

State of Qatar



Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2012



Ministry of Development Planning & Statistics



Qatar Foundation



Supreme Council of Health



United Nations Children's Fund





Multiple Indicator Cluster Survey In the State of Qatar, 2012



مؤسسة قطر
Qatar Foundation

July, 2014





H.H. Sheikh Tamim Bin Hamad Al-Thani
Emir of the State of Qatar

The Ministry Of Development Planning and Statistics Multiple Indicator Cluster Survey (MICS) was carried out in 2012 by Ministry of Development Planning and Statistics in collaboration with the Supreme Council for Health and Qatar Foundation for Education, Science and Community. Technical support was provided by the United Nations Children's Fund (UNICEF). This is the first survey in the State of Qatar, to provide documented information on maternity and child health, childhood development and other indicators to monitor the Millennium Development Goals.

MICS is an international household survey programme developed by UNICEF. The Qatar MICS was conducted as part of the fourth global round of MICS surveys (MICS4). MICS provides up-to-date information on the situation of children, women and men and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments. This report was developed in accordance with UNICEF templates. Additional information on the global MICS project may be obtained from <http://www.childinfo.org>, and MDP&S website <http://www.mdps.gov.qa>

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Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, State of Qatar, 2012

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value				
				Qataris	Non-Qataris	Total	unit	
Nutrition								
Breastfeeding and infant feeding	2.4		Children ever breastfed	94.5	94.7	94.6	Percent	
	2.5		Early initiation of breastfeeding – within one hour of birth	42.0	30.0	33.5	Percent	
	2.6		Exclusive breastfeeding under 6 months	18.6	35.0	29.3	Percent	
	2.7		Continued breastfeeding at 1 year	49.0	69.6	65.0	Percent	
	2.8		Continued breastfeeding at 2 years	18.2	38.4	31.9	Percent	
	2.9		Predominant breastfeeding under 6 months	26.2	44.4	38.1	Percent	
	2.10		Duration of breastfeeding	13.7	18.3	16.4	Months	
	2.11		Bottle feeding – for children aged 0-23 months	68.9	60.4	62.9	Percent	
	2.12		Introduction of solid, semi-solid or soft foods	50.8	50.0	50.2	Percent	
	2.13		Minimum meal frequency	62.9	45.1	50.1	Percent	
	2.14		Age-appropriate breastfeeding	19.6	26.0	24.1	Percent	
	2.15		Milk feeding frequency for non-breastfed children	95.6	90.5	92.2	Percent	
	Low birth weight	2.18		Low birth-weight infants	10.2	11.0	10.6	Percent
		2.19		Infants weighed at birth	86.2	88.0	87.5	Percent
Child Health								
Care of illness	3.8		Oral re-hydration therapy with continued feeding	66.4	(69.8)	68.5	Percent	
Reproductive Health								
Maternal and newborn health	5.3	5.3	Contraceptive prevalence rate	39.4	36.9	37.5	Percent	
	5.4	5.6	Unmet need	13.4	12.1	12.4	Percent	
		5.5	Antenatal care coverage					
	5.5 a		At least once by skilled personnel	96.2	88.7	90.8	Percent	
	5.5 b		At least four times by any provider	92.3	81.4	84.5	Percent	
	5.6		Content of antenatal care	95.4	85.2	88.1	Percent	
	5.7	5.2	Skilled attendant at delivery	100.0	100.0	100.0	Percent	
	5.8		Institutional deliveries	100.0	98.4	98.9	Percent	
	5.9		Caesarean section	13.4	22.0	19.5	Percent	
	Post-natal health checks	5.10		Post-partum stay in a health facility	90.7	90.8	90.8	Percent
		5.11		Post-natal health check for the newborn	95.8	95.5	95.6	Percent
		5.12		Post-natal health check for the mother	89.0	91.7	90.9	Percent

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value			
				Qataris	Non-Qataris	Total	unit
Child Development							
	6.1		Support for learning	85.5	89.9	88.4	Percent
	6.2		Father's support for learning	80.9	86.9	84.9	Percent
	6.3		Learning materials: children's books	37.7	40.3	39.5	Percent
	6.4		Learning materials: playthings	47.9	55.7	53.3	Percent
	6.5		Inadequate care	11.1	11.9	11.6	Percent
	6.6		Early child development index	82.8	84.5	83.9	Percent
	6.7		Attendance to early childhood education	32.3	45.0	40.8	Percent
Education							
	7.2		School readiness	77.3	84.6	81.9	Percent
	7.3		Net intake rate in primary education	93.4	92.2	92.7	Percent
	7.4	2.1	Primary school net attendance ratio (adjusted)	96.7	96.4	96.5	Percent
	7.5		Secondary school net attendance ratio (adjusted)	91.6	94.7	93.2	Percent
	7.6	2.2	Children reaching last grade of primary education	99.8	100.0	99.9	Percent
	7.7		Primary completion rate	92.7	93.0	92.9	Percent
	7.8		Transition rate to secondary school	95.4	98.9	97.5	Percent
	7.9		Gender parity index (primary school)	1.00	1.01	1.00	Percent
	7.10		Gender parity index (secondary school)	1.01	0.98	0.99	Percent
Early marriage and polygamy	8.6		Marriage before age 15				
			women age 15-49 years	0.0	0.0	0.0	Percent
			men age 15-49 years	0.0	0.0	0.0	Percent
	8.7		Marriage before age 18				
			women age 15-49 years	7.4	5.6	6.2	Percent
			men age 15-49 years	1.0	0.7	0.8	Percent
	8.8		Young age 15-19 years currently married				
			women	3.4	4.5	4.0	Percent
			men	0.5	0.7	0.6	Percent
	8.9		Polygyny				
		women age 15-49 years	4.4	2.0	2.6	Percent	
		men age 15-49 years	1.6	0.5	0.7	Percent	
	8.10 b		Spousal age difference				
			women age 20-24 years	9.8	16.6	14.6	Percent
Domestic violence	8.14		Attitudes towards domestic violence				
			women age 15-49 years	6.2	6.7	6.6	Percent
			men age 15-49 years	20.5	13.7	15.9	Percent
HIV/AIDS							
HIV/AIDS knowledge and	9.1		Comprehensive knowledge about HIV prevention				

