

Sindh

Key Findings Report

Monitoring the situation of children and women



Multiple Indicator Cluster Survey 2014



Bureau of Statistics
Planning & Development Department
Government of Sindh



Pakistan Council of Research in Water Resources
Ministry of Science & Technology
Government of Pakistan



United Nations
Children's Fund





Sindh, Pakistan

Multiple Indicator Cluster Survey 2014

Key Findings

October, 2015



The Sindh Multiple Indicator Cluster Survey (MICS) was carried out in 2014 by Bureau of Statistics, Planning & Development Department, Government of Sindh in collaboration with Pakistan Council of Research in Water Resource (PCRWR), as part of the global MICS programme. Technical and financial support was provided by the United Nations Children’s Fund (UNICEF).

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to collect internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments. The main objectives of the MICS Sindh are: a) establish a credible baseline for monitoring the socioeconomic status of districts and use for planning purpose b) empower districts with knowledge of current socioeconomic conditions c) build capacity of relevant government institutions through their active involvement in all phases of the survey and d) monitor progress through repeat surveys.

The objective of this report is to facilitate the timely dissemination and use of results from the Sindh MICS prior to the release of full tables and the final survey report that will contain detailed information on all survey findings by various demographic, social, economic and cultural characteristics. The final survey report is expected to be released in July 2015.

Results presented in this report are not expected to change and are considered final. For more information on indicators and the analysis conducted in the full final report please go to mics.unicef.org and childinfo.org.

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MESSAGE

I am extremely pleased to present to the people of Sindh, Multiple Indicators Cluster Survey (MICS) 2014, the first ever survey successfully conducted by the Government of Sindh in accordance with the MICS global standards. This round of MICS has revealed some important improvements on key elements relating to the well-being of children and women. However, much still needs to be done to improve the quality of life for a vast majority of women and children in the Province.

The MICS facilitates the collection of statistically sound and internationally comparable data essential for developing evidence-based policies and programmes and for monitoring progress towards global, national and provincial goals. By generating data on key indicators for children and women, this survey will help to shape policies for improvements in their lives.

The Government of Sindh is committed to using the MICS for evidence based planning, monitoring and resource allocation down to the district-level, through an approach that is both responsible and practical and envisage the procedures that will lead to future progress. It will improve sustainable development in Sindh and will allow the Government to manage the effective delivery of basic services and to build and adapt as we learn over time. These commitments complement “World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS, the Education for All Declaration and the Millennium Development Goals (MDGs)”. It also provides the basis for Sustainable Development Goals, post 2015 agenda.

In the end, I would like to compliment UNICEF for providing the technical support and the entire team of Bureau of Statistics, Planning & Development Department who have successfully conducted this survey and produced high-quality data on children and women of Sindh.

SYED MURAD ALI SHAH
Senior Minister
Planning & Development Department
Government of Sindh

PREFACE

A diverse set of data is a pre-requisite for effective planning and governance. The Sindh Multiple Indicator Cluster Survey (MICS) is an important source of accurate and reliable data on a comprehensive set of socioeconomic indicators. The Survey was carried out in 2014 by Bureau of Statistics, Planning & Development Department, Government of Sindh in collaboration with Pakistan Council of Research in Water Resource (PCRWR), as part of the global MICS programme. Technical and financial support was provided by the United Nations Children’s Fund (UNICEF).

The purpose of the survey is to provide statistically valid data for researchers, policy makers, planners, and individual’s vis-à-vis evidence based decision, program and policy making, in-depth analysis and future forecast regarding human development. MICS is a unique source of information in which more than 120 indicators are covered on the basis of the province, 5 divisions, 28 districts as well as area of residence and background. MICS also provides high-quality data on household’s characteristics, child mortality, nutrition, child health, reproductive health, ante-natal health checks, child development, education and literacy, water and sanitation, wealth quintiles and poverty status.

The Government of Sindh is pleased to inform that MICS was one of the largest exercises, of its kind, in the history of Sindh, with a sample size of 19,360 households. This methodology has been successfully implemented in 108 countries for assessing progress towards major goals particularly affecting women and children, and to monitor progress towards the Millennium Development Goals (MDGs).

I would like to convey my deep appreciation to the Bureau of Statistics team for conducting this survey and preparing this report, which I feel will provide the best avenue for planning & decision making in Sindh. I also acknowledge and appreciate technical support provided by UNICEF and PCRWR for making this survey a success.

AJAZ ALI KHAN
Additional Chief Secretary (Dev)
Planning & Development Department
Government of Sindh

EXECUTIVE SUMMARY

The Sindh Multiple Indicator Cluster Survey (MICS), 2014 was designed to provide estimates for more than 100 indicators on the situation of children and women for the province. It is one of the largest surveys in Sindh with a sample size of 19,360 households. The survey which was conducted from January to August, 2014 is part of the fifth global round of Multiple Indicator Clusters Surveys programme. The MICS Survey is a unique source of information which will serve as a baseline for researchers, policy makers, planners and individuals and provide evidence based data for decision making by program and policy makers.

