KAZAKHSTAN

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2006

Agency of the Republic of Kazakhstan on Statistics

United Nations Children's Fund

United States Agency for International Development

United Nations Population Fund

United Nations Resident Coordinator

International Labour Organization

MICS

Contributor's to the Report:
Erbolat Mussabek
Gyulnar Kukanova
Gaziza Moldakulova

Kazakhstan Multiple Indicator Cluster Survey (MICS) first conducted in Kazakhstan in 2006 by the Agency of the Republic of Kazakhstan on Statistic in collaboration with the Republican State Enterprise "Data Computing Centre". Financial, methodological and technical support was provided by the United Nations Children's Fund (UNICEF) and with financial support of United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), UN Resident Coordinator Fund (UN ResCor) and International Labour Organization (ILO).

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

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United Nations Children's Fund (UNICEF), Agency of the Republic of Kazakhstan on Statistic

Agency of the Republic of Kazakhstan on Statistics
010000, Astana City, Left Bank of Ishim River
The House of Ministries, 35th Street, 4th Gate
Fax: (7172) 74-94-94
E-Mail: stat@mail.online.kz

United Nations Children's Fund (UNICEF) in the Republic of Kazakhstan
010000, Astana City,
10A, Beibitshilik str., Block 1
Tel: (+7 7172) 32-17-97, 32-29-69
Fax: (+7 7172) 32-18-03
Web: www.unicef.org

KAZAKHSTAN

Multiple Indicator Cluster Survey

2006

Final Report

Astana, 2007

Summary Table of Findings

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

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	36.3	per thousand
	2	14	Infant mortality rate	31.8	per thousand
NUTRITION					
Nutritional status	6	4	Underweight prevalence	4.0	percent
	7		Stunting prevalence	12.8	percent
	8		Wasting prevalence	3.8	percent
Breastfeeding	45		Timely initiation of breastfeeding	64.2	percent
	15		Exclusive breastfeeding rate	16.8	Percent
	16		Continued breastfeeding rate		
			at 12-15 months	57.1	percent
			at 20-23 months	16.2	percent
	17		Timely complementary feeding rate	39.1	percent
	18		Frequency of complementary feeding	24.0	percent
	19		Adequately fed infants	20.7	percent
Salt iodization	41		Iodized salt consumption	92.0	percent
Low birth weight	9		Low birth weight infants	5.8	percent
	10		Infants weighed at birth	99.4	percent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage	97.9	percent
	26		Polio immunization coverage	93.9	percent
	27		DPT immunization coverage	91.7	percent
	28	15	Measles immunization coverage	94.7	percent
	31		Fully immunized children	81.0	percent
	29		Hepatitis B immunization coverage	92.3	percent

Care of illness	33		Use of oral rehydration therapy (ORT)	74.0	percent
	34		Home management of diarrhoea	21.8	percent
	35		Received ORT or increased fluids, and continued feeding	48.0	percent
	23		Care seeking for suspected pneumonia	70.5	percent
	22		Antibiotic treatment of suspected pneumonia	31.7	percent
Solid fuel use	24	29	Solid fuels	19.0	percent
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	93.7	percent
	13		Water treatment	70.8	percent
	12	31	Use of improved sanitation facilities	99.2	percent
	14		Disposal of child's faeces	31.4	percent
REPRODUCTIVE HEALTH					
Contraception	21	19c	Contraceptive prevalence	50.7	percent
Maternal and newborn health	20		Antenatal care	99.9	percent
	44		Content of antenatal care		
			Weight measured	99.5	percent
			Blood pressure measured	99.5	percent
			Urine specimen taken	99.5	percent
			Blood test taken	99.5	percent
	4	17	Skilled attendant at delivery	99.8	percent
	5		Institutional deliveries	99.8	percent
Maternal mortality	3	16	Maternal mortality ratio	70	per 100 000
CHILD DEVELOPMENT					
Child development	46		Support for learning	81.0	percent
	47		Father's support for learning	46.9	percent
	48		Support for learning: children's books	66.4	percent
	49		Support for learning: non-children's books	89.1	percent
	50		Support for learning: materials for play	19.8	percent
	51		Non-adult care	9.8	percent

EDUCATION					
Education	52		Pre-school attendance	16.0	percent
	53		School readiness	39.5	percent
	54		Net intake rate in primary education	92.9	percent
	55	6	Net primary school attendance rate	98.0	percent
	56		Net secondary school attendance rate	95.3	percent
	57	7	Children reaching grade five	99.7	percent
	58		Transition rate to secondary school	99.7	percent
	59	7b	Primary completion rate	88.4	percent
	60	8	Adult literacy rate	99.8	percent
	61	9	Gender parity index		
			primary school	0.99	ratio
			secondary school	1.00	ratio
CHILD PROTECTION					
Birth registration	62		Birth registration	99.2	percent
Child labor	71		Child labor	2.2	percent
	72		Laborer students	94.3	percent
	73		Student laborers	2.3	percent
Child discipline	74		Child discipline		
			Any psychological/physical punishment	52.2	percent
Early marriage	67		Marriage before age 15	0.4	percent
			Marriage before age 18	8.5	percent
	68		Young women aged 15-19 currently married/in union	4.9	percent
	69		Spousal age difference (>10 years)		
			Women aged 20-24	7.4	percent
Domestic violence	100		Attitudes towards domestic violence	10.4	percent

HIV/AIDS					
HIV/AIDS knowledge and attitudes	83	19b	Comprehensive knowledge about HIV prevention among young people	22.4	percent
	89		Knowledge of mother- to-child transmission of HIV	54.5	percent
	86		Attitude towards people with HIV/AIDS	3.8	percent
	87		Women who know where to be tested for HIV	83.5	percent
	88		Women who have been tested for HIV	61.7	percent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	82.4	percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	78.8	percent
TUBERCULOSIS					
Tuberculosis knowledge			Awareness of tuberculosis	99.4	percent
			Knowledge of TB transmission by air	94.9	percent
			Knowledge of recovery after tuberculosis at proper treatment	79.0	percent
			Women who were sick or have a family member with TB	5.0	percent
			Women who communicate with neighbours, colleagues or close friends suffering from TB	7.5	percent
INFORMATION SOURCES					
Sources of main information for households			Households receiving information from TV	97.7	percent
			Households receiving information from newspapers	66.4	percent
			Households receiving information from friends, relatives, neighbours and colleagues	54.1	percent

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List of Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
DHS	Demography and Health Survey
DPT	Diphtheria Pertussis Tetanus vaccine
EPI	Expanded Programme on Immunization
GCR	Gender Correlation Rate
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
HMRS	Home-made Rehydration Solution
IDD	Iodine Deficiency Disorders
ILO	International Labour Organization
IQ	Intelligence Quotient
IMR	Infant Mortality Rate
IUD	Intrauterine Device
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Mumps, Measles, Rubella
MoH	Ministry of Health
NAR	Net Attendance Rate
ORT	Oral Rehydration Therapy
ORS	Oral Rehydration Salt
PLWHA	People Living with HIV/AIDS
PPS	Packed Powder Solution
ppm	Parts Per Million
PSU	Primary Sampling Units
ResCor	UN Resident Coordinator Fund
RSE DCC AS	Republican State Enterprise, Data Computing Centre of the Agency RK on Statistics
AS RK	Agency of the Republic of Kazakhstan on Statistic
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
U5MR	Under-Five Mortality Rate
WFFC	World Fit for Children
WHO	World Health Organization

Foreword and Acknowledgments

The Kazakhstan Multiple Indicator Cluster Survey (MICS) was first conducted in 2006 with the purpose of obtaining information to assess progress towards the situation of children and women in Kazakhstan required for monitoring the Millennium Development Goals (MDGs) and objectives of the World Fit for Children document (WFFC) and other documents agreed at international level.

Because of significant discrepancies in social and economic development of the regions of the country, the Kazakhstan MICS was conducted at sub-national level as well, which makes it unique. I hope the survey findings will be useful for the Government and civil society institutes in planning and developing social programs that meet the requirements of the real situations and needs of women and children both at national level and at the level of each region and oblast.

The success of MICS and publication of the current Report is the work of many experts at different levels. We would like to mention the following international organizations working in Kazakhstan: United Nations Children's Fund (UNICEF) for methodological, technical and financial support as well as the US Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the UN Resident Coordinator's Fund (ResCor) and the UN International Labor Organization (ILO) for their significant financial support.

I also express thanks to the staff of the UNICEF Office in Kazakhstan in the person of ***Mr. Alexander Zouev****, UNICEF Representative in Kazakhstan and* ***Mr. Raimbek Sissemaliev****, Head of Almaty Zone Office, UNICEF Project Coordinator, Kazakhstan, for technical, methodical and financial support during training of staff from the Agency RK on Statistics and permanent support in preparation and implementation of the current survey; great thanks to* ***Ms. Gaziza Moldakulova****, MICS Project Coordinator, UNFPA Kazakhstan, for coordination of UN agencies involved in the MICS Project as well as for collaboration in preparation of financial reports and the current MICS report.*

I express thanks to UNICEF staff members, who conducted training workshops, developed questionnaires and programs for data entry and calculation of indicators, accomplished general management as well as provided consultations during preparation, implementation and processing the outcomes of current global survey, in particular: MICS-3 Project Coordinator from UNICEF Regional Office ***Mr. George Sakvarelidze*** *(Geneva, Switzerland) for his maximal assistance to the staff of the Agency in preparation and carrying out this survey in Kazakhstan.*

We express special gratitude to ***Mr. Anthony Turner****, International Consultant on Sampling (USA) for his expert assistance in Kazakhstan MICS sampling and* ***Mr. Muktar Minbayev****, Project Coordinator on Monitoring and Evaluation, UNICEF, Kyrgyzstan, who provided invaluable assistance during sampling.*

Moreover, I would like to highlight local authorities of all levels who provided support during the implementation of the project, who provided valuable assistant to MICS field teams during the survey and data collection.

In addition, I would like to express high appreciation to members of Coordination Committee on MICS preparation and implementation in Kazakhstan, ministries and agencies of the Republic, the non-governmental sector and international institutions concerned with MICS findings, which expressed their comments and proposals to the current report.

Chair
Agency of the Republic of Kazakhstan

Anar Meshimbayeva

Foreword and Acknowledgments

*I have great pleasure in presenting the **Final Report on findings of Multiple Indicator Cluster Survey** first held in Kazakhstan in 2006. This is a unique survey based on methodology developed and used by UNICEF in many countries in the world but has an essential feature, since it was conducted not only at the national scale. Unlike in many other countries focusing mainly on the national level, MICS in Kazakhstan was conducted at the sub-national level, which allowed obtaining more complete and reliable picture on social status of children, women and families in the entire country as well as in every region.*

The survey was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements – the Millennium Declaration, adopted by all United Nations Member States in September 2000, and the Plan of Action of a "World Fit For Children", adopted by 189 Member States at the United Nations Special Session on Children in May 2002.

The success of MICS is the work of many experts from the Agency RK on Statistic and its territorial divisions as well as structural subdivision of RSE Data Computing Center.

*In this regard I sincerely appreciate the assistance of **Mr. Kali Abdiyev**, the Chair of the Agency RK on Statistics, who launched this Project, made all the necessary arrangements and established an environment for successful Project implementation, **Mr. Bakhyt Sultanov** and **Ms. Anar Meshimbayeva**, who provided support to the MICS as Chairs of the Agency RK on Statistics, and express particular appreciation and gratitude to **Mr. Yuri Shokamanov**, Deputy Chair for their ongoing support in further MICS implementation.*[1]

*I would like to specially thank **Mr. Yerbolat Mussabek**, Deputy Director of Social and Demography Statistics Department of the Agency RK on Statistics, National MICS Coordinator, for coordination of all structures involved in the Project as well as planning of MICS preparation and implementation, formation of field teams for data collection, development of training techniques and arrangement of training workshops and **Ms. Gulnar Kukanova**, Head of the Population Statistics Division of the Social and Demography Statistics Department of the Agency RK on Statistics for training of field teams staff at regional training workshops and assistance in development and adaptation of MICS tools, and also **Ms. Zinagul Dzhumanbayeva**, Director of the Republican State Enterprise «Data Computing Centre» of the Agency RK on Statistics (RSE DCC AS) and her team for leading arrangements and working with the financial reports of the executive partner of the Project; **Ms. Aigul Kapisheva**, Head of the Department on Databases Processing (RSE DCC AS) for adaptation of MICS software to the conditions of Kazakhstan and its accommodation; **Ms. Saule Dauylbayeva**, Head of Population Register Dataware Division (RSE DCC AS) and her team for the high quality entering of primary data and formation of the MICS database.*

*In addition to the main activities of the Agency RK on Statistics within the current survey, the staff of the Kazakh Academy of Nutrition, our long standing and reliable partner, conducted study on food consumption frequency, prevalence of IDD and IDA among women and prevalence of Vitamin A Deficiency among children under 5. Findings of this study will be presented in second volume of the MICS Report due in the beginning 2008. Having this opportunity I would like to thank personally **Professor Toregeldy Sharmanov**, the President of the Kazakh Academy of Nutrition, and his staff, particularly **Professor Shamil Tajibayev** for successful completion of this work.*

I highly appreciate the assistance of the Heads of Oblast/City Departments on Statistics of the Republic of Kazakhstan for provision of human resources – state servants – for fieldwork and their invaluable contribution to arranging the survey as well as work of the staff of the Regional Departments on Statistics, involved in fieldwork on data collection in the severe winter conditions in 2006. I would like to specially acknowledge the work of field team supervisors for due level of fieldwork arrangement and implementation, development of optimal routes for the teams; interviewers for high-quality and

[1] Project participants occupied these positions the years MICS was prepared and implemented (2005-2007).

timely fieldwork on data collection in compliance with MICS requirements, editors – for quality questionnaires editing, anthropometric measurements and timely delivery of questionnaires to the central office, drivers for timely and safe delivery of teams to remote settlements as per tight schedule.

I have to emphasize that implementation of the MICS project became possible in Kazakhstan not only due to financial and overall support of UNICEF but also due to substantial contribution of our reliable UN family partners into the process, primarily United Nations Population Fund (UNFPA) and also UN Resident Coordinator Fund, International Labor Organization (ILO), and certainly our main donor partner the United States Agency for International Development (USAID).

Implementation of MICS allowed to train many relevant professionals and technical staff in the country. I believe that state agencies would continue use their capacity and the methodology in other similar surveys concerning social and economical issues of the country as well as to measure their progress.

The report contains a lot of interesting information about the status of women and children in Kazakhstan and will be of use for state bodies, non-governmental organizations, international institutes, professors and students as well as the general public.

UNICEF Representative
in the Republic of Kazakhstan

Alexandre Zouev

EXECUTIVE SUMMARY

Characteristics of households

In 14,564 surveyed households resided 51,261 people. Of them 48.2 percent were males and 51.8 percent females. The average household size was 3.5 people. The major number of households consisted of 2-3 people (41 percent) and 4-5 people (32.4 percent).

The proportion of households with at least one child under 18 was 56.7 percent; in 21.8 percent of households lived children under 5, the proportion of households with at least one woman aged 15-49 was 70.6 percent.

The proportion of children under 15 years made 24.1 percent, persons aged 15-64 – 67.2 percent, people over 65 – 8.7 percent and the number of children aged 0-17 years made 30.3 percent of the total number of surveyed household members.

In total, the number of reproductive age women (15-49 years) made 54.9 percent. At the time of the survey, 57.4 percent of interviewed women were married or in union, 14.1 percent – divorced/separated/widowers and 28.6 percent – never married. According to maternal status – 66.8 percent women had given birth. 13.4 percent of reproductive age women have primary or incomplete secondary education, 33.6 percent have completed secondary education, 27.1 percent have specialized secondary and 25.9 percent – higher education. As for wealth levels the poorest and poor quintiles are represented approximately by the same indicator 18.5-18.7 percent, middle – 19.4 percent, rich – 20 percent and richest 23.4 percent, where reproductive age women resided. Among interviewed women 59.1 percent were Kazakhs, and 30.8 percent Russians.

The number of children under 5 was 7.8 percent. 51 percent of children lived in urban areas and 49 percent – in rural areas. Age of children: under 6 months – 8.7 percent, 6-11 months – 10.5 percent, 12-23 months – 21.9 percent, 24-35 months –21.5 percent, 36-47 months – 19.4 percent and 48-59 months – 18 percent.

Sources of Information for Family

Almost all residents (over 97 percent) of Kazakhstan obtain information for the family, mainly from TV. The second source of information for 66 percent of the population is newspapers. The third prevalent source of information for Kazakhstan citizens are friends, siblings, neighbors and colleagues. The next source of information reported by over one quarter (25.4 percent) of population was radio. Over 18 percent of Kazakhstan people get information from magazines. Outdoor advertisement and posters (9.4 percent), as well as the Internet (4.7 percent) are not very popular among respondents. The popularity of some information sources mainly depends on education level and wealth of population as well as regions and area of residence, and of course, access to some sources, for instance, the Internet.

Infant and child mortality

The infant mortality rate (IMR) is estimated at 31.8 per thousand life births, while the probability of dying before the age 5 is around 36.3 per thousand live births. Boys' mortality significantly exceeds girls' and makes 36.6 and 26.6 per thousand respectively for IMR, and 41.7 and 30.3 per thousand livebirths respectively for under 5 mortality.

Nutrition Status

In Kazakhstan 4 percent of children under 5 are moderately underweight (weight for age) and 0.8 percent are classified as severely underweight, at that, 3.8 percent of children are wasted (weight for height) and 1 percent severely wasted. At the same time, 12.8 percent of children in the country are stunted for their age and the height of 4 percent is too short for their age.

Breastfeeding

64.2 percent started breastfeeding within one hour of birth; the urban-rural difference was 4.4 percent – urban women 66.3 percent and 61.9 of rural women. 87.8 percent started breastfeeding within one day of birth (which includes those who started within one hour), the percentage of such women in urban and rural settlements is almost the same (87.7 and 88 percent respectively).

16.8 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. At aged 6-9 months, 39.1 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 57.1 percent of children are still being breastfed and by age 20-23 months, 16.2 percent are still breastfed. Girls were more likely to be exclusively breastfed than boys were, while boys had higher levels than girls for timely complementary feeding.

Salt Iodization

In 98.8 percent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. In 92 percent of households, salt was found to contain 15 ppm or more of iodine. The above data proves that Kazakhstan is ready for certification as a country that has achieved universal salt iodization.

Low Birth Weight

Overall, 99.4 percent of babies were weighed at birth and approximately 5.8 percent of infants are estimated to weigh less than 2,500 grams at birth.

Immunization

97.9 percent of children in Kazakhstan aged 15-26 months received a BCG vaccination and the first dose of DPT by the age of 12 months. The percentage declines for subsequent doses of DPT to 96.7 percent for the second dose, and 91.7 percent for the third dose. Similarly, 99 percent of children received Polio 1 (OPV) by age 12 months and this declines to 93.9 percent by the third dose. The coverage for measles vaccine by 15 months is a bit lower than for the other vaccines at 94.7 percent. This is primarily because, although 99.4 percent of children received the vaccine, only 94.7 percent received it by their first birthday. Despite the fact that by the age of 12 months coverage with some vaccines exceeds 94 percent, the percentage of children who had all the recommended vaccinations by their first birthday (by 15 months for measles) is low at only 81 percent.

Solid Fuels

Overall, 19 percent of all households in Kazakhstan are using solid fuels for cooking. Use of solid fuels is very high in rural areas, where 40.8 percent of households are using solid fuels and very low in urban areas – 6.8 percent. The highest percent of households using solid fuels for cooking was found in South Kazakhstan (40.7 percent) and Kyzylorda (39.8 percent) Oblasts. The total percentage of solid fuels is too high due to high use of coal for cooking.

Use of improved sources of drinking water and water treatment

Overall, 93.7 percent of the population in Kazakhstan is using an improved source of drinking water – 98.1 percent in urban areas and 87.7 percent in rural areas. The situation with drinking water received from improved sources is worse in North Kazakhstan Oblast (81.7 percent), Kostanai (83.2 percent), South Kazakhstan (85.7 percent) and Atyrau (89.3 percent) Oblasts. In Atyrau and South Kazakhstan Oblasts 8.1 and 6.8 percent of population respectively use surface water.

70.8 percent of the population uses any way to treat drinking water obtained from all sources. The main method of water treatment used almost by 70 percent of the population is boiling; 24.7 percent of the population let the water to settle before consuming it. The urban population more often uses water treatment methods than the rural one.

Use of improved sanitation

Almost all the population of Kazakhstan (99.2 percent) are living in households with improved sanitation facilities. In urban areas modern lavatory pans are more popular – over 60 percent of households use them – as well as pit latrines with slab (35.5 percent). In rural areas about 95 percent of households use latrines with slab.

The proportion of children aged 0-2 years whose last faeces was safely disposed of was 31.4 percent, at that, this indicator in urban area made 54.3 percent against 8.7 percent of rural area.

Contraception

Current use of contraception was reported by 50.7 percent of women currently married or in union. The most popular method is IUD (intrauterine device) which is used by one in three married women (36.2 percent of married women) in Kazakhstan. The next most popular but of limited occurrence method is pills, which accounts for 6.6 percent. 4.8 percent of women reported use of the condom.

Reproductive Behavior

Over one-third (37.7 percent) of women wanted to have 2 children, almost one in three (28.7 percent) women – three children and 17.0 percent – four children. Less than 9 percent (8.7 percent) of women in the survey wanted to have 5 to 9 children and only 0.5 percent of women – 10 or more.

Factors limiting the birth of another child reported by women were low salary (25 percent) and health status (19.7 percent). The factors encouraging the birth of another baby reported by women were maternity leave with sufficient pay (21.4 percent) and reduced age of retirement (19.8 percent).

Antenatal Care

Coverage of antenatal care (by a doctor, nurse, or midwife) is relatively high in Kazakhstan with 99.9 percent of women receiving antenatal care at least once during the pregnancy. All interviewed women had blood testing, blood pressure measurement; urine testing and were weighted (by 99.5 percent).

Assistance at Delivery

Almost all births in Kazakhstan (99.8 percent) were delivered by skilled personnel in health facilities. 80.9 percent of births were delivered by doctors, 18.2 percent – by nurses/obstetricians.

Maternal Mortality

In MICS, the maternal mortality ratio in Kazakhstan over the past 10-14 years was 70 cases per 100,000 of life births.

School Readiness and Pre-School Attendance

At the time of the survey, only 16 percent of children aged 36-59 months were attending pre-school institutions. Overall, 39.5 percent of children attending the first grade of primary school were attending pre-school the previous year. The proportion of males and females was almost the same, while 46.4 percent of children in urban areas had attended pre-school the previous year compared

to 33 percent among children living in rural areas. Urban-rural differentials are very significant as well as mother's educational level. Socioeconomic status appears to have a significant impact on school readiness.

Primary and Secondary School Participation

Of children who are of primary school entry age (age 7) in Kazakhstan, 92.9 percent are attending the first grade of primary school. By gender indicator boys (95.1 percent) prevail over girls (90.4 percent). Gender Parity Index for primary school is 0.99, indicating no difference in the attendance of girls and boys to primary school. This indicator is kept for secondary education (1.00).

Birth Registration

The birth of 99.2 percent of sampled children aged under 5 in Kazakhstan was registered. There are no significant variations in birth registration across sex, age, or education categories.

Child Labor

In Kazakhstan, 2.2 percent of children aged 5-14 years are involved in child labor of different types, such as work in a household, family business or outside of the household.

Child Discipline

In Kazakhstan, 52.2 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. Less than one percent of children were subjected to severe physical punishment; in urban area percentage of such children is twice as much as in rural. Only 7.4 percent of mothers/caretakers believed that children should be physically punished, when in practice over 20 percent indicated the opposite.

Early Marriage

In Kazakhstan 57.4 percent of women aged 15-49 years sampled for MICS, are married/in union.

It is necessary to note that around 5 percent of young women aged 15-19 years are married. Only 0.4 percents of women aged 15-49 were married or lived with man before they turned 15 years of age and 8.5 percents of women aged 20-49 years got married before they turned 18 years of age.

Domestic Violence

10.4 percent of women aged 15-49 years said that a partner might beat his wife for the following reasons:

- Goes out for long without telling her husband;
- Neglects her children;
- Contradicts her husband;
- Refuses sex with him;
- Burns food.

The highest percentage of women (7.1 percent) recognized that partner can beat his wife if she neglects their children or does not care for them; at the same time, the percentage of women currently and previously married was 8.3 and 7.7 percents respectively against 4.6 percent of women

never married/in union. Least percentage of women (1.5 percent) accepts this situation in case if wife refuses sex with her partner. Distribution of causes justifying, according to interviewed women, domestic violence from the partner and the number of women who accept such situation is almost the same in urban and rural areas.

Knowledge of HIV transmission

In Kazakhstan, almost all interviewed women (98.7 percent) have heard of AIDS. However, the percentage of women who know all three main ways of preventing HIV transmission is only 30 percent. Almost 66 percent of women know of having one faithful uninfected sex partner, 62.9 percent know of using a condom every time, and 42.7 percent know of abstaining from sex as the main ways of preventing HIV transmission. While 80 percent of women know at least one way, a high proportion of women (20 percent) do not know any of the three ways.

Misconceptions about HIV/AIDS

Of the interviewed women, 36.3 percent reject the two most common misconceptions and know that a healthy-looking person can be infected. 68.7 percent of women know that HIV cannot be transmitted by sharing food, and 60.6 percent of women know that HIV cannot be transmitted by mosquito bites, while 67.5 percent of women know that a healthy-looking person can be infected. 79.8 percent of women know that HIV cannot be transmitted by supernatural means, and 96.2 percent of women know that HIV can be transmitted by multiple uses of needles.

Attitudes toward people living with HIV

96.2 percent of women in survey agree with at least one discriminatory statement concerning people with HIV; urban as well as rural population, irrespective of education level, wealth of household, and age were unanimous. 82.7 percent of people would not buy foodstuffs from HIV-positive vendor, 65.9 percent of respondents would want to keep HIV status of a family member a secret, 60.1 percent of population of Kazakhstan believes that HIV positive teacher should not be allowed to teach in school. Interviewing revealed that 9.4 percent of population in general would not take care of family member with HIV (AIDS), there were found no significant urban-rural differences.

Knowledge of Tuberculosis

99.4 percent of population of the country is aware of tuberculosis, equally in urban and rural areas. 79 percent of women know about tuberculosis patients' recovery if it is properly treated. 83.2 percent of interviewed females reported that TB should be treated in the hospital. Almost all respondents regardless of the place of residence, education level and wealth knew about TB transmission by air during coughing. About 42 percent of parents in urban and rural areas responded that they will seek medical care in TB dispensary with suspected TB in children. About 39 percent parents in rural area and 25.5 percents of parents in urban area will seek hospital care. The latter prefer to apply to the clinic (32 percent).

Almost 53 percent of interviewed women correctly named 'coughing for more than three weeks' as a TB symptom and 58.5 percent of women reported seeking the medical care if this sign appears. Among other symptoms almost 43 percent of women named blood with phlegm, 38 percent – fever and 37 percent – night sweating.

Overall in the country over 12 percent of respondents were sick or have family members suffering from TB and communicated with people with TB outside of the family. This shows quite high disease prevalence within the Republic. At the same time the population is well informed on the ways of disease transmission and symptoms.

I. Introduction

Background

This report is based on the Kazakhstan Multiple Indicator Cluster Survey (hereinafter MICS), first conducted in Kazakhstan in 2006 by the Agency of Kazakhstan on Statistics. The survey provides valuable information on the situation of children and women in Kazakhstan and was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of a "World Fit For Children", adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

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

After the President of the Republic of Kazakhstan (RK) signed the Declaration, the Government of RK committed itself to monitor progress towards the Millennium Development Goals (MDGs) to 2015. Assessment of follow-up indicators is essential in view of information provision for further action and assessment of changes.

The long-term strategic development of Kazakhstan associates with the Millennium Development Goals. State and sectoral programs as well as development strategies of the Republic reflect all MDG goals and objectives. The long-term National Strategy 'Kazakhstan-2030' and the Mid-Term Development Plan 'Kazakhstan-2010' also reflect the strategic development priorities of Kazakhstan focused on reducing gaps between rich and poor people, strengthening human security through a decrease in social vulnerability, improvement of social services quality, environmental sanitation, civil society participation in development and strengthening the institutional potential of state bodies.

During the last years Kazakhstan made certain progress towards the MDGs achievement. The Republic has developed a number of strategies and state programs for achieving national goals and priorities, such as:

- Program on Combating Poverty and Unemployment in the Republic of Kazakhstan for 2000-2002;

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 World Fit for Children also committed themselves to monitoring progress towards the goals and objectives they contained:

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

*"...We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions...." (**A World Fit for Children**, paragraph 61)*

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

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

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

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

- State Program on Poverty Reduction for 2003-2005;
- State Program on Reforming and Development of Public Health RK for 2005-2010;
- State Education Program in Kazakhstan for 2005-2010;
- Gender Equality Strategy of the Republic of Kazakhstan for 2005-2015;
- Program on Development of Rural Areas for 2004-2010;
- Branch Program «Drinking waters» for 2002-2010;
- Program on Counteracting AIDS Epidemics in the Republic of Kazakhstan for 2001-2005.

In frames of assistance to the Government of Kazakhstan in achievement of the global goals and national priorities, UN System coordinates and consolidates efforts of individual UN agencies at country level through a strategic tool called the United Nations Development Assistance Framework for 2005-2009 (UNDAF).

Better access to quality basic social services, in particular, reduction of child mortality, improvement of maternal health and reduction of HIV/AIDS, tuberculosis and other dangerous diseases in Kazakhstan is directly linked to expected UNDAF outcome. UN assistance in achieving these goals focuses on:

- Strengthening of legislative base for better public health and education services;
- Improvement of public health management;
- Improvement and expansion of key health services: MCH, reproductive health and HIV/AIDS especially to vulnerable groups;
- Dissemination and improvement of knowledge, behavior skills and practices in the area of MCH, reproductive health, HIV/AIDS and child care to the community and family levels;
- Capacity building of education management at the republican and regional level;
- Establishment of child and youth-friendly education environment focused at development of vital skills and HIV/AIDS prevention in pilot regions.

Based on the Situation Analysis of Status of Chilren and its own experience UNICEF identified in 2001 five priority areas, where the most impact on children's life could be achieved: girl's education; integrated development in childhood and adolescence; immunization «plus»; combating HIV/AIDS; and enforced protection of children against domestic violence, exploitation and discrimination.

For the first time, the 2006 Kazakhstan Multiple Indicator Cluster Survey (MICS) was conducted in order to analyze and assess progress in the area of mother and child situation in Kazakhstan as well as progress towards Millennium Development Goals. Agency of the Republic of Kazakhstan on Statistics represented the Government RK in the survey conducted under methodological, technical and financial support of UNICEF and financial support of US Agency for International Development (USAID), UN Population Fund (UNFPA), UN Resident Coordinator Fund and International Labor Organization (ILO).

Because of significant discrepancies in social and economical development of the regions of the country, Kazakhstan MICS was conducted at sub-national level, which makes it unique; thus, the results of the survey might encourage the Government and civil society institutes to plan and develop social programs that will meet demands of real situation and needs of women and children both at national level and at the level of each region.

In addition, MICS improves the quality of statistical information and monitoring of situation of children and mothers in Kazakhstan and progress towards Millennium Development Goals as well as strengthens technical and qualification potential of the Agency RK on Statistic staff on such surveys.

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

Survey objectives

2006 Kazakhstan Multiple Indicator Cluster Survey has as its primary objectives:

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

II. Sample and Survey Methodology

Sample design

The sample for the Kazakhstan Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas, as well as at sub-national level for 16 regions – 14 Oblasts and 2 cities:

Akmola Oblast
Aktobe Oblast
Almaty Oblast
Atyrau Oblast
West Kazakhstan Oblast
Zhambyl Oblast
Karaganda Oblast
Kostanai Oblast
Kyzylorda Oblast
Mangistau Oblast
South Kazakhstan Oblast
Pavlodar Oblast
North Kazakhstan Oblast
East Kazakhstan Oblast
Astana City
Almaty City

Regions were identified as the main sampling domains and the sample was selected in two stages. The sample was stratified by urban and rural areas (which represent second level territorial and administrative units). 1999 Population Census enumeration areas were selected as Primary Sampling Units (PSUs). The number of primary sampling units (PSUs) for oblast and main cities depended on the total population at the beginning of 2005.

At the first stage, mentioned number of PSUs was randomly selected for each stratum. In general, 625 PSUs were selected within the country. At the second stage, 24 households were systematically selected in each sampled primary sampling unit. Thus, the total number of sampled households made 15,000.

The sample was stratified by region and is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

In addition to the main activities of the Agency RK on Statistics within the current survey, the staff of the Kazakh Academy of Nutrition conducted study on micronutrients. To do so a sub-sample of 5,000 households was made based upon main sample. This study envisaged interviewing of 5,000 women aged 15-49 on food consumption frequency, blood pressure measurement, taking blood samples for haemoglobin, and collection of urine for iodine excretion measurement. Moreover, within the 5,000 households a sub-sample of 1,000 households with children under 5 was identified to measure the contents of Vitamin A in their blood and to collect edible salt for iodine level measurement in laboratory.

The findings of this study will be presented in the second volume of the MICS report due early 2008.

Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all de jure household members, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years; and 3) an under-5 questionnaire[2] administered to mothers or caretakers of all children under 5 living in the household.

The questionnaires included the following modules:

- **The Household Questionnaire included the following modules**
  - Household Listing
  - Education
  - Water and Sanitation
  - Household Characteristics
  - Child Labor
  - Child Discipline
  - Maternal Mortality
  - Consumption of Iodized Salt

- **The Questionnaire for Individual Woman included the following modules**
  - Child Mortality
  - Maternal and Newborn Health
  - Marriage and Union
  - Contraception
  - Attitudes Towards Domestic Violence
  - HIV/AIDS
- **The Questionnaire for Children Under Five included the following modules**
  - Birth Registration and Early Learning
  - Child Development
  - Breastfeeding
  - Care of Illness

[2] Children under-5 and children aged 0–4 years and children aged 0–59 months are used as interchangeable in this report.

- Immunization
- Anthropometry

Moreover, household questionnaires were supplemented with following modules:

- UNICEF Module (knowledge about UNICEF, Convention on the Rights of the Child, sources of information for families);
- Health Care System Information Module;
- Primary Health Care Accessibility Module;
- Accessibility of In-patient and Specialized Care Module

Individual questionnaire for women was added with specially developed modules on:

- Reproductive Behavior
- Tuberculosis

Also the Mother and Newborn Health Module was supplemented by a number of questions on smoking and alcohol consumption by women in general and those pregnant in particular.

Out of the 3 questions of UNICEF Module this report only provides findings on sources of information for family as ones having substantial significance for the public.

Unfortunately, it was not possible to process data from the modules on health care system, accessibility of primary health care and in-patient and specialized care within the framework of this exercise. In this regard it was decided to leave the collected data for further research.

Due to very low response on questions about tobacco and alcohol consumption the findings are not presented.

The questionnaires are based on the MICS3 model questionnaire[3]; however, some Modules were adapted to Kazakhstan (in particular, Education Module, which was considerably changed). English questionnaires were translated into Russian and Kazakh. Questionnaires were pre-tested in Fabrichnyi (Almaty Oblast) and Kordai (Zhambyl Oblast) settlements in November 2005. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. MICS Questionnaires for Kazakhstan are presented in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, and measured the weight and height of children age under 5 years. Details and findings of these measurements are provided in the respective sections of the report.

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

Training and fieldwork

The list of team members for 16 domains was composed from Oblast/City Statistics Departments staff. Training on data collection techniques in the fields was conducted in November-December 2005. Four regional training workshops 6 days long each were conducted in Petropavlovsk City (21-26 November), Shymkent City (28 November – 3 December), Semipalatinsk City (5-10 December) and Aktobe City (20-25 December) for the staff of regional departments involved in fieldwork. In total, 129 Statistic Division's staff members were trained.

Four teams of eight people from each Oblast participated in each workshop, in total 32 people. Training included lectures on interviewing techniques, contents of the questionnaires and mock interviews between trainees in practice interviewing. By the end of the training participants spent two days in practicing interviewing at the venue of training workshops. With the purpose of practical training, teams of interviewers and respondents were established that had mock interviews and answered each questionnaire followed with discussion of completed questionnaires, correction of mistakes and amendment of some questions for better comprehension. In addition, training on anthropometric measurements of children under 5 and testing of iodine in salt by testers was conducted in small groups. In the frames of the same workshops, special 2-day training workshops were conducted for supervisors and editors on monitoring in the fields and editing of questionnaires. Each participant received a certificate upon completion of the workshop.

Prior to fieldwork, supervisors developed special routes and schedules for teams moving by clusters. Before fieldwork mass media (newspapers, TV and radio) in the fields elucidated MICS targets and terms to population.

The data were collected by 16 teams; each comprised of six female interviewers, two drivers, one editor and one supervisor – head of team. Qualitative composition of fieldworkers was very high; each team comprised of state servants, supervisors were deputy heads of Oblast/City Statistics Departments, editors – director or deputy director FSE DCC AS RK, interviewers – senior specialists and heads of departments. Special badge with colored photo, full name, MICS and AS RK logos was prepared for each team member.

Fieldwork began in January and concluded in March 2006.

Preparatory work and coordination of all structures involved in the Project was agreed with MICS coordinators from the Agency RK on Statistics with close cooperation of UNICEF and UNFPA MICS coordinators.

Central office of RSE DCC of the Agency RK on Statistics dispatched all necessary tools and equipment required for MICS fieldwork ahead of time.

During the fieldwork, Project Coordinators had

a few monitoring visits to the following Oblasts in accordance with schedule for field teams: Akmola, Karaganda, Mangistau, Atyrau, Almaty, Zhambyl, Kyzylorda and South Kazakhstan. Representative from UNICEF Regional Office (Geneva, Switzerland) took part in monitoring in the first two Oblasts.

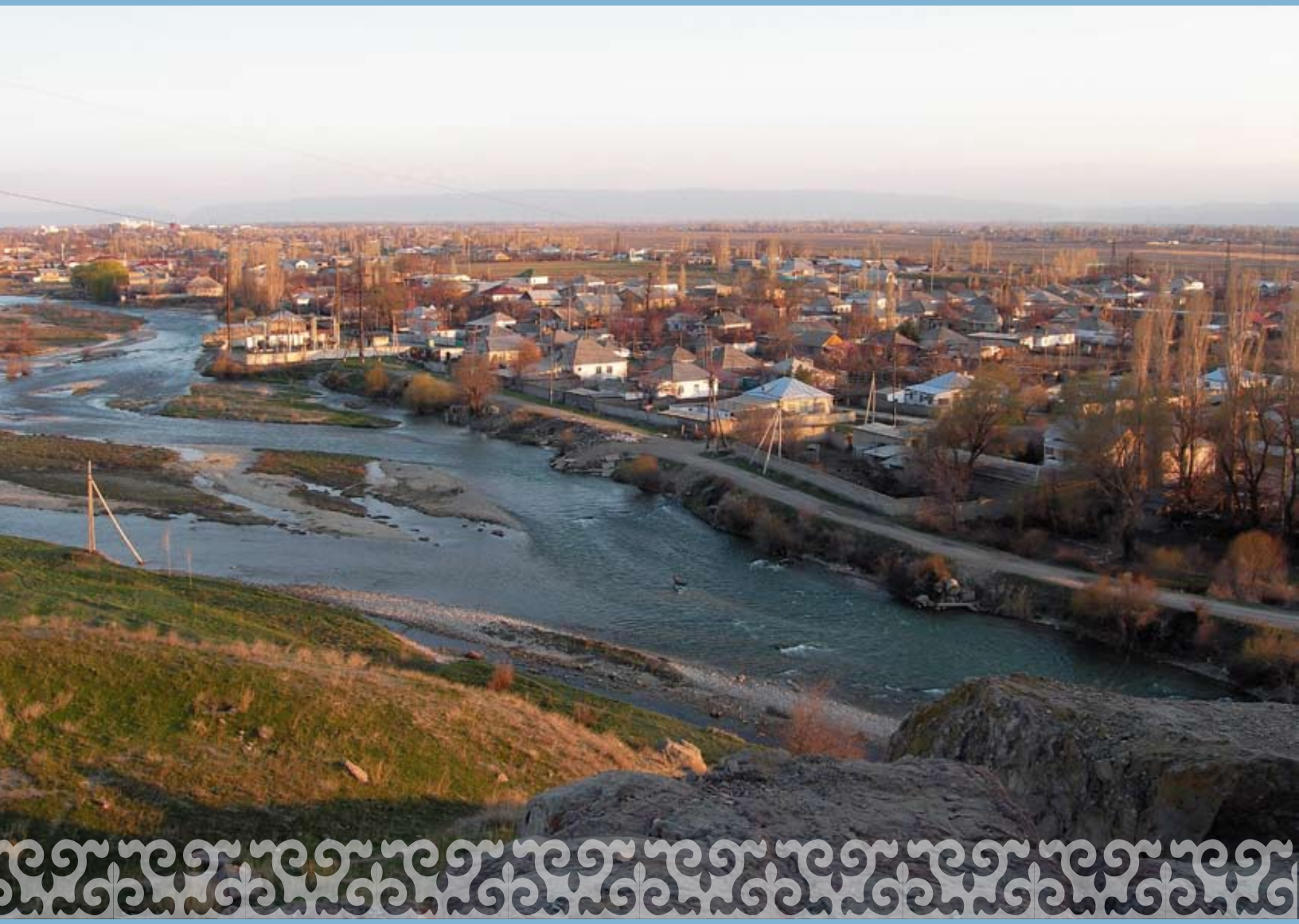
Heads of Oblast, city (rayon and rural) Akimates, health workers as well as statisticians provided efficient assistance to MICS teams in the fields. After completion of fieldwork teams presented reports, photo/video materials, comments and suggestions for MICS to the Central Office of AS RK.

Data Processing

Data were centrally processed in Data Computing Center of the Agency RK on Statistics (DCC AS RK). Editors responsible for checking completeness and correctness of completed questionnaires as well as controllers responsible for data verification and operators entering data passed special training. Field editors checked completed questionnaires for completeness and quality, composed questionnaires for households within clusters and sent them to the Central Office AS RK for data entry and establishment of database.

Fourteen computers were installed in the appropriate premises in DCC AS RK, 12 of these computers had CSPro software for data entry and 2 – CSPro software for controllers verifying entered data. Data were entered on twelve personal computers by 24 operators in two shifts. Four editors, four controllers (operators) and two supervisors monitored the questionnaires quality and data entry. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS-3 project and adapted to the Kazakhstan questionnaires were used throughout. Data processing began simultaneously with data collection in January 2006 and finished at the beginning of April 2006. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

III. Sample Coverage and the Characteristics of Households and Respondents



Sample Coverage

Of the 15,000 households selected for the sample, 14,984 were found to be occupied. Of these 14,564 were successfully interviewed for a household response rate of 97.2 percent. In the interviewed households, 14,719 women (age 15-49) were identified. Of these, 14,570 were successfully interviewed, yielding a response rate of 99.0 percent. In addition, 4,424 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 4,416, which correspond to a response rate of 99.8 percent. Overall response rates calculated for the interviews of women 15-49 years of age and children under-5 were 96.2 and 97.0 percent respectively (Table HH.1).

Household response rates in rural areas were higher than in urban – 99.4 percent and 95.6 percent respectively.

The overall household response rate throughout the country was high and varied from 91.6 percent in Almaty City up to 99 percent in Zhambyl Oblast.

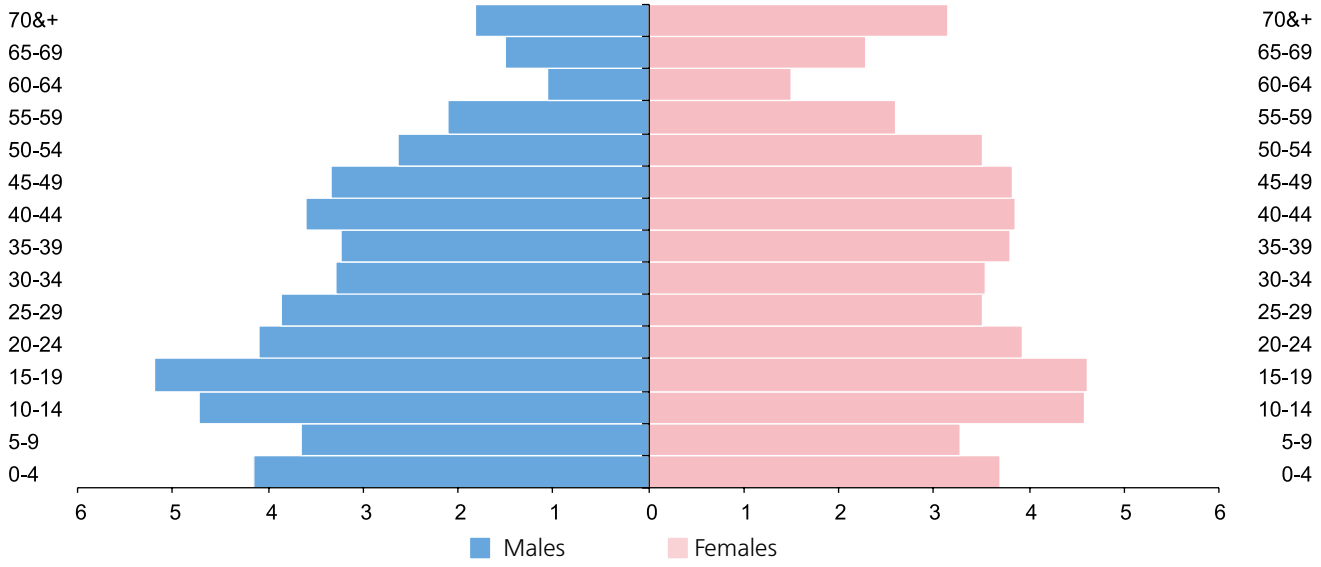
Characteristics of Households

The age and sex distribution of survey population is provided in HH.2. The distribution is also used to produce the population pyramid by sex and age in Figure HH.2. In 14,564 households successfully interviewed in the survey 51,261 household members were listed. Of these 24,724 (48.2 percent) were males and 26,537 (51.8 percent) were females. These data also indicate that the survey estimated the average household size at 3.5 people.

Population aged 0-14 years made up 12,344 people or 24.1 percent, of these 6,405 were males (25.9 percent of all males), 5,939 were females (22.4 percent of all females). Population aged 15-64 years made 34,428 people or 67.2 percent, of these 16,621 were males (67.2 percent of all males) and 17,807 were females (67.1 percent of all females). People older 65 were 4,488 or 8.7 percent, of these 1,698 were males (6.9 percent of all males) and 2,790 were females (10.5 percent of all females). Children aged 0-17 years were 15,538 or 30.3 percent of total number of survey household members, of these 8,090 were males (32.7 percent of all males) and 7,448 were females (28.1 percent of all females).

According to official statistics , as of 1 January 2006, the distribution of the population of the Republic of Kazakhstan by sex and age was as follows: percentage of males was 48.1 and females – 51,9 per-

Figure HH.2. Age and sex distribution of household population, %, Kazakhstan, 2006



cent. Population aged 0-14 years made 24.2 percent, of this age group 25.7 percent were males and 22.8 percent females. Population aged 15-64 years of age made 68 percent, of this age group 68.5 percent were males and 67.5 percent were females. The age group of people older than 65 made 7.8 percent, of these 5.8 percent were males and 9.7 percent females. Percentage of children aged 0-17 years made 30.3 percent; of these 32.2 percent were males, 28.6 percent were females of total number of males and females respectively.

This data proves there is an insignificant divergence in distribution of population by sex and age (wide age group) between the current survey and official statistics of Kazakhstan as of 1 January 2006, deviation makes 0.1 percent to 1.1 percent.

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, region, urban/rural status, number of household members, and ethnicity[4] group of the household head are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49 were found. The proportion of household with at least one child under 18 made 56.7 percent, in 21.8 percent of households were children under 5, proportion of households with at least one woman aged 15-49 made 70.6 percent.

13 percent of households had one member, 41 percent had 2-3 members, 32.4 percent had 4-5 members, 10.5 percent had 6-7 members, 2.4 percent had 8-9 members and 0.8 percent had 10 and more household members.

[4] This was determined by asking about native language of household head

Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to region, urban-rural areas, age, marital status, motherhood status, education[5], wealth index quintiles[6], and ethnicity.

According to the weighted sample 8,655 people or 59.5 percent of the total women at the age of 15-49 lived in urban area, and 5,903 people (40.5 percent) lived in rural area (incidentally, the unweighted sample provided the urban-rural distribution of women at the age of 15-49 as 7,608 and 6,952 showing the respective difference of 1,047 and minus 1,049). At the moment of survey, 8,349 women (57.4 percent) were married or in union, 2,049 women (14.1 percent) divorced/separated/widows and 4,160 women (28.6 percent) were never married. As for motherhood status – 66.8 percent of women had given birth. By education 1,948 women or 13.4 percent have primary or incomplete secondary education, 4,893 women or 33.6 percent have secondary education, 3,949 women or 27.1 percent have specialized secondary and 3,768 women or 25.9 percent – higher education.

As for wealth level the poor and poorest are represented approximately by the same number 18.5 – 18.7 percent, middle – 19.4 percent, rich – 20 percent and richest 23.4 percent. Ethnicity: 8,609 women (59.1 percent) – Kazakhs, 4,481 women (30.8 percent) – Russians and 1,468 women (10.1 percent) – other nationalities.

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

In total, 4,415 children under 5 were surveyed; of these 2,327 or 52.7 percent were males and 2,088 or 47.3 percent were girls. 2,251 children or 51 percent lived in urban area and 2,164 children or 49 percent – in rural area. Age of children: under 6 months – 382 children or 8.7 percent, 6-11 months – 462 children or 10.5 percent, 12-23 months – 969 children or 21.9 percent, 24-35 months – 948 children or 21.5

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

[6] Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The tools (devises) used in these calculations were as follows: electricity, radio, TV set, mobile phone, stationary (non-mobile) telephone, refrigerator, PC, washing-machine, sewing machine, vacuum cleaner as well as personal belongings of each household member such as watches, bicycle, motorbike, horse cart, vehicle, motor boat). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001

percent, 36-47 months – 858 children or 19.4 percent and 48-59 months – 796 children or 18 percent. Mothers with children under 5 had the following educational level: primary and incomplete secondary 7 percent or 309 mothers, 45.3 percent or 2,000 mothers had secondary education, 23.3 percent or 1,030 mothers had specialized secondary and 24.4 percent or 1,076 mothers had higher education.

Households with children under 5 were distributed by wealth quintiles as the following: poorest – 26.9 percent, poor – 20.9 percent, middle 19.7 percent, rich – 16 percent and richest – 16.4 percent.

Sources of information for the family

During the survey, household members were asked about the main sources of information for the family. Respondents proposed the following sources: newspaper, TV, radio, magazines, Internet, outdoor advertisement and posters, siblings, friends, neighbors, colleagues.

Almost all the population (over 97 percent) of Kazakhstan was found to be receiving information for the family, mainly, from TV, with no large difference by the place of residence, level of education, wealth, ethnicity and region. The second source of information for the population is newspapers (66 percent), with a higher proportion of the urban population; proportion of respondents with higher education levels prevails over those with lower education levels. Less than half of the population gets information from the newspapers in Kyzylorda (44.1 percent) and South Kazakhstan (49.1 percent) Oblasts. The third predominant source of information for over half of Kazakhstan's population (54.3 percent) are friends, relatives, neighbors and colleagues – equally used by urban and rural population irrespective of educational level, wealth and ethnicity. Popularity of this source varies significantly by region: in Kostanai and North Kazakhstan Oblasts only 38 and 41 percent of population gets information from friends, relatives, and colleagues respectively, while in Aktobe, Mangistau and Atyrau Oblasts – from 82 to 89 percent of population. The next popular source of information reported by over one fourth (25.4 percent) of population was radio, at that, the proportion of urban population is twice as much as rural one.

The popularity of radio also varies by region: 62 percent of the population of Almaty City and over 40 percent of the population in Aktobe and Atyrau Oblasts reported radio as one of the source of information for family, while in 8 regions of the Republic proportion of such respondents is below 20 percent. Over 18 percent of Kazakhstan's population gets information from magazines, with a higher proportion among the urban population. Outdoor advertisement and posters (9.4 percent) as well as Internet (4.7 percent) are not very popular among respondents. Internet was mentioned by 7 percent of the urban population and 13.7 percent of respondents with higher education, at that, the largest proportion of respondents live in the cities of Astana (21.9 percent) and Almaty (13.5 percent). Overall, the popularity of some sources of information depends mainly on the level of education and wealth of the population as well as regions and place of residence, and, of course, access to some sources, for instance, to Internet.

IV. Child mortality

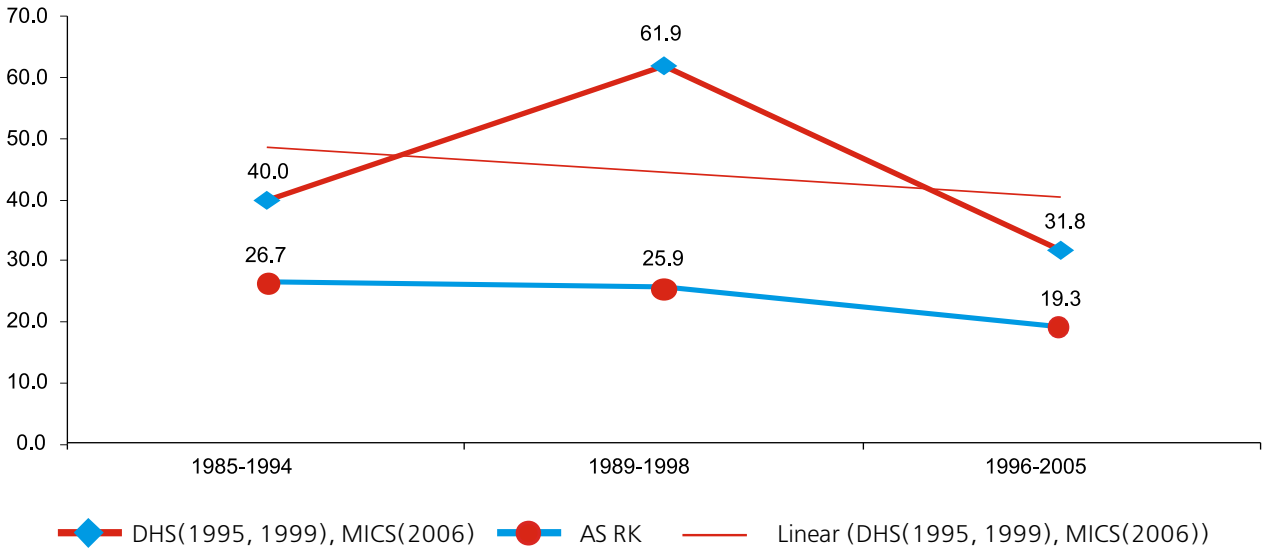
One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal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

The infant mortality rate is the probability of dying before the first birthday (during the first year of life). The under-five mortality rate (U5MR – under 5 mortality rate) is the probability of dying before the fifth birthday (aged 0-4 years). In MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five-year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women. The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Kazakhstan the standard East model life table was selected as most appropriate and more accurately reflecting mortality in age groups 20-24, 25-29 and 30-34 years.

Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. IMR and U5MR estimates provided for the national level by sex, place of residence and ethnicity.

The infant mortality rate is estimated at 32 per thousand, while the probability of dying under-5 mortality rate (U5MR) is around 36 per thousand livebirths. These estimates have been calculated by averaging mortality estimates obtained from women aged 20-24, 25-29 and 30-34. There is a difference between the probabilities of dying among males and females. Boy's mortality significantly exceeds

Figure CM.1. Infant Mortality by Sources, Kazakhstan, 2006



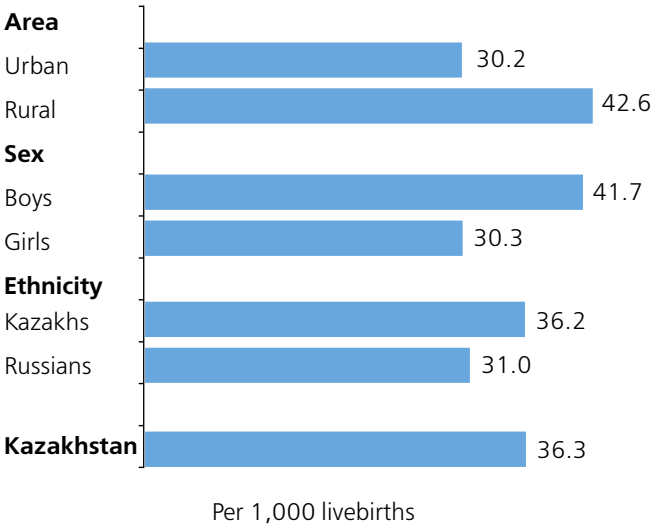
girl's and makes 36.6 and 26.6 per thousand respectively. In rural area infant mortality rates are almost 1.5 times higher than in urban areas.

Figure CM.1 reflects infant mortality rates by different sources – there are obvious significant differences between official data and data obtained from surveys[7] conducted in Kazakhstan. According to official statistics, in 1985-1994 infant mortality was on average approximately 27 per 1,000 live births, gradually declining in 1996-2005 reaching over 19 cases per 1,000 of births.

Under-5 mortality rates are provided in Figure CM.1A. U5MR is a bit higher in rural than in urban areas and mortality among boys is significantly higher than among girls. Moreover, U5MR is higher among Kazakh population.

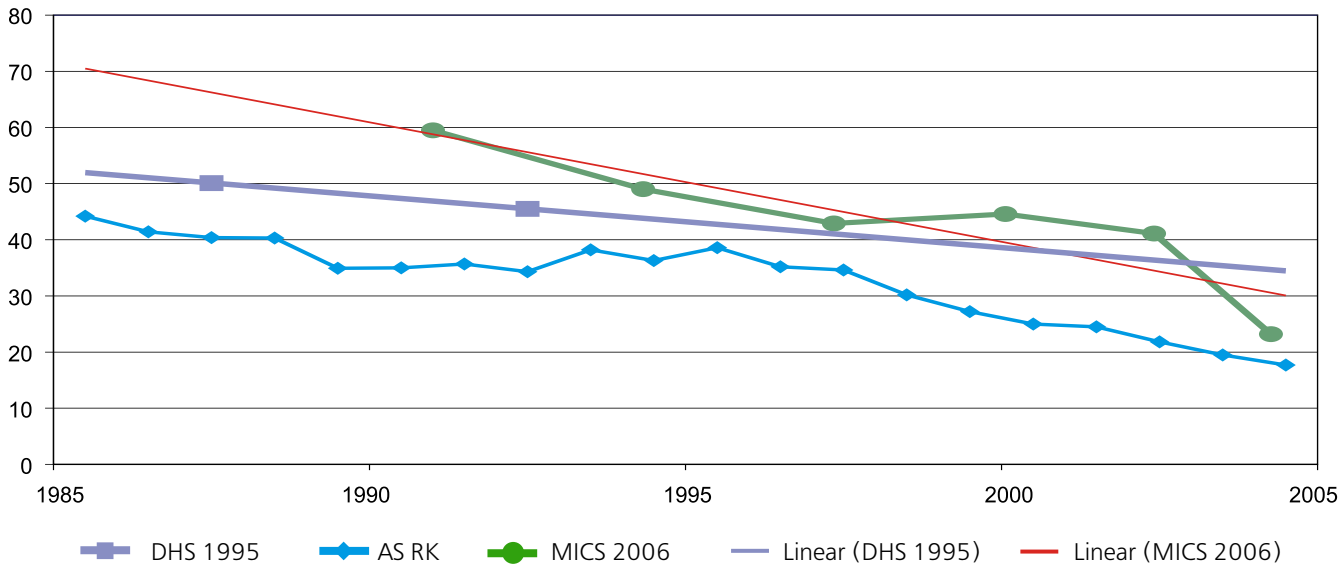
Figure CM.1B shows the series of U5MR estimates of the survey, based on responses of women in different age groups, and referring to various points in time, thus showing the estimated trend in U5MR based on DHS-1995 and MICS-2006 as well as country's official statistics[8]. The MICS estimates indicate a decline in mortality during the last 15 years.

Figure CM.1A. Under Five Mortality Rate, Kazakhstan, 2006



Different approaches to life birth definitions and child's mortality assessment techniques cause discrepancies between different sources. Further qualification of these apparent declines and differences as well as its determinants should be taken up in a more detailed and separate analysis.

Figure CM.1B. Under Five Mortality Tendency, Kazakhstan, 2006



[7] Nutrition Institute MoH-SA RK, Academy of Preventive Medicine, Demography and Health Survey Department, Macro International Inc. Kazakhstan Demography and Health Survey, 1995. Almaty, 1996.

[8] Academy of Preventive Medicine, and Macro International Inc., 2000. Kazakhstan Demography and Health Survey, 1999. Almaty, 2000.

V. Nutrition

Nutritional Status

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

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

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

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

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

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit lack of foodstuffs in population or might be related to the high prevalence of illnesses among children from that particular

age group (for example, diarrhoea, HIV/AIDS, etc.). An increase in this indicator by 5 percent requires certain measures as growth of infant mortality could be expected afterwards.

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

Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above 2 standard deviations from the median of the reference population.

In Table NU.1, children who were not weighed and measured (about 2.6 percent of children) and those whose measurements are outside a plausible range are excluded. In addition, a small number of children whose birth dates are not known are excluded.

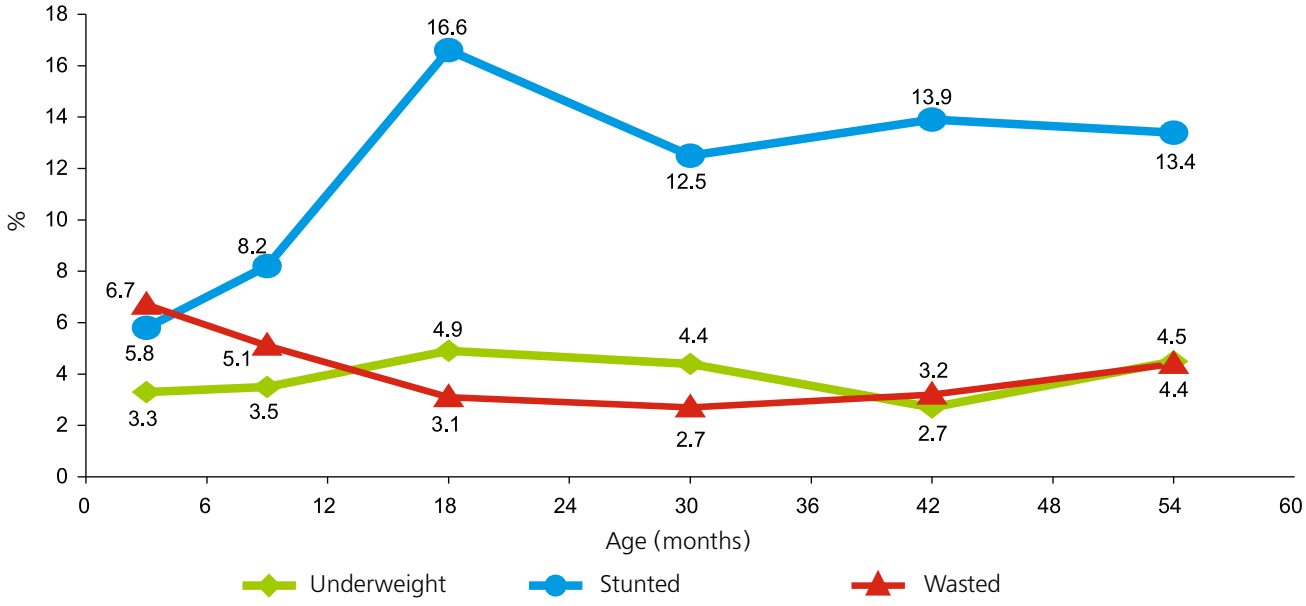
In Kazakhstan 4 percent of children under 5 are moderately underweight (weight for age) and 0.8 percent are classified as severely underweight, at that, 3.8 percent of children are wasted (weight for height) and 1 percent – severe wasted. At the same time, 12.8 percent of children are stunted for their age and 4 percent are too short (Table NU.1).

Children in the West Kazakhstan (8.8 percent) and Almaty Oblasts (8.1 percent) are more likely to be underweight for their age than other children; as for height to age – Aktobe Oblast (23.5 percent), Kyzylorda Oblast (23.3 percent) and Almaty Oblast (22.1 percent). The highest proportion of moderately stunted children for their age was found in West Kazakhstan (12.5 percent) and Mangistau Oblasts (9.3 percent). Those children whose mothers have higher levels of education are the least likely to be underweight and stunted compared to children of mothers with primary/incomplete secondary education. Boys appear more likely to be underweight and stunted.

A higher percentage of stunted and underweight for their age children are found in the age group 12-23 months (Figure NU.1). This pattern may well be expected as it relates to the age at which many children cease to be breastfed, which coupled with inadequate complementary feeding, lead to high risk of disease development due to exposure to contaminated water, food and other environmental factors. The worst underweight for age was found in age group below 6 months.

In addition, 11.3 percent of children are overweighed; percentage of boys and girls as well as children in urban and rural areas is almost the same.

Figure NU.1. Percentage of children under 5 who are undernourished, Kazakhstan, 2006



Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed in addition to nutritious, safe and adequate complementary feeding for up to 2 years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for first six months
- Continued breastfeeding for two years or more
- Timely introduction of nutritious and safe complementary foods beginning at 6 months
- Frequency of complementary feeding should be: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month old children

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

Quality of child feeding is evaluated by the following indicators:

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

Table NU.2 provides the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour).

In total 1,719 women who gave birth to a live baby during two years before the survey were interviewed about breastfeeding. Of them 64.2 percent started breastfeeding within one hour of birth, the difference between urban and rural women was 4.4 percent – urban women 66.3 percent and 61.9 of rural women respectively.