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value			
				Qataris	Non-Qataris	Total	unit
attitudes			women age 15-49 years	17.6	22.4	20.8	Percent
			men age 15-49 years	28.5	30.6	29.9	Percent
	9.2	6.3	Comprehensive knowledge about HIV prevention among young people				
			women age 15-24 years	16.2	15.1	15.6	Percent
			men age 15-24 years	24.2	26.3	25.2	Percent
	9.3		Knowledge of mother-to-child transmission of HIV				
			women age 15-49 years	28.7	28.2	28.4	Percent
			men age 15-49 years	31.9	26.8	28.5	Percent
	9.4		Accepting attitude towards people living with HIV				
			women age 15-49 years	0.7	4.5	3.3	Percent
			men age 15-49 years	1.4	7.8	5.8	Percent
	9.5		Knowledge a place for HIV testing				
			women	30.3	48.0	42.1	Percent
			men	54.5	61.7	59.3	Percent
	9.6		Have been tested in the last 12 months and have been told result				
			women	0.2	3.5	2.4	Percent
		men	0.2	7.8	5.3	Percent	
9.8		HIV counselling during antenatal care	7.9	9.3	8.9	Percent	
9.9		HIV testing during antenatal care	0.3	3.5	2.6	Percent	
Access to mass media use of information/communication technology							
Access to mass media	MT.1	Exposure to mass media					
			women 15-49 years	50.3	46.7	47.9	Percent
			men 15-49 years	74.8	64.7	68.0	Percent
Use of Information / communication technology	MT.2	Use of computers					
			women 15-24 years	93.0	89.3	91.0	Percent
			men 15-24 years	96.6	93.6	95.2	Percent
	MT.3	Use of internet					
			women 15-24 years	91.8	89.5	90.6	Percent
		men 15-24 years	97.4	94.5	96.0	Percent	
Tobacco use							
Tobacco use	TA.1	Tobacco use					
			women 15-49 years	0.5	3.2	2.3	Percent
			men 15-49 years	16.5	17.4	17.1	Percent
	TA.2	Smoking before age 15 years					
			Women	0.1	0.4	0.3	Percent
			Men	2.3	2.9	2.7	Percent
SUBJECTIVE WELL-BEING							
Subjective well-being	SW.1	Life satisfaction					
			Women 15-49 years	88.8	83.2	85.1	Percent
			Men 15-49 years	90.4	78.3	82.2	Percent

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value			
				Qataris	Non-Qataris	Total	unit
			Happiness				
	SW.2		Women 15-49 years	96.8	94.6	95.3	Percent
			Men 15-49 years	92.0	93.3	92.9	Percent
			Perception of a better life				
	SW.3		Women 15-49 years	80.0	73.1	75.4	Percent
			Men 15-49 years	75.6	64.0	67.8	Percent

() Between 25-49 unweighted cases

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CAPI	Computer Aided Personal Interviewing
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSPro	Census and Survey Processing System
GCC	Gulf Cooperation Council
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MICS4	Fourth round of the Multiple Indicator Cluster Survey
NAR	Net Attendance Rate
ORT	Oral rehydration treatment
MDP&S	Ministry of Development Planning and Statistics
PDA	Personal Digital Assistants
QF	Qatar Foundation
SCH	Supreme Council of Health
SPSS	Statistical Package for Social Sciences
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit For Children
WHO	World Health Organization

Preface

It is our pleasure to present in this report the final results of the State of Qatar “Multiple Indicator Cluster Survey – (MICS)” carried out in 2012 as part of the fourth round of the global MICS programme (MICS4). It contains the key social sector indicators of the population in the State of Qatar and serves as a primary source for measuring the progress achieved through the efforts of the State of Qatar for the realisation of the Millennium Development Goals.

UNICEF developed the global MICS programme in 1995 to gain a better understanding of the situation of children and women with regard to the achievement of the World Summit Goals. Since then, the survey has been implemented in successive rounds of five years. A wide range of indicators can be obtained from this survey, which are internationally comparable estimates and, are used to showcase the progress on fulfilling the basic rights of children and women around the world and serves as an important monitoring tool for the Millennium Development Goals

In recognition of the importance of this survey, Ministry Of Development Planning and Statistics (MDP&S) of the State of Qatar conducted the Multiple Indicator Cluster Survey (MICS), in collaboration with the Supreme Council of Health, Qatar Foundation for Education, Science and Community and UNICEF for a sample size of 4600 households (2300 Qatari households and 2300 non-Qatari households).

Children under 18 years of age comprise nearly forty percent of the household. Investments for their development will provide a promising future for the State of Qatar. We strongly believe that Qatar MICS4 will contribute to shaping and defining the priorities for these efforts, for the development and prosperity of children and women in the State. The survey has provided crucial and credible information to support the national efforts, and for reducing inequalities. This will particularly help the relevant agencies and organisations to prioritise action for the development and growth of children to help them achieve their full potential.

The MDP&S is also honoured to have chosen to pilot this survey on behalf of the GCC States as part of the statistical initiative of GCC States. This pilot also allowed Qatar to contribute to the global MICS piloting of the Computer Aided Personal Interviewing (CAPI) techniques for the MICS programme. I hope the learning from these efforts will benefit not only the GCC states but also inform the global MICS programme.

Saleh Bin Mohamed Al Nabit, Ph.D.

Minister of Development Planning and Statistics

Acknowledgements

Within the framework of cooperation between Ministry Of Development Planning and Statistics (MDP&S), United Nations Children Fund (UNICEF), the Supreme Council for Health and Qatar Foundation for Education, Science and Community, the MDP&S conducted the Multiple Indicator Cluster Survey (MICS), which is a primary source of information on the health, social and educational indicators of the Qatari and non-Qatari population in 2012. This is also the first survey providing data on reproductive health issues and on the development and health of child in Qatar.

