Mozambique

Multiple Indicators Cluster Survey 2008

INSTITUTO NACIONAL DE ESTATÍSTICAS

MICS

FINAL REPORT OF THE MULTIPLE INDICATOR CLUSTER SURVEY, 2008

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Final Report of the Multiple Indicator Cluster Survey, 2008.

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Indicators of the Multiple Indicator Cluster Survey (MICS), Mozambique, 2008

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
CHILD MORTALITY				
	1	4.1	Under-five mortality rate (< 5 years)	141 per thousand
	2	4.2	Infant mortality rate (<= 1 year)	95 per thousand
NUTRITION				
Nutritional Status	6	1.8	Underweight prevalence	18 per cent
	7		Stunting prevalence	44 per cent
	8		Wasting prevalence	4 per cent
Breastfeeding	45		Timely initiation of breastfeeding (first hour)	63 per cent
	15		Exclusive breastfeeding rate 0–5 months	37 per cent
	16		Continued breastfeeding rate	
			at 12–15 months	91 per cent
			at 20–23 months	54 per cent
	17		Timely complementary feeding rate	84 per cent
	18		Frequency of complementary feeding	51 per cent
	19		Adequately fed infants (0–11 months)	44 per cent
Salt iodization	41		Iodized salt consumption (> 15 ppm)	25 per cent
			Iodized salt consumption	58 per cent
Vitamin A	42		Vitamin A supplementation (children under five)	72 per cent
	43		Vitamin A supplementation (mothers in first two months after birth)	66 per cent
Low birthweight	9		Low birthweight infants	16 per cent
	10		Infants weighed at birth	58 per cent
CHILD HEALTH				
Immunization	25		Immunization coverage (BCG)	84 per cent
	26		Immunization coverage (polio 3)	70 per cent
	27		Immunization coverage (DPT3)	70 per cent
	28	4.3	Immunization coverage (measles)	64 per cent
	31		Full immunization coverage	48 per cent
Tetanus toxoid	32		Neonatal tetanus protection	79 per cent
Care of illness	33		Use of oral rehydration therapy (ORT)	54 per cent
	34		Home management of diarrhoea	19 per cent
	35		Use of ORT, or increased fluids, and continued feeding	47 per cent
	23		Care-seeking for suspected pneumonia	65 per cent
	22		Antibiotic treatment of suspected pneumonia	22 per cent
Solid fossil fuel use	24		Solid fossil fuels	97 per cent
Malaria	36		Household availability of insecticide-treated nets (ITNs)	55 per cent
	37	6.7	Children under five sleeping under ITNs	23 per cent
	38		Children under five sleeping under untreated nets	42 per cent
	39	6.8	Antimalarial treatment (children under five)	23 per cent
	40		Intermittent preventive malaria treatment (pregnant women)	67 per cent
ENVIRONMENT				
Water and sanitation	11	7.8	Use of improved drinking water sources	43 per cent
	13		Water treatment	10 percent
	12	7.9	Use of improved sanitation facilities	19 per cent
	14		Safe disposal of children's faeces	32 per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
REPRODUCTIVE HEALTH				
Maternal and newborn health	20	5.5	Women receiving antenatal care	92 per cent
	44		Content of antenatal care	
			Blood test taken	62 per cent
			Blood pressure measured	62 per cent
			Urine specimen taken	37 per cent
			Weight measured	87 per cent
	4	5.2	Skilled attendant at delivery	55 per cent
	5		Institutional deliveries	58 per cent
CHILD DEVELOPMENT				
Child development	46		Support for learning	31 per cent
	47		Father's support for learning	16 per cent
	48		Support for learning: children's books	3 per cent
	49		Support for learning: non-children's books	52 per cent
	51		Children under inadequate care	33 per cent
EDUCATION				
Education	54		Timely entry into primary school	65 per cent
	55	2.1	Net attendance rate (primary school)	81 per cent
	56		Net attendance rate (secondary school)	20 per cent
	57	2.2	Children entering primary school who reach 5th grade	77 per cent
	58		Rate of transition to secondary school	73 per cent
	59		Rate of timely completion of primary school	15 per cent
	61	3.1	Gender parity index	
			Primary school	0.97 (ratio)
			Secondary school	0.98 (ratio)
Literacy	60	2.3	Literacy rate of women aged 15–24	47 per cent
CHILD PROTECTION				
Birth registration	62		Birth registration	31 per cent
Child labour	71		Child labour	22 per cent
	72		Working students	25 per cent
	73		Student workers	78 per cent
Early marriage and polygamy	67		Women married before the age of 15 Women married before the age of 18	18 per cent 52 per cent
	68		Young women (15–19) currently married/in unions	40 per cent
	70		Polygyny	24 per cent
	69		Percentage of women aged 15–19 and 20–24 currently married/in union with a spouse at least 10 years older	
			Women aged 15–19	22 per cent
			Women aged 20–24	21 per cent
Domestic violence	100		Percentage of women aged 15–49 who believe that violence by the husband is justifiable	36 per cent
Disability	101		Children with disabilities	14 per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
HIV and AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN				
HIV and AIDS knowledge and attitudes among women	82	6.3	Knowledge of HIV and AIDs prevention among young people	12 per cent
	89		1. Knowledge of mother-to-child transmission of HIV	55 per cent
	86		2. Positive attitude towards people with HIV and AIDS	23 per cent
	87		Women who know where to be tested for HIV infection	77 per cent
	88		3. Women who have been tested for HIV infection	30 per cent
	90		Counselling coverage for preventing mother-to-child transmission of HIV	59 per cent
	91		Testing coverage for preventing mother-to-child transmission of HIV	43 per cent
Women's sexual behaviour	84		First sexual relation at an early age	29 per cent
	92		Great difference in age between sexual partners	16 per cent
	83	6.2	Condom use with non-regular partners	44 per cent
	85		High-risk sex in the past year	32 per cent
Support to orphaned and vulnerable children	75		Prevalence of orphans	12 per cent
	78		Children not living with their biological parents	15 per cent
	76		Prevalence of vulnerable children	6 per cent
	77	6.4	School attendance ratio between orphans and non-orphans	0.89
	81		Support to children orphaned or made vulnerable because of AIDS	22 per cent
	79		Undernutrition among children orphaned or made vulnerable because of AIDS	1.1 (ratio)
	80		Early sexual relations among girls orphaned or made vulnerable because of AIDS	0.91 (ratio)

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List of abbreviations

BCG	Bacillus Calmette-Guérin (*vaccine against tuberculosis*)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DPT	Vaccine against diphtheria, pertussis (whooping cough) and tetanus
EA	Enumeration area
GPI	Gender parity index
IDD	Iodine Deficiency Disorders
IDS	Demographic and Health Surveys, Mozambique
IFTRAB	Labour Force Survey
INE	National Statistics Institute, Mozambique
ITN	Insecticide-treated net
IUD	Intrauterine device
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PARPA II	Plan for the Reduction of Absolute Poverty, 2006-2009
PQG	Government Five-Year Programme, 2005-2009
PSU	Primary sampling unit
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	UN General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
TFR	Total Fertility Rate
WHO	World Health Organisation

Preface

This book contains the main results of the Multiple Indicator Cluster Survey, abbreviated as MICS.

MICS 2008 was undertaken because of the need for information on social, demographic and health indicators to assess the Government Five-Year Programme (PQG), 2005–2009, and, in particular, the Plan for the Reduction of Absolute Poverty (PARPA II), 2006–2009, and to serve as an instrument for drawing up the next PQG (2010–2014). Generally, these indicators are gathered through the Demographic and Health Surveys (DHS). However, the last DHS was held in 2003 and the next was scheduled for 2010. Hence the pertinence of undertaking MICS in 2008.

MICS counted with technical and financial assistance from UNICEF and the collaboration of the Mozambican Ministry of Health. There is a long-standing partnership between the INE (Mozambique's National Statistics Institute) and UNICEF. It is INE's intention to preserve and build on this spirit of partnership, which has contributed greatly to joint efforts to obtain information on time to monitor the government plans mentioned earlier.

The success of this survey was made possible thanks to the efforts of many people who were involved at every stage, from creating the methodological design and notation systems, to collecting and systemising the data, up to producing the present report.

We wish to express our gratitude to all those who worked on carrying out the survey successfully, especially to the households whose members agreed to provide information which would represent the entire population of Mozambique, to the local organizations which facilitated contact with the population, and to everyone involved in the collection, processing and analysis of the data contained in this publication.

In short, and so that nobody may feel offended, we express our deepest thanks to all those who, directly or indirectly, contributed to the successful administration of this survey.

João Dias Loureiro
President of the INE

Leila Gharagozloo-Pakkala
Representative of UNICEF

Executive summary

This report summarizes the results of the Multiple Indicator Cluster Survey (MICS), undertaken in 2008 by the National Statistics Institute (INE) with the support of the United Nations Children's Fund (UNICEF). MICS 2008 is a household survey, carried out nationally. It provides up-to-date information for assessing the situation of children and women in Mozambique.

Characteristics of the households and respondents

Of the 14,300 households selected for the sample, 14,269 were contacted for interviews. Of these, 13,995 were interviewed, giving a response rate of 97.9 per cent. In the households interviewed, 15,060 women aged 15–49 were identified. Of these, 14,188 were duly interviewed, producing a response rate of 94.2 per cent. 11,818 children under the age of five were identified, for whom responses were obtained from the mother or other person who looks after the child in 11,419 complete interviews, which is a response rate of 96.6 per cent.

Child mortality

MICS 2008 estimated the probability of a child dying before his/her first birthday (the infant mortality rate) at 95 per thousand live births[1] in the five-year period preceding the survey (that is, 2003–2008). This is a reduction when compared with the data from DHS 2003 (101 per thousand live births for the 1998–2003 period). Likewise, the probability of dying before five years of age (the under-five mortality rate) was estimated at 141 per thousand, a reduction of 12 compared with the estimate from DHS 2003, which was 153 per thousand. The observed reduction in the infant and under-five mortality rates is the result of combining a steep reduction in the rural areas of the country with a lesser decline in the urban areas. Data from the two DHS (1997 and 2003) and from MICS show that, over the past decade, the nationwide under-five mortality rate has fallen by an average of 1.2 points per year (from 150 per thousand to 138 per thousand), while the average reduction in rural areas was almost 7.3 points a year (from 237 per thousand to 164 per thousand).[2]

Nutrition

Although MICS has shown some improvement in the nutritional status of children under five years old, the levels of infant undernutrition, particularly chronic undernutrition, remain very high, according to the World Health Organization (WHO) classification[3]. The percentage of chronically undernourished (stunted) children is 44 per cent, while in 2003 it was 48 per cent[4]. The percentage of children under five with low weight for their age has also fallen slightly, to 18 per cent; the prevalence of acute undernutrition has also fallen, from 5 per cent in 2003 to 4 per cent in 2008.

1 The infant mortality estimates refer on average to five years before the survey. The estimates of infant and under-five mortality were calculated using the direct method.

2 While the estimate of national infant and under-five mortality is calculated by using for reference the five-year period before the research, disaggregated estimates (by province, sex and area of residence) take as reference points the 10-year period before the research. The longer reference period allows more cases of death to be included in the calculation and thus furnishes more precise estimates.

3 According to the standard WHO classification, rates of chronic undernutrition between 20 and 30 per cent are regarded as 'medium', rates between 30 and 40 per cent are considered 'high', and rates above 40 per cent are considered 'very high'. World Health Organization, Technical report series no. 854, WHO, Geneva, 1995.

4 The anthropometric estimates of IDS 2003 were recalculated based on the WHO standard population for 2006. The estimates published in the IDS 2003 report were based on the reference population of NCHS/CDC/OMS. See WHO Growth standards, methods and development: <http://who.int/childgrowth/standards/en/>.

The observed reduction in the rates of chronic undernutrition between 2003 and 2008 results from a strong reduction in rural areas combined with a slower fall in urban areas. Data from DHS 2003 and MICS 2008 show that the rate of chronic undernutrition in urban areas has been falling at an average of 0.4 percentage points per year (from 37 per cent in 2003 to 35 per cent in 2008), while the average annual reduction in rural areas was one percentage point (from 52 per cent to 47 per cent).

Breastfeeding

Thiry-seven per cent of children aged 0–6 months and 48 per cent of children aged 0–3 months were exclusively breastfed. These figures represent an improvement since 2003, when exclusive breastfeeding in the same age groups was 30 per cent and 38 per cent, respectively. Just as in previous surveys held in Mozambique, MICS 2008 shows that almost two thirds of newborn children are breastfed within the recommended period (an hour after birth), and about 90 per cent are breastfed in the first day of life.

Iodized salt

Fifty-eight per cent of households consume iodized salt. The consumption of iodized salt tends to be higher in urban areas (69 per cent) than in rural areas (53 per cent). The study also checked the amount of iodine present in the salt and found that only a quarter (25 per cent) of households use salt that contains the minimum necessary amount of iodine[5]. The likelihood that the salt is not sufficiently iodized is much greater in rural areas, where only 20 per cent of households use properly iodized salt, compared with 37 per cent in urban areas.

Vitamin A

Seventy-two per cent of children aged 6–59 months received vitamin A in the six months prior to the survey, compared with 50 per cent in 2003. Children who live in urban areas are more likely to receive vitamin A supplements than those living in rural areas; the figures are 78 per cent and 69 per cent, respectively. However, it is important to note that the difference between urban and rural has diminished substantially over the past five years.

Low birthweight

The data from MICS show that 58 per cent of newborns were weighed at birth. It is estimated that 16 per cent of children born in Mozambique weigh less than 2,500 grams.

Immunization

Eighty-seven per cent of children under one year old have received the vaccine against tuberculosis (BCG), and 70 and 70 per cent have received DPT-3 and polio-3, respectively. About 64 per cent of children received the vaccine against measles, which is in line with the average in sub-Saharan African countries. Children living in urban areas of Mozambique are more likely to be vaccinated than those living in rural areas. Fifty-five per cent of children aged 12–23 months who live in rural areas received all the vaccines, compared to 74 per cent of those who live in urban zones. Eleven per cent of children in rural areas did not receive any vaccination, compared with four per cent in urban areas.

Immunization rates among children under one year old have increased over the decade. The rate of immunization against polio has increased the most, rising from 55 per cent in 1997 to 70 per cent in 2008. The BCG coverage rate has shown a lesser increase, rising from 78 per cent in

5 Salt is considered adequately iodized when the concentration of iodine is above 15 parts per million (ppm).

1997 to 87 per cent in 2008. For every individual vaccine, the increases in vaccination coverage in the 1997–2003 period were greater than those recorded in the 2003–2008 period.

Tetanus toxoid

Eighty per cent of women are protected against tetanus. Most of them (67 per cent) are protected because they received at least two doses of tetanus toxoid injection during their most recent pregnancy, while 11 per cent are protected because they received at least two doses of the vaccine in the last three years.

Oral rehydration treatment

Eighteen per cent of children under five had diarrhoea in the two weeks prior to the survey. The peak prevalence of diarrhoea in children aged 6–11 months, which generally corresponds to the period of weaning, reached 32 per cent. Among children aged 12–23 months, the figure is 29 per cent. Around 38 per cent of children with diarrhoea were treated with fluids with packets of oral rehydration salts (ORS); 15 per cent received fluids with pre-packaged (commercial) ORS, and 19 per cent received recommended home-prepared fluids. Approximately 54 per cent of children with diarrhoea received oral rehydration treatment (ORT), which means that they received ORS or the recommended home-prepared liquids, while 46 per cent did not receive adequate treatment. The rate of use of ORT is similar in urban (56 per cent) and rural (53 per cent) areas.

Care-seeking and antibiotic treatment of pneumonia

Five per cent of children aged 0–59 months were reported as presenting symptoms suggestive of pneumonia in the two weeks prior to the survey. This figure suggests a decline in the last five years, since in 2003 the percentage was 10 per cent. Of the children with suspected pneumonia, 65 per cent were taken to an appropriate health provider. 53 per cent were taken to a health centre or post.

Malaria

More than half of all households (55 per cent) own at least one mosquito net, treated or untreated (Table 6.10a). The availability of mosquito nets is higher in urban areas (63 per cent) than in rural areas (52 per cent). Rather less than a third (31 per cent) of households with children under five have at least one net treated with insecticide (ITN). Forty-two per cent of the children in this age group slept under some mosquito net on the night prior to the survey; of these, about 23 per cent slept under an insecticide-treated net and 17 per cent slept under an untreated net. The use of mosquito nets is more frequent in urban areas (48 per cent) than in rural areas (40 per cent).

Water and sanitation

Forty-three per cent of households, 70 per cent in urban areas and 30 per cent in rural areas, are using an improved source of drinking water, an improvement compared with the 36 per cent recorded in 2004 (IFTRAB 2004). The great majority of households (89 per cent) do not use any method for treating water.

Excluding those households with water on the premises, the average time taken to reach the nearest source of drinking water, collect the water and return home is 49 minutes.

In the great majority of households (86 per cent), the person who fetches water is an adult woman. In 7 per cent of households, girls under 15 fetch water.

Only 19 per cent of people in Mozambique live in households that use improved sanitation facilities. This is a small improvement compared with the data from 2004, when the estimated coverage was 12 per cent (IFTRAB 2004).

Contraception

Only 16 per cent of women currently married or in unions reported using any method of contraception. 12 per cent use modern methods and 4 per cent use traditional methods. The most popular modern method is the pill, use of which was reported by 6 per cent of women, followed by injections, mentioned by 5 per cent.

There are significant differences in contraceptive use depending on area of residence. The percentage in urban areas is 25 per cent, against 12 per cent in rural areas.

Antenatal care

About 92 per cent of women who were pregnant in the two years prior to the survey received antenatal care, which is a slight increase over the 85 per cent coverage rate from IDS 2003. Antenatal care coverage is higher in urban areas (99 per cent) than in rural areas (90 per cent). Maputo City has the highest coverage rate (about 100 per cent) and Zambézia province the lowest (only 81 per cent).

Antenatal care coverage varies depending on the woman's level of education and on the household's wealth. It is 88 per cent among women with no education and 99 per cent among women with at least secondary education.

Among specific antenatal care practices, weight measurement is the most prevalent (about 95 per cent).

Assistance at delivery

Fifty-five per cent of babies born in the two years prior to the survey were delivered by qualified health personnel, which is an increase compared with the figure of 48 per cent recorded in DHS 2003. There is a great difference in assistance by qualified personnel between urban areas (78 per cent) and rural areas (46 per cent).

The data show that assistance at delivery by qualified health personnel is more frequent among young women, a trend also found by DHS 2003.

MICS also shows that 58 per cent of deliveries take place in institutions, a rise from the DHS 2003 figure of 48 per cent. There are large differences in the prevalence of institutional deliveries between urban areas (81 per cent) and rural areas (49 per cent).

Child development

For 31 per cent of children under five, an adult in the household had engaged in activities that promote learning and school readiness during the three days prior to the survey. For about 16 per cent of the children, it was their fathers who were involved in this type of activity. In contrast, 28 per cent of the children were not living with their biological father.

There are no significant differences by area of residence and sex of the children.

Fifty-two per cent of children under five live in households where there are at least three non-children's books. Only 3 per cent live in households which have children's books. The data show that the mother's level of education has a positive correlation with the presence of books in the household.

MICS also found that 33 per cent of children were left under inadequate care during the week prior to the survey.

School attendance

Only 65 per cent of children of primary-school entry age are in school, which means that a large proportion of children enter the education system late. Timely entry into school is greater in urban than in rural areas. MICS shows that there is a positive correlation between timely entry into school and the educational level of the mother and the household's economic situation.

Almost one in every four people in the country began school before they were 7 years old, and 40 per cent began when they were ten years old or more.

Eighty-one per cent of children of primary-school age are attending primary school.

Almost 39 per cent of people aged 5–24 years who have attended school repeated a year at least once, and 57 per cent never repeated. Failure does not vary by sex. Differences are observed by area of residence. Failing years is more frequent in urban areas (46 per cent) than in rural areas (35 per cent).

Twenty per cent of children of secondary-school age are attending school at this level. There is no great difference in terms of gender. Attendance is higher in urban areas than in rural ones. Of the total number of children who enter school, only 77 per cent reach fifth grade and 60 per cent reach seventh grade.

Birth registration

Less than a third (31 per cent) of children under five have been registered, 39 per cent in urban areas and only 28 per cent in rural areas. Children who live in southern provinces are more likely to be registered than those from other regions. The mother's level of education and the household's wealth are, to some extent, positively correlated with the registration of the child.

The main reasons given for not registering children were: registration is complicated (25 per cent), the registry office is far away (23 per cent) and the cost of registration is expensive (20 per cent).

Child labour

Twenty-two per cent of children aged 5–14 years are involved in some kind of child labour. The most frequent form of labour is family business (16 per cent). Involvement in child labour is at its highest in the 12–14 year age group (27 per cent) and slightly lower in the 5–11 year age group (21 per cent). The mother's level of education and the level of household wealth correlate with the involvement of children in child labour.

Child marriage, polygamy and spousal age difference

MICS data show that 52 per cent of women aged 20–49 married before they were 18, and 18 per cent married before they reached 15. As expected, child marriage is more frequent in rural than in urban areas. The central and northern regions of the country have a greater prevalence of child marriage than the south.

Almost a quarter (24 per cent) of women aged 15–49 are married/in union in a polygamous setting. This is more frequent in rural areas (27 per cent) than in urban areas (16 per cent). Polygamy is most frequent among women with no level of education (30 per cent) and least common among women with at least secondary education (11 per cent).

MICS also collected data on spousal age differences. Twenty-two per cent of women aged 15–19, and 21 per cent of those aged 20–24, are married or in marital union with husbands or partners ten or more years older than they are. There are no significant differences by area of residence and no clearly identifiable pattern of variation among the provinces.

Domestic violence

The data show that 36 per cent of women think a husband is justified in beating his wife for at least one of the reasons cited in the questionnaire (when the woman leaves without saying goodbye to him, when she looks after the children badly, when she argues with her husband, when she refuses to have sex with him, when she burns the food). Acceptance of domestic violence is more common in rural areas (39 per cent) than in urban areas (31 per cent). Attitudes of acceptance are inversely correlated with women's educational levels.

Child disability

About 14 per cent of children aged 2–9 years have at least one of the disabilities listed. The difference between areas of residence is small – 15 per cent for rural areas and 13 per cent for urban areas. Serious delay in sitting, standing or walking was the disability most widely reported (6 per cent).

Knowledge of HIV transmission and of HIV testing facilities, and attitudes towards people living with HIV and AIDS

Ninety-one per cent of women have heard of HIV and AIDS, 97 per cent in urban areas and 87 per cent in rural areas. About 13 per cent of women know all three main ways of preventing HIV transmission: having just one uninfected sexual partner, sexual abstinence and using condoms in sexual relations.

Seventy-eight per cent of women aged 15–49 know that HIV can be transmitted from mother to child (vertical transmission), and 55 per cent know the three forms of vertical transmission. Thirteen per cent did not know about any form of vertical transmission.

About 77 per cent of women agree with at least one of the discriminatory statements about people living with HIV or AIDS, which shows the continued existence of discrimination in the country. However, these data show a significant improvement when compared with those of DHS 2003.

Seventy-seven per cent of women identified a place where HIV tests can be done, and 30 per cent said they had taken the test. Knowledge of the place where the test can be taken is positively correlated with the woman's level of education. It should be mentioned that, of all the women who took the test, 92 per cent received the results.

Fifty-nine per cent of the women who were pregnant in the last two years prior to the survey received information about HIV prevention during antenatal care, which is a slight increase over DHS 2003 data, when the number was 51 per cent. 47 per cent were counselled and tested during antenatal care. This is a great increase compared with the data from DHS 2003, when the figure was a mere 3 per cent.

Sexual behaviour which increases the risk of HIV transmission

MICS shows that about 16 per cent of women aged 15–24 had sexual relations with a partner ten or more years older than they in the 12 months prior to the survey. The prevalence of intergenerational sex is inversely related to the women's level of wealth.

Thirty-two per cent of women aged 15–24 had sexual relations with a non-regular partner in the 12 months prior to the survey, and of these, only 44 per cent used a condom. This is an increase compared with the 29 per cent recorded in DHS 2003.

Orphaned and vulnerable children

About 15 per cent of children in Mozambique aged 0–17 years are not living with their biological parents. 6 per cent are vulnerable and 12 per cent are orphans who have lost one or both parents. The differences by area of residence are not significant. MICS also shows that 3 per cent of children aged 10–14 years have lost their parents. Of these, 77 per cent are in school. About a quarter of children aged 10–14 and 31 per cent of those aged 15–17 are orphaned and/or vulnerable because of AIDS.

Twenty per cent of households with children 0–17 years old who are orphaned or made vulnerable due to AIDS received support directed towards school activity, and 22 per cent received some kind of support. However, 78 per cent of households in the same situation did not receive any kind of support.

I. Introduction

Historical background

This report presents the results of the Multiple Indicator Cluster Survey (MICS) in Mozambique. This survey was given in 2008 by the National Statistics Institute (INE), with the technical and financial support of UNICEF.

To a large extent, MICS exists to monitor progress towards the objectives and targets set forth in two international agreements: the Millennium Declaration, adopted by all 191 member countries of the United Nations in September 2000, and the Plan of Action for A World Fit for Children, adopted by 189 member states at the United Nations Special Session on Children, held in May 2002. Both undertakings are based on the promises made by the international community at the World Summit on children held in 1990.

When they signed these international agreements, governments pledged to improve the conditions of children and to monitor progress made in this direction. UNICEF was charged with supporting this task (see the table which follows).

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 sub-national 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:

Continue ☞

"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 the governments, relevant funds, programmes and the specialised 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."

Survey objectives

The 2008 MICS aims essentially to do the following:

- Provide up-to-date information for assessing the situation of children and women in Mozambique.
- Contribute to assessing the Government Five-Year Programme 2005–2009 and the Action Plan for the Reduction of Absolute Poverty 2007–2009 (PARPA II), thus allowing an analysis of progress relative to a series of targets established in the PARPA II monitoring matrix.
- Provide the data necessary to monitor progress towards the Millennium Development Goals (MDGs) and the goals of A World Fit for Children, as well as progress towards other internationally agreed targets.
- Serve as a fundamental source of information for the Government on the country's stage of development as it draws up its next five-year programme.
- Contribute to the improvement of data and monitoring systems in Mozambique and strengthen specialist technical expertise in the design, implementation and analysis of these systems.

II. Methodology

Design and size of the sample

The universe defined for this survey included all households living in individual homes in Mozambican territory. It excluded households living in collective homes (barracks, hotels, student residences, etc.), the homeless, and diplomats living in embassies/representations.

The MICS 2008 sample was obtained from the preliminary data and the cartography of the 2007 Census. Selection of the MICS 2008 sample followed a two-stage plan: 1) select the Primary Sampling Units (PSU) or Enumeration Areas (EAs); 2) select households within the sample EAs and, within these, exhaustively select units of analysis (that is, women aged 15–49 and children under five).

Thus, the MICS sample covered 715 PSUs (or EAs) selected systematically, with probability proportional to the size of each urban or rural stratum within each province. In each of the 715 PSUs 20 households were selected, which resulted in a total national sample of 14,300 households. Of the 14,300 households, 6,160 were urban and 8,140 were rural.

The division of the sample by urban and rural stratum within each province is proportional, and the unit of measurement is the number of households in each stratum within each province. The minimum number of households expected in each province was 1,200; exceptions were made for Nampula and Zambézia provinces, with 1,600 households each due to their demographic weight, and Maputo City, with 1,500 households due to the greater variability of its socio-demographic characteristics.

Survey questionnaires

To collect data, the methodology of household interviews was adopted, and three types of questionnaire were used: 1) a questionnaire to gather information on all members of the household and the house; 2) one for women aged 15–49; and 3) one for children under five, administered to mothers or caregivers of all children under five living in the household.

The household questionnaire included the following modules:

- Sheet to list household members
- Education
- Water and sanitation
- Characteristics of the household
- Security of tenure of the house
- Mosquito nets and spraying
- Child labour
- Disability
- Orphaned and vulnerable children
- Income
- Iodized salt.

The questionnaire for women was administered to all women aged 15–49. The questionnaire had the following modules:

- Characteristics of the woman interviewed
- Matrimonial situation and sexual activity
- Child mortality
- Maternal and newborn health
- Tetanus toxoid
- Contraception
- Attitudes towards domestic violence
- HIV and AIDS.

For the questionnaire for children under five, the mothers or caregivers in each household were identified and interviewed. The questionnaire had the following modules:

- Birth registration and early learning
- Child development
- Vitamin A
- Breastfeeding
- Care of illness
- Malaria
- Immunization
- Anthropometry.

The three survey questionnaires were based on the MICS3 model questionnaires[6]. Starting with the English version of the MICS3 model, the questionnaires were translated into Portuguese and put into the Mozambican context. Specific themes were added to meet the country's needs. The pilot survey was held in April 2008 in Maputo City and in Boane district, Maputo province. Based on the results of the pilot survey, modifications were made to the drafting and translation of the questionnaires. Appendix F shows the Mozambique MICS questionnaires.

In addition to administering the questionnaires, the fieldwork teams tested the level of iodine in the kitchen salt in use in households and measured the height and weight of all children under five. Details and conclusions from these measurements are presented in the respective sections of the report.

Training the survey staff

Two regional training sessions were held in Mozambique to train the staff who headed the survey in the province and the technicians responsible for supervising at provincial level. The first training session ran from 30 June to 25 July in Bilene district, Gaza province, and all the provinces from the south of the country and two from the north took part. The second ran from 14 July to 8 August in the city of Chimoio, in Manica province, and involved all the provinces of the central region and one from the north. The training was managed by members of the MICS central

6 The MICS3 model questionnaire can be seen on <www.childinfo.org>, or in UNICEF, 2006.

management and included theoretical sessions about interviewing techniques, simulated interviews in the classroom and practical sessions on the ground with households, in Bilene district for the first training session and in Chimoio city and Gondola district for the second. Because of the ethnic and linguistic diversity of Mozambique, all participants were natives of the provinces where they were to work and spoke correctly the dominant languages in these areas.

Organization of fieldwork

The MICS data were collected by 25 teams of interviewers. There were two teams and one supervisor per province, with the exception of Nampula and Zambézia provinces and Maputo City, which each had three teams. The teams consisted of four interviewers, one driver, one person taking measurements, and one controller. In addition to the teams of interviewers, each province had a coverage team, which sought to assess the coverage and quality of information filled out on the questionnaires and to provide feedback for the teams on the ground, so as to improve the quality of the questionnaire information. The coverage team consisted of two interviewers and one driver. The field work began in August 2008 and ended in November of that year. Sending the completed questionnaires from the provinces to the INE headquarters in Maputo was completed in late January 2009.

Data processing

Data processing began in October 2008 and ended in April 2009. Survey processing involved both manual and automatic procedures: receiving and verifying questionnaires, criticism (revision and codification), inputting, editing and analysis of inconsistencies. Data were captured using the interactive software CSPro (Census and Survey Processing System) on 20 microcomputers. Forty data entry operators took part, distributed in two shifts, and a supervisor. To ensure quality control, all the questionnaires were input twice. Throughout the work, procedures and standard programmes developed under the global MICS3 project were used and adapted to the local questionnaire. For cleanness and consistency of data input, the software Stata was used. Data were processed using the programme Statistical Package for Social Sciences (SPSS), version 15, and the model syntax and tabulation plans developed by UNICEF.

III. Sample coverage and characteristics of households and respondents

Sample coverage

Table 3.1 calculates overall response rates, by area of residence and by province, for interviews of women and children under five. Of the 14,300 households selected for the sample (Table 3.1), 14,269 were contacted for interviews, and of these, 13,995 were duly interviewed, giving a response rate of 97.9 per cent at the household level. Among the reasons why interviews of the remaining households were not held, the following stand out: homes unoccupied, destroyed, etc. (Table 3.2). In the households interviewed, 15,060 women aged 15–49 were identified. Of these, 14,188 were duly interviewed, giving a response rate of 94.2 per cent. In MICS 2008, 11,818 children under five were identified, about whom information could be obtained from the mothers or other caregivers. For the children, 11,419 complete interviews were held, which is a response rate of 96.6 per cent. That rate is very reasonable for this sort of survey.

Table 3.1: Results of household and individual questionnaires

Number of households, women, and children under 5 and household, women's and under-five's response rates, Mozambique 2008

Selected characteristics	Number of sampled households	Number of interviewed households	Households response rate	Number of eligible women	Number of interviewed women	Women's response rate	Number of eligible children under 5	Number of interviewed mothers/ caretakers	Children's reponse rate
Total	**14,300**	**13,955**	**97.9**	**15,060**	**14,188**	**94.2**	**11,818**	**11,419**	**96.6**
Area of residence									
Urban	6,160	6,010	98.0	7,390	6,960	94.2	4,658	4,505	96.7
Rural	8,140	7,945	97.8	7,670	7,228	94.2	7,160	6,914	96.6
Province									
Niassa	1,200	1,143	95.6	1,076	1,004	93.3	934	907	97.1
Cabo Delgado	1,200	1,191	99.3	1,161	1,123	96.7	943	924	98.0
Nampula	1,600	1,470	92.7	1,322	1,192	90.2	1,077	1,007	93.5
Zambézia	1,600	1,577	99.2	1,376	1,321	96.0	1,242	1,208	97.3
Tete	1,200	1,196	99.7	1,124	1,086	96.6	1,072	1,047	97.7
Manica	1,200	1,177	98.2	1,248	1,159	92.9	1,130	1,084	95.9
Sofala	1,200	1,200	100.0	1,729	1,693	97.9	1,798	1,787	99.4
Inhambane	1,200	1,165	97.1	1,234	1,098	89.0	895	835	93.3
Gaza	1,200	1,180	98.4	1,404	1,263	90.0	1,018	952	93.5
Maputo Province	1,200	1,172	97.8	1,387	1,301	93.8	825	799	96.8
Maputo City	1,500	1,484	99.6	1,999	1,948	97.4	884	869	98.3

Table 3.1 also presents response rates by province and area of residence for MICS 2008. The urban and rural response rates for the household questionnaire at national level (97.6 per cent and 97.6 per cent, respectively) are very similar or identical. With the exception of households living in Nampula (response rate of 91.9 per cent), all the households resident in the other provinces were very receptive in their interviews, since they gave very high response rates (above 95 per cent).

The urban and rural response rates for women are also very satisfactory and very similar (94.2 per cent and 94.2 per cent, respectively). However, the provinces of Inhambane (89.0 per cent), Gaza (90.0 per cent) and Nampula (90.2 per cent) show relatively low response rates when compared to the rest of the provinces. From Table 3.2, one may deduce that this fact is because of the rates of absence of the women during the period data collection teams stayed in the selected enumeration areas (10.2 per cent, 8.9 per cent and 4.8 per cent respectively).

Likewise, the response rates for children under five in urban and rural areas are very high and similar to each other (96.7 per cent and 96.6 per cent, respectively). This level of response rates and pattern of similarity remain constant in almost all the provinces, with the exception of Inhambane, Nampula and Gaza, where the response rate falls to 93.0 per cent because of the reason mentioned above, since the information concerning the eligible children was obtained from their mothers or other caregivers. Movement (displacement) of children under five in rural areas is strongly associated with that of their mothers and/or caregivers.

Table 3.2: Response Rate by province and area of residence

Response rate in the household survey, individual survey of women and children under 5 survey by province and area of residence, Mozambique 2008.

Selected characteristics	Residence		Province											Total
	Urban	Rural	Niassa	Cabo Delgado	Nampula	Zambézia	Tete	Manica	Sofala	Inhambane	Gaza	Maputo Province	Maputo City	
Households														
Household (AF) Complete (C)	97.6	97.6	95.3	99.3	91.9	98.6	99.7	98.1	100.0	97.1	98.3	97.7	98.9	97.6
All absent AF (TAFA)	1.6	1.8	3.8	0.3	5.3	0.8	0.3	1.2	0.0	2.6	1.6	2.1	.2	1.7
Total refusal (RT)	0.3	0.3	0.3	0.4	1.9	0.1	0.0	0.3	0.0	0.3	0.0	0.1	0.1	0.3
Unoccupied house (CD)	0.0	0.1	0.2	0.0	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Other/ house distroyed (Cdes)	0.1	0.1	0.3	0.0	0.1	0.0	0.0	0.3	0.0	0.1	0.0	0.0	0.1	0.1
House not found (CNE)	0.4	0.1	0.3	0.0	0.7	0.6	0.0	0.1	0.0	0.0	0.1	0.1	0.7	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of AF	6,160	8,140	1,200	1,200	1,600	1,600	1,200	1,200	1,200	1,200	1,200	1,200	1,500	14,300
Response rate (TRAF) (a)	98.0	97.8	95.6	99.3	92.7	99.2	99.7	98.2	100.0	97.1	98.4	97.8	99.6	97.9
Women														
Eligible women (MEC)	94.2	94.2	93.3	96.7	90.2	96.0	96.6	92.9	97.9	89.0	90.0	93.8	97.4	94.2
Absent (MEA)	4.4	4.5	4.6	2.9	4.8	2.3	2.2	6.0	1.5	10.2	8.9	5.4	1.7	4.4
Total refusal (MR)	0.1	0.1	0.1	0.0	0.3	0.1	0.1	0.3	0.1	0.0	0.1	0.1	0.0	0.1
Refusal during the interview /incomplete (MEII)	0.1	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.1
Not able to answer (MEI2)	0.3	0.2	0.4	0.2	0.3	0.3	0.4	0.1	0.2	0.1	0.4	0.2	0.5	0.3
Other (MEO)*	1.0	0.9	1.7	0.2	4.2	1.3	0.7	0.7	0.3	0.5	0.5	0.4	0.4	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women*	7,390	7,669	1,076	1,161	1,322	1,376	1,124	1,248	1,729	1,234	1,404	1,387	1,999	15,060
Eligible women's response rate (TRME) (b)	94.2	94.2	93.3	96.7	90.2	96.0	96.6	92.9	97.9	89.0	90.0	93.8	97.4	94.2
Women's total response rate (TRMT) (c)	92.3	92.2	89.2	96.0	83.6	95.2	96.3	91.2	97.9	86.4	88.5	91.8	97.1	92.2
Children under 5														
Children under 5 complete (C5C)	96.7	96.6	97.1	98.0	93.5	97.3	97.7	95.9	99.4	93.3	93.5	96.8	98.3	96.6
All AF absent (C5A)	1.8	2.3	2.0	1.5	2.0	1.3	1.1	3.5	.5	5.0	5.1	1.9	.8	2.1
Total refusal (CRT)	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refusal during the interview /incomplete (CRDE)	0.2	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.8	0.9	0.5	0.0	0.2
Not able to answer (C5INC)	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other (C5O)	1.3	0.9	0.7	0.5	4.3	1.4	1.2	0.6	0.1	0.9	0.5	0.7	0.9	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of children under 5	4,658	7,160	934	943	1,077	1,242	1,072	1,130	1,798	895	1,018	825	884	11,818
Eligible children's response rate (TRCE) (d)	96.7	96.6	97.1	98.0	93.5	97.3	97.7	95.9	99.4	93.3	93.5	96.8	98.3	96.6
Children's total response rate (TRCT) (e)	94.8	94.4	92.9	97.3	86.7	96.5	97.3	94.2	99.4	90.6	92.0	94.7	97.9	94.6

* Women with missing information for residence are not included
(a) TRAF=C/(C+TAFA+RT+CD+Cdes+CNE)*100; (b)TRME = MEC/(MEC+MEA+MR+MEII+MEI2+MEO); (c)TRMT= (TRAF * TRME)/100; (d) TRCE= C5C/(C5C+C5A+CRT+CRDE+C5INC+C5O); (e) TRCT = (TRAF * TRCE)/100.

IV. Child mortality

Introduction

One of the objectives of the Millennium Development Goals (MDGs) and of A World Fit for Children is to reduce the under-five mortality rate by two thirds between 1990 and 2015. Measuring progress towards this goal in countries without a complete system of registering life events becomes a very difficult task and has to be based on household surveys such as MICS.

This chapter presents a brief analysis of the levels, trends and differentials in childhood mortality. This information is extremely important for monitoring the progress of this indicator over time, since the methodology used by MICS in data collection and calculation is the same as that used by the IDS of 1997 and 2003.

Methodology

The analysis of the levels and trends of child mortality in MICS 2008 is based on information on the history of births gathered from women aged 15–49. During the interview, each woman was asked about the total number of children she has borne in her life, including the number of sons and daughters living with her, those who live somewhere else and those who have died. In addition, the women were asked to provide more detailed information about all the children they had borne throughout their entire reproductive life. This information covered the year each child was born, its sex, the type of birth (simple or multiple), the survival of each child and the current age of each living child. If a child had died, the woman was asked at what age it died.

The information thus collected makes it possible to calculate directly, for specific periods, the following indicators:

- Neonatal mortality: the probability of dying in the first month of life (0–30 days);
- Post-neonatal mortality: the probability of dying after the first month of life, but before reaching the child's first birthday (1–11 months);
- Infant mortality: the probability of dying in the first year of life (0–11 months);
- Post-infant mortality: the probability of dying between the first and fifth birthday (12–59 months);
- Under-five mortality: the probability of dying before the fifth birthday (0–59 months).

Mortality levels and tends

Table 4.1 shows the rates of neonatal, post-neonatal, infant, post-infant and under-five mortality for the three five-year periods that preceded the survey, which allows one to see the tends over the past 15 years. During the five years preceding MICS (2003–2008), 141 children out of every 1,000 live births died before reaching their fifth birthday. In the same period, for every 1,000 live births, 95 died before completing the first year of life, and of those who survived the first year, 51 per 1,000 died before reaching their fifth year of life. The probability of dying during the first month of life was 38 per 1,000, while 56 per 1,000 live births died between the first and the twelfth months.

The data in Table 4.1 show that over the past 15 years there has been a significant reduction in child mortality. However, it is necessary to bear in mind that since the reliability of information about the child's age and date of death tends to decline with the passage of time, the less recent estimates have lower levels of precision.

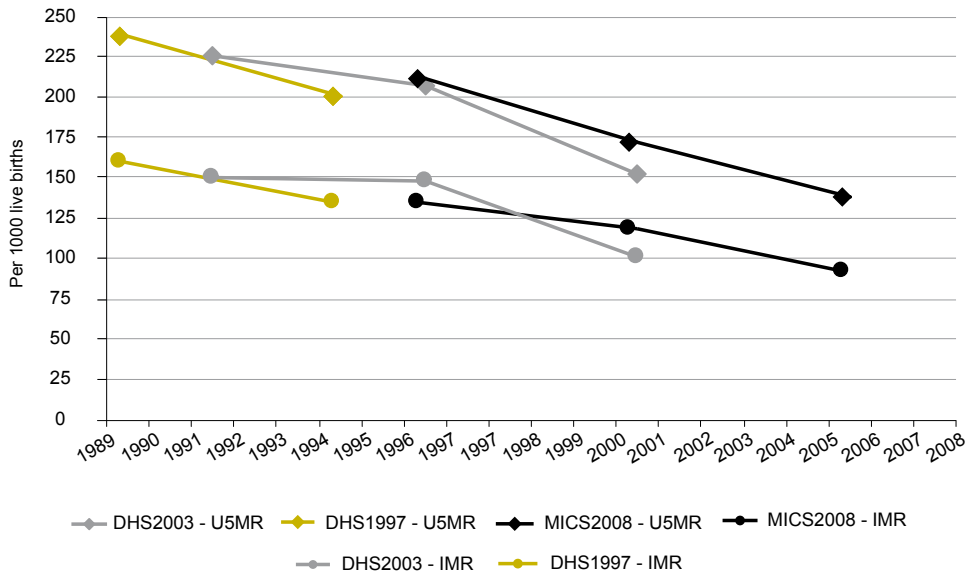
Table 4.1: Child mortality rates

Rates of neonatal, post-neonatal, infant, post-infant and under-five mortality in the five-year periods prior to the survey, Mozambique, 2008

Years prior to the survey	Neonatal mortality	Post-neonatal mortality	Infant mortality	Post-infant mortality	Under-five mortality
0–4	38	56	95	51	141
5–9	48	73	121	62	175
10–14	52	87	139	90	216

The child mortality trend over time can also be assessed by analysing the MICS 2008 data together with the data from DHS 2003 and IDS 1997. This analysis, which is shown in Graph 4.1, confirms the trend of a reduction in child mortality over the past 15 years. However, the pace of the decline over the most recent five-year period has been slower than that of the previous decade. For example, the mortality rate of children under one year old declined by 34 points between the 1993–1998 and 1998–2003 periods, while the decline was only 6 points between the 1998–2003 and 2003–2008 periods.

Graph 4.1 Infant and child mortality trends, Mozambique, 1997, 2003 and 2008



Mortality differentials

In analysing the mortality differentials based on the data from the surveys, it has been difficult to obtain reliable results for some variables due to an insufficient number of cases, which results in imprecise estimates for a five-year period. It is thus recommended that the reference period be expanded to 10 years prior to the survey date (1998–2008) so as to obtain a sufficient number of cases to allow more precise analysis for more variables. Note that the longer reference period allows the inclusion of more cases in the calculation and makes it possible to obtain more precise estimates.

Hence, the estimate of child mortality at the national level is calculated by using as the reference period the five years prior to the survey (2003–2008), but the disaggregated estimates (by province, sex and area of residence) are calculated by taking the ten years prior to the survey

(1998–2008) as the reference period. The results of the mortality estimates by selected characteristics are shown in Table 4.2.

The under-five mortality rate in the ten-year period prior to the survey (1998–2008) is estimated at 157 per 1,000 live births. This figure is higher in rural areas (164 per 1,000) than in urban areas (138 per 1,000).

The levels of child mortality differ from one province to another. The northern provinces show the highest rates. Maputo City and Maputo province have lower rates than the other provinces.

Table 4.2: Child mortality rates (average in the 10 years prior to the survey)

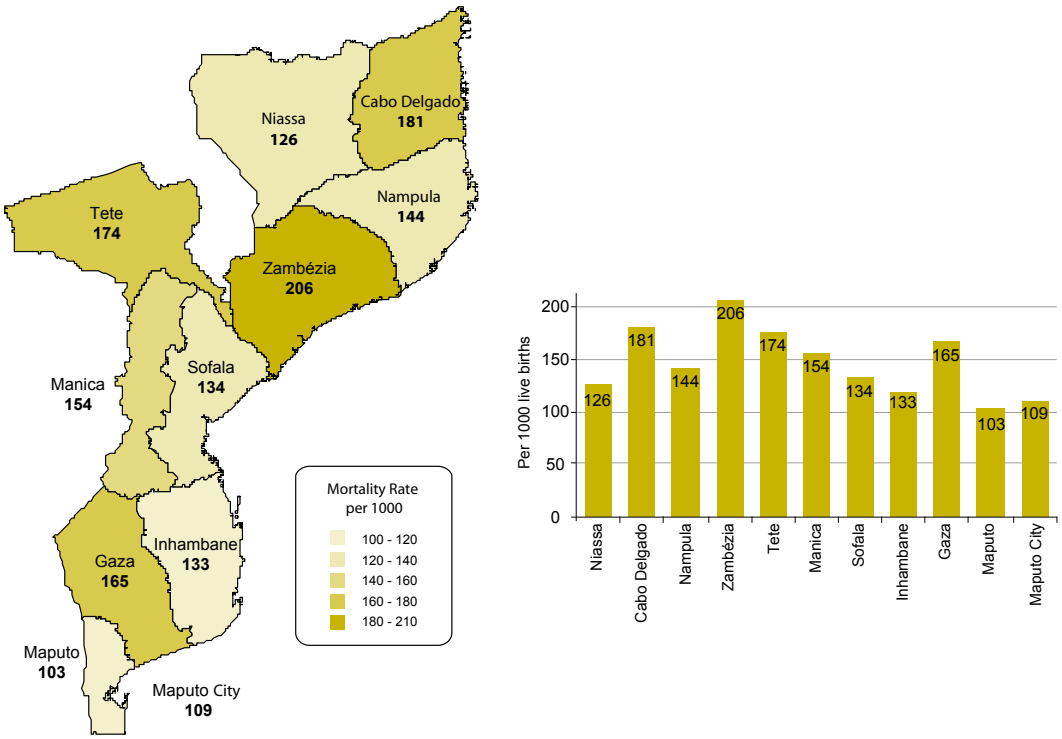
Rates of neonatal, post-neonatal, infant, post-infant, and under-five mortality, in the ten years prior to the survey, by selected characteristics, Mozambique, 2008

Selected characteristics	Neonatal mortality (NM)	Post-neonatal mortality (PNM)	Infant mortality	Post-infant mortality	Under-five mortality
Total	43	64	107	56	157
Area of Residence					
Urban	41	55	95	47	138
Rural	44	68	111	60	164
Province					
Niassa	42	58	100	29	126
Cabo Delgado	52	81	133	55	181
Nampula	44	64	109	40	144
Zambézia	59	88	147	69	206
Tete	41	67	108	75	174
Manica	27	66	93	68	154
Sofala	33	47	81	58	134
Inhambane	37	42	79	59	133
Gaza	37	61	98	74	165
Maputo Province	31	37	69	37	103
Maputo City	26	41	67	44	109
Sex					
Male	46	65	110	56	160
Female	39	63	102	55	152
Mother's education					
Never went to school	43	65	108	53	155
Primary	43	67	110	61	164
Secondary +	32	27	59	26	84
Wealth index quintile					
Poorest	41	78	119	64	175
Second	48	67	115	62	170
Middle	46	74	120	61	173
Fourth	45	51	95	50	140
Richest	31	44	75	39	111

Infant mortality (deaths among children less than a year old) varies between 67 per 1,000 in Maputo City and 147 per 1,000 in Zambézia. Other provinces with particularly high infant mortality rates are Cabo Delgado (133 per 1,000), Nampula (109 per 1,000) and Tete (108 per 1,000).

As shown in Graph 4.2, the under-five mortality rate also varies significantly between the provinces. The highest mortality rates are in Zambézia (206 per 1,000) and in Cabo Delgado (181 per 1,000). Tete has the third highest mortality rate (174 per 1,000). Maputo province and Maputo City have the lowest under-five mortality rates in the country (103 and 109 per 1,000, respectively) while the rate recorded in Gaza (165 per 1,000) was the highest in the southern region.

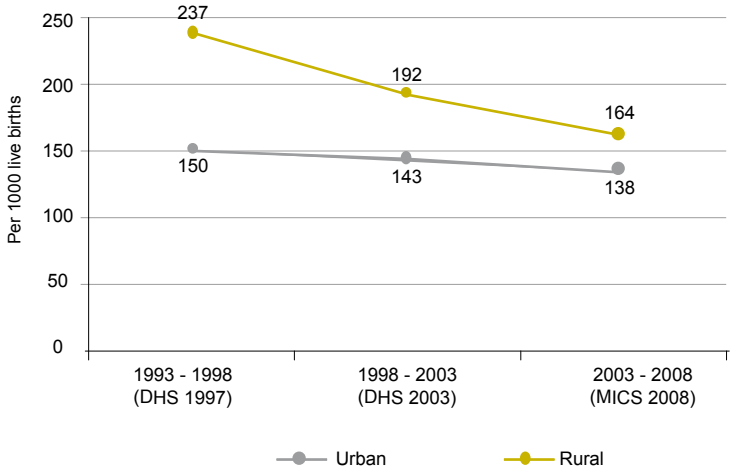
Map 4.1 and Graph 4.2: Child mortality rate, by province (average in the 10 years prior to the survey), Mozambique, 2008



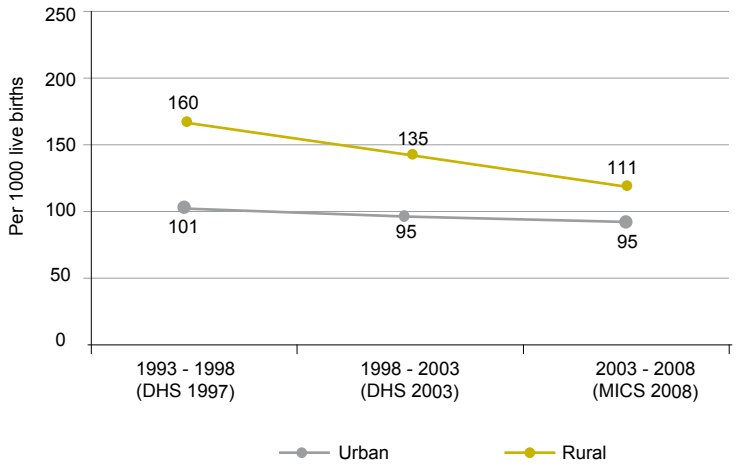
As mentioned in the previous paragraph, the data from MICS 2008 show that child mortality has been declining over the past 15 years. There has been a sharper decline in rural areas and a slower fall in urban areas. As shown in Graph 4.3, data from the two DHS and from MICS show that, in the last decade, the under-five mortality rate has been declining nationwide at an average of 1.2 points a year (from 150 per 1,000 to 138 per 1,000), while the average annual fall in rural areas was almost 7.3 points (from 237 per 1,000 to 164 per 1,000).

A similar pattern may be noted in the evolution over time of the infant mortality rate, which has fallen substantially in rural areas and marginally in urban areas, as can be seen in Graph 4.4.

Graph 4.3: Under-five mortality rate by area of residence, Mozambique, 1997, 2003 and 2008 (average in the 10 years prior to the survey)



Graph 4.4: Infant mortality rate (children under one year old), by area of residence, Mozambique, 1997, 2003 and 2008 (average in the 10 years prior to the survey)



The data from this survey show a strong correlation between the level of the mother's education and child mortality. Thus, under-five mortality is highest among children whose mothers never went to school (155 per 1,000 live births) and lowest among children whose mothers went to school and completed at least secondary education (84 per 1,000 live births).

The data from MICS also confirm that mortality tends to be differentiated among socio-economic groups classified on the basis of wealth quintiles. Hence, infant mortality tends to be higher in the groups regarded as poor than in the groups regarded as not poor. According to the data from MICS, infant mortality falls from 119 per 1,000 live births among children living in households in the lowest wealth quintile, to 75 per 1,000 live births among children in the highest wealth quintile.

V. Nutrition

Nutritional status of children

Children's nutritional status is a reflection of their overall health. When children have access to adequate food, are not exposed to repeated illness, and are well cared for, they reach their physical and mental growth potential and are regarded as well nourished. More than half of child deaths throughout the world are related to undernutrition. Undernourished children are more likely to die from common childhood illnesses, and those who survive may repeatedly fall ill, have growth deficiencies and have reduced mental development. Three quarters of the children who die from causes related to undernutrition have only slight or moderate undernutrition. They do not show any signs of their vulnerability. The Millennium Development Goal is to reduce by half the percentage of people living in hunger between 1990 and 2015; the goal of A World Fit for Children is to reduce by at least a third the prevalence of undernutrition (insufficient weight) in children under five years of age between 2000 and 2010, paying special attention to children under two years old. Reducing the prevalence of undernutrition will contribute to the goal of reducing child mortality and will also help improve the quality of life and productivity of the population.

In a well-nourished population, there is a reference distribution of height and weight for children under the age of five. Undernutrition in a population can be gauged by comparing the children of this population to the reference population. The reference population used in this report is the WHO standard of 2006[7]. 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 an important indicator for measuring levels of undernutrition. Children whose weight-for-age is between two and three standard deviations below the median of the reference population are considered moderately underweight for their age, while those whose weight-for-age is more than three standard deviations below the median are classified as severely underweight for their age.

Height-for-age is a measure of linear growth. Children whose height-for-age is between two and three standard deviations below the median of the reference population are considered as short for their age and are classified as having moderate chronic undernutrition (stunting). Those whose height-for-age is more than three standard deviations below the median are classified as suffering from severe chronic undernutrition (severe stunting). Low height-for-age may reflect chronic undernutrition resulting from failure to receive adequate food over long and repeated periods, from recurrent or chronic illness, or from other additional factors.

Children whose weight-for-height is between two and three standard deviations below the median of the reference population are classified as suffering from moderate acute undernutrition (wasting), while those whose weight-for-height is more than three standard deviations below the median are regarded as suffering from severe acute undernutrition (severe wasting). Wasting normally results from recent nutritional deficiency or illness. The indicator may reflect significant seasonal shifts associated with changes in the availability of food or in the prevalence of disease.

Finally, children whose weight-for-height is more than two standard deviations above the median of the reference population are classified as overweight.

7 WHO growth standards, methods and development may be consulted at <http://who.int/childgrowth/standards/en/>.

In MICS, all children under five were weighed and measured using anthropometric equipment (altimeters) recommended by UNICEF and WHO[8]. The conclusions in this section are based on the results of these measurements.

Table 5.1 shows the percentage of children classified in four categories, based on the anthropometric measures taken during the field work[9].

As shown in Table 5.1, in Mozambique, 18 per cent of children under five have low weight for their age, and of these five per cent are severely underweight. Almost one in every two children (44 per cent) under the age of five are short for their age, or are suffering from chronic undernutrition, and 4 per cent are suffering from acute undernutrition (low weight for height).

Comparing these data with those from IDS 2003[10], some improvements have occurred in the nutritional status of children under five. As Graph 5.1 shows, the percentage of children with low weight for their age has fallen from 22 per cent in 2003 to 18 per cent in 2008. The percentage of children under five with chronic undernutrition has fallen by 4 percentage points (from 48 per cent in 2003 to 44 per cent in 2008). The prevalence of acute undernutrition fell from 5 per cent to 4 per cent, but this small variation is not statistically significant. Despite these improvements, the levels of child undernutrition, particularly chronic undernutrition, remain very high, according to the WHO classification[11].

8 Although the term 'height' is used here, children under 24 months old were measured lying down (to obtain the measure of length); vertical height is the standard for measuring older children.

9 8.8 per cent of children were excluded from the analysis (Table A.1 in appendix A), because some children were neither weighed nor measured (3.8 per cent), and some children's measurements were outside of any plausible variation (1.8 per cent). In addition, a small number of children whose dates of birth are not known (1.6 per cent) and others with missing values for weight or height (1.6 per cent) were also excluded.

10 The anthropometric estimates of DHS 2003 were recalculated based on the reference population of WHO from 2006. The estimates published in the DHS 2003 report were based on the reference population of NCHS/CDC/OMS. Consult WHO growth standards, methods and development: <http://who.int/childgrowth/standards/en/>.

11 According to the standard classification of the WHO, rates of chronic undernutrition of between 20 and 30 per cent are considered 'medium', rates between 30 and 40 per cent are considered 'high' and rates above 40 per cent are considered 'very high'; see World Health Organization, Technical report series number 854, WHO, 1995.

Table 5.1: Undernourished children

Nutritional status of children under five, by selected characteristics and based on WHO standards, Mozambique, 2008

Selected characteristics	Weight for age: (underweight)			Height for age: (chronic undernutrition - stunting)			Weight for height: (acute undernutrition - wasting)			Number of children
	% Below -2 DP	% Below -3 DP*	Number of children	% Below -2 DP	% Below -3 DP**	Number of children	% Below -2 DP	% Below -3 DP***	% Above +2 SD	
Total	18.3	5.1	10,872	43.7	17.6	10,676	4.2	1.3	3.6	10,642
Area of residence										
Urban	13.8	3.8	3,092	34.7	12.9	3,054	2.9	0.9	4.6	3,033
Rural	20.1	5.6	7,780	47.3	19.5	7,622	4.7	1.5	3.2	7,609
Province										
Niassa	19.3	4.3	622	45.5	19.0	592	5.2	0.9	7.2	588
Cabo Delgado	22.7	5.1	1,080	55.7	21.7	1,073	3.5	0.7	2.3	1,072
Nampula	28.4	11.3	1,630	50.6	29.7	1,583	8.7	3.7	4.2	1,563
Zambézia	21.1	5.7	1,927	45.8	18.0	1,881	5.1	1.4	3.2	1,895
Tete	18.6	4.6	1,057	48.0	19.1	1,053	2.6	0.9	1.6	1,039
Manica	18.5	3.8	534	48.3	16.0	512	3.8	1.2	2.7	510
Sofala	15.9	4.1	1,560	40.5	13.8	1,548	3.2	0.8	2.4	1,550
Inhambane	11.8	2.1	683	34.5	13.0	676	2.8	1.1	3.2	671
Gaza	6.7	1.5	711	34.2	8.8	707	1.3	0.2	3.5	708
Maputo Province	7.8	1.5	630	28.0	8.4	623	2.1	0.4	9.2	618
Maputo City	7.2	1.6	438	24.9	6.6	429	1.8	0.2	5.3	428
Sex										
Male	20.6	5.6	5,387	46.8	20.2	5,284	4.9	1.3	4.1	5,262
Female	16.0	4.5	5,485	40.7	15.1	5,392	3.5	1.3	3.2	5,380
Age										
< 6 months	13.1	4.8	1,170	21.4	9.6	1,130	6.9	2.3	6.6	1,106
6–11 months	22.8	8.4	1,244	32.1	11.6	1,224	7.0	1.5	3.4	1,225
12–23 months	21.7	6.2	2,330	47.8	18.7	2,303	5.7	1.9	2.3	2,289
24–35 months	19.5	5.8	2,115	53.4	22.5	2,074	3.5	1.3	4.0	2,075
36–47 months	16.2	3.8	2,111	49.9	20.6	2,067	2.0	0.8	3.9	2,074
48–59 months	15.1	2.1	1,901	42.1	16.2	1,879	2.1	0.4	2.9	1,873
Mother's education										
Never went to school	21.1	6.6	3,537	48.7	21.2	3,454	5.1	1.6	3.2	3,451
Primary	18.0	4.7	6,550	43.2	17.0	6,449	4.0	1.3	3.7	6,419
Secondary +	7.4	0.7	781	25.4	6.3	770	1.8	0.1	4.6	769
No reply/don't know	*	*	3	*	*	3	*	*	*	3
Wealth index quintile										
Poorest	23.5	6.9	2,418	51.0	21.9	2,349	5.7	2.1	2.9	2,351
Second	23.5	6.7	2,410	52.2	23.8	2,369	4.7	1.2	2.6	2,372
Middle	20.4	5.8	2,141	46.6	19.4	2,106	5.0	1.5	4.0	2,076
Fourth	13.0	2.7	2,166	37.6	12.6	2,140	3.0	1.0	3.8	2,135
Richest	7.6	2.2	1,737	26.1	7.2	1,712	1.8	0.6	5.3	1,707

* MICS indicador 6; MDG indicador 1.8
** MICS indicador 7
*** MICS indicador 8
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

The three anthropometric indicators on undernutrition (low weight, height for age and weight for height) show that the nutritional status of children living in urban areas is better than that of children living in rural areas. As Table 5.1 shows, the prevalences of chronic undernutrition and of low weight for age among children in rural areas are 47 per cent and 20 per cent, respectively, compared with 35 per cent and 14 per cent in urban areas.

The difference between rural and urban areas has shrunk in the last five years because rates of undernutrition have fallen faster in rural areas. Data from DHS 2003 and MICS 2008 show that the chronic undernutrition rate has been declining at an average of 0.4 percentage points per year (from 37 per cent in 2003 to 35 per cent in 2008) in the cities, while the average annual reduction over the same period in rural areas was one percentage point (from 52 per cent to 47 per cent).

Analysis by province shows that chronic undernutrition is more prevalent in the provinces of the north and centre of the country, varying from 41 per cent in Sofala to 56 per cent in Cabo Delgado. The central and northern provinces have chronic undernutrition rates that are 'very high' according to the WHO scale. In the southern provinces, the prevalence of chronic undernutrition varies from 35 per cent in Inhambane and Gaza to 25 per cent in Maputo City (Graph 5.4).

Boys have slightly worse undernutrition rates than girls for the three types of undernutrition (low weight, chronic undernutrition and acute undernutrition). This is consistent with the results of DHS 2003.

The age pattern (Graph 5.2) shows that chronic undernutrition increases in the first three years of children's lives (from 21 per cent among children less than 6 months old to 53 per cent among children aged 24–35 months). This pattern, which was expected, is related to the age at which children begin to consume complementary foods, which probably do not have the ideal nutritional composition and are not given with ideal frequency. Also in this phase, when children begin to receive other foods and to move more (crawling and walking), they become more exposed to contamination in water, food and the environment.

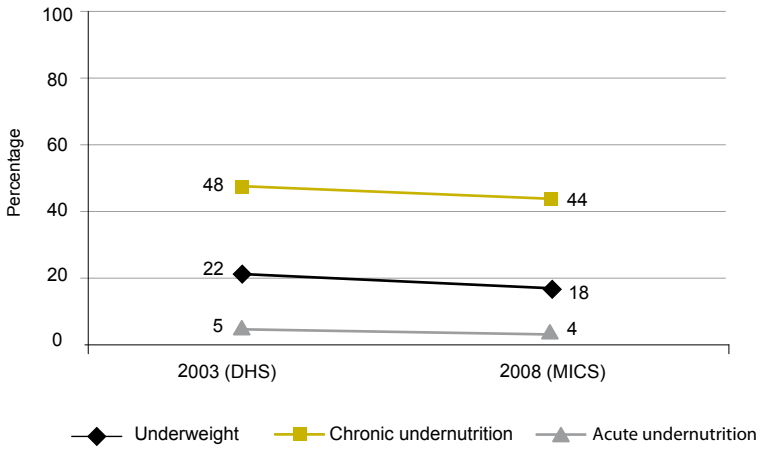
The high prevalence of chronic undernutrition among children aged 0 to 6 months (21 per cent) is rather unexpected. This may be related to one or more of the following factors: 1) that the nutritional status of the mother was poor before and during pregnancy, 2) low weight at birth, 3) illness, 4) the child was not exclusively breastfed. The level of chronic undernutrition declines slightly among children 3 and 4 years of age (to 50 per cent and 42 per cent, respectively). Acute undernutrition showed the opposite trend: it declined as the age of the child increased, from 7 per cent among children under 6 months old to 2 per cent among children aged 48–59 months.

The nutritional status of children varies substantially in relation to the level of education of their mothers. Graph 5.3 shows that almost half of children under five years old whose mothers never went to school are affected by chronic undernutrition, compared with a quarter of children whose mothers completed at least secondary education. Similar patterns are observed in the prevalence of acute undernutrition and of low weight for age.

The level of household wealth is also correlated with the level of undernutrition. In the case of chronic undernutrition, for example, the prevalence rate in the poorest quintile (51 per cent) is double that found in the richest quintile (26 per cent). However, even among households that are in the richest quintile, one in every four children suffer from chronic undernutrition.

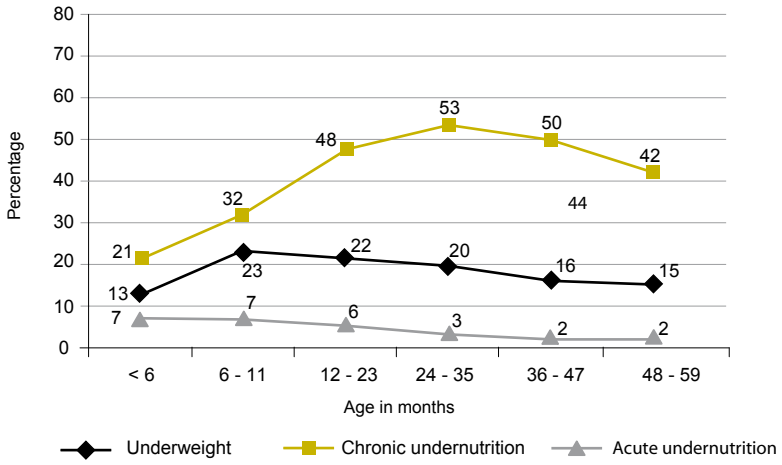
The MICS data show that 5 per cent of children in urban areas and 3 per cent in rural areas are overweight. The prevalence of overweight by province varies from 9 per cent in Maputo province to 2 per cent in Tete. These figures show that Mozambique is beginning to record the presence of the so-called 'double burden' of undernutrition and overweight at the same time.

Graph 5.1: Nutritional status of children under five, Mozambique, 2003 and 2008

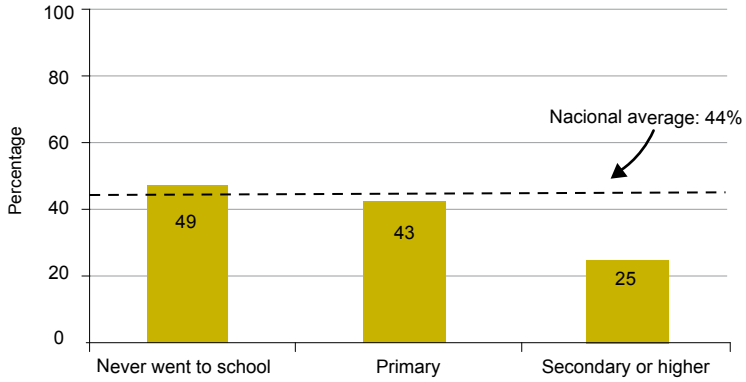


* The data from DHS 2003 were recalculated on the basis of the WHO reference population of 2006.

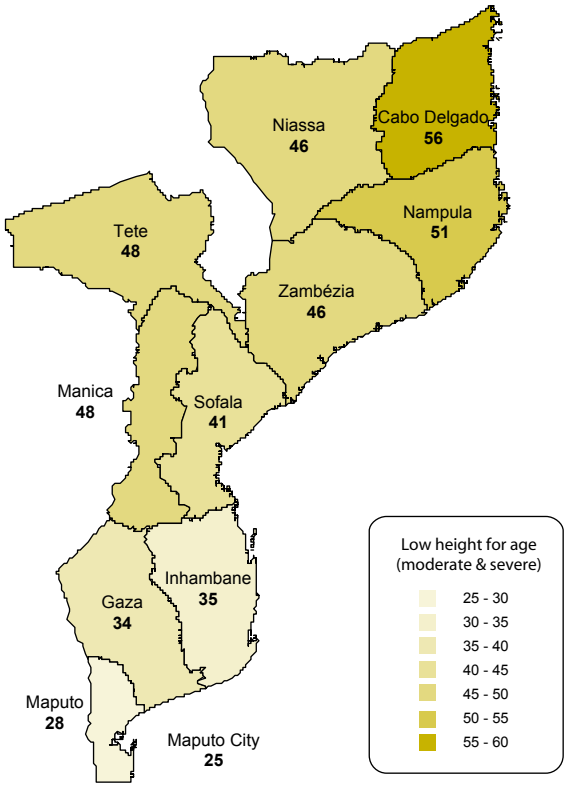
Graph 5.2: Nutritional status of children under five, by age, Mozambique, 2008



Graph 5.3: Chronic undernutrition among children under five, by the level of education of their mothers, Mozambique, 2008



Map 5.1 Chronic undernutrition by province, Mozambique, 2008



Breastfeeding and infant feeding

Breastfeeding in the first years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers do not feed their children exclusively on breast milk in the first six months of life, and a high percentage stop breastfeeding too soon. The Lancet Child Survival Series[12] calculated that exclusive breastfeeding during the first six months, and continued breastfeeding with adequate complementary food for at least 18 months thereafter, can together prevent almost 20 per cent[13] of deaths among children under five in the world.

It is the goal of A World Fit for Children that children should be exclusively breastfed in the first six months of life and continue to be breastfed, while receiving safe, appropriate and adequate complementary foods, until they are two years old or more.

WHO and UNICEF make the following recommendations on breastfeeding:

- Exclusive breastfeeding in the first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods starting at six months
- Frequency of complementary feeding: twice a day for children aged 6–8 months; three times a day for children aged 9–11 months.

12 See Jones, G., et al., 'How many child deaths can we prevent this year?', The Lancet 2003; vol. 362, pp. 65–71.

13 The exact estimates are: 19 per cent and 13 per cent for exclusive breastfeeding and continued breastfeeding until 11 months; and 6 per cent for adequate complementary feeding.

The recommended indicators for breastfeeding practices are the following:

- Start of breastfeeding within the first hour of life
- Rate of children breastfed at some time
- Rate of exclusive breastfeeding (< 6 months and < 4 months)
- Rate of timely complementary feeding (6–9 months)
- Rate of continued breastfeeding (12–15 and 20–23 months)
- Frequency of complementary breastfeeding (6–11 months)
- Children adequately fed (0–11 months)

Duration of breastfeeding.

Table 5.2a shows the percentage of women aged 15–49, with a live birth in the two years prior to the survey, who began to breastfeed their babies in the first hour after birth, and women who began to breastfeed in the first day after birth (which includes those who began within an hour of birth). The start of breastfeeding in the first hour after birth is recommended in order to stimulate the production of breast milk, so that children can receive colostrum[14] in the first days after birth and can benefit from exclusive breastfeeding with success.

Of the children who were breastfed, 63 per cent were breastfed in the first hour after birth, and 88 per cent were breastfed in the first day of life. The percentage of children living in rural areas who received breast milk in the first hour after birth and in the first day of life is higher than the percentage of those living in urban areas – 65 per cent and 89 per cent against 60 per cent and 85 per cent, respectively.

The analysis by province shows that the provinces of Inhambane, Cabo Delgado and Gaza are those with the lowest percentage of children breastfed in the first hour after birth (36 per cent, 39 per cent and 41 per cent, respectively). The other provinces show percentages above 50 per cent (and Sofala stands out with 92 per cent).

Women who never went to school are those with the highest percentage of breastfeeding within the first hour (70 per cent), while the figure for those with secondary education or more is 60 per cent.

14 Colostrum, the milk produced in the first days of the child's life (a yellowish liquid), normally contains a high concentration of vitamin A, which is essential for the correct functioning of the child's eyesight and immune system and protects its skin and mucous membranes.

Table 5.2a: Initiation of breastfeeding

Percentage of women aged 15–49, with a live birth in the 2 years prior to the survey, who breastfed their children within an hour and within a day after the birth, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children who were breastfed:		Number of women who had a live birth in the two years prior to the survey
	In the first hour*	In the first day	
Total	63.2	88.1	5,191
Area of residence			
Urban	59.6	84.9	1,493
Rural	64.7	89.4	3,698
Province			
Niassa	77.0	96.2	318
Cabo Delgado	38.8	80.5	527
Nampula	66.6	89.6	895
Zambézia	66.0	85.0	912
Tete	67.9	90.9	535
Manica	61.5	90.4	260
Sofala	91.7	94.7	638
Inhambane	36.4	87.6	312
Gaza	41.4	85.9	325
Maputo Province	60.9	83.2	277
Maputo City	57.6	83.2	191
Months since the last birth			
< 6 months	63.9	88.2	1,289
6–11 months	62.4	89.1	1,366
12–23 months	63.7	88.1	2,522
Mother's education			
Never went to school	69.7	89.9	1,624
Primary	60.1	87.9	3,086
Secondary +	60.0	82.9	439
No reply/don't know	(77.2)	(96.0)	42
Wealth index quintile			
Poorest	68.9	89.0	1,209
Second	66.5	90.0	1,144
Middle	64.3	88.4	1,041
Fourth	54.6	87.8	1,018
Richest	59.4	84.2	778

* MICS indicador 45
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

As Table 5.2b shows, 88 per cent of children under five received colostrum. There are no significant differences between urban and rural areas. The highest percentages of children who received colostrum are in Tete, 97 per cent, and Maputo province, 95 per cent, while Zambézia (72 per cent), Nampula (86 per cent), Niassa (87 per cent) and Maputo City (88 per cent) have the lowest percentages. The data show that children from the poorest households tend to receive less colostrum than the others.

Table 5.2b: Breastfeeding with colostrum

Percentage distribution of children under five who were breastfed, and who took colostrum, by selected characteristics, Mozambique, 2008

Selected characteristics	Took colostrum			Total	Total children under five
	Yes	No	No reply/don't know		
Total	88.0	9.9	2.2	100.0	11,336
Area of residence					
Urban	89.0	8.2	2.8	100.0	3,189
Rural	87.5	10.6	1.9	100.0	8,148
Province					
Niassa	86.7	12.4	1.0	100.0	660
Cabo Delgado	93.6	5.9	.6	100.0	1,133
Nampula	85.5	9.8	4.6	100.0	1,755
Zambézia	71.5	26.0	2.5	100.0	1,988
Tete	96.5	3.4	.1	100.0	1,132
Manica	94.3	5.0	.7	100.0	585
Sofala	93.8	5.7	.5	100.0	1,560
Inhambane	88.3	8.8	2.9	100.0	713
Gaza	94.4	1.7	3.9	100.0	724
Maputo Province	94.5	2.6	2.9	100.0	643
Maputo City	87.9	7.8	4.3	100.0	444
Age					
0–11 months	89.4	9.3	1.3	100.0	2,500
12–23 months	88.7	9.8	1.5	100.0	2,433
24–35 months	86.4	11.4	2.2	100.0	2,185
36–47 months	87.0	9.8	3.3	100.0	2,205
48–59 months	87.9	9.2	2.8	100.0	2,013
Wealth index quintile					
Poorest	83.5	13.5	3.0	100.0	2,568
Second	88.1	10.6	1.3	100.0	2,515
Middle	89.9	9.1	1.1	100.0	2,245
Fourth	88.6	9.1	2.4	100.0	2,255
Richest	91.0	5.8	3.2	100.0	1,753

Table 5.3a shows the exclusive breastfeeding[15] of children in their first six months of life (separately for 0–3 months and 0–5 months), as well as complementary feeding of children aged 6–9 months and continued breastfeeding of children at ages 12–15 and 20–23 months. The breastfeeding situation is based on the report of foods and fluids consumed in the 24 hours prior to the interview.