The percentage of women with higher education who timely started breastfeeding (within 1 hour after birth) almost by 10 percent exceeded the percentage of women with lower education level. The highest proportion of women who started breastfeeding within one hour of birth was in Kyzylorda (95.5 percent) and Karaganda (91.6 percent) Oblasts, the lowest proportion were found in Aktobe Oblast (31.5 percent) and North Kazakhstan (36.6 percent) Oblasts.

87.8 percent started breastfeeding within one day of birth (which includes those who started within one hour), percentage of such women in urban and rural settlements is almost the same – 87.7 and 88 percent respectively (Figures NU.2). In almost all regions of Kazakhstan over 90 percent of women started breastfeeding their infants within one day of birth, with the exception of women from Pavlodar, Akmola and East Kazakhstan Oblasts (68.6, 77.3 and 80.6 percent respectively).

In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeed-

ing of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

16.8 percent of children aged less than six months are exclusively breastfed, which is an extremely low figure. Timely introduction of complementary feeding at age 6-9 months was found in 39.1 percent of children (receive breast milk and solid or semi-solid foods). By age 12-15 months, 57.1 percent of children are still being breastfed and by age 20-23 months, 16.2 percent are still breastfed. Girls were more likely to be exclusively breastfed than boys, while boys had higher levels than girls for timely complementary feeding.

In rural area, the percentage of exclusively breastfed children aged below six months is higher than in urban areas, the same trend is found in children aged 12-15 months and 20-23 months who still receive breast milk. Percentage of children receiving timely complementary feeding aged 6-9 months is higher than in urban areas and less wealthy households.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. [This figure is obtained by using data from Table NU.3W]. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed is below 10 percent. Only over 16 percent of children are receiving breast milk after 2 years.

The adequacy of infant feeding in children less than 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate practice. Infants aged 6-8 months and 9-11 months are considered to be adequately fed if they are receiving breastmilk at least two-three times a day (excluding night feeding) in addition to adequate quality and quantity feeding. 16.8 children aged below 6 month are adequately fed, girls more often than boys. Percentage of exclusively breastfed children aged 0-5 months in urban and rural areas and by mother's education is almost the same.

28.8 percent of babies aged 6-8 months receive adequate feeding; boys were slightly more likely to be adequately fed than girls were. The proportion of such children in urban and rural areas is 30.3 and 27.1 percent respectively. By age 9-11 months 19.7 percent of children are adequately fed, there is almost no difference between boys and girls. However, the proportion of such children in rural area is higher than in urban.

Figure NU.2. Percentage of mothers who started breastfeeding within one hour and within one day of birth, Kazakhstan, 2006

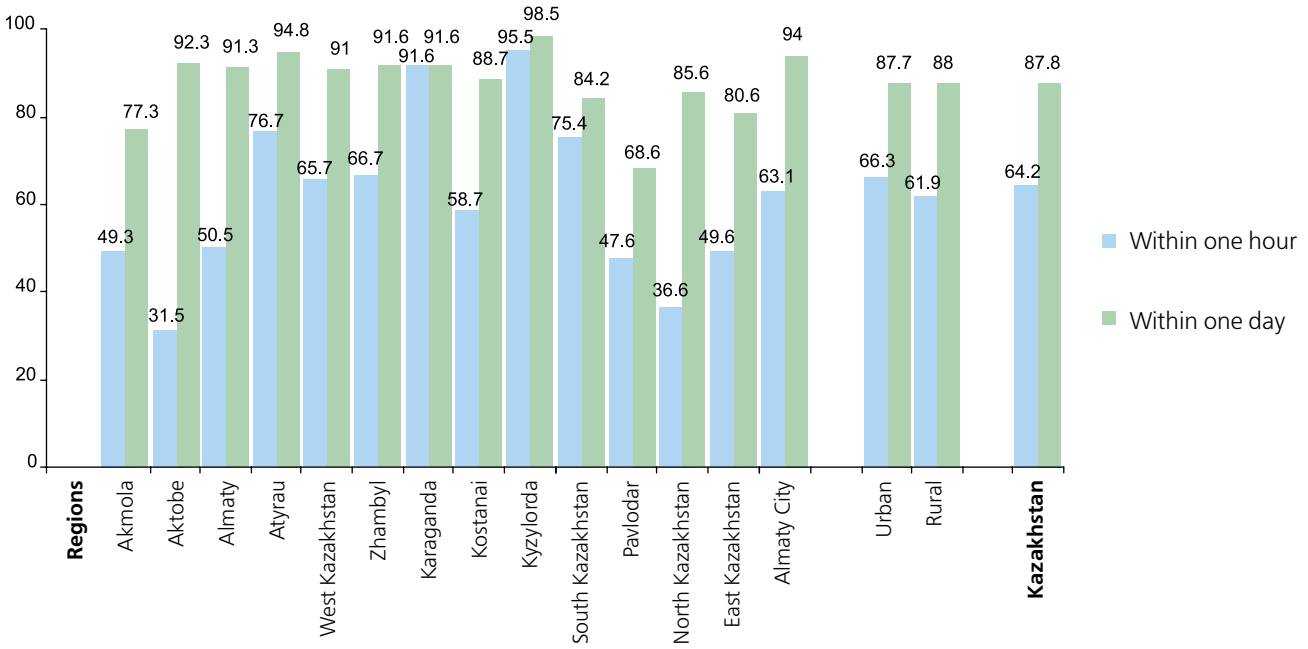
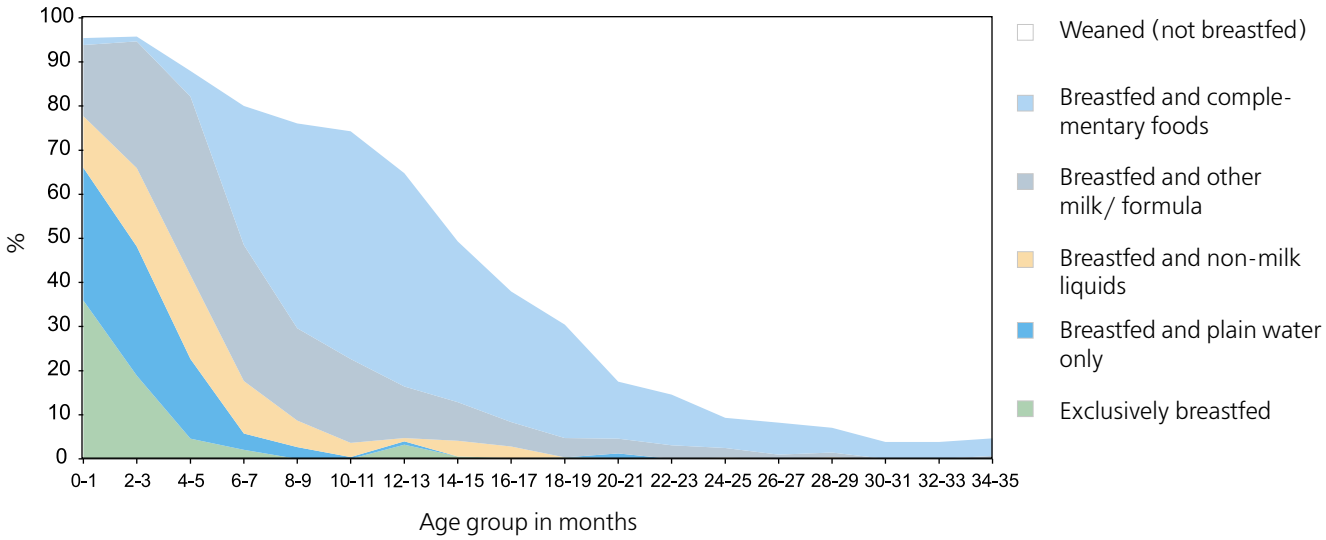


Figure NU.3. Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group, Kazakhstan, 2006



As a result of these feeding patterns, only 24 percent of children aged 6-11 months are being adequately fed: 23.1 percent of urban and 25 percent of rural children, boys were more likely to be adequately fed than girls were. Proportion of children aged 6-11 months in poor households who receive recommended feeding is by 7 percent points higher than in households with middle income. Proportion of children aged 6-11 months who receive adequate feeding is almost the same in Kazakh and Russian families and varies between 22.1-23.3 percent. There are minor differences by mothers' education. Only 20.7 percent infants aged 0–11 months were adequately fed, of these 20.3 percent live in urban areas and 21.2 percent in rural areas. There were no significant differences by children's sex, the mother's education or ethnicity.

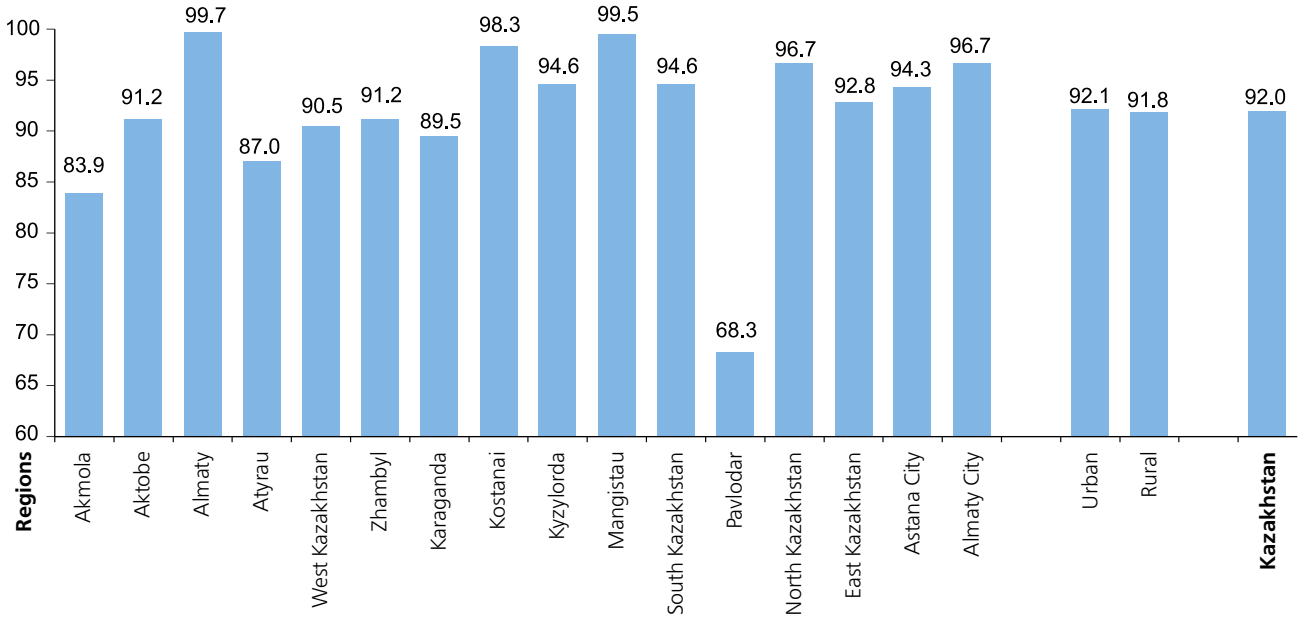
Salt iodization

It is well known that health and intellectual capital is the most important precondition for the progress of some countries and the world in general. However, preventable deficiency of essential foodstuff causes harm for entire generations, and reduces the intelligence quotient (IQ) in a hundred million people. Iodine Deficiency Disorders (IDD) are the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. Iodine deficiency takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

Following global political recommendations, the Government of Kazakhstan committed itself to eliminate iodine deficiency in the country through universal salt iodization with potassium iodate during salt production at 40±15 ppм both for home consumption, for the food industry and for animals.

Two local salt producers 'Araltuz' (Kyzylorda Oblast) and

Figure NU.5. Percentage of households consuming adequately iodized salt, Kazakhstan, 2006



'Pavlodarsol' (Pavlodar Oblast) have the technical capacity to supply the internal market with adequately iodized salt in sufficient quantity. Sanitary-epidemiological services of the Ministry of Healthcare of the Republic of Kazakhstan bear the responsibility for inspection and monitoring of foodstuffs. Success of the Republic of Kazakhstan recent years was based on effective cooperation between the government, salt producers, non-governmental sector and international organizations (UNICEF and ADB). Today, the children of Kazakhstan are better protected against mental retardation due to increased access to iodized salt. Today Kazakhstan joins the elite nations that have achieved comprehensive salt iodization[9].

In 98.8 percent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. Table NU.5 shows that in a very small proportion of households (0.3 percent), there was no salt available. In 92 percent of households, salt was found to contain 15 ppm or more of iodine. Use of iodized salt was lowest in Pavlodar Obast (only 68.3 percent) and highest in Almaty (99.7 percent) and Mangistau (99.5 percent) Oblasts. The difference between urban and rural households in terms of iodized salt consumption is much less than expected (Figure NU.5).

The above data proves that Kazakhstan should be ready for certification as a country that has achieved universal salt iodization. In addition, monitoring of iodized salt quality as well as monitoring of iodine deficiency prevalence among population should be enforced.

Low Birth Weight

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

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the

[9] UNICEF, Kazakhstan. Assessment of Salt Iodization Adequacy and Its Consumption in Kazakhstan, Almaty, 2005.

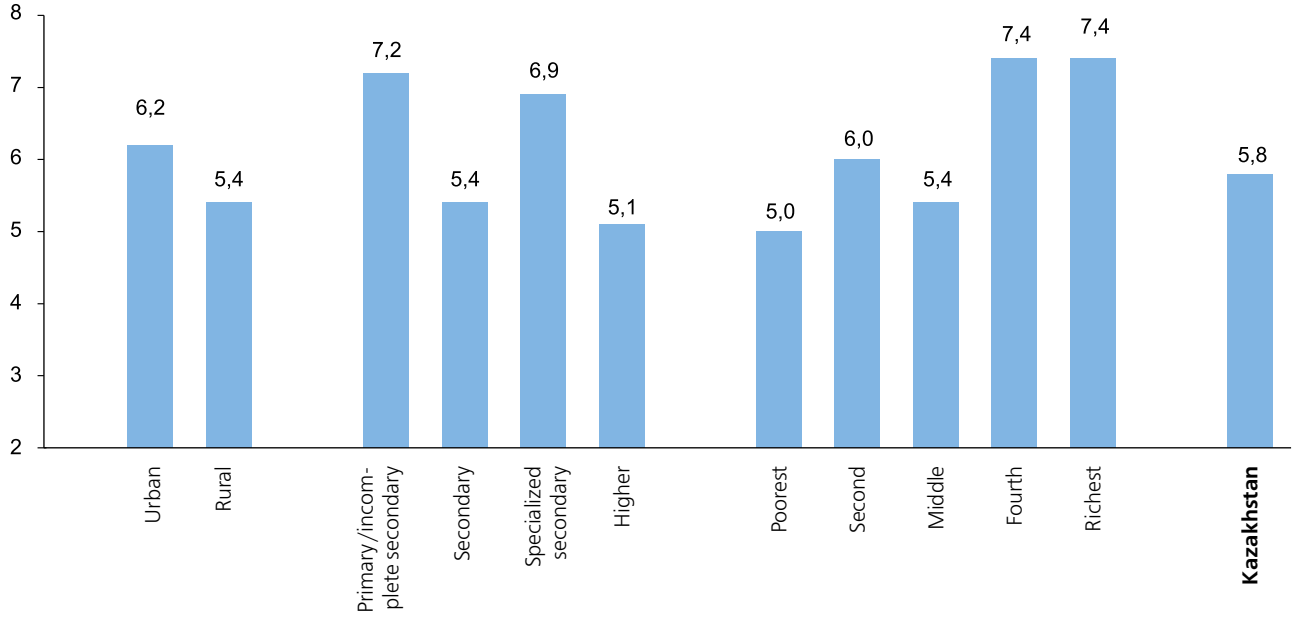
mother's poor nutritional status before conception, short stature (due mostly to undernourishment and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

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

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2,500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth[10].

In Kazakhstan almost all babies were weighed at birth (99.4 percent) and 5.8 percent of infants are estimated to weigh less than 2500 grams at birth (Table NU.8 and Figure NU.8). There was significant variation by region: the highest proportion of children with low weight was found in Pavlodar Oblast (19.4 percent), and in 9 Oblasts number of such children was between 4.1 – 4.8 percents. The percentage of low birth weight does not vary much by urban and rural areas, but the percentage of children with low weight was higher if mothers had primary/incomplete secondary education comparing to women with higher levels of education.

Figure NU.8. Percentage of Infants Weighing Less Than 2500 Grams at Birth, Kazakhstan, 2006



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

VI. Child Health

Immunization

Millennium Development Goal (MDG) 4 aims to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunization has saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

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

One of the major achievements of Kazakhstan is acquiring of status of Vaccine Independent Country as well as Country Free from Poliomyelitis.

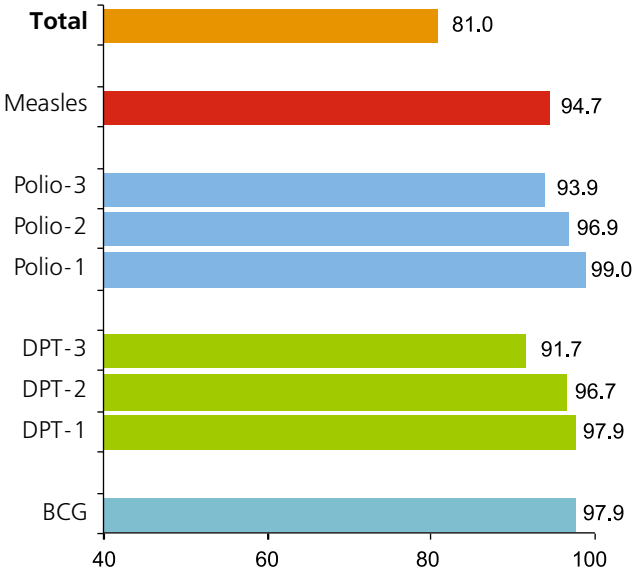
Below is Extraction from Schedule for Preventive Vaccination of children under age of 24 months in Kazakhstan.

Terms of Vaccination (children under 2 years old)

Age	Vaccination against:				
	Tuberculosis (BCG)	Hepatitis "B"	Poliomyelitis (OPV)	Pertussis, diphtheria, tetanus (DPT)	Measles
1-4 weeks	+	+	+		
2 months		+	+	+	
3 months			+	+	
4 months		+	+	+	
12-15 months					+
18 months				+	

Extraction from Annex to the Rules for Vaccination, approved by the Decree of the Government of the Republic of Kazakhstan as of 23 May 2003 N 488

Figure CH.1. Percentage of children aged 15-26 months who received the recommended vaccinations by 12 months, Kazakhstan, 2006



In Kazakhstan since 1 October 2005, children 1 year old and above receive complex vaccination against measles, mumps and rubella (MMR). The schedule of vaccination against communicable diseases complies with international standards.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine by the age of 12 months, and a measles vaccination by the age of 15 months. Mothers were asked to provide vaccination cards for children (f. 063-y) under the age of five. If the card was available in the household, interviewers copied vaccination information from the cards onto the MICS questionnaire.

If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times.

In Kazakhstan, health cards of children including vaccination cards are usually kept in health facilities. Therefore, interviewers visited health facilities to fill in an Immunization Module for each child irrespective of immunization card availability in the household or the mother's report. With this purpose, a special form – copy of main questionnaire for children under-5 (Immunization Module) – was prepared, which included home address of child in survey, his/her personalized data and address of health facility indicating number of district. Interviewers copied vaccination data into these forms from vaccination cards available in health facilities.

Overall, 95.1 percent of surveyed children in Kazakhstan had immunization cards (Table CH.2).

The percentage of children aged 15 to 26 months who received all recommended vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 15-26 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended, are included (by 15 months for measles). For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

97.9 percent of children aged 15-26 months received a BCG vaccination and the first dose of DPT by the age of 12 months. The percentage declines for subsequent doses of DPT to 96.7 percent for the second dose, and 91.7 percent for the third dose (Figure CH.1). Similarly, 99 percent of children received Polio 1 (OPV) and this declines to 93.9 percent by the third dose by age 12 months. The coverage for measles vaccine by 15 months is a bit lower than for the other vaccines at 94.7 percent. This is primarily because, although 99.4 percent of children received the vaccine, only 94.7 percent received it by their first birthday. Despite the fact that by the age of 12 months coverage with some vaccines exceeds 94 percent, the percentage of children who had all the recommended vaccinations by their first birthday is low at only 81 percent.

In Kazakhstan, Hepatitis B vaccination is also recommended as part of the immunization schedule. The first HepB vaccine is introduced at age of 1-4 days of birth, the second one at age of 2 months and the third one at age of 4

months. By the age of 12 month 94.3 percent of children in survey received first dose of HepB vaccine. Percentage of coverage with the second dose was 94.4 percent and 92.3 percent with the third one (Tables CH.1.C and CH.2.C).

Tables CH.2 and CH.2C show vaccination coverage rates among children 15-26 months by background characteristics. Data indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports.

In Kazakhstan, 96.2 percent of children had all recommended vaccinations by age of 2 years. There are almost no differences by sex; the percentage of vaccinated children in urban areas is a bit higher than in rural area. Low immunization coverage was found in Almaty Oblast (82 percent). There was no difference in coverage with BCG vaccination by sex, place of residence, mother's education, household wealth and almost all children aged 15-26 months were vaccinated with BCG (99.6 percent).

By the age of 26 months, 99.4 percent of children received first dose of DPT. The percentage declines for subsequent doses of DPT to 99.3 percent for the second dose, and 98 percent for the third dose; boys were slightly more likely to be vaccinated with DPT than girls were. By third dose of DPT, percentage of vaccinated children in rural area was by 2 percent points lower than in urban area. Similarly, over 99 percent of children received Polio 1 and this declines to 95.5 percent of vaccinated rural children by the third dose, which is by 2.4 percent points lower than urban children.

The coverage for measles vaccine was found to be almost 100 percent in each Oblast of Kazakhstan, except Karaganda (97.7 percent) and Almaty (97.9 percent) Oblasts.

95 percent of children received HepB vaccine by the age of 26 months; at that, percentage of urban children was a bit higher than rural children (97.1 and 93.0 percent respectively). Low immunization with Hep. B vaccine was found in Almaty Oblast (75.1 percent).

The highest percentage of children who received no vaccination by 26 months was found in Karaganda Oblast (2.3 percent). The percentage of girls who are not vaccinated is higher than the boys.

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) – can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

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

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)

- Home management of diarrhoea
- (ORT or increased fluids) AND continued feeding

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

Overall, only 1.8 percent or 80 of under five children had diarrhoea in the two weeks preceding the survey (Table CH.4). Due to small number of cases, data is distributed by residence and sex of children. Diarrhoea prevalence was a bit different in rural and urban areas as well as between girls and boys. The peak of diarrhoea among children aged 6-23 months observed during a period when mothers stop breastfeeding.

Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. In Kazakhstan, the most popular medicine for home treatment of diarrhoea is packed powder Smekta and Regidron, which should be dissolved with water. In addition, herbal teas and extracts are widely used. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100.

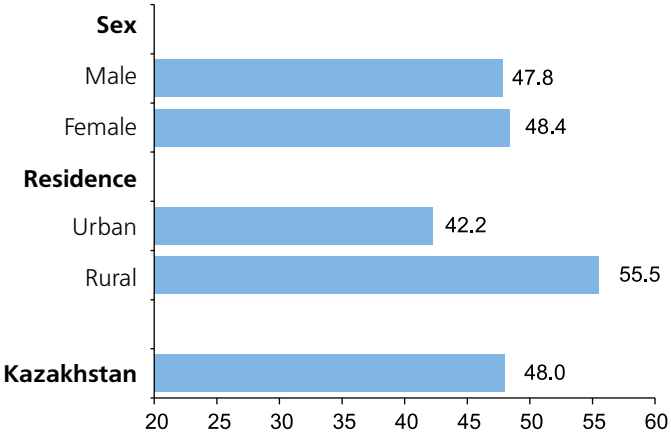
73.3 percent of mothers used fluids from ORS packets for diarrhoea treatment in their children; 16.4 percent used pre-packaged ORS fluids, and 17.9 percent used recommended homemade fluids. Twenty six percent of children who had diarrhoea received no treatment.

The rate of ORT use overall in the country was 74 percent. 21.8 percent of children with diarrhoea received one or more of the recommended home treatments.

Less than one half (45.3 percent) of under five children with diarrhoea drank more than usual while 53 percent drank the same or less (Table CH.5). About 59 percent ate somewhat less, same or more (continued feeding), but 41 percent ate much less or ate almost none. Given these figures, 48 percent of children received ORT and increased fluids and at the same time continued feeding as recommended.

There are significant differences in the home management of diarrhoea by background characteristics: 55.5 percent of rural children received ORT or increased fluids and continued feeding, while urban children – only 42.2 percent, boys a bit less than girls received such diarrhoea treatment (Figure CH.5).

Figure CH.5. Percentage of children aged 0-59 with diarrhoea who received ORT or increased fluids, AND continued feeding, Kazakhstan, 2006, %



Care Seeking and Antibiotic Treatment of Pneumonia

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

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were not due to a problem in the chest and 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 CH.6 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care.

Only 1.5 percent of children 0-59 months were reported to have had symptoms of pneumonia (acute respiratory infection) during the two weeks preceding the survey. Due to small number of cases data is distributed by sex and residence only. Approximately 70 percent of ill children were admitted to different health institutions, of them over 40 percent to public policlinic facilities and 18 percent to public hospitals.

Table CH.7 presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex and residence. In Kazakhstan, 31.7 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey with urban population more often than the rural one.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.7A. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 31.7 percent of women know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is high fever (89.2 percent). 44.7 percent of mothers identified fast breathing and 56.2 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. For over 55.5 percent of mothers danger sign for seeking care is if the child becomes weaker, for 45.8 percent of mothers danger signs is blood in stool, for 25.2 percent of mothers – if a child is not able to drink or breastfeed. Only 11.3 percent of mothers will seek care if a child drinks poorly.

The highest percentage of mothers aware of two danger signs of pneumonia was found in Mangistau (93.4 percent), followed by Pavlodar (71.4 percent) and North Kazakhstan (52.6 percent) Oblasts, the least was in Kyzylorda (8.7 percent) and Almaty (10.6 percent) Oblasts. 36.3 percent of mothers in urban and 26.9 percent in rural area are aware of main pneumonia symptoms.

Women with higher education are slightly better aware of two symptoms of pneumonia, their percentage increase depending on wealth of household (from 22 percent – in poorest to 43.4 percent – in richest). Mothers in Russian families are somewhat better informed about two symptoms of pneumonia than in Kazakh families and make 39.5 percent vs. 30.9 percent.

Solid Fuel Use

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

Approximately 19 percent of all households in Kazakhstan are using solid fuels for cooking. Use of solid fuels is very high in rural areas, where 40.8 percent of households are using solid fuels, but very low in urban areas (6.8 percent). Differentials with respect to household wealth and the educational level of the household head are also significant. The findings show that there is no use of solid fuels among households in Almaty and Astana cities and Mangistau Oblast as well as among richest households. The highest percentage of households using solid fuels for cooking was found in South Kazakhstan (40.7 percent) and Kyzylorda (39.8 percent) Oblasts (Table CH.8). The table also clearly shows that the overall percentage is high due to excessive level of coal use for cooking purposes (14.7 percent).

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while 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 to burn solid fuel is depicted in Table CH.9.

83.7 percent of abovementioned households use closed stoves with a chimney – 79.5 percent in urban area and – 85 percent in rural. 15.8 percent of households use open stoves with chimney (hook), their percent is higher in urban areas than in rural. The highest percent of closed stove systems was found in poorest (89.7 percent) and poor (81.6 percent) households; only 51.9 percent of rich households use such devices while there is no use among the richest households. Closed stoves with chimney are least spread in Karaganda Oblast (3.4 percent) and only one third households of Aktobe Oblast (30.2 percent) use such stoves. Only 0.4 percent of households in the country use open stove (without chimney or hook). These stoves are not widely spread, they could be considered as seasonal devices for cooking in some households.

VII. Environment

Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often over long distances.

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

The list of indicators used in MICS are as follows:

Water

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

Sanitation

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

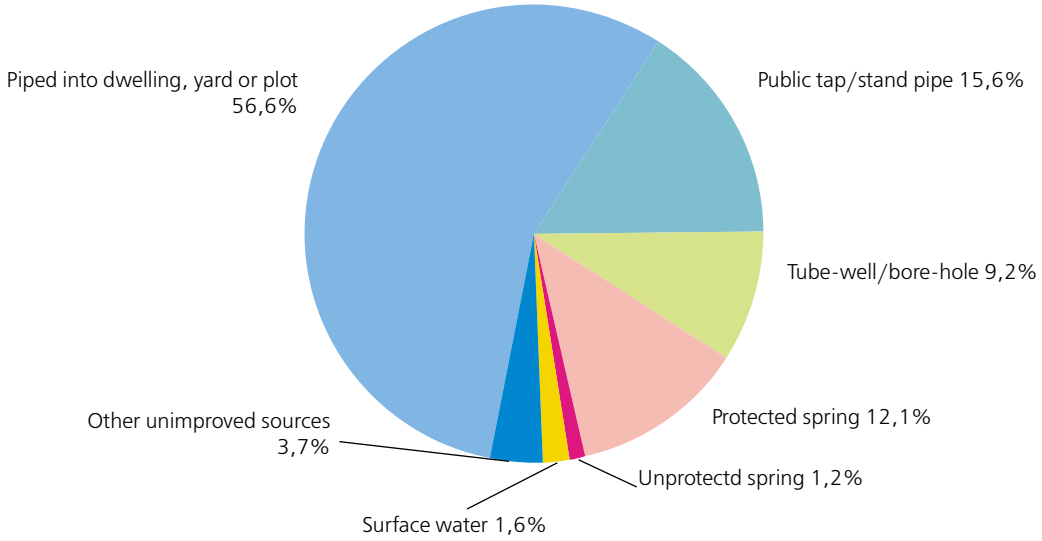
The distribution of the population by source of drinking water is shown in Table EN.1 and Figure EN.1. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tubewell/borehole, protected well, protected spring, rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as hand washing and cooking.

Overall, 93.7 percent of the population in Kazakhstan is using an improved source of drinking water – 98.1 percent in urban areas and 87.7 percent in rural areas. The situation in North Kazakhstan (81.7 percent), Kostanai (83.2 percent), South Kazakhstan (85.7 percent) and Atyrau (89.3 percent) Oblasts is a bit worse. The population of capital city Astana and Almaty gets water only from improved sources. Population with higher education level more often uses improved sources of drinking water.

The source of drinking water for the population varies strongly by region (Table EN.1). In Karaganda, Almaty, Mangistau and East Kazakhstan Oblasts (75.7, 64.9, 64.4 and 62.7 percents respectively) and in Almaty and Astana cities (98.5 and 84.8 percent respectively) use drinking water piped into dwelling, yard or plot. In contrast, only about 27.5 percent of households in North Kazakhstan, 32.3 percent in Akmola and 32.8 percent in West Kazakhstan Oblasts have water piped into dwelling or yard. Almost half (48 percent) of the households in Zhambyl Oblast obtains drinking water from tube-well/borehole, about 35-38 percent of households in Mangystau, West-Kazakhstan and Atyrau Oblasts use water from protected wells, and 33.4 percent of households in Kyzylorda and 38.2 percent – in Akmola Oblasts use public taps/standpipes. Six percent of households use carried water in the North Kazakhstan Oblast. In Atyrau and South Kazakhstan Oblasts 8.1 and 6.8 percent of population respectively use surface water sources.

Use of in-house water treatment is presented in Table EN.2. Households were asked about ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources.

Figure EN.1. Percentage distribution of population by source of drinking water, Kazakhstan, 2006



In Kazakhstan, 70.8 percent of the population uses an appropriate way to treat drinking water obtained from all sources, including 70.2 percent of those who appropriately treat drinking water obtained from improved sources and 80.7 percent of those who obtains water from unimproved sources use an appropriate water treatment method. The urban population and population with higher levels of education use treatment methods more often. Wealthier households more often treat drinking water compared to less wealthy households. Overall, 69 percent of population boils water as the main method of water treatment, 24.7 percent of population let the water stay and settle. Other methods of water treatment are not very much popular. 23.7 percent of population use no treatment of drinking water, 0.1 percent of population knows neither method of water treatment. The percentage of households using appropriate method of water treatment from improved and unimproved drinking water sources is high in Mangistau (98.5 percent), South Kazakhstan (93.4 percent), Atyrau (93.1 percent) Oblasts and Almaty City (95.9 percent). Low percentage of water treatment was found in households of Zhambyl (24.9 percent), East Kazakhstan (53.2 percent) and Almaty (54.3 percent) Oblasts.

Water treatment from unimproved sources for drinking purpose was found very high in Atyrau (100 percent), South Kazakhstan (96 percent) and West Kazakhstan (83.6 percent) Oblasts. Notable is the fact that the urban and the poor households used water treatment more often than those in rural areas and regardless of their education levels. Moreover, Kazakh households resort to water treatment more often than Russian households (84.9 percent and 66.1 percent respectively).

Water treatment from improved sources for drinking purpose was reported by respectively 74 and 65 percent of urban and rural households. Water treatment practice shows direct correlation with education and welfare levels i.e. the higher education and welfare the higher use of water treatment. Almaty city reported the highest utilization of water treatment followed by Mangistau, South Kazakhstan, and Atyrau Oblasts, and the least water treatment practice was reported by Zhambyl, Almaty and East Kazakhstan Oblasts.

The amount of time it takes to obtain water is presented in Table EN.3 and the person who usually collected the water in Table EN.4. Note that these results refer to one roundtrip from home to the drinking water source. Information on the number of trips made in one day was not collected.

Table EN.3 shows that for 73.4 percent of households, the drinking water source is on the premises. For 20.3 percent of households, it takes less than 30 minutes to get to the water source and bring water, while 4.7 percent of households spend from 30 minutes to one hour and 1.4 percent spend over one hour for this purpose. Excluding those households with water on the premises, the average time to the source of drinking water is 19 minutes. The time spent in rural areas in collecting water is slightly higher than in urban areas. The high average time spent in Kostanai and Kyzylorda Oblasts in collecting water is over 25 minutes.

Table EN.4 shows that for the majority of households, an adult male is usually the person collecting the water, when the source of drinking water is not on the premises. Adult men collect water almost in 65 percent of cases, while for the rest of the households, about 30 percent of adult females and 5.5 percent of female or male children under age 15 collect water. In poor households male children under 15 years more often collect water than in middle income and rich households.

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

99.2 percent of the population of Kazakhstan is living in households using improved sanitation facilities (Table EN.5). This percentage is 99.5 in urban areas and 98.9 percent in rural areas. A high proportion of the population almost in all regions of the country uses improved sanitation facilities – 98.3 percent or higher, the lowest is in Aktobe Oblast with 93.6 percent. The table indicates that use of improved sanitation facilities is strongly correlated with wealth and is profoundly different between urban and rural areas. In rural areas, the population is mostly using pit latrines with slabs, while for urban population, on the contrary, the most common facilities are flush toilets connected to a sewage system or septic tank. Residents of urban areas are much more likely than in rural areas to use modern flush toilets (60 percent of households) and pit latrine with slab (35.5 percent of household); in rural areas about 95 percent of households use pit latrine with slab. By wealth level, 73.3 percent of rich and 99.8 percent of richest households use modern flush toilets, while over 98 percent of poorest and poor households use pit latrines with slab. Use of modern sanitation facilities at large depends on the level of education; population with lower levels of education uses simplified types of facilities (pit latrines with slab).

Residents of Almaty and South Kazakhstan Oblasts are less likely than others to use flush toilets and more pit latrines with slab, which is related mainly to the rural type of dwelling.

It could be noted that only 2 percent of improved sanitation facilities are used jointly by several households (Table EN.5W).

Safe disposal of a child's faeces is the last stool by the child was disposed of by use of a toilet or rinsed into toilet or latrine. Disposal of faeces of children 0-2 years of age is presented in Table EN.6.

Mothers reported only 3.1 percent of children aged 0-2 years visiting toilet, in 28.3 percent of cases faeces were disposed/flushed to the toilet, in 38.2 percent – disposed or flushed to sewerage, 25.3 percent thrown to garbage, and in 0.5 percent – buried. Percentage of children whose latest faeces were safely disposed made 31.4 percent; this indicator in urban area was 54.3 percent against 8.7 percent in rural area. Proportion of proper disposal of children's faeces is higher in rich and richest households (65.7-89.4 percents respectively), while in the less wealthy households this indicator made 5.2 to 15.9 percent. Percentage of children whose faeces were properly disposed is higher if mother has higher level of education – 46.6 percent against 19.2 percent of mothers with primary/incomplete secondary education. There also was significant difference by regions, for instance, very low level of safe faeces disposal was found in Almaty (6.1 percent), South Kazakhstan (11.2 percent) Oblasts, as rural population prevails in these regions (as mentioned above only 8.7 percent of children's faeces are disposed safely in rural area). High level of safe children's faeces disposal was found in Astana (77.7 percent) and Almaty (83.3 percent) Cities as well as in Pavlodar Oblast (61.9 percent).

As summarized in Table EN.7, 93.7 percent of population of Kazakhstan use improved sources of drinking water. And 99.2 percent use sanitary means of excreta disposal. Overall, 93 percent of population of Kazakhstan use improved sources of drinking water and improved sanitation facilities for faeces disposal.

VIII. Reproductive Health

Contraception

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

Current use of contraception was reported by 50.7 percent of women currently married or in union (Table RH.1). The most popular method is IUD (intrauterine device) which is used by one in three married women (36.2 percent) in Kazakhstan. The next most popular but of limited occurrence method is pills, which accounts for 6.7 percent. 4.8 percent of women reported use of the condom. Less than one percent use periodic abstinence, withdrawal, female sterilization, vaginal methods, or the lactation amenorrhea method (LAM).

Prevalence of contraception is highest in West Kazakhstan, North Kazakhstan, Pavlodar, Kostanai, Akmola and East Kazakhstan Oblasts and Astana City at over 60 percent. The highest prevalence of pills was found in urban areas where women use them about three times more often than in rural area. In large cities of Astana and Almaty, almost each seventh married woman uses contraception pills.

Younger women use less contraception than adult women do. Current use of contraception was reported by only 31.7 percent of women aged 15-19 currently married or in union comparing to 53.7 percent of women aged 25–29 years and 61.5 percent of women aged 30-34.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 43 percent among those with primary/incomplete secondary education to 53.3 percent among women with higher education. Education level also corresponds with method of contraception.

48.7 percent of women use modern methods of contraception, while only 2 percent of interviewed women used traditional methods. Over 60 percent of women use modern contraception in Astana city and East Kazakhstan Oblast. The percentage of women using contraception is higher among women with two (61.2 percent) and three (51.6 percent) children. Percentage of women without children using contraception was 11.7 percent.

Reproductive Behavior

Reproductive behavior is a component of Reproductive Health Program. Family planning as a reserve for the health of woman and component of Reproductive Health Program is essential for birth of wanted children. Based on this thesis WHO Alma-Ata Declaration (1978) considers protection of mother and child health as essential part of primary healthcare needed to ensure health of family.

Major provisions related to reproductive health rising from reproductive rights and reproductive behavior were approved by Platform for Action of IV World Conference on Status of Women (Beijing, 1995).

Reproductive behavior is the system of human actions and attitudes stipulating birth or refuse birth. The conceive age for woman is considered 15–49 years, called reproductive (fertile) age. This age limitation is conditional; therefore, reproductive period is a part of woman's life when she is able to give birth.

Essential component of Reproductive Health Program is family plannng, which helps to ensure wanted number of children in the family, safe them and select the best time for birth taking into account age of parents and social-economic conditions, avoid unwanted pregnancy, plan birth, it reduces maternal and in-

fant mortality, improves health of mother and child.

Over one-third (37.7 percent) women wanted to have 2 children, almost one in three (28.7 percent) women – three children and 17.0 percent – four children (Table RH.2A). Less than 9 percent of women in the survey wanted to have 5 to 9 children and only 0.5 percent of women wanted 10 and more children. More urban women prefer having two (44.1 percent) and three (28.4 percent) children. Less than one-third of rural women wanted to have two children (28.5 percent) and approximately the same percentage wanted to have three children (29.2 percent). Only 13.3 percent of urban women wanted to have four children, while 22.5 percent of rural women wanted to have the same number of children. The largest difference was found among women willing to have 5-9 children: their percentage in rural areas is almost three times greater than the percentage of urban women – 14.0 percent and 5.0 percent respectively.

Major number of women regulates the number of children and time for birth of the next baby, i.e. follow certain birth interval. Thus, almost 37.3 percent of interviewed women would prefer to have a three-year birth space, 32.6 percent – two years, about 11 percent believe birth space should be 4 – 5 and more years. Least number of women (7.4 percent) wanted to wait for one year before the next birth.

Almost half of women in survey (49.3 percent) in Kyzylorda Oblast prefer to have two-year birth space and over half (50.7 percent) women in South Kazakhstan Oblast – three-year. The best birth interval both for urban and rural women is three years (36 percent of urban and 39.3 percent of rural women).

Reproductive aims of women aged 15 – 49 years differ by Oblasts. Thus, 39.1 percent of women in South Kazakhstan Oblast wish to have four children and 22.5 percent want to have 5 to 9 children, while in North Kazakhstan Oblast more women want to have two children (more than half – 50.4 percent), and one-fourth of women (25.3 percent) wanted to have three children (Table RH.2A). Reproductive aims of women slightly differ (by few percent) in Kostanai, Karaganda, East Kazakhstan Oblasts and Astana and Almaty Cities. Percentage of women willing to have 5 to 9 children prevails in South Kazakhstan (22.5 percent), Kyzylorda (17.4 percent), Zhambyl (14.1 percent) Oblasts and by 10 percents in Atyrau and Mangistau Oblasts.

Wealth level is not much associated with percentage of women willing to have three children and makes around 30 percent in each group sampled by wealth level, while percentage of women planning to have four children declines from 27.2 percent in poorest families to 9.2 percent in richer families. The highest percentage of women willing to have 5 to 9 children was found in poorest families – 18.4 percent, the least percentage (2.6 percent) in richer families.

As shown in Table RH.2B, women reported on the following factors limiting the number of children:

- Low salary – 25 percent. The highest percentage of women who mentioned this factor was found in South Kazakhstan (48.1 percent) and Karaganda (36.8 percent) Oblasts.
- Health status – 19.7 percent – almost half of respondents mentioned this factor (46 percent) in Almaty Oblast.
- Uncertainty about future of children – 14.4 percent;
- No job – 9.8 percent. Almost every fifth woman (by 21.8 percent) mentioned this factor in Kyzylorda and South Kazakhstan Oblast.

The percentage of a restricting factor such as absence of housing and regular work made 6.2 percent and 5.3 percent respectively all over the country.

Similarly, the following factors were mentioned as stimuli for birth of another baby (Table RH.2C):

- maternity leave with sufficient pay– 21.4 percent;
- reducing age of retirement – 19.8 percent.
- sufficient family allowance – 16.2 percent;
- mortgage and credits – 12.1 percent;

About 8 percent of women would give birth to another baby in case of shortened working day for breastfeeding mothers. Maternity leave with sufficient pay and reduction of retirement age are the most popular birth stimulus mentioned by 26 to 38 percent of women.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to provide information on birth control, which is recognized as an important factor in improving infant survival. The prevention and treatment of malaria among pregnant women, management anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

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

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

Coverage of antenatal care (by a doctor, nurse, or midwife) is high in Kazakhstan with 99.9 percent of women receiving antenatal care at least once during the pregnancy (Table RH.3). Antenatal care in all regions of Kazakhstan is 100 percent. Coverage of antenatal care in urban area is 100 percent, while in rural areas this indicator is lower by only 0.3 percent points.

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is also presented in Table RH.3.

Mainly doctors provide antenatal care in Kazakhstan (88.9 percent); in 9.1 percent nurses/midwives, 0.2 percent – auxiliary midwives and 1.7 percent – feldshers provide antenatal care.

The types of services pregnant women received are shown in table RH.4. As mentioned above, 99.9 percent of pregnant women in Kazakhstan received antenatal care. In fact, all women had blood testing, blood pressure measurement; urine testing and weight measurement (by 99.5 percent). Antenatal care content varies across the Oblasts.

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to

assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife.

In Kazakhstan, almost all births (99.8 percent) were delivered by skilled personnel (Table RH.5). This percentage is 100 percent almost in each Oblast of the country, except in North Kazakhstan Oblast (96.4 percent) and in Astana City (98.8 percent). No significant differences between women delivered with the assistance of skilled attendant was found by education level of woman, wealth and ethnicity. 80.9 percent of deliveries were attended by doctors, while 18.2 percent of deliveries attended nurses/obstetricians.

Maternal Mortality

The complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. It is estimated worldwide that around 529,000 women die each year from maternal causes. And for every woman who dies, approximately 20 more suffer injuries, infection and disabilities in pregnancy or childbirth. This means that at least 10 million women a year suffer from these type of injuries.

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

Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy. The maternal mortality ratio is the number of maternal deaths per 100,000 live births. In MICS, the maternal mortality ratio is estimated by using indirect sisterhood method, which allows obtaining maternal mortality estimates for past 10-14 years before the survey. To collect the information needed for the use of this estimation method in Kazakhstan, adult household members were asked a few questions regarding the survival of their sisters and the timing of death relative to pregnancy, childbirth and the postpartum period for deceased sisters. The information collected is then converted to lifetime risks of maternal death and maternal mortality ratios[11].

MICS results on maternal mortality are shown in Table RH.6. The results are also presented only for the national total, since maternal mortality ratios generally have very large sampling errors. In total, 38,818 respondents were interviewed, they had 62,823 sisters aged 15 years and older. In survey, in Kazakhstan mortality rate within past 10-14 years was 70 cases per 100,000 of life birth in average. As per official data of the Ministry of Health of the Republic of Kazakhstan, maternal mortality in Kazakhstan was 36.9 in 2004 and 40.5 per 100,000 life births in 2005. In the 1995 and 1999 Demography and Health Surveys (DHS), the level of maternal mortality was 77 and 62.5 per 100,000 life births respectively[12].

[11] For more information on the indirect sisterhood method, see WHO and UNICEF, 1997.

[12] Nutrition Institute MoH-SA RK, Academy of Preventive Medicine, Demography and Health Survey Department, Macro International Inc. Kazakhstan Demography and Health Survey, 1995. Almaty, 1996.

Academy of Preventive Medicine, and Macro International Inc., 2000. Kazakhstan Demography and Health Survey, 1999. Almaty, 2000

IX. Child Development

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

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

For 81 percent of under-five children, an adult engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.1). The average number of activities that adults engaged with children was 4.9. Father's and mother's involvement in such activities are almost the same (81.1 and 80.9 percent respectively). Father's involvement with one or more activities was 46.9 percent. 13.6 percent of total number of children in households had no father. Average number of activities that fathers are engaged with their children was 1.2.

There are no gender differentials in terms of adult activities with children; however, a larger proportion of fathers engaged in activities with male children (47.7 percent) than with female children (46 percent). Larger proportions of adults engaged in learning and school readiness activities with children in urban areas (82.9 percent) than in rural areas (79.1 percent). Strong differentials by region and socio-economic status are also observed: adult engagement in activities with children was greatest in South Kazakhstan Oblast (94.3 percent) and lowest in Almaty Oblast (60.4 percent), while the proportion was 86.9 percent for children living in the richest households, as opposed to almost 80 percent among those living in the poorer households. Father's involvement showed a similar pattern in terms of adults' engagement in such activities. More educated mothers and fathers engaged more in such activities with children than those with less education.

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

In Kazakhstan, 89.1 percent of children are living in households where at least 3 non-children's books are available (Table CD.2). 66.4 percent of children aged 0-59 months have children's books. Median number of non-children's books is twice as many as children's books (10 and 5 books respectively). While no gender differentials are observed, urban children appear to have more access to all types of books than those living in rural households. Ninety one percent of under-5 children living in urban areas live in households with more than 3 non-children's books, while the figure is 87.1 percent in rural households. The proportion of under 5 children who have 3 or more children's books is 76.9 percent in urban areas, compared to 55.5 percent in rural areas.

The presence of children's books is positively correlated with the child's age: in the homes of 71.2 of children aged 24-59 months there are 3 and more children's book, while the figure is only 59.6 for children aged 0-23 months.

Table CD.2 also shows that 19.8 percent of children aged 0-59 months had 3 or more playthings to play with in their homes, while 4.5 percent

had none of the playthings asked to the mothers/caretakers (Table CD.2). The playthings in MICS included household objects, homemade toys, toys that came from a store, and objects and materials found outside the home. It is interesting to note that 93.5 percent of children play with toys that come from a store; however, the percentages for other types of toys is below 7 percent. The proportion of children who have 3 or more playthings to play with is 19.4 percent among male children and 20.2 percent among female children. No urban-rural differentials are observed in this respect; some differences are observed in terms of mother's education: approximately 20-24 percent of children whose mother's have primary/incomplete secondary and secondary education have 3 or more playthings, while the proportion is 16.8 and 19.7 percent for children whose mother's have specialized secondary and higher education. Differentials are small by socioeconomic status of the households, and regions. The only background variable which appears to have a strong correlation with the number of playthings children have is the age of the child, a somewhat expected result, for instance, only 11.2 percent of children aged 0-23 months and 25.7 percent of children aged 24-59 have 3 and more playthings.

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 aged 0-59 months had been left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

Table CD.3 shows that 9 percent of children aged 0-59 months were left in the care of other children, while 2.3 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 9.8 percent of children were left with inadequate care during the week preceding the survey. No differences were observed by the sex of the child (9.9 and 9.6 percent respectively), while there were some difference between urban and rural areas: in urban area 10.4 percent of children were left alone and 9.2 percent in rural area. On the other hand, inadequate care was more prevalent among children whose mothers had primary/ incomplete secondary education (10 percent) and secondary completed education (11.4 percent), as opposed to children whose mothers had higher education (8.3 percent). Children aged 24-59 months were left with inadequate care more (12.7 percent) than those who were aged 0-23 months (5.6 percent). No differences are observed in regard to socioeconomic status and ethnicity of the household (except poorest households – 7.6 percent).

In Aktobe (27.3 percent) and Akmola (24.9 percent) Oblasts children were left with inadequate care more than in other oblasts and this indicator was the lowest in Almaty city (1.9 percent), Almaty (2 percent) and South Kazakhstan (3.7 percent) Oblasts.

X. Education

Pre-School Attendance and School Readiness

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

Only 16 percent of children aged 36-59 months are attending pre-school institutions (Table ED.1). Urban-rural and regional differentials are significant – the figure is as high as 24.1 percent in urban areas, compared to 7 percent in rural areas. Proportion of children attending pre-school facilities at age of 36-47 months and 48-59 months is almost the same (15.4-16.7 percent). Among children aged 36-59 months, attendance to pre-school is more prevalent in Karaganda (33.4 percent) Oblast compared to Almaty (7.1 percent), Kyzylorda (8.2 percent) and South Kazakhstan (8.1 percent) Oblasts. Boys more often than girls attend pre-school institutions (17.8 percent vs. 14.1 percent respectively); also differentials by socioeconomic status are significant. 44.8 and 22.5 percent of children living in the richest and rich households respectively attend pre-school facilities, while the figure drops to 8.6 and 2.8 percent in poor and poorest households.

Early education of children at large depends on the level of mother's education. In the survey, proportion of children attending pre-school institutions, whose mothers had specialized secondary or higher education was 20 and 32.5 percent respectively comparing to children of mothers with primary of secondary education (3.2 and 7.5 percent respectively).

The table also shows the proportion of children in the first grade of primary school who attended pre-school the previous year (Table ED.1), an important indicator of school readiness. Overall, 39.5 percent of children who currently attend the first grade of primary school were attending pre-school the previous year. This indicator is almost the same for boys and girls, 46.4 percent of children in urban areas had attended pre-school the previous year compared to 33 percent of in rural areas. Regional differentials are also very significant. Socioeconomic status appears to have a positive correlation with school readiness – while the indicator is only 19.2 percent among the poorest households, it increases to 59.2 percent among those children living in the richest households.

Primary and Secondary School Participation

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

The indicators for primary and secondary school attendance include:

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

The indicators of school progression include:

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

Of children who are of primary school entry age (age 7) in Kazakhstan, 92.9 percent are attending the first grade of primary school (Table ED.2). By gender indicator boys (95.1 percent) prevail over girls (90.4 percent); significant differentials are present by region, but there are no much differences between urban-rural areas. In South Kazakhstan, for instance, all children attended primary school, while in East Kazakhstan the value of the indicator reaches only 80.4 percent. Children's participation to primary school is higher in urban areas (93.5 percent) than in rural areas (92.2 percent). A positive correlation with mother's education and socioeconomic status is observed; for children aged 7 whose mothers have high level of education, 93.9 percent were attending the first grade.

Table ED.3 provides the percentage of children of primary school age attending primary or secondary school. The majority of children of primary school age are attending school (98 percent). However, 2 percent of the children are out of school when they are expected to be participating in school. The primary school net attendance ratio is almost the same in urban and rural area (98 percent); however, there are small differentials between school attendance by boys and girls (98.5 and 97.5 percent respectively). Some correlation with mother's education is found – 98.4 percent of children whose mothers have higher level of education attended primary school, opposed to 94.8 percent of children whose mothers have lower level of education. The primary school net attendance increases depending on the age of children – from 93.6 percent at age 7 years to 99.7 percent – at age 8-10 years. The primary school net attendance of children from Kazakh families (98.9 percent) is higher than children from Russian families (95.4 percent), especially among girls (difference in 5.5 percent). Wealth differentials almost are not present; the indicator varies from 97.6-98.5 percent. There are some differences by regions, for instance, the primary school net attendance is below than in any regions of the Republic only in East Kazakhstan Oblast – 93.6 percent (boys – 97.7, girls – 90.1 percent).

The secondary school net attendance ratio is presented in Table ED.4.

95.3 percent of secondary school age children attend secondary school. There were no large differences found by sex of children. Attendance ratio is slightly higher among urban children; attendance ratio among girls in rural area is higher than among boys. There are significant differences by age of children: 87.4 percent of 11-year-olds and 85.6 percent of 17-year-old children attend secondary school as opposed to 99 percent of children aged 12-16 years. 90.9 percent of children, whose mothers were missing in the households, attend secondary school. Attendance rate among children, whose mothers have higher level of education, is higher than among those children, whose mothers have primary or incomplete secondary education. The same trend was found by household wealth. The highest attendance rate was found in Mangistau (98.7 percent) and East Kazakhstan (97.9 percent) Oblasts and Astana (97.5 percent) and Almaty (96.2 percent) Cities and lower in Almaty Oblast (93.3 percent).

The primary school net attendance ratio of children of secondary school age is presented in Table ED.4W. 1.6 percent of the children of secondary school age are attending primary school when they should be attending secondary school. The remaining 3.1 percent are not attending school at all; they are children out of school since we already indicated that 95.3 percent of children were attending secondary school. Secondary school age includes children aged 11 years, almost no children attending primary school were found by other age groups, except 12 years – 0.2 percent of them, by 0.2 percent of boys and girls of secondary school age attend primary school. Percentage of rural boys is higher than urban ones opposed to girls; overall, the percentage of rural children is higher than percentage of urban children (1.7 and 1.4 percent respectively). Percentage of these children is higher at moth-

ers having primary education and in households with low wealth level. The highest percent of children of secondary school age, who attended primary school at the moment of survey, was found in Pavlodar Oblast (3.1 percent) and the lowest in Atyrau and Mangistau Oblasts, where their percentage made only by 0.3 percent.

The percentage of children entering first grade who eventually reach grade 5 is presented in Table ED.5. Of all children starting grade one, almost all of them (99.7 percent) will eventually reach grade five. Notice that this number includes children that repeat grades and that eventually move up to reach grade five. Boys and girls almost with the same probability reach grade five, with slight difference in favor of girls and urban schoolchildren. Almost 100 percent of children, whose mothers have primary and secondary education, reach grade five, while for mothers with specialized secondary and higher education only 98.9—99.7 percent of children reach grade five. Percentage of children entered the first grade and reached grade five in poorest households is slightly lower than in households with higher wealth levels. The lowest indicator was found in Astana City (97.1 percent) and in Almaty Oblast (97.6 percent), in all other regions 100 percent of children reach grade five, both boys and girls.

The net primary school completion rate and transition rate to secondary education is presented in Table ED.6. At the moment of the survey, 88.4 percent of the children of primary completion age (11 years) were attending the fourth grade of primary education. This value should be distinguished from the gross primary completion ratio, which includes children of any age attending the last grade of primary school. The net primary school completion rate in urban and rural area is almost the same (88 percent) and increasing depending on the level of their mothers' education from 87 percent for mothers with secondary education to 92.8 percent for mothers with higher education. The net primary school completion rate is lower in poorest household (86.6 percent).

99.7 percent of children who successfully completed the last grade of primary school (4th grade), at the moment of survey attended grade 5 of secondary school. Transition rate to secondary education is 99.7 percent all over Kazakhstan, by 100 percent in 8 regions of the country. There were found no significant differences by child's sex and residence, mother's education level, ethnicity and household wealth level.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The last ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for secondary school is 1.0, indicating no difference in the attendance of girls and boys to secondary school. This indicator value is kept almost the same for primary education (0.99).

There were no significant differentials found at the primary/secondary school attendance level and between boys and girls by residence, mother's education and wealth of household.

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females age 15-24. Woman's literacy was assessed on the attendance of any education institutions and made 99.8 percent. In Kazakhstan, literacy is comprehensive, thus, no significant differences by residence, region, level of education, wealth and ethnicity of women were found (Table ED.8).

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 a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under 5 years of age whose birth is registered.

In Kazakhstan, the Law About Marriage and Family regulates order and terms of birth registration. According to the Law, parents or caretakers should register the birth within two months. There are no governmental charges for birth registration. Indirect stimulus for birth timely registration is one time birth allowance as well as monthly childcare allowances to mothers/caretakers paid until 1 year of age. Birth of 99.2 percent of children aged under 5 in Kazakhstan was registered (Table CP.1). There are no variations in birth registration across sex, age, or education categories. Children in Kostanai, Zhambyl, Akmola, Almaty and Karaganda Oblasts (98.5-98.9 percent) are somewhat less likely to have their births registered than other children but this appears to be due primarily to the long journey to the registration office.

Child Labor

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labor and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labor, that is, children 5-14 years of age involved in labour activities. A child is considered to be involved in child labor activities at the time of the survey if during the week preceding the survey:

- Ages 5-11: at least one hour of economic work or 28 hours of domestic work per week.
- Ages 12-14: at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows us to differentiate between child labor and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labor since some children may be involved in hazardous labor activities for a number of hours that could be less than the numbers specified in the criteria explained before. Table CP.2 presents the results of child labor by the type of work.

In Kazakhstan 2.2 percent of children aged 5-14 years are involved in child labor of different type, such as work in household, family business or outside of household (Table CP.2). 0.5 percent of children in this age group helped to perform domestic work during 4 and more hours per day (28 hours a week). One percent of

children helped during a week with family business. One percent of children were involved in unpaid labor outside of the household. In general, boys were more often involved in labor activity than the girls were (2.4 and 2.1 percent respectively). While boys were more often busy with family business and with unpaid work outside the household, the girls helped more in domestic work. Urban children were more loaded with work than rural children (2.5 and 1.9 percent respectively). A higher workload for children was found in Kyzylorda (7.2 percent) and Pavlodar (5.9 percent) Oblasts, the lowest – in Atyrau (0.2 percent), Karaganda (0.5 percent) and Almaty (0.9 percent) Oblasts. 0.1 percent of children were involved in economic work outside the household. No significant differences were found by regions, sex of child and education of mother.

Table CP.3 presents the percentage of children classified as student laborers or as laborer students. Student laborers are categorized as children attending school that were involved in child labor activities at the moment of the surveys. More specifically, of the 90.7 percent of the children 5-14 years of age attending school, 2.3 percent are also involved in child labor activities. On the other hand, out of the 2.2 percent of the children classified as child laborers, almost all of them attend school (94.3 percent). The percentage of student laborers is lower in urban area than in rural area (90.3 and 99.5 percent respectively). There are differences depending on the level of the mother's education: 100 percent of working children of mothers with primary/incomplete secondary education attend school compared to 93.8 percent of children whose mothers have higher and specialized secondary education.

Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence..." and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Kazakhstan MICS survey, mothers/caretakers of children age 2-14 years were asked a series of questions on the ways parents tend to use to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, three indicators used to describe aspects of child discipline are: 1) the number of children 2-14 years that experience psychological aggression as punishment or minor physical punishment or severe physical punishment; and 2) the number of parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

In Kazakhstan, over 52 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members (Table CP.4). Less than one percent of children were subjected to severe physical punishment; in urban area percentage of such children is almost twice as much as in rural (0.9 and 0.5 percent respectively). On the other hand, 7.4 percent of mothers/caretakers who believed that children should be physically punished, which implies an interesting contrast with the actual prevalence of physical discipline. The largest number of children age 2-14 years (47.8 percent) in Kazakhstan are exposed to psychological pressure. 30.5 percent of children are subjected only to nonviolent punishment and 22.9 percent of children – to minor physical punishment.

In turn, almost every fifth child (17.3 percent) experiences neither discipline methods nor punishment; the percentage of children, who experienced neither form of disciplining, is higher in rural area. Male children were subjected more to both minor and severe physical discipline (25.3 and 1.1 percent) than female children (20.3 and 0.4 percent respectively). Girls are more exposed to non-violent methods of discipline.

More children were subjected to severe physical punishment in Kyzylorda Oblast (5.6 percent), where the largest number of mothers/caretakers (14.4 percent) believes that the child should be physically punished. In Almaty City and Almaty Oblast no cases of severe physical punishment of children were found.

The number of children who experience nonviolent methods, psychological punishment and minor physical punishment as well as severe physical punishment is higher in urban area than in rural one.

It is very interesting to note that differentials with respect to many of the background variables were relatively small. Despite the fact that over 50 percent of elder children (5-9 and 10-14 years), and those living in urban areas, were subjected to at least one psychological or physical punishment, the differentials in terms of severe physical punishment were high only in rich households – 1 percent. In addition, punishment of children (any) is more prevalent if mothers have primary education (60.7 percent). It is of importance also to indicate that far fewer parents/caretakers believe that in order to raise their children properly, they need to physically punish them (7.4 percent), in practice over 20 percent indicated the opposite.

Early Marriage

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 were married/in union before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in the hope that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. 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 the 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..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights – such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices – and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group. They are often required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts on girls in far larger numbers and with more intensity.

Cohabitation – when a couple lives together as if married – raises the same human rights concerns as marriage. Where a girl lives with a man

and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship – for example, inheritance, citizenship and social recognition – might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

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

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort.

Two of the indictors are to estimate the percentage of women married before 15 years of age and percentage married before 18 years of age. The percentage of women married at various ages is provided in Table CP.5

In Kazakhstan the Law "On Marriage and Family" determines the age of 18 as legal for marriage for both men and women. In exceptional cases the state registrar's offices have the authority to register marriage at the earlier age of spouses but not younger than 16.

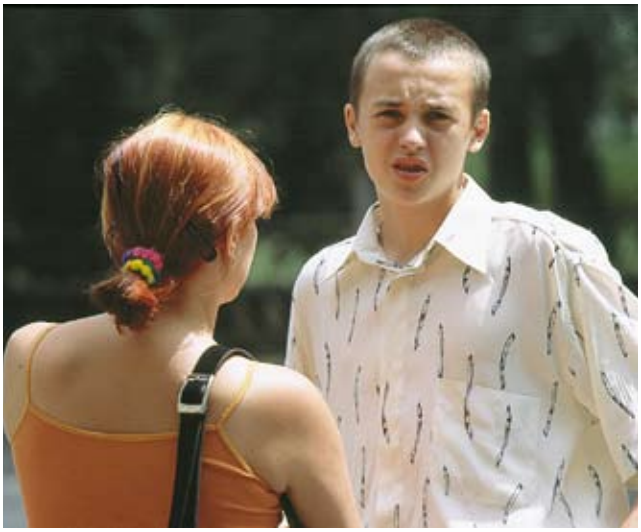
In Kazakhstan 57.4 percent of women at the age of 15-49 years selected in the sample for MICS, are either married or live in union. Noteworthy is the fact that among young women in the age group of 15-19 only 5 percent reported of being married. The proportion of women at the age of 15-49 who had got married or lived in union with men before they turned 15 was 0.4 percent, and 8.5 percent of the 20-49 age group had got married before the age of 18.

The results show that early marriages at the age below 15 years are not widely spread in Kazakhstan. In Aktobe, West Kazakhstan and Mangistau Oblasts there were found no such marriages. In the remaining Oblasts, number of marriages below 15 years of age does not exceed 0.5 percent. Only in East Kazakhstan Oblast, the number of such marriages was one percent. This indicator does not differ by urban and rural areas, making 0.3-0.4 percent. There is small difference by the level of education – this indicator is higher among women with primary education (0.7 percent).

More often young women marry at the age below 18 in Zhambyl (12 percent), North Kazakhstan (11.3 percent) and Karaganda (11.1 percent) Oblasts. The least percentage of such marriages was found in Atyrau (4.2 percent) and Mangistau (4.6 percent) Oblasts. Below full 18 years, Russian women, women in rural area and with primary education married more often. A lower percentage of women from the richest households got married at young age (6 percent).

Another component is the spousal age difference with an indicator being the percentage of married/in union women with a difference of 10 or more years of age compared to their current spouse. Table CP.6 presents the results of the age difference between husbands and wives.

In Kazakhstan the major proportion of marriages have the age difference between spouses at 0 to 9 years. For instance, the proportion of women



at the age of 20-24 years with a husband/partner's age of 0-4 years older made 56.5 percent and those of 5-9 years older were 29.7 percent. Only 7.4 percent of young women of this age group married to men of 10 and/or more years older, at the same time, 5.7 percent of women were married to younger men.