The survey aims at providing up to date information, for assessing the health, social and educational status of men, women and children, for follow up and monitoring the national efforts and progress achieved, with regard to the fulfilment of the “Millennium Development Goals”, and the survival, protection and growth of the Qatari child. Though children in Qatar comprise over a one third of the population, they represent the future of Qatar and therefore are of paramount importance.

The MDP&S has the pleasure of publishing the final report and avails the opportunity of extending its deep gratitude for the support provided by UNICEF, the Supreme Council for Health and Qatar Foundation for Education, Science and Community throughout the implementation of the survey and in the finalisation of the report.

The MDP&S would like to acknowledge the technical support provided by the UNICEF Regional Office and the MICS team at the Headquarter level for their contribution for the successful implementation of the first MICS survey using the Computer Aided Personal Interviewing (CAPI) techniques in the MICS surveys. The pilot in Qatar will go a long way to support the introduction of this methodology in the global MICS and in particular the GCC countries where this technology will be widely used. The support of M/S Realsoft Advanced Applications contracted by UNICEF who helped with the customisation of the application and provided field support services is also gratefully acknowledged.

The management, data collection teams and the staff at MDP&S deserve a special mention for their diligence and dedication through all stages of implementation of the survey from design to the publishing of this report.

The MDP&S would like to extend its special thanks to all the members of the households who willingly participated and responded to the survey.

We hope that the results of this survey will be widely used in accordance with the needs of the competent agencies, to prepare the policies and programme to benefit the men, women and children living in Qatar.

Executive Summary

This is the final report of the results of the Multiple Indicator Cluster Survey (MICS) conducted in Qatar during the period from May to June 2012. This survey was conducted within the framework of the fourth round of Multiple Indicator Cluster Surveys (MICS4), prepared and developed by the United Nations Children's Fund (UNICEF), and implemented in about 50 countries worldwide during the period 2009-2012.

The implementation of the fourth round of the Multiple Indicator Cluster Survey was led by the Ministry Of Development Planning and Statistics in collaboration with the Supreme Council of Health, the Qatar Foundation for Education, Science and Community and UNICEF.

In Qatar, the sample was designed to cover the entire household population living in Qatar. The sample size was calculated using the guidelines for the MICS. It was decided that the survey provides results of similar reliability for both Qataris and non-Qataris. Accordingly, the sample size was determined to be 2,300 households for each group, a total of 4,600 households ⁽¹⁾.

The survey aimed to provide updated information needed to assess the situation of children, women and men in Qatar. This information would be used to measure progress towards the achievement of the Millennium Development Goals, the goals of "A World Fit for Children" and other national objectives.

The survey was part of an overall GCC statistical initiative to collect data on children and women in all the GCC States. The State of Qatar offered to serve as a pilot country and share experiences of implementing the MICS in the GCC. The findings of this pilot will contribute to experience sharing while providing important data for national planning.

In view of the technological advances in the GCC and Qatar's recent experience of using technological options during the Census the Qatar MICS also contributed to refining the tools for conducting Computer Aided Personal Interviewing techniques for the Global MICS programme and served as the first pilot in Middle East and North Africa region of UNICEF using this technology.

Data was collected from only households and included information on the sex and age of each household member. In all the surveyed households, a total number of 13,415 household members were enumerated. Information was obtained on their access to education services at various levels, the methods of child discipline, and other living conditions. A total of 5,699 women aged 15-49 years living within these households were interviewed to obtain information about marriage, access to mass media and information/communication technology, the use of contraceptives, the health of mothers and babies, attitudes towards domestic violence, and attitudes and knowledge about HIV/AIDS, life satisfaction and tobacco use. In addition, mothers/caregivers of more than 2,082 children under the age of five were interviewed to collect information on child education, development, immunization, breastfeeding, and care during illness. Information on 5,630 men living within these households was obtained about marriage, attitudes towards domestic violence, and their attitudes and knowledge about HIV/AIDS, subjective well-being and tobacco use.

(1) The first survey report, page 4.

Nutrition

According to the global recommendation, all children under the age of six months must be exclusively breastfed, only 29 percent of these children were exclusively breastfed (19 percent, and 35 percent for Qatari and non-Qatari children, respectively).

The percentage of children in Qatar under the age of 24 months receiving appropriate feeding was 24 percent. Bottle feeding is prevalent in Qatar with 63 percent of children under two years of age being fed using bottles with nipples.

It was estimated that 11 percent of infants weighed less than 2,500 grams at birth, 10 percent and 11 percent for Qatari and non-Qatari children, respectively. This percentage of low birth weight does not differ when comparing mother's level of education. Eight percent of newborns were weighed at birth.

Child Health

Four percent of children under the age of five suffered from diarrhea during the two weeks preceding the survey, five percent for Qatari children versus four percent for non-Qataris. It was noted that 16 percent of children affected by diarrhea did not receive any medical treatment or medicine for diarrhea.

Reproductive Health

Thirty eight percent of married women reported using contraception at the time of the survey; 39 percent of Qatari women and 37 percent of non-Qatari women. The most common means of contraception used by married women in Qatar was the pill, used by one in seven women. The overall percentage of the unmet need for contraception, which was the proportion of women 15 - 49 years of age who wished to stop childbearing but were not using contraception was five percent; with four percent for Qatari women, and six percent for non-Qatari women.

With regard to antenatal healthcare by professional staff: a doctor, a qualified nurse or midwife, 91 percent of women received antenatal care at least once, 96 percent of Qatari women and 89 percent of non-Qatari women. The majority of mothers (85 percent) received antenatal care at least four times.

Skilled staff assisted all births during the two years preceding the MICS, with more than one in every eight births (12 percent) during the two years preceding the MICS delivered with the help of a nurse or a midwife. Doctors assisted in 88 percent of cases. Nearly all births in Qatar took place in a health facility, 85 percent of births took place in public sector facilities, 14 percent of births took place at private sector facilities, and no births occurred at home.