The data in this Table show that 48 per cent of children under 4 months old and 37 per cent of 6-month-olds were exclusively breastfed. The prevalence of exclusive breastfeeding in the first 6 months of a child's life is slightly higher in rural areas (38 per cent) than in urban areas (34 per cent). Among the provinces, exclusive breastfeeding in this age group varies from 53 per cent in Niassa to 14 per cent in Tete. Cabo Delgado province also has a low percentage of children under 6 months old who are exclusively breastfed (18 per cent).

There are no significant differences in the rates of exclusive breastfeeding between boys under six months old (38 per cent) and girls (36 per cent).

15 Exclusive breastfeeding means children received only mother's milk (and vitamins, mineral supplements or medicines).

As can be seen from Tables 5.3a and 5.3b, the products that interfere most with exclusive breastfeeding in the first three months of the child's life are water and solid or semi-solid foods ('pap').

Table 5.3a: Breastfeeding

Percentage of children under 2 years old, by condition of breastfeeding and age in months, and by selected characteristics, Mozambique, 2008

Selected characteristics	Children 0–3 months		Children 0–5 months		Children 6–9 months		Children 12–15 months		Children 20–23 months	
	Exclusively breastfed	Number of children	Exclusively Breastfed*	Number of children	Receiving mother's milk and solid/semi-solid foods **	Number of children	Breastfed***	Number of children	Breastfed***	Number of children
Total	48.4	779	36.8	1,217	83.6	858	91.2	903	54.0	650
Area of residence										
Urban	41.7	248	34.1	375	83.7	237	85.7	266	36.7	190
Rural	51.5	532	38.0	842	83.6	622	93.4	636	61.1	460
Province										
Niassa	(78.5)	33	(53.0)	58	(97.4)	58	(96.9)	55	(72.4)	33
Cabo Delgado	24.8	77	18.2	126	87.9	107	95.9	79	58.1	59
Nampula	52.4	145	39.5	237	77.8	155	93.5	132	69.9	91
Zambézia	58.8	122	46.8	192	79.5	152	83.7	168	38.9	106
Tete	21.6	77	14.1	118	94.7	76	99.7	84	76.7	81
Manica	48.5	38	34.0	66	86.9	28	94.1	48	49.2	40
Sofala	53.8	107	43.2	155	86.5	118	89.6	126	51.9	80
Inhambane	52.9	41	41.8	62	63.9	41	97.7	59	60.8	58
Gaza	(54.3)	59	(44.9)	77	(84.9)	52	(90.7)	64	(34.2)	37
Maputo Province	48.3	43	37.4	70	82.7	37	85.5	55	30.3	43
Maputo City	(45.9)	37	(32.5)	56	(77.4)	36	(77.0)	32	(13.0)	21
Sex										
Male	49.2	423	37.9	649	83.8	448	90.5	426	51.7	320
Female	47.4	356	35.6	568	83.5	411	91.7	477	56.1	330
Mother's education										
Never went to school	47.3	234	35.0	375	85.8	269	92.2	252	70.0	199
Primary	50.7	450	38.8	707	82.2	525	92.8	579	49.5	408
Secondary +	40.0	95	31.7	135	86.2	64	74.5	72	22.9	43
Wealth index quintile										
Poorest	50.4	181	37.5	278	83.3	216	92.7	217	61.6	141
Second	51.8	153	40.9	248	84.9	193	94.8	187	63.6	147
Middle	47.9	150	31.3	253	83.1	186	91.6	152	59.1	121
Fourth	49.4	164	42.2	240	83.1	152	94.2	199	54.5	143
Richest	40.9	131	31.2	198	83.7	112	79.8	148	21.1	97

* MICS indicador 15
** MICS indicador 17
*** MICS indicador 16
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

At 6–9 months, 84 per cent of children received both mother's milk and solid or semi-solid foods. Ninety-one per cent of children aged 12–15 months and 54 per cent of those aged 20–23 months continued to be breastfed. Continued breastfeeding of children aged 12–23 months is greater in rural than in urban areas. Maputo City has the lowest rates of continued breastfeeding among children aged 12–15 and 20–23 months, 77 per cent and 13 per cent, respectively.

Exclusive breastfeeding up to 3 months of age is lowest among children in households in the richest quintile (41 per cent), while in the poorest quintile it is 50 per cent.

Calculations based on MICS data show that the average duration of breastfeeding among three-year-old children who were not being breastfed at the moment of the survey is 18 months.

Graph 5.4 compares the breastfeeding rates found in MICS 2008 with those recorded in DHS 2003. The graph shows that there has been an improvement between 2003 and 2008, since exclusive breastfeeding in the 0–3 month age group has risen from 38 per cent to 48 per cent, while in the 0–6 month age group, it rose from 30 per cent to 37 per cent.

Graph 5.4: Exclusive breastfeeding among children aged 0–3 months and 0–6 months, Mozambique, 2003 and 2008

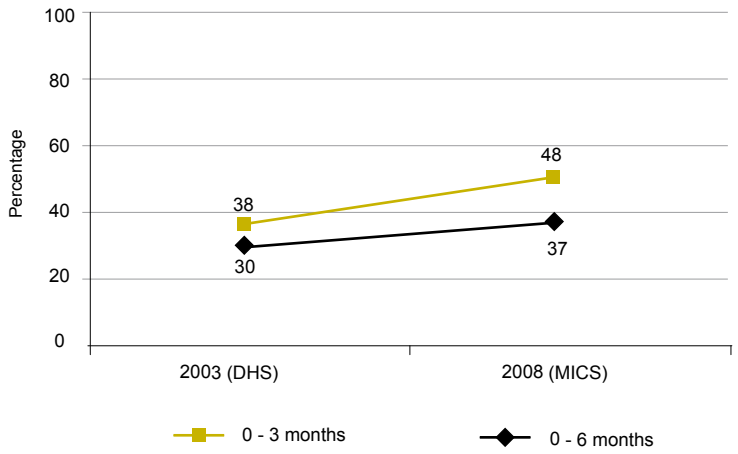


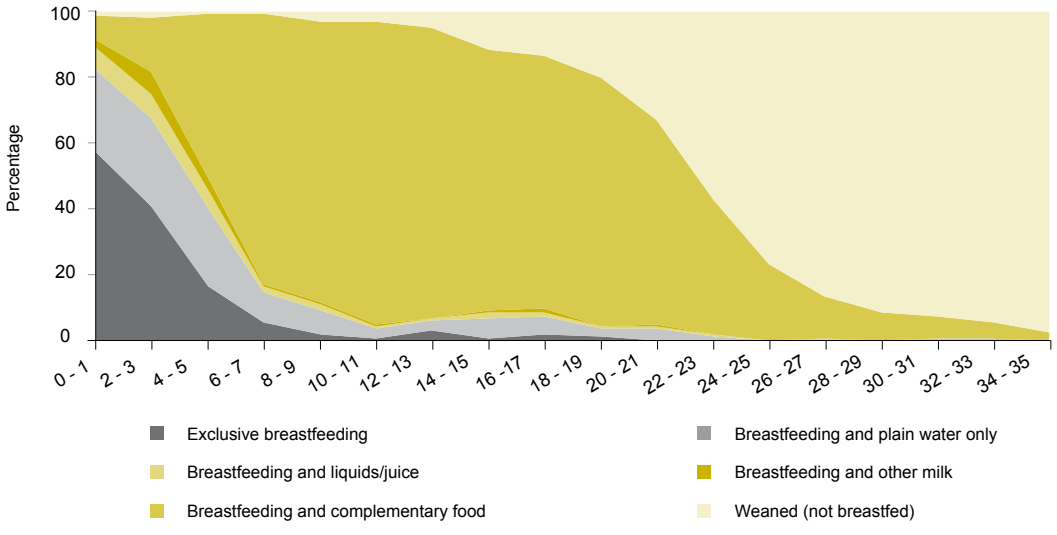
Table 5.3b and Graph 5.5 shows the detailed pattern of breastfeeding by the age of the child. The data show that the prevalence of exclusive breastfeeding declines rapidly in the first months of life, falling from 57 per cent in the first two months to 17 per cent between 4 and 5 months of age. One in every four children under 6 months of age are breastfed but also receive plain water in addition to breast milk. About 6 per cent of children under 6 months old are breastfed and also receive other liquids (apart from water and milk).

Table 5.3b: Breastfeeding and other specific food status, by age

Percentage distribution of children under 3 years old by breastfeeding and other food status, and by age group in months, Mozambique, 2008

Selected characteristics	Feeding pattern:						Total	Number of children
	Exclusive breastfeeding	Breastfeeding and plain water only	Breastfeeding and liquids/juice	Breastfeeding and other milk	Breastfeeding and complementary food	Weaned (not breastfed)		
Total	7.2	6.7	1.8	0.9	48.0	35.4	100.0	7,109
Age								
0–1 months	57.3	25.0	6.5	2.6	7.3	1.3	100.0	369
2–3 months	41.1	26.4	7.8	6.5	16.2	2.0	100.0	402
4–5 months	16.5	23.5	5.6	3.5	50.1	0.8	100.0	430
6–7 months	5.5	9.3	1.8	0.3	82.5	0.4	100.0	431
8–9 months	1.7	7.2	2.0	0.8	85.3	2.9	100.0	425
10–11 months	0.8	2.9	0.8	0.6	92.2	2.8	100.0	434
12–13 months	2.9	3.1	0.9	0.0	88.3	4.8	100.0	433
14–15 months	0.9	6.0	1.6	0.4	79.2	11.8	100.0	465
16–17 months	2.0	5.1	1.3	1.1	77.3	13.2	100.0	446
18–19 months	1.1	2.3	0.7	0.1	76.0	19.9	100.0	444
20–21 months	0.3	3.2	0.7	0.4	62.7	32.7	100.0	305
22–23 months	0.2	1.1	0.7	0.0	40.6	57.4	100.0	341
24–25 months	0.0	0.2	0.0	0.0	23.0	76.8	100.0	403
26–27 months	0.0	0.0	0.4	0.0	12.9	86.8	100.0	396
28–29 months	0.0	0.2	0.0	0.0	8.2	91.6	100.0	391
30–31 months	0.0	0.5	0.0	0.1	6.7	92.7	100.0	343
32–33 months	0.0	0.7	0.0	0.0	5.0	94.2	100.0	318
34–35 months	0.0	0.0	0.0	0.0	2.5	97.5	100.0	335

Graph 5.5: Breastfeeding and specific food status (in percentages), by age (in weeks), Mozambique, 2008



The information on how adequate their diet is in children under 12 months old is shown in Table 5.4. Different criteria are used for adequate food depending on the age of the child. For children aged 0–5 months, exclusive breastfeeding is considered the adequate diet. Children aged 6–8 months are considered adequately fed if they are receiving mother's milk and complementary foods at least twice a day, while children aged 9–11 months are considered adequately fed if they receive mother's milk and complementary foods at least three times a day.

Table 5.4: Adequately fed children

Percentage of children under 6 months old exclusively breastfed, children 6–11 months who were breastfed and received on the previous day solid/semi-solid foods at least the minimum number of times recommended per day, and children under 1 year old adequately fed, by selected characteristics, Mozambique, 2008

Selected characteristics	0–5 months, exclusively breastfed	6–8 months, received breast milk and complementary foods at least 2 times in the previous 24 hours	9–11 months, received breast milk and complementary foods at least 3 times in the previous 24 hours	6–11 months, received breast milk and complementary foods at least the minimum number of times recommended per day *	0–11 months, were appropriately fed **	Number of children aged 0–11 months
Total	36.8	63.6	37.1	50.6	43.9	2,509
Sex						
Male	34.1	64.2	37.6	52.1	42.7	718
Female	38.0	63.3	36.9	50.1	44.4	1,791
Province						
Niassa	53.0	70.2	73.2	71.5	64.1	144
Cabo Delgado	18.2	62.9	28.2	48.0	34.5	277
Nampula	39.5	61.9	45.4	53.4	46.4	468
Zambézia	46.8	61.9	31.3	46.2	46.5	423
Tete	14.1	76.5	34.7	53.2	33.9	239
Manica	34.0	62.6	33.0	45.1	38.9	119
Sofala	43.2	69.0	21.3	48.7	46.1	323
Inhambane	41.8	32.0	31.1	31.5	36.4	131
Gaza	44.9	64.9	37.6	50.7	47.9	157
Maputo Province	37.4	59.2	41.9	51.2	43.4	124
Maputo City	32.5	65.9	58.4	62.7	46.3	103
Area of residence						
Urban	37.9	62.9	37.5	50.6	44.3	1,302
Rural	35.6	64.3	36.7	50.7	43.6	1,208
Mother's education						
Never went to school	35.0	67.9	31.2	48.3	42.1	797
Primary	38.8	61.8	40.1	51.5	45.4	1,482
Secondary +	31.7	61.5	43.4	53.8	40.8	230
Wealth index quintile						
Poorest	37.5	67.8	30.3	49.5	43.9	595
Second	40.9	62.2	40.9	51.2	46.6	558
Middle	31.3	62.1	38.2	50.7	41.4	526
Fourth	42.2	61.7	35.2	49.1	45.5	462
Richest	31.2	63.2	43.2	53.6	41.5	367

* MICS indicador 18
** MICS indicador 19

As shown in Table 5.4, 37 per cent of children under 6 months old and 51 per cent of children aged 6–11 months are considered adequately fed. In general, and based on the specific nutrition recommendations for each age group, Table 5.4 shows that 44 per cent of children less than a year old (0–11 months of age) are adequately fed, though the percentage varies between the provinces. Tete province stands out with the lowest rate (34 per cent), followed by Cabo Delgado (35 per cent), while Niassa province has the highest rate of adequate feeding (64 per cent). Sofala province, with 21 per cent, has the lowest percentage of children aged 9–11 months who received mother's milk and complementary foods at least the minimum number of times recommended per day.

Table 5.4 also shows that the percentage of children over 6 months old who are adequately fed does not change significantly according to the wealth of the household. This may show that one of the determining factors in undernutrition, in addition to lack of means to buy food, could be insufficient or inadequate knowledge about good practices of feeding infants.

Salt iodization

Iodine Deficiency Disorders (IDD) are one of the main causes of preventable mental retardation and impaired psychomotor development in young children. The major problem caused by IDD, impaired mental growth and development, contributes in turn to poor school performance, reduced intellectual ability and poor performance at work. Goitre is the most visible consequence of iodine deficiency. However, mental retardation is the most serious consequence, and is not normally very visible. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirths and miscarriages in pregnant women.

The most cost-effective and sustainable intervention, recommended internationally to ensure consumption of sufficient amounts of iodine, is the iodization of salt. The indicator is the percentage of households who consume adequately iodized salt (> 15 parts per million, or ppm).

In Mozambique, all salt produced, marketed and imported for human and animal consumption must be iodized, according to Ministerial Diploma no. 7/2000. In general, the interventions to control iodine deficiency consist of16:

- Promoting iodization of all quality salt produced in the country;
- Promoting the use of iodized salt by all households and communities in general;
- Providing iodine supplementation for lactating women and children aged 7–24 months in the provinces with moderate iodine deficiency.

The relevant MICS indicator in this area is the percentage of households who consume properly iodized salt (measured with a rapid-testing kit). The percentage of households who consume iodized salt was calculated along with the respective level of iodization (lower than or higher than 15 ppm).

Table 5.5 shows that for about 93 per cent of households, the level of iodization of their kitchen salt was tested. It was found that in 58 per cent of these households, the salt was iodized to some degree (at a level either lower or higher than 15 ppm). This figure is a slight improvement over that found in 2003, when only 54 per cent of households were using iodized salt (DHS 2003).

16 According to *Manual do Participante, Orientação para Introdução do Pacote Nutricional Básico ao Nível das Unidades Sanitárias Urbanas e Rurais, 3ª. Versão* (Ministry of Health, 2007).

In 25 per cent of households, salt was found containing at least 15 ppm of iodine. But a third (33 per cent) of households were found to use salt that is iodized, but which does not contain the minimum necessary amount of iodine[17]. In 6 per cent of the households, salt was not available in the house at the moment of the interview.

The percentage of households with adequately iodized salt (> 15 ppm) is higher in urban areas (37 per cent) than in rural areas (20 per cent).

As shown in Graph 5.5, the percentage of households with adequately iodized salt is lowest in Nampula province (5 per cent) and highest in Gaza (71 per cent). Looking at iodized salt regardless of the quantity of iodine, one notes that Cabo Delgado (30 per cent), Nampula (30 per cent) and Zambézia (41 per cent) are the provinces with the lowest number of households using iodized salt, while Gaza (91 per cent), Inhambane (88 per cent) and Manica (81 per cent) are the provinces with the greatest availability of iodized salt.

Table 5.5: Iodized salt consumption

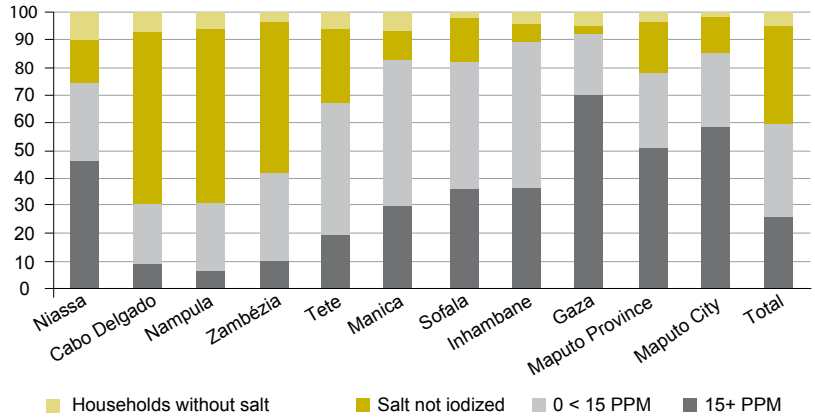
Percentage of households which consume adequately iodized salt, by selected characteristics, Mozambique, 2008

Selected characteristics	Households in which salt was tested	Number of households interviewed	Percentage of households with salt test result				Total	Number of households in which salt was tested, or with no salt
			Households with no salt	Not iodized	0 < 15 ppm	15+ ppm*		
Total	92.6	13,955	5.7	36.0	33.3	25.1	100.0	13,699
Area of Residence								
Urban	94.0	4,338	4.3	26.3	32.5	36.9	100.0	4,262
Rural	91.9	9,617	6.3	40.3	33.6	19.7	100.0	9,438
Province								
Niassa	86.7	833	11.5	14.3	29.0	45.2	100.0	816
Cabo Delgado	90.7	1,512	7.9	62.0	21.8	8.3	100.0	1,487
Nampula	88.8	2,568	6.7	63.8	24.8	4.7	100.0	2,445
Zambézia	95.6	2,532	4.0	54.5	32.2	9.2	100.0	2,523
Tete	92.6	1,281	6.7	26.0	49.0	18.3	100.0	1,272
Manica	92.5	627	7.0	11.7	51.9	29.3	100.0	624
Sofala	97.8	1,108	2.0	17.3	45.7	35.0	100.0	1,106
Inhambane	92.6	946	4.8	6.8	52.5	35.9	100.0	920
Gaza	92.3	845	6.2	2.4	20.8	70.6	100.0	831
Maputo Province	94.3	952	3.8	19.0	29.1	48.1	100.0	933
Maputo City	96.0	751	2.8	13.1	26.5	57.6	100.0	741
Wealth index quintile								
Poorest	91.3	2,866	7.4	47.6	33.4	11.6	100.0	2,826
Second	91.5	3,029	6.6	45.9	32.4	15.0	100.0	2,965
Middle	91.7	2,975	6.4	38.0	35.6	20.0	100.0	2,916
Fourth	93.1	2,630	5.0	25.7	34.9	34.5	100.0	2,576
Richest	96.0	2,455	2.5	18.7	29.5	49.4	100.0	2,416

*MICS indicator 41

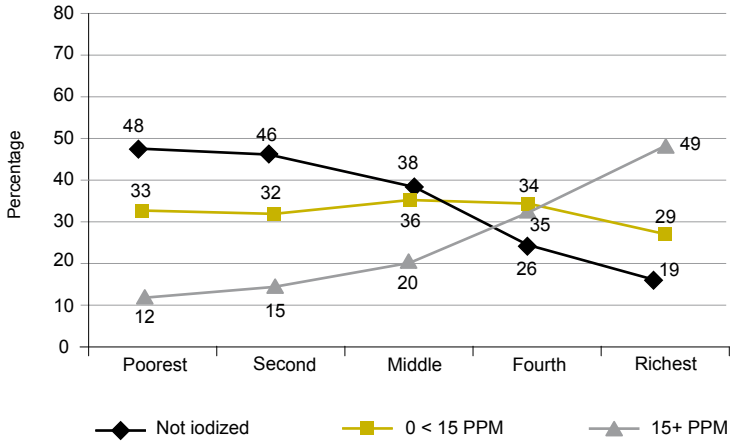
17 Iodized salt is considered adequate when the concentration of iodine is above 15 parts per million (15 ppm).

Graph 5.6: Consumption of iodized salt, by province, Mozambique, 2008



The availability of adequately iodized salt (15+ ppm) varies significantly in relation to the wealth quintile of the household (Graph 5.7). It was found that 79 per cent of households in the richest quintile consume iodized salt (regardless of the amount of iodine), in comparison with only 45 per cent in the poorest quintile.

Graph 5.7: Consumption of iodized salt, by level of household wealth, Mozambique, 2008



Vitamin A supplements

Vitamin A is essential for the health of the eyes and for adequate functioning of the immune system[18]. The need for vitamin A increases as children grow or during periods of illness.

18 It is found in foods such as milk, liver, eggs, red- and orange-coloured fruits, red palm oil and dark green leafy vegetables, although the amount of vitamin A readily available to the body from vegetable sources varies widely.

The World Summit on children held in 1990 set the objective of the virtual elimination of vitamin A deficiency and its consequences, including blindness, by about 2000[19]. The critical role of vitamin A for child health and for strengthening the immune system means that controlling deficiency in this vitamin is a primary component in child survival efforts and is thus fundamental for achieving the fourth Millennium Development Goal: that of reducing under-five mortality by two thirds by 2015.

Based on the directives of UNICEF/WHO, the Mozambican Ministry of Health recommends that all children aged 6–59 months should receive a high-dose vitamin A supplement twice a year. The vitamin A supplement has been distributed to all eligible children through routine health services in Health Units and through the Integrated Brigades for the Communities since 2002, and also during national child health weeks, which have been held twice a year since 2008.

Vitamin A is also administered to all women who have given birth within 4–6 weeks after the birth, to compensate for vitamin A requirements during pregnancy and to ensure that the mother's milk contains sufficient vitamin A.

In the six months prior to the survey, 72 per cent of children aged 6–59 months had received a high-dose vitamin A supplement. This broke down into 78 per cent in urban areas and 69 per cent in rural areas (Table 5.6). All the provinces have vitamin A supplementation coverage in excess of 60 per cent. The coverage is above 80 per cent in Manica (85 per cent) and Sofala (81 per cent) and is lowest in Tete (61 per cent) and Zambézia (62 per cent).

Analysis of vitamin A supplementation according to age pattern shows that in the six months prior to the survey, it increased from 75 per cent among children aged 6–11 months to 80 per cent in children aged 12–23 months, then declined regularly with age among older children.

There is a relationship between the mother's level of education and the likelihood of vitamin A supplementation. Eighty-five per cent of children whose mothers attended secondary education or higher received the vitamin A supplement, in comparison with 64 per cent of those whose mothers did not go to school. The percentage of children who received the supplement in the last six months also increases with the level of wealth of the household, since the children with the highest percentage are those living in households in the richest wealth quintile (81 per cent).

19 This objective was also approved at the Conference on the Elimination of Hidden Hunger, held in 1991; the International Conference on Nutrition of 1992; and the Special Session of the United Nations General Assembly, held in 2002.

Table 5.6: Children who received vitamin A supplements

Percentage distribution of children aged 6–59 months, by whether they received a vitamin A supplement during the 6 months prior to the survey, and by selected characteristics, Mozambique, 2008

Selected characteristics	Children who:			Total	
	Received vitamin A in the last 6 months*	Did not receive vitamin A in the last 6 months	Are not certain when or whether they received it	Total	Number of children
Total	71.5	27.8	0.7	100.0	10,202
Area of residence					
Urban	77.7	21.4	0.8	100.0	2,868
Rural	69.0	30.3	0.7	100.0	7,334
Province					
Niassa	73.0	25.8	1.2	100.0	606
Cabo Delgado	72.7	26.2	1.1	100.0	1,010
Nampula	67.6	31.3	1.1	100.0	1,534
Zambézia	62.3	37.2	0.4	100.0	1,803
Tete	60.9	38.9	0.1	100.0	1,016
Manica	84.9	15.0	0.1	100.0	521
Sofala	81.3	18.4	0.3	100.0	1,420
Inhambane	79.5	19.8	0.6	100.0	654
Gaza	70.3	28.2	1.4	100.0	658
Maputo Province	77.5	20.8	1.7	100.0	585
Maputo City	76.2	23.2	0.6	100.0	397
Sex					
Male	72.5	26.8	0.6	100.0	5,009
Female	70.4	28.7	0.9	100.0	5,191
NA	*	*	*	100.0	2
Age					
6–11 months	74.7	25.1	0.2	100.0	1,292
12–23 months	80.2	19.6	0.2	100.0	2,449
24–35 months	73.9	25.1	1.0	100.0	2,207
36–47 months	64.5	34.5	1.1	100.0	2,232
48–59 months	63.8	35.2	1.1	100.0	2,021
Mother's education					
Never went to school	64.1	35.0	0.9	100.0	3,355
Primary	74.0	25.3	0.7	100.0	6,155
Secondary +	84.5	14.7	0.8	100.0	690
No reply/don't know	*	*	*	100.0	3
Wealth index quintile					
Poorest	61.7	37.7	0.6	100.0	2,297
Second	69.7	29.2	1.1	100.0	2,275
Middle	73.7	26.0	0.3	100.0	2,002
Fourth	74.7	24.4	0.9	100.0	2,027
Richest	81.0	18.2	0.8	100.0	1,602

* MICS indicator 42
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 5.7: Post-partum vitamin A supplementation

Percentage of women aged 15–49 with at least one birth in the two years preceding the survey who received a high-dose vitamin A supplement before the infant was 8 weeks old, by selected characteristics, Mozambique, 2008

Selected characteristics	Received vitamin A supplement*	Not sure if received vitamin A	Number of women
Total	65.6	2.7	5,191
Area of residence			
Urban	73.2	3.5	1,493
Rural	62.5	2.3	3,698
Province			
Niassa	74.0	4.3	318
Cabo Delgado	76.6	.6	527
Nampula	64.3	3.8	895
Zambézia	57.0	2.3	912
Tete	62.3	4.2	535
Manica	73.9	1.0	260
Sofala	71.9	1.1	638
Inhambane	68.3	2.2	312
Gaza	54.8	2.0	325
Maputo Province	59.7	5.3	277
Maputo City	66.4	2.7	191
Mother's education			
Never went to school	58.9	3.5	1,624
Primary	68.0	2.2	3,086
Secondary +	72.6	3.3	439
No reply/don't know	(69.6)	(1.1)	42
Wealth index quintile			
Poorest	57.4	1.8	1,209
Second	63.4	2.7	1,144
Middle	69.2	2.9	1,041
Fourth	69.1	3.4	1,018
Highest	71.8	2.7	778

* MICS indicator 43
Percentages in parentheses are based on 25–49 unwighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

As Table 5.7 shows, about two thirds (66 per cent) of women who had a live birth in the two years prior to MICS received vitamin A supplements within 8 weeks after the birth. The percentage is higher in urban zones (73 per cent) than in rural areas (63 per cent).

As for the provinces, the percentage is lowest in Gaza (55 per cent) and highest in Cabo Delgado (77 per cent). The coverage rates of vitamin A supplementation increase with a rise in the mother's level of education and in the level of household wealth.

Low birthweight

A baby's weight at birth is a good indicator of its mother's health and nutritional status and also of the newborn's chances for survival, growth and long-term health. Low birthweight may be caused by reduced growth in the uterus (intrauterine growth retardation) or by premature birth (before 37 weeks of gestation). It is generally assumed that, in developing countries, most cases of low birthweight are related to intrauterine growth retardation. Low birthweight (less than 2,500 grams) causes serious health risks to the child, including an added risk of dying during the early months or years of life, and of having impaired immune functions and a high risk of dise-

ase. The babies are likely to remain undernourished, with reduced muscle strength throughout their lives. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance at school and their job opportunities as adults.

Low birthweight is caused, more than anything else, by the poor health and nutrition of the mother. The factors of greatest impact are poor nutritional status before conception and deficient nutrition during pregnancy. The level of micronutrients (specifically iron and zinc) consumed and the weight gained during pregnancy are particularly important. Furthermore, conditions such as infestation by parasites, diarrhoea, malaria and frequent heavy physical work (such as carrying heavy items) could cause significant difficulties for foetal growth if they occur during pregnancy.

The fact that a considerable percentage of babies are not weighed at birth is one of the main challenges in measuring the incidence of low birthweight. Since the children who are weighed may be a biased sample of all births, the weights reported at birth cannot normally be used to estimate the prevalence of low birthweight among all children. Thus, the percentage of babies born weighing less than 2,500 grams is estimated in two ways from the questionnaire: the mother's assessment of the size of the child at birth (that is, very small, smaller than average, average, larger than average, very large), and the mother's recollection of the child's weight, or the weight recorded on the health card, if the child was weighed at birth.[20]

Fifty-eight per cent of babies were weighed at birth, and it was estimated that 16 per cent weighed less than 2,500 grams (Table 5.8). There are no very significant variations between the provinces (Graph 5.8), since the percentage of underweight children varies from 15 per cent in Tete to 19 per cent in Gaza. The low birthweight percentage does not vary much between urban and rural areas, or in line with the mother's education. As for the level of wealth, the percentage of newborn infants weighing less than 2,500 grams is 14 per cent among families in the richest quintile and 16 per cent among households in the poorest quintile.

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

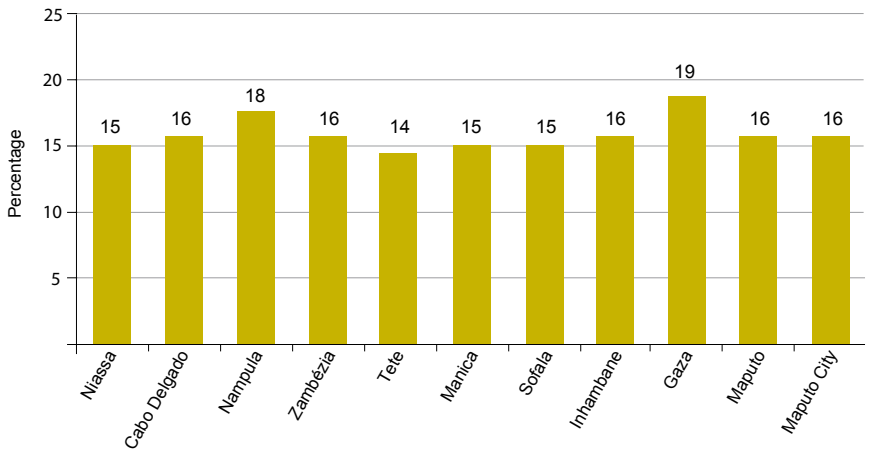
Table 5.8: Low birthweight

Percentage of live births in the two years prior to the survey who weighed less than 2,500 grams at birth, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of live births weighing less than 2,500 grams *	Percentage of live births weighed at birth **	Number of live births
Total	16.0	58.3	5,191
Area of residence			
Urban	15.8	83.0	1,493
Rural	16.1	48.3	3,698
Province			
Niassa	15.4	69.0	318
Cabo Delgado	15.7	46.9	527
Nampula	17.5	64.6	895
Zambézia	16.3	38.9	912
Tete	14.5	36.2	535
Manica	14.7	58.1	260
Sofala	14.5	68.4	638
Inhambane	16.0	56.2	312
Gaza	18.6	67.0	325
Maputo Province	15.6	94.5	277
Maputo City	15.6	98.2	191
Mother's education			
Never went to school	16.1	41.5	1,624
Primary	16.0	62.3	3,086
Secondary +	15.6	92.6	439
No reply/don't know	(16.7)	(51.1)	42
Wealth index quintile			
Poorest	16.3	39.8	1,209
Second	15.5	47.1	1,144
Middle	16.3	53.8	1,041
Fourth	16.9	70.0	1,018
Richest	14.4	93.8	778

* MICS Indicator 9
** MICS Indicator 10
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Graph 5.8: Live births weighing less than 2,500 grams, Mozambique, 2008



VI. Child health

Child immunization

The fourth Millennium Development Goal (MDG) is to reduce child mortality by two thirds between 1990 and 2015. Vaccination is an essential component of this reduction. One of the objectives of A World Fit for Children is to ensure that, at the national level, 90 per cent of children under five are fully immunized, with at least 80 per cent coverage in each district or equivalent administrative unit. In Mozambique, the Ministry of Health has introduced and institutionalized the RED (Reaching Every District) strategy. Making this approach operational and expanding it to cover all 148 districts of Mozambique by 2012 will guarantee that every eligible child and mother benefit from immunization and other interventions for maternal and child survival.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination for protection against tuberculosis; three doses of (DPT)HB against diphtheria, pertussis, tetanus and hepatitis B; three doses of polio vaccine; and vaccination against measles, all by the age of 12 months. The information about what immunizations a child had actually received was obtained in two ways: if the child had a health card, all the dates of vaccinations recorded on it were copied down, and then the interviewees were asked about vaccines that the child had received but which were not on the card, and these too were noted. In cases where no health card was presented, the mothers/caregivers were asked about the vaccinations received.

Overall, 85 per cent of the children had health cards (Table 6.2). The percentage of children aged 12–23 months who received each vaccine is shown in Table 6.1. So that only children old enough to be completely vaccinated are counted, the denominator used in this table is the total number of children aged 12–23 months. In the panel above, the numerator includes all children who were vaccinated at any moment before the survey, according to the vaccination card or the mother's report. On the panel below, only those who were vaccinated before their first birthday are included, as recommended. As for children without vaccination cards, the information given by the mother or by the person looking after the child is used.

About 87 per cent of children aged 12–23 months had received a BCG vaccination by the age of 12 months, and the same percentage of children had received the first dose of DPT (Table 6.1). For subsequent doses of DPT, the percentage drops to 81 per cent for the second dose and 70 per cent for the third (Graph 6.1). Likewise, 86 per cent of children received the first dose of polio vaccine before the age of 12 months, but the number falls to 70 per cent for the third dose. The coverage of measles vaccination before 12 months of age is lower than for the other vaccines, at 64 per cent. It is important to note that the measles vaccination coverage is in line with the average for countries of sub-Saharan Africa. However, the percentage of children who had received all the recommended vaccinations by their first birthday is low, at 48 per cent.

Graph 6.1: Rate of immunization before 12 months of age, by dose and type of vaccine, Mozambique, 2008

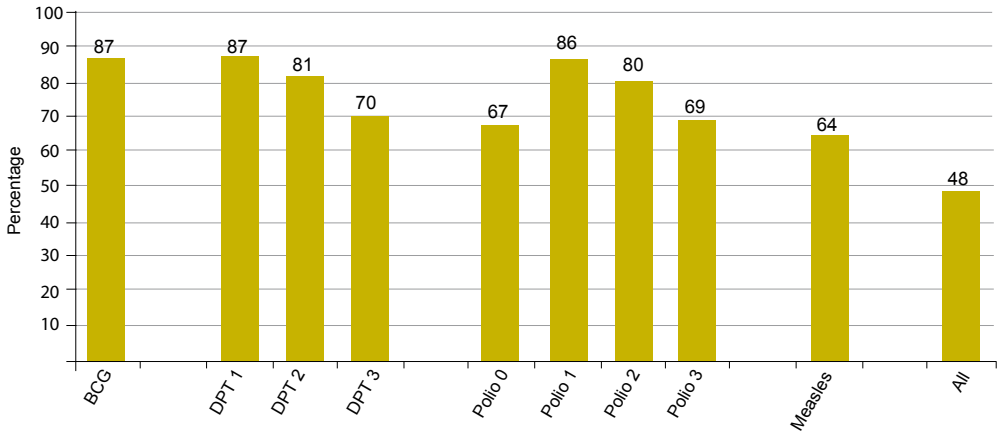


Table 6.1: Vaccination in the first year of life

Percentage of children aged 12–23 months who received specific vaccines, according to information provided by the vaccination card or by the mother, Mozambique, 2008

	BCG*	DPT 1	DPT 2	DPT 3 ***	Polio 0	Polio 1	Polio 2	Polio 3 **	Measles****	All*****	None	Number of children
Health card	78.1	79.2	77.3	71.2	61.8	79.1	77.4	71.3	65.8	59.0	2.6	2,449
Information from the mother	9.3	8.8	6.0	2.9	5.3	8.2	4.5	2.1	8.3	1.2	6.2	2,449
Any	87.5	88.1	83.3	74.1	67.1	87.3	81.9	73.3	74.1	60.3	8.8	2,449
Immunized before 12 months of age	86.7	86.9	81.4	70.4	67.1	86.2	80.1	69.5	63.9	48.3	8.9	2,449

* MICS indicador 25
** MICS indicador 26
*** MICS indicador 27
**** MICS indicador 28; MDG indicador 4.3
***** MICS indicador 31

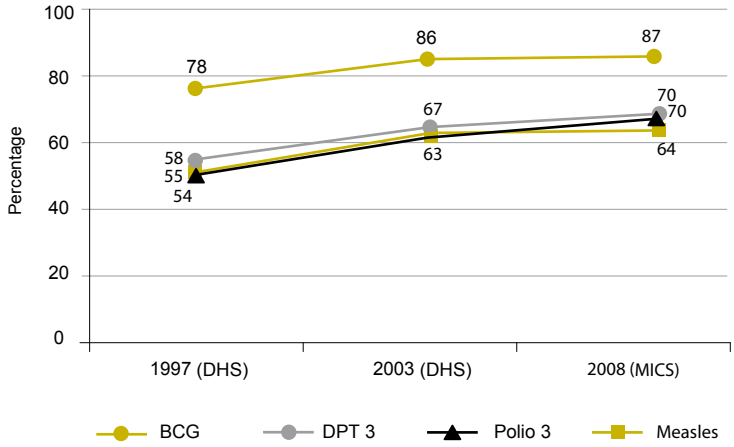
Table 6.2 shows the rates of vaccination coverage among children aged 12–23 months who received the vaccines at any moment up to the date of the survey (even after they were 12 months old). Eighty-eight per cent of the children aged 12–23 months received a BCG vaccination and the first dose of DPT. The percentage receiving the subsequent doses of DPT fell to 83 per cent for the second dose and 74 per cent for the third. Likewise, 87 per cent of children received the first dose of polio vaccine, but the number for the following doses fell, to 82 per cent for the second dose and 73 per cent for the third dose. Measles vaccination coverage is rather lower than that for other vaccines, at 74 per cent. The percentage of children aged 12–23 months who received all the vaccines at any moment up to the date of the survey (the complete immunization rate) is 60 per cent. It is above 80 per cent in Maputo province and Maputo City, and lower than 50 per cent in the provinces of Zambézia (48 per cent) and Tete (34 per cent) (Graph 6.3).

Children living in urban areas of the country have a greater probability of being vaccinated than those who live in rural areas. Fifty-five per cent of children aged 12–23 months who live in rural areas received all the vaccines, compared with 74 per cent of those who live in urban areas. Eleven per cent of children in rural areas did not receive any vaccines, compared with 4 per cent

in urban areas. This latter figure also includes children for whom no information is available, either from their health card or from their mother or other person looking after the child.

As Graph 6.2 shows, immunization rates at 12 months of age have increased over the decade. The rate of immunization against polio has increased the most, from 54 per cent in 1997 to 70 per cent in 2008. In comparison, there was a lesser increase in the BCG vaccination rate, from 78 per cent in 1997 to 87 per cent in 2008. For all the specific vaccines, the increases in vaccination coverage recorded in the 1997–2003 period were greater than those recorded between 2003 and 2008.

Graph 6.2: Rate of immunization at 12 months of age among children aged 12–23 months, Mozambique, 1997, 2003 and 2008



Graph 6.3: Percentage of children aged 12–23 months who were vaccinated at any moment prior to the date of the survey, by area of residence and province, Mozambique, 2008

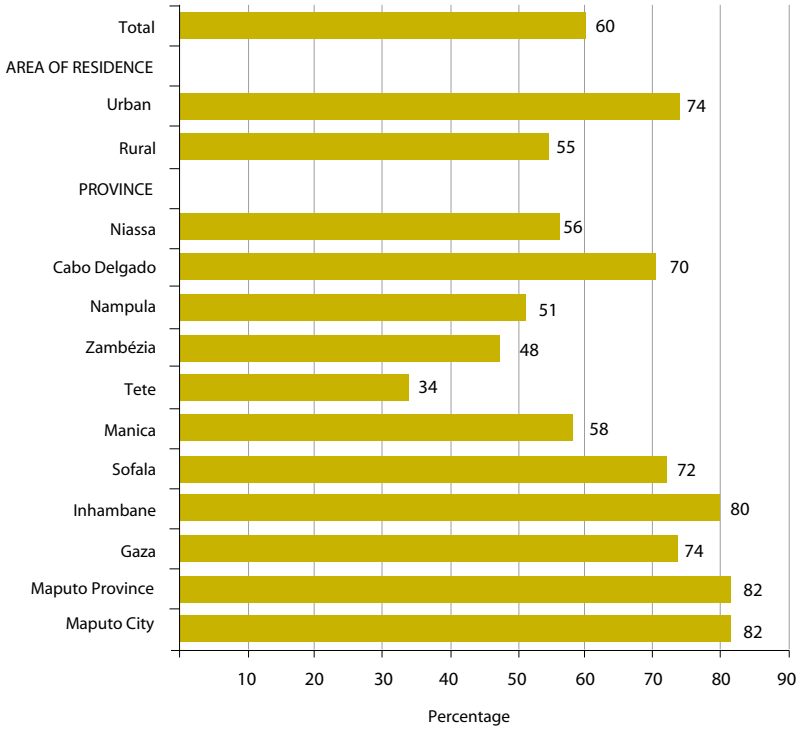


Table 6.2: Vaccination in the first year of life

Percentage of children aged 12–23 months who received specific vaccines, according to information provided by the vaccination card or by the mother, by selected characteristics, Mozambique, 2008

Selected characteristics	BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All	None	Percentage with health card	Number of children
Total	87.5	88.1	83.3	74.1	67.1	87.3	81.9	73.3	74.1	60.3	8.8	84.7	2,449
Area of residence													
Urban	93.0	92.5	91.2	85.9	82.3	92.6	90.5	85.1	85.8	74.3	4.2	89.7	681
Rural	85.4	86.4	80.3	69.6	61.2	85.3	78.6	68.8	69.6	54.9	10.6	82.8	1,768
Province													
Niassa	91.3	86.2	84.3	74.9	68.1	85.4	83.0	75.4	74.9	56.4	4.4	84.3	157
Cabo Delgado	93.2	96.4	96.5	88.2	71.7	96.8	96.7	86.9	83.8	70.5	1.1	96.3	243
Nampula	82.2	82.4	77.3	63.5	65.5	78.5	71.8	63.0	67.0	51.4	13.0	77.1	360
Zambézia	75.1	77.3	70.2	61.7	43.0	75.7	68.8	60.2	61.7	47.6	20.2	77.2	436
Tete	83.0	85.0	69.9	55.5	43.0	84.7	67.8	54.0	60.0	34.2	10.4	75.1	269
Manica	87.8	88.4	84.4	75.4	75.8	88.3	82.7	72.8	69.2	58.3	9.1	84.4	130
Sofala	93.7	94.2	90.9	81.2	74.9	94.6	91.3	81.3	82.9	72.3	4.5	89.2	313
Inhambane	98.3	96.1	92.9	90.5	88.5	98.3	95.5	91.3	86.9	79.8	1.0	95.7	159
Gaza	97.3	98.4	96.8	89.4	92.8	97.7	95.1	89.9	83.4	73.9	1.1	92.3	150
Maputo Province	90.1	89.2	89.7	87.4	86.0	89.6	89.5	87.2	87.4	81.9	8.0	91.5	148
Maputo City	97.7	96.7	96.1	89.5	95.4	96.5	92.8	86.2	93.0	81.9	2.3	90.1	87
Sex													
Male	87.7	88.0	83.7	74.4	67.7	87.4	82.8	74.5	75.1	61.0	8.3	84.5	1,194
Female	87.2	88.1	83.0	73.8	66.5	87.2	81.0	72.2	73.1	59.5	9.2	84.8	1,255
Mother's education													
Never went to school	85.4	84.9	79.2	66.5	58.5	84.0	77.0	65.4	66.2	53.1	11.7	80.5	748
Primary	87.6	88.9	84.1	75.8	68.8	88.3	83.0	75.6	76.4	61.7	7.9	86.3	1,528
Secondary +	94.9	94.3	94.4	91.7	89.1	92.8	93.3	87.2	87.0	78.5	4.2	88.7	174
Wealth index quintile													
Poorest	80.1	81.8	74.5	59.4	48.8	80.4	72.0	58.6	62.0	47.2	15.0	78.1	585
Second	83.6	84.4	77.8	67.2	56.5	83.3	75.3	66.7	66.3	50.6	11.4	81.4	544
Middle	88.6	88.1	86.1	79.1	67.3	88.7	85.6	78.2	77.9	61.9	7.2	87.0	443
Fourth	95.0	94.3	89.5	83.3	83.8	92.8	89.1	82.7	81.4	70.7	3.9	89.3	511
Richest	93.0	94.5	93.8	88.9	88.3	94.9	92.9	87.7	89.8	78.8	3.6	90.9	366

Tetanus toxoid

One of the strategies to reduce the maternal mortality rate by three quarters (MDG 5) is the elimination of maternal tetanus. A further goal is to reduce the incidence of neonatal tetanus to less than one case per 1,000 live births in every district.

Maternal and neonatal tetanus is prevented by ensuring that all pregnant women receive at least two doses of tetanus toxoid vaccine. Women are also considered as protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the previous 3 years
- Received at least three doses, the last within the previous 5 years
- Received at least four doses, the last within the previous 10 years
- Received at least five doses during the woman's lifetime.

Table 6.3 shows the tetanus protection status among women who had a live birth in the previous 24 months. In all, 79 per cent of these women were protected against tetanus. Most of them (67 per cent) were protected because they had received at least two doses of tetanus toxoid vaccine during their most recent pregnancy. 11 per cent were protected because they had received at least two doses of the vaccine, the latest within the previous three years.

The percentage of women who had a live birth in the previous 24 months who are protected against tetanus is higher in urban areas (84 per cent) than in rural areas (77 per cent). The coverage rates by province vary from 65 per cent in Zambézia to 95 per cent in Gaza. The coverage rate increases in line with the education of the mothers, and reaches 85 per cent among mothers with secondary education or higher.

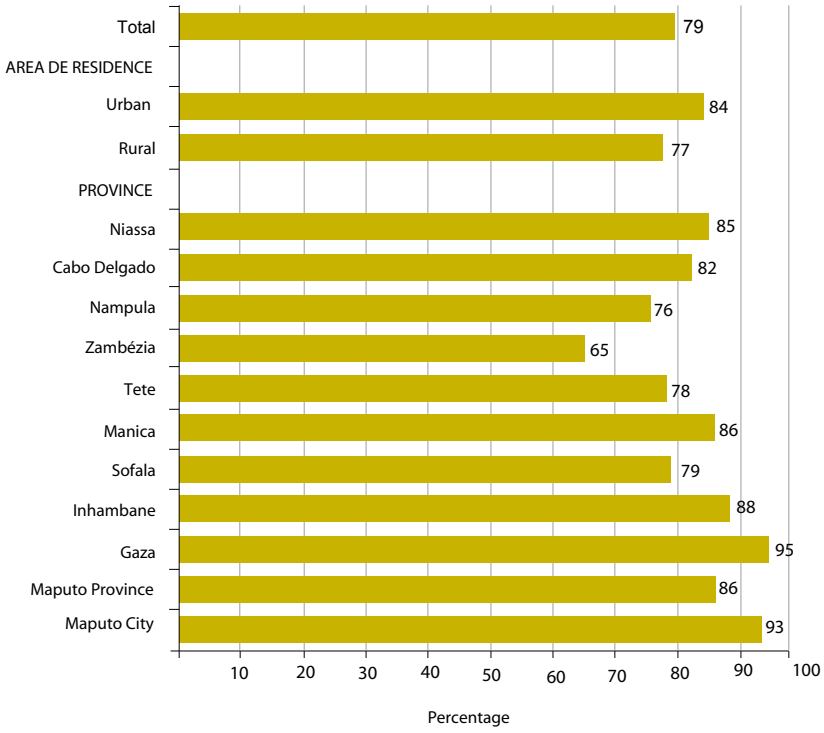
Table 6.3: Neonatal protection against tetanus

Percentage distribution of mothers who had at least one birth in the previous 24 months protected against neonatal tetanus, by the number of doses received, and by selected characteristics, Mozambique, 2008

Selected characteristics	Received at least 2 doses during the latest pregnancy	Received at least 2 doses in the last 3 years	Received at least 2 doses in the last 5 years	Received at least 4 doses in the last 10 years	Received at least 5 doses during lifetime	Protected against tetanus *	Number of mothers
Total	66.5	10.6	1.4	0.8	0.1	79.3	5,191
Area of Residence							
Urban	70.6	11.5	1.0	0.9	0.1	84.0	1,493
Rural	64.9	10.2	1.5	0.8	0.0	77.4	3,698
Province							
Niassa	81.5	2.7	0.4	0.1	0.2	84.9	318
Cabo Delgado	58.5	19.5	3.1	1.4	0.0	82.5	527
Nampula	68.3	7.3	0.1	0.0	0.0	75.7	895
Zambézia	60.3	4.5	0.1	0.0	0.0	65.0	912
Tete	64.0	12.5	1.1	0.3	0.0	77.9	535
Manica	69.4	14.2	1.8	0.2	0.2	85.8	260
Sofala	66.2	10.9	1.6	0.0	0.0	78.7	638
Inhambane	78.0	9.1	0.4	0.8	0.3	88.5	312
Gaza	58.7	19.7	7.8	8.2	0.2	94.6	325
Maputo Province	72.1	11.6	1.0	0.9	0.0	85.6	277
Maputo City	75.0	16.8	0.8	0.3	0.0	92.9	191
Age							
15–19	71.4	6.6	0.2	0.0	0.0	78.1	799
20–24	72.3	11.2	0.7	0.2	0.0	84.4	1,434
25–29	61.7	12.8	2.2	0.8	0.0	77.5	1,275
30–34	63.2	12.0	2.0	1.8	0.2	79.1	849
35–39	63.9	8.6	1.6	1.3	0.2	75.7	574
40–44	57.1	7.6	2.6	3.6	0.2	71.1	176
45–49	64.3	8.4	0.0	0.0	0.0	72.7	84
Mother's education							
Never went to school	63.3	10.5	1.3	0.4	0.0	75.5	1,624
Primary	67.2	10.6	1.5	1.0	0.1	80.3	3,086
Secondary +	72.1	11.4	0.7	0.9	0.1	85.3	439
No answer/don't know	(81.3)	(5.0)	(0.0)	(0.0)	(0.0)	(86.3)	42
Wealth index quintile							
Poorest	63.7	8.0	0.8	0.0	0.0	72.5	1,209
Second	64.3	10.7	0.8	0.3	0.1	76.1	1,144
Middle	69.9	8.9	1.6	0.8	0.1	81.3	1,041
Fourth	66.5	12.1	2.6	1.7	0.1	83.0	1,018
Richest	69.7	14.5	1.2	1.6	0.0	87.0	778

* MICS indicator 32
Percentages in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Graph 6.4: Percentage of women who had at least one birth in the last 24 months and were protected against neonatal tetanus, Mozambique, 2008



Oral rehydration treatment

In Mozambique, diarrhoea is among the main causes of death in children under five[21]. Most diarrhoea-related deaths of children are caused by dehydration due to the loss of large amounts of water and electrolytes from the body through liquid faeces. Diarrhoea management – whether through oral rehydration salts (ORS) or through a recommended home-made fluid – can prevent many of these deaths. Increasing the intake of fluids and continuing to feed the child to prevent dehydration and undernutrition are also important strategies for managing diarrhoea.

The international objectives are: 1) to reduce by half the number of deaths due to diarrhoea in children under five by 2010 compared with 2000 (A World Fit for Children); and 2) to reduce by two thirds the mortality rate among children under five by 2015 compared with 1990 (Millennium Development Goals). In addition, A World Fit for Children calls for a 25 per cent reduction in the incidence of diarrhoea.

The indicators are:

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

21 Intestinal infectious diseases are responsible for about 7 per cent of deaths among children under five. (*Estudo nacional sobre a mortalidade infantil*, Ministry of Health, 2009).

In the MICS questionnaire, mothers (or caregivers) were asked to report whether the child had had diarrhoea in the two weeks prior to the survey. They were 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, 18 per cent of children under five had diarrhoea in the two weeks preceding the survey (Table 6.4). Diarrhoea prevalence was almost the same in all provinces, but the lowest rate was in Niassa, with 13 per cent. Nampula had the highest percentage of children with diarrhoea (23 per cent). The peak of diarrhoea prevalence occurs in the weaning period, reaching 32 per cent among children aged 6–11 months and 29 per cent among those aged 12–23 months.

Table 6.4 also shows the percentage of children receiving various types of recommended liquids during the diarrhoea episode. Some mothers used more than one type of liquid, so the percentages do not necessarily add up to 100. About 38 per cent of children received fluids made with ORS, 15 per cent received pre-packaged (commercial) ORS fluids, and 19 per cent received recommended home-made fluids. About 54 per cent of children with diarrhoea received ORT, which means they received ORS or recommended home-made fluids, while 46 per cent did not receive adequate treatment. The rate of ORT use is similar in the urban areas (56 per cent) and in the rural areas (53 per cent). Among the provinces, Sofala recorded the highest rate of use (76 per cent) while Cabo Delgado recorded the lowest rate (44 per cent). The ORT use rate is higher among mothers who attended secondary or higher levels of education (61 per cent) than among those who did not go to school (53 per cent). The ORT use rate is also positively correlated with the level of household wealth.

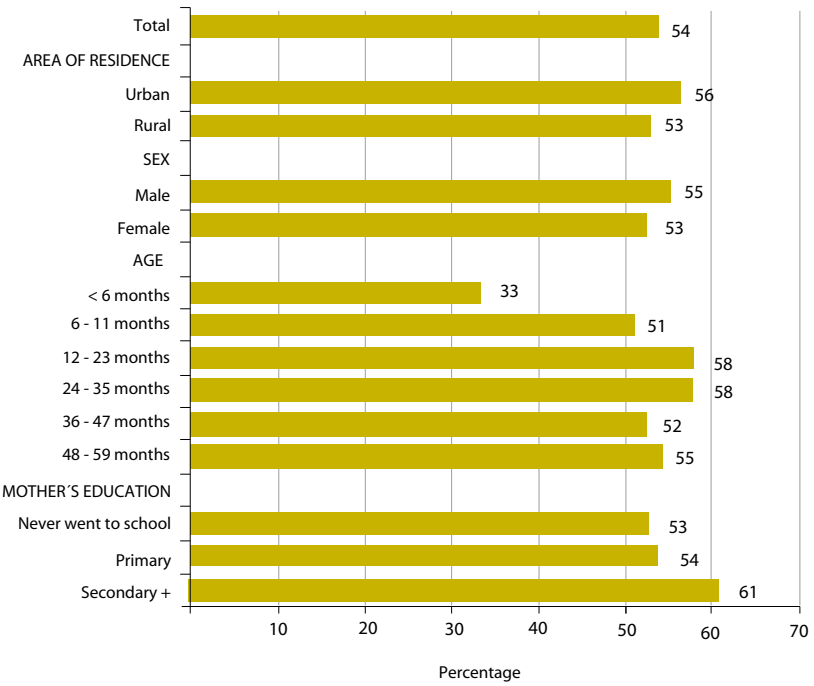
Table 6.4: Oral rehydration treatment

Percentage of children aged 0–59 months who had diarrhoea in the last two weeks and received treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), by selected characteristics, Mozambique, 2008

Selected characteristics	Had diarrhoea in the last two weeks	Number of children	ORS fluid	Recommended home-made mixture	Pre-packaged ORS fluid (acquired at a pharmacy)	No treatment received	Rate of ORT use*	Number of children
Total	17.6	11,419	37.9	18.8	15.1	46.1	53.9	2,008
Area of residence								
Urban	18.4	3,243	39.1	21.3	18.3	43.7	56.3	597
Rural	17.3	8,176	37.4	17.8	13.7	47.1	52.9	1,411
Province								
Niassa	12.8	663	54.3	7.0	33.0	33.0	67.0	85
Cabo Delgado	18.3	1,136	33.4	15.4	3.9	56.1	43.9	208
Nampula	22.9	1,771	39.2	13.3	13.8	54.6	45.4	406
Zambézia	16.5	1,996	24.5	17.4	13.8	52.9	47.1	330
Tete	18.0	1,134	40.3	19.6	1.9	43.8	56.2	204
Manica	16.0	587	40.3	20.1	11.8	37.9	62.1	94
Sofala	15.7	1,575	52.7	43.8	39.0	24.4	75.6	248
Inhambane	15.6	716	30.1	19.2	12.2	46.5	53.5	112
Gaza	19.4	735	47.9	5.2	4.9	45.2	54.8	143
Maputo Province	15.7	655	29.8	13.2	18.0	51.4	48.6	103
Maputo City	17.0	453	29.6	24.8	18.6	38.1	61.9	77
Sex								
Male	17.3	5,658	38.3	19.6	14.8	44.7	55.3	981
Female	17.8	5,759	37.5	18.1	15.3	47.3	52.7	1,027
Age								
< 6 months	11.6	1,217	27.2	7.3	4.5	66.6	33.4	141
6–11 months	32.0	1,292	38.7	13.6	9.4	49.1	50.9	414
12–23 months	28.6	2,449	43.1	19.4	14.0	41.9	58.1	700
24–35 months	17.5	2,207	36.6	19.8	20.2	42.3	57.7	385
36–47 months	9.7	2,232	32.3	25.7	18.2	47.5	52.5	216
48–59 months	7.5	2,021	33.3	29.1	28.2	45.4	54.6	152
Mother's education								
Never went to school	17.2	3,730	37.4	18.3	14.8	47.2	52.8	641
Primary	17.8	6,861	37.7	18.9	14.6	46.3	53.7	1,224
Secondary +	17.4	825	41.7	20.8	20.2	39.1	60.9	143
No reply/don't know	*	3	.	.	.	.	.	0
Wealth index quintile								
Poorest	18.2	2,574	32.3	16.2	12.7	52.1	47.9	469
Second	16.8	2,523	36.5	20.0	13.7	48.2	51.8	423
Middle	19.4	2,255	38.7	19.8	15.4	45.2	54.8	438
Fourth	17.0	2,267	44.1	19.4	15.6	41.3	58.7	385
Richest	16.3	1,799	39.6	19.2	19.9	40.9	59.1	293

* MICS Indicator 33
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Graph 6.5: Percentage of children aged 0–59 months who had diarrhoea and received oral rehydration treatment (ORT), Mozambique, 2008



As for feeding practices during diarrhoea, 23 per cent of children with diarrhoea received more liquids than usual, and 75 per cent received the same or less (Table 6.5). Seventy-five per cent ate somewhat less, the same or more than usual (continued feeding); and less than a quarter (23 per cent) of the children ate much less or ate nothing.

Only 2 per cent of children with diarrhoea in Niassa province and 4 per cent in Nampula were given more liquids than usual. For Sofala, the figure is above 50 per cent, and it is the only province with figures this high.

Also in Table 6.5, one notes that almost half (47 per cent) of the children who had diarrhoea received ORT, or more fluids than usual, and at the same time kept on feeding. Among the provinces, Nampula, with 27 per cent, had the lowest percentage of children aged 0–59 months who received both oral rehydration treatment and increased food.

About 20 per cent of children with diarrhoea benefited from home management of diarrhoea. As the age of the child increases, the likelihood of correct management at home also increases. In about a third of children aged 48–59 months, the diarrhoea was managed correctly at home, while for children under a year old the figure is 12 per cent.

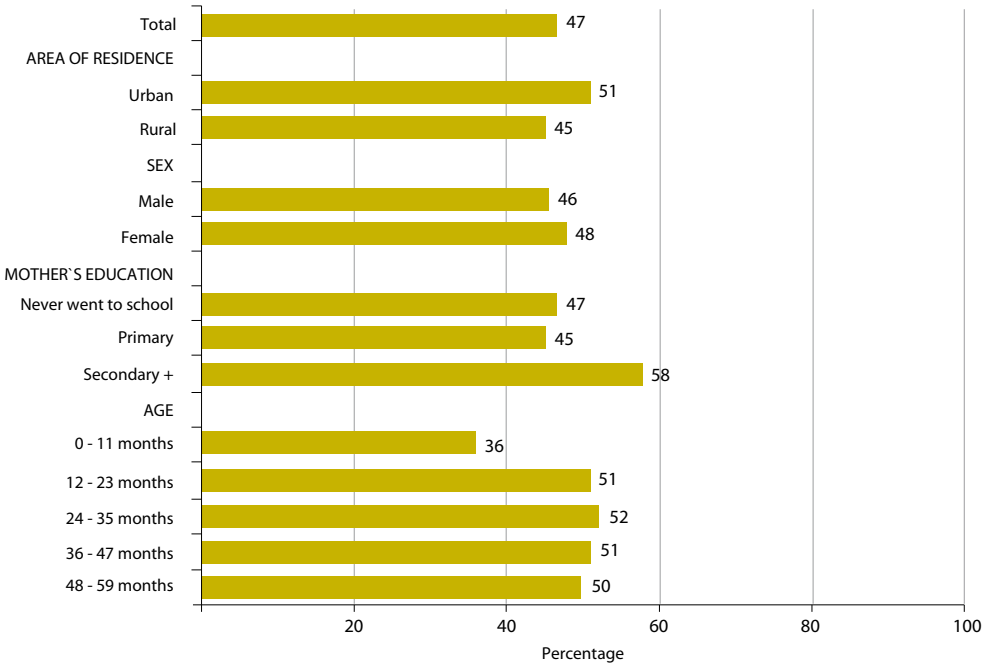
Table 6.5: Home management of diarrhoea

Percentage of children aged 0–59 months who had diarrhoea in the two weeks prior to the survey, and who took increased liquids and continued to feed during the episode, by selected characteristics, Mozambique, 2008

Selected characteristics	Had diarrhoea in the last two weeks	Number of children 0–59 months	Children with diarrhoea who drank more liquids	Children with diarrhoea who drank the same amount of or less liquids	Children with diarrhoea who ate somewhat less, the same, or more food	Children with diarrhoea who ate much less or no food	Home management of diarrhoea *	Received ORT or fluids and increased food **	Number of children 0–59 months with diarrhoea
Total	17.6	11,419	23.4	74.8	75.3	22.8	19.6	46.9	2,008
Area of residence									
Urban	18.4	3,243	27.4	70.9	79.1	19.9	24.0	51.1	597
Rural	17.3	8,176	21.7	76.5	73.7	24.1	17.7	45.1	1,411
Province									
Niassa	12.8	663	2.4	88.8	78.1	15.5	2.4	58.8	85
Cabo Delgado	18.3	1,136	26.7	72.4	74.8	24.2	21.1	35.4	208
Nampula	22.9	1,771	3.9	91.7	53.6	41.8	3.1	27.1	406
Zambézia	16.5	1,996	16.4	82.8	71.8	27.2	10.6	37.9	330
Tete	18.0	1,134	13.0	87.0	87.2	12.8	12.7	52.7	204
Manica	16.0	587	14.6	85.1	83.6	16.1	14.3	54.1	94
Sofala	15.7	1,575	59.8	39.2	93.8	5.4	58.9	77.3	248
Inhambane	15.6	716	32.7	65.4	77.6	20.2	25.4	51.6	112
Gaza	19.4	735	35.8	64.2	78.4	21.6	24.8	51.3	143
Maputo Province	15.7	655	35.2	64.8	84.6	13.1	25.3	53.5	103
Maputo City	17.0	453	39.7	59.6	80.3	19.0	32.7	62.3	77
Sex									
Male	17.3	5,658	23.1	75.1	71.1	26.4	19.8	45.7	981
Female	17.8	5,759	23.7	74.5	79.3	19.4	19.5	48.1	1,027
Age									
0–11 months	22.1	2,509	17.3	81.7	66.4	31.1	11.8	36.2	555
12–23 months	28.6	2,449	23.5	74.6	76.9	21.8	20.1	50.6	700
24–35 months	17.5	2,207	24.2	73.0	77.8	19.8	21.4	52.3	385
36–47 months	9.7	2,232	27.5	71.2	83.9	15.1	25.5	51.0	216
48–59 months	7.5	2,021	37.1	60.5	81.6	16.0	32.9	49.8	152
Mother's education									
Never went to school	17.2	3,730	23.9	73.7	77.7	20.7	20.9	47.5	641
Primary	17.8	6,861	22.8	75.9	73.8	24.2	18.4	45.4	1,224
Secondary +	17.4	825	27.1	70.5	77.5	21.2	24.0	57.9	143
No reply/don't know	*	3	.	.	.	.	.	.	0
Wealth index quintile									
Poorest	18.2	2,574	17.9	79.4	74.6	22.5	15.1	41.4	469
Second	16.8	2,523	21.2	77.8	74.0	25.0	20.1	45.3	423
Middle	19.4	2,255	20.4	78.3	76.8	20.6	17.3	47.4	438
Fourth	17.0	2,267	29.7	68.7	71.1	28.3	22.1	48.9	385
Richest	16.3	1,799	31.7	65.9	81.5	16.4	26.4	54.8	293

* MICS indicator 34
** MICS indicator 35
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Graph 6.6: Percentage of children aged 0–59 months who had diarrhoea and received ORT or increased fluids and increased food, Mozambique, 2008



Care-seeking and antibiotic treatment of pneumonia

Pneumonia is also one the main causes of death among children in developing countries. In Mozambique it is estimated that 10 per cent of deaths of children under five are caused by pneumonia[22]. The use of antibiotics in children under five with suspected pneumonia is a fundamental intervention. One of the objectives of A World Fit for Children is to reduce by a third the number of deaths due to acute respiratory infections.

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

Table 6.6 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. Five per cent of children aged 0–59 months were reported to have had symptoms of pneumonia in the two weeks prior to the survey. This figure reflects a reduction over the last five years, since in 2003 the percentage was 10 per cent. Gaza, with 10 per cent, was the province showing the highest percentage of children with suspected pneumonia, while the province with the lowest rate, 2 per cent, was Niassa. Differences by age were not significant, varying between 4 and 5 per cent for all age groups.

Of the children with suspected pneumonia, 65 per cent were taken to an appropriate health provider and 53 per cent were taken to a health centre or health post.

22 *Estudo nacional sobre a mortalidade infantil*, Ministry of Health, 2009.

Table 6.6: Care-seeking for suspected pneumonia

Percentage of children aged 0–59 months, who in the last two weeks prior to the survey sought treatment in a health unit, by type of agent sought, by selected characteristics, Mozambique, 2008

Selected characteristics	Had acute respiratory infection	Number of children aged 0–59 moths	Central hospital	Provincial/general hospital	Rural hospital	Health centre/post	Mobile brigades	Other public	Private clinic	Doctor	Nurse	Pharmacy	Other private	Dumba nengue (informal market)	Church	Friends/relatives	Traditional healer	Other source	Any appropriate provider*	Number of children
Total	4.7	11,419	3.0	3.3	4.5	53.3	0.2	0.6	0.6	0.0	0.1	0.9	0.3	0.8	0.2	3.8	2.8	2.4	65.4	538
Area of residence																				
Urban	5.5	3,243	8.8	9.7	8.0	39.6	0.0	0.0	1.8	0.0	0.3	2.0	0.0	0.0	0.5	5.2	3.4	2.0	66.1	180
Rural	4.4	8,176	0.0	0.2	2.8	60.2	0.4	0.9	0.0	0.0	0.0	0.3	0.5	1.1	0.0	3.1	2.5	2.6	65.0	358
Province																				
Niassa	1.7	663	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
Cabo Delgado	6.4	1,136	0.0	0.0	6.3	71.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.8	4.9	1.5	78.2	72
Nampula	7.1	1,771	6.6	6.8	7.5	51.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	2.6	2.3	1.9	70.8	126
Zambézia	1.9	1,996	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	37
Tete	2.7	1,134	(0.0)	(0.0)	(4.0)	(41.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(5.4)	(0.0)	(3.7)	(0.0)	(0.9)	(2.9)	(2.3)	(45.0)	30
Manica	2.7	587	(0.0)	(3.0)	(4.4)	(67.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(74.4	16
Sofala	3.4	1,575	2.2	0.0	2.7	55.1	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	1.7	4.8	8.7	0.0	59.4	53
Inhambane	8.0	716	0.0	1.0	3.3	62.8	0.0	0.0	0.0	0.0	0.0	2.4	3.3	4.2	0.0	7.5	4.1	9.9	70.3	57
Gaza	10.0	735	0.0	0.0	2.9	46.5	1.8	4.6	0.0	0.0	0.0	0.8	0.0	0.0	0.0	3.7	0.0	0.0	55.7	74
Maputo Province	5.4	655	6.6	11.9	4.6	44.6	0.0	0.0	(7.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(6.4)	(0.0)	(4.0)	(70.8)	35
Maputo City	5.8	453	5.7	12.0	0.0	25.2	0.0	0.0	1.7	0.0	1.9	4.0	0.0	0.0	0.0	4.6	0.0	4.9	46.5	27
Sex																				
Male	5.6	5,658	2.9	4.5	1.6	55.5	0.2	1.1	0.5	0.0	0.2	0.9	0.0	0.6	0.0	3.9	1.7	1.6	66.3	318
Female	3.8	5,759	3.0	1.6	8.8	50.3	0.3	0.0	0.7	0.0	0.0	0.8	0.9	1.0	0.4	3.8	4.2	3.5	63.9	220
NA	*	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0
Age																				
0-11 months	4.6	2,509	2.9	2.3	4.8	61.3	0.6	0.0	0.9	0.0	0.0	0.5	1.1	0.5	0.8	3.9	0.9	1.5	74.0	115
12-23 months	4.7	2,449	2.7	2.1	5.5	53.9	0.0	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	4.1	1.2	4.4	63.7	115
24-35 months	5.2	2,207	2.8	1.0	3.1	53.4	0.0	0.0	1.2	0.0	0.0	0.1	0.0	3.0	0.0	3.1	3.4	3.8	60.4	115
36-47 months	5.0	2,232	2.1	9.4	4.6	52.9	0.0	0.0	0.6	0.0	0.0	0.5	0.0	0.0	0.0	3.8	3.0	1.2	69.7	111
48-59 months	4.1	2,021	4.7	1.6	4.7	41.8	0.8	4.1	0.0	0.0	0.6	2.4	0.8	0.0	0.0	4.4	6.3	0.4	56.7	82
Mother's education																				
Never went to school	4.2	3,730	1.7	0.8	5.1	51.5	0.4	2.1	0.0	0.0	0.0	0.6	0.4	1.1	0.0	3.8	2.7	0.3	62.0	157
Primary	4.7	6,861	3.1	4.5	2.8	55.2	0.2	0.0	0.0	0.0	0.2	1.1	0.4	0.7	0.3	4.4	3.1	3.8	65.6	325
Secondary +	6.8	825	5.8	3.9	13.0	47.6	0.0	0.0	5.6	0.0	0.0	0.0	0.0	0.0	0.0	0.8	1.4	0.0	73.3	56
No reply/don't know	*	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0
Wealth index quintile																				
Poorest	2.9	2,574	0.0	0.0	1.4	55.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	4.3	3.3	0.0	56.7	76
Second	5.3	2,523	0.0	0.0	1.7	64.7	0.5	0.0	0.0	0.0	0.0	0.0	1.4	0.4	0.0	1.8	3.7	3.8	68.2	133
Middle	4.2	2,255	0.0	0.5	8.6	58.3	0.0	3.6	0.0	0.0	0.0	1.1	0.0	0.0	0.0	4.3	2.3	1.6	70.9	95
Fourth	5.4	2,267	4.0	1.4	8.1	45.6	0.5	0.0	0.0	0.0	0.0	2.0	0.0	1.9	0.0	5.2	2.7	3.5	59.1	124
Richest	6.1	1,799	9.9	14.3	2.8	42.7	0.0	0.0	2.9	0.0	0.5	1.0	0.0	0.0	0.8	4.1	1.7	1.7	70.1	110

* MICS indicator 23
Figures in parentheses are based on 25-49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

In 52 per cent of children with suspected pneumonia, the cough was accompanied by fever. These situations were recorded more often in rural areas (55 per cent) than in urban areas (46 per cent). The largest numbers of cases of children under five with coughing accompanied by fever were recorded in the provinces of Zambézia, Cabo Delgado and Nampula, with rates above 60 per cent. This phenomenon was noted least in children under 6 months old (45 per cent).

Table 6.6a: Cough accompanied by fever

Percentage of children aged 0–59 months, with suspected pneumonia and fever in the last two weeks prior to the survey by selected characteristics, Mozambique, 2008

Selected characteristics	Pneumonia and fever			Total	Number of children
	Yes	No	No reply/don't know		
Total	52.0	47.6	0.5	100.0	3,389
Area of residence					
Urban	45.7	53.7	0.6	100.0	1,119
Rural	55.0	44.6	0.4	100.0	2,270
Province					
Niassa	54.6	42.5	2.9	100.0	108
Cabo Delgado	67.9	31.9	0.2	100.0	280
Nampula	65.7	33.4	0.9	100.0	441
Zambézia	68.1	30.5	1.4	100.0	337
Tete	49.3	50.7	0.0	100.0	310
Manica	43.7	56.3	0.0	100.0	186
Sofala	42.9	57.1	0.0	100.0	380
Inhambane	49.5	50.1	0.4	100.0	357
Gaza	48.1	51.7	0.2	100.0	459
Maputo Province	36.4	63.1	0.5	100.0	335
Maputo Cty	38.6	61.1	0.3	100.0	197
Sex					
Male	53.4	46.3	0.3	100.0	1,692
Female	50.5	48.8	0.7	100.0	1,694
NA	*	*	*	*	2
Age					
< 6 months	44.9	54.5	0.6	100.0	349
6-11 months	58.9	40.6	0.5	100.0	484
12-23 months	54.3	44.8	0.8	100.0	812
24-35 months	51.3	48.4	0.3	100.0	662
36-47 months	51.7	48.1	0.2	100.0	609
48-59months	47.2	52.4	0.4	100.0	472
Mother's education					
Never went to school	52.8	46.6	0.5	100.0	956
Primary	54.1	45.5	0.4	100.0	2,117
Secondary +	34.8	64.0	1.2	100.0	316
No reply/don't know	*	*	*	*	0
Wealth index quintile					
Poorest	58.2	41.4	0.5	100.0	504
Second	58.0	41.7	0.3	100.0	672
Middle	59.4	39.7	0.9	100.0	630
Fourth	48.6	50.9	0.6	100.0	839
Richest	39.8	60.0	0.2	100.0	744

Figures in parentheses are based on 25-49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 6.7a shows the use of antibiotics to treat suspected pneumonia in children under five. Twenty-two per cent of under-fives with suspected pneumonia received antibiotics during the two weeks prior to the survey. Antibiotic treatment for suspected pneumonia is more frequent in the country's urban areas (29 per cent) than in the rural areas (19 per cent). In households where the mother has secondary or higher education, 41 per cent of children received antibiotics, compared with 26 per cent in households where the mother did not go to school. The use of antibiotics is also related to the wealth of the household, ranging from 28 per cent in households in the richest quintile to 13 per cent in households in the poorest quintile.