The percentage of marriages, when husband is by 5-9 years and 10 and more years older than his wife is more prevalent in rural area and among poorest households. Marriages, when husband is by 0-4 years older are more prevalent among women with higher levels of education and in rich households, it is also more often among Russian women than among Kazakh women.

Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of reasons. These questions were asked to get an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women that agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described in reality tend to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.9.

To study attitudes of women aged 15-49 years towards domestic violence within MICS this group of women were presented with the following situations that might cause her husband/partner beating his wife/partner and they were asked proposed to specify in which of the below she presumed this outcome:

- Goes out for long without telling her husband;
- Neglects her children;
- Contradicts her husband;
- Refuses sex with him;
- Burns food.

10.4 percent of women aged 15-49 years recognized that partner might beat his wife due to one of the above causes (Table CP.9).

Kyzylorda Oblast was the most unfavorable in this regard, where 47.6 percent of women recognized this fact (of these 28.6 percent believe husband can beat his wife if she argues with him). Negative attitudes to domestic violence (below 5 percent) expressed women of Almaty, Mangistau and South Kazakhstan Oblasts and Astana city.

12.3 percent of women married at the time of the survey and 10.4 percent of previously married/in union women believe that husband can sometimes beat his wife, 6.5 percent of never married women expressed negative attitudes to beating by partner/husband. Women aged 15-19 years (6.8 percent) expressed less negative attitude towards domestic violence, in other age groups percentage of women was distributed almost the same (by 10-12 percent). Interestingly, women with secondary education have more positive attitudes to beating by husband (12.9 percents), than women with primary and higher education (8.4 -9.8 percent).

The highest percentage of women (7.1 percent) recognized that partner can beat his wife if she neglects their children and under-cares of them. The percentage for women currently and previously married was 8.3 and 7.7 percents respectively while it is 4.6 percent for women never married/in union. Least percentage of women (1.5 percent) accepts this situation in case if wife refuses sex with her partner. Distribution of causes justifying, according to interviewed women, domestic violence from the partner and the number of women who accept such situation is almost the same in urban and rural areas.

XII. HIV/AIDS

Knowledge of HIV Transmission

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

One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1.

In Kazakhstan, almost all interviewed women (98.7 percent) have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission is only 30 percent. Almost 66 percent of women know of having one faithful uninfected sex partner, 62.9 percent know of using a condom every time, and 42.7 percent know of abstaining from sex as main ways of preventing HIV transmission. While almost 80 percent of women know at least one way, a high proportion of women (20.1 percent) do not know any of the three ways.

Knowledge of HIV and HIV transmission is higher in urban area and associates with education – the higher education level of woman, the higher knowledge of HIV. Percentage of women aware of three ways of HIV prevention is higher in 35-39 and 40-44 age groups (about 32 percent), and lower in 15-19 age group (27.6 percent). The percentage of women who do not know any way of HIV prevention is high in 15 - 19 age group (28.2 percent). Half of interviewed women in Mangistau and 42 percent in Kyzylorda Oblasts know neither way of HIV transmission.

Table HA.2 presents the percentage of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Kazakhstan, that HIV can be transmitted by sharing food and mosquito bites. The table also provides information on whether women know that HIV cannot be transmitted by supernatural means, and that HIV can be transmitted by sharing needles. Of the interviewed women, 36.3 percent reject the two most common misconceptions and know that a healthy-looking person can be infected. 68.7 percent of women know that HIV cannot be transmitted by sharing food, and 60.6 percent of women know that HIV cannot be transmitted by mosquito bites, while 67.5 percent of women know that a healthy-looking person can be infected. 79.8 percent of women know that HIV cannot be transmitted by supernatural means,

and 96.2 percent of women know that HIV can be transmitted by multiple uses of needles.

Table HA.3 summarizes information from Tables HA.1 and HA.2 and presents the percentage of women who know 2 ways of preventing HIV transmission and reject three common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission is still fairly low although there are differences by area of residence. Overall, 22.3 percent of women were found to have comprehensive knowledge, which was slightly higher in urban areas (23.8 percent). As expected, the percent of women with comprehensive knowledge increases with the woman's education level (Figure HA.1). Overall, 53.1 percent of women said they knew of two ways of HIV prevention. Knowledge of two ways of HIV transmission slightly differs by urban and rural area, thus in urban area 53.7 women knew these ways, in rural area – 52.2 percent of women. As expected, the percentage of women, who know two ways of HIV prevention, increases with education level. 36.3 percent of women may correctly identify 3 misconceptions concerning HIV transmission, of these 39 percent of urban and 32.5 percent of rural women. Percentage of women aware of HIV transmission is higher in the households with high wealth level and among women with higher levels of education.

Percentage of women having comprehensive knowledge about HIV is almost the same in all age groups and makes approximately 22.

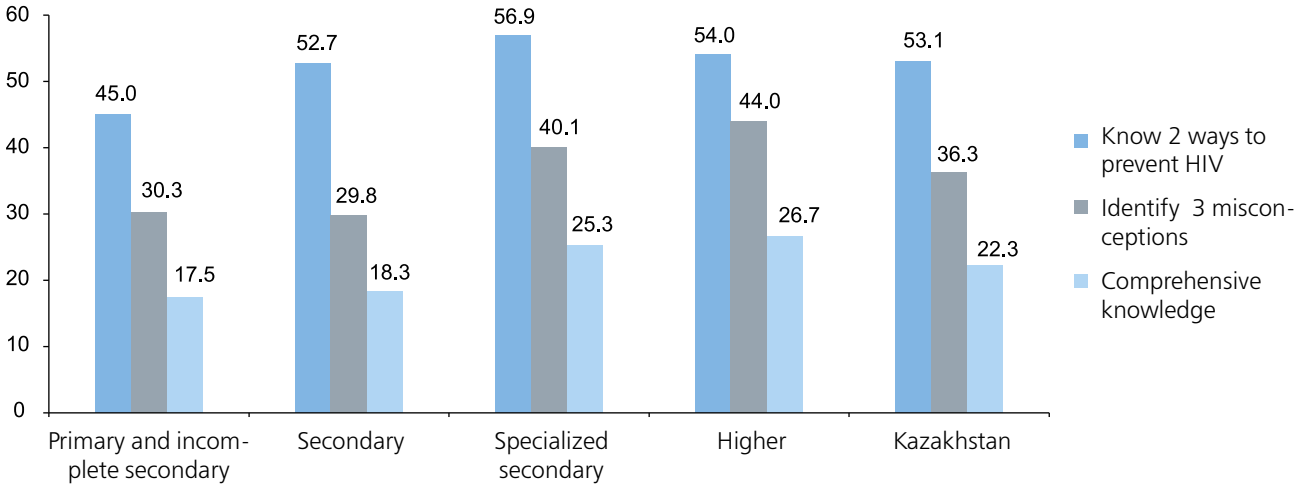
Percentage of women having sufficient knowledge of HIV prevention (can identify 2 ways of prevention and 3 misconceptions) is high in Astana City (45.8 percent), lower percentage was found in Mangistau (10.7 percent), Zhambyl (11.5 percent) Oblasts and Almaty city (11 percent).

Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infecting in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Table HA.4. Overall, 92.2 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 54.5 percent, while 6.5 percent of women did not know of any specific way.

The percentage of women in urban areas who know all three ways of mother-to-child transmission is higher than in rural area. Age of respondents associates with knowledge of these three ways: for instance, in age group 15-19 only 47.4 percent know all three ways of mother-to-child HIV transmission, in age group 40-44 – 57.8 percent.

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a teacher who is HIV positive should be allowed to teach in school; and 4) would not

Figure HA.1. Percent of women who have comprehensive knowledge of HIV/AIDS transmission, Kazakhstan, 2006



want to keep HIV status of a family member a secret. Table HA.5 presents the attitudes of women towards people living with HIV/AIDS.

Interviewing revealed that 9.4 percent of the population in general would not care of family member sick with HIV (AIDS); there were found no significant differences by urban and rural areas (9.3 and 9.5 percent respectively). However, the highest proportion of such population was found in Aktobe (28.7 percent), Kyzylorda (27.5 percent) and Atyrau (23.8 percent) Oblasts, the least proportion – in Almaty (1.9 percent), Kostanai (2.4 percent), Zhambyl (3.6 percent), Karaganda (4.2 percent) Oblasts and Almaty city (3 percent).

65.9 percent of respondents would want to keep the HIV status of a family member a secret, the percentage of such respondents is almost by 10 percent higher in urban area than in rural area. 60.1 percent of population of Kazakhstan believe that HIV positive teacher should not be allowed to teach in school; rural people are more categorical than urban (65 and 56.8 percent respectively), the highest percentage of such answers was found in 30-34 age group of respondents, people with primary, secondary and specialized secondary education, in poorest households and among Kazakh women. 82.7 percent of people would not buy foodstuffs from HIV-positive vendor; again the percentage of such respondents is higher among rural population than among urban population (84.9 and 81.2 percent respectively) and in poorest households (86.3 percent).

96.2 percent of women in survey agreed with one of the proposed discriminatory statements regarding people living with HIV/AIDS (PLWHA); women of urban as well as rural areas, irrespectively to their education level, age and wealth of their households were unanimous in their answers. The lowest number of women who agreed with a proposed discriminatory statement were noted in Atyrau (92.4 percent), Akmola (92.7 percent) Oblasts and Almaty City (92.6 percent). Only 3.8 percent of women agreed with none of the discriminatory statements regarding PLWHA and the majority of those women were with primary and/or incomplete secondary education (4.7 percent) and from Akmola Oblast (7.3 percent) and Almaty City (7.4 percent).

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6. In Kazakhstan, 83.5 percent of women know where to be tested; percentage of such women is higher in urban area and among respondents with higher levels of education. Moreover, a higher percentage of knowledge of where to be tested for HIV was found in more wealthy households (88-89 percent) and and among Russian women (89.7 percent), the lower percentage was prevalent in age group 15-19 (64.9 percent) compared to 25-29 age group (88.9 percent) and 30-34 age group (89.6 percent). The lowest percent was found in Zhambyl Oblast (61.4 percent), the highest – in Pavlodar Oblast (96.5 percent).

Of 83.5 percent of women knowing where to be tested, 61.7 percent were actually tested. Of these, significant part (87.2 percent) received the test results. The percentage of those who have been tested for HIV and received the results is higher in urban area (89.8 percent) than in rural area (83 percent). In Mangistau Oblast only 49 percent of women had been told the test results, which is the lowest indicator among all regions.

Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.7.

98.1 percent of women in Kazakhstan received antenatal care during last pregnancy, of them 82.4 percent in any way obtained information about HIV prevention during antenatal care. There were found no significant differences between urban and rural women (82.7 and 82.1 percent respectively), however, this indicator was associated with education level of women and wealth of households. Only 71.5 percent of women with primary and incomplete secondary education received information about HIV opposed to over 84 percent of women with higher education and 79 percent of women from poorest households against 88 percent of women from richest households. 92.9 percent of interviewed women were tested for HIV during antenatal care, 78.8 percent of them received their test results. This percentage was higher among urban women (82.3 percent) compared to rural (75 percent). The largest proportion of women received results of HIV test is higher in 15-19 age group (93 percent), among women with higher level of education and in households with higher wealth level. In Almaty City all women received HIV test results, the lowest indicator value was found in Aktobe Oblast (49 percent).

XIII. Tuberculosis

Knowledge of Tuberculosis

Task 8 of Sixth Millennium Development Goal (MDG) is to reduce TB incidence by 2015 and initiate a trend to TB reduction.

Tuberculosis seriously threatens the health of the population. In 1993, World Health Organization (WHO) announced tuberculosis the global world problem and it is still a serious healthcare problem in Kazakhstan. Prevalence of TB multi-resistant forms caused by strains resistant to the majority of TB medicines is of great danger to the population. These TB forms result from inadequate and incomplete treatment or irregularly taking medicines by patients.

The high growth in disease may become a factor threatening social and economic development of the country, which in turn establishes environment for tuberculosis prevalence.

Domestic and social levels of population are the major factors influencing tuberculosis prevalence. Volume of public expenditures in health care, provision with TB health personnel and equipment of health facilities with diagnostic equipment and medicines is essential.

Fight against TB is closely linked to literacy of population, awareness of symptoms, ways of TB transmission and access to qualified health assistance, which promotes TB prevention, seeking timely care in health facility and following doctor's recommendations.

In 2006 MICS women aged 15-49 were asked about their knowledge of TB symptoms, ways of transmission and possibility to treat TB. Thus, respondents were asked if they knew such disease as tuberculosis, if they knew that TB could be treated if proper treatment selected, the main ways of treatment, ways of infection transmission and the site where the parent would take the child with suspected TB.

99.4 percent of country's population is aware of tuberculosis with no difference by urban and rural areas (Table TB.1). 79 percent of women know about tuberculosis patients' recovery if it is properly treated. The highest percent of women knowing about this were found in Pavlodar (89.1 percent) followed by Kostanai (88.5 percent) and East Kazakhstan (88.4 percent) Oblasts. The lowest percentage was seen in Karaganda, Mangistau, South Kazakhstan Oblasts and Almaty City (around 72 percent).

83.2 percent of women noted that TB should be treated in hospital. In general, ranging from 70 percent of women in Pavlodar Oblast to 99.7 percent in Mangistau Oblast agreed with this opinion. Almost each third woman (about 28 percent) in Pavlodar and Zhambyl Oblasts and each fifth (about 20 percent) in Karaganda and West Kazakhstan Oblasts believe that TB requires hospitalization at initial stage with following treatment at home. In Mangistau and Atyrau Oblasts almost all interviewed women accepted only hospital treatment.

Lower percentages of respondents knew neither ways of TB treatment – from 0.1 percent in Karaganda and Atyrau Oblasts to 1.2 percent and 1.6 percent respectively in North Kazakhstan and Akmola Oblasts.

Almost all respondents irrespectively to their place of residence, level of education and wealth knew about TB transmission by air during coughing.

The largest number of parents who reported on taking child with suspected TB to TB dispensary was found in Atyrau (80 percent), West Kazakhstan (64.3 percent) and South Kazakhstan (61 percent) Oblasts. About 50 percent of parents in Akmola Oblast and Almaty City and 56.3 percent of respondents in Almaty Oblast would refer to the hospital (in-patient) in this situation, and 64.5 percent of parents in Karaganda Oblast would seek care in polyclinic (out-patient).

About 42 percent of parents in urban and rural areas responded they would refer to a TB dispensary with suspected TB in children. Respondents with higher education more often mentioned TB dispensary as the place of seeking care. These facilities provide diagnostics and medical treatment to the patients directly referred for first medical aid and those who were referred there with suspected TB after medical examination in other health facilities.

About 39 percent of parents in rural area and 25.5 percent of urban population would refer to hospital. The latter would refer to a Polyclinic (32 perecent). It could be explained by high coverage of urban population with polyclinic care, while due to lack of polyclinics in rural areas the rural population is forced to seek care in the nearest hospital.

In order to identify the level of population awareness of disease symptoms respondents were asked about symptoms of suspected TB that would make them seeking medical care.

Thus, almost 53 percent of interviewed women correctly named "coughing over three weeks" as a TB sign (Table TB.2). At the same time the highest awareness level was found in Kostanai (78.3 percent), Pavlodar (75.7 percent), Mangistau and Aktobe Oblasts as well as in Almaty city (around 70 percent).

Among other symptoms almost 43 percent of women listed blood with phlegm, 38 percent – fever and 37 percent – night sweating.

Overall, the urban population is more aware of TB signs than the rural population. Similarly, the level of awareness by each TB symptom grows along with respondents' level of education and wealth.

Table TB.3 provides information on what TB symptoms would require women to see a doctor. Over 58.5 percent of women reported that they would be forced to see a doctor if they would have cough over three weeks, 43.9 percent if they would lose weight; 41.3 percent – fever, 39.0 percent – blood with phlegm and 39.8 percent women – pain in the chest.

In the survey women were asked about their contacts with people who had TB (family members or anybody who suffers from TB, such as neighbors, colleagues or close friends) and whether they would take care of a family member after TB treatment.

Five percent of interviewed women informed that they were sick or have family members with TB and 7.5 percent often communicate with neighbors, colleagues or close friends suffering from TB (Table TB.4). The largest percent of people contacting with persons suffering from TB (including siblings, colleagues and friends) live in Pavlodar (25 percent), Akmola (21.2 percent), North Kazakhstan (19.3 percent), Kyzylorda (18.6 percent), West Kazakhstan (17.8 percent), Kostanai (17.7 percent), Karaganda (19.4 percent) Oblasts and Astana city (21.6 percent).

The proportion of respondents who denied care to family member who had TB treatment increases with growth of family wealth from 3.4 percent in poorest households to 5.4 percent in the richer ones. Proportion of such respondents increases with education level from 3.5 percent in women with primary/incomplete secondary education to 4.5 percent in women with higher education. Overall about 4 percent of interviewed women reported that they would not take care of family member who had TB treatment.

Overall 12.5 percent of the population in the country had TB or had family members suffering from tuberculosis and/or have frequent contacts with people who have TB outside of their families. The population is well informed about ways of TB transmission and the disease's symptoms. Better knowledge about proper treatment of tuberculosis would allow improvement of references to health facilities at earlier stages. This would promote more effective treatment and better TB prevention.

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Table HH.1: Results of household and individual interviews

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

	RESIDENCE		TOTAL	INCLUDING OBLASTS														
	Urban	Rural		Akmola	Aktobe	Almaty	Atyrau	West Kazakhstan	Zhambyl	Karagandy	Kostanai	Kyzylorda	Mangistau	South Kazakhstan	Pavlodar	North Kazakhstan	East Kazakhstan	Astana City	Almaty City
Number of households																			
Sampled	8 640	6 360	15 000	888	864	1 128	792	840	984	1 080	936	840	768	1 152	888	864	1 104	816	1 056
Occupied	8 630	6 354	14 984	885	864	1 123	791	840	984	1 078	934	840	767	1 152	888	863	1 104	816	1 055
Interviewed	8 246	6 318	14 564	846	837	1 096	782	820	974	1 052	921	830	758	1 125	873	847	1 082	755	966
Response rate	95.6	99.4	97.2	95.6	96.9	97.6	98.9	97.6	99.0	97.6	98.6	98.8	98.8	97.7	98.3	98.1	98.0	92.5	91.6
Number of women																			
Eligible	7 681	7 038	14 719	734	887	1 162	1 036	925	1 002	925	783	1 025	938	1 358	759	682	941	793	769
Interviewed	7 611	6 959	14 570	666	887	1 159	1 026	905	999	924	782	1 022	938	1 355	756	681	940	766	764
Response rate	99.1	98.9	99.0	90.7	100.0	99.7	99.0	97.8	99.7	99.9	99.9	99.7	100.0	99.8	99.6	99.9	99.9	96.6	99.3
Overall response rate	94.7	98.3	96.2	86.7	96.9	97.3	97.9	95.5	98.7	97.5	98.5	98.5	98.8	97.4	97.9	98.0	97.9	89.4	91.0
Number of children under 5																			
Eligible	1 944	2 480	4 424	216	234	415	314	203	388	191	201	398	319	619	174	161	195	185	211
Mother/Caretaker interviewed	1 942	2 474	4 416	213	234	413	314	203	387	191	201	397	319	619	173	161	195	185	211
Response rate	99.9	99.8	99.8	98.6	100.0	99.5	100.0	100.0	99.7	100.0	100.0	99.7	100.0	100.0	99.4	100.0	100.0	100.0	100.0
Overall response rate	**95.5**	**99.2**	**97.0**	**94.3**	**96.9**	**97.1**	**98.9**	**97.6**	**98.7**	**97.6**	**98.6**	**98.6**	**98.8**	**97.7**	**97.7**	**98.1**	**98.0**	**92.5**	**91.6**

Denominator for household response rate – is the number of households identified as occupied during the fieldwork (HH9 = 1, 2, 3); numerator – is the number of households entered into the household questionnaires (HH9 = 1). Denominator for women's response rate – is the number of eligible women in the household listing (i.e. women 15–49 years old, HH12); numerator – is the number of successfully interviewed women (HH13). Denominator for under five children response – is the number of children under five in the household listing (HH14); numerator – is the number of filled questionnaires for children under five (HH15).

Overall response rates interviews are obtained through multiplying the household responses rates by women and children under five response rates accordingly.

Table HH.2: Household age distribution by sex

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

	MALES		FEMALES		TOTAL	
	Number	Percent	Number	Number	Percent	Number
Age						
0-4	2 125	8.6	1 898	7.1	4 023	7.8
5-9	1 863	7.5	1 686	6.4	3 549	6.9
10-14	2 417	9.8	2 355	8.9	4 772	9.3
15-19	2 665	10.8	2 360	8.9	5 025	9.8
20-24	2 104	8.5	2 022	7.6	4 126	8.0
25-29	1 981	8.0	1 809	6.8	3 790	7.4
30-34	1 685	6.8	1 814	6.8	3 499	6.8
35-39	1 660	6.7	1 956	7.4	3 616	7.1
40-44	1 845	7.5	1 978	7.5	3 823	7.5
45-49	1 711	6.9	1 968	7.4	3 679	7.2
50-54	1 349	5.5	1 805	6.8	3 154	6.1
55-59	1 073	4.3	1 327	5.0	2 400	4.7
60-64	548	2.2	768	2.9	1 316	2.6
65-69	773	3.1	1 173	4.4	1 946	3.8
70+	925	3.8	1 617	6.1	2 542	5.0
Interdependent age groups						
< 15	6 405	25.9	5 939	22.4	12 344	24.1
15-64	16 621	67.2	17 807	67.1	34 428	67.2
65 +	1 698	6.9	2 790	10.5	4 488	8.7
Missing/DK	0	0.0	1	0.0	1	0.0
Children aged 0-17	8 090	32.7	7 448	28.1	15 538	30.3
Adults 18+/Missing/ DK	16 634	67.3	19 089	71.9	35 723	69.7
Total	**24 724**	**100.0**	**26 537**	**100.0**	**51 261**	**100.0**

Table HH.3: Household composition

Percent distribution of households by selected characteristics. Kazakhstan, 2006

	WEIGHTED PERCENT	NUMBER OF HOUSEHOLDS	
		Weighted	Unweighted
Sex of household head			
Male	64.5	9 396	9 703
Female	35.5	5 168	4 861
Oblast			
Akmola	6.0	879	846
Aktobe	4.3	629	837
Almaty	9.3	1 352	1 096
Atyrau	2.3	334	782
West Kazakhstan	4.1	600	820
Zhambyl	5.7	834	974
Karagandy	11.1	1 614	1 052
Kostanai	8.0	1 170	921
Kyzylorda	2.8	409	830
Mangistau	1.9	273	758
South Kazakhstan	9.7	1 415	1 125
Pavlodar	6.3	911	873
North Kazakhstan	5.5	805	847
East Kazakhstan	11.4	1 652	1 082
Astana City	2.3	334	755
Almaty City	9.3	1 353	966
Residence			
Urban	64.1	9 339	8 246
Rural	35.9	5 225	6 318
Number of household members			
1	13.0	1 894	1 675
2-3	41.0	5 965	5 560
4-5	32.4	4 723	4 935
6-7	10.4	1 522	1 799
8-9	2.4	349	447
10+	0.8	111	148
Ethnicity/language			
Kazakh	49.1	7 145	8 071
Russian	41.2	6 007	5 242
Other	9.7	1 412	1 251
Total	**100.0**	**14 564**	**14 564**
At least one child aged < 18 years	56.7	14 564	14 564
At least one child aged < 5 years	21.8	14 564	14 564
At least one woman aged 15-49 years	70.6	14 564	14 564

Table HH.4: Women's background characteristics

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

	WEIGHTED PERCENT	NUMBER OF WOMEN	
		Weighted	Weighted
Oblast			
Akmola	5.5	797	666
Aktobe	4.6	675	887
Almaty	10.1	1 475	1 155
Atyrau	3.2	458	1 026
West Kazakhstan	4.8	699	905
Zhambyl	6.0	877	998
Karagandy	10.2	1 476	924
Kostanai	7.0	1 016	782
Kyzylorda	3.6	528	1 022
Mangistau	2.3	335	938
South Kazakhstan	12.2	1 767	1 352
Pavlodar	5.6	820	756
North Kazakhstan	4.6	674	681
East Kazakhstan	10.1	1 467	940
Astana City	2.5	368	766
Almaty City	7.7	1 126	762
Residence			
Urban	59.5	8 655	7 608
Rural	40.5	5 903	6 952
Age			
15–19	17.0	2 469	2 528
20–24	14.5	2 108	2 169
25–29	13.0	1 894	1 924
30–34	13.1	1 900	1 877
35–39	14.1	2 055	2 021
40–44	14.2	2 076	2 066
45–49	14.1	2 056	1 975
Marital/Union status			
Currently married/in union	57.4	8 349	8 370
Formerly married/in union	14.1	2 049	1 857
Never married/in union	28.6	4 160	4 333
Motherhood status			
Ever gave birth	66.8	9 727	9 595
Never gave birth	33.2	4 831	4 965
Education			
Primary/incomplete secondary	13.4	1 948	1 955
Secondary	33.6	4 893	5 004
Specialized secondary	27.1	3 949	3 919
Higher	25.9	3 768	3 682
Wealth index quintiles			
Poorest	18.5	2 689	3 041
Poor	18.7	2 728	2 977
Middle	19.4	2 824	2 840
Rich	20.0	2 915	2 513
Richest	23.4	3 402	3 189
Ethnicity/language			
Kazakh	59.1	8 609	9 553
Russian	30.8	4 481	3 761
Other	10.1	1 468	1 246
Total	**100.0**	**14 558**	**14 558**

Table HH.5: Children's background characteristics

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

	WEIGHTED PERCENT	NUMBER OF UNDER-5 CHILDREN	
		Weighted	Unweighted
Sex			
Male	52.7	2 327	2 323
Female	47.3	2 088	2 092
Oblast			
Akmola	5.5	243	213
Aktobe	4.1	181	234
Almaty	12.3	545	412
Atyrau	3.3	143	314
West Kazakhstan	3.4	152	203
Zhambyl	7.8	345	387
Karagandy	7.2	316	191
Kostanai	6.1	267	201
Kyzylorda	4.7	209	397
Mangistau	2.5	109	319
South Kazakhstan	18.7	827	619
Pavlodar	4.5	197	173
North Kazakhstan	3.7	163	161
East Kazakhstan	6.9	304	195
Astana City	2.0	90	185
Almaty City	7.3	324	211
Residence			
Urban	51.0	2 251	1 942
Rural	49.0	2 164	2 473
Age			
< 6 months	8.7	382	387
6-11 months	10.5	462	477
12-23 months	21.9	969	960
24-35 months	21.5	948	936
36-47 months	19.4	858	861
48-59 months	18.0	796	794
Mother's education			
Primary/incomplete secondary	7.0	309	272
Secondary	45.3	2 000	2 047
Specialized secondary	23.3	1 030	1 052
Higher	24.4	1 076	1 044
Wealth index quintiles			
Poorest	27.0	1 189	1 266
Poor	20.9	924	998
Middle	19.7	868	875
Rich	16.0	707	598
Richest	16.4	725	678
Ethnicity/language			
Kazakh	66.2	2 924	3 193
Russian	21.1	931	771
Other	12.7	560	451
Total	**100.0**	**4 415**	**4 415**

Table HH. 6: Resources of the main information for households

Percent distribution of households using any sources (mean) of information, Kazakhstan, 2006

	SOURCE OF INFORMATION FOR FAMILY								NUMBER OF HOUSEHOLDS
	Newspaper	TV	Radio	Magazines	Internet	Outdoor advertising and posters	Siblings, friends and colleagues	Other	
Oblast									
Akmola	69.8	97.0	22.3	21.8	4.0	10.0	56.5	1.2	879
Aktobe	81.6	97.5	40.8	41.8	6.2	24.1	82.4	3.4	629
Almaty	59.8	98.5	14.4	4.6	1.5	9.6	60.0	0.4	1 352
Atyrau	91.0	98.4	45.7	16.4	5.1	11.7	88.9	0.8	334
West Kazakhstan	64.9	97.3	29.5	23.1	2.7	3.1	51.6	0.3	600
Zhambyl	52.0	95.2	8.8	8.5	0.9	2.1	23.9	0.4	834
Karagandy	67.1	97.4	17.1	18.2	6.1	7.1	52.2	0.5	1 614
Kostanai	71.1	97.8	26.1	15.4	5.6	6.0	38.0	0.2	1 170
Kyzylorda	44.1	97.0	18.4	7.1	1.3	5.8	55.4	2.9	409
Mangistau	89.5	99.5	33.9	38.1	8.1	23.4	84.4	4.1	273
South Kazakhstan	49.1	98.3	19.8	4.7	1.5	11.3	54.6	0.2	1 415
Pavlodar	69.7	98.3	34.8	18.4	3.8	2.3	50.0	0.2	911
North Kazakhstan	69.9	96.6	17.3	9.6	2.2	3.8	41.1	0.1	805
East Kazakhstan	62.7	97.9	12.1	11.1	1.8	5.5	50.8	5.1	1 652
Astana City	84.0	96.7	36.3	42.3	21.9	17.0	40.1	(*)	334
Almaty City	78.7	98.7	62.4	48.1	13.5	21.8	71.2	0.5	1 353
Residence									
Urban	70.7	97.7	30.8	23.2	7.0	12.2	54.3	1.0	9 339
Rural	58.8	97.6	15.7	9.6	(0.6)	4.5	53.7	1.6	5 225
Education of household head									
Primary/incomplete secondary	51.1	95.6	17.2	6.2	(*)	4.6	48.1	(1.4)	2 407
Secondary	61.6	97.8	21.1	12.9	2.0	7.3	54.8	1.2	5 224
Specialized secondary	73.2	98.4	27.4	21.0	4.0	10.2	52.7	(1.1)	3 744
Higher	80.3	98.5	37.6	34.9	13.7	16.2	59.4	(1.2)	3 048
Missing/ DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Wealth index quintiles									
Poorest	43.2	94.5	10.0	4.0	(*)	3.9	52.9	(1.5)	2 208
Poor	60.4	98.1	15.6	8.8	(*)	5.9	53.4	(1.4)	2 554
Middle	67.2	98.1	22.3	12.8	(1.3)	5.1	51.4	(1.3)	2 751
Rich	70.6	97.8	30.2	21.9	3.8	9.7	52.9	(*)	3 560
Richest	80.6	98.9	39.9	35.3	14.5	18.7	58.5	1.3	3 491
Ethnicity/language									
Kazakh	66.3	98.0	24.7	18.6	4.2	9.6	58.1	1.4	7 145
Russian	68.2	97.4	26.6	19.3	5.7	8.9	49.1	1.1	6 007
Other	60.0	97.1	23.9	13.1	3.0	10.8	54.4	0.7	1 412
Total	**66.4**	**97.7**	**25.4**	**18.4**	**4.7**	**9.4**	**54.1**	**1.2**	**14 564**

Note: ( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table CM.1: Early child mortality

Distribution of infant mortality and under fife mortality rates by key characteristics, Kazakhstan, 2006

	INFANT MORTALITY RATE*	UNDER-FIVE MORTALITY RATE**
Sex		
Male	36.6	41.7
Female	26.6	30.3
Residence		
Urban	26.8	30.2
Rural	37.0	42.6
Ethnicity/language		
Kazakh	31.8	36.2
Russian	27.3	31.0
Total	**31.8**	**36.3**

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

Table CM.2: Children ever born and proportion dead

Mean number of children ever born, survived and proportion dead by age of women, Kazakhstan, 2006

	MEAN NUMBER OF CHILDREN EVER BORN	PROPORTION DEAD	RATIO OF SURVIVED AND DEAD	NUMBER OF WOMEN
Age				
15–19	0.031	0.030	0.039	2 469
20–24	0.507	0.497	0.020	2 108
25–29	1.309	1.258	0.038	1 894
30–34	1.895	1.811	0.044	1 900
35–39	2.230	2.132	0.044	2 055
40–44	2.562	2.425	0.053	2 076
45–49	2.737	2.544	0.071	2 056
Total	**1.563**	**1.483**	**0.051**	**14 558**

Table NU.1: Child malnourishment

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

	WEIGHT FOR AGE		HEIGHT FOR AGE		WEIGHT FOR HEIGHT			Number of children aged 0–59 months
	Percent below	Percent below	Percent below	Percent below	Percent below	Percent below	Percent above	
	– 2 SD*	– 3 SD	– 2 SD**	– 3 SD	– 2 SD***	– 3 SD	+ 2 SD	
Sex								
Male	4.3	0.8	13.4	4.5	4.4	1.3	11.1	2 200
Female	3.6	0.7	12.1	3.5	3.2	0.6	11.6	1 990
Oblast								
Akmola	3.7	0.4	4.6	0.4	1.4	1.4	8.8	242
Aktobe	5.7	1.0	23.5	8.6	1.7	0.6	15.6	171
Almaty	8.1	2.0	22.1	6.2	5.0	1.4	13.9	506
Atyrau	2.2	0.0	14.2	3.9	4.4	0.4	10.7	134
West Kazakhstan	8.8	0.9	9.8	4.1	12.5	3.3	11.9	149
Zhambyl	2.1	0.0	9.5	1.5	1.3	0.2	7.6	337
Karagandy	3.2	1.4	13.3	2.8	5.8	1.8	11.3	296
Kostanai	3.9	0.5	10.8	2.8	3.4	0.5	10.8	254
Kyzylorda	3.9	1.0	23.3	11.4	3.7	0.9	15.6	187
Mangistau	2.7	0.5	14.4	4.1	9.3	2.0	11.0	102
South Kazakhstan	2.8	0.3	10.0	2.5	2.6	0.7	10.9	807
Pavlodar	2.1	0.0	8.8	3.2	1.4	0.0	10.9	190
North Kazakhstan	2.8	0.0	6.6	1.7	0.0	0.0	8.2	158
East Kazakhstan	5.6	1.2	18.4	9.2	4.9	0.7	10.5	282
Astana City	3.5	0.6	11.6	4.1	4.7	0.6	14.0	84
Almaty City	2.1	1.6	4.2	2.1	5.3	1.6	11.6	291
Residence								
Urban	3.0	0.6	10.7	3.5	4.4	1.3	11.0	2 126
Rural	5.1	1.0	14.9	4.6	3.2	0.6	11.7	2 064

* MICS indicator 6; MDG indicator 4
** MICS indicator 7
*** MICS indicator 8

Table NU.1: Child malnourishment (continued)

	WEIGHT FOR AGE		HEIGHT FOR AGE		WEIGHT FOR HEIGHT			Number of children aged 0–59 months
	Percent below	Percent below	Percent below	Percent below	Percent below	Percent below	Percent above	
	– 2 SD*	– 3 SD	– 2 SD**	– 3 SD	– 2 SD***	– 3 SD	+ 2 SD	
Age								
< 6 months	3.3	1.2	5.8	2.1	6.7	2.5	12.7	361
6-11 months	3.5	0.7	8.2	3.4	5.1	0.6	16.5	433
12-23 months	4.9	0.7	16.6	4.7	3.1	0.7	16.6	901
24-35 months	4.4	0.8	12.5	4.2	2.7	0.6	8.9	891
36-47 months	2.7	0.4	13.9	4.3	3.2	0.9	8.8	833
48-59 months	4.5	1.1	13.4	3.9	4.4	1.2	7.2	771
Mother's education								
Primary/incomplete secondary	5.1	0.8	15.4	3.0	3.5	1.3	9.3	293
Secondary	4.8	1.0	14.8	5.0	3.8	0.7	10.7	1 893
Specialized secondary	3.9	0.4	11.8	3.5	3.2	1.1	11.5	988
Higher	2.4	0.8	9.3	3.0	4.5	1.3	12.8	1 016
Wealth index quintiles								
Poorest	4.7	1.0	15.7	4.9	3.3	0.8	12.5	1 146
Poor	5.0	0.8	13.7	4.4	3.3	1.0	10.6	879
Middle	4.5	0.5	13.8	4.5	4.1	0.8	11.0	821
Rich	4.1	1.4	9.9	3.2	4.9	1.4	12.0	668
Richest	0.8	0.1	8.4	2.2	4.0	1.2	9.9	676
Ethnicity/language								
Kazakh	4.4	0.9	14.5	4.9	4.2	0.9	12.1	2 781
Russian	2.8	0.7	7.9	1.7	3.6	1.1	8.5	878
Other	4.0	0.5	11.7	3.6	1.8	1.0	11.9	531
Total	**4.0**	**0.8**	**12.8**	**4.0**	**3.8**	**1.0**	**11.3**	**4 190**

* MICS indicator 6; MDG indicator 4
** MICS indicator 7
*** MICS indicator 8

Table NU.2: Initial breastfeeding

Percentage of women aged 15-49 years with a birth in the two years preceding the survey who attached their baby to the breast within one hour of birth and within one day of birth, Kazakhstan, 2006

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with a life birth in the two years preceding the survey
Oblast			
Akmola	49.3	77.3	80
Aktobe	31.5	92.3	68
Almaty	50.5	91.3	225
Atyrau	76.7	94.8	53
West Kazakhstan	65.7	91.0	58
Zhambyl	66.7	91.6	139
Karagandy	91.6	91.6	129
Kostanai	58.7	88.7	84
Kyzylorda	95.5	98.5	80
Mangistau	(85.6)	(93.1)	45
South Kazakhstan	75.4	84.2	309
Pavlodar	47.6	68.6	83
North Kazakhstan	36.6	85.6	61
East Kazakhstan	49.6	80.6	141
Astana City	(82.1)	(91.7)	40
Almaty City	63.1	94.0	124
Residence			
Urban	66.3	87.7	890
Rural	61.9	88.0	829
Months since birth			
< 6 months	62.6	87.3	379
6-11 months	67.5	87.5	449
12-23 months	63.3	88.3	891
Mother's education			
Primary/incomplete secondary	56.1	84.3	112
Secondary	65.4	88.2	734
Specialized secondary	61.5	85.0	416
Higher	66.7	90.8	457
Wealth index quintiles			
Poorest	66.5	86.6	458
Poor	59.6	88.4	348
Middle	62.5	88.7	330
Rich	66.9	91.7	280
Richest	65.5	84.7	303
Ethnicity/language			
Kazakh	65.9	89.1	1 163
Russian	56.2	84.8	343
Other	68.0	85.7	213
Total	**64.2**	**87.8**	**1 719**

* MICS indicator 45
( ) – indicators are based on 25-49 cases of unweighted observations

Table NU.3: Breastfeeding

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

	Children 0–3 months		Children 0–5 months		Children 6–9 months		Children 12–15 months		Children 20–23 months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed*	Number of children	Percent receiving breast milk & solid/ mushy food**	Number of children	Percent breast-fed***	Number of children	Percent breast-fed***	Number of children
Sex										
Male	21.9	121	15.3	206	42.8	159	53.0	175	15.7	171
Female	28.2	108	18.5	176	35.0	147	61.9	151	16.7	150
Residence										
Urban	25.1	105	16.5	184	41.1	167	50.3	167	14.6	174
Rural	24.7	124	17.0	198	36.7	139	64.2	159	18.0	147
Mother's education										
Primary/incomplete secondary	(*)	11	(*)	25	(*)	17	(*)	18	(*)	22
Secondary	26.9	91	16.5	169	36.2	119	58.1	145	15.3	135
Specialized secondary	18.6	56	15.9	88	43.9	81	52.4	83	9.0	85
Higher	24.3	71	17.4	100	37.9	89	60.9	80	25.1	79
Wealth index quintiles										
Poorest	21.3	60	13.4	101	31.3	77	58.9	86	19.9	90
Poor	24.9	46	15.7	82	51.5	66	60.2	71	13.2	60
Middle	31.8	50	20.6	82	35.3	51	63.3	68	13.3	55
Rich	(19.4)	30	(13.4)	55	(45.0)	58	(58.2)	51	(9.3)	54
Richest	(25.6)	43	21.8	62	(32.4)	54	(40.1)	50	(22.1)	62
Ethnicity/language										
Kazakh	22.2	156	15.1	256	37.7	204	60.6	219	18.3	212
Russian	(27.7)	43	18.2	74	43.7	67	40.9	64	7.1	71
Other	(34.7)	30	(22.8)	52	(38.5)	35	(63.3)	43	(21.4)	38
Total	**24.9**	**229**	**16.8**	**382**	**39.1**	**306**	**57.1**	**326**	**16.2**	**321**

* MICS indicator 15

** MICS indicator 17

*** MICS indicator 16

( ) – indicators are based on 25 – 49 cases of unweighted observations

(*) – indicators are based on less than 25 cases of unweighted observations

Table NU.4: Adequately fed infants

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

	PERCENT OF INFANTS					NUMBER OF INFANTS 0–11 MONTHS
	0-5 months exclusively breastfed	6-8 months who received breast milk and complementary food at least 2 times in prior 24 hours	9-11 months who received breast milk and complementary food at least 3 times in prior 24 hours	6-11 months who received breast milk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	
Sex						
Male	15.3	30.7	19.9	25.0	20.6	451
Female	18.5	26.6	19.4	22.9	20.9	392
Residence						
Urban	16.5	30.3	16.7	23.1	20.3	427
Rural	17.0	27.1	23.0	25.0	21.2	416
Mother's education						
Primary/incomplete secondary	(19.4)	(44.4)	(25.3)	(35.8)	(27.2)	48
Secondary	16.5	25.6	22.4	23.8	20.3	356
Specialized secondary	15.9	29.2	17.7	23.8	20.3	198
Higher	17.4	29.4	16.4	22.6	20.4	241
Wealth index quintiles						
Poorest	13.4	24.8	23.4	24.0	19.3	229
Poor	15.7	34.8	20.2	27.0	21.9	180
Middle	20.6	22.6	17.2	19.9	20.3	160
Rich	13.4	28.4	15.3	22.5	18.6	129
Richest	21.8	34.3	18.6	25.7	24.0	145
Ethnicity/language						
Kazakh	15.1	29.3	18.3	23.3	19.7	582
Russian	18.2	23.1	20.8	22.1	20.3	162
Other	22.8	36.5	28.8	33.0	27.6	99
Total	**16.8**	**28.8**	**19.7**	**24.0**	**20.7**	**843**

* MICS indicator 18

** MICS indicator 19

( ) – indicators are based on 25-49 cases of unweighted observations

Table NU.5: Iodized salt consumption

Percentage of households consuming adequately iodized salt, Kazakhstan, 2006

	Percent of households in which salt was tested	Number of households interviewed	PERCENT OF HOUSEHOLDS WITH			TOTAL	Number of households in which salt was tested or with no (iodized) salt
			No salt	Salt test result			
				< 15 PPM	15 and + PPM*		
Oblast							
Akmola	99.8	879	0.2	15.9	83.9	100.0	879
Aktobe	99.2	629	0.2	8.6	91.2	100.0	626
Almaty	98.4	1 352	0.1	0.2	99.7	100.0	1 332
Atyrau	100.0	334	0.0	13.0	87.0	100.0	334
West Kazakhstan	100.0	600	0.0	9.5	90.5	100.0	600
Zhambyl	97.9	834	0.6	8.2	91.2	100.0	821
Karagandy	99.4	1 614	0.6	9.9	89.5	100.0	1 614
Kostanai	99.7	1 170	0.2	1.5	98.3	100.0	1 168
Kyzylorda	100.0	409	0.0	5.4	94.6	100.0	409
Mangistau	99.8	273	0.1	0.4	99.5	100.0	273
South Kazakhstan	99.9	1 415	0.0	5.4	94.6	100.0	1 414
Pavlodar	99.7	911	0.1	31.6	68.3	100.0	909
North Kazakhstan	100.0	805	0.0	3.3	96.7	100.0	805
East Kazakhstan	100.0	1 652	0.0	7.2	92.8	100.0	1 652
Astana City	98.8	334	1.1	4.6	94.3	100.0	333
Almaty City	91.6	1 353	1.3	2.0	96.7	100.0	1 257
Residence							
Urban	98.2	9 339	0.4	7.5	92.1	100.0	9 211
Rural	99.7	5 225	0.1	8.1	91.8	100.0	5 215
Wealth index quintiles							
Poorest	99.6	2 208	0.2	9.1	90.7	100.0	2 204
Poor	99.5	2 554	0.2	7.7	92.1	100.0	2 545
Middle	99.2	2 751	0.2	6.5	93.3	100.0	2 735
Rich	98.3	3 560	0.3	7.2	92.5	100.0	3 510
Richest	97.8	3 491	0.5	8.4	91.1	100.0	3 432
Total	**98.8**	**14 564**	**0.3**	**7.7**	**92.0**	**100.0**	**14 426**

* MICS indicator 41

Table NU.8: Low birth weight infants

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

	PERCENT OF LIVE BIRTH:		NUMBER OF LIVE BIRTH
	Below 2500 grams*	Weighted at birth**	
Oblast			
Akmola	4.8	100.0	80
Aktobe	4.4	96.8	68
Almaty	4.5	99.5	225
Atyrau	4.2	100.0	53
West Kazakhstan	4.6	100.0	58
Zhambyl	6.3	100.0	139
Karagandy	4.4	99.1	129
Kostanai	4.1	98.7	84
Kyzylorda	4.4	100.0	80
Mangistau	(4.0)	(98.0)	45
South Kazakhstan	4.6	99.6	309
Pavlodar	19.4	100.0	83
North Kazakhstan	7.7	98.6	61
East Kazakhstan	6.9	99.1	141
Astana City	(6.4)	(100.0)	40
Almaty City	5.8	98.8	124
Residence			
Urban	6.2	99.6	890
Rural	5.4	99.1	829
Mother's education			
Primary/incomplete secondary	7.2	98.0	112
Secondary	5.4	99.2	734
Specialized secondary	6.9	99.5	416
Higher	5.1	99.9	457
Wealth index quintiles			
Poorest	5.0	99.3	458
Poor	6.0	99.3	348
Middle	5.4	99.4	330
Rich	7.4	99.0	280
Richest	5.8	99.9	303
Ethnicity/language			
Kazakh	5.7	99.5	1 163
Russian	5.2	99.4	343
Other	7.0	98.2	213
Total	**5.8**	**99.4**	**1 719**

* MICS indicator 9
** MICS indicator 10
( ) – indicators are based on 25-49 cases of unweighted observations

Table CH.1: Vaccinations in first year of life

Percentage of children aged 15-26 months immunized against childhood diseases at any time before the survey and before the first birthday (15 months for Measles), Kazakhstan, 2006

	PERCENTAGE OF CHILDREN WHO RECEIVED											Number of children 15-26 months
	BCG*	DPT1	DPT2	DPT3**	Polio0	Polio1	Polio2	Polio3***	Measles****	All*****	None	
Vaccinated at any time before the survey According to:												
Vaccination card	95.1	95.5	95.7	95.7	95.2	95.2	95.3	95.3	95.6	95.4	0.0	991
Mother's report	4.5	4.0	3.7	2.4	3.0	4.3	3.3	1.4	3.8	0.8	0.4	991
Either	99.6	99.4	99.3	98.0	98.2	99.5	98.6	96.7	99.4	96.2	0.4	991
Vaccinated by 12 months of age	**97.9**	**97.9**	**96.7**	**91.7**	**97.6**	**99.0**	**96.9**	**93.9**	**94.7**	**81.0**	**0.4**	**991**

* MICS Indicator 25

** MICS Indicator 27

*** MICS Indicator 26

**** MICS Indicator 28; MTG Indicator 15

***** MICS Indicator 31

Table CH.1C: Vaccinations in first year of life (continued)

Percentage of children aged 15-26 months immunized against childhood diseases at any time before the survey and before the first birthday, Kazakhstan, 2006

	PERCENTAGE OF CHILDREN WHO RECEIVED:			Number of children aged 15-26 months
	Hep B1	Hep B2	Hep B3*	
Vaccinated at any time before the survey According to:				
Vaccination card	95.1	95.1	95.1	991
Mother's report	0.0	0.0	0.0	991
Either	95.1	95.1	95.1	991
Vaccinated by 12 months of age	**94.3**	**94.4**	**92.3**	**991**

* MICS indicator 29

Table CH.2: Vaccinations by background characteristics

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

	PERCENTAGE OF CHILDREN WHO RECEIVED											Percent with vaccination card	Number of children aged 15-26 months
	BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3	Measles	All	None		
Sex													
Male	99.8	99.8	99.8	98.8	98.6	99.8	98.5	97.2	99.6	96.4	0.2	95.5	523
Female	99.5	99.1	98.8	97.2	97.8	99.2	98.7	96.2	99.2	96.0	0.5	94.7	468
Oblast													
Akmola	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(96.7)	(96.7)	(100.0)	(96.7)	(0.0)	(96.7)	38
Aktobe	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	43
Almaty	99.0	98.9	97.9	88.2	91.6	97.9	91.6	84.3	97.9	82.0	1.0	75.1	119
Atyrau	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	26
West Kazakhstan	(97.8)	(97.8)	(97.8)	(97.8)	(92.5)	(97.8)	(97.8)	(97.8)	(94.7)	(94.6)	(2.2)	(92.5)	31
Zhambyl	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	78
Karagandy	97.7	97.7	97.7	97.7	97.7	97.7	97.7	97.7	97.7	97.7	2.3	97.7	79
Kostanai	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	54
Kyzylorda	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	44
Mangistau	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	26
South Kazakhstan	100.0	99.0	99.0	99.0	98.1	100.0	100.0	99.0	100.0	99.0	0.0	98.1	184
Pavlodar	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	47
North Kazakhstan	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	28
East Kazakhstan	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.8	100.0	94.8	0.0	94.8	87
Astana City	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19
Almaty City	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	88

( ) – indicators are based on 25 -49 cases of unweighted observations

(*) – indicators are based on less than 25 cases of unweighted observations

Table CH.2: Vaccinations by background characteristics (continued)

	PERCENTAGE OF CHILDREN WHO RECEIVED											Percent with vaccination card	Number of children aged 15-26 months
	BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3	Measles	All	None		
Residence													
Urban	99.6	99.3	99.3	99.0	98.8	99.6	99.3	97.9	99.5	97.4	0.4	97.1	509
Rural	99.6	99.6	99.3	97.0	97.7	99.3	97.8	95.5	99.3	94.9	0.4	93.0	482
Mother's education													
Primary/incomplete secondary	100.0	100.0	100.0	100.0	100.0	100.0	98.2	94.5	100.0	94.5	0.0	92.8	69
Secondary	99.4	99.4	99.1	97.4	97.3	99.1	98.5	96.9	99.1	96.3	0.6	94.8	427
Specialized secondary	99.5	99.5	99.5	98.5	98.7	99.5	98.0	95.9	99.5	95.9	0.5	95.1	248
Higher	100.0	99.3	99.3	98.2	98.9	100.0	99.3	97.8	99.6	96.8	0.0	96.3	247
Wealth index quintiles													
Poorest	100.0	100.0	99.5	98.6	98.4	99.5	99.1	97.7	100.0	97.7	0.0	95.7	270
Poor	99.6	99.6	99.6	97.6	98.6	99.6	97.6	96.2	99.6	95.5	0.4	95.2	182
Middle	99.4	99.4	99.4	97.2	96.9	99.4	98.1	96.3	98.7	95.4	0.6	92.9	198
Rich	100.0	98.9	98.9	98.2	98.3	100.0	100.0	96.3	99.4	95.7	0.0	95.7	163
Richest	99.0	99.0	99.0	98.4	99.0	99.0	98.0	96.7	99.0	96.1	1.0	96.1	178
Ethnicity/language													
Kazakh	99.7	99.5	99.3	98.1	98.4	99.5	98.4	96.8	99.5	96.3	0.3	95.5	676
Russian	99.1	99.1	99.1	98.6	99.1	99.1	99.1	97.7	99.1	97.3	0.9	97.3	201
Other	100.0	100.0	100.0	96.8	95.5	100.0	98.9	94.6	99.2	93.8	0.0	89.0	114
Total	**99.6**	**99.4**	**99.3**	**98.0**	**98.2**	**99.5**	**98.6**	**96.7**	**99.4**	**96.2**	**0.4**	**95.1**	**991**

( ) – indicators are based on 25 – 49 cases of unweighted observations

(*) – indicators are based on less than 25 cases of unweighted observations

Table CH.2C: Vaccinations by background characteristics (continued)

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

	PERCENTAGE OF CHILDREN WHO RECEIVED:			Percent with vaccination card	Number of children aged 15-26 months
	Hep B1	Hep B2	Hep B3		
Sex					
Male	95.5	95.5	95.5	95.5	523
Female	94.7	94.7	94.7	94.7	468
Oblast					
Akmola	(96.7)	(96.7)	(96.7)	(96.7)	38
Aktobe	(100.0)	(100.0)	(100.0)	(100.0)	43
Almaty	75.1	75.1	75.1	75.1	119
Atyrau	(100.0)	(100.0)	(100.0)	(100.0)	26
West Kazakhstan	(92.5)	(92.5)	(92.5)	(92.5)	31
Zhambyl	100.0	100.0	100.0	100.0	78
Karagandy	97.7	97.7	97.7	97.7	79
Kostanai	100.0	100.0	100.0	100.0	54
Kyzylorda	(100.0)	(100.0)	(100.0)	(100.0)	44
Mangistau	(100.0)	(100.0)	(100.0)	(100.0)	26
South Kazakhstan	98.1	98.1	98.1	98.1	184
Pavlodar	(100.0)	(100.0)	(100.0)	(100.0)	47
North Kazakhstan	(100.0)	(100.0)	(100.0)	(100.0)	28
East Kazakhstan	94.8	94.8	94.8	94.8	87
Astana City	(*)	(*)	(*)	(*)	19
Almaty City	100.0	100.0	100.0	100.0	88
Residence					
Urban	97.1	97.1	97.1	97.1	509
Rural	93.0	93.0	93.0	93.0	482
Mother's education					
Primary/incomplete secondary	92.8	92.8	92.8	92.8	69
Secondary	94.8	94.8	94.8	94.8	427
Specialized secondary	95.1	95.1	95.1	95.1	248
Higher	96.3	96.3	96.3	96.3	247
Wealth index quintiles					
Poorest	95.7	95.7	95.7	95.7	270
Poor	95.2	95.2	95.2	95.2	182
Middle	92.9	92.9	92.9	92.9	198
Rich	95.7	95.7	95.7	95.7	163
Richest	96.1	96.1	96.1	96.1	178
Ethnicity/language					
Kazakh	95.5	95.5	95.5	95.5	676
Russian	97.3	97.3	97.3	97.3	201
Other	89.0	89.0	89.0	89.0	114
Total	**95.1**	**95.1**	**95.1**	**95.1**	**991**

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table CH.4: Oral rehydration treatment

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

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received:				Ort use rate*	Number of children aged 0–59 months with diarrhoea
			Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid	No treatment		
Sex								
Male	2.1	2 327	(73.1)	(23.9)	(21.3)	(25.6)	(74.4)	49
Female	1.5	2 088	(73.5)	(8.6)	(8.6)	(26.5)	(73.5)	31
Residence								
Urban	2.0	2 251	(67.7)	(12.3)	(13.7)	(30.9)	(69.1)	45
Rural	1.6	2 164	(80.4)	(25.1)	(19.8)	(19.6)	(80.4)	35
Age								
< 6 months	2.5	382	(*)	(*)	(*)	(*)	(*)	10
6–11 months	2.5	462	(*)	(*)	(*)	(*)	(*)	11
12–23 months	3.0	969	(78.0)	(12.7)	(14.2)	(19.8)	(80.2)	29
24–35 months	1.1	948	(*)	(*)	(*)	(*)	(*)	11
36–47 months	0.4	858	(*)	(*)	(*)	(*)	(*)	3
48–59 months	2.0	796	(*)	(*)	(*)	(*)	(*)	16
Mother's education								
Primary/incomplete secondary	3.5	309	(*)	(*)	(*)	(*)	(*)	11
Secondary	1.6	2 000	(70.5)	(19.9)	(19.0)	(27.5)	(72.5)	32
Specialized secondary	1.8	1 030	(*)	(*)	(*)	(*)	(*)	19
Higher	1.7	1 076	(*)	(*)	(*)	(*)	(*)	18
Wealth index quintiles								
Poorest	1.1	1 189	(*)	(*)	(*)	(*)	(*)	13
Poor	2.2	924	(*)	(*)	(*)	(*)	(*)	20
Middle	1.3	869	(*)	(*)	(*)	(*)	(*)	11
Rich	2.8	708	(*)	(*)	(*)	(*)	(*)	20
Richest	2.2	725	(*)	(*)	(*)	(*)	(*)	16
Ethnicity/language								
Kazakh	1.5	2 924	(79.6)	(18.7)	(20.0)	(18.9)	(81.1)	44
Russian	3.3	931	(*)	(*)	(*)	(*)	(*)	30
Other	1.0	560	(*)	(*)	(*)	(*)	(*)	6
Total	**1.8**	**4 415**	**73.3**	**17.9**	**16.4**	**26.0**	**74.0**	**80**

* MICS indicator 33
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table CH.5: Home management of diarrhoea

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

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received:				Home management of diarrhoea*	Received ort or increased fluids and continued feeding**	Number of children aged 0-59 months with diarrhoea
			Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none			
Sex									
Male	2.1	2 327	(49.2)	(50.8)	(57.5)	(42.5)	(20.0)	(47.8)	49
Female	1.5	2 088	(39.2)	(56.3)	(61.2)	(38.8)	(24.6)	(48.4)	31
Residence									
Urban	2.0	2 251	(46.0)	(50.8)	(51.4)	(48.6)	(19.8)	(42.2)	45
Rural	1.6	2 164	(44.3)	(55.7)	(68.6)	(31.4)	(24.3)	(55.5)	35
Age									
0–11 months	2.5	843	(*)	(*)	(*)	(*)	(*)	(*)	21
12–23 months	3.0	969	(39.5)	(60.5)	(57.1)	(42.9)	(27.5)	(48.3)	29
24–35 months	1.1	948	(*)	(*)	(*)	(*)	(*)	(*)	11
36–47 months	0.4	858	(*)	(*)	(*)	(*)	(*)	(*)	3
48–59 months	2.0	796	(*)	(*)	(*)	(*)	(*)	(*)	16
Mother's education									
Primary/incomplete secondary	3.5	309	(*)	(*)	(*)	(*)	(*)	(*)	11
Secondary	1.6	2 000	(44.6)	(51.1)	(58.6)	(41.4)	(18.8)	(52.3)	32
Specialized secondary	1.8	1 030	(*)	(*)	(*)	(*)	(*)	(*)	19
Higher	1.7	1 076	(*)	(*)	(*)	(*)	(*)	(*)	18
Wealth index quintiles									
Poorest	1.1	1 189	(*)	(*)	(*)	(*)	(*)	(*)	13
Poor	2.2	924	(*)	(*)	(*)	(*)	(*)	(*)	20
Middle	1.3	869	(*)	(*)	(*)	(*)	(*)	(*)	11
Rich	2.8	708	(*)	(*)	(*)	(*)	(*)	(*)	20
Richest	2.2	725	(*)	(*)	(*)	(*)	(*)	(*)	16
Ethnicity/language									
Kazakh	1.5	2 924	(47.3)	(52.7)	(58.9)	(41.1)	(23.5)	(46.9)	44
Russian	3.3	931	(*)	(*)	(*)	(*)	(*)	(*)	30
Other	1.0	560	(*)	(*)	(*)	(*)	(*)	(*)	6
Total	**1.8**	**4 415**	**45.3**	**53.0**	**58.9**	**41.1**	**21.8**	**48.0**	**80**

* MICS indicator 34
** MICS indicator 35
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table CH.6: Care seeking for suspected pneumonia

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

	Had acute respiratory infection	Number of children aged 0–59 months	CHILDREN WITH SUSPECTED PNEUMONIA WHO WERE TAKEN TO:								
			Public health facilities					Private health facilities	Other	Any appropriate provider*	Number of children aged 0–59 months with suspected pneumonia
			Govt. Hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ out-reach clinic	Other private health facilities	Relative or friend		
Sex											
Male	1.8	2 327	(23.7)	(5.9)	(37.7)	(3.2)	(4.9)	(0.0)	(1.5)	(73.3)	42
Female	1.2	2 088	(9.4)	(0.0)	(49.4)	(0.0)	(1.4)	(7.2)	(0.0)	(65.9)	25
Residence											
Urban	1.8	2 251	(18.2)	(0.0)	(49.0)	(0.0)	(0.0)	(4.5)	(0.0)	(71.7)	40
Rural	1.2	2 164	(18.5)	(9.2)	(31.9)	(4.9)	(8.9)	(0.0)	(2.3)	(68.8)	27
Age											
0–11 months	1.8	844	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15
12–23 months	1.2	969	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	12
24–35 months	1.1	948	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
36–47 months	2.1	858	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	18
48–59 months	1.4	796	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Mother's education											
Primary/incomplete secondary	2.9	309	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	9
Secondary	1.2	2 000	(11.8)	(5.5)	(52.5)	(2.7)	(6.4)	(0.0)	(2.6)	(73.7)	24
Specialized secondary	2.1	1 030	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	22
Higher	1.1	1 076	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	12
Wealth index quintiles											
Poorest	0.8	1 189	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	9
Poor	1.6	924	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15
Middle	1.4	869	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	12
Rich	2.0	708	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	14
Richest	2.3	725	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	17
Ethnicity/language											
Kazakh	1.3	2 924	(16.5)	(6.4)	(51.8)	(1.6)	(0.9)	(0.0)	(1.6)	(74.0)	39
Russian	2.4	931	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	22
Other	1.1	560	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Total	**1.5**	**4 415**	**18.3**	**3.7**	**42.1**	**2.0**	**3.6**	**2.7**	**0.9**	**70.5**	**67**

* MICS indicator 23
( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table CH.7: Antibiotic treatment of pneumonia

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

	PERCENTAGE OF UNDER FIVES WITH SUSPECTED PNEUMONIA WHO RECEIVED ANTIBIOTICS IN THE LAST TWO WEEKS*	NUMBER OF CHILDREN AGED 0-59 MONTHS WITH SUSPECTED PNEUMONIA IN THE TWO WEEKS PRIOR TO THE SURVEY
Sex		
Male	(25.5)	42
Female	(41.9)	25
Residence		
Urban	(32.3)	40
Rural	(30.8)	27
Age		
0–11 months	(*)	15
12–23 months	(*)	12
24–35 months	(*)	11
36–47 months	(*)	18
48–59 months	(*)	11
Mother's education		
Primary/incomplete secondary	(*)	9
Secondary	(41.8)	24
Specialized secondary	(*)	22
Higher	(*)	12
Wealth index quintiles		
Poorest	(*)	9
Poor	(*)	15
Middle	(*)	12
Rich	(*)	14
Richest	(*)	17
Ethnicity/language		
Kazakh	(30.8)	39
Russian	(*)	22
Other	(*)	6
Total	**31.7**	**67**

* MICS indicator 22

( ) – indicators are based on 25 – 49 cases of unweighted observations

(*) – indicators are based on less than 25 cases of unweighted observations

Table CH.7A: Knowledge of the two danger signs of pneumonia

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

	Percentage of mothers/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/caretakers of children aged 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Oblast										
Akmola	23.6	51.1	92.0	45.9	50.7	47.5	11.2	14.5	40.3	243
Aktobe	36.7	63.5	73.6	77.4	74.5	72.6	8.7	5.3	60.0	181
Almaty	16.1	42.0	93.4	18.0	32.7	21.4	2.5	0.3	10.6	545
Atyrau	54.4	57.6	93.3	52.2	70.0	75.8	33.8	8.7	44.8	143
West Kazakhstan	35.6	42.2	80.7	39.6	51.3	50.8	3.3	23.2	24.9	152
Zhambyl	17.5	46.9	93.0	37.7	47.6	30.4	6.8	15.0	27.1	345
Karagandy	40.3	52.0	92.8	59.5	61.4	58.2	19.7	26.5	45.6	316
Kostanai	28.1	41.6	86.9	41.4	65.9	57.2	7.1	0.0	30.5	267
Kyzylorda	35.7	55.1	69.4	19.7	36.2	28.4	3.9	2.2	8.7	209
Mangistau	54.9	68.2	93.3	96.7	95.0	93.9	77.4	0.0	93.4	109
South Kazakhstan	5.6	66.5	91.4	41.6	56.7	32.9	1.6	7.8	17.6	827
Pavlodar	55.4	74.5	87.8	75.7	84.4	84.7	34.6	28.1	71.4	197
North Kazakhstan	43.0	58.4	78.7	60.6	77.8	72.1	16.4	25.5	52.6	163
East Kazakhstan	20.0	45.4	91.8	46.5	51.3	41.8	2.6	5.3	28.1	304
Astana City	35.7	48.1	81.6	54.6	47.0	52.4	18.4	24.9	38.9	90
Almaty City	17.1	72.5	96.7	40.3	60.2	43.1	18.5	1.9	31.3	324
Residence										
Urban	27.3	56.8	89.0	47.7	61.0	52.6	16.3	11.5	36.3	2 251
Rural	23.1	54.1	89.5	41.6	51.3	38.8	6.2	8.4	26.9	2 164
Mother's education										
Primary/incomplete secondary	20.1	47.6	89.2	49.6	59.3	44.4	10.7	11.7	31.1	309
Secondary	23.2	56.9	88.2	42.7	53.9	43.0	8.9	8.8	29.1	2 000
Specialized secondary	28.9	54.6	90.8	44.3	55.5	48.8	13.1	11.1	33.9	1 030
Higher	27.1	55.8	89.5	47.4	60.4	48.7	14.3	10.6	34.5	1 076
Wealth index quintiles										
Poorest	19.2	59.3	88.8	37.3	51.1	36.3	4.1	7.7	22.0	1 189
Poor	23.3	49.5	88.2	42.6	48.6	39.3	8.6	7.7	27.1	924
Middle	27.8	53.3	90.3	46.1	57.7	46.1	13.1	9.8	33.7	869
Rich	28.5	56.4	89.8	50.5	62.0	53.3	12.8	15.5	39.5	708
Richest	31.5	58.5	89.3	52.2	67.0	62.3	23.0	11.3	43.4	725
Ethnicity/language										
Kazakh	25.8	55.6	89.0	44.2	55.2	44.2	11.4	9.3	30.9	2 924
Russian	29.3	55.3	89.2	49.7	62.5	57.6	13.2	14.3	39.5	931
Other	15.4	55.3	90.1	38.6	51.5	35.0	7.8	6.1	22.7	560
Total	**25.2**	**55.5**	**89.2**	**44.7**	**56.2**	**45.8**	**11.3**	**10.0**	**31.7**	**4 415**