With respect to postnatal care, 91 percent of women remained at the health facility for 12 hours or more, and 54 percent remained for one or two days, and 34 percent stayed for 3 days or more. Ninety six percent of newborns received postnatal medical examination either at the health facility or at home, and 96 percent of newborns received postnatal care. Nearly three quarters of postnatal care visits for newborns took place in a public facility. And about 100 percent of initial postnatal visits for newborns were conducted by a doctor, nurse or midwife. Ninety one percent of mothers also received postpartum care visits.

Child Development

Forty one percent of children aged 36 to 59 months were enrolled in an organised early childhood education programme, 45 percent of whom were non-Qatari children and 32 percent were Qataris. During the week preceding the survey, 88 percent of children five between the ages of 36 to 59 months benefitted from the participation of an adult household member in four or more activities to develop learning and readiness for school. This percentage did not differ between Qatari and non-Qatari children. In Qatar, 84 percent of children aged 36 to 59 months were considered to be developmentally on track, 85 percent of whom were non-Qatari children, and 83 percent Qatari children. Being developmentally on track is correlated to attendance in early childhood education (pre-school), among both Qatari and non-Qatari children. Analysing the four domains of child development showed that 87 percent of children were developmentally on track in the learning domain yet a higher proportion of children (92 percent) were on track in the physical, only 63 percent were on track in literacy and numeracy, and 76 percent were on track in social-emotional domains. There was no difference in the benchmarks established for Early Childhood Index for Qatari and non-Qatari children did not differ in the patterns of the development path and demonstrated similar patterns of progress in each of the four domains.

Literacy and Education

Eighty two percent of first grade children had attended pre-school education in the previous year. Higher rates of enrolment in pre-school were observed in the previous year among non-Qatari children, 85 percent, than their Qatari counterparts; 77 percent, and the proportion of male children was generally slightly less than that of females (79 percent versus 85 percent). Ninety seven percent of children of primary school age (6-11 years) were enrolled in primary school. No significant differences were observed in this indicator between Qatari and non-Qatari children. Both groups recorded a high percentage with regard to this indicator. As for secondary education, 93 percent of children of secondary school age (12 - 17 years) were enrolled in school. The gender parity index for primary and secondary education was 1 and 0.99, respectively.

Child Protection

Fifty percent of children aged 2-14 years old were subjected to at least one type of physical or psychological punishment at the hands of their parents, other caregivers, or another family member. Six percent of children were subjected to severe physical punishment, and 14 percent of mothers/caretakers believed that children should be physically punished.

Although around half of all children in the age group 2-14 years were exposed to at least one form of psychological or physical punishment, this percentage was slightly higher among Qatari children (54 percent) than their non-Qatari peers (48 percent

Four percent of young women in the age group 15-19 years were married at the time of the survey). This percentage was strongly correlated with educational level where the percentage decreased with the higher levels of female education.

In general, seven percent of women in Qatar believed that a husband is justified to beat his wife for at least one of the five reasons: if she went out without his permission or knowledge, if she neglected her children, if she argued with him, if she refused to participate in an intimate relationship with him, or if she burned the food. Men are more likely to agree than women with one of the reasons to justify wife beating (16 percent among men compared to 7 among women). The percentage is higher among Qatari males (21 percent) compared to non-Qatari (14 percent).

HIV / AIDS

Eighty three percent of women between the ages of 15 - 24 years old in Qatar heard of HIV, and the proportion of non-Qatari women who had heard of HIV was 87 percent; slightly higher than their Qatari counterparts, (84 percent). The counterpart percentages for men were 91 percent, 92 percent, and 88 percent respectively. Results showed that the percentage of women who knew the two main methods of preventing the transmission of HIV was 45 percent. Among non-Qatari women, the percentage was 48 percent, being higher than their Qatari counterparts, 39 percent. Overall, 21 percent of women in Qatar had comprehensive knowledge of HIV prevention. Also noted was the high percentage of comprehensive knowledge about the prevention of HIV among non-Qatari women, 22 percent, compared to 18 percent of Qatari women. Men are more knowledgeable than women in this regard with a percentage of 30 percent (29 percent for Qataris and 31 percent for non-Qataris).

Access to mass media and Use of Information /Communication Technology

Results showed that 48 percent of women had been exposed to three forms of media at least once a week; 50 percent for Qatari women and 47 percent for non-Qatari women. The proportion of men aged (15-49 years), who read newspaper, listen to the radio and watch TV, at least once a week was 68 percent, indicating that men are more exposed to all three forms of media than women. This proportion reached 75 percent for Qatari men, being higher than for non-Qatari men (65 percent).

TV was the most common form of media. Non-Qatari women tended to read the newspapers more than Qatari women. Only three percent of women in Qatar were not exposed to any of the three types of media, not even once a week. As far as men are concerned, television is the most common media among men in Qatar, where 97 percent of men were exposed to television at least once a week, being similar for both Qataris and non-Qataris.

Results indicated that 93 percent of women aged (15-24 years) had used a computer, 95 percent and 92 percent for Qatari and non-Qatari women, respectively.). The corresponding figure for men is 96 percent, where 98 percent of Qatari men had ever used a computer compared to 95 percent for non-Qatari.

As for the internet, 94 percent of young women aged (15-24 years) had used the internet, 96 percent and 92 percent for Qatari and non-Qatari, respectively. For men the proportion of who previously used the internet was 97 percent, with the proportion of Qatari men who used the internet being higher at 98 percent compared to non-Qatari men at 95 percent.

Tobacco Use

Five percent of women in Qatar used a tobacco product, seven percent of non-Qatari women and two percent of Qatari women. No woman in Qatar aged (15-49 years) had consumed an entire cigarette before the age of 15. It was generally noted that the use of tobacco products in Qatar was more common among men, the results being 25 percent, compared with only 5 percent of women.