The survey was implemented by Sindh Bureau of Statistics in collaboration with UNICEF and Pakistan Council of Research in Water Resource (PCRWR) while Pakistan Bureau of Statistics provided the sampling frame. Key Findings report presents provincial level summary results and will be followed by final report containing division and district level disaggregated data. Main findings of the survey are:

Early childhood mortality

In recent years, the people of Sindh have experienced major emergencies as a result of two successive years (2010 and 2011) of record breaking rains and flooding. Children may have been disproportionately affected and Sindh MICS 2014 shows that Infant mortality rate is 82 deaths per 1,000 live births and the under-five mortality rate is 104 deaths per 1,000 live births.

Nutritional status

More than four out of ten children under the age of five in Sindh are underweight (42 percent) and 17 percent are classified as severely underweight. Almost half of children under five years (48 percent) are stunted or short for their age and one quarter (24 percent) children are severely stunted. The results also show that 15 percent of the children are wasted or thin for their height and only 1 percent of children are overweight or too heavy for their height. These indicators are also reflecting the crises situation of children under five year's age and the Government of Sindh, taking notice of situation, has already launched a mega program for the nutrition support in the province.

Child health

Immunization is key to reducing child deaths from vaccine-preventable diseases. Overall, 35 percent of children age 12-23 months received all the recommended vaccinations by 12 months of age which reflects an improvement in last few years if compared to DHS 2012 findings of 29 percent for the same indicator. Similarly, an increase has been witnessed in measles vaccine coverage (53 percent) as compare to DHS 2012 (45 percent).

Water and Sanitation

Sindh MICS 2014 shows that 90 percent of the population has access to improved sources of drinking water which is a 10 percentage point increase in the last decade if compared to the Sindh MICS 2003 findings of same indicator (80 percent). The results also show that almost 65 percent of the population of Sindh is using improved sanitation facilities. The survey also presents findings from water quality testing. It is observed that 3 percent of households are using drinking water indicating Arsenic contamination while 39 percent of households are using drinking water indicating *E.coli* contamination in Sindh.

Reproductive Health

The total Fertility Rate in Sindh for the one year period before the survey was 4 children per woman which has reduced over the last decade from 5.3 children per woman as per findings of MICS 2003-4. The survey further shows that 29 percent of ever married women are using a contraceptive method and 25 percent are using a modern method. The most common contraceptive method is female sterilization which is currently used by 8.4 percent of ever married women.

Maternal and newborn health

The results indicate that almost 80 percent of ever married women receive antenatal care from a skilled provider which is almost 100 percent improvement in last decade as compared to the findings of MICS 2003-4 (42 percent). The prevalence of institutional deliveries is also considerably increased from 42 percent (DHS 2006-7) to 64 percent as reported in Sindh MICS 2014.

Literacy and education

More than half (52.3 percent) of young women age 15-24 are literate. Out of children of primary school age, 45.2 percent are currently attending primary education or higher with a modest improvement from 39 percent witnessed in MICS 2003-4. For every 100 boys attending primary school, 86 girls are also attending. This falls to 81 girls for every 100 boys attending secondary school.

Child protection

In Sindh, 29.1 percent of the births of children age under 5 are registered. 26 percent of children age 5-17 are involved in child labour. Eighty one percent of children age 1-14 years experienced psychological aggression or physical punishment or violent behaviour as a way of discipline. Just over a third of children (35%) received a severe form of physical punishment.

Early Marriages

The survey shows that 16.3 percent young women age 15-19 years are currently married. However there seems to be a decline in the number of girls marrying before age 15. Data reflects that 17.5 percent of women in the 45-49 year age group married before the age of 15 compared with 4 percent of women in 15-19 year age group. The Government of Sindh has passed a law in 2014 to control early marriages in Sindh.

Access to mass media and ICT

Overall, 70.4 percent of women either watch television or read a newspaper or magazine or listen to the radio at least once a week which is a positive indicator for planners from the communication perspective.

Among women age 15-24, almost 21 percent used a computer during in the one year period before the survey and 13.1 percent used a computer at least once a week during the past month. Further to that, 13.8 percent of young women used internet during the past year. Only 8.1 percent of young women used the social media (facebook, twitter, etc.), at least once a week during the last month. More than half of women in richest households used social media compared with less than 1 percent in poorest households.

SINDH, MICS AT A GLANCE

Survey implementation			
Sample frame	Census 1998	Questionnaires	Household
- Updated	Urban Frame 2013		Women (age 15-49)
	Rural Frame 2011		Children under five
- Household listing	Jan-Jul 2014		Vaccination records at health facility ⁱ
			Water Quality Testing
Interviewer training	Jan-Feb 2014	Fieldwork	Jan-Aug 2014
Survey sample			
Households		Children under five	
- Sampled	19,360	- Eligible	18,108
- Occupied	18,018	- Mothers/caretakers interviewed	16,605
- Interviewed	17,014	- Response rate (Per cent)	91.7
- Response rate (Per cent)	94.4		
Women		Water Quality Testing ⁱⁱ	
- Eligible for interviews	29,898	- Sampled	1,936
- Interviewed	26,647	- Occupied	1,845
- Response rate (Per cent)	89.1	- Sample collected/tested	1,758
		- Response rate (Per cent)	95.3