Table CH.8: Solid fuel use

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

	PERCENTAGE OF HOUSEHOLDS USING:									Solid fuels for cooking*	Number of households
	Electricity	Liquified gaz/pro-pane	Natural gas	Kerosene	Coal	Charcoal	Wood	Animal dung	Total		
Oblast											
Akmola	5.2	76.0	0.1	0.0	14.6	0.5	3.4	0.2	100.0	18.7	879
Aktobe	0.4	7.4	65.6	0.1	17.1	0.0	2.4	7.0	100.0	26.5	629
Almaty	0.5	74.8	7.2	0.3	14.7	0.2	2.3	0.0	100.0	17.2	1 352
Atyrau	0.0	19.9	73.0	0.1	0.5	0.0	0.0	6.5	100.0	7.0	334
West Kazakhstan	0.3	11.7	61.3	0.0	1.8	0.1	10.2	14.7	100.0	26.7	600
Zhambyl	1.1	18.5	50.2	0.0	24.7	0.3	4.9	0.4	100.0	30.3	834
Karagandy	40.6	42.6	0.0	0.0	16.7	0.1	0.0	0.0	100.0	16.8	1 614
Kostanai	3.9	38.9	43.6	0.0	11.8	0.3	1.2	0.3	100.0	13.6	1 170
Kyzylorda	0.9	44.0	15.3	0.0	14.1	1.6	24.1	0.0	100.0	39.8	409
Mangistau	0.2	6.5	93.3	0.0	0.0	0.0	0.0	0.0	100.0	0.0	273
South Kazakhstan	0.1	22.5	36.7	0.1	36.6	0.4	3.0	0.6	100.0	40.7	1 415
Pavlodar	64.1	27.8	0.0	0.0	7.2	0.3	0.6	0.0	100.0	8.2	911
North Kazakhstan	4.5	90.9	0.1	0.0	1.9	0.0	2.4	0.0	100.0	4.4	805
East Kazakhstan	33.6	35.9	0.7	0.0	25.2	0.1	3.5	1.0	100.0	29.8	1 652
Astana City	8.4	91.5	0.1	0.0	0.0	0.0	0.0	0.0	100.0	0.0	334
Almaty City	4.1	23.5	72.4	0.0	0.0	0.0	0.0	0.0	100.0	0.0	1 353
Residence											
Urban	20.5	36.5	36.1	0.0	6.2	0.1	0.6	0.0	100.0	6.8	9 339
Rural	2.2	47.2	9.8	0.0	29.8	0.4	7.0	3.6	100.0	40.8	5 225
Education of household head											
Primary/incomplete secondary	13.1	42.8	17.6	0.1	20.6	0.3	4.1	1.4	100.0	26.4	2 407
Secondary	11.0	41.5	20.9	0.1	19.5	0.3	4.4	2.3	100.0	26.5	5 224
Specialized secondary	16.8	41.7	29.4	0.0	9.8	0.1	1.5	0.7	100.0	12.1	3 744
Higher	16.4	35.0	40.8	0.0	6.7	0.1	0.7	0.3	100.0	7.8	3 048
Wealth index quintiles											
Poorest	0.2	27.0	3.2	0.2	48.2	0.9	13.3	7.0	100.0	69.4	2 208
Poor	1.8	56.0	11.4	0.1	25.5	0.4	3.8	1.0	100.0	30.8	2 554
Middle	4.8	59.2	21.6	0.1	13.2	0.1	0.8	0.2	100.0	14.4	2 751
Rich	21.0	42.5	34.9	0.0	1.5	0.0	0.1	0.0	100.0	1.6	3 560
Richest	31.5	20.3	48.2	0.0	0.0	0.0	0.0	0.0	100.0	0.0	3 491
Ethnicity/language											
Kazakh	10.2	35.9	26.4	0.0	20.2	0.4	4.3	2.6	100.0	27.4	7 145
Russian	19.9	44.3	26.4	0.0	8.0	0.0	1.4	0.0	100.0	9.4	6 007
Other	7.6	46.0	28.9	0.1	15.3	0.1	1.8	0.2	100.0	17.4	1 412
Total	**14.0**	**40.3**	**26.6**	**0.0**	**14.7**	**0.2**	**2.9**	**1.3**	**100.0**	**19.0**	**14 564**

* MICS indicator 24; MDG indicator 29

Table CH.9: Solid fuel use by type of stove or fire

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

	Percentage of households using solid fuels for cooking:				Total	Number of households using solid fuels for cooking
	Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	Other stove		
Oblast						
Akmola	99.3	0.7	0.0	0.0	100.0	164
Aktobe	30.2	69.8	0.0	0.0	100.0	167
Almaty	84.6	14.4	1.0	0.0	100.0	233
Atyrau	(*)	(*)	(*)	(*)	100.0	23
West Kazakhstan	98.0	2.0	0.0	0.0	100.0	160
Zhambyl	99.5	0.5	0.0	0.0	100.0	253
Karagandy	3.4	94.2	2.4	0.0	100.0	271
Kostanai	98.6	0.7	0.0	0.7	100.0	159
Kyzylorda	99.8	0.0	0.0	0.2	100.0	163
South Kazakhstan	96.9	3.1	0.0	0.0	100.0	575
Pavlodar	98.9	1.1	0.0	0.0	100.0	74
North Kazakhstan	(100.0)	(0.0)	(0.0)	(0.0)	(100.0)	35
East Kazakhstan	98.0	1.4	0.6	0.0	100.0	492
Residence						
Urban	79.5	19.7	0.8	0.0	100.0	638
Rural	85.0	14.6	0.3	0.1	100.0	2 131
Education of household head						
Primary/incomplete secondary	85.2	14.8	0.0	0.0	100.0	635
Secondary	83.3	16.2	0.4	0.1	100.0	1 382
Specialized secondary	82.7	16.0	1.3	0.0	100.0	454
Higher	84.5	15.0	0.5	0.0	100.0	239
None/DK	(*)	(*)	(*)	(*)	100.0	1
Wealth index quintiles						
Poorest	89.7	10.1	0.1	0.1	100.0	1 532
Poor	81.6	17.8	0.6	0.0	100.0	786
Middle	69.3	29.8	0.9	0.0	100.0	395
Rich	51.9	46.2	1.9	0.0	100.0	56
Ethnicity/language						
Kazakh	84.0	15.6	0.3	0.1	100.0	1 959
Russian	80.8	18.2	1.0	0.0	100.0	564
Other	88.2	11.8	0.0	0.0	100.0	246
Total	**83.7**	**15.8**	**0.4**	**0.1**	**100.0**	**2 769**

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.1: Use of improved water sources

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

	MAIN SOURCE OF DRINKING WATER																
	IMPROVED SOURCES							UNIMPROVED SOURCES							Total	Improved source of drinking water *	Number of household members
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Protected well	Protected spring	Bottled water	Unprotected well	Unprotected spring	Tanker truck	Cart with tank/ drum	Surface water (river, spring, dam, lake, pool)	Bottled water	Other			
Oblast																	
Akmola	30.3	2.0	38.2	18.4	9.1	0.2	0.2	0.0	0.3	0.4	0.2	0.0	0.0	0.7	100.0	98.4	2 924
Aktobe	42.7	3.3	18.1	6.9	22.7	0.0	1.3	0.7	1.6	0.0	0.7	0.0	0.0	2.0	100.0	95.0	2 292
Almaty	28.1	36.8	27.8	2.6	2.1	0.2	0.0	0.4	0.4	0.5	0.2	0.5	0.0	0.4	100.0	97.6	5 474
Atyrau	39.4	9.1	2.0	0.7	37.8	0.3	0.0	0.3	0.0	0.5	0.0	8.1	0.0	1.8	100.0	89.3	1 511
West Kazakhstan	31.8	1.1	22.1	0.3	34.5	0.1	0.6	4.2	0.1	4.8	0.2	0.2	0.0	0.0	100.0	90.5	2 264
Zhambyl	30.5	8.0	9.6	48.4	2.8	0.3	0.0	0.1	0.0	0.0	0.1	0.2	0.0	0.0	100.0	99.6	3 190
Karagandy	74.9	0.8	5.5	9.4	5.5	0.0	0.0	0.0	0.0	3.3	0.2	0.0	0.2	0.2	100.0	96.1	4 958
Kostanai	38.6	0.5	16.1	12.2	15.1	0.4	0.2	4.1	0.2	2.4	0.1	2.1	0.0	8.0	100.0	83.2	3 617
Kyzylorda	29.2	7.2	33.4	0.2	26.4	0.3	0.0	0.5	0.0	2.8	0.0	0.0	0.0	0.0	100.0	96.7	1 921
Mangistau	64.1	0.3	0.4	0.0	34.8	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	99.8	1 127
South Kazakhstan	22.7	34.7	6.3	10.3	11.3	0.3	0.1	0.0	2.4	3.2	1.9	6.8	0.0	0.0	100.0	85.7	6 791
Pavlodar	60.6	0.7	10.0	11.4	13.6	0.0	0.0	0.1	0.0	0.0	0.1	0.3	0.0	3.2	100.0	96.3	2 754
North Kazakhstan	26.9	0.6	23.4	9.4	19.6	1.1	0.7	1.2	0.5	6.0	0.1	1.0	0.0	9.5	100.0	81.7	2 439
East Kazakhstan	46.7	16.0	21.8	3.3	8.3	0.3	0.0	0.1	0.3	0.0	0.0	1.7	0.0	1.5	100.0	96.4	5 097
Astana City	84.3	0.5	15.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	1 063
Almaty City	92.8	5.7	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	3 839

* MICS indicator 11; MDG indicator 30

(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.1: Use of improved water sources (continued)

	MAIN SOURCE OF DRINKING WATER														Total	Improved source of drinking water *	Number of household members
	IMPROVED SOURCES							UNIMPROVED SOURCES									
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Protected well	Protected spring	Bottled water	Unprotected well	Unprotected spring	Tanker truck	Cart with tank/ drum	Surface water (river, spring, dam, lake, pool)	Bottled water	Other			
Residence																	
Urban	71.9	7.7	10.4	4.0	3.8	0.1	0.2	0.1	0.1	1.0	0.2	0.3	0.0	0.2	100.0	98.1	29 172
Rural	8.3	17.9	22.4	16.1	22.6	0.4	0.0	1.5	1.1	2.4	0.6	3.4	0.0	3.3	100.0	87.7	22 089
Education of household head																	
Primary/incomplete secondary	30.0	15.8	17.1	13.6	14.0	0.3	0.0	0.6	0.9	2.5	0.3	3.1	0.0	1.8	100.0	90.9	7 874
Secondary	32.6	14.8	19.9	10.1	15.0	0.3	0.1	0.9	0.8	1.5	0.5	1.6	0.0	1.9	100.0	92.8	20 607
Specialized secondary	55.1	8.8	12.9	7.6	10.1	0.2	0.2	0.7	0.2	1.5	0.3	0.9	0.0	1.5	100.0	94.9	12 296
Higher	69.2	6.7	8.0	5.8	5.8	0.1	0.5	0.1	0.2	1.3	0.2	1.2	0.0	0.9	100.0	96.0	9 857
None/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	100.0	10
Wealth index quintiles																	
Poorest	0.3	22.2	24.9	15.8	24.7	0.4	0.0	1.7	1.5	2.6	0.9	3.9	0.0	1.1	100.0	88.4	10 253
Poor	4.2	21.2	29.4	15.1	19.8	0.1	0.0	1.1	0.8	2.4	0.4	2.8	0.0	2.7	100.0	89.8	10 253
Middle	28.3	15.5	21.1	12.4	13.1	0.5	0.0	0.6	0.3	2.6	0.5	1.1	0.1	3.9	100.0	90.9	10 251
Rich	90.0	1.6	2.5	2.8	1.9	0.2	0.2	0.0	0.1	0.4	0.0	0.1	0.0	0.2	100.0	99.1	10 252
Richest	99.5	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	10 252
Ethnicity/language																	
Kazakh	34.6	14.3	18.6	9.6	15.4	0.2	0.1	0.6	0.6	2.0	0.5	2.0	0.0	1.5	100.0	92.8	29 341
Russian	64.0	4.5	11.6	7.7	7.1	0.3	0.2	0.8	0.1	1.2	0.1	0.3	0.0	2.1	100.0	95.3	16 389
Other	38.8	23.0	11.5	12.0	7.5	0.1	0.1	0.5	1.1	0.8	0.5	3.4	0.0	0.7	100.0	93.1	5 531
Total	**44.5**	**12.1**	**15.6**	**9.2**	**11.9**	**0.2**	**0.1**	**0.7**	**0.5**	**1.6**	**0.4**	**1.6**	**0.0**	**1.6**	**100.0**	**93.7**	**51 261**

* MICS indicator 11; MDG indicator 30

(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.2: Household water treatment

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

	Water treatment method used in the household									All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Don't know	Appropriate water treatment method*	Number of household members	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members
Oblast															
Akmola	28.7	66.5	0.2	0.6	3.6	0.3	12.6	0.0	0.1	69.0	2 924	68.8	2 876	(*)	48
Aktobe	18.3	65.5	0.0	0.1	1.3	0.0	42.9	0.1	0.0	66.3	2 292	67.4	2 177	(46.3)	115
Almaty	43.6	54.2	0.0	0.3	0.3	0.1	10.3	0.0	0.2	54.3	5 474	53.7	5 344	(*)	130
Atyrau	2.7	92.9	0.0	0.1	0.2	0.0	83.8	0.3	0.0	93.1	1 511	92.3	1 349	100.0	162
West Kazakhstan	19.7	67.2	1.1	0.0	2.9	0.0	47.0	0.0	0.0	68.7	2 264	67.1	2 048	83.8	215
Zhambyl	73.9	24.6	0.0	0.2	0.3	0.0	5.9	0.1	0.0	24.9	3 190	24.9	3 177	(*)	13
Karagandy	16.6	75.7	0.1	0.4	5.9	0.0	24.4	3.3	0.1	78.7	4 958	79.2	4 765	(66.2)	193
Kostanai	22.0	66.5	0.5	0.3	4.6	0.0	26.7	0.2	0.2	70.5	3 617	70.7	3 009	69.3	609
Kyzylorda	25.3	65.1	0.0	0.0	0.5	0.9	30.3	0.0	0.0	65.6	1 921	66.0	1 859	(55.0)	63
Mangistau	0.7	98.5	0.3	11.7	26.4	0.2	69.3	0.3	0.0	98.5	1 127	98.5	1 124	(*)	3
South Kazakhstan	3.7	93.1	0.0	0.0	0.4	0.0	10.8	0.0	0.0	93.4	6 790	92.9	5 821	96.0	969
Pavlodar	23.5	68.1	0.0	0.0	4.3	0.3	32.1	0.1	0.1	71.3	2 754	71.4	2 652	(66.8)	102
North Kazakhstan	20.5	67.7	0.7	0.1	6.9	0.0	15.2	0.5	0.0	73.3	2 439	72.5	1 992	76.9	447
East Kazakhstan	36.9	50.6	0.2	0.0	2.5	0.0	13.3	0.1	0.0	53.2	5 097	52.2	4 913	(80.8)	184
Astana City	11.4	58.7	0.0	0.0	17.9	0.2	46.0	10.7	0.4	68.6	1 063	68.6	1 063	na	0
Almaty City	3.8	95.7	0.0	0.0	12.8	0.9	39.3	1.9	0.0	95.9	3 839	95.9	3 839	na	0

* MICS indicator 13

( ) – indicators are based on 25 – 49 cases of unweighted observations

(*) – indicators are based on less than 25 cases of unweighted observations

na: not applicable

Table EN.2: Household water treatment (continued)

	Water treatment method used in the household									All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Don't know	Appropriate water treatment method*	Number of household members	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members
Residence															
Urban	19.5	71.0	0.1	0.6	7.1	0.2	28.6	1.4	0.0	74.0	29 172	73.9	28 632	82.1	540
Rural	29.3	66.3	0.3	0.2	0.2	0.1	19.4	0.0	0.1	66.6	22 089	64.6	19 376	80.4	2 713
Education of household head															
Primary/incomplete secondary	27.4	66.0	0.3	0.3	0.9	0.0	21.2	0.3	0.1	66.8	7 874	65.1	7 154	84.5	719
Secondary	25.7	68.2	0.1	0.2	1.8	0.1	22.9	0.4	0.0	69.1	20 607	68.5	19 122	78.0	1 485
Specialized secondary	22.1	69.7	0.1	0.7	5.4	0.3	28.2	0.8	0.1	72.3	12 296	71.9	11 673	79.7	623
Higher	17.5	73.1	0.2	0.7	10.4	0.2	27.3	1.9	0.1	76.9	9 857	76.5	9 466	84.6	391
None/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10	(*)	10	(*)	0
Wealth index quintiles															
Poorest	27.1	69.4	0.3	0.2	0.0	0.1	17.9	0.0	0.1	69.6	10 253	67.7	9 066	84.0	1 187
Poor	28.6	66.0	0.0	0.2	0.2	0.1	21.2	0.1	0.1	66.1	10 253	64.5	9 210	80.5	1 043
Middle	30.0	62.8	0.3	0.0	0.7	0.1	22.5	0.2	0.0	63.5	10 251	62.0	9 322	78.2	929
Rich	19.7	72.2	0.1	0.1	5.8	0.2	26.4	1.4	0.0	74.6	10 252	74.7	10 163	(*)	89
Richest	13.2	74.6	0.0	1.5	13.9	0.2	35.2	2.3	0.1	80.3	10 252	80.3	10 247	(*)	5
Ethnicity/language															
Kazakh	22.6	71.4	0.2	0.5	3.0	0.2	25.7	0.5	0.0	72.4	29 340	71.4	27 235	84.9	2 105
Russian	25.6	64.5	0.1	0.2	6.4	0.2	24.5	1.3	0.1	68.0	16 389	68.1	15 624	66.1	765
Other	23.8	69.7	0.0	0.7	3.2	0.0	19.4	0.5	0.1	70.9	5 531	69.7	5 149	86.5	383
Total	**23.7**	**69.0**	**0.2**	**0.4**	**4.1**	**0.2**	**24.7**	**0.8**	**0.1**	**70.8**	**51 261**	**70.2**	**48 008**	**80.7**	**3 253**

* MICS indicator 13
( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations
na: not applicable

Table EN.3: Time to source of water

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

	TIME TO SOURCE OF DRINKING WATER							Mean time to source of drinking water*	Number of households
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Total		
Oblast									
Akmola	51.5	22.9	14.4	7.5	3.1	0.6	100.0	18.0	879
Aktobe	68.4	13.2	12.0	5.5	0.9	0.0	100.0	17.7	629
Almaty	70.4	13.4	9.2	5.8	0.9	0.3	100.0	18.1	1 352
Atyrau	66.6	15.3	15.1	2.9	0.1	0.0	100.0	14.7	334
West Kazakhstan	55.1	12.8	18.2	11.1	2.7	0.1	100.0	22.2	600
Zhambyl	83.0	7.7	5.9	2.6	0.5	0.3	100.0	16.7	834
Karagandy	91.1	3.4	3.8	1.2	0.5	0.0	100.0	19.5	1 614
Kostanai	65.7	10.5	10.0	8.5	4.4	0.9	100.0	25.8	1 170
Kyzylorda	58.3	11.8	14.9	10.1	4.9	0.0	100.0	25.6	409
Mangistau	99.4	0.5	0.1	0.0	0.0	0.0	100.0	10.6	273
South Kazakhstan	66.7	15.9	15.0	2.1	0.3	0.0	100.0	14.2	1 415
Pavlodar	76.6	10.7	8.0	4.4	0.3	0.0	100.0	16.5	911
North Kazakhstan	43.7	22.3	14.9	13.0	5.7	0.4	100.0	22.0	805
East Kazakhstan	74.8	12.4	8.0	4.0	0.7	0.1	100.0	16.9	1 652
Astana City	87.5	8.1	4.1	0.3	0.0	0.0	100.0	12.1	334
Almaty City	98.7	1.1	0.0	0.2	0.0	0.0	100.0	15.4	1 353
Residence									
Urban	87.4	5.7	4.3	2.0	0.5	0.1	100.0	17.9	9 339
Rural	48.5	21.1	17.5	9.5	3.0	0.4	100.0	19.5	5 225
Education of household head									
Primary/incomplete secondary	65.4	14.8	11.5	6.3	1.6	0.4	100.0	18.7	2 407
Secondary	65.1	14.3	12.3	6.1	2.0	0.2	100.0	19.3	5 224
Specialized secondary	79.6	8.4	6.8	3.9	1.2	0.1	100.0	19.7	3 744
Higher	87.0	6.4	4.2	1.8	0.6	0.0	100.0	17.4	3 048
None/DK	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	2
Wealth index quintiles									
Poorest	40.0	22.3	23.2	11.0	3.3	0.2	100.0	19.7	2 208
Poor	45.1	24.7	17.6	9.4	2.8	0.4	100.0	18.7	2 554
Middle	63.3	16.9	11.4	6.1	2.0	0.3	100.0	18.4	2 751
Rich	96.4	1.2	1.3	0.7	0.3	0.1	100.0	21.4	3 560
Richest	100.0	0.0	0.0	0.0	0.0	0.0	100.0	na	3 491
Ethnicity/language									
Kazakh	66.6	13.6	12.0	5.9	1.8	0.1	100.0	19.2	7 145
Russian	80.9	8.6	5.7	3.4	1.1	0.3	100.0	18.9	6 007
Other	75.7	10.4	8.6	4.0	1.0	0.3	100.0	18.0	1 412
Total	**73.4**	**11.2**	**9.1**	**4.7**	**1.4**	**0.2**	**100.0**	**19.0**	**14 564**

* The mean time to source of drinking water is calculated based on those households that do not have water on the premises
(*) – indicators are based on less than 25 cases of unweighted observations
na: not applicable

Table EN.4: Person collecting water

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

	PERSON COLLECTING DRINKING WATER					Total	Number of households
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Don't know		
Oblast							
Akmola	25.1	69.2	1.6	4.1	0.0	100.0	425
Aktobe	17.0	77.7	0.6	4.7	0.0	100.0	195
Almaty	32.0	65.2	0.6	2.2	0.0	100.0	400
Atyrau	33.3	57.4	0.7	8.6	0.0	100.0	112
West Kazakhstan	26.8	67.6	0.7	4.9	0.0	100.0	267
Zhambyl	33.6	56.6	2.2	7.6	0.0	100.0	142
Karagandy	19.2	78.6	0.0	2.2	0.0	100.0	144
Kostanai	22.7	74.7	0.3	2.3	0.0	100.0	401
Kyzylorda	35.6	51.5	4.1	8.8	0.0	100.0	171
Mangistau	(*)	(*)	(*)	(*)	(*)	100.0	2
South Kazakhstan	50.2	39.0	4.2	6.6	0.0	100.0	471
Pavlodar	33.9	61.3	0.0	4.4	0.4	100.0	213
North Kazakhstan	24.8	72.7	0.2	2.3	0.0	100.0	449
East Kazakhstan	25.9	69.3	0.0	4.8	0.0	100.0	416
Astana City	(20.2)	(76.6)	(0.0)	(3.2)	(0.0)	100.0	42
Almaty City	(*)	(*)	(*)	(*)	(*)	100.0	18
Residence							
Urban	29.1	66.4	0.6	3.9	0.0	100.0	1 176
Rural	30.2	63.8	1.4	4.6	0.0	100.0	2 692
Education of household head							
Primary/incomplete secondary	34.6	62.1	0.6	2.6	0.1	100.0	834
Secondary	28.1	65.3	1.5	5.1	0.0	100.0	1 821
Specialized secondary	31.1	63.8	0.7	4.4	0.0	100.0	764
Higher	25.0	68.3	1.8	4.9	0.0	100.0	394
Wealth index quintiles							
Poorest	34.0	58.7	1.5	5.8	0.0	100.0	1 326
Poor	31.1	63.6	1.4	3.9	0.0	100.0	1 402
Middle	24.2	71.9	0.6	3.3	0.0	100.0	1 010
Rich	18.3	78.9	0.0	2.8	0.0	100.0	129
Richest	(*)	(*)	(*)	(*)	(*)	100.0	1
Ethnicity/language							
Kazakh	27.2	65.6	1.6	5.6	0.0	100.0	2 382
Russian	31.2	66.4	0.2	2.1	0.1	100.0	1 143
Other	43.8	51.7	1.3	3.2	0.0	100.0	343
Total	**29.9**	**64.6**	**1.1**	**4.4**	**0.0**	**100.0**	**3 868**

( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.5: Use of sanitary means of excreta disposal

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

	TYPE OF TOILET FACILITY USED BY HOUSEHOLD											Total	Percentage of population using sanitary means of excreta disposal*	Number of household members
	IMPROVED SANITATION FACILITY						UNIMPROVED SANITATION FACILITY							
	Flush/pour flush to:			Ventilated improved pit latrine	Pit latrine with slab	Composting toilet	Pit latrine without slab/ open pit	Bucket	Hanging toilet/ hanging latrine	No facilities/ bush/field	Other			
	Piped sewer system	Septic tank	Pit latrine											
Oblast														
Akmola	23.0	3.4	0.0	1.0	71.5	0.0	0.1	0.2	0.0	0.1	0.7	100.0	98.9	2 924
Aktobe	39.7	0.0	1.6	0.0	52.2	0.0	0.4	0.0	6.1	0.0	0.0	100.0	93.6	2 292
Almaty	10.5	0.7	0.1	0.2	87.7	0.2	0.2	0.0	0.4	0.0	0.0	100.0	99.4	5 474
Atyrau	32.9	0.0	0.0	0.0	67.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	1 511
West Kazakhstan	29.1	0.7	0.0	0.0	69.6	0.3	0.3	0.0	0.0	0.0	0.0	100.0	99.8	2 264
Zhambyl	23.5	0.0	0.0	0.0	75.3	0.0	1.1	0.0	0.1	0.0	0.0	100.0	98.8	3 190
Karagandy	64.0	5.1	0.3	0.0	29.8	0.1	0.0	0.1	0.1	0.2	0.3	100.0	99.3	4 958
Kostanai	35.3	6.5	0.0	0.0	58.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	3 617
Kyzylorda	21.3	0.0	0.0	0.0	78.6	0.1	0.0	0.0	0.0	0.0	0.0	100.0	100.0	1 921
Mangistau	64.1	0.0	0.0	0.0	35.8	0.0	0.1	0.0	0.0	0.0	0.0	100.0	99.9	1 127
South Kazakhstan	12.8	0.3	4.0	0.1	82.7	0.0	0.1	0.0	0.0	0.0	0.0	100.0	99.9	6 791
Pavlodar	60.2	0.4	0.7	0.0	38.3	0.4	0.0	0.0	0.0	0.0	0.0	100.0	100.0	2 754
North Kazakhstan	26.3	4.5	0.2	0.2	68.0	0.0	0.1	0.6	0.0	0.1	0.0	100.0	99.2	2 439
East Kazakhstan	28.0	0.2	1.1	0.1	70.6	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	5 097
Astana City	82.6	0.0	0.0	0.2	17.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	1 063
Almaty City	79.4	0.0	0.5	2.1	16.2	0.1	0.1	0.0	1.6	0.0	0.0	100.0	98.3	3 839

*MICS indicator 12; MDG indicator 31

(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.5: Use of sanitary means of excreta disposal (continued)

	TYPE OF TOILET FACILITY USED BY HOUSEHOLD											Total	Percentage of population using sanitary means of excreta disposal*	Number of household members
	IMPROVED SANITATION FACILITY						UNIMPROVED SANITATION FACILITY							
	Flush/pour flush to:			Ventilated improved pit latrine	Pit latrine with slab	Composting toilet	Pit latrine without slab/ open pit	Bucket	Hanging toilet/ hanging latrine	No facilities/ bush/field	Other			
	Piped sewer system	Septic tank	Pit latrine											
Residence														
Urban	60.7	1.6	1.3	0.4	35.5	0.0	0.0	0.1	0.4	0.0	0.0	100.0	99.5	29 172
Rural	2.1	1.5	0.2	0.1	94.8	0.1	0.3	0.1	0.5	0.1	0.2	100.0	98.9	22 089
Education														
Primary/incomplete secondary	20.1	1.0	1.1	0.3	76.8	0.1	0.1	0.2	0.2	0.0	0.1	100.0	99.3	7 874
Secondary	24.1	1.6	0.8	0.2	72.4	0.0	0.1	0.0	0.6	0.1	0.1	100.0	99.1	20 607
Specialized secondary	45.5	1.7	0.7	0.2	51.1	0.1	0.2	0.1	0.4	0.0	0.0	100.0	99.3	12 296
Higher	60.4	1.8	1.0	0.5	35.7	0.1	0.3	0.0	0.2	0.0	0.0	100.0	99.5	9 857
None/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Wealth index quintiles														
Poorest	0.0	0.0	0.1	0.0	99.1	0.1	0.0	0.0	0.6	0.1	0.0	100.0	99.2	10 253
Poor	0.2	0.1	0.4	0.0	98.1	0.1	0.4	0.2	0.4	0.0	0.1	100.0	98.9	10 253
Middle	4.0	2.8	1.7	0.7	89.8	0.1	0.2	0.1	0.5	0.0	0.1	100.0	99.1	10 251
Rich	73.2	4.6	2.0	0.7	18.4	0.1	0.1	0.0	0.8	0.0	0.1	100.0	99.0	10 252
Richest	99.8	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	10 252
Ethnicity/language														
Kazakh	28.1	0.6	0.3	0.2	69.9	0.1	0.2	0.0	0.5	0.0	0.1	100.0	99.2	29 341
Russian	52.1	3.4	1.4	0.4	42.0	0.1	0.0	0.1	0.4	0.0	0.1	100.0	99.3	16 389
Other	25.0	1.0	1.8	0.3	70.9	0.2	0.2	0.1	0.4	0.0	0.1	100.0	99.2	5 531
Total	**35.4**	**1.5**	**0.8**	**0.3**	**61.1**	**0.1**	**0.1**	**0.1**	**0.5**	**0.0**	**0.1**	**100.0**	**99.2**	**51 261**

*MICS indicator 12; MDG indicator 31
(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.5W: Number of households using improved sanitation facilities (worksheet)

Percent distribution of households using improved sanitary means (pilot area) according to the number of households using means (object), Kazakhstan, 2006

	NUMBER OF HOUSEHOLDS USING IMPROVED SANITARY MEANS											TOTAL	Number of household members
	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	10 Or More	Does not Know		
Type of toilet													
Lavatory pan/sewerage	98.2	0.4	0.3	0.3	0.1	0.1	0.1	0.2	0.0	0.3	0.0	100.0	18 163
Septic tank	98.3	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0	795
Pit latrine	95.7	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.6	3.2	100.0	424
Ventilated improved pit latrine	88.5	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	6.9	100.0	142
Pit latrine with slab	97.9	1.1	0.2	0.1	0.1	0.1	0.0	0.2	0.0	0.2	0.1	100.0	31 313
Compos-ting toilet	(79.6)	(14.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(6.1)	100.0	41
Oblast													
Akmola	98.1	0.7	0.2	0.2	0.0	0.0	0.0	0.2	0.0	0.4	0.2	100.0	2 892
Aktobe	99.7	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	100.0	2 145
Almaty	99.4	0.2	0.2	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	100.0	5 440
Atyrau	98.2	0.6	0.2	0.4	0.0	0.3	0.0	0.2	0.0	0.0	0.1	100.0	1 511
West Kazakhstan	95.7	2.2	0.3	0.5	0.1	0.0	0.0	0.6	0.0	0.5	0.1	100.0	2 258
Zhambyl	98.0	0.7	0.3	0.0	0.0	0.1	0.0	0.1	0.0	0.7	0.1	100.0	3 151
Karagandy	99.7	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	100.0	4 923
Kostanai	99.5	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.2	100.0	3 617
Kyzylorda	96.6	0.7	0.4	1.1	0.4	0.0	0.0	0.7	0.0	0.1	0.0	100.0	1 921
Mangistau	97.0	2.6	0.2	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	100.0	1 126
South Kazakhstan	97.9	1.2	0.2	0.1	0.0	0.0	0.0	0.1	0.0	0.4	0.1	100.0	6 786
Pavlodar	97.5	0.4	0.6	0.1	0.1	0.1	0.0	0.5	0.0	0.4	0.3	100.0	2 754
North Kazakhstan	95.3	1.3	1.0	0.4	0.2	0.9	0.2	0.1	0.2	0.3	0.1	100.0	2 420
East Kazakhstan	96.8	2.5	0.2	0.2	0.1	0.0	0.0	0.2	0.0	0.0	0.0	100.0	5 097
Astana City	93.0	0.3	0.6	1.7	1.0	0.3	0.4	1.3	0.1	1.3	0.0	100.0	1 063
Almaty City	98.5	0.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.4	100.0	3 773

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.5w: Number of households using improved sanitation facilities (worksheet) (continued)

	NUMBER OF HOUSEHOLDS USING IMPROVED SANITARY MEANS											TOTAL	Number of household members
	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	10 Or More	Does not Know		
Residence													
Urban	97.3	1.1	0.3	0.3	0.1	0.1	0.1	0.2	0.0	0.4	0.1	100.0	29 026
Rural	98.9	0.6	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	100.0	21 851
Education													
Primary/incomplete secondary	98.2	0.9	0.2	0.1	0.1	0.0	0.0	0.1	0.0	0.2	0.2	100.0	7 819
Secondary	97.8	1.1	0.2	0.2	0.1	0.1	0.0	0.2	0.0	0.2	0.1	100.0	20 417
Specialized secondary	97.5	0.8	0.3	0.3	0.1	0.2	0.1	0.2	0.1	0.4	0.0	100.0	12 209
Higher	98.7	0.5	0.2	0.1	0.0	0.0	0.0	0.1	0.0	0.2	0.2	100.0	9 807
None/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Wealth index quintiles													
Poorest	98.0	1.1	0.2	0.0	0.1	0.1	0.0	0.2	0.0	0.2	0.1	100.0	10 175
Poor	97.3	1.6	0.2	0.3	0.0	0.0	0.0	0.3	0.0	0.2	0.1	100.0	10 140
Middle	97.6	1.0	0.2	0.2	0.1	0.1	0.0	0.1	0.1	0.5	0.1	100.0	10 161
Rich	97.5	0.6	0.5	0.4	0.1	0.2	0.0	0.3	0.0	0.3	0.1	100.0	10 149
Richest	99.5	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.1	100.0	10 252
Ethnicity/language													
Kazakh	97.5	1.2	0.3	0.2	0.1	0.1	0.0	0.2	0.0	0.3	0.1	100.0	29 106
Russian	98.3	0.6	0.2	0.1	0.0	0.2	0.0	0.2	0.1	0.1	0.2	100.0	16 282
Other	99.4	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	100.0	5 489
Total	**98.0**	**0.9**	**0.2**	**0.2**	**0.1**	**0.1**	**0.0**	**0.2**	**0.0**	**0.2**	**0.1**	**100.0**	**50 877**

( ) – indicators are based on 25 – 49 cases of unweighted observations

(*) – indicators are based on less than 25 cases of unweighted observations

Table EN.6: Disposal of child's faeces

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

	PLACE OF DISPOSAL OF CHILD'S FAECES										
	Child used toilet	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	DK	Total	Proportion of children whose latest stools were disposed of safely*	Number of children aged 0–2 years
Oblast											
Akmola	9.5	24.7	33.7	16.0	0.8	0.0	12.0	3.3	100.0	34.2	134
Aktobe	4.7	31.0	29.3	32.0	0.6	0.0	1.5	0.9	100.0	35.7	110
Almaty	0.3	5.8	16.7	70.7	1.0	0.0	1.5	4.0	100.0	6.1	373
Atyrau	0.0	20.7	8.1	68.0	0.7	0.4	1.3	0.8	100.0	20.7	85
West Kazakhstan	13.8	12.2	38.6	31.8	0.0	0.0	2.9	0.7	100.0	26.0	95
Zhambyl	1.7	30.1	42.0	12.5	2.5	0.0	4.9	6.3	100.0	31.8	225
Karagandy	4.6	50.1	24.3	21.0	0.0	0.0	0.0	0.0	100.0	54.6	196
Kostanai	1.0	28.8	26.0	39.8	1.7	0.0	2.7	0.0	100.0	29.8	160
Kyzylorda	0.0	19.1	70.2	9.2	0.0	0.0	0.0	1.5	100.0	19.1	130
Mangistau	12.8	25.3	0.0	61.9	0.0	0.0	0.0	0.0	100.0	38.1	70
South Kazakhstan	2.8	8.4	82.6	1.2	0.0	0.0	4.0	1.0	100.0	11.2	524
Pavlodar	1.0	61.0	27.4	7.8	0.0	0.0	2.1	0.7	100.0	61.9	131
North Kazakhstan	0.0	28.9	34.6	27.3	0.0	0.0	8.3	0.9	100.0	28.8	95
East Kazakhstan	6.2	25.1	39.6	26.3	0.0	0.0	0.0	2.8	100.0	31.4	191
Astana City	5.0	72.7	0.0	19.8	0.0	0.0	1.7	0.8	100.0	77.7	59
Almaty City	0.7	82.6	13.8	2.2	0.0	0.0	0.0	0.7	100.0	83.3	212
Residence											
Urban	4.4	49.9	23.3	17.5	0.2	0.0	3.2	1.5	100.0	54.3	1 394
Rural	1.9	6.7	53.0	33.1	0.8	0.0	2.2	2.3	100.0	8.7	1 396
Mother's education											
Primary/incomplete secondary	3.1	16.1	47.4	29.6	0.0	0.0	3.2	0.6	100.0	19.2	195
Secondary	2.7	18.8	46.4	26.8	0.8	0.0	2.6	1.9	100.0	21.5	1 245
Specialized secondary	3.2	34.8	30.1	25.9	0.5	0.1	3.2	2.2	100.0	38.0	658
Higher	3.9	42.6	28.4	20.7	0.2	0.0	2.3	1.9	100.0	46.6	692
Wealth index quintiles											
Poorest	2.3	2.9	65.0	26.1	1.1	0.0	1.0	1.6	100.0	5.2	759
Poor	2.0	6.4	47.7	37.7	0.9	0.0	2.6	2.7	100.0	8.4	579
Middle	3.4	12.5	43.1	34.9	0.2	0.1	4.2	1.6	100.0	15.9	551
Rich	4.3	61.4	12.3	14.1	0.0	0.0	5.6	2.3	100.0	65.7	438
Richest	4.7	84.7	0.8	7.6	0.0	0.0	1.1	1.1	100.0	89.4	463
Ethnicity/language											
Kazakh	2.9	24.2	41.1	27.8	0.5	0.0	1.8	1.7	100.0	27.1	1 873
Russian	3.5	46.0	21.2	21.0	0.2	0.0	5.9	2.2	100.0	49.5	557
Other	3.6	22.4	49.1	19.2	1.0	0.0	2.5	2.2	100.0	26.0	360
Total	**3.1**	**28.3**	**38.2**	**25.3**	**0.5**	**0.0**	**2.7**	**1.9**	**100.0**	**31.4**	**2 790**

* MICS indicator 14

Table EN.7: Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Kazakhstan, 2006

	Percentage of household population:			Number of household members
	Using improved sources of drinking water *	Using sanitary means of excreta disposal **	Using improved sources of drinking water and using sanitary means of excreta disposal	
Oblast				
Akmola	98.4	98.9	97.3	2 924
Aktobe	95.0	93.6	89.4	2 292
Almaty	97.6	99.4	97.0	5 474
Atyrau	89.3	100.0	89.3	1 511
West Kazakhstan	90.5	99.8	90.2	2 264
Zhambyl	99.6	98.8	98.3	3 190
Karagandy	96.1	99.3	95.6	4 958
Kostanai	83.2	100.0	83.2	3 617
Kyzylorda	96.7	100.0	96.7	1 922
Mangistau	99.8	99.9	99.7	1 127
South Kazakhstan	85.7	99.9	85.7	6 790
Pavlodar	96.3	100.0	96.3	2 754
North Kazakhstan	81.7	99.2	81.1	2 439
East Kazakhstan	96.4	100.0	96.4	5 097
Astana City	100.0	100.0	100.0	1 063
Almaty City	100.0	98.3	98.3	3 839
Residence				
Urban	98.1	99.5	97.7	29 172
Rural	87.7	98.9	86.8	22 089
Education of household head				
Primary/incomplete secondary	90.9	99.3	90.2	7 874
Secondary	92.8	99.1	92.0	20 607
Specialized secondary	94.9	99.3	94.3	12 296
Higher	96.0	99.5	95.5	9 857
None/DK	(*)	(*)	(*)	10
Wealth index quintiles				
Poorest	88.4	99.2	87.8	10 253
Poor	89.8	98.9	88.8	10 253
Middle	90.9	99.1	90.2	10 251
Rich	99.1	99.0	98.2	10 252
Richest	100.0	100.0	100.0	10 252
Ethnicity/language				
Kazakh	92.8	99.2	92.1	29 340
Russian	95.3	99.3	94.7	16 389
Other	93.1	99.2	92.4	5 532
Total	**93.7**	**99.2**	**93.0**	**51 261**

* MICS indicator 11; MDG indicator 30
** MICS indicator 12; MDC indicator 31
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.1: Use of contraception

Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method, Kazakhstan, 2006

	Not using any method	PERCENT OF WOMEN (CURRENTLY MARRIED OR IN UNION) WHO ARE USING:													TOTAL	Any modern method	Any tradi-tional method	Any method*	Number of women currently married or in union
		Female steri-lization	Male sterili-zation	Pills	IUD	Injections	Implants	Condom	Female con-dom	Diaphragm/ foam/ jelly	LAM	Periodic abstinence	With-drawal	Other					
Oblast																			
Akmola	39.4	1.5	0.3	7.2	41.1	0.0	0.0	7.3	0.2	0.0	0.0	0.9	0.9	1.2	100.0	57.6	2.9	60.6	529
Aktobe	52.1	0.6	0.0	3.5	38.0	2.2	0.0	1.3	0.0	0.2	0.7	0.8	0.3	0.3	100.0	45.8	2.1	47.9	348
Almaty	59.8	0.1	0.0	6.8	26.9	0.0	0.0	2.2	0.0	0.2	2.6	0.8	0.5	0.1	100.0	36.1	4.1	40.2	875
Atyrau	47.6	0.0	0.0	2.8	47.4	0.5	0.0	1.1	0.0	0.0	0.4	0.0	0.0	0.2	100.0	51.7	0.7	52.4	236
West Kazakhstan	37.7	0.4	0.0	7.6	49.2	0.0	0.0	2.1	0.0	0.0	1.5	0.0	1.0	0.5	100.0	59.2	3.0	62.3	388
Zhambyl	57.2	0.0	0.0	1.8	39.2	0.2	0.0	1.2	0.0	0.0	0.0	0.2	0.2	0.0	100.0	42.4	0.4	42.8	510
Karagandy	45.0	1.0	0.0	5.8	37.2	0.5	0.2	7.5	0.0	0.0	1.1	0.8	0.3	0.6	100.0	52.2	2.9	55.0	799
Kostanai	39.6	1.0	0.0	9.6	39.9	0.2	0.0	5.6	0.0	0.3	0.7	0.7	0.7	1.7	100.0	56.6	3.8	60.4	584
Kyzylorda	42.8	0.0	0.0	1.7	52.2	2.1	0.0	0.5	0.0	0.0	0.0	0.0	0.7	0.0	100.0	56.5	0.7	57.1	301
Mangistau	46.6	0.0	0.0	5.8	44.1	0.0	0.0	3.2	0.0	0.0	0.2	0.0	0.0	0.1	100.0	53.1	0.4	53.4	183
South Kazakhstan	73.4	0.3	0.0	2.6	21.5	0.2	0.0	1.4	0.0	0.1	0.2	0.1	0.2	0.0	100.0	26.1	0.5	26.6	1 155
Pavlodar	39.0	0.7	0.0	5.7	41.9	0.3	0.0	9.5	0.0	0.5	0.5	0.7	0.6	0.6	100.0	58.6	2.4	61.0	463
North Kazakhstan	44.5	0.6	0.0	8.0	36.8	0.3	0.3	6.6	0.0	0.3	0.0	0.7	0.6	1.3	100.0	53.0	2.6	55.5	418
East Kazakhstan	38.9	0.5	0.0	9.4	41.5	0.0	0.0	8.5	0.0	0.2	0.6	0.2	0.2	0.0	100.0	60.1	1.0	61.1	809
Astana City	38.3	0.0	0.0	16.4	37.3	0.3	0.0	6.3	0.0	0.0	0.0	0.2	0.0	1.2	100.0	60.3	1.4	61.7	204
Almaty City	44.0	0.8	0.3	15.1	29.2	0.0	0.0	9.7	0.0	0.3	0.0	0.3	0.0	0.3	100.0	55.4	0.5	55.9	547
Residence																			
Urban	46.0	0.5	0.1	9.2	35.7	0.4	0.1	6.0	0.0	0.2	0.5	0.4	0.3	0.6	100.0	52.2	1.8	54.0	4 652
Rural	53.5	0.6	0.0	3.5	36.8	0.2	0.0	3.3	0.0	0.0	0.9	0.4	0.5	0.3	100.0	44.4	2.1	46.5	3 697

* MICS indicator 21; MDG indicator 19C

Table RH.1: Use of contraception (continued)

	Not using any method	PERCENT OF WOMEN (CURRENTLY MARRIED OR IN UNION) WHO ARE USING:													TOTAL	Any modern method	Any tradi-tional method	Any method*	Number of women cur-rently married or in union
		Female steri-lization	Male sterili-zation	Pills	IUD	Injections	Implants	Condom	Female condom	Diaphragm/ foam/ jelly	LAM	Periodic abstinence	With-drawal	Other					
Age																			
15–19	68.3	0.0	0.0	4.3	13.1	0.0	0.0	11.1	0.0	0.0	2.3	0.0	0.0	0.9	100.0	28.5	3.3	31.7	121
20–24	60.1	0.0	0.0	8.5	21.4	0.1	0.0	8.0	0.0	0.0	1.5	0.0	0.3	0.1	100.0	38.0	1.9	39.9	921
25–29	46.3	0.4	0.0	9.3	35.4	0.4	0.1	5.4	0.0	0.2	1.7	0.2	0.4	0.2	100.0	51.2	2.5	53.7	1 298
30–34	38.5	0.7	0.1	8.2	44.7	0.4	0.0	4.7	0.1	0.0	0.8	0.6	0.6	0.6	100.0	58.9	2.5	61.5	1 399
35–39	40.9	0.7	0.1	7.9	42.3	0.4	0.1	5.0	0.0	0.4	0.3	0.8	0.4	0.7	100.0	56.9	2.2	59.1	1 563
40–44	45.4	0.8	0.0	4.6	43.2	0.4	0.0	4.2	0.0	0.1	0.1	0.4	0.4	0.4	100.0	53.2	1.3	54.6	1 576
45–49	66.9	0.4	0.0	2.6	26.1	0.1	0.0	2.5	0.0	0.2	0.0	0.6	0.2	0.4	100.0	31.9	1.3	33.1	1 471
Number of living children																			
No children	88.3	0.3	0.0	5.1	1.9	0.0	0.0	4.0	0.0	0.0	0.0	0.1	0.2	0.1	100.0	11.3	0.4	11.7	610
1 child	50.5	0.0	0.0	10.8	28.5	0.5	0.0	7.1	0.1	0.2	0.9	0.5	0.4	0.5	100.0	47.2	2.3	49.5	1 936
2 children	38.8	0.8	0.1	8.0	44.2	0.3	0.0	5.5	0.0	0.2	0.8	0.4	0.3	0.6	100.0	59.1	2.1	61.2	3 011
3 children	48.4	0.6	0.0	3.6	41.3	0.5	0.2	3.3	0.0	0.1	0.5	0.8	0.5	0.2	100.0	49.5	2.1	51.6	1 609
4 and more children	55.2	0.7	0.0	1.5	39.1	0.1	0.0	1.8	0.0	0.0	0.6	0.2	0.3	0.5	100.0	43.1	1.7	44.8	1 183
Education																			
Primary/incomplete secondary	57.0	0.4	0.0	4.9	30.8	0.6	0.3	4.4	0.0	0.0	0.8	0.0	0.5	0.3	100.0	41.4	1.6	43.0	402
Secondary	52.0	0.5	0.0	4.5	37.5	0.1	0.1	3.3	0.0	0.1	0.7	0.5	0.4	0.3	100.0	46.1	1.9	48.0	3 441
Specialized secondary	46.4	0.8	0.1	6.4	38.1	0.6	0.0	5.6	0.0	0.2	0.5	0.4	0.4	0.5	100.0	51.7	1.9	53.6	2 449
Higher	46.7	0.3	0.0	10.8	32.9	0.3	0.0	6.5	0.1	0.2	0.7	0.4	0.3	0.8	100.0	51.1	2.2	53.3	2 057
Wealth index quintiles																			
Poorest	58.0	0.3	0.0	1.8	36.1	0.1	0.0	1.8	0.0	0.0	1.0	0.3	0.4	0.2	100.0	40.1	1.9	42.0	1 623
Poor	52.7	0.4	0.0	3.1	38.0	0.3	0.1	3.5	0.0	0.0	0.7	0.6	0.3	0.3	100.0	45.4	1.9	47.3	1 669
Middle	48.5	0.5	0.2	7.2	35.7	0.4	0.1	5.0	0.1	0.1	0.8	0.3	0.6	0.5	100.0	49.2	2.3	51.5	1 709
Rich	47.1	0.7	0.0	8.8	36.2	0.3	0.0	5.2	0.0	0.2	0.4	0.5	0.3	0.3	100.0	51.4	1.5	52.9	1 605
Richest	40.7	0.8	0.0	12.0	35.1	0.5	0.0	8.4	0.0	0.4	0.4	0.6	0.3	0.8	100.0	57.2	2.1	59.3	1 743
Ethnicity/language																			
Kazakh	51.6	0.6	0.0	4.3	38.0	0.3	0.0	3.3	0.0	0.1	0.9	0.4	0.3	0.2	100.0	46.7	1.7	48.4	5 017
Russian	41.6	0.7	0.1	11.3	34.8	0.4	0.0	8.3	0.0	0.4	0.2	0.6	0.7	0.9	100.0	56.0	2.4	58.4	2 466
Other	57.7	0.0	0.0	6.7	29.7	0.0	0.0	3.8	0.0	0.0	0.7	0.5	0.4	0.5	100.0	40.2	2.0	42.3	866
Total	**49.3**	**0.5**	**0.0**	**6.7**	**36.2**	**0.3**	**0.0**	**4.8**	**0.0**	**0.1**	**0.7**	**0.5**	**0.4**	**0.5**	**100.0**	**48.7**	**2.0**	**50.7**	**8 349**

* MICS indicator 21; MDG indicator 19C

Table RH.2A: Reproductive behavior of women

Percentage of women aged 15–49 expressed willingness to give (one more) birth and about desirable birth space, Kazakhstan, 2006

	Percent of women aged 15-49 willing to give birth							Preferable birth space					Number of women aged15-49
	1 child	2 children	3 children	4 children	5-9 children	10 and more children	No children	1 year	2 years	3 years	4 years	5 and more years	
Oblast													
Akmola	(3.9)	41.2	33.2	12.7	8.1	(*)	(*)	(9.1)	28.5	29.1	(9.1)	24.1	797
Aktobe	6.1	39.1	29.1	17.2	7.7	(*)	(*)	(4.1)	31.8	36.3	13.3	14.5	675
Almaty	5.3	37.1	33.0	14.8	6.8	(*)	(2.7)	(5.2)	29.5	46.9	13.2	(5.2)	1 475
Atyrau	(*)	19.8	37.8	27.3	10.1	(*)	(*)	(*)	32.1	38.7	15.3	12.3	458
West Kazakhstan	(3.6)	41.6	34.5	14.7	(4.5)	(*)	(*)	(5.0)	33.5	42.7	10.5	8.2	699
Zhambyl	(*)	25.2	29.2	27.2	14.1	(*)	(*)	8.4	41.0	35.2	7.7	7.6	877
Karagandy	7.9	46.3	30.7	8.8	(5.0)	(*)	(*)	(5.4)	32.2	41.8	10.8	9.8	1 476
Kostanai	9.2	47.6	25.7	8.1	7.1	(*)	(*)	(7.2)	34.4	32.2	11.4	14.8	1 016
Kyzylorda	(3.3)	21.8	21.1	34.1	17.4	(*)	(*)	14.3	49.3	27.5	(3.7)	(5.1)	528
Mangistau	(*)	16.1	36.9	34.8	10.2	(*)	(*)	(5.1)	29.0	41.7	15.6	8.6	335
South Kazakhstan	(*)	12.3	23.3	39.1	22.5	(*)	(*)	(3.6)	32.3	50.7	8.6	(4.9)	1 767
Pavlodar	6.9	44.3	31.4	10.7	(5.0)	(*)	(*)	9.7	32.4	32.9	13.0	12.0	820
North Kazakhstan	10.8	50.4	25.3	8.0	(4.4)	(*)	(*)	(12.9)	27.8	25.3	(12.0)	21.9	674
East Kazakhstan	9.5	47.7	26.3	8.5	(4.5)	(*)	(3.5)	10.4	25.3	25.5	15.1	23.8	1 467
Astana City	10.4	52.1	26.0	8.6	(*)	(*)	(*)	17.6	29.9	24.4	12.2	15.8	368
Almaty City	8.3	53.8	26.1	7.1	(*)	(*)	(*)	11.5	35.0	31.2	(9.4)	12.8	1 126
Residence													
Urban	7.4	44.1	28.4	13.3	5.0	(0.4)	1.3	7.7	32.0	36.0	11.4	12.9	8 655
Rural	3.7	28.5	29.2	22.5	14.0	(0.6)	1.5	6.9	33.4	39.3	10.5	9.9	5 903

( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.2A: Reproductive behavior of women (continued)

	Percent of women aged 15-49 willing to give birth							Preferable birth space					Number of women aged15-49
	1 child	2 children	3 children	4 children	5-9 children	10 and more children	No children	1 year	2 years	3 years	4 years	5 and more years	
Education													
Primary/incomplete secondary	7.1	45.1	26.3	12.4	5.1	1.0	3.0	5.4	29.8	35.1	9.4	20.2	1 948
Secondary	4.4	29.1	29.4	21.9	13.4	(0.7)	1.2	8.2	33.5	37.8	11.6	8.9	4 893
Specialized secondary	6.8	39.9	28.9	15.5	7.5	(*)	(1.1)	7.3	34.2	36.7	11.0	10.8	3 949
Higher	6.4	42.9	29.1	14.8	5.5	(*)	(1.1)	7.6	31.7	38.7	11.4	10.5	3 768
Age													
15-19	6.6	52.5	26.5	10.1	2.2	(*)	2.0	4.0	29.9	36.2	11.3	18.7	2 469
20-24	6.6	42.9	30.4	15.0	3.6	(*)	1.1	6.5	32.7	39.1	12.6	9.1	2 108
25-29	6.6	38.5	30.9	17.3	5.5	(*)	1.0	8.7	33.2	34.3	10.3	13.5	1 894
30-34	5.2	33.8	30.1	19.8	9.4	(*)	1.2	9.1	31.8	36.7	10.6	11.8	1 900
35-39	5.9	31.2	28.7	20.8	11.5	(*)	1.3	12.0	31.5	36.5	11.9	8.1	2 055
40-44	5.2	29.3	29.5	20.3	13.3	(*)	1.8	7.4	37.8	40.4	9.7	(4.7)	2 076
45-49	5.2	32.6	25.8	17.5	16.3	(1.3)	1.3	6.0	36.1	41.7	9.2	7.1	2 056
Wealth index quintiles													
Poorest	2.9	22.0	27.0	27.2	18.4	(0.7)	(1.8)	6.5	35.8	40.6	9.7	7.4	2 689
Poor	4.7	28.0	30.2	22.2	12.4	(*)	(1.7)	7.4	33.7	37.6	11.1	10.1	2 728
Middle	4.8	37.7	31.3	17.1	7.2	(*)	(1.4)	6.5	32.0	37.1	12.2	12.3	2 824
Rich	7.2	46.5	27.7	12.0	4.7	(*)	(1.3)	8.1	32.9	36.0	9.9	13.1	2 915
Richest	9.1	50.5	27.7	9.2	2.6	(*)	(*)	8.1	29.3	35.8	12.2	14.7	3 402
Ethnicity/language													
Kazakh	3.2	28.8	31.6	22.7	11.8	0.6	1.2	7.0	34.8	38.5	10.1	9.7	8 609
Russian	11.4	57.1	23.2	4.3	2.4	0.2	1.4	8.3	27.6	33.3	13.2	17.6	4 481
Other	5.0	31.2	29.1	22.5	9.3	0.6	2.4	7.1	33.0	41.4	10.8	7.7	1 468
Total	**5.9**	**37.7**	**28.7**	**17.0**	**8.7**	**0.5**	**1.4**	**7.4**	**32.6**	**37.3**	**11.1**	**11.7**	**14558**

( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.2B: Factors limiting birth rate

Percentage of women aged 15-49, who reported the factors influencing their decision to give (another) birth, Kazakhstan, 2006

	Factors influencing the decision to give birth or restrict the number of children											Total	Number of women aged 15-49
	Health Status	Fear to lose job	Uncertainty in the future of children	Low level of health services	Lack of pre-school institutions	No housing	No utilities in the house/ apartment	No regular job	Low wages	No job at all	Other		
Oblast													
Akmola	17.3	(*)	18.6	(*)	(*)	(4.1)	(*)	(5.8)	17.4	9.7	21.3	100.0	797
Aktobe	20.5	(*)	11.9	(3.9)	(*)	6.4	(3.7)	7.7	32.5	7.9	(*)	100.0	675
Almaty	46.1	(*)	(3.7)	(*)	(*)	5.2	(*)	(2.7)	(4.0)	(*)	34.3	100.0	1 475
Atyrau	16.2	7.0	21.5	(*)	(*)	10.3	6.0	8.0	21.4	5.0	(*)	100.0	458
West Kazakhstan	22.3	(*)	13.3	(3.5)	(3.8)	11.8	6.0	9.0	10.6	10.4	7.3	100.0	699
Zhambyl	23.6	(3.6)	16.4	(*)	(4.4)	(4.2)	(3.5)	7.4	17.8	15.3	(*)	100.0	877
Karagandy	17.7	(*)	9.6	(*)	(*)	(2.7)	(*)	(2.9)	36.8	5.0	20.1	100.0	1 476
Kostanai	19.3	(*)	26.8	(*)	(3.4)	(3.5)	(3.2)	(5.3)	25.7	5.9	(4.8)	100.0	1 016
Kyzylorda	10.9	(*)	8.6	(3.6)	(*)	(4.3)	(3.0)	12.4	28.6	21.8	(4.0)	100.0	528
Mangistau	5.6	(*)	10.5	(*)	5.6	20.1	(*)	7.3	28.3	17.5	0.1	100.0	335
South Kazakhstan	9.8	(2.3	6.5	(*)	(*)	(2.6)	(*)	4.9	48.1	21.8	1.2	100.0	1 767
Pavlodar	22.8	(*)	19.6	(*)	(*)	(*)	(*)	(*)	31.2	6.4	9.3	100.0	820
North Kazakhstan	14.2	(*)	16.8	(*)	(*)	(*)	(*)	(5.0)	17.8	10.9	27.1	100.0	674
East Kazakhstan	17.3	(3.1)	21.3	(*)	(*)	(5.1)	(*)	5.5	20.7	10.5	13.7	100.0	1 467
Astana City	14.9	18.0	9.5	(*)	(*)	8.7	(*)	(*)	17.2	11.2	12.9	100.0	368
Almaty City	16.0	(*)	22.2	(*)	(*)	19.3	(*)	(3.7)	22.8	(*)	(4.2)	100.0	1 126
Residence													
Urban	17.5	3.2	16.0	1.8	1.5	7.5	2.0	4.9	28.0	7.4	10.4	100.0	8 655
Rural	23.0	1.7	12.1	1.3	1.6	4.2	2.5	5.9	20.8	13.3	13.7	100.0	5 903

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.2B: Factors limiting birth rate (continued)

	Factors influencing the decision to give birth or restrict the number of children											Total	Number of women aged 15-49
	Health Status	Fear to lose job	Uncertainty in the future of children	Low level of health services	Lack of pre-school institutions	No housing	No utilities in the house/ apartment	No regular job	Low wages	No job at all	Other		
Education													
Primary/incomplete secondary	15.0	(1.2)	16.8	(1.8)	(1.6)	6.2	2.2	5.7	23.0	12.7	13.7	100.0	1 948
Secondary	21.7	1.6	12.1	1.1	1.2	5.2	2.1	6.6	23.9	12.4	12.3	100.0	4 893
Specialized secondary	20.2	3.3	14.4	1.2	1.1	5.6	2.2	4.8	27.1	8.2	11.9	100.0	3 949
Higher	19.1	3.9	16.2	2.5	2.4	8.0	2.1	3.9	25.4	6.6	10.0	100.0	3 768
Age													
15-19	11.8	2.2	19.6	(1.8)	(1.4)	7.9	2.6	5.3	22.9	11.0	13.5	100.0	2 469
20-24	12.8	2.6	14.0	(2.0)	(1.7)	8.7	1.9	7.4	25.8	13.6	9.3	100.0	2 108
25-29	15.4	2.6	12.3	(2.0)	2.4	7.8	(2.0)	5.8	27.2	12.2	10.2	100.0	1 894
30-34	19.6	(2.2)	13.7	(1.4)	(1.8)	6.2	2.8	5.8	25.9	10.8	10.0	100.0	1 900
35-39	24.8	2.6	12.9	(1.3)	(1.4)	4.3	2.8	4.9	26.4	7.9	10.6	100.0	2 055
40-44	26.4	2.9	14.1	(1.1)	(1.4)	4.6	(1.3)	4.1	24.7	6.7	12.8	100.0	2 076
45-49	28.6	2.9	12.9	(1.5)	(0.9)	3.4	(1.7)	3.6	23.0	6.0	15.4	100.0	2 056
Wealth index quintiles													
Poorest	20.9	(1.2)	9.3	(1.0)	(1.3)	3.8	2.4	6.9	23.7	18.9	10.7	100.0	2 689
Poor	21.4	2.6	13.0	(1.1)	1.7	5.0	2.9	7.2	20.4	11.7	13.0	100.0	2 728
Middle	21.6	2.5	14.9	1.5	1.8	5.3	2.4	4.8	22.8	7.9	14.4	100.0	2 824
Rich	17.3	2.5	16.3	2.1	(1.6)	8.5	2.2	3.5	27.4	6.1	12.5	100.0	2 915
Richest	17.9	3.8	17.5	2.1	(1.4)	7.7	(1.1)	4.3	29.7	5.7	8.7	100.0	3 402
Ethnicity/language													
Kazakh	20.5	2.9	12.4	1.6	1.6	6.7	2.4	5.7	24.0	10.9	11.1	100.0	8 609
Russian	16.8	2.2	19.1	1.6	1.3	5.3	1.8	4.7	26.8	7.5	12.9	100.0	4 481
Other	24.0	(1.7)	11.7	(1.4)	(2.0)	5.9	(1.7)	4.3	25.6	9.8	12.0	100.0	1 468
Total	**19.7**	**2.6**	**14.4**	**1.6**	**1.6**	**6.2**	**2.2**	**5.3**	**25.0**	**9.8**	**11.8**	**100.0**	**14 558**

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.2C: Factors stimulating birth rate

Percentage of women aged 15–49, who reported the factors influencing their decision to give (another) birth, Kazakhstan, 2006

	Measures influencing the decision to give (another) birth						Total	Number of women aged 15-49
	Sufficient family allowances	Sufficient paid maternity leave	Granting credits and loans	Shortened working day for breastfeeding mothers	Redusing of retirement age for mothers	Other		
Oblast								
Akmola	19.1	13.8	(7.6)	(*)	12.4	46.2	100.0	797
Aktobe	13.5	26.8	12.6	14.5	20.2	12.3	100.0	675
Almaty	19.4	18.6	5.7	(*)	(2.5)	52.1	100.0	1 475
Atyrau	9.3	32.1	11.9	6.8	23.2	16.7	100.0	458
West Kazakhstan	16.4	29.7	21.6	5.8	13.4	13.1	100.0	699
Zhambyl	26.3	36.9	13.4	5.2	13.2	4.9	100.0	877
Karagandy	11.8	31.2	6.9	9.8	28.2	12.1	100.0	1 476
Kostanai	33.7	30.2	6.8	(3.1)	17.3	8.9	100.0	1 016
Kyzylorda	19.6	31.7	6.6	10.2	22.7	9.3	100.0	528
Mangistau	(*)	(3.4)	18.8	30.9	38.3	6.1	100.0	335
South Kazakhstan	14.5	18.3	22.0	4.1	36.2	4.9	100.0	1 767
Pavlodar	(5.0)	10.4	13.2	17.4	22.9	31.0	100.0	820
North Kazakhstan	11.7	12.6	(6.8)	(*)	10.5	56.6	100.0	674
East Kazakhstan	23.2	13.0	(4.6)	(*)	16.6	41.6	100.0	1 467
Astana City	10.1	23.0	16.6	(5.2)	30.2	15.0	100.0	368
Almaty City	(5.4)	14.3	24.4	30.4	18.1	7.3	100.0	1 126
Residence								
Urban	13.8	21.9	13.5	10.7	20.9	19.2	100.0	8 655
Rural	19.7	20.7	10.2	4.4	18.3	26.7	100.0	5 903

( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.2C: Factors stimulating birth rate (continued)