Subjective Wellbeing

The percentage of women who were very or somewhat satisfied in life exceeded 90 percent. In all cases the level of satisfaction was highest with respect to family life and health, especially among women in the (15-24 years). It was relatively lower in their satisfaction in

the areas of school and the living environment. Subjective well-being was higher among women than men in various fields, and among Qatari versus non-Qatari households.

The percentage of women who felt satisfied with life was 85 percent, higher than that for men, 82 percent, in Qatar. This was also the case in non-Qatari households where the percentages were 83 percent for women, and 78 percent for men. However the opposite was true for Qatari households, where 90 percent of men felt satisfied with life as opposed to 89 percent for women. This illustrated that there was a difference between Qatari and non-Qatari women and men.

Results indicated that 77 percent of women in Qatar believed that their lives had improved during the last year, 94 percent believed that their lives will improve after one year, and that 75 percent believed both.

The corresponding percentages for men in Qatar were 70 percent, 87 percent, and 68 percent, respectively. These perceptions were stronger among men and women in Qatari households compared to non-Qatari households.

I. Introduction

Background

This report is based on the Multiple Indicator Cluster Survey, conducted by the Ministry Of Development Planning and Statistics in cooperation with the Qatar's Supreme Council of Health and the Qatar Foundation for Education, Science and Community in 2012. The survey provided valuable information on the situation of children, women and men in Qatar, and was based, in large part, on the needs 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, as well as decisions of the League of Arab States, relevant institutions and organizations, related Arab Framework for the Rights of the Arab Child, the Cairo Declaration "Towards the Arab World Fit for Children", and the Second Arab Plan for (2004 - 2015) adopted by the Arab summit conferences.

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

A Commitment to Action: National and International Reporting Responsibilities

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

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

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

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

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

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

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

In less than ten years, Qatar achieved distinguished economic and social progress. By 2012, Qatar was ranked 36th on the Human Development Index among 179 countries, compared to the 57th place it had occupied during the previous decade. The eight main objectives highlighted by the Millennium Summit Declaration were, and still are, considered key priorities in the plans of economic and social development in Qatar. Successive development plans aimed at increasing the well-being of citizens, improving income and guaranteeing the best ways of promoting education for males and females. In addition, plans paid special attention to the health sector, the environment and the empowerment of women.

The Qatar National Vision was developed to cover the period until the year 2030, and it was adopted with the Emiri Decree No. 44 of the year 2008. The Vision aims at transform Qatar by the year 2030 to an advanced country capable of achieving sustainable development, and to ensure the continuation of a decent life for its people, one generation after another. The Vision also provides a framework for the development of national strategies and operational plans. Work to develop a national strategy for Qatar has been launched to achieve this vision.

The Qatar National Vision is based on four pillars: human development, social development, economic development, and environmental development. The Vision confirmed that women will play an active role in all aspects of community life, particularly participation in economic and political decision-making.

Qatar's accession to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC) had its impact on developing mechanisms for the advancement of women and children, and on developing appropriate strategies for doing so. A summary of achievements in this context are as follows:

- Article (25) of Qatar's Constitution affirmed education as a fundamental pillar of social progress, guaranteed, sponsored and promoted by the State." Compulsory education was approved by Emiri Decree (25) in September 2001, hence, the educational system in the country now abounds about 600 public and private schools, covering various stages of primary education all around the country. In addition, there are institutions for higher education such as the University of Qatar. Of the objectives of the Qatar National Vision 2030 is to establish a society based on justice and equality.
- Qatar adopts a comprehensive policy for the development of its educational system. The policy is based on the principle of equal gender-opportunity. In 2002, the Supreme Education Council as the supreme authority responsible for educational policy-making. The Emiri Decree No. (14) for the year 2009 was issued to organize the SEC within the framework of implementing Qatar's vision for the development 2030. The SEC is the highest authority on higher education aiming to develop and upgrade education so as to ensure fulfilling Qatar's needs of qualified human resources in various fields. The SEC is implementing an initiative to develop public education under the banner of "Education for a New Era". The essence of the initiative is to establish autonomous schools (Independent Schools), funded by the government. The initiative is based on four principles: independence, accountability, diversity and choice.
- The State of Qatar provides high-quality health services to its citizens as stated by Article 23 of the Constitution, which emphasizes that the "The State shall provide public healthcare, and means for the prevention and treatment of diseases and epidemics, according to the law."
- A draft for the Overall Strategy of the Family in Qatar, which includes a national strategy on women, and the population policy for Qatar, which has a special focus to women.

- Qatar has adopted practical policies in addressing violence against women through the creation of independent institutions specialized in addressing this phenomenon. The National Institution for the Protection of the Child and Woman established in 2002 is one institution. In addition, the National Bureau to Combat Human Trafficking, established by the Supreme Council for Family Affairs in 2005 was transformed into an independent institution with the name Qatar Foundation for Combating Human Trafficking by Decision No. 1 of the President of the Supreme Council for Family Affairs for the year 2008.
- The Qatar Foundation for the Protection of the Child and Women, the Qatar Foundation for Combating Human Trafficking and the National Commission for Human Rights provide hotlines to receive violence cases. The Family Counseling Center offers a hotline for marital and familial counseling.
- As a result of Qatar's accession to the International Convention on the Rights of the Child, decisions have been issued for establishing private institutions for children's rights. Also, many legislations on children's rights were issued, for example:
 - Law No. (20) of 2007 amending some provisions of Law No. (5) of 1982 on the organization of the registration of births and deaths.
 - The prohibition of all forms of forced labor, and taking effective measures for the immediate and complete abolition of forced labor or work.
 - The eligibility of female employees to receive a paid maternity leave for a period of sixty days. Article (109) of the Law includes a mother's right to have two hours of daily breastfeeding, and Article (110) thereof allows granting her a leave to care for her disabled children, and other children.
- Article (32) of the Constitution ensures that the State shall care for the young, shall prevent them from causes of corruption, protect them from exploitation and physical, mental and spiritual neglect, and provide the appropriate conditions for them to develop their talents in various fields guided by sound education. In addition to relevant rights and freedoms granted by the Constitution, Article (47) guarantees freedom of opinion and expression for all, including children.