Survey population	
Average household size	7.2
Percentage of population under:	
- Age 5	13.6
- Age 18	44.2
Percentage of women age 15-49 years with at least one live birth in the last 2 years	22.9

Housing characteristics	
Percentage of households with	
- Electricity	91.4
- Finished floor	60.9
- Finished roofing	72.4
- Finished walls	76.8
Mean number of persons per room used for sleeping	3.94

Household or personal assets	
Percentage of households that own	
- A television	65.7
- A refrigerator	47.7
- Agricultural land	18.3
- Farm animals/livestock	34.8
- Personal computer/Laptop	19.6
Percentage of households where at least a member has or owns a	
- Mobile phone	87.5
- Car /Truck /Jeep /Van	8.2
- Bank Account	29.7
- Motorcycle / Scooter	39.2

CHILD MORTALITY

Early childhood mortality

MICS Indicator	Indicator	Description	Value ^A	
1.2	MDG 4.2	Infant mortality rate	Probability of dying between birth and the first birthday	82
1.5	MDG 4.1	Under-five mortality rate	Probability of dying between birth and the fifth birthday	104

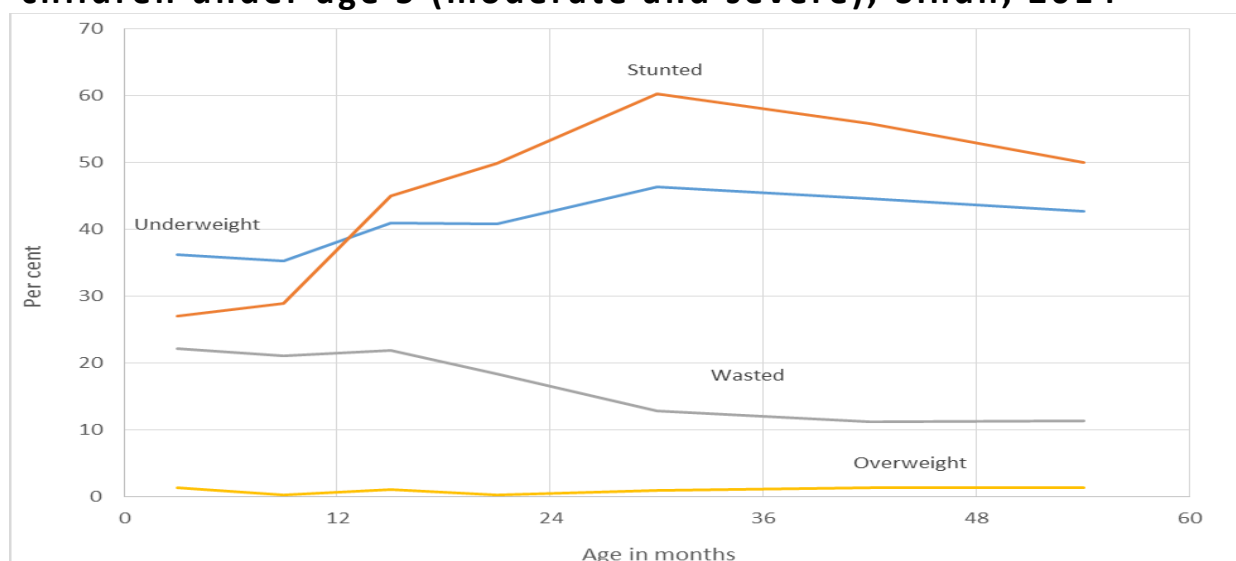
^A Indicator values are per 1,000 live births and rates refer to 2011.1 The East Model was assumed to approximate the age pattern of mortality in Sindh, Pakistan and calculations are based on the time since first birth version of the indirect children ever born/children surviving method.

NUTRITION

Nutritional statusⁱⁱⁱ

MICS Indicator	Indicator	Description	Value	
2.1a	MDG 1.8	Underweight prevalence	Percentage of children under age 5 who fall below	
2.1b		(a) Moderate and severe (b) Severe	(a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	42.0 17.0
2.2a		Stunting prevalence	Percentage of children under age 5 who fall below	
2.2b		(a) Moderate and severe (b) Severe	(a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	48.0 24.4
2.3a		Wasting prevalence	Percentage of children under age 5 who fall below	
2.3b		(a) Moderate and severe (b) Severe	(a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	15.4 3.6
2.4		Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	1.0

Figure 1: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe), Sindh, 2014



Breastfeeding and infant feeding			
MICS Indicator	Indicator	Description	Value
2.5	Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	95.6
2.6	Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	20.7
2.7	Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed ^{iv}	28.9
2.8	Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment ^v during the previous day	56.0
2.9	Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	76.7
2.10	Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	48.9
2.11	Median duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	21.3
2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed ^{vi} during the previous day	53.4
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	63.9
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	69.6
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times ^{vii} or more during the previous day	55.7
2.16	Minimum dietary diversity	Percentage of children age 6-23 months who received foods from 4 or more food groups ^{viii} during the previous day	14.2
2.17a	Minimum acceptable diet	(a) Percentage of breastfed children age 6-23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day	9.3
2.17b		(b) Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	7.7
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	37.0