	Measures influencing the decision to give (another) birth						Total	Number of women aged 15-49
	Sufficient family allowances	Sufficient paid maternity leave	Granting credits and loans	Shortened working day for breastfeeding mothers	Redusing of retirement age for mothers	Other		
Education								
Primary/incomplete secondary	21.2	22.2	12.4	6.6	14.8	22.7	100.0	1 948
Secondary	17.8	20.3	11.9	6.1	20.5	23.3	100.0	4 893
Specialized secondary	15.0	21.1	11.5	7.8	20.4	24.1	100.0	3 949
Higher	12.8	22.8	12.9	11.9	20.8	18.7	100.0	3 768
Age								
15-19	18.8	25.1	15.6	8.3	13.1	19.0	100.0	2 469
20-24	17.6	22.8	16.4	10.9	17.5	14.8	100.0	2 108
25-29	17.3	25.3	13.9	8.7	18.4	16.4	100.0	1 894
30-34	17.8	21.6	11.8	8.3	20.0	20.5	100.0	1 900
35-39	15.9	20.0	10.6	7.6	21.6	24.3	100.0	2 055
40-44	13.7	19.2	7.9	6.5	25.3	27.4	100.0	2 076
45-49	12.1	15.5	8.2	6.6	24.0	33.6	100.0	2 056
Wealth index quintiles								
Poorest	19.9	20.0	14.0	4.0	21.5	20.6	100.0	2 689
Poor	20.6	22.3	9.0	4.6	18.2	25.4	100.0	2 728
Middle	16.2	21.1	9.9	7.2	18.1	27.6	100.0	2 824
Rich	14.0	21.0	13.6	9.7	20.6	21.1	100.0	2 915
Richest	11.6	22.6	13.9	13.7	20.6	17.7	100.0	3 402
Ethnicity/language								
Kazakh	15.8	21.8	12.7	8.0	21.4	20.2	100.0	8 609
Russian	16.4	20.9	10.9	8.6	16.2	26.9	100.0	4 481
Other	17.8	20.8	12.5	7.6	21.5	19.8	100.0	1 468
Total	**16.2**	**21.4**	**12.1**	**8.1**	**19.8**	**22.3**	**100.0**	**14 558**

( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.3: Antenatal care provider

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

	Person providing antenatal care					No ante-natal care received	Total	Any skilled personnel*	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse / midwife	Auxiliary midwife	Traditional birth attendant	Other				
Oblast									
Akmola	79.9	17.3	0.0	2.8	0.0	0.0	100.0	100.0	80
Aktobe	88.3	10.0	0.0	1.7	0.0	0.0	100.0	100.0	68
Almaty	83.8	14.1	0.0	1.6	0.5	0.0	100.0	99.5	225
Atyrau	88.0	12.0	0.0	0.0	0.0	0.0	100.0	100.0	53
West Kazakhstan	89.5	4.7	1.1	4.7	0.0	0.0	100.0	100.0	58
Zhambyl	84.2	12.6	1.6	1.6	0.0	0.0	100.0	100.0	139
Karagandy	95.1	4.0	0.0	0.9	0.0	0.0	100.0	100.0	129
Kostanai	79.5	12.5	0.0	8.0	0.0	0.0	100.0	100.0	84
Kyzylorda	86.5	10.9	0.0	2.6	0.0	0.0	100.0	100.0	80
Mangistau	(95.3)	(4.7)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	100.0	45
South Kazakhstan	94.2	5.8	0.0	0.0	0.0	0.0	100.0	100.0	309
Pavlodar	88.9	10.1	0.0	1.0	0.0	0.0	100.0	100.0	83
North Kazakhstan	98.6	0.0	0.0	1.4	0.0	0.0	100.0	100.0	61
East Kazakhstan	83.8	11.0	0.0	4.3	0.0	0.9	100.0	99.1	141
Astana City	(92.9)	(7.1)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	100.0	40
Almaty City	95.2	4.8	0.0	0.0	0.0	0.0	100.0	100.0	124
Residence									
Urban	95.2	4.8	0.0	0.0	0.0	0.0	100.0	100.0	890
Rural	82.1	13.7	0.3	3.6	0.1	0.2	100.0	99.7	829

* MICS indicator 20
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.3: Antenatal care provider (continued)

	Person providing antenatal care					No ante-natal care received	Total	Any skilled personnel*	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Traditional birth attendant	Other				
Age									
15–19	85.7	8.8	0.0	5.5	0.0	0.0	100.0	100.0	64
20–24	88.2	9.9	0.3	1.4	0.2	0.0	100.0	99.8	507
25–29	91.3	7.4	0.3	0.7	0.0	0.3	100.0	99.8	501
30–34	88.5	8.8	0.0	2.7	0.0	0.0	100.0	100.0	369
35–39	85.4	12.7	0.0	1.9	0.0	0.0	100.0	100.0	208
40–44	92.1	5.9	0.0	2.0	0.0	0.0	100.0	100.0	61
45–49	(*)	(*)	(*)	(*)	(*)	(*)	100.0	100.0	9
Education									
Primary/incomplete secondary	79.6	14.2	0.0	5.1	0.0	1.1	100.0	98.9	112
Secondary	87.1	10.8	0.3	1.7	0.1	0.0	100.0	99.8	734
Specialized secondary	91.0	7.3	0.0	1.7	0.0	0.0	100.0	100.0	416
Higher	92.2	6.7	0.1	1.0	0.0	0.0	100.0	100.0	457
Wealth index quintiles									
Poorest	80.9	15.3	0.2	3.3	0.3	0.0	100.0	99.7	458
Poor	88.1	8.1	0.6	2.9	0.0	0.3	100.0	99.6	348
Middle	90.0	9.1	0.0	0.9	0.0	0.0	100.0	100.0	330
Rich	95.6	4.0	0.0	0.4	0.0	0.0	100.0	100.0	280
Richest	94.5	5.5	0.0	0.0	0.0	0.0	100.0	100.0	303
Ethnicity/language									
Kazakh	88.7	9.8	0.2	1.2	0.1	0.0	100.0	99.9	1 163
Russian	89.3	6.7	0.0	3.7	0.0	0.3	100.0	99.6	343
Other	89.3	9.3	0.0	1.4	0.0	0.0	100.0	100.0	213
Total	**88.9**	**9.1**	**0.1**	**1.7**	**0.1**	**0.1**	**100.0**	**99.9**	**1 719**

* MICS indicator 20
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.4: Antenatal care

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

	Percent of women receiving anc one or more times during pregnancy	PERCENTAGE OF PREGNANT WOMEN RECEIVING ANTENATAL CARE				Number of women who gave birth in two years preceding survey
		Blood test taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*	
Oblast						
Akmola	100.0	100.0	100.0	100.0	100.0	80
Aktobe	100.0	100.0	100.0	100.0	97.7	68
Almaty	100.0	98.3	98.3	98.3	98.3	225
Atyrau	100.0	97.4	100.0	97.4	100.0	53
West Kazakhstan	100.0	100.0	100.0	100.0	100.0	58
Zhambyl	100.0	100.0	100.0	100.0	100.0	139
Karagandy	100.0	100.0	100.0	100.0	100.0	129
Kostanai	100.0	100.0	100.0	100.0	98.7	84
Kyzylorda	100.0	100.0	100.0	100.0	100.0	80
Mangistau	100.0	(100.0)	(100.0)	(100.0)	(100.0)	45
South Kazakhstan	100.0	99.6	99.6	99.6	99.6	309
Pavlodar	100.0	100.0	100.0	100.0	100.0	83
North Kazakhstan	100.0	100.0	96.4	100.0	100.0	61
East Kazakhstan	99.1	99.1	99.1	99.1	99.1	141
Astana City	100.0	(98.8)	(98.8)	(98.8)	(98.8)	40
Almaty City	100.0	100.0	100.0	100.0	100.0	124
Residence						
Urban	100.0	99.8	99.6	99.8	99.7	890
Rural	99.9	99.3	99.3	99.3	99.2	829

* MICS indicator 44
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.4: Antenatal care (continued)

	Percent of women receiving anc one or more times during pregnancy	Percentage of pregnant women receiving antenatal care				Number of women who gave birth in two years preceding survey
		Blood test taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*	
Age						
15–19	100.0	100.0	100.0	100.0	100.0	64
20–24	100.0	100.0	99.8	100.0	100.0	507
25–29	99.8	99.1	99.2	99.1	98.9	501
30–34	100.0	99.5	99.7	99.5	99.7	369
35–39	100.0	99.2	98.6	99.2	99.2	208
40–44	100.0	100.0	100.0	100.0	98.2	61
45–49	(*)	(*)	(*)	(*)	(*)	9
Education						
Primary/incomplete secondary	98.9	97.9	96.7	97.9	97.9	112
Secondary	100.0	99.3	99.4	99.3	99.3	734
Specialized secondary	100.0	99.9	99.9	99.9	99.9	416
Higher	100.0	100.0	100.0	100.0	99.7	457
Wealth index quintiles						
Poorest	100.0	98.9	98.9	98.9	98.8	458
Poor	99.6	99.5	99.3	99.5	99.3	348
Middle	100.0	99.5	99.6	99.5	99.9	330
Rich	100.0	100.0	100.0	100.0	100.0	280
Richest	100.0	100.0	100.0	100.0	99.7	303
Ethnicity/language						
Kazakh	100.0	99.5	99.5	99.5	99.6	1 163
Russian	99.6	99.6	99.3	99.6	99.3	343
Other	100.0	99.5	99.5	99.5	99.0	213
Total	**99.9**	**99.5**	**99.5**	**99.5**	**99.5**	**1 719**

* MICS indicator 44
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.5: Assistance during delivery

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

	Person assisting at delivery					Total	Any skilled personnel*	Delivered in health facility**	Number of women who gave birth in preceding two years
	Medical doctor	Nurse / midwife	Auxiliary midwife	Traditional birth attendant	Other				
Oblast									
Akmola	82.6	17.4	0.0	0.0	0.0	100.0	100.0	98.6	80
Aktobe	56.7	41.9	1.4	0.0	0.0	100.0	100.0	100.0	68
Almaty	58.1	38.8	3.1	0.0	0.0	100.0	100.0	100.0	225
Atyrau	86.4	13.0	0.6	0.0	0.0	100.0	100.0	100.0	53
West Kazakhstan	98.8	1.2	0.0	0.0	0.0	100.0	100.0	100.0	58
Zhambyl	80.8	17.1	2.1	0.0	0.0	100.0	100.0	100.0	139
Karagandy	95.6	4.4	0.0	0.0	0.0	100.0	100.0	100.0	129
Kostanai	92.4	7.6	0.0	0.0	0.0	100.0	100.0	100.0	84
Kyzylorda	50.8	49.2	0.0	0.0	0.0	100.0	100.0	100.0	80
Mangistau	(99.0)	(1.0)	(0.0)	(0.0)	(0.0)	(100.0)	(100.0)	(99.6)	45
South Kazakhstan	81.9	17.2	0.9	0.0	0.0	100.0	100.0	100.0	309
Pavlodar	94.4	5.6	0.0	0.0	0.0	100.0	100.0	100.0	83
North Kazakhstan	87.9	8.5	0.0	0.0	3.6	100.0	96.4	98.6	61
East Kazakhstan	84.9	15.1	0.0	0.0	0.0	100.0	100.0	100.0	141
Astana City	(61.9)	(36.9)	(0.0)	(1.2)	(0.0)	(100.0)	(98.8)	(98.8)	40
Almaty City	100.0	0.0	0.0	0.0	0.0	100.0	100.0	98.8	124
Residence									
Urban	88.7	10.8	0.3	0.1	0.1	100.0	99.8	99.8	890
Rural	72.5	26.0	1.4	0.0	0.1	100.0	99.9	99.7	829

* MICS indicator 4; MDG indicator 17
** MICS indicator 5
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.5: Assistance during delivery (continued)

	Person assisting at delivery					Total	Any skilled personnel*	Delivered in health facility**	Number of women who gave birth in preceding two years
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Traditional birth attendant	Other				
Age									
15–19	75.3	22.9	1.8	0.0	0.0	100.0	100.0	100.0	64
20–24	80.7	18.4	0.8	0.0	0.1	100.0	99.8	99.8	507
25–29	79.9	19.1	1.0	0.0	0.0	100.0	100.0	99.4	501
30–34	80.1	19.0	0.8	0.1	0.0	100.0	99.9	100.0	369
35–39	84.4	15.0	0.0	0.0	0.6	100.0	99.4	99.9	208
40–44	86.2	11.9	1.9	0.0	0.0	100.0	100.0	100.0	61
45–49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	9
Education									
Primary/incomplete secondary	81.1	17.2	1.7	0.0	0.0	100.0	100.0	100.0	112
Secondary	77.6	21.6	0.7	0.0	0.1	100.0	99.9	99.7	734
Specialized secondary	84.7	14.7	0.6	0.0	0.0	100.0	100.0	100.0	416
Higher	82.6	16.0	1.0	0.1	0.3	100.0	99.6	99.6	457
Wealth index quintiles									
Poorest	73.0	26.2	0.8	0.0	0.0	100.0	100.0	100.0	458
Poor	76.7	21.9	1.4	0.0	0.0	100.0	100.0	100.0	348
Middle	80.5	18.2	1.3	0.0	0.0	100.0	100.0	99.6	330
Rich	90.0	9.2	0.0	0.0	0.8	100.0	99.2	99.7	280
Richest	89.5	10.0	0.3	0.2	0.0	100.0	99.8	99.4	303
Ethnicity/language									
Kazakh	78.8	20.4	0.7	0.0	0.1	100.0	99.9	99.8	1 163
Russian	87.8	11.8	0.0	0.1	0.3	100.0	99.6	99.3	343
Other	81.1	16.3	2.6	0.0	0.0	100.0	100.0	100.0	213
Total	**80.9**	**18.2**	**0.8**	**0.0**	**0.1**	**100.0**	**99.8**	**99.8**	**1 719**

* MICS indicator 4; MDG indicator 17
** MICS indicator 5
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table RH.6: Maternal mortality ratio

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

	Number of adult household respond-ents	Sisters who reached age 15	Sisters who reached age 15 (adjusted)	Sisters who reached aged 15 and who died	Maternal deaths	Adjustment factor	Sister units of risk exposure	Lifetime risk of maternal death	Proportion of dead sisters dying of maternal causes
Respondent age									
15–19	5 024	4 346	8 013	46	4	0.107	857	0.005	8.5
20–24	4 123	5 003	9 223	56	0	0.206	1 900	0.000	0.3
25–29	3 789	5 761	10 621	67	2	0.343	3 643	0.000	2.6
30–34	3 499	6 357	6 357	132	9	0.503	3 198	0.003	7.1
35–39	3 612	7 734	7 734	198	17	0.664	5 135	0.003	8.5
40–44	3 818	8 161	8 161	277	12	0.802	6 546	0.002	4.4
45–49	3 676	7 423	7 423	358	14	0.900	6 681	0.002	3.8
50–54	3 148	5 544	5 544	392	6	0.958	5 311	0.001	1.5
55–59	2 395	4 031	4 031	400	5	0.986	3 974	0.001	1.2
60 +	5 734	8 463	8 463	2 756	18	1.000	8 463	0.002	0.7
Total	**38 818**	**62 823**	**75 570**	**4 682**	**87**	**.**	**45 708**	**0.002**	**1.9**
Total fertility rate for the last 10 to 14 years									2.72
Maternal Mortality Ratio*									70

* MICS indicator 3; MDG indicator 16

Table CD.1: Family support for learning

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

	PERCENTAGE OF CHILDREN AGED 0–59 MONTHS					Number of children aged 0–59 months
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	
Sex						
Male	81.1	4.8	47.7	1.2	13.3	2 327
Female	80.9	4.9	46.0	1.1	14.0	2 088
Oblast						
Akmola	80.1	4.8	51.6	1.1	15.7	243
Aktobe	78.7	4.8	59.6	1.1	9.5	181
Almaty	60.4	4.0	28.3	0.5	16.4	545
Atyrau	79.4	4.7	54.6	1.0	8.9	143
West Kazakhstan	87.3	5.3	59.0	1.3	14.9	152
Zhambyl	69.7	4.4	32.8	0.8	15.1	345
Karagandy	85.3	5.0	68.8	2.1	19.5	316
Kostanai	87.9	5.3	66.6	1.9	15.6	267
Kyzylorda	71.7	4.3	63.2	1.2	8.5	209
Mangistau	84.3	4.9	83.0	2.0	5.1	109
South Kazakhstan	94.3	5.4	11.7	0.2	5.5	827
Pavlodar	86.1	5.1	72.5	2.4	17.1	197
North Kazakhstan	77.9	4.7	64.3	1.6	20.8	163
East Kazakhstan	76.3	4.7	37.6	0.8	20.5	304
Astana City	88.1	5.2	75.1	2.4	13.5	90
Almaty City	89.6	5.1	79.6	2.4	16.6	324
Residence						
Urban	82.9	4.9	56.1	1.5	15.0	2 251
Rural	79.1	4.8	37.3	0.8	12.2	2 164

* MICS indicator 46
** MICS indicator 47

Table CD.1: Family support for learning (continued)

	PERCENTAGE OF CHILDREN AGED 0–59 MONTHS					Number of children aged 0–59 months
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	
Age						
0–23 month	63.1	4.0	45.1	1.0	11.4	1 813
24–59 months	93.5	5.4	48.1	1.3	15.1	2 602
Mother's education						
Primary/incomplete secondary	81.6	4.9	30.5	0.7	21.7	309
Secondary	81.0	4.8	42.6	1.0	13.0	2 000
Specialized secondary	79.3	4.8	51.8	1.3	13.8	1 030
Higher	82.5	5.0	55.0	1.5	12.2	1 076
Father's education						
Primary/incomplete secondary	78.3	4.8	42.9	1.0	0.0	280
Secondary	81.0	4.8	46.7	1.1	0.0	1 912
Specialized secondary	78.3	4.8	61.9	1.6	0.0	765
Higher	81.9	4.9	65.1	1.8	0.0	845
Father not in HH	85.2	5.0	5.3	0.1	100.0	600
Wealth index quintiles						
Poorest	79.7	4.8	30.0	0.6	11.6	1 189
Poor	79.2	4.8	40.9	0.9	13.2	924
Middle	78.5	4.8	46.9	1.1	13.4	869
Rich	82.7	5.0	60.7	1.7	15.1	708
Richest	86.9	5.1	68.8	2.0	16.2	725
Ethnicity/language						
Kazakh	79.5	4.8	46.6	1.1	10.0	2 924
Russian	84.6	5.1	57.7	1.7	25.1	931
Other	83.1	4.9	30.6	0.7	13.2	560
Total	**81.0**	**4.9**	**46.9**	**1.2**	**13.6**	**4 415**

* MICS indicator 46
** MICS indicator 47

Table CD.2: Learning materials

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

	CHILDREN LIVING IN HOUSEHOLDS WITH:		CHILD HAS:		CHILD PLAYS WITH:					3 or more types of play-things***	Number of children aged 0–59 months
	3 or more non-children's books*	Median number of non-children's books	3 or more children's books**	Median number of children's books	House-hold objects	Objects and materials found outside the home	Home-made toys	Toys that came from a store	No play-things mentioned		
Sex											
Male	89.3	10	66.1	5	30.4	27.1	18.0	93.9	4.1	19.4	2 327
Female	88.9	10	66.8	5	38.1	23.8	16.3	92.9	5.0	20.2	2 088
Oblast											
Akmola	85.5	10	71.3	5	44.8	37.8	16.5	97.3	2.3	24.0	243
Aktobe	89.9	10	60.2	3	23.7	10.3	16.9	96.3	2.3	9.4	181
Almaty	86.8	10	55.4	3	8.0	0.7	6.4	90.2	7.7	0.5	545
Atyrau	87.3	10	63.2	4	28.5	14.7	5.5	92.3	5.5	3.8	143
West Kazakhstan	91.6	10	76.9	10	41.4	27.1	19.8	90.8	4.4	24.5	152
Zhambyl	78.7	10	50.2	3	25.9	28.3	31.3	90.2	5.4	24.0	345
Karagandy	80.5	10	79.2	10	48.2	20.0	7.4	93.6	5.5	14.2	316
Kostanai	93.4	10	87.1	10	32.9	13.1	5.9	96.9	2.7	13.3	267
Kyzylorda	94.1	10	52.6	3	42.4	26.0	21.8	87.5	4.7	22.6	209
Mangistau	97.5	10	86.5	10	56.7	24.8	13.6	95.7	4.0	23.4	109
South Kazakhstan	90.7	10	49.1	2	36.9	44.2	35.8	93.3	4.3	34.8	827
Pavlodar	94.6	10	81.0	10	41.4	31.4	15.6	95.7	3.4	27.3	197
North Kazakhstan	85.3	10	72.4	7	51.9	34.8	20.4	95.4	3.7	31.1	163
East Kazakhstan	91.9	10	72.1	6	41.0	20.7	9.8	93.6	4.7	16.0	304
Astana City	98.4	10	95.7	10	38.4	20.0	12.4	93.5	5.4	17.3	90
Almaty City	93.8	10	90.0	10	28.4	33.2	1.9	97.6	2.4	18.5	324

* MICS indicator 49
** MICS indicator 48
*** MICS indicator 50

Table CD.2: Learning materials (continued)

	CHILDREN LIVING IN HOUSEHOLDS WITH:		CHILD HAS:		CHILD PLAYS WITH:					3 or more types of play-things***	Number of children aged 0–59 months
	3 or more non-children's books*	Median number of non-children's books	3 or more children's books**	Median number of children's books	House-hold objects	Objects and materials found outside the home	Home-made toys	Toys that came from a store	No play-things mentioned		
Residence											
Urban	91.0	10	76.9	10	36.8	26.4	15.3	95.1	3.8	19.9	2 251
Rural	87.1	10	55.5	3	31.2	24.6	19.1	91.7	5.2	19.6	2 164
Age											
0–23 months	88.0	10	59.6	4	30.7	11.8	10.6	88.9	9.7	11.2	1 813
24–59 months	89.9	10	71.2	6	36.4	35.1	21.7	96.6	0.9	25.7	2 602
Mother's education											
Primary/incomplete secondary	76.0	10	51.0	3	37.7	29.3	23.6	89.7	5.9	24.1	309
Secondary	86.1	10	57.8	3	31.8	27.4	18.0	92.8	5.0	20.7	2 000
Specialized secondary	92.1	10	72.9	6	34.9	22.3	15.6	94.1	3.8	16.8	1 030
Higher	95.7	10	80.5	10	36.3	24.1	15.2	95.1	3.8	19.7	1 076
Wealth index quintiles											
Poorest	84.2	10	43.8	2	29.8	27.8	20.8	89.5	6.0	20.6	1 189
Poor	88.1	10	61.3	4	31.6	26.2	20.7	94.6	4.1	20.5	924
Middle	90.7	10	75.5	6	36.1	24.5	16.9	94.3	4.7	19.8	869
Rich	91.4	10	77.0	10	35.6	24.0	15.4	95.2	3.6	19.1	708
Richest	94.2	10	88.7	10	39.9	23.6	8.7	95.9	3.5	18.1	725
Ethnicity/language											
Kazakh	88.9	10	61.7	4	34.2	24.4	17.9	92.7	4.8	19.4	2 924
Russian	92.3	10	86.1	10	35.3	26.1	12.2	96.4	3.3	18.5	931
Other	84.6	10	58.4	3	31.2	30.4	21.7	92.8	5.1	23.9	560
Total	**89.1**	**10**	**66.4**	**5**	**34.0**	**25.5**	**17.2**	**93.5**	**4.5**	**19.8**	**4 415**

* MICS indicator 49
** MICS indicator 48
*** MICS indicator 50

Table CD.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 10 years or left alone in the past week, Kazakhstan, 2006

	PERCENTAGE OF CHILDREN AGED 0–59 MONTHS WHO			Number of children aged 0–59 months
	Left in the care of children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week*	
Sex				
Male	9.0	2.7	9.9	2 327
Female	9.0	1.9	9.6	2 088
Oblast				
Akmola	23.0	3.4	24.9	243
Aktobe	25.8	10.5	27.3	181
Almaty	1.8	0.2	2.0	545
Atyrau	17.2	3.0	17.5	143
West Kazakhstan	8.3	1.8	8.8	152
Zhambyl	6.3	1.7	6.5	345
Karagandy	10.8	4.2	12.3	316
Kostanai	8.7	2.3	10.0	267
Kyzylorda	11.7	0.6	11.7	209
Mangistau	19.7	0.2	19.9	109
South Kazakhstan	3.7	1.4	3.7	827
Pavlodar	10.4	2.3	11.8	197
North Kazakhstan	13.4	3.9	15.8	163
East Kazakhstan	12.0	5.3	13.9	304
Astana City	9.2	2.2	10.3	90
Almaty City	1.9	0.0	1.9	324
Residence				
Urban	9.8	2.6	10.4	2 251
Rural	8.2	2.1	9.2	2 164
Age				
0-23 months	5.3	0.7	5.6	1 813
24-59 months	11.6	3.5	12.7	2 602
Mother's education				
Primary/incomplete secondary	7.6	2.4	10.0	309
Secondary	9.1	2.5	9.7	2 000
Specialized secondary	10.4	2.6	11.4	1 030
Higher	8.0	1.6	8.3	1 076
Wealth index quintiles				
Poorest	7.3	1.7	7.6	1 189
Poor	9.5	2.6	10.7	924
Middle	10.6	3.2	11.8	869
Rich	9.0	2.4	9.4	708
Richest	9.4	2.0	10.0	725
Ethnicity/language				
Kazakh	9.6	2.3	10.1	2 924
Russian	9.8	3.2	11.3	931
Other	5.0	0.9	5.3	560
Total	**9.0**	**2.3**	**9.8**	**4 415**

* MICS indicator 51

Table ED.1: Early childhood education

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

	Percentage of children aged 36-59 months currently attending early childhood education *	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool program in previous year **	Number of children attending first grade
Sex				
Male	17.8	860	39.8	363
Female	14.1	794	39.2	324
Oblast				
Akmola	8.8	110	(56.8)	38
Aktobe	12.0	75	(29.0)	46
Almaty	7.1	175	22.9	82
Atyrau	11.1	60	(39.2)	31
West Kazakhstan	23.2	57	(40.1)	30
Zhambyl	15.7	121	(35.2)	45
Karagandy	33.4	122	(63.2)	47
Kostanai	16.2	107	(76.8)	44
Kyzylorda	8.2	80	(9.1)	40
Mangistau	(17.4)	40	(*)	16
South Kazakhstan	8.1	311	14.5	125
Pavlodar	26.8	66	(76.0)	27
North Kazakhstan	20.2	70	(77.3)	34
East Kazakhstan	15.6	114	(47.9)	37
Astana City	(47.0)	32	(*)	9
Almaty City	29.7	114	(57.7)	36
Residence				
Urban	24.1	873	46.4	335
Rural	7.0	781	33.0	352
Age of child				
36–47 months	15.4	858	na	Na
48–59 months	16.7	796	na	Na
6 years	na	na	23.7	235
7 years	na	na	47.8	452
Mother's education				
Primary/incomplete secondary	3.2	112	43.8	50
Secondary	7.5	770	31.3	320
Specialized secondary	20.0	376	45.6	174
Higher	32.5	394	50.0	140
Wealth index quintiles				
Poorest	2.8	438	19.2	185
Poor	8.6	355	37.3	146
Middle	12.5	318	44.6	130
Rich	22.5	273	49.7	108
Richest	44.8	270	59.2	118
Ethnicity/language				
Kazakh	12.4	1 072	32.0	460
Russian	29.4	377	70.3	145
Other	10.1	205	27.5	82
Total	**16.0**	**1 654**	**39.5**	**687**

* MICS indicator 52,
** MICS indicator 53
( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations
na: not applicable

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending grade 1, Kazakhstan, 2006

	Percentage of children of primary school entry age currently attending grade 1*	Number of children of primary school entry age
Sex		
Male	95.1	361
Female	90.4	340
Oblast		
Akmola	(90.1)	42
Aktobe	(95.7)	35
Almaty	91.9	83
Atyrau	(97.9)	25
West Kazakhstan	(97.2)	31
Zhambyl	89.3	50
Karagandy	94.0	54
Kostanai	(90.3)	44
Kyzylorda	(97.0)	39
Mangistau	(*)	21
South Kazakhstan	100.0	116
Pavlodar	(83.2)	28
North Kazakhstan	(90.9)	32
East Kazakhstan	80.4	51
Astana City	(*)	14
Almaty City	(96.2)	36
Residence		
Urban	92.2	362
Rural	93.5	339
Age of child		
7 years	92.9	701
Mother's education		
Primary/incomplete secondary	88.4	51
Secondary	93.2	335
Specialized secondary	92.6	164
Higher	93.9	148
Wealth index quintiles		
Poorest	97.3	166
Poor	92.1	157
Middle	90.6	144
Rich	92.0	117
Richest	91.1	117
Ethnicity/language		
Kazakh	96.4	445
Russian	83.5	165
Other	92.3	91
Total	**92.9**	**701**

* MICS indicator 54
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table ED.3: Primary school net attendance ratio

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

	MALE		FEMALE		TOTAL	
	Net attend-ance ratio	Number of children	Net attend-ance ratio	Number of children	Net attend-ance ratio*	Number of children
Oblast						
Akmola	100.0	91	94.2	91	97.1	181
Aktobe	98.3	86	99.1	66	98.7	152
Almaty	97.8	203	99.3	166	98.5	368
Atyrau	98.5	55	(99.3)	46	98.9	101
West Kazakhstan	100.0	51	99.0	63	99.4	113
Zhambyl	98.3	106	96.0	106	97.2	212
Karagandy	98.8	142	98.7	129	98.8	271
Kostanai	98.2	118	97.3	80	97.9	198
Kyzylorda	97.2	75	100.0	67	98.5	143
Mangistau	(99.0)	43	(99.5)	41	99.3	84
South Kazakhstan	99.3	315	99.6	257	99.4	572
Pavlodar	96.8	73	96.5	67	96.6	140
North Kazakhstan	98.7	61	96.3	57	97.6	117
East Kazakhstan	97.7	100	90.1	113	93.6	213
Astana City	(95.2)	28	(91.5)	26	93.4	54
Almaty City	100.0	87	97.9	67	99.1	154
Residence						
Urban	98.8	837	97.3	721	98.1	1 558
Rural	98.3	797	97.7	721	98.0	1 518
Age						
7	95.8	361	91.3	340	93.6	700
8	99.3	372	98.7	351	99.0	723
9	99.5	448	100.0	357	99.7	805
10	99.2	452	99.4	394	99.3	847
Mother's education						
Primary/incomplete secondary	96.4	108	93.0	94	94.8	202
Secondary	98.5	765	98.1	687	98.3	1 453
Specialized secondary	98.7	430	97.3	378	98.1	809
Higher	99.1	320	97.6	278	98.4	598
Wealth index quintiles						
Poorest	98.1	429	99.0	382	98.5	811
Poor	98.7	358	97.2	308	98.0	666
Middle	98.7	311	96.5	275	97.6	586
Rich	98.3	292	97.8	248	98.1	539
Richest	99.1	244	96.2	230	97.7	473
Ethnicity/language						
Kazakh	99.2	1 080	98.6	977	98.9	2 058
Russian	97.5	348	93.1	313	95.4	661
Other	97.0	206	99.4	151	98.0	357
Total	**98.5**	**1 634**	**97.5**	**1 442**	**98.0**	**3 076**

* MICS indicator 55; MDG indicator 6

( ) – indicators are based on 25-49 cases of unweighted observations

Table ED.4: Secondary school net attendance ratio

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

	MALE		FEMALE		TOTAL	
	Net attend-ance ratio	Number of children	Net attend-ance ratio	Number of children	Net attend-ance ratio*	Number of children
Oblast						
Akmola	92.9	204	95.8	188	94.3	392
Aktobe	94.9	168	95.0	153	94.9	321
Almaty	92.4	367	94.1	383	93.3	750
Atyrau	97.0	123	94.8	122	95.9	245
West Kazakhstan	93.8	169	95.3	166	94.5	335
Zhambyl	96.5	239	94.6	239	95.5	478
Karagandy	96.6	337	95.2	321	95.9	658
Kostanai	94.4	258	97.3	208	95.7	466
Kyzylorda	94.6	171	96.6	162	95.6	333
Mangistau	99.3	86	98.1	78	98.7	164
South Kazakhstan	93.7	578	94.3	538	94.0	1 116
Pavlodar	94.0	193	95.3	171	94.6	364
North Kazakhstan	95.5	162	94.6	153	95.0	315
East Kazakhstan	97.9	316	97.8	331	97.9	647
Astana City	96.6	64	98.5	60	97.5	124
Almaty City	97.4	216	95.0	195	96.2	411
Residence						
Urban	95.7	1 884	95.6	1 789	95.6	3 673
Rural	94.4	1 767	95.3	1 679	94.9	3 446
Age						
11	86.2	412	88.4	469	87.4	881
12	99.3	518	99.5	502	99.4	1 020
13	99.2	515	99.3	489	99.3	1 004
14	99.2	520	99.2	499	99.2	1 019
15	98.6	543	98.6	486	98.6	1 029
16	96.5	574	97.2	519	96.8	1 093
17	85.5	569	85.6	504	85.6	1 073
Mother's education						
Primary/incomplete secondary	90.7	161	95.1	186	93.1	347
Secondary	93.5	1 519	95.2	1 488	94.4	3 007
Specialized secondary	96.1	1 115	96.2	1 003	96.1	2 118
Higher	97.7	718	96.8	649	97.3	1 367
Mother is not in HH	95.8	126	86.2	130	90.9	256
Wealth index quintiles						
Poorest	93.6	884	94.5	820	94.0	1 704
Poor	94.3	775	95.6	793	94.9	1 568
Middle	95.5	745	96.1	679	95.8	1 424
Rich	96.0	584	94.7	581	95.4	1 165
Richest	96.9	663	96.5	595	96.7	1 258
Ethnicity/language						
Kazakh	95.7	2 441	96.3	2 270	96.0	4 711
Russian	94.5	842	95.6	865	95.1	1 707
Other	92.3	368	89.1	333	90.8	701
Total	**95.1**	**3 651**	**95.4**	**3 468**	**95.3**	**7 119**

* MICS indicator 56

Table ED.4W: Secondary school age children attending primary school

Percentage of children of secondary school age attending primary school, Kazakhstan, 2006

	MALE		FEMALE		TOTAL	
	Percent attending primary school	Number of children	Percent attending primary school	Percent attending primary school	Number of children	Percent attending primary school
Oblast						
Akmola	3.1	204	1.5	188	2.3	392
Aktobe	1.6	168	0.6	153	1.1	321
Almaty	3.0	367	1.6	383	2.2	750
Atyrau	0.3	123	0.4	122	0.3	245
West Kazakhstan	2.4	169	2.0	166	2.2	335
Zhambyl	1.3	239	2.8	239	2.1	478
Karagandy	0.8	337	1.4	321	1.1	658
Kostanai	1.7	258	1.0	208	1.4	466
Kyzylorda	1.1	171	0.4	162	0.7	333
Mangistau	0.0	86	0.5	78	0.3	164
South Kazakhstan	1.1	578	2.5	538	1.8	1 116
Pavlodar	4.1	193	2.1	171	3.1	364
North Kazakhstan	1.5	162	2.7	153	2.1	315
East Kazakhstan	0.6	316	0.4	331	0.5	647
Astana City	1.4	64	1.5	60	1.4	124
Almaty City	0.6	216	1.4	195	1.0	411
Residence						
Urban	1.2	1 884	1.6	1 789	1.4	3 673
Rural	1.9	1 767	1.5	1 679	1.7	3 446
Age						
11	13.5	412	11.2	469	12.3	881
12	0.2	518	0.2	502	0.2	1 020
13	0.0	515	0.0	489	0.0	1 004
14	0.0	520	0.0	499	0.0	1 019
15	0.0	543	0.0	486	0.0	1 029
16	0.0	574	0.0	519	0.0	1 093
17	0.0	569	0.0	504	0.0	1 073
Mother's education						
Primary/incomplete secondary	4.1	161	2.4	186	3.2	347
Secondary	1.7	1 519	1.3	1 488	1.5	3 007
Specialized secondary	1.4	1 115	1.6	1 003	1.5	2 118
Higher	1.3	718	2.1	649	1.7	1 367
Mother in not in HH	0.0	126	0.0	130	0.0	256
None/DK	0.0	0	0.0	1	0.0	1
Wealth index quintiles						
Poorest	1.9	884	1.8	820	1.9	1 704
Poor	1.7	775	0.9	793	1.3	1 568
Middle	1.7	745	1.3	679	1.5	1 424
Rich	0.9	584	2.3	581	1.6	1 165
Richest	1.4	663	1.6	595	1.5	1 258
Ethnicity/language						
Kazakh	1.4	2 441	1.4	2 270	1.4	4 711
Russian	1.9	842	1.7	865	1.8	1 707
Other	1.6	368	2.3	333	2.0	701
Total	**1.6**	**3 651**	**1.5**	**3 468**	**1.6**	**7 119**

Table ED.5: Children reaching grade 5

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

	Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade*
Sex					
Male	99.7	99.7	100.0	100.0	99.5
Female	100.0	100.0	99.9	100.0	99.9
Oblast					
Akmola	100.0	100.0	100.0	100.0	100.0
Aktobe	100.0	100.0	100.0	100.0	100.0
Almaty	98.9	98.8	100.0	100.0	97.6
Atyrau	100.0	100.0	100.0	100.0	100.0
West Kazakhstan	100.0	100.0	100.0	100.0	100.0
Zhambyl	100.0	100.0	100.0	100.0	100.0
Karagandy	100.0	100.0	100.0	100.0	100.0
Kostanai	100.0	100.0	100.0	100.0	100.0
Kyzylorda	100.0	100.0	100.0	100.0	100.0
Mangistau	100.0	100.0	100.0	100.0	100.0
South Kazakhstan	100.0	100.0	100.0	100.0	100.0
Pavlodar	100.0	100.0	100.0	100.0	100.0
North Kazakhstan	100.0	100.0	100.0	100.0	100.0
East Kazakhstan	100.0	100.0	100.0	100.0	100.0
Astana City	100.0	100.0	97.1	100.0	97.1
Almaty City	100.0	100.0	100.0	100.0	100.0
Residence					
Urban	100.0	100.0	99.9	100.0	99.9
Rural	99.7	99.7	100.0	100.0	99.4
Mother's education					
Primary/incomplete secondary	100.0	100.0	100.0	100.0	100.0
Secondary	100.0	100.0	100.0	100.0	100.0
Specialized secondary	99.4	99.5	100.0	100.0	98.9
Higher	100.0	100.0	99.7	100.0	99.7
Wealth index quintiles					
Poorest	99.4	99.5	100.0	100.0	98.9
Poor	100.0	100.0	100.0	100.0	100.0
Middle	100.0	100.0	100.0	100.0	100.0
Rich	100.0	100.0	100.0	100.0	100.0
Richest	100.0	100.0	99.7	100.0	99.7
Ethnicity/language					
Kazakh	100.0	100.0	99.9	100.0	99.9
Russian	100.0	100.0	100.0	100.0	100.0
Other	98.9	98.6	100.0	100.0	97.6
Total	**99.9**	**99.9**	**99.9**	**100.0**	**99.7**

* MICS indicator 57; MDG indicator 7

Table ED.6: Primary school completion and transition to secondary education

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

	Net primary school completion rate*	Number of children of primary school completion age	Transition rate to secondary education**	Number of children who were in the last grade of primary school the previous year
Sex				
Male	87.9	452	99.5	458
Female	88.9	394	99.9	501
Oblast				
Akmola	(85.7)	42	(97.7)	43
Aktobe	88.5	41	98.5	38
Almaty	79.7	105	100.0	98
Atyrau	90.4	28	100.0	33
West Kazakhstan	(95.6)	28	(98.6)	45
Zhambyl	89.5	63	100.0	78
Karagandy	(90.2)	67	100.0	82
Kostanai	88.0	66	100.0	70
Kyzylorda	95.2	40	99.2	51
Mangistau	91.1	21	100.0	23
South Kazakhstan	95.3	169	100.0	166
Pavlodar	(81.5)	34	(100.0)	48
North Kazakhstan	(*)	22	(100.0)	39
East Kazakhstan	(79.3)	63	100.0	74
Astana City	(88.2)	15	(97.2)	16
Almaty City	(90.0)	42	(100.0)	55
Residence				
Urban	88.6	419	99.9	471
Rural	88.2	427	99.5	488
Mother's education				
Primary/incomplete secondary	(80.8)	47	(100.0)	42
Secondary	87.0	405	99.7	442
Specialized secondary	90.1	236	99.7	278
Higher	92.8	154	99.7	192
Wealth index quintiles				
Poorest	86.6	238	99.4	250
Poor	88.2	188	99.7	214
Middle	89.1	152	100.0	187
Rich	89.6	148	99.5	157
Richest	90.1	120	100.0	151
Ethnicity/language				
Kazakh	89.4	582	99.6	648
Russian	82.8	169	100.0	204
Other	92.2	95	99.6	107
Total	**88.4**	**846**	**99.7**	**959**

* MICS indicator 59; MDG indicator 7b
** MICS indicator 58
( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table ED.7: Education gender parity

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

	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
Oblast						
Akmola	94.2	100.0	0.94	95.8	92.9	1.03
Aktobe	99.1	98.3	1.01	95.0	94.9	1.00
Almaty	99.3	97.8	1.02	94.1	92.4	1.02
Atyrau	99.3	98.5	1.01	94.8	97.0	0.98
West Kazakhstan	99.0	100.0	0.99	95.3	93.8	1.02
Zhambyl	96.0	98.3	0.98	94.6	96.5	0.98
Karagandy	98.7	98.8	1.00	95.2	96.6	0.99
Kostanai	97.3	98.2	0.99	97.3	94.4	1.03
Kyzylorda	100.0	97.2	1.03	96.6	94.6	1.02
Mangistau	99.5	99.0	1.01	98.1	99.3	0.99
South Kazakhstan	99.6	99.3	1.00	94.3	93.7	1.01
Pavlodar	96.5	96.8	1.00	95.3	94.0	1.01
North Kazakhstan	96.3	98.7	0.98	94.6	95.5	0.99
East Kazakhstan	90.1	97.7	0.92	97.8	97.9	1.00
Astana City	91.5	95.2	0.96	98.5	96.6	1.02
Almaty City	97.9	100.0	0.98	95.0	97.4	0.97
Residence						
Urban	97.3	98.8	0.98	95.6	95.7	1.00
Rural	97.7	98.3	0.99	95.3	94.4	1.01
Mother's education						
Primary/incomplete secondary	93.0	96.4	0.96	95.1	90.7	1.05
Secondary	98.1	98.5	1.00	95.2	93.5	1.02
Specialized secondary	97.3	98.7	0.99	96.2	96.1	1.00
Higher	97.6	99.1	0.98	96.8	97.7	0.99
Mother in not in HH	na	na	na	86.2	95.8	0.90
Absent/DK	na	na	na	100.0	na	na
Wealth index quintiles						
Poorest	99.0	98.1	1.01	94.5	93.6	1.01
Poor	97.2	98.7	0.98	95.6	94.3	1.01
Middle	96.5	98.7	0.98	96.1	95.5	1.01
Rich	97.8	98.3	0.99	94.7	96.0	0.99
Richest	96.2	99.1	0.97	96.5	96.9	1.00
Ethnicity/language						
Kazakh	98.6	99.2	0.99	96.3	95.7	1.01
Russian	93.1	97.5	0.95	95.6	94.5	1.01
Other	99.4	97.0	1.02	89.1	92.3	0.97
Total	**97.5**	**98.5**	**0.99**	**95.4**	**95.1**	**1.00**

* MICS indicator 61; MDG indicator 9
na: not applicable

Table ED.8: Adult literacy

Percentage of women aged 15-24 years that are literate, Kazakhstan, 2006

	Percentage literate*	Number of women aged 15-24 years
Oblast		
Akmola	100.0	221
Aktobe	99.7	217
Almaty	99.7	451
Atyrau	100.0	175
West Kazakhstan	99.3	239
Zhambyl	99.7	276
Karagandy	100.0	486
Kostanai	99.5	296
Kyzylorda	99.4	177
Mangistau	100.0	117
South Kazakhstan	99.8	602
Pavlodar	99.5	255
North Kazakhstan	100.0	175
East Kazakhstan	99.6	469
Astana City	99.6	109
Almaty City	100.0	312
Residence		
Urban	99.7	2 627
Rural	99.8	1 950
Education		
Primary/incomplete secondary	99.2	1 502
Secondary	100.0	1 034
Specialized secondary	100.0	844
Higher	100.0	1 197
Age		
15–19	99.7	2 469
20–24	99.8	2 108
Wealth index quintiles		
Poorest	99.8	964
Poor	99.7	878
Middle	99.7	870
Rich	99.5	846
Richest	100.0	1 019
Ethnicity/language		
Kazakh	99.8	2 752
Russian	99.9	1 304
Other	99.5	521
Total	**99.8**	**4 577**

* MICS indicator 60; MDG indicator 8

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Kazakhstan, 2006

	Birth is registered*	Number of children aged 0-59 months
Sex		
Male	99.3	2 327
Female	99.2	2 088
Oblast		
Akmola	98.7	243
Aktobe	99.7	181
Almaty	98.8	545
Atyrau	100.0	143
West Kazakhstan	99.5	152
Zhambyl	98.6	345
Karagandy	98.9	316
Kostanai	98.5	267
Kyzylorda	99.7	209
Mangistau	99.4	109
South Kazakhstan	99.2	827
Pavlodar	99.3	197
North Kazakhstan	99.1	163
East Kazakhstan	100.0	304
Astana City	100.0	90
Almaty City	100.0	324
Residence		
Urban	99.2	2 251
Rural	99.2	2 164
Age		
0–11 months	98.4	844
12–23 months	99.7	969
24–35 months	99.4	948
36–47 months	99.4	858
48–59 months	99.2	796
Mother's education		
Primary/incomplete secondary	98.6	309
Secondary	99.0	2 000
Specialized secondary	99.2	1 030
Higher	99.8	1 076
Wealth index quintiles		
Poorest	99.0	1 189
Poor	99.3	924
Middle	99.3	869
Rich	99.1	708
Richest	99.6	725
Ethnicity/language		
Kazakh	99.3	2 924
Russian	99.4	931
Other	98.6	560
Total	**99.2**	**4 415**

* MICS indicator 62

Table CP.2: Child labor

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

	Working outside household		Household chores for 28+ hours/ week	Working for family business	Total child labor*	Number of children aged 5-14 years
	Paid work	Unpaid work				
Sex						
Male	0.1	1.1	0.4	1.2	2.4	4 280
Female	0.1	0.9	0.6	0.9	2.1	4 041
Oblast						
Akmola	0.0	0.9	0.2	0.9	1.1	471
Aktobe	0.0	2.4	0.1	0.7	2.6	390
Almaty	0.0	0.2	0.6	0.1	0.9	954
Atyrau	0.0	0.0	0.0	0.2	0.2	274
West Kazakhstan	0.0	1.0	0.0	2.1	2.4	344
Zhambyl	0.0	0.8	0.0	0.3	1.0	604
Karagandy	0.2	0.2	0.0	0.0	0.5	718
Kostanai	0.0	2.9	0.6	1.9	4.8	514
Kyzylorda	0.2	1.6	2.6	4.0	7.2	403
Mangistau	0.0	1.2	0.0	1.0	1.8	207
South Kazakhstan	0.2	0.5	0.3	1.1	1.6	1 481
Pavlodar	0.3	4.6	0.0	3.1	5.9	382
North Kazakhstan	0.2	0.7	0.4	3.0	4.2	345
East Kazakhstan	0.0	0.2	0.4	0.4	1.0	611
Astana City	0.0	1.1	3.4	0.6	4.6	155
Almaty City	0.0	0.9	1.5	0.0	2.4	468
Residence						
Urban	0.1	1.2	0.7	1.1	2.5	4 203
Rural	0.1	0.8	0.3	1.0	1.9	4 118
Age						
5–11 years	0.0	1.5	0.4	1.4	2.7	5 277
12–14 years	0.2	0.1	0.7	0.5	1.4	3 044
School participation						
Yes	0.1	1.0	0.5	1.1	2.3	7 545
No	0.2	0.9	0.3	0.2	1.4	776
Mother's education						
Primary/incomplete secondary	0.2	0.2	0.3	1.3	1.9	498
Secondary	0.1	0.9	0.4	1.3	2.3	3 794
Specialized secondary	0.1	1.0	0.6	0.7	2.0	2 319
Higher	0.1	1.5	0.7	1.0	2.6	1 677
Wealth index quintiles						
Poorest	0.1	0.4	0.5	0.9	1.8	2 139
Poor	0.0	0.8	0.5	1.1	2.1	1 860
Middle	0.0	1.3	0.3	1.7	2.8	1 589
Rich	0.2	1.7	0.2	1.0	2.4	1 401
Richest	0.1	1.1	1.0	0.4	2.2	1 332
Ethnicity/language						
Kazakh	0.1	1.0	0.5	1.0	2.1	5 583
Russian	0.0	1.3	0.5	1.1	2.5	1 812
Other	0.3	0.4	0.7	1.2	2.4	926
Total	**0.1**	**1.0**	**0.5**	**1.0**	**2.2**	**8 321**

* MICS indicator 71

Table CP.3: Laborer students and student laborers

Percentage of children aged 5-14 years who are laborer students and student laborers, Kazakhstan, 2006

	Percentage of children in child labor	Percentage of children attending school	Number of children 5-14 years of age	Percentage of child laborers who are also attending school*	Number of child laborers aged 5-14	Percentage of students who are also involved in child labor**	Number of students aged 5-14
Sex							
Male	2.4	90.4	4 281	97.7	101	2.5	3 871
Female	2.1	90.9	4 040	90.1	84	2.1	3 674
Oblast							
Akmola	1.1	92.7	471	100.0	5	1.2	436
Aktobe	2.6	92.6	390	100.0	10	2.8	362
Almaty	0.9	87.8	954	100.0	9	1.0	838
Atyrau	0.2	92.5	274	100.0	1	0.2	254
West Kazakhstan	2.4	92.5	344	89.5	8	2.4	318
Zhambyl	1.0	91.2	604	100.0	6	1.1	550
Karagandy	0.5	92.7	718	50.0	3	0.2	666
Kostanai	4.8	92.8	514	94.1	25	4.9	477
Kyzylorda	7.2	88.3	403	94.7	29	7.7	356
Mangistau	1.8	90.6	207	100.0	4	2.0	187
South Kazakhstan	1.6	89.0	1 481	100.0	24	1.8	1 317
Pavlodar	5.9	92.3	382	100.0	22	6.3	353
North Kazakhstan	4.2	95.6	345	100.0	15	4.4	330
East Kazakhstan	1.0	88.8	611	100.0	6	1.1	543
Astana City	4.6	92.0	155	87.5	7	4.4	142
Almaty City	2.4	88.9	468	62.5	11	1.7	416
Residence							
Urban	2.5	90.9	4 203	90.3	106	2.5	3 821
Rural	1.9	90.5	4 118	99.5	79	2.1	3 724
Age							
5–9 years	2.7	85.7	5 277	94.1	142	3.0	4 520
10–14 years	1.4	99.4	3 044	94.8	43	1.3	3 025
Mother's education							
Primary/incomplete secondary	1.9	89.4	498	100.0	10	2.1	445
Secondary	2.3	89.6	3 794	93.1	86	2.4	3 400
Specialized secondary	2.0	91.4	2 319	95.7	46	2.1	2 218
Higher	2.6	92.6	1 677	93.8	43	2.6	1 552
Wealth index quintiles							
Poorest	1.8	89.0	2 139	99.0	38	2.0	1 905
Poor	2.1	90.0	1 860	96.3	40	2.3	1 673
Middle	2.8	91.2	1 589	96.9	45	3.0	1 449
Rich	2.4	92.3	1 401	86.5	33	2.2	1 292
Richest	2.2	92.0	1 332	90.2	29	2.1	1 226
Ethnicity/language							
Kazakh	2.1	91.1	5 583	92.8	118	2.1	5 089
Russian	2.5	91.4	1 812	99.0	45	2.7	1 656
Other	2.4	86.5	926	92.7	22	2.6	800
Total	**2.2**	**90.7**	**8 321**	**94.3**	**185**	**2.3**	**7 545**

* MICS indicator 72
** MICS indicator 73

Table CP.4: Child discipline

Percentage of children aged 2-14 years according to method of disciplining the child, Kazakhstan, 2006

	Percentage of children 2-14 years of age who experience:							
	Only non-violent discipline	Psychological punishment	Minor physical punishment	Severe physical punishment	Any psychological or physical punishment*	No discipline or punishment	Mother/care taker believes that the child needs to be physically punished	Number of children aged 2-14 years
Sex								
Male	8.5	3 376	25.3	1.1	55.1	16.8	8.5	3 376
Female	6.3	3 034	20.3	0.4	48.9	17.9	6.3	3 035
Oblast								
Akmola	4.1	298	23.8	0.8	54.0	23.8	11.1	382
Aktobe	5.7	705	11.5	0.8	39.5	9.6	4.1	298
Almaty	0.0	184	7.3	0.0	24.6	32.6	5.7	705
Atyrau	7.0	276	25.8	0.6	55.4	25.5	0.0	184
West Kazakhstan	7.4	441	20.9	0.3	57.0	12.7	7.0	276
Zhambyl	10.6	614	39.9	1.0	62.5	11.5	7.4	441
Karagandy	8.7	452	32.9	0.5	68.8	0.9	10.6	614
Kostanai	14.4	265	18.5	0.2	44.9	35.2	8.7	452
Kyzylorda	0.6	142	32.1	5.6	58.7	17.4	14.4	265
Mangistau	3.6	899	20.2	0.4	40.9	19.7	0.6	141
South Kazakhstan	7.2	332	18.5	0.2	55.7	23.6	3.6	899
Pavlodar	12.7	298	40.3	1.0	71.5	1.0	7.2	332
North Kazakhstan	12.5	558	29.6	2.0	65.9	12.4	12.7	298
East Kazakhstan	8.7	142	24.2	0.4	52.9	10.1	12.5	558
Astana City	2.3	424	37.4	1.6	61.1	21.2	8.7	142
Almaty City	50.2	35.3	8.9	0.0	37.3	12.5	2.3	424
Residence								
Urban	31.2	49.6	25.9	0.9	54.7	14.0	7.5	3 525
Rural	29.5	45.7	19.3	0.5	49.1	21.4	7.3	2 886
Age of child								
2-4 years	31.0	37.3	29.8	0.5	46.4	22.7	6.8	1 398
5-9 years	28.0	52.4	27.2	1.0	56.3	15.7	8.2	2 082
10-14 years	32.0	49.6	16.6	0.6	52.1	16.0	7.2	2 931
Mother's education								
Primary/incomplete secondary	22.7	54.6	30.7	0.8	60.7	16.6	10.8	397
Secondary	29.9	48.7	22.5	0.8	52.9	17.2	7.7	2 717
Specialized secondary	30.7	48.5	23.8	0.6	52.7	16.6	7.6	1 831
Higher	33.4	43.4	20.6	0.7	47.7	18.9	5.8	1 452
Wealth index quintiles								
Poorest	29.2	47.6	21.0	0.7	51.0	19.8	5.6	1 385
Poor	28.3	45.1	21.0	0.8	49.1	22.6	8.1	1 323
Middle	28.5	49.9	23.8	0.7	54.5	17.0	8.1	1 264
Rich	34.7	47.1	22.5	1.0	52.6	12.7	8.8	1 197
Richest	32.0	49.6	26.6	0.4	54.2	13.8	6.7	1 242
Ethnicity/language								
Kazakh	32.5	44.9	21.7	0.8	49.1	18.4	6.5	4 012
Russian	26.1	54.9	26.9	0.6	59.9	14.0	10.6	1 725
Other	29.2	47.2	20.1	0.6	51.1	19.7	5.0	674
Total	**30.5**	**47.8**	**22.9**	**0.7**	**52.2**	**17.3**	**7.4**	**6 411**

* MICS indicator 74

Table CP.5: Early marriage

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

	Percentage married before age 15*	Number of women aged 15-49 years	Percentage married before age 18*	Number of women aged 20-49 years	Percentage of women 15-19 married/in union**	Number of women aged 15-19 years	Number of women aged 15-49 years currently married/in union
Oblast							
Akmola	0.4	797	9.6	668	3.8	129	529
Aktobe	0.0	675	5.8	560	2.0	115	348
Almaty	0.3	1 475	9.0	1 225	5.8	250	875
Atyrau	0.2	458	4.2	356	3.3	102	236
West Kazakhstan	0.0	699	5.4	565	4.4	134	388
Zhambyl	0.3	877	12.0	725	6.0	152	510
Karagandy	0.4	1 476	11.1	1 207	7.0	269	799
Kostanai	0.3	1 015	10.1	851	7.4	164	584
Kyzylorda	0.2	528	6.9	430	2.3	98	301
Mangistau	0.0	335	4.6	279	3.5	56	183
South Kazakhstan	0.2	1 768	7.8	1 459	6.0	309	1 155
Pavlodar	0.3	820	9.0	686	5.0	134	463
North Kazakhstan	0.4	674	11.3	573	2.7	101	418
East Kazakhstan	1.0	1 467	9.3	1 217	3.0	250	809
Astana City	0.7	368	5.6	319	(2.0)	49	204
Almaty City	0.5	1 126	5.8	969	5.7	157	547
Residence							
Urban	0.4	8 655	7.8	7 271	4.7	1 384	4 652
Rural	0.3	5 903	9.5	4 818	5.1	1 085	3 697
Age							
15–19	0.2	2 469	Na	Na	4.9	2 469	121
20–24	0.5	2 108	7.3	2 108	Na	Na	921
25–29	0.3	1 894	13.4	1 894	Na	Na	1 298
30–34	0.4	1 900	11.0	1 900	Na	Na	1 399
35–39	0.5	2 055	7.4	2 055	Na	Na	1 563
40–44	0.3	2 076	6.5	2 076	Na	Na	1 576
45–49	0.5	2 056	6.1	2 056	Na	Na	1 471
Education							
Primary/incomplete secondary	0.7	1 948	24.8	582	1.7	1 366	402
Secondary	0.4	4 892	12.4	4 555	20.6	337	3 441
Specialized secondary	0.3	3 950	5.9	3 533	5.2	417	2 449
Higher	0.2	3 768	3.2	3 419	1.6	349	2 057
Wealth index quintiles							
Poorest	0.3	2 689	9.7	2 162	4.5	527	1 623
Poor	0.4	2 728	9.1	2 237	4.7	491	1 669
Middle	0.4	2 824	9.1	2 348	4.9	476	1 709
Rich	0.3	2 915	9.0	2 484	6.1	431	1 605
Richest	0.3	3 402	6.3	2 858	4.4	544	1 743
Ethnicity/language							
Kazakh	0.2	8 608	5.8	7 081	3.7	1 527	5 017
Russian	0.7	4 481	11.9	3 801	5.8	680	2 466
Other	0.4	1 469	13.6	1 207	9.4	262	866
Total	**0.4**	**14 558**	**8.5**	**12 089**	**4.9**	**2 469**	**8 349**

* MICS indicator 67
** MICS indicator 68
( ) – indicators are based on 25 – 49 cases of unweighted observations
na: not applicable

Table CP.6: Spousal age difference

Percent distribution of currently married/in union women aged 20-24 years according to the age difference with their husband or partner, Kazakhstan, 2006

	PERCENTAGE OF CURRENTLY MARRIED/IN UNION WOMEN AGED 20-24 YEARS WHOSE HUSBAND OR PARTNER IS:					Total	Number of women aged 20-24 years currently married/ in union
	Younger	0-4 years older	5-9 years older	10+ years older*	Husband/ partner's age unknown		
Oblast							
Akmola	(10.7)	(48.9)	(33.1)	(7.4)	(0.0)	100.0	46
Aktobe	(3.7)	(60.8)	(30.0)	(5.5)	(0.0)	100.0	42
Almaty	4.5	50.2	32.2	10.2	2.9	100.0	96
Atyrau	(8.4)	(63.5)	(24.5)	(3.5)	(0.0)	100.0	25
West Kazakhstan	(14.0)	(55.4)	(24.6)	(5.9)	(0.0)	100.0	34
Zhambyl	5.5	40.9	41.4	12.1	0.0	100.0	67
Karagandy	7.4	62.0	22.1	8.6	0.0	100.0	93
Kostanai	5.4	55.9	32.7	5.9	0.0	100.0	56
Kyzylorda	(2.1)	(64.1)	(27.4)	(6.4)	(0.0)	100.0	29
Mangistau	(*)	(*)	(*)	(*)	(*)	100.0	21
South Kazakhstan	1.6	59.0	34.6	4.2	0.6	100.0	175
Pavlodar	4.8	58.8	30.2	6.2	0.0	100.0	54
North Kazakhstan	(14.5)	(53.3)	(21.5)	(10.7)	(0.0)	100.0	36
East Kazakhstan	9.6	57.0	27.4	6.0	0.0	100.0	73
Astana City	(5.8)	(53.8)	(26.9)	(11.5)	(1.9)	100.0	25
Almaty City	(3.0)	(63.6)	(18.2)	(12.1)	(3.0)	100.0	49
Residence							
Urban	7.5	60.5	25.1	6.1	0.8	100.0	472
Rural	3.9	52.4	34.4	8.8	0.5	100.0	449
Education							
Primary/incomplete secondary	4.4	44.4	42.1	9.1	0.0	100.0	73
Secondary	3.7	52.2	31.3	11.7	1.1	100.0	382
Specialized secondary	7.4	67.4	20.5	4.0	0.7	100.0	171
Higher	7.7	58.9	29.8	3.5	0.2	100.0	295
Wealth index quintiles							
Poorest	3.1	47.7	39.1	9.0	1.1	100.0	213
Poor	5.3	56.8	28.8	9.1	0.0	100.0	197
Middle	3.3	55.2	30.4	9.0	2.0	100.0	177
Rich	9.5	61.7	24.6	4.2	0.0	100.0	178
Richest	8.2	63.8	22.8	5.1	0.0	100.0	156
Ethnicity/language							
Kazakh	4.2	55.9	32.8	6.3	0.8	100.0	527
Russian	11.5	58.0	22.0	8.5	0.0	100.0	255
Other	0.9	56.3	31.9	9.7	1.1	100.0	139
Total	**5.7**	**56.5**	**29.7**	**7.4**	**0.6**	**100.0**	**921**

* MICS indicator 69
( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table CP.9: Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Kazakhstan, 2006

	PERCENTAGE OF WOMEN AGED 15-49 YEARS WHO BELIEVE A HUSBAND IS JUSTIFIED IN BEATING HIS WIFE/PARTNER:						Number of women aged 15-49 years
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	
Oblast							
Akmola	3.2	17.8	7.2	2.2	3.3	22.2	797
Aktobe	1.7	6.3	4.4	2.1	1.3	9.2	675
Almaty	0.2	2.1	0.6	0.3	0.0	2.2	1 475
Atyrau	7.9	10.0	12.5	1.4	2.2	16.5	458
West Kazakhstan	0.6	5.1	1.3	2.2	0.4	7.1	699
Zhambyl	2.0	5.6	4.9	1.8	1.8	9.9	877
Karagandy	2.2	10.0	4.6	2.2	4.6	13.2	1 476
Kostanai	0.6	4.2	1.7	0.8	0.3	5.2	1 015
Kyzylorda	24.1	17.6	28.6	9.4	13.1	47.6	528
Mangistau	1.5	1.9	2.3	0.6	0.7	3.6	335
South Kazakhstan	1.7	1.5	2.1	0.9	0.3	3.9	1 768
Pavlodar	2.2	11.2	4.5	1.7	1.3	14.4	820
North Kazakhstan	1.5	7.4	2.7	1.2	1.9	8.7	674
East Kazakhstan	1.4	8.6	2.7	0.9	1.4	10.1	1 467
Astana City	0.5	2.3	1.0	0.1	0.3	3.3	368
Almaty City	0.8	8.8	3.1	0.4	0.4	10.0	1 126
Residence							
Urban	2.5	7.0	4.2	1.5	1.9	10.3	8 655
Rural	2.4	7.3	4.4	1.7	1.7	10.4	5 903
Age							
15–19	1.1	4.8	2.3	0.6	1.2	6.8	2 469
20–24	1.7	6.8	3.2	1.4	1.6	9.3	2 108
25–29	3.1	7.2	4.4	2.3	2.5	11.2	1 894
30–34	3.4	8.0	5.5	1.7	1.6	12.0	1 900
35–39	3.2	8.1	5.9	1.9	2.1	12.0	2 055
40–44	2.6	7.8	4.8	1.8	1.8	11.5	2 076
45–49	2.6	7.7	4.3	1.3	1.9	10.7	2 056
Marital/Union status							
Currently married/in union	3.2	8.3	5.3	1.8	2.1	12.3	8 349
Formerly married/in union	2.5	7.7	4.2	2.1	2.0	10.4	2 049
Never married/in union	1.1	4.6	2.3	0.7	1.1	6.5	4 160
Education							
Primary/incomplete secondary	1.8	6.0	3.2	1.1	1.6	8.4	1 948
Secondary	3.5	9.2	5.2	2.0	2.5	12.9	4 892
Specialized secondary	2.3	6.2	4.1	1.8	1.7	9.8	3 950
Higher	1.7	6.0	3.7	0.9	1.1	8.7	3 768
Wealth index quintiles							
Poorest	3.4	6.8	5.0	2.2	2.2	10.7	2 689
Poor	3.1	7.8	5.0	2.1	2.4	11.6	2 728
Middle	3.0	8.1	4.6	1.5	1.6	12.1	2 824
Rich	2.0	7.7	3.9	1.3	1.6	10.3	2 915
Richest	1.2	5.5	3.0	0.9	1.3	7.8	3 402
Ethnicity/language							
Kazakh	3.3	7.4	5.6	1.9	2.1	11.6	8 608
Russian	1.1	7.0	2.1	1.0	1.2	8.7	4 481
Other	2.2	5.9	3.3	1.3	1.6	8.3	1 469
Total	**2.5**	**7.1**	**4.3**	**1.5**	**1.8**	**10.4**	**14 558**