Table 6.7a: Use of antibiotics to treat pneumonia

Percentage of children aged 0–59 months with suspected pneumonia who received antibiotic treatment, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children aged 0–59 months with suspected pneumonia who received antibiotics in the last two weeks*	Number of children aged 0–59 months with suspected pneumonia who received antibiotics in the last two weeks
Total	22.3	538
Area of residence		
Urban	28.8	180
Rural	19.1	358
Province		
Niassa	*	11
Cabo Delgado	13.4	72
Nampula	36.3	126
Zambézia	*	37
Tete	(32.5)	30
Manica	(42.1)	16
Sofala	33.5	53
Inhambane	(5.0)	57
Gaza	22.5	74
Maputo Province	(6.6)	35
Maputo City	12.8	27
Sex		
Male	20.7	318
Female	24.7	220
Age		
0–11 months	28.6	115
12–23 months	16.2	115
24–35 months	15.3	115
36–47 months	26.9	111
48–59 months	25.8	82
Mother's education		
Never went to school	25.5	157
Primary	17.7	325
Secondary +	40.5	56
Wealth index quintile		
Poorest	13.0	76
Second	21.2	133
Middle	28.2	95
Fourth	20.1	124
Richest	27.6	110

* MICS indicator 22
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

In Table 6.7b, situations related to the mothers' knowledge of the danger signs of pneumonia are shown. Overall, 16 per cent of the mothers know of two danger signs of pneumonia – rapid and difficult breathing, recognized by 19 per cent in urban areas and 14 per cent in rural areas. The most common symptom identified for taking a child to a health unit is fever (89 per cent). Twenty-four per cent of the mothers identified rapid breathing and 26 per cent difficult breathing as a symptom that obliges them to take a child immediately to a health care provider. With regard to identifying at least two signs of pneumonia, Gaza province presents the lowest percentage (2 per cent), followed by Inhambane, also with 2 per cent. Nampula province has the highest percentage (36 per cent).

Table 6.7b: Knowledge of two danger signs of pneumonia

Percentage of mothers/caregivers of children aged 0–59 months, by knowledge of the types of symptoms leading them to take the child immediately to a health unit, and percentage of mothers/caregivers who recognize rapid or difficult breathing as a sign requiring the seeking of immediate care, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of mothers/caregivers of children aged 0–59 months who think that a child should be immediately taken to a health facility, if the child:								Mothers/caregivers who recognize the two danger signs of pneumonia	Number of mothers/caregivers of children aged 0–59 months
	Is not able to drink or to breastfeed	Is ill	Is developing a fever	Has fast breathing	Has difficulty in breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Total	24.5	39.5	88.6	24.4	25.6	25.9	12.6	46.5	15.5	8,196
Area of residence										
Urban	26.4	38.0	90.0	27.7	30.6	26.6	15.9	49.8	19.2	2,484
Rural	23.7	40.2	88.0	23.0	23.4	25.6	11.2	45.1	13.9	5,712
Province										
Niassa	25.2	35.3	80.2	16.8	17.0	36.2	9.8	20.0	10.1	482
Cabo Delgado	10.4	12.0	94.0	12.3	12.4	24.0	2.7	58.5	3.3	824
Nampula	58.3	65.3	75.2	48.0	51.0	41.8	40.3	48.5	35.8	1,326
Zambézia	29.3	53.9	87.0	24.0	22.3	25.9	9.6	39.2	15.4	1,391
Tete	17.0	38.5	95.6	34.3	38.0	37.5	4.0	38.4	20.7	790
Manica	5.6	7.8	92.9	7.2	10.8	5.1	6.1	68.2	3.3	392
Sofala	35.6	58.4	94.4	39.3	34.9	39.9	17.7	49.5	25.1	979
Inhambane	2.5	21.1	91.2	2.6	6.2	4.2	1.4	54.6	1.9	554
Gaza	6.2	25.1	94.1	6.5	14.2	5.2	4.1	45.7	1.6	543
Maputo Province	6.9	19.5	91.7	13.4	13.4	8.1	3.2	59.0	7.7	536
Maputo City	8.0	23.0	90.3	12.0	16.0	9.1	5.6	32.4	6.0	380
Mother's education										
Never went to school	27.0	45.6	87.0	27.5	26.3	27.2	12.8	42.7	16.2	2,553
Primary	23.5	37.6	89.4	23.3	25.1	25.4	12.9	48.5	15.5	4,935
Secondary +	22.8	30.4	89.1	20.8	27.1	24.3	9.7	46.3	13.1	705
No reply/ don't know	*	*	*	*	*	*	*	*	*	3
Wealth index quintile										
Poorest	27.0	45.0	85.7	24.9	24.0	28.8	12.0	42.7	14.8	1,741
Second	26.8	42.4	87.0	26.9	24.9	27.1	12.1	45.4	15.5	1,766
Middle	27.3	40.0	88.1	25.6	28.3	30.1	14.9	45.7	17.3	1,634
Fourth	20.7	37.3	92.1	23.9	25.5	22.7	11.8	50.9	15.5	1,609
Richest	19.8	31.1	90.8	20.1	25.4	19.6	12.2	48.5	14.3	1,447

Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Solid fuel use

Cooking and heating with solid fuels leads to high levels of indoor smoke, which contains a complex mixture of pollutants damaging to health. The main problems are the chemicals produced by incomplete combustion, including carbon monoxide, polyaromatic hydrocarbons, sulphur dioxide and other toxic compounds. The use of solid fuels increases the risks of acute respiratory disease, pneumonia, chronic obstructive pulmonary disease, cancer, possibly tuberculosis, low birthweight, cataracts and asthma. The primary indicator is the percentage of the population who use solid fuels as their primary source of domestic energy for cooking.

The great majority of households in Mozambique (97 per cent) use solid fuels for cooking (Table 6.8). Almost all households in rural areas use solid fuels, a percentage which falls to 92 per cent in urban areas. Firewood is the most common fuel, at 82 per cent, followed by charcoal, at 15 per cent. Firewood is the main source of fuel for cooking in all provinces except Maputo City, where charcoal and natural gas are the main sources (65 and 21 per cent, respectively).

Table 6.8: Use of solid fuels

Percentage distribution of households by the type of fuel they use for cooking, and percentage of households who use solid fuels for cooking, by selected characteristics, Mozambique, 2008

Selected characteristics	Main source of energy or fuel used:								Total	Solid fuels for cooking*	Number of households
	Electricity	Natural gas	Kerosene/ paraffin	Coal	Charcoal	Firewood	Animal dung	Other			
Total	0.7	1.9	0.3	0.1	14.5	82.2	0.3	0.1	100.0	97.0	13,955
Area of residence											
Urban	1.8	5.9	0.4	0.2	41.9	49.4	0.0	0.3	100.0	91.6	4,338
Rural	0.2	0.1	0.2	0.0	2.1	96.9	0.5	0.0	100.0	99.5	9,617
Province											
Niassa	0.1	0.0	0.0	0.0	9.7	90.1	0.1	0.0	100.0	99.9	833
Cabo Delgado	0.0	0.0	0.0	0.2	7.4	92.1	0.2	0.0	100.0	99.9	1,512
Nampula	0.5	0.0	0.8	0.0	12.4	85.1	1.1	0.0	100.0	98.6	2,568
Zambézia	0.1	0.0	0.0	0.0	6.1	93.6	0.3	0.0	100.0	99.9	2,532
Tete	0.0	0.0	0.0	0.0	2.2	97.6	0.2	0.0	100.0	99.8	1,281
Manica	0.3	0.0	0.1	0.0	11.3	88.1	0.2	0.0	100.0	99.6	627
Sofala	0.9	2.9	0.2	0.1	29.0	66.8	0.0	0.1	100.0	95.8	1,108
Inhambane	0.1	0.4	0.6	0.1	2.0	96.1	0.4	0.2	100.0	98.7	946
Gaza	0.4	0.3	0.1	0.0	7.4	91.0	0.3	0.6	100.0	98.7	845
Maputo Province	2.6	7.5	0.1	0.1	37.8	51.5	0.0	0.3	100.0	89.5	952
Maputo City	4.8	21.0	0.7	0.2	65.4	7.8	0.0	0.2	100.0	73.3	751
Education of head of household											
Never went to school	0.3	0.1	0.2	0.0	4.0	95.0	0.3	0.2	100.0	99.2	3,429
Primary	0.3	0.8	0.3	0.1	12.1	86.0	0.4	0.1	100.0	98.6	8,588
Secondary +	3.2	10.9	0.3	0.1	45.4	39.8	0.2	0.1	100.0	85.4	1,802
No reply/don't know	0.0	0.3	2.2	0.0	15.7	81.7	0.0	0.0	100.0	97.4	137
Wealth index quintile											
Poorest	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0	100.0	2,866
Second	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0	100.0	3,029
Middle	0.0	0.0	0.3	0.0	0.1	98.2	1.3	0.1	100.0	99.6	2,975
Fourth	0.4	0.0	0.7	0.1	17.1	81.0	0.3	0.4	100.0	98.5	2,630
Richest	3.4	10.9	0.4	0.2	63.8	21.1	0.1	0.1	100.0	85.2	2,455

* MICS indicator 24

Firewood is used by about 97 per cent of households in rural areas to prepare their meals, compared with about half of the households in urban areas (49 per cent). In urban areas, a considerable proportion of households use charcoal (42 per cent) or natural gas (6 per cent) as the main source of energy for cooking.

The data show that the use of solid fuels varies inversely with the level of education of the head of household and with the wealth of the household. Thus, the greater the level of education of the head of household, the more the use of solid fuel declines, reaching about 85 per cent for heads of household with secondary education or more. Likewise, relatively rich households make relatively smaller use of solid fuel when preparing their food, in comparison with poorer households.

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while an open stove or fire, with no chimney or hood, means that there is no protection from the harmful effects of solid fuels. The type of stove used by households who use solid fuels is described in Table 6.9.

In Mozambique, almost all households use traditional stoves, with all the consequences this brings for their health. The data (Table 6.9) show no significant difference between provinces, areas of residence and other variables.

Table 6.9: Use of solid fuels by type of stove or fire

Percentage of households who use solid fuels for cooking, by type of stove or fire, and by selected characteristics, Mozambique, 2008

Selected characteristics	Households who use solid fuels for cooking				Total	Number of households who use solid fuels for cooking
	Improved stove (closed)	Traditional stove (open)	Other types of stove	No reply/don't know		
Total	0.4	99.6	0.0	0.0	100.0	13,539
Area of Residence						
Urban	1.0	99.0	0.0	0.0	100.0	3,971
Rural	0.1	99.8	0.0	0.0	100.0	9,568
Province						
Niassa	0.6	99.4	0.0	0.0	100.0	832
Cabo Delgado	1.1	98.9	0.0	0.0	100.0	1,510
Nampula	0.4	99.5	0.0	0.1	100.0	2,532
Zambézia	0.0	100.0	0.0	0.0	100.0	2,529
Tete	0.0	100.0	0.0	0.0	100.0	1,279
Manica	0.2	99.6	0.1	0.0	100.0	625
Sofala	0.1	99.9	0.0	0.0	100.0	1,062
Inhambane	1.1	98.7	0.0	0.1	100.0	933
Gaza	0.4	99.6	0.0	0.0	100.0	833
Maputo Province	0.3	99.7	0.0	0.0	100.0	852
Maputo City	0.2	99.8	0.0	0.0	100.0	550
Education of the head of the household						
Never went to school	0.1	99.8	0.0	0.1	100.0	3,402
Primary	0.2	99.7	0.0	0.0	100.0	8,465
Secondary +	1.9	98.1	0.1	0.0	100.0	1,539
No reply/don't know	1.1	98.9	0.0	0.0	100.0	134
Wealth index quintile						
Poorest	0.0	99.9	0.0	0.1	100.0	2,866
Second	0.0	100.0	0.0	0.0	100.0	3,029
Middle	0.0	100.0	0.0	0.0	100.0	2,962
Fourth	0.6	99.3	0.0	0.0	100.0	2,591
Richest	1.7	98.3	0.0	0.0	100.0	2,091

Malaria

Malaria is the main cause of death among children under five in Mozambique[23]. It also contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of home spraying and long-lasting, insecticide-treated mosquito nets, can dramatically reduce malaria mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended antimalarial tablets. Children with severe malaria symptoms, such as high fever or convulsions, should be taken to a health unit. Children recovering from malaria should also receive extra liquids and food, and the youngest should continue to be breastfed.

23 Malaria is estimated as the main cause of child mortality in Mozambique, responsible for about a third of all deaths among children under five. (*Estudo nacional sobre a mortalidade infantil*, Ministry of Health, 2009).

The questionnaire includes questions on the availability and use of mosquito nets, both at household level and among children under five, and on antimalaria treatment and intermittent preventive therapy for malaria among pregnant women.

More than half of households (55 per cent) possess at least one mosquito net, treated or not (Table 6.10a). The availability of mosquito nets is higher in urban areas (63 per cent) than in rural areas (52 per cent). Less than half of households in the provinces of Tete (31 per cent), Maputo (45 per cent) and Manica (48 per cent) possess nets. In the remaining provinces, the proportion of households where nets are available is above 50 per cent, ranging from 52 per cent in Gaza to 70 per cent in Cabo Delgado.

Table 6.10a: Availability of mosquito nets

Percentage of all households who possess at least one mosquito net, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of households with at least one mosquito net	Number of households
Total	55.2	13,955
Area of residence		
Urban	62.5	4,338
Rural	51.9	9,617
Province		
Niassa	60.5	833
Cabo Delgado	69.7	1,512
Nampula	55.8	2,568
Zambézia	54.9	2,532
Tete	31.3	1,281
Manica	47.5	627
Sofala	67.7	1,108
Inhambane	61.7	946
Gaza	52.1	845
Maputo Province	44.8	952
Maputo City	56.6	751
Education of the head of household		
Never went to school	41.0	3,429
Primary	57.3	8,588
Secondary +	72.3	1,802
No reply/don't know	58.4	137
Wealth index quintile		
Poorest	45.1	2,866
Second	50.3	3,029
Middle	55.1	2,975
Fourth	61.4	2,630
Richest	66.6	2,455

Table 6.10b shows the availability of treated and untreated nets in households with children under five. Rather less than a third (31 per cent) have at least one insecticide-treated net (ITN). There are no significant variations in the availability of ITNs in rural areas (30 per cent) and urban areas (32 per cent). Likewise, the analysis does not show significant differences in relation to the level of household wealth. But there is a positive correlation between the level of education of the head of household and the probability that the household will possess an ITN. Less than a quarter (25 per cent) of households headed by individuals who never went to school possess treated nets, compared with 40 per cent of households headed by people with secondary education or higher.

Table 6.10b: Availability of insecticide-treated mosquito nets

Percentage of households with children under five, by ownership of at least one insecticide-treated net (ITN), by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of households with children under five with at least one mosquito net	Percentage of households with children under five with at least one ITN*	Number of households with children under five
Total	65.2	30.7	7,685
Area of residence			
Urban	71.8	31.7	2,303
Rural	62.4	30.3	5,382
Province			
Niassa	71.2	25.2	469
Cabo Delgado	88.6	43.4	790
Nampula	68.8	40.9	1,326
Zambézia	62.4	28.9	1,370
Tete	37.1	20.0	789
Manica	56.8	20.7	373
Sofala	69.8	39.3	841
Inhambane	80.5	33.0	454
Gaza	61.4	27.6	455
Maputo Province	52.7	11.4	489
Maputo City	66.3	19.5	330
Education of head of household			
Never went to school	54.8	24.5	1,542
Primary	65.5	30.8	5,034
Secondary +	79.0	39.9	1,028
No reply/don't know	71.2	29.0	81
Wealth index quintile			
Poorest	54.9	27.3	1,685
Second	62.9	30.5	1,675
Middle	67.9	34.4	1,557
Fourth	69.8	30.6	1,456
Richest	73.4	31.1	1,312

* MICS Indicador 36

The data contained in Table 6.11 show that 42 per cent of children under five slept under some net the night prior to the survey, including about 23 per cent who slept under an insecticide-treated net and 17 per cent under an untreated net. The use of mosquito nets for children under five is more frequent in urban areas (48 per cent) than in rural areas (40 per cent). There were no significant gender disparities. In terms of age, one notes that as age increases, the use of ITNs declines substantially, from 33 per cent in children under one year old to 17 per cent in children aged 48–59 months.

Table 6.11: Children sleeping under mosquito nets

Percentage of children aged 0–59 months who slept under the protection of a mosquito net on the night prior to the interview, by selected characteristics, Mozambique, 2008

Selected characteristics	Slept under protection of a net *	Slept under protection of an insecticide-treated net **	Slept under protection of an untreated net	Slept under protection of a net but does not know whether it is treated	Does not know whether slept under protection of a net	Did not sleep under protection of a net	Number of children aged 0–59 months
Total	42.1	22.8	17.3	2.0	1.0	56.9	11,419
Area of residence							
Urban	48.3	25.4	20.2	2.7	1.2	50.4	3,243
Rural	39.7	21.8	16.1	1.7	0.9	59.5	8,176
Province							
Niassa	43.0	17.0	23.8	2.2	0.3	56.6	663
Cabo Delgado	66.7	33.0	32.6	1.1	1.9	31.5	1,136
Nampula	47.3	33.5	11.8	2.0	0.6	52.1	1,771
Zambézia	43.7	22.6	18.0	3.1	1.2	55.1	1,996
Tete	22.6	14.5	8.0	0.1	0.7	76.7	1,134
Manica	32.6	14.9	16.8	1.0	0.5	66.9	587
Sofala	50.2	29.7	19.3	1.2	0.3	49.5	1,575
Inhambane	43.5	22.1	18.3	3.1	1.8	54.7	716
Gaza	17.3	9.9	6.1	1.3	1.9	80.8	735
Maputo Province	29.5	8.5	16.5	4.5	1.1	69.5	655
Maputo City	41.9	15.5	22.3	4.1	0.7	57.4	453
Sex							
Male	41.9	22.4	17.3	2.2	.8	57.4	5,658
Female	42.4	23.3	17.3	1.9	1.2	56.4	5,759
NA	*	*	*	*	*	*	2
Age							
0–11 months	49.1	32.6	14.6	1.9	0.8	50.1	2,509
12–23 months	43.5	20.9	20.8	1.7	0.7	55.9	2,449
24–35 months	41.9	21.0	18.5	2.4	1.5	56.6	2,207
36–47 months	40.2	20.8	17.0	2.5	0.8	59.0	2,232
48–59 months	34.2	17.3	15.2	1.6	1.2	64.6	2,021
Wealth index quintile							
Poorest	36.1	20.3	13.9	1.9	0.6	63.4	2,574
Second	41.1	22.2	17.6	1.3	0.8	58.1	2,523
Middle	46.1	26.2	17.8	2.2	1.0	52.8	2,255
Fourth	41.5	21.9	18.2	1.4	1.4	57.1	2,267
Richest	48.1	24.4	19.8	3.9	1.1	50.8	1,799

* MICS indicador 38
** MICS indicador 37; MDG indicador 6.7
Figures in parentheses is based on 25–49 unweighted cases. Figures based on less than 25 unweighted cases are not shown (*)

As for the prevalence and treatment of fever in children under five, the data show that slightly less than a quarter (24 per cent) of children had a fever in the two weeks prior to the survey (Table 6.12). The prevalence of fever was 24 per cent among children less than one year old, reached its peak (30 per cent) among children aged 12–23 months and later declined as the children grew, falling to 19 per cent in children aged 48–59 months. There are no significant differences between urban and rural areas in prevalence of fever. Among the provinces, fever prevalence varies between 33 per cent (Gaza) and 14 per cent (Niassa).

Mothers were asked to report all the medicines given to a child to treat fever, including both medicines given at home and medicines given or prescribed at a health unit. Overall, 37 per cent of children with fever in the last two weeks were treated with an "appropriate" antimalarial drug, and 23 per cent received antimalarial drugs within 24 hours of the onset of symptoms.

As Table 6.12 shows, there are no significant differences between urban and rural areas, or between boys and girls, or in relation to their mothers' education or the household wealth quintile, as regards the probability of receiving adequate antimalarial drugs and taking them in due time.

Table 6.12: Treatment of children suffering from fever with antimalarial drugs

Percentage of children aged 0–59 months who had fever in the two weeks prior to the survey and who received antimalarial drugs, by selected characteristics, Mozambique, 2008

Selected characteristics	Had a fever in the last two weeks	Number of children aged 0–59 months	Children with fever in the last two weeks who were treated with:										Number of children with fever in the last two weeks
			Antimalarial drugs: Fansidar/ Artesunato	Antimalarial drugs: Artimisinine	Antimalarial drugs: quinine	Antimalarial drugs: other antimalarial drug	Any adequate antimalarial drug	Other medicine: paracetamol	Other medicine: aspirin	Other medicine: other	Don't know	Any adequate antimalarial drug within 24 hours of onset of symptoms*	
Total	23.5	11,419	33.5	1.8	2.4	1.7	36.7	42.4	4.1	17.3	2.7	22.7	2,686
Area of residence													
Urban	23.4	3,243	34.7	2.4	3.7	1.5	38.4	51.3	3.3	18.0	1.0	22.9	760
Rural	23.6	8,176	33.0	1.6	1.8	1.8	36.1	38.9	4.4	17.0	3.3	22.7	1,926
Province													
Niassa	13.9	663	23.8	0.0	0.7	1.9	26.4	49.7	3.3	32.4	0.0	15.4	92
Cabo Delgado	20.1	1,136	42.4	7.3	2.9	0.2	47.4	31.8	1.8	2.3	2.5	31.9	228
Nampula	26.8	1,771	53.0	4.1	4.1	3.7	57.6	41.9	2.7	6.3	1.9	41.8	474
Zambézia	26.0	1,996	11.8	0.0	3.0	2.5	16.9	36.6	8.9	15.0	5.5	10.8	520
Tete	20.4	1,134	30.5	1.1	0.3	1.0	31.7	49.4	8.3	13.5	0.0	25.8	231
Manica	17.3	587	39.1	1.1	0.0	0.6	39.7	60.8	0.6	11.0	1.6	29.2	101
Sofala	21.2	1,575	59.6	1.1	1.3	0.1	60.1	25.4	1.2	6.3	0.0	12.5	334
Inhambane	31.0	716	31.9	1.8	5.3	2.3	37.2	49.3	5.1	37.3	5.4	29.2	222
Gaza	33.2	735	26.1	0.0	0.0	0.3	26.4	52.3	1.3	39.3	4.5	21.5	244
Maputo Province	21.8	655	13.0	0.8	2.0	1.6	16.4	55.3	4.0	32.3	2.0	10.1	143
Maputo City	21.4	453	7.1	0.2	1.6	0.5	9.2	58.6	0.0	33.9	0.8	6.9	97
Sex													
Male	24.5	5,658	33.7	2.0	2.8	1.5	37.6	42.6	3.3	17.2	2.8	24.1	1,384
Female	22.6	5,759	33.3	1.6	1.9	1.8	35.8	42.2	4.9	17.4	2.5	21.3	1,301
NA	*	2	*	*	*	*	*	*	*	*	*	*	1
Age													
0–11 months	23.5	2,509	26.2	0.7	1.4	1.4	28.7	43.1	4.7	22.7	3.4	19.3	589
12–23 months	29.6	2,449	35.4	3.0	3.1	1.5	39.6	42.8	3.7	13.9	1.5	25.6	724
24–35 months	24.0	2,207	36.8	1.4	1.7	1.6	37.6	48.3	3.7	16.6	3.8	24.7	530
36–47 months	20.8	2,232	33.2	1.9	3.3	1.7	37.9	36.7	3.8	16.5	2.3	23.7	465
48–59 months	18.7	2,021	37.2	1.8	2.5	2.6	41.0	39.8	5.0	17.3	2.6	18.5	378
Mother's education													
Never went to school	21.9	3,730	35.5	1.4	1.8	1.5	38.0	39.2	4.8	13.8	1.5	20.9	816
Primary	25.0	6,861	32.3	2.0	2.7	1.9	36.0	42.3	4.1	18.6	3.4	23.9	1,713
Secondary +	19.1	825	36.6	2.0	1.2	0.3	38.5	61.2	0.8	21.0	0.0	19.1	158
No reply/don't know	*	3	.	.	.	.	.	.	.	.	.	.	0
Wealth index quintile													
Poorest	23.6	2,574	28.9	1.5	2.3	1.0	32.0	34.2	4.6	13.2	4.7	18.1	607
Second	23.0	2,523	38.5	0.9	2.3	2.5	41.2	34.9	3.5	11.6	2.7	25.5	580
Middle	24.3	2,255	34.9	1.4	2.2	0.9	37.4	43.8	6.8	16.6	1.8	23.7	547
Fourth	25.2	2,267	34.7	3.8	2.7	2.7	39.8	46.5	3.0	22.0	2.5	26.5	572
Richest	21.1	1,799	29.4	1.3	2.4	1.1	31.8	59.2	2.2	26.2	0.9	18.9	380

* MICS indicador 39; MDG indicador 6.8
Percentage in parentheses is based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Pregnant women infected with the malaria parasite run the risk of anaemia, premature birth and stillbirths. Their babies may be underweight, which reduces their probability of surviving their first year of life. For this reason, steps are taken to protect pregnant women by distributing ITNs and providing treatment during antenatal check-ups with drugs to prevent infection by malaria (intermittent preventive treatment or intermittent preventive therapy). In MICS, women were asked about the drugs they had received during their latest pregnancy. Women are considered to have received intermittent preventive therapy if they received at least two doses of SP/Fansidar during pregnancy.

Table 6.13: Intermittent preventive treatment against malaria

Percentage of women aged 15–49 who gave birth in the two years prior to the survey and who received preventive treatment against malaria during pregnancy, by selected characteristics, Mozambique, 2008

Selected characteristics	Drugs to prevent malaria during pregnancy	SP/Fansidar only once	SP/Fansidar two or more times *	SP/Fansidar but number of times not known	Chloroquine	Other drugs	Does not know the drug	Number of women who gave birth in last two years
Total	67.0	13.3	43.1	0.5	3.0	0.0	5.9	5,191
Area of residence								
Urban	80.7	14.6	54.6	0.9	2.9	0.0	6.0	1,493
Rural	61.5	12.7	38.5	0.4	3.0	0.0	5.8	3,698
Province								
Niassa	52.5	13.8	35.9	0.5	0.7	0.2	1.4	318
Cabo Delgado	77.4	24.0	50.3	0.0	0.5	0.0	1.8	527
Nampula	68.4	14.8	34.5	0.3	9.8	0.0	6.9	895
Zambézia	45.6	3.7	22.5	0.2	2.9	0.0	14.6	912
Tete	47.7	16.7	29.1	0.0	1.1	0.0	0.5	535
Manica	77.7	15.1	61.5	0.2	0.1	0.0	0.5	260
Sofala	84.6	10.9	73.3	0.1	0.0	0.0	0.0	638
Inhambane	74.7	12.6	38.2	1.3	2.3	0.0	14.5	312
Gaza	87.6	11.4	65.7	3.5	0.2	0.0	7.2	325
Maputo Province	74.2	13.8	50.5	1.4	2.4	0.0	5.9	277
Maputo City	80.8	20.5	46.9	0.4	7.7	0.0	4.0	191
Education								
Never went to school	58.4	11.6	40.4	0.2	1.5	0.0	3.9	1,624
Primary	69.2	14.4	42.3	0.6	3.5	0.0	7.2	3,086
Secondary +	83.4	12.4	58.7	1.0	4.6	0.0	3.8	439
No reply/don't know	*	*	*	*	*	*	*	42
Wealth quintile								
Poorest	54.7	10.5	33.4	0.2	3.3	0.0	6.3	1,209
Second	60.6	12.0	38.0	0.2	2.7	0.0	6.5	1,144
Middle	66.7	15.0	42.4	0.3	2.8	0.1	5.1	1,041
Fourth	75.9	13.9	50.3	1.0	2.1	0.0	7.2	1,018
Richest	84.4	16.3	57.6	1.2	4.3	0.0	3.8	778

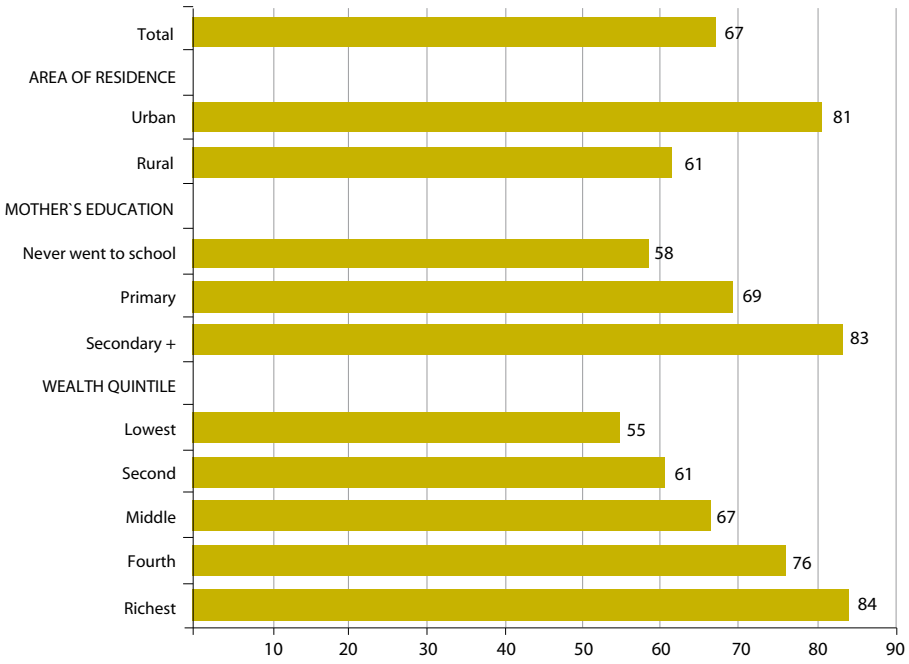
* MICS Indicator 40
Percentage in parentheses is based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

In Mozambique, two thirds of pregnant women who gave birth in the two years prior to the survey had some preventive treatment for malaria during pregnancy. This proportion varies in accordance with the area of residence, level of education of the head of household and level of wealth. Thus, the proportions are higher among women who live in urban areas than in rural areas (81 per cent and 62 per cent, respectively). In turn, the prevalence of preventive treatment for malaria among pregnant women varies in direct ratio to the level of education of the head of household and to household wealth.

Analysis by province shows that Gaza, Sofala and Maputo City have percentages greater than 80 per cent of women receiving preventive treatment. On the other hand, Niassa (53 per cent), Tete (48 per cent) and Zambézia (46 per cent) have proportions below the national average.

It should be noted that among women who gave birth in the two years prior to the survey and who received intermittent preventive treatment against malaria, less than half (43 per cent) received SP/Fansidar two or more times, while 13 per cent received it once. On the other hand, 6 per cent of the women do not know what drug they received.

Graph 6.7: Percentage of women aged 15–49 who gave birth in the two years prior to the survey and who received intermittent preventive treatment against malaria during pregnancy, by selected characteristics, Mozambique, 2008



VII. Environment

Water and sanitation

Having clean drinking water available is essential for reducing the incidence of diseases caused by consuming unfit water and by poor sanitary conditions (such as malaria, diarrhoeal diseases and cholera). These diseases are key determinants of child mortality, particularly in developing countries. It is estimated that poor hygiene and lack of decent sanitation contribute to about 90 per cent of deaths caused by diarrhoeal diseases in these countries.

One of the Millennium Development Goals is to reduce by half, between 1990 and 2015, the percentage of people without sustainable access to drinking water and safe sanitation. The similar goal of A World Fit for Children is to reduce the percentage of households without access to hygienic sanitary services and drinking water by at least a third. Water is vital for attaining the other Millennium Development Goals, such as poverty reduction, education, health and gender equality.

The list of indicators used in MICS is as follows:

Water:

- Use of improved sources of drinking water
- Use of water treatment method in the household
- Time taken to fetch drinking water and return
- Person who fetches drinking water.

Sanitation:

- Use of sanitation infrastructure
- Adequate treatment of children's faeces.

Access to drinking water

Clean drinking water is a basic necessity for health. Water unfit for drinking can be a significant vehicle for diseases such as trachoma, cholera, typhoid fever and schistosomiasis. Access to clean drinking water, particularly in rural areas, can be of particular importance to women and children, who are the people primarily responsible for fetching water, often over long distances.

The percentage distribution of households by improved sources of drinking water is shown in Table 7.1 and Graph 7.1. The households who use improved sources of drinking water are those who use: piped water (inside the house, in the yard, or in a neighbour's house), a public tap/standpipe, or a protected well/borehole with a hand pump. Bottled water is considered an improved source of water only if the household is also using an improved source of water for other purposes, such as washing hands and cooking.

Overall, 43 per cent of households are using an improved source of drinking water, which is an improvement over the 36 per cent recorded in 2004[24] (Graph 7.3). Of the households who use improved sources, 70 per cent live in urban areas and 30 per cent live in rural areas.

24 QUIBB/IFTRAB 2004, INE

One in five (20 per cent) households surveyed use protected boreholes or wells with a hand pump as their main source of drinking water. This percentage is higher in rural areas (25 per cent) than in urban areas (9 per cent). About 9 per cent obtain water from the public tap or standpipe, and 6 per cent obtain it from a neighbour's house. Six per cent of the population use tap water outside the house or in the yard, and only 2 per cent obtain water from a tap inside the house.

Table 7.1: Use of improved sources of drinking water

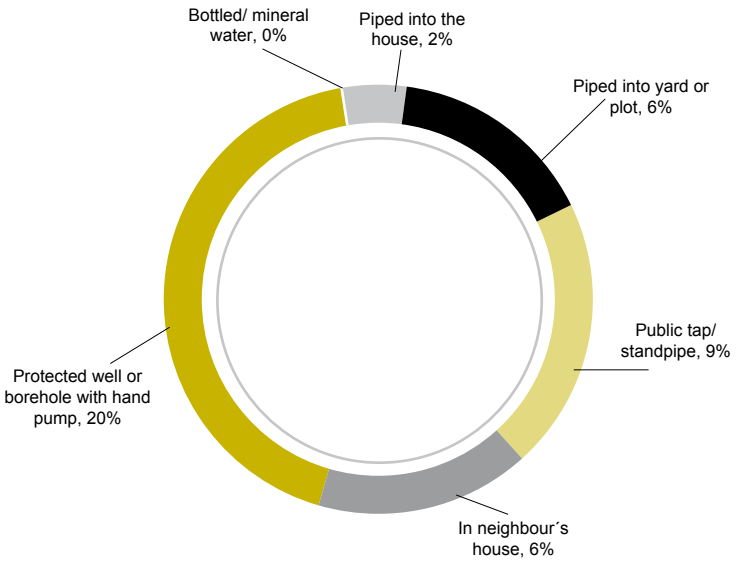
Percentage distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, Mozambique, 2008

Selected characteristics	Main source of drinking water												Total	Improved sources of drinking water *	Number of household members
	Improved sources						Unimproved sources								
	Piped into the house	Piped into yard or plot	Public tap/standpipe	In neighbour's house	Protected well or borehole with hand pump	Bottled/mineral water	Without hand pump	Unprotected well	Rain water	Water from rivers, lakes	Other	Information not available			
Total	2.1	5.6	9.2	6.2	19.8	0.1	4.5	36.1	0.2	16.0	0.2	0.0	100.0	43.0	64,214
Area of residence															
Urban	6.2	16.7	19.7	17.8	9.3	0.2	6.6	20.2	0.3	2.8	0.1	0.0	100.0	69.9	20,952
Rural	0.1	0.3	4.1	0.5	25.0	0.0	3.5	43.8	0.2	22.4	0.2	0.0	100.0	29.9	43,263
Province															
Niassa	1.1	0.4	5.3	1.8	35.4	0.0	4.7	27.3	0.0	23.7	0.1	0.0	100.0	44.1	3,761
Cabo Delgado	0.5	1.4	5.1	3.0	19.9	0.0	6.4	47.3	0.1	16.2	0.1	0.0	100.0	29.9	6,473
Nampula	2.1	3.9	7.6	5.2	24.3	0.0	2.7	41.5	0.0	12.6	0.2	0.0	100.0	43.1	11,520
Zambezia	0.3	0.9	5.1	2.7	14.7	0.0	2.0	49.5	0.1	24.7	0.0	0.1	100.0	23.6	10,718
Tete	0.0	0.5	8.6	1.6	23.4	0.0	2.2	35.6	0.1	27.7	0.2	0.1	100.0	34.2	5,634
Manica	0.8	1.4	5.4	1.8	22.6	0.0	5.0	36.9	0.0	25.4	0.7	0.0	100.0	32.0	2,965
Sofala	2.7	7.3	14.0	8.1	15.9	0.0	1.5	38.5	0.0	12.0	0.0	0.0	100.0	48.0	6,737
Inhambane	0.6	3.4	6.1	4.0	20.9	0.0	8.9	49.2	2.4	4.5	0.0	0.0	100.0	34.9	4,223
Gaza	1.3	6.4	16.1	5.1	31.8	0.0	8.0	17.5	0.3	11.8	1.7	0.0	100.0	60.7	4,256
Maputo Province	4.1	21.9	12.0	19.8	9.7	0.2	12.3	10.3	0.0	9.5	0.2	0.0	100.0	67.7	4,294
Maputo City	14.5	29.1	24.4	24.2	1.0	1.2	3.9	1.7	0.0	0.0	0.0	0.1	100.0	94.3	3,633
Level of education															
Never went to school	0.5	2.0	6.0	2.9	22.4	0.0	4.0	39.5	0.1	22.4	0.1	0.0	100.0	33.8	14,461
Primary	1.1	4.1	9.3	5.4	20.0	0.0	4.5	39.1	0.3	15.9	0.2	0.0	100.0	40.0	40,612
Secondary +	9.6	19.3	13.8	15.2	14.6	0.5	4.9	15.6	0.0	6.0	0.4	0.0	100.0	73.1	8,451
No reply/don't know	1.4	5.9	9.1	7.1	17.6	0.0	6.4	38.2	0.7	12.1	1.5	0.0	100.0	41.1	690
Wealth index quintile															
Poorest	0.0	0.0	0.0	0.0	12.6	0.0	0.0	58.8	0.0	28.6	0.0	0.0	100.0	12.6	12,862
Second	0.0	0.0	0.5	0.0	22.3	0.0	1.4	51.4	0.1	24.3	0.1	0.0	100.0	22.8	12,826
Middle	0.0	0.0	9.4	1.0	33.9	0.0	6.9	33.3	0.0	15.0	0.2	0.1	100.0	44.4	12,840
Fourth	0.4	2.4	17.5	6.7	22.9	0.0	8.3	30.2	0.5	10.8	0.4	0.0	100.0	49.9	12,845
Richest	9.9	25.8	18.4	23.1	7.5	0.4	5.8	6.8	0.5	1.3	0.4	0.0	100.0	85.1	12,841

* MICS indicador 11; MDG indicador 7.8

Unprotected wells and water from rivers or lakes are the main sources of water for 36 per cent and 16 per cent of households interviewed, respectively. Fetching water from unprotected wells is more frequent in rural areas (44 per cent) than in urban areas (20 per cent). In urban areas, the population uses more water from improved sources, namely, from public taps or standpipes (20 per cent), from a neighbour's house (18 per cent), or piped outside the house/in the yard (17 per cent). The figures for the rural areas are 4 per cent, 1 per cent and 0 per cent, respectively.

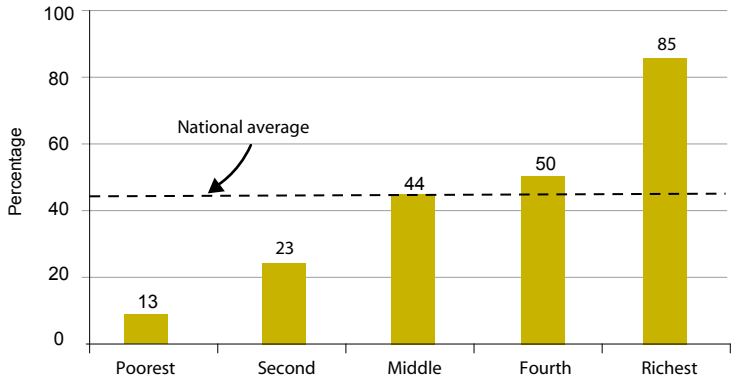
Graph 7.1: Improved water sources, Mozambique, 2008



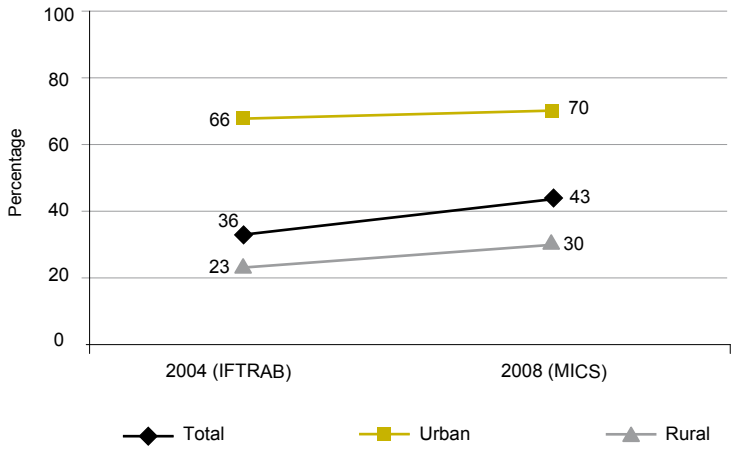
The analysis by province shows that Maputo City has almost universal access to clean drinking water (94 per cent). The percentage of people who use improved drinking water sources is also higher than the national average in Maputo province (68 per cent), Gaza (61 per cent) and Sofala (48 per cent). The provinces with the lowest rates for using clean drinking water are Zambézia (24 per cent), Cabo Delgado (30 per cent), Manica (32 per cent), Tete (34 per cent) and Inhambane (35 per cent).

Table 7.1 also shows that there is a relation between the level of education of the head of household and the use of improved sources of drinking water, as well as between the latter and the level of household wealth. Seventy-three per cent of households where the head has secondary education or higher use improved water sources, compared with 34 per cent among those where the head never went to school. Likewise, the use of improved drinking water sources is more frequent in the richest wealth quintile (85 per cent) than in the poorest (13 per cent).

Graph 7.2: Access to drinking water by wealth quintile, Mozambique, 2008



Graph 7.3: Percentage of households with access to drinking water, Mozambique, 2004 and 2008



There are various ways of treating water to make it safer to drink, such as boiling, adding bleach or chlorine, straining through a cloth, using a water filter, solar disinfection, and letting it stand and settle, among others. MICS asked the households how they treated their water at home to make it safe to drink.

The great majority of households (89 per cent) do not treat their water at all (Table 7.2). This percentage is still higher in rural areas (94 per cent). In urban areas, more than one in five households use water treatment methods. This fact is a matter of concern, when one considers that, as Table 7.1 shows, 44 per cent and 22 per cent of households in rural areas fetch water for drinking from unprotected wells and from rivers or lakes, respectively. Adding bleach or chlorine and boiling, each with 5 per cent, are the methods most used by households to treat water for drinking.

Paradoxically, treatment of water is more common among those who use water from improved sources (15 per cent) than among those who use water from unimproved sources (5 per cent).

At the provincial level, water treatment is most common in Maputo City (27 per cent) and Maputo province (18 per cent), and least common in the provinces of Tete and Cabo Delgado (each 3 per cent) and Zambézia (5 per cent), which are also the provinces with the lowest rate of using safe water sources.

Water treatment is more common in households where the head has secondary education or higher (30 per cent) and much less common where the head of household has no schooling at all (4 per cent). It is also more common in households in the richest wealth quintile (28 per cent) and least common in the poorest quintile (2 per cent).

Table 7.2: Household water treatment

Percentage distribution of household population according to drinking water treatment method used, and percentage of household members who used an appropriate water treatment method, by selected characteristics, Mozambique, 2008

Selected characteristics	Water treatment method used in the household														
	None	Boiling	Add bleach/chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Don't know	For all drinking water sources: appropriate water treatment method *	Number of households	Improved drinking water sources: appropriate water treatment method	Number of households	Unimproved drinking water sources: appropriate water treatment method	Number of households
Total	88.8	4.8	5.0	0.2	0.1	0.0	1.2	0.2	0.0	9.6	64,214	14.7	30,604	4.9	33,610
Area of residence															
Urban	78.5	11.2	9.2	0.3	0.2	0.0	1.3	0.4	0.0	19.7	20,952	22.9	16,087	9.2	4,865
Rural	93.8	1.7	3.0	0.1	0.0	0.0	1.2	0.1	0.0	4.7	43,263	5.7	14,518	4.1	28,745
Province															
Niassa	92.5	3.1	3.1	0.9	0.0	0.0	0.2	0.0	0.2	6.2	3,761	6.9	1,834	5.5	1,927
Cabo Delgado	96.2	1.2	1.6	0.1	0.0	0.0	0.2	0.3	0.0	2.9	6,473	4.2	2,358	2.1	4,115
Nampula	84.6	6.5	3.9	0.0	0.1	0.0	5.2	0.0	0.0	10.2	11,520	18.1	5,280	3.5	6,240
Zambézia	94.7	2.0	3.1	0.3	0.0	0.0	0.2	0.0	0.0	4.9	10,718	9.0	2,756	3.4	7,962
Tete	96.9	1.8	1.0	0.0	0.0	0.0	0.1	0.0	0.0	2.8	5,634	2.7	2,051	2.8	3,583
Manica	83.0	1.3	15.4	0.2	0.0	0.0	0.0	0.0	0.0	16.6	2,965	24.3	1,097	12.0	1,867
Sofala	83.1	6.3	10.0	0.1	0.0	0.0	1.0	0.1	0.0	15.4	6,737	23.1	3,335	7.9	3,402
Inhambane	92.3	3.8	2.9	0.2	0.1	0.0	0.6	0.6	0.0	6.5	4,223	9.8	1,954	3.7	2,269
Gaza	91.9	1.9	5.5	0.1	0.2	0.0	0.4	0.5	0.0	7.3	4,256	8.3	2,937	5.2	1,319
Maputo Province	81.4	8.6	9.7	0.1	0.2	0.0	0.3	0.7	0.0	17.9	4,294	16.8	3,435	22.6	859
Maputo City	72.2	20.4	7.1	0.3	0.6	0.0	0.0	0.0	0.0	27.3	3,633	27.4	3,567	20.3	66
Level of education															
Never went to school	94.4	1.9	2.3	0.1	0.1	0.0	1.2	0.0	0.0	4.1	14,461	6.4	5,488	2.7	8,973
Primary	91.3	3.4	3.9	0.2	0.1	0.0	1.2	0.2	0.0	7.2	40,612	9.9	18,189	5.0	22,423
Secondary +	67.9	16.7	14.7	0.4	0.2	0.0	1.2	0.5	0.0	30.3	8,451	35.3	6,595	12.6	1,856
No reply/don't know	85.9	4.5	8.6	0.0	0.0	0.0	2.3	0.0	0.0	11.7	690	10.9	333	12.5	358
Wealth index quintile															
Poorest	96.1	0.7	1.3	0.3	0.0	0.0	1.3	0.0	0.0	2.0	12,862	1.8	1,623	2.1	11,239
Second	95.7	1.4	1.6	0.0	0.1	0.0	0.9	0.1	0.0	3.1	12,826	2.6	3,111	3.2	9,715
Middle	92.3	2.6	3.2	0.1	0.0	0.0	1.5	0.0	0.0	5.9	12,840	4.6	6,600	7.2	6,240
Fourth	89.4	3.0	5.8	0.3	0.1	0.0	1.5	0.1	0.0	8.7	12,845	9.6	7,536	7.4	5,309
Richest	70.6	16.2	13.1	0.2	0.2	0.0	0.8	0.6	0.0	28.2	12,841	28.8	11,734	22.5	1,106

* MICS indicator 13

The survey also gathered information about the time needed to reach the nearest water source, fetch water and return home. When households have to walk for more than five minutes to obtain water from the nearest source, it is probable that they will not use more than the minimum amount needed for hygiene, drinking and cooking (rather than the recommended norm of 20 litres per capita per day). The amount of time the household spends fetching water is shown in Table 7.3. Information on the number of trips made per day was not collected.

The results show that only 9 per cent of households in Mozambique have a source of drinking water located on their own premises, which breaks down into 25 per cent in urban areas and 2 per cent in rural areas. About 19 per cent of households take less than 15 minutes to reach the source, fetch the water and return home, and a further 19 per cent take between 15 and 30 minutes. Twenty-five per cent of households take between half an hour and an hour. About 26 per cent of households take an hour or more to reach the water source and return.

Excluding households with water on the premises, the average time taken to reach the nearest source of drinking water, fetch the water and return home is 49 minutes.

Households in rural areas spend more time (53 minutes) than those in urban areas (37 minutes). At the provincial level, the difference is very significant. Gaza province has the highest average time spent in reaching the nearest source, fetching water and returning home (96 minutes), followed by Cabo Delgado (71 minutes) and Inhambane (65 minutes). Maputo City has the lowest average time spent (15 minutes), followed by Niassa (22 minutes) and Maputo province (28 minutes). In the remaining provinces, the average time spent is between half an hour and an hour.

Households where the head has secondary education or higher spend less time fetching drinking water (35 minutes) than households where the head has no education (52 minutes).

Table 7.3: Time taken to reach the source, fetch water and return

Percentage distribution of households according to time spent to go to water source and return, and average time to source of drinking water, by selected characteristics, Mozambique, 2008

Selected characteristics	Time to go to drinking water source and return							Total	Average time to go to drinking water source and return (minutes)	Number of household members
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Information not available			
Total	9.1	19.4	19.0	25.0	26.3	0.8	0.3	100.0	48.7	13,955
Area of residence										
Urban	24.6	27.9	15.2	15.4	15.5	0.4	0.9	100.0	37.1	4,338
Rural	2.2	15.5	20.8	29.3	31.1	1.0	0.1	100.0	52.7	9,617
Province										
Niassa	5.2	34.2	31.1	24.8	4.4	0.1	0.1	100.0	21.9	833
Cabo Delgado	3.8	16.9	17.6	26.4	35.3	0.0	0.0	100.0	70.6	1,512
Nampula	5.1	11.6	18.5	26.9	37.1	0.0	0.7	100.0	52.0	2,568
Zambézia	2.5	18.0	23.6	31.9	20.5	3.3	0.1	100.0	36.0	2,532
Tete	0.5	19.6	29.9	34.6	15.1	0.0	0.3	100.0	32.4	1,281
Manica	6.8	18.6	17.7	27.8	29.0	0.0	0.2	100.0	54.0	627
Sofala	13.4	18.2	16.6	19.5	32.3	0.0	0.0	100.0	55.0	1,108
Inhambane	10.5	18.8	11.5	22.2	36.1	0.8	0.1	100.0	65.0	946
Gaza	8.0	7.6	11.3	19.4	52.3	1.4	0.0	100.0	96.4	845
Maputo Province	29.9	33.7	11.5	14.4	9.2	1.1	0.3	100.0	28.2	952
Maputo City	44.2	36.7	9.0	5.5	2.5	0.0	2.1	100.0	15.3	751
Level of education										
Never went to school	3.5	15.9	19.4	30.3	29.5	1.2	0.1	100.0	52.4	3,429
Primary	6.9	18.9	20.0	25.2	28.0	0.7	0.2	100.0	49.5	8,588
Secondary +	30.3	27.8	13.6	14.0	12.5	0.4	1.4	100.0	34.6	1,802
No reply/don't know	12.8	21.4	21.5	24.7	18.5	1.1	0.0	100.0	37.0	137
Wealth index quintile										
Poorest	0.7	13.7	20.1	30.3	33.8	1.1	0.1	100.0	52.3	2,866
Second	1.3	14.3	21.8	31.5	29.9	1.2	0.0	100.0	52.9	3,029
Middle	1.7	18.5	22.6	28.1	28.2	0.6	0.4	100.0	48.4	2,975
Fourth	7.1	22.1	17.4	23.1	29.2	0.8	0.2	100.0	52.7	2,630
Richest	39.9	30.2	11.8	9.2	7.5	0.2	1.2	100.0	27.1	2,455

MICS sought to find out who normally goes to the source to fetch water for the members of the household. Table 7.4 and Graph 7.4 show the percentage distribution of people who normally fetch water for the household.

In the great majority of households, the person who fetches water when the source of drinking water is not on the premises is an adult woman (85 per cent). In about 7 per cent of households the person is a girl under 15. Adult men fetch water in only 6 per cent of households. Boys under 15 are charged with fetching water in 1 per cent of households. It is more frequent for adult men to fetch water in urban areas (10 per cent) than in rural areas (5 per cent).

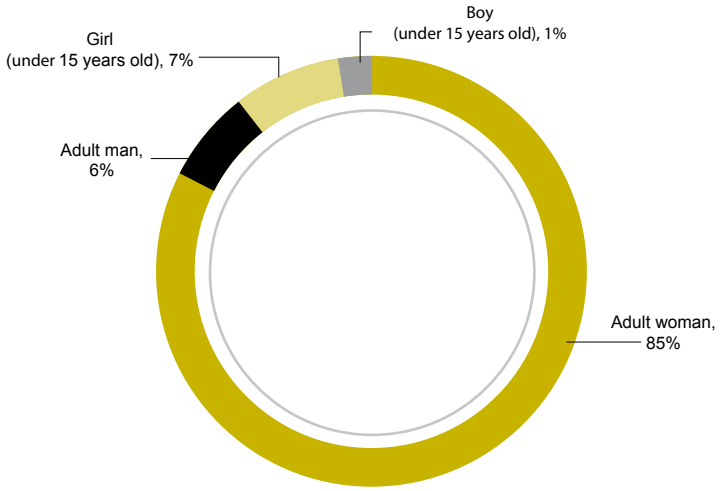
Table 7.4: Person who fetches water

Percentage distribution of households according to the person who fetches water for the household, by selected characteristics, Mozambique, 2008

Selected characteristics	Person who fetches water for the household					NA	Number of households
	Adult woman	Adult man	Girl (under 15 years old)	Boy (under 15 years old)	Don't know		
Total	85.3	6.3	6.5	1.3	0.6	100.0	12,520
Area of residence							
Urban	78.9	9.7	8.0	2.5	0.9	100.0	3,216
Rural	87.5	5.1	6.0	0.9	0.4	100.0	9,304
Province							
Niassa	89.1	7.2	2.7	0.5	0.5	100.0	787
Cabo Delgado	90.2	5.0	4.1	0.1	0.6	100.0	1,455
Nampula	78.1	7.1	10.7	2.9	1.3	100.0	2,418
Zambézia	86.2	4.9	7.7	1.0	0.2	100.0	2,382
Tete	93.1	3.1	3.0	0.4	0.4	100.0	1,271
Manica	89.5	6.2	3.0	1.1	0.2	100.0	584
Sofala	90.2	4.7	4.1	0.8	0.2	100.0	960
Inhambane	88.2	6.5	4.5	0.7	0.1	100.0	838
Gaza	81.1	5.4	10.7	2.7	0.1	100.0	765
Maputo Province	72.9	14.4	8.1	3.1	1.5	100.0	658
Maputo City	77.1	14.5	6.2	1.3	0.9	100.0	403
Level of education							
Never went to school	85.9	4.5	7.4	1.4	0.8	100.0	3,261
Primary	86.4	5.6	6.2	1.2	0.5	100.0	7,916
Secondary +	76.8	15.7	5.4	1.9	0.2	100.0	1,224
No reply/don't know	79.6	7.4	11.4	0.6	0.9	100.0	118
Wealth index quintile							
Poorest	89.6	2.8	6.4	0.8	0.5	100.0	2,810
Second	88.8	4.4	5.5	0.8	0.6	100.0	2,954
Middle	86.4	6.3	5.7	1.0	0.6	100.0	2,897
Fourth	81.7	7.6	7.9	2.6	0.2	100.0	2,416
Richest	73.5	14.9	8.3	2.2	1.1	100.0	1,443

At the provincial level, the use of girls under 15 to fetch water is most pronounced in Gaza and Nampula (both with 11 per cent), and Maputo province and Zambézia (both with 8 per cent), while the use of boys under 15 is greatest in Maputo province, Nampula and Gaza (all with 3 per cent).

Graph 7.4: Person who fetches water, Mozambique, 2008



Sanitation

Inadequate disposal of human excreta is associated with a range of diseases, including diarrhoeal diseases. Sanitary facilities for the safe elimination of excrement include the following: flush toilets, toilets without flush, improved latrines and improved traditional latrines.

Table 7.5 and Graph 7.5 show that only 19 per cent of people in Mozambique live in households that use improved sanitation facilities principally traditional latrine (8 per cent) and latrine (7 per cent). Toilets with and without flush are used by a total of 5 per cent of households. As Graph 7.6 shows, this percentage is a slight improvement when compared with the figures from 2004, when the estimated coverage was 12 per cent (IFTRAB 2004).

Almost half the people use improved sanitation facilities in urban areas (47 per cent), while in rural areas, rather more than one in every 20 people use them (6 per cent).

In rural areas, the population mainly use latrines without slabs or simply have no sanitation facilities. The data show that 54 per cent use the bush, 39 per cent use unimproved latrines, 4 per cent use improved traditional latrines, and only 1 per cent use improved latrines. The most common sanitation facilities in urban areas are unimproved latrines (38 per cent), improved latrines (18 per cent), and improved traditional latrines (15 per cent). It is important to note that 14 per cent of households who live in urban areas use a toilet (with or without a flush mechanism).

The table also shows that the use of improved sanitation facilities is strongly correlated with household wealth. No households in the poorest wealth quintile use improved sanitary facilities, while almost three in every four people (72 per cent) in households in the richest quintile use improved sanitary facilities.

Table 7.5: Type of sanitation used to dispose of excreta

Percentage distribution of households according to the type of sanitation used by the household and the percentage of household members who use excreta elimination sanitary facilities, by selected characteristics, Mozambique, 2008

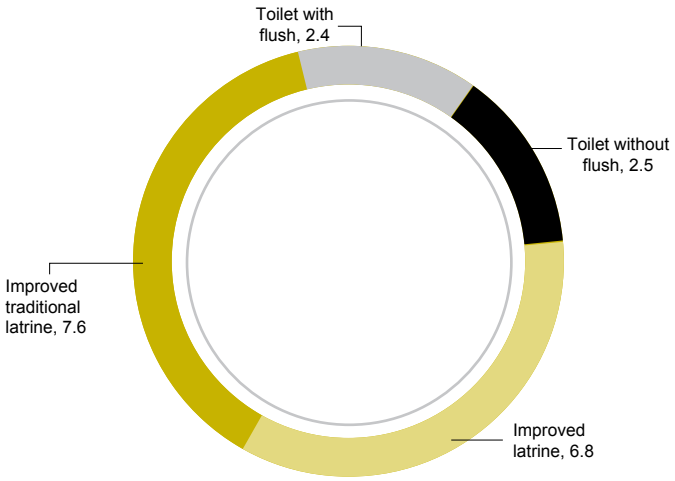
Selected characteristics	Type of sanitation facilities used by household									Total	Percentage of population who use sanitary facilities to eliminate excreta *	Number of household members
	Improved sanitation facilities				Unimproved sanitation facilities							
	Toilet with flush	Toilet without flush	Improved latrine	Improved traditional latrine	Unimproved latrine	On the beach	In the bush	Other	No information			
Total	2.4	2.5	6.8	7.6	38.3	1.5	40.3	0.0	0.6	100.0	19.3	64,214
Area of residence												
Urban	7.0	7.3	17.9	14.9	37.9	2.6	11.9	0.0	0.5	100.0	47.1	20,952
Rural	0.2	0.2	1.4	4.0	38.5	0.9	54.1	0.0	0.6	100.0	5.8	43,263
Province												
Niassa	0.6	0.1	4.5	10.3	62.6	0.1	21.0	0.0	0.8	100.0	15.4	3,761
Cabo Delgado	0.1	0.4	2.6	2.6	64.7	4.3	25.3	0.0	0.1	100.0	5.6	6,473
Nampula	2.2	1.1	4.7	7.3	38.3	5.6	40.8	0.0	0.0	100.0	15.2	11,520
Zambézia	0.2	0.2	3.0	4.1	18.1	0.1	71.6	0.0	2.6	100.0	7.6	10,718
Tete	0.1	0.0	2.3	0.9	38.5	0.0	58.0	0.0	0.1	100.0	3.4	5,634
Manica	0.2	1.5	7.3	5.3	33.9	0.0	51.4	0.0	0.4	100.0	14.2	2,965
Sofala	3.7	5.4	7.3	5.6	23.6	0.0	54.1	0.0	0.3	100.0	22.0	6,737
Inhambane	1.2	0.3	5.3	8.7	56.0	0.2	28.1	0.0	0.2	100.0	15.5	4,223
Gaza	1.3	1.9	11.9	8.7	56.2	0.3	19.8	0.0	0.0	100.0	23.8	4,256
Maputo Province	5.4	6.9	10.5	24.5	38.1	0.0	14.5	0.1	0.1	100.0	47.2	4,294
Maputo City	17.3	17.8	31.4	18.3	15.2	0.0	0.0	0.0	0.0	100.0	84.6	3,633
Level of education												
Never went to school	0.4	0.4	2.4	3.9	35.7	1.6	55.2	0.0	0.5	100.0	7.0	14,461
Primary	0.9	1.8	5.9	7.9	39.8	1.6	41.5	0.0	0.7	100.0	16.4	40,612
Secondary +	13.3	9.6	18.1	12.5	35.2	0.8	10.3	0.0	0.3	100.0	53.2	8,451
No reply/don't know	1.7	1.6	13.6	10.9	41.7	1.4	29.2	0.0	0.0	100.0	27.7	690
Wealth index quintile												
Poorest	0.0	0.0	0.0	0.0	7.2	1.0	91.6	0.0	0.1	100.0	.0	12,862
Second	0.0	0.0	0.0	0.1	38.6	1.4	58.8	0.0	1.1	100.0	.1	12,826
Middle	0.0	0.0	0.7	7.0	60.9	0.8	29.8	0.0	0.7	100.0	7.7	12,840
Fourth	0.0	0.0	6.2	10.9	59.9	2.2	20.2	0.0	0.7	100.0	17.0	12,845
Richest	11.9	12.6	27.1	20.0	25.2	2.0	1.0	0.0	0.2	100.0	71.5	12,841

* MICS Indicator 12; MDG Indicator 7.9

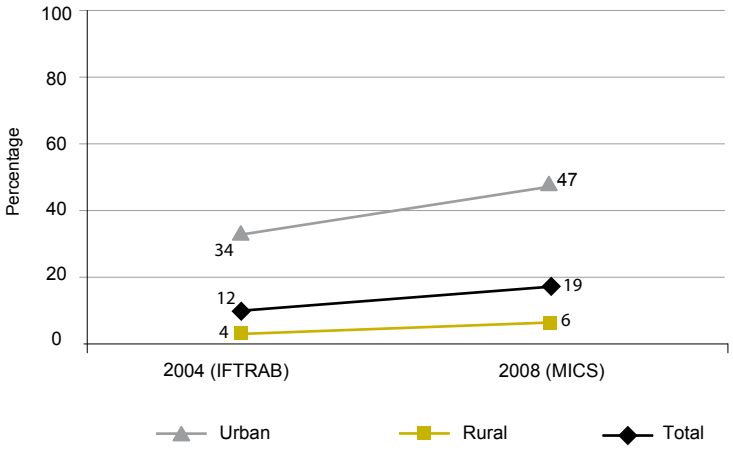
The use of improved sanitation facilities is related to the level of education attained by the head of household. Table 7.5 shows that in households where the head has secondary education, the probability of using improved sanitation facilities is greater (53 per cent) than in cases where the head of the household never went to school (7 per cent).

The analysis by province shows that Maputo City has the highest percentage of people using improved sanitation facilities (85 per cent), followed by Maputo province with 47 per cent. The provinces of Tete (3 per cent), Cabo Delgado (6 per cent) and Zambézia (8 per cent) stand out for having particularly low percentages using improved sanitation facilities. In Nampula and Cabo Delgado, most people resort to beaches for defecation (6 per cent and 4 per cent, respectively). In Zambézia, Tete, Sofala and Manica, more than half the population defecate in the bush (72 per cent, 58 per cent, 54 per cent and 51 per cent, respectively).

Graph 7.5: Improved sanitation facilities, Mozambique, 2008



Graph 7.6: Percentage of households with access to safe sanitation, Mozambique, 2004 and 2008



The safe elimination of children's faeces consists of directly disposing of the child's stool in a toilet or taking it to a toilet or latrine. Data on the elimination of the faeces of children under 2 years old are shown in Table 7.6.

The faeces of rather less than a third of children (32 per cent) are disposed of safely. The safe form most used (30 per cent) consists of taking the child's faeces to a toilet or latrine, while in 2 per cent of cases the children themselves use a bathroom. Burying the faeces is also a very common practice in the country (29 per cent), as are dumping the faeces in the garbage (16 per cent) and leaving them in the open air (12 per cent).

Table 7.6: Disposal of children's faeces

Percentage distribution of children aged 0–2 years according to place of disposal of child's faeces, and the percentage whose stools are disposed of safely, by selected characteristics, Mozambique, 2008

Selected characteristics	The last time the child defecated, how were the faeces disposed of?								Total	Proportion of children whose stools are disposed of safely*	Number of children aged 0–2 years
	The child used the toilet/latrine	Put/rinsed into toilet/latrine	Put/rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Other	no reply/don't know/			
Total	2.3	29.6	3.4	16.1	29.4	11.5	3.9	3.7	100.0	31.9	7,233
Area of residence											
Urban	4.3	48.3	4.0	9.7	21.5	5.6	2.7	3.8	100.0	52.6	2,078
Rural	1.5	22.0	3.2	18.7	32.5	13.9	4.4	3.7	100.0	23.5	5,155
Province											
Niassa	6.3	48.7	7.6	9.7	9.5	1.8	12.9	3.5	100.0	55.0	434
Cabo Delgado	4.0	49.6	1.3	14.5	25.6	1.9	1.8	1.3	100.0	53.6	747
Nampula	4.1	25.9	3.3	7.6	37.4	8.5	1.5	11.7	100.0	30.1	1,158
Zambézia	0.7	9.8	1.3	16.2	43.5	15.3	9.7	3.3	100.0	10.5	1,259
Tete	0.4	15.5	3.2	40.8	18.0	18.6	2.0	1.6	100.0	15.9	727
Manica	1.0	30.5	9.7	12.5	21.7	14.9	7.5	2.3	100.0	31.5	365
Sofala	0.9	20.1	3.3	29.0	28.8	15.5	1.0	1.5	100.0	21.0	937
Inhambane	1.3	31.1	3.1	5.6	38.4	18.3	0.2	2.1	100.0	32.4	448
Gaza	1.4	33.7	5.3	5.2	34.4	17.8	0.1	2.1	100.0	35.1	454
Maputo Province	4.4	48.3	3.5	11.5	21.0	4.5	5.6	1.2	100.0	52.7	418
Maputo City	3.5	78.8	2.3	4.2	5.9	2.0	0.0	3.5	100.0	82.3	286
Mother's education											
Never went to school	1.6	17.6	3.5	23.2	30.5	15.1	4.1	4.5	100.0	19.2	2,257
Primary	2.4	32.1	3.2	13.5	31.0	10.4	4.1	3.2	100.0	34.6	4,411
Secondary +	4.5	57.1	4.9	8.2	12.4	6.2	2.1	4.6	100.0	61.6	564
No reply/don't know	*	*	*	*	*	*	*	*	*	*	1
Wealth index quintile											
Poorest	0.5	6.0	3.2	23.8	37.8	16.7	7.3	4.7	100.0	6.5	1,641
Second	2.0	22.1	3.1	21.3	30.2	13.8	4.1	3.4	100.0	24.1	1,610
Middle	2.5	32.2	3.6	14.9	30.1	9.6	3.6	3.6	100.0	34.7	1,417
Fourth	3.0	37.6	3.6	10.9	29.3	10.6	1.3	3.7	100.0	40.7	1,431
Richest	4.5	60.7	3.7	5.7	15.3	4.5	2.6	3.0	100.0	65.2	1,134

* MICS indicator 14

The safe disposal of children's faeces is most common in urban areas (53 per cent),while in rural areas the figure is 24 per cent. At the provincial level, the highest percentage of children whose faeces are disposed of safely is in Maputo City (82 per cent), followed by Niassa, Cabo Delgado and Maputo province (55 per cent, 54 per cent and 53 per cent, respectively). Zambézia and Tete have the lowest percentages, with 11 per cent and 16 per cent, respectively.

The proportion of children whose faeces are disposed of safely varies in accordance with the education of their mothers and the level of household wealth. It is highest when the mother has secondary education or more (62 per cent) and lowest among mothers with no education (19 per cent). It is highest when the household is in the richest wealth quintile (65 per cent) and lowest when the household is in the lowest quintile (7 per cent).

Table 7.7 gives a general view of the percentage of household members who use both improved water sources and improved sanitation facilities to dispose of human excreta. Overall, 16 per cent of those surveyed use both improved drinking water sources and improved sanitation facilities.

The data in the table show that urban areas record a greater use of improved drinking water sources and improved sanitation facilities (41 per cent) than rural areas (3 per cent).

At the provincial level, Maputo City is where people have the greatest probability of using both improved drinking water sources and improved sanitation facilities (80 per cent), followed by Maputo province (39 per cent), Sofala (20 per cent) and Gaza (18 per cent). Tete (3 per cent), Cabo Delgado (4 per cent) and Zambézia (5 per cent) have the lowest use of the two services mentioned.

Table 7.7: Use of both improved water sources and improved sanitation

Percentage of households who use both improved drinking water sources and sanitary means of excreta disposal, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of households who use improved drinking water sources*	Percentage of households who use sanitary means of excreta disposal **	Percentage of households using both improved drinking water sources and sanitary means of excreta disposal	Number of household members
Total	43.0	19.3	15.5	64,214
Area of residence				
Urban	69.9	47.1	41.1	20,952
Rural	29.9	5.8	3.1	43,263
Province				
Niassa	44.1	15.4	9.1	3,761
Cabo Delgado	29.9	5.6	4.4	6,473
Nampula	43.1	15.2	10.9	11,520
Zambézia	23.6	7.6	5.3	10,718
Tete	34.2	3.4	2.9	5,634
Manica	32.0	14.2	7.6	2,965
Sofala	48.0	22.0	20.3	6,737
Inhambane	34.9	15.5	8.9	4,223
Gaza	60.7	23.8	18.0	4,256
Maputo Province	67.7	47.2	39.1	4,294
Maputo City	94.3	84.6	80.2	3,633
Level of education				
Never went to school	33.8	7.0	4.8	14,461
Primary	40.0	16.4	12.4	40,612
Secondary +	73.1	53.2	48.3	8,451
No reply/Don't know	41.1	27.7	17.7	690
Wealth index quintile				
Poorest	12.6	0.0	0.0	12,862
Second	22.8	0.1	0.0	12,826
Middle	44.4	7.7	3.1	12,840
Fourth	49.9	17.0	10.8	12,845
Richest	85.1	71.5	63.6	12,841

* MICS indicator 11; MDG indicator 7.8
** MICS indicator 12; MDG indicator 7.9

The level of use of both improved drinking water sources and improved sanitation facilities is strongly correlated with the level of household wealth. It is important to note that none of the households in the two poorest wealth quintiles uses both the services mentioned. In the third quintile the percentage remains very low (3 per cent). The situation is profoundly different among households of the richest quintile, where two thirds of households have access to both improved drinking water sources and improved sanitation facilities.

VIII. Reproductive health

This chapter deals with three fundamental aspects of women's reproductive health. The chapter begins by analysing contraceptive methods used by women aged 15–49 who are currently married or in unions; it then describes antenatal care, and finally post-natal care.

Contraception

Appropriate family planning is important to the health of women and children because: 1) it makes it possible to prevent pregnancies that are too early, too late and unwanted; 2) it allows women to extend the period between births; and 3) it allows women to limit their number of children. One of the objectives of A World Fit for Children is access of all couples to family planning information and services to prevent pregnancies that are too early or too late, very short intervals between pregnancies, a large number of children and unwanted pregnancies.

In general, the data show that the use of contraception by women who are married or in unions remains low. Table 8.1 shows that only 16 per cent of women currently married or in unions reported currently using contraception. Twelve per cent use modern methods and 4 per cent use traditional methods. Among those who use modern methods, the most popular is the pill, reported by 6 per cent of women. The second method is injection, used by 5 per cent. Lactational amenorrhoea was reported by 3 per cent of women married or in unions.

There are significant differences in the use of contraception between the various parts of the country. For example, twice as many women in urban as in rural areas use contraception. Among the provinces, the data show that contraception prevalence tends to be highest in Sofala (37 per cent), Maputo City (34 per cent) and Maputo province (34 per cent). Inhambane, Tete and Gaza provinces recorded that 18 per cent of women who were married or in unions were using contraceptives. In these provinces, the predominant modern methods are the pill and injections (except for Sofala, where the dominant methods are lactational amenorrhoea and periodic abstinence). The provinces of Cabo Delgado (3 per cent), Nampula (4 per cent) and Zambézia (8 per cent) show the lowest percentage use of modern contraceptive methods.

The use of contraception among adolescents and older women is much less than among women of intermediate ages. One notes that only 13 per cent of women aged 15–19 who are married or in unions currently use contraception, compared with 17 per cent of women aged 20–24, 19 per cent aged 25–29, 18 per cent aged 30–34 and 17 per cent aged 35–39.

The use of contraception varies in accordance with the number of living children that women have. As the number of children increases, so does the prevalence of contraceptive use. Among married women without children, only 2 per cent reported using contraception, followed by those with one child (13 per cent), those with two children (18 per cent) and those with three or more children (20 per cent).

The prevalence of contraceptive use seems strongly associated with the woman's level of education, since the percentage of women married or in unions who use any contraceptive method rises from 12 per cent of those who did not attend school to 16 per cent of those who have primary education to 37 per cent among those who have secondary education or higher.

The use of contraception among women who are married or in unions is also strongly related to their level of wealth. Thus, only a little more than 10 per cent of women in the poorest and second quintiles reported any current use of contraception, compared with 18 per cent and 33 per cent in the fourth and richest quintiles, respectively.