The MICS is an important source of securing the data necessary to track the Millennium Goals and to monitor and evaluate the effects of developmental plans on maternal and child health.

Box (1): Basic Principles of the Constitution

The Permanent Constitution of Qatar was issued in 2004. The basic principles thereof read as follows:

- Justice, benevolence, freedom, equality and high moral standards are core values of the Qatari society.
- The State shall safeguard equal opportunities for all citizens.
- The family is the basis of society. A Qatari family is founded on religion, ethics and patriotism. The Law shall regulate as necessary to protect the family, support its structure, strengthen its ties and protect mothers, children/and the elderly.
- Equality between citizens in public rights and duties.
- Equality before the law without discrimination on grounds of gender, origin, language and religion.
- Equality in political rights (nomination and election).

Box (2): The Convention on the Rights of the Child

The Convention on the Rights of the Child adopted several rights on children, including: the child's right to life, survival, development, registration after birth, to be named, to have a nationality, to maintain an identity and not to be separated from the parents, as well as their right to express their opinions, to be heard in any judicial proceedings, in the freedom of thought conscience, religion and association, the right not to be subjected to any arbitrary action, the right to legal protection, access to information, education, protection from all forms of violence, injury or abuse, and the right to provide alternative care, and the right to take appropriate measures in the case of asylum. There are also the rights established for the child with disabilities and the right to healthcare, social security, education and participation in cultural and artistic life and protection from economic exploitation, the right to protection from the illicit use of narcotic drugs, the right to protection from sexual exploitation, the right to protection from abduction, sale or trafficking, the right to be subjected to harsh punishment, the right not to be involved in armed conflict, the right to rehabilitation and integration and the right to obtain guarantees when infringing upon penal law.

The final report presents the results of indicators and topics covered by the survey.

Survey Objectives

The 2010 Qatar Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Qatar;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals, as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Qatar and to strengthen technical expertise in the design, implementation, and analysis of such systems.
- To generate data on the situation of children women and men, including the identification of vulnerable groups and of disparities, to inform policies and interventions.
- To pilot the CAPI application for use in the MICS programme globally.
- To provide GCC States an opportunity to gain experience of the global MICS programme and its applicability in the GCC.

II. Sample and Survey Methodology

Sample Design

The sample for the State of Qatar Multiple Indicator Cluster Survey (MICS4) was designed to provide estimates for a large number of indicators on the situation of children, women and men at the national level. Due to the rapid economic growth of the Qatari economy, and its ensuing impact of the massive influx of expatriates for employment the 2010 population census frame was used to draw the sample. The sample frames have been developed with separate domains for Qataris and non-Qataris, to ensure that the Qatari population has sufficient representation in survey sample. The sample was then selected in two stages. Within each stratum, a specified number of census enumeration areas (EAs) were selected systematically with probability proportional to size. After a household listing was carried out within the selected enumeration areas, in the second stage 23 households were selected in each cluster representing a systematic sample of 2300 Qatari households, and 2300 non-Qatari households. Three enumeration areas, of the selected areas for Qatari households, were not visited, for cultural reasons. These enumeration areas had previously been selected for more than one recent survey, and would thus place a heavy burden on these households. In addition, two enumeration areas, of the selected areas for non-Qatari households, were not visited, as these had been since been demolished. The sample included all municipalities. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Four sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all de jure household members (usual residents), and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years; and 3) a men's questionnaire administered in each household to all men aged 15-49 years 4) an under-5 questionnaire, administered to mothers or caretakers for all children under 5 living in the household. The questionnaires included the following modules:

The Household Questionnaire included the following modules:

- Household Listing Form
- Education
- Child Discipline

The Questionnaire for Individual Women was administered to all women aged 15-49 years living in the households (excluding domestic help), and included the following modules:

- Women's Background
- Access to media, and use of information/communication technology.
- Desire for Last Birth
- Marriage
- Maternal and Newborn Health
- Post-natal health checks
- Illness Symptoms
- Contraception
- Unmet Need
- Attitudes Towards Domestic Violence

- HIV/AIDS
- Tobacco use
- Life satisfaction.

The questionnaire for individual men was administered to all for men aged 15-49 years, living in the household (excluding domestic help) and included the following modules:

- Men's Background.
- Access to media, and use of information/communication technology.
- Attitudes towards domestic violence.
- Marriage.
- HIV/AIDS
- Tobacco use.
- Life satisfaction.

The Questionnaire for Children under Five was administered to mothers or caretakers of children under 5 years of age² living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Age
- Early Childhood Development
- Breastfeeding
- Care of Illness
- Immunization³

The questionnaires are based on the MICS4 model questionnaire⁴. From the MICS4 standard questionnaire version in Arabic, the questionnaires were customised to the local context and were pre-tested during April 2012. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires and the standard data entry application. A copy of the State of Qatar MICS questionnaires is provided in Appendix F.

Training and Fieldwork

Training for the fieldwork was conducted for two weeks, starting on 18 April 2012, and continued until the beginning of May. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. The last few days of the training were devoted to familiarising the enumerators with the data processing work processes and use of the Personal Digital Assistant (PDA) application.

The data were collected by 27 field teams; each comprising three interviewers, one driver, and a supervisor. Fieldwork began in May 2012 and concluded in June 2012. Field work monitoring was conducted by one general supervisor and seven inspectors.

² The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.

³ Although data on children's immunization was collected, it was excluded from the analysis because of the small number of observations.

⁴ The model MICS4 questionnaires can be found at www.childinfo.org

Data Processing

Data were entered using the CSPro software. The data was collected using a PDA device. Procedures and standard MICS data processing and analysis application for Computer Aided Personal Interviewing (CAPI) developed under the global MICS4 programme were adapted to the State of Qatar questionnaire and were used throughout data collection and analysis. Data were shared with the central office and field work was monitored on a daily basis. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 19, and the model syntax and tabulation plans developed by UNICEF were used for this purpose. Data processing support was provided for the entire period of field work through the UNICEF Regional Office data processing consultants and through regular interaction with the data processing team at UNICEF HQs

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Of the 4,580 households selected for the sample, 4541 were found to be occupied. Of these, 4501 were successfully interviewed for a household response rate of 99 percent. In the interviewed households, 5,809 women (age 15-49 years) were identified. Of these, 5699 were successfully interviewed, yielding a response rate of 98 percent. Similarly, the interviewed households, 5,705 men (age 15-49 years) were identified. Of these, 5,630 were successfully interviewed, yielding a response rate of 99 percent. In addition, 2,121 children under age five were listed in the household questionnaire. Questionnaires were completed for 2,082 of these children, which corresponds to a response rate of 98 percent within interviewed households. Overall response rates for all interviews with adult women 97percent, adult men 98 percent, and for children below the age of five 97 percent.

Table: HH.1

Results of household, women's, men's and under-5 interviews
Number of households, women, men, and children under 5 by results of the household, women's, men's and under-5's interviews, and household, women's, men's and under-5's response rates, Qatar, 2012 (Excluding Domestic Servants and Drivers⁵)

	Qatari Households	Non-Qatari Households	Total Households
Households Sampled	2298	2282	4580
Households Occupied	2271	2270	4541
Households Interviewed	2235	2266	4501
Household response rate	98.4	99.8	99.1
Women Eligible	3496	2313	5809
Women Interviewed	3419	2280	5699
Women's response rate	97.8	98.6	98.1
Women's overall response rate	96.2	98.4	97.2
Men Eligible	3378	2327	5705
Men Interviewed	3320	2310	5630
Men's response rate	98.3	99.3	98.7
Men's overall response rate	96.7	99.1	97.8
Children under 5	1229	892	2121
Children under 5 Mother/Caretaker Interviewed	1203	879	2082
Under-5's response rate	97.9	98.5	98.2
Under-5's overall response rate	96.3	98.4	97.3

⁵ Information at the individual level of domestic servants and drivers was not collected.

Response rates for households, adult women and adult men ranged between 97 percent and 100 percent. In general, response rates for children were lower than other response rates. In general, response rates for non-Qatari households were higher than those for Qatari households.

Characteristics of Households

The weighted age and sex distribution of survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 4,501 households successfully interviewed in the survey, 19,410 household members were listed. Of these, 10,024 were males, (representing 52 percent of household members) and 9,385 were females (representing 48 percent of household members). The average household size is estimated to be 5 persons per household. It may be noted that while the household information was collected on all individuals in the households, individual interviews with domestic servants and drivers were not conducted in view of the fact that the information in individual interviews includes retrospective information which would affect the overall national findings and may not reflect the situation of the women, men and children in Qatar.

Table: HH.2

Household age distribution by sex

Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Qatar, 2012 (Excluding Domestic Servants and Drivers ⁶)

		Males		Females		Total	
		Number	Percent	Number	Percent	Number	Percent
Age	0-4	1008	10.1	968	10.3	1976	10.2
	5-9	1267	12.6	1141	12.2	2409	12.4
	10-14	1187	11.8	1021	10.9	2208	11.4
	15-19	754	7.5	734	7.8	1488	7.7
	20-24	617	6.2	745	7.9	1362	7.0
	25-29	731	7.3	911	9.7	1642	8.5
	30-34	883	8.8	896	9.5	1779	9.2
	35-39	774	7.7	899	9.6	1673	8.6
	40-44	778	7.8	627	6.7	1404	7.2
	45-49	583	5.8	432	4.6	1015	5.2
	50-54	609	6.1	525	5.6	1134	5.8
	55-59	393	3.9	216	2.3	609	3.1
	60-64	219	2.2	134	1.4	353	1.8
	65-69	89	0.9	55	0.6	144	0.7
	70-74	61	0.6	37	0.4	98	0.5
	75+	53	0.5	30	0.3	83	0.4
		Missing/DK	17	0.2	14	0.2	31
Dependency age groups	0-14	3462	34.5	3130	33.4	6593	34.0
	15-64	6341	63.3	6119	65.2	12460	64.2
	65+	204	2.0	122	1.3	326	1.7
		Missing/DK	17	0.2	14	0.2	31
Children and	Children age 0-17 years	3934	39.2	3562	38.0	7497	38.6

⁶ Information at the individual level of domestic servants and drivers was not collected.

		Males		Females		Total	
		Number	Percent	Number	Percent	Number	Percent
adult populations	Adults age 18+ years	6073	60.6	5809	61.9	11882	61.2
	Missing/DK	17	0.2	14	0.2	31	0.2
Total		10024	100.0	9385	100.0	19410	100.0

The population of Qatar is characterised as a young population, with children (0-17 years) representing around 39 percent of the population, and adults 61 percent, The elderly (65 years and above) represent small proportion of around 2 percent of the population .The number of females are less than males in all cases except for the age group 20-39 years. This proportion also differs between Qataris and non-Qataris, representing 61 percent among Qataris compared to 66 percent among non-Qataris. The structure in the sample is somewhat different than the Census 2010 where the percentage of individuals aged (15-64 years) was 69 percent of total percent population.

Figure: HH.1

Age and sex distribution of household population, Qatar, 2012

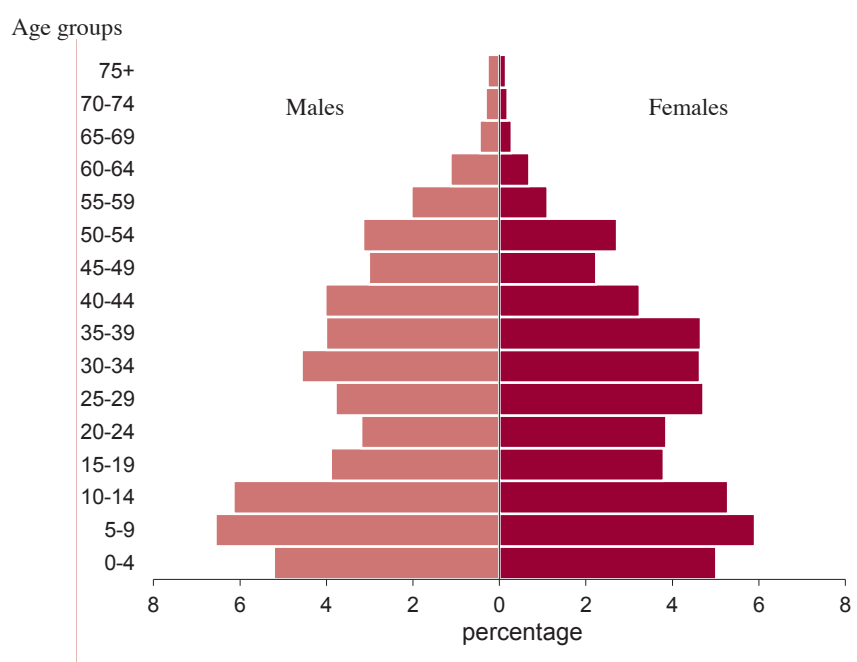


Table HH.3 - HH.5 and table HH.4M provide basic information on the households, female and male respondents age 15-49, and children under-5 by presenting the unweighted, as well as the weighted numbers. Information on the basic characteristics of households, women and children under-5 interviewed in the survey is essential for the interpretation of findings presented later in the report and also can provide an indication of the representativeness of the survey. The remaining tables in this report are presented only with weighted numbers. See Appendix A for more details about the weighting.

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, number of household members, and education of household. These background characteristics are 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.

Table: HH.3**Household composition**Percent distribution of households by selected characteristics, Qatar, 2012
(Excluding Domestic Servants and Drivers⁷)

		Qatari households			Non-Qatari households			Total of households		
		Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Sex of household head	Male	93.1	1057	2073	95.9	3229	2171	95.2	4286	4244
	Female	6.9	78	162	4.1	137	95	4.8	215	257
Number of household members	1	1.5	18	34	8.8	297	232	7.0	314	266
	2	3.4	39	78	18.0	606	373	14.3	645	451
	3	6.5	74	146	19.6	658	432	16.3	732	578
	4	8.7	98	194	24.9	839	563	20.8	938	757
	5	11.1	126	242	13.8	466	316	13.2	592	558
	6	12.1	137	270	7.4	249	174	8.6	386	444
	7	13.6	154	290	3.3	110	82	5.9	264	372
	8	13.4	152	290	2.0	68	45	4.9	220	335
	9	8.9	101	209	0.8	27	19	2.8	128	228
	10+	20.8	236	482	1.4	46	30	6.3	282	512
Education of household head	None	11.6	132	263	2.3	77	62	4.6	208	325
	Primary	11.3	128	257	2.3	76	53	4.6	205	310
	Preparatory	13.8	157	317	2.4	79	54	5.2	236	371
	Secondary	27.4	311	616	15.1	510	348	18.2	821	964
	University and above	35.8	406	782	77.9	2623	1748	67.3	3030	2530
	Missing/DK				0.0	1	1	0.0	1	1
Households with at least: one child age 0-4 years		35.0	1135	2235	31.0	3366	2266	31.8	4501	4501
Households with at least: one child age 0-17 years		76.0	1135	2235	64.3	3366	2266	67.2	4501	4501
Households with at least: one woman age 15-49 years		87.3	1135	2235	83.5	3366	2266	84.5	4501	4501
Households with at least: one man age 15-59 years		84.6	1135	2235	83.4	3366	2266	83.7	4501	4501
Mean household size		7.3	1135	2235	3.8	3366	2266	4.7	4501	4501
Total		100.0	1135	2235	100.0	3366	2266	100.0	4501	4501

The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households with at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49. The table also shows the weighted average household size estimated by the survey.

The aggregate number of Qataris and non-Qataris conceal the differences between them, which must be taken in consideration, when analysing the household characteristics and the indicators derived from the survey in Qatar. The mean household size for Qataris and their characteristics clearly differ from non-Qatari households. This is expected in non-Qatari

⁷ Information at the individual level of domestic servants and drivers was not collected.

households as in line with the policies of the State of Qatar, the hiring of individuals is in accordance with the State's development priorities and therefore expatriate workers may not be accompanied by all family members. The average family size in the sample is 5 persons, being around 7 persons for Qatari households compared to around four in non-Qatari households. As for the sex of the head of the household, it was found that the percentage of households headed by females was five percent among Qataris compared to around four among non-Qataris. About 58 percent of the households residing in Qatar, comprise of four persons or less, (the corresponding percentage for Qataris is 20 percent and 71 percent for non-Qatari). Moreover, 21 percent of Qatari households comprised of ten people or more. On the other hand, non-Qatari households are smaller, where 27 percent of them comprised of one or two persons.

Around 32 percent of total households have one child in the age group (0-4 years), where the percentage was 35 percent in Qatari households, and 31 percent in non-Qatari households.

Pertaining to the educational status of the head of the household, 86 percent of head of households have secondary education or higher; this percentage varies between Qatari and non-Qatari head of households, because the majority of the non-Qatari head of households hold university degree (78 percent). Notwithstanding, the education level of head of the Qatari households is also considered to be high, as the findings indicate that 36 percent of them acquired university education or higher, and 27 percent have secondary education.

Characteristics of Female and Male Respondents 15-49 Years of Age and Children Under-5

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 men, 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 information background characteristics for the respondents in the Age group 15-49 years. The tables provide information on those women by, age, marital status, current status of motherhood, and births in the last two years, for the Qatari and non-Qatari households.

The percentage of currently married women was 66 percent, as opposed to 32 percent who never married, and 2 percent who were previously married. The percentage of currently married Qatari women is lower (48 percent) , which could be attributed to the fact that a larger proportion of Qatari women are of ages 15-19 years, representing 21 percent of total sample of Qatari women. With regard to the motherhood status, 84 percent of women had previously given birth compared to 16 percent of women who have never delivered. However, this percentage is higher among percent Qatari women (