* MICS indicator 100

Table HA.1: Knowledge of preventing HIV transmission

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

	Heard of HIV/ AIDS	Percentage who know HIV transmission can be prevented by:			Knows all three ways	Knows at least one way	Doesn't know any way	Number of women aged 15-49 years
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
Oblast								
Akmola	98.5	78.4	73.0	51.6	35.8	91.4	8.6	797
Aktobe	97.6	74.1	59.9	41.1	28.3	84.4	15.6	675
Almaty	97.3	79.7	76.4	52.8	45.4	87.9	12.1	1 475
Atyrau	98.0	53.5	67.1	53.6	36.9	77.8	22.2	458
West Kazakhstan	99.3	71.0	70.1	42.6	34.9	81.4	18.6	699
Zhambyl	97.4	51.9	48.9	35.8	22.0	67.1	32.9	877
Karagandy	99.8	78.4	73.1	45.6	34.3	88.3	11.7	1 476
Kostanai	98.6	59.5	53.8	32.2	22.6	71.9	28.1	1 015
Kyzylorda	94.1	43.8	34.6	31.4	16.2	58.0	42.0	528
Mangistau	99.1	36.8	31.6	38.7	20.5	50.0	50.0	335
South Kazakhstan	99.4	52.4	50.5	40.8	30.8	65.3	34.7	1 768
Pavlodar	99.2	80.8	72.8	30.4	20.4	90.4	9.6	820
North Kazakhstan	99.6	79.4	77.7	44.9	32.8	93.5	6.5	674
East Kazakhstan	99.1	75.1	69.1	40.8	27.7	89.1	10.9	1 467
Astana City	98.8	78.5	76.2	54.4	43.2	90.5	9.5	368
Almaty City	99.9	41.5	52.5	47.1	22.4	76.0	24.0	1 126
Residence								
Urban	99.2	66.5	63.7	43.1	29.6	81.7	18.3	8 655
Rural	97.8	65.0	61.6	42.3	31.0	77.4	22.6	5 903
Age								
15–19	97.3	58.4	56.0	39.8	27.6	71.8	28.2	2 469
20–24	99.4	65.9	63.6	42.0	29.9	80.6	19.4	2 108
25–29	98.9	65.7	63.5	43.0	30.5	80.4	19.6	1 894
30–34	98.9	69.1	64.5	42.6	30.2	82.4	17.6	1 900
35–39	99.1	69.2	65.9	44.0	31.9	82.6	17.4	2 055
40–44	98.9	67.1	64.8	44.6	31.5	81.8	18.2	2 076
45–49	98.4	67.6	63.3	43.7	30.2	81.8	18.2	2 056
Education								
Primary/incomplete secondary	95.7	56.7	54.1	36.9	25.9	69.7	30.3	1 948
Secondary	98.4	65.9	62.7	43.4	31.0	79.7	20.3	4 892
Specialized secondary	99.5	69.8	66.8	43.4	30.6	83.6	16.4	3 950
Higher	99.7	66.6	63.4	44.2	30.8	81.7	18.3	3 768
Wealth index quintiles								
Poorest	96.7	57.3	55.4	39.4	27.9	70.8	29.2	2 689
Poor	98.1	67.5	62.3	43.9	32.0	80.5	19.5	2 728
Middle	99.1	69.6	66.1	43.7	32.3	82.0	18.0	2 824
Rich	99.3	67.7	63.9	43.8	30.6	81.9	18.1	2 915
Richest	99.7	66.8	65.6	42.7	28.5	83.3	16.7	3 402
Ethnicity/language								
Kazakh	98.2	63.9	59.9	43.2	30.2	77.4	22.6	8 608
Russian	99.7	70.9	69.9	42.0	30.0	85.8	14.2	4 481
Other	98.4	62.6	58.8	42.3	31.0	76.8	23.2	1 469
Total	**98.7**	**65.9**	**62.9**	**42.7**	**30.2**	**79.9**	**20.1**	**14 558**

Table HA.2: Identifying misconceptions about HIV/AIDS

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

	Percent who know that:			Reject two most common misconceptions and know a healthy-looking person can be infected	Percent who know that:		Number of women aged 15-49 years
	HIV cannot be transmitted by:		A healthy looking person can be infected		Option 3: HIV cannot be transmitted by supernatural means	Option 4: HIV can be transmitted by sharing needles	
	Option 1: Sharing food	Option 2: Mosquito bites					
Oblast							
Akmola	64.2	47.0	79.4	34.6	78.7	96.1	797
Aktobe	62.2	64.4	59.1	30.7	80.1	92.3	675
Almaty	80.4	66.0	54.7	38.6	79.8	95.2	1 475
Atyrau	68.5	70.8	54.3	35.8	75.3	90.5	458
West Kazakhstan	76.4	80.7	69.7	48.0	90.3	98.3	699
Zhambyl	59.2	63.8	52.0	29.2	78.3	93.2	877
Karagandy	69.1	64.1	61.0	32.4	78.1	97.5	1 476
Kostanai	79.1	75.9	81.5	55.6	92.8	97.4	1 015
Kyzylorda	40.1	71.6	43.5	24.6	74.7	84.2	528
Mangistau	61.7	80.3	71.0	41.5	91.2	97.4	335
South Kazakhstan	59.2	43.1	64.6	25.8	65.7	97.7	1 768
Pavlodar	78.4	66.5	84.9	49.8	77.9	98.2	820
North Kazakhstan	70.0	56.6	81.3	40.0	73.7	96.6	674
East Kazakhstan	77.0	55.3	66.9	36.0	90.2	97.3	1 467
Astana City	84.1	74.5	86.0	62.5	89.8	98.0	368
Almaty City	59.6	40.6	81.0	24.7	76.9	99.9	1 126
Residence							
Urban	70.7	62.3	71.1	39.0	82.4	97.2	8 655
Rural	65.7	58.2	62.2	32.5	76.1	94.8	5 903
Age							
15–19	67.1	60.8	63.6	36.2	77.5	93.6	2 469
20–24	68.4	62.3	67.3	37.2	82.3	97.1	2 108
25–29	69.1	62.5	69.0	37.4	81.2	96.6	1 894
30–34	69.4	61.2	67.1	35.9	80.1	96.8	1 900
35–39	70.3	61.4	68.7	37.5	79.4	97.0	2 055
40–44	68.0	59.5	69.4	35.3	80.1	97.3	2 076
45–49	68.9	56.7	68.2	34.9	78.7	95.7	2 056
Education							
Primary/incomplete secondary	61.8	53.7	59.9	30.3	71.1	91.7	1 948
Secondary	64.1	57.0	60.9	29.8	76.4	95.8	4 892
Specialized secondary	72.3	63.4	71.8	40.1	82.9	97.4	3 950
Higher	74.3	66.0	75.4	44.0	85.5	98.0	3 768
Wealth index quintiles							
Poorest	57.8	53.5	55.9	27.2	71.3	93.3	2 689
Poor	66.8	61.8	62.0	32.4	77.5	94.9	2 728
Middle	71.1	59.8	67.1	36.4	81.5	96.8	2 824
Rich	69.8	62.1	71.8	38.9	81.2	97.1	2 915
Richest	75.8	64.7	77.6	44.5	85.7	98.4	3 402
Ethnicity/language							
Kazakh	65.6	60.8	63.7	34.1	78.1	95.2	8 608
Russian	75.7	62.7	76.2	42.9	85.2	98.3	4 481
Other	65.2	53.4	62.8	29.6	73.5	95.8	1 469
Total	**68.7**	**60.6**	**67.5**	**36.3**	**79.8**	**96.2**	**14 558**

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission

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

	Know 2 ways to prevent hiv transmission	Correctly identify 3 misconceptions about hiv transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women aged 15-49 years
Oblast				
Akmola	62.8	34.6	24.8	797
Aktobe	53.7	30.7	21.5	675
Almaty	70.7	38.6	31.1	1 475
Atyrau	44.7	35.8	19.0	458
West Kazakhstan	62.3	48.0	32.4	699
Zhambyl	38.8	29.2	11.5	877
Karagandy	64.9	32.4	25.0	1 476
Kostanai	44.6	55.6	21.8	1 015
Kyzylorda	26.8	24.6	12.9	528
Mangistau	26.3	41.5	10.7	335
South Kazakhstan	40.5	25.8	12.4	1 768
Pavlodar	65.6	49.8	34.8	820
North Kazakhstan	65.2	40.0	28.1	674
East Kazakhstan	58.5	36.0	23.4	1 467
Astana City	70.8	62.5	45.8	368
Almaty City	35.2	24.7	11.0	1 126
Residence				
Urban	53.7	39.0	23.8	8 655
Rural	52.2	32.5	20.0	5 903
Age				
15–19	47.4	36.2	22.2	2 469
20–24	53.4	37.2	22.7	2 108
15–24	50.1	36.7	22.4	4 577
25–29	53.4	37.4	22.6	1 894
30–34	54.9	35.9	22.3	1 900
35–39	55.7	37.5	22.2	2 055
40–44	54.7	35.3	22.4	2 076
45–49	53.8	34.9	21.3	2 056
Education				
Primary/incomplete secondary	45.0	30.3	17.5	1 948
Secondary	52.7	29.8	18.3	4 892
Specialized secondary	56.9	40.1	25.3	3 950
Higher	54.0	44.0	26.7	3 768
Wealth index quintiles				
Poorest	45.4	27.2	15.6	2 689
Poor	52.8	32.4	19.2	2 728
Middle	57.0	36.4	24.2	2 824
Rich	54.1	38.9	23.2	2 915
Richest	55.6	44.5	27.5	3 402
Ethnicity/language				
Kazakh	50.8	34.1	20.5	8 608
Russian	59.1	42.9	27.3	4 481
Other	48.7	29.6	17.1	1 469
Total	**53.1**	**36.3**	**22.3**	**14 558**

* MICS indicator 82; MDG indicator 19b

Table HA.4: Knowledge of mother-to-child HIV transmission

Percentage of women aged 15-49 years who correctly identify means of HIV transmission from mother to child, Kazakhstan, 2006

	Know aids can be transmitted from mother to child	Percent who know aids can be transmitted:				Did not know any specific way	Number of women aged 15-49 years
		During pregnancy	At delivery	Through breast milk	All three ways*		
Oblast							
Akmola	92.3	87.7	72.3	56.6	47.0	6.2	797
Aktobe	87.3	82.9	72.0	52.9	48.9	10.3	675
Almaty	81.3	78.4	67.5	47.8	46.1	16.0	1 475
Atyrau	81.9	81.0	58.1	52.6	39.8	16.1	458
West Kazakhstan	98.0	84.7	93.1	62.4	56.0	1.3	699
Zhambyl	87.5	86.0	77.5	67.4	64.7	9.9	877
Karagandy	92.9	90.9	79.0	59.6	53.5	6.9	1 476
Kostanai	96.3	91.7	92.1	58.1	55.7	2.3	1 015
Kyzylorda	80.1	73.7	68.3	69.7	60.7	13.9	528
Mangistau	98.3	96.6	89.9	65.2	61.2	0.8	335
South Kazakhstan	96.0	95.7	88.9	61.6	60.6	3.4	1 768
Pavlodar	95.8	92.7	85.0	71.5	65.0	3.4	820
North Kazakhstan	95.2	91.6	73.0	52.7	41.4	4.4	674
East Kazakhstan	93.5	88.3	87.0	52.7	49.5	5.6	1 467
Astana City	96.6	95.3	94.8	60.2	59.4	2.2	368
Almaty City	99.3	98.7	92.9	63.1	62.5	0.5	1 126
Residence							
Urban	93.5	90.1	83.7	60.0	55.8	5.8	8 655
Rural	90.4	87.2	78.0	57.3	52.7	7.4	5 903
Age							
15–19	85.6	81.7	72.3	52.4	47.4	11.8	2 469
20–24	92.2	88.8	81.3	58.3	53.8	7.1	2 108
25–29	94.2	91.4	83.1	60.1	56.1	4.7	1 894
30–34	94.1	90.8	83.2	60.7	56.4	4.8	1 900
35–39	94.0	91.1	84.0	60.4	56.4	5.1	2 055
40–44	94.4	91.7	85.1	61.9	57.8	4.5	2 076
45–49	92.5	88.8	82.7	59.9	55.5	5.9	2 056
Education							
Primary/incomplete secondary	83.8	80.6	69.9	51.5	46.3	11.9	1 948
Secondary	92.2	89.3	80.8	59.6	55.3	6.2	4 892
Specialized secondary	94.0	90.9	83.7	59.9	55.4	5.6	3 950
Higher	94.7	90.7	85.6	60.8	56.8	5.0	3 768
Wealth index quintiles							
Poorest	87.7	84.6	76.7	56.7	53.1	9.0	2 689
Poor	90.7	87.6	77.5	58.9	53.5	7.4	2 728
Middle	92.0	88.6	80.7	58.8	53.6	7.1	2 824
Rich	94.5	90.9	84.6	59.3	55.1	4.8	2 915
Richest	95.1	92.0	86.0	60.3	56.8	4.6	3 402
Ethnicity/language							
Kazakh	90.6	87.2	79.2	59.1	54.3	7.5	8 608
Russian	95.5	92.0	85.4	58.1	53.8	4.2	4 481
Other	91.3	89.7	82.1	59.9	58.0	7.1	1 469
Total	**92.2**	**88.9**	**81.4**	**58.9**	**54.5**	**6.5**	**14 558**

* MICS indicator 89

Table HA.5: Attitudes toward people living with HIV/AIDS

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

	PERCENT OF WOMEN WHO:						Number of women who have heard of aids
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	
Oblast							
Akmola	12.9	58.6	54.7	78.7	92.7	7.3	797
Aktobe	28.7	63.5	68.9	84.8	93.9	6.1	675
Almaty	1.9	59.7	51.7	87.0	96.1	3.9	1 475
Atyrau	23.8	75.7	54.2	70.6	92.4	7.6	458
West Kazakhstan	12.0	52.4	67.0	93.2	97.2	2.8	699
Zhambyl	3.6	63.4	69.2	77.7	98.1	1.9	877
Karagandy	4.2	83.1	56.3	82.7	98.3	1.7	1 476
Kostanai	2.4	77.5	48.4	79.7	96.7	3.3	1 015
Kyzylorda	27.5	50.2	73.0	90.4	97.0	3.0	528
Mangistau	10.0	79.8	79.9	93.1	98.5	1.5	335
South Kazakhstan	13.8	58.3	77.6	86.1	98.0	2.0	1 768
Pavlodar	7.1	60.6	46.5	78.1	94.8	5.2	820
North Kazakhstan	11.6	62.4	55.7	80.2	94.7	5.3	674
East Kazakhstan	5.1	72.5	64.5	89.0	97.6	2.4	1 467
Astana City	18.9	87.7	52.3	76.0	97.4	2.6	368
Almaty City	3.0	58.3	46.8	70.6	92.6	7.4	1 126
Residence							
Urban	9.3	69.4	56.8	81.2	96.2	3.8	8 655
Rural	9.5	60.6	65.0	84.9	96.3	3.7	5 903
Age							
15–19	9.8	63.2	58.3	81.3	94.8	5.2	2 469
20–24	9.5	68.4	60.3	82.0	96.3	3.7	2 108
25–29	9.9	64.6	60.5	82.3	95.5	4.5	1 894
30–34	10.1	66.5	63.8	83.8	97.6	2.4	1 900
35–39	10.0	64.5	59.8	83.2	96.6	3.4	2 055
40–44	9.0	67.2	60.2	82.9	96.6	3.4	2 076
45–49	7.4	66.9	58.8	83.7	96.4	3.6	2 056
Education							
Primary/incomplete secondary	9.6	62.8	61.5	82.3	95.3	4.7	1 948
Secondary	10.1	62.8	65.0	84.7	96.5	3.5	4 892
Specialized secondary	9.2	68.3	58.4	82.4	96.4	3.6	3 950
Higher	8.6	68.7	55.1	80.5	96.1	3.9	3 768
Wealth index quintiles							
Poorest	10.8	56.6	69.2	86.3	96.3	3.7	2 689
Poor	9.5	62.7	64.2	84.2	96.4	3.6	2 728
Middle	9.2	65.7	61.3	83.9	96.3	3.7	2 824
Rich	9.5	69.0	56.5	81.4	96.4	3.6	2 915
Richest	8.3	72.9	52.1	78.7	95.8	4.2	3 402
Ethnicity/language							
Kazakh	11.3	62.6	64.6	84.4	96.2	3.8	8 608
Russian	6.4	71.5	51.1	79.4	96.3	3.7	4 481
Other	7.3	67.6	62.0	82.6	96.3	3.7	1 469
Total	**9.4**	**65.9**	**60.1**	**82.7**	**96.2**	**3.8**	**14 362**

* MICS indicator 86

Table HA.6: Knowledge of a facility for HIV testing

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

	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Oblast					
Akmola	87.5	66.6	797	83.0	531
Aktobe	82.6	58.7	675	71.3	396
Almaty	73.3	42.7	1 475	83.6	630
Atyrau	78.6	45.8	458	94.5	210
West Kazakhstan	93.9	83.6	699	95.6	584
Zhambyl	61.4	42.0	877	93.6	368
Karagandy	82.0	71.1	1 476	88.4	1 049
Kostanai	91.5	69.4	1 015	97.8	705
Kyzylorda	81.6	53.3	528	73.1	281
Mangistau	87.5	52.8	335	49.0	177
South Kazakhstan	82.4	56.1	1 768	78.2	992
Pavlodar	96.5	90.3	820	84.6	740
North Kazakhstan	92.5	75.3	674	92.4	508
East Kazakhstan	82.3	50.0	1 467	87.6	733
Astana City	90.7	70.9	368	94.8	261
Almaty City	87.4	73.0	1 126	99.1	821
Residence					
Urban	86.4	63.8	8 655	89.8	5 524
Rural	79.2	58.6	5 903	83.0	3 462
Age					
15–19	64.9	29.5	2 469	87.7	729
20–24	84.1	61.9	2 108	85.4	1 305
25–29	88.9	74.5	1 894	85.9	1 411
30–34	89.6	73.1	1 900	87.3	1 388
35–39	88.6	71.0	2 055	88.0	1 458
40–44	87.4	68.9	2 076	87.4	1 429
45–49	85.2	61.6	2 056	88.8	1 266
Education					
Primary/incomplete secondary	63.6	34.3	1 948	89.5	668
Secondary	83.4	64.3	4 892	84.5	3 144
Specialized secondary	87.7	67.9	3 950	88.2	2 682
Higher	89.4	66.1	3 768	88.8	2 492
Wealth index quintiles					
Poorest	74.8	55.1	2 689	81.2	1 482
Poor	81.2	57.3	2 728	84.6	1 563
Middle	82.1	60.8	2 824	85.5	1 716
Rich	88.1	66.0	2 915	88.7	1 925
Richest	89.3	67.6	3 402	92.8	2 300
Ethnicity/language					
Kazakh	80.9	58.4	8 608	84.5	5 024
Russian	89.7	69.5	4 481	91.2	3 116
Other	79.3	57.6	1 469	88.3	846
Total	**83.5**	**61.7**	**14 558**	**87.2**	**8 986**

* MICS indicator 87
** MICS indicator 88

Table HA.7: HIV testing and counseling coverage during antenatal care

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

	PERCENT OF WOMEN WHO:				Number of women who gave birth in the 2 years preceding the survey
	Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**	
Oblast					
Akmola	97.1	70.2	94.0	78.1	80
Aktobe	98.3	84.5	71.1	49.0	68
Almaty	97.9	78.0	83.3	70.2	225
Atyrau	100.0	98.3	89.3	84.3	53
West Kazakhstan	95.3	96.5	97.7	93.0	58
Zhambyl	98.4	78.9	89.2	82.3	139
Karagandy	99.1	75.6	98.7	74.8	129
Kostanai	92.0	81.6	97.3	93.3	84
Kyzylorda	97.4	86.8	90.6	69.3	80
Mangistau	(100.0)	(99.0)	(98.6)	(39.8)	45
South Kazakhstan	100.0	80.3	95.5	76.4	309
Pavlodar	99.0	86.1	99.0	81.5	83
North Kazakhstan	98.6	54.5	95.0	87.9	61
East Kazakhstan	94.8	82.7	95.2	84.6	141
Astana City	(100.0)	(94.0)	(98.8)	(96.4)	40
Almaty City	100.0	98.8	100.0	100.0	124
Residence					
Urban	100.0	82.7	95.8	82.3	890
Rural	96.1	82.1	89.8	75.0	829
Age					
15–19	94.5	87.6	100.0	93.0	64
20–24	98.4	78.8	93.9	76.5	507
25–29	99.0	82.3	92.3	77.9	501
30–34	97.3	82.7	90.9	75.7	369
35–49	98.0	87.5	93.3	85.4	278
Education					
Primary/incomplete secondary	93.8	71.5	87.4	77.5	112
Secondary	98.2	81.7	91.4	74.5	734
Specialized secondary	98.3	84.7	94.2	83.3	416
Higher	99.0	84.1	95.6	81.9	457
Wealth index quintiles					
Poorest	96.4	79.0	87.8	71.5	458
Poor	96.8	81.9	92.7	78.7	348
Middle	99.1	83.7	94.0	77.7	330
Rich	99.6	80.7	96.4	82.4	280
Richest	100.0	88.2	96.6	87.7	303
Ethnicity/language					
Kazakh	98.7	84.9	92.7	77.0	1 163
Russian	96.0	79.1	95.9	85.8	343
Other	98.6	73.9	89.2	77.5	213
Total	**98.1**	**82.4**	**92.9**	**78.8**	**1 719**

* MICS indicator 90
** MICS indicator 91
( ) – indicators are based on 25 – 49 cases of unweighted observations

Table TB.1: Knowledge about tuberculosis

Percent of women aged 15-49 who have general knowledge of tuberculosis, Kazakhstan, 2006

	Heard of tuberculosis	Know about recovery after tuberculosis at proper treatment	Knowledge of major treatment				Knowledge of tuberculosis transmission			Parents would take a child with suspected tuberculosis to:				Total	Number of women aged 15-49 years
			In hospital	At home	In hospital at initial stage with further treatment at home	Other	By air when coughing	Other	DK	Hospital	Polyclinic	Feldsher	TB dispensary		
Oblast															
Akmola	99.3	84.0	83.2	1.4	13.8	(*)	83.9	(7.2)	8.9	49.1	21.6	(7.1)	21.4	100.0	797
Aktobe	99.8	84.5	88.9	0.3	10.8	na	95.9	(*)	(3.4)	33.2	16.8	(*)	48.3	100.0	675
Almaty	98.3	74.1	88.8	0.1	10.8	(*)	96.8	(*)	(*)	56.3	12.3	4.5	26.7	100.0	1 475
Atyrau	99.9	83.1	91.1		8.8	(*)	97.2	(*)	(2.7)	11.1	7.9	(*)	79.8	100.0	458
West Kazakhstan	99.5	83.9	79.2	0.1	20.6	na	98.4	(*)	(*)	15.7	14.3	5.7	64.3	100.0	699
Zhambyl	99.1	73.6	70.8	0.3	27.6	(*)	89.4	5.7	5.0	25.7	19.5	(*)	54.0	100.0	877
Karagandy	99.9	72.0	78.3	1.2	20.3	(*)	94.2	(2.6)	(3.3)	11.0	64.5	(*)	24.1	100.0	1 476
Kostanai	99.1	88.5	81.0	0.3	17.5	(*)	97.7	(*)	(*)	21.9	19.8	(4.6)	53.5	100.0	1 016
Kyzylorda	99.2	76.5	75.0	0.3	24.4	(*)	93.2	(3.1)	(3.8)	27.9	15.1	(*)	56.1	100.0	528
Mangistau	99.7	72.4	99.7	0.3	(*)	na	100.0	na	na	25.7	27.4	(*)	45.2	100.0	335
South Kazakhstan	99.8	72.6	88.2	0.5	11.2	(*)	98.2	(*)	(*)	19.0	17.9	(1.7)	61.2	100.0	1 767
Pavlodar	99.8	89.1	69.9	1.8	27.7	(*)	93.6	(*)	(3.8)	31.5	28.0	(*)	39.1	100.0	820
North Kazakhstan	99.8	76.8	86.0	1.0	11.7	(*)	88.8	(5.8)	(5.4)	48.5	23.1	(3.7)	24.5	100.0	674
East Kazakhstan	99.6	88.4	87.6	0.4	11.6	(*)	94.9	(*)	(3.0)	36.2	23.4	(2.1)	38.0	100.0	1 467
Astana City	99.7	85.5	83.1	0.1	15.7	(*)	98.3	(*)	(*)	11.5	41.0	na	47.4	100.0	368
Almaty City	98.6	71.8	83.1	0.3	15.8	(*)	97.5	(*)	(*)	49.8	28.2	na	21.8	100.0	1 126
Residence															
Urban	99.4	79.2	82.0	(0.6)	16.9	(0.5)	95.7	1.9	2.4	25.5	31.9	(*)	42.1	100.0	8 655
Rural	99.3	78.8	85.0	(0.5)	14.0	(0.5)	93.8	2.8	3.4	38.8	14.5	5.3	41.2	100.0	5 903

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations
na: not applicable

Table TB.1: Knowledge about tuberculosis (continued)

	Heard of tuberculosis	Know about recovery after tuberculosis at proper treatment	Knowledge of major treatment				Knowledge of tuberculosis transmission			Parents would take a child with suspected tuberculosis to:				Total	Number of women aged 15-49 years
			In hospital	At home	In hospital at initial stage with further treatment at home	Other	By air when coughing	Other	DK	Hospital	Polyclinic	Feldsher	TB dispensary		
Education															
Primary/incomplete secondary	97.9	73.0	83.5	(*)	14.4	(1.6)	91.2	3.3	5.4	36.3	22.0	3.0	38.2	100.0	1 948
Secondary	99.3	77.0	84.7	(*)	14.5	(*)	94.4	2.6	3.0	35.3	21.8	3.0	39.8	100.0	4 893
Specialized secondary	99.9	81.0	83.8	(0.7)	15.1	(*)	95.4	2.0	2.6	27.3	27.3	2.2	42.9	100.0	3 949
Higher	99.8	82.7	80.5	(*)	18.6	(*)	97.1	(1.5)	1.5	26.2	27.7	(1.2)	44.8	100.0	3 768
Age															
15-19	98.3	74.5	83.5	(*)	15.1	(*)	94.5	2.1	3.4	33.3	23.5	2.1	40.7	100.0	2 469
20-24	99.8	78.1	83.7	(*)	15.8	(*)	95.9	(2.0)	2.1	30.7	22.8	2.5	43.9	100.0	2 108
25-29	99.5	77.2	80.8	(*)	17.7	(*)	94.3	(2.7)	3.0	31.7	24.5	(2.2)	41.3	100.0	1 894
30-34	99.2	79.8	84.4	(*)	14.5	(*)	94.9	(2.1)	3.0	31.3	25.1	(2.2)	41.1	100.0	1 900
35-39	99.7	81.7	84.9	(*)	14.2	(*)	94.4	2.9	2.7	29.5	27.2	(1.7)	41.5	100.0	2 055
40-44	99.8	81.1	82.5	(*)	16.3	(*)	95.8	(1.8)	2.4	29.6	25.8	3.0	41.4	100.0	2 076
45-49	99.6	81.7	82.4	(*)	16.5	(*)	94.7	(2.2)	3.0	29.9	25.2	(2.3	42.3	100.0	2 056
Wealth index quintiles															
Poorest	99.1	74.7	84.1	(*)	14.8	(*)	93.6	2.5	3.9	37.3	13.7	3.8	45.0	100.0	2 689
Poor	99.4	81.1	85.7	(*)	13.4	(*)	94.6	2.1	3.2	39.0	15.9	4.5	40.5	100.0	2 728
Middle	99.2	78.8	85.8	(*)	13.1	(*)	94.2	2.5	3.3	33.2	23.1	2.9	40.5	100.0	2 824
Rich	99.4	79.0	82.9	(*)	16.2	(*)	94.7	2.9	2.4	26.7	31.4	(*)	40.9	100.0	2 916
Richest	99.7	81.0	78.5	(*)	20.0	(*)	97.0	(1.4)	(1.5)	21.0	36.6	(*)	42.0	100.0	3 402
Ethnicity/language															
Kazakh	99.3	78.9	83.5	(0.5)	15.6	(0.4)	95.5	1.9	31.1	22.4	2.7	43.6	43.5	100.0	8 609
Russian	99.8	80.9	81.6	(0.7)	16.9	(*)	93.9	2.7	29.7	29.4	1.6	39.0	39.8	100.0	4 481
Other	98.3	74.2	86.2	(*)	12.7	(*)	94.9	2.8	33.2	25.2	2.1	(39.1)	37.9	100.0	1 468
Total	**99.4**	**79.0**	**83.2**	**0.6**	**15.7**	**0.5**	**94.9**	**2.3**	**2.8**	**30.9**	**24.8**	**2.3**	**41.7**	**100.0**	**14 558**

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations
na: not applicable

Table TB.2: Symptoms of suspected tuberculosis

Percent of women aged 15–49 who know major symptoms of suspected tuberculosis, Kazakhstan, 2006

	SYMPTOMS OF SUSPECTED TUBERCULOSIS													TOTAL	Number of women aged 15-49 years
	Cough	Cough with phlegm	Cough over three weeks	Fever	Blood with phlegm	Appetite loss	Night sweating	Chest pain	Fatigue, tiredness	Weight loss	Inertia, apathy	Other	Do not know		
Oblast															
Akmola	29.7	40.5	44.6	23.8	18.9	22.7	32.2	16.0	25.4	36.9	21.0	(5.4)	(5.8)	100.0	797
Aktobe	31.0	54.2	69.9	29.6	58.4	22.1	34.2	55.1	27.9	56.7	18.0	(*)	(*)	100.0	675
Almaty	32.9	34.4	27.8	19.2	24.5	18.5	12.1	43.5	16.6	30.2	19.9	na	(*)	100.0	1 475
Atyrau	33.3	16.9	40.8	49.4	52.8	43.7	43.1	45.9	30.9	50.8	13.1	(*)	(*)	100.0	458
West Kazakhstan	6.2	43.2	49.1	35.1	47.9	17.3	47.2	40.4	19.7	43.9	8.9	na	(*)	100.0	699
Zhambyl	31.8	37.0	46.3	42.7	31.5	19.2	29.8	18.7	24.5	35.1	17.5	(*)	(*)	100.0	877
Karagandy	24.3	30.9	58.8	27.8	39.5	19.9	30.9	20.0	23.3	49.5	21.0	(*)	(*)	100.0	1 476
Kostanai	5.8	36.0	78.3	49.2	46.2	24.8	38.7	49.2	32.1	45.8	20.4	na	(*)	100.0	1 016
Kyzylorda	27.6	35.1	36.4	16.1	16.2	35.1	35.3	44.4	28.7	41.1	8.4	(*)	(*)	100.0	528
Mangistau	14.3	66.9	71.7	59.9	98.2	61.8	54.4	78.7	52.1	60.5	15.1	na	na	100.0	335
South Kazakhstan	24.0	43.2	39.8	34.2	35.8	40.5	42.9	36.1	22.4	54.4	13.0	(*)	(*)	100.0	1 767
Pavlodar	7.4	42.2	75.7	51.9	55.4	38.1	51.5	41.5	39.0	60.5	24.5	na	(*)	100.0	820
North Kazakhstan	18.4	45.6	43.7	31.8	35.3	24.0	41.0	24.7	27.4	42.9	22.9	(*)	(*)	100.0	674
East Kazakhstan	27.9	43.8	56.2	51.1	34.4	22.4	34.0	26.2	23.0	41.6	11.8	na	(*)	100.0	1 467
Astana City	16.0	62.6	61.4	55.0	60.3	23.0	37.6	41.4	31.4	42.5	19.1	(*)	(*)	100.0	368
Almaty City	29.2	50.9	68.3	38.1	34.2	22.0	38.5	39.1	20.8	57.4	18.0	(*)	(*)	100.0	1 126
Residence															
Urban	23.1	43.7	54.7	39.6	46.5	30.4	39.5	40.9	29.0	49.0	17.7	(0.5)	1.2	100.0	8 655
Rural	23.1	40.4	50.8	36.1	38.7	27.6	35.0	37.5	25.8	44.3	15.3	(0.4)	1.6	100.0	5 903

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations
na: not applicable

Table TB.2: Symptoms of suspected tuberculosis (continued)

	SYMPTOMS OF SUSPECTED TUBERCULOSIS													TOTAL	Number of women aged 15-49 years
	Cough	Cough with phlegm	Cough over three weeks	Fever	Blood with phlegm	Appetite loss	Night sweating	Chest pain	Fatigue, tiredness	Weight loss	Inertia, apathy	Other	Do not know		
Education															
Primary/incomplete secondary	25.7	40.6	50.3	36.0	37.9	24.4	32.1	35.6	24.8	42.4	13.1	(*)	2.8	100.0	1 948
Secondary	23.4	41.3	51.0	36.4	39.3	28.0	35.7	37.4	24.5	43.9	15.6	(0.5)	1.4	100.0	4 893
Specialized secondary	22.4	42.5	54.4	39.8	45.4	30.3	39.4	41.1	30.4	49.2	18.3	(*)	(0.8)	100.0	3 949
Higher	22.1	43.5	55.0	39.2	47.2	31.7	40.1	41.8	29.7	50.4	17.8	(*)	(1.0)	100.0	3 768
Age															
15-19	24.2	39.9	51.8	38.4	41.7	27.5	32.9	39.3	24.9	44.9	14.4	(*)	(1.9)	100.0	2 469
20-24	22.7	40.2	53.4	38.5	44.4	29.6	35.6	40.7	25.7	45.9	13.7	(*)	(*)	100.0	2 108
25-29	23.1	44.1	52.7	38.4	43.8	29.0	36.9	40.6	27.1	44.3	17.3	(*)	(*)	100.0	1 894
30-34	23.5	43.2	54.4	36.8	42.6	29.8	38.9	39.2	28.5	47.6	16.1	(*)	(*)	100.0	1 900
35-39	23.4	44.2	52.8	38.0	41.7	29.1	39.7	38.3	28.8	47.5	18.2	(*)	(1.3)	100.0	2 055
40-44	21.9	42.4	53.3	38.7	41.1	29.3	39.3	38.0	28.4	48.6	18.5	(*)	(1.4)	100.0	2 076
45-49	22.8	41.5	51.9	36.7	44.1	29.5	39.3	38.7	29.8	49.1	18.4	(*)	(1.2)	100.0	2 056
Wealth index quintiles															
Poorest	24.8	41.2	46.4	33.6	35.6	28.1	36.4	38.6	23.2	42.3	13.1	(*)	(1.4)	100.0	2 689
Poor	22.6	39.2	52.3	36.1	37.6	27.3	35.1	35.6	26.6	43.9	15.4	(*)	(1.6)	100.0	2 728
Middle	24.3	39.4	52.7	40.9	41.9	30.2	36.1	37.4	28.2	46.7	17.0	(*)	(1.3)	100.0	2 824
Rich	22.9	43.2	54.9	37.8	44.8	27.4	39.3	40.0	26.1	50.3	18.2	(*)	(1.4)	100.0	2 916
Richest	21.1	47.2	58.0	41.3	53.5	31.9	39.9	44.4	32.7	51.0	19.1	(*)	(1.0)	100.0	3 402
Ethnicity/language															
Kazakh	24.2	41.1	52.1	37.3	39.3	28.5	36.0	38.0	25.4	46.4	16.1	0.3	1.2	100.0	8 609
Russian	22.1	41.6	56.7	37.1	41.4	24.1	38.6	33.3	27.9	47.5	20.5	1.2	1.5	100.0	4 481
Other	23.8	40.9	43.9	31.5	32.5	25.7	27.5	31.8	20.5	44.1	14.9	0.6	1.3	100.0	1 468
Total	**23.1**	**42.1**	**52.8**	**38.0**	**42.8**	**29.1**	**37.3**	**39.3**	**27.5**	**46.8**	**16.6**	**0.5**	**1.3**	**100.0**	**14 558**

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations
na: not applicable

Table TB.3: TB symptoms, which require seeing a doctor

Percent of women aged 15–49 who will see a doctor if some TB symptoms appear, Kazakhstan, 2006

	SYMPTOMS OF TUBERCULOSIS REQUIRING SEEING A DOCTOR													TOTAL	Number of women aged 15-49 years
	Cough	Cough with phlegm	Cough over three weeks	Fever	Blood with phlegm	Appetite loss	Night sweating	Chest pain	Fatigue, tiredness	Weight loss	Inertia, apathy	Other	DK		
Oblast															
Akmola	25.6	37.6	50.7	30.3	21.9	22.6	31.0	19.4	24.8	35.0	19.1	(*)	(5.4)	100.0	797
Aktobe	32.6	50.8	75.2	37.6	58.5	18.4	35.8	54.3	21.8	49.3	18.2	(*)	(*)	100.0	675
Almaty	31.1	29.6	30.7	30.8	23.9	21.6	14.8	43.2	17.0	31.2	20.8	(*)	(*)	100.0	1 475
Atyrau	34.1	17.3	39.2	50.5	52.0	44.2	43.4	46.7	31.5	50.6	13.7	(*)	(*)	100.0	458
West Kazakhstan	7.2	39.8	55.7	38.2	49.1	16.3	59.1	43.8	19.1	40.9	6.5	(*)	(*)	100.0	699
Zhambyl	27.8	31.3	47.0	39.9	27.5	14.0	22.7	14.8	16.7	28.9	15.1	(*)	(*)	100.0	877
Karagandy	13.2	24.6	80.7	49.2	52.3	23.2	45.9	42.5	23.9	50.1	21.6	(*)	(*)	100.0	1 476
Kostanai	5.6	37.2	78.3	49.4	47.6	24.8	38.7	50.2	31.4	46.5	19.4	(*)	(*)	100.0	1 016
Kyzylorda	25.9	33.0	40.4	18.2	21.1	34.8	37.7	51.1	30.7	51.1	9.4	(*)	(*)	100.0	528
Mangistau	9.6	53.3	62.0	52.0	97.0	48.2	43.5	81.2	38.9	61.6	10.4	(*)	(*)	100.0	335
South Kazakhstan	23.9	43.7	38.9	34.0	35.6	40.4	41.5	35.5	23.3	54.9	13.1	(*)	(*)	100.0	1 767
Pavlodar	10.2	35.3	78.0	49.8	47.6	29.3	43.4	37.2	32.2	44.2	17.5	(*)	(*)	100.0	820
North Kazakhstan	14.2	33.4	57.5	44.0	35.8	17.2	34.3	30.2	21.7	30.4	18.3	(*)	(*)	100.0	674
East Kazakhstan	19.7	30.2	64.3	53.3	24.5	12.8	26.6	37.6	18.9	33.6	12.7	(*)	(*)	100.0	1 467
Astana City	14.3	53.5	72.3	50.7	64.0	20.4	33.1	41.8	28.5	51.3	22.9	(*)	(*)	100.0	368
Almaty City	29.6	49.8	74.0	38.7	33.6	22.5	38.5	41.4	20.0	57.1	19.2	(*)	(*)	100.0	1 126
Residence															
Urban	20.9	37.6	61.6	42.5	42.6	25.2	37.9	41.3	24.5	46.3	17.4	(0.4)	0.8	100.0	8 655
Rural	20.6	34.5	54.0	39.5	33.7	23.9	32.6	37.6	22.0	40.4	15.2	(*)	1.4	100.0	5 903

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table TB.3: TB symptoms, which require seeing a doctor (continued)

	SYMPTOMS OF TUBERCULOSIS REQUIRING SEEING A DOCTOR													TOTAL	Number of women aged 15-49 years
	Cough	Cough with phlegm	Cough over three weeks	Fever	Blood with phlegm	Appetite loss	Night sweating	Chest pain	Fatigue, tiredness	Weight loss	Inertia, apathy	Other	DK		
Education															
Primary/incomplete secondary	22.5	36.4	54.3	40.5	36.6	21.6	31.0	36.8	20.3	39.9	12.5	(*)	(2.4)	100.0	1 948
Secondary	21.0	35.9	56.1	41.0	36.3	24.3	34.3	37.7	21.8	41.1	15.7	(*)	1.0	100.0	4 893
Specialized secondary	19.2	35.8	61.1	42.9	40.9	24.9	37.6	41.0	24.9	44.9	18.0	(*)	(0.8)	100.0	3 949
Higher	21.3	37.5	61.1	40.4	41.8	26.6	38.1	42.9	25.6	48.6	18.1	(*)	(*)	100.0	3 768
Age															
15-19	21.1	36.6	55.3	42.6	38.6	22.6	32.8	39.4	20.2	41.8	14.1	(*)	(1.8)	100.0	2 469
20-24	20.6	34.2	59.7	39.9	39.0	25.4	33.3	40.5	21.6	42.3	14.1	(*)	(*)	100.0	2 108
25-29	21.1	38.3	58.5	41.3	39.8	24.5	34.9	41.5	23.0	42.5	17.3	(*)	(*)	100.0	1 894
30-34	22.2	36.3	59.7	39.4	39.1	25.5	38.0	39.8	24.8	43.9	16.0	(*)	(*)	100.0	1 900
35-39	19.9	37.2	59.2	40.7	37.8	25.5	38.1	38.7	25.0	45.0	18.0	(*)	(*)	100.0	2 055
40-44	20.6	37.1	58.9	42.5	38.4	25.4	35.9	39.4	24.8	45.3	18.5	(*)	(*)	100.0	2 076
45-49	20.2	35.0	58.8	42.3	40.5	24.2	38.1	39.5	25.5	47.0	18.3	(*)	(*)	100.0	2 056
Wealth index quintiles															
Poorest	23.4	37.4	49.1	38.1	32.8	28.2	36.0	39.9	20.7	41.2	13.6	(*)	(1.3)	100.0	2 689
Poor	20.0	34.5	55.0	39.6	33.5	23.0	32.1	36.1	23.0	40.0	15.5	(*)	(1.1)	100.0	2 728
Middle	21.0	34.7	56.5	43.4	37.1	23.1	32.3	36.6	22.8	41.4	15.6	(*)	(1.2)	100.0	2 824
Rich	19.8	35.8	61.2	40.9	40.3	23.5	36.8	41.5	21.7	46.9	17.3	(*)	(*)	100.0	2 916
Richest	20.1	38.8	67.9	43.6	48.7	25.5	40.3	43.9	27.9	48.8	19.7	(*)	(*)	100.0	3 402
Ethnicity/language															
Kazakh	22.0	36.7	56.6	41.0	38.7	25.8	36.2	41.6	23.2	44.6	15.6	0.2	1.0	100.0	8 609
Russian	18.8	35.1	64.8	43.3	41.9	21.7	36.8	37.9	25.0	41.9	18.7	0.4	1.1	100.0	4 481
Other	19.7	38.3	50.2	36.5	32.1	27.3	29.9	34.9	20.1	45.9	15.2	0.3	0.9	100.0	1 468
Total	**20.8**	**36.4**	**58.5**	**41.3**	**39.0**	**24.7**	**35.8**	**39.8**	**23.5**	**43.9**	**16.5**	**(0.3)**	**1.0**	**100.0**	**14 558**

( ) – indicators are based on 25 – 49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Table TB.4: Attitudes towards people with TB.

Percent of women aged 15–49 who express a discriminatory attitude towards people with TB, Kazakhstan, 2006

	RESPONDENTS WHO:			Percentage of women aged 15-49	Number of women aged 15-49 years
	Had TB or have family members with TB	Communicate with neighbors, colleagues or close friends with TB	Would not care for a family member who was treated against TB		
Oblast					
Akmola	8.1	13.1	(4.3)	5.5	797
Aktobe	(3.1)	6.6	14.4	4.6	675
Almaty	(2.9)	(2.5)	(2.4)	10.1	1 475
Atyrau	(3.3)	12.8	8.9	3.1	458
West Kazakhstan	6.9	10.9	11.4	4.8	699
Zhambyl	5.3	(4.8)	(*)	6.0	877
Karagandy	(4.8)	7.1	(2.8)	10.1	1 476
Kostanai	7.8	9.9	(*)	7.0	1 016
Kyzylorda	7.1	11.5	(4.2)	3.6	528
Mangistau	(3.1)	(4.5)	6.7	2.3	335
South Kazakhstan	3.1	(2.7)	(2.7)	12.1	1 767
Pavlodar	12.4	12.6	(*)	5.6	820
North Kazakhstan	5.3	14.0	(*)	4.6	674
East Kazakhstan	4.4	7.0	(*)	10.1	1 467
Astana City	5.5	16.1	14.4	2.5	368
Almaty City	1.3	(3.0)	(*)	7.7	1 126
Residence					
Urban	4.7	7.5	4.6	59.5	8 655
Rural	5.5	7.5	2.9	40.5	5 903
Education					
Primary/incomplete secondary	6.4	5.4	3.5	13.4	1 948
Secondary	5.3	7.1	3.5	33.6	4 893
Specialized secondary	5.2	9.0	3.9	27.1	3 949
Higher	3.6	7.3	4.5	25.9	3 768
Age					
15-19	4.5	4.5	3.7	17.0	2 469
20-24	4.9	5.4	4.7	14.5	2 108
25-29	4.7	8.5	4.7	13.0	1 894
30-34	4.7	7.8	4.5	13.0	1 900
35-39	4.9	8.1	3.3	14.1	2 055
40-44	5.0	9.3	3.6	14.3	2 076
45-49	6.1	9.5	2.7	14.1	2 056
Wealth index quintiles					
Poorest	5.6	5.9	3.4	18.5	2 689
Poor	5.3	7.3	2.7	18.7	2 728
Middle	5.1	7.8	3.2	19.4	2 824
Rich	4.5	7.6	4.2	20.0	2 916
Richest	4.6	8.4	5.4	23.4	3 402
Ethnicity/language					
Kazakh	5.0	7.1	4.1	59.1	8 609
Russian	5.1	8.5	3.8	30.8	4 481
Other	4.5	6.1	2.7	10.1	1 468
Total	**5.0**	**7.5**	**3.9**	**100.0**	**14 558**

( ) – indicators are based on 25-49 cases of unweighted observations
(*) – indicators are based on less than 25 cases of unweighted observations

Appendix A

Sample design

The sample for the Kazakhstan Multiple Indicator Cluster Survey (MICS) was designed to provide estimates of a large number of indicators on the situation of children and women at national level, for urban and rural areas, as well as at sub-national level for 16 regions – 14 Oblasts and 2 cities.

Akmola Oblast	Kyzylorda Oblast
Aktobe Oblast	Mangistau Oblast
Almaty Oblast	South Kazakhstan Oblast
Atyrau Oblast	Pavlodar Oblast
West Kazakhstan Oblast	North Kazakhstan Oblast
Zhambyl Oblast	East Kazakhstan Oblast
Karaganda Oblast	Astana City
Kostanai Oblast	Almaty City

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

The primary objective of the sample design for the Kazakhstan Multiple Indicator Cluster Survey (MICS) was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the above 16 regions of the country.

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

Sample Size and Sample Allocation

The target sample size for the Kazakhstan MICS was calculated as 15,000 households. For the calculation of the sample size, the key indicator used was immunization prevalence among children aged 0-4 years. The following formula was used to estimate the required sample size for these indicators:

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

where

n	is the required sample size, expressed as number of households
4	is a factor to achieve the 95 percent level of confidence
r	is the predicted or anticipated prevalence (coverage rate) of the indicator
1.1	is the factor necessary to raise the sample size by 10 percent for non-response
f	is the shortened symbol for deff (design effect)
0.12r	is the margin of error to be tolerated at the 95 percent level of confidence, defined as 12 percent of r (relative sampling error of r)
p	is the proportion of the total population upon which the indicator, r, is based
nh	is the average household size.

In this case, the sample size provides 12 percent error for identifying the indicator (at 95 percent of the level of confidence). Identification of sample size based on indicators related to the smallest groups of population guarantees sampling representation for other indicators related to the larger groups of population.

For the calculation, r (immunization prevalence) was assumed to be 25 percent (0.25). The value of deff (design effect) was taken as 1.5, based on estimates from previous surveys, p (percentage of children aged 0-4 years in the total population) was taken as 8 percent, and n_h (average household size) was taken as 3.6 people.

The resulting number of households from this exercise was 4,775. This number of households is sufficient for producing estimates of indicators at national level; however, sample volume should be tripled in order to provide representation of sample for urban and rural area. At the same time, some indicators will be obtained with good accuracy and at regional level. In order to increase the number of these indicators, a compromise decision was taken to increase the sample size up to 15,000 households considering financial and human resources.

The average cluster size in the Kazakhstan MICS was determined as 24 households, based on a number of considerations, including the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster, we have 625 clusters to be surveyed. In each region, the clusters (primary sampling units – PSU) were distributed to urban and rural areas, proportional to the size of urban and rural populations in that region. The table below shows the allocation of clusters to the sampling domains.

Table SD.1. Allocation of sample clusters (primary sampling units) to Sampling Domains

Oblast	Population (2005 estimates)			Number of Clusters		
	Total	Urban	Rural	Total	Urban	Rural
KAZAKHSTAN	**15,074,767**	**8,614,651**	**6,460,116**	**625**	**360**	**265**
Akmola	747,185	352,204	394,981	37	18	19
Aktobe	678,607	374,775	303,832	36	19	17
Almaty	1,589,751	473,978	1,115,773	47	14	33
Atyrau	463,466	261,702	201,764	33	18	15
West Kazakhstan	606,534	262,518	344,016	35	15	20
Zhambyl	992,089	447,406	544,683	41	18	23
Karaganda	1,331,702	1,116,456	215,246	45	37	8
Kostanai	907,396	498,630	408,766	39	21	18
Kyzylorda	612,048	364,248	247,800	35	20	15
Mangistau	361,754	274,628	87,126	32	23	9
South Kazakhstan	2,193,556	880,663	1,312,893	48	18	30
Pavlodar	743,826	487,817	256,009	37	23	14
North Kazakhstan	665,936	227,440	438,496	36	12	24
East Kazakhstan	1442,097	853,366	588,731	46	26	20
Astana City	529,335	529,335	0	34	34	0
Almaty City	1,209,485	1,209,485	0	44	44	0

Sampling Frame and Selection of Clusters

The 1999 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs). 14 Oblasts were divided up in accordance with existing territorial and administrative divisions and 625 clusters were distributed between the districts and Almaty and Astana cities based on the population density as of the beginning of 2005. Then, the given number of PSUs in each region was randomly selected with equal probability.

Listing activities and selection of households

Since the sample frame (the 1999 Population Census) was not up to date, household lists in all selected enumeration areas were updated prior to the selection of households. For this purpose, listing teams were formed, who visited each enumeration area, and listed the occupied households.

The staff of territorial statistical bodies listed the households in their territories; rural statisticians, staff of rayon, city and Oblast Statistic Departments visited each sampled census area and listed all inhabited households. Listing was based on the list of sampled households in accordance with the 1999 Population Census, prepared by the DCC AS RK, from 10 November to 25 December 2005. As a result, the real addresses and the number of inhabitants in each cluster was established. For each PSU, 24 households were selected out of a general list of households using systematic selection procedures.

Calculation of Sample Weights

The Kazakhstan Multiple Indicator Cluster Survey sample is not self-weighted. In general, by allocating equal numbers of households to each of the regions, different sampling fractions were used in each region since the size of the regions varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocation of the sampling fraction employed in selecting the number of sample households in that particular sampling domain:

$$W_h = 1 / f_h$$

where f_h, the sampling fraction at the h-th stratum, is the product of probabilities of selection at every stage in each sampling domain:

$$f_h = P_{ih} * P_{2h} * P_{3h},$$

where P_{ih} is the probability of selection of the sampling unit in the i-th stage for the h-th sampling domain.

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

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

$$RR = \textit{Number of interviewed households} / \textit{Number of occupied households listed}$$

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

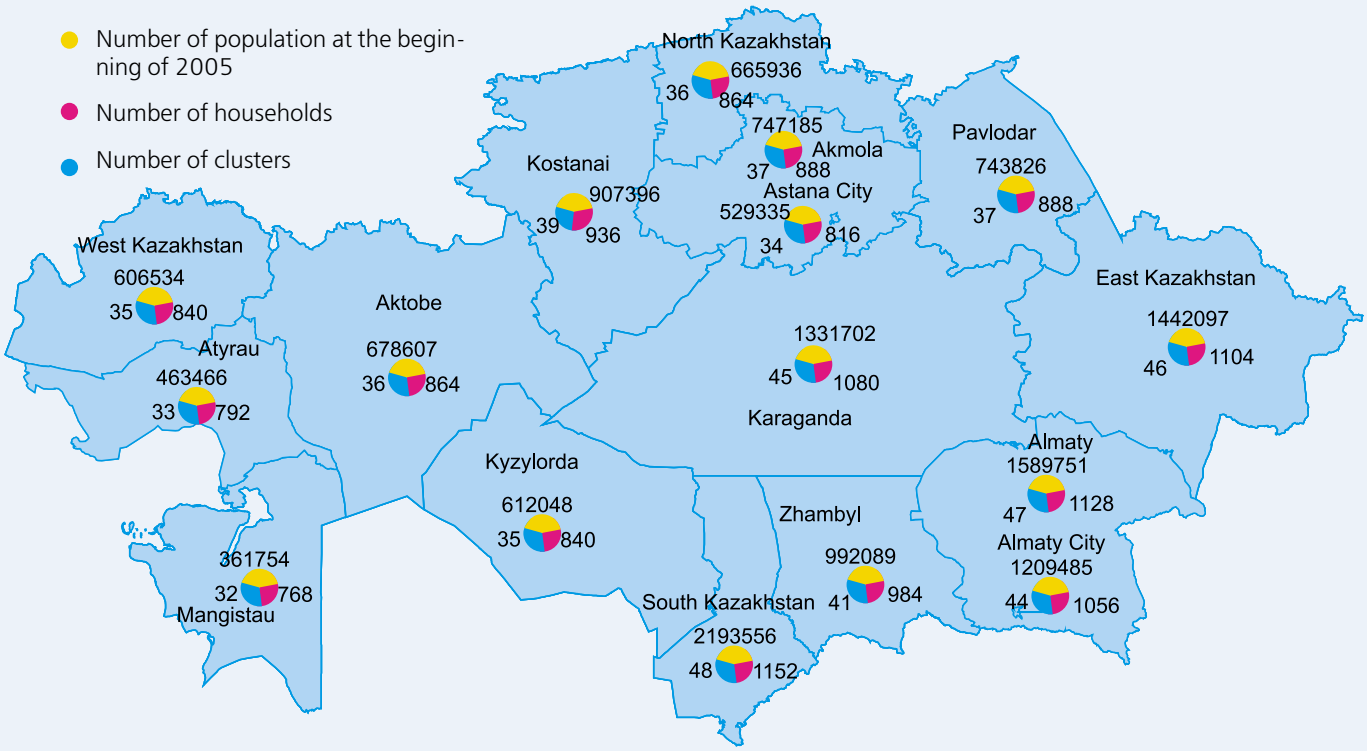
Similarly, the adjustment for non-response at the individual level (women and children under 5) is equal to the inverse value of:

$$\textbf{\textit{RR}} = \textit{Completed women's (or under-5's) questionnaires / Eligible women (or under-5s)}$$

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

The unadjusted weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Corrected (standardized) weights of households varied in 625 clusters from 0.187 to 1.814.

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



Appendix B

List of Personnel Involved in the Survey

Supervisory personnel[14]

Mr. Kali Abdiyev – Chair of the Agency RK on Statistics (2006, February), Director of RSE «Data Computing Centre» of the Statistic Agency of the Republic of Kazakhstan (2006, February-2007, July)

Mr. Bakhyt Sultanov – Chair of the Agency RK on Statistics (2006, February – 2007, February)

Ms. Anar Meshimbayeva – Chair of the Agency RK on Statistics (2007, February)

Mr. Yury Shokamanov – Deputy Chair of the Agency RK on Statistic

Mr. Yerbolat Mussabek – MICS National Project Coordinator, from the Agency RK on Statistic, Deputy Director of Social and Demography Statistics Department

Ms. Gulnara Kukanova – MICS Technical Coordinator, Head of Population Statistics Department, Agency RK on Statistics

Mr. Asankhan Mamedaliyev – specialist on MISC sampling, Head of Registers Division, Coordination Department, AS RK

International Organizations

Mr. Alexandre Zouev –UNICEF Representative in Kazakhstan

Mr. Raimbek Sissemaliev – Head of UNICEF Almaty Zone Office, Programme Officer

Ms. Gaziza Moldakulova – MICS Project Coordinator, UNFPA Office in Kazakhstan

Consultants

Mr. Trevor Croft – International expert on data processing (USA)

Mr. George Sakvarelidze – UNICEF Regional Office (Switzerland)

Mr. Turgay Unalan – UNICEF International Consultant (Turkey)

Mr. Anthony Turner – UNICEF International Sampling Expert (USA)

Mr. Mukhtar Minbayev – Project Coordinator on Monitoring and Evaluation, UNICEF Office in the Kyrgyz Republic

RSE DCC staff

Ms. Zinagul Dzhumanbayeva – Director, RSE DCC AS (2005 – 2006, February), Deputy Director, RSE DCC AS (2006, February till present)

Mr. Bakhytbek Kulekeyev – Deputy Director, RSE DCC AS

Ms. Aigul Kapisheva – Head of Division for Processing Databases

Ms. Gulnara Nurunova – Head of Personnel Department

Ms. Aigerim Kaliakbarova – Head of Financial and Accounting Division

Mr. Orynbassar Dzhunisbayev – Head of Transport Service

Ms. Hamia Iskakova – Head of General Service Division

[14] All positions are indicated at the moment of MICS (2005-2007)

Staff processing and entering the data

Ms. Saule Dauylbayeva – Supervisor of data control and entry and formation of MICS database, Head of Dataware Division of the Department of Population Register and Survey

Editors	Controllers
Beibit Ibraimov	Mukhamed Shakhzadayev
Gulzat Nusipzhanova	Zhanat Ordakhanov
Olga Bikmeyeva	Madiar Ordakhanov
Arman Zhantileuov	Nurgul Moldakhmetova

Data Entry Operators

Gulmira Zhumanbayeva	Yerlan Aidynbayev	Lyazzat Aimukhanova	Arailym Imanbayeva
Sanzhar Zhumanbayev	Azhar Beibit	Bayan Dautaliyeva	Elmira Umarkodzhayeva
Sanzhar Dauylbayev	Marzhan Parmenova	Assel Beissenova	Marina Novikova
Takhir Nuritdinov	Ayauzhan Bazgalamova	Zhanna Kanlybayeva	Ainur Zhambylbayeva
Nikolay Stepin	Assem Abikeyeva	Assem Alchikanova	Kanat Imanaliyev
Azamat Marat	Timur Kanlybayev	Yekaterina Konstantinova	Azhar Bapysheva

Oblast teams for fieldwork

Akmola Oblast
Altyn Kassymova – supervisor
Altynai Kazybayeva – editor

Interviewers:
Zhanna Sagindykova
Anargul Makizhanova
Roza Ordabayeva
Gulim Kozhanova
Aizhan Aissabayeva
Bakytgul Nurusheva

Aktobe Oblast
Kairat Zhekeyev – supervisor
Zholdaskali Beissov – editor

Interviewers:
Kunbibi Kazmukhanbetova
Laura Suyundukova
Aisaule Adbenova
Klara Kurganbayeva
Gulmira Yeralina
Kadisha Tulegenova

Almaty Oblast
Lyudmila Saveko – supervisor
Bolatkan Nukezhanov – editor

Interviewers:
Vera Tobolich
Svetlana Malogolovaya
Svetlana Imirova
Lyudmila Ivanova
Shargul Tokhtarbekova
Marzhan Issayeva

Atyrau Oblast
Galya Mukhangaliyeva – supervisor
Amankos Tuleuov – editor

Interviewers:
Maira Shershekbayeva
Kunsulu Iskaliyeva
Lazgul Kuzembayeva
Bayan Kurmangaliyeva
Zhanar Mukusheva
Marzhan Anessova

West Kazakhstan Oblast
Amanzhan Zhumanov – supervisor
Margulan Hugmanov – editor

Interviewers:
Dzhamilya Hussainova
Zoya Klimenko
Gulnara Shukalova
Maria Sagitova
Roza Kozhbayeva
Assiya Yesekenova

Zhambyl Oblast
Inga Shevtsova – supervisor
Mubara Rakhimova – editor

Interviewers:
Natalia Pak
Zhanyl Kurmanbekova
Zhanat Ustabayeva
Galina Shestakova
Marianna Tigai

Karaganda Oblast
Galia Kaskirbayeva – supervisor
Sayagul Konakbayeva – editor

Interviewers:
Tatiana Zeinollina
Bayan Bekpayeva
Alla Lysenko
Aisha Belgibayeva
Natalia Nechet
Nina Balakina

Kostanai Oblast
Altyn Nuralenova – supervisor
Aibek Galymzhanov – editor

Interviewers:
Dina Kurganbekova
Svetlana Levitskaya
Lilia Lodyanaya
Tatiana Zhartayeva
Anar Kassenova
Tatiana Matushevich

Kyzylorda Oblast
Lidiya Kim – supervisor
Ondash Mashenbayev – editor

Interviewers:
Galina Yermekova
Assel Doszhanova
Bakhyt Mulikova
Roza Abshakirova
Zaida Abdrakhmanova
Zhuldyz Tokanova

Mangistau Oblast
Sholpan Shakabayeva – supervisor
Akdary Narinbayeva – editor

Interviewers:
Shyrailym Ketebayeva
Akmaral Bekkaliyeva
Natalia Chetyrina
Gulna Ayupova
Assel Bekzhanova
Fatima Kanatova

Almaty City
Gulnara Kerimkhanova – supervisor
Aikhan Bokhanov – editor

Interviewers:
Aigul Turganbayeva
Gulbanu Eshzhanova
Gulmira Saitova
Lyazzat Nysanbayeva
Indira Kassymkhanova
Nurgul Abdiyeva

North Kazakhstan Oblast
Gulziyan Izbassova – supervisor
Lyubov Zelevova – editor

Interviewers:
Guzalia Permyakova
Lyazzat Zhetpissova
Irina Vdovina
Natalia Solopova
Ermek Kairzhanova
Assel Kermbayeva

Astana City
Kenzhebulat Bekpenbet – supervisor
Sara Aubakirova– editor

Interviewers
Svetlana Orezkhova
Roza Tazhikenova
Roza Taibasarova
Lyubov Akinshina
Almagul Zhumagulova
Lyazzat Boldurukova

South Kazakhstan Oblast
Yernazar Kultayev – supervisor
Mirakhmet Tasbolatov – editor

Interviewers:
Lyudmila Karbysheva
Bagila Shaulenova
Bakhyt Tuyebalova
Zhanat Buribekova
Aurika Khan
Gulmira Syzdykova

Pavlodar Oblast
Kumar Alseitov – supervisor
Kulzhan Issenova– editor

Interviewers:
Aigul Nurgaliyeva
Zhanar Abisheva
Larissa Shalukho
Lyudmila Berezhnaya
Marina Nosko
Irina Penko

East Kazakhstan Oblast
Bogdan Grinishin – supervisor
Yury Komarov – editor

Interviewers:
Zinazaip Dzhabossinova
Svetlana Dolgikh
Nazgul Orazayeva
Gulyaim Kassenova
Ardak Akhmadieva
Laura Uskabayeva

Appendix C

Estimates of Sampling Errors

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

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

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

For the calculation of sampling errors from MICS data, SPSS Version 14 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban and rural areas. Two of the selected indicators are based on households, 6 are based on household members, 9 are based on women, and 12 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.9 show the calculated sampling errors.

Table SE.1. Indicators selected for sampling error calculations

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

MICS Indicator		Base Population
HOUSEHOLDS		
41	Iodized salt consumption	All households
74	Child discipline	Children aged 2-14 years selected
HOUSEHOLD MEMBERS		
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labor	Children aged 5-14 years
WOMEN		
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
60	Adult literacy	Women aged 15-24 years
67	Marriage before age 18	Women aged 20-49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
UNDER-5s		
6	Underweight prevalence	Children under age 5
25	Tuberculosis immunization coverage	Children aged 12-23 months
26	Polio immunization coverage	Children aged 12-23 months
27	Immunization coverage for DPT	Children aged 12-23 months
28	Measles immunization coverage	Children aged 12-23 months
31	Fully immunized children	Children aged 12-23 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2. Sampling errors: total sample

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.920	0.003	0.004	2.356	1.535	14426	14458	0.913	0.927
Child discipline	CP.4	0.522	0.008	0.015	1.649	1.284	6411	6864	0.506	0.537
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.937	0.006	0.006	8.137	2.853	51261	14564	0.925	0.948
Use of improved sanitation facilities	EN.5	0.992	0.002	0.002	7.348	2.711	51261	14564	0.989	0.996
Net primary school attendance rate	ED.3	0.980	0.003	0.003	1.252	1.119	3076	3387	0.975	0.986
Net secondary school attendance rate	ED.4	0.953	0.003	0.003	1.383	1.176	7119	7804	0.947	0.958
Primary completion rate	ED.6	0.884	0.010	0.011	0.831	0.911	847	928	0.865	0.903
Child labor	CP.2	0.022	0.002	0.085	1.523	1.234	8321	9192	0.018	0.026
WOMEN										
Skilled attendant at delivery	RH.5	0.998	0.001	0.001	0.801	0.895	1719	1784	0.997	1.000
Antenatal care	RH.3	0.999	0.001	0.001	0.592	0.770	1719	1784	0.997	1.000
Contraceptive prevalence	RH.1	0.507	0.007	0.013	1.542	1.242	8349	8370	0.493	0.521
Adult literacy	ED.8	0.998	0.001	0.001	1.181	1.087	4577	4697	0.996	0.999
Marriage before age 18	CP.5	0.085	0.003	0.037	1.561	1.249	12089	12032	0.079	0.092
Comprehensive knowledge about HIV prevention among young people	HA.3	0.223	0.006	0.025	2.675	1.635	14558	14560	0.211	0.234
Attitude towards people with HIV/AIDS	HA.5	0.038	0.003	0.070	2.733	1.653	14362	14310	0.032	0.043
Women who have been tested for HIV	HA.6	0.617	0.007	0.011	2.788	1.670	14558	14560	0.604	0.631
Knowledge of mother- to-child transmission of HIV	HA.4	0.545	0.007	0.013	2.869	1.694	14558	14560	0.531	0.559
UNDER-5s										
Underweight prevalence	NU.1	0.040	0.003	0.085	1.269	1.127	4190	4181	0.033	0.047
Tuberculosis immunization coverage	CH.2	0.996	0.002	0.002	1.376	1.173	991	976	0.992	1.000
Polio immunization coverage	CH.2	0.967	0.008	0.008	1.774	1.332	989	974	0.952	0.982
Immunization coverage for DPT	CH.2	0.980	0.006	0.006	1.634	1.278	986	971	0.969	0.992
Measles immunization coverage	CH.2	0.994	0.003	0.003	1.110	1.054	986	972	0.989	0.999
Fully immunized children	CH.2	0.962	0.008	0.008	1.644	1.282	988	973	0.947	0.978
Acute respiratory infection in last two weeks	CH.6	0.015	0.002	0.146	1.455	1.206	4415	4415	0.011	0.020
Antibiotic treatment of suspected pneumonia	CH.7	0.317	0.010	0.032	0.032	0.178	67	66	0.296	0.337
Diarrhoea in last two weeks	CH.4	0.018	0.002	0.125	1.267	1.126	4415	4415	0.014	0.023
Received ORT or increased fluids and Continued feeding	CH.5	0.480	0.012	0.025	0.041	0.203	80	75	0.456	0.504
Support for learning	CD.1	0.810	0.007	0.008	1.264	1.124	4415	4415	0.797	0.823
Birth registration	CP.1	0.992	0.001	0.001	1.153	1.074	4415	4415	0.989	0.995

Table SE.3. Sampling errors: urban areas

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.921	0.004	0.005	2.195	1.481	9211	8151	0.912	0.929
Child discipline	CP.4	0.547	0.011	0.020	1.640	1.281	3525	3276	0.525	0.570
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.981	0.004	0.004	8.566	2.927	29172	8246	0.973	0.990
Use of improved sanitation facilities	EN.5	0.995	0.002	0.002	9.835	3.136	29172	8246	0.990	1.000
Net primary school attendance rate	ED.3	0.981	0.004	0.004	1.188	1.090	1558	1482	0.973	0.989
Net secondary school attendance rate	ED.4	0.956	0.004	0.004	1.367	1.169	3673	3431	0.948	0.965
Primary completion rate	ED.6	0.886	0.014	0.016	0.758	0.870	419	397	0.858	0.914
Child labor	CP.2	0.025	0.003	0.117	1.415	1.190	4203	3982	0.019	0.031
WOMEN										
Skilled attendant at delivery	RH.5	0.998	0.002	0.002	1.012	1.006	890	802	0.995	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	890	802	1.000	1.000
Contraceptive prevalence	RH.1	0.540	0.010	0.019	1.687	1.299	4652	4080	0.520	0.561
Adult literacy	ED.8	0.997	0.001	0.001	1.207	1.099	2627	2355	0.995	1.000
Marriage before age 18	CP.5	0.078	0.004	0.053	1.551	1.246	7271	6372	0.070	0.087
Comprehensive knowledge about HIV prevention among young people	HA.3	0.238	0.008	0.034	2.735	1.654	8655	7608	0.222	0.254
Attitude towards people with HIV/AIDS	HA.5	0.038	0.004	0.103	3.182	1.784	8590	7534	0.030	0.046
Women who have been tested for HIV	HA.6	0.638	0.010	0.015	3.020	1.738	8655	7608	0.619	0.657
Knowledge of mother- to-child transmission of HIV	HA.4	0.558	0.010	0.018	3.191	1.786	8655	7608	0.538	0.578
UNDER-5s										
Underweight prevalence	NU.1	0.030	0.004	0.147	1.209	1.100	2126	1823	0.021	0.039
Tuberculosis immunization coverage	CH.2	0.996	0.004	0.004	1.503	1.226	509	428	0.989	1.000
Polio immunization coverage	CH.2	0.979	0.008	0.008	1.200	1.095	509	428	0.964	0.994
Immunization coverage for DPT	CH.2	0.990	0.005	0.005	1.236	1.112	507	427	0.979	1.000
Measles immunization coverage	CH.2	0.995	0.004	0.004	0.977	0.988	507	427	0.988	1.000
Fully immunized children	CH.2	0.974	0.008	0.008	1.029	1.015	509	428	0.959	0.990
Acute respiratory infection in last two weeks	CH.6	0.018	0.004	0.217	1.652	1.285	2251	1942	0.010	0.025
Antibiotic treatment of suspected pneumonia	CH.7	(0.323)	(*)	(*)	(*)	(*)	40	29	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.020	0.004	0.188	1.396	1.182	2251	1942	0.012	0.027
Received ORT or increased fluids and Continued feeding	CH.5	(0.422)	(*)	(*)	(*)	(*)	45	33	(*)	(*)
Support for learning	CD.1	0.829	0.010	0.012	1.266	1.125	2251	1942	0.809	0.848
Birth registration	CP.1	0.992	0.002	0.002	1.055	1.027	2251	1942	0.988	0.996

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.4. Sampling errors: rural areas

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.918	0.006	0.006	2.573	1.604	5215	6307	0.907	0.929
Child discipline	CP.4	0.491	0.011	0.021	1.583	1.258	2886	3588	0.470	0.512
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.877	0.012	0.014	8.337	2.887	22089	6318	0.853	0.901
Use of improved sanitation facilities	EN.5	0.989	0.003	0.003	5.844	2.417	22089	6318	0.983	0.996
Net primary school attendance rate	ED.3	0.980	0.004	0.004	1.289	1.136	1518	1905	0.973	0.987
Net secondary school attendance rate	ED.4	0.949	0.004	0.004	1.358	1.165	3446	4373	0.941	0.956
Primary completion rate	ED.6	0.882	0.013	0.015	0.889	0.943	427	531	0.856	0.908
Child labor	CP.2	0.019	0.002	0.124	1.555	1.247	4118	5210	0.014	0.024
WOMEN										
Skilled attendant at delivery	RH.5	0.999	0.000	0.000	0.001	0.033	829	982	0.999	0.999
Antenatal care	RH.3	0.997	0.001	0.001	0.670	0.819	829	982	0.994	1.000
Contraceptive prevalence	RH.1	0.465	0.008	0.018	1.226	1.107	3697	4290	0.448	0.482
Adult literacy	ED.8	0.998	0.001	0.001	1.049	1.024	1951	2342	0.996	1.000
Marriage before age 18	CP.5	0.095	0.005	0.051	1.533	1.238	4818	5660	0.086	0.105
Comprehensive knowledge about HIV prevention among young people	HA.3	0.200	0.007	0.036	2.317	1.522	5903	6952	0.186	0.215
Attitude towards people with HIV/AIDS	HA.5	0.037	0.003	0.079	1.647	1.283	5773	6776	0.031	0.043
Women who have been tested for HIV	HA.6	0.586	0.009	0.015	2.305	1.518	5903	6952	0.569	0.604
Knowledge of mother- to-child transmission of HIV	HA.4	0.527	0.009	0.016	2.100	1.449	5903	6952	0.509	0.544
UNDER-5s										
Underweight prevalence	NU.1	0.051	0.005	0.104	1.358	1.165	2064	2358	0.040	0.061
Tuberculosis immunization coverage	CH.2	0.996	0.003	0.003	1.170	1.082	483	548	0.990	1.000
Polio immunization coverage	CH.2	0.955	0.013	0.014	2.234	1.495	481	546	0.928	0.981
Immunization coverage for DPT	CH.2	0.970	0.010	0.011	1.966	1.402	478	544	0.950	0.991
Measles immunization coverage	CH.2	0.993	0.004	0.004	1.244	1.115	479	545	0.986	1.000
Fully immunized children	CH.2	0.949	0.014	0.015	2.151	1.467	479	545	0.922	0.977
Acute respiratory infection in last two weeks	CH.6	0.012	0.002	0.169	0.887	0.942	2164	2473	0.008	0.017
Antibiotic treatment of suspected pneumonia	CH.7	(0.308)	(*)	(*)	(*)	(*)	27	37	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.016	0.002	0.152	0.941	0.970	2164	2473	0.011	0.021
Received ORT or increased fluids and Continued feeding	CH.5	(0.555)	(*)	(*)	(*)	(*)	35	42	(*)	(*)
Support for learning	CD.1	0.791	0.009	0.011	1.219	1.104	2164	2473	0.773	0.809
Birth registration	CP.1	0.992	0.002	0.002	1.235	1.111	2164	2473	0.988	0.996

(*) – indicators are based on less than 50 cases of unweighted observations

Table SE.5. Sampling errors: Akmola Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.839	0.017	0.020	1.811	1.346	879	846	0.805	0.873
Child discipline	CP.4	0.540	0.034	0.062	1.688	1.299	382	373	0.473	0.608
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.984	0.007	0.007	2.670	1.634	2924	846	0.969	0.998
Use of improved sanitation facilities	EN.5	0.989	0.006	0.006	2.498	1.581	2924	846	0.977	1.000
Net primary school attendance rate	ED.3	0.971	0.016	0.016	1.514	1.230	181	178	0.940	1.000
Net secondary school attendance rate	ED.4	0.943	0.012	0.013	1.096	1.047	392	382	0.918	0.968
Primary completion rate	ED.6	(0.857)	(*)	(*)	(*)	(*)	42	41	(*)	(*)
Child labor	CP.2	0.011	0.005	0.433	0.951	0.975	471	461	0.001	0.020
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	80	67	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	80	67	1.000	1.000
Contraceptive prevalence	RH.1	0.606	0.022	0.036	0.895	0.946	529	443	0.562	0.650
Adult literacy	ED.8	1.000	0.000	0.000	na	na	221	184	1.000	1.000
Marriage before age 18	CP.5	0.096	0.013	0.137	1.110	1.054	668	558	0.070	0.122
Comprehensive knowledge about HIV prevention among young people	HA.3	0.248	0.018	0.074	1.211	1.100	797	666	0.211	0.285
Attitude towards people with HIV/AIDS	HA.5	0.073	0.010	0.135	0.947	0.973	785	656	0.053	0.093
Women who have been tested for HIV	HA.6	0.666	0.027	0.040	2.133	1.461	797	666	0.613	0.719
Knowledge of mother- to-child transmission of HIV	HA.4	0.470	0.028	0.060	2.098	1.449	797	666	0.414	0.526
UNDER-5s										
Underweight prevalence	NU.1	0.037	0.014	0.380	1.173	1.083	242	212	0.009	0.065
Tuberculosis immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	38	33	(*)	(*)
Polio immunization coverage	CH.2	(0.967)	(*)	(*)	(*)	(*)	38	33	(*)	(*)
Immunization coverage for DPT	CH.2	(1.000)	(*)	(*)	na	na	36	32	(*)	(*)
Measles immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	38	33	(*)	(*)
Fully immunized children	CH.2	(0.967)	(*)	(*)	(*)	(*)	38	33	(*)	(*)
Acute respiratory infection in last two weeks	CH.6	0.009	0.006	0.698	0.927	0.963	243	213	0.000	0.021
Diarrhoea in last two weeks	CH.4	0.009	0.006	0.679	0.877	0.936	243	213	0.000	0.021
Support for learning	CD.1	0.801	0.026	0.032	0.886	0.941	243	213	0.749	0.852
Birth registration	CP.1	0.987	0.010	0.010	1.527	1.236	243	213	0.967	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.6. Sampling errors: Aktobe Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.912	0.020	0.022	4.195	2.048	626	833	0.871	0.952
Child discipline	CP.4	0.395	0.045	0.115	3.567	1.889	298	416	0.304	0.485
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.950	0.026	0.027	11.967	3.459	2292	837	0.898	1.000
Use of improved sanitation facilities	EN.5	0.936	0.031	0.033	12.908	3.593	2292	837	0.875	0.997
Net primary school attendance rate	ED.3	0.987	0.008	0.008	1.010	1.005	152	216	0.971	1.000
Net secondary school attendance rate	ED.4	0.949	0.009	0.009	0.761	0.872	321	461	0.932	0.967
Primary completion rate	ED.6	0.885	0.031	0.035	0.560	0.749	41	60	0.823	0.947
Child labor	CP.2	0.026	0.010	0.391	2.248	1.499	390	557	0.006	0.046
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	68	93	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	68	93	1.000	1.000
Contraceptive prevalence	RH.1	0.479	0.040	0.084	2.998	1.731	348	461	0.398	0.560
Adult literacy	ED.8	0.997	0.003	0.003	0.837	0.915	217	296	0.992	1.000
Marriage before age 18	CP.5	0.058	0.012	0.202	1.829	1.353	560	729	0.034	0.081
Comprehensive knowledge about HIV prevention among young people	HA.3	0.215	0.044	0.207	10.382	3.222	675	887	0.126	0.303
Attitude towards people with HIV/AIDS	HA.5	0.061	0.018	0.291	4.707	2.170	659	861	0.025	0.096
Women who have been tested for HIV	HA.6	0.587	0.029	0.050	3.100	1.761	675	887	0.529	0.646
Knowledge of mother- to-child transmission of HIV	HA.4	0.489	0.044	0.089	6.766	2.601	675	887	0.401	0.576
UNDER-5s										
Underweight prevalence	NU.1	0.057	0.023	0.404	2.185	1.478	171	221	0.011	0.104
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	43	56	1.000	1.000
Polio immunization coverage	CH.2	1.000	0.000	0.000	na	na	43	56	1.000	1.000
Immunization coverage for DPT	CH.2	1.000	0.000	0.000	na	na	43	56	1.000	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	43	56	1.000	1.000
Fully immunized children	CH.2	1.000	0.000	0.000	na	na	43	56	1.000	1.000
Acute respiratory infection in last two weeks	CH.6	0.010	0.006	0.576	0.796	0.892	181	234	0.000	0.022
Diarrhoea in last two weeks	CH.4	0.023	0.010	0.453	1.112	1.054	181	234	0.002	0.043
Support for learning	CD.1	0.787	0.029	0.037	1.200	1.095	181	234	0.728	0.846
Birth registration	CP.1	0.997	0.003	0.003	0.814	0.902	181	234	0.990	1.000

na – not applicable

Table SE.7. Sampling errors: Almaty Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.997	0.002	0.002	2.052	1.433	1332	1081	0.992	1.000
Child discipline	CP.4	0.246	0.022	0.091	1.575	1.255	705	582	0.201	0.291
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.976	0.007	0.007	2.130	1.459	5474	1096	0.963	0.990
Use of improved sanitation facilities	EN.5	0.994	0.004	0.004	3.055	1.748	5474	1096	0.986	1.000
Net primary school attendance rate	ED.3	0.985	0.008	0.008	1.270	1.127	368	304	0.969	1.000
Net secondary school attendance rate	ED.4	0.933	0.009	0.010	0.847	0.921	750	624	0.914	0.951
Primary completion rate	ED.6	0.797	0.039	0.049	0.811	0.901	105	87	0.718	0.875
Child labor	CP.2	0.009	0.004	0.420	1.270	1.127	954	790	0.001	0.017
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	225	179	1.000	1.000
Antenatal care	RH.3	0.995	0.005	0.005	0.897	0.947	225	179	0.985	1.000
Contraceptive prevalence	RH.1	0.402	0.020	0.051	1.181	1.087	875	686	0.362	0.443
Adult literacy	ED.8	0.997	0.003	0.003	0.924	0.961	451	357	0.992	1.000
Marriage before age 18	CP.5	0.090	0.009	0.105	1.035	1.017	1225	956	0.071	0.109
Comprehensive knowledge about HIV prevention among young people	HA.3	0.311	0.020	0.066	2.244	1.498	1475	1155	0.270	0.351
Attitude towards people with HIV/AIDS	HA.5	0.039	0.007	0.186	1.587	1.260	1435	1123	0.025	0.054
Women who have been tested for HIV	HA.6	0.427	0.016	0.037	1.207	1.099	1475	1155	0.395	0.459
Knowledge of mother- to-child transmission of HIV	HA.4	0.461	0.020	0.043	1.833	1.354	1475	1155	0.422	0.501
UNDER-5s										
Underweight prevalence	NU.1	0.081	0.013	0.165	0.923	0.961	506	383	0.054	0.108
Tuberculosis immunization coverage	CH.2	0.990	0.010	0.010	0.907	0.953	119	91	0.969	1.000
Polio immunization coverage	CH.2	0.843	0.045	0.054	1.390	1.179	118	90	0.752	0.934
Immunization coverage for DPT	CH.2	0.882	0.039	0.045	1.294	1.137	115	88	0.804	0.961
Measles immunization coverage	CH.2	0.979	0.014	0.015	0.858	0.926	115	88	0.950	1.000
Fully immunized children	CH.2	0.820	0.047	0.058	1.330	1.153	117	89	0.726	0.915
Acute respiratory infection in last two weeks	CH.6	0.000	0.000	0.000	na	na	545	412	0.000	0.000
Diarrhoea in last two weeks	CH.4	0.002	0.002	0.988	0.911	0.954	545	412	0.000	0.007
Support for learning	CD.1	0.604	0.028	0.046	1.313	1.146	545	412	0.549	0.659
Birth registration	CP.1	0.988	0.004	0.004	0.639	0.800	545	412	0.979	0.997

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.8. Sampling errors: Atyrau Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.870	0.010	0.012	0.750	0.866	334	782	0.849	0.891
Child discipline	CP.4	0.554	0.023	0.041	0.916	0.957	184	444	0.508	0.599
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.893	0.035	0.039	9.801	3.131	1511	782	0.823	0.962
Use of improved sanitation facilities	EN.5	1.000	0.000	0.000	na	na	1511	782	1.000	1.000
Net primary school attendance rate	ED.3	0.989	0.007	0.007	0.922	0.960	101	247	0.976	1.000
Net secondary school attendance rate	ED.4	0.959	0.013	0.013	2.483	1.576	245	610	0.934	0.984
Primary completion rate	ED.6	0.904	0.032	0.036	0.809	0.899	28	69	0.840	0.968
Child labor	CP.2	0.002	0.002	1.023	1.344	1.159	274	681	0.000	0.006
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	53	124	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	53	124	1.000	1.000
Contraceptive prevalence	RH.1	0.524	0.028	0.054	1.698	1.303	236	532	0.467	0.580
Adult literacy	ED.8	1.000	0.000	0.000	na	na	175	396	1.000	1.000
Marriage before age 18	CP.5	0.042	0.005	0.129	0.579	0.761	356	798	0.031	0.053
Comprehensive knowledge about HIV prevention among young people	HA.3	0.19	0.023	0.122	3.555	1.886	458	1026	0.144	0.236
Attitude towards people with HIV/AIDS	HA.5	0.076	0.023	0.300	7.487	2.736	450	1004	0.030	0.122
Women who have been tested for HIV	HA.6	0.458	0.029	0.064	3.490	1.868	458	1026	0.399	0.516
Knowledge of mother- to-child transmission of HIV	HA.4	0.398	0.032	0.081	4.454	2.110	458	1026	0.334	0.463
UNDER-5s										
Underweight prevalence	NU.1	0.022	0.009	0.435	1.223	1.106	134	292	0.003	0.041
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	26	59	1.000	1.000
Polio immunization coverage	CH.2	1.000	0.000	0.000	na	na	26	59	1.000	1.000
Immunization coverage for DPT	CH.2	1.000	0.000	0.000	na	na	26	59	1.000	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	26	59	1.000	1.000
Fully immunized children	CH.2	1.000	0.000	0.000	na	na	26	59	1.000	1.000
Acute respiratory infection in last two weeks	CH.6	0.014	0.006	0.437	0.840	0.917	143	314	0.002	0.026
Diarrhoea in last two weeks	CH.4	0.009	0.005	0.604	1.028	1.014	143	314	0.000	0.020
Support for learning	CD.1	0.794	0.025	0.032	1.242	1.114	143	314	0.743	0.845
Birth registration	CP.1	1.000	0.000	0.000	na	na	143	314	1.000	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.9. Sampling errors: West Kazakhstan Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.905	0.028	0.031	7.575	2.752	600	820	0.848	0.961
Child discipline	CP.4	0.570	0.032	0.056	1.649	1.284	276	395	0.506	0.634
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.905	0.044	0.049	18.404	4.290	2264	820	0.817	0.993
Use of improved sanitation facilities	EN.5	0.998	0.001	0.001	0.210	0.458	2264	820	0.996	0.999
Net primary school attendance rate	ED.3	0.994	0.006	0.006	0.913	0.955	113	163	0.983	1.000
Net secondary school attendance rate	ED.4	0.945	0.008	0.008	0.547	0.740	335	485	0.930	0.961
Primary completion rate	ED.6	(0.956)	(*)	(*)	(*)	(*)	28	40	(*)	(*)
Child labor	CP.2	0.024	0.009	0.386	1.861	1.364	344	501	0.006	0.043
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	58	79	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	58	79	1.000	1.000
Contraceptive prevalence	RH.1	0.623	0.024	0.039	1.256	1.121	388	509	0.575	0.671
Adult literacy	ED.8	0.993	0.005	0.005	0.995	0.998	239	307	0.984	1.000
Marriage before age 18	CP.5	0.054	0.008	0.151	0.939	0.969	565	731	0.038	0.070
Comprehensive knowledge about HIV prevention among young people	HA.3	0.324	0.029	0.090	3.529	1.878	699	905	0.265	0.382
Attitude towards people with HIV/AIDS	HA.5	0.028	0.006	0.218	1.214	1.102	694	898	0.016	0.040
Women who have been tested for HIV	HA.6	0.836	0.015	0.018	1.503	1.226	699	905	0.806	0.866
Knowledge of mother- to-child transmission of HIV	HA.4	0.560	0.026	0.046	2.444	1.563	699	905	0.509	0.612
UNDER-5s										
Underweight prevalence	NU.1	0.088	0.019	0.217	0.902	0.950	149	200	0.049	0.126
Tuberculosis immunization coverage	CH.2	(0.978)	(*)	(*)	(*)	(*)	31	42	(*)	(*)
Polio immunization coverage	CH.2	(0.978)	(*)	(*)	(*)	(*)	31	41	(*)	(*)
Immunization coverage for DPT	CH.2	(0.978)	(*)	(*)	(*)	(*)	31	41	(*)	(*)
Measles immunization coverage	CH.2	(0.947)	(*)	(*)	(*)	(*)	31	42	(*)	(*)
Fully immunized children	CH.2	(0.946)	(*)	(*)	(*)	(*)	31	41	(*)	(*)
Acute respiratory infection in last two weeks	CH.6	0.047	0.010	0.212	0.448	0.669	152	203	0.027	0.067
Diarrhoea in last two weeks	CH.4	0.038	0.012	0.323	0.832	0.912	152	203	0.013	0.063
Support for learning	CD.1	0.873	0.023	0.026	0.927	0.963	152	203	0.828	0.918
Birth registration	CP.1	0.995	0.005	0.005	0.925	0.962	152	203	0.986	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.10. Sampling errors: Zhambyl Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.912	0.015	0.016	2.575	1.605	821	961	0.883	0.941
Child discipline	CP.4	0.625	0.025	0.040	1.426	1.194	441	527	0.575	0.676
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.996	0.003	0.003	1.602	1.266	3190	974	0.991	1.000
Use of improved sanitation facilities	EN.5	0.988	0.004	0.005	1.587	1.260	3190	974	0.979	0.997
Net primary school attendance rate	ED.3	0.972	0.013	0.014	1.681	1.296	212	257	0.945	0.999
Net secondary school attendance rate	ED.4	0.955	0.009	0.009	1.090	1.044	478	577	0.937	0.973
Primary completion rate	ED.6	0.895	0.026	0.030	0.563	0.750	63	77	0.842	0.948
Child labor	CP.2	0.010	0.005	0.557	2.254	1.501	603	734	0.000	0.021
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	139	165	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	139	165	1.000	1.000
Contraceptive prevalence	RH.1	0.428	0.023	0.053	1.255	1.120	510	592	0.382	0.474
Adult literacy	ED.8	0.997	0.003	0.003	0.824	0.907	276	316	0.992	1.000
Marriage before age 18	CP.5	0.120	0.012	0.102	1.177	1.085	725	826	0.096	0.145
Comprehensive knowledge about HIV prevention among young people	HA.3	0.115	0.017	0.151	2.974	1.724	877	998	0.080	0.150
Attitude towards people with HIV/AIDS	HA.5	0.019	0.006	0.311	1.773	1.332	854	968	0.007	0.030
Women who have been tested for HIV	HA.6	0.420	0.021	0.050	1.835	1.355	877	998	0.377	0.462
Knowledge of mother- to-child transmission of HIV	HA.4	0.647	0.030	0.046	3.870	1.967	877	998	0.587	0.706
UNDER-5s										
Underweight prevalence	NU.1	0.021	0.007	0.333	0.886	0.942	337	379	0.007	0.035
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	78	89	1.000	1.000
Polio immunization coverage	CH.2	1.000	0.000	0.000	na	na	78	89	1.000	1.000
Immunization coverage for DPT	CH.2	1.000	0.000	0.000	na	na	78	89	1.000	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	78	89	1.000	1.000
Fully immunized children	CH.2	1.000	0.000	0.000	na	na	78	89	1.000	1.000
Acute respiratory infection in last two weeks	CH.6	0.013	0.006	0.475	1.189	1.090	345	387	0.001	0.026
Diarrhoea in last two weeks	CH.4	0.025	0.008	0.307	0.914	0.956	345	387	0.009	0.040
Support for learning	CD.1	0.697	0.031	0.045	1.809	1.345	345	387	0.634	0.760
Birth registration	CP.1	0.986	0.007	0.007	1.460	1.208	345	387	0.971	1.000

na – not applicable

Table SE.11. Sampling errors: Karagandy Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.895	0.012	0.013	1.628	1.276	1614	1052	0.871	0.919
Child discipline	CP.4	0.688	0.022	0.031	0.874	0.935	614	404	0.645	0.731
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.961	0.019	0.020	10.616	3.258	4958	1052	0.922	1.000
Use of improved sanitation facilities	EN.5	0.993	0.002	0.002	0.551	0.742	4958	1052	0.989	0.997
Net primary school attendance rate	ED.3	0.988	0.008	0.008	1.040	1.020	271	180	0.971	1.000
Net secondary school attendance rate	ED.4	0.959	0.011	0.011	1.354	1.163	657	440	0.938	0.981
Primary completion rate	ED.6	(0.902)	(*)	(*)	(*)	(*)	67	44	(*)	(*)
Child labor	CP.2	0.005	0.003	0.698	1.064	1.032	718	478	0.000	0.011
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	129	81	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	129	81	1.000	1.000
Contraceptive prevalence	RH.1	0.550	0.021	0.038	0.909	0.954	799	505	0.508	0.593
Adult literacy	ED.8	1.000	0.000	0.000	na	na	486	305	1.000	1.000
Marriage before age 18	CP.5	0.111	0.013	0.118	1.312	1.145	1207	757	0.085	0.137
Comprehensive knowledge about HIV prevention among young people	HA.3	0.250	0.020	0.081	2.009	1.417	1476	924	0.210	0.291
Attitude towards people with HIV/AIDS	HA.5	0.017	0.005	0.283	1.314	1.146	1473	922	0.008	0.027
Women who have been tested for HIV	HA.6	0.711	0.020	0.028	1.771	1.331	1476	924	0.671	0.750
Knowledge of mother- to-child transmission of HIV	HA.4	0.535	0.025	0.047	2.343	1.531	1476	924	0.485	0.586
WOMEN										
Underweight prevalence	NU.1	0.032	0.016	0.496	1.456	1.207	296	179	0.000	0.064
Tuberculosis immunization coverage	CH.2	(0.977)	(*)	(*)	(*)	(*)	79	46	(*)	(*)
Polio immunization coverage	CH.2	(0.977)	(*)	(*)	(*)	(*)	79	46	(*)	(*)
Immunization coverage for DPT	CH.2	(0.977)	(*)	(*)	(*)	(*)	79	46	(*)	(*)
Measles immunization coverage	CH.2	(0.977)	(*)	(*)	(*)	(*)	79	46	(*)	(*)
Fully immunized children	CH.2	(0.977)	(*)	(*)	(*)	(*)	79	46	(*)	(*)
Acute respiratory infection in last two weeks	CH.6	0.053	0.019	0.353	1.322	1.150	316	191	0.016	0.090
Diarrhoea in last two weeks	CH.4	0.040	0.016	0.398	1.245	1.116	316	191	0.008	0.071
Support for learning	CD.1	0.853	0.024	0.028	0.852	0.923	316	191	0.805	0.900
Birth registration	CP.1	0.989	0.008	0.008	1.121	1.059	316	191	0.972	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.12. Sampling errors: Kostanai Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.983	0.006	0.006	1.725	1.313	1168	920	0.972	0.994
Child discipline	CP.4	0.449	0.029	0.064	1.241	1.114	452	371	0.391	0.506
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.832	0.039	0.047	10.157	3.187	3617	921	0.753	0.910
Use of improved sanitation facilities	EN.5	1.000	0.000	0.000	na	na	3617	921	1.000	1.000
Net primary school attendance rate	ED.3	0.979	0.008	0.008	0.447	0.669	198	165	0.963	0.994
Net secondary school attendance rate	ED.4	0.957	0.013	0.014	1.591	1.261	466	387	0.931	0.983
Primary completion rate	ED.6	0.880	0.045	0.051	1.000	1.000	66	54	0.791	0.969
Child labor	CP.2	0.048	0.012	0.250	1.359	1.166	514	430	0.024	0.072
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	84	67	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	84	67	1.000	1.000
Contraceptive prevalence	RH.1	0.604	0.032	0.052	1.902	1.379	584	456	0.541	0.668
Adult literacy	ED.8	0.995	0.005	0.005	1.202	1.096	296	228	0.984	1.000
Marriage before age 18	CP.5	0.101	0.013	0.133	1.304	1.142	851	653	0.074	0.128
Comprehensive knowledge about HIV prevention among young people	HA.3	0.218	0.019	0.087	1.658	1.288	1016	782	0.180	0.256
Attitude towards people with HIV/AIDS	HA.5	0.033	0.010	0.304	2.409	1.552	1002	771	0.013	0.053
Women who have been tested for HIV	HA.6	0.694	0.020	0.028	1.419	1.191	1016	782	0.655	0.734
Knowledge of mother- to-child transmission of HIV	HA.4	0.557	0.025	0.045	1.991	1.411	1016	782	0.506	0.607
UNDER-5s										
Underweight prevalence	NU.1	0.039	0.013	0.331	0.836	0.914	254	191	0.013	0.064
Tuberculosis immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	54	42	(*)	(*)
Polio immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	54	42	(*)	(*)
Immunization coverage for DPT	CH.2	(1.000)	(*)	(*)	na	na	54	42	(*)	(*)
Measles immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	54	42	(*)	(*)
Fully immunized children	CH.2	(1.000)	(*)	(*)	na	na	54	42	(*)	(*)
Acute respiratory infection in last two weeks	CH.6	0.022	0.011	0.500	1.137	1.066	267	201	0.000	0.044
Diarrhoea in last two weeks	CH.4	0.029	0.013	0.453	1.245	1.116	267	201	0.003	0.056
Support for learning	CD.1	0.879	0.017	0.019	0.538	0.734	267	201	0.845	0.913
Birth registration	CP.1	0.985	0.008	0.008	0.951	0.975	267	201	0.969	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.13. Sampling errors: Kyzylorda Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.946	0.013	0.013	2.520	1.587	409	830	0.921	0.971
Child discipline	CP.4	0.587	0.021	0.035	0.960	0.980	265	547	0.546	0.628
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.967	0.026	0.027	17.643	4.200	1921	830	0.915	1.000
Use of improved sanitation facilities	EN.5	1.000	0.000	0.000	na	na	1921	830	1.000	1.000
Net primary school attendance rate	ED.3	0.985	0.005	0.005	0.549	0.741	143	297	0.975	0.996
Net secondary school attendance rate	ED.4	0.956	0.008	0.008	1.026	1.013	333	695	0.940	0.971
Primary completion rate	ED.6	0.952	0.024	0.025	1.066	1.033	40	84	0.904	1.000
Child labor	CP.2	0.072	0.013	0.175	1.997	1.413	403	842	0.047	0.097
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	80	156	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	80	156	1.000	1.000
Contraceptive prevalence	RH.1	0.571	0.022	0.039	1.215	1.102	301	592	0.527	0.616
Adult literacy	ED.8	0.994	0.004	0.004	0.968	0.984	177	341	0.986	1.000
Marriage before age 18	CP.5	0.069	0.010	0.138	1.174	1.083	429	832	0.050	0.088
Comprehensive knowledge about HIV prevention among young people	HA.3	0.1285	0.013	0.101	1.533	1.238	528	1022	0.103	0.154
Attitude towards people with HIV/AIDS	HA.5	0.030	0.005	0.174	0.896	0.947	497	957	0.020	0.041
Women who have been tested for HIV	HA.6	0.533	0.019	0.036	1.500	1.225	528	1022	0.495	0.571
Knowledge of mother- to-child transmission of HIV	HA.4	0.607	0.025	0.042	2.723	1.650	528	1022	0.557	0.658
UNDER-5s										
Underweight prevalence	NU.1	0.039	0.010	0.257	0.946	0.973	188	359	0.019	0.058
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	44	82	1.000	1.000
Polio immunization coverage	CH.2	1.000	0.000	0.000	na	na	44	82	1.000	1.000
Immunization coverage for DPT	CH.2	1.000	0.000	0.000	na	na	44	82	1.000	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	44	82	1.000	1.000
Fully immunized children	CH.2	1.000	0.000	0.000	na	na	44	82	1.000	1.000
Acute respiratory infection in last two weeks	CH.6	0.010	0.005	0.502	1.019	1.009	209	397	0.000	0.020
Diarrhoea in last two weeks	CH.4	0.005	0.003	0.688	0.954	0.977	209	397	0.000	0.012
Support for learning	CD.1	0.717	0.024	0.033	1.103	1.050	209	397	0.669	0.764
Birth registration	CP.1	0.997	0.003	0.003	1.186	1.089	209	397	0.991	1.000

na – not applicable

Table SE.14. Sampling errors: Mangistau Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.995	0.002	0.002	0.411	0.641	273	758	0.991	0.998
Child discipline	CP.4	0.409	0.027	0.066	1.283	1.133	142	421	0.355	0.464
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.998	0.002	0.002	1.748	1.322	1127	758	0.993	1.000
Use of improved sanitation facilities	EN.5	0.999	0.001	0.001	0.635	0.797	1127	758	0.998	1.000
Net primary school attendance rate	ED.3	0.993	0.005	0.005	1.014	1.007	84	259	0.982	1.000
Net secondary school attendance rate	ED.4	0.987	0.005	0.005	1.133	1.064	164	497	0.977	0.998
Primary completion rate	ED.6	0.911	0.045	0.050	1.621	1.273	21	65	0.820	1.000
Child labor	CP.2	0.018	0.012	0.639	4.831	2.198	207	632	0.000	0.042
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	45	133	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	45	133	1.000	1.000
Contraceptive prevalence	RH.1	0.534	0.020	0.037	0.835	0.914	183	519	0.494	0.574
Adult literacy	ED.8	1.000	0.000	0.000	na	na	117	339	1.000	1.000
Marriage before age 18	CP.5	0.046	0.010	0.213	1.678	1.296	279	778	0.026	0.065
Comprehensive knowledge about HIV prevention among young people	HA.3	0.107	0.029	0.270	8.164	2.857	335	938	0.049	0.165
Attitude towards people with HIV/AIDS	HA.5	0.015	0.002	0.104	0.153	0.391	332	931	0.012	0.018
Women who have been tested for HIV	HA.6	0.528	0.028	0.053	2.961	1.721	335	938	0.472	0.585
Knowledge of mother- to-child transmission of HIV	HA.4	0.612	0.045	0.073	7.926	2.815	335	938	0.523	0.702
UNDER-5s										
Underweight prevalence	NU.1	0.027	0.013	0.468	1.817	1.348	102	298	0.002	0.053
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	26	76	1.000	1.000
Polio immunization coverage	CH.2	1.000	0.000	0.000	na	na	26	76	1.000	1.000
Immunization coverage for DPT	CH.2	1.000	0.000	0.000	na	na	26	76	1.000	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	26	76	1.000	1.000
Fully immunized children	CH.2	1.000	0.000	0.000	na	na	26	76	1.000	1.000
Acute respiratory infection in last two weeks	CH.6	0.019	0.009	0.480	1.383	1.176	109	319	0.001	0.036
Diarrhoea in last two weeks	CH.4	0.004	0.004	0.946	1.230	1.109	109	319	0.000	0.012
Support for learning	CD.1	0.843	0.024	0.028	1.340	1.158	109	319	0.796	0.890
Birth registration	CP.1	0.994	0.005	0.005	1.129	1.063	109	319	0.984	1.000

na – not applicable

Table SE.15. Sampling errors: South Kazakhstan Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.946	0.007	0.007	1.084	1.041	1414	1124	0.932	0.960
Child discipline	CP.4	0.557	0.023	0.041	1.560	1.249	899	726	0.511	0.603
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.857	0.020	0.024	3.807	1.951	6790	1125	0.817	0.898
Use of improved sanitation facilities	EN.5	0.999	0.001	0.001	0.705	0.840	6790	1125	0.998	1.000
Net primary school attendance rate	ED.3	0.994	0.003	0.003	0.857	0.926	572	468	0.988	1.000
Net secondary school attendance rate	ED.4	0.940	0.009	0.010	1.337	1.156	1116	913	0.922	0.958
Primary completion rate	ED.6	0.953	0.019	0.020	1.123	1.060	169	141	0.915	0.991
Child labor	CP.2	0.016	0.005	0.306	1.866	1.366	1481	1210	0.006	0.026
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	309	243	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	309	243	1.000	1.000
Contraceptive prevalence	RH.1	0.266	0.016	0.061	1.214	1.102	1156	895	0.233	0.298
Adult literacy	ED.8	0.998	0.002	0.002	0.866	0.931	602	473	0.994	1.000
Marriage before age 18	CP.5	0.078	0.010	0.130	1.584	1.259	1459	1111	0.058	0.099
Comprehensive knowledge about HIV prevention among young people	HA.3	0.124	0.010	0.078	1.152	1.073	1768	1352	0.105	0.143
Attitude towards people with HIV/AIDS	HA.5	0.020	0.004	0.219	1.340	1.158	1756	1344	0.011	0.029
Women who have been tested for HIV	HA.6	0.561	0.031	0.055	5.156	2.271	1768	1352	0.500	0.622
Knowledge of mother- to-child transmission of HIV	HA.4	0.606	0.015	0.025	1.303	1.141	1768	1352	0.576	0.637
UNDER-5s										
Underweight prevalence	NU.1	0.028	0.007	0.234	0.960	0.980	807	603	0.015	0.041
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	184	139	1.000	1.000
Polio immunization coverage	CH.2	0.990	0.009	0.009	1.282	1.132	184	139	0.972	1.000
Immunization coverage for DPT	CH.2	0.990	0.009	0.009	1.282	1.132	184	139	0.972	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	183	138	1.000	1.000
Fully immunized children	CH.2	0.990	0.009	0.009	1.282	1.132	184	139	0.972	1.000
Acute respiratory infection in last two weeks	CH.6	0.011	0.005	0.515	1.754	1.324	827	619	0.000	0.022
Diarrhoea in last two weeks	CH.4	0.006	0.004	0.569	1.278	1.131	827	619	0.000	0.014
Support for learning	CD.1	0.943	0.007	0.008	0.593	0.770	827	619	0.929	0.958
Birth registration	CP.1	0.992	0.003	0.003	0.506	0.712	827	619	0.987	0.997

na – not applicable

Table SE.16. Sampling errors: Pavlodar Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.683	0.020	0.029	1.554	1.247	909	871	0.643	0.722
Child discipline	CP.4	0.715	0.023	0.032	0.815	0.903	332	328	0.670	0.760
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.963	0.012	0.012	3.330	1.825	2754	873	0.940	0.986
Use of improved sanitation facilities	EN.5	1.000	0.000	0.000	na	na	2754	873	1.000	1.000
Net primary school attendance rate	ED.3	0.966	0.012	0.012	0.620	0.787	140	140	0.942	0.990
Net secondary school attendance rate	ED.4	0.946	0.012	0.013	1.018	1.009	364	366	0.923	0.970
Primary completion rate	ED.6	(0.815)	(*)	(*)	(*)	(*)	34	36	(*)	(*)
Child labor	CP.2	0.059	0.012	0.211	1.063	1.031	382	384	0.034	0.083
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	84	75	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	84	75	1.000	1.000
Contraceptive prevalence	RH.1	0.610	0.023	0.038	0.974	0.987	463	433	0.564	0.656
Adult literacy	ED.8	0.995	0.005	0.005	1.159	1.077	255	234	0.985	1.000
Marriage before age 18	CP.5	0.090	0.010	0.108	0.723	0.850	686	630	0.071	0.110
Comprehensive knowledge about HIV prevention among young people	HA.3	0.348	0.015	0.042	0.727	0.852	820	756	0.319	0.378
Attitude towards people with HIV/AIDS	HA.5	0.052	0.007	0.138	0.775	0.880	813	749	0.037	0.066
Women who have been tested for HIV	HA.6	0.903	0.010	0.012	0.943	0.971	820	756	0.882	0.924
Knowledge of mother- to-child transmission of HIV	HA.4	0.650	0.018	0.027	1.027	1.014	820	756	0.615	0.685
UNDER-5s										
Underweight prevalence	NU.1	0.021	0.011	0.496	0.889	0.943	190	168	0.000	0.042
Tuberculosis immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	47	41	(*)	(*)
Polio immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	47	41	(*)	(*)
Immunization coverage for DPT	CH.2	(1.000)	(*)	(*)	na	na	47	41	(*)	(*)
Measles immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	47	41	(*)	(*)
Fully immunized children	CH.2	(1.000)	(*)	(*)	na	na	47	41	(*)	(*)
Acute respiratory infection in last two weeks	CH.6	0.027	0.012	0.446	0.953	0.976	197	173	0.003	0.051
Diarrhoea in last two weeks	CH.4	0.036	0.016	0.441	1.239	1.113	197	173	0.004	0.067
Support for learning	CD.1	0.861	0.025	0.030	0.932	0.966	197	173	0.810	0.912
Birth registration	CP.1	0.993	0.007	0.007	1.207	1.099	197	173	0.980	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.17. Sampling errors: North Kazakhstan Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0,967	0,005	0,006	0,756	0,870	805	847	0,956	0,977
Child discipline	CP.4	0,659	0,035	0,053	1,714	1,309	298	321	0,590	0,729
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0,817	0,046	0,056	11,910	3,451	2439	847	0,725	0,909
Use of improved sanitation facilities	EN.5	0,992	0,004	0,004	2,026	1,423	2439	847	0,983	1,000
Net primary school attendance rate	ED.3	0,976	0,015	0,015	1,152	1,073	117	130	0,946	1,000
Net secondary school attendance rate	ED.4	0,950	0,014	0,015	1,495	1,223	315	343	0,922	0,979
Primary completion rate	ED.6	(*)	(*)	(*)	(*)	(*)	22	23	(*)	(*)
Child labor	CP.2	0,042	0,008	0,183	0,555	0,745	345	376	0,027	0,058
WOMEN										
Skilled attendant at delivery	RH.5	0,964	0,022	0,023	0,857	0,926	61	60	0,919	1,000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	61	60	1,000	1,000
Contraceptive prevalence	RH.1	0,555	0,027	0,049	1,261	1,123	418	427	0,501	0,609
Adult literacy	ED.8	1.000	0.000	0.000	na	na	175	177	1,000	1,000
Marriage before age 18	CP.5	0,113	0,016	0,143	1,500	1,225	573	576	0,081	0,146
Comprehensive knowledge about HIV prevention among young people	HA.3	0,281	0,026	0,094	2,362	1,537	674	681	0,228	0,334
Attitude towards people with HIV/AIDS	HA.5	0,053	0,012	0,218	1,802	1,342	672	678	0,030	0,076
Women who have been tested for HIV	HA.6	0,753	0,015	0,019	0,788	0,887	674	681	0,724	0,783
Knowledge of mother- to-child transmission of HIV	HA.4	0,414	0,015	0,036	0,616	0,785	674	681	0,384	0,443
UNDER-5s										
Underweight prevalence	NU.1	0.028	0.014	0.514	1.161	1.077	158	156	0.000	0.056
Tuberculosis immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	28	28	(*)	(*)
Polio immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	28	28	(*)	(*)
Immunization coverage for DPT	CH.2	(1.000)	(*)	(*)	na	na	28	28	(*)	(*)
Measles immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	28	28	(*)	(*)
Fully immunized children	CH.2	(1.000)	(*)	(*)	na	na	28	28	(*)	(*)
Acute respiratory infection in last two weeks	CH.6	0.028	0.014	0.517	1.229	1.108	163	161	0.000	0.057
Diarrhoea in last two weeks	CH.4	0.063	0.017	0.264	0.753	0.868	163	161	0.030	0.097
Support for learning	CD.1	0.779	0.030	0.038	0.832	0.912	163	161	0.719	0.839
Birth registration	CP.1	0.991	0.009	0.009	1.380	1.175	163	161	0.974	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.18. Sampling errors: East Kazakhstan Oblast

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.928	0.016	0.017	3.967	1.992	1652	1082	0.896	0.959
Child discipline	CP.4	0.529	0.031	0.059	1.511	1.229	558	385	0.467	0.592
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.964	0.012	0.013	4.556	2.135	5097	1082	0.940	0.988
Use of improved sanitation facilities	EN.5	1.000	0.000	0.000	na	na	5097	1082	1.000	1.000
Net primary school attendance rate	ED.3	0.936	0.021	0.022	1.098	1.048	213	151	0.894	0.978
Net secondary school attendance rate	ED.4	0.979	0.008	0.008	1.338	1.157	647	450	0.963	0.995
Primary completion rate	ED.6	(0.793)	(*)	(*)	(*)	(*)	63	43	(*)	(*)
Child labor	CP.2	0.010	0.003	0.342	0.487	0.698	611	433	0.003	0.016
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	141	94	1.000	1.000
Antenatal care	RH.3	0.991	0.001	0.001	0.004	0.065	141	94	0.990	0.993
Contraceptive prevalence	RH.1	0.611	0.030	0.048	1.921	1.386	809	524	0.552	0.670
Adult literacy	ED.8	0.996	0.004	0.004	1.246	1.116	469	305	0.988	1.000
Marriage before age 18	CP.5	0.093	0.013	0.136	1.470	1.212	1216	777	0.067	0.118
Comprehensive knowledge about HIV prevention among young people	HA.3	0.234	0.023	0.100	2.854	1.689	1467	940	0.187	0.280
Attitude towards people with HIV/AIDS	HA.5	0.024	0.006	0.257	1.507	1.227	1453	930	0.012	0.036
Women who have been tested for HIV	HA.6	0.500	0.024	0.047	2.085	1.444	1467	940	0.452	0.547
Knowledge of mother- to-child transmission of HIV	HA.4	0.495	0.032	0.064	3.798	1.949	1467	940	0.431	0.558
UNDER-5s										
Underweight prevalence	NU.1	0.056	0.017	0.306	0.980	0.990	282	179	0.022	0.090
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	87	56	1.000	1.000
Polio immunization coverage	CH.2	0.948	0.038	0.040	1.581	1.257	87	56	0.873	1.000
Immunization coverage for DPT	CH.2	1.000	0.000	0.000	na	na	87	56	1.000	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	87	56	1.000	1.000
Fully immunized children	CH.2	0.948	0.038	0.040	1.581	1.257	87	56	0.873	1.000
Acute respiratory infection in last two weeks	CH.6	0.007	0.007	1.009	1.300	1.140	304	195	0.000	0.020
Diarrhoea in last two weeks	CH.4	0.026	0.011	0.442	0.999	1.000	304	195	0.003	0.048
Support for learning	CD.1	0.763	0.031	0.040	1.020	1.010	304	195	0.701	0.824
Birth registration	CP.1	1.000	0.000	0.000	na	na	304	195	1.000	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.19. Sampling errors: Astana City

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.943	0.008	0.009	0.972	0.986	334	754	0.926	0.960
Child discipline	CP.4	0.611	0.035	0.058	1.664	1.290	142	321	0.540	0.681
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	1.000	0.000	0.000	na	na	1063	755	1.000	1.000
Use of improved sanitation facilities	EN.5	1.000	0.000	0.000	na	na	1063	755	1.000	1.000
Net primary school attendance rate	ED.3	0.934	0.023	0.025	1.069	1.034	54	122	0.888	0.981
Net secondary school attendance rate	ED.4	0.975	0.010	0.010	1.190	1.091	124	281	0.955	0.995
Primary completion rate	ED.6	(0.882)	(*)	(*)	(*)	(*)	15	34	(*)	(*)
Child labor	CP.2	0.046	0.022	0.470	3.700	1.923	154	349	0.003	0.089
WOMEN										
Skilled attendant at delivery	RH.5	0.988	0.012	0.012	0.990	0.995	40	84	0.964	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	40	84	1.000	1.000
Contraceptive prevalence	RH.1	0.617	0.035	0.057	2.200	1.483	204	426	0.547	0.687
Adult literacy	ED.8	0.996	0.004	0.004	1.037	1.019	109	228	0.987	1.000
Marriage before age 18	CP.5	0.056	0.014	0.245	2.341	1.530	319	664	0.028	0.083
Comprehensive knowledge about HIV prevention among young people	HA.3	0.458	0.039	0.084	4.604	2.146	368	766	0.381	0.536
Attitude towards people with HIV/AIDS	HA.5	0.026	0.008	0.311	1.990	1.411	363	757	0.010	0.043
Women who have been tested for HIV	HA.6	0.709	0.037	0.052	5.007	2.238	368	766	0.635	0.782
Knowledge of mother- to-child transmission of HIV	HA.4	0.594	0.049	0.083	7.630	2.762	368	766	0.496	0.692
UNDER-5s										
Underweight prevalence	NU.1	0.035	0.015	0.435	1.169	1.081	84	172	0.005	0.065
Tuberculosis immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	19	39	(*)	(*)
Polio immunization coverage	CH.2	(0.795)	(*)	(*)	(*)	(*)	19	39	(*)	(*)
Immunization coverage for DPT	CH.2	(0.923)	(*)	(*)	(*)	(*)	19	39	(*)	(*)
Measles immunization coverage	CH.2	(1.000)	(*)	(*)	na	na	19	39	(*)	(*)
Fully immunized children	CH.2	(0.718)	(*)	(*)	(*)	(*)	19	39	(*)	(*)
Acute respiratory infection in last two weeks	CH.6	0.000	0.000	0.000	na	na	90	185	0.000	0.000
Diarrhoea in last two weeks	CH.4	0.016	0.009	0.579	1.018	1.009	90	185	0.000	0.035
Support for learning	CD.1	0.881	0.024	0.028	1.033	1.016	90	185	0.833	0.930
Birth registration	CP.1	1.000	0.000	0.000	na	na	90	185	1.000	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Table SE.20. Sample errors: Almaty City

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

	Table	Value ®	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r – 2 se	r+ 2 se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.967	0.008	0.008	1.686	1.298	1257	897	0.951	0.982
Child discipline	CP.4	0.373	0.038	0.102	1.857	1.363	424	303	0.297	0.449
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	1.000	0.000	0.000	na	na	3839	966	1.000	1.000
Use of improved sanitation facilities	EN.5	0.983	0.016	0.016	14.330	3.786	3839	966	0.951	1.000
Net primary school attendance rate	ED.3	0.991	0.009	0.009	1.032	1.016	154	110	0.972	1.000
Net secondary school attendance rate	ED.4	0.962	0.012	0.012	1.119	1.058	410	293	0.939	0.986
Primary completion rate	ED.6	(0.900)	(*)	(*)	(*)	(*)	42	30	(*)	(*)
Child labor	CP.2	0.024	0.006	0.268	0.586	0.765	468	334	0.011	0.037
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	na	na	124	84	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	na	na	124	84	1.000	1.000
Contraceptive prevalence	RH.1	0.559	0.037	0.066	2.068	1.438	547	370	0.485	0.634
Adult literacy	ED.8	1.000	0.000	0.000	na	na	312	211	1.000	1.000
Marriage before age 18	CP.5	0.058	0.011	0.186	1.401	1.184	969	656	0.036	0.080
Comprehensive knowledge about HIV prevention among young people	HA.3	0.110	0.019	0.175	2.904	1.704	1126	762	0.072	0.149
Attitude towards people with HIV/AIDS	HA.5	0.074	0.021	0.289	5.052	2.248	1124	761	0.031	0.116
Women who have been tested for HIV	HA.6	0.730	0.032	0.044	3.896	1.974	1126	762	0.666	0.793
Knowledge of mother- to-child transmission of HIV	HA.4	0.625	0.029	0.047	2.748	1.658	1126	762	0.566	0.683
UNDER-5s										
Underweight prevalence	NU.1	0.021	0.014	0.684	1.902	1.379	291	189	0.000	0.050
Tuberculosis immunization coverage	CH.2	1.000	0.000	0.000	na	na	88	57	1.000	1.000
Polio immunization coverage	CH.2	1.000	0.000	0.000	na	na	88	57	1.000	1.000
Immunization coverage for DPT	CH.2	1.000	0.000	0.000	na	na	88	57	1.000	1.000
Measles immunization coverage	CH.2	1.000	0.000	0.000	na	na	88	57	1.000	1.000
Fully immunized children	CH.2	1.000	0.000	0.000	na	na	88	57	1.000	1.000
Acute respiratory infection in last two weeks	CH.6	0.005	0.005	1.003	1.007	1.003	324	211	0.000	0.014
Diarrhoea in last two weeks	CH.4	0.009	0.007	0.712	1.018	1.009	324	211	0.000	0.023
Support for learning	CD.1	0.896	0.029	0.033	1.924	1.387	324	211	0.837	0.954
Birth registration	CP.1	1.000	0.000	0.000	na	na	324	211	1.000	1.000

(*) – indicators are based on less than 50 cases of unweighted observations
na – not applicable

Appendix D

Data Quality Tables

Table DQ.1. Age distribution of household members

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

age	Males		Females	
	Number	Percent	Number	Percent
0	427	1.7	377	1.4
1	470	1.9	411	1.6
2	460	1.9	398	1.5
3	408	1.7	375	1.4
4	360	1.5	337	1.3
5	338	1.4	318	1.2
6	344	1.4	320	1.2
7	361	1.5	340	1.3
8	372	1.5	351	1.3
9	448	1.8	357	1.3
10	452	1.8	395	1.5
11	412	1.7	469	1.8
12	518	2.1	502	1.9
13	515	2.1	489	1.8
14	520	2.1	500	1.9
15	543	2.2	486	1.8
16	573	2.3	519	2.0
17	569	2.3	504	1.9
18	521	2.1	425	1.6
19	459	1.9	426	1.6
20	431	1.7	417	1.6
21	456	1.8	399	1.5
22	414	1.7	395	1.5
23	390	1.6	458	1.7
24	413	1.7	353	1.3
25	432	1.7	395	1.5
26	398	1.6	365	1.4
27	408	1.7	354	1.3
28	392	1.6	365	1.4
29	351	1.4	330	1.2
30	382	1.5	436	1.6
31	330	1.3	340	1.3
32	328	1.3	368	1.4
33	336	1.4	337	1.3
34	309	1.2	333	1.3
35	367	1.5	403	1.5
36	332	1.3	388	1.5
37	316	1.3	366	1.4
38	338	1.4	404	1.5
39	307	1.2	395	1.5
40	355	1.4	373	1.4
41	340	1.4	354	1.3
42	377	1.5	419	1.6
43	395	1.6	408	1.5
44	378	1.5	424	1.6
45	426	1.7	465	1.8
46	320	1.3	402	1.5
47	295	1.2	410	1.5
48	340	1.4	374	1.4
49	330	1.3	317	1.2
50	331	1.3	471	1.8
51	247	1.0	299	1.1
52	272	1.1	348	1.3
53	271	1.1	347	1.3
54	228	0.9	340	1.3
55	251	1.0	322	1.2
56	235	1.0	280	1.1
57	207	0.8	260	1.0
58	201	0.8	267	1.0
59	179	0.7	198	0.7
60	117	0.5	161	0.6
61	51	0.2	96	0.4
62	97	0.4	138	0.5
63	139	0.6	169	0.6
64	144	0.6	204	0.8
65	162	0.7	303	1.1
66	140	0.6	195	0.7
67	149	0.6	263	1.0
68	162	0.7	198	0.8
69	160	0.6	214	0.8
70	138	0.6	218	0.8
71	86	0.3	96	0.4
72	57	0.2	116	0.4
73	69	0.3	134	0.5
74	60	0.2	94	0.4
75	88	0.4	134	0.5
76	90	0.4	89	0.3
77	56	0.2	94	0.4
78	60	0.2	112	0.4
79	41	0.2	98	0.4
80 +	180	0.7	432	1.6
DK/ Missing	0	0.0	1	0.0
Total	**24 724**	**100.0**	**26 537**	**100.0**

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

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

Age	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percent	
10–14	2 353	na	na	na
15–19	2 360	2 336	17.0	99.0
20–24	2 022	1 996	14.5	98.7
25–29	1 809	1 791	13.0	99.0
30–34	1 814	1 797	13.1	99.1
35–39	1 956	1 944	14.1	99.4
40–44	1 978	1 962	14.2	99.2
45–49	1 968	1 944	14.1	98.8
50–54	1 805	na	na	na
15–49	13 907	13 770	100,0	99,0

na: not applicable

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

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

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Kazakhstan, 2006

Age	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percent	
0	804	803	20.0	99.9
1	881	877	21.8	99.5
2	858	857	21.3	99.9
3	783	781	19.5	99.7
4	697	697	17.4	100.0
5	656	na	na	na
6	664	na	na	na
7	701	na	na	na
0–4	4 023	4 015	100,0	99,8

na: not applicable

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

Table DQ.4. Age distribution of under 5 children

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

Age in months	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
0–2	77	3.3	73	3.5	150	3.4
3–5	129	5.6	103	4.9	232	5.3
6–8	115	4.9	105	5.0	220	5.0
9–11	131	5.6	111	5.3	242	5.5
12–14	120	5.2	116	5.6	236	5.3
15–17	138	5.9	112	5.4	250	5.7
18–20	117	5.0	119	5.7	236	5.3
21–23	135	5.8	111	5.3	246	5.6
24–26	133	5.7	125	6.0	258	5.8
27–29	130	5.6	119	5.7	249	5.6
30–32	122	5.3	84	4.0	206	4.7
33–35	119	5.1	115	5.5	234	5.3
36–38	111	4.8	97	4.7	208	4.7
39–41	108	4.6	115	5.5	223	5.1
42–44	117	5.0	113	5.4	230	5.2
45–47	113	4.9	85	4.1	198	4.5
48–50	93	4.0	86	4.1	179	4.1
51–53	90	3.9	91	4.4	181	4.1
54–56	107	4.6	107	5.1	214	4.8
57–59	122	5.2	101	4.8	223	5.0
Total	**2 327**	**100.0**	**2 088**	**100.0**	**4 415**	**100.0**

Table DQ.5. Heaping on ages and periods

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

Age in household questionnaire	Age and period ratios *			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
1	1.04	1.04	1.04		
2	1.03	1.01	1.02	Lower	Child discipline and child disability
3	1.00	1.01	1.00		
4	0.98	0.98	0.98	Upper	Under-5 questionnaire
5	0.97	0.98	0.98	Lower	Child labour and education
6	0.99	0.98	0.99		
8	0.95	1.01	0.97		
10	1.03	0.97	1.00		
13	1.00	0.98	0.99		
14	0.99	1.02	1.00	Upper	Child labour and child discipline
15	1.00	0.97	0.98	Lower	Women's questionnaire
16	1.02	1.03	1.03		
18	1.10	1.12	1.11		
23	0.96	1.14	1.05		
24	1.00	0.88	0.94	Upper	Education
25	1.04	1.06	1.05		
48	1.06	1.02	1.04		
49	0.99	0.82	0.90	Upper	Women's questionnaire
50	1.10	1.30	1.21		
Age in women's questionnaire					
23	na	1.14	na		
25	na	1.06	na		
Months since last birth in women's questionnaire					
6–11	na	1.06	na		
12–17	na	1.02	na		
18–23					
24–29	na	1.04	na		
30–35	na	0.94	na		

na: not applicable

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

Table DQ.6. Completeness of reporting

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

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Household			
Salt testing	All households surveyed	0.0	14 564
Women			
Date of Birth	All women age 15-49		
Month only		0.0	14 558
Month and year missing		0.0	14 558
Date of first birth	All women age 15-49 with at least one live birth		
Month only		0.1	9 726
Month and year missing		0.1	9 726
Completed years since first birth	All women age 15-49 with at least one live birth	0.0	9
Date of last birth	All women age 15-49 with at least one live birth		
Month only		0.1	9 726
Month and year missing		0.0	9 726
Date of first marriage/union	All ever married women age 15-49		
Month only		0.8	10 398
Month and year missing		3.2	10 398
Age at first marriage/union	All ever married women age 15-49	0.3	10 398
Under-5			
Date of Birth	All under five children surveyed		
Month only		0.0	4 415
Month and year missing		0.0	4 415
Anthropometry	All under five children surveyed		
Height		0.1	4 415
Weight		0.1	4 415
Height or Weight		0.1	4 415

* Includes "Don't know" responses

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

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

Age	Mother in the household				Mother not in the household			Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
0	98.9				0.0	0.9	0.2	100.0	804
1	98.0				0.0	2.0	0.0	100.0	881
2	96.8				0.2	3.0	0.0	100.0	858
3	97.0				0.4	2.6	0.0	100.0	783
4	97.5				0.0	2.4	0.1	100.0	697
Total	**97.6**				**0.1**	**2.2**	**0.1**	**100.0**	**4 023**

Table DQ.8. School attendance by single age

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

Age	Preschool	Primary school					Secondary school							Specialized secondary	Higher	Not attending school	Total	Number
		Grade					Grade											
		0	1	2	3	4	5	6	7	8	9	10	11					
5	18.7	2.4	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	77.6	100.0	656
6	27.5	5.5	35.3	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	31.0	100.0	664
7	2.9	0.4	64.6	28.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	100.0	700
8	0.2	0.2	5.8	70.2	22.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	100.0	724
9	0.0	0.0	0.2	11.3	65.4	22.3	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	100.0	805
10	0.0	0.0	0.1	0.0	10.6	64.7	23.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	100.0	847
11	0.0	0.0	0.0	0.0	0.1	12.2	69.1	17.9	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.4	100.0	881
12	0.0	0.0	0.0	0.1	0.0	0.1	13.6	71.2	14.6	0.0	0.0	0.0	0.0	0.0	0.0	0.4	100.0	1 020
13	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.6	68.8	15.4	0.5	0.0	0.0	0.0	0.0	0.7	100.0	1 004
14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	13.2	66.8	17.0	1.0	0.0	0.0	0.0	0.8	100.0	1 019
15	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	12.9	64.3	17.7	0.7	2.7	0.0	1.4	100.0	1 029
16	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.8	48.5	18.0	17.1	0.4	3.2	100.0	1 093
17	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.9	51.0	20.5	6.2	14.4	100.0	1 073
18	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	8.3	24.2	28.7	37.7	100.0	946
19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	16.0	31.6	52.0	100.0	885
20	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.1	30.7	62.2	100.0	848
21	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	2.4	21.8	75.7	100.0	855
22	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	11.7	87.1	100.0	809
23	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	7.0	91.6	100.0	847
24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	5.0	94.4	100.0	766
Total	**1.9**	**0.3**	**4.2**	**4.6**	**4.5**	**4.8**	**5.5**	**6.0**	**5.6**	**5.5**	**5.6**	**4.7**	**4.8**	**5.2**	**7.2**	**29.6**	**100.0**	**17 471**

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

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

Age	Children Ever Born			Children Living			Children deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
15–19	43	34	1.26	42	32	1.31	1	2	0.50	2 469
20–24	570	499	1.14	559	489	1.14	11	10	1.10	2 108
25–29	1 288	1 191	1.08	1 239	1 144	1.08	49	46	1.07	1 894
30–34	1 878	1 721	1.09	1 764	1 677	1.05	114	44	2.59	1 900
35–39	2 367	2 216	1.07	2 250	2 133	1.05	117	84	1.39	2 055
40–44	2 785	2 532	1.10	2 614	2 419	1.08	172	113	1.52	2 076
45–49	2 895	2 733	1.06	2 664	2 566	1.04	231	167	1.38	2 056
Total	**11 826**	**10 926**	**1.08**	**11 132**	**10 460**	**1.06**	**695**	**466**	**1.49**	**14 558**

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

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

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

Age	Months since last birth	
	Number	Percent
0	18	0.8
1	64	2.7
2	68	2.8
3	80	3.4
4	83	3.5
5	66	2.8
6	84	3.5
7	64	2.7
8	64	2.7
9	83	3.5
10	81	3.4
11	74	3.1
12	66	2.8
13	83	3.5
14	63	2.6
15	81	3.4
16	80	3.3
17	74	3.1
18	70	2.9

Age (continued)	Months since last birth	
	Number	Percent
19	77	3.2
20	62	2.6
21	82	3.4
22	59	2.5
23	67	2.8
24	69	2.9
25	79	3.3
26	56	2.3
27	58	2.4
28	56	2.3
29	68	2.8
30	47	2.0
31	50	2.1
32	57	2.4
33	45	1.9
34	56	2.3
35	55	2.3
Total	**2 389**	**100.0**

Appendix E

MICS indicators: Numerators and Denominators

	INDICATOR	NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
3	Maternal mortality ratio	Number of deaths of women from pregnancy-related causes in a given year	Number of live births in the year (expressed per 100,000 births)
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed

17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
29	Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks

41	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary-school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary-school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed

67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 20-24 years surveyed that are currently married or in union
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested for HIV	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
100	Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed

Appendix F. Questionnaires

HOUSEHOLD QUESTIONNAIRE

BEGIN WITH WELCOMING:

WE ARE FROM THE AGENCY OF THE REPUBLIC OF KAZAKHSTAN ON STATISTIC. WE WORK ON THE FAMILY HEALTH AND EDUCATION PROJECT. I WANT TO DISCUSS THIS WITH YOU. ALL RECEIVED INFORMATION IS STRICTLY CONFIDENTIAL; NO ONE WILL LEARN BELOW ANSWERS ARE YOURS. I WANT TO SPEAK WITH THE HOUSEHOLD HEAD AND EVERY MOTHER OR CHILD CARETAKER IN THE HOUSEHOLD. SHALL I START?

If Yes, begin the interview.

HOUSEHOLD INFORMATION	**HH**
HH1. Cluster number:	HH2. Household number:
___ ___ ___	___ ___
HH3. Interviewer's name and number:	HH4. Supervisor's name and number:
Name _____	Name _____
HH5. Interview day/month/year:	___ ___ / ___ ___ / ___ ___ ___ ___
HH6. Location Cities and villages 1 Rural settlements 2	HH7. Oblast Akmola 01 Aktobe 02 Almaty 03 Atyrau 04 West Kazakhstan 05 Zambylskaya 06 Karaganda 07 Kostanai 08 Kyzylorda 09 Mangistau 10 South Kazakhstan 11 Pavlodar 12 North Kazakhstan 13 East Kazakhstan 14 Astana City 15 Almaty City 16
HH 8. Name of household head: _____	
After completing all household questionnaires enter the following:	
HH9. HH interview outcomes: Interviewed 1 Absent 2 Refused 3 HH not found/demolished 4 Other (specify)_____ 6	HH10. HH questionnaire respondent: Name: Line number: __ ___ HH11. Number of household members: ___ ___
HH12. Number of eligible women:	HH13. Number of completed women's questionnaires:
___ ___	___ ___
HH14. Number of under-5s:	HH15. Number of completed under-5 questionnaires:
___ ___	___ ___
Interviewer/supervisor's note: Use this field for notes on household members interviews, such as: additional telephone calls, individual incomplete interview forms, number of visits for interview etc.	
HH 16. Data entry operator:	___ _____

HOUSEHOLD LISTING **HL**

PLEASE, NAME ALL PEOPLE WHO USUALLY RESIDE HERE. START FROM THE HOUSEHOLD HEAD.

Write down the name of household head at line 01. List all household members (HL2), their relationship to the household head (HL3) and their sex (HL4).

Question: DO ANY OTHER PEOPLE, WHO ARE CURRENTLY OUT, RESIDE HERE? (These could be children or adults at school or work). If there are any, include them into the Questionnaire. Then, interview every person by turn, starting from HL5.

					Eligible members			For household members ages 0-17 years						
					women	child labor	child health							
HL1	HL2.	HL3.	HL4.		HL5.	HL6.	HL7.	HL8.	HL9.			HL10.	HL11.			HL12.
№	Name	RELATIONSHIP TO HH HEAD See codes below	SEX 1 -MALE 2 – FEMALE		AGE: FULL YEARS If 97* +, write «97»	Circle appropriate number for women aged 15-49 years	For each child aged 5-14 year: CHILD'S MOTHER OR CARE-TAKER write line number of mother/caretaker	For each under-5 child:	IS MOTHER ALIVE? 1 YES 2 NO→HL11 8 DK→ HL11			If alive: DOES MOTHER RESIDE IN THIS HH? YES- line № of mother, NO- 00	IS FATHER ALIVE? 1 YES 2 NO→ NEXT LINE 8 DK→NEXT LINE			If alive: DOES FATHER RESIDE IN THIS HH? YES- line № of father, NO- 00
LINE	NAME	RELAT.	M	F	YEARS	15-49	MOTHER	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER
01		0 1	1	2	__ __	01	__ __	__ __	1	2	8	__ __	1	2	8	__ __
02		__ __	1	2	__ __	02	__ __	__ __	1	2	8	__ __	1	2	8	__ __
03		__ __	1	2	__ __	03	__ __	__ __	1	2	8	__ __	1	2	8	__ __
04		__ __	1	2	__ __	04	__ __	__ __	1	2	8	__ __	1	2	8	__ __
05		__ __	1	2	__ __	05	__ __	__ __	1	2	8	__ __	1	2	8	__ __
06		__ __	1	2	__ __	06	__ __	__ __	1	2	8	__ __	1	2	8	__ __
07		__ __	1	2	__ __	07	__ __	__ __	1	2	8	__ __	1	2	8	__ __
08		__ __	1	2	__ __	08	__ __	__ __	1	2	8	__ __	1	2	8	__ __
09		__ __	1	2	__ __	09	__ __	__ __	1	2	8	__ __	1	2	8	__ __
10		__ __	1	2	__ __	10	__ __	__ __	1	2	8	__ __	1	2	8	__ __
11		__ __	1	2	__ __	11	__ __	__ __	1	2	8	__ __	1	2	8	__ __
12		__ __	1	2	__ __	12	__ __	__ __	1	2	8	__ __	1	2	8	__ __
13		__ __	1	2	__ __	13	__ __	__ __	1	2	8	__ __	1	2	8	__ __
14		__ __	1	2	__ __	14	__ __	__ __	1	2	8	__ __	1	2	8	__ __
15		__ __	1	2	__ __	15	__ __	__ __	1	2	8	__ __	1	2	8	__ __
16		__ __	1	2	__ __	16	__ __	__ __	1	2	8	__ __	1	2	8	__ __

Question: DO ANY OTHER CHILDREN RESIDE IN YOUR HOUSEHOLD, EVEN IF THEY ARE NOT YOUR FAMILY MEMBERS OR ORPHANED (INCLUDING THOSE IN SCHOOL OR AT WORK)?

If 'Yes', write down child's name and complete listing. Then enter total number.

Total:	Women aged 15-49 years	Children aged 5-14 years	Under-5s	
	__ __	__ __	__ __	

CODES to question HL3

01 = HEAD	09 = BROTHER/SISTER IN LAW
02 = SPOUSE	10 = UNCLE/AUNT
03 = SON/DAUGHTER	11 = BLOOD NEPHEW/NIECE
04 = SON/DAUGHTER IN LAW	12 = NEPHEW/NIECE IN LAW
05 = GRANDSON/GRANDDAUGHTER	13 = OTHER RELATIVE
06 = MOTHER/FATHER	14 = ADOPTED CHILD, STEPSON/STEPDAUGHTER
07 = FATHER/MOTHER IN LAW	15 = NON RELATIVE
08 = BROTHER/SISTER	98 = DO NOT KNOW (dk)

*) 97 – Only for aged household members.

EDUCATION **ED**

For household members aged 5 years +						For household members aged 5-24 years									
ED1	ED1A	ED2		ED3		ED4		ED5	ED6		ED7			ED8	
№	Name	HAVE (NAME) ATTENDED PRESCHOOL INSTITUTION, SCHOOL AND OTHER EDUCATIONAL INSTITUTION? 1 YES 2 NO ⇨ NEXT LINE		THE HIGHEST LEVEL (NAME) ATTENDED GRADE/COURSE (S)HE COMPLETED AT THIS LEVEL LEVEL: ⇨ See codes below: GRADE/COURSE 98 = DK		HAS (S)HE ATTENDED EDUCATIONAL OR PRE-SCHOOL INSTITUTION DURING (2005/2006)? 1 – YES 2 – NO ⇨ ED7		NUMBER OF DAYS (NAME) ATTENDED EDUCATION FACILITY SINCE LAST DAY OF SCHOOL WEEK (DOW) (DAYS)	LEVEL AND GRADE (NAME) ATTENDED DURING THIS SCHOOL YEAR (2005/2006) LEVEL: ⇨ See codes below GRADE/COURSE: 98 = DK		HAS (NAME) ATTENDED EDUCATIONAL INSTITUTION PREVIOUS SCHOOL YEAR – 2004/2005? 1 – YES 2 – NO ⇨ NEXT LINE 8 DK ⇨ Next line			WHAT LEVEL AND GRADE/ COURSE ATTENDED (NAME) PREVIOUS SCHOOL YEAR (2004/2005)? LEVEL: ⇨ See codes below КЛАСС/КУРС 98 = DK	
line	name	yes	no	level	grade	yes	no	days	level	grade	y	no	dk	level	grade
01		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
02		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
03		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
04		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
05		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
06		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
07		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
08		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
09		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
10		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
11		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
12		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
13		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
14		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
15		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__
16		1	2	012348	__	1	2	__	012348	__	1	2	8	012348	__

For questions ED3, ED6, ED8

Education level	Code of education level	grade/course (for interviewer)	Schooling years (for operator)
PRESCHOOL/KINDERGARTEN	0	0 – 4	0 – 4
PRIMARY	1	0 – 4	0 – 4
SECONDARY	2	5 – 11	0 – 7
SPECIALIZED SECONDARY	3	0 – 3	0 – 3
HIGHER	4	0 – 6	0 – 6
DK (DOES NOT KNOW)	8		

WATER AND SANITATION			WS
WS1. WHAT MAIN SOURCE OF DRINKING WATER DO YOUR HOUSEHOLD MEMBERS USE?	Piped water		
	Piped into dwelling	...11	11↘ WS5
	Piped into yard/plot	12	12↘ WS5
	Public tap	13	↘ WS3
	Tube well/bore-hole	21	
	Dug well		
	Protected (fenced) well	31	
	Unprotected (no fence) well	32	
	Spring water		
	Protected (fenced) spring	41	
	Unprotected (no fence) spring	42	
	Rain water	51	
	Tank	61	
	Cart with tank	71	
	Surface water (river, stream, dam,		
	lake, pool, canal)	81	
	Bottled water	91	91↘ WS2
	Other (specify)	96	96↘ WS3
WS2. WHAT MAIN SOURCE OF WATER DO YOUR HOUSEHOLD MEMBERS USE FOR COOKING AND HAND WASHING?	Piped water		
	Piped into dwelling	11	11↘ WS5
	Piped into yard/plot	12	12↘ WS5
	Public tap	13	
	Tube well/bore-hole	21	
	Dug well		
	Protected (fenced) well	31	
	Unprotected (no fence) well	32	
	Spring water		
	Protected (fenced) spring	41	
	Unprotected (no fence) spring	42	
	Rain water	51	
	Tank	61	
	Cart with tank	71	
	Surface water (river, stream, dam, lake, pool, canal)	81	
	Bottled water	91	
	Other (specify)	96	
WS3. HOW MUCH TIME IS NEEDED TO GO TO SOURCE OF DRINKING WATER, GET WATER AND RETURN?	Minutes	___ ___ ___	
	Piped to dwelling, yard	995	995↘ WS5
	DK	998	

WS4. WHO USUALLY GOES TO THIS SOURCE OF WATER FOR YOUR HH MEMBERS? Ask: whether THIS PERSON IS UNDER AGE 15 AND WHAT SEX? Circle code describing this person.	Adult woman	1	
	Adult man	2	
	Female childe (under age 15)	3	
	Male child (under age 15)	4	
	DK	8	
WS5. DO YOU USE ANY METHOD FOR TREATMENT OF DRINKING WATER?	Yes	1	
	No.	2	2↘ WS7
	DK	8	8↘ WS7
WS6. WHAT METHOD DO YOU USE FOR TREATMENT OF DRINKING WATER? OTHER Write down all mentioned.	Boil	A	
	Add bleach/chlorine	B	
	Strain through a cloth	C	
	Use water filter (ceramic,		
	sand, composite etc.)	D	
	Solar disinfection	E	
	Let it stand and settle	F	
	Other (specify)	X	
	DK	Z	
WS7. WHAT TYPE OF TOILET FACILITY DO YOUR HH MEMBERS USUALLY USE? If "LAVATORY PAN" OR "FLUSH", ask: WHERE IT FLUSHES? If necessary, ask to see the facilities.	Flush toilet		
	Lavatory pan/piped sewerage	11	
	Connected to septic tank	12	
	Connected to pit latrine	13	
	Connected to other	14	
	Connected to unknown/not sure/DK	15	
	Pit latrine		
	Improved ventilated	21	
	Pit latrine with slab	22	
	Pit latrine without slab/ open pit	23	
	Composting toilet	31	
	Bucket	41	
	Hanging toilet	51	
	No toilets, bushes/field	95	95↘ NEXT MODULE
	Other (specify)	96	
WS8. DO OTHER HOUSEHOLDS USE THIS TOILET AS WELL?	Yes	1	
	No.	2	2↘ NEXT MODULE
WS9. IN TOTAL, HOW MANY HOUSEHOLDS USE THIS TOILET FACILITY?	Number of households (if < 10)....	0 _	
	10 + households	10	
	DK	98	

HOUSEHOLD CHARACTERISTICS			HC
HC1B. NATIVE LANGUAGE OF THE HOUSEHOLD HEAD	Kazakh	1	
	Russian	2	
	Other (specify)	6	
HC1C. NATIONALITY OF THE HOUSEHOLD HEAD	Kazakh	1	
	Russian	2	
	Other (specify)	6	
HC2. HOW MANY ROOMS ARE USED AS BEDROOMS IN THE HOUSEHOLD?	Number of rooms	__ __	
HC3. FLOOR MATERIAL Write down your observations.	Regular floor		
	Floor boards	21	
	Finished floor		
	Parquet or polished wood	31	
	Vinyl or asphalt strips	32	
	Ceramic tiles	33	
	Cement	34	
	Carpet	35	
	Laminate	36	
	Carpet type	37	
	Linoleum	38	
	Other (specify)	96	
HC4 ROOF MATERIAL Write down your observations.	Regular roof		
	Roof boards	23	
	Finished roof		
	Metal	31	
	Wood	32	
	Calamine/cement fiber	33	
	Ceramic tile	34	
	Cement	35	
	Shingles	36	
	Roofing slate	37	
	Tiling	38	
	Ruberoid/Tar	39	
	Other (specify)	96	
HC5. WALLS MATERIAL Write down your observations.	Regular walls		
	Stone with clay	22	
	Crude clay	23	
	Processed wood	26	
	Reed-fiber	27	
	Finished walls		
	Cement, concrete, slag	31	
	Stone with lime/cement	32	
	Bricks	33	
	Cement modules	34	
	Processed clay	35	
	Boards/lath	36	
	Monolith	37	
	Other (specify)	96	

HC6. POWER (FUEL) SOURCE HOUSEHOLD MEMBERS USUALLY USE FOR COOKING	Electricity		01	01↘ HC8
	Liquified gas/propane		02	02↘ HC8
	Natural gas		03	03↘ HC8
	Kerosene		05	
	Coal		06	
	Charcoal		07	
	Woods		08	
	Animal dung		10	
	Other (specify)		96	
HC7. COOKING IN THIS HOUSEHOLD BY TYPE OF STOVE OR FIRE Identify type	Open stove		1	
	Open fire		2	
	Closed stove		3	
	Other (specify)		6	
HC7A. AVAILABILITY OF CHIMNEY OR HOOD FOR FIRE/ STOVE	Yes		1	
	No		2	
HC8. TYPE OF COOKING: INSIDE THE HOUSE, IN SEPARATE PREMISES OR OUTSIDE	Inside		1	
	In separate premises		2	
	Outside		3	
	Other (specify)		6	
HC9. IS THERE IN YOUR HOUSEHOLD:		Yes	No	
	Electricity	1	2	
	Radio	1	2	
	TV set	1	2	
	Cellular phone	1	2	
	Stationery telephone	1	2	
	Refrigerator	1	2	
	Personal computer	1	2	
	Washing machine	1	2	
	Sewing machine	1	2	
	Vacuum cleaner	1	2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No	
	Watches	1	2	
	Bicycle	1	2	
	Motorbike	1	2	
	Horse-cart	1	2	
	Vehicle	1	2	
	Motor boat	1	2	
HC11. WHERE DO YOU GET THE MAIN INFORMATION FOR YOUR FAMILY FROM?	Newspapers		A	
	TV		B	
	Radion		C	
	Magazines		D	
	Internet		E	
	Outdoor advertising and posters		F	
	Siblings, friends and colleagues		G	
	Other (specify)		H	

CHILD LABOR **CL**

Questions to caretakers of children aged 5–14 years residing in the household.

Copy the line number of each eligible child from the Household Listing.

Now I shall inquire about the labor activity children might be involved in this household.

CL1.	CL2.	CL3.			CL4.	CL5.			CL6.		CL7.	CL8.		CL9.
№	NAME	JOB FOR NON-MEMBER OF THIS HOUSEHOLD							HOUSEHOLD CHORES IN THE FAMILY					
		WAS THE CHILD INVOLVED IN LABOR ACTIVITY DURING PAST WEEK? If 'Yes: WAS IT PAID? 1 – YES, (CASH OR IN KIND) 2 – YES, UNPAID 3 – NO ↘CL5			APPROXIMATE NUMBER OF HOURS WORKED DURING PAST WEEK IF MORE THAN ONE WORK DONE, SPECIFY TOTAL HOURS WORKED AT ALL JOBS ↘CL6	WAS (S)HE INVOLVED IN ANY LABOR ACTIVITY DURING PREVIOUS YEAR? If 'Yes: WAS IT PAID? 1 – YES, (CASH OR IN KIND) 2 – YES, UNPAID 3 – NO			DURING PAST WEEK WAS (S)HE INVOLVED IN HOUSEHOLD CHORES, SUCH AS SHOPPING, COLLECTION OF FIREWOOD, CLEANING, CARRYING WATER OR CHILD CARE? 1 – YES 2 – NO ↘CL8		APPROXIMATE NUMBER OF HOURS INVOLVED IN THIS HOUSEHOLD CHORES DURING PAST WEEK	DURING PAST WEEK WAS (S)HE INVOLVED IN ANY OTHER LABOR ACTIVITY IN THE FAMILY (FARM, FAMILY BUSINESS)? 1 – YES 2 – NO ↘ NEXT LINE		APPROXIMATE NUMBER OF HOURS INVOLVED IN THIS ACTIVITY DURING PAST WEEK?
line	name	paid	un-paid	no	number of hours	paid	un-paid	no	yes	no	number of hours	yes	no	number of hours
01		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
02		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
03		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
04		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
05		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
06		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
07		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
08		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
09		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
10		1	2		___ ___	1	2	3	1	2	___ ___	1	2	___ ___
11		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
12		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
13		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
14		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
15		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
16		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___

TABLES FOR IDENTIFYING CHILDREN AGED 2-14 FOR CHILD DISCIPLINE MODULE

Table 1: Eligible children aged 2-14 years

List below all children aged 2-14 years out of the Household Listing in accordance with the line number (HL1). Exclude other household members who are not aged 2-14 years. Write down line number, name, sex, age and line number for mother or each child caretaker. Then write down total number of children aged 2-14 years in the table below (CD7).

CD1.	CD2.	CD3.	CD4.		CD5.	CD6.
№	Line number (from HL1)	Name (from HL2)	Sex (from HL4)		Age (from HL5)	Line number of mother/care-taker (from HL7 or HL8)
LINE	LINE	NAME	M	F	AGE	MOTHER/CARETAKER
01	__ __		1	2	__ __	__ __
02	__ __		1	2	__ __	__ __
03	__ __		1	2	__ __	__ __
04	__ __		1	2	__ __	__ __
05	__ __		1	2	__ __	__ __
06	__ __		1	2	__ __	__ __
07	__ __		1	2	__ __	__ __
08	__ __		1	2	__ __	__ __
CD7.	TOTAL NUMBER OF CHILDREN AGED 2-14 YEARS __ __					

If there is only one child aged 2-14 years in the household, go to CD9 and CD11, if more than one child – continue with CD8.

Table 2: random selection of child for discipline interview

This table should be used to select one child aged 2-14 years, if there is more than one child of current age group in the household.

See the last figure of the household number on the cover page. This is the line number to which you should go in the below table. Check the total number of eligible children in CD7(above).

This is the column number from the table to which you should go. Find the cell, in which line and column cross and circle the figure in the cell. This is the serial number of child you will question about.

Write down serial number in CD9 below. Finally, write down line number and name of selected child in CD11 next page. Then find mother/care-taker and start interview from CD12.

CD8.	Total number of eligible children in household (from cd7)							
Last figure of questionnaire	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Write down serial number of selected child from Table 2	Serial number of child __ __
CD10. Identify eligible child in the household aged 2-14 years using tables in the previous page in accordance with instructions. Ask mother/caretaker about interview (identified by the line number CD6).	
CD11. Write down name and line number of a child selected for module from CD3 and CD2, on the basis of serial number in CD9.	Name LINE NUMBER __ __

CHILD DISCIPLINE — CD

CD12. ADULTS USE DIFFERENT METHODS OF DISCIPLINING THE CHILD.

I AM GOING TO LIST DIFFERENT METHODS AND ASK YOU IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD USED THESE METHODS DURING PAST MONTH.

	Yes	No
CD12A. DEPRIVED (NAME) PRIVILEGES, PLEASURES, BANNED ANYTHING OR GOING OUT	1	2
CD12B. EXPLAINED TO (NAME) INCORRECTNESS OF SUCH (ACTION) BEHAVIOR	1	2
CD12C. SHAKE HIM/HER	1	2
CD12D. SCREAM AT HIM/HER	1	2
CD12E. FORCED HIM/HER ACTING AGAINST HIS/HER WILL	1	2
CD12F. SLAPPED, BEAT OT HIT HIS BACK WITH YOUR HAND	1	2
CD12G. BEAT HIS/HER BACK OR OTHER PARTS OF THE BODY WITH ANY HARD THINGS SUCH AS BELT	1	2
CD12H. CALLED HIM/HER SILLY, LAZY OR OTHER SIMILAR WORDS	1	2
CD12I. BEAT HIS/HER FACE, HEAD OR EARS	1	2
CD12J. BEAT HIS HANDS, SHOULDERS, LEGS	1	2
CD12K. BEAT HIM/HER WITH ANY STUFF (AGAIN AND AGAIN STRONGER)	1	2

CD13. DO YOU BELIEVE THAT THE CHILD NEEDS TO BE PHYSICALLY PUNISHED FOR PROPER DISCIPLINE?	Yes	1
	No	2
	DK/no opinion	8

MATERNAL MORTALITY — MM

Applicable to each adult member of household aged 15 years +. Copy the name and the line number of each adult (15 +) member of household. Any adult member might give answers for missing adult member. In this case, put '1' in MM3, and specify line number of authorized respondent in MM4.

Leave blank lines for members of household aged < 15 years.

MM1.	MM2.	MM3.		MM4.	MM5.	MM6.	MM7.	MM8.	MM9.
LINE №	NAME	IS IT «AUTHORIZED» REPORT? 1. YES ⇘ MM4 2. NO ⇘ MM5		LINE NUMBER OF AUTHORIZED RESPONDENT (FROM THE HH LISTING HL1)	NUMBER OF SISTERS (FROM THE SAME MOTHER) YOU EVER HAD 98= DON'T KNOW	SISTERS WHO REACHED AGE 15 YEARS 98= DON'T KNOW	SISTERS (AT THE AGE AT LEAST 15 YEARS) STILL ALIVE 98= DON'T KNOW	SISTERS WHO REACHED AGE 15 + AND WHO DIED 98= DON'T KNOW	NUMBER OF DEAD SISTERS DYING DURING PREGNANCY OR DELIVERY OR WITHIN 6 WEEKS AFTER PREGNANCY FINISHED 98= DON'T KNOW
LINE	NAME	YES	NO	LINE					
01		1	2	__ __	__ __	__ __	__ __	__ __	__ __
02		1	2	__ __	__ __	__ __	__ __	__ __	__ __
03		1	2	__ __	__ __	__ __	__ __	__ __	__ __
04		1	2	__ __	__ __	__ __	__ __	__ __	__ __
05		1	2	__ __	__ __	__ __	__ __	__ __	__ __
06		1	2	__ __	__ __	__ __	__ __	__ __	__ __
07		1	2	__ __	__ __	__ __	__ __	__ __	__ __
08		1	2	__ __	__ __	__ __	__ __	__ __	__ __
09		1	2	__ __	__ __	__ __	__ __	__ __	__ __
10		1	2	__ __	__ __	__ __	__ __	__ __	__ __
11		1	2	__ __	__ __	__ __	__ __	__ __	__ __
12		1	2	__ __	__ __	__ __	__ __	__ __	__ __
13		1	2	__ __	__ __	__ __	__ __	__ __	__ __
14		1	2	__ __	__ __	__ __	__ __	__ __	__ __
15		1	2	__ __	__ __	__ __	__ __	__ __	__ __
16		1	2	__ __	__ __	__ __	__ __	__ __	__ __

CONSUMPTION OF IODIZED SALT		SI
SI1. WE WANT TO SEE IF MEMBERS OF YOUR HOUSEHOLD USE IODIZED SALT. MAY I SEE SALT THE MEMBERS OF YOUR HOUSEHOLD USED FOR COOKING AND CONSUMED LAST NIGHT? After testing salt, circle the number, which corresponds to the test result.	Not iodized 0 PPM	1
	< 15 PPM	2
	15 PPM +	3
	No salt	6
	Not tested	7
SI2. IS THERE ELIGIBLE WOMAN AGED 15-49 YEARS IN THE HOUSEHOLD? Check the HL6 column in the Household Listing. You must have questionnaire containing Informational Module completed for each eligible woman.	☐ Yes. ↘ Go to WOMEN'S QUESTIONNAIRE for interviewing the first eligible woman.	
	☐ No. ↘ Continue.	
SI3. ARE THERE UNDER-5 CHILDREN IN THE HOUSEHOLD? Check the HL8 column in the Household Listing. You must have questionnaire containing Informational Module completed for each eligible child.	☐ Yes. ↘ Go to UNDER-5 QUESTIONNAIRE for interviewing caretaker of the first eligible child.	
	☐ No. ↘ Finish the interview, thank respondent for cooperation.	
Collect all questionnaires for current household and write down the total number of completed interviews on the cover page.		

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION		**WM**
This module should be completed for each woman aged 15 – 49 years (see column HL6 of the Household Listing). Complete separate Questionnaire for each eligible woman. Write down cluster number, household number, name and line number of woman in correspondent cell. Write down your name, number and date of interview		
WM1. Cluster number:	WM2. Household number:	
___ ___ ___	___ ___	
WM3. Name woman:	WM4. Line number of woman:	
_____	___ ___	
WM5. Name and number of interviewer:	WM6. Interview day/month /year:	
__ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	
WM7. Outcome of interview with woman:	Interviewed	1
	Missing	2
	Refused	3
	Partially interviewed	4
	Recognized not eligible	5
	Other (Specify)	6
Repeat welcoming if not read for woman earlier: WE ARE FROM THE STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN. WE WORK WITHIN THE FAMILY HEALTH AND EDUCATION PROJECT. I WANT TO DISCUSS THIS WITH YOU. ALL RECEIVED INFORMATION IS STRICTLY CONFIDENTIAL; NO ONE WILL LEARN BELOW ANSWERS ARE YOURS. SHALL I START? If agreed start interview. If woman disagrees with interview, thank her, finish with WM7, and go to the next interview. Discuss the result with your supervisor for further additional visit to household for interviewing the woman.		
WM8. WHAT MONTH WERE YOU BORN?	Date of Birth:	_____
	month	__ __
	DK months	98
	year	__ __ __ __ _____
	DK year	9998
WM9. HOW OLD WERE YOU AT YOUR PREVIOUS BIRTHDAY?	Age (full years)	__ __
WM10. HAVE YOU EVER STUDIED IN ANY EDUCATIONAL INSTITUTION?	Yes	1
	No	2
WM11. WHAT HIGHEST LEVEL DID YOU ATTEND: PRIMARY, SECONDARY, SPECIALIZED SECONDARY OR HIGHER?	Primary	1
	Secondary	2
	Specialized secondary	3
	Higher	4
	DK	8
WM12. WHAT HIGHEST GRADE/COURSE HAVE YOU COMPLETED AT THIS LEVEL?	Grade/course	__ __

CHILD MORTALITY			CM
This module should be completed for each woman aged 15-49 years. All questions should be asked only about LIVE BIRTHS.			
CM1. NOW I WILL ASK YOU ABOUT BIRTHS YOU GAVE DURING YOUR LIFE. DID YOU EVER GIVE BIRTH? If "NO", try to clarify: I MEAN BABY WHO WAS BREATHING, CRYING OR HAVING OTHER SIGNS OF LIFE, EVEN THOUGH (S)HE LIVED FOR SEVERAL MINUTES OR HOURS?	Yes	1	
	No	2	2 ⇘ MODULE MA
CM2A. WHEN DID YOU GIVE BIRTH FOR THE FIRST TIME? I MEAN THE VERY FIRST BIRTH, EVEN IF THE BABY DIED LATER OR WAS BORN TO A MAN WHO DOES NOT LIVE WITH YOU ANYMORE. Go to CM3 only if the year of first birth is specified. Otherwise, continue with CM2B.	Date of first delivery		
	Day	__ __	
	DK day	98	
	Month	__ __	
	DK month	98	
	Year	__ __	⇘ CM3
	DK year	9998	⇩ CM2B
CM2B. HOW MANY YEARS AGO DID YOU GIVE BIRTH FIRST TIME?	Full years after first birth	__ __	
CM3. DO ANY OF YOUR OWN SONS OR DAUGHTERS RESIDE WITH YOU CURRENTLY?	Yes	1	
	No	2	2⇘ CM5
CM4. HOW MANY OF YOUR OWN SONS RESIDE WITH YOU?	Sons residing with mother	__ __	
HOW MANY OF YOUR OWN DAUGHTERS RESIDE WITH YOU?	Daughters residing with mother	__ __	
CM5. ARE THERE ANY OF YOUR LIVING SONS AND DAUGHTER WHO DO NOT RESIDE WITH YOU?	Yes	1	
	No	2	2⇘ CM7
CM6. HOW MANY OF YOUR LIVING SONS DO NOT RESIDE WITH YOU?	Sons residing separately	__ __	
HOW MANY OF YOUR LIVING DAUGHTERS DO NOT RESIDE WITH YOU?	Daughters residing separately	__ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A LIVE BOY OR GIRL WHO DIED LATER?	Yes	1	
	No	2	2⇘ CM9
CM8. HOW MANY BOYS HAVE DIED?	Number of dead boys	__ __	
HOW MANY GIRLS HAVE DIED?	Number of dead girls	__ __	
CM9. SUM UP ANSWERS FOR CM4, CM6, CM8.	Total	__ __	
CM10. TO CHECK MY NOTES, DURING YOUR LIFE YOU GAVE BIRTH (total number) OF TIMES. IS IT TRUE? ☐ Yes. ⇘ Go to CM11 ☐ No. ⇘ Check answers and make corrections before going to CM11			
CM11. WHEN DID YOU GIVE LAST BIRTH OUT OF (total number) BIRTHS (EVEN IF THIS BABY DIED LATER)? If day is unknown, enter '98' for the date.	Date of last birth		
	Day/Month/Year __ __/__ __/__ __ __ __		
CM12. Check CM11: Did you give last birth during past 2 years, namely from «_____» _____ 2004 and later? If the child died, pay special attention to the questions about this child in the next module. ☐ No births during 2 years preceding interview. ⇘ Go to MARITAL/UNION STATUS MODULE. ☐ Yes, birth during 2 years preceding interview. ⇘ Continue with CM13 Name of the child_____			
CM13. WHEN YOU BECOME PREGNANT WITH (NAME), WAS IT WANTED PREGNANCY, YOU WANTED IT COME LATER OR YOU WANTED NO (MORE) CHILDREN?	Wanted pregnancy	1	
	Wanted later	2	
	Unwanted pregnancy	3	

MATERNAL AND NEWBORN HEALTH **MN**

This module should be completed for each woman who gave live birth during two years preceding the interview.

Check the Child Mortality Module CM12 and write down the name of the last child _____

Use the name of this child in the following questions

MN2. DID YOU SEEK ANTENATAL CARE DURING THIS PREGNANCY? If yes: WHO PROVIDED ANTENATAL CARE TO YOU? ANY OTHER STAFF? Ask additional questions to clarify personnel providing antenatal care and circle all mentioned persons.	Health staff:			
	Medical doctor		A	
	Nurse/midwife		B	
	Auxiliary midwife		C	
	Feldsher		D	
	Other			
	Traditional birth attendant		F	
	Public health worker		G	
	Relative/friend		H	
	Other (specify)		X	
	No one		Y	Y↘ MN7
MN2A. HOW MANY TIMES DID YOU SEEK ANTENATAL CARE DURING THIS PREGNANCY?	Regularly		1	
	1 time		2	
	2-3 times		3	
	Did not seek		4	4↘ MN7
MN3. AS A PART OF YOUR ANTENATAL CARE, HAVE YOU RECEIVED ONE OF THE FOLLOWING SPECIFIC CARE, AT LEAST, ONCE?		Yes	No	
MN3A. WEIGHT MEASURED	Weight	1	2	
MN3B. BLOOD PRESSURE MEASURED	Blood pressure	1	2	
MN3C. URINE TESTED	Urine test	1	2	
MN3D. BLOOD TESTED	Blood test	1	2	
MN4. DURING ANTENATAL VISITS, DID ANYBODY SPEAK WITH ABOUT AIDS AND HIV?	Yes		1	
	No		2	
	DK		8	
MN5. I DO NOT WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR AIDS AS A PART OF ANTENATAL CARE?	Yes		1	
	No		2	2↘ MN7
	DK		8	8↘ MN7
MN6. I DO NOT WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes		1	
	No		2	
	DK		8	
MN7. WHO ASSISTED YOU DURING DELIVERY OF YOUR LAST CHILD (name)? ANYBODY ELSE? Ask additional questions to clarify the person assisted during delivery and circle all mentioned persons.	Health staff:			
	Medical doctor		A	
	Nurse/midwife		B	
	Auxiliary midwife		C	
	Feldsher		D	
	Other			
	Traditional birth attendant		F	
	Public health worker		G	
	Relative/friend		H	
	Other (specify)		X	
	No one		Y	

MN8. WHERE DID YOU GIVE BIRTH TO (NAME)? If the source is hospital, health center or clinic, write down the name of institution on below line. Ask type of institution and circle correspondent code. _____ (name of institution)	Home			
	At her home		11	
	Not at her home		12	
	Public sector			
	Public hospital/maternity		21	
	Public clinic/Health center		22	
	Other health facility (specify)		26	
	Private health sector			
	Private hospital		31	
	Private clinic		32	
	Private maternity		33	
	Other health facility (specify)		36	
	Other (specify)		96	
MN9. WHEN YOU GAVE BIRTH TO YOUR LAST BABY (NAME), WAS HE LARGE, MORE THAN AVERAGE, AVERAGE, BELOW AVERAGE OR VERY LITTLE?	Large		1	
	More than average		2	
	Average		3	
	Below average		4	
	Very little		5	
	DK		8	
MN10. WAS (name) WEIGHTED IMMEDIATELY AFTER BIRTH?	Yes		1	
	No		2	2↘ MN12
	DK		8	8↘ MN12
MN11. WHAT WAS (name) WEIGHT? Copy weight from child development card if available.	Card (grams)	1	__ __	
	From memory (grams)	2	__ __	
	DK	8	99998	
MN12. HAVE YOU EVER BREASTFED (name)?	Yes		1	
	No		2	2↘ next module
MN13. HOW MUCH TIME AFTER BIRTH YOU BREASTFED (NAME) FOR THE FIRST TIME? If < 1 hour, write down '00' hours. If < 24 hours, write down number of hours. If other write down days.	Immediately		000	
	Hours	1	__ __	
	or Days	2	__ __	
	DK/does not remember		998	
MN14. DO YOU SMOKE?	Yes		1	
	No		2	2↘ MN16
MN14A. WERE YOU SMOKING DURING THE PREGNANCY?	Yes		1	
	No		2	
MN15. HOW MANY TIMES DID YOU SMOKE DURING LAST 24 HOUR?	1-2 times		1	
	3-5 times		2	
	5 +		3	
MN16. HAVE YOU EVER CONSUMED ALCOHOL BEVERAGES?	Yes		1	
	No		2	2↘ next module
MN17. HAVE YOU EVER BECOME DRUNK WHEN CONSUMING ALCOHOL BEVERAGES?	Yes		1	
	No		2	
MN18. HOW MANY DAYS HAVE YOU CONSUMED ALCOHOL BEVERAGES DURING LAST 3 MONTHS	Days		__ __	
	No/never		0_0	
MN19. HOW MANY TIMES WERE YOU DRUNK DURING LAST 3 MONTHS?	Days		__ __	
	No/never		0_0	

MARRIAGE AND UNION			MA
MA1. ARE YOU CURRENTLY MARRIED/IN UNION?	Yes, married	1	
	Yes, in union	2	
	Not in union	3	3↘ MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER AT HIS LAST BIRTHDAY?	Age in years		↘ MA5
	DK	98	↘ MA5
MA3. HAVE YOU EVER BEEN MARRIED/IN UNION?	Yes, was married	1	
	Yes, was in union	2	
	No.	3	3↘ next module
MA4. WHAT IS YOUR MARITAL STATUS AT PRESENT: WIDOW, DIVORCED OR SEPARATED?	Widow	1	
	Divorced	2	
	Separated	3	
MA5. HAVE YOU BEEN MARRIED/IN UNION ONLY ONCE OR MORE THAN ONCE?	Only once	1	
	More than once	2	
MA6. WHAT MONTH AND YEAR YOU MARRIED OR STARTED LIVING IN UNION FIRST TIME?	Month	__ __	
	DK month	98	
	Year	__ __	
	DK year	9998	
MA7. Check MA6: ☐ Month and year of marriage/union is known? ↘ go to the next Module. ☐ Or month and year of marriage/union is not known? ↘ continue with MA8			
MA8. AT WHAT AGE HAVE YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years	__ __	

REPRODUCTIVE BEHAVIOR		RP
RP1. I WANT TO DISCUSS YOUR REPRODUCTIVE BEHAVIOR. IF YOU HAVE CHOICE, HOW MANY CHILDREN WOULD YOU HAVE DURING YOUR LIFE?	One	A
	Two	B
	Three	C
	Four	D
	Five-nine	E
	Ten +	F
	None	G
RP2. YOUR DECISION TO HAVE NO CHILDREN OR RESTRICT THEIR NUMBER WOULD DEPEND ON:	Health status	A
	Fear to lose job	B
	Uncertainty in children's future	C
	Low level of health service	D
	Lack of preschool institutions	E
	No housing	F
	No utilities in dwelling	G
	No regular job	H
	Low salary	I
	No job in general	J
	Other (specify)	K
RP3. YOUR DECISION TO HAVE (MORE) CHILDREN WOULD DEPEND ON:	Sufficient family allowances	A
	Sufficient maternity leave	B
	Availability of mortgage and credits	C
	Short working day for breastfeeding mothers	D
	Younger retirement age for mothers (of how many children?)	E
	Other (specify)	F
RP4. WHAT IS PREFERABLE BIRTH INTERVAL BEFORE YOU WOULD HAVE (ANOTHER) BABY?	One year	A
	Two years	B
	Three years	C
	Four years	D
	Five +	E
	No more kids	F

CONTRACEPTION			CP
CP1. I WANT TO CHANGE SUBJECT. I WANT TO DISCUSS WITH YOU FAMILY PLANNING AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, pregnant	1	1↘ NEXT MODULE
	No	2	
	No sure/DK	8	
CP2. SOME PEOPLE USE DIFFERENT METHODS TO DELAY OR AVOID PREGNANCY. ARE YOU DOING ANYTHING OR DO YOU USE ANY METHOD TO DELAY OR AVOID PREGNANCY?	Да	1	
	Нет	2	2↘ NEXT MODULE
CP3. WHAT METHOD DO YOU USE? DO NOT SUGGEST ANSWERS TO RESPONDENT. If several methods are mentioned, circle each.	Female sterilization	A	
	Male sterilization	B	
	Pills	C	
	Intrauterine device	D	
	Injections	E	
	Implants	F	
	Condoms	G	
	Female condom	H	
	Diaphragm	I	
	Foam/jelly	J	
	Lactation amenorrhea	K	
	Periodic abstinence	L	
	Withdrawal	M	
	Other (specify)	X	

A TTITUDES TOWARDS DOMESTIC VIOLENCE				DV
DV1. SOMETIMES HUSBAND IS ANGRY WITH HIS WIFE. DO YOU BELIEVE HE CAN HIT HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
DV1A. WHEN SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling him	1	2	8
DV1B. WHEN SHE NEGLECTS THE CHILDREN?	Neglects the children	1	2	8
DV1C. WHEN SHE ARGUES WITH HIM?	Argues with him	1	2	8
DV1D. WHEN SHE REFUSES SEX WITH HIM?	Refuses sex with him	1	2	8
DV1E. WHEN SHE BURNS THE FOOD?	Burns food	1	2	8

TUBERCULOSIS			HT
HT1. HAVE YOU EVER HEARD ABOUT TUBERCULOSIS?	Yes	1	
	No	2	2 ⇘ NEXT MODULE
HT2. DO YOU KNOW ABOUT FULL RECOVERY AFTER TUBERCULOSIS IF PROPER TREATMENTS RECEIVED?	Yes	1	
	No	2	
	DK	8	
HT3. HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER HAD TUBERCULOSIS?	Yes	1	
	No	2	
	DK	8	
HT4. IN ADDITION TO YOUR FAMILY MEMBERS DO YOU OFTEN COMMUNICATE TO ANYBODY (NEIGHBORS, COLLEAGUES OR CLOSE FRIENDS) SUFFERING FROM TUBERCULOSIS?	Yes	1	
	No	2	
	DK	8	
HT5. WHAT SYMPTOMS HELP TO IDENTIFY TUBERCULOSIS?	Cough	1	
	Cough with phlegm	2	
	Cough over 3 weeks	3	
	Fever	4	
	Blood with phlegm	5	
	Appetite loss	6	
	Sweating at night	7	
	Chest pain	8	
	Fatigue, tirelessness	9	
	Weight loss	10	
	Apathy, inertia	11	
	Other (specify)	96	
	DK	98	
HT6. WHICH TB SYMPTOMS REQUIRE SEEING A DOCTOR?	Cough	1	
	Cough with phlegm	2	
	Cough over 3 weeks	3	
	Fever	4	
	Blood with phlegm	5	
	Appetite loss	.6	
	Sweating at night	7	
	Chest pain	8	
	Fatigue, tirelessness	9	
	Weight loss	10	
	Apathy, inertia	11	
	Other (specify)	96	
	DK	98	
HT7. WHAT TREATMENT SHOULD HAVE THE PERSON WITH TB DIAGNOSED FIST TIME?	Hospital	1	
	Home	2	
	Initially in the hospital, later at home	3	
	Other (specify)	6	
	DK	8	
HT8. HOW IS TB TRANSMITTED BETWEEN PEOPLE?	By air when coughing	1	
	Other (specify)	6	
	DK	8	
HT9. WHERE WOULD YOU TAKE YOUR CHILD WITH SUSPECTED TB?	Hospital	1	
	Policlinic	2	
	Feldsher	3	
	NB dispensary	4	
	Other (specify)	6	
	DK	8	
HT10. WOULD YOU TAKE CARE OF YOUR FAMILY MEMBER, WHO, LET US ASSUME, HAD TB TREATMENT IN THE HOSPITAL, DURING FURTHER TREATMENT AT HOME?	Yes	1	
	No	2	
	DK/not sure	8	

HIV/AIDS					HA
HA1. LET US DISCUSS DIFFERENT STUFF.	Yes			1	
HAVE YOU EVER HEARD OF HUMAN IMMUNODEFICIENCY VIRUS OR THE DISEASE CALLED AIDS?	No			2	2⇦ next quest-re
HA2. CAN YOU PREVENT THIS DISEASE IF YOU HAVE ONLY ONE UNINFECTED SEX PARTNER, WHO HAS NO OTHER PARTNERS?	Yes			1	
	No			2	
	DK			8	
HA3. DO YOU BELIEVE THAT AIDS CAN BE TRANSMITTED BY SUPERNATURAL MEANS?	Yes			1	
	No			2	
	DK			8	
HA4. CAN YOU PREVENT AIDS BY PROPERLY USING CONDOMS AT EACH INTERCOURSE?	Yes			1	
	No			2	
	DK			8	
HA5. CAN AIDS BE TRANSMITTED THROUGH MOSQUITO BITES?	Yes			1	
	No			2	
	DK			8	
HA6. IS IT POSSIBLE TO PROTECT AGAINST AIDS ABSTAINING FROM SEX?	Yes			1	
	No			2	
	DK			8	
HA7. CAN PERSON GET AIDS THROUGH SHARING FOOD WITH AIDS-INFECTED PERSON?	Yes			1	
	No			2	
	DK			8	
HA7A. CAN PERSON GET AIDS THROUGH NEEDLE USED BY SOMEBODY ELSE?	Yes			1	
	No			2	
	DK			8	
HA8. CAN A HEALTHY LOOKING PERSON BE INFECTED WITH AIDS?	Yes			1	
	No			2	
	DK			8	
HA9. CAN AIDS BE TRANSMITTED FROM MOTHER TO CHILD?	Yes			1	
	No			2	
	DK			8	
		Yes	No	DK	
HA9A. DURING PREGNANCY?	During pregnancy	1	2	8	
HA9B. DURING DELIVERY?	During delivery	1	2	8	
HA9C. DURING BREASTFEEDING?	Through breastmilk	1	2	8	
HA10. CAN THE TEACHER INFECTED BUT NOT SICK WITH THIS VIRUS CONTINUE WORKING IN THE SCHOOL?	Yes			1	
	No			2	
	DK			8	

HA11. WOULD YOU BUY FRESH VEGETABLES FROM THE SELLER KNOWING (S)HE IS SICK OR INFECTED WITH VIRUS?	Yes	1	
	No	2	
	DK	8	
HA12. WOULD YOU KEEP IN A SECRET IF ONE OF YOUR FAMILY MEMBERS WOULD BE INFECTED WITH AIDS?	Yes	1	
	No	2	
	DK	8	
HA13. WOULD YOU TAKE CARE OF YOUR FAMILY MEMBER AT HOME KNOWING (S)HE IS SICK WITH AIDS?	Yes	1	
	No	2	
	DK	8	
HA14. Check MN5: WAS THE WOMAN TESTED FOR AIDS AS A PART OF ANTENATAL CARE? ☐ Yes. ↘ Go to HA18A ☐ No. ↘ Continue with HA15			
HA15. I DO NOT WANT TO KNOW A RESULT, BUT HAVE YOU EVER BEEN TESTED FOR AIDS?	Yes	1	
	No	2	2↘ HA18
	DK	8	8↘ HA18
HA16. I DO NOT WANT TO KNOW A RESULT, BUT WERE YOU INFORMED ON THE RESULTS OF YOUR TEST?	Yes	1	
	No	2	
HA17. DID YOU REQUEST TEST OR IT WAS PROPOSED TO YOU AND AGREED OR IT WAS OBLIGATORY?	Requested test	1	1↘ next quest-re
	Proposed and agreed	2	2↘ next quest-re
	Obligatory	3	3↘ next quest-re
HA18. AT PRESENT TIME, ARE YOU AWARE OF PLACE WHERE YOU CAN GET TESTED FOR AIDS?	Yes	1	
	No	2	
HA18A. If was tested for AIDS virus as a part of antenatal care: DO YOU KNOW ABOUT ANY PLACE IN ADDITION TO ANC PLACE WHERE YOU CAN BE TESTED FOR AIDS?	Yes	1	
	No	2	

QUESTIONNAIRE FOR CHILDREN UNDER-5

UNDER-5 INFORMATION		**UF**
This questionnaire should be filled for all women (see household listing, column HL8), who takes care of children aged under-5 living with them (see household listing, column HL5). Separate Questionnaire should be filled for each child. Write down cluster and household number, name and line number of the child and his/her mother or caretaker. Write down your name, number and day of interview		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Name of child: _____	UF4. Line number of child: _____	
UF5. Name of mother/caretaker: _____	UF6. Line number of mother/caretaker: _____	
UF7. Name and number of interviewer: _____	UF8. Day/month /year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
UF9. Outcome of Under-5 interview (Codes relate mothers/ caretaker)	Interviewed	1
	Missing	2
	Refused	3
	Partially interviewed	4
	Recognized unfit	5
	Other (Specify)	6
Repeat welcome if not read for woman earlier: WE ARE FROM THE STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN. WE WORK WITHIN THE FAMILY HEALTH AND EDUCATION PROJECT. I WANT TO DISCUSS THIS WITH YOU. ALL RECEIVED INFORMATION IS STRICTLY CONFIDENTIAL; NO ONE WILL LEARN BELOW ANSWERS ARE YOURS. SHALL I START? If agreed start interview. If respondent disagrees with interview, thank him/her, and go to the next interview. Discuss the result with your supervisor for further additional visit to household for getting information about the child.		
UF10. NOW I WILL INQUIRE YOU ABOUT HEALTH OF EACH UNDER-5 CHILD WHO YOU TAKE CARE OF AND WHO LIVES WITH YOU. PLEASE, TELL HIS/HER (name). WHAT IS HIS/HER MONTHS AND YEAR OF BIRTH (NAME)? Continue: WHAT IS HIS/HER BIRTHDAY? If mother/caretaker knows exact date of birth, write it down; otherwise circle number 98 for birthday.	Birthday: Day __ __ DK day Month __ __ Year __ __ __ __	 98
UF11. HOW OLD BECAME (name) AT HER/HIS LAST BIRTHDAY? Write down age in full years.	Age in full years __	

BIRTH REGISTRATION AND EARLY LEARNING					BR
BR1. HAS (name) BIRTH CERTIFICATE? MAY I SEE IT?	Yes, certificate was shown			1	1↘ BR5
	Yes, no certificate shown			2	
	No…..			3	
	DK			8	
BR2. WAS BIRTH OF (name) REGISTERED IN THE REGISTRY OFFICE?	Yes			1	1↘ BR5
	No			2	2↘ BR3
	DK			8	8↘ BR4
BR3. WHY BIRTH OF (name) WAS NOT REGISTERED?	Too expensive			1	
	Too far to go			2	
	Did not know			3	
	Did not want to pay fine			4	
	Did not know where to go			5	
	Other (specify)			6	
	DK			8	
BR4. DO YOU KNOW HOW TO REGISTER BIRTH?	Yes			1	
	No			2	
BR5. Check age of the child in UF11: IS CHILD 3 – 4 YEARS? ☐ Yes. ↘ Continue with BR6 ☐ No. ↘ Go to BR8					
BR6. DOES (name) ATTEND ANY FORM OF EARLY CHILDHOOD EDUCATION PROGRAM IN PRIVATE OR PUBLIC INSTITUTION, SUCH AS KINDERGARTEN OR OTHER CHILD CARE GROUP?	Yes			1	
	No			2	2↘ BR8
	DK			8	8↘ BR8
BR7. HOW MANY HOURS (APPROXIMATELY) OF THIS PROGRAM HAS (name) ATTENDED IN THE PAST WEEK?	Number of hours			__ __	
BR8. WERE YOU OR ANY HOUSEHOLD MEMBER OLDER 15 YEAS ENGAGED IN THE FOLLOWING ACTIVITIES WITH (name) DURING LAST 3 DAYS: If Yes, ask: WHO WAS ENGAGED IN THESE ACTIVITIES – MOTHER, FATHER OR OTHER ADULT HOUSEHOLD MEMBER (INCLUDING ADULT CARETAKER/RESPONDENT)? Circle appropriate.		Mother	Father	Other HH mem-ber	Nobody
BR8A. READ BOOKS OR WATCHED PICTURES IN THE BOOKS WITH (name)	Read books	A	B	X	Y
BR8B. TOLD STORIES TO (name)	Told stories	A	B	X	Y
BR8C. SANG SONGS WITH (NAME)	Sang sons	A	B	X	Y
BR8D WENT OUT WITH (name)	Went out	A	B	X	Y
BR8E. PLAYED C (имя)	Played	A	B	X	Y
BR8F. SPENT TIME WITH (name) NAMING WORDS, COUNTING AND/OR DRAWING	Spent time	A	B	X	Y

CHILD DEVELOPMENT		CE
Ask question CE1 to each caretaker only once		
CE1. HOW MANY BOOKS ARE THERE IN YOUR HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER, FOR INSTANCE, ILLUSTRATED CHILDREN'S BOOKS. If no, write down 00	Number on non-children's books (< 10) 10 + non-children's books	0_ 10
CE2. HOW MANY CHILDREN'S BOOKS OR ILLUSTRATED BOOKS DO YOU HAVE FOR (имя)? If no, write down 00	Number on non-children's books (< 10) 10 + non-children's books	0__ 10
CE3. I AM INTERESTED TO LEARN WITH WHAT (name) PLAYS WHEN (S)HE IS AT HOME. WITH WHAT DOES (name) PLAY? DOES (S)HE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, DISHES, CUPS AND PANS OBJECTS AND MATERIALS FOUND OUTSIDE THE HOME, SUCH AS STICKS, STONES, SEASHELLS OR LEAVES HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS THAT COME FROM STORE DOMESTIC ANIMALS If respondent answers 'YES' to mentioned category, try to specify the object with that the child plays. Circle Y, if child plays with neither listed item.	Household objects (bowls, dishes, cups, pots Objects and materials found outside the home (sticks, stones, sea-shells, leaves) Homemade toys (dolls, cars and other toys) Toys that come from store Domestic animals No toys listed	A B C D E Y
CE4. SOMETIMES ADULT CARETAKERS SHOULD GO SHOPPING, FOR LAUNDRY OR SOME OTHER BUSINESS LEAVING LITTLE CHILDREN IN CARE OF OTHERS. HOW MANY TIMES IN THE PAST WEEK (name) WAS LEFT IN CARE OF ANOTHER CHILD (BELOW 10 YEARS)? If 'no', write down 00	Number of times	__
CE5. HOW MANY TIMES (name) WAS LEFT ALONE IN THE PAST WEEK? If 'no', write down 00	Number of times	__

BREASTFEEDING					BF
BF1. WAS (name) EVER BREASTFED?	Yes			1	
	No			2	2 ↘ BF3
	DK			8	8 ↘ BF3
BF2. IS THE BABY STILL BREASTFED?	Yes			1	
	No			2	
	DK			8	
BF3. WAS ANY OF THE BELOW GIVEN TO THE CHILD SINCE THE SAME HOUR YESTERDAY: Name loudly each product and write down the answer before going to the next item.		Yes	No	DK	
BF3A. VITAMINS, MINERAL SUPPLEMENTS OR MEDICINES?	A. Vitamins, mineral supplements or medicines	1	2	8	
BF3B. PLAIN WATER?	B. Plain water	1	2	8	
BF3C. SWEETENED, AROMATIZED WATER OR FRUIT JUICE, TEA OR EXTRACT?	C. Sweetened water, tea or juice	1	2	8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS (oral rehydration solution)	1	2	8	
BF3E. INFANT FORMULA?	E. Infant formula	1	2	8	
BF3F. TINNED, POWDER OR FRESH MILK?	F. Milk and diary products	1	2	8	
BF3G. OTHER FLUIDS?	G. Other fluids (soup, broth)	1	2	8	
BF3H. SOLID/SEMI-SOLID (SHABBY) FOOD?	H. Solid/semi-solid (shabby) food	1	2	8	
BF4. Check BF3H: WAS THE CHILD RECEIVING SOLID/SEMI-SOLID (SHABBY) FOOD? ☐ Yes. ↘ Go to BF5 ☐ No or DK. ↘ Go to the next Module					
BF5. SINCE THE SAME HOUR YESTERDAY, HOW MANY TIMES (name) RECEIVED SOLID/SEMI-SOLID (SHABBY) FOOD, EXCLUDING FLUIDS? If 7 or more times, write own '7'.	Number of times			___	
	DK			8	

CARE OF ILLNESS					CA
CA1. DID (name) HAD DIARRHOEA LAST TWO WEEKS, I.E. STARTING FROM (DAY OF WEEK) BEFORE LAST WEEK? Diarrhoea is identified in a way mother/caretaker understands it, or if a child had three watery stools per day or blood in stool.	Yes			1	
	No			2	2 ⇘ CA5
	DK			8	8 ⇘ CA5
CA2. DID (name) DRINK THE FOLLOWING DURING THE LAST EPISODE OF DIARRHOEA: Read out loudly and write down answer before going to next.		Yes	No	DK	
CA2A. FLUID FROM ORS PACKET, CALLED REGIDRON, SMEKTA?	A. Fluid from ORS packet (Regidron, Smekta)	1	2	8	
CA2B. RECOMMENDED BY MOH HOMEMADE FLUID?	B. Recommended by MoH fluid	1	2	8	
CA2C. PRE-PACKED ORS FLUID?	C. Pre-packed ORS fluid	1	2	8	
CA3. DURING LAST EPISODE DID (name) DRINK LESS, THE SAME OR MORE?	Much less or nothing			1	
	The same (or somewhat less)			2	
	More			3	
	DK			8	
CA4. DURING LAST EPISODE DID (name) EAT LESS, THE SAME OR MORE? If "LESS", specify: MUCH LESS OR SOMEWHAT LESS?	Not at all			1	
	Much less			2	
	Somewhat less			3	
	Same			4	
	More			5	
	DK			8	
CA5. DID (name) HAD ILLNESS WITH COUGH IN THE PAST TWO WEEKS, I.E. STARTING FROM (DAY OF WEEK) OF PRE PAST WEEK?	Yes			1	
	No			2	2 ⇘ CA12
	DK			8	8 ⇘ CA12
CA6. DURING LAST EPISODE WAS BREATHING FASTER THAN USUAL, WITH SHORT FAST DEEP BREATHS, OR WAS IT DIFFICULT?	Yes			1	
	No			2	2 ⇘ CA12
	DK			8	8 ⇘ CA12
CA7. WERE THESE SYMPTOMS RELATED TO CHEST OF STUFFY NOSE?	Stuffy nose			1	1 ⇘ CA12
	Chest			2	
	Other (specify)			6	6 ⇘ CA12
	DK			8	
CA8. DID YOU SEEK HEALTH ASSISTANCE OR ADVICE OUTSIDE FOR ILLNESS MANAGEMENT?	Yes			1	
	No			2	2 ⇘ CA10
	DK			8	8 ⇘ CA10
CA9. WHERE DID YOU GET ASSISTANCE? HAVE ANYBODY ELSE ASSISTED YOU? Circle all mentioned, but do NOT suggest answers If the source is hospital, health center or clinic, write down the name of institution on below line. Ask the type of institution and circle correspondent code. _____ (name of institution)	Public sector				
	Hospital			A	
	Health point			B	
	Policlinic/RDA			C	
	Feldsher			D	
	Mobile/field team (Ambulance)			E	
	Other public health institutions (specify)			H	

	Private health sector		
	Private hospital/ambulance	I	
	Private doctor	J	
	Private drug store	K	
	Mobile team	L	
	Other private health institutions (specify)	O	
	Another source		
	Relatives or friends	P	
	Traditional healer	R	
	Other (specify)	X	
CA10. DID (name) RECEIVE ANY MEDICINE FOR THIS ILLNESS?	Yes	1	
	No	2	2 ↘ CA12
	DK	8	8 ↘ CA12
CA11. WHAT MEDICINE DID (name) RECEIVE? Circle all mentioned medicines.	Ampicillini	A	
	Paracetamol//Panadol	P	
	Aspirin	Q	
	Ibuprofen	R	
	Other (specify)	X	
	DK	Z	
CA12. Check UF11: IS CHILD AGED BELOW 3 YEARS? ☐ Yes. ↘ Continue with CA13 ☐ No. ↘ Go to CA14			
CA13. WHEN (name) HAD WATERY STOOL LAST TIME HOW WAS EXCRETA DISPOSED?	Child used toilet	01	
	Flush toilet	02	
	Flushed to pit/ditch	03	
	Thrown in garbage	04	
	Buried	05	
	Left open	06	
	Other (specify)	96	
	DK	98	
Ask this question (CA14) only once to each caretaker. CA14. SOMETIMES YOU SHOULD TAKE THE CHILD WHO IS SERIOUSLY SICK TO HEALTH FACILITY IMMEDIATELY. WHAT SYMPTOMS WILL MAKE YOU TAKING THE CHILD TO SUCH FACILITY? Continue asking about other symptoms until all additional symptoms mentioned. Circle all mentioned symptoms, DO NOT SUGGEST ANSWERS.	Child in to able to eat or breastfeed	A	
	Becomes sicker	B	
	Developed fever	C	
	Has fast breathing	D	
	Has difficult breathing	E	
	Has blood in stool	F	
	Is drinking poorly	G	
	Other (specify)	X	
	Other (specify)	Y	
	Other (specify)	Z	

IMMUNIZATION					IM
If the child has immunization card, copy from IM2- IM6 dates of immunization given in the card. IM10- IM17 cover vaccination not in the card. IM10- IM17 should be asked if child has no immunization card.					
IM1. DO YOU HAVE IMMUNIZATION CARD FOR (name)?	Yes, presented			1	
	No, not presented			2	2 ↘ IM10
	No			3	3 ↘ IM10
A. Copy dates of every vaccination from card. B. Put '44' in the 'Day" column if date of vaccination is not available, but there is note about vaccination.		Date of immunization			
		DAY	MONTH	YEAR	
IM2. BCG (TUBERCULOSIS)	BCG				
IM3A. POLIO O (POLIOMYELITIS)	POLIO O				
IM3B. POLIO 1 ((POLIOMYELITIS)	POLIO 1				
IM3C. POLIO 2 ((POLIOMYELITIS)	POLIO 2				
IM3D. POLIO 3 ((POLIOMYELITIS)	POLIO 3				
IM4A. DPT1 (PERTUSIS, DIPHTHERIA, TETANUS)	DPT 1				
IM4B. DPT2 (PERTUSIS, DIPHTHERIA, TETANUS)	DPT 2				
IM4C. DPT3 (PERTUSIS, DIPHTHERIA, TETANUS)	DPT 3				
IM5A. HEP B1 (OR DPTHEPB 1)	(DPT)H1				
IM5B. HEP B2 (OR DPTHEPB 2)	(DPT)H 2				
IM5C. HEP (OR DPTHEPB 3)	(DPT)H 3				
IM6. MEASLES (OR MUMPS)	MEASLES				
IM6.1. MMR (MEASLES, MUMPS, RUBELLA)	MMR				
IM9. IN ADDITION TO VACCINES MENTIONED IN THE CARD, DID (name) RECEIVE ANY OTHER VACCINATION INCLUDING THOSE DURING NATIONAL DAYS OF IMMUNIZATION? Write down 'Yes' only if respondent names BCG, Polio 0-3, DPT 1-3, and/or Hep B 1-3, Measles	Yes (Continue asking about vaccines and put '66' in correspondent column 'Day' in IM2 – IM6B.)			1	1 ↘ IM20
	No			2	2 ↘ IM20
	DK			8	8 ↘ IM20
IM10. WAS (name) VACCINATED AGAINST DISEASES, INCLUDING VACCINATION DURING NATIONAL IMMUNIZATION DAYS?	Yes			1	
	No			2	2 ↘ IM20
	DK			8	8 ↘ IM20
IM11. HAS (name) EVER RECEIVED BCG AGAINST TUBERCULOSIS, WHICH IS INJECTED INTO THE LEFT SHOULDER LEAVING SCAR?	Yes			1	
	No			2	
	DK			8	
IM12. HAS (name) EVER RECEIVED "VACCINE IN A FORM OF DROPS" TO PREVENT POLIOMYELITIS?	Yes			1	
	No			2	2 ↘ IM15
	DK			8	8 ↘ IM15

IM13. DID THE BABY RECEIVE THESE DROPS IMMEDIATELY AFTER BIRTH (WITHIN 2 WEEKS) OR LATER?	Immediately after birth (within 2 weeks)	1	
	Later	2	
	DK	8	8 ⇘ IM15
IM14. HOW MANY TIMES DID (S)HE RECEIVE DROPS?	Number of times	__	
	DK	8	
IM15. DID (name) RECEIVE DPT VACCINE INJECTION INTO HIP OR BUTTOCK TO PREVENT TETANUS, PERTUSIS AND DIPHTHERIA? (SOMETIMES THESE VACCINES ARE ADMINISTERED ALONG WITH POLIO VACCINE)	Yes	1	
	No	2	2 ⇘ IM17
	DK	8	8 ⇘ IM17
IM16. HOW MANY TIMES?	Number of times	__ __	
	DK	8	
IM17. DID (name) EVER RECEIVE "INJECTION OF MEASLES VACCINE", MEANS, INJECTION INTO ARM AT THE AGE OF 9 MONTHS AND OLDER TO PREVENT MEASLES?	Yes	1	
	No	2	
	DK	8	

IM20. IS THERE ANY OTHER CHILD LIVING IN THE HOUSEHOLD UNDER CARE OF RESPONDENT?

Check Household Listing, column HL8.

☐ Yes. ⇘ Complete this questionnaire, then

Go to UNDER-5 QUESTIONNAIRE for another child.

☐ No. ⇘ Complete interview with respondent thanking for help.

If this is the last child in interviewed household go to ANTHROPOMETRY MODULE.

ANTHROPOMETRY **AN**

After competing questionnaires for all children, weight and measure each child.

Write down weight and height, check accuracy of notes. Check name and serial number with the Household Listing before recording measures.

AN1. Weight of child	Kilograms (kg)		
AN2. HEIGHT OF CHILD Check age of child in UF11: ☐ Child < 2 years. ⇘ Measure height (when lying). ☐ Child 2 years +. ⇘ Measure height (standing).	Height (cm) Lying	1	
	Height (cm) Standing	2	
AN3. Identification code of person taken measures.	Code	__ __	
AN4. RESULT.	Measured	1	
	Missing	2	
	Refused	3	
	Other (specify)	6	

AN5. IS THERE ANOTHER ELIGIBLE CHILD IN THE FAMILY?

☐ Yes. ⇘ Write down measures for the next child.

☐ No. ⇘ Finish interview with household. Thank all participants for their assistance.

Collect all questionnaires of this household and make sure identification numbers are available on the top of each page

Write down the number of completed interviews in the Household Characteristics Module.

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