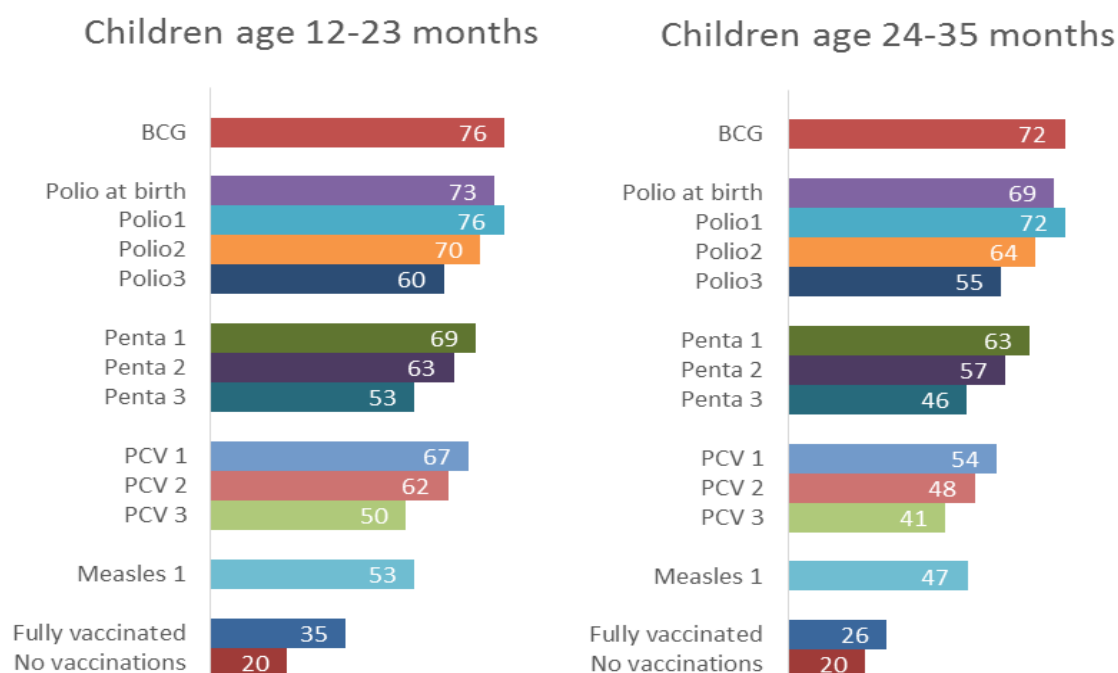
Salt iodization			
MICS Indicator	Indicator	Description	Value
2.19	Iodized salt consumption ^{ix}	Percentage of households with salt testing 15 parts per million or more of iodate	36.2
2.S1	Purchasing behavior for iodized salt	Percentage of households who look/ask for salt with <i>Handi</i> logo or labeled as <i>Iodized</i> when purchasing salt	23.1

Low-birth weight			
MICS Indicator	Indicator	Description	Value
2.20	Low-birth weight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	30.0
2.21	Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	33.2

CHILD HEALTH

Vaccinations			
MICS Indicator	Indicator	Description	Value
3.1	Tuberculosis immunization coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	76.3
3.2	Polio immunization coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	60.3
3.3 3.5 3.6	Pentavalent (DPT+HepB+Hib) immunization coverage	Percentage of children age 12-23 months who received the third dose of Pentavalent (DPT+HepB+Hib) vaccine by their first birthday	52.7
3.4 MDG 4.3	Measles immunization coverage	Percentage of children age 12-23 months who received measles vaccine by their first birthday	52.7
3.8	Full immunization coverage	Percentage of children age 12-23 months who received all ^x vaccinations recommended in the national immunization schedule by their first birthday	35.0

Figure 2: Vaccinations by age 12 months, Sindh, 2014



Tetanus toxoid

MICS Indicator	Indicator	Description	Value
3.9	Neonatal tetanus protection	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	54.1

Diarrhoea

MICS Indicator	Indicator	Description	Value
3.10	Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	69.2
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	11.6
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	41.0

Acute Respiratory Infection (ARI) symptoms

MICS Indicator	Indicator	Description	Value
3.13	Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	75.4
3.14	Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	32.9

Solid fuel use

MICS Indicator	Indicator	Description	Value
3.15	Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	44.3