Table 8.1: Use of contraceptives

Percentage of women aged 15–49,, married or in unions, who are using (or whose partner is using) a contraceptive method, by selected characteristics, Mozambique, 2008

Selected characteristics	Method used by the woman or her partner:														Total	Any modern method	Any traditional method	Any method*	Number of women married or in unions
	Not using any method	Female sterilization	Male sterilization	Pill	Intrauterine device (IUD)	Injections	Implants	Male Condoms	Female condoms	Diaphragm/foam/jelly	Lactational amenorrhea	Periodic abstinence	Withdrawal	Other					
Total	83.8	0.2	0.0	6.3	0.2	4.6	0.0	0.8	0.0	0.0	2.5	1.1	0.1	0.4	100.0	12.2	4.0	16.2	9,984
Area of residence																			
Urban	75.2	0.3	0.1	10.8	0.5	7.9	0.0	1.9	0.0	0.0	1.7	1.0	0.2	0.3	100.0	21.6	3.2	24.8	3,066
Rural	87.6	0.1	0.0	4.4	0.1	3.1	0.0	0.3	0.0	0.0	2.8	1.1	0.0	0.4	100.0	8.0	4.4	12.4	6,918
Province																			
Niassa	86.4	0.4	0.0	8.7	0.4	3.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.9	100.0	12.7	0.9	13.6	592
Cabo Delgado	96.8	0.0	0.0	1.9	0.0	1.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	100.0	3.0	0.2	3.2	1,078
Nampula	92.7	0.0	0.0	1.6	0.1	1.9	0.0	0.2	0.0	0.0	3.3	0.0	0.1	0.1	100.0	3.8	3.5	7.3	1,790
Zambézia	91.2	0.0	0.0	3.7	0.2	4.2	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.4	100.0	8.4	0.4	8.8	1,692
Tete	82.1	0.1	0.0	7.1	0.0	9.9	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.7	100.0	17.2	0.7	17.9	891
Manica	89.4	0.0	0.0	6.8	0.2	2.9	0.0	0.1	0.0	0.0	0.7	0.0	0.0	0.0	100.0	9.9	0.7	10.6	492
Sofala	62.8	0.0	0.0	4.5	0.1	5.6	0.0	0.9	0.0	0.0	16.5	8.9	0.2	0.4	100.0	11.1	26.0	37.2	1,115
Inhambane	81.9	0.2	0.0	11.6	1.4	3.1	0.0	0.6	0.1	0.0	0.0	0.7	0.0	0.3	100.0	17.1	1.0	18.1	629
Gaza	82.5	0.7	0.0	8.7	0.4	6.6	0.0	0.6	0.0	0.0	0.2	0.0	0.0	0.2	100.0	17.1	0.4	17.5	606
Maputo Province	65.9	0.8	0.3	17.2	0.0	9.4	0.0	4.7	0.0	0.0	0.0	0.4	0.2	1.1	100.0	32.4	1.7	34.1	617
Maputo City	65.8	0.5	0.0	19.2	0.4	8.1	0.0	4.4	0.2	0.2	0.1	0.3	0.2	0.7	100.0	32.9	1.3	34.2	482
Age																			
15–19	87.0	0.0	0.0	5.4	0.0	1.0	0.0	1.3	0.1	0.0	3.8	1.0	0.0	0.3	100.0	7.8	5.1	13.0	1,090
20–24	82.9	0.0	0.1	7.6	0.2	3.9	0.0	1.5	0.0	0.0	2.2	1.2	0.0	0.4	100.0	13.3	3.9	17.1	1,961
25–29	80.7	0.1	0.0	7.9	0.4	5.2	0.0	0.7	0.1	0.0	3.2	1.3	0.0	0.4	100.0	14.4	4.9	19.3	2,207
30–34	82.0	0.0	0.0	6.5	0.4	6.1	0.0	0.6	0.0	0.0	2.9	1.0	0.2	0.3	100.0	13.6	4.4	18.0	1,709
35–39	82.8	0.1	0.0	6.0	0.2	6.5	0.0	0.3	0.0	0.0	2.3	1.4	0.0	0.4	100.0	13.1	4.1	17.2	1,413
40–44	88.0	0.8	0.0	4.7	0.2	4.4	0.0	0.0	0.0	0.0	0.8	0.4	0.2	0.5	100.0	10.1	1.9	12.0	916
45–49	92.2	0.9	0.0	1.8	0.1	2.7	0.0	0.3	0.0	0.1	0.5	0.5	0.3	0.5	100.0	5.9	1.9	7.8	688
Number of living children																			
0	98.4	0.0	0.0	0.7	0.0	0.1	0.0	0.7	0.1	0.0	0.0	0.0	0.0	0.0	100.0	1.6	0.0	1.6	1,145
1	87.1	0.0	0.1	6.1	0.1	1.7	0.0	1.6	0.0	0.0	2.4	0.6	0.0	0.4	100.0	9.4	3.5	12.9	1,818
2	82.0	0.2	0.1	8.4	0.3	4.0	0.0	1.3	0.1	0.0	2.5	1.1	0.0	0.1	100.0	14.4	3.7	18.0	1,834
3	79.7	0.1	0.0	8.9	0.1	6.3	0.0	0.6	0.0	0.0	2.5	1.3	0.1	0.4	100.0	16.0	4.3	20.3	1,602
4+	80.3	0.3	0.0	6.1	0.4	7.0	0.0	0.2	0.0	0.0	3.3	1.6	0.1	0.6	100.0	14.1	5.7	19.7	3,585
Level of education																			
Never went to school	88.2	0.0	0.0	3.3	0.1	2.2	0.0	0.2	0.0	0.0	3.5	2.1	0.0	0.3	100.0	5.8	6.0	11.8	3,212
Primary	84.2	0.3	0.0	6.4	0.3	5.3	0.0	0.5	0.0	0.0	2.0	0.5	0.0	0.5	100.0	12.7	3.0	15.8	5,874
Secondary +	62.7	0.1	0.0	18.2	0.7	8.9	0.0	5.1	0.2	0.2	2.1	1.0	0.5	0.4	100.0	33.2	4.0	37.3	820
No reply/don't know	94.1	0.0	0.0	0.9	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5.9	0.0	5.9	78
Wealth index quintile																			
Poorest	89.3	0.2	0.0	2.7	0.0	1.8	0.0	0.2	0.0	0.0	4.5	1.0	0.0	0.2	100.0	4.9	5.7	10.7	1,995
Second	89.9	0.0	0.0	2.7	0.0	2.1	0.0	0.1	0.0	0.0	2.9	2.0	0.0	0.3	100.0	4.9	5.3	10.1	2,063
Middle	88.5	0.1	0.0	4.1	0.1	3.9	0.0	0.2	0.0	0.0	1.8	0.7	0.0	0.6	100.0	8.5	3.0	11.5	2,210
Fourth	81.9	0.2	0.0	7.5	0.4	6.1	0.0	0.6	0.0	0.0	2.0	0.9	0.0	0.4	100.0	14.8	3.3	18.1	1,892
Richest	67.2	0.4	0.1	15.9	0.8	9.6	0.0	3.0	0.1	0.1	1.3	0.7	0.4	0.5	100.0	29.9	2.9	32.8	1,825

* MICS indicator 21; MDG indicator 5.3

Antenatal care

The antenatal period presents important opportunities for pregnant women to benefit from interventions that are vital for both their own health and well-being and for the healthy development of their babies. Better understanding of foetal growth and development and their relationship to the mother's health results in increased attention to antenatal care. For example, if during the antenatal period women and families are given information about danger signs and symptoms and the risks of pregnancy, there is a greater guarantee of women seeking assistance from qualified health personnel.

The antenatal period also provides opportunities for women to obtain important information and to receive treatment for some anomalies that may affect the lives of both child and mother. For example, women may receive information on birth spacing, which is recognized as an important factor in improving child survival. They may receive vaccination against tetanus during pregnancy, which may be life-saving for both the mother and the infant. The prevention and treatment of malaria in pregnant women, the management of anaemia during pregnancy and the treatment of sexually transmitted infections can significantly improve foetal development and improve maternal health.

Various other outcomes can be obtained during the antenatal period. For example, the problem of low birthweight can be reduced through a combination of interventions to improve the woman's nutritional status and prevent infections during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

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

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

Coverage of antenatal care by qualified health personnel (doctor, nurse or midwife) has been improving significantly and is high in Mozambique, since the data indicate that more than 92 per cent of women aged 15–49 who gave birth in the two years prior to MICS received antenatal care. This percentage is a slight rise since 2003, when the DHS data indicated coverage of almost 85 per cent.

The coverage of antenatal care remains higher in urban than in rural areas, 99 per cent and 90 per cent, respectively. Maputo City, Maputo province and Gaza have high percentages of antenatal care coverage, around 100 per cent, while Zambézia, with 81 per cent, and Tete, with 86 per cent, are the only two provinces where coverage is lower than 90 per cent.

The MICS data show a variation in antenatal care in accordance with the education of the woman, since coverage rises from 88 per cent among women with no education to 99 per cent among women with secondary education or higher. The level of wealth also has an influence on antenatal care, since 86 per cent of women in the poorest quintile obtained assistance compared with almost 100 per cent of those in the richest quintile.

Table 8.2a: Antenatal care

Percentage of pregnant women receiving antenatal care among women aged 15–49 who gave birth in the two years prior to the survey, Mozambique, 2008

Selected characteristics	Percentage of pregnant women receiving antenatal care at least once*	Percentage of women who had**:				Number of women who had at least one live birth in the two years prior to the date of the interview
		Blood sample taken	Blood pressure measured	Urine sample taken	Weight measured	
Total	92.3	61.8	61.5	36.5	87.2	5,191
Area of residence						
Urban	99.0	84.8	79.1	52.9	95.5	1,493
Rural	89.7	52.6	54.5	29.9	83.8	3,698
Province						
Niassa	97.0	55.1	45.1	37.6	88.4	318
Cabo Delgado	97.8	56.1	64.1	24.3	95.4	527
Nampula	93.8	47.6	56.9	48.4	86.6	895
Zambézia	80.5	39.0	45.3	29.4	73.7	912
Tete	86.2	58.7	49.3	46.5	76.1	535
Manica	91.2	76.1	58.6	32.3	89.2	260
Sofala	93.6	85.1	76.8	36.4	90.5	638
Inhambane	99.2	68.4	74.0	25.0	96.0	312
Gaza	99.7	76.9	72.2	21.5	98.6	325
Maputo Province	99.1	91.5	84.3	31.8	96.5	277
Maputo City	100.0	96.8	97.0	75.7	99.0	191
Age						
15–19	93.9	63.5	62.2	38.1	88.5	799
20–24	93.4	64.5	64.0	39.1	89.7	1,434
25–29	91.5	62.4	59.4	34.6	86.2	1,275
30–34	91.7	59.4	63.6	33.8	88.7	849
35–39	91.8	58.2	59.5	36.0	83.0	574
40–44	89.2	57.8	57.1	39.8	81.6	176
45–49	88.2	49.3	48.6	28.7	70.1	84
Level of education						
Never went to school	88.0	53.4	53.3	32.5	81.4	1,624
Primary	93.6	63.1	63.0	36.1	88.9	3,086
Secondary +	99.3	85.9	82.8	53.9	95.9	439
No reply/don't know	(96.0)	(39.9)	(47.7)	(35.5)	(92.6)	42
Wealth index quintile						
Poorest	85.6	45.8	47.7	29.5	78.8	1,209
Second	88.7	51.6	55.4	32.6	83.3	1,144
Middle	93.4	60.2	58.0	35.8	86.9	1,041
Fourth	97.5	74.5	72.1	37.8	93.6	1,018
Richest	99.9	87.3	83.1	52.4	97.9	778

* MICS indicator 20
** MICS indicator 44

Table 8.2b shows the percentage of women who gave birth in the two years prior to the survey who received specific antenatal care during pregnancy. Among the specific antenatal practices provided, weighing was the most frequent, reaching almost 95 per cent. This percentage is close to that recorded in 2003, which was 96 per cent.

Blood testing reached about 67 per cent of women who gave birth in the two years prior to the survey. This was an increase, since in 2003, the proportion was 50 per cent. The percentage whose urine was tested remains very low: only 40 per cent of women. This percentage has not changed much when compared with that found in DHS 2003, which was 38 per cent.

Table 8.2b: Content of antenatal care

Percentage of women aged 15–49 who gave birth in the two years prior to the survey, by content of the antenatal care received, Mozambique, 2008

Selected characteristics	Percentage of women receiving antenatal care who had:				Number of women who gave birth in the two years prior to the survey and who received antenatal care
	Blood sample taken	Blood pressure measured	Urine sample taken	Weight measured	
Total	67.0	66.7	39.5	94.4	4,793
Area of residence					
Urban	85.7	79.9	53.5	96.5	1,477
Rural	58.6	60.7	33.3	93.5	3,316
Provinces					
Niassa	56.8	46.5	38.7	91.1	309
Cabo Delgado	57.4	65.6	24.8	97.6	515
Nampula	50.7	60.6	51.6	92.3	840
Zambézia	48.4	56.3	36.5	91.6	734
Tete	68.0	57.1	53.9	88.3	462
Manica	83.4	64.2	35.4	97.7	237
Sofala	90.9	82.1	38.9	96.7	597
Inhambane	69.0	74.6	25.2	96.8	309
Gaza	77.1	72.4	21.5	98.9	324
Maputo Province	92.3	85.0	32.1	97.3	275
Maputo City	96.8	97.0	75.7	99.0	191
Age					
15–19	67.6	66.3	40.6	94.2	750
20–24	69.0	68.5	41.9	96.1	1,340
25–29	68.3	64.9	37.8	94.3	1,166
30–34	64.7	69.4	36.8	96.7	779
35–39	63.4	64.8	39.1	90.4	527
40–44	64.8	64.0	44.6	91.5	157
45–49	55.9	55.2	32.6	79.5	74
Level of Education					
Never went to school	60.7	60.6	36.9	92.5	1,429
Primary	67.5	67.3	38.6	95.0	2,887
Secondary +	86.5	83.4	54.3	96.5	436
No reply/don't know	(41.6)	(49.6)	(37.0)	(96.4)	40
Wealth index quintile					
Poorest	53.5	55.7	34.4	92.0	1,036
Second	58.1	62.4	36.7	93.8	1,016
Middle	64.5	62.1	38.3	93.1	972
Fourth	76.4	74.0	38.7	96.0	992
Richest	87.4	83.2	52.5	98.0	778

Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

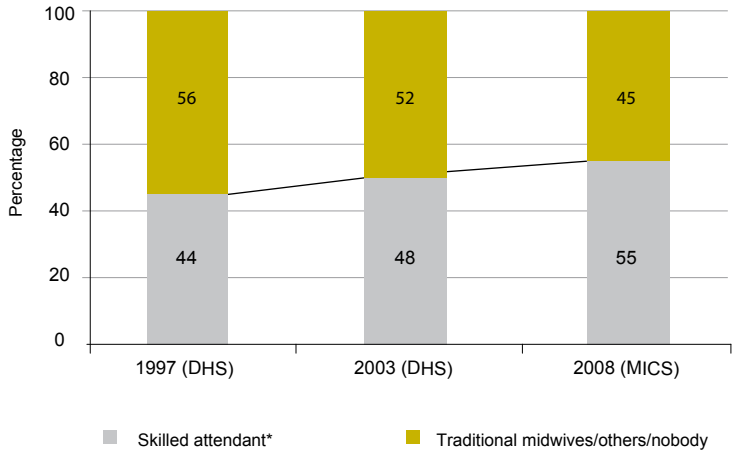
Assistance at delivery

Three quarters of maternal deaths occur during delivery and the immediate post-partum period. The key intervention for safe motherhood is to ensure that, during each delivery, a skilled attendant with obstetric skills is present and that transport is available to a referral health unit for obstetric care in case of emergency. One of the objectives of A World Fit for Children is to ensure that women have quick access during delivery to care by a skilled attendant at an accessible cost. The indicators of assistance at delivery are: the percentage of deliveries assisted by a skilled attendant, and the percentage of institutional deliveries. The first indicator, that of assistance at delivery by a skilled attendant, is also used to track progress towards the Millennium Development Goals target of reducing the maternal mortality rate by three quarters between 1990 and 2015.

MICS included several questions to assess the percentage of births assisted by a skilled attendant. A skilled attendant can be a doctor, a nurse, a midwife or an auxiliary midwife.

Table 8.3 shows the percentage distribution of women aged 15–49 who had a live birth in the last two years prior to the survey, by type of personnel assisting at the delivery. The data show that 55 per cent of the births that occurred in the two years prior to MICS were assisted by skilled attendants. This is an increase over the percentage recorded in DHS 2003, which was 48 per cent (Graph 8.1). More than two fifths of the deliveries were assisted by midwives (41 per cent), 12 per cent were assisted by nurses, and only 2 per cent by doctors.

Graph 8.1: Assistance during delivery, Mozambique, 1997, 2003 and 2008



There is a great difference in numbers of deliveries assisted by skilled attendants between urban and rural areas; the percentages are 79 per cent and 46 per cent, respectively. There are also significant differences between the provinces in the frequency of assistance at delivery by skilled attendants. Maputo City and Maputo province have the highest percentages, 92 per cent and 77 per cent respectively, while Tete (33 per cent), Zambézia (38 per cent) and Cabo Delgado (46 per cent) have coverages lower than 50 per cent.

Analyzed by the age of the mother, MICS data show that assistance at delivery by skilled attendants tends to be more frequent among younger mothers than older ones, since the percentages fall from 65 per cent among mothers aged 15–19 to 27 per cent among those aged 45–49. This trend is similar to that noted by DHS 2003. Mothers with secondary education and higher have a greater probability of being assisted during delivery by skilled attendants than those who have no education. Assistance at delivery by skilled attendants also varies in accordance with

the woman's wealth, since the percentages range from 36 per cent in the poorest quintile to 88 per cent in the richest quintile.

Table 8.3: Assistance during delivery

Percentage distribution of women aged 15–49 who gave birth in the last two years prior to the survey, by the type of personnel assisting at the delivery, and by selected characteristics, Mozambique, 2008

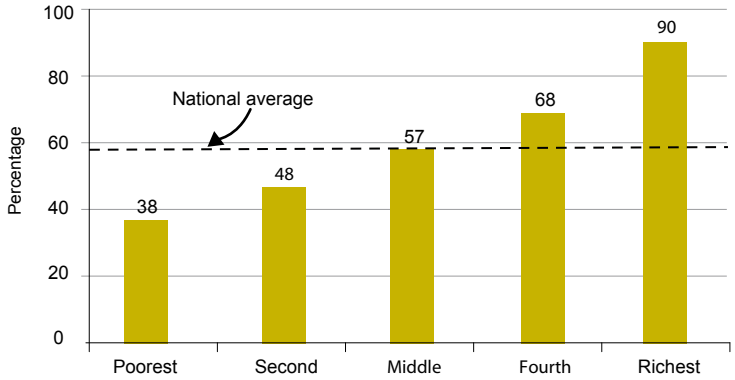
Selected characteristics	Person attending at delivery								Total	Other skilled person*	Institutional deliveries **	Number of women who had at least one live birth in the two years preceding the date of the interview
	Doctor	Nurse	Midwife	Traditional midwife	Community health worker	Relative/friend	Other/don't know	Nobody				
Total	2.0	12.0	41.2	8.5	0.3	31.2	2.6	2.3	100.0	55.3	58.0	5,191
Area of residence												
Urban	5.3	19.2	53.8	4.4	0.2	12.5	3.2	1.4	100.0	78.3	80.6	1,493
Rural	0.7	9.1	36.1	10.1	0.3	38.7	2.3	2.6	100.0	45.9	49.0	3,698
Province												
Niassa	0.0	4.2	61.8	3.3	0.3	27.1	2.4	0.9	100.0	66.1	74.6	318
Cabo Delgado	0.6	2.3	42.8	10.7	0.1	39.5	0.5	3.4	100.0	45.7	45.2	527
Nampula	0.4	15.8	46.5	5.9	0.0	26.0	4.1	1.3	100.0	62.7	61.6	895
Zambézia	1.0	4.1	32.7	22.3	0.0	35.2	2.6	2.1	100.0	37.8	39.8	912
Tete	0.6	3.2	28.9	8.7	0.3	52.6	2.2	3.6	100.0	32.6	49.2	535
Manica	0.4	14.7	38.1	3.9	0.0	37.4	3.5	2.0	100.0	53.2	56.5	260
Sofala	1.7	8.4	54.1	0.8	0.2	31.4	1.6	1.7	100.0	64.3	64.4	638
Inhambane	3.9	16.7	38.8	6.7	1.8	28.0	2.1	1.9	100.0	59.4	61.6	312
Gaza	3.3	26.9	36.3	9.2	0.6	16.7	3.2	3.8	100.0	66.6	68.9	325
Maputo Province	7.0	39.1	30.2	1.3	0.9	13.8	4.5	3.3	100.0	76.2	75.3	277
Maputo City	16.3	32.8	42.5	0.0	0.0	5.8	1.4	1.2	100.0	91.7	92.9	191
Age												
15–19	2.6	17.3	45.0	6.3	0.2	25.5	2.4	0.6	100.0	65.0	66.3	799
20–24	2.1	13.3	44.4	8.7	0.4	28.5	1.4	1.1	100.0	59.8	61.4	1,434
25–29	2.1	10.7	38.7	8.9	0.2	32.4	4.1	2.9	100.0	51.4	54.3	1,275
30–34	2.1	9.6	40.5	7.9	0.1	35.1	1.5	3.2	100.0	52.2	57.6	849
35–39	1.4	10.0	40.6	8.2	0.6	32.8	3.0	3.4	100.0	52.0	55.1	574
40–44	0.8	10.6	30.2	14.5	0.0	35.4	3.1	5.5	100.0	41.5	46.2	176
45–49	0.5	1.3	22.8	11.2	0.0	51.3	8.9	3.9	100.0	24.7	28.4	84
Level of education												
Never went to school	0.5	7.1	33.2	8.3	0.4	44.7	3.0	2.8	100.0	40.8	44.1	1,624
Primary	1.7	13.2	43.1	9.4	0.3	27.9	2.2	2.2	100.0	58.0	60.7	3,086
Secondary +	9.7	22.2	57.7	1.0	0.0	4.9	4.1	0.4	100.0	89.6	91.9	439
No reply/don't know	(0.0)	(7.7)	(41.8)	(25.9)	(0.0)	(22.8)	(1.8)	(0.0)	100.0	(49.5)	(50.0)	42
Wealth index quintile												
Poorest	0.5	8.5	27.5	11.4	0.2	46.4	2.0	3.6	100.0	36.5	38.9	1,209
Second	0.6	5.2	39.3	9.9	0.1	40.2	2.4	2.2	100.0	45.1	48.1	1,144
Middle	0.6	8.3	43.7	10.3	0.2	32.1	2.9	1.8	100.0	52.6	57.0	1,041
Fourth	1.9	16.1	48.2	6.9	0.6	21.2	2.9	2.3	100.0	66.2	68.8	1,018
Richest	8.5	27.1	52.9	1.5	0.3	6.1	3.0	0.6	100.0	88.5	89.7	778

* MICS indicator 4; MDG indicator 5.2
** MICS indicator 5
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

As for institutional deliveries, that is, those births which occur inside health units, MICS data show that 58 per cent of deliveries are institutional. This percentage is a slight increase over the figures in DHS 2003, when the proportion was 48 per cent. There is a great difference between urban and rural areas; the percentages were 81 per cent and 49 per cent, respectively. Maputo City, with 93 per cent, and Maputo province and Niassa, both with 75 per cent, are the provinces with the highest numbers of institutional deliveries; Zambézia (40 per cent) and Cabo Delgado (46 per cent) had the lowest coverage.

As Graph 8.2 shows, the probability of institutional deliveries is correlated with the level of household wealth. Thus, only 38 per cent of births in the poorest quintile occur in health units, compared with 90 per cent in the richest quintile.

Graph 8.2: Institutional deliveries by wealth quintile, Mozambique, 2008



Fertility

The MICS gathered information from each of the women interviewed about their history of births, i.e. the number of live births, birth date, sex of each child, the condition of survival at time of interview and age at death of deceased children. Based on this information, it was possible to obtain estimates of the current levels their fertility.

Estimates of the current fertility rate was done through general and specific fertility information based on the reproductive histories of women aged 15-49 years who were interviewed during the three years preceding the survey. Table 8.4 shows the specific fertility rates by area of residence. The total fertility rate (TFR) is a synthetic indicator of fertility that allows global comparisons. It refers to the average number of children that women have during their entire reproductive life, if the conditions of fertility remain constant.

The overall rate of national fertility remains high, with an average 6.1 children per woman. An increase in fertility can be observed in the country compared to the rate calculated in DHS 2003 which registered 5.5 children per woman. Differences in the dispersal area of residence were also checked. Fertility is lower in urban than in rural areas, although both have increasing levels: from 4.4 in 2003 to 4.7 in 2008 in urban areas and from 6.2 to 6.9, respectively, in rural areas.

Table 8.4 Actual fertility rate

Actual fertility rate by age and area of residence, based on the three years previous to the survey, Mozambique, 2008

Selected characteristics	Area of residence		Total
	Rural	Urban	
Age			
15-19	208	171	193
20-24	311	224	278
25-29	267	192	241
30-34	233	152	207
35-39	179	115	159
40-44	95	48	79
45-49	79	33	64
Rate			
TFR	6.9	4.7	6.1

TFR: Total fertility rate.

IX. Child development

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

The survey collected information on some activities that promote learning in childhood, considering the involvement of adults with children in the following activities: reading books and looking at picture books; telling stories; singing; taking children outside the house, compound or yard; playing with children; spending time with children; and naming, counting or drawing things.

Table 9.1: Family support for learning

Percentage of children aged 0–59 months whose relatives are engaged in activities that promote learning and school readiness, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children aged 0–59 months:					
	For whom household members engaged in four or more activities that promote learning and school readiness*	Average number of activities adult household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Average number of activities in which the father is involved	Living in a household without their biological father	Number of children aged 0–59 months
Total	30.9	2.4	15.6	0.2	27.5	11,419
Area of residence						
Urban	32.5	2.4	17.1	0.3	30.6	3,243
Rural	30.2	2.4	14.9	0.2	26.3	8,176
Province						
Niassa	48.3	3.0	18.4	0.2	25.1	663
Cabo Delgado	38.4	2.7	22.4	0.4	28.2	1,136
Nampula	33.8	2.4	18.7	0.3	23.9	1,771
Zambézia	38.9	2.8	23.8	0.3	21.7	1,996
Tete	12.6	1.7	5.6	0.1	20.8	1,134
Manica	33.1	2.6	7.7	0.1	26.9	587
Sofala	30.8	2.6	17.5	0.3	21.9	1,575
Inhambane	31.6	2.2	4.2	0.1	50.2	716
Gaza	7.7	1.3	2.0	0.0	41.4	735
Maputo Province	18.2	1.6	14.8	0.2	35.9	655
Maputo City	37.6	2.5	15.2	0.3	36.6	453
Sex						
Male	29.2	2.3	15.9	0.3	26.6	5,658
Female	32.5	2.5	15.2	0.2	28.4	5,759
	*	*	*	*	*	2
Age						
0–23 months	14.0	1.3	9.7	0.1	23.4	4,958
24–59 months	43.8	3.2	20.0	0.3	30.7	6,461
Mother's education						
Never went to school	30.3	2.4	16.3	0.2	25.7	3,730
Primary	30.4	2.4	14.7	0.2	28.0	6,861
Secondary +	37.5	2.5	18.9	0.4	31.7	825
No reply/don't know	*	*	*	*	*	3
Father's education						
Never went to school	28.8	2.3	18.1	0.3	0.0	1,263
Primary	30.3	2.3	19.5	0.3	0.0	5,693
Secondary +	34.9	2.5	24.6	0.4	0.0	1,289
Father not living in household	31.1	2.4	3.5	0.0	100.0	3,144
No reply/don't know	(42.8)	(2.8)	(22.6)	(0.4)	(0.0)	30
Wealth index quintile						
Poorest	31.8	2.4	14.2	0.2	25.6	2,574
Second	31.3	2.5	17.4	0.3	26.0	2,523
Middle	33.4	2.4	17.4	0.3	23.3	2,255
Fourth	24.7	2.1	12.5	0.2	31.9	2,267
Richest	33.6	2.4	16.3	0.3	32.1	1,799

* MICS indicator 46
** MICS indicator 47
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

For almost a third (31 per cent) of children under five, adults were involved in more than four activities that promote learning and school readiness in the three days prior to the survey (Table 9.1). Of the six activities[25] identified, adults, on average, are involved in only two activities. The table also shows that the involvement of the father in these activities was limited: only 16 per cent of fathers were involved in one or more activities. Furthermore, 28 per cent of the children were not living with their biological father.

There are no significant differences between urban and rural areas in adults' involvement with children in learning and school readiness activities: in urban areas the figure is 33 per cent and in rural areas it is 30 per cent. In all provinces there is poor participation of adult household members in activities with children, since all the percentages are less than 50 per cent. Gaza stands out with the lowest percentage (8 per cent) and Niassa with the highest (48 per cent). Gaza also has the lowest percentage (2 per cent) of cases where the father is involved in one or more activities with the child, and Zambézia records the highest (24 per cent).

Both adult household members in general, and fathers in particular, participate more in activities with children when they are aged 24–59 months than when they are aged 0–23 months.

There are no significant differences by the sex of the children in adults' involvement with them in activities that promote learning and school readiness.

Exposure to books in the early years of life not only provides the child with a greater understanding of the nature of print, but also allows the child to see others reading, such as older siblings doing school work. The presence of books is important for later school performance and IQ development.

25 The activities identified were: reading books, telling stories, singing, going for walks, playing and counting/drawing things.

Table 9.2: Learning materials

Percentage of children aged 0–59 months who live in households containing learning materials, by selected characteristics, Mozambique, 2008

Selected characteristics	3 or less non-children's books *	Average number of non-children's books	3 or less children's books**	Average number of children's books	Number of children aged 0-59 months
Total	52.1	3	2.8	0	11,419
Area of residence					
Urban	63.1	6	6.2	0	3,243
Rural	47.7	2	1.5	0	8,176
Province					
Niassa	50.2	3	2.6	0	663
Cabo Delgado	44.4	2	2.6	0	1,136
Nampula	39.7	1	4.1	0	1,771
Zambézia	49.2	2	0.8	0	1,996
Tete	37.2	1	1.9	0	1,134
Manica	56.9	4	1.8	0	587
Sofala	61.7	4	1.7	0	1,575
Inhambane	63.5	6	4.4	0	716
Gaza	63.0	5	1.0	0	735
Maputo Province	63.5	6	7.0	0	655
Maputo City	81.0	10	10.2	0	453
Sex					
Male	53.1	3	3.1	0	5,658
Female	51.1	3	2.6	0	5,759
NA	*	*	*	*	2
Age					
0–23 months	48.5	2	2.1	0	4,958
24–59 months	54.9	4	3.4	0	6,461
Mother's education					
Never went to school	41.6	2	0.9	0	3,730
Primary	54.8	4	2.6	0	6,861
Secondary +	77.3	10	14.1	0	825
No reply/don't know	*	*	*	*	3
Wealth index quintile					
Poorest	40.1	2	1.5	0	2,574
Second	42.6	2	1.3	0	2,523
Middle	47.5	2	1.3	0	2,255
Fourth	61.7	5	2.2	0	2,267
Richest	76.1	10	9.6	0	1,799

* MICS indicator 49
** MICS indicator 48
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

In Mozambique, 52 per cent of children under five live in households where there are at least three non-children's books (Table 9.2). However, only 3 per cent of children under five have children's books. More than 60 per cent of children under five in urban areas live in households that possess more than three non-children's books, but for those living in rural areas, the percentage is 48 per cent. The proportion of children under five who have three or more children's books is 6 per cent in urban areas and 2 per cent in rural areas. Maputo City surpasses all the other provinces in the presence of non-children's and children's books in the households, with 81 per cent and 10 per cent, respectively. For 55 per cent of children aged 24–59 months, there are three or more non-children's books in the household; the proportion is 49 per cent for children aged 0–23 months. The differentials in terms of children's books are similar to those described for non-children's books.

The data show that the presence of both non-children's and children's books also depends on the educational level of the mother, since in households where the mother has secondary education or higher, there are more children's and non-children's books available.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children under five were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years old.

Table 9.3: Children left alone or with other children

Percentage of children aged 0–59 months left in the care of other children under the age of ten years or left alone in the week prior to the survey, by selected characteristics, Mozambique, 2008

Selected characteristics	Left in the care of a child under the age of 10 years in the week prior to the survey	Left alone in the week prior to the survey	Left with inadequate care in the week prior to the survey*	Number of children aged 0–59 months
Total	31.6	6.4	32.5	11,419
Area of residence				
Urban	24.7	5.8	25.5	3,243
Rural	34.4	6.7	35.3	8,176
Province				
Niassa	22.2	11.1	23.3	663
Cabo Delgado	36.4	4.3	36.7	1,136
Nampula	32.4	11.2	33.3	1,771
Zambézia	29.4	6.0	30.5	1,996
Tete	39.5	4.0	39.7	1,134
Manica	11.8	0.7	12.0	587
Sofala	42.3	3.9	43.0	1,575
Inhambane	39.9	8.9	40.9	716
Gaza	34.1	9.1	37.1	735
Maputo Province	20.1	6.3	20.5	655
Maputo City	8.8	2.1	10.0	453
Sex				
Male	31.9	6.9	32.8	5,658
Female	31.4	6.0	32.2	5,759
NA	*	*	*	2
Age				
0–23 months	21.1	2.2	21.5	4,958
24–59 months	39.7	9.7	40.9	6,461
Mother's education				
Never went to school	34.0	6.6	35.0	3,730
Primary	31.9	6.6	32.7	6,861
Secondary +	18.8	4.3	19.9	825
No reply/don't know	*	*	*	3

* MICS indicator 51
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 9.3 shows that 32 per cent of children aged 0–59 months were left in the care of other children and 6 per cent were left completely alone at some time during the week prior to the interview. Combining the two care indicators, it is calculated that 33 per cent of children were left with inadequate care in the week prior to the survey. Sofala had the highest percentage of children left under inadequate care in the previous week, while Maputo City had the lowest. No significant difference was noted by the sex of the child.

The prevalence of inadequate care was lower for children whose mothers had secondary education or more (20 per cent), in contrast to children whose mothers had no schooling (35 per cent) or had only primary education (33 per cent). There is a greater tendency to leave children under inadequate care when they are aged 24–59 months (41 per cent) than when they are aged 0–23 months (22 per cent).

X. Education

Primary- and secondary-school attendance

Universal access to basic education and a complete primary education for children is one of the Millennium Development Goals and a goal of A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from dangerous and exploitative labour and from sexual exploitation, promoting human rights and democracy, protecting the environment and influencing population growth.

The indicators for primary- and secondary-school attendance are:

- Net attendance rate in first grade
- Net primary-school attendance rate
- Net secondary-school attendance rate
- Net primary-school attendance rate of children of secondary-school age
- Girl-to-boy education ratio (or gender parity index – GPI).

The indicators of school progress are:

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

As Table 10.1a shows, in Mozambique only 65 per cent of children of primary-school entrance age (6 years) are attending first grade. This figure indicates that some children enter the education system late. There are differences by sex, since 67 per cent of six-year-old boys are attending first grade compared with 62 per cent of girls of the same age.

Analysis by geographical areas shows significant differences in attendance rates between provinces and in urban or rural areas of residence. In Maputo province and Maputo City, school attendance by 6-year-olds reaches 75 per cent, while in Niassa it only reaches 54 per cent. The timely attendance of children in primary school is greater in urban areas (73 per cent) than in rural areas (61 per cent).

A positive correlation can be noted between the school attendance of 6-year-old children and the education of their mothers and the household economic situation. 80 per cent of the 6- year-olds whose mothers have secondary education or more are attending first grade, compared with 54 per cent of those whose mothers did not go to school. In households in the richest quintile, the proportion is about 77 per cent, while in the poorest households it is 59 per cent.

Table 10.1a: Primary school entry

Percentage of children of primary-school entry age (6 years) attending first grade, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children of primary school entry age currently attending first grade *	Number of children of primary school entry age
Total	64.5	2,062
Area of residence		
Urban	72.5	604
Rural	61.2	1,458
Province		
Niassa	54.1	152
Cabo Delgado	60.9	182
Nampula	56.3	376
Zambézia	69.7	384
Tete	54.5	177
Manica	62.7	95
Sofala	62.3	225
Inhambane	72.9	116
Gaza	83.3	125
Maputo Province	75.2	140
Maputo City	75.2	89
Sex		
Male	67.2	998
Female	62.1	1,059
Age at which study began		
6 years	64.5	2,062
Mother's education		
Never went to school	54.4	783
Primary	69.8	1,155
Secondary +	79.7	124
Wealth index quintile		
Poorest	58.7	509
Second	53.9	397
Middle	61.9	385
Fourth	73.7	423
Richest	76.8	348

* MICS Indicator 54
Figures in parentheses are based on 25-49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 10.1b shows the age at which studies began for members of the population who, at some stage, ever attended school. One in every four people who attended school began their studies before their seventh birthday, while 39 per cent began at the age of 10 years or even later. For example, in the 15–19 year age group, one notes that only 21 per cent of adolescents began to study before they were 7 years old. A quarter of adolescents of this age group began school at the age of 7, and the remaining began at their 8th birthday or later.

The data in Table 10.2a show that the percentage of people entering school at the correct age has grown over time. Only 6 per cent of adults aged 40–44 entered school before their seventh birthday, while among children aged 5–9 years, the proportion is higher than 60 per cent.

Table 10.1b: Age at which studies began

Distribution of population aged 5 years and above who have ever attended school, by the age at which they began to attend, Mozambique, 2008

Selected characteristics	Age at which began to attend school						Total	Total number of individuals
	4	5	6	7	8	10+		
Total	0.3	5.7	18.8	22.3	13.5	39.5	100.0	39,202
Area of residence								
Urban	0.2	7.3	26.4	26.1	10.9	29.0	100.0	15,033
Rural	0.3	4.7	14.1	19.9	15.0	45.9	100.0	24,169
Age								
5-9	1.0	19.3	41.2	25.9	9.6	3.0	100.0	6,384
10-14	0.3	6.0	25.2	23.2	16.8	28.5	100.0	8,078
15–19	0.1	3.2	17.8	25.1	15.2	38.7	100.0	5,164
20–24	0.0	2.3	16.7	28.8	15.0	37.1	100.0	4,046
25–29	0.1	2.2	12.9	25.1	14.9	44.8	100.0	3,704
30–34	0.0	2.8	9.4	23.2	14.6	50.0	100.0	2,920
35–39	0.1	1.8	7.2	18.4	13.4	59.1	100.0	2,469
40–44	0.1	1.5	4.3	15.6	10.2	68.3	100.0	1,848
45–49	0.0	0.9	4.2	10.8	10.1	73.9	100.0	1,459
50+	0.0	0.9	1.9	7.3	8.9	81.1	100.0	3,130
Province								
Niassa	0.2	4.5	16.2	27.3	22.0	29.8	100.0	2,122
Cabo Delgado	0.4	4.6	10.4	19.4	17.1	48.2	100.0	3,789
Nampula	0.4	4.7	16.1	20.0	14.2	44.6	100.0	6,781
Zambézia	0.4	4.9	12.8	17.0	12.6	52.4	100.0	6,534
Tete	0.4	5.4	11.1	23.6	18.3	41.2	100.0	2,757
Manica	0.0	5.9	15.8	31.4	13.0	33.9	100.0	1,749
Sofala	0.1	5.2	16.4	28.2	16.9	33.3	100.0	3,794
Inhambane	0.3	7.9	19.4	24.8	11.3	36.3	100.0	2,691
Gaza	0.1	6.2	22.9	21.1	9.7	40.1	100.0	2,904
Maputo Province	0.2	7.0	38.8	21.0	6.1	26.9	100.0	3,108
Maputo City	0.1	9.3	37.6	25.1	8.0	19.9	100.0	2,972
Wealth index quintile								
Poorest	0.3	4.0	11.0	16.3	16.8	51.7	100.0	6,470
Second	0.1	4.4	11.1	19.1	15.7	49.6	100.0	6,705
Middle	0.3	4.5	13.1	22.2	14.5	45.5	100.0	7,557
Fourth	0.4	5.6	20.0	24.3	13.1	36.6	100.0	8,391
Richest	0.2	8.8	32.4	26.5	9.5	22.7	100.0	10,079

Table 10.2a shows that 81 per cent of children of primary-school attendance age (6–12 years) are attending primary school. However, 19 per cent of these children are not in school, when it is expected that they should be attending. The difference between boys and girls is small and is not statistically significant.

The net primary-school attendance rate in urban areas reached 89 per cent, while in rural areas it is only 78 per cent. The provinces in the southern part of the country have the highest attendance rates, reaching 96 per cent in Maputo City, 95 per cent in Maputo province and 91 per cent in Inhambane and Gaza (Graph 10.1). The lowest attendance rates are recorded in Tete (69 per cent), Nampula and Cabo Delgado (both 74 per cent).

There is a positive correlation between school attendance, the mother's level of education and the level of household wealth. Among children aged 6–12 years whose mothers did not go to school, the primary-school attendance rate is only 73 per cent, compared with 97 per cent

among those whose mothers have secondary education or more. Among the poorest households, the attendance rate is 72 per cent, but it reaches 95 per cent among the richest households. Surprisingly, 5 per cent of children aged 6–12 years who live in households in the richest quintile are not attending primary school.

Table 10.2a: Primary-school attendance rate

Percentage of children of primary-school age attending primary school, by selected characteristics, Mozambique, 2008

	Male		Female		Total	
Selected characteristics	Attendance rate	Number of children	Attendance rate	Number of children	Attendance rate*	Number of children
Total	82.3	6478	80.2	6.686	81.2	13,190
Area of residence						
Urban	89.3	1950	88.4	2114	88.8	4,065
Rural	79.3	4528	76.5	4572	77.9	9,125
Province						
Niassa	78.4	415	78.3	394	78.4	809
Cabo Delgado	74.7	585	73.8	629	74.2	1,215
Nampula	74.2	1225	73.1	1355	73.6	2,590
Zambézia	84.7	1172	81.2	1120	83.0	2,293
Tete	70.4	571	67.1	568	68.5	1,144
Manica	87.0	300	83.0	326	84.9	626
Sofala	87.0	668	77.3	649	82.2	1,317
Inhambane	89.6	410	92.8	460	91.3	881
Gaza	89.1	426	92.8	435	90.9	861
Maputo Province	95.5	408	93.8	434	94.6	842
Maputo City	96.8	297	95.1	315	96.0	613
Age at the start of the school year						
6	73.1	998	68.2	1059	70.5	2,062
7	76.6	1078	76.7	1133	76.7	2,216
8	82.8	920	83.0	930	82.9	1,851
9	84.1	1014	80.9	1091	82.4	2,112
10	90.2	806	86.9	796	88.6	1,602
11	86.0	950	84.5	972	85.1	1,929
12	87.1	713	85.9	705	86.5	1,418
Mother's education						
Never went to school	75.2	2479	71.2	2443	73.2	4,937
Primary	85.5	3607	84.2	3823	84.8	7,440
Secondary +	98.0	393	96.8	418	97.4	810
No reply/don't know	*	0	*	2	*	3
Wealth index quintile						
Poorest	74.6	1488	69.9	1407	72.3	2,895
Second	75.6	1242	72.7	1268	73.9	2,522
Middle	80.0	1275	79.1	1323	79.6	2,605
Fourth	88.4	1322	85.5	1405	86.9	2,733
Richest	95.2	1152	94.5	1283	94.8	2,436

* MICS indicator 55; MDG indicator 2.1
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 10.2b reports on how many people aged 5–24 who have attended school have failed grades. 39 per cent repeated grades at least once, and 57 per cent never repeated (4 per cent don't know/did not answer). The failure rate does not vary by sex. The introduction in 2005 of the semi-automatic promotion system may be one of the reasons for the reduction in the failure rate among the 5–9 age group, compared with other age groups.

A significant difference can be noted in relation to the area of residence. Failure is more frequent in urban areas (46 per cent) than in rural areas (35 per cent). At the provincial level, one notes that the frequency of failure is greater in the south of the country (Maputo City 51 per cent, Gaza 50 per cent, Maputo province 49 per cent), than in the northern and central provinces. Tete (27 per cent) and Cabo Delgado (28 per cent) have the lowest failure rates.

Table 10.2b: Failure rate

Percentage distribution of population aged 5–24 who have attended school, by their failure rates, Mozambique, 2008

Selected characteristics	Has repeated grade (Male)			Total	Total (Male)	Has repeated grade (Female)			Total	Total (Female)	Has repeated grade			Total	Total
	Yes	No	NA			Yes	No	NA			Yes	No	NA		
Total	40.1	57.9	2.0	100.0	11,894	39.7	59.3	1.1	100.0	11,758	38.9	57.1	4.1	100.0	23,672
Area of residence															
Urban	47.0	50.2	2.9	100.0	4,403	46.7	52.1	1.2	100.0	4,614	45.5	49.7	4.8	100.0	9,018
Rural	36.1	62.4	1.5	100.0	7,490	35.2	63.8	1.0	100.0	7,144	34.8	61.6	3.6	100.0	14,654
Age															
5–9	18.4	81.4	0.2	100.0	3,195	18.5	81.3	0.2	100.0	3,182	18.0	78.9	3.1	100.0	6,384
10–14	42.4	56.6	0.9	100.0	4,053	40.5	59.1	0.4	100.0	4,014	40.7	56.9	2.4	100.0	8,078
15–19	55.0	42.2	2.8	100.0	2,663	54.5	43.3	2.2	100.0	2,499	53.6	41.8	4.7	100.0	5,164
20–24	50.1	43.9	6.0	100.0	1,983	53.0	44.6	2.4	100.0	2,063	49.4	42.4	8.3	100.0	4,046
Province															
Niassa	35.1	63.7	1.2	100.0	714	33.2	66.4	0.4	100.0	670	32.9	62.3	4.8	100.0	1,385
Cabo Delgado	31.1	68.6	0.3	100.0	1,060	25.6	74.0	0.4	100.0	1,047	27.6	69.3	3.1	100.0	2,107
Nampula	34.7	63.1	2.1	100.0	2,077	33.1	66.3	0.7	100.0	1,975	31.3	59.8	9.0	100.0	4,058
Zambézia	42.8	54.6	2.6	100.0	1,992	45.2	53.0	1.8	100.0	1,862	43.4	53.1	3.5	100.0	3,854
Tete	28.6	70.9	0.5	100.0	914	26.9	73.1	0.0	100.0	870	27.4	71.0	1.7	100.0	1,786
Manica	42.0	57.4	0.6	100.0	589	39.0	60.3	0.7	100.0	584	39.6	57.4	3.0	100.0	1,173
Sofala	38.4	61.0	0.6	100.0	1,277	38.2	61.4	0.4	100.0	1,173	38.0	60.7	1.2	100.0	2,451
Inhambane	45.6	51.4	3.0	100.0	782	44.3	54.6	1.1	100.0	887	44.7	52.5	2.8	100.0	1,678
Gaza	49.8	45.3	4.9	100.0	829	50.7	45.6	3.7	100.0	957	50.1	45.3	4.5	100.0	1,787
Maputo Province	49.4	46.3	4.3	100.0	870	48.7	49.8	1.5	100.0	903	48.5	47.7	3.8	100.0	1,775
Maputo City	51.7	46.9	1.3	100.0	789	52.8	46.7	0.5	100.0	829	51.3	46.0	2.7	100.0	1,619
Wealth index quintile															
Poorest	33.2	65.7	1.0	100.0	2,105	32.5	66.4	1.1	100.0	1,836	32.1	64.5	3.4	100.0	3,940
Second	32.9	65.9	1.1	100.0	2,067	35.4	64.1	0.4	100.0	1,921	32.9	62.6	4.5	100.0	3,994
Middle	34.4	64.0	1.6	100.0	2,296	32.3	67.0	0.7	100.0	2,252	32.2	63.5	4.3	100.0	4,557
Fourth	45.4	52.4	2.2	100.0	2,555	41.1	57.6	1.4	100.0	2,650	42.5	54.2	3.3	100.0	5,210
Richest	50.0	46.6	3.4	100.0	2,870	50.7	47.8	1.5	100.0	3,099	49.1	46.1	4.8	100.0	5,972

Table 10.2c shows that the majority of those who failed repeated a grade just once (58 per cent), while a quarter of them repeated twice; the others repeated three or more times. No significant differences are noted between boys and girls.

Table 10.2c: Frequency of failure

Percentage distribution of population aged 5–24 who have repeated grades, by the number of times they repeated, Mozambique, 2008

Selected characteristics	How many times repeated a grade							Total	Total
	1	2	3	4	5	6+	NA		
Total	58.4	25.7	9.0	2.1	0.7	0.4	3.8	100.0	9,201
Area of residence									
Urban	54.9	27.5	10.4	2.5	0.8	0.3	3.7	100.0	4,102
Rural	61.1	24.2	7.9	1.8	0.7	0.4	3.9	100.0	5,099
Age									
5–9	79.2	9.2	1.0	0.2	0.0	0.0	10.4	100.0	1,148
10–14	65.0	23.6	6.7	0.9	0.4	0.1	3.3	100.0	3,290
15–19	49.6	31.1	11.6	3.4	1.2	0.6	2.5	100.0	2,766
20–24	47.4	30.9	13.7	3.4	1.3	0.8	2.6	100.0	1,997
Province									
Niassa	51.3	32.3	9.9	2.2	0.7	0.5	3.2	100.0	455
Cabo Delgado	69.2	19.0	5.9	0.1	0.0	0.2	5.5	100.0	582
Nampula	54.9	24.4	8.5	1.6	1.6	0.9	8.1	100.0	1,269
Zambézia	65.4	21.8	7.2	3.0	0.5	0.4	1.7	100.0	1,673
Tete	59.0	25.2	7.7	2.0	1.8	0.2	4.1	100.0	489
Manica	59.1	24.7	9.5	3.0	0.2	0.1	3.3	100.0	464
Sofala	54.4	26.0	13.4	3.7	1.0	0.3	1.3	100.0	933
Inhambane	56.5	26.5	10.0	1.9	0.6	0.1	4.4	100.0	750
Gaza	59.3	25.7	8.5	0.7	0.4	0.3	5.0	100.0	896
Maputo Province	58.4	27.9	8.9	1.4	0.3	0.1	3.0	100.0	862
Maputo City	49.9	33.7	10.2	2.7	1.0	0.3	2.1	100.0	831
Wealth index quintile									
Poorest	61.7	22.7	8.3	1.4	0.5	0.1	5.2	100.0	1,266
Second	63.0	23.0	7.5	1.5	0.3	0.8	3.8	100.0	1,315
Middle	60.2	24.3	8.4	2.7	1.3	0.6	2.6	100.0	1,469
Fourth	59.7	24.9	8.3	1.8	0.7	0.3	4.4	100.0	2,216
Richest	52.9	29.4	10.7	2.6	0.8	0.3	3.3	100.0	2,935
Male									
	1	2	3	4	5	6+	NA	Total	Total (Male)
Total	57.4	25.4	9.6	2.6	0.8	0.3	4.0	100.0	4,648
Area of residence									
Urban	54.3	26.2	11.0	3.4	0.9	0.3	3.8	100.0	2,009
Rural	59.8	24.8	8.5	1.9	0.7	0.2	4.2	100.0	2,639
Age									
5–9	76.7	10.7	1.4	0.4	0.0	0.0	10.8	100.0	569
10–14	64.7	23.1	7.5	0.9	0.4	0.0	3.5	100.0	1,680
15–19	47.7	31.0	13.3	4.2	0.6	0.5	2.6	100.0	1,438
20–24	47.8	29.6	12.6	4.4	2.0	0.5	3.0	100.0	961
Province									
Niassa	47.0	35.6	11.2	1.4	0.6	0.1	4.1	100.0	240
Cabo Delgado	69.4	18.0	6.6	0.2	0.0	0.2	5.5	100.0	322
Nampula	55.2	21.4	10.2	2.1	2.2	0.4	8.5	100.0	660
Zambézia	64.5	21.5	7.7	3.8	0.4	0.2	1.8	100.0	839
Tete	57.1	26.7	8.6	2.4	0.6	0.4	4.2	100.0	258
Manica	56.5	25.0	10.2	4.2	0.3	0.3	3.6	100.0	243
Sofala	50.9	27.0	14.1	4.8	1.0	0.5	1.6	100.0	489
Inhambane	56.0	28.4	10.0	1.7	0.4	0.3	3.1	100.0	355
Gaza	59.6	24.2	7.5	1.0	0.6	0.0	7.0	100.0	412
Maputo Province	59.0	26.8	9.8	1.5	0.2	0.0	2.7	100.0	427
Maputo City	48.9	34.1	10.3	3.2	0.8	0.4	2.2	100.0	402

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Wealth index quintile									
Poorest	57.9	23.5	10.3	2.5	0.6	0.0	5.2	100.0	684
Second	61.2	23.9	8.1	1.6	0.2	0.4	4.5	100.0	651
Middle	60.4	23.9	9.0	2.1	0.9	0.1	3.6	100.0	762
Fourth	60.3	23.9	8.1	2.2	0.7	0.3	4.5	100.0	1,147
Richest	51.4	29.0	11.5	3.6	1.0	0.4	3.0	100.0	1,404
Female									
	1	2	3	4	5	6+	NA	Total	Total (Female)
Total	59.3	26.0	8.4	1.6	0.7	0.5	3.5	100.0	4,546
Area of residence									
Urban	55.5	28.7	9.7	1.6	0.7	0.3	3.5	100.0	2,093
Rural	62.5	23.6	7.2	1.7	0.8	0.6	3.5	100.0	2,453
Age									
5–9	81.8	7.6	0.6	0.0	0.0	0.0	10.0	100.0	574
10–14	65.4	24.2	5.9	0.9	0.3	0.1	3.1	100.0	1,608
15–19	51.7	31.2	9.9	2.7	1.7	0.6	2.3	100.0	1,328
20–24	47.0	32.2	14.6	2.4	0.6	1.1	2.2	100.0	1,036
Province									
Niassa	56.3	28.6	8.3	3.1	0.9	0.7	2.1	100.0	214
Cabo Delgado	68.9	20.2	5.1	0.0	0.0	0.2	5.5	100.0	260
Nampula	54.7	27.6	6.6	1.0	1.0	1.5	7.8	100.0	608
Zambézia	66.2	22.1	6.8	2.2	0.5	0.6	1.6	100.0	834
Tete	61.1	23.6	6.7	1.5	3.2	0.0	3.8	100.0	231
Manica	61.9	24.5	8.7	1.8	0.1	0.0	3.1	100.0	221
Sofala	58.3	24.9	12.6	2.5	0.9	0.0	0.9	100.0	444
Inhambane	56.7	24.7	10.1	2.1	0.9	0.0	5.5	100.0	388
Gaza	59.0	27.0	9.4	0.5	0.2	0.6	3.3	100.0	484
Maputo Province	57.8	29.0	8.0	1.2	0.3	0.3	3.4	100.0	435
Maputo City	50.9	33.4	10.0	2.3	1.2	0.2	2.1	100.0	429
Wealth index quintile									
Poorest	66.1	21.9	6.1	0.2	0.4	0.1	5.3	100.0	582
Second	64.6	22.3	6.9	1.5	0.4	1.3	3.0	100.0	660
Middle	59.9	24.7	7.8	3.3	1.7	0.9	1.6	100.0	706
Fourth	59.0	25.8	8.5	1.5	0.7	0.2	4.3	100.0	1,067
Richest	54.3	29.8	10.0	1.6	0.6	0.2	3.5	100.0	1,531

The net secondary-school attendance rate is shown in Table 10.4. Only 20 per cent of children of secondary-school attendance age (13–17 years) are attending this level of education. Among the remaining 80 per cent, some are not in school and some are attending primary school (see Table 10.4). In gender terms, no significant differences are observed between school attendance rates of boys and girls. However, in most of the provinces in the north and centre of the country, gender inequalities in access to secondary school remain.

There is a marked difference in net attendance rates between urban areas (38 per cent) and rural areas (only 9 per cent). Figures higher than the national average are observed in Maputo City (51 per cent), Maputo province (36 per cent), Gaza (29 per cent), Inhambane (27 per cent) and Sofala (24 per cent). The lowest rates are recorded in Zambézia (8 per cent), Tete (9 per cent), Cabo Delgado (14 per cent) and Nampula (15 per cent) (Graph 10.1).

The net secondary-school attendance rates correlate significantly with the mother's level of education and with the level of household wealth. The rate varies between 59 per cent in households where the mother received secondary education or more, and 8 per cent in households where the mother did not go to school. Similarly, almost half (49 per cent) of the children living in the richest households attend secondary school, compared with just 3 per cent of the children living in the poorest households.

Table 10.3a: Net secondary-school attendance rate

Percentage of children of secondary-school age who are attending secondary school, by selected characteristics, Mozambique, 2008

Selected characteristics	Male		Female		Information not available		Total	
	Attendance rate	Number of children	Attendance rate	Number of children	Attendance rate	Number of children	Attendance rate *	Number of children
Total	20.7	3,247	20.2	3,097	*	4	20.4	6,348
Area of residence								
Urban	37.6	1,206	37.6	1,269	*	0	37.6	2,475
Rural	10.7	2,041	8.0	1,828	*	4	9.4	3,873
Province								
Niassa	18.3	196	14.8	182	*	0	16.6	378
Cabo Delgado	15.9	278	11.4	269	*	0	13.7	547
Nampula	14.7	635	15.3	542	*	0	15.0	1,177
Zambézia	9.2	465	6.9	431	*	0	8.1	896
Tete	12.2	264	6.5	261	*	2	9.3	526
Manica	22.8	142	12.5	156	*	0	17.4	299
Sofala	24.1	380	23.3	373	*	0	23.7	752
Inhambane	26.3	221	27.9	205	*	1	27.1	427
Gaza	25.9	224	31.1	244	*	0	28.6	468
Maputo Province	33.2	239	39.3	214	*	2	36.0	455
Maputo City	50.7	203	51.3	219	*	0	51.0	423
Age at the start of the school year								
13	10.5	865	9.5	861	*	2	10.0	1,729
14	12.9	657	23.1	584	*	2	17.7	1,243
15	22.7	612	23.1	596	*	0	22.9	1,209
16	35.5	461	33.4	442	*	0	34.5	903
17	29.6	651	20.0	613	*	0	24.9	1,265
Mother's education								
Never went to school	6.9	763	8.8	582	*	2	7.7	1,347
Primary	19.5	1,089	18.3	1,016	*	2	18.9	2,107
Secondary +	51.9	130	65.4	134	*	0	58.7	264
Mother not living in household	23.8	614	23.6	750	*	0	23.7	1,364
No reply/don't know	*	0	*	1	*	0	*	1
Wealth index quintile								
Poorest	3.9	562	1.7	448	*	0	2.9	1,010
Second	8.9	554	3.5	508	*	2	6.3	1,064
Middle	10.3	622	5.9	622	*	1	8.1	1,245
Fourth	20.4	719	21.1	613	*	0	20.7	1,332
Richest	49.3	790	47.8	906	*	2	48.5	1,697

* MICS indicator 56
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

The net primary-school attendance rate among children of secondary-school age is shown in Table 10.3b. Almost half (44 per cent) of children of secondary-school age are attending primary school. Adding this figure to the secondary-school attendance rate (20 per cent) mentioned earlier, one learns that about two thirds of children aged 13–17 years are attending school. Yet the secondary-school attendance rate among 13-year-olds is only 10 per cent. This is because large numbers of 13-year-olds are still in primary school, due to late entry into the education system and/or because they repeated grades or years. (The percentage of primary-school pupils

of secondary-school age is higher among boys (49 per cent) than among girls (38 per cent). It is higher in rural areas (48 per cent) than in urban areas (37 per cent).

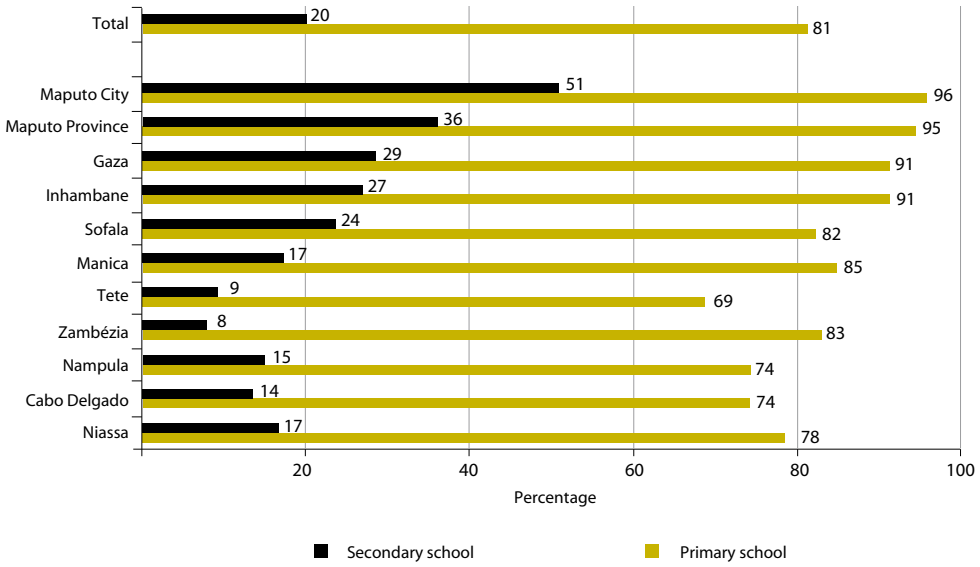
Table 10.3b: Children of secondary-school age attending primary school

Percentage of children of secondary-school age attending primary school, by selected characteristics, Mozambique, 2008

	Male		Female		Info not available		Total	
	Attendance rate	Number of children	Attendance rate	Number of children	Attendance rate	Number of children	Attendance rate	Number of children
Total	49.2	3247	38.3	3097	*	4	43.9	6,348
Area of residence								
Urban	41.6	1206	33.1	1269	*	0	37.2	2,475
Rural	53.8	2041	41.9	1828	*	4	48.2	3,873
Province								
Niassa	50.2	196	43.5	182	*	0	47.0	378
Cabo Delgado	50.5	278	38.3	269	*	0	44.5	547
Nampula	54.5	635	39.0	542	*	0	47.4	1,177
Zambézia	63.5	465	50.8	431	*	0	57.4	896
Tete	42.8	264	37.0	261	*	2	40.1	526
Manica	59.7	142	35.4	156	*	0	46.9	299
Sofala	49.3	380	31.9	373	*	0	40.7	752
Inhambane	46.8	221	37.9	205	*	1	42.6	427
Gaza	36.1	224	35.4	244	*	0	35.7	468
Maputo Province	34.3	239	33.2	214	*	2	34.0	455
Maputo City	33.3	203	30.1	219	*	0	31.7	423
Age at the start of the school year								
13	70.3	865	68.2	861	*	2	69.3	1,729
14	61.8	657	43.9	584	*	2	53.5	1,243
15	50.1	612	34.2	596	*	0	42.2	1,209
16	31.0	461	14.3	442	*	0	22.8	903
17	20.7	651	12.1	613	*	0	16.5	1,265
Mother's education								
Never went to school	61.6	763	52.2	582	*	2	57.6	1,347
Primary	60.8	1089	58.2	1016	*	2	59.6	2,107
Secondary +	43.2	130	29.4	134	*	0	36.2	264
Mother not living in household	45.0	614	23.3	750	*	0	33.1	1,364
No reply/don't know	*	0	*	1	*	0	*	1
Wealth index quintile								
Poorest	56.2	562	38.8	448	*	0	48.5	1,010
Second	59.0	554	39.8	508	*	2	49.9	1,064
Middle	54.5	622	43.1	622	*	1	48.8	1,245
Fourth	50.9	719	42.8	613	*	0	47.2	1,332
Richest	31.8	790	30.7	906	*	2	31.3	1,697

Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Graph 10.1 Primary- and secondary-school attendance rate by province, Mozambique, 2008



The percentage of children who enter first grade and reach fifth and seventh grades[26] is shown in Table 10.4. This indicator is calculated as the product of the probabilities of the annual transition rates. Of all the children who started to attend first grade, 77 per cent reached fifth grade and 60 per cent reached seventh grade. These numbers include pupils who repeated years but reached fifth or seventh grades.

There are significant differences between areas of residence and between provinces. The percentage of children who enter first grade and reach seventh grade is only 53 per cent in rural areas, compared with 71 per cent in urban areas. The difference between urban and rural areas results, in part, from the fact that not all primary schools teach as far as seventh grade. In rural areas, where the distance from home to school is an important factor, children may have to walk long distances to find a school that teaches second-level primary education. This phenomenon has a lesser impact in urban areas, where the distances to schools are shorter. Distribution by province shows that Maputo City (85 per cent) and Maputo province (76 per cent) have the highest percentages, while the lowest percentages are recorded in Tete (39 per cent) and Cabo Delgado (41 per cent). The probability of completing primary education has a strong positive correlation with the mother's level of education and the level of household wealth (Table 10.4).

26 Primary education in Mozambique is divided into two parts: first-level primary education (to 5th grade) and second-level primary education (to 7th grade). Not all primary schools have all seven grades. Some only go as far as 5th grade.

Table 10.4: Children completing primary education

Percentage of children who entered primary education and reached 5th and 7th grades, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children in 2nd grade who were in 1st grade the previous year	Percentage of children in 3rd grade who were in 2nd grade the previous year	Percentage of children in 4th grade who were in 3rd grade the previous year	Percentage of children in 5th grade who were in 4th grade the previous year	Percentage of children who entered 1st grade and reached 5th grade *	Percentage of children in 6th grade who were in 5th grade the previous year	Percentage of children in 7th grade who were in 6th grade the previous year	Percentage of children who reached the final grade of those who entered 1st grade **
Total	94.5	95.2	93.2	92.1	77.2	88.6	88.1	60.2
Area of residence								
Urban	95.8	97.7	94.3	92.9	82.0	93.0	92.7	70.7
Rural	93.9	94.2	92.6	91.7	75.1	85.6	83.0	53.3
Province								
Niassa	93.8	94.2	96.3	92.1	78.3	90.4	91.5	64.8
Cabo Delgado	90.4	89.5	89.2	86.1	62.1	85.4	78.0	41.4
Nampula	95.0	97.1	92.2	89.5	76.2	88.0	91.1	61.1
Zambézia	95.1	95.7	91.5	93.0	77.5	85.6	83.5	55.4
Tete	88.8	91.8	87.1	88.0	62.5	90.2	69.4	39.1
Manica	93.8	94.7	91.1	95.5	77.3	79.8	85.0	52.4
Sofala	96.9	96.7	96.9	89.6	81.4	91.6	86.7	64.6
Inhambane	95.9	96.7	98.4	95.6	87.3	87.5	93.5	71.4
Gaza	94.3	92.8	94.4	90.9	75.1	85.4	89.6	57.5
Maputo Province	99.3	99.2	96.0	97.3	92.1	92.1	89.4	75.9
Maputo City	99.4	97.2	96.8	98.8	92.5	96.5	95.0	84.8
Sex								
Male	95.0	95.5	94.2	93.3	79.7	88.6	90.7	64.0
Female	93.9	94.9	92.0	90.8	74.5	88.5	85.1	56.2
NA	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mother's education								
Never went to school	93.9	95.6	93.6	94.0	78.9	93.9	92.0	68.2
Primary	94.7	95.7	95.9	95.0	82.5	94.5	95.6	74.5
Secondary +	98.9	100.0	100.0	100.0	98.9	99.2	99.6	97.7
Mother not living in household	98.8	59.7	65.5	75.3	29.1	68.2	79.8	15.8
No reply/don't know	100.0	.	.	100.0	.	.	100.0	.
Wealth index quintile								
Poorest	94.3	94.1	89.4	91.1	72.3	81.5	78.9	46.5
Second	92.8	93.0	93.1	88.1	70.8	79.4	88.0	49.4
Middle	92.3	94.0	92.8	89.8	72.3	88.0	79.3	50.4
Fourth	96.2	96.4	92.7	91.7	78.8	89.1	86.3	60.6
Richest	98.4	99.0	97.8	97.6	92.9	96.1	95.1	84.9

* MICS Indicator 57; ** MDG Indicator 2.2

The net primary-education completion rate and the rate of transition to secondary education are shown in Table 10.5. At the moment of the survey, only 15 per cent of children of primary-school completion age (12 years) were attending the final grade of primary education[27]. This percentage is much higher in urban areas (31 per cent) than in rural areas (7 per cent). Overall, the

27 This figure should be distinguished from the gross primary-completion ratio, which includes children of any age attending the final class of primary school.

provinces in the south of the country have higher completion rates than the northern provinces; Maputo City (47 per cent) and Maputo province (38 per cent) stand out in particular with the highest rates, while Tete (5 per cent), Zambézia (6 per cent) and Niassa (7 per cent) have the lowest. Primary-school completion rates are also positively correlated with the mother's level of education and the level of household wealth (Table 10.5).

Table 10.5: Net primary-school completion rate and rate of transition to secondary education

Completion of primary school and transition to secondary school, by selected characteristics, Mozambique, 2008

Selected characteristics	Primary school completion rate *	Number of children of primary school completion age	Rate of transition to secondary school **	Number of children who were in the last grade of primary school in the year prior to the survey
Total	15.3	1.418	72.8	1,003
Area of residence				
Urban	30.5	506	74.5	650
Rural	7.0	913	69.5	353
Province				
Niassa	7.1	78	86.1	48
Cabo Delgado	8.8	146	74.1	75
Nampula	11.6	233	72.9	160
Zambézia	6.4	237	67.4	96
Tete	5.3	127	79.6	58
Manica	10.3	72	63.4	47
Sofala	14.6	125	67.9	131
Inhambane	22.4	99	74.7	89
Gaza	19.5	111	77.1	75
Maputo Province	38.3	99	68.4	104
Maputo City	47.3	91	75.8	121
Sex				
Male	14.1	713	74.8	575
Female	16.7	705	70.0	429
	*	1	.	0
Mother's education				
Never went to school	6.7	541	66.1	106
Primary	15.6	769	79.0	268
Secondary +	57.6	106	92.4	86
Mother not living in household	.	0	75.7	176
No reply/don't know	*	1	.	0
Wealth index quintile				
Poorest	1.4	284	68.5	35
Second	4.3	238	61.0	90
Middle	6.4	281	69.6	132
Fourth	15.7	302	69.9	255
Richest	44.0	313	77.5	491

* MICS Indicator 57; MDG Indicator 2.2
** MICS Indicator 58
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 10.5 also shows that 73 per cent of children who successfully completed the final grade of primary education (7th grade) were, at the moment of the survey, attending eighth grade (secondary education). The rates of transition to secondary education are slightly higher in urban areas (75 per cent) than in rural areas (70 per cent) and among boys (75 per cent) than girls (70 per cent).

The ratio of girls to boys attending primary and secondary education, better known as the gender parity index (GPI), is presented in Table 10.6. The ratios included here are obtained from both net and gross attendance ratios. Gross ratios give a misleading description of the gender parity index, mainly because the majority of over-age children attending primary school are usually boys. The table shows that the GPI in primary education is 0.97, showing that there is no significant difference in the attendance of girls and boys.

Table 10.6: Gender parity in education

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, by selected characteristics, Mozambique, 2008

Selected characteristics	Net primary education attendance rate for girls	Net primary education attendance rate for boys	Primary education GPI *	Net secondary education attendance rate for girls	Net secondary education attendance rate for boys	Secondary education GPI *
Total	80.2	82.3	0.97	20.2	20.7	0.98
Area of residence						
Urban	88.4	89.3	0.99	37.6	37.6	1.00
Rural	76.5	79.3	0.96	8.0	10.7	0.76
Province						
Niassa	78.3	78.4	1.00	14.8	18.3	0.81
Cabo Delgado	73.8	74.7	0.99	11.4	15.9	0.72
Nampula	73.1	74.2	0.99	15.3	14.7	1.04
Zambézia	81.2	84.7	0.96	6.9	9.2	0.75
Tete	67.1	70.4	0.95	6.5	12.2	0.53
Manica	83.0	87.0	0.95	12.5	22.8	0.55
Sofala	77.3	87.0	0.89	23.3	24.1	0.97
Inhambane	92.8	89.6	1.04	27.9	26.3	1.06
Gaza	92.8	89.1	1.04	31.1	25.9	1.20
Maputo Province	93.8	95.5	0.98	39.3	33.2	1.18
Maputo City	95.1	96.8	0.98	51.3	50.7	1.01
Mother's education						
Never went to school	71.2	75.2	0.95	8.8	6.9	1.27
Primary	84.2	85.5	0.98	18.3	19.5	0.94
Secondary +	96.8	98.0	0.99	65.4	51.9	1.26
Mother not living in household	.	.	.	23.6	23.8	0.99
Wealth index quintile						
Poorest	69.9	74.6	0.94	1.7	3.9	0.43
Second	72.7	75.6	0.96	3.5	8.9	0.40
Middle	79.1	80.0	0.99	5.9	10.3	0.58
Fourth	85.5	88.4	0.97	21.1	20.4	1.04
Richest	94.5	95.2	0.99	47.8	49.3	0.97

* MICS Indicator 61; MDG Indicator 3.1
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

A similar situation can be observed in secondary education, where the GPI is 0.98. The GPI in secondary schools varies significantly between urban areas (1.00) and rural areas (0.76). While the GPI in primary schools does not vary significantly between the provinces, there are significant variations in secondary schools. The national GPI figure averages greater school attendance by girls in the southern provinces with greater attendance by boys in the centre and north of the country. The persistence of gender inequality in access to education is particularly clear in the provinces of Tete (GPI 0.53), Manica (GPI 0.55), Cabo Delgado (GPI 0.72), Zambézia (GPI 0.75) and Niassa (GPI 0.78).

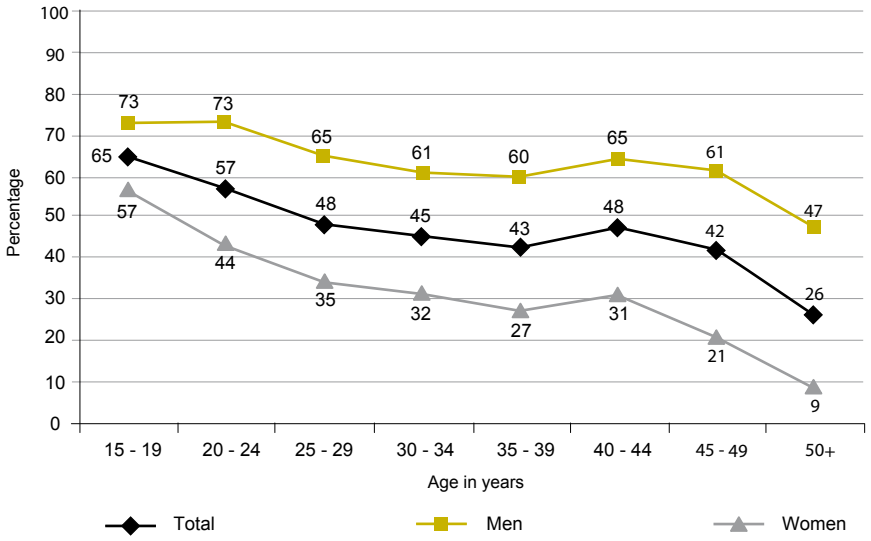
Adult literacy

One of the goals of A World Fit for Children is to ensure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, literacy was assessed on the ability of women to read a short, simple statement or on school attendance[28].

Forty-seven per cent of women aged 15–24 are literate (Table 10.7a), 70 per cent in urban areas and 31 per cent in rural areas. Maputo City (88 per cent) and Maputo province (76 per cent) have the highest literacy rates, while Tete (26 per cent), Zambézia (27 per cent) and Cabo Delgado (29 per cent) have the lowest rates. Note that the literacy rate is higher in the 15–19 age group (53 per cent) than in the 20–24 age group (41 per cent). This indicates that literacy rates have continued to grow in recent years as a result of increased school attendance rates.

MICS also calculated literacy rates by using the method most commonly used[29] to calculate the rate of illiteracy through household surveys[30]. The data calculated based on this method are shown in Table 10.7b. In Mozambique, 47 per cent of the population aged 15 and over know how to read and write (are literate). Like the results of other surveys made in the country[31], the MICS data show important differences between the literacy rates for men (63 per cent) and for women (33 per cent). The analysis by age in Graph 10.2 shows that literacy rates improve as the age groups become younger. This graph also shows that, over the last 50 years, the difference between the literacy rates of men and of women has been gradually shrinking. This may be noted graphically by observing the distance between the red line (men) and the green line (women), which has been declining over time.

Graph 10.2: Literacy rates by age groups, total, men, women, Mozambique, 2008



28 The results obtained with this method (assessment of the ability to read a short statement) are available only for women, because the reading of the short statement is included only in the questionnaire for women, and not in the questionnaire for households.

29 This method asks household members directly whether they are able to read and write. The difference from the method used in Table 10.7a is that this method does not include reading written statements. Also note that the two tables refer to different age groups: 15–24 in Table 10.8 and over 15 in Table 10.8a.

30 The results based on this method are calculated by asking all members of the household over 5 years old if they know how to read and write. For members with at least complete primary education, it is assumed that they are able to read and write.

31 The QUIBB survey (Questionnaire on Basic Indicators of Well Being) was undertaken by the INE in 2004 and found a literacy rate of 66 per cent for men and 33 per cent for women.

Table 10.7a: Literacy

Percentage of women aged 15–24 who are literate, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage literate*	Percentage not known	Number of women aged 15–24
Total	47.2	6.2	5,412
Area of residence			
Urban	70.2	5.0	2,214
Rural	31.3	7.1	3,198
Province			
Niassa	35.6	6.2	311
Cabo Delgado	29.0	10.2	482
Nampula	40.0	6.1	781
Zambézia	26.8	4.8	845
Tete	25.5	6.0	469
Manica	41.2	14.0	279
Sofala	49.7	2.4	673
Inhambane	69.6	6.6	339
Gaza	68.9	7.3	420
Maputo Province	75.8	7.1	379
Maputo City	88.2	4.0	434
Education			
Never went to school	2.4	0.4	932
Primary	41.2	10.3	3,240
Secondary +	100.0	0.0	1,185
No reply/don't know	(20.2)	(1.8)	55
Age			
15–19 years	53.0	7.4	2,738
20–24 years	41.2	5.0	2,674
Wealth index quintile			
Poorest	11.0	7.2	817
Second	23.5	6.2	928
Middle	32.1	7.7	1,059
Fourth	59.6	7.5	1,150
Richest	83.8	3.7	1,457

* MICS Indicator 60; MDG Indicator 2.3
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 10.7b: Literacy

Distribution of the population aged 15 and over interviewed about their literacy, Mozambique, 2008

Selected characteristics	Knows how to read/write (both sexes)				Total	Population aged 15 and above
	Knows how to read and write	Only knows how to read	Does not know how to read or write	No reply/ don't know		
Total	46.9	3.3	48.1	1.7	100.0	33,135
Area of residence						
Urban	68.5	2.9	26.5	2.1	100.0	11,764
Rural	34.9	3.5	60.1	1.5	100.0	21,371
Province						
Niassa	35.3	6.3	55.3	3.2	100.0	1,883
Cabo Delgado	32.5	3.3	63.2	0.9	100.0	3,480
Nampula	35.9	4.1	57.4	2.5	100.0	5,762
Zambézia	36.5	3.7	57.6	2.1	100.0	5,338
Tete	32.5	2.8	63.4	1.3	100.0	2,750
Manica	54.0	3.3	41.5	1.2	100.0	1,455
Sofala	53.3	1.3	44.6	0.8	100.0	3,270
Inhambane	55.8	3.2	38.8	2.2	100.0	2,228
Gaza	57.9	2.5	38.4	1.2	100.0	2,256
Maputo Province	72.8	4.2	21.3	1.8	100.0	2,418
Maputo City	86.5	1.3	11.6	0.6	100.0	2,296
Age						
15–19	64.9	3.8	29.6	1.8	100.0	5,651
20–24	57.0	2.9	38.6	1.5	100.0	4,861
25–29	48.1	2.8	47.7	1.4	100.0	4,805
30–34	45.1	3.7	49.9	1.4	100.0	3,848
35–39	43.1	3.1	52.4	1.5	100.0	3,304
40–44	47.7	3.3	47.1	1.9	100.0	2,428
45–49	41.9	3.6	52.6	2.0	100.0	2,040
50+	26.1	3.3	68.5	2.2	100.0	6,198
Wealth index quintile						
Poorest	21.3	3.6	73.6	1.5	100.0	6,011
Second	28.3	4.1	66.0	1.6	100.0	6,425
Middle	38.4	3.6	56.0	2.0	100.0	6,633
Fourth	56.1	3.3	38.6	2.0	100.0	6,584
Richest	82.8	2.1	13.7	1.4	100.0	7,482
Male						
Selected characteristics	Knows how to read and write	Only knows how to read	Does not know how to read or write	No reply/ don't know	Total	Total (Male)
Total	63.2	3.8	31.4	1.6	100.0	15,442
Area of residence						
Urban	80.4	2.5	15.1	2.1	100.0	5,664
Rural	53.2	4.5	40.8	1.4	100.0	9,779
Age						
15–19	72.7	3.7	21.9	1.7	100.0	2,831
20–24	73.1	3.3	22.0	1.6	100.0	2,168
25–29	65.4	3.4	29.7	1.4	100.0	2,104
30–34	60.8	4.2	33.5	1.6	100.0	1,762
35–39	60.1	3.0	35.7	1.2	100.0	1,579
40–44	64.8	3.0	30.4	1.8	100.0	1,187
45–49	61.3	4.1	32.8	1.8	100.0	1,054
50+	47.3	4.9	45.9	2.0	100.0	2,758

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Province						
Niassa	48.9	8.2	39.5	3.4	100.0	936
Cabo Delgado	48.7	4.0	46.3	1.1	100.0	1,673
Nampula	51.1	4.7	41.8	2.4	100.0	2,882
Zambézia	57.8	4.5	35.9	1.8	100.0	2,539
Tete	50.3	4.0	44.9	0.8	100.0	1,276
Manica	74.9	4.0	19.9	1.3	100.0	682
Sofala	77.0	1.0	21.3	0.7	100.0	1,476
Inhambane	73.2	2.8	22.3	1.8	100.0	869
Gaza	73.5	2.7	21.8	2.0	100.0	908
Maputo Province	84.5	3.6	10.4	1.6	100.0	1,115
Maputo City	93.2	0.7	5.5	0.6	100.0	1,085
Wealth index quintile						
Poorest	38.1	4.9	55.2	1.8	100.0	2,769
Second	47.2	5.8	45.3	1.7	100.0	2,927
Middle	58.4	4.6	35.4	1.6	100.0	3,142
Fourth	73.5	2.9	21.6	2.0	100.0	3,019
Richest	91.2	1.3	6.4	1.1	100.0	3,585
Female						
Selected characteristics	Knows how to read and write	Only knows how to read	Does not know how to read or write	No reply/ don't know	Total	Total (Female)
Total	32.6	2.9	62.7	1.8	100.0	17,659
Area of residence						
Urban	57.5	3.3	37.0	2.2	100.0	6,094
Rural	19.5	2.7	76.3	1.5	100.0	11,565
Age						
15–19	57.1	3.9	37.1	1.8	100.0	2,816
20–24	44.0	2.7	51.9	1.4	100.0	2,692
25–29	34.5	2.4	61.7	1.4	100.0	2,702
30–34	31.6	3.3	63.9	1.2	100.0	2,082
35–39	27.2	3.2	67.9	1.8	100.0	1,719
40–44	31.2	3.6	63.2	2.0	100.0	1,239
45–49	21.1	3.0	73.8	2.1	100.0	985
50+	9.1	2.0	86.6	2.4	100.0	3,424
Province						
Niassa	21.7	4.3	71.0	3.0	100.0	944
Cabo Delgado	17.6	2.8	78.9	0.7	100.0	1,805
Nampula	20.5	3.6	73.2	2.7	100.0	2,875
Zambézia	17.1	3.0	77.5	2.4	100.0	2,793
Tete	17.0	1.8	79.4	1.7	100.0	1,458
Manica	35.6	2.7	60.6	1.1	100.0	773
Sofala	33.9	1.5	63.8	0.9	100.0	1,793
Inhambane	44.7	3.4	49.4	2.5	100.0	1,359
Gaza	47.4	2.3	49.7	0.6	100.0	1,348
Maputo Province	62.8	4.7	30.6	1.9	100.0	1,301
Maputo City	80.5	1.7	17.1	0.6	100.0	1,210
Wealth index quintile						
Poorest	6.9	2.5	89.3	1.3	100.0	3,240
Second	12.5	2.7	83.2	1.6	100.0	3,480
Middle	20.3	2.8	74.6	2.3	100.0	3,486
Fourth	41.2	3.7	53.2	1.9	100.0	3,559
Richest	75.0	2.9	20.5	1.6	100.0	3,895

XI. 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 an important means of securing these rights. The report on A World Fit for Children adopted the goal of developing systems to ensure the registration of every child at or shortly after birth, to fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments.

In Mozambique, the Convention on the Rights of the Child, article 26 of the Law on the Promotion and Protection of the Rights of the Child[32] states that all children have the rights to a name of their own and to a family surname, to be registered and to have a nationality. It also states that all health units and public and private establishments are obliged to identify the newborn infant and to provide a birth certificate. A National Birth Registration Plan was developed in 2004 in order to speed up registration and to strengthen the routine birth registration system nationally. Birth registration is also an integral part of the National Plan of Action for Children, 2006–2010.

The data on birth registration are shown in Table 11.1. In Mozambique, 31 per cent of births of children under five were registered – that is, less than a third, with 39 per cent in urban areas and 28 per cent in rural areas. It was found that there are no significant variations in registration by sex.

However, significant variations were observed with regard to the age of the child, since a higher proportion of births are registered among children aged 48–59 months (39 per cent) and fewer among children aged 0–11 months (18 per cent). One of the causes of this striking difference between age groups is the habit of not registering children immediately after their birth, but in the following months and years.

From Graph 11.1, one notes that in the southern provinces of the country more than 40 per cent of births are registered. Maputo City, with about 47 per cent, is the province with the highest registration rate in the country. Cabo Delgado (28 per cent), Zambézia (24 per cent), Niassa (15 per cent) and Tete (11 per cent) recorded the lowest percentages.

From another analytical perspective, it was found that the probability of birth registration is positively correlated with the mother's level of education and with the level of household wealth. Thus, in households where the mothers have secondary education or more, more than half (52 per cent) of births of children under five were registered. Likewise, households in the richest quintile show a higher proportion (48 per cent) of children under five who were registered, than households in the poorest quintile (20 per cent).

The mothers of children under five who are not registered were asked why they had not registered their children. A quarter of them (25 per cent) said that registration is complicated. Distance ("it's a long way") was also frequently mentioned (23 per cent), particularly in rural areas (28 per cent) but much less in urban areas (8 per cent). The cost of registration ("it's expensive") was the third reason most mentioned by the mothers (20 per cent). Lack of knowledge was cited particularly in the rural areas (11 per cent) and to a lesser extent in urban areas (5 per cent). The fact that 34 per cent of mothers say that registration is complicated or that they have no information about the facilities and costs indicates that birth registration could be increased by improving information and communication procedures.

32 Law no. 7/2008, which was approved by the Assembly of the Republic in April and promulgated by the President of Mozambique in June 2008.

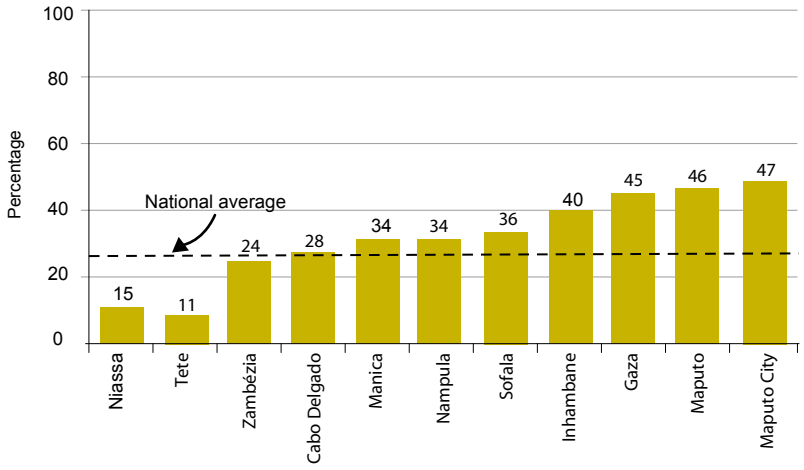
Table 11.1: Birth registration

Percentage of children aged 0–59 months, by whether their birth is registered, and reasons for non-registration, by selected characteristics, Mozambique, 2008

Selected characteristics	Birth is registered *	Don't know if birth is registered	No. of children aged 0–59 months	Birth is not registered because:					Other	Don't know	Total	No. of children aged 0–59 months who were not registered
				It's expensive	It's a long way	Lack of knowledge	It's complicated	It's not important				
Total	30.8	0.4	11,419	20.2	22.8	9.3	25.0	5.8	13.1	3.8	100.0	8,171
Area of residence												
Urban	38.5	0.4	3,243	19.6	7.7	4.9	37.6	6.9	19.5	3.8	100.0	2,099
Rural	27.8	0.3	8,176	20.4	28.0	10.8	20.6	5.4	10.9	3.8	100.0	6,072
Sex												
Male	31.0	0.2	5,658	20.5	22.6	9.2	24.7	5.9	13.1	4.0	100.0	4,063
Female	30.7	0.5	5,759	19.9	23.0	9.4	25.3	5.7	13.0	3.6	100.0	4,107
NA	*	*	2	*	*	*	*	*	*	*	*	1
Province												
Niassa	15.3	0.1	663	12.5	23.5	4.1	51.9	2.0	4.1	1.8	100.0	568
Cabo Delgado	27.8	0.0	1,136	33.7	15.0	13.3	18.4	4.7	13.4	1.6	100.0	834
Nampula	34.2	0.1	1,771	34.9	27.0	11.2	18.5	1.8	4.4	2.3	100.0	1,413
Zambézia	23.7	0.5	1,996	18.7	38.0	8.3	11.8	4.5	11.1	7.6	100.0	1,546
Tete	10.7	0.2	1,134	11.4	30.6	20.3	6.8	0.9	27.4	2.6	100.0	1,013
Manica	34.0	0.0	587	18.4	22.1	9.2	32.9	6.9	10.1	0.3	100.0	387
Sofala	36.3	0.0	1,575	15.5	18.9	7.1	27.7	11.9	15.4	3.5	100.0	1,005
Inhambane	40.4	0.8	716	17.7	5.0	2.1	41.3	14.4	10.3	9.2	100.0	422
Gaza	45.4	1.3	735	17.8	2.4	3.6	50.2	18.3	4.9	2.9	100.0	394
Maputo Province	45.9	1.3	655	5.1	4.7	0.3	46.5	4.6	32.4	6.4	100.0	348
Maputo City	46.6	0.6	453	4.8	1.2	0.8	59.5	10.6	21.6	1.5	100.0	239
Age												
0–11 months	17.5	0.0	2,509	18.2	20.0	8.9	25.9	6.1	17.8	3.2	100.0	2,153
12–23 months	28.0	0.1	2,449	21.2	22.2	10.1	23.7	6.0	13.2	3.7	100.0	1,837
24–35 months	35.8	0.3	2,207	21.2	23.3	8.9	26.4	6.2	10.6	3.4	100.0	1,469
36–47 months	36.8	0.4	2,232	21.4	23.4	9.8	23.7	4.9	12.3	4.5	100.0	1,454
48–59 months	38.9	1.1	2,021	19.6	27.3	8.7	25.3	5.6	8.8	4.7	100.0	1,258
Mother's education												
Never went to school	23.2	0.3	3,730	19.5	28.3	12.7	19.9	5.3	9.9	4.3	100.0	2,959
Primary	32.5	0.4	6,861	21.2	21.0	7.9	26.6	6.0	13.8	3.5	100.0	4,804
Secondary +	51.7	0.5	825	12.7	4.0	0.6	44.0	7.5	27.3	3.8	100.0	406
No reply/don't know	*	*	3	*	*	*	*	*	*	*	*	3
Wealth index quintile												
Poorest	19.5	0.3	2,574	21.7	33.7	11.4	15.5	3.6	10.4	3.6	100.0	2,132
Second	23.7	0.3	2,523	23.7	28.8	10.6	18.9	4.8	9.1	4.0	100.0	2,011
Middle	31.6	0.2	2,255	22.6	23.0	12.3	22.3	4.7	11.9	3.3	100.0	1,618
Fourth	37.6	0.6	2,267	17.9	11.6	6.4	35.4	8.7	15.2	4.8	100.0	1,452
Richest	47.7	0.4	1,799	9.0	2.7	1.2	47.6	10.2	26.1	3.2	100.0	958

* MICS Indicator 62
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Graph 11.1: Children aged 0–59 months whose birth was registered, by province, Mozambique, 2008



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. “ A World Fit for Children mentions nine strategies for combating child labour, and the MDGs call for protecting children against exploitation.

In Mozambique, the Child Protection Act of 2008 bans child labour and any kind of work for children under 15 years of age; it also lays down punitive measures against offenders. However, the law has not yet been effectively implemented.

The Labour Law states that employers should not employ minors (that is, children aged 15–18 years) in tasks that endanger the health and well-being of the child. The same law states that the normal working period of a minor should not exceed 38 hours a week and 7 hours a day.

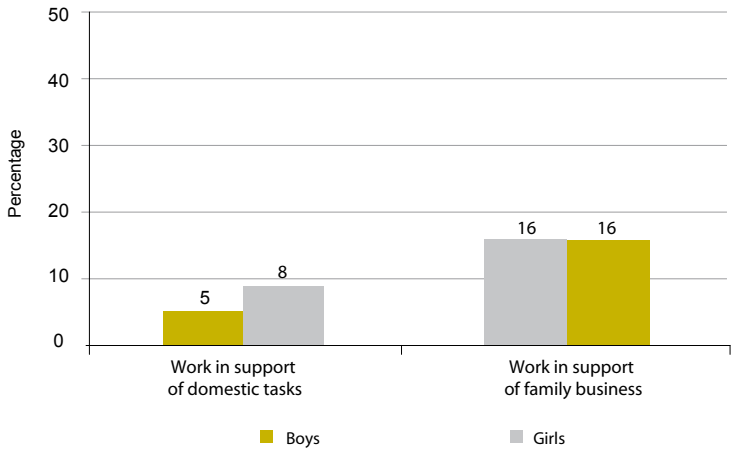
In the MICS questionnaire, several questions deal with the issue of child labour, that is, of children aged 5–14 years involved in work activities. A child is considered to be involved in child labour if, during the week prior to the survey, the following occurred:

- 5–11 years old: at least an hour of economic work or 28 hours of domestic work per week
- 12–14 years old: at least 14 hours of economic work or 28 hours of domestic work per week.

This definition makes it possible to distinguish between child labour and child work, to identify the type of labour that should be eliminated. Thus, the estimate presented here is a minimum prevalence of child labour, since some children may be involved in risky working activities for fewer hours than mentioned in the above criteria. Table 11.2 presents the data on child labour by type of work. The percentages do not add up to the total of child labour, since children may be involved in more than one type of work.

According to the aforementioned criteria, in Mozambique, 22 per cent of children aged 5–14 years are involved in child labour. As shown in Graph 11.2, most of them are involved in family businesses (16 per cent). It was found that a slightly higher proportion of girls are involved in child labour, 24 per cent, than boys, 21 per cent. The girls are more frequently involved in domestic tasks. However, similar proportions of boys and girls are involved in work related to small-scale family businesses. In rural areas, 25 per cent of children are engaged in child labour, compared to 15 per cent in urban areas.

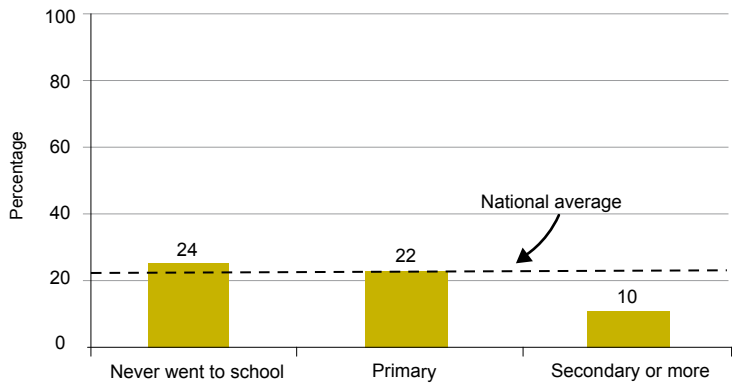
Graph 11.2: Child labour, by sex and by type, Mozambique, 2008



The prevalence of child labour is greater in the 12–14 year age group, where it reaches 27 per cent. In the 5–11 year age group, the frequency remains high, with 21 per cent of children involved in child labour.

As shown in Graph 11.3, the percentage of children aged 5–14 years who perform any labour activity declines with the increasing level of education of their mothers. It falls from 25 per cent among children whose mothers never went to school to 10 per cent among children whose mothers have secondary education or more.

Graph 11.3: Prevalence of child labour, by level of mother's education, Mozambique, 2008



Children of households in the richest wealth quintile show lower proportions (14 per cent) of child labour than those in the other categories of wealth, where the proportions are similar to each other.

Table 11.2: Child labour

Percentage of children aged 5–14 years who are engaged in child labour activities, by selected characteristics, Mozambique, 2008

Selected characteristics	Work outside the household					Number of children aged 5–14 years
	Paid labour	Unpaid labour	Domestic tasks for 28+ hours a week	Worker for the family business	Total no. of child labourers *	
Total	0.9	0.7	6.7	16.2	22.2	19,504
Area of residence						
Urban	1.1	0.4	6.6	8.6	15.1	5,901
Rural	0.9	0.8	6.7	19.5	25.3	13,603
Sex						
Male	1.0	0.7	4.9	15.9	20.5	9,666
Female	0.8	0.6	8.4	16.4	23.8	9,809
NA	*	*	*	*	*	29
Province						
Niassa	0.5	0.0	0.7	8.0	8.9	1,203
Cabo Delgado	0.7	0.0	5.4	20.5	25.7	1,847
Nampula	0.9	0.3	5.7	10.9	16.3	3,949
Zambézia	0.6	1.8	4.9	21.1	25.1	3,360
Tete	1.1	1.3	4.6	19.6	24.2	1,733
Manica	2.2	0.5	4.7	20.9	25.5	914
Sofala	1.6	0.6	14.7	17.8	30.2	1,875
Inhambane	0.6	0.1	10.5	32.4	39.4	1,277
Gaza	0.9	0.1	13.3	13.8	26.7	1,250
Maputo Province	0.5	0.8	4.6	4.3	9.6	1,219
Maputo City	1.1	0.3	5.5	4.3	10.6	877
Age						
5–11	0.9	0.7	4.2	16.4	20.5	14,429
12–14	1.0	0.4	13.7	15.4	27.1	5,076
Attending school						
Yes	1.0	0.8	7.8	18.0	25.0	13,561
No	0.9	0.3	4.0	12.0	15.8	5,943
Mother's education						
Never went to school	1.0	0.8	6.9	18.5	24.5	7,237
Primary	0.9	0.6	6.7	15.9	22.0	11,085
Secondary +	0.8	0.3	4.8	4.8	9.9	1,175
No reply/don't know	*	*	*	*	*	7
Wealth index quintile						
Poorest	0.7	0.6	5.8	19.1	24.0	4,258
Second	1.1	0.8	6.2	17.4	22.8	3,865
Middle	1.2	0.8	6.2	19.6	25.4	3,924
Fourth	1.0	0.5	8.7	15.6	23.6	3,955
Richest	0.6	0.5	6.4	8.2	14.3	3,502

* MICS indicator 71
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table 11.3 shows the percentage of children classified as 'student labourers' or 'labourer students'. The latter are children attending school who were also engaged in child labour at the moment of the survey. More specifically, of the 70 per cent of children aged 5–14 years attending school, a quarter (25 per cent) are also working.

Table 11.3: Working students and student workers

Percentage of children aged 5–14 years who are involved in child labour, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children in child labour *	Percentage of children attending school ***	Number of children aged 5–14 years	Percentage of child labourers who are also attending school **	Number of child labourers aged 5–14 years	Percentage of students who are also involved in child labour ****	Number of students aged 5–14 years
Total	22.2	69.5	19,504	78.3	4.333	25.0	13,561
Area of residence							
Urban	15.1	78.7	5,901	85.9	889	16.5	4,644
Rural	25.3	65.6	13,603	76.4	3443	29.5	8,918
Sex							
Male	20.5	70.3	9,666	78.6	1986	23.0	6,794
Female	23.8	68.8	9,809	78.1	2337	27.1	6,749
NA	*	*	29	*	11	*	19
Province							
Niassa	8.9	65.9	1,203	72.7	107	9.8	793
Cabo Delgado	25.7	63.2	1,847	70.1	475	28.5	1,166
Nampula	16.3	60.8	3,949	69.2	644	18.6	2,399
Zambézia	25.1	70.6	3,360	83.5	842	29.7	2,372
Tete	24.2	57.3	1,733	64.7	419	27.3	992
Manica	25.5	72.4	914	78.6	233	27.7	662
Sofala	30.2	71.8	1,875	81.4	566	34.2	1,347
Inhambane	39.4	79.8	1,277	87.4	503	43.1	1,020
Gaza	26.7	81.2	1,250	85.6	333	28.1	1,015
Maputo Province	9.6	83.8	1,219	90.8	117	10.4	1,022
Maputo City	10.6	88.1	877	93.8	93	11.2	773
Age							
5–11	20.5	64.6	14,429	76.2	2955	24.1	9,321
12–14	27.1	83.5	5,076	82.9	1378	26.9	4,240
Mother's education							
Never went to school	24.5	61.5	7,237	72.9	1774	29.0	4,453
Primary	22.0	72.6	11,085	81.6	2442	24.8	8,047
Secondary +	9.9	90.0	1,175	93.3	116	10.2	1,058
No reply/don't know	*	*	7	*	1	*	4
Wealth index quintile							
Poorest	24.0	59.2	4,258	71.4	1021	28.9	2,519
Second	22.8	61.5	3,865	70.1	879	26.0	2,376
Middle	25.4	66.4	3,924	78.8	995	30.1	2,604
Fourth	23.6	76.5	3,955	85.8	934	26.5	3,027
Richest	14.3	86.7	3,502	91.9	502	15.2	3,036

* MICS Indicator 71
**MICS Indicator 72
*** MICS Indicator 55 and 56
**** MICS Indicator 73
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Almost one third of pupils (30 per cent) who live in rural areas are engaged in child labour, nearly double the percentage recorded in urban areas (17 per cent).

Analysis by province shows that the lowest percentages of pupils engaged in child labour are recorded in Maputo province and Niassa (both 10 per cent) and Maputo City (11 per cent). The highest percentages are recorded in Inhambane (43 per cent), Sofala (34 per cent) and Zambézia (30 per cent).

Predictably, pupils who live in the poorest households work more frequently than those who live in non-poor households. Yet even in the richest wealth quintile, 15 per cent of pupils are engaged in child labour.

Child marriage, polygamy and spousal age difference

Child marriage is a violation of human rights. It compromises girls' development because it frequently results in early pregnancy and social isolation, little education and poor vocational training, and thereby reinforces the incidence and nature of poverty among women. 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 (CEDAW) mentions the right to protection from child marriage in Article 16, which states: "The betrothal and marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage… ."

Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages; the African Charter on the Rights and Welfare of the Child; and the Protocol to the African Charter on Human and People's Rights and the Rights of Women in Africa.

Some of the factors which influence rates of child marriage are: the state of the country's civil registration system, which proves the age of the child; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary and religious laws that condone the practice33.

In Mozambique, marriage before the age of 16 is illegal under any circumstances. In addition, the 2004 Family Law increased the legal age for marriage without the consent of the parents from 16 to 18 years. The minimum age at which marriage can occur with the consent of the parents was raised from 14 to 16 years. However, the capacity to enforce the law is still limited, and 'traditional marriages' remain frequent under customary law.

The two indicators of child marriage used are the percentage of women married before age 15 and the percentage of women married before age 18. The percentage of women married at different ages is shown in Table 11.4.

33 According to UNICEF global estimates, more than 60 million women aged 20–24 were married or in unions before the age of 18.

Table 11.4: Child marriage

Percentage of women aged 15–49 married or in unions before their 15th birthday, percentage of women aged 20–49 married before their 18th birthday, and percentage of women aged 15–19 married or in polygamous unions, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage married before age 15 *	Number of women aged 15–49	Percentage married before age 18 *	Number of women aged 20–49	Percentage of women married/in unions aged 15–19 **	Number of women aged 15–19	Percentage of women aged 15–19 in polygamous marriages/unions ***	Number of women aged 15–49 currently married/in unions
Total	17.7	14,188	51.5	11,450	39.8	2,738	23.7	9,984
Area of residence								
Urban	11.2	5,138	42.4	3,997	27.7	1,140	15.7	3,066
Rural	21.4	9,050	56.4	7,453	48.5	1,597	27.2	6,918
Province								
Niassa	24.2	775	59.1	618	52.4	157	18.7	592
Cabo Delgado	29.6	1,422	70.0	1,184	47.0	238	23.1	1,078
Nampula	20.6	2,288	57.6	1,897	49.4	391	19.8	1,790
Zambézia	22.3	2,240	57.2	1,839	47.0	401	18.9	1,692
Tete	19.0	1,165	54.9	910	49.3	255	32.0	891
Manica	20.8	632	58.1	487	56.3	145	36.8	492
Sofala	18.6	1,603	54.0	1,241	33.9	362	33.7	1,115
Inhambane	9.4	981	40.3	809	26.5	172	30.1	629
Gaza	8.8	1,004	38.1	785	34.0	219	25.6	606
Maputo Province	5.8	1,062	32.0	880	20.4	182	15.5	617
Maputo City	3.9	1,016	24.9	801	12.2	215	10.1	482
Age								
15–19	11.4	2,738	.	0	39.8	2,738	13.0	1,090
20–24	17.4	2,674	51.8	2,674	.	0	18.0	1,961
25–29	16.9	2,735	49.5	2,735	.	0	24.1	2,207
30–34	20.2	2,099	52.4	2,099	.	0	27.2	1,709
35–39	20.1	1,737	50.2	1,737	.	0	27.0	1,413
40–44	23.4	1,226	52.9	1,226	.	0	31.8	916
45–49	21.4	979	54.7	979	.	0	28.9	688
Level of education								
Never went to school	24.0	3,911	57.2	3,610	67.7	301	30.2	3,212
Primary	18.0	8,247	54.2	6,514	43.2	1,734	22.0	5,874
Secondary +	3.0	1,927	20.4	1,248	17.9	679	10.7	820
No reply/don't know	24.1	103	60.1	78	*	24	20.5	78
Wealth index quintile								
Poorest	25.7	2,608	60.5	2,209	51.5	399	25.1	1,995
Second	22.1	2,626	59.3	2,162	56.8	464	26.2	2,063
Middle	21.2	2,807	55.5	2,276	52.5	531	24.8	2,210
Fourth	15.3	2,805	50.9	2,244	35.1	562	25.7	1,892
Richest	7.1	3,342	34.1	2,560	18.5	782	15.8	1,825

* MICS Indicator 67
** MICS Indicator 68
*** MICS Indicator 70
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

The data show that child marriage is common. More than half (52 per cent) of Mozambican women aged 20–49 married before they were 18 years old; nearly one fifth (18 per cent) of women aged 15–49 married before they were 15 years old. Child marriage is more frequent in rural than in urban areas. In rural areas, 56 per cent of women married before they were 18 and 21 per cent before they were 15. In urban areas, the percentages are 42 per cent and 11 per cent, respectively (Table 11.4).

The central and northern regions of the country have the highest prevalence of child marriages. For example, in the percentage of women married before their 18th birthday, Cabo Delgado (70 per cent), Niassa (59 per cent), Nampula and Manica (58 per cent) and Zambézia (57 per cent) stand out. Maputo City shows the lowest percentage (25 per cent), yet it is cause for concern that even in the capital, one quarter of women marry before reaching the age of majority.

When broken down by age group, the data show that the prevalence of child marriage declines among younger women compared with those of more advanced age. For example, 11 per cent of women in the 15–19 age group married before they were 15, compared with 21 per cent of women in the 45–49 age group and 23 per cent in the 40–44 age group.

The last two columns on the right in Table 11.4 give data on women in polygamous unions. Almost one quarter of Mozambican women aged 15–49 (24 per cent) are married in a polygamous setting. As expected, this social phenomenon is more frequent in rural areas (27 per cent) than urban areas (16 per cent).

Analysis of the data by province does not present any type of pattern. However, Manica, with 37 per cent, and Sofala, with 34 per cent, are the provinces with the highest proportion of women in polygamous unions, while Maputo City records the lowest percentage in the country (10 per cent).

Table 11.4 also shows that polygamous unions are more frequent among women who never went to school (30 per cent) than among those with secondary education or more (11 per cent).

This chapter also analyzes age differences between spouses. The indicator is the percentage of women married or in unions who are 10 or more years younger than their current spouse. Table 11.5 shows the data on spousal age differences.

The proportions of women aged 15–19 and 20–24, married or in unions with a husband or partner at least 10 years older, are 22 per cent and 21 per cent, respectively. No significant differences can be observed between the urban and rural areas of the country.

The data by province do not show any clearly identifiable pattern. Among women aged 15–19, Nampula has the highest proportion (33 per cent), while Tete and Gaza recorded the lowest percentage (11 per cent). As for women aged 20–24, Nampula again presents the highest percentage (37 per cent) while Maputo City has the lowest (10 per cent).

The level of education of the head of household is inversely correlated with spousal age difference – the higher the level of education attained by the head of household, the lower the percentage of women who are ten years or more younger than their husbands or partners. This finding is valid both for women aged 15–19 and those aged 20–24.

Table 11.5: Spousal age difference

Percentage distribution of women aged 15–19 and 20–24 currently married or in unions, according to the age difference with their husband or partner, by selected characteristics, Mozambique, 2008

Selected Characteristics	Percentage of currently married/in union women aged 15–19 whose husband or partner is:					Total	Number of women aged 15–19 currently married/in unions	Percentage of currently married/ in union women aged 20–24 whose husband or partner is:					Total	Number of women aged 20-24 years currently married/in unions
	Younger	0–4 years older	5–9 years older	10+ years older *	Don't know age of husband/partner			Younger	0–4 years older	5–9 years older	10+ years older *	Don't know age of husband/partner		
Total	1.5	35.7	38.5	21.8	2.5	100.0	1,090	3.0	41.2	32.8	21.0	2.1	100.0	1,961
Area of residence														
Urban	1.6	34.4	41.0	21.3	1.7	100.0	315	3.0	43.2	31.6	20.5	1.8	100.0	638
Rural	1.4	36.2	37.5	22.0	2.8	100.0	774	3.0	40.2	33.4	21.2	2.2	100.0	1,323
Province														
Niassa	0.3	43.7	37.4	15.3	3.3	100.0	82	1.9	46.4	33.7	16.3	1.7	100.0	121
Cabo Delgado	0.0	34.6	37.5	25.1	2.8	100.0	112	8.4	30.3	36.2	23.7	1.3	100.0	184
Nampula	2.4	32.3	30.7	32.9	1.7	100.0	193	3.8	35.0	23.8	36.8	0.5	100.0	303
Zambézia	1.8	47.3	35.5	15.4	0.0	100.0	188	2.5	44.4	37.9	12.7	2.6	100.0	376
Tete	1.4	30.8	54.8	11.1	1.9	100.0	126	2.3	44.8	35.3	15.2	2.4	100.0	181
Manica	0.0	25.5	39.2	25.5	9.9	100.0	82	0.2	33.4	30.9	32.3	3.2	100.0	120
Sofala	0.9	26.1	43.2	29.8	0.0	100.0	123	1.7	35.2	39.5	23.6	0.0	100.0	225
Inhambane	0.0	37.4	33.9	28.8	0.0	100.0	46	1.0	39.4	33.6	17.8	8.1	100.0	115
Gaza	5.6	43.7	36.3	11.2	3.3	100.0	74	4.4	54.3	27.6	11.9	1.8	100.0	135
Maputo Province	(0.0)	(33.7)	(33.9)	(20.9)	(11.5)	100.0	37	0.0	47.8	28.8	21.8	1.6	100.0	105
Maputo City	(2.0)	(34.8)	(45.7)	(14.4)	(3.1)	100.0	26	5.4	55.7	26.0	10.2	2.7	100.0	96
Level of education														
Never went to school	0.0	27.3	34.4	35.1	3.1	100.0	204	5.0	32.8	35.1	24.2	2.8	100.0	537
Primary	2.1	37.5	39.0	19.5	1.9	100.0	748	2.2	42.5	32.0	21.3	1.9	100.0	1,175
Secondary +	0.4	36.8	42.6	15.4	4.8	100.0	122	2.4	51.1	33.3	12.2	0.9	100.0	227
No reply/don't know	*	*	*	*	*	*	16	*	*	*	*	*	*	22
Wealth index quintile														
Poorest	0.4	31.9	38.5	26.6	2.6	100.0	205	3.7	36.0	35.8	23.1	1.5	100.0	352
Second	2.4	36.4	39.7	20.5	1.1	100.0	263	2.5	42.2	32.3	20.3	2.6	100.0	383
Middle	1.5	39.3	36.5	19.9	2.8	100.0	279	4.2	39.5	36.3	18.8	1.1	100.0	451
Fourth	2.1	34.1	37.9	21.4	4.5	100.0	197	2.2	43.3	29.1	21.6	3.7	100.0	414
Richest	0.4	35.1	41.2	21.7	1.7	100.0	145	2.3	44.7	30.1	21.5	1.3	100.0	361

* MICS Indicator 69
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Domestic violence

Cultural acceptance of violence is one of the main causes of domestic violence. Some forms of violence are rooted in discriminatory social dynamics, gender inequalities and damaging practices against women and children. Several international legal instruments, such as CEDAW, deal with these questions and ask each country to implement the necessary legal and political framework to protect women from all forms of violence.

In Mozambique, the Law against Domestic Violence was promulgated in 2009[34]. The law gives the government the opportunity to ensure the protection of women and children against abuse and sexual exploitation at home and in the community. By law, domestic violence is regarded as a crime in Mozambique. The law demands greater sanctions for offenders and obliges the State to provide victims with assistance (with services such as police investigation and medical treatment, among others). The State also has the responsibility to prevent domestic violence. However, a national legal framework and political reforms to prevent domestic violence will have to be developed so that the country can be fully in line with CEDAW.

Women aged 15–49 were asked several questions to assess their attitudes towards the justification for domestic violence, specifically, whether husbands are justified in hitting or beating their wives/partners for various reasons. These questions were asked in order to examine the cultural beliefs which tend to be associated with the prevalence of violence practised by husbands/partners. The main assumption is that women who agree with the statements, saying that husbands/partners are justified in beating their wives/partners in the situations described, tend really to be abused by their own husbands/partners. The replies to these questions can be found in Table 11.6.

This table shows that 36 per cent of women aged 15–49 believe that a husband is right to beat his wife/partner for at least one of the five reasons mentioned (when the woman: leaves without saying goodbye to her husband; does not look after the children properly; argues with her husband; refuses to have sex with her husband; burns the food).

Acceptance of domestic violence is more frequent in rural areas (39 per cent) than in urban areas (31 per cent). The northern provinces of the country have higher rates of acceptance. Gaza is an exception in the south, with over 50 per cent of women declaring that they accept at least one of the violent practices mentioned. Niassa has the highest percentage of women who accept at least one of the practices and, in all circumstances, records percentages above the national average. On the other hand, Maputo City has the lowest percentages.

When disaggregated by the woman's level of education, the data show that education is inversely correlated with the acceptance of violent practice: 38 per cent of women who never went to school said it is justifiable for a man to beat his wife for at least one of the causes mentioned. This percentage declines but remains high even among women with secondary education or more (24 per cent).

34 Law 29 of 2008, promulgated by the President of Mozambique in September 2009.

Table 11.6: Attitudes towards domestic violence

Percentage of women aged 15–49 who believe a husband is justified in beating his wife/partner in various circumstances, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of women aged 15–49 who believe a husband is justified in beating his wife/partner:						
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses to have sex with him	When she burns the food	For any of these reasons*	Number of women aged 15–49
Total	18.6	21.1	18.5	19.0	12.5	35.8	14,188
Area of residence							
Urban	15.3	19.2	14.0	14.7	9.4	30.7	5,138
Rural	20.4	22.3	21.0	21.4	14.3	38.7	9,050
Province							
Niassa	34.3	33.1	22.5	35.2	22.0	68.5	775
Cabo Delgado	30.1	33.9	23.2	30.0	16.0	48.1	1,422
Nampula	21.6	23.6	25.4	29.4	17.0	42.2	2,288
Zambézia	21.7	21.0	20.3	15.9	16.6	34.8	2,240
Tete	8.4	12.8	17.0	12.4	8.9	26.1	1,165
Manica	16.6	15.2	14.7	14.5	10.0	26.9	632
Sofala	19.4	24.7	15.8	16.6	9.3	34.7	1,603
Inhambane	9.2	13.7	11.6	12.3	3.7	26.3	981
Gaza	22.5	31.2	29.3	20.3	20.5	51.4	1,004
Maputo Province	8.1	10.4	7.9	8.4	3.6	20.2	1,062
Maputo City	4.3	4.8	4.1	4.3	1.6	10.1	1,016
Age							
15–19	19.1	23.1	18.0	17.7	15.9	37.0	2,738
20–24	18.2	20.3	16.6	17.3	11.4	35.8	2,674
25–29	19.4	21.0	20.1	21.0	12.4	37.3	2,735
30–34	18.9	22.0	18.3	20.1	11.7	36.3	2,099
35–39	16.7	21.1	18.8	18.1	11.4	33.2	1,737
40–44	18.4	18.8	20.5	19.6	11.2	35.6	1,226
45–49	18.5	19.5	17.4	19.7	11.7	32.3	979
Marital status							
Currently married/in union	19.7	21.9	19.8	20.6	13.0	37.6	9,984
Formerly married/in union	18.1	20.5	16.9	18.7	11.3	34.4	2,100
Never married/in union	13.6	17.7	13.4	11.3	11.1	28.9	2,073
NA	*	*	*	*	*	*	30
Level of education							
Never went to school	20.4	21.0	21.1	21.9	13.3	37.9	3,911
Primary	19.7	22.7	19.2	19.8	13.6	37.5	8,247
Secondary +	9.9	14.8	9.1	9.0	5.9	23.9	1,927
No reply/don't know	20.8	17.7	31.7	27.1	18.7	48.8	103
Wealth index quintiles							
Poorest	20.0	20.9	20.5	21.7	13.6	36.9	2,608
Second	21.3	22.6	20.6	20.9	14.1	37.7	2,626
Middle	23.3	25.1	21.8	25.2	16.5	42.9	2,807
Fourth	20.5	25.5	21.5	19.9	14.6	41.7	2,805
Richest	9.7	13.2	9.8	9.2	5.3	22.7	3,342

* MICS Indicator 100
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

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.

Mozambique has not yet signed the United Nations Convention on the Rights of People with Disabilities and its Optional Protocol. The National Policy for People with Disabilities gives the Ministry of Women's Affairs and Social Welfare the responsibility to promote effective integration of children with disabilities in preschool activities, and to guarantee social protection of people with disabilities and their families through measures which encourage their autonomy and integration in the community. People with disabilities are eligible for the state food subsidy programme (a monthly payment for specially vulnerable people), managed by the police. However, the subsidy excludes children, since it is only available to people who are over 18 years old. The coverage of this subsidy programme remains very limited.

The National Education Policy envisages the possibility of children with slight disabilities attending normal schools and children with serious disabilities attending special schools. This requires that education services identify children with special needs before they start their school career and promote the training of teachers to work with these children. The obligation of the National Education System to guarantee educational opportunities for all people with disabilities is restated in the Policy for People with Disabilities.

The Law on Promoting and Protecting the Rights of the Child states that children with disabilities have the right to special or specialized education at school and specialized care in the national health system. Health units and public and private establishments are obliged to provide special care, medical treatment and rehabilitation for children with disabilities.

In MICS, a series of questions was asked of mothers or guardians looking after children to assess the frequency of certain disabilities or impairments among children aged 2–9 years, such as sight impairment, deafness and speech difficulties. This approach rests on the concept of functional disability developed by WHO, and it aims to identify the implications of any impairment or disability for the development of the child (for example, on health, nutrition, education, etc.). Table 11.7 presents the results of these questions.

As Table 11.7 shows, 14 per cent of children aged 2–9 years have at least one disability among the list of disabilities considered. The difference between urban areas (15 per cent) and rural areas (13 per cent) is small.

Serious delay in sitting, standing or walking is the disability most frequently reported (6 per cent). Two per cent of children have the following disabilities: they do not understand instructions; they seem to have hearing difficulties; they do not speak and cannot be understood; they have seizures, go rigid or lose consciousness.

Speech disabilities were measured on children aged 3–9 years. Table 11.7 shows that their mothers regarded 7 per cent of children as not having normal speech.

Table 11.7: Child disability

Percentage of children aged 2–9 years with disabilities reported by the child's mother or caregiver, by type of disability and by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children aged 2–9 years with disabilities reported, by type of disability										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
	Serious delay in sitting, standing or walking	Difficulty seeing, either in the daytime or at night	Appears to have difficulty hearing	No understanding of instructions	Difficulty in walking, moving arms, or stiffness in arms or legs	Has fits, becomes rigid, loses consciousness	Not learning to do things like other children his/her age	Does not speak, cannot be understood	Appears mentally backward, dull or slow	Percentage of children aged 2–9 years, with at least one reported disability*					
Total	6.1	0.6	1.9	2.1	0.6	1.8	1.1	1.9	0.7	13.5	17,205	7.1	14,995	4.9	2,210
Area of residence															
Urban	6.5	0.8	1.6	2.9	0.5	1.6	1.0	2.7	0.7	14.7	4,890	6.4	4,228	3.1	662
Rural	6.0	0.5	2.0	1.8	0.6	1.9	1.2	1.6	0.7	13.1	12,315	7.4	10,767	5.6	1,548
Province															
Niassa	3.3	0.7	0.7	3.1	0.5	0.9	1.2	2.5	0.5	9.4	1,047	5.2	917	5.7	130
Cabo Delgado	10.2	0.6	2.3	2.3	1.0	1.0	1.5	2.0	1.4	17.2	1,655	11.0	1,437	8.3	218
Nampula	7.3	0.2	1.0	3.6	0.2	0.9	0.9	1.9	0.6	14.5	3,116	7.4	2,795	0.5	321
Zambézia	5.0	0.6	3.1	2.6	0.6	2.3	1.2	2.7	1.0	14.8	3,021	13.4	2,631	5.0	390
Tete	4.1	0.4	1.0	0.8	0.8	4.8	2.6	0.7	0.6	12.4	1,635	2.9	1,422	8.5	214
Manica	4.3	0.1	1.4	0.4	0.4	0.3	1.1	1.0	0.2	8.1	830	2.0	718	4.6	112
Sofala	1.0	0.3	1.1	1.7	0.2	0.7	0.2	0.6	0.3	5.0	1,991	2.6	1,691	4.7	300
Inhambane	8.3	0.6	4.9	2.1	0.7	3.8	1.0	3.3	1.7	21.3	1,100	7.5	949	5.2	151
Gaza	12.2	2.1	2.7	0.9	0.6	2.7	0.4	1.8	0.7	19.3	1,079	5.6	937	6.8	142
Maputo Province	8.4	1.3	1.5	1.0	0.8	1.8	1.4	1.4	0.5	14.8	1,026	3.6	886	2.7	140
Maputo City	5.5	0.8	1.1	1.3	0.8	1.1	1.1	4.2	0.6	11.9	706	8.1	612	2.4	94
Age															
2–4	6.7	0.5	1.3	2.5	0.5	2.0	1.6	2.2	0.5	14.1	6,491	7.1	4,280	4.9	2,210
5–6	6.4	0.7	2.1	1.9	0.6	2.1	0.9	1.7	1.0	14.0	4,585	7.8	4,585	.	0
7–9	5.3	0.7	2.4	1.9	0.6	1.5	0.8	1.8	0.7	12.5	6,129	6.6	6,129	.	0
Mother's education															
Never went to school	5.6	0.4	1.4	2.0	0.5	1.8	1.1	1.5	0.5	11.9	6,208	7.0	5,508	5.4	700
Primary	6.7	0.7	2.3	2.1	0.6	2.0	1.2	2.2	0.9	14.8	9,965	7.2	8,613	4.9	1,352
Secondary +	3.8	1.1	0.6	3.0	0.2	1.1	0.5	2.0	0.3	10.7	1,025	6.8	868	2.4	157
No reply/don't know	*	*	*	*	*	*	*	*	*	*	7	*	6	*	1
Wealth index quintiles															
Poorest	6.2	0.6	2.4	2.1	0.4	1.5	1.5	1.4	0.6	13.4	3,905	9.5	3,451	5.0	454
Second	4.9	0.2	1.3	2.4	0.7	2.2	1.3	1.8	0.6	11.6	3,656	5.9	3,171	6.0	486
Middle	6.3	0.5	1.9	1.8	0.4	1.9	1.0	2.1	1.2	14.1	3,421	6.8	2,987	4.9	433
Fourth	8.0	0.7	2.3	2.2	0.8	1.8	0.8	2.4	0.6	16.3	3,401	6.6	2,959	3.1	442
Richest	5.3	1.1	1.4	2.0	0.6	1.7	0.9	2.2	0.8	12.1	2,822	6.4	2,427	5.2	395

* MICS indicator 101
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

XII. HIV and AIDS, sexual behaviour and orphaned and vulnerable children

Knowledge of HIV transmission and condom use

Accurate knowledge of how HIV is transmitted is one of the most important prerequisites for reducing the rate of HIV infection, and can lead to the implementation of strategies to prevent transmission. Correct information is the first step for both raising awareness and giving young people and the population at large the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Such misconceptions include claims that sharing food or mosquito bites can transmit HIV. The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of their young people to protect themselves from HIV infection. 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 preventing infection, and changing behaviours to reduce further the spread of AIDS.

The Mozambican government, in its drive to step up efforts to this end, approved in December 2008 the National Strategy to Speed Up HIV Prevention, which stresses the need to take urgent measures to expand programmes designed to increase knowledge and change behaviour that puts the population at risk of HIV infection.

An indicator, both of the MDGs and of UNGASS, is the percentage of women who have broad and accurate knowledge of HIV prevention and transmission.

In Mozambique, 91 per cent of women aged 15–49 have heard of HIV and AIDS. This percentage is higher in urban than in rural areas (97 and 87 per cent, respectively).

In geographical terms, almost all women aged 15–49 living in the south of the country have heard of HIV and AIDS. On average, the percentages are lower in the northern provinces, notably in Nampula and Zambézia, with only 78 and 80 per cent, respectively.

Yet, the percentage of women who have heard of HIV and AIDS varies significantly in relation to their level of schooling, rising from 84 per cent among women who have never been to school to almost 100 per cent among women with secondary education or more.

In MICS, women were asked if they knew the three main forms of HIV prevention – having a single, faithful, uninfected partner; using condoms during each sexual encounter; and abstaining from sex. These questions showed that 29 per cent of women are aware that having a single, faithful, uninfected partner is not the only way of reducing the risk of infection by the HIV virus; 65 per cent know that the use of condoms in sexual encounters protects people against HIV; and 44 per cent know that the risk of contracting HIV cannot be completely eliminated by abstaining from sex.

It was also found that about 13 per cent of women aged 15–49 answered correctly the three questions concerning the prevention of HIV transmission. Still, a substantial proportion of women (19 per cent) in that age group did not answer correctly about any of the three alternatives mentioned above. The data presented confirm the need, already expressed in the Strategy to Speed Up Prevention, to step up still further activities to educate the population and raise awareness, so as to move towards a deep and integrated knowledge of all aspects of HIV and AIDS.

Table 12.1: Knowledge about preventing HIV transmission

Percentage of women aged 15–49 who correctly answered questions about prevention of HIV transmission, by selected characteristics, Mozambique, 2008

Selected characteristics	Has heard of HIV and AIDS	Percentage who answered the following questions correctly:			Correctly answered the 3 questions	Correctly answered at least one of the 3 questions	Did not answer any of the questions correctly	Number of women
		The only way to reduce the risk of catching HIV and AIDS is to have just one, uninfected sexual partner, who has no other partners (correct answer = no)	People can protect themselves from HIV and AIDS by using condoms in sexual relations (correct answer = yes)	The risk of catching HIV and AIDS can be completely eliminated by abstaining from sex (correct answer = no)				
Total	90.7	28.5	64.5	43.8	12.9	81.4	18.6	14,188
Area of residence								
Urban	97.2	32.1	76.8	52.1	17.4	90.8	9.2	5,138
Rural	87.1	26.5	57.5	39.1	10.3	76.0	24.0	9,050
Province								
Niassa	89.4	29.3	57.6	30.2	3.4	82.4	17.6	775
Cabo Delgado	96.5	15.0	74.1	34.1	2.2	85.6	14.4	1,422
Nampula	77.9	17.8	47.2	36.6	7.4	65.7	34.3	2,288
Zambézia	80.3	30.4	47.4	37.7	11.6	66.0	34.0	2,240
Tete	88.8	40.1	59.7	39.1	17.8	78.1	21.9	1,165
Manica	89.9	49.8	51.4	60.8	24.0	81.8	18.2	632
Sofala	99.1	40.6	74.5	51.1	23.2	93.8	6.2	1,603
Inhambane	99.0	27.5	74.7	48.2	13.7	88.5	11.5	981
Gaza	99.6	14.6	76.2	45.2	6.3	92.1	7.9	1,004
Maputo Province	98.4	23.1	86.6	50.1	11.6	94.2	5.8	1,062
Maputo City	99.9	41.4	86.1	68.4	28.1	96.7	3.3	1,016
Age								
15–19	90.8	31.6	66.7	47.2	15.3	83.6	16.4	2,738
20–24	92.3	30.5	67.9	45.3	13.9	84.4	15.6	2,674
25–29	90.1	28.7	64.8	42.8	12.7	81.0	19.0	2,735
30–34	91.6	25.9	64.7	42.4	11.8	80.9	19.1	2,099
35–39	88.6	26.9	60.3	42.0	11.9	78.2	21.8	1,737
40–44	89.7	26.7	62.6	43.3	11.4	80.1	19.9	1,226
45–49	90.7	24.6	57.3	39.7	9.6	76.2	23.8	979
Level of education								
Never went to school	84.4	26.7	53.0	35.7	9.9	71.8	28.2	3,911
Primary	91.7	27.6	64.4	44.7	11.9	82.4	17.6	8,247
Secondary +	99.6	36.3	88.0	57.7	23.0	96.3	3.7	1,927
No reply/don't know	87.1	27.4	69.2	24.6	8.3	86.3	13.7	103
Wealth index quintile								
Poorest	78.7	23.3	46.2	34.6	7.9	65.2	34.8	2,608
Second	86.7	28.9	55.9	38.0	10.5	74.9	25.1	2,626
Middle	91.1	29.7	61.2	41.7	12.8	80.7	19.3	2,807
Fourth	95.0	25.1	71.1	44.2	10.7	87.3	12.7	2,805
Richest	99.4	34.1	82.7	57.0	20.4	94.6	5.4	3,342

Table 12.2 shows the percentage of women aged 15–49 who can correctly identify misconceptions about HIV; that is, they know that HIV cannot be transmitted by sharing food, by mosquito bites or by supernatural means. This table also presents data on women who know that HIV can be transmitted by sharing needles used by other people, and that a person who looks healthy may be infected with HIV.

The two most common misconceptions in Mozambique are: (1) that HIV can be transmitted by mosquito bites (36 per cent of women), and (2) that HIV can be transmitted by sharing food (28 per cent). Of the women interviewed, almost half (47 per cent) rejected the two most common misconceptions and know that a healthy-looking person may be infected. More than three in every four women (77 per cent) know that HIV can be transmitted through an injection from a needle used by somebody else (sharing needles/syringes), and the same percentage of women know that HIV cannot be transmitted by supernatural means.

Table 12.2 also shows that urban areas have higher proportions giving the correct answers on misconceptions than rural areas (there is up to a 20 percentage-point difference in the indicator that summarizes the two most common misconceptions and the information that a healthy-looking person may be infected). The highest percentages of correct answers are found in the youngest age groups, in people who live in households with the highest educational level, and in the richest wealth quintile.

Table 12.2: Identifying misconceptions about HIV and AIDS

Percentage of women aged 15–49 who correctly identified the main misconceptions about HIV and AIDS, by selected characteristics, Mozambique, 2008

Selected characteristics	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by eating with an infected person	A person who looks healthy may be infected	Rejected the two most common misconceptions and know that a healthy-looking person may be infected	HIV cannot be transmitted by supernatural means	HIV can be transmitted by sharing needles with other people	Number of women
Total	72.4	64.3	71.7	47.1	77.1	77.4	14,188
Area of Residence							
Urban	83.6	71.9	86.3	59.9	86.3	88.0	5,138
Rural	66.0	60.0	63.4	39.9	71.9	71.4	9,050
Province							
Niassa	65.9	66.7	68.7	46.5	65.0	72.9	775
Cabo Delgado	69.6	63.6	65.8	40.6	72.8	81.1	1,422
Nampula	50.4	55.3	52.4	31.7	57.1	59.9	2,288
Zambézia	61.3	57.7	56.1	40.6	64.0	62.4	2,240
Tete	77.1	58.3	62.3	37.0	80.0	74.5	1,165
Manica	78.8	70.7	73.9	54.2	86.3	78.7	632
Sofala	87.6	88.8	86.8	72.2	91.0	92.7	1,603
Inhambane	76.8	63.5	81.1	45.7	91.7	82.4	981
Gaza	80.3	54.0	90.6	44.4	93.0	88.8	1,004
Maputo Province	87.5	62.9	91.2	53.8	91.2	90.6	1,062
Maputo City	94.3	74.6	97.1	70.4	90.9	96.6	1,016
Age							
15–19	76.4	66.4	72.2	50.0	78.6	78.5	2,738
20–24	74.9	66.6	76.4	50.9	80.1	80.4	2,674
25–29	72.6	64.7	72.2	47.3	76.9	77.1	2,735
30–34	71.3	63.5	71.5	46.0	78.1	76.8	2,099
35–39	66.1	60.5	66.8	42.5	72.9	76.2	1,737
40–44	68.7	62.8	69.8	43.7	74.7	75.4	1,226
45–49	72.2	61.1	67.1	43.2	73.9	73.2	979
Level of education							
Never went to school	61.3	57.4	59.3	37.1	67.3	67.5	3,911
Primary	73.1	63.7	72.2	45.7	77.8	77.8	8,247
Secondary +	92.8	81.1	94.5	74.2	94.7	95.9	1,927
No reply/don't know	57.8	54.3	71.9	35.2	63.8	74.0	103
Wealth index quintile							
Poorest	56.3	55.1	50.4	33.6	60.9	61.4	2,608
Second	64.4	60.7	62.0	40.6	71.0	69.2	2,626
Middle	71.0	65.1	66.8	44.1	74.1	75.4	2,807
Fourth	76.9	64.3	80.3	47.4	84.4	83.0	2,805
Richest	88.7	73.5	92.7	65.2	91.1	93.3	3,342

Graph 12.1 shows some of the data from MICS (provided in Table 12.2) and from DHS 2003. One notes that the percentage of women aged 15–49 disagreeing with the main misconception about HIV and AIDS has increased considerably in the last five years. For example, almost three in every four women aged 15–49 (72 per cent) know that HIV cannot be transmitted by sharing food and that a person who looks healthy may be infected with the virus, while in 2003 the figures were 45 and 63 per cent, respectively. Likewise, the percentage of women who know that HIV cannot be transmitted by a mosquito bite has risen from 37 per cent in 2003 to 64 per cent in 2008.

Graph 12.1: Percentage of women aged 15–49 who correctly identified misconceptions about HIV and AIDS, Mozambique, 1997, 2003 and 2008

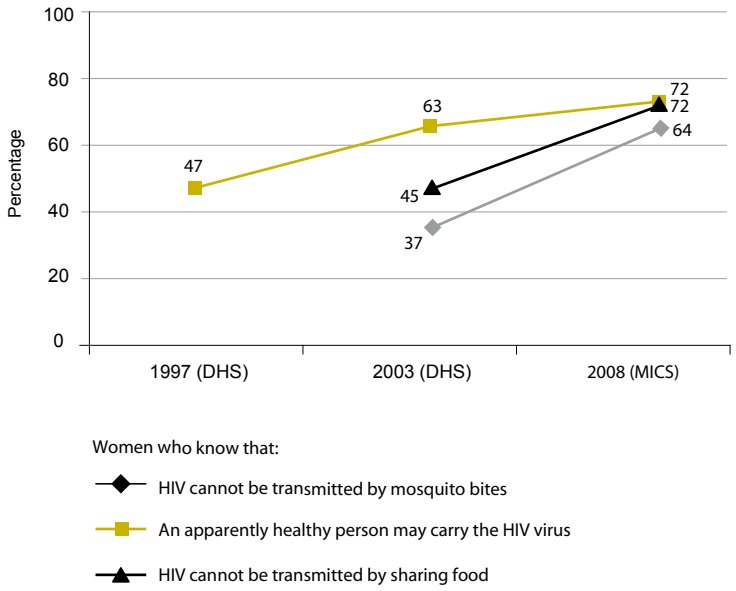


Table 12.3 is based on the information in Tables 12.1 and 12.2. It shows the percentage of women who have comprehensive knowledge of HIV and AIDS, since they know two ways of preventing HIV transmission and also reject three misconceptions about the disease. Overall, one notes that only 12 per cent of women have this comprehensive knowledge. The percentage is higher in urban areas (18 per cent) than in rural areas (9 per cent).

As expected, the percentage of women with comprehensive knowledge increases with the level of schooling. It is at its minimum (9 per cent) among women who never went to school, and reaches a maximum (of 25 per cent) among those who have secondary education or more.

As for age, one notes that comprehensive knowledge of methods of transmitting HIV and AIDS seems greater among younger women. The percentage of women with comprehensive knowledge varies between 14 per cent among women aged 15–19 to 8 per cent among women in the 45–49 age group.

Table 12.3: Comprehensive knowledge of HIV transmission

Percentage of women aged 15–49 with knowledge about the transmission of HIV, by selected characteristics, Mozambique, 2008

Selected characteristics	Answered correctly the two main questions about how to prevent HIV transmission	Correctly identified 3 misconceptions about HIV transmission	Has comprehensive knowledge (answered two main questions correctly and identified 3 misconceptions) *	Number of women
Total	18.2	47.1	11.9	14,188
Area of residence				
Urban	24.2	59.9	17.6	5,138
Rural	14.8	39.9	8.6	9,050
Province				
Niassa	8.4	46.5	4.0	775
Cabo Delgado	6.5	40.6	3.9	1,422
Nampula	9.1	31.7	5.8	2,288
Zambézia	18.1	40.6	13.6	2,240
Tete	27.3	37.0	11.7	1,165
Manica	28.9	54.2	19.2	632
Sofala	26.8	72.2	21.7	1,603
Inhambane	20.8	45.7	9.9	981
Gaza	9.6	44.4	4.8	1,004
Maputo Province	20.2	53.8	12.8	1,062
Maputo City	36.0	70.4	27.1	1,016
Age				
15-19	21.0	50.0	14.2	2,738
20-24	19.7	50.9	13.6	2,674
15-24	20.4	50.5	13.9	5,412
25-29	18.8	47.3	12.2	2,735
30-34	16.6	46.0	11.4	2,099
35-39	17.0	42.5	9.8	1,737
40-44	15.6	43.7	9.4	1,226
45-49	13.3	43.2	7.5	979
Level of education				
Never went to school	14.1	37.1	8.6	3,911
Primary	17.1	45.7	10.3	8,247
Secondary +	31.0	74.2	25.3	1,927
No reply/don't know	18.7	35.2	11.2	103
Wealth index quintile				
Poorest	11.3	33.6	6.5	2,608
Second	15.3	40.6	10.3	2,626
Middle	17.7	44.1	10.5	2,807
Fourth	16.7	47.4	9.4	2,805
Richest	27.4	65.2	20.6	3,342

* MICS Indicator 82; MDG Indicator 6.3

Knowledge of mother-to-child HIV transmission

Knowledge of mother-to-child transmission of HIV (vertical transmission) can motivate women to seek HIV testing when they are pregnant, so as to avoid infection in the baby. Women should know that HIV can be transmited during pregnancy, during the delivery and through breastfeeding.

The level of knowledge among women aged 15–49 concerning mother-to-child transmission is shown in Table 12.4. Overall, 78 per cent of women aged 15–49 know that HIV can be transmitted from mother to child. Knowledge is greater among women who live in urban areas (89 per cent) than those living in rural areas (72 per cent). Seventy per cent of women know that HIV can be transmitted from mother to child during breastfeeding, which is an increase over the 2003 figure (50 per cent)[35].

35 DHS 2003, INE

Table 12.4: Knowledge of mother-to-child transmission of HIV

Percentage of women aged 15–49 who correctly identified the main forms of mother-to-child transmission of HIV, by selected characteristics, Mozambique, 2008

Selected characteristics	Knows that HIV can be transmitted from mother to child	Percentage of those who know that HIV can be transmitted:				Does not know any specific form	Number of women
		During pregnancy	During delivery	During breast-feeding	All three forms*		
Total	78.1	69.5	62.6	70.3	54.9	12.7	14,188
Area of residence							
Urban	88.7	79.6	70.2	79.4	61.0	8.5	5,138
Rural	72.1	63.8	58.3	65.2	51.5	15.0	9,050
Province							
Niassa	83.1	62.9	52.6	71.1	41.7	6.3	775
Cabo Delgado	82.2	69.4	62.2	79.0	56.8	14.3	1,422
Nampula	60.7	54.9	52.9	57.3	48.1	17.3	2,288
Zambézia	57.8	50.3	49.4	50.5	41.3	22.5	2,240
Tete	80.2	74.1	71.0	76.2	67.0	8.6	1,165
Manica	76.2	72.0	65.8	69.7	61.7	14.5	632
Sofala	94.1	89.5	86.1	88.6	80.8	5.0	1,603
Inhambane	86.8	78.0	64.1	69.8	52.0	12.6	981
Gaza	89.1	79.8	62.8	79.0	53.5	10.5	1,004
Maputo Province	89.3	78.5	62.6	77.3	50.7	9.1	1,062
Maputo City	95.4	83.8	71.7	80.1	57.7	4.6	1,016
Age							
15-19	76.1	67.4	58.2	67.2	50.7	14.9	2,738
20-24	82.6	74.6	67.6	73.8	58.4	9.7	2,674
25-29	79.8	70.2	64.4	72.3	56.6	10.4	2,735
30-34	79.4	70.2	63.6	72.1	55.6	12.3	2,099
35-39	74.7	67.0	62.0	68.5	55.6	13.9	1,737
40-44	76.8	68.6	61.0	69.2	54.1	13.1	1,226
45-49	72.0	63.9	57.5	65.0	51.1	18.7	979
Level of education							
Never went to school	68.2	60.3	56.5	62.2	50.4	16.2	3,911
Primary	78.7	70.0	61.9	70.4	54.3	13.1	8,247
Secondary +	95.9	86.9	78.4	86.8	67.4	3.8	1,927
No reply/don't know	76.2	55.6	55.0	63.7	42.3	10.8	103
Wealth index quintile							
Poorest	59.3	51.2	49.4	54.7	43.0	19.4	2,608
Second	70.9	63.5	58.1	64.7	53.0	15.7	2,626
Middle	77.7	69.3	64.5	71.0	58.0	13.4	2,807
Fourth	85.0	75.6	66.1	76.0	57.3	10.2	2,805
Richest	93.0	83.5	72.0	81.6	61.3	6.4	3,342

* MICS indicator 89

Analysis by province shows that a greater proportion of women in the south of the country know about mother-to-child transmission. Zambézia, Nampula and Manica have percentages that are lower than the national average (58 per cent, 61 per cent and 76 per cent, respectively).

The percentage of women who know all three forms of transmission from mother to child is about 55 per cent; on the other hand, 13 per cent of women are not aware of any form of mother-to-child transmission.

Knowledge of mother-to-child transmission is significantly lower than average among women who never went to school and women living in the poorest households. The proportion of women who know that HIV can be transmitted from mother to child is only 68 per cent among women who did not go to school and 59 per cent among women who live in the poorest households. Likewise, only half of women who did not go to school and 43 per cent of women living in the poorest households know all three forms of mother-to-child transmission.

Attitudes towards people living with HIV and AIDS

The indicators on attitudes towards people living with HIV and AIDS measure stigma and discrimination in the community. An attitude of acceptance and non-discrimination is expressed in positive answers to the following four questions: 1) would you care for a family member sick with AIDS; 2) would you buy fresh food from a vendor who was HIV-positive; 3) do you think that a female teacher who is HIV-positive should teach in a school; and 4) would you not want to keep the HIV status of a family member secret.

Table 12.5 presents the data on the attitudes of women towards people living with HIV and AIDS. Six per cent of women said they would not care for family members who were sick with AIDS. A much higher percentage of women (61 per cent) would prefer that information on HIV status be kept secret, in the event that a family member caught HIV. Seventeen per cent of women think that an HIV-positive female teacher should not be allowed to continue teaching, and a third of women (33 per cent) would not buy fresh vegetables from an HIV-positive person.

Table 12.5: Attitudes towards people living with HIV and AIDS

Percentage of women aged 15-49 who have heard of HIV and AIDS and express a discriminatory attitude towards people living with HIV and AIDS, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of women who:						
	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 in schools	Would not buy fresh vegetables from a person with HIV and AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	Number of women who have heard of HIV and AIDS
Total	5.8	61.0	17.4	32.7	77.2	22.8	12,870
Area of residence							
Urban	3.3	60.0	9.9	22.2	70.7	29.3	4,992
Rural	7.5	61.7	22.1	39.3	81.4	18.6	7,878
Province							
Niassa	11.7	56.8	19.2	27.0	77.7	22.3	693
Cabo Delgado	6.7	57.9	22.1	52.7	79.8	20.2	1,373
Nampula	10.6	59.3	21.3	35.3	79.8	20.2	1,783
Zambézia	5.4	72.6	13.2	18.9	81.8	18.2	1,799
Tete	6.3	56.3	30.5	42.5	76.8	23.2	1,034
Manica	2.0	60.7	5.6	23.9	72.1	27.9	568
Sofala	2.6	78.9	11.6	33.1	86.6	13.4	1,589
Inhambane	7.9	48.7	23.1	50.7	82.0	18.0	971
Gaza	5.1	57.7	26.6	40.2	77.6	22.4	1,000
Maputo Province	3.0	50.1	10.1	18.4	60.8	39.2	1,045
Maputo City	1.4	54.1	5.1	13.7	61.9	38.1	1,016
Age							
15-19	7.5	61.0	18.2	31.8	77.1	22.9	2,486
20-24	5.0	63.9	15.4	26.6	77.3	22.7	2,469
25-29	5.9	61.7	16.5	32.3	77.2	22.8	2,466
30-34	5.4	60.5	17.4	36.1	77.8	22.2	1,923
35-39	5.9	59.5	19.2	37.1	77.4	22.6	1,540
40-44	6.4	55.7	18.3	36.1	75.2	24.8	1,099
45-49	3.2	61.8	18.3	33.4	78.9	21.1	888
Level of education							
Never went to school	8.1	62.0	22.7	41.8	81.9	18.1	3,301
Primary	5.9	61.8	18.2	34.1	79.2	20.8	7,561
Secondary +	1.7	56.4	5.3	11.7	61.8	38.2	1,919
No reply/don't know	8.6	54.5	12.4	23.4	70.7	29.3	89
Wealth index quintile							
Poorest	7.5	65.4	21.7	38.2	84.3	15.7	2,051
Second	7.9	63.1	23.7	41.0	83.0	17.0	2,275
Middle	7.5	61.0	19.0	37.8	79.4	20.6	2,558
Fourth	5.8	61.4	19.4	36.8	80.0	20.0	2,664
Richest	2.1	56.6	7.5	16.3	65.1	34.9	3,322

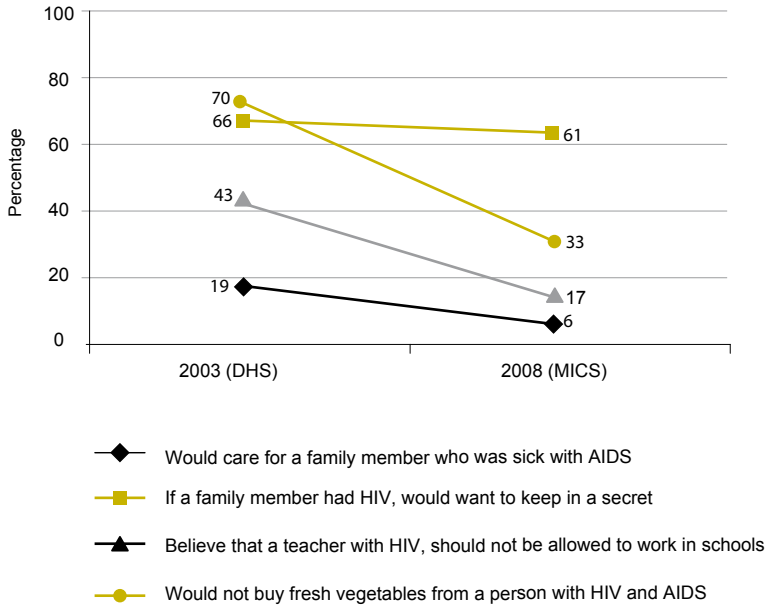
* MICS indicator 86

Centring observation on the fifth column in Table 12.5, one notes that about 77 per cent of women aged 15–49 agree with at least one of the four discriminatory statements. The percentage is much higher in rural areas (81 per cent) than in urban areas (71 per cent). Only Manica, Maputo province and Maputo City show percentages below the national average. These results stress the existence, albeit diffuse, of discriminatory attitudes in the country, above all when it comes to the perceived necessity to keep one's HIV status secret in order to avoid discrimination in the family and in society.

As noted in the previous tables, the level of education of women and the level of household wealth are inversely correlated with the presence of discriminatory attitudes.

Although the data show that discriminatory attitudes are very common in the country, a comparison with data from DHS 2003 reveal that there have been significant improvements, as shown in Graph 12.2. The one indicator showing only slight improvement is that concerned with keeping HIV status a secret, which fell from 66 per cent in 2003 to 61 per cent in 2008.

Graph 12.2: Women aged 15–49 who have heard of AIDS and have discriminatory attitudes towards people living with HIV and AIDS, Mozambique, 2008



Knowledge of and access to HIV testing services

Another important indicator in the HIV and AIDS area is the knowledge of where to be tested for HIV and the use of these services. Table 12.6 shows data based on questions about women's knowledge of an HIV testing facility, and whether they have ever been tested for HIV.

Slightly more than three quarters of women aged 15–49 (77 per cent) said they have identified a place where the HIV test can be taken, while less than a third (30 per cent) said they had taken the test. Knowledge of testing facilities is 90 per cent in urban areas and about 70 per cent in rural areas. The proportion of women who have taken the HIV test is also higher in urban areas (45 per cent) than in rural areas (22 per cent), a result which may be linked, among other aspects, to more limited knowledge of the available testing services.

Table 12.6: HIV testing

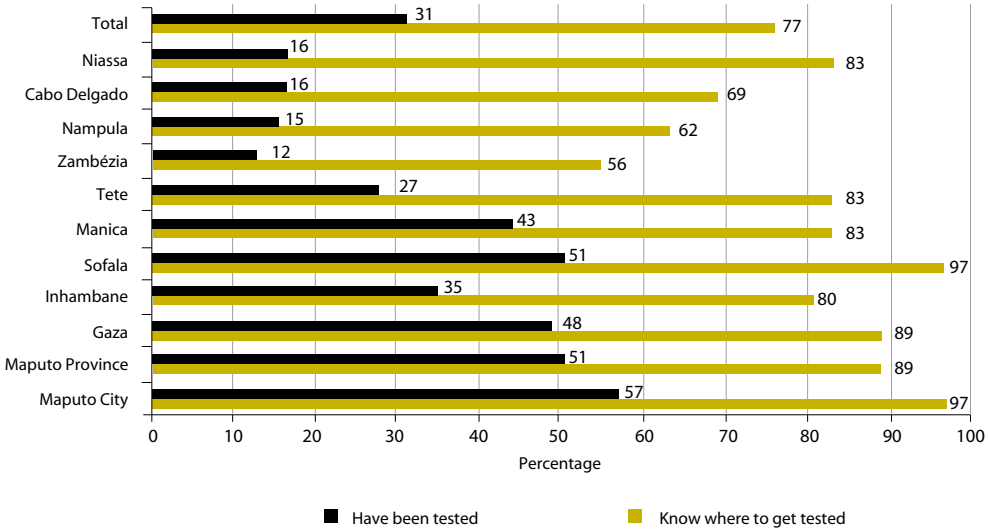
Percentage distribution of women aged 15–49 who know where to get an HIV test, the percentage of women who have been tested and received results, by selected characteristics, Mozambique, 2008

Selected characteristics	Know where to get tested*	Have been tested**	Number of women	If tested, have received the result	Number of women who have been tested for HIV
Total	77.0	30.1	14,188	92.4	4,277
Area of residence					
Urban	89.8	44.7	5,138	94.7	2,297
Rural	69.7	21.9	9,050	89.8	1,980
Province					
Niassa	82.7	16.4	775	89.8	127
Cabo Delgado	69.2	16.2	1,422	80.6	231
Nampula	61.7	14.7	2,288	81.3	336
Zambézia	55.5	11.0	2,240	83.1	246
Tete	82.8	27.0	1,165	94.4	314
Manica	82.5	42.9	632	91.1	271
Sofala	97.1	50.8	1,603	97.7	815
Inhambane	80.2	34.6	981	90.9	339
Gaza	88.7	48.2	1,004	93.3	483
Maputo Province	88.8	50.7	1,062	94.8	538
Maputo City	96.7	56.7	1,016	98.1	576
Age					
15-19	77.5	22.9	2,738	91.8	628
20-24	81.9	41.4	2,674	91.8	1,107
25-29	78.3	37.3	2,735	92.8	1,021
30-34	76.7	32.1	2,099	91.9	674
35-39	73.2	26.4	1,737	93.9	459
40-44	73.0	20.2	1,226	93.2	248
45-49	71.2	14.3	979	93.2	140
Level of education					
Never went to school	66.6	20.5	3,911	91.3	802
Primary	77.3	29.5	8,247	91.4	2,434
Secondary +	97.2	53.1	1,927	96.0	1,023
No reply/don't know	72.9	17.7	103	*	18
Wealth index quintile					
Poorest	58.5	14.8	2,608	89.1	385
Second	66.6	19.6	2,626	88.8	514
Middle	75.7	23.0	2,807	89.3	645
Fourth	84.7	37.4	2,805	92.6	1,050
Richest	94.2	50.4	3,342	95.3	1,683

* MICS Indicator 87
** MICS Indicator 88
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

As shown in Graph 12.3, knowledge of where the test can be taken is more widespread in the southern and central regions of the country. Sofala and Maputo City stand out positively with 97 per cent. But in Zambezia, only 56 per cent of women know where they can get tested and only 11 per cent of women have already taken the test. The data from Zambézia are particularly worrying, given the high HIV prevalence estimated for that province36.

Graph 12.3: Percentage of women aged 15–49 who know where to take the HIV test, and who have already been tested, Mozambique, 2008



The level of knowledge about services and the rate of testing are higher among women with secondary education or more, and among women who live in households in the richest quintile. Even so, only slightly more than half (53 per cent) of women with secondary or higher education have taken the test.

The differences between the data on knowledge of testing services and actually taking the test emphasize that information is not always enough to cause a change in behaviour, in this case creating a demand for testing services.

As for the results of the HIV test, 92 per cent of women who took the test have received the results, with higher percentages in the southern provinces of the country (except Inhambane), and in Sofala and Tete.

Table 12.7 shows the percentage of women who gave birth in the two years prior to the survey who were counselled and took the HIV test during antenatal care. Slightly less that 90 per cent of women received antenatal care from a health professional during their latest pregnancy.

Fifty-nine per cent of women aged 15–49 received information on HIV prevention during antenatal care, a slight increase since 2003, when the figure was 51 per cent (IDS 2003) (Graph 12.4). Urban areas (81 per cent) show much higher proportions than rural areas (50 per cent).

36 The HIV prevalence in Zambézia is estimated at 19 per cent, above the national average (16 per cent), according to Relatorio da Ronda de vigilância epidemiológica do HIV de 2007, Ministry of Health, 2008.

Almost half of all women (47 per cent) were counselled and tested during antenatal care, a very significant increase over the 3 per cent recorded in 2003 (DHS 2003) (Graph 12.4). This increase can be attributed to, among other factors, the rapid expansion of services to prevent mother-to-child transmission now being included in antenatal visits, and the introduction by the Ministry of Health in 2007 of Provider-Initiated Testing and Counselling in antenatal services. This health policy stipulates that pregnant women be tested for HIV unless they ask to opt out.

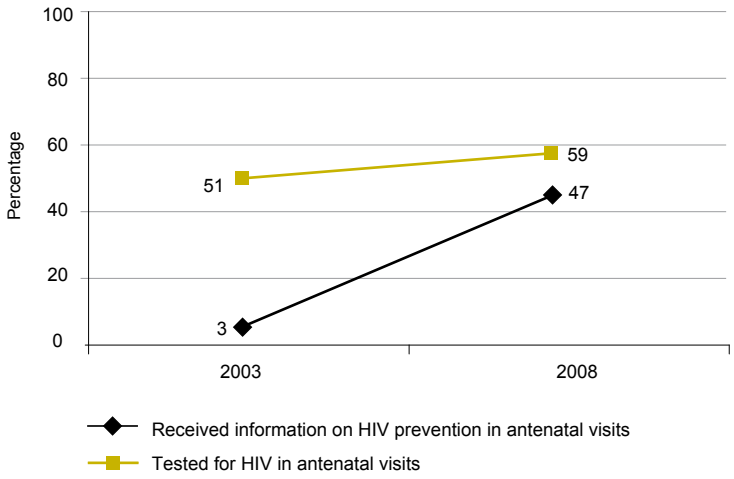
Table 12.7: HIV testing and counselling coverage during antenatal care

Percentage of women aged 15–49 who gave birth in the last 2 years prior to the interview, received antenatal care and reported that they were offered testing and counselling on HIV and AIDS, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of women who:				Number of women who gave birth in the last two years prior to the date of the interview
	Received antenatal care during their latest pregnancy from a health professional	Received information on HIV prevention during antenatal care*	Took an HIV test during antenatal care	Received the results from the HIV test during the antenatal care**	
Total	89.0	58.9	47.1	42.7	5,191
Area of residence					
Urban	96.4	81.4	73.9	69.0	1,493
Rural	86.0	49.8	36.3	32.1	3,698
Province					
Niassa	93.2	60.6	28.6	26.6	318
Cabo Delgado	96.0	49.1	33.6	26.1	527
Nampula	89.6	52.1	31.1	24.5	895
Zambézia	73.4	27.4	18.2	15.1	912
Tete	81.5	52.1	39.2	37.1	535
Manica	89.0	72.4	67.2	59.5	260
Sofala	92.3	84.6	73.9	72.8	638
Inhambane	97.5	67.6	61.3	55.0	312
Gaza	99.2	73.3	79.5	73.2	325
Maputo Province	98.4	90.3	86.8	81.9	277
Maputo City	99.7	95.7	97.0	95.2	191
Age					
15-19	91.6	61.8	54.5	49.1	799
20-24	90.6	61.8	48.0	43.3	1,434
25-29	87.9	57.3	47.8	43.7	1,275
30-34	89.1	58.4	45.3	40.3	849
35-49	85.2	54.0	39.3	36.5	834
Level of education					
Never went to school	83.0	49.5	34.6	31.4	1,624
Primary	90.9	59.8	47.9	43.0	3,086
Secondary +	97.3	86.4	88.3	83.3	439
No reply/don't know	(96.0)	(67.2)	(42.2)	(32.7)	42
Wealth index quintile					
Poorest	82.1	41.1	26.2	23.0	1,209
Second	84.7	47.7	32.9	29.0	1,144
Middle	88.8	58.3	40.6	36.2	1,041
Fourth	95.0	71.8	64.4	58.8	1,018
Richest	98.5	87.0	86.5	80.9	778

* MICS Indicator 90
** MICS Indicator 91
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Graph 12.4: Percentage of women aged 15–49 who were tested and counselled during antenatal visits, Mozambique, 2003 and 2008



Sexual behaviour which increases the risk of HIV transmission

Promoting safe sexual behaviour is fundamental to reducing HIV prevalence. Reducing numbers of multiple and concomitant sexual partners and using condoms in sexual relations, particularly with occasional partners, are particularly important for reducing the spread of HIV. It is estimated that, in Mozambique, as in most countries, more than half of new infections occur among people aged 15–24, and so a change in behaviour among this age group could be particularly important for reducing new infections.

In the survey, a module of questions was asked of women aged 15–24 to assess their risk of HIV infection. Risk factors for HIV are considered to be: sex at an early age, sex with older men (inter-generational sex), sex with a non-marital, non-cohabitating partner, and failure to use a condom.

The frequency of sexual behaviour that increases the risk of HIV infection in women is shown in Table 12.8. This table shows that 29 per cent of women aged 15–19 began sexual activity before their 15th birthday. Almost four out of every five (77 per cent) women aged 20–24 had their first sexual relation before the age of 18. There has been no substantial change in these figures since DHS 2003.

The onset of sexual activity before age 15 is more frequent in rural areas (32 per cent) than in urban areas (24 per cent). The provinces in the north of the country record higher percentages than other provinces. In the southern region, Maputo City stands out with the lowest frequency (13 per cent). Educational level is inversely proportional to the early onset of sexual life. Percentages for high-risk behaviours are uniform in the lowest three wealth quintiles, but there is a gradual reduction in the fourth and fifth quintiles, the richest ones.

The penultimate column of Table 12.8 shows that 16 per cent of young women aged 15–24 had sexual relations with a man 10 or more years older in the last 12 months prior to the survey. This behaviour was most frequent in Manica (28 per cent) and Nampula (27 per cent), and least frequent in Gaza and Maputo City, with 8 per cent and 7 per cent, respectively. The prevalence of inter-generational sex is inversely correlated with the level of wealth of young women and is higher among women aged 15–24 who never went to school (24 per cent) than among young women who have some level of schooling (15 per cent among those with primary education, 8 per cent among those with secondary).

Table 12.8: Sexual behaviour that increases the risk of HIV infection

Percentage of young women aged 15–19 who had sex before the age of 15, percentage of young women aged 20–24 who had sex before the age of 18, and percentage of young women aged 15–24 who had sex with a partner 10 years or more older, by selected characteristics, Mozambique, 2008

Selected characteristics	Women aged 15-19 years who had sex before they were 15 years old *	Number of women aged 15-19 years	Women aged 20-24 years who had sex before they were 18 years old	Number of women aged 20-24 years	Women who had sex in the 12 months prior to the survey with a man 10 years or more older than them **	Number of women who had sex in the 12 months prior to the survey
Total	29.0	2,738	76.9	2,674	15.5	4,171
Area of residence						
Urban	24.2	1,140	73.9	1,073	13.4	1,703
Rural	32.4	1,597	78.8	1,601	17.0	2,468
Province						
Niassa	41.4	157	76.9	154	11.7	265
Cabo Delgado	53.7	238	87.0	243	16.1	356
Nampula	43.2	391	79.0	390	26.5	602
Zambézia	31.4	401	78.3	445	12.0	681
Tete	15.6	255	67.6	214	10.9	348
Manica	16.5	145	72.3	134	27.6	196
Sofala	23.7	362	77.6	311	19.5	519
Inhambane	26.0	172	87.5	166	13.6	256
Gaza	22.6	219	74.8	201	8.3	328
Maputo Province	18.1	182	72.1	197	13.3	297
Maputo City	13.4	215	67.6	219	7.1	322
Age						
15-19	29.0	2,738	.	0	13.5	1,806
20-24	.	0	76.9	2,674	17.0	2,365
Level of education						
Never went to school	44.4	301	78.9	631	24.3	795
Primary	31.5	1,734	82.0	1,506	15.2	2,458
Secondary +	14.8	679	59.3	506	8.4	867
No reply/don't know	*	24	*	31	(13.3)	51
Wealth index quintile						
Poorest	35.3	399	81.5	418	18.9	620
Second	35.4	464	82.2	464	16.8	741
Middle	35.7	531	76.2	528	16.7	828
Fourth	26.7	562	78.2	589	15.4	893
Richest	19.0	782	69.7	674	11.9	1,089

* MICS indicator 84
** MICS indicator 92
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

The use of condoms when having sex with men who are not their husbands or cohabitees was assessed among women aged 15–24 who had such sexual relations within the previous year. The data are shown in Table 12.9.

Table 12.9: High-risk sexual relations

Percentage of young women aged 15–24 who had high-risk sexual relations in the last 12 months and who reported using a condom in their last high-risk sexual relation, by selected characteristics, Mozambique, 2008

Selected characteristics	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in the last 12 months	Number of women aged 15–24	Percentage who had sex with non-marital, non-cohabiting partner*	Number of women aged 15–24 who had sex in the last 12 months	Percentage who reported using a condom in their last sexual relation with a non-marital or non-cohabiting partner**	Number of women aged 15–24 who had sex in the last 12 months with a non-marital, non-cohabiting partner
Total	84.0	77.1	4.7	5,412	31.5	4,171	44.4	1,315
Area of residence								
Urban	81.7	76.9	6.5	2,214	46.7	1,703	58.4	795
Rural	85.7	77.2	3.4	3,198	21.1	2,468	23.0	520
Province								
Niassa	89.6	85.1	2.8	311	26.1	265	23.9	69
Cabo Delgado	90.1	73.9	7.2	482	33.0	356	19.0	117
Nampula	87.5	77.1	9.3	781	31.5	602	28.3	190
Zambézia	83.4	80.6	1.8	845	14.3	681	31.8	97
Tete	80.3	74.1	.4	469	20.6	348	22.2	72
Manica	81.0	70.4	1.1	279	6.7	196	(53.4)	13
Sofala	79.5	77.1	3.8	673	32.4	519	38.6	168
Inhambane	87.0	75.5	6.6	339	45.1	256	59.0	115
Gaza	84.9	78.2	3.1	420	36.1	328	47.2	119
Maputo Province	84.2	78.6	6.8	379	51.5	297	62.0	153
Maputo City	78.2	74.3	6.9	434	62.6	322	76.3	202
Age								
15-19	71.3	66.0	4.3	2,738	42.8	1,806	42.9	773
20-24	97.1	88.4	5.1	2,674	22.9	2,365	46.5	542
Level of education								
Never went to school	94.0	85.2	3.8	932	13.1	795	11.1	104
Primary	83.5	75.9	4.3	3,240	26.9	2,458	31.7	660
Secondary +	77.2	73.2	6.4	1,185	62.4	867	66.6	541
No reply/don't know	(95.6)	(92.1)	(2.7)	55	(19.1)	51	*	10
Wealth index quintile								
Poorest	84.2	75.8	2.7	817	14.8	620	11.5	92
Second	89.3	79.8	3.5	928	17.8	741	14.3	132
Middle	85.7	78.2	3.9	1,059	20.4	828	25.9	169
Fourth	84.5	77.6	5.9	1,150	33.9	893	38.6	303
Richest	79.0	74.8	6.2	1,457	56.9	1,089	63.6	620

* MICS Indicator 85
** MICS Indicator 83; MDG Indicator 6.2

Thiry-two per cent of women aged 15–24 reported having sex with a non-regular partner in the 12 months prior to the survey. Of these women, 44 per cent reported using a condom during sex. This figure is higher than the 29 per cent recorded in DHS 200337.

37 DHS 2003 presents data on condom use in the last high-risk sexual relation for the 15–49 age group. For purposes of comparison with the MICS 2008 data, the value of the indicator for the 15–24 age group (29 per cent) was extracted from the DHS 2003 data base.

This table also shows that more than half (58 per cent) of women aged 15–24 living in urban areas reported using condoms in their last sexual relation with a non-regular partner, compared with only 23 per cent in rural areas. The provinces in the southern region of the country and Manica, in the central region, reported higher percentages of condom use than the national average. The highest figures came from Maputo City and Maputo province, with 76 and 62 per cent, respectively.

Yet, only 11 per cent of women who never attended school used condoms in high-risk sexual relations in the year prior to the MICS survey. Percentages of condom use rise gradually in line with the level of education, reaching 67 per cent among women with secondary or higher education.

The percentage of women who use condoms in sexual relations with non-regular partners also varies significantly according to the level of wealth in the household where the woman lives, from 12 per cent in the poorest quintile to five times more (64 per cent) in the richest quintile.

Orphaned and vulnerable children

One of the consequences of the AIDS epidemic is the large number of orphaned and vulnerable children. Children who are orphaned or in vulnerable households may be at increased risk of neglect or exploitation. Some of the threats in the area of protection that may affect children include: an increase in the number of households headed by children; low levels of school attendance and performance; increased risk of sexual abuse and infection by HIV; risk of damaging child labour, early sexual activity and child marriage; increase in chronic psychological and social problems; undernutrition; and health problems. In addition, stigma and discrimination against HIV-positive people remain persistent problems. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them with outcomes for other children gives us a measure of how well communities and governments are responding to the needs of this population group.

But in order to monitor these variations, a measurable definition of orphaned and vulnerable children needed to be created. The Joint United Nations Programme on HIV/AIDS (UNAIDS) Monitoring and Evaluation Reference Group developed a proxy definition of children who have been affected by adult mortality and morbidity. This definition captures many of the children affected by AIDS in countries where a significant proportion of adults are HIV-infected, such as Mozambique. This definition classifies children as orphaned and vulnerable if they have experienced the death of either parent, if either parent is chronically ill, or if an adult (aged 18–59) in the household has died (after being chronically ill) or was chronically ill in the year prior to the survey.

The frequency of children living with neither parent, with mother only, and with father only is shown in Table 12.10. More than half (58 per cent) of children aged 0–17 years are living with both parents. However, 18 per cent live only with the mother, even though their father is alive, while 6 per cent live with their mother and their father has died. As for children living only with their father, in 2 per cent of cases their mothers are still alive, and only one per cent are maternal orphans.

Fifteen per cent of children aged 0–17 years are not living with their biological parents. This percentage is slightly higher in urban areas (18 per cent) than in rural areas (13 per cent). In terms of sex, 16 per cent of girls and 13 per cent of boys are not living with their biological parents.

Table 12.10: Survival of parents and residence of children aged 0–17 years

Percentage distribution of children aged 0–17 years according to the survival of their parents, percentage of children aged 0–17 years living without their biological father or mother, and percentage of orphaned children, by selected characteristics, Mozambique, 2008

Selected characteristics	Living with both parents	Not living with parents:				Living only with the mother		Living only with the father		Impossible to determine	Total	Not living with the biological parents*	One or both parents are dead **	Number of children
		Only the father is alive	Only the mother is alive	Both parents are alive	Both parents are dead	Father is alive	Father is dead	Mother is alive	Mother is dead					
Total	58.0	1.8	2.1	9.0	1.6	17.8	5.6	2.2	0.9	0.9	100.0	14.6	12.2	34,434
Area of residence														
Urban	53.5	1.6	2.8	11.4	1.8	17.3	6.2	3.3	0.9	1.1	100.0	17.7	13.6	10,553
Rural	59.9	1.9	1.8	8.0	1.5	18.0	5.4	1.7	0.9	0.8	100.0	13.2	11.6	23,881
Province														
Niassa	62.7	1.8	0.7	9.7	0.9	18.2	3.6	1.3	0.4	0.6	100.0	13.1	7.4	2,073
Cabo Delgado	55.4	3.0	1.7	11.2	1.1	20.6	4.3	1.6	0.4	0.7	100.0	17.0	10.6	3,281
Nampula	59.4	1.8	1.9	13.0	0.7	16.2	3.0	2.4	0.9	0.8	100.0	17.4	8.3	6,291
Zambézia	62.5	2.7	1.8	5.3	2.1	15.1	7.3	1.8	1.0	0.2	100.0	11.9	15.0	5,832
Tete	66.5	0.9	1.5	5.1	1.2	17.2	5.4	1.2	0.9	0.1	100.0	8.7	9.9	3,146
Manica	58.9	1.5	2.6	6.5	3.0	16.8	8.1	1.6	0.9	0.2	100.0	13.6	16.0	1,669
Sofala	66.4	0.9	2.3	4.4	2.4	13.5	6.5	1.9	1.1	0.7	100.0	9.9	13.3	3,925
Inhambane	41.6	1.2	2.9	15.4	1.1	26.4	3.7	3.9	0.7	3.1	100.0	20.6	9.9	2,234
Gaza	44.5	1.6	3.6	10.1	2.9	20.3	10.4	1.9	2.0	2.8	100.0	18.1	21.1	2,262
Maputo Province	50.0	2.2	2.3	10.6	1.7	21.3	6.6	3.9	0.7	0.8	100.0	16.7	13.5	2,136
Maputo City	48.5	1.8	2.9	11.4	1.7	20.5	6.0	4.9	1.2	1.1	100.0	17.8	13.7	1,585
Sex														
Male	59.1	1.7	1.9	7.5	1.7	17.8	5.9	2.5	0.9	0.9	100.0	12.8	12.2	17,134
Female	56.9	2.0	2.3	10.5	1.5	17.8	5.4	1.9	0.9	0.9	100.0	16.2	12.2	17,264
NA	(18.2)	(0.0)	(6.4)	(54.0)	(4.3)	(11.3)	(2.6)	(3.2)	(0.0)	(0.0)	(100.0)	(64.7)	(13.3)	36
Age														
0-4	71.5	0.5	0.3	3.5	0.2	20.4	2.3	0.6	0.3	0.6	100.0	4.4	3.5	11,575
5-9	58.1	1.7	1.5	8.8	1.0	18.6	5.8	2.8	0.8	0.8	100.0	13.0	11.0	10,714
10-14	48.2	3.1	3.7	12.3	3.2	15.4	8.2	3.2	1.4	1.2	100.0	22.3	19.9	8,790
15-17	36.3	3.5	5.7	20.6	4.5	12.8	9.9	3.2	2.2	1.3	100.0	34.3	26.1	3,354
Wealth index quintile														
Poorest	58.9	2.3	1.3	6.2	1.0	20.9	6.4	1.4	0.9	0.6	100.0	10.9	12.0	7,353
Second	63.4	2.1	1.5	7.2	1.3	16.8	5.4	1.2	0.7	0.4	100.0	12.2	11.1	6,933
Middle	60.8	1.6	1.6	9.6	1.8	16.4	5.2	1.6	0.7	0.8	100.0	14.6	11.0	6,837
Fourth	53.9	1.4	2.8	10.6	1.9	18.1	5.7	3.0	1.3	1.4	100.0	16.6	13.2	7,020
Richest	52.3	1.8	3.2	12.1	2.2	16.5	5.4	4.2	1.1	1.3	100.0	19.2	13.9	6,289

* MICS Indicator 78
** MICS Indicator 75
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

As Table 12.11 shows, 6 per cent of children aged 0–17 years are vulnerable and 12 per cent are orphans (who have lost one or both parents). There are no significant differences in the frequency of orphanhood by area of residence, but the figure for urban areas (14 per cent) is slightly higher than that for rural areas (12 per cent). The data per province show that Gaza (21 per cent) has the highest percentage of orphans, while Niassa and Nampula have the lowest (7 per cent).

The penultimate column in Table 12.11 shows that in Mozambique, 17 per cent of children aged 0–17 years are orphaned and/or vulnerable. This proportion is slightly higher in urban areas (20 per cent) than in rural areas (16 per cent). Graph 2.5 gives the data by province and shows that Gaza, with 31 per cent, has the highest percentage of orphaned and vulnerable children, following by Maputo City and Sofala, with 20 per cent. On the other hand, Niassa has the lowest percentage (9 per cent). There is a strong correlation between the prevalence of orphaned and vulnerable children and estimates of HIV and AIDS prevalence per province.

Table 12.11: Prevalence of orphaned and vulnerable children

Percentage of children aged 0–17 years who are orphans or vulnerable because of AIDS, by selected characteristics, Mozambique, 2008

Selected characteristics	Family member with chronic illness	Adult member of the household died	Chronically ill adults in the household	Vulnerable children *	One or both parents have died **	Orphaned and vulnerable children	Number of children aged 0–17 years
Total	2.1	2.6	3.4	6.4	12.2	17.1	34,434
Area of residence							
Urban	2.2	3.0	4.2	7.6	13.6	19.6	10,553
Rural	2.1	2.5	3.1	5.9	11.6	16.0	23,881
Province							
Niassa	0.7	0.7	0.8	1.7	7.4	8.7	2,073
Cabo Delgado	2.4	2.1	5.6	8.0	10.6	17.1	3,281
Nampula	1.7	3.1	3.2	6.4	8.3	13.1	6,291
Zambézia	3.2	1.4	3.7	5.3	15.0	19.3	5,832
Tete	1.1	1.6	1.0	2.8	9.9	11.6	3,146
Manica	1.1	2.4	1.8	4.4	16.0	19.1	1,669
Sofala	2.1	4.2	4.4	8.3	13.3	19.8	3,925
Inhambane	2.3	2.3	3.0	6.4	9.9	14.9	2,234
Gaza	3.8	4.7	6.7	13.1	21.1	30.7	2,262
Maputo Province	1.9	3.2	2.6	6.4	13.5	18.5	2,136
Maputo City	1.9	4.7	3.6	8.7	13.7	20.2	1,585
Sex							
Male	2.2	2.6	3.6	6.5	12.2	17.3	17,134
Female	2.0	2.7	3.3	6.3	12.2	16.9	17,264
NA	(0.0)	(0.0)	(0.0)	(0.0)	(13.3)	(13.3)	36
Age							
0-4	1.5	2.5	2.9	5.6	3.5	8.4	11,575
5-9	2.3	2.5	3.5	6.3	11.0	15.9	10,714
10-14	2.5	2.8	3.9	7.1	19.9	24.6	8,790
15-17	2.4	3.2	3.8	7.9	26.1	31.4	3,354
Wealth index quintile							
Poorest	1.7	1.7	3.0	4.7	12.0	15.4	7,353
Second	2.1	2.2	2.8	5.4	11.1	15.4	6,933
Middle	2.2	2.3	3.8	6.4	11.0	15.8	6,837
Fourth	2.2	3.4	2.9	7.0	13.2	18.6	7,020
Richest	2.3	3.9	4.7	9.0	13.9	20.6	6,289

* MICS Indicator 76
** MICS Indicator 75
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*)

Map 12.1 and Graph 12.5: Children orphaned and made vulnerable due to AIDS, by province, Mozambique, 2008

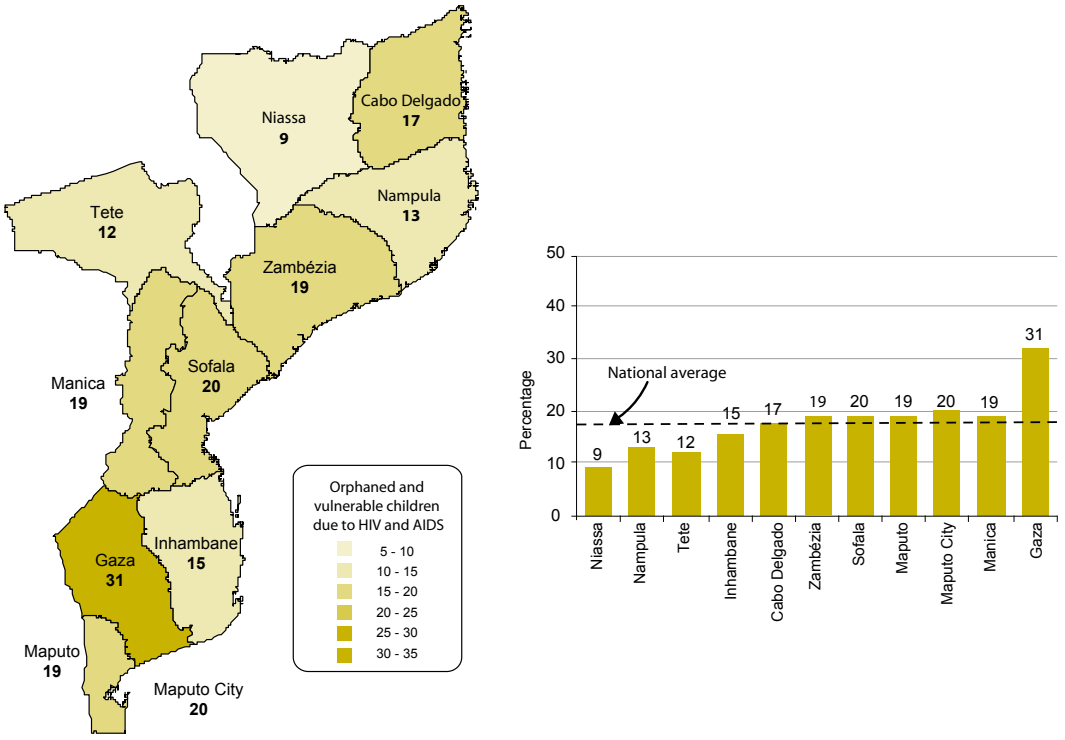


Table 12.12 shows the school attendance of children aged 10–14 years who have lost both father and mother (double orphans) compared with children whose parents are alive and who live with at least one of them.

In Mozambique, 3 per cent of children aged 10–14 years are double orphans. Of these, 77 per cent are currently attending school. On the other hand, 87 per cent of children of the same age group who are not orphans and who live with at least one parent are attending school. This difference is synthesized by the 'ratio of school attendance of double orphans and non-orphans', which reaches 0.89 (Table 12.12). The value of the ratio suggests that, for school attendance, double orphans are disadvantaged compared to non-orphans.

Analysis of the data by household wealth quintile indicates that this disadvantage is even greater among children who live in the poorest households. In the poorest quintile, the school attendance ratio of double orphans and non-orphans reaches only 0.79.

A quarter of children aged 10–14 years are orphaned and/or vulnerable due to AIDS. This subgroup records an 82 per cent school attendance rate, which approaches the rate for children who are neither orphaned nor vulnerable (85 per cent). The school attendance ratio is 0.97.

Once again, analysis of the disaggregated data by wealth quintile shows that, in the poorest quintiles, the situation of orphanhood and/or vulnerability due to AIDS has a greater than average impact on school attendance rates. In the poorest wealth quintile, the school attendance ratio is 0.93.

Table 12.12: School attendance by orphaned and vulnerable children

School attendance by children aged 10–14 years, by orphanhood and vulnerability due to AIDS, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of children whose parents have both died (double orphans)	School attendance rate of double orphans	Percentage of children whose parents are alive and who are living with at least one of them	School attendance rate of children whose parents are alive and who are living with at least one of them	Double orphans to non-orphans school attendance ratio*	Percentage of children who are orphaned or vulnerable due to AIDS	School attendance rate of children who are orphaned or vulnerable due to AIDS	Percentage of children who are not orphaned or vulnerable due to AIDS	School attendance rate of children who are not orphaned or vulnerable due to AIDS	Double orphans due to AIDS to non-orphans school attendance ratio	Total number of children aged 10–14 years
Total	3.1	77.3	66.9	86.5	0.89	24.6	82.3	75.4	84.7	0.97	8,790
Area of residence											
Urban	3.2	82.4	63.3	92.3	0.89	26.7	90.6	73.3	90.0	1.01	2,875
Rural	3.1	77.2	68.5	83.7	0.92	23.6	78.8	76.4	82.2	0.96	5,915
Province											
Niassa	1.8	85.4	73.0	86.7	0.99	13.9	67.7	86.1	84.8	0.80	514
Cabo Delgado	2.3	75.7	64.2	78.1	0.97	22.5	71.4	77.5	76.9	0.93	809
Nampula	1.8	86.0	67.8	78.0	1.10	18.5	82.5	81.5	75.6	1.09	1,809
Zambézia	4.7	78.4	68.7	90.0	0.87	30.0	84.3	70.0	89.2	0.95	1,475
Tete	1.8	67.5	75.1	75.9	0.89	19.2	73.4	80.8	75.1	0.98	730
Manica	4.9	85.6	64.7	90.2	0.95	29.6	82.6	70.4	88.8	0.93	417
Sofala	5.3	68.6	70.4	90.4	0.76	28.5	84.7	71.5	89.3	0.95	824
Inhambane	1.2	71.1	62.0	94.4	0.75	19.1	85.8	80.9	92.9	0.92	598
Gaza	6.0	85.1	52.2	94.9	0.90	42.1	86.9	57.9	93.2	0.93	606
Maputo Province	3.1	84.4	64.3	97.4	0.87	26.7	90.8	73.3	95.2	0.95	577
Maputo City	2.1	78.7	65.5	98.4	0.80	26.3	93.8	73.7	97.3	0.96	432
Sex											
Male	3.3	79.0	67.7	87.6	0.90	24.4	82.8	75.6	86.3	0.96	4,348
Female	3.0	78.6	66.1	85.2	0.92	24.9	83.1	75.1	83.2	1.00	4,425
NA	*	*	*	*	*	*	*	*	*	*	17
Wealth index quintile											
Poorest	2.5	63.5	69.4	80.0	0.79	23.4	72.9	76.6	78.1	0.93	1,754
Second	2.6	71.1	71.0	80.9	0.88	23.1	75.5	76.9	79.7	0.95	1,621
Middle	3.3	79.5	68.7	84.8	0.94	22.5	81.5	77.5	83.3	0.98	1,785
Fourth	3.5	85.1	62.4	90.7	0.94	26.7	87.4	73.3	87.7	1.00	1,850
Richest	3.9	87.2	63.1	96.2	0.91	27.2	94.1	72.8	94.7	0.99	1,780

* MICS Indicator 77; MDG Indicator 6.4
Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

In Mozambique, some financial aid and services are available to households who are looking after orphaned or vulnerable children. Community organizations and governments provide support so that they can care for these children. The level and types of support provided to the households who look after children who are orphaned and vulnerable due to AIDS are shown in Table 12.13.

A fifth (20 per cent) of households with children aged 0–17 years, who are orphaned or vulnerable due to AIDS, have received support aimed at school activity – that is, enrolment fees, exercise books, textbooks and even school uniforms. In addition to this support for school attendance, 22 per cent of the families of orphaned and vulnerable children received some other kind of support. However, there is still a significant proportion (78 per cent) of orphaned children whose households have not received any kind of support.

Furthermore, analysis disaggregated by wealth quintile indicates that the above-mentioned support does not usually reach the poorest households, as would be desirable. In the two poorest wealth quintiles, only one in five families (20 per cent) received any educational support. But in the third and fourth quintiles, almost one in every four households (24 per cent) received the same type of support (Graph 12.6).

Table 12.13: Support for children orphaned and vulnerable due to AIDS

Percentage of children aged 0–17 years, orphaned or made vulnerable due to AIDS, whose households are receiving, free of charge, external support to look after the child, by selected characteristics, Mozambique, 2008

Selected characteristics	Percentage of orphaned and vulnerable children whose households have received:							Number of orphaned and vulnerable children aged 0-17 years
	Medical support (in the last 12 months)	Emotional and psycho-social support (in the last 3 months)	Social/material support (in the last three months)	Educational support (in the last 12 months)	Any support *	All types of support	No support	
Total	0.4	1.6	1.7	20.2	22.2	0.1	77.8	5,894
Area of residence								
Urban	0.5	2.0	1.1	16.3	18.3	0.1	81.7	2,066
Rural	0.4	1.5	2.1	22.3	24.2	0.1	75.8	3,828
Province								
Niassa	0.0	7.3	0.0	10.4	17.7	0.0	82.3	180
Cabo Delgado	0.0	0.0	1.1	21.9	22.3	0.0	77.7	561
Nampula	0.0	0.0	0.1	10.2	10.3	0.0	89.7	822
Zambézia	0.3	0.0	0.1	27.7	28.0	0.0	72.0	1,125
Tete	0.2	0.0	1.0	12.1	12.3	0.0	87.7	366
Manica	0.4	0.0	5.2	19.4	21.2	0.0	78.8	319
Sofala	0.6	0.3	1.8	16.6	16.9	0.2	83.1	776
Inhambane	0.9	2.9	1.6	18.5	22.9	0.0	77.1	334
Gaza	1.2	8.7	6.3	35.3	43.9	0.3	56.1	695
Maputo Province	0.0	1.6	1.1	25.6	26.6	0.0	73.4	396
Maputo City	1.4	1.5	2.1	3.4	5.6	0.5	94.4	321
Sex								
Male	0.4	1.5	1.5	20.2	21.9	0.1	78.1	2,965
Female	0.5	1.8	2.0	20.2	22.4	0.1	77.6	2,924
NA	*	*	*	*	*	*	*	5
Age								
0-4	1.1	1.9	1.8	0.0	4.0	0.2	96.0	968
5-9	0.5	1.9	1.7	22.8	24.4	0.1	75.6	1,708
10-14	0.2	1.5	2.2	29.2	30.5	0.1	69.5	2,166
15-17	0.3	1.3	0.9	16.1	17.9	0.1	82.1	1,052
Wealth index quintile								
Poorest	0.1	0.2	0.1	19.6	19.8	0.1	80.2	1,134
Second	0.4	1.3	0.7	18.7	20.6	0.0	79.4	1,071
Middle	0.4	1.4	3.2	24.4	26.6	0.0	73.4	1,083
Fourth	0.7	3.3	3.0	24.0	27.2	0.2	72.8	1,307
Richest	0.6	1.7	1.5	14.7	16.8	0.1	83.2	1,299

* MICS Indicator 81

Studies show that, in some areas, there is a greater probability that orphans will have worse results in terms of sexual and reproductive health. Table 12.14 presents information on the sexual behaviour of orphaned and vulnerable girls aged 15–17. According to the data, in Mozambique there seem to be no significant differences[38] between children who are neither orphaned nor vulnerable and those who are, in terms of the probability of starting sexual relations before they are 15 years old.

Table 12.14: Sexual behaviour among young women by state of orphanhood and vulnerability due to HIV and AIDS

Selected characteristics	Percentage of young women aged 15–17 years who had sex before they were 15 years old	Number of young women aged 15–17 years
Total	26.7	1,570
Orphaned	25.0	407
Vulnerable	22.4	129
Orphaned or vulnerable	25.0	496
Neither orphaned nor vulnerable	27.6	1,069
Ratio of orphaned and vulnerable to non*	0.90	.
* MICS Indicator 80		

38 The difference of 2.5 percentage points between these figures is of limited statistical significance.

APPENDIX A

Additional tables

Table A.1: Children under 5 not included in the malnutrition analysis

Proportion of children under 5 not included in the anlalysis, by selected characteristics, Mozambique 2008

Selected characteristics	Children not measured	Underweight or stunted	Month or year of birth unknown	Other cases	Total of cases not included in the analysis	Number of children
Total	3.8	1.6	1.6	1.8	8.8	11,419
Area of residence						
Urban	3.8	1.3	0.7	1.7	7.5	3,243
Rural	3.8	1.7	1.9	1.9	9.3	8,176
Province						
Niassa	4.4	2.5	1.5	4.9	13.4	663
Cabo Delgado	4.2	0.9	0.0	0.5	5.6	1,136
Nampula	6.3	1.6	2.9	5.1	15.8	1,771
Zambézia	3.2	1.4	4.7	1.2	10.5	1,996
Tete	3.9	3.9	0.1	1.0	9.0	1,134
Manica	8.6	3.7	0.3	0.9	13.5	587
Sofala	0.9	0.0	0.2	0.9	2.1	1,575
Inhambane	3.4	1.4	0.7	0.9	6.4	716
Gaza	2.8	0.6	0.9	0.3	4.6	735
Maputo Province	2.6	1.0	1.1	2.1	6.7	655
Maputo City	2.7	2.2	0.3	0.9	6.1	453
Sex						
Male	3.5	2.0	1.7	2.0	9.1	5,658
Female	4.1	1.2	1.5	1.7	8.5	5,759
NA	*	*	*	*	*	2
Age						
< 6 months	2.7	3.1	0.2	3.4	9.3	1,217
6-11 months	2.4	1.4	0.1	2.1	5.9	1,292
12-23 months	3.6	1.4	0.7	2.4	8.1	2,449
24-35 months	3.4	1.3	1.9	1.8	8.3	2,207
36-47 months	4.5	1.8	2.6	1.4	10.3	2,232
48-59 months	5.3	1.2	3.0	0.6	10.1	2,021
Mother's education						
Never went to school	4.0	2.1	2.6	2.0	10.6	3,730
Primary	3.7	1.4	1.2	1.8	8.0	6,861
Secondary +	4.5	1.3	0.3	1.1	7.2	825
No reply/don't know	*	*	*	*	*	3
Wealth index quintile						
Poorest	5.0	1.9	3.0	2.5	12.3	2,574
Second	3.4	1.4	1.8	1.7	8.5	2,523
Middle	3.8	2.3	0.9	1.9	8.9	2,255
Fourth	3.8	1.0	1.0	1.2	6.9	2,267
Richest	2.8	1.2	0.8	1.7	6.5	1,799

Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown (*).

Table A.2 Malnourished children

Children under 5 nutritional status based on NCHS standards, by selected characteristics, Mozambique 2008

Selected characteristics	Weight for age: (underweight)		Height for age: (chronic undernutrition - stunting)		Weight for height: (acute undernutrition - wasting)			Number of children
	% Below -2 DP	% Below -3 DP*	% Below -2 DP	% Below -3 DP**	% Below -2 DP	% Below -3 DP***	% Above +2 SD	
Total	17.5	4.3	43.7	17.5	4.2	1.4	3.7	10,414
Sex								
Male	19.9	4.9	46.9	20.2	4.9	1.4	4.1	5,142
Female	15.2	3.7	40.5	14.8	3.6	1.4	3.3	5,270
NA	*	*	*	*	*	*	*	2
Province								
Niassa	18.1	3.0	45.3	18.5	5.4	1.2	7.3	5,75
Cabo Delgado	22.5	5.0	55.8	21.7	3.6	0.9	2.6	1,072
Nampula	25.8	8.5	50.9	29.4	8.9	3.8	4.5	1,491
Zambézia	20.6	5.1	45.7	18.0	4.9	1.4	3.2	1,787
Tete	18.5	4.4	48.0	19.3	2.6	0.9	1.6	1,032
Manica	19.2	3.8	48.3	15.7	3.7	1.1	2.6	508
Sofala	15.5	3.8	40.5	13.8	3.2	.8	2.2	1,542
Inhambane	11.8	2.3	34.5	12.9	3.8	2.0	4.2	671
Gaza	6.8	1.6	34.1	8.8	1.4	0.2	3.4	700
Maputo Province	7.4	1.3	28.0	8.3	2.3	0.7	9.2	611
Maputo City	6.7	1.3	25.1	6.6	1.9	0.4	5.4	426
Area of residence								
Urban	12.9	2.9	34.8	12.9	3.0	1.0	4.6	3,000
Rural	19.4	4.9	47.2	19.3	4.7	1.6	3.4	7,414
Age								
< 6 months	12.5	4.6	20.9	8.8	7.7	3.1	6.9	1,103
6-11 months	22.1	8.0	32.2	11.7	6.8	1.4	3.3	1,216
12-23 months	20.9	5.1	48.2	18.8	5.6	1.8	2.1	2,251
24-35 months	19.0	5.0	53.8	22.6	3.1	1.0	4.2	2,024
36-47 months	14.9	2.7	49.8	20.4	1.9	0.9	4.2	2,002
48-59 months	14.6	1.7	41.4	15.9	2.5	1.0	3.1	1,818
Mother's education								
Never went to school	20.4	5.9	48.7	21.2	5.2	1.8	3.3	3,335
Primary	17.2	4.0	43.2	16.9	4.0	1.3	3.8	6,310
Secondary +	7.4	0.6	25.1	6.2	2.1	0.4	4.6	765
No reply/don't know	*	*	*	*	*	*	*	3
Wealth index quintile								
Poorest	22.9	6.3	51.0	21.8	5.7	2.0	2.9	2,259
Second	23.1	5.9	52.2	23.6	4.7	1.2	2.8	2,309
Middle	19.5	5.2	46.6	19.3	4.9	1.7	4.0	2,053
Fourth	12.5	2.2	37.6	12.6	3.3	1.3	4.2	2,110
Richest	6.6	1.3	26.0	7.2	1.8	0.7	5.3	1,683

APPENDIX B

Sample design

The sample for the Multiple Indicator Cluster Survey (MICS) of Mozambique was designed to provide estimates on a large number of indicators on the situation of children and women nationally, in both urban and rural areas, and in all provinces of the country, including Maputo City. The regions were defined as the main fields of sampling, and the sample was chosen in two stages. In each province, 60 census enumeration areas were chosen with a probability proportional to size. Using the same procedure, 80 areas were chosen for Nampula and Zambézia due to the weight of the population of these two provinces in the country's total population, while 75 enumeration areas were chosen in Maputo City due to the greater variability of socio-demographic characteristics there. Then a list was drawn up of households in the selected enumeration areas, and a systematic sample of 20 households was made.

MICS had a coverage of 100 per cent, since all the selected enumeration areas were visited during the field work period. The sample was stratified by urban and rural areas in each province, and is not self-weighted due to the differences between the listed households and those of the sampling base (Census 2007). To present the results at national level, weights were used in the sample. A more detailed description of the sample design can be found in Appendix A. Table A shows the MICS 2008 sample: enumeration areas, households expected, women expected, and children under five expected.

Table B.1: MICS Mozambique 2008 sample:

Enumeration areas (EAs), households expected, women expected and children under five expected

Province	% distribution of households (Census 2007)	Total		Urban		Rural		Eligible Expected	
		No. EAs	No. Households	No. EAs	No. Households	No. EAs	No. Households	No. Women	No. Children
Total	100	715	14,300	308	6,160	407	8,140	14,960	11,700
Niassa	5.7	60	1,200	24	480	36	720	1,282	980
Cabo Delgado	8.3	60	1,200	15	300	45	900	1,294	980
Nampula	24.1	80	1,600	24	480	56	1,120	1,508	1,320
Zambézia	18.8	80	1,600	14	280	66	1,320	1,506	1,320
Tete	8.8	60	1,200	12	240	48	960	1,289	980
Manica	5.7	60	1,200	21	420	39	780	1,263	980
Sofala	7.1	60	1,200	33	660	27	540	1,316	960
Inhambane	6.1	60	1,200	21	420	39	780	1,282	980
Gaza	5.1	60	1,200	24	480	36	720	1,282	980
Maputo Province	5.7	60	1,200	45	900	15	300	1,276	980
Maputo City	4.5	75	1,500	75	1500	0	0	1,662	1,260

MICS is a stratified, two-stage survey. The sampling base for MICS was formed by the preliminary list of enumeration areas and the cartographic material of the 3rd General Population and Housing Census.

In the first sampling stage, enumeration areas (EAs) were selected in each urban and rural stratum in each province, in line with the allocation shown in Table A. The selection was done systematically with probability proportional to size (πPS) from a list of PSU (Primary Sampling Units) ordered. The measure of size used for each EA is the number of households found in the 2007 census that were available in the sampling base for each enumeration area. In each

stratum, the sampling base was ordered geographically, first by the CodOER (Code of the Census Executive body), then by the supervisor area code (AC) and finally by the EA code. This ordering, done before the selection of the PSU sample, provides an implicit stratification of the sampling base which guarantees the representative nature of the sample at all administrative levels. In each stratum, the methodology to select the enumeration areas is as follows:

(1) Accumulate measures of size (number of households) for the ordered list of EAs in each stratum. The final accumulated measure of size will be the total number of households in the sub-stratum (M_h).

(2) To obtain the sampling interval in stratum h (I_h), divide M_h by the total number of EAs selected in stratum (sub-stratum) h (n_h) specified in Table A:

$I_h = M_h / n_h.$

(3) Select a random number (R_h) between 0 and I_h, with two decimals. The EA sample in stratum h will be identified by the following selected numbers:

$S_{hi} = R_h + [I_h \times (i-1)]$, rounded up,

where i = 1, 2, ..., n_h

The i-th EA or PSU selected is the one whose accumulated size is equal or close to S_{hi} but not lower than S_{hi}.

A spreadsheet was developed to select EAs or PSUs for MICS 2008 following this methodology and the allocation of PSUs presented in Table A. A spreadsheet was used for each stratum which contained the selected list of EAs or PSUs, including the preliminary information from the 2007 Census (households, population by sex). The basic weighting factors were calculated from these spreadsheets.

In each sample EA or PSU, a list of households was drawn up. This listing was used to select 20 households with equal probabilities in each urban or rural EA or PSU in the penultimate sampling stage. In each sample EA or PSU, an exhaustive sampling was held, that is, all the units of analysis (women aged 15–49 and children under five) were included in the sample.

The steps taken for the systematic selection with equal probabilities of 20 households in each sample EA or PSU are the following:

(1) Verify the listing of households for the selected EA or PSU and check that each household has a consecutive series number from 1 to M_{hi}, the total number of households listed in the EA or PSU.

(2) To obtain the sampling interval of households for the EA or PSU (I_{hi}), divide the total number of households listed within the EA, M_{hi}, by the total number of households to be selected, $m_{hi=20AF}$ (both strata), and keep two decimals.

(3) Choose a random number (R_{hi}), with two decimals, between 0.01 and I_{hi}. The chosen households were identified by the following selection numbers:

$S_{hij} = R_{hi} + [I_{hi} \times (j-1)]$, rounded up,

where $j = 1, 2, 3, ..., m_{hi}$

The j-th sample household is the one with a series number equal to S_{hij}.

An electronic Excel spreadsheet was drawn up to select 20 households in each sample EA or PSU. The tables were differentiated by province.

APPENDIX C

Estimate of sampling errors

Since MICS 2008 was a survey by sampling, the results presented in this report are subject to two types of error: sampling errors and non-sampling errors. Non-sampling errors are produced during data collection and processing; sampling errors result from the fact that only a part of the population was interviewed rather than the entire population.

Non-sampling errors include such problems as: failure to question all the women and children selected, errors in formulating the questions and registering the replies, confusion or incapacity of the women in giving information about themselves or their children, and codification or processing errors. Attempts were made to keep this type of error to a minimum by following a series of procedures used in well designed and implemented samples, such as, for example, careful interview design, numerous tests of the questionnaire, intensive training of the interviewers, permanent supervision of the field work, and office review of the questionnaires by the criticism staff. Furthermore, to reduce this type of error, a coverage team was trained to assess the magnitude of such errors, including the coverage of MICS 2008. This team visited all the EAs selected for MICS in all the provinces but the contents or themes were covered by samples.

Appropriate supervision at the stage of data codification and processing, careful cleaning of the archives, feedback to the supervisors, and criticism of the interviewers based on quality control tables also helped minimize errors. The assessment elements available (Table 3.3) indicate that this type of error was kept within reasonable margins in MICS 2008. The description that follows does not refer to errors foreign to the sample, but only to what are called sampling errors.

The sample allocated to this survey is one of many possible samples of the same size that could have been selected from the population to be studied using the same sampling technique. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. The variability that would be observed between all possible samples constitutes the sampling error. Although the extent of variability is not known exactly, it can be estimated from the survey results provided by the sample that was selected.

Sampling error is measured using the standard error. The standard error of an average, percentage, difference or any other statistic calculated with data from a sample is defined as the square root of the variance of the statistic, and is a measure of its variation in all possible samples. As a result, the standard error measures the degree of precision with which the average, percentage, or other statistic based on the sample approaches the result that would be obtained if all women in the population had been interviewed under the same conditions.

The standard error can be used to calculate intervals within which it is supposed, with a particular degree of confidence, that the real value for the population would fall. For any statistical measurement calculated from the sample (for example, a percentage), the value of this measurement will fall within an interval more or less twice the standard error of the measurement in 95 per cent of all possible samples of the same design and size.

If the women and children included in the sample had been selected in a simple random form, it would have been possible to use directly the very well-known formulas that appear in statistical textbooks to calculate standard errors and confidence limits and to make tests of hypotheses. However, as mentioned above, the design used here is more complex, so it requires special formulas that consider the effects of stratification and conglomeration.

It was possible to make these calculations for a certain group of variables of special interest using the methodology currently included in ISSA and WesVar, which is adequate for statistical analysis of complex samples such as those of MICS 2008. These programmes process the percentage or average of a variable of interest as a statistical rate r = y/x, where both the numerator y and the denominator x are random variables, since they depend on the sample data. The variance of r is calculated by using a linear approximation of Taylor with the formula indicated below, and the standard error is found by taking the square root of this variance:

$$Var(x) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\left(\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_h{}^2 - \frac{z_h{}^2}{m_h} \right) \right) \right]$$

where h represents the strata and varies from 1 to H;

m_h is the number of conglomerates (or Primary Sampling Units) in the h-th stratum;

y_h is the weighted sum of the values of the variable y in Primary Unit i of the h-th stratum;

x_h is the weighted sum of the number of cases (women or children) in Primary Unit i of the h-th stratum; and

f represents the total fraction of the sample, the value of which is so small that it is ignored by the programme.

The estimates of fertility and mortality rates and the standard errors in this appendix were calculated based on the replicated jackknife n method for a stratified survey that consists of obtaining a number of replicas equal to the number of enumeration areas or primary sampling units. A replica uses all the 715 enumeration areas less 1, that is, 714 in all, and each time the replica uses all minus one, it is different from the calculation used in the previous replicas. The standard error of θ is calculated as the square root of the variance of its estimator and is expressed as:

$$\hat{Var}_K(\hat{\theta}) = \frac{1}{A(A-1)} \sum_{a=1}^{A} \left(\hat{\theta}_a - \hat{\theta} \right)^2$$

where

$$\hat{\theta}_a = A\hat{\theta} - (A-1)\hat{\theta}_{(a)}; \quad a = 1,..., A$$

$$\hat{\theta}_K = \frac{1}{A} \sum_{a=1}^{A} \hat{\theta}_a$$

where $\hat{\theta}$ is the estimate of the rate using the 715 Primary Sampling Units; $\hat{\theta}_a$ is the estimate of the rate using 714 Primary Sampling Units, i.e., all the Primary Sampling Units minus the i-th, and A is the total number of Primary Sampling Units.

Apart from the standard error, the programmes calculate the design effect for each estimate, DEFF, which is defined as the ratio between the standard error corresponding to the sample design, i.e., the plan of a complex stratified survey (PSC), and the standard error that would result if the design had been implemented by simple random sampling (PSA):

DEFF = PSC /PSA.

A value of DEFF equal to 1.0 indicates that the design used is as efficient as simple random sampling, while a value higher than 1.0 indicates that the use of conglomerates has produced a variance greater than would be obtained by a simple random sample of the same size.

Table 3.4 shows the variable for which the sampling errors were calculated, showing the type of indicator used and the reference population. Tables 3.5 to 3.18 present the sampling error for the indicators of the selected variables, for the entire country, for the areas of residence, and for the eligible women and children in each of the 11 provinces.

For each variable, the corresponding value r is included (as an average, rate or percentage); it represents the standard error and the number of cases (without weighting and weighted) for which the characteristic considered was investigated. In addition to the standard error, the design effect (DEFF), the relative error (EP/V) and the confidence interval at 95 per cent confidence also appear in the tables.

Examination of the tables shows that, in general, the standard errors are small for most of the indicators analyzed and for all the fields under analysis. Thus, the MICS 2008 sample can be classified as very precise; this is particularly clear in the column where the relative errors (coefficients of variation) appear. However, some coverage indicators (vaccinations of children under five, antimalaria treatment and diarrhoea) for some provinces (Nampula, Zambézia, Maputo province and Maputo City) present high coefficients of variation. One notes that design effects tend to increase for the geographical classifications and diminish for those that cross the entire sample, such as the national, national urban and national rural fields, for a particular variable.

To illustrate the use of the figures in this Appendix, consider the variable in Table 4.1, "Prevalence of Low Birthweight among children under five," which has an estimated value of 17.5 per cent with a standard error of 0.006 and a relative error of 3.2 per cent, for the total population of children under five in the country. When a confidence interval of 95 per cent is desired, one should add or subtract from the average 1.96 times the standard error: $0.175 \pm 1.96 \times 0.006$, which produces an interval of 0.164 to 0.186 in the last two columns. This means that a confidence interval of 95 per cent of the value of the proportion of children of low birthweight is found between these figures which result from the MICS 2008 sample for the National field.

Table C.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, MICS, Mozambique, 2008

MICS Indicator	Indicator	Base population
Households		
Household availability of ITNs	Proportion	All households
Iodized salt consumption	Proportion	All households
Household Members		
Use of improved drinking water sources	Proportion	All household members
Use of improved sanitation facilities	Proportion	All household members
Net primary school attendance rate	Proportion	Children of primary school age
Net secondary school attendance rate	Proportion	Children of secondary school age
Primary completion rate	Proportion	Children of primary school completion age
Child labour	Proportion	Children aged 5-14 years
Prevalence of orphans	Proportion	Children aged under 18
Prevalence of vulnerable children	Proportion	Children aged under 18
Women		
Skilled attendant at delivery	Proportion	Women aged 15-49 years with a live birth in the last 2 years
Antenatal care	Proportion	Women aged 15-49 years with a live birth in the last 2 years
Contraceptive prevalence	Proportion	Women aged 15-49 years
Adult literacy	Proportion	Women aged 15-24 years
Marriage before age 18	Proportion	Women aged 20-49 years
Polygyny	Proportion	Women aged 15-49 years currently married or in union
Comprehensive knowledge about HIV prevention among young people	Proportion	Women aged 15-49 years
Condom use with non-regular partners	Proportion	Women aged 15-24 years that had a non-marital, non-cohabiting partner in the last 12 months
Age at first sex among young people	Proportion	Women aged 15-24 years
Attitude towards people with HIV/AIDS	Proportion	Women aged 15-49 years
Women who have been tested for HIV	Proportion	Women aged 15-49 years
Knowledge of mother- to-child transmission of HIV	Proportion	Women aged 15-49 years
Children Under 5		
Underweight prevalence (NCHS)	Proportion	Children under age 5
Underweight prevalence (WHO)	Proportion	Children under age 5
Wasting prevalence (NCHS)	Proportion	Children under age 5
Wasting prevalence (WHO)	Proportion	Children under age 5
Stunting prevalence (NCHS)	Proportion	Children under age 5
Stunting prevalence (WHO)	Proportion	Children under age 5
Tuberculosis immunization coverage (BCG)	Proportion	Children aged 12-23 months
Polio immunization coverage (3 doses)	Proportion	Children aged 12-23 months
Immunization coverage for DPT (DPT3)	Proportion	Children aged 12-23 months
Measles immunization coverage	Proportion	Children aged 12-23 months
Fully immunized children	Proportion	Children aged 12-23 months
Acute respiratory infection in last two weeks	Proportion	Children under age 5
Antibiotic treatment of suspected pneumonia	Proportion	Children under age 5 with ARI in the last 2 weeks
Diarrhoea in last two weeks	Proportion	Children under age 5
Received ORT or increased fluids and continued feeding	Proportion	Children under age 5 with diarrhoea in the last 2 weeks
Under-fives sleeping under ITNs	Proportion	Children under age 5
Fever in last two weeks	Proportion	Children under age 5
Antimalarial treatment	Proportion	Children under age 5 with fever in the last 2 weeks
Support for learning	Proportion	Children under age 5
Birth registration	Proportion	Children under age 5

Table C.2: Sampling errors: Total sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, MICS Mozambique, 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.552	0.009	0.017	5.087	2.255	13,955	13,955	0.533	0.571
Iodized salt consumption	5.5	0.251	0.008	0.032	4.588	2.142	13,699	13,718	0.235	0.267
Household Members										
Use of improved drinking water sources	7.1	0.430	0.018	0.041	18.091	4.253	64,214	13,955	0.394	0.465
Use of improved sanitation facilities	7.5	0.193	0.010	0.050	8.166	2.858	64,214	13,955	0.174	0.212
Net primary school attendance rate	10.2a	0.812	0.008	0.010	5.491	2.343	13,190	13,067	0.796	0.828
Net secondary school attendance rate	10.3a	0.204	0.011	0.053	4.861	2.205	6,348	6,684	0.182	0.226
Primary completion rate	10.5	0.153	0.012	0.079	1.727	1.314	1,418	1,525	0.129	0.178
Child labour	11.2	0.222	0.007	0.030	4.834	2.199	19,504	19,232	0.209	0.235
Prevalence of orphans	12.10	0.122	0.004	0.030	4.397	2.097	34,434	34,728	0.115	0.129
Prevalence of vulnerable children	12.11	0.064	0.004	0.067	10.794	3.285	34,434	34,728	0.056	0.073
Women										
Skilled attendant at delivery	8.3	0.553	0.015	0.028	4.652	2.157	5,191	4,904	0.522	0.583
Antenatal care	8.2a	0.890	0.010	0.011	4.554	2.134	5,191	4,904	0.871	0.909
Contraceptive prevalence	8.1	0.162	0.007	0.040	2.990	1.729	9,984	9,460	0.149	0.175
Adult literacy	10.7a	0.472	0.014	0.030	4.383	2.093	5,412	5,632	0.444	0.500
Marriage before age 18	11.4	0.515	0.007	0.014	2.225	1.492	11,450	11,339	0.501	0.529
Polygyny	11.4	0.237	0.007	0.029	2.532	1.591	9,984	9,460	0.223	0.251
Comprehensive knowledge about HIV prevention among young people	12.3	0.139	0.008	0.054	2.694	1.641	14,188	14,188	0.124	0.154
Condom use with non-regular partners	12.9	0.444	0.016	0.036	1.541	1.241	1,315	1,510	0.412	0.476
Age at first sex among young people	12.8	0.290	0.012	0.043	2.144	1.464	2,738	2,849	0.265	0.315
Attitude towards people with HIV/AIDS	12.5	0.228	0.008	0.034	4.570	2.138	12,870	13,273	0.212	0.243
Women who have been tested for HIV	12.6	0.301	0.008	0.026	4.047	2.012	14,188	14,188	0.286	0.317
Knowledge of mother-to-child transmission of HIV	12.4	0.549	0.008	0.015	3.901	1.975	14,188	14,188	0.533	0.566
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.175	0.006	0.032	2.305	1.518	10,414	10,459	0.164	0.187
Underweight prevalence (WHO)	5.1	0.183	0.006	0.033	2.573	1.604	10,872	10,862	0.171	0.195
Wasting prevalence (NCHS)	5.1a	0.042	0.003	0.078	2.845	1.687	10,414	10,459	0.036	0.049
Wasting prevalence (WHO)	5.1	0.042	0.003	0.076	2.716	1.648	10,642	10,646	0.035	0.048
Stunting prevalence (NCHS)	5.1a	0.437	0.008	0.019	2.849	1.688	10,414	10,459	0.420	0.453
Stunting prevalence (WHO)	5.1	0.437	0.008	0.019	3.041	1.744	10,676	10,671	0.420	0.454
Tuberculosis immunization coverage	6.2	0.875	0.011	0.013	2.673	1.635	2,444	2,394	0.853	0.897
Polio immunization coverage	6.2	0.733	0.015	0.021	2.886	1.699	2,422	2,372	0.702	0.764
Immunization coverage for DPT	6.2	0.741	0.016	0.022	3.181	1.784	2,422	2,375	0.709	0.773
Measles immunization coverage	6.2	0.741	0.013	0.018	2.214	1.488	2,438	2,390	0.714	0.767
Fully immunized children	6.2	0.603	0.016	0.026	2.485	1.577	2,426	2,377	0.571	0.634
Acute respiratory infection in last two weeks	6.6	0.047	0.004	0.077	3.381	1.839	11,419	11,419	0.040	0.054
Antibiotic treatment of suspected pneumonia	6.7a	0.223	0.016	0.072	0.794	0.891	538	534	0.191	0.256
Diarrhoea in last two weeks	6.4	0.176	0.005	0.031	2.318	1.522	11,419	11,419	0.165	0.187
Received ORT or increased fluids and continued feeding	6.5	0.469	0.016	0.035	2.118	1.455	2,008	1,997	0.437	0.502
Under-fives sleeping under ITNs	6.11	0.228	0.010	0.043	6.119	2.474	11,419	11,419	0.209	0.248
Fever in last two weeks	6.12	0.235	0.007	0.028	2.697	1.642	11,419	11,419	0.222	0.248
Antimalarial treatment	6.12	0.227	0.013	0.059	2.678	1.636	2,686	2,651	0.201	0.254
Support for learning	9.1	0.309	0.009	0.029	4.433	2.105	11,419	11,419	0.291	0.327
Birth registration	11.1	0.308	0.012	0.040	7.975	2.824	11,419	11,419	0.284	0.333

Table C.3: Sampling errors: Urban sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.625	0.013	0.021	4.292	2.072	4,338	6,010	0.599	0.651
Iodized salt consumption	5.5	0.369	0.014	0.039	5.129	2.265	4,262	5,903	0.341	0.398
Houshold Members										
Use of improved drinking water sources	7.1	0.699	0.031	0.044	27.205	5.216	20,952	6,010	0.638	0.761
Use of improved sanitation facilities	7.5	0.471	0.020	0.043	10.060	3.172	20,952	6,010	0.430	0.511
Net primary school attendance rate	10.2a	0.888	0.013	0.015	9.643	3.105	4,065	5,609	0.862	0.914
Net secondary school attendance rate	10.3a	0.376	0.014	0.038	2.993	1.730	2,475	3,475	0.348	0.405
Primary completion rate	10.5	0.305	0.026	0.084	2.289	1.513	506	743	0.254	0.356
Child labour	11.2	0.151	0.009	0.059	4.994	2.235	5,901	8,146	0.133	0.168
Prevalence of orphans	12.10	0.136	0.005	0.033	2.602	1.613	10,553	14,775	0.127	0.145
Prevalence of vulnerable children	12.11	0.076	0.008	0.101	12.364	3.516	10,553	14,775	0.061	0.091
Women										
Skilled attendant at delivery	8.3	0.783	0.023	0.029	5.754	2.399	1,493	1,914	0.738	0.828
Antenatal care	8.2a	0.964	0.007	0.007	2.427	1.558	1,493	1,914	0.951	0.977
Contraceptive prevalence	8.1	0.248	0.013	0.051	3.379	1.838	3,066	3,990	0.223	0.273
Adult literacy	10.7a	0.702	0.019	0.028	5.422	2.328	2,214	3,021	0.663	0.740
Marriage before age 18	11.4	0.424	0.012	0.028	3.150	1.775	3,997	5,404	0.400	0.448
Polygyny	11.4	0.157	0.008	0.053	2.068	1.438	3,066	3,990	0.140	0.173
Comprehensive knowledge about HIV prevention among young people	12.3	0.193	0.013	0.066	3.167	1.780	5,138	6,960	0.168	0.219
Condom use with non-regular partners	12.9	0.584	0.020	0.035	1.871	1.368	795	1,089	0.544	0.625
Age at first sex among young people	12.8	0.242	0.017	0.070	2.436	1.561	1,140	1,556	0.208	0.276
Attitude towards people with HIV/AIDS	12.5	0.293	0.014	0.049	6.691	2.587	4,992	6,840	0.264	0.321
Women who have been tested for HIV	12.6	0.447	0.011	0.025	3.455	1.859	5,138	6,960	0.425	0.469
Knowledge of mother-to-child transmission of HIV	12.4	0.610	0.012	0.019	4.122	2.030	5,138	6,960	0.586	0.634
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.129	0.010	0.077	3.645	1.909	3,000	4,178	0.109	0.148
Underweight prevalence (WHO)	5.1	0.138	0.010	0.073	3.708	1.926	3,092	4,300	0.118	0.158
Wasting prevalence (NCHS)	5.1a	0.030	0.007	0.221	6.276	2.505	3,000	4,178	0.017	0.043
Wasting prevalence (WHO)	5.1	0.029	0.007	0.226	6.447	2.539	3,033	4,222	0.016	0.042
Stunting prevalence (NCHS)	5.1a	0.348	0.014	0.041	3.701	1.924	3,000	4,178	0.320	0.376
Stunting prevalence (WHO)	5.1	0.347	0.014	0.042	3.925	1.981	3,054	4,231	0.318	0.376
Tuberculosis immunization coverage	6.2	0.930	0.010	0.011	1.334	1.155	678	917	0.910	0.949
Polio immunization coverage	6.2	0.851	0.017	0.020	2.001	1.415	668	903	0.818	0.885
Immunization coverage for DPT	6.2	0.859	0.017	0.019	2.082	1.443	670	907	0.825	0.892
Measles immunization coverage	6.2	0.858	0.019	0.022	2.578	1.606	676	917	0.821	0.895
Fully immunized children	6.2	0.743	0.019	0.026	1.788	1.337	670	906	0.704	0.782
Acute respiratory infection in last two weeks	6.6	0.055	0.007	0.122	3.950	1.987	3,243	4,505	0.042	0.069
Antibiotic treatment of suspected pneumonia	6.7a	0.288	0.022	0.076	0.532	0.729	180	228	0.244	0.332
Diarrhoea in last two weeks	6.4	0.184	0.008	0.041	1.719	1.311	3,243	4,505	0.169	0.199
Received ORT or increased fluids and continued feeding	6.5	0.511	0.026	0.052	2.197	1.482	597	789	0.458	0.564
Under-fives sleeping under ITNs	6.11	0.254	0.016	0.063	6.120	2.474	3,243	4,505	0.222	0.287
Fever in last two weeks	6.12	0.234	0.011	0.046	2.885	1.698	3,243	4,505	0.213	0.256
Antimalarial treatment	6.12	0.229	0.024	0.104	3.183	1.784	760	999	0.181	0.276
Support for learning	9.1	0.325	0.012	0.037	3.054	1.747	3,243	4,505	0.301	0.350
Birth registration	11.1	0.385	0.017	0.043	5.279	2.298	3,243	4,505	0.352	0.419

Table C.4: Sampling errors: Rural sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.519	0.012	0.024	4.764	2.183	9,617	7,945	0.495	0.544
Iodized salt consumption	5.5	0.197	0.009	0.048	4.402	2.098	9,438	7,815	0.179	0.216
Household Members										
Use of improved drinking water sources	7.1	0.299	0.021	0.069	16.299	4.037	43,263	7,945	0.257	0.340
Use of improved sanitation facilities	7.5	0.058	0.005	0.093	4.229	2.057	43,263	7,945	0.047	0.069
Net primary school attendance rate	10.2a	0.779	0.010	0.013	4.544	2.132	9,125	7,458	0.758	0.799
Net secondary school attendance rate	10.3a	0.094	0.010	0.110	4.060	2.015	3,873	3,209	0.073	0.115
Primary completion rate	10.5	0.070	0.011	0.163	1.558	1.248	913	782	0.047	0.092
Child labour	11.2	0.253	0.008	0.033	4.086	2.021	13,603	11,086	0.236	0.270
Prevalence of orphans	12.10	0.116	0.005	0.042	4.685	2.165	23,881	19,953	0.106	0.126
Prevalence of vulnerable children	12.11	0.059	0.005	0.089	9.864	3.141	23,881	19,953	0.048	0.069
Women										
Skilled attendant at delivery	8.3	0.459	0.019	0.041	4.325	2.080	3,698	2,990	0.421	0.497
Antenatal care	8.2a	0.860	0.013	0.015	4.156	2.039	3,698	2,990	0.834	0.886
Contraceptive prevalence	8.1	0.124	0.008	0.063	3.043	1.744	6,918	5,470	0.108	0.139
Adult literacy	10.7a	0.313	0.015	0.049	2.906	1.705	3,198	2,611	0.282	0.344
Marriage before age 18	11.4	0.564	0.008	0.015	1.711	1.308	7,453	5,935	0.547	0.581
Polygyny	11.4	0.272	0.009	0.034	2.321	1.523	6,918	5,470	0.254	0.291
Comprehensive knowledge about HIV prevention among young people	12.3	0.101	0.008	0.083	2.013	1.419	9,050	7,228	0.085	0.118
Condom use with non-regular partners	12.9	0.230	0.016	0.068	0.578	0.760	520	421	0.199	0.261
Age at first sex among young people	12.8	0.324	0.018	0.055	1.880	1.371	1,597	1,293	0.288	0.360
Attitude towards people with HIV/AIDS	12.5	0.186	0.008	0.044	2.868	1.694	7,878	6,433	0.170	0.203
Women who have been tested for HIV	12.6	0.219	0.010	0.045	4.010	2.003	9,050	7,228	0.199	0.238
Knowledge of mother-to-child transmission of HIV	12.4	0.515	0.011	0.021	3.380	1.838	9,050	7,228	0.493	0.537
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.194	0.007	0.036	1.919	1.385	7,414	6,281	0.180	0.208
Underweight prevalence (WHO)	5.1	0.201	0.007	0.036	2.179	1.476	7,780	6,562	0.186	0.215
Wasting prevalence (NCHS)	5.1a	0.047	0.004	0.081	2.033	1.426	7,414	6,281	0.040	0.055
Wasting prevalence (WHO)	5.1	0.047	0.004	0.077	1.888	1.374	7,609	6,424	0.040	0.054
Stunting prevalence (NCHS)	5.1a	0.472	0.010	0.021	2.428	1.558	7,414	6,281	0.453	0.492
Stunting prevalence (WHO)	5.1	0.473	0.010	0.021	2.566	1.602	7,622	6,440	0.453	0.493
Tuberculosis immunization coverage	6.2	0.854	0.015	0.017	2.526	1.589	1,765	1,477	0.824	0.883
Polio immunization coverage	6.2	0.688	0.020	0.029	2.767	1.663	1,753	1,469	0.648	0.729
Immunization coverage for DPT	6.2	0.696	0.021	0.030	3.060	1.749	1,752	1,468	0.654	0.738
Measles immunization coverage	6.2	0.696	0.017	0.024	1.935	1.391	1,761	1,473	0.663	0.729
Fully immunized children	6.2	0.549	0.020	0.037	2.436	1.561	1,756	1,471	0.509	0.590
Acute respiratory infection in last two weeks	6.6	0.044	0.004	0.099	3.108	1.763	8,176	6,914	0.035	0.052
Antibiotic treatment of suspected pneumonia	6.7a	0.191	0.022	0.115	0.947	0.973	358	306	0.147	0.235
Diarrhoea in last two weeks	6.4	0.173	0.007	0.040	2.346	1.532	8,176	6,914	0.159	0.186
Received ORT or increased fluids and continued feeding	6.5	0.451	0.020	0.045	2.026	1.423	1,411	1,208	0.411	0.492
Under-fives sleeping under ITNs	6.11	0.218	0.012	0.055	5.748	2.397	8,176	6,914	0.194	0.242
Fever in last two weeks	6.12	0.236	0.008	0.034	2.488	1.577	8,176	6,914	0.219	0.252
Antimalarial treatment	6.12	0.227	0.016	0.071	2.425	1.557	1,926	1,652	0.195	0.259
Support for learning	9.1	0.302	0.012	0.039	4.527	2.128	8,176	6,914	0.279	0.326
Birth registration	11.1	0.278	0.016	0.056	8.435	2.904	8,176	6,914	0.247	0.309

Table C.5: Sampling errors: Niassa province sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.605	0.030	0.049	4.190	2.047	833	1,143	0.546	0.664
Iodized salt consumption	5.5	0.452	0.038	0.083	6.340	2.518	816	1,110	0.377	0.527
Household Members										
Use of improved drinking water sources	7.1	0.441	0.059	0.134	16.199	4.025	3,761	1,143	0.322	0.559
Use of improved sanitation facilities	7.5	0.154	0.017	0.112	2.599	1.612	3,761	1,143	0.120	0.189
Net primary school attendance rate	10.2a	0.784	0.027	0.034	4.676	2.162	809	1,098	0.730	0.837
Net secondary school attendance rate	10.3a	0.166	0.031	0.189	3.617	1.902	378	509	0.103	0.229
Primary completion rate	10.5	0.071	0.022	0.309	0.805	0.897	78	111	0.027	0.115
Child labour	11.2	0.089	0.015	0.163	4.210	2.052	1,203	1,621	0.060	0.118
Prevalence of orphans	12.10	0.074	0.008	0.106	2.534	1.592	2,073	2,828	0.059	0.090
Prevalence of vulnerable children	12.11	0.017	0.005	0.300	4.317	2.078	2,073	2,828	0.007	0.027
Women										
Skilled attendant at delivery	8.3	0.661	0.056	0.084	5.736	2.395	318	416	0.549	0.772
Antenatal care	8.2a	0.932	0.028	0.030	4.985	2.233	318	416	0.877	0.987
Contraceptive prevalence	8.1	0.136	0.026	0.193	4.400	2.098	592	747	0.083	0.189
Adult literacy	10.7a	0.356	0.040	0.112	2.914	1.707	311	419	0.276	0.436
Marriage before age 18	11.4	0.591	0.031	0.052	3.062	1.750	618	796	0.530	0.652
Polygyny	11.4	0.187	0.021	0.110	2.078	1.442	592	747	0.146	0.228
Comprehensive knowledge about HIV prevention among young people	12.3	0.041	0.008	0.205	0.752	0.867	775	1,004	0.024	0.058
Condom use with non-regular partners	12.9	0.239	0.046	0.194	1.098	1.048	69	94	0.146	0.331
Age at first sex among young people	12.8	0.414	0.042	0.101	1.496	1.223	157	208	0.330	0.497
Attitude towards people with HIV/AIDS	12.5	0.223	0.021	0.094	2.311	1.520	693	903	0.181	0.265
Women who have been tested for HIV	12.6	0.164	0.017	0.103	2.089	1.445	775	1,004	0.130	0.198
Knowledge of mother-to-child transmission of HIV	12.4	0.417	0.026	0.062	2.793	1.671	775	1,004	0.365	0.469
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.181	0.018	0.097	1.631	1.277	575	780	0.146	0.216
Underweight prevalence (WHO)	5.1	0.193	0.015	0.079	1.251	1.118	622	846	0.163	0.224
Wasting prevalence (NCHS)	5.1a	0.054	0.008	0.158	1.108	1.052	575	780	0.037	0.071
Wasting prevalence (WHO)	5.1	0.052	0.007	0.144	0.896	0.947	588	801	0.037	0.066
Stunting prevalence (NCHS)	5.1a	0.453	0.027	0.059	2.243	1.498	575	780	0.399	0.506
Stunting prevalence (WHO)	5.1	0.455	0.026	0.057	2.214	1.488	592	806	0.403	0.507
Tuberculosis immunization coverage	6.2	0.913	0.025	0.028	1.626	1.275	157	205	0.863	0.963
Polio immunization coverage	6.2	0.754	0.040	0.053	1.701	1.304	155	198	0.674	0.834
Immunization coverage for DPT	6.2	0.749	0.035	0.047	1.303	1.142	154	200	0.678	0.819
Measles immunization coverage	6.2	0.749	0.028	0.037	0.809	0.900	152	201	0.694	0.804
Fully immunized children	6.2	0.564	0.037	0.065	1.078	1.038	154	199	0.491	0.638
Acute respiratory infection in last two weeks	6.6	0.017	0.005	0.323	1.601	1.265	663	907	0.006	0.027
Diarrhoea in last two weeks	6.4	0.128	0.019	0.147	2.853	1.689	663	907	0.090	0.165
Received ORT or increased fluids and continued feeding	6.5	0.588	0.035	0.059	0.606	0.779	85	121	0.518	0.658
Under-fives sleeping under ITNs	6.11	0.170	0.027	0.160	4.726	2.174	663	907	0.116	0.224
Fever in last two weeks	6.12	0.139	0.025	0.180	4.779	2.186	663	907	0.089	0.190
Antimalarial treatment	6.12	0.154	0.019	0.123	0.387	0.622	92	141	0.116	0.192
Support for learning	9.1	0.483	0.025	0.052	2.312	1.520	663	907	0.432	0.533
Birth registration	11.1	0.153	0.031	0.201	6.573	2.564	663	907	0.091	0.214

Table C.6: Sampling errors: Cabo Delgado province sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.697	0.024	0.034	3.143	1.773	1,512	1,191	0.650	0.744
Iodized salt consumption	5.5	0.083	0.014	0.171	3.114	1.765	1,487	1,166	0.055	0.112
Household Members										
Use of improved drinking water sources	7.1	0.299	0.051	0.169	14.536	3.813	6,473	1,191	0.198	0.400
Use of improved sanitation facilities	7.5	0.056	0.010	0.174	2.154	1.468	6,473	1,191	0.037	0.076
Net primary school attendance rate	10.2a	0.742	0.025	0.034	3.135	1.770	1,215	941	0.692	0.793
Net secondary school attendance rate	10.3a	0.137	0.035	0.259	4.586	2.141	547	432	0.066	0.208
Primary completion rate	10.5	0.088	0.042	0.474	2.199	1.483	146	103	0.005	0.171
Child labour	11.2	0.257	0.023	0.088	3.887	1.972	1,847	1,439	0.212	0.302
Prevalence of orphans	12.10	0.106	0.009	0.082	2.055	1.433	3,281	2,611	0.089	0.123
Prevalence of vulnerable children	12.11	0.080	0.021	0.259	15.126	3.889	3,281	2,611	0.038	0.121
Women										
Skilled attendant at delivery	8.3	0.457	0.048	0.105	3.756	1.938	527	410	0.361	0.552
Antenatal care	8.2a	0.960	0.011	0.011	1.243	1.115	527	410	0.938	0.981
Contraceptive prevalence	8.1	0.032	0.008	0.243	1.570	1.253	1,078	814	0.016	0.047
Adult literacy	10.7a	0.290	0.040	0.137	2.998	1.731	482	389	0.210	0.370
Marriage before age 18	11.4	0.700	0.020	0.029	1.802	1.342	1,184	932	0.660	0.741
Polygyny	11.4	0.231	0.018	0.076	1.412	1.188	1,078	814	0.196	0.266
Comprehensive knowledge about HIV prevention among young people	12.3	0.029	0.010	0.336	1.299	1.140	1,422	1,123	0.009	0.048
Condom use with non-regular partners	12.9	0.190	0.033	0.177	0.759	0.871	117	105	0.123	0.257
Age at first sex among young people	12.8	0.537	0.041	0.076	1.272	1.128	238	191	0.455	0.618
Attitude towards people with HIV/AIDS	12.5	0.202	0.015	0.076	1.569	1.252	1,373	1,083	0.172	0.233
Women who have been tested for HIV	12.6	0.162	0.014	0.089	1.723	1.312	1,422	1,123	0.133	0.191
Knowledge of mother- to-child transmission of HIV	12.4	0.568	0.025	0.044	2.824	1.680	1,422	1,123	0.518	0.618
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.225	0.021	0.093	2.183	1.478	1,072	871	0.183	0.266
Underweight prevalence(WHO)	5.1	0.227	0.021	0.092	2.184	1.478	1,080	878	0.185	0.268
Wasting prevalence (NCHS)	5.1a	0.036	0.007	0.204	1.349	1.162	1,072	871	0.021	0.051
Wasting prevalence (WHO)	5.1	0.035	0.006	0.176	0.971	0.986	1,072	873	0.023	0.047
Stunting prevalence (NCHS)	5.1a	0.558	0.019	0.034	1.265	1.125	1,072	871	0.520	0.595
Stunting prevalence (WHO)	5.1	0.557	0.019	0.034	1.282	1.132	1,073	872	0.519	0.595
Tuberculosis immunization coverage	6.2	0.932	0.023	0.025	1.681	1.297	243	195	0.885	0.979
Polio immunization coverage	6.2	0.869	0.029	0.034	1.475	1.215	243	195	0.810	0.928
Immunization coverage for DPT	6.2	0.882	0.031	0.035	1.769	1.330	243	195	0.821	0.944
Measles immunization coverage	6.2	0.838	0.032	0.038	1.483	1.218	243	195	0.774	0.903
Fully immunized children	6.2	0.705	0.048	0.068	2.123	1.457	243	195	0.610	0.800
Acute respiratory infection in last two weeks	6.6	0.064	0.011	0.175	1.926	1.388	1,136	924	0.041	0.086
Antibiotic treatment of suspected pneumonia	6.7a	0.134	0.060	0.445	1.622	1.274	72	54	0.015	0.253
Diarrhoea in last two weeks	6.4	0.183	0.013	0.074	1.121	1.059	1,136	924	0.156	0.210
Received ORT or increased fluids and continued feeding	6.5	0.354	0.046	0.129	1.616	1.271	208	178	0.263	0.446
Under-fives sleeping under ITNs	6.11	0.330	0.023	0.069	2.185	1.478	1,136	924	0.285	0.376
Fever in last two weeks	6.12	0.201	0.011	0.057	0.754	0.868	1,136	924	0.178	0.224
Antimalarial treatment	6.12	0.319	0.051	0.159	2.120	1.456	228	181	0.218	0.420
Support for learning	9.1	0.384	0.028	0.074	3.119	1.766	1,136	924	0.327	0.440
Birth registration	11.1	0.278	0.024	0.088	2.734	1.653	1,136	924	0.229	0.326

Table C.7: Sampling errors: Nampula province sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.558	0.029	0.053	5.179	2.276	2,568	1,470	0.499	0.617
Iodized salt consumption	5.5	0.047	0.009	0.192	2.560	1.600	2,445	1,409	0.029	0.065
Household Members										
Use of improved drinking water sources	7.1	0.431	0.058	0.136	20.458	4.523	11,520	1,470	0.314	0.548
Use of improved sanitation facilities	7.5	0.152	0.032	0.214	12.051	3.471	11,520	1,470	0.087	0.217
Net primary school attendance rate	10.2a	0.736	0.027	0.036	5.026	2.242	2,590	1,382	0.683	0.789
Net secondary school attendance rate	10.3a	0.150	0.041	0.270	7.735	2.781	1,177	602	0.069	0.231
Primary completion rate	10.5	0.116	0.052	0.447	3.381	1.839	233	130	0.012	0.219
Child labour	11.2	0.163	0.014	0.085	2.997	1.731	3,949	2,119	0.135	0.191
Prevalence of orphans	12.10	0.083	0.009	0.110	3.799	1.949	6,291	3,480	0.064	0.101
Prevalence of vulnerable children	12.11	0.064	0.013	0.201	9.598	3.098	6,291	3,480	0.038	0.089
Women										
Skilled attendant at delivery	8.3	0.627	0.037	0.059	2.732	1.653	895	470	0.553	0.700
Antenatal care	8.2a	0.896	0.020	0.023	2.116	1.454	895	470	0.855	0.937
Contraceptive prevalence	8.1	0.073	0.013	0.172	2.202	1.484	1,790	938	0.048	0.099
Adult literacy	10.7a	0.400	0.066	0.166	7.333	2.708	781	401	0.268	0.533
Marriage before age 18	11.4	0.576	0.021	0.037	1.846	1.359	1,897	999	0.533	0.618
Polygyny	11.4	0.198	0.018	0.093	1.995	1.412	1,790	938	0.161	0.235
Comprehensive knowledge about HIV prevention among young people	12.3	0.084	0.018	0.210	1.627	1.276	2,288	1,192	0.049	0.120
Condom use with non-regular partners	12.9	0.283	0.042	0.148	0.746	0.864	190	87	0.199	0.367
Age at first sex among young people	12.8	0.432	0.041	0.095	1.322	1.150	391	193	0.350	0.514
Attitude towards people with HIV/AIDS	12.5	0.202	0.041	0.203	9.745	3.122	1,783	933	0.120	0.284
Women who have been tested for HIV	12.6	0.147	0.016	0.107	2.359	1.536	2,288	1,192	0.115	0.178
Knowledge of mother-to-child transmission of HIV	12.4	0.481	0.028	0.058	3.763	1.940	2,288	1,192	0.425	0.537
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.258	0.022	0.085	2.177	1.476	1,491	865	0.214	0.302
Underweight prevalence (WHO)	5.1	0.284	0.024	0.083	2.542	1.594	1,630	934	0.237	0.331
Wasting prevalence (NCHS)	5.1a	0.089	0.017	0.192	3.097	1.760	1,491	865	0.055	0.123
Wasting prevalence (WHO)	5.1	0.087	0.016	0.185	2.966	1.722	1,563	908	0.055	0.119
Stunting prevalence (NCHS)	5.1a	0.509	0.030	0.058	3.037	1.743	1,491	865	0.450	0.568
Stunting prevalence (WHO)	5.1	0.506	0.030	0.059	3.295	1.815	1,583	913	0.446	0.566
Tuberculosis immunization coverage	6.2	0.822	0.027	0.033	1.051	1.025	357	214	0.768	0.875
Polio immunization coverage	6.2	0.630	0.044	0.070	1.766	1.329	360	214	0.542	0.718
Immunization coverage for DPT	6.2	0.635	0.045	0.070	1.820	1.349	359	214	0.546	0.724
Measles immunization coverage	6.2	0.670	0.043	0.065	1.819	1.349	360	215	0.584	0.757
Fully immunized children	6.2	0.514	0.042	0.081	1.495	1.223	360	215	0.431	0.598
Acute respiratory infection in last two weeks	6.6	0.071	0.015	0.207	3.297	1.816	1,771	1,007	0.042	0.100
Antibiotic treatment of suspected pneumonia	6.7a	0.363	0.033	0.091	0.361	0.600	126	77	0.297	0.429
Diarrhoea in last two weeks	6.4	0.229	0.019	0.084	2.125	1.458	1,771	1,007	0.191	0.268
Received ORT or increased fluids and continued feeding	6.5	0.271	0.028	0.104	0.968	0.984	406	241	0.215	0.328
Under-fives sleeping under ITNs	6.11	0.335	0.039	0.116	6.773	2.603	1,771	1,007	0.258	0.413
Fever in last two weeks	6.12	0.268	0.023	0.085	2.683	1.638	1,771	1,007	0.222	0.313
Antimalarial treatment	6.12	0.418	0.040	0.096	1.962	1.401	474	295	0.338	0.499
Support for learning	9.1	0.338	0.025	0.074	2.823	1.680	1,771	1,007	0.288	0.389
Birth registration	11.1	0.342	0.033	0.097	4.891	2.212	1,771	1,007	0.276	0.408

Table C.8: Sampling errors: Zambézia province sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.549	0.018	0.033	2.140	1.463	2,532	1,577	0.512	0.586
Iodized salt consumption	5.5	0.092	0.015	0.163	4.226	2.056	2,523	1,571	0.062	0.123
Household Members										
Use of improved drinking water sources	7.1	0.236	0.044	0.184	16.544	4.067	10,718	1,577	0.149	0.323
Use of improved sanitation facilities	7.5	0.076	0.026	0.347	15.530	3.941	10,718	1,577	0.023	0.128
Net primary school attendance rate	10.2a	0.830	0.018	0.022	3.127	1.768	2,293	1,375	0.794	0.866
Net secondary school attendance rate	10.3a	0.081	0.022	0.277	3.759	1.939	896	559	0.036	0.126
Primary completion rate	10.5	0.064	0.018	0.281	0.796	0.892	237	148	0.028	0.100
Child labour	11.2	0.251	0.015	0.059	2.337	1.529	3,360	2,009	0.221	0.280
Prevalence of orphans	12.10	0.150	0.012	0.077	3.720	1.929	5,832	3,534	0.127	0.173
Prevalence of vulnerable children	12.11	0.053	0.012	0.226	10.167	3.189	5,832	3,534	0.029	0.077
Women										
Skilled attendant at delivery	8.3	0.378	0.046	0.121	4.735	2.176	912	537	0.287	0.469
Antenatal care	8.2a	0.734	0.032	0.043	2.743	1.656	912	537	0.670	0.797
Contraceptive prevalence	8.1	0.088	0.016	0.178	3.089	1.758	1,692	1,001	0.057	0.120
Adult literacy	10.7a	0.268	0.034	0.125	2.884	1.698	845	500	0.201	0.336
Marriage before age 18	11.4	0.572	0.018	0.031	1.423	1.193	1,839	1,089	0.536	0.608
Polygyny	11.4	0.189	0.017	0.091	1.947	1.395	1,692	1,001	0.154	0.223
Comprehensive knowledge about HIV prevention among young people	12.3	0.155	0.019	0.123	1.389	1.178	2,240	1,321	0.117	0.193
Condom use with non-regular partners	12.9	0.318	0.041	0.129	0.440	0.664	97	58	0.236	0.400
Age at first sex among young people	12.8	0.314	0.035	0.113	1.344	1.159	401	232	0.243	0.384
Attitude towards people with HIV/AIDS	12.5	0.182	0.023	0.125	3.650	1.910	1,799	1,043	0.136	0.228
Women who have been tested for HIV	12.6	0.110	0.019	0.170	4.736	2.176	2,240	1,321	0.073	0.147
Knowledge of mother-to-child transmission of HIV	12.4	0.413	0.027	0.066	4.024	2.006	2,240	1,321	0.359	0.468
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.206	0.014	0.067	1.256	1.121	1,787	1,067	0.179	0.234
Underweight prevalence (WHO)	5.1	0.211	0.014	0.065	1.307	1.143	1,927	1,158	0.183	0.238
Wasting prevalence (NCHS)	5.1a	0.049	0.007	0.143	1.122	1.059	1,787	1,067	0.035	0.063
Wasting prevalence (WHO)	5.1	0.051	0.007	0.144	1.271	1.127	1,895	1,136	0.037	0.066
Stunting prevalence (NCHS)	5.1a	0.457	0.020	0.044	1.763	1.328	1,787	1,067	0.416	0.497
Stunting prevalence (WHO)	5.1	0.458	0.021	0.045	1.907	1.381	1,881	1,125	0.417	0.499
Tuberculosis immunization coverage	6.2	0.751	0.036	0.047	1.770	1.330	435	261	0.680	0.823
Polio immunization coverage	6.2	0.602	0.036	0.059	1.347	1.161	419	255	0.531	0.673
Immunization coverage for DPT	6.2	0.617	0.041	0.067	1.821	1.350	420	256	0.535	0.699
Measles immunization coverage	6.2	0.617	0.039	0.064	1.688	1.299	431	260	0.539	0.696
Fully immunized children	6.2	0.476	0.038	0.081	1.511	1.229	423	257	0.400	0.553
Acute respiratory infection in last two weeks	6.6	0.019	0.004	0.234	1.254	1.120	1,996	1,208	0.010	0.027
Diarrhoea in last two weeks	6.4	0.165	0.016	0.099	2.321	1.524	1,996	1,208	0.133	0.198
Received ORT or increased fluids and continued feeding	6.5	0.379	0.043	0.114	1.555	1.247	330	197	0.292	0.465
Under-fives sleeping under ITNs	6.11	0.226	0.023	0.100	3.550	1.884	1,996	1,208	0.181	0.271
Fever in last two weeks	6.12	0.260	0.017	0.067	1.905	1.380	1,996	1,208	0.226	0.295
Antimalarial treatment	6.12	0.108	0.017	0.158	0.919	0.959	520	303	0.074	0.142
Support for learning	9.1	0.389	0.031	0.079	4.786	2.188	1,996	1,208	0.328	0.450
Birth registration	11.1	0.237	0.034	0.145	7.891	2.809	1,996	1,208	0.168	0.306

Table C.9: Sampling errors: Tete province sample, Mozambique 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.313	0.029	0.092	4.633	2.152	1,281	1,196	0.255	0.371
Iodized salt consumption	5.5	0.183	0.020	0.109	3.128	1.769	1,272	1,184	0.143	0.223
Household Members										
Use of improved drinking water sources	7.1	0.342	0.067	0.195	23.676	4.866	5,634	1,196	0.208	0.475
Use of improved sanitation facilities	7.5	0.034	0.009	0.270	3.094	1.759	5,634	1,196	0.016	0.053
Net primary school attendance rate	10.2a	0.685	0.034	0.050	5.856	2.420	1,144	1,088	0.617	0.753
Net secondary school attendance rate	10.3a	0.093	0.027	0.293	4.604	2.146	526	522	0.039	0.148
Primary completion rate	10.5	0.053	0.013	0.245	0.434	0.659	127	131	0.027	0.078
Child labour	11.2	0.242	0.021	0.088	3.980	1.995	1,733	1,623	0.199	0.284
Prevalence of orphans	12.10	0.099	0.012	0.122	4.887	2.211	3,146	2,973	0.075	0.123
Prevalence of vulnerable children	12.11	0.028	0.007	0.246	5.266	2.295	3,146	2,973	0.014	0.042
Women										
Skilled attendant at delivery	8.3	0.326	0.040	0.123	3.556	1.886	535	483	0.246	0.407
Antenatal care	8.2a	0.815	0.042	0.051	5.516	2.349	535	483	0.732	0.898
Contraceptive prevalence	8.1	0.179	0.019	0.105	1.937	1.392	891	811	0.142	0.217
Adult literacy	10.7a	0.255	0.032	0.127	2.398	1.549	469	438	0.190	0.319
Marriage before age 18	11.4	0.549	0.024	0.043	1.899	1.378	910	850	0.502	0.596
Polygyny	11.4	0.320	0.034	0.106	4.258	2.064	891	811	0.252	0.387
Comprehensive knowledge about HIV prevention among young people	12.3	0.101	0.020	0.201	1.999	1.414	1,165	1,086	0.061	0.142
Condom use with non-regular partners	12.9	0.222	0.052	0.235	1.309	1.144	72	84	0.117	0.326
Age at first sex among young people	12.8	0.156	0.037	0.237	2.446	1.564	255	236	0.082	0.230
Attitude towards people with HIV/AIDS	12.5	0.232	0.027	0.116	4.052	2.013	1,034	996	0.178	0.286
Women who have been tested for HIV	12.6	0.270	0.024	0.090	3.254	1.804	1,165	1,086	0.221	0.319
Knowledge of mother-to-child transmission of HIV	12.4	0.670	0.023	0.034	2.554	1.598	1,165	1,086	0.625	0.716
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.185	0.013	0.068	0.987	0.993	1,032	947	0.159	0.210
Underweight prevalence (WHO)	5.1	0.186	0.013	0.067	1.005	1.002	1,057	974	0.161	0.211
Wasting prevalence (NCHS)	5.1a	0.026	0.006	0.244	1.513	1.230	1,032	947	0.013	0.039
Wasting prevalence (WHO)	5.1	0.026	0.006	0.243	1.510	1.229	1,039	954	0.013	0.039
Stunting prevalence (NCHS)	5.1a	0.480	0.028	0.059	3.059	1.749	1,032	947	0.423	0.537
Stunting prevalence (WHO)	5.1	0.480	0.030	0.063	3.534	1.880	1,053	971	0.420	0.541
Tuberculosis immunization coverage	6.2	0.830	0.055	0.066	4.950	2.225	269	230	0.720	0.941
Polio immunization coverage	6.2	0.540	0.078	0.144	5.540	2.354	269	230	0.385	0.695
Immunization coverage for DPT	6.2	0.555	0.079	0.143	5.842	2.417	269	230	0.396	0.714
Measles immunization coverage	6.2	0.600	0.046	0.076	1.981	1.408	267	229	0.508	0.691
Fully immunized children	6.2	0.342	0.060	0.176	3.704	1.925	269	230	0.221	0.463
Acute respiratory infection in last two weeks	6.6	0.027	0.006	0.222	1.411	1.188	1,134	1,047	0.015	0.038
Diarrhoea in last two weeks	6.4	0.180	0.016	0.087	1.724	1.313	1,134	1,047	0.149	0.211
Received ORT or increased fluids and continued feeding	6.5	0.527	0.040	0.076	1.231	1.109	204	191	0.447	0.608
Under-fives sleeping under ITNs	6.11	0.145	0.021	0.142	3.575	1.891	1,134	1,047	0.104	0.186
Fever in last two weeks	6.12	0.204	0.020	0.100	2.691	1.640	1,134	1,047	0.163	0.245
Antimalarial treatment	6.12	0.258	0.034	0.132	1.355	1.164	231	223	0.190	0.327
Support for learning	9.1	0.126	0.018	0.142	3.036	1.743	1,134	1,047	0.090	0.161
Birth registration	11.1	0.107	0.019	0.174	3.817	1.954	1,134	1,047	0.070	0.145

Table C.10: Sampling errors: Manica province sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.475	0.039	0.083	7.288	2.700	627	1,177	0.397	0.554
Iodized salt consumption	5.5	0.293	0.024	0.082	3.269	1.808	624	1,171	0.245	0.342
Household Members										
Use of improved drinking water sources	7.1	0.320	0.046	0.143	11.298	3.361	2,965	1,177	0.229	0.412
Use of improved sanitation facilities	7.5	0.142	0.017	0.117	2.653	1.629	2,965	1,177	0.109	0.176
Net primary school attendance rate	10.2a	0.849	0.017	0.020	2.710	1.646	626	1,192	0.815	0.883
Net secondary school attendance rate	10.3a	0.174	0.019	0.110	1.560	1.249	299	609	0.136	0.212
Primary completion rate	10.5	0.103	0.021	0.202	0.684	0.827	72	147	0.061	0.144
Child labour	11.2	0.255	0.025	0.098	5.783	2.405	914	1,751	0.205	0.305
Prevalence of orphans	12.10	0.160	0.013	0.083	4.213	2.053	1,669	3,229	0.134	0.187
Prevalence of vulnerable children	12.11	0.044	0.009	0.212	6.728	2.594	1,669	3,229	0.026	0.063
Women										
Skilled attendant at delivery	8.3	0.532	0.035	0.066	2.269	1.506	260	465	0.462	0.602
Antenatal care	8.2a	0.890	0.038	0.042	6.762	2.600	260	465	0.815	0.966
Contraceptive prevalence	8.1	0.106	0.012	0.115	1.393	1.180	492	880	0.082	0.131
Adult literacy	10.7a	0.412	0.041	0.099	3.502	1.871	279	515	0.331	0.493
Marriage before age 18	11.4	0.581	0.021	0.035	1.530	1.237	487	882	0.540	0.622
Polygyny	11.4	0.368	0.028	0.077	3.018	1.737	492	880	0.312	0.425
Comprehensive knowledge about HIV prevention among young people	12.3	0.187	0.022	0.119	1.684	1.298	632	1,159	0.142	0.231
Age at first sex among young people	12.8	0.165	0.027	0.163	1.451	1.205	145	277	0.111	0.219
Attitude towards people with HIV/AIDS	12.5	0.279	0.018	0.063	1.631	1.277	568	1,059	0.244	0.315
Women who have been tested for HIV	12.6	0.429	0.024	0.057	2.783	1.668	632	1,159	0.381	0.478
Knowledge of mother-to-child transmission of HIV	12.4	0.617	0.023	0.037	2.580	1.606	632	1,159	0.571	0.663
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.192	0.012	0.065	0.950	0.975	508	946	0.167	0.217
Underweight prevalence (WHO)	5.1	0.185	0.012	0.067	1.014	1.007	534	988	0.160	0.210
Wasting prevalence (NCHS)	5.1a	0.037	0.009	0.243	2.137	1.462	508	946	0.019	0.055
Wasting prevalence (WHO)	5.1	0.038	0.009	0.231	1.988	1.410	510	951	0.020	0.055
Stunting prevalence (NCHS)	5.1a	0.483	0.022	0.046	1.903	1.380	508	946	0.438	0.528
Stunting prevalence (WHO)	5.1	0.483	0.023	0.047	1.990	1.411	512	957	0.438	0.529
Tuberculosis immunization coverage	6.2	0.878	0.030	0.035	2.089	1.445	129	245	0.817	0.938
Polio immunization coverage	6.2	0.728	0.037	0.050	1.653	1.286	129	245	0.655	0.802
Immunization coverage for DPT	6.2	0.754	0.041	0.055	2.265	1.505	129	245	0.671	0.837
Measles immunization coverage	6.2	0.692	0.036	0.052	1.480	1.217	130	246	0.620	0.764
Fully immunized children	6.2	0.583	0.032	0.054	1.004	1.002	129	245	0.520	0.646
Acute respiratory infection in last two weeks	6.6	0.027	0.006	0.205	1.257	1.121	587	1,084	0.016	0.038
Diarrhoea in last two weeks	6.4	0.160	0.012	0.076	1.205	1.098	587	1,084	0.135	0.184
Received ORT or increased fluids and continued feeding	6.5	0.541	0.052	0.097	1.929	1.389	94	176	0.436	0.645
Under-fives sleeping under ITNs	6.11	0.149	0.029	0.195	7.148	2.674	587	1,084	0.091	0.206
Fever in last two weeks	6.12	0.173	0.019	0.111	2.807	1.675	587	1,084	0.134	0.211
Antimalarial treatment	6.12	0.292	0.057	0.196	3.027	1.740	101	191	0.177	0.407
Support for learning	9.1	0.331	0.022	0.065	2.270	1.507	587	1,084	0.288	0.374
Birth registration	11.1	0.340	0.029	0.085	3.999	2.000	587	1,084	0.282	0.397

Table C.12: Sampling errors: Sofala province sample, Mozambique 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence Limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.677	0.025	0.037	3.413	1.848	1,108	1,200	0.627	0.727
Iodized salt consumption	5.5	0.350	0.035	0.098	6.263	2.503	1,106	1,198	0.281	0.419
Household Members										
Use of improved drinking water sources	7.1	0.480	0.057	0.118	15.550	3.943	6,737	1,200	0.366	0.594
Use of improved sanitation facilities	7.5	0.220	0.039	0.178	10.687	3.269	6,737	1,200	0.142	0.298
Net primary school attendance rate	10.2a	0.822	0.024	0.030	5.901	2.429	1,317	1,450	0.774	0.871
Net secondary school attendance rate	10.3a	0.237	0.039	0.164	6.740	2.596	752	805	0.159	0.315
Primary completion rate	10.5	0.146	0.029	0.200	1.027	1.013	125	152	0.087	0.204
Child labour	11.2	0.302	0.026	0.085	6.550	2.559	1,875	2,077	0.250	0.353
Prevalence of orphans	12.10	0.133	0.012	0.087	5.022	2.241	3,925	4,347	0.110	0.156
Prevalence of vulnerable children	12.11	0.083	0.013	0.158	9.831	3.136	3,925	4,347	0.057	0.109
Women										
Skilled attendant at delivery	8.3	0.643	0.045	0.070	6.169	2.484	638	707	0.553	0.733
Antenatal care	8.2a	0.923	0.028	0.030	7.793	2.792	638	707	0.867	0.979
Contraceptive prevalence	8.1	0.372	0.035	0.094	6.144	2.479	1,115	1,180	0.302	0.441
Adult literacy	10.7a	0.497	0.032	0.065	3.068	1.752	673	729	0.432	0.562
Marriage before age 18	11.4	0.540	0.019	0.036	1.970	1.404	1,241	1,297	0.502	0.579
Polygyny	11.4	0.337	0.025	0.073	3.189	1.786	1,115	1,180	0.287	0.386
Comprehensive knowledge about HIV prevention among young people	12.3	0.282	0.031	0.109	3.364	1.834	1,603	1,693	0.221	0.343
Condom use with non-regular partners	12.9	0.386	0.072	0.186	3.638	1.907	168	168	0.242	0.530
Age at first sex among young people	12.8	0.237	0.023	0.098	1.181	1.087	362	396	0.191	0.284
Attitude towards people with HIV/AIDS	12.5	0.134	0.017	0.128	4.294	2.072	1,589	1,677	0.100	0.169
Women who have been tested for HIV	12.6	0.508	0.030	0.059	6.012	2.452	1,603	1,693	0.449	0.568
Knowledge of mother- to-child transmission of HIV	12.4	0.808	0.017	0.021	3.057	1.748	1,603	1,693	0.775	0.842
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.155	0.013	0.082	2.172	1.474	1,542	1,747	0.130	0.181
Underweight prevalence (WHO)	5.1	0.159	0.013	0.079	2.092	1.446	1,560	1,768	0.134	0.184
Wasting prevalence (NCHS)	5.1a	0.032	0.004	0.129	0.953	0.976	1,542	1,747	0.023	0.040
Wasting prevalence (WHO)	5.1	0.032	0.004	0.127	0.930	0.964	1,550	1,758	0.024	0.040
Stunting prevalence (NCHS)	5.1a	0.405	0.021	0.051	3.127	1.768	1,542	1,747	0.363	0.446
Stunting prevalence (WHO)	5.1	0.405	0.021	0.052	3.224	1.796	1,548	1,754	0.363	0.447
Tuberculosis immunization coverage	6.2	0.937	0.018	0.019	1.833	1.354	313	342	0.902	0.973
Polio immunization coverage	6.2	0.813	0.030	0.037	1.985	1.409	312	341	0.753	0.873
Immunization coverage for DPT	6.2	0.812	0.034	0.042	2.605	1.614	312	341	0.743	0.880
Measles immunization coverage	6.2	0.829	0.030	0.037	2.199	1.483	313	342	0.768	0.889
Fully immunized children	6.2	0.723	0.037	0.052	2.357	1.535	312	341	0.649	0.798
Acute respiratory infection in last two weeks	6.6	0.034	0.005	0.153	1.455	1.206	1,575	1,787	0.023	0.044
Antibiotic treatment of suspected pneumonia	6.7a	0.335	0.078	0.234	1.622	1.274	53	60	0.178	0.491
Diarrhoea in last two weeks	6.4	0.157	0.010	0.064	1.372	1.171	1,575	1,787	0.137	0.178
Received ORT or increased fluids and continued feeding	6.5	0.773	0.051	0.066	4.430	2.105	248	302	0.671	0.874
Under-fives sleeping under ITNs	6.11	0.297	0.026	0.087	5.641	2.375	1,575	1,787	0.245	0.348
Fever in last two weeks	6.12	0.212	0.017	0.079	3.032	1.741	1,575	1,787	0.178	0.246
Antimalarial treatment	6.12	0.125	0.033	0.264	3.876	1.969	334	392	0.059	0.190
Support for learning	9.1	0.308	0.018	0.057	2.593	1.610	1,575	1,787	0.273	0.344
Birth registration	11.1	0.363	0.049	0.134	18.251	4.272	1,575	1,787	0.266	0.461

Table C.12: Sampling errors: Inhambane province sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.617	0.026	0.043	3.422	1.850	946	1,165	0.564	0.670
Iodized salt consumption	5.5	0.359	0.023	0.064	2.561	1.600	920	1,132	0.314	0.405
Household Members										
Use of improved drinking water sources	7.1	0.349	0.054	0.156	15.108	3.887	4,223	1,165	0.240	0.457
Use of improved sanitation facilities	7.5	0.155	0.022	0.141	4.251	2.062	4,223	1,165	0.111	0.199
Net primary school attendance rate	10.2a	0.913	0.014	0.016	2.774	1.666	881	1,054	0.884	0.942
Net secondary school attendance rate	10.3a	0.271	0.027	0.100	2.057	1.434	427	551	0.216	0.325
Primary completion rate	10.5	0.224	0.040	0.178	1.137	1.066	99	126	0.144	0.303
Child labour	11.2	0.394	0.030	0.075	5.701	2.388	1,277	1,541	0.335	0.454
Prevalence of orphans	12.10	0.099	0.012	0.121	4.443	2.108	2,234	2,742	0.075	0.123
Prevalence of vulnerable children	12.11	0.064	0.010	0.151	4.285	2.070	2,234	2,742	0.045	0.083
Women										
Skilled attendant at delivery	8.3	0.594	0.042	0.071	2.559	1.600	312	346	0.509	0.679
Antenatal care	8.2a	0.975	0.008	0.008	0.900	0.949	312	346	0.959	0.991
Contraceptive prevalence	8.1	0.181	0.014	0.076	0.866	0.931	629	688	0.153	0.208
Adult literacy	10.7a	0.696	0.029	0.042	1.594	1.263	339	395	0.637	0.754
Marriage before age 18	11.4	0.403	0.024	0.060	2.165	1.471	809	900	0.355	0.451
Polygyny	11.4	0.301	0.014	0.048	0.680	0.825	629	688	0.272	0.330
Comprehensive knowledge about HIV prevention among young people	12.3	0.140	0.025	0.180	2.077	1.441	981	1,098	0.089	0.190
Condom use with non-regular partners	12.9	0.590	0.048	0.081	1.356	1.164	115	143	0.494	0.686
Age at first sex among young people	12.8	0.260	0.036	0.140	1.356	1.164	172	198	0.187	0.333
Attitude towards people with HIV/AIDS	12.5	0.180	0.013	0.072	1.235	1.111	971	1,090	0.155	0.206
Women who have been tested for HIV	12.6	0.346	0.026	0.077	3.391	1.842	981	1.098	0.293	0.398
Knowledge of mother- to-child transmission of HIV	12.4	0.520	0.022	0.042	2.137	1.462	981	1,098	0.476	0.564
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.118	0.015	0.125	1.607	1.268	671	771	0.089	0.148
Underweight prevalence (WHO)	5.1	0.118	0.015	0.130	1.769	1.330	683	790	0.087	0.148
Wasting prevalence (NCHS)	5.1a	0.038	0.015	0.388	4.601	2.145	671	771	0.009	0.068
Wasting prevalence (WHO)	5.1	0.028	0.010	0.359	2.921	1.709	671	778	0.008	0.049
Stunting prevalence (NCHS)	5.1a	0.345	0.023	0.067	1.810	1.345	671	771	0.299	0.391
Stunting prevalence (WHO)	5.1	0.345	0.023	0.067	1.865	1.366	676	781	0.299	0.392
Tuberculosis immunization coverage	6.2	0.983	0.010	0.010	0.998	0.999	159	179	0.964	1.000
Polio immunization coverage	6.2	0.913	0.024	0.026	1.282	1.132	158	177	0.864	0.961
Immunization coverage for DPT	6.2	0.905	0.034	0.037	2.344	1.531	158	177	0.837	0.973
Measles immunization coverage	6.2	0.869	0.032	0.037	1.592	1.262	159	178	0.805	0.933
Fully immunized children	6.2	0.798	0.046	0.058	2.332	1.527	158	177	0.705	0.890
Acute respiratory infection in last two weeks	6.6	0.080	0.028	0.354	9.041	3.007	716	835	0.023	0.136
Diarrhoea in last two weeks	6.4	0.156	0.018	0.118	2.139	1.463	716	835	0.120	0.193
Received ORT or increased fluids and continued feeding	6.5	0.516	0.049	0.095	1.386	1.177	112	145	0.418	0.614
Under-fives sleeping under ITNs	6.11	0.221	0.027	0.122	3.544	1.882	716	835	0.167	0.275
Fever in last two weeks	6.12	0.310	0.014	0.047	0.810	0.900	716	835	0.281	0.339
Antimalarial treatment	6.12	0.292	0.055	0.189	3.713	1.927	222	254	0.182	0.402
Support for learning	9.1	0.316	0.022	0.069	1.852	1.361	716	835	0.272	0.360
Birth registration	11.1	0.404	0.038	0.094	4.985	2.233	716	835	0.328	0.479

Table C.13: Sampling errors: Gaza province sample, Mozambique 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.521	0.031	0.060	4.686	2.165	845	1,180	0.458	0.584
Iodized salt consumption	5.5	0.706	0.018	0.026	1.816	1.348	831	1,160	0.670	0.742
Household Members										
Use of improved drinking water sources	7.1	0.607	0.053	0.087	13.662	3.696	4,256	1,180	0.501	0.712
Use of improved sanitation facilities	7.5	0.238	0.022	0.091	3.051	1.747	4,256	1,180	0.195	0.281
Net primary school attendance rate	10.2a	0.909	0.017	0.018	3.997	1.999	861	1,209	0.876	0.942
Net secondary school attendance rate	10.3a	0.286	0.032	0.113	3.399	1.844	468	664	0.221	0.351
Primary completion rate	10.5	0.195	0.037	0.190	1.473	1.214	111	170	0.121	0.268
Child labour	11.2	0.267	0.019	0.071	3.257	1.805	1,250	1,764	0.229	0.305
Prevalence of orphans	12.10	0.211	0.012	0.056	2.688	1.640	2,262	3,156	0.187	0.235
Prevalence of vulnerable children	12.11	0.131	0.011	0.087	3.624	1.904	2,262	3,156	0.108	0.154
Women										
Skilled attendant at delivery	8.3	0.666	0.052	0.077	4.639	2.154	325	390	0.563	0.769
Antenatal care	8.2a	0.992	0.003	0.003	0.357	0.597	325	390	0.987	0.997
Contraceptive prevalence	8.1	0.175	0.017	0.100	1.553	1.246	606	741	0.140	0.210
Adult literacy	10.7a	0.689	0.032	0.046	2.502	1.582	420	540	0.626	0.752
Marriage before age 18	11.4	0.381	0.019	0.050	1.511	1.229	785	996	0.343	0.418
Polygyny	11.4	0.256	0.018	0.070	1.255	1.120	606	741	0.220	0.292
Comprehensive knowledge about HIV prevention among young people	12.3	0.059	0.014	0.232	1.828	1.352	1,004	1,263	0.032	0.087
Condom use with non-regular partners	12.9	0.472	0.038	0.081	0.935	0.967	119	160	0.395	0.548
Age at first sex among young people	12.8	0.226	0.044	0.197	3.008	1.734	219	267	0.137	0.315
Attitude towards people with HIV/AIDS	12.5	0.224	0.015	0.065	1.543	1.242	1,000	1,258	0.194	0.253
Women who have been tested for HIV	12.6	0.482	0.015	0.030	1.089	1.044	1,004	1,263	0.452	0.511
Knowledge of mother- to-child transmission of HIV	12.4	0.535	0.021	0.039	2.180	1.476	1,004	1,263	0.493	0.576
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.068	0.009	0.140	1.290	1.136	700	908	0.049	0.087
Underweight prevalence(WHO)	5.1	0.067	0.009	0.138	1.257	1.121	711	919	0.048	0.085
Wasting prevalence(NCHS)	5.1a	0.014	0.005	0.350	1.534	1.239	700	908	0.004	0.023
Wasting prevalence(WHO)	5.1	0.013	0.005	0.352	1.546	1.243	708	916	0.004	0.023
Stunting prevalence(NCHS)	5.1a	0.341	0.015	0.045	0.945	0.972	700	908	0.311	0.372
Stunting prevalence(WHO)	5.1	0.342	0.015	0.045	0.948	0.974	707	913	0.311	0.373
Tuberculosis immunization coverage	6.2	0.973	0.011	0.012	0.931	0.965	148	190	0.950	0.996
Polio immunization coverage	6.2	0.899	0.018	0.019	0.626	0.791	145	186	0.864	0.934
Immunization coverage for DPT	6.2	0.894	0.021	0.023	0.829	0.910	145	186	0.853	0.935
Measles immunization coverage	6.2	0.834	0.029	0.034	1.127	1.061	150	191	0.776	0.891
Fully immunized children	6.2	0.739	0.027	0.037	0.723	0.850	146	187	0.685	0.794
Acute respiratory infection in last two weeks	6.6	0.100	0.012	0.118	1.475	1.215	735	952	0.077	0.124
Antibiotic treatment of suspected pneumonia	6.7a	0.225	0.053	0.234	1.563	1.250	74	99	0.120	0.330
Diarrhoea in last two weeks	6.4	0.194	0.017	0.088	1.771	1.331	735	952	0.160	0.229
Received ORT or increased fluids and continued feeding	6.5	0.513	0.048	0.093	1.649	1.284	143	182	0.418	0.608
Under-fives sleeping under ITNs	6.11	0.099	0.020	0.196	4.047	2.012	735	952	0.060	0.138
Fever in last two weeks	6.12	0.332	0.020	0.061	1.763	1.328	735	952	0.291	0.373
Antimalarial treatment	6.12	0.215	0.037	0.174	2.495	1.580	244	301	0.140	0.290
Support for learning	9.1	0.077	0.010	0.129	1.323	1.150	735	952	0.057	0.097
Birth registration	11.1	0.454	0.038	0.083	5.450	2.335	735	952	0.378	0.529

Table C.14: Sampling errors: Maputo province sample, Mozambique, 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.448	0.034	0.076	5.486	2.342	952	1,172	0.380	0.517
Iodized salt consumption	5.5	0.481	0.027	0.057	3.461	1.860	933	1,148	0.426	0.536
Household Members										
Use of improved drinking water sources	7.1	0.677	0.044	0.064	10.187	3.192	4,294	1,172	0.590	0.764
Use of improved sanitation facilities	7.5	0.472	0.041	0.087	8.007	2.830	4,294	1,172	0.390	0.555
Net primary school attendance rate	10.2a	0.946	0.016	0.016	5.139	2.267	842	1,086	0.915	0.977
Net secondary school attendance rate	10.3a	0.360	0.028	0.078	2.043	1.429	455	606	0.304	0.416
Primary completion rate	10.5	0.383	0.042	0.111	1.026	1.013	99	136	0.298	0.468
Child labour	11.2	0.096	0.014	0.147	3.605	1.899	1,219	1,568	0.068	0.124
Prevalence of orphans	12.10	0.135	0.010	0.073	2.272	1.507	2,136	2,734	0.115	0.154
Prevalence of vulnerable children	12.11	0.064	0.010	0.159	4.709	2.170	2,136	2,734	0.043	0.084
Women										
Skilled attendant at delivery	8.3	0.762	0.032	0.042	1.805	1.343	277	321	0.699	0.826
Antenatal care	8.2a	0.984	0.008	0.008	1.230	1.109	277	321	0.968	1.000
Contraceptive prevalence	8.1	0.341	0.021	0.061	1.407	1.186	617	740	0.299	0.382
Adult literacy	10.7a	0.758	0.019	0.025	0.918	0.958	379	486	0.721	0.796
Marriage before age 18	11.4	0.320	0.019	0.059	1.713	1.309	880	1,061	0.282	0.357
Polygyny	11.4	0.155	0.023	0.148	2.968	1.723	617	740	0.109	0.201
Comprehensive knowledge about HIV prevention among young people	12.3	0.113	0.019	0.164	1.677	1.295	1,062	1,301	0.076	0.151
Condom use with non-regular partners	12.9	0.620	0.047	0.076	1.889	1.374	153	203	0.527	0.714
Age at first sex among young people	12.8	0.181	0.032	0.176	1.639	1.280	182	240	0.117	0.245
Attitude towards people with HIV/AIDS	12.5	0.392	0.020	0.051	2.120	1.456	1,045	1,285	0.352	0.432
Women who have been tested for HIV	12.6	0.507	0.019	0.038	1.925	1.388	1,062	1,301	0.469	0.546
Knowledge of mother- to-child transmission of HIV	12.4	0.507	0.020	0.040	2.182	1.477	1,062	1,301	0.466	0.548
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.074	0.011	0.145	1.240	1.114	611	740	0.052	0.095
Underweight prevalence (WHO)	5.1	0.078	0.011	0.141	1.292	1.137	630	766	0.056	0.100
Wasting prevalence (NCHS)	5.1a	0.023	0.004	0.175	0.544	0.737	611	740	0.015	0.032
Wasting prevalence (WHO)	5.1	0.021	0.004	0.204	0.655	0.810	618	750	0.012	0.029
Stunting prevalence (NCHS)	5.1a	0.280	0.025	0.088	2.220	1.490	611	740	0.231	0.330
Stunting prevalence (WHO)	5.1	0.280	0.024	0.085	2.110	1.452	623	755	0.233	0.328
Tuberculosis immunization coverage	6.2	0.901	0.024	0.026	1.041	1.020	148	166	0.853	0.948
Polio immunization coverage	6.2	0.872	0.031	0.036	1.429	1.195	146	164	0.810	0.935
Immunization coverage for DPT	6.2	0.874	0.030	0.034	1.344	1.159	146	164	0.814	0.934
Measles immunization coverage	6.2	0.874	0.032	0.036	1.509	1.228	148	166	0.811	0.938
Fully immunized children	6.2	0.819	0.037	0.046	1.535	1.239	146	164	0.744	0.894
Acute respiratory infection in last two weeks	6.6	0.054	0.009	0.165	1.226	1.107	655	799	0.036	0.071
Diarrhoea in last two weeks	6.4	0.157	0.016	0.101	1.510	1.229	655	799	0.125	0.189
Received ORT or increased fluids and continued feeding	6.5	0.535	0.062	0.115	1.815	1.347	103	120	0.412	0.658
Under-fives sleeping under ITNs	6.11	0.085	0.019	0.221	3.598	1.897	655	799	0.047	0.122
Fever in last two weeks	6.12	0.218	0.019	0.085	1.623	1.274	655	799	0.181	0.255
Antimalarial treatment	6.12	0.101	0.022	0.218	0.975	0.987	143	184	0.057	0.145
Support for learning	9.1	0.182	0.032	0.175	5.451	2.335	655	799	0.118	0.246
Birth registration	11.1	0.459	0.041	0.090	5.444	2.333	655	799	0.377	0.541

Table C.15: Sampling errors: 11. Maputo City sample, Mozambique 2008

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators to 95 per cent, Mozambique, MICS 2008.

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Number of cases		Confidence limits	
							Weighted count	Unweighted count	r - 2se	r + 2se
Households										
Household availability of ITNs	6.10b	0.566	0.015	0.026	1.278	1.130	751	1,484	0.537	0.595
Iodized salt consumption	5.5	0.576	0.022	0.038	2.952	1.718	741	1,469	0.532	0.621
Household Members										
Use of improved drinking water sources	7.1	0.943	0.016	0.017	6.940	2.634	3,633	1,484	0.911	0.975
Use of improved sanitation facilities	7.5	0.846	0.015	0.017	2.414	1.554	3,633	1,484	0.817	0.875
Net primary school attendance rate	10.2a	0.960	0.007	0.007	1.554	1.247	613	1,192	0.945	0.974
Net secondary school attendance rate	10.3a	0.510	0.022	0.042	1.533	1.238	423	825	0.467	0.553
Primary completion rate	10.5	0.473	0.043	0.091	1.251	1.118	91	171	0.387	0.558
Child labour	11.2	0.106	0.009	0.081	1.317	1.148	877	1,720	0.089	0.123
Prevalence of orphans	12.10	0.137	0.006	0.046	1.021	1.010	1,585	3,094	0.125	0.150
Prevalence of vulnerable children	12.11	0.087	0.009	0.107	3.379	1.838	1,585	3,094	0.068	0.106
Women										
Skilled attendant at delivery	8.3	0.917	0.017	0.018	1.342	1.158	191	359	0.883	0.951
Antenatal care	8.2a	0.997	0.003	0.003	1.133	1.064	191	359	0.991	1.000
Contraceptive prevalence	8.1	0.342	0.018	0.053	1.350	1.162	482	920	0.306	0.379
Adult literacy	10.7a	0.882	0.017	0.019	2.284	1.511	434	820	0.848	0.916
Marriage before age 18	11.4	0.249	0.015	0.062	1.964	1.401	801	1,537	0.218	0.280
Polygyny	11.4	0.101	0.011	0.111	1.277	1.130	482	920	0.078	0.123
Comprehensive knowledge about HIV prevention among young people	12.3	0.286	0.021	0.075	1.827	1.352	1,016	1,948	0.243	0.328
Condom use with non-regular partners	12.9	0.763	0.024	0.031	1.185	1.088	202	379	0.716	0.811
Age at first sex among young people	12.8	0.134	0.015	0.112	0.794	0.891	215	411	0.104	0.164
Attitude towards people with HIV/AIDS	12.5	0.381	0.017	0.045	2.400	1.549	1,016	1,946	0.347	0.415
Women who have been tested for HIV	12.6	0.567	0.013	0.023	1.386	1.177	1,016	1,948	0.540	0.593
Knowledge of mother- to-child transmission of HIV	12.4	0.577	0.016	0.028	2.052	1.432	1,016	1,948	0.545	0.609
Children Under 5										
Underweight prevalence (NCHS)	5.1a	0.067	0.010	0.149	1.318	1.148	426	817	0.047	0.088
Underweight prevalence (WHO)	5.1	0.072	0.011	0.157	1.619	1.272	438	841	0.050	0.095
Wasting prevalence (NCHS)	5.1a	0.019	0.005	0.290	1.312	1.146	426	817	0.008	0.030
Wasting prevalence (WHO)	5.1	0.018	0.005	0.288	1.270	1.127	428	821	0.008	0.029
Stunting prevalence (NCHS)	5.1a	0.251	0.020	0.081	1.779	1.334	426	817	0.210	0.291
Stunting prevalence (WHO)	5.1	0.249	0.020	0.080	1.756	1.325	429	824	0.209	0.289
Tuberculosis immunization coverage	6.2	0.977	0.009	0.009	0.579	0.761	87	167	0.959	0.995
Polio immunization coverage	6.2	0.862	0.025	0.028	0.840	0.916	87	167	0.813	0.911
Immunization coverage for DPT	6.2	0.895	0.020	0.023	0.734	0.857	87	167	0.854	0.936
Measles immunization coverage	6.2	0.930	0.020	0.021	1.004	1.002	87	167	0.890	0.969
Fully immunized children	6.2	0.819	0.028	0.034	0.856	0.925	87	167	0.764	0.874
Acute respiratory infection in last two weeks	6.6	0.058	0.010	0.164	1.451	1.204	453	869	0.039	0.078
Antibiotic treatment of suspected pneumonia	6.7a	0.128	0.023	0.177	0.235	0.485	27	52	0.083	0.174
Diarrhoea in last two weeks	6.4	0.170	0.016	0.097	1.663	1.290	453	869	0.137	0.202
Received ORT or increased fluids and continued feeding	6.5	0.623	0.050	0.080	1.510	1.229	77	144	0.524	0.723
Under-fives sleeping under ITNs	6.11	0.155	0.015	0.096	1.455	1.206	453	869	0.126	0.185
Fever in last two weeks	6.12	0.214	0.024	0.110	2.865	1.693	453	869	0.167	0.261
Antimalarial treatment	6.12	0.069	0.017	0.241	0.793	0.891	97	186	0.035	0.102
Support for learning	9.1	0.376	0.022	0.058	1.779	1.334	453	869	0.332	0.420
Birth registration	11.1	0.466	0.025	0.054	2.232	1.494	453	869	0.416	0.517

APPENDIX D

Data Quality Tables

Table D.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Mozambique, 2008

Selected characteristics	Males		Females		Information not available		Selected characteristics	Males		Females		Information not available	
	Number	Percentage	Number	Percentage	Number	Percentage		Number	Percentage	Number	Percentage	Number	Percentage
Total	30,850	100.0	33,304	100.0	68	100.0							
Age							**Age**						
0	1,358	4.4	1,284	3.9	1	1.5	41	181	0.6	193	0.6	0	0
1	1,207	3.9	1,235	3.7	0	0	42	260	0.8	230	0.7	0	0
2	1,069	3.5	1,140	3.4	1	1.4	43	205	0.7	224	0.7	1	1.7
3	1,126	3.6	1,156	3.5	1	2.2	44	218	0.7	223	0.7	0	0.6
4	979	3.2	1,018	3.1	1	1.7	45	281	0.9	220	0.7	0	0
5	1,220	4.0	1,185	3.6	1	1.7	46	196	0.6	171	0.5	0	0
6	1,103	3.6	1,077	3.2	0	0	47	190	0.6	142	0.4	0	0
7	998	3.2	1,059	3.2	4	6.2	48	230	0.7	292	0.9	0	0
8	1,078	3.5	1,133	3.4	6	8.8	49	158	0.5	160	0.5	0	0
9	920	3.0	930	2.8	1	1.4	50	202	0.7	349	1	3	3.8
10	1,014	3.3	1,091	3.3	8	11.1	51	135	0.4	219	0.7	1	1.3
11	806	2.6	796	2.4	0	0	52	134	0.4	177	0.5	0	0
12	950	3.1	972	2.9	7	9.8	53	168	0.5	164	0.5	2	3.4
13	713	2.3	705	2.1	1	1.4	54	139	0.4	185	0.6	4	6.1
14	865	2.8	861	2.6	2	3.1	55	113	0.4	169	0.5	0	0
15	657	2.1	584	1.8	2	2.7	56	120	0.4	151	0.5	0	0
16	612	2.0	596	1.8	0	0	57	81	0.3	99	0.3	1	1.2
17	461	1.5	442	1.3	0	0	58	164	0.5	176	0.5	0	0.6
18	651	2.1	613	1.8	0	0.5	59	95	0.3	144	0.4	0	0
19	450	1.5	581	1.7	2	2.4	60	162	0.5	166	0.5	1	1.6
20	553	1.8	650	2	0	0	61	73	0.2	91	0.3	0	0
21	368	1.2	489	1.5	0	0	62	88	0.3	118	0.4	0	0.7
22	435	1.4	573	1.7	0	0	63	84	0.3	107	0.3	0	0
23	410	1.3	504	1.5	2	2.9	64	60	0.2	72	0.2	0	0
24	402	1.3	476	1.4	0	0	65	93	0.3	65	0.2	0	0
25	467	1.5	559	1.7	0	0	66	66	0.2	68	0.2	0	0
26	431	1.4	592	1.8	0	0	67	60	0.2	55	0.2	0	0
27	334	1.1	444	1.3	0	0	68	124	0.4	152	0.5	0	0.7
28	501	1.6	660	2	0	0	69	45	0.1	81	0.2	0	0
29	370	1.2	447	1.3	0	0	70	62	0.2	76	0.2	0	0
30	490	1.6	485	1.5	2	2.9	71	44	0.1	41	0.1	0	0
31	314	1.0	379	1.1	1	1.9	72	49	0.2	55	0.2	0	0
32	350	1.1	382	1.1	0	0	73	39	0.1	39	0.1	0	0
33	332	1.1	467	1.4	1	1.4	74	20	0.1	34	0.1	2	2.7
34	276	0.9	369	1.1	0	0	75	41	0.1	37	0.1	0	0
35	369	1.2	377	1.1	0	0	76	43	0.1	39	0.1	0	0
36	317	1.0	312	0.9	4	6	77	20	0.1	26	0.1	0	0
37	218	0.7	245	0.7	0	0	78	61	0.2	66	0.2	0	0
38	373	1.2	471	1.4	2	2.7	79	26	0.1	31	0.1	0	0
39	301	1.0	314	0.9	0	0	80+	109	0.4	149	0.4	0	0
40	323	1.0	369	1.1	0	0	don't know	39	0.1	26	0.1	1	2.1

Table D.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, Mozambique, 2008

Selected characteristics	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percentage	
Age				
0-14	4,425	.	.	.
15-19	2,816	2,579	19.3	91.6
20-24	2,692	2,522	18.9	93.7
25-29	2,702	2,577	19.3	95.4
30-34	2,082	1,977	14.8	94.9
35-39	1,719	1,637	12.2	95.2
40-44	1,239	1,150	8.6	92.8
45-49	985	924	6.9	93.7
50-54	1,094	.	.	.
15-49	14,235	13,365	100.0	93.9

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

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Mozambique, 2008

Selected characteristics	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percentage	
Age				
0	2,643	2,529	22.7	95.7
1	2,442	2,373	21.3	97.2
2	2,210	2,143	19.3	97
3	2,283	2,178	19.6	95.4
4	1,997	1,902	17.1	95.2
5	2,406			
6	2,180			
7	2,062			
0-4	11,575	11,125	100	96.1

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

Age distribution of under-5 children by 3-month groups (weighted), Mozambique, 2008

Selected Characteristics	Males		Females		Information not available		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total	5,658	100.0	5,759	100.0	2	100.0	11,419	100.0
Age in months								
0-2	312	5.5	255	4.4	0	0.0	567	5.0
3-5	337	6.0	313	5.4	0	0.0	650	5.7
6-8	336	5.9	324	5.6	0	0.0	660	5.8
9-11	316	5.6	316	5.5	0	0.0	632	5.5
12-14	329	5.8	337	5.9	0	0.0	666	5.8
15-17	316	5.6	369	6.4	0	0.0	685	6.0
18-20	312	5.5	296	5.1	0	0.0	608	5.3
21-23	237	4.2	253	4.4	0	0.0	490	4.3
24-26	269	4.7	323	5.6	0	0.0	591	5.2
27-29	330	5.8	275	4.8	1	50.0	606	5.3
30-32	235	4.2	274	4.8	0	0.0	509	4.5
33-35	238	4.2	263	4.6	0	0.0	501	4.4
36-38	255	4.5	326	5.7	0	0.0	581	5.1
39-41	310	5.5	293	5.1	1	50.0	604	5.3
42-44	313	5.5	284	4.9	0	0.0	597	5.2
45-47	215	3.8	236	4.1	0	0.0	451	3.9
48-50	277	4.9	277	4.8	0	0.0	554	4.9
51-53	269	4.8	286	5.0	0	0.0	555	4.9
54-56	234	4.1	231	4.0	0	0.0	465	4.1
57-59	217	3.8	229	4.0	0	0.0	446	3.9

Table D.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Mozambique, 2008

Selected characteristics	Age and period ratios			Total
	Males	Females	NA	
Age in household questionnaire				
1	1.00	1.01		1.00
2	0.94	0.97		0.96
3	1.06	1.05	1.24	1.06
4	0.88	0.91	0.91	0.90
5	1.11	1.08		1.10
6	1.00	0.97		0.98
.				.
8	1.08	1.09	1.61	1.08
9	0.92	0.88	0.20	0.90
10	1.11	1.16		1.14
.				.
13	0.85	0.83	0.29	0.84
14	1.16	1.20	1.28	1.18
15	0.92	0.86		0.89
16	1.06	1.10		1.08
17	0.80	0.80		0.80
18	0.89	0.81		0.85
.				.
23	0.99	0.97		0.98
24	0.94	0.93		0.93
25	1.08	1.03		1.05
.				.
48	1.19	1.48		1.34
49	0.80	0.60	.	0.68
50	1.22	1.44	.	1.35
Age in women's questionnaire				
23		0.97		
24		0.93		
25		1.02		
Months since last birth in women's questionnaire				
06-11		1.01		
11-17		1.09		
18-23		0.94		
24-29		1.09		
30-35		0.91		

Table D.6: Percentage of observations missing information for selected questions and indicators

(Questionnaire for households, questionnaire for women and questionnaire for children under 5, weighted), Mozambique. 2008

Questionnaire and selected characteristics	Percent with missing information	Number
Questionnaire for households		
Salt testing	0.6	13,955
Questionnaire for women		
Month of birth only	7.8	14,188
Month and year of birth missing	0.0	14,188
Month of first birth only	8.7	11,528
Month and year of first birth missing	0.6	11,528
Month of last birth only	4.2	11,528
Month and year of last birth	0.2	11,528
Month of first marriage/union only	33.2	12,115
Month and year of first marriage/union missing	1.2	12,115
Age at first marriage/union	0.7	12,115
Age at first intercourse	0.1	5,412
Time since last intercourse	0.0	4,520
Questionnaire for children under 5		
Month of birth only, children under 5	1.7	11,419
Month and year of birth missing, children under 5	0.0	11,419
Weight	0.3	11,419
Height	0.9	11,419
Height or weight	1.1	11,419

Table D.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), Mozambique, 2008

Selected characteristics	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	Child (<15) interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Child (<15) interviewed		
Total	92.7	0.9	0.6	0.0	0.0	0.2	5.4	0.1	0.0	100.0	11,575
Age											
0	97.4	1.1	0.5	0.0	0.1	0.1	0.8	0.0	0.0	100.0	2,643
1	95.6	1.1	0.6	0.1	0.0	0.1	2.5	0.0	0.0	100.0	2,442
2	91.6	1.2	1.0	0.1	0.0	0.0	5.9	0.1	0.1	100.0	2,210
3	89.2	0.8	0.8	0.0	0.0	0.6	8.5	0.0	0.0	100.0	2,283
4	88.4	0.4	0.3	0.0	0.0	0.2	10.7	0.1	0.0	100.0	1,997

Table D.8: School attendance by age

Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Mozmbique, 2008

Selected characteristics	Preschool	Primary EP1					Primary EP2		Secondary ESG1	Secondary ESG2	Don't know/other	Not attending school	Total	Total
		1	2	3	4	5	6	7						
Total	0,2	10,2	9,5	8,5	6,9	7,1	4,5	4,3	6,2	1,2	0,6	40,7	100,0	30.017
Age														
5	0,0	17,4	1,1	0,4	0,1	0,1	0,0	0,0	0,0	0,0	0,0	80,9	100,0	2.406
6	0,0	36,3	8,9	1,3	0,1	0,0	0,0	0,1	0,1	0,0	0,0	53,2	100,0	2.180
7	0,0	35,2	29,7	5,3	0,7	0,0	0,0	0,0	0,0	0,0	0,0	29,1	100,0	2.062
8	0,0	21,7	27,1	22,9	5,1	0,4	0,1	0,0	0,0	0,0	0,1	22,7	100,0	2.216
9	0,0	12,5	24,4	27,6	14,9	3,6	0,4	0,2	0,0	0,0	0,0	16,3	100,0	1.851
10	0,1	8,9	17,2	22,0	19,3	14,3	1,3	0,0	0,0	0,0	0,0	16,9	100,0	2.112
11	0,0	5,8	13,0	18,2	20,0	22,1	8,1	2,2	0,1	0,0	0,0	10,5	100,0	1.602
12	0,0	3,4	8,9	14,2	16,9	21,6	12,7	7,1	0,8	0,0	0,0	14,4	100,0	1.929
13	0,0	1,5	6,6	9,6	15,0	22,4	15,9	10,4	4,9	0,1	0,3	13,3	100,0	1.418
14	0,0	1,0	4,3	6,6	10,7	16,6	15,7	16,1	9,8	0,0	0,4	19,0	100,0	1.729
15	0,1	1,0	1,4	3,7	6,3	12,3	11,9	17,1	16,7	0,5	0,6	28,4	100,0	1.243
16	0,1	0,8	1,3	1,9	4,5	7,0	10,5	16,8	21,4	1,0	0,9	33,8	100,0	1.209
17	0,2	0,0	0,6	0,6	2,0	3,1	5,4	11,2	29,5	4,3	0,9	42,1	100,0	903
18	0,5	0,3	0,5	0,9	1,2	4,3	3,1	6,5	21,7	2,5	1,0	57,6	100,0	1.265
19	0,9	0,1	0,0	0,3	0,2	0,5	3,3	2,3	18,8	4,9	2,0	66,7	100,0	1.032
20	0,5	0,0	0,2	0,4	1,0	1,6	2,4	2,1	12,1	5,2	2,6	71,8	100,0	1.203
21	1,2	0,2	0,3	0,0	0,2	0,7	0,3	1,0	9,2	5,6	3,0	78,2	100,0	857
22	0,6	0,1	0,0	0,4	0,1	1,1	1,3	1,2	6,8	4,1	2,2	82,0	100,0	1.007
23	0,6	0,1	0,3	0,1	0,0	0,3	0,5	1,1	6,4	3,8	2,3	84,4	100,0	916
24	0,7	0,0	0,0	0,0	0,3	0,1	0,4	0,9	6,1	3,6	2,0	86,0	100,0	878

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

Sex ratio at birth among children ever born, children living, and deceased children, Mozambique. 2008

Selected characteristics	Number of sons ever born	Number of daughters ever born	Sex ratio of children ever born	Number of sons living	Number of daughters living	Sex ratio of children living	Number of deceased sons	Number of deceased daughters	Sex ratio of deceased children	Number of women
Total	22.885	22.816	1,00	18.123	18.252	0,99	4.621	4.423	1,04	14.188
Age										
15-19	672	573	1,17	582	489	1,19	90	84	1,08	2.738
20-24	2.547	2.614	0,97	2.128	2.227	0,96	324	293	1,11	2.674
25-29	4.270	4.209	1,01	3.525	3.543	0,99	698	619	1,13	2.735
30-34	4.355	4.374	1,00	3.479	3.486	1,00	876	888	0,99	2.099
35-39	4.551	4.430	1,03	3.502	3.522	0,99	1.049	907	1,16	1.737
40-44	3.497	3.486	1,00	2.671	2.697	0,99	826	789	1,05	1.226
45-49	2.994	3.131	0,96	2.236	2.287	0,98	757	844	0,90	979

Table D.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), Mozambique. 2008

Selected characteristics	Number	Percentage		Number	Percentage
Total	6,871	100.0			
Months since last birth			**Months since last birth**		
0	125	1.8	18	224	3.3
1	267	3.9	19	228	3.3
2	208	3.0	20	165	2.4
3	219	3.2	21	147	2.1
4	219	3.2	22	150	2.2
5	248	3.6	23	193	2.8
6	218	3.2	24	166	2.4
7	236	3.4	25	191	2.8
8	246	3.6	26	168	2.4
9	214	3.1	27	176	2.6
10	207	3.0	28	195	2.8
11	259	3.8	29	115	1.7
12	219	3.2	30	127	1.8
13	236	3.4	31	140	2.0
14	241	3.5	32	132	1.9
15	253	3.7	33	100	1.5
16	234	3.4	34	83	1.2
17	235	3.4	35	88	1.3

Table D.11a: Births by year of birth

Number of births, percentage with full date of birth, sex ratio at birth and year of birth ratio according to the condition of life , Mozambique, 2008

Selected characteristics	Number of births			Percentage with complete date of birth		
	Living	Deceased	Total	Living	Deceased	Total
Total	35.835	9.032	44.867	93,7	75,4	90,0
Year of birth						
2008	2.014	147	2.161	99,5	91,7	99,0
2007	2.634	230	2.864	99,4	86,0	98,3
2006	2.182	305	2.488	99,0	87,1	97,6
2005	2.273	330	2.604	97,7	85,7	96,2
2004	1.986	328	2.314	97,8	83,5	95,8
2003	2.353	409	2.762	94,8	79,3	92,5
2002	2.000	392	2.393	95,2	77,3	92,3
2001	1.848	327	2.175	91,9	81,1	90,3
2000	1.901	431	2.333	93,1	74,8	89,8
1999	1.616	431	2.047	92,8	79,2	89,9
2004-2008	11.089	1.341	12.430	98,7	86,2	97,4
1999-2003	9.718	1.992	11.709	93,7	78,2	91,1
1994-1998	6.755	1.786	8.541	92,0	76,0	88,6
1989-1993	3.758	1.508	5.266	91,6	73,7	86,5
<1988	4.427	2.114	6.541	87,7	77,1	84,3
No reply/don't know	89	290	379	0,5	0,0	0,0

Table D.11b: Births by year of birth

Number of births, percentage with full date of birth, sex ratio at birth and year of birth ratio according to the condition of life, Mozambique, 2008

Selected characteristics	Sex ratio at birth			Year of birth ratio		
	Living	Deceased	Total	Living	Deceased	Total
Total	99.7	105.0	100.7			
Date of birth						
2008	109.5	70.4	106.2			
2007	97.2	130.1	99.5			
2006	94.2	126.2	97.6	89.0	108.9	91.0
2005	94.6	105.0	95.8	109.1	104.3	108.4
2004	98.3	123.5	101.5	85.8	88.8	86.3
2003	100.0	111.4	101.6	118.0	113.6	117.4
2002	101.5	98.2	100.9	95.2	106.5	96.9
2001	106.7	119.7	108.5	94.7	79.5	92.0
2000	102.1	93.4	100.4	109.8	113.7	110.5
1999	100.5	100.7	100.5			.
2004-2008	98.4	113.1	99.8			.
1999-2003	102.0	103.5	102.3			.
1994-1998	96.4	106.1	98.3			.
1989-1993	102.9	101.6	102.5			.
<1988	100.2	102.3	100.9			.
No reply/don't know	94.1	112.4	107.7			.

Table D.12: Age at death reported in days

Distribution of deaths reported as occurring at less than one month of age, age at death in days, the period of five years preceding the survey, Mozambique, 2008

Selected characteristics	Years preceeding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
Age of death (in days)					
0	31	49	28	13	145
1	127	117	81	71	514
2	48	57	39	43	232
3	45	42	48	28	220
4	24	22	19	19	99
5	13	36	18	11	98
6	16	14	16	6	60
7	66	69	75	41	318
8	4	4	9	1	26
9	5	3	6	3	45
10	1	11	6	3	34
11	6			2	9
12		7	2	1	11
13	1		0	1	2
14	16	18	8	16	81
15	19	28	30	12	116
16		5			5
17	2				4
18	0	1	2	2	6
19				1	2
20	2	13	12	3	32
21	6	6	4		22
22		2	3		6
23	2		2		6
24	0	6	1		9
25	1		1		2
26	2	1	1	1	6
27	5		1	1	8
28	1	1	3		6
29	1				1
30	5	13	8	7	43
Total 0-30	449	527	422	286	2,166
% neo-natal	67.9	64.2	59.2	66.7	63.2

Table D.13: Age at death reported in months

Distribution of reported deaths under 2 years of age, age at death in months in the five years preceding the survey, Mozambique, 2008

	Years preceeding the survey				
Selected characteristics	0-4	5-9	10-14	15-19	Total 0-19
Age of death (months)					
0	449	527	425	286	2,171
1	91	105	88	65	441
2	83	124	94	97	494
3	83	106	120	62	462
4	57	72	56	51	308
5	49	69	46	54	283
6	78	112	90	84	481
7	40	63	62	36	260
8	33	69	45	31	223
9	48	67	76	51	312
10	22	22	25	13	97
11	22	16	14	20	94
12	59	88	80	78	404
13	8	15	7	9	56
14	17	23	13	18	89
15	15	9	14	12	57
16	2	4	5	2	26
17	3	11	7	3	33
18	14	26	26	14	107
19	4	8	10	4	29
20	4	5	1	1	14
21	3	2	5	0	14
22	1	0			1
23	3	4	3	1	12
Total 0-11	1055	1352	1142	849	5,624
% neo natal	42.6	39.0	37.2	33.7	38.6

Figure D.1: Number of male household population by age (unweighted), Mozambique, 2008

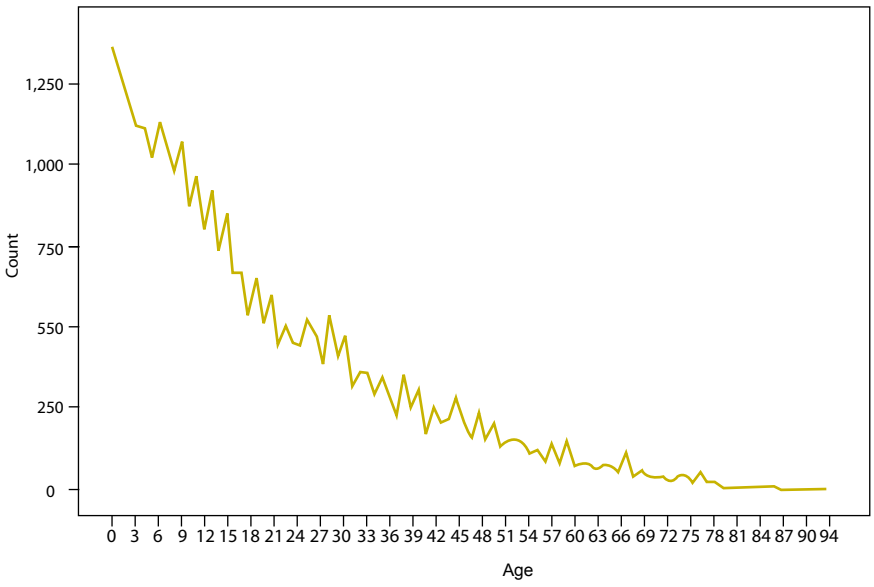


Figure D.2: Number of female household population by age (unweighted), 2008

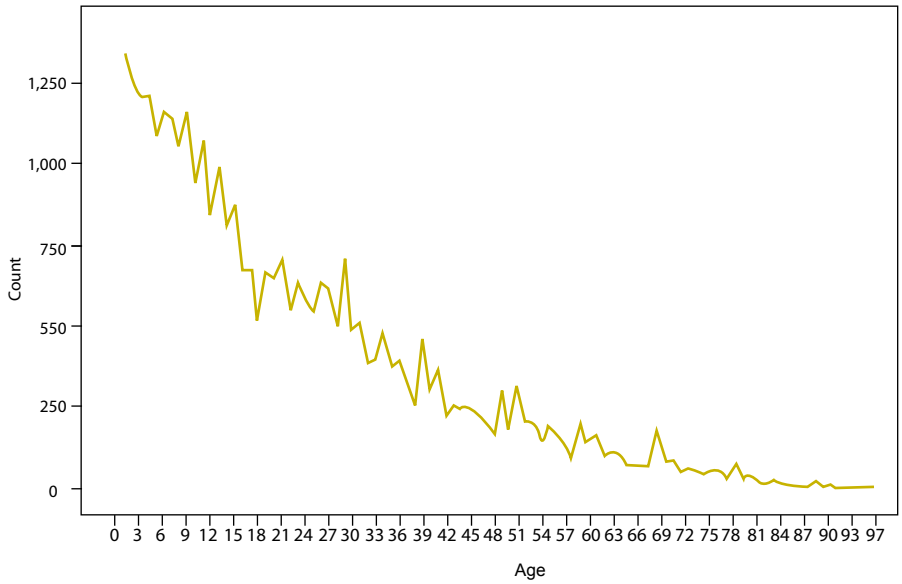
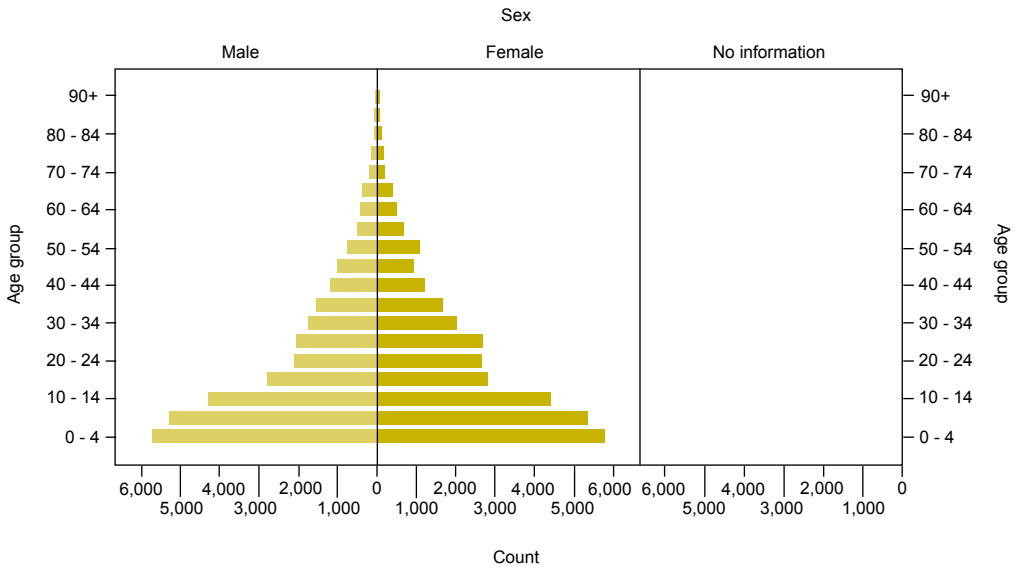


Figure D.3: Population pyramid, Mozambique, 2008



APPENDIX E

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APPENDIX F

QUESTIONNAIRES

Nº DE REFERÊNCIA:

INSTITUTO NACIONAL DE ESTATÍSTICAS

MICS

Questionário: ___ de ___

CONFIDENCIAL

REPÚBLICA DE MOÇAMBIQUE
INQUÉRITO DE INDICADORES MÚLTIPLOS - MICS 2008

QUESTIONÁRIO DO AGREGADO FAMILIAR

IDENTIFICAÇÃO

PROVÍNCIA.....
DISTRITO.....
POSTO ADMINISTRATIVO.....
URBANO / RURAL (URBANO = 1, RURAL = 2 .....
NOME DA UNIDADE COMUNAL.....
NOME DO LOCAL (Especifique o Bairro/Povoação) .....
NOME DA ÁREA DE ENUMERAÇÃO.....
NÚMERO DA ÁREA DE ENUMERAÇÃO (MICS I.D.) .....
NÚMERO DO AGREGADO FAMILIAR .....
NOME DO CHEFE DO AGREGADO FAMILIAR.....
LINGUA USADA NA ENTREVISTA (Port = 1, Outro = 6 .....I__I__I__I

(Especificar) *(Uso Interno)*

VISITAS DO(A) INQUIRIDOR(A)

	1	2	3	VISITA FINAL
DATA DIA__ / MÊS_	_____/_____	_____/_____	_____/_____	DIA..... MÊS..... ANO..... 2008 CÓDIGO..... RESULTADO.....
NOME DO(A) INQUIRIDOR(A)				
RESULTADO	_____	_____	_____	
PRÓXIMA VISITA: DATA	_____	_____		NÚMERO TOTAL DE VISITAS.....
HORA	_____	_____		

CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO DO AGREGADO FAMILIAR

01 COMPLETO
02 TODO AGREGADO FAMILIAR AUSENTE
03 RECUSA TOTAL
04 CASA DESOCUPADA
05 CASA DESTRUÍDA
06 CASA NÃO ENCONTRADA
96 OUTRO.....
(Especificar)

HH11. TOTAL PESSOAS AGREGADO FLIAR.
HH12. NÚMERO DE MULHERES ELEGÍVEIS
HH14. NÚMERO DE CRIANÇAS MENORES DE 5 ANOS .....
HH10. Nº DE ORDEM DO(A) INQUIRIDO(A)..
HH13. Nº DE QUESTIONÁRIOS PARA MULHERES REALIZADOS.....
HH15. Nº DE QUESTIONÁRIOS PARA CRIANÇAS MENORES DE 5 ANOS REALIZADOS.....

	SUPERVISOR:	CONTROLADOR:	REVISTO NO GABINETE POR:	DIGITADO POR:
NOME	_____	_____		REDIGITADO POR:
DATA	_____/_____	_____/_____	_____/_____	

Sheet for listing household members HL

Now I would like some information about the people who usually live in your house.
Please list all members of the household (HL2),their relation to the head of household (HL3), their sex and age (HL4).
Then ask the questions starting with HL5 to one person at a time. Add a continuation questionnaire if the household has more than 15 members.

							Eligible for:			For persons aged 18–59 years		
							interview for women	module for child workers	interview for children under five			
HL1. Nº OF LINE	HL2. (Name) –please tell me the names of the people who normally live in this house, starting with the head of the household	HL3. what is the relationship of (name) to the head of the household?	HL4. (Nome) é M MAN OR WOMAN? 1 male. 2 female		HL5. (Name) how old are you (in complete years)? Register in complete years*	HL5A. what is the marital status of (Name)? Ask for people who are 12 years old or more	HL6. Draw a circle on the no. of women aged 15–49 years	HL7. For each child aged 5–14 years: who is the mother or main care giver for this child ? Register the line no. of the mother/care giver of the child	HL8. For each child less than 5 years old: who is the mother or main care giver for this child? Register the line no. of the mother/care giver of the child	HL8A. (Name) were you very ill during at least 3 of the last 12 months?		
LINE	NAME	RELATION	M	F	AGE	STATUS	15-49	MOTHER	MOTHER	Y	N	DK
01		0 1	1	2	__ __	__ __	01	__ __	__ __	1	2	3
02		__ __	1	2	__ __	__ __	02	__ __	__ __	1	2	3
03		__ __	1	2	__ __	__ __	03	__ __	__ __	1	2	3
04		__ __	1	2	__ __	__ __	04	__ __	__ __	1	2	3
05		__ __	1	2	__ __	__ __	05	__ __	__ __	1	2	3
06		__ __	1	2	__ __	__ __	06	__ __	__ __	1	2	3
07		__ __	1	2	__ __	__ __	07	__ __	__ __	1	2	3
08		__ __	1	2	__ __	__ __	08	__ __	__ __	1	2	3
09		__ __	1	2	__ __	__ __	09	__ __	__ __	1	2	3
10		__ __	1	2	__ __	__ __	10	__ __	__ __	1	2	3
11		__ __	1	2	__ __	__ __	11	__ __	__ __	1	2	3
12		__ __	1	2	__ __	__ __	12	__ __	__ __	1	2	3
13		__ __	1	2	__ __	__ __	13	__ __	__ __	1	2	3
14		__ __	1	2	__ __	__ __	14	__ __	__ __	1	2	3
15		__ __	1	2	__ __	__ __	15	__ __	__ __	1	2	3

does anyone else live here – even if they are not members of your family or do not have parents living in this household?
for example: children who are currently at work or at school? Babies?
If yes, write the name of the household member (adult or child) and fill out the form.
Then fill out the totals below.

	Women 15–49	Children 5-14	Children under 5	
Totals	__ __	__ __	__ __	

Codes for HL3: Relation to the head of the household:

01 = Head
02 = Husband/wife
03 = Son/daughter
04 = Son-in-law/daughter-in-law
05 = Grandson/granddaughter
06 = Father or mother
07 = Father or mother-in-law
08 = Brother/sister
09 = Co-spouses
10 = Adopted son or daughter
11 = Aunt/uncle
12 = Brother-in-law/sister-in-law
13 = Nephew/niece
14 = Grandfather/grandmother
15 = No relation
98 = Don't know

Codes for HL5A: Marital status

01 = Single
02 = Married
03 = In union
04 = Divorced
05 =Separated
06 = Widowed

Sheet for listing household members HL

Survival of parents and residence of people under 25 years old. Ask HL9–HL12a

HL1. line no.	HL9. Is the biological mother of (name) alive? 1 yes 2 no ⇨ HL11 8 dk ⇨ HL11			HL10. If she is alive: does the biological mother of (name) live in this house? IF YES: what is her name? MOTHER'S LINE NUMBER Write "00" if the biological mother is not on the list	HL10a. If there is no answer to HL8A or HL10 was marked "00", ask: Was she very ill during at least 3 of the last 12 months?			HL11. is the biological father of (name) alive? 1 yes 2 no⇨next line 8 dk⇨next line			HL12. If he is alive: does the biological father of (name) live in this house? IF YES: what is his name? FATHER'S LINE NUMBER Write "00" if the biological father is not on the list	HL12a. If there is no answer to HL8A or HL12 was marked "00", ask: Was he very ill during at least 3 of the last 12 months?		
LINE	Y	N	DK	MOTHER	Y	N	DK	Y	N	DK	FATHER	Y	N	DK
01	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
02	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
03	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
04	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
05	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
06	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
07	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
08	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
09	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
10	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
11	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
12	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
13	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
14	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
15	1	2	8	___ ___	1	2	8	1	2	8	___ ___	1	2	8
	1	2	8		1	2	8	1	2	8		1	2	8

*see instructions: to be used only for elderly members of the household (code meaning "don't know/over 60 years" – "98").

Now, for each woman aged 15–49 years, write the name and line number of the woman and other identification information in the information panel (cover) of the Women's Questionnaire

For each child under five, write the name and line number of the child AND the line number of the mother or person who cares for the child in the information panel (cover) of the questionnaire for children under five

you should have a separate questionnaire for each eligible woman and each child under five in the household

Education module. ED

For persons aged 5 and above							For persons aged 5–24 years			
ED1. line no.	ED1a. Name	ED2. (Name) have you ever attended school? 1 yes 2 no ⇨ ED8b		ED2a. (Name) how old were you when you started attending school? 98= Don't know	ED3. what was the highest level of education that (name) attended? If it was General Education what was the highest class that (Name) completed? If it was Technical Education what is the highest year that (Name) completed at this level? Se a pessoa tem mais de 24 anos de idade passe a ED8A		ED3a. (Name) have you ever repeated a grade/year? 1 yes 2 No⇨ ED4 8 DK⇨ ED4			ED3b. If yes: how many times did (Name) repeat? 7=7 or more 8= Don't know
LINE		YES	NO	AGE	LEVEL	GRADE	Y	N	DK	TIMES
01		1	2	__ __	__ __	__ __	1	2	8	__
02		1	2	__ __	__ __	__ __	1	2	8	__
03		1	2	__ __	__ __	__ __	1	2	8	__
04		1	2	__ __	__ __	__ __	1	2	8	__
05		1	2	__ __	__ __	__ __	1	2	8	__
06		1	2	__ __	__ __	__ __	1	2	8	__
07		1	2	__ __	__ __	__ __	1	2	8	__
08		1	2	__ __	__ __	__ __	1	2	8	__
09		1	2	__ __	__ __	__ __	1	2	8	__
10		1	2	__ __	__ __	__ __	1	2	8	__
11		1	2	__ __	__ __	__ __	1	2	8	__
12		1	2	__ __	__ __	__ __	1	2	8	__
13		1	2	__ __	__ __	__ __	1	2	8	__
14		1	2	__ __	__ __	__ __	1	2	8	__
15		1	2	__ __	__ __	__ __	1	2	8	__

LEVEL OF EDUCATION (ED3, ED6, ED8):	GRADE OR YEAR (ED3, ED6, ED8):
00= literacy classes 01= primary ep1 02= primary ep2 03= secondary esg1 04= Secondary esg2 05= elementary technical 06= basic technical 07= mid-level technical 08= teacher training 09= higher 98= don't know	1st,2nd,3rd grade 1st, 2nd, 3rd, 4th & 5th grade 6th,7th grade 8th,9th, 10th grade 11th, 12th grade 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st–7th years 98= don't know 00= less than 1 year/grade

Education module — ED

For people aged 5–24 years											People aged 5 and above					
ED1. line no.	ED4. During the present academic year (2008), did (name) ever attend school? 1 yes 2 No⇨ ED7		ED5. since last (day of the week), on how many days did (name) go to school?	ED6. in this academic year, what level and what grade was (name) attending?		ED7. during the past academic year (2007), did (Name) ever attend school? 1 yes 2 No ⇨ED8a 8 DK ⇨ED8A			ED8. During the past academic year (2007), what level and grade/year did (name) ATTEND?		ED8a. Check, ED3. Has (name) completed primary edcation? 1 yes ⇨next Line 2 No ⇨ ED8b		ED8b. does (name) know how to read or write? 1 knows how to read and write Only knows how to read e can neither read nor write 8 don't know			
LINE	Y	N	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	Y	N	RW	R	NLE	DK
01	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
02	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
03	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
04	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
05	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
06	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
07	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
08	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
09	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
10	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
11	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
12	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
13	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
14	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8
15	1	2	__	__ __	__ __	1	2	8	__ __	__ __	1	2	1	2	3	8

Water and sanitation module		WS
WS1. What is the main source of drinking water?	**Piped water** Inside the house ..... 11 Outside the house/yard ..... 12 Public tap/standpipe ..... 13 In a neighbour's house ..... 14 **Water from a well** From a protected well or borehole With hand pump ..... 31 Without hand pump ..... 32 Unprotected well ..... 33 Rain water ..... 51 Water from rivers, lakes ..... 81 **Bottled/mineral water** ..... 91 Other ..... 96 *(specify)*	11⇨WS5 12⇨WS5 13⇨WS3 14⇨WS2 } WS3 91⇨WS2 96⇨WS3
WS2. what is the main source of water used for other purposes, such as cooking and washing your hands?	**Piped water** Inside the house ..... 11 Outside the house/yard ..... 12 Public tap/standpipe ..... 13 In a neighbour's house ..... 14 **Water from a well** From a protected well or borehole With hand pump ..... 31 Without hand pump ..... 32 Unprotected well ..... 33 Rain water ..... 51 Water from rivers, lakes ..... 81 Bottled/mineral water ..... 91 Other ..... 96 *(specify)*	11⇨WS5 12⇨WS5
WS3. how much time does it take to go to the source, draw water and return?	Minutes ..... I__I__I__I Water on site ..... 995 Don't know 998	995⇨WS5
WS4. Who normally goes to the source to fetch water for the residents of this house? *Try to find out*: is this person under 15 years old? what sex is he/she? *Draw a circle round the code which best describes this person*	Adult woman ..... 1 Adult man ..... 2 Girl (under 15 years old) ..... 3 Boy (under 15 years old) ..... 4 Don't know 8	
WS5. Do you treat water in any way so that it is safe to drink?	Yes ..... 1 No ..... 2 Bottles/mineral water ..... 3 Don't know 8	} WS6A
WS6. What do you normally do to make the water safe to drink? Do you do anything else? *Register all the items mentioned.*	Boil ..... A Add bleach/chlorine ..... B Filter with a cloth ..... C Use water from the filter (ceramic, sand, compound, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other ..... X *(specify)* Don't know ..... Z	
WS6A. Do you have a bathroom in your house?	Yes ..... 1 No 2	1⇨ WS7
WS6B. Do you use a nearby bathroom?	Yes ..... 1 No 2	2⇨ WS9A

Continue ☞

WS7. The bathroom you use has: *If necessary, ask to see the facility.*	Toilet with flush ..... 11 Toilet without flush ..... 12 Improved latrine ..... 21 Improved traditional latrine ..... 22 Unimproved latrine ..... 23 Other ..... 96 *(specify)*	WS8
WS7A. where does the discharge go when you flush the toilet or use water from a bucket?	General sewer system ..... 1 Septic tank ..... 2 Elsewhere ..... 6 *(specify)* Don't know 8	
WS8. Do only members of your household use the bathroom or also members of other households?	By the members ..... 1 Other households 2	1⇨NEXT MODULE
WS9. How many households, in all, use this bathroom?	No. of households (if less than 10) ..... 0__ 10 or more households ..... 10 Don't know 98	NEXT MODULE
WS9A. Where do you excrete?	On the beach ..... 1 In the bush ..... 2 Other ..... 6 *(specify)*	

Household characteristics module		HC
HC1a. What is the religion of the head of the household?	Catholic ..... 1 Anglican ..... 2 Moslem ..... 3 Zion church ..... 4 Evangelical/Pentecostal ..... 5 Other religion ..... 6 *(specify)* No religion (atheist, agnostic, animist) 7	
HC1b. what is the mother tongue of the head of the household?	Language _____ (*specify*) internal use	
HC2a. How many rooms does the house have (without counting the kitchen and bathroom)?	Rooms ..... I__I__I	
HC2. of these rooms, how many do you use for sleeping?	Rooms/bedrooms ..... I__I__I	
Verify and note the characteristics of the building materials used in the house of the household. If in doubt, ask the household members.		
HC3. Main floor material *(Note the category)*	Earth ..... 11 Adobe ..... 12 Rudimentary wood ..... 21 Parquet or sawn wood ..... 31 Tiles/marble/ceramics ..... 33 Cement ..... 34 ..... Other ..... 96 *(specify)*	
HC4. Main roof material. *(Note the category)*	Grass/thatch/palm leaves ..... 12 Zinc sheets ..... 31 Fibre cement sheets ..... 33 Tiles ..... 34 Concrete slabs ..... 35 Other ..... 96 *(specify)*	
HC5. Main material of the walls. *(Note the category)*	Bamboo/reed/palm leaves ..... 12 Daub and wattle ..... 21 Adobe/adobe bricks ..... 23 Wood/zinc ..... 27 Cement blocks/tiles ..... 34 ..... Other ..... 96 *(specify)*	
HC6. what is the main source of energy or fuel which the household uses for cooking?	Electricity ..... 01 Natural gas ..... 02 Diesel/paraffin/kerosene ..... 05 Coal ..... 06 Charcoal ..... 07 Firewood ..... 08 Animal dung ..... 10 Other ..... 96 *(specify)*	01⇨HC8 02⇨HC8 05⇨HC8
HC7. In this house do you cook on a fire, a traditional stove, or an improved stove? *Try to find out the type*	Fire ..... 1 Traditional stove ..... 2 Improved stove ..... 3 Other ..... 6 *(specify)*	
HC8. Do you normally cook inside the house, in a separate building or outside the house?	Inside the house ..... 1 In a separate building ..... 2 Outside the house ..... 3 Other ..... 6 *(specify)*	

Continue ☞

HC9. does the household possess:		YES	NO	
electricity?	Electricity	1	2	
radio?	Radio	1	2	
television set?	Television set	1	2	
mobile phone?	Mobile phone	1	2	
fixed phone?	Fixed phone	1	2	
refrigerator/freezer?	Refrigerator	1	2	
HC10. does any household member have his/her own:		YES	NO	
wrist watch?	Wrist watch	1	2	
bicycle?	Bicycle	1	2	
motorcycle?	Motorcycle/scooter	1	2	
animal traction cart?	Animal traction cart	1	2	
car or truck?	Car/truck	1	2	
motor boat?	Motor boat	1	2	
HC10a. when was the last time you had a newspaper in the house?	Less than 1 week ago.....1 Less than 1 month ago.....2 Less than 1 year ago.....3 More than 1 year ago .....4 Never.....5 Don't know.....8			
HC11. does any member of this household possess land that can be used for agriculture?	Yes.....1 No.....2			2⇨HC13
HC12. How many hectares of arable land do members of this household possess? *If more than 97, write "97"* *If don't know, write"98"*	Hectares .....I__I__I			
HC13. does this household own cattle, sheep or other domestic animals?	Yes.....1 No.....2			2⇨HC15a
HC14. How many of these animals does the household breed cows/oxen goats sheep/rams Pigs chickens Ducks *If they own none, write "00"* *If own more than 97, write "97"* *If don't know, write "98*	 Cows/oxen..... I__I__I Goats..... I__I__I Sheep/rams ..... I__I__I Pigs..... I__I__I Chickens..... I__I__I Ducks..... I__I__I			

Security of tenure of housing		HC
HC15a. Is the house ?	Your own....1 Rented....2 Loaned temporarily....3 Other....6 *(specify)*	} Next Module
HC15b. I'm not interested in seeing the document, but does anyone in the household have the title deeds for this house ?	Yes....1 No....2 Don't know....8	

Mosquito nets and spraying module		TN
TN1. Does your household have any mosquito nets that can be used for sleeping under?	Yes....1 No....2	2⇨TN2a
TN2. How many mosquito nets does your household have? *If they have seven or more, write '7'.*	Number of nets.... I__I	
TN2A. Were the inside walls of your house sprayed against mosquitoes at any time in the last 12 months?	Yes....1 No....2 Don't know....8	} Next Module
TN2B. How many months ago was it sprayed?	Months.... I__I	
TN2C. Who sprayed?	Government worker....1 Private company....2 NGO....3 Household member....4 Other....6 *(specify)* Don't know....8	

Child labour module CL

This should be asked of the mother/father of person looking after each of the children in the household aged 5–14 years. For those younger than 5 or older than 14 years, strike out the lines.
now i would like to ask about any kind of work that the children in this household do.

CL1. line no.	CL2. name	CL3. during the last 7 days, did (name) do any kind of work for somebody who is not a member of this household? If yes: was he/she paid in cash or in kind? 1 yes paid (in cash or in kind) 2 was not paid 3 did not work⇨ CL5			CL4. If yes: since last (day of the week), how many hours, more or less, did he/she work for this person who is not a member of this household? If he/she has more than one job, include the hours for all the work. Write the answer and move to CL6	CL5. at any time in the last 12 months, did (name) do any kind of work for somebody who is not a member of this household? If yes: was he/she paid in cash or in kind? 1 yes paid (in cash or in kind) 2 was not paid 3 did not work			CL6. during the last 7 days, did (name) help in household chores, such as cooking, shopping, fetching firewood, cleaning, washing clothes, fetching water or looking after the children? 1 Yes (in money or in kind) 2 Was not paid 3 Did not work ⇨ CL8			CL7. If yes, since last (day of the week), how many hours, more or less, did he/she spend on these tasks?	CL8. before the last 7 days, did (name) do any other family work (in the field, or business or selling things on the street?) 1 yes paid (in cash or in kind) 2 was not paid 3 did not work ⇨ Other child			CL9. If yes, since last (day of the week), how many hours, more or less, did he/she spend on this work?
Line	NAME	PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	NO. HOURS
01		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
02		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
03		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
04		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
05		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
06		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
07		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
08		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
09		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
10		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
11		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
12		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
13		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
14		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __
15		1	2	3	__ __	1	2	3	1	2	3	__ __	1	2	3	__ __

Disability module DA

To be asked of the mother/father or other person looking after all the children aged 2–17 years who live in the household.
For those under 2 or over 17 years old, strike though with a horizontal line.
Now i would like to ask if any child in this household aged 2–17 years has any of the health condition that i will mention.

DA1. N.º Line no.	DA2. Name	DA3. Compared with other children, does (name) have a serious delay in sitting, standing or walking?		DA4. Compared with other children, does (name) have difficulties in seeing, including by day and at night? D ⇨Difficulties C ⇨blind N ⇨None			DA5. does (Name) seem to have difficulties in hearing, or is he/she completely deaf? D ⇨Difficulties S ⇨deaf N ⇨None			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 in moving his/her arms or stiffness in arms or legs? C⇨Walking R ⇨stiffness N ⇨None			DA7A. (Name) does he/she suffer from the following disabilities ? 1 amputated/withered arm 2 amputated/withered leg 3 No disability			DA8. does (Name) sometimes suffer fits, go rigid, or lose consciousness? If more than 9 years old ⇨ ***DA13***	
Line	Name	Y	N	D	C	N	D	S	N	Y	N	C	R	N	A	L	N	Y	N
01		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
02		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
03		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
04		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
05		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
06		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
07		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
08		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
09		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
10		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
11		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
12		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
13		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
14		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2
15		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2

Disability module DA

To be asked of the mother/father or other person looking after all the children aged 2–17 years who live in the household.
For those under 2 or over 17 years old, strike though with a horizontal line.
Now i would like to ask if any child in this household aged 2–17 years has any of the health conditions that i will mention.

DA1. Line no.	Children aged 2– 9 years								Children aged 2–17 years	
	DA9. (name) is he/she able to do things like other, healthy children?		DA10. (Name) does he/she speak (make him/herself understood in words; say recognizable words)?		DA11. (for 3–9 year olds): (Name) does he/she speak in a way different from normal (is he/she not clear enough to be understood by those outside the immediate family?		DA12. (for 2 year olds): (Name) can he/she name at least one object (for example, an animal, a toy, a glass, a spoon)?		DA13. compared with other children of the same age does (name) seem to have some form of mental impairment, or is he/she somewhat slow in thinking/	
LINE	Y	N	Y	N	Y	N	Y	N	Y	N
01	1	2	1	2	1	2	1	2	1	2
02	1	2	1	2	1	2	1	2	1	2
03	1	2	1	2	1	2	1	2	1	2
04	1	2	1	2	1	2	1	2	1	2
05	1	2	1	2	1	2	1	2	1	2
06	1	2	1	2	1	2	1	2	1	2
07	1	2	1	2	1	2	1	2	1	2
08	1	2	1	2	1	2	1	2	1	2
09	1	2	1	2	1	2	1	2	1	2
10	1	2	1	2	1	2	1	2	1	2
11	1	2	1	2	1	2	1	2	1	2
12	1	2	1	2	1	2	1	2	1	2
13	1	2	1	2	1	2	1	2	1	2
14	1	2	1	2	1	2	1	2	1	2
15	1	2	1	2	1	2	1	2	1	2

Orphaned and vulnerable children — OV

OV2. has anyone who is usually a member of your household died since the opening of the last academic year (2007)? ***if the answer is no, ask :*** did any baby who cried or showed any sign of life survive only a few hours or days?	Yes ..... 1 No 2	2⇨OV4a

OV3. Give the name, age and sex of all the people who have died in this period. ***Try to be sure that they have not forgotten anybody***	NAME	AGE	SEX (1=M and 2=F)		
	1ª _____	1 I__I__I days 2 I__I__I months 3 I__I__I year		1	2
	2ª _____	1 I__I__I days 2 I__I__I months 3 I__I__I year		1	2
	3ª _____	1 I__I__I days 2 I__I__I months 3 I__I__I year		1	2

OV4. Of those who died in this period, was anyone between 18 and 59 years old seriously ill in 3 of the last 12 months before he/she died?	Yes ..... 1 No 2	

OV4A. *Verify HL5 and OV4*

❑ *If there is a child aged 0–17 years and the reply to OV4 was "Yes" ⇨ Continue with OV8A*

❑ *if there is any child aged 0–17 years and the reply to OV4 was "No" or no answer ⇨ Continue with OV5*

❑ *No children aged 0–17 years in the household ⇨ next module*

OV5. *Go back to the list of the household and check the following:*

1. Verify HL8A.
- ❑ *At least one adult aged 18–59 years was very ill during 3 of the last 12 months⇨ go to OV8A*
- ❑ *No adult aged 18–59 years was very ill during 3 of the last 12 months*

2. Verify HL9 and HL11.
- ❑ *At least one of the parents of a child aged 0–17 years has died ⇨ Go to OV8B.*
- ❑ *Neither parent of a child aged 0–17 years has died.*

3. Check HL10A and HL12A.
- ❑*At least one of the parents of a child aged 0–17 years was ill during 3 of the last 12 months ⇨ Go to OV8B.*
- ❑ *Neither parent of a child aged 0–17 years was ill during 3 of the last 12 months.*

4. Check DA4 (blind), DA5 (deaf), DA7, DA7A (arm or leg amputated) and DA13 (mental disability).
- ❑ *There is at least one child aged 0–17 years with these conditions ⇨ Go to OV8B.*
- ❑ *No child aged 0–17 years has these conditions*

5. Check
- ❑ *Is any child listed in OV8C Continue with OV9*
- ❑ *there is no child listed in OV8C Next module*

OV8A. List below all children aged 0–17 years. Register the names, line numbers and ages of all the children, starting with the first child and continuing in the order in which they appear in the household listing module. use a continuation questionnaire of there are more than four children aged 0–17 years in the household. After listing all the children, continue with OV9. ask all the questions for one child before passing to the next child.

OV8B. List below the child aged 0–17 years who has responded positively to verification. Thus, list the names of the children who have each condition. Use a continuation questionnaire if there are more than 4 children aged 0–17 years in the household. Check each of the conditions for all the children.
After listing the children, go back to the following verification:

OV8C.	1st child	2nd child	3rd child	4th child
Name (of HL2)	_____	_____	_____	_____
Line number (of HL1)	___ ___	___ ___	___ ___	___ ___
age (of HL5)	___ ___	___ ___	___ ___	___ ___

Continue ☞

OV9. I would like to ask questions about any formal, organized aid or support that your household has received for (*name*) and which you did not have to pay for. By formal, organized aid/support I mean aid provided by someone working for a programme of the government, of an organization, of a church/mosque or of the community. Remember, this must be support for which the household did not have to pay.				
OV10. now i would like to ask questions about the support your household received to assist (*name*). in the last 12 months, did your household receive any medical support for (*name*), such as a visit by a doctor/nurse, or did you receive medicines without having to pay?	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8
OV11. In the last 12 months, did your household receive any emotional or psychological support for (*Name*), such as company, conversation, counselling from a trained counsellor, or spiritual support at home?	Yes.....1 No.....2 ⇨ OV13 DK.....8	Yes.....1 No.....2 ⇨ OV13 DK.....8	Yes.....1 No.....2 ⇨ OV13 DK.....8	Yes.....1 No.....2 ⇨ OV13 DK.....8
OV12. Did your household receive any of this support in the last 3 months?	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8
OV13. In the last 12 months, did (*Name*) receive any material support (objects for the house/kitchen, Mat, tools for the field and/or cleaning the house, seeds), food or support in cash?	Yes.....1 No.....2 ⇨OV15 DK.....8	Yes.....1 No.....2 ⇨OV15 DK.....8	Yes.....1 No.....2 ⇨OV15 DK.....8	Yes.....1 No.....2 ⇨OV15 DK.....8
OV14. Did your household receive any of this support in the last 3 months?	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8
OV15. In the last 12 months, did (*Name*) have any help from the government or from an association to deal with the child's documents or receive help in domestic tasks or in the field?	Yes.....1 No.....2 ⇨ OV17 DK.....8	Yes.....1 No.....2 ⇨ OV17 DK.....8	Yes.....1 No.....2 ⇨ OV17 DK.....8	Yes.....1 No.....2 ⇨ OV17 DK.....8
OV16. Did your household receive any of this support in the last 3 months?	Yes.....1 No.....2 NS.....8	Yes.....1 No.....2 NS.....8	Yes.....1 No.....2 NS.....8	Yes.....1 No.....2 NS.....8
OV17. Check OV8C for the age of the child	❑ 0-4 years ⇨ next child ❑ 5-17 years ⇨ OV18	❑ 0-4 years ⇨ next child ❑ 5-17 years ⇨ OV18	❑ 0-4 years ⇨ next child ❑ 5-17 years ⇨ OV18	❑ 0-4 years ⇨ next child ❑ 5-17 years ⇨ OV18
OV18. In the last 12 months, did (*Name*) receive any support for going to school (school materials, uniform, exercise/text books, subsidy for enrolment or free enrolment)?	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8	Yes.....1 No.....2 DK.....8

Income module — OV

Now i would like to ask if your household has received any support from the national social welfare institute (INAS), which i shall mention.

OV19. Did your household receive any support from the Food Subsidy Programme (PSA) in the last 12 months?	Yes ..... 1 No ..... 2 Don't know 8	
OV20. Did your household receive any material support from the Direct Social Support Programme (PASD) in the last 12 months?	Yes ..... 1 No ..... 2 Don't know 8	

odized salt module — SI

SI1. what kind of salt do you use for cooking? *(Ask for the salt and make the test)*	Non-iodized salt 0 ppm/local salt ..... 1 Iodized salt with less than 15 ppm ..... 2 15 ppm or more ..... 3 No salt/don't want to give salt ..... 6 Test not done 7	

SI2. *Does any eligible woman, aged 15–49, live in the household?*
Check the list of the household, column HL6. There should be a questionnaire with the information panel completed for each eligible woman.
❑ *Yes. ⇨ go to the WOMEN'S QUESTIONNAIRE to ask the questions of the first eligible woman.*
❑ *No. ⇨ Continue.*

SI3. *Does any child under 5 years of age live in the household?*
Check the list of the household, column HL8 There should be a questionnaire with the information panel completed for each eligible child.

❑ *Yes. ⇨ Go to the CHILDREN UNDER FIVE QUESTIONNAIRE to ask the questions of the mother or care giver of the first eligible child*

❑ *No. ⇨ End the interview by thanking the interviewee for his/her collaboration.*
Put together all the questionnaires concerning this household, count the number of interviews held, and record it on the covering page.

Table of year of birth and respective age in 2008

Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age
2008	0	1999	9	1990	18	1981	27	1972	36	1963	45	1954	54	1945	63	1936	72	1927	81
2007	1	1998	10	1989	19	1980	28	1971	37	1962	46	1953	55	1944	64	1935	73	1926	82
2006	2	1997	11	1988	20	1979	29	1970	38	1961	47	1952	56	1943	65	1934	74	1925	83
2005	3	1996	12	1987	21	1978	30	1969	39	1960	48	1951	57	1942	66	1933	75	1924	84
2004	4	1995	13	1986	22	1977	31	1968	40	1959	49	1950	58	1941	67	1932	76	1923	85
2003	5	1994	14	1985	23	1976	32	1967	41	1958	50	1949	59	1940	68	1931	77	1922	86
2002	6	1993	15	1984	24	1975	33	1966	42	1957	51	1948	60	1939	69	1930	78	1921	87
2001	7	1992	16	1983	25	1974	34	1965	43	1956	52	1947	61	1938	70	1929	79	1920	88
2000	8	1991	17	1982	26	1973	35	1964	44	1955	53	1946	62	1937	71	1928	80	1919	89

OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE INTERVIEWS:

COMMENTS ABOUT SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER: DATE:

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR: DATE:

Nº DE REFERÊNCIA:

INSTITUTO NACIONAL DE ESTATÍSTICAS

MICS

CONFIDENCIAL

REPÚBLICA DE MOÇAMBIQUE
INQUÉRITO DE INDICADORES MÚLTIPLOS - MICS 2008

QUESTIONÁRIO DE MULHERES

IDENTIFICAÇÃO	
PROVÍNCIA	
DISTRITO	
POSTO ADMINISTRATIVO	
URBANO / RURAL (URBANO = 1, RURAL = 2	
NOME DA UNIDADE COMUNAL	
NOME DO LOCAL *(Especifique o Bairro/Povoação)*	
NOME DA ÁREA DE ENUMERAÇÃO	
NÚMERO DA ÁREA DE ENUMERAÇÃO (MICS I.D.)	
NÚMERO DO AGREGADO FAMILIAR	
NOME DO CHEFE DO AGREGADO FAMILIAR	
NOME E NÚMERO DE ORDEM DA MULHER	
LINGUA USADA NA ENTREVISTA (Port = 1, Outro = 6	I__I__I__I
(Especificar)	*(Uso Interno)*

VISITAS DO(A) INQUIRIDOR(A)				
	1	2	3	VISITA FINAL
DATA	_____/_____ DIA / MÊS	_____/_____ DIA / MÊS	_____/_____ DIA / MÊS	DIA
NOME DO(A) INQUIRIDOR(A)				MÊS ANO 2008 CÓDIGO
RESULTADO	_____	_____	_____	RESULTADO
PRÓXIMA VISITA: DATA	_____	_____		NÚMERO TOTAL DE VISITAS
HORA	_____	_____		

CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO DE MULHERES

01 COMPLETO
02 AUSENTE
03 RECUSA TOTAL
04 RECUSA DURANTE A ENTREVISTA / INCOMPLETA
05 INCAPACITADA
06 OUTRO.....
(Especificar)

	SUPERVISOR:	CONTROLADOR:	REVISTO NO GABINETE POR:	DIGITADO POR:
NOME	_____	_____		REDIGITADO POR:
DATA	_____/_____	_____/_____	_____/_____	

Interviewee chcracteristics module		WM
WM8. in what month and year were you born?	Date of birth Month..... I__I__I Does not know the month..... 98 Year ..... I__I__I__I__I Does not know the year..... 9998	
WM9. how old are you (in complete years)?	Age (in complete years)..... I__I__I	
WM10. have you ever been to school?	Yes..... 1 No..... 2	2⇨ WM14
WM11. what is the highest level of education that you attended?	Literacy class..... 00 Primary EP1 ..... 01 Primary EP2 ..... 02 Secondary ESG1..... 03 Secondary ESG2..... 04 Elementary Technical ..... 05 Basic Technical..... 06 Mid-level Technical ..... 07 Teacher training..... 08 Higher..... 09 Non-standard curriculum 10	
WM12. what is the highest grade you completed? *(if general education)* what is the highest year you completed at this level? *(If technical education)*	Grade/ Year ..... I__I__I	
WM12a. are you currently attending any school?	Yes..... 1 No..... 2	
WM13. ***Check WM11:*** ❑ *Secondary to higher.* ⇨ *Go to next module* ❑ *Primary or non-standard curriculum* ⇨ *continue with WM14.*		
WM14. now i would like you to read this statement out loud *Show the statements to the interviewee* *If the interviewee is unable to read them, ask:* can you read me part of the statement? ***Examples of statements for the reading test:*** *1. A criança está a ler um livro (the child is reading a book).* *2. Este ano a chuva veio tarde (this year the rain came late).* *3. Os pais devem cuidar dos seus filhos (parents should look after their children).*	Unable to read anything ..... 1 Can only read parts of the statement ..... 2 Can read the entire statement..... 3 No statement in the language requested..... 4 *(specify the language)* Blind/mute, problems with vision/speech..... 5	

Matrimonial situation and sexual activity module		MA
MA1. are you currently married or living with a man?	Yes, she is married ..... 1 Yes, she is in a union ..... 2 No, she is not in a union 3	3 ⇨ MA3
MA2. how old (in complete years) was your husband/partner on his last birthday?	Age in years ..... I__I__I Don't know 98	
MA2a. does your husband/partner have any other wives/partners apart from yourself?	Yes ..... 1 No ..... 2 Don't know 8	2 ⇨ MA5 8 ⇨ MA5
MA2b. how many other wives does your husband/partner have?	Number ..... I__I__I Don't know 98	⇨MA5 98 ⇨MA5
MA3. have you ever been married or lived with a man?	Yes, married ..... 1 Yes, lived with a man ..... 2 No 3	3⇨MA8a
MA4. what is your current marital status: are you widowed, divorced or separated?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA5. have you been married or lived with a man once or more than once?	Only once ..... 1 More than once 2	
MA6. in what month and year did you begin living with your first husband/partner?	Month ..... I__I__I Don't know the month ..... 98 Year ..... Don't know the year 9998	
MA8. how old were you when you began to live with your first husband/partner?	Age in years ..... I__I__I	⇨SB0
MA8a. have you already had sex?	Yes ..... 1 No 2	2⇨SB0
check whether there are any other people present. guarantee privacy.		
SB0. check WM9, MA1, MA3 e MA8b: is she 15-24 years old, was se ever married or lived with a man, or has she had sex? ❑ *If she was never married, never lived with a man and has never had sex go to the DOMESTIC VIOLENCE MODULE;* ❑ *If she is 25 or more years old, has been married or lived with a man, or has had sex go to NEXT MODULE* ❑ *If she is 15-24 years old, was already married or lived with a man or has had sex continue with SB1.*		
SB1. i would now like to talk about your sexual life to understand better some aspects of your family life. The information that you give will remain confidential. how old were you when you first had sex?	Age in years ..... I__I__I When she married/started union 95	
SB1a. how many different men have you had sex with?	No, of partners ..... I__I__I	
SB2. when did you last have sex? Write "years ago" only if the last sexual relation took place one or more years ago. If 12 months or more, the answer should be registered in years.	Days ago ..... 1 I__I__I Weeks ago ..... 2 I__I__I Months ago ..... 3 I__I__I Years ago ..... 4 I__I__I	4⇨ next module

Continue ☞

SB3. did you use a condom the last time you had sex?	Yes.....1 No.....2	
SB4. what is your relation with the man with whom you had your last sexual relation? If the man was "boyfriend" or "fiancé" ask: was your boyfriend/fiancé living with you when you last had sex? If the answer is yes, circle "1". If the answer is no, circle "2"..	Spouse/husband.....1 Boyfriend/fiancé.....2 Lover/friend.....3 Occasional partner/Client .....4 Relative.....5 Other:.....6 *(specify)*	1⇨SB6
SB4a. was the man with whom you last had sex younger than you, more or less the same age, or older ? If older: do you think he was less than 10 years older than you or more than 10 years older?	Younger .....1 More or less the same age.....2 Less than 10 years older .....3 10 or more years older .....4 Older, but doesn't know the difference .....5 Don't know.....8	
SB6. have you had sex with another man in the last 12 months?	Yes.....1 No.....2	2⇨ next module
SB7. the last time you had sex with another man, did you use a condom?	Yes.....1 No.....2	
SB8. what is (was) your relationship with this other man with whom you had sex? If the man was "boyfriend" or "fiancé" ask: was your boyfriend/fiancé living with you when you last had sex? If the answer is yes, circle "1". If the answer is no, circle "2".	Spouse/husband.....1 Boyfriend/fiancé.....2 Lover/friend.....3 Occasional partner/Client .....4 Relative.....5 Other:.....6 *(specify)*	1⇨SB10
SB8a. was the other man with whom you had sex younger than you, more or less the same age, or older? If older: do you think he was less than 10 years older than you or more than 10 years older?	Younger .....1 More or less the same age .....2 Less than 10 years older .....3 10 or more years older .....4 Older, but doesn't know the difference .....5 Don't know 8	
SB10. apart from these two men, have you had sex with any other man in the last 12 months?	Yes.....1 No.....2	2⇨next module
SB11. with how many different men have you had sex in the last 12 months?	No. of partners..... I__I__I	

Child mortality module — CM

This module is to be asked of women aged 15–49 years
All the questions refer only to LIVE BIRTHS

CM0. have you ever been pregnant? *"If she says no, insist on finding out if she has ever been pregnant or has had an abortion/miscarriage".*	Yes ..... 1 No 2	2⇨ contraception module Pág. 13
CM1. now i would like to ask some questions about all your sons and daughters who were born alive. have you ever had a child born alive? *If the answer is no, ask :* was there any baby who cried or showed other signs of life, but only survived a few hours or days?	Yes ..... 1 No 2	2 ⇨ CM5
CM1a. how old were you when you had your first child?	Age in years ..... I__I__I Don't know 98	
CM3. are any of your sons and daughters living with you in this house?	Yes ..... 1 No 2	2⇨CM5
CM4. how many sons are living with you in this house? how many daughters are living with you in this house? if none, write '00'	Sons at home ..... I__I__I Daughters at home ..... I__I__I	
CM5. are any of your sons and daughters living outside the house?	Yes ..... 1 No 2	2⇨CM7
CM6. how many sons live outside the house? how many daughters live outside the house? if none, write '00'	Sons outside the house ..... I__I__I Daughters outside the house ..... I__I__I	
CM7. was any son or daughter born live, but died later? if no, ask: was there any baby who cried or showed other signs of life, but only survived a few hours or days?	Yes ..... 1 No 2	2⇨CM9
CM8. How many of your sons have died? How many of your daughters have died? if none, write '00	Sons who have died ..... I__I__I Daughter who have died ..... I__I__I	
CM9. add up the answers to questions C**M4, CM6,** and **CM8,** and write the total. if none, write '00'	TOTAL ..... I__I__I	

CM10. just to see whether i have understood correctly:

in all, you had ☐☐ children born alive during your life?

is that right? Yes ☐ No ☐ check and correct CM3–CM9 if necessary.

Birth history

HN0. **Now I would like to know the names of all your children, whether they are alive or not, starting with the first, write down the names of all the children in question HN2. Write twins and triplets on separate lines. Ask whether the woman has or had twins or triplets, circle HN3 for reference**

HN1. order of birth	HN2. write the names of all children, alive or not, from the first to the last born.	HN3. (name) is a twin? 1⇨simple, 2⇨multiple		HN4. what sex is (name)? 1⇨male, 2⇨female		HN5. in what month and year was (name) born?		HN6. (name) is still alive? 1⇨yes, 2⇨No		HN7. how old was (name)on his/her last birthday? write the age in complete years.	HN8.does (name) live with you? 1⇨yes, 2⇨No		HN9. register the order number of the child on the household questionnaire (write "00" if not listed).	HN10. how old was (name) when he/she died? if 1 year, ask: how many months old was (name)? write: days if less than 1 month; months if less than 2 years; years if 2 years or more.			HN11. was there any other birth between the birth of (name) and the previous child? 1⇨yes, 2⇨No	
O. N.	name	Simpl	Múlti	male	Fem	month	year	yes	No	age in years	yes	No	order no.	days	months	years	yes	No
01		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	PRÓXIMO NASCIMENTO	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I ANOS		
02		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
03		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
04		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
05		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
06		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
07		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
08		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
09		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
10		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
11		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
12		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
13		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
14		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2
15		1	2	1	2	I_I_I MONTH	I_I_I_I_I YEAR	1	2 HN10	I__I__I	1	2	I__I__I HN11	1. I__I__I DAYS	2. I__I__I MONTHS	3. I__I__I YEARS	1	2

Continue ☞

HN12. have you had any other child after the birth of (name of last child)? If she answers "yes", ask and complete the history of births	Yes..... 1 No..... 2	

HN13a. Confirm:
for each child: has the date of birth been noted (p. HN5)
for each live child: has the current age been noted (p. HN7)

for each child who died: has the age at death been noted (p. HN10)

if no child has died, write "0" and proceed to HN14.

HN13b. for each child who died at age 12 months or 1 year, write down the corresponding name. If none, proceed to hn14.	1. _____	2. _____
HN13c. how many months old was (name) when he/she died? correct hn10 for (name) if necessary		

HN14. **check HN5:** *Was the last time the woman gave birth within the last two years, that is, between (day and month of the interview in 2006) and this date?*

If a child has died, take special care in the following modules to refer to this child by name;
❑ *No live birth in last 2 years.* ⇨ *go to contraception module, Pág. 13.*
❑ *Yes, had live birth(s) in the last 2 years.* ⇨ *Continue with HN15.*

HN15. when you became pregnant, did you want to be pregnant then, did you want to wait longer, or did you not want to be pregnant at all?	At that moment.. ..... 1 later..... 2 Not at all 3	

Maternal and newborn health module — MN

This module is to be asked of all women with at least one live birth in the two years prior to the date of the interview.
Check questions HN2 and HN5, History of births, of the Child Mortality Module and register in the space provided the name of the last son/daughter born alive which the interviewee had. _____.
Use the name of this child in the following questions, or where indicated.

MN2. when you were pregnant with (Name), did you make any antenatal visit? *If yes: who did you consult?* *Anyone else?* Try to find out what type of person was consulted and mark with a circle all the answers given	Health Professional: Doctor ..... A Nurse ..... B Midwife ..... C Other person Traditional midwife ..... F Community health worker ..... G Relative/friend ..... H Other ..... X *(specify)* Nobody ..... Y			⇨MN6A
MN3. when you were pregnant with (Name), in the antenatal visits:		Yes	No	
MN3a. were you weighed?	Weight	1	2	
MN3b. was your blood pressure measured?	Blood pressure	1	2	
MN3c. was your urine tested?	Urine sample	1	2	
MN3d. was your blood tested?	Blood sample	1	2	
MN3e. did they listen to the baby's heartbeat?	Baby's heartbeat	1	2	
MN3f. did they measure your belly?	Belly measured	1	2	
MN3g. did they measure your height?	Height measured	1	2	
MN4. when you were pregnant with (Name), did you receive information on stds and hiv/aids during the antenatal visits?	Yes ..... 1 No ..... 2 Don't know 8			
MN5. I'm not interested in knowing the result, but did you take any hiv/aids test as part of your antenatal care?	Yes ..... 1 No ..... 2 Don't know 8			2 ⇨ MN6A 8 ⇨ MN6A
MN6. I'm not interested in knowing the result, but did you receive the results of this test?	Yes ..... 1 No ..... 2 Don't know 8			
MN6a. during this pregnancy did you take any medication against malaria?	Yes ..... 1 No ..... 2 Don't know 8			2 ⇨ MN7 8 ⇨ MN7
MN6b. what medicines did you take to prevent malaria? *Mark with a circle all the medicines taken. If the type of medicine is not determined, show the interviewee typical antimalarial drugs*	SP/Fansidar ..... A Chloroquine ..... B Other ..... Y *(specify)* Don't know ..... Z			
MN6c. during this pregnancy, how many times did you take medicines to prevent malaria? *If three or more times, write "3".*	No. of times ..... I__I Don't know 8			
MN7. who assisted the delivery of your last child (Name)? anyone else? Try to find out the type of person who assisted and mark with a circle all the replies given	Health Professional: Doctor ..... A Nurse ..... B Midwife ..... C Other person Traditional midwife ..... F Community health worker ..... G Relative/friend ..... H Other ..... X *(specify)* Nobody ..... Y			

Continue ☞

MN7a. when the contractions began, where did you want (Nome) to be delivered? *If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.* _____ *(Name of place)*	**public sector** Central hospital....11 Provincial/General hospital....12 Rural hospital....13 Health centre/post....14 Mobile brigades....15 Other....16 *(specify)* **private sector** Hospital....21 Clinic....22 Pharmacy....23 Other....26 *(specify)* **house** In your own house....41 House of traditional midwife....42 House of midwife/nurse....43 Other place....96 *(specify)*	
MN7b. was the delivery completed in the place where you wanted to give birth or somewhere else?	In the same place....1 Somewhere else....6	1 ⇨ MN9
MN8. where was the delivery of (Name) completed? *If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.* _____ *(Name of place)*	**public sector** Central hospital....11 Provincial/General hospital....12 Rural hospital....13 Health centre/post....14 Mobile brigades....15 Other....16 *(specify)* **private sector** Hospital....21 Clinic....22 Pharmacy....23 Other....26 *(specify)* **house** In your own house....41 House of traditional midwife....42 House of midwife/nurse....43 Other place....96 *(specify)*	
MN9. when your last son/daughter was born (Name) was he/she very large, larger than average, of average size, smaller than average or very small?	Very large....1 Larger than average....2 Average....3 Smaller than average....4 Very small....5 Don't know....8	
MN10. was (*Name*) weighed at birth?	Yes....1 No....2 Don't know....8	2 ⇨ MN12 8 ⇨ MN12
MN11. how much did (*Name*) weigh? Copy the weight recorded on the health card, if this is presented.	Copied from the card....1 __ . __ __ __ (kilos) From memory....2 __ . __ __ __ (kilos) Don't know....99998	
MN11a. check HN6 and HN8; history of births: survival and residence of the child: ❑ *If (name) is still alive and lives with her ⇨ go to MN13G.* ❑ *If (name) is not alive or does not live with her ⇨ continue with MN12.*		

Continue ☞

MN12. did you ever breastfeed (*Name*)?	Yes.....1 No.....2	2⇨ MN13G
MN13. how long after the birth of (*Name*) did you begin to breastfeed him/her? If less than an hour, write "00" hours. If less than 24 hours, write the hours, otherwise write the days.	Immediately .....000 Hours.....1 I__I __I Days .....2 I__I __I Don't know/can't remember.....998	
MN13a. during the first days after the birth, a yellow milk (colostrum) appears. did you give this milk to (*Name*)?	Yes.....1 No.....2 Don't know.....8	
MN13b. in the first days after the birth, did you give something other than mother's milk to (*Name*)?	Yes.....1 No.....2 Don't know.....8	2⇨ MN13D 8⇨ MN13D
MN13c. what did you give to (*Name*)? Anything other than breast milk	Just water .....A Sorum with Glucose ..... B Sugared water ..... C Fruit juice..... D Baby formula ..... E Tea.....F Honey ..... G Other..... X *(Especificar)*	MN13E
MN13d. for how many months did you give only breast milk to *(Name)*?	Months.....I__I __I Still breastfeeding.....95 Does not know the month.....98	95⇨ MN13G
MN13e. are you still giving breast milk to *(Name)*?	Yes.....1 No.....2	1⇨ MN13G
MN13f. for how many months did you give breast milk to *(Name)*?	Months..... I__I __I Does not know the month.....98	
MN13g. in the first two months after the last time you gave birth [the birth of (*Name)*], did you receive a dose of vitamin A like this? (Show the capsule)	Yes.....1 No.....2 Don't know.....8	
MN13h. check HN4; history of births: sex of the child: ❑ *If a girl ⇨ go to next module.* ❑ *If a boy ⇨ continue with MN13i.*		
MN13i. was *(Name)* circumcised?	Yes.....1 No.....2	

Tetanus toxoid module. TT

This module is to be asked of all women who gave birth in the last two years prior to the date of the interview.

TT1. do you have any health card or other document where your own vaccinations are noted? If a card is shown, use it to help answer the following questions.	Yes (the card was seen) ..... 1 Yes (the card was not seen) ..... 2 No ..... 3 Don't know 8	
TT2. when you were pregnant with your last child, did you receive any injection so that the child would not catch tetanus, that is, convulsions after birth (an anti-tetanus injection, an injection in the upper arm or shoulder)?	Yes ..... 1 No ..... 2 Don't know 8	2⇨ TT5 8⇨ TT5
TT3. how many times did you receive this injection against tetanus during your last pregnancy?	No of times ..... I__I __I Don't know 98	98⇨ TT5
TT4 How many doses of TT during the last pregnancy were reported in TT3? ❑ *At least 2 TT injections during the last pregnancy. ⇨ go to next module.* ❑ *Less than 2 TT injections during the last pregnancy ⇨ Continue with TT5*		
TT5. did you, any time before your latest pregnancy, receive an injection in your arm to prevent tetanus?	Yes ..... 1 No ..... 2 Don't know 8	} Próximo módulo
TT6. how many doses of this injection did you receive?	No. of times ..... I__I __I	
TT7. in what month and year did you receive tour last injection against tetanus prior to your latest pregnancy? *Go to the next module, only if the year of the injection is given. If not, continue with TT8.*	Month ..... I__I __I Does not know the month ..... 98 Year ..... I__I __I __I __I Does not know the year 9998	⇨Próximo módulo
TT8. how many years ago did you receive your last injection against tetanus prior to your latest pregnancy?	Years ago ..... I__I __I	

Contraception module CP

CP1. now i would like to talk to you about another matter – family planning and your reproductive health. are you currently pregnant?	Yes, she is pregnant ..... 1 No ..... 2 Not sure or doesn't know 8	1⇨next module
CP2. some people use various means or methods to delay or avoid a pregnancy. Are you currently doing anything or using any method to delay or avoid becoming pregnant?	Yes ..... 1 No 2	2⇨next module
CP3. what method are you using? *Does not say.* *If mentions more than one method, mark each of them with a circle.*	Female sterilization ..... A	
	Male sterilization ..... B	
	Pill C	
	IUD ..... D	
	Injections ..... E	
	Implants ..... F	
	Male condom ..... G	
	Female condom ..... H	
	Diaphragm I	
	Foam/gel ..... J	
	Lactational amenorrhoea ..... K	
	Periodic abstinence L	
	Withdrawal ..... M	
	Other ..... X *(Specify)*	

Module on attitudes towards domestic violence

DV1. sometimes husbands become annoyed at things their wives do. in your opinion is the husband justified in beating his wife in the following situations:		Yes	No
DV1a. if she goes out without telling him?	Goes out without telling him	1	2
DV1b. if she neglects the children?	Neglects the children	1	2
DV1c. if she argues with him?	Argues with him	1	2
DV1d. if she refuses to have sex with him?	Refuses to have sex with him	1	2
DV1e. if she burns the food?	Burns food	1	2

HIV/AIDS module — HA

HA1. now i would like to talk to you about something else. have you ever heard of HIV/AIDS?	Yes ... 1 No ... 2				2⇨ HA19
HA2. is the only way to reduce the risk of catching HIV/AIDS to have just one uninfected sexual partner and not to have other partners?	Yes ... 1 No ... 2 Don't know ... 8				
HA3. can people be infected with the aids virus because of witchcraft or other supernatural means?	Yes ... 1 No ... 2 Don't know ... 8				
HA4. can people protect themselves against hiv/aids by using condoms during sex?	Yes ... 1 No ... 2 Don't know ... 8				
HA5. can people catch the aids virus from mosquito bites?	Yes ... 1 No ... 2 Don't know ... 8				
HA6. can the risk of catching hiv/aids be completely eliminated by abstaining from sex?	Yes ... 1 No ... 2 Don't know ... 8				
HA7. do you think that people can catch hiv/aids by eating together with an infected person?	Yes ... 1 No ... 2 Don't know ... 8				
HA7a. can people catch hiv/aids from injections with needles already used by other people?	Yes ... 1 No ... 2 Don't know ... 8				
HA8. can a person appear completely healthy (strong, fat, etc.) and still have hiv/aids?	Yes ... 1 No ... 2 Don't know ... 8				
HA9. can hiv/aids be transmitted from mother to child?		Yes	No	DK	
HA9a. during pregnancy?	During pregnancy	1	2	8	
HA9b. during delivery?	During delivery	1	2	8	
HA9c. during breastfeeding?	During breastfeeding	1	2	8	
HA10. if a teacher has hiv/aids, but is not ill, can he continue teaching at school?	Yes ... 1 No ... 2 Don't know ... 8				
HA11. if you knew that a vendor of fresh vegetables has hiv/aids, would you buy his products?	Yes ... 1 No ... 2 Don't know ... 8				
HA12. if a person in your family were to catch hiv/aids, would you want it kept secret?	Yes ... 1 No ... 2 Don't know ... 8				
HA13. if a person in your family were to catch hiv/aids, would you be willing to care for him/her in your house?	Yes ... 1 No ... 2 Don't know ... 8				

Continue ☞

HA14. Check MN5: did you take the HIV test during antenatal visits?

❑ *Yes.* ⇨ *go to HA18A.*

❑ *No.* ⇨ *Continue with HA15.*

HA15. I'm not interested in knowing the result, but have you ever taken an AIDS test?	Yes ..... 1 No 2	2⇨HA18
HA16. I'm not interested in knowing the result, but did you receive the results of this test?	Yes ..... 1 No 2	
HA17. the last time you took an AIDS test, was it of your own free will, at somebody's suggestion, or were you obliged to take it	She asked ..... 1 At suggestion ..... 2 She was obliged 3	} HA19
HA18. where can you take the hiv/aids test? HA18a. *If she took the test during antenatal care:* apart from the place for antenatal visits, where can you take the test to see if you have the aids virus?	**public sector** Central hospital ..... A Provincial/General hospital ..... B Rural hospital ..... C Health centre/post ..... D GATV ..... E Other public ..... F *(specify)* **private sector** Hospital ..... G Clinic ..... H Pharmacy ..... I Other ..... J *(specify)* other place ..... X *(specify)* Don't know ..... Z	

HA19. Does the interviewee have a son/daughter under five living with her, or is she responsible for a child under the age of 5?

❑ Yes ⇨ Fill out the questionnaire for children under five.

❑ No ⇨ Is there another eligible woman in this household?

❑ Yes ⇨ fill out the questionnaire for the other woman.

❑ No ⇨ End the interview with the household, and thank all the participants for their collaboration.

Put all the questionnaires for this household together and check that all the identification numbers are included on each page.

OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE INTERVIEWS:

COMMENTS ABOUT SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER: DATE:

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR: DATE:

Nº DE REFERÊNCIA:

INSTITUTO NACIONAL DE ESTATÍSTICAS

MICS

CONFIDENCIAL

REPÚBLICA DE MOÇAMBIQUE
INQUÉRITO DE INDICADORES MÚLTIPLOS - MICS 2008

QUESTIONÁRIO DE CRIANÇAS MENORES DE 5 ANOS DE IDADE

IDENTIFICAÇÃO	
PROVÍNCIA	
DISTRITO	
POSTO ADMINISTRATIVO	
URBANO / RURAL (URBANO = 1, RURAL = 2	
NOME DA UNIDADE COMUNAL	
NOME DO LOCAL *(Especifique o Bairro/Povoação)*	
NOME DA ÁREA DE ENUMERAÇÃO	
NÚMERO DA ÁREA DE ENUMERAÇÃO (MICS I.D.)	
NÚMERO DO AGREGADO FAMILIAR	
NOME DO CHEFE DO AGREGADO FAMILIAR	
NOME E NÚMERO DA LINHA DA MÃE/PESSOA QUE CUIDA DA CRIANÇA	
NOME E NÚMERO DA LINHA DA CRIANÇA	
LINGUA USADA NA ENTREVISTA (Port = 1, Outro = 6	I__I__I__I
(Especificar)	*(Uso Interno)*

VISITAS DO(A) INQUIRIDOR(A)

	1	2	3	VISITA FINAL
DATA	_____/_____ DIA __/ MÊS	_____/_____ DIA __/ MÊS	_____/_____ DIA __/ MÊS	DIA MÊS ANO 2008 CÓDIGO
NOME DO(A) INQUIRIDOR(A)				
RESULTADO				RESULTADO
PRÓXIMA VISITA: DATA				NÚMERO TOTAL DE VISITAS
HORA				

CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO DE CRIANÇAS MENORES DE 5ANOS

01 COMPLETO
02 AUSENTE
03 RECUSA TOTAL
04 RECUSA DURANTE A ENTREVISTA / INCOMPLETA
05 INCAPACITADA
06 OUTRO
(Especificar)

	SUPERVISOR:	CONTROLADOR:	REVISTO NO GABINETE POR:	DIGITADO POR:
NOME				REDIGITADO POR:
DATA	_____/_____	_____/_____	_____/_____	

Module on birth registration and learning in childhood.		BR
UF10. On what day, month and year was (name) born? *If the child's mother/ caregiver knows the exact date of birth, record the day; if not, draw a circle around "98" concerning the date.*	Date of birth: Day .....I__I__I Does not know day.....98 Month.....I__I__I Does not know month.....98 Year .....I__I__I__I__I	
UF11. How old is (name)? Write years completed	Years .....I__I	
BR1. does (Name) have a birth certificate? can i see it?	Yes, seen.....1 Yes, not seen.....2 No.....3 Don't know.....8	1⇨BR2
BR1a. Do you have any other document with the date of birth of (name)?	Yes.....1 No.....2 Don't know.....8	2⇨ BR2 8⇨ BR2
BR1b. which documents? Circle all the answers mentioned	Health card ..... A Personal record book ..... B Birth bulletin ..... C Passport ..... D Other *(specify)* X	
BR1c. Have you seen any of these documents?	Yes.....1 No.....2	*Control question*
BR2. was the birth of (name) registered in the civil registry office?	Yes.....1 No.....2 Don't know.....8	1⇨BR5 8⇨BR4
BR3. why was (name) not registered?	It's expensive.....1 It's a long way.....2 Lack of knowledge.....3 It's complicated *(father absent/lack of documents)* .....4 It's not important .....5 Other *(specify)*.....6 Don't know.....8	
BR4. what should you do to register your child? (1) Have a health card (2) Go to the civil registry office to collect a personal record book in the presence of the parents **If indicates one or both options, mark correct ("1"). Otherwise, mark wrong/don't know ("2").**	Correct.....1 Wrong/don't know.....2	
BR5. Check the age of the child in UF11: Is the child 3 or 4 years old? ❑ *Yes ⇨ Continue with BR6.* ❑ *No ⇨ Continue with BR7A.*		
BR6. does (Name) attend any organized learning or infant education, such as, for example, private or state establishments, including crèches?	Yes.....1 No.....2 Don't know.....8	2⇨BR8 8⇨BR8
BR7. In the last 7 days, how many hours did (name) spend in this establishment?	No. of hours.....I__I__I	

Continue ☞

BR7a. Check the age of the child in UF11: Is the child less than 1 year old?

❑ *Yes ⇨ Go to the next module*

❑ *No ⇨ Continue with BR8*

BR8. in the last 3 days, were you, or any member of the household aged over 15 years, involved in any of the following activities with (name): If yes, ask: who took part in this activity with the child – the mother, the father, or another adult member of the household (including the person who looks after the child/Informant)? Mark with a circle everything that applies.		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 with (name)?	Songs	A	B	X	Y
BR8d. Go out of the house with (name), take him/her to a sports ground or park?	Go out	A	B	X	Y
BR8e. Play with(name)?	Play	A	B	X	Y
BR8f. Spend time with (name) naming, counting and/or drawing things?	Count	A	B	X	Y

Child development module.		CE
Question CE1 should be asked just once of each tutor		
CE1. How many books are in the house, including school books (do not count books for under-fives)?	No books .....00 Number of books .....0__ Ten or more books.....10 Don't know.....98	
CE2. how many books for children or with pictures do you have for (name)?	No books .....00 Number of books .....0__ Ten or more books.....10 Don't know.....98	
CE4. sometimes adults who care for children have to leave the house to go shopping, wash clothes, or for other reasons, and have to leave young children with other people. in the last 7 days (day of the week) how many times was (name) left in the care of another child, that is, someone under 10 years old?	On no occasion.....00 Number of times .....I__I__I Don't know.....98	
CE5. In the last 7 days, how many times was (name) left alone, that is, without anyone to care for him/her?	On no occasion.....00 Number of times .....I__I__I Don't know.....98	

Vitamin A module.		VA
VA1. did (Name) receive any dose of vitamin a in the last 6 months? Show the capsule	Yes..... 1 No..... 2 Don't know..... 8	} next module
VA3. where did (name) take his/her latest dose?	In a routine visit to a health unit ..... 1 In a consultation at a health unit when the child was ill ..... 2 National Vaccination Day Campaign ..... 3 Other *(specify)* ..... 6 Don't know..... 8	

Breastfeeding module. BF

BF1. was (Name) ever breastfed?	Yes ..... 1 No ..... 2 Don't know 8	} BF3
BF1A. how long after birth did (name) begin to breastfeed? If less than an hour, circle "000" hours. If less than 24 hours, circle the hours, otherwise mark the days.	Immediately ..... 000 Hours ..... 1 I__I__I Days ..... 2 I__I__I Don't know/can't remember 998	
BF1B. during the first days after the birth, a yellow milk (colostrum) appears. did (name) take this milk ?	Yes ..... 1 No ..... 2 Don't know 8	
BF1C. in the first days after the birth, was anything other than mother's milk given to (name)?	Yes ..... 1 No ..... 2 Don't know 8	} BF1E
BF1D. what was given? *Anything other than mother's milk*	Just water ..... A Sorum with Glucose ..... B Sugared water ..... C Fruit juice ..... D Baby formula ..... E Tea ..... F Honey ..... G Other ..... X *(specify)*	} BF2
BF1E. for now many months did (name) take only breast milk?	Months ..... I__I__I Still breastfeeding ..... 95 Doesn't know the month 98	95⇨ BF3
BF2. is (Name) still being breastfed?	Yes ..... 1 No ..... 2 Don't know 8	1⇨ BF3
BF2A. for how many months did (name) take breast milk?	Months ..... I__I__I Doesn't know the month 98	

BF3. since yesterday at this time, did (name) receive any of the following items:
Read each item out loud and register the answer before advancing to the next item.

		Y	N	DK
BF3a. vitamins or mineral supplements or medicine?	BF3A. Vitamin Supplements	1	2	8
BF3b. ordinary water?	BF3B. Ordinary water	1	2	8
BF3c. water with sugar, with some taste, or fruit juice, tea or infusion?	BF3C. Water with sugar or juice	1	2	8
BF3d. Oral rehydration salts (ors)?	BF3D. ORS	1	2	8
BF3e. powdered milk for babies?	BF3E. Powdered milk for babies	1	2	8
BF3f. powdered or fresh normal milk?	BF3F. Powdered or fresh normal milk	1	2	8
BF3g. any other liquid?	BF3G. Other liquids	1	2	8
BF3h. solid or semi-solid foods (pap)	BF3H. Solid or semi-solid foods	1	2	8

BF4. Check BF3H: Did the child receive solid or semi-solid foods (pap)?

❑ *Yes ⇨ Continue with BF5*

❑ *No ou DK ⇨ Go to next module*

BF5. since yesterday at this time, how many times did (name) eat solid food, semi-solid food or non-liquid light foods? *If 7 or more times, write "7".*	Number of times ..... I__I Don't know 8	

Illness treatment module.					CA
CA1. did (Name) have diarrhoea in the last two weeks? This concerns diarrhoea noted by the mother or person looking after the child, with three or more evacuations per day, or liquid faeces per day, or blood in the faeces.	Yes No Don't know	1 2 8			CA5
CA1a. Has/had blood in faeces?	Yes No Don't know	1 2 8			
CA1b. on the worst day of the diarrhoea how many times did (name) defecate?	Times Don't know	I__I__I 98			
CA1c. How many days did the diarrhoea of (name) last?	Days Don't know	I__I__I 98			
CA1d. does (name) still have diarrhoea?	Yes No Don't know	1 2 8			
CA2. When (name) had diarrhoea did you give him any of the following liquids to drink? Read each of the items out loud and record the answer before advancing to the next item.		Yes	No	DK	
CA2a. a liquid made from a packet (oral rehydration salts) or oral mixture?	ORS	1	2	8	
CA2b. home-made mixture of water, salt and sugar?	Mixture water, salt, sugar	1	2	8	
CA2c. appropriate liquid for treating diarrhoea (acquired in a pharmacy)	Liquid for treating diarrhoea	1	2	8	
CA2d. was he/she given anything else to treat diarrhoea?	Yes No Don't know	1 2 8			CA3
CA2e. What was given to treat diarrhoea? Anything else? Circle all the answers mentioned	Pills/syrup Injections Intravenous Sorum Rice water Cereal pap Tea made of herbs and roots Powdered/fresh milk Tea/ Fruit juice/coconut milk Home-made remedy/medicinal herbs Other *(specify)*	A B C D E F G H I X			
CA3. did you give (name) the same amount of liquid, more or less than usual? If she says "Less" ask: Much less, or less than usual	No liquid Much less Less The same amount More Don't know	1 2 3 4 5 8			
CA4. did you give (name) the same amount of food, more or less than usual? ***If she says "Less" ask:*** ***Much less, or less than usual***	No food Much less Less The same amount More Don't know	1 2 3 4 5 8			
CA5. has (Name) had a cough in the last two weeks?	Yes No Don't know	1 2 8			CA12
CA5A. when (name) had a cough was it accompanied by fever?	Yes No Don't know	1 2 8			
CA6. when (name) had a cough, did he/she breathe more rapidly than usual, with short and rapid breaths?	Yes No Don't know	1 2 8			CA12

Continue ☞

CA7. were the symptoms due to chest problems or to a blocked nose?	Chest problem ..... 1 Blocked nose ..... 2 Both ..... 3 Other (*specify*) ..... 6 Don't know 8	
CA8. Did you seek advice or treatment for the cause of the cough?	Yes ..... 1 No ..... 2 Don't know 8	} CA10
CA9. Where did you seek aid or treatment? anywhere else? *If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.* _____ *(Name of source)* Circle all the answers, but do not make any suggestion.	**Public sector** Central hospital ..... A Provincial/General hospital ..... B Rural hospital ..... C Health centre/post ..... D Mobile brigades ..... E Other *(specify)* ..... F **Private sector** Hospital ..... G Clinic ..... H Doctor ..... I Nurse ..... J Pharmacy ..... K Other *(specify)* ..... L **Other source** Informal market ..... M Church ..... N Friends/relatives ..... O Traditional healer ..... P Other *(specify)* X	
CA10. was (name) given any medicine to treat his/her illness?	Yes ..... 1 No ..... 2 Don't know 8	} CA12
CA11. what medicine was given to (name)? *Mark with a circle all the medicines given*	Antibiotic ..... A Paracetamol/Panadol/Acetaminophen ..... P Aspirin ..... O Ibupropfen ..... R Other *(specify)* ..... X Don't know ..... Z	
CA12. Check UF11: Is the child less than 3 years old? ¨ *Yes.* ⇨ *Continue with CA13.* ¨ *No.* ⇨ *Go to CA14*		
CA13. The last time that (name) defecated, how did you deal with his/her faeces?	The child used the toilet/latrine ..... 01 Placed/rinsed into the toilet/latrine ..... 02 Put/rinsed into a drain or ditch ..... 03 Thrown on the rubbish dump *(solid waste)* ..... 04 Buried ..... 05 Left in the open air ..... 06 Other *(specify)* ..... 96 Don't know 98	
Ask the following question (CA14) just once to each mother/person taking care of the child. CA14. sometimes children are seriously ill and should be taken immediately to a health unit. with what kind of symptoms would you take your child immediately to a health unit? Continue to ask for more signs or symptoms until the mother/person looking after the child cannot recall any further symptom. Mark with a circle all the symptoms mentioned, But do not make any suggestion.	The child is unable to drink or suckle ..... A The child's illness is worsening ..... B The child has fever ..... C The child has rapid respiration ..... D The child has difficulty in breathing ..... E The child has blood in his/her faeces ..... F The child is drinking very little ..... G Swelling on the head (concussion) ..... H Other (specify) ..... X Did not ask ..... XW	

Malaria module. — ML

ML1. Did (name) have fever in the last two weeks?	Yes ..... 1 No ..... 2 Don't know 8	ML10

ML1A. I would now like to know what you did (in first, second and third place) after discovering that (name) had fever?	ML1A1 What she did in the first place	ML1A2 What she did secondly	ML1A3 What she did in third place
Gave medicines at home	01	01	01
Went to a pharmacy to buy medicines without a prescription	02	02	02
Took him/her to a health unit	03	03	03
took him/her to a community health worker	04	04	04
took him/her to a traditional healer	05	05	05
Gave him/her herbs at home	06	06	06
Other	96	96	96
	_____ *(specify)*	_____ *(specify)*	_____ *(specify)*
Did nothing	07	07	07
don't know	98	98	98

ML1B. Check if (name) went to a health unit or a community health workers?

- ❑ *Yes ⇨ Continue with ML3.*
- ❑ *No ⇨ Continue with ML2.*

ML2. did (Name) go to any health unit during this illness ?	Yes ..... 1 No ..... 2 Don't know 8	ML5A
ML3.did (Name) take any medication for fever or malaria which was given or prescribed in a health unit?	Yes ..... 1 No ..... 2 Don't know 8	ML3d

ML3A. for each of the following medicines, tell me if he/she took it immediately after the onset of the fever or many days afterwards?		Same day	Days later 1	2	3	Did not	
A. Fansidar/Artesunato	Fansidar/Artesunato	1	2	3	4	5	If did not give any of the 3 go to ML3D
B. Artimisinine	Artimisine 04	1	2	3	4	5	
C. Quinine	Quinine	1	2	3	4	5	

ML3B. where did you obtain (Name of antimalaria drug of ML3A)? Circle all places mentioned	
	Public sector
	Central hospital ..... A
	Provincial/General hospital ..... B
	Rural hospital C
	Health centre/post ..... D
	Mobile brigades ..... E
	Other *(specify)* ..... F
	Private sector
	Hospital ..... G
	Clinic ..... H
	Doctor I
	Nurse ..... J
	Pharmacy ..... K
	Other *(specify)* L
	Other source
	Informal market ..... M
	Friends/relatives ..... O
	Other *(specify)* X

ML3C. How much did you pay for (Name of antimalaria drug of ML3A)?	National currency ..... I__I__I__IMT Free ..... 000MT Don't know 998	

Continue ☞

ML3D. Check ML1A: Did they give medicines at home before taking the child to a health unit or community health worker? ❑ *Yes ⇨ Go to ML7.* ❑ *No. ⇨ Continue with ML5.*		
ML5. Was (name) given any medicine for fever or malaria before he/she was taken to the health unit?	Yes ..... 1 No ..... 2 DK 8	1⇨ML7
ML5A. Check ML1A: Did you give medicines at home or go to the pharmacy to buy them without a prescription? ❑ *Yes ⇨ Go to ML7* ❑ *No ⇨ Continue with ML6*		
ML6. Was (name) given any medicine for fever or malaria during this illness?	Yes ..... 1 No ..... 2 DK 8	ML10
ML7. what medicine was (name) given at home? Mark with a circle all the medicines given. Ask to see the medicine of the type is not known. If, even then, the type of medicine cannot be determined, show the person typical antimalarial drugs.	Antimalarial drugs: Fansidar/Artesunato ..... A Artimisinine ..... B Quinine ..... C Other antimalarials (specify) ..... H Other medicines: Paracetamol ..... P Aspirin ..... Q Other (specify) ..... X DK ..... Z	
ML8. Check ML7: Antimalarial drugs mentioned (codes A – H)? ❑ *Yes ⇨ Continue with ML9.* ❑ *No ⇨ Go to ML10*		
ML9. How much time after the fever began did (name) take the first (name of antimalarial drug of ML7)? Register the code for the day on which the first antimalarial was given	Same day ..... 0 Following day ..... 1 After 2 days of fever ..... 2 After 3 days of fever ..... 3 After 4 or more days of fever ..... 4 DK 8	
ML10. last night did (Name) sleep under a mosquito net?	Yes ..... 1 No ..... 2 Don't know 8	⇨ML10b
ML10A. does (Name) use a mosquito net?	Yes ..... 1 No ..... 2 Don't know 8	next module
ML10B. how did your household obtain the mosquito net?	Bought it ..... 1 Health unit (free) ..... 2 NGO (free) ..... 3 Other (specify) ..... 6 Don't know 8	
ML11. How long ago did your household obtain the mosquito net? If more than a month, circle "1" and register "00". If more than a year and less than 3, circle "2"and register the number of the corresponding year If the reply is "12 months" or "1 year", ask to determine if it was exactly 12 months, or before or after	Months ago ..... 1 I__I__I Years ago ..... 2 I__I__I More than 3 years ago ..... 204 Not sure 998	
ML13. When you obtained this net, was it already treated with insecticide to kill or repel mosquitoes?	Yes ..... 1 No ..... 2 Don't know/not sure 8	
ML14. since you obtained the mosquito net have you ever bathed it in a liquid to repel mosquitoes?	Yes ..... 1 No ..... 2 Don't know 8	next module
ML15. how long ago was the net bathed in this liquid to repel mosquitoes?	Months ago ..... I__I__I More than 24 months ago ..... 95 Don't know 98	

Immunization module. IM

If a health card is available, copy the dates for IM2–IM8D for each type of vaccine or dose of vitamin A recorded on the card. IM10–IM17 are to record the vaccines that are not noted on the card. Questions IM10–IM17 will only be asked, if the card is not available.

IM1. do you have a health card for (name)? If the answer is "yes": Can i please see it?			Yes, saw the card ..... 1 Yes, did not see the card ..... 2 Does not have a card 3	IM10

(a) Copy the dates for each vaccine registered on the card. *(b) Write "44" in the column if the day of the card shows that the vaccine was given but no date was recorded.*			Date of vaccination							
			DAY		MONTH		YEAR			
IM2.	BCG	BCG								
IM3a.	Polio 0 (at birth)	P0								
IM3b.	Polio 1	P1								
IM3c.	Polio 2	P2								
IM3d.	Polio 3	P3								
MV4a.	DPT/hepatitis B,1st dose	DPT1								
MV4b.	DPT/hepatitis B,2nd dose	DPT2								
MV4c.	DPT/hepatitis B,3rd dose	DPT3								
IM6.	Measles	sar								
IM8A.	Vitamin A (penultimate time)	Vit A								
IM8B.	Vitamin A (last time)	Vit A								
IM8C.	Iodine (last time)									
IM8D.	Mebendazol (last time)									

IM9. did (Name) receive any vaccine that is not registered on the child's health card? Write "Yes" only if the interviewee mentions BCG, POLIO AT BIRTH, POLIO 1–3, DPT 1–3, MEASLES, HEPATITIS B., VITAMIN A, IODINE and/or MEBENDAZOL.	Yes ..... 1 No ..... 2 Don't know 8	1⇨IM9A 2⇨IM19 8⇨IM19

IM9A. ask for the vaccines that are not registered on the health card (use questions IM11 to IM17only as an example to obtain replies) and, if the child received one of the vaccines not registered, write "66" in the column for the day in questions IM2 to IM8D.
then go to IM19

IM10. did (Name) receive any vaccine to prevent diseases including the vaccines received in the vaccination campaigns?	Yes ..... 1 No ..... 2 Don't know 8	} IM20
IM10. did (Name) receive an injection in the arm which leaves a scar (against tuberculosis)?	Yes ..... 1 No ..... 2 Don't know 8	
IM12. did (Name) receive drops in the mouth (vaccine against polio)?	Yes ..... 1 No ..... 2 Don't know 8	} IM15
IM13. did (Name) receive the first vaccine against polio immediately after birth or later?	Immediately after birth ..... 1 Later ..... 2 Don't know 8	
IM14. How many times did (name) receive it?	Number of times ..... I__I__I Don't know 98	
IM15. did (Name) receive an injection given at the same time as the polio drops (tetravalent vaccine – dpt/hep. b)?	Yes ..... 1 No ..... 2 Don't know 8	} IM17
IM16. How many times did (name) receive it?	Number of times ..... I__I__I Don't know 98	

Continue ☞

IM17.did (Name) receive an injection in the arm to prevent measles?	Yes.....1 No.....2 Don't know.....8				
IM19. Tell me. please, whether (name) took part in any of the following campaigns:		Y	N	DK	
MV19a. National vaccination campaign (2005)	Campaign A	1	2	8	
MV19b. National child health week (2008)	Campaign B	1	2	8	

IM20. Does any other child live in the household who is the son/daughter of, or under the care of, this informant? Check the list of the household, column HL8.

- ❑ Yes ⇨ End the current questionnaire and the go to the CHILDREN UNDER FIVE QUESTIONNAIRE to apply the questionnaire to the next eligible child.
- ❑ *No ⇨ Terminar a entrevista com este informante agradecendo-lhe a sua cooperação.*

If this is the last child in the household, go to the ANTHROPOMETRIC MODULE.

Anthropometric module AN

After the questionnaires have been completed for all the children, the measurer weighs and measures each child.
Register below the weight and length-height, taking care to register the measurements in the correct questionnaire for each child.
Check the name of the child and line number in the household list before recording the measurements.

AN1. Weight of the child	Kilograms (kg) .....__ __ . __	
AN2. Length or height of the child. Check the age of the child in UF11: ❑ Child under 2 years old. ⇨ Measure length (child lying down). ❑ Child 2 or more years old. ⇨ Measure height (child standing up).	Length (cm) Lying down .....1 __ __ __ . __ Height (cm) Standing up .....2 __ __ __ . __	
AN3. Identification code of the measurer	Code of the measurer.....__ __ __	
AN4. Result of the measurement	Measured.....1 Was not present .....2 Refused .....3 Physical disability .....4 Other (specify).....6	

AN5. Is there any other child in the household eligible for measurement?

- ❑ Yes ⇨ Register the measurements of the next child
- ❑ No ⇨ End the interview with the household, by thanking all the participants for their collaboration

Put together all the questionnaires of this household and check if all the identification numbers are inserted on each page. Count in the information panel on the household the number of interviews held.

OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE INTERVIEWS:

COMMENTS ABOUT SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER: DATE:

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR: DATE: