevalence	29	0.651377514	0.017978364	0.027600529	1.757843249	1.325836811	535	1236	0.615	0.687	0
Marriage before age 18	49	0.094552082	0.008625773	0.09122774	1.454848926	1.206171184	732	1675	0.077	0.112	0
Comprehensive knowledge about HIV prevention among young people	53	0.207821456	0.020544096	0.09885455	1.733038894	1.316449351	300	677	0.167	0.249	0
Condom use with non-regular partners	59	0.392270189	0.078707314	0.200645667	0.519715115	0.720912696	9	21	0.235	0.550	0
Age at first sex among young people	58	0	0	.	.	.	153	343	0.000	0.000	0
Attitude towards people with HIV/AIDS	55	0.053925682	0.00673799	0.124949559	1.761110578	1.327068415	870	1980	0.040	0.067	0
Women who have been tested for HIV	56	0.451344597	0.017188064	0.03808191	2.406317466	1.551230952	885	2018	0.417	0.486	0
Knowledge of mother- to-child trans-mission of HIV	54	0.641920239	0.017242103	0.026860195	2.608714302	1.61515148	885	2018	0.607	0.676	0

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		Weighted count
									r – 2se	r + 2se	
UNDER-5s											
Underweight prevalence	7	0.022377929	0.007144107	0.319247929	1.409103965	1.18705685	255	605	0.008	0.037	0
Tuberculosis immunization coverage	14	1	6.0002E-21	6.0002E-21	.	.	58	132	1.000	1.000	0
Polio immunization coverage	14	0.921345166	0.031086614	0.033740465	1.746913338	1.321708492	58	132	0.859	0.984	0
Immunization coverage for DPT	14	0.90085997	0.03268772	0.036285018	1.567238976	1.251894155	58	132	0.835	0.966	0
Measles immunization coverage	14	0.953576164	0.02038386	0.021376226	1.229557148	1.10885398	58	132	0.913	0.994	0
Fully immunized children	14	0.841711515	0.038196834	0.045379959	1.434545834	1.197725275	58	132	0.765	0.918	0
Acute respiratory infection in last two weeks	18	0.02877655	0.007051116	0.245029937	1.12072597	1.058643457	267	631	0.015	0.043	0
Antibiotic treatment of suspected pneumonia	19	0.722222345	0.024458447	0.033865536	0.056655785	0.238024758	8	20	0.673	0.771	0
Diarrhoea in last two weeks	16	0.019048619	0.008768155	0.460303942	2.592071525	1.609991157	267	631	0.002	0.037	0
Received ORT or increased fluids and continued feeding	17	0.215360177	0	0	0	0	5	10	0.215	0.215	0
Support for learning	36	0.799619926	0.017681164	0.02211196	1.229207304	1.108696218	267	631	0.764	0.835	0
Birth registration	46	1	0	0	.	.	267	631	1.000	1.000	0

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Uzbekistan, 2006

	Males		Females	
	Number	Percent	Number	Percent
0	560	2.1	537	2.0
1	560	2.1	535	2.0
2	495	1.9	511	1.9
3	530	2.0	501	1.9
4	480	1.8	455	1.7
5	528	2.0	522	2.0
6	497	1.9	538	2.0
7	561	2.1	493	1.9
8	540	2.0	465	1.7
9	549	2.1	519	2.0
10	635	2.4	620	2.3
11	592	2.2	600	2.3
12	673	2.5	649	2.4
13	596	2.2	602	2.3
14	696	2.6	740	2.8
15	641	2.4	645	2.4
16	635	2.4	562	2.1
17	601	2.3	651	2.4
18	655	2.5	598	2.2
19	665	2.5	632	2.4
20	576	2.2	618	2.3
21	560	2.1	581	2.2
22	567	2.1	554	2.1
23	521	2.0	530	2.0
24	507	1.9	492	1.8
25	523	2.0	486	1.8
26	485	1.8	499	1.9
27	448	1.7	420	1.6
28	398	1.5	428	1.6
29	437	1.6	390	1.5
30	425	1.6	391	1.5
31	367	1.4	388	1.5
32	429	1.6	364	1.4
33	345	1.3	358	1.3
34	358	1.3	329	1.2
35	357	1.3	321	1.2
36	315	1.2	343	1.3
37	275	1.0	349	1.3
38	301	1.1	338	1.3
39	288	1.1	282	1.1
40	342	1.3	289	1.1
41	264	1.0	301	1.1
42	304	1.1	342	1.3
43	299	1.1	329	1.2
44	313	1.2	312	1.2
45	325	1.2	388	1.5
46	309	1.2	315	1.2
47	275	1.0	297	1.1
48	278	1.0	293	1.1
49	257	1.0	194	0.7
50	259	1.0	291	1.1
51	190	0.7	211	0.8
52	203	0.8	202	0.8
53	181	0.7	205	0.8
54	183	0.7	197	0.7
55	182	0.7	233	0.9
56	145	0.5	186	0.7
57	112	0.4	128	0.5
58	154	0.6	144	0.5
59	122	0.5	120	0.5
60	111	0.4	117	0.4
61	56	0.2	69	0.3
62	71	0.3	63	0.2
63	96	0.4	76	0.3
64	90	0.3	102	0.4
65	108	0.4	142	0.5
66	113	0.4	98	0.4
67	98	0.4	88	0.3
68	94	0.4	85	0.3
69	73	0.3	84	0.3
70	113	0.4	95	0.4
71	55	0.2	52	0.2
72	63	0.2	48	0.2
73	48	0.2	69	0.3
74	62	0.2	78	0.3
75	76	0.3	86	0.3
76	61	0.2	76	0.3
77	42	0.2	35	0.1
78	69	0.3	50	0.2
79	36	0.1	31	0.1
80+	174	0.7	257	1.0
Total	26578	100.0	26611	100.0

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Uzbekistan, 2006

	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percent	
Age				
10-14	3082	na	na	na
15-19	2966	2901	20.8	97.8
20-24	2656	2588	18.6	97.4
25-29	2195	2155	15.5	98.2
30-34	1784	1758	12.6	98.5
35-39	1649	1619	11.6	98.2
40-44	1535	1517	10.9	98.8
45-49	1420	1381	9.9	97.3
50-54	1139	na	na	na
15-49	14205	13919	100.0	98.0

na: not applicable

Note: Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

Table DQ.3: Age distribution of eligible and interviewed under-5s

Household population of children age 0-7, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Uzbekistan, 2006

	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percent	
Age				
0	1097	1072	21.0	97.7
1	1095	1087	21.3	99.3
2	1006	992	19.5	98.6
3	1031	1018	20.0	98.7
4	936	925	18.2	98.8
5	1050	na	na	na
6	1035	na	na	na
7	1054	na	na	na
0-4	5165	5095	100.0	98.6

na: not applicable

Note: Weights for both household population of children and interviewed children are household weights. Age is based on the household schedule.

Table DQ.4: Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), Uzbekistan, 2006

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age in months						
0-2	101	4.0	92	3.7	193	3.9
3-5	128	5.1	114	4.6	242	4.8
6-8	132	5.2	141	5.7	273	5.5
9-11	149	5.9	153	6.2	301	6.0
12-14	137	5.4	125	5.1	262	5.3
15-17	149	5.9	131	5.3	280	5.6
18-20	144	5.7	123	5.0	267	5.4
21-23	129	5.1	140	5.7	269	5.4
24-26	111	4.4	120	4.9	231	4.6
27-29	116	4.6	95	3.9	211	4.2
30-32	107	4.2	146	5.9	253	5.1
33-35	132	5.2	127	5.1	259	5.2
36-38	130	5.1	151	6.2	281	5.6
39-41	111	4.4	100	4.1	211	4.2
42-44	131	5.2	125	5.1	256	5.1
45-47	138	5.5	123	5.0	261	5.2
48-50	139	5.5	116	4.7	255	5.1
51-53	114	4.5	89	3.6	202	4.1
54-56	126	5.0	108	4.4	234	4.7
57-59	104	4.1	140	5.7	245	4.9
Total	2527	100.0	2459	100.0	4986	100.0

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Uzbekistan, 2006

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
Age in household questionnaire					
1	1.04	1.01	1.03		
2	0.94	0.99	0.96	Lower	Child discipline and child disability
3	1.06	1.02	1.04		
4	0.94	0.92	0.93	Upper	Under-5 questionnaire
5	1.05	1.03	1.04	Lower	Child labour and education
6	0.94	1.04	0.99		
8	0.98	0.94	0.96		
9	0.96	0.97	0.96	Upper	Child disability
10	1.07	1.07	1.07		
13	0.91	0.91	0.91		
14	1.08	1.12	1.10	Upper	Child labour and child discipline
15	0.97	0.99	0.98	Lower	Women's questionnaire
16	1.02	0.91	0.96		
17	0.95	1.08	1.01	Upper	Orphaned and vulnerable children
18	0.94	1.04	0.99		
23	0.98	1.01	0.99		
24	0.98	0.98	0.98	Upper	Education
25	1.04	0.99	1.01		
48	1.03	1.12	1.07		
49	0.97	0.75	0.86	Upper	Women's questionnaire
50	1.10	1.25	1.18		
Age in women's questionnaire					
23	na	1.00	na		
24	na	0.99	na	Upper	Sexual behaviour
25	na	0.98	na		
Months since last birth in women's questionnaire					
6-11	na	1.13	na		
12-17	na	1.00	na		
18-23	na	1.02	na	Upper	Maternal and child health
24-29	na	0.94	na		
30-35	na	1.03	na		

* Age or period ratios are calculated as x / ((xn-1 + xn + xn+1) / 3), where x is age or period.

na: not applicable

Table DQ.6: Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), Uzbekistan, 2006

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Household			
Salt testing	All households surveyed	0.1	10198
Women			
Date of Birth	All women age 15-49		
Month only		-	13919
Month and year missing		-	13919
Date of first birth	All women age 15-49 with at least one live birth		
Month only		0.2	8898
Month and year missing		0.1	8898
Completed years since first birth	All women age 15-49 with at least one live birth	-	6
Date of last birth	All women age 15-49 with at least one live birth		
Month only		0.0	8898
Month and year missing		0.0	8898
Date of first marriage/union	All ever married women age 15-49		
Month only		0.5	9655
Month and year missing		0.6	9655
Age at first marriage/union	All ever married women age 15-49	0.2	9655
Age at first intercourse	All women age 15-24 who have ever had sex	0.0	5562
Time since last intercourse	All women age 15-24 who have ever had sex	0.1	1604
Under-5			
Date of Birth	All under five children surveyed		
Month only		0.0	4986
Month and year missing		-	4986
Anthropometry	All under five children surveyed		
Height		1.6	4986
Weight		1.8	4986
Height or Weight		1.9	4986

* Includes "Don't know" responses

Table DQ.7: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Uzbekistan, 2006

	Mother in the household				Mother not in the household			Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Father interviewed	Other adult female interviewed	Child (<15) interviewed		
Age									
0	99.2	-	-	-	-	0.8	-	100.0	1097
1	99.5	-	-	-	-	0.5	-	100.0	1095
2	99.5	-	-	-	0.1	0.4	-	100.0	1006
3	98.8	-	-	-	0.1	1.0	-	100.0	1031
4	98.9	-	-	-	-	1.0	0.1	100.0	936
Total	99.2	-	-	-	0.0	0.7	0.0	100.0	5165

Table DQ.8: School attendance by single age

Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Uzbekistan, 2006

	Pre-school	Primary school				Secondary school							Secondary Special				Higher	Non-standard	Not attending school	Total	Number
		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	1	2	3	4					
Age																					
5	15.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	84.5	100.0	1050
6	17.4	9.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72.9	100.0	1035
7	4.2	67.2	11.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16.8	100.0	1054
8	-	22.4	67.7	9.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.8	100.0	1005
9	-	0.9	26.7	62.2	10.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	1069
10	-	-	1.8	27.6	61.2	9.3	-	-	-	-	-	-	-	-	-	-	-	-	0.1	100.0	1255
11	-	-	-	2.6	28.9	58.4	10.0	-	-	-	-	-	-	-	-	-	-	-	0.2	100.0	1193
12	-	-	-	-	3.7	29.7	55.5	10.8	-	-	-	-	-	-	-	-	-	-	0.4	100.0	1322
13	-	-	-	-	-	0.0	30.1	58.0	11.1	-	-	-	-	-	-	-	-	0.1	0.7	100.0	1197
14	-	-	-	-	-	-	2.0	26.7	59.3	11.4	-	-	0.0	-	-	-	-	0.1	0.4	100.0	1436
15	-	-	-	-	-	-	-	1.2	29.4	58.2	3.7	-	4.0	0.3	-	-	-	-	3.2	100.0	1286
16	-	-	-	-	-	-	-	-	0.9	29.9	28.9	4.3	20.5	3.1	0.6	-	-	0.1	11.8	100.0	1197
17	-	-	-	-	-	-	-	-	-	-	14.9	29.8	11.7	17.2	3.4	-	1.0	-	22.1	100.0	1252
18	-	-	-	-	-	-	-	-	-	-	-	15.8	2.5	9.3	17.4	0.3	3.7	-	51.0	100.0	1254
19	-	-	-	-	-	-	-	-	-	-	-	-	2.2	3.7	10.5	0.1	8.1	-	75.5	100.0	1297
20	-	-	-	-	-	-	-	-	-	-	-	-	1.3	2.2	3.3	0.2	9.3	-	83.8	100.0	1194
21	-	-	-	-	-	-	-	-	-	-	-	-	0.7	0.8	2.3	0.1	10.1	-	86.0	100.0	1142
22	-	-	-	-	-	-	-	-	-	-	-	-	0.1	0.6	1.2	0.2	6.0	-	91.9	100.0	1121
23	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.3	0.6	0.4	4.5	-	94.2	100.0	1050
24	-	-	-	-	-	-	-	-	-	-	-	-	0.3	0.2	0.9	0.4	4.5	-	93.7	100.0	999

Table DQ.9: Sex ratio at birth among children ever born and living

Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), Uzbekistan, 2006

	Children Ever Born			Children Living			Children deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
Age										
15-19	21	30	0.70	20	29	0.70	1	1	0.71	2929
20-24	778	762	1.02	730	734	0.99	48	28	1.72	2634
25-29	2072	1970	1.05	1965	1899	1.03	107	70	1.52	2121
30-34	2485	2288	1.09	2304	2167	1.06	181	120	1.50	1754
35-39	2483	2542	0.98	2294	2407	0.95	189	135	1.40	1563
40-44	2975	2799	1.06	2745	2634	1.04	231	165	1.40	1514
45-49	3113	2949	1.06	2796	2740	1.02	317	209	1.52	1405
Total	13927	13339	1.04	12854	12611	1.02	1073	728	1.47	13919

Note: Sex ratios are calculated as number of males/ number of females

Table DQ.10: Distribution of women by time since last birth

Distribution of women aged 15-49 with at least one live birth, by months since last birth (weighted), Uzbekistan, 2006

Month	Number	Percent
0	44	1.6
1	84	3.0
2	79	2.8
3	84	3.0
4	69	2.5
5	92	3.3
6	93	3.3
7	101	3.6
8	94	3.3
9	117	4.2
10	96	3.4
11	92	3.3
12	80	2.9
13	87	3.1
14	96	3.4
15	84	3.0

Month	Number	Percent
16	82	2.9
17	101	3.6
18	86	3.1
19	74	2.6
20	79	2.8
21	84	3.0
22	72	2.6
23	77	2.7
24	81	2.9
25	64	2.3
26	50	1.8
27	62	2.2
28	66	2.3
29	63	2.3
30	51	1.8
Total		100.0

Appendix E. MICS Indicators: Numerators and Denominators

INDICATOR		NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
3	Maternal mortality ratio	Number of deaths of women from pregnancy-related causes in a given year	Number of live births in the year (expressed per 100,000 births)
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birth weight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks

INDICATOR		NUMERATOR	DENOMINATOR
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 15-26 months receiving BCG vaccine before their first birthday	Total number of children aged 15-26 months surveyed
26	Polio immunization coverage	Number of children aged 15-26 months receiving OPV3 vaccine before their first birthday	Total number of children aged 15-26 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 15-26 months receiving DPT3 vaccine before their first birthday	Total number of children aged 15-26 months surveyed
28	Measles immunization coverage	Number of children aged 15-26 months receiving measles vaccine before their first birthday	Total number of children aged 15-26 months surveyed
29	Hepatitis B immunization coverage	Number of children aged 15-26 months immunized against hepatitis before their first birthday	Total number of children aged 15-26 months surveyed
31	Fully immunized children	Number of children aged 15-26 months receiving DPT1-3, OPV-1-3, BCG before their first birthday and measles vaccines before 15 months of age	Total number of children aged 15-26 months surveyed
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
41	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
42	Vitamin A supplementation (under-fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
43	Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that 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
46	Support for learning	Number of children aged 0-59 months living in households in which 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 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 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 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary school age surveyed

INDICATOR		NUMERATOR	DENOMINATOR
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	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) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
83	Condom use with non-regular partners	Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months	Total number of women aged 15-24 years surveyed that had a non-marital, non-cohabiting partner in the previous 12 months
84	Age at first sex among young people	Number of women aged 15-24 years that have had sex before age 15	Total number of women aged 15-24 surveyed
85	Higher risk sex in the last year	Number of sexually active women aged 15-24 years that have had sex with a non-marital, non-cohabitating partner in the previous 12 months	Total number of women aged 15-24 that were sexually active in the previous 12 months
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
92	Age-mixing among sexual partners	Number of women aged 15-24 years that had sex in the past 12 months with a partner who was 10 or more years older than they were	Total number of sexually active women aged 15-24 years surveyed

INDICATOR		NUMERATOR	DENOMINATOR
95	Slum household	Number of household members living in urban slums	Number of household members in urban households surveyed
98	Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union
99	Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception
101	Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed

Appendix F1. Household Questionnaire

We are from State Statistical Committee. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about (30**) minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.

May I start now? If permission is given, begin the interview.

HOUSEHOLD INFORMATION PANEL	**HH**
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___ ___
HH3. Interviewer name and number: Name _____ ___ ___	HH4. Supervisor name and number: Name _____ ___ ___
HH5. Day/Month/Year of interview:	___ ___ / ___ ___ / ___ ___ ___ ___
HH6. Area: Urban ..... 1 Rural 2	HH7. Region: Western ..... 1 Central ..... 2 Southern ..... 3 Central-Eastern ..... 4 Eastern ..... 5 Tashkent city 6
HH 8. Name of head of household:	_____ ___ ___
After all questionnaires for the household have been completed, fill in the following information:	
HH9. Result of HH interview: Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4 Other (specify) 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: ___ ___ HH11. Total number of household members: ___ ___
HH12. No. of women eligible for interview: ___ ___	HH13. No. of women questionnaires completed: ___ ___
HH14. No. of children under age 5: ___ ___	HH15. No. of under-5 questionnaires completed: ___ ___
Interviewer/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.	
HH 16A. Name and code of editor: Name _____ Code ___ ___	Date of editing and signature: _____
HH16. Data entry clerk:	___ ___

First, please tell me the name of each person who usually lives here, starting with the head of the household. 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). Then ask: Are there any others who live here, even if they are not at home now? (These may include children in school or at work). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used.

HOUSEHOLD LISTING FORM **HL**

						Eligible for:			For children age 0-17 years ask HL9-HL12			
						women's Interview	child labour module	under-5 interview				
HL1. Line no.	HL2. Name	HL3. What is the relation-ship of (name) to the head of the house-hold?	HL4. Is (name) male or female? 1 male 2 fem.		HL5. How old is (name)? How old was (name) on his/her last birthday? Record in completed years 98=dk*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: Who is the mother or primary caretaker of this child? Record Line no. of mother/ caretaker	HL8. For each child under 5: Who is the mother or primary caretaker of this child? Record Line no. of mother/ caretaker	HL9. Is (name's) natural mother alive? 1 yes 2 no⇨ HL11 8 dk⇨ HL11	HL10. If alive: Does (name's) natural mother live in this household? Record Line no. of mother or 00 for 'no'	HL11. Is (name's) natural father alive? 1 yes 2 no↘ next line 8 dk↘ next line	HL12. If alive: Does (name's) natural father live in this household? Record Line no. of father or 00 for 'no'
line	name	rel.	m	f	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	___ ___

line	name	rel.	m	f	age	15-49	mother	mother	y n dk	mother	y n dk	father
07		___ ___	1	2	___ ___	07	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
08		___ ___	1	2	___ ___	08	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
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	___ ___
16		___ ___	1	2	___ ___	16	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
17		___ ___	1	2	___ ___	17	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
18		___ ___	1	2	___ ___	18	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
19		___ ___	1	2	___ ___	19	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
20		___ ___	1	2	___ ___	20	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
21		___ ___	1	2	___ ___	21	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___

22		___ ___	1	2	___ ___	22	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
23		___ ___	1	2	___ ___	23	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___

Are there any other persons living here—even if they are not members of your family or do not have parents living in this household? Including children at work or at school? If yes, insert child's name and complete form. Then, complete the totals below.

Totals:	Women 15-49	Children 5-14	Under-5s
	___ ___	___ ___	___ ___

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").
Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the 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 the Questionnaire for Children UnderFive. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:
01 = Head
02 = Wife or Husband
03 = Son or Daughter
04 = Son or Daughter In-Law
05 = Grandchild
06 = Parent
07 = Parent-In-Law
08 = Brother or Sister
09 = Brother or Sister-In-Law
10 = Uncle/Aunt
11 = Niece/Nephew By Blood
12 = Niece/Nephew By Marriage
13 = Other Relative
14 = Adopted/Foster/Stepchild
15 = Not Related
98 = Don't Know

EDUCATION MODULE **ED**

For household members age 5 and above					For household members age 5-24 years									
ED1. Line no.	ED1A. Name	ED2. Has (name) ever attended school or preschool? 1 yes ED3 2 no next line	ED3. What is the highest level of school (name) attended? What is the highest grade (name) completed at this level? Level: 0 pre-school 1 primary (1-4 grade) 2 secondary(5-11 grade) 3 secondary special 4 higher 6 non-standard curriculum 8 dk Grade: 98 dk If less than 1 grade, enter 00.		ED4. During the (2005-2006) school year, did (name) attend school or preschool at any time? 1 yes 2 no ED7		ED5. Since last (day of the week), how many days did (name) attend school? Insert number of days in space below.	ED6. during this/that school year, which level and grade is/was (name) attending? level: 0 Preschool 1 primary(1-4 grade) 2 secondary(5-11 grade) 3 secondary special 4 higher 6 non-standard curriculum 8 dk grade: 98 dk		ED7. Did (name) attend school or preschool at any time during the previous school year, that is (2004-2005)? 1 yes 2 no next line 8 dk next line			ED8. During that previous school year, which level and grade did (name) attend (2004-2005)? level: 0 Preschool 1 primary(1-4 grade) 2 secondary(5-11 grade) 3 secondary special 4 higher 6 non-standard curriculum 8 dk grade: 98 dk	
line		yes no	level	grade	yes	no	days	level	grade	y	n	dk	level	grade
01		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
02		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
03		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
04		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
05		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
06		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
07		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
08		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___

line		yes no	level	grade	yes	no	days	level	grade	y	n	dk	level	grade
09		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
10		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
11		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
12		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
13		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
14		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
15		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
16		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
17		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
18		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
19		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
20		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
21		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
22		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
23		1 2 ⇨ next line	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___

WATER AND SANITATION MODULE		WS
WS1. What is the main source of drinking water for members of your household?	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tube well/borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other (specify) 96	11⇨WS5 12⇨WS5 ⇨WS3 96⇨WS3
WS2. What is the main source of water used by your household for other purposes such as cooking and handwashing?	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tube well/borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other (specify) 96	11⇨WS5 12⇨WS5
WS3. How long does it take to go there, get water, and come back?	No. of minutes ..... __ __ __ Water on premises ..... 995 DK 998	995⇨WS5
WS4. Who usually goes to this source to fetch the water for your household? Probe: Is this person under age 15? What sex? Circle code that best describes this person.	Adult woman ..... 1 Adult man ..... 2 Female child (under 15 years old) ..... 3 Male child (under 15 years old) ..... 4 DK 8	
WS5. Do you treat your water in any way to make it safer to drink?	Yes ..... 1 No ..... 2 DK 8	2⇨WS7 8⇨WS7
WS6. What do you usually do to the water to make it safer to drink? Anything else? Record all items mentioned.	Boil ..... A Add bleach/chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (specify) ..... X DK ..... Z	

WS7. What kind of toilet facility do members of your household usually use? If "flush" or "pour flush", probe: Where does it flush to? If necessary, ask permission to observe the facility.	Flush / pour flush 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 Ventilated Improved Pit latrine (VIP) ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab / open pit ..... 23 Composting toilet ..... 31 Bucket ..... 41 Hanging toilet/hanging latrine ..... 51 No facilities or bush or field ..... 95 Other (specify) 96	95⇨ next module
WS8. Do you share this facility with other households?	Yes ..... 1 No 2	2⇨next module
WS9. How many households in total use this toilet facility?	No. of households (if less than 10) ..... 0 ___ Ten or more households ..... 10 DK 98	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1b. What is the mother tongue/native language of the head of this household?	Uzbek.....1 Russian .....2 Karakalpak .....3 Tajik4 Kirgiz.....5 Other language (specify).....6	
HC2. How many rooms in this household are used for sleeping?	No. of rooms.....__ __	
HC3. Main material of the dwelling floor: Record observation.	Natural floor Earth/sand .....11 Rudimentary floor Wood planks ..... 21 Finished floor Parquet or polished wood..... 31 Vinyl or asphalt strips (Linoleum) ..... 32 Ceramic tiles..... 33 Cement/Concrete ..... 34 Carpet..... 35 Other (specify) 96	
HC4. Main material of the roof. Record observation.	Natural roofing Thatch.....12 Earthen cover ..... 14 Rudimentary Roofing Rustic mat..... 21 Wood planks ..... 23 Finished roofing Metal..... 31 Wood ..... 32 Calamine/cement fiber (Shifer) ..... 33 Ceramic tiles..... 34 Cement ..... 35 Other (specify) 96	
HC5. Main material of the walls. Record observation.	Rudimentary walls Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood/boards ..... 24 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime/cement..... 32 Bricks..... 33 Cement blocks ..... 34 Covered adobe/Pahsa..... 35 Wood frame filled with clay/Sinch ..... 36 Other (specify) 96	
HC6. What type of fuel does your household mainly use for cooking?	Electricity ..... 01 Liquid Propane Gas (LPG) ..... 02 Natural gas..... 03 Biogas ..... 04 Kerosene..... 05 Coal / Lignite..... 06 Charcoal ..... 07 Wood..... 08 Straw/shrubs/grass..... 09 Animal dung..... 10 Agricultural crop residue.....11 Other (specify) 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8
HC7. In this household, is food cooked on an open fire, an open stove or a closed stove? Probe for type.	Open fire.....1 Open stove .....2 Closed stove.....3 Other (specify) 6	

HC7a. Does the fire/stove have a chimney or a hood?	Yes....1 No....2	
HC8. Is the cooking usually done in the house, in a separate building, or outdoors?	In the house....1 In a separate building....2 Outdoors....3 Other (specify)....6	
HC9. Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? Electric Boiler? Table? Chair? Mirror? Washing machine? Vacuum cleaner? Video player/DVD player? Armoire? Set of furniture?	Yes No Electricity....1 2 Radio....1 2 Television....1 2 Mobile Telephone....1 2 Non-Mobile Telephone....1 2 Refrigerator....1 2 Electric boiler....1 2 Table....1 2 Chair....1 2 Mirror....1 2 Washing machine....1 2 Vacuum cleaner....1 2 Video/DVD player....1 2 Armoire....1 2 Set of furniture....1 2	
HC10. Does any member of your household own: A watch? A bicycle? A motorcycle or scooter? An animal-drawn cart? A car or truck? A computer? Tractor/combine?	Yes No Watch....1 2 Bicycle....1 2 Motorcycle/Scooter....1 2 Animal drawn-cart....1 2 Car/Truck....1 2 Computer....1 2 Tractor/combine....1 2	
HC11. Does any member of this household own/have on lease any land that can be used for agriculture?	Yes....1 No....2	2⇨HC13
HC12. How many hectares of agricultural land do members of this household own? If 1 and more than circle "1" and record amount of hectares If more than 97, record '97'. If less than 1 hectare, circle "2" and record amount of hundredth parts. If unknown, record '998'.	If >= 1 Ha, Hectares....1, ___ ___ If <= 1 Ha, Hundredth parts....2, ___ ___ DK....998__ ___	
HC13. Does this household own any livestock, herds, or farm animals?	Yes....1 No....2	2⇨next module
HC14. How many of the following animals does this household have? Cattle? Milk cows or bulls? Horses, donkeys, or mules? Camels? Goats? Sheep? Chickens? Rabbits? If none, record '00'. If more than 97, record '97'. If unknown, record '98'.	 Cattle....___ ___ Milk cows or bulls....___ ___ Horses, donkeys, or mules....___ ___ Camels....___ ___ Goats....___ ___ Sheep....___ ___ Chickens....___ ___ Rabbits....___ ___	

CHILD LABOUR MODULE **CL**

To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.
Now I would like to ask about any work children in this household may do.

CL1. Line no.	CL2. Name	CL3. During the past week, 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 ⇨to CL5			CL4. If yes: Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this household? If more than one job, include all hours at all jobs. Record response then ⇨ CL.6	CL5. At any time during the past year, 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			CL6. During the past week, did (name) help with house-hold chores such as shopping, collecting fire-wood, cleaning, fetching water, or caring for children? 1 yes 2 no ⇨ to CL8		CL7. If yes: Since last (day of the week), about how many hours did he/she spend doing these chores?	CL8. During the past week, did (name) do any other family work (on the farm or in a business or selling goods in the street?) 1 yes 2 no ⇘ next line		CL9. If yes: Since last (day of the week), about how many hours did he/she do this work?
line no.	name	yes			no. hours	yes			yes	no	no. hours	yes	no	no. hours
		paid	unpaid	no		paid	unpaid	no						
01		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
02		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
03		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
04		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
05		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
06		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
07		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
08		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
09		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____

line no.	name	yes			no. hours	yes			yes	no	no. hours	yes	no	no. hours
		paid	unpaid	no		paid	unpaid	no						
10		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
11		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
12		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
13		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
14		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
15		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
16		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
17		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
18		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
19		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
20		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
21		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
22		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
23		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____

DISABILITY **DA**

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank
I would like to ask you if any children in this household aged 2 through 9 has any of the health conditions i am going to mention to you.

DA1. Line no.	DA2. Child's name	DA3. Compared with other children,does or did (name) have any serious delay in sitting, standing, or walking?	DA4. Compared with other children, does (name) have difficulty seeing, either in the daytime or at night?	DA5. Does (name) appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?)	DA6. When you tell (name) to do something, does he/she seem to understand what you are saying?	DA7. Does (name) have difficulty in walking or moving his/her arms or does he/she have weakness and/or tiffness in the arms or legs?	DA8. Does (name) sometimes have fits, become rigid, or lose consciousness?	DA9. Does (name) learn to do things like other children his/her age?	DA10. Does (name) speak at all (can he/she make him or herself understood in words;can say any recognizable words)?	DA11. (For 3-9 yearolds): Is (name)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	DA12. (For 2-year-olds): Can (name) name at least one object (for example, an animal, a toy, a cup, a spoon)?	DA13. Compared with other children of the same age, does (name) appear in any way mentally backward, dull or slow?
Line	Name	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

Line	Name	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y N	
11		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
12		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
13		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
14		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
15		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
16		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
17		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
18		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
19		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
20		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
21		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
22		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
23		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

MATERNAL MORTALITY MODULE **MM**

Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank.

MM1. Line no.	MM2. Name	MM3. Is this a proxy report? 1 yes⇨MM4 2 no ⇨MM5	MM4. Line no. of proxy respondent (from household listing HL1)	MM5. How many sisters (born to the same mother) have you ever had? 98= don't know	MM6. How many of these sisters ever reached age 15? 98= don't know	MM7. How many of these sisters (who are at least 15 years old) are alive now? 98= don't know	MM8. How many of these sisters who reached age 15 or more have died? 98= don't know	MM9. How many of these dead sisters died while pregnant, or during childbirth, or during the six weeks after the end of pregnancy? 98= don't know
Line	Name	Y N	Line					
01		1 2	__ __	__ __	__ __	__ __	__ __	__ __
02		1 2	__ __	__ __	__ __	__ __	__ __	__ __
03		1 2	__ __	__ __	__ __	__ __	__ __	__ __
04		1 2	__ __	__ __	__ __	__ __	__ __	__ __
05		1 2	__ __	__ __	__ __	__ __	__ __	__ __
06		1 2	__ __	__ __	__ __	__ __	__ __	__ __
07		1 2	__ __	__ __	__ __	__ __	__ __	__ __
08		1 2	__ __	__ __	__ __	__ __	__ __	__ __
09		1 2	__ __	__ __	__ __	__ __	__ __	__ __
10		1 2	__ __	__ __	__ __	__ __	__ __	__ __
11		1 2	__ __	__ __	__ __	__ __	__ __	__ __

Line	Name	Y	N	Line					
12		1	2	___	___	___	___	___	___
13		1	2	___	___	___	___	___	___
14		1	2	___	___	___	___	___	___
15		1	2	___	___	___	___	___	___
16		1	2	___	___	___	___	___	___
17		1	2	___	___	___	___	___	___
18		1	2	___	___	___	___	___	___
19		1	2	___	___	___	___	___	___
20		1	2	___	___	___	___	___	___
21		1	2	___	___	___	___	___	___
22		1	2	___	___	___	___	___	___
23		1	2	___	___	___	___	___	___

SALT IODIZATION MODULE		SI
SI1. We would like to check whether the salt used in your household is iodized. May i see a sample of the salt used to cook the main meal eaten by members of your household last night? Once you have examined the salt, Circle number that corresponds to test outcome.	Not iodized 0 PPM 1 Less than 15 PPM. . . . . .2 15 PPM or more . . . . . .3 No salt in home . . . . . .6 Salt not tested 7	

SI2. Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL6.You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes. ⇨ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN
to administer the questionnaire to the first eligible woman.

☐ No. ⇨ Continue.

SI3. Does any child under the age of 5 reside in the household?
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes. ⇨ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE
To administer the questionnaire to mother or caretaker of the first eligible child.

☐ No. ⇨ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

Appendix F2. Questionnaire for Individual Women

WOMEN'S INFORMATION PANEL **WM**

This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing).
Fill in one form for each eligible woman.
Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.

WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___ ___	
WM3. Woman's Name: _____	WM4. Woman's Line Number: ___ ___	
WM5. Interviewer name and number: ___ ___	WM6. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
WM7. Result of women's interview	Completed.....1 Not at home.....2 Refused.....3 Partly completed.....4 Incapacitated.....5 Other (specify).....6	

Repeat greeting if not already read to this woman:
We are from State Statistical Department of the Republic of Uzbekistan. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time. May I start now?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. In what month and year were you born?	Date of birth: Month __ __ DK month.....98 Year __ __ __ __ DK year.....9998	
WM9. How old were you at your last birthday?	Age (in completed years) __ __	
WM10. Have you ever attended school?	Yes.....1 No.....2	2⇨WM14
WM11. What is the highest level of school you attended: primary, secondary, secondary special or higher?	Primary.....1 Secondary.....2 Secondary special.....3 Higher.....4 Non-standard curriculum.....6	
WM12. What is the highest year you completed at that level?	Grade __ __	

WM13. Check WM11:

☐ Secondary or higher. Go to Next Module

☐ Primary or non-standard curriculum. ⇨ Continue with WM14

WM14. Now I would like you to read this sentence to me. Show sentences to respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me? Example sentences for literacy test: 1. The child is reading a book. 2. The rains came late this year. 3. Parents must care for their children. 4. Farming is hard work.	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/mute, visually/speech impaired.....5	

CHILD MORTALITY MODULE		CM
This module is to be administered to all women age 15-49. All questions refer only to LIVE births.		
CM1. Now i would like to ask about all the births you have had during your life. Have you ever given birth? If "No" probe by asking: I mean, to a child who ever breathed or cried or showed other signs of life—even if he or she lived only a few minutes or hours?	Yes.....1 No.....2	2⇨CM11A
CM2a. What was the date of your first birth? I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner. Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.	Date of first birth Day __ __ DK day.....98 Month __ __ DK month.....98 Year ..... __ __ __ __ DK year 9998	 ⇨CM3 ⇩CM2b
CM2b. How many years ago did you have your first birth?	Completed years since first birth __ __	
CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes.....1 No.....2	2⇨CM5
CM4. How many sons live with you? How many daughters live with you?	Sons at home __ __ Daughters at home __ __	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes.....1 No.....2	2⇨CM7
CM6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere __ __ Daughters elsewhere __ __	
CM7. Have you ever given birth to a boy or girl who was born alive but later died?	Yes.....1 No.....2	2⇨CM9
CM8. How many boys have died? How many girls have died?	Boys dead __ __ Girls dead __ __	
CM9. Sum answers to CM4, CM6, and CM8.	Sum __ __	
CM10. Just to make sure that I have this right, you have had in total (total number) births during your life. Is this correct? ☐ Yes. ⇨ Go to CM11 ☐ No. ⇨ Check responses and make corrections before proceeding to CM11		
CM11. Of these (total number) births you have had, when did you deliver the last one (even if he or she has died)? If day is not known, enter '98' in space for day.	Date of last birth Day/Month/Year __ __/__ __/__ __ __ __	
CM11A. sometimes a pregnancy doesn't mature by live birth. otherwise, can be ended by abortion, miscarriage or stillbirth. Now i will ask about each of them separately. How many abortions have you had? If no one, enter "00".	Total abortions __ __	
CM11B. How many miscarriages? If no one, enter "00".	Total miscarriages __ __	
CM11C. How many stillbirth have you had? If no one, enter "00".	Total stillbirth __ __	
CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)? If child has died, take special care when referring to this child by name in the following modules. ☐ No live birth in last 2 years. ⇨ Go to MARRIAGE/UNION module. ☐ Yes, live birth in last 2 years. ⇨ Continue with CM13	Name of child _____	
CM13. At the time you became pregnant with (name), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then.....1 Later.....2 No more.....3	

MATERNAL AND NEWBORN HEALTH MODULE **MN**

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM12 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN1. In the first two months after your last birth [the birth of name], did you receive a Vitamin A dose like this? Show 200,000 IU capsule or dispenser.	Yes ..... 1 No ..... 2 DK 8	
MN2. Did you see anyone for antenatal care for this pregnancy? If yes: Whom did you see? Anyone else? Probe for the type of person seen and circle all answers given.	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (specify) ..... X No one ..... Y	Y⇨MN7
MN3. As part of your antenatal care, was any of the following done at least once? MN3a. Were you weighed? MN3b. Was your blood pressure measured? MN3c. Did you give a urine sample? MN3d. Did you give a blood sample?	Yes No Weight ..... 1 2 Blood pressure ..... 1 2 Urine sample ..... 1 2 Blood sample 1 2	
MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	Yes ..... 1 No ..... 2 DK 8	
MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes ..... 1 No ..... 2 DK 8	2⇨MN7 8⇨MN7
MN6. I don't want to know the results, but did you get the results of the test?	Yes ..... 1 No ..... 2 DK 8	
MN7. Who assisted with the delivery of your last child (name)? Anyone else? Probe for the type of person assisting and circle all answers given.	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (specify) ..... X No one ..... Y	
MN8. Where did you give birth to (name)? If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic/health center ..... 22 Govt. maternity hospital ..... 23 Other public (specify) ..... 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (specify) ..... 36 Other (specify) 96	
MN9. When your last child (name) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN10. Was (name) weighed at birth?	Yes ..... 1 No ..... 2 DK 8	2⇨MN12 8⇨MN12

MN11. How much did (name) weigh? Record weight from health card, if available.	From card..... 1 (kilograms) __ . __ __ __ From recall..... 2 (kilograms) __ . __ __ __ DK.....99998	
MN12. Did you ever breastfeed (name)?	Yes.....1 No.....2	2⇨next module
MN13. How long after birth did you first put (name) to the breast? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	Immediately.....000 Hours..... 1 __ __ or Days..... 2 __ __ Don't know/remember.....998	

MARRIAGE/UNION MODULE		**MA**
MA1. Are you currently married or living together with a man as if married?	Yes, currently married.....1 Yes, living with a man.....2 No, not in union.....3	3⇨MA3
MA2. How old was your husband/partner on his last birthday?	Age in years..... __ __ DK..... 98	⇨MA5 98⇨MA5
MA3. Have you ever been married or lived together with a man?	Yes, formerly married.....1 Yes, formerly lived with a man.....2 No.....3	3⇨next module
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed.....1 Divorced.....2 Separated.....3	
MA5. Have you been married or lived with a man only once or more than once?	Only once.....1 More than once.....2	
MA6. In what month and year did you first marry or start living with a man as if married?	Month __ __ DK month..... 98 Year __ __ __ __ DK year.....9998	
MA7. Check MA6: ☐ Both month and year of marriage/union known? ⇨ Go to Next Module ☐ Either month or year of marriage/union not known? ⇨ Continue with MA8		
MA8. How old were you when you started living with your first husband/partner?	Age in years __ __	

CONTRACEPTION MODULE		CP
CP1. I would like to talk with you about another subject—family planning—and your reproductive health. Are you pregnant now?	Yes, currently pregnant....1 No....2 Unsure or DK....8	 2⇨CP2 8⇨CP2
CP1a. At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children?	Then....1 Later....2 Not want more children....3	1⇨CP4b 2⇨CP4b 3⇨CP4b
CP2. Some people use 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?	Yes....1 No....2	 2⇨CP4a
CP3. Which method are you using? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization....A Male sterilization....B Pill....C IUD....D Injections....E Implants....F Condom....G Female condom....H Diaphragm....I Foam/jelly....J Lactation amenorrhea method (LAM)....K Periodic abstinence....L Withdrawal....M Other (specify)....X	
CP4a. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? CP4b. If currently pregnant: 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 (a/another) child....1 No more/none....2 Says she cannot get pregnant....3 Undecided/don't know....8	2⇨CP4d 3⇨next module 8⇨CP4d
CP4c. How long would you like to wait before the birth of (a/another) child?	Months....1 __ __ Years....2 __ __ Soon/now....993 Says she cannot get pregnant....994 After marriage....995 Other....996 Don't know....998	 994⇨next module
CP3. Which method are you using? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization....A Male sterilization....B Pill....C IUD....D Injections....E Implants....F Condom....G Female condom....H Diaphragm....I Foam/jelly....J Lactation amenorrhea method (LAM)....K Periodic abstinence....L Withdrawal....M Other (specify)....X	
CP4a. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? CP4b. If currently pregnant: 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 (a/another) child....1 No more/none....2 Says she cannot get pregnant....3 Undecided/don't know....8	2⇨CP4d 3⇨next module 8⇨CP4d
CP4c. How long would you like to wait before the birth of (a/another) child?	Months....1 __ __ Years....2 __ __ Soon/now....993 Says she cannot get pregnant....994 After marriage....995 Other....996 Don't know....998	 994⇨next module

CP4d. Check CP1: ☐ Currently pregnant? ⇨ Go to Next Module ☐ Not currently pregnant or unsure? ⇨ Continue with CP4E		
CP4e. Do you think you are physically able to get pregnant at this time?	Yes.....1 No.....2 DK.....8	

SEXUAL BEHAVIOUR MODULE		SB
Check for the presence of others. Before continuing, ensure privacy.		
SB0. Check WM9: Age of respondent is between 15 and 24? ☐ Age 25-49. ⇨ Go to Next Module ☐ Age 15-24. ⇨ Continue with SB1		
SB1. Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential. How old were you when you first had sexual intercourse (if ever)?	Never had intercourse..... 00 Age in years..... __ __ First time when started living with (first) husband/partner..... 95	00⇨next module
SB2. When was the last time you had sexual intercourse? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago..... 1 __ __ Weeks ago..... 2 __ __ Months ago..... 3 __ __ Years ago..... 4 __ __	4⇨next module
SB3. The last time you had sexual intercourse was a condom used?	Yes.....1 No.....2	
SB4. What is your relationship to the man with whom you last had sexual intercourse? If man is 'boyfriend' or 'fiancée', ask: Was your boyfriend/fiancée living with you when you last had sex? If 'yes', circle 1 .If 'no', circle 2.	Spouse / cohabiting partner.....1 Man is boyfriend / fiancée.....2 Other friend.....3 Casual acquaintance.....4 Other (specify).....6	1⇨SB6
SB5. how old is this person? If response is DK, probe: About how old is this person?	Age of sexual partner..... __ __ DK..... 98	
SB6. Have you had sex with any other man in the last 12 months?	Yes.....1 No.....2	2⇨next module
SB7. The last time you had sexual intercourse with this other man, was a condom used?	Yes.....1 No.....2	
SB8. What is your relationship to this man? If man is 'boyfriend' or 'fiancée', ask: Was your boyfriend/fiancée living with you when you last had sex? If 'yes', circle 1. If 'no', circle 2.	Spouse / cohabiting partner.....1 Man is boyfriend / fiancée.....2 Other friend.....3 Casual acquaintance.....4 Other (specify).....6	1⇨SB10
SB9. how old is this person? If response is DK, probe: About how old is this person?	Age of sexual partner..... __ __ DK..... 98	
SB10. Other than these two men, have you had sex with any other man in the last 12 months?	Yes.....1 No.....2	2⇨next module
SB11. In total, with how many different men have you had sex in the last 12 months?	No. of partners..... __ __	

HIV/AIDS MODULE		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes....1 No....2	2⇨ HA19
HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes....1 No....2 DK....8	
HA3. Can people get infected with 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 reduce their chance of getting infected with the AIDS virus by not having sex at all?	Yes....1 No....2 DK....8	
HA7. Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes....1 No....2 DK....8	
HA7a. Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes....1 No....2 DK....8	
HA8. Is it possible for a healthy-looking person to have the AIDS virus?	Yes....1 No....2 DK....8	
HA9. Can the AIDS virus be transmitted from a mother to a baby? HA9a. During pregnancy? HA9b. During delivery? HA9c. By breastfeeding?	Yes No DK During pregnancy....1 2 8 During delivery....1 2 8 By breastfeeding....1 2 8	
HA10. 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	
HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes....1 No....2 DK/not sure/depends....8	
HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes....1 No....2 DK/not sure/depends....8	
HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	Yes....1 No....2 DK/not sure/depends....8	
HA14. Check MN5: Tested for HIV during antenatal care? ☐ Yes. ⇨ Go to HA18A ☐ No. ⇨ Continue with HA15		
HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes....1 No....2	2⇨HA18
HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes....1 No....2	
HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test....1 Offered and accepted....2 Required....3	1⇨HA19 2⇨ HA19 3⇨ HA19
HA18. At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus? HA18a. If tested for HIV during antenatal care: Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the AIDS virus?	Yes....1 No....2	

HA19. Check the women's line number in Household listing, column HL8:
Is she a mother or caretaker, who cares for a child that lives with them and is under the age of 5 years?
☐ Yes. ⇨ Interview her on Questionnaire for Children under Five regarding all these children
☐ No. ⇨ Continue with HA19A

HA19A. Check Household listing HL6:
Does another eligible woman reside in the household?
☐ Yes. ⇨ Administer the questionnaire For Individual Women to the next eligible woman
☐ No. ⇨ End the interview in this household.

Appendix F3. Questionnaire for Children Under Five

UNDER-FIVE CHILD INFORMATION PANEL **UF**

This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).
A separate questionnaire should be used for each eligible child.
Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.

UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___ ___	
UF3. Child's Name: _____	UF4. Child's Line Number: ___ ___	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: ___ ___	
UF7. Interviewer name and number: ___ ___	UF8. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed.....1 Not at home.....2 Refused.....3 Partly completed.....4 Incapacitated.....5 Other (specify).....6	

Repeat greeting if not already read to this respondent:
We are from State Statistical Department of the Republic of Uzbekistan. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time. May I start now?
If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview.
Discuss this result with your supervisor for a future revisit.

UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (name). In what month and year was (name) born? Probe: What is his/her birthday? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day.....__ __ DK day.....98 Month.....__ __ Year.....__ __ __ __	
UF11. How old was (name) at his/her last birthday? Record age in completed years.	Age in completed years.....__	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. Does (name) have a birth certificate? May I see it?	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3 DK 8	1⇨BR5
BR2. Has (name's) birth been registered with the civil authorities?	Yes ..... 1 No ..... 2 DK 8	1⇨BR5 8⇨BR4
BR3. Why is (name's) birth not registered?	Costs too much ..... 1 Must travel too far ..... 2 Did not know it should be registered ..... 3 Did not want to pay fine ..... 4 Does not know where to register ..... 5 Other (specify) ..... 6 DK 8	
BR4. Do you know how to register your child's birth?	Yes ..... 1 No 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? ☐ Yes. ⇨ Continue with BR6 ☐ No. ⇨ Go to BR8		
BR6. Does (name) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes ..... 1 No ..... 2 DK 8	 2⇨BR8 8⇨BR8
BR7. Within the last seven days, about how many hours did (name) attend?	No. of hours ___ ___	

BR8. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (name):
If yes, ask: who engaged in this activity with the child—the mother, the child's father or another adult member of the household (including the caretaker/respondent)?
Circle all that apply.

		Mother	Father	Other	No one	
BR8a. Read books or look at picture books with (name)?	Books	A	B	X	Y	
BR8b. Tell stories to (name)?	Stories	A	B	X	Y	
BR8c. Sing songs with (name)?	Songs	A	B	X	Y	
BR8d. Take (name) outside the home, compound, yard or enclosure?	Take outside	A	B	X	Y	
BR8e. Play with (name)?	Play with	A	B	X	Y	
BR8f. Spend time with (name) naming, counting, and/or drawing things?	Spend time with	A	B	X	Y	

CHILD DEVELOPMENT		CE
Question CE1 is to be administered only once to each caretaker		
CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books. If 'none' enter 00	Number of non-children's books ..... 0 __ Ten or more non-children's books 10	
CE2. How many children's books or picture books do you have for (name)? If 'none' enter 00	Number of children's books ..... 0 __ Ten or more books 10	
CE3. I am interested in learning about the things that (name) plays with when he/she is at home. What does (name) play with? Does he/she play with household objects, such as bowls, plates, cups or pots? objects and materials found outside the living quarters, such as sticks, ...rocks, animals, shells, or leaves? homemade toys, such as dolls, cars and other toys made at home? toys that came from a store? If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots) ..... A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) .....B Homemade toys (dolls, cars and other toys made at home) ..... C Toys that came from a store ..... D No playthings mentioned.....Y	
CE4. 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 with others. since last (day of the week) how many times was (name) left in the care of another child (that is, someone less than 10 years old)? If 'none' enter 00	Number of times __ __	
CE5. In the past week, how many times was (name) left alone? If 'none' enter 00	Number of times __ __	

VITAMIN A MODULE		VA
VA1. Has (name) ever received a vitamin A capsule (supplement) like this one? Show capsule or dispenser for different doses—100,000 IU for those 6-11 months old, 200,000 IU for those 12–59 months old.	Yes . . . . . 1 No . . . . . 2 DK 8	 2⇨next module 8⇨next module
VA2. How many months ago did (name) take the last dose?	Months ago . . . . . __ __ DK 98	
VA3. Where did (name) get this last dose?	On routine visit to health facility . . . . . 1 Sick child visit to health facility . . . . . 2 National Immunization Day campaign . . . . . 3 Other (specify) . . . . . 6 DK 8	

BREASTFEEDING MODULE		BF
BF1. Has (name) ever been breastfed?	Yes . . . . . 1 No . . . . . 2 DK 8	 2⇨BF3 8⇨BF3
BF2. Is he/she still being breastfed?	Yes . . . . . 1 No . . . . . 2 DK 8	
BF3. Since this time yesterday, did he/she receive any of the following: Read each item aloud and record response before proceeding to the next item.		
BF3a. vitamin, mineral supplements or medicine?	A. Vitamin supplements . . . . . Y 1 N 2 DK 8	
BF3b. plain water?	B. Plain water 1 2 8	
BF3I. not sweetened tea?	I. Not sweetened tea 1 2 8	
BF3c. sweetened, flavoured water or fruit juice or tea or infusion?	C. Sweetened water or juice 1 2 8	
BF3d. oral rehydration solution (ORS)?	D. ORS 1 2 8	
BF3e. infant formula?	E. Infant formula 1 2 8	
BF3f. tinned, powdered or fresh milk?	F. Milk 1 2 8	
BF3g. any other liquids?	G. Other liquids 1 2 8	
BF3h. solid or semi-solid (mushy) food?	H. Solid or semi-solid food 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? ☐ Yes. ⇨ Continue with BF5 ☐ No or DK. ⇨ Go to Next Module		
BF5. Since this time yesterday, how many times did (name) eat solid, semisolid, or soft foods other than liquids? If 7 or more times, record '7'.	No. of times . . . . . ___ Don't know 8	

CARE OF ILLNESS MODULE		CA
CA1. Has (name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last? Diarrhea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes....1 No....2 DK....8	 2⇨CA5 8⇨CA5
CA2. During this last episode of diarrhoea, did (name) drink any of the following: Read each item aloud and record response before proceeding to the next item. CA2a. A fluid made from a special packet called (Rehydron)? CA2b. Medical worker-recommended homemade fluid? CA2d. Sweetened or salted solution?	Y N DK A. Fluid from ORS packet.... 1 2 8 B. Recommended homemade fluid.... 1 2 8 D. Sweetened or salted solution.... 1 2 8	
CA3. During (name's) illness, did he/she drink much less, about the same, or more than usual?	Much less or none....1 About the same (or somewhat less)....2 More....3 DK....8	
CA4. During (name's) illness, did he/she eat less, about the same, or more food than usual? If "less", probe: much less or a little less?	None....1 Much less....2 Somewhat less....3 About the same....4 More....5 DK....8	
CA4a. Check CA2A: ORS packet used? ☐ Yes.⇨ Continue with CA4B ☐ No.⇨ Go to CA5		
CA4b. Where did you get the (local name for ORS packet from CA2A)?	Public sector Govt. hospital....11 Govt. health centre....12 Govt. health post....13 Village health worker....14 Mobile/outreach clinic....15 Other public (specify)....16 Private medical sector Private hospital/clinic....21 Private physician....22 Private pharmacy....23 Mobile clinic....24 Other private medical (specify)....26 Other source Relative or friend....31 Shop....32 Traditional practitioner....33 Other (specify)....96 DK....98	
CA4c. How much did you pay for the (local name for ORS packet from CA2A)?	Local currency.... __ __ __ __ __ Free....99996 DK....99998	
CA5. Has (name) had an illness with a cough at any time in the last two weeks, that is, since (day of the week) of the week before last?	Yes....1 No....2 DK....8	 2⇨CA12 8⇨CA12
CA6. When (name) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes....1 No....2 DK....8	 2⇨CA12 8⇨CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest....1 Blocked nose....2 Both....3 Other (specify)....6 DK....8	 2⇨CA12 6⇨CA12
CA8. Did you seek advice or treatment for the illness outside the home?	Yes....1 No....2 DK....8	 2⇨CA10 8⇨CA10

CA9. From where did you seek care? Anywhere else? Circle all providers mentioned, but do NOT prompt with any suggestions. If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Public sector Govt. hospital ..... A Govt. health centre ..... B Govt. health post ..... C Village health worker ..... D Mobile/outreach clinic (Ambulance) ..... E Other public (specify) ..... H Private medical sector Private hospital/clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (specify) ..... O Other source Relative or friend ..... P Shop ..... Q Traditional practitioner ..... R Other (specify) X	
CA10. Was (name) given medicine to treat this illness?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA11. What medicine was (name) given? Circle all medicines given.	Antibiotic (Ampicillin, Amoxicillin, other) ..... A Paracetamol / Panadol/ Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (specify) ..... X DK ..... Z	
CA11a. Check CA11: Antibiotic given? ☐ Yes.⇨ Continue with CA11B ☐ No.⇨ Go to CA12		
CA11b. Where did you get the antibiotic?	Public sector Govt. hospital ..... 11 Govt. health centre ..... 12 Govt. health post ..... 13 Village health worker ..... 14 Mobile/outreach clinic ..... 15 Other public (specify) ..... 16 Private medical sector Private hospital/clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (specify) ..... 26 Other source Relative or friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Other (specify) ..... 96 DK 98	
CA11c. How much did you pay for the antibiotic?	Local currency ..... __ __ __ __ __ Free ..... 99996 DK 99998	
CA12. Check UF11: Child aged under 3? ☐ Yes. ⇨ Continue with CA13 ☐ No. ⇨ Go to CA14		
CA13. The last time (name) passed stools, what was done to dispose of the stools?	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 (specify) ..... 96 DK 98	
Ask the following question (CA14) only once for each mother/caretaker. CA14. 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? 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	

immunization module **IM**

If an immunization card is available, copy the dates in IM2-IM7 for each type of immunization recorded on the card. Then ask mother/caretaker questions IM10-IM19.

IM1. Is there a vaccination card for (name)?	Yes, seen ..... 1 Yes, not seen ..... 2 No 3	 2⇨IM10 3⇨IM10

(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization								
		DAY		MONTH		YEAR				
IM2. BCG	BCG									
IM3a. Polio at birth	OPV0									
IM3b. Polio 1	OPV1									
IM3c. Polio 2	OPV2									
IM3d. Polio 3	OPV3									
IM3e. Polio 4	OPV4									
IM4a. DPT1	DPT1									
IM4b. DPT2	DPT2									
IM4c. DPT3	DPT3									
IM4d. DPT4	DPT4									
IM5a. HepB1	HepB1									
IM5b. HepB2	HepB2									
IM5c. HepB3	HepB3									
IM6. Measles	Measles									
IM7. Mumps	Mumps									

IM10. Has (name) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM19 8⇨IM19
IM11. Has (name) ever been given a BCG vaccination against tuberculosis—that is, an injection in the arm or shoulder that caused a scar?	Yes ..... 1 No ..... 2 DK 8	
IM12. Has (name) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases—that is, polio?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM15 8⇨IM15
IM13. How old was he/she when the first dose was given—just after birth (within two weeks) or later?	Just after birth (within two weeks) ..... 1 Later 2	
IM14. How many times has he/she been given these drops?	No. of times ..... __ __	
IM15. Has (name) ever been given "DPT vaccination injections"—that is, an injection in the thigh or buttocks—to prevent him/her from getting tetanus, whooping cough AND DIPHTHERIA (sometimes given at the same time as polio)	Yes ..... 1 No ..... 2 DK 8	 2⇨IM16a 8⇨IM16a

IM16. How many times?	No. of times ..... __ __	
IM16a. Has (name) ever been given "HepB vaccination injections"—that is, an injection in the thigh or buttocks—to prevent him/her from getting Hepatitis B (sometimes given at the same time as polio or DTP)	Yes ..... 1 No ..... 2 DK 8	2⇨IM17 8⇨IM17
IM16b. How many times?	No. of times ..... __ __	
IM17. Has (name) ever been given "Measles vaccination injections" or MMR—that is, a shot in the arm at the age of 12 months or older—to prevent him/her from getting measles?	Yes ..... 1 No ..... 2 DK 8	
IM18. Has (name) ever been given "Mumps vaccination injections"— that is, a shot in the arm at the age of 16 months or older—to prevent him/her from getting mumps?	Yes ..... 1 No ..... 2 DK 8	
IM19. Please tell me if (name) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days: IM19a. 07/05–08/05 Vit. A—A	Y N DK Campaign A 1 2 8	

IM20a Find all information necessary to identify immunization card in medical institution.After completion of interview refer to the medical institution and fill Immunization module by data from Medical institution.

Full Child's name: _____ Address: _____
Address of medical institution, where child's medical history is being kept, including immunization card

_____

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker?
Check household listing, column HL8.
☐ Yes. ⇨ End the current questionnaire and then
Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.
☐ No. ⇨ End the interview with this respondent by thanking him/her for his/her cooperation.
If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE — AN

After questionnaires for all children are complete, the measurer weighs and measures each child.
Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

AN1. Child's weight.	Kilograms (kg) ..... __ __.__	
AN2. Child's length or height. Check age of child in UF11: ☐ Child under 2 years old. ⇨ Measure length (lying down). ☐ Child age 2 or more years. ⇨ Measure height (standing up).	Length (cm) Lying down ..... 1 __ __ __.__ Height (cm) Standing up ..... 2 __ __ __.__	
AN3. Measurer's identification code.	Measurer code ..... __ __	
AN4. Result of measurement.	Measured ..... 1 Not present ..... 2 Refused ..... 3 Other (specify) 6	

AN5. Is there another child in the household who is eligible for measurement?
☐ Yes. ⇨ Record measurements for next child.
☐ No. ⇨ End the interview with this household by thanking all participants for their cooperation.
Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

IMMUNIZATION MODULE BY DATA FROM MEDICAL INSTITUTION										IMF
IMF1a. Check IM20 a. Have you got the information on medical institution, where immunization card is being kept?	Yes.....1 No.....2									2⇨IMF9
IMF1b. Was the medical institution visited?	Yes.....1 No.....2									2⇨IMF9
IMF1c. Are there available immunization records for (Child's name) in that medical institution?	Yes.....1 No.....2									2⇨IM F9
(a) Copy dates for each vaccination from the card. (в) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization									
	DAY		MONTH		YEAR					
IMF2. BCG BCG										
IMF3a. Polio at birth OPV0										
IMF3b. Polio 1 OPV1										
IMF3c. Polio 2 OPV2										
IMF3d. Polio 3 OPV3										
IMF3e. Polio 4 OPV4										
IMF4a. DPT1 DPT1										
IMF4b. DPT2 DPT2										
IMF4c. DPT3 DPT3										
IMF4d. DPT4 DPT4										
IMF5a. HepB1 HepB1										
IMF5b. HepB2 HepB2										
IMF5c. HepB3 HepB3										
IMF6. Measles Measles										
IMF7. Mumps Mumps										

IMF9. End.