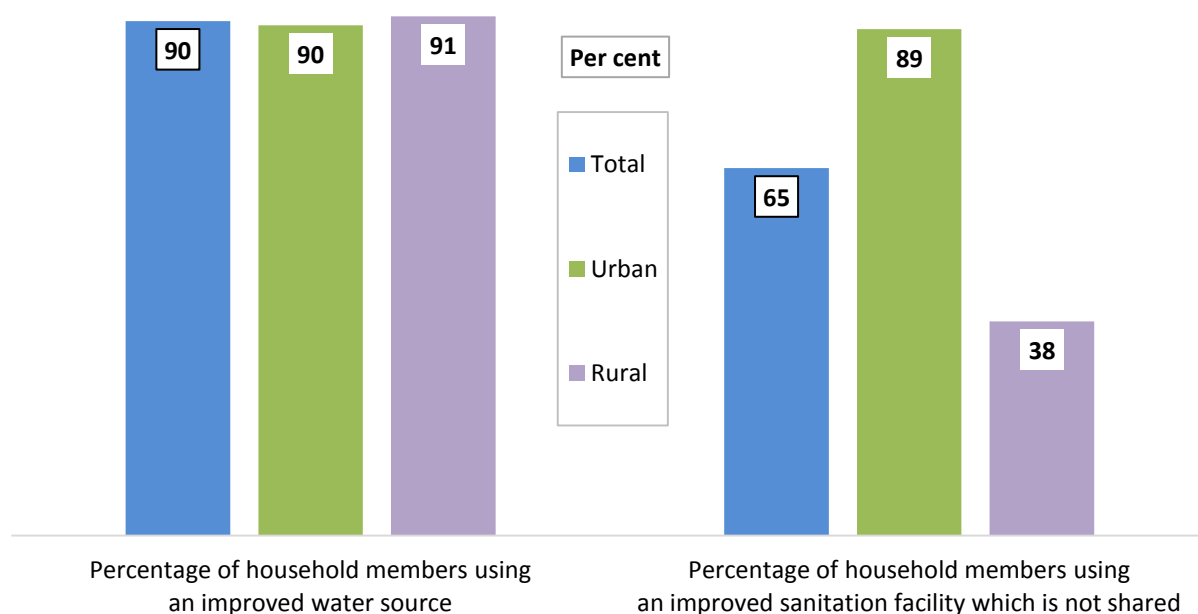
Malaria / Fever				
MICS Indicator	Indicator	Description	Value	
-	Children with fever	Percentage of children under age 5 with fever in the last 2 weeks	42.8	
3.16a	Household availability of insecticide-treated nets (ITNs) ^{xi}	Percentage of households with (a) at least one ITN	11.3	
3.16b		(b) at least one ITN for every two people	0.8	
3.17a	Household vector control ^{xii}	Percentage of households (a) with at least one ITN or that have been sprayed by IRS ^{xiii} in the last 12 months	12.5	
3.17b		(b) with at least one ITN for every two people or that have been sprayed by IRS in the last 12 months	2.4	
3.18	MDG 6.7	Children under age 5 who slept under an ITN	Percentage of children under age 5 who slept under an ITN the previous night	6.4
3.19		Population that slept under an ITN	Percentage of household members who slept under an ITN the previous night	4.3
3.20		Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	74.8
3.21		Malaria diagnostics usage	Percentage of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	4.4
3.22	MDG 6.8	Anti-malarial treatment of children under age 5	Percentage of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	1.6
3.23		Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	Percentage of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	15.9
3.24		Pregnant women who slept under an ITN	Percentage of pregnant women who slept under an ITN the previous night	6.7

WATER AND SANITATION

Water and sanitation				
MICS Indicator	Indicator	Description	Value	
4.1	MDG 7.8	Use of improved drinking water sources	Percentage of household members using improved ^A sources of drinking water	90.5
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	12.8
4.3	MDG 7.9	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	64.6
4.4		Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	43.7
4.5		Place for handwashing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	66.5
4.6		Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	82.0
4.52		Arsenic concentration in household drinking water	Percentage of household members using drinking water with over 10 ppb Arsenic concentration	3.0

^AThe population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbor, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for hand washing and cooking.

Figure 3: Use of improved water and sanitation in urban and rural areas, Sindh, 2014



REPRODUCTIVE HEALTH

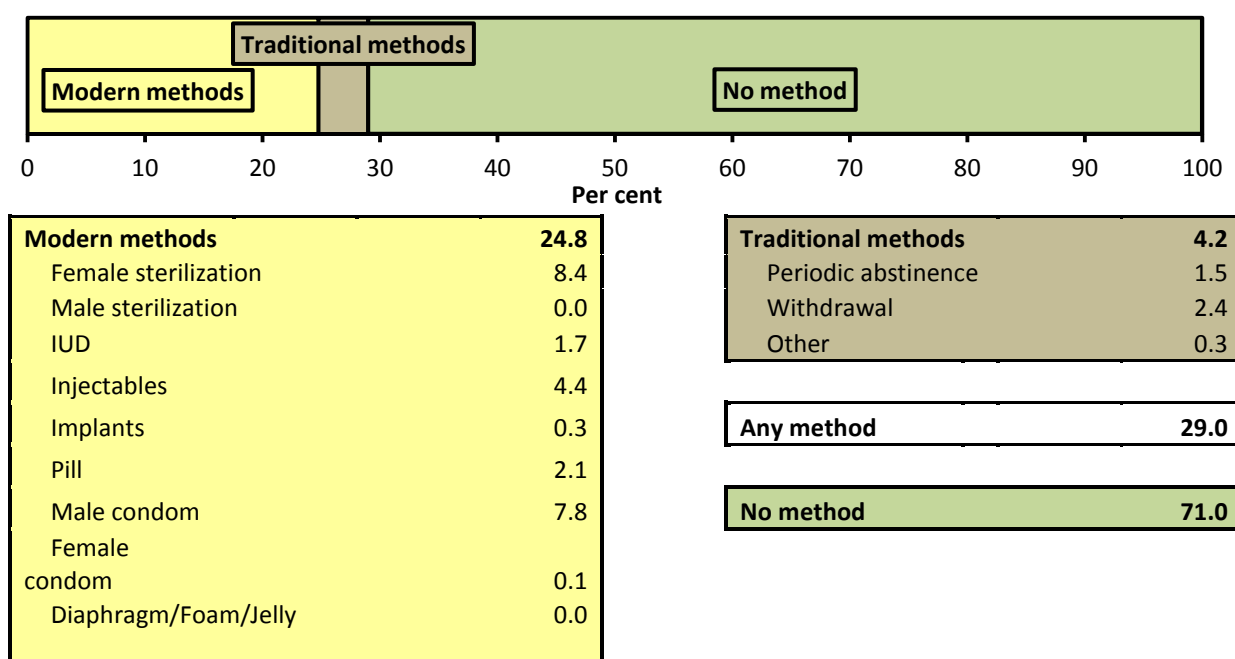
Contraception and unmet need				
MICS Indicator	Indicator	Description	Value	
	Total fertility rate	Total fertility rate ^A for women age 15-49 years	4.0	
5.1	MDG 5.4	Adolescent birth rate	Age-specific fertility rate ^A for women age 15-19 years	56
5.2		Early childbearing	Percentage of women age 20-24 years who had at least one live birth before age 18	10.0
5.3	MDG 5.3	Contraceptive prevalence rate	Percentage of women age 15-49 years currently married who are using (or whose partner is using) a (modern or traditional) contraceptive method	29.0
5.4	MDG 5.6	Unmet need	Percentage of women age 15-49 years who are currently married who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	21.7

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

The total fertility rate (TFR) is calculated by summing the age-specific fertility rates calculated for each of the 5-year age groups of women, from age 15 through to age 49. The TFR denotes the average number of children to which a woman will have given birth by the end of her reproductive years (by age 50) if current fertility rates prevailed.

All fertility rates are calculated by using information on the date of last birth of each woman and are based on the one-year period (1-12 months) preceding the survey

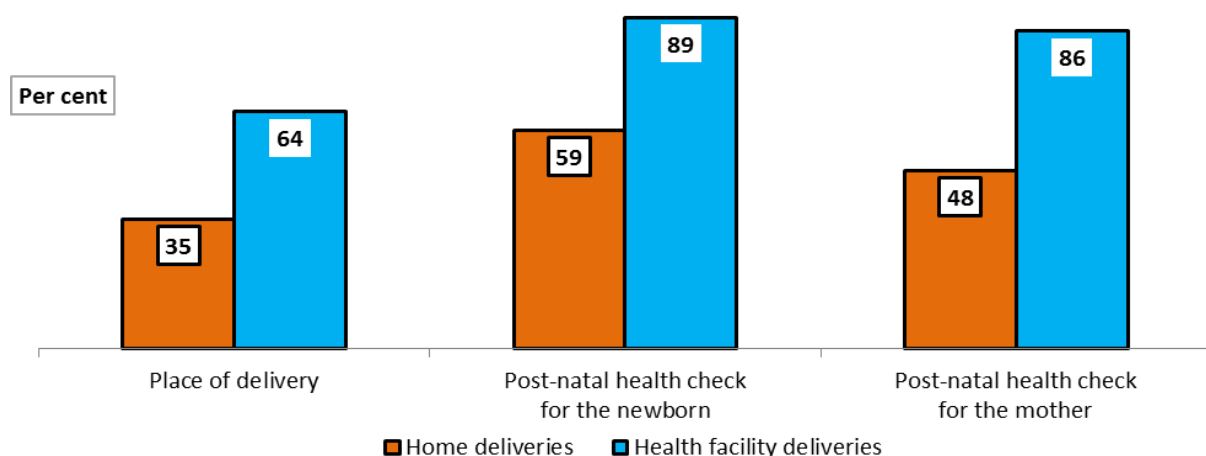
Figure 4: Use of contraception, Sindh, 2014



Maternal and newborn health			
MICS Indicator	Indicator	Description	Value
5.5a 5.5b	MDG 5.5 MDG 5.5	Antenatal care coverage Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	79.7 41.1
5.6	Content of antenatal care	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	48.4
5.7	MDG 5.2 Skilled attendant at delivery	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	65.7
5.8	Institutional deliveries	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	64.0
5.9	Caesarean section	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	17.8
5.S1	Lady health worker visits	Percentage of women age 15-49 years who were visited by a Lady Health Worker during the past three months	35.8

Post-natal health checks			
MICS Indicator	Indicator	Description	Value
5.10	Post-partum stay in health facility	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	53.8
5.11	Post-natal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	78.0
5.12	Post-natal health check for the mother	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	71.8

Figure 5: Place of delivery and post-natal health checks, Sindh, 2014



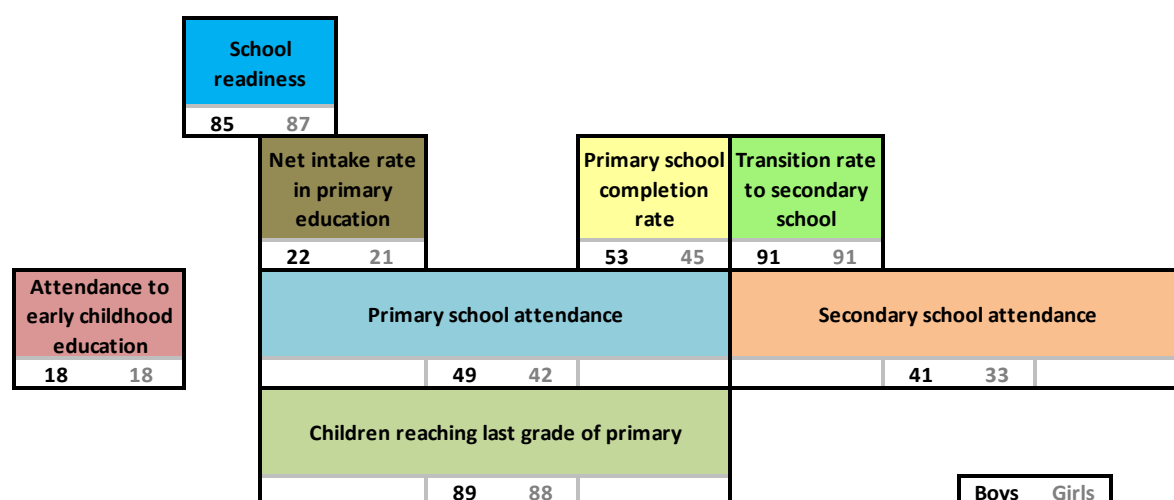
CHILD DEVELOPMENT

Child development			
MICS Indicator	Indicator	Description	Value
6.1	Attendance to early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	17.8
6.2	Support for learning	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	39.8
6.3	Father's support for learning	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	3.8
6.4	Mother's support for learning	Percentage of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	10.4
6.5	Availability of children's books	Percentage of children under age 5 who have three or more children's books	6.7
6.6	Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	62.3
6.7	Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	17.6
6.8	Early child development index	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	57.3

LITERACY AND EDUCATION

Literacy and education ^{xiv}			
MICS Indicator	Indicator	Description	Value
7.1	MDG 2.3	Literacy rate among young women	52.3
7.2		School readiness	86.2
7.3		Net intake rate in primary education	21.7
7.4	MDG 2.1	Primary school net attendance ratio (adjusted)	45.2
7.5		Secondary school net attendance ratio (adjusted)	37.0
7.6	MDG 2.2	Children reaching last grade of primary	88.6
7.7		Primary completion rate	49.0
7.8		Transition rate to secondary school	90.9
7.9	MDG 3.1	Gender parity index (primary school)	0.86
7.10	MDG 3.1	Gender parity index (secondary school)	0.81

Figure 6: Education indicators by sex, Sindh, 2014



Note: All indicator values are in per cent

CHILD PROTECTION

Birth registration

MICS Indicator	Indicator	Description	Value
8.1	Birth registration	Percentage of children under age 5 whose births are reported registered	29.1

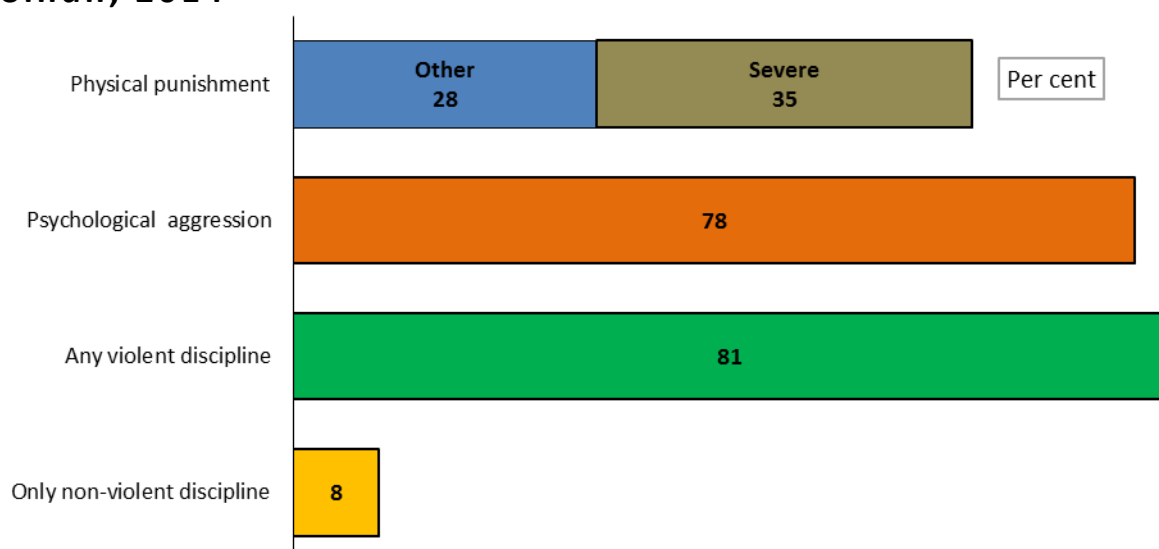
Child labour

MICS Indicator	Indicator	Description	Value
8.2	Child labour	Percentage of children age 5-17 years who are involved in child labour ^{xv}	26.0

Child discipline

MICS Indicator	Indicator	Description	Value
8.3	Violent discipline	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	81.3

Figure 7: Child disciplining methods, children age 1-14 years, Sindh, 2014



Early marriage and polygyny

MICS Indicator	Indicator	Description	Value
8.4	Marriage before age 15	Percentage of women age 15-49 years who were first married before age 15	9.3
8.5	Marriage before age 18	Percentage of women age 20-49 years who were first married before age 18	31.2
8.6	Young women age 15-19 years currently married	Percentage of young women age 15-19 years who are married	16.3
8.7	Polygyny	Percentage of women age 15-49 years who are in a polygyny	4.5
8.8a 8.8b	Spousal age difference	Percentage of young women who are married and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	12.4 14.8

Attitudes towards domestic violence

MICS Indicator	Indicator	Description	Value
8.12	Attitudes towards domestic violence	Percentage of women age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	49.0

Children's living arrangements

MICS Indicator	Indicator	Description	Value
8.13	Children's living arrangements	Percentage of children age 0-17 years living with neither biological parent	1.9
8.14	Prevalence of children with one or both parents dead	Percentage of children age 0-17 years with one or both biological parents dead	5.5
8.15	Children with at least one parent living abroad	Percentage of children 0-17 years with at least one biological parent living abroad	0.5

HIV/AIDS

HIV/AIDS knowledge and attitudes			
MICS Indicator	Indicator	Description	Value
-	Have heard of AIDS	Percentage of women age 15-49 years who have heard of AIDS	41.9
9.1	MDG 6.3 Knowledge about HIV prevention among young women	Percentage of young women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV ^{xvi} , and who reject major misconceptions about HIV transmission ^{xvii}	2.2
9.2	Knowledge of mother-to-child transmission of HIV	Percentage of women age 15-49 years who correctly identify all three means ^{xviii} of mother-to-child transmission of HIV	25.5
9.3	Accepting attitudes towards people living with HIV	Percentage of women age 15-49 years expressing accepting attitudes on all four questions ^{xix} toward people living with HIV	19.7

ACCESS TO MASS MEDIA AND ICT

Access to mass media			
MICS Indicator	Indicator	Description	Value
10.1	Exposure to mass media	Percentage of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	2.4

Use of information/communication technology			
MICS Indicator	Indicator	Description	Value
10.2	Use of computers	Percentage of young women age 15-24 years who used a computer during the last 12 months	20.5
10.3	Use of internet	Percentage of young women age 15-24 years who used the internet during the last 12 months	13.8

TOBACCO USE

Tobacco use			
MICS Indicator	Indicator	Description	Value
12.1	Tobacco use	Percentage of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	10.0
12.2	Smoking before age 15	Percentage of women age 15-49 years who smoked a whole cigarette before age 15	0.9

HEPATITIS

Hepatitis Knowledge

MICS Indicator	Indicator	Description	Value
13.S1	Knowledge about Hepatitis B and C prevention among women	Percentage of women age 15-49 with comprehensive knowledge about ways of transmission of hepatitis B or C.	34.0

NOTES

- ⁱ The questionnaire form for vaccination records at health facility was administered for all the children under five to reduce the memory recall errors and to obtain missing information in the vaccination cards at home.
- ⁱⁱ Two households were randomly selected from each of the 968 clusters and samples of household drinking water was collected for water quality testing.
- ⁱⁱⁱ Weight and height/length measurements were successfully completed for 96.7 and 96.0 per cent of children under age 5, respectively
- ^{iv} Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines
- ^v Infants receiving breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)
- ^{vi} Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods
- ^{vii} Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months
- ^{viii} The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables
- ^{ix} Additional salt sample collection for laboratory testing was done and the results will be available in the final report
- ^x Full vaccination includes the following: BCG, Polio3, Penta 3 and Measles 1 by their first birthday as per the vaccination schedule in Sindh. Although, PCV is also included in the figures as well as vaccination schedule of Sindh. But this was introduced very recently and cannot be used for calculation of full vaccination.
- ^{xi} An ITN is (a) a conventionally treated net which has been soaked with an insecticide within the past 12 months, (b) factory treated net which does not require any treatment (LLIN), (c) a pretreated net obtained within the last 12 months, or (d) a net that has been soaked with or dipped in insecticide within the last 12 months
- ^{xii} (a) Households covered by vector control, (b) Universal coverage of vector control
- ^{xiii} Indoor Residual Spraying
- ^{xiv} Education indicators, wherever applicable, are based on information on reported school attendance (at any time during the school year), as a proxy for enrolment.
- ^{xv} Children involved in child labour are defined as children involved in economic activities at or above the age-specific thresholds, children involved in household chores at or above the age-specific thresholds, and children involved in hazardous work
- ^{xvi} Using condoms and limiting sex to one faithful, uninfected partner
- ^{xvii} The two most common misconceptions about HIV transmission are included in the indicator calculation: i) Supernatural means and ii) Sharing food with someone with HIV.
- ^{xviii} Transmission during pregnancy, during delivery, and by breastfeeding
- ^{xix} People (1) who think that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching, (2) who would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive, (3) who would not want to keep secret that a family member is HIV-positive, and (4) who would be willing to care for a family member with AIDS in own home

Sindh
Multiple Indicator Cluster Survey
2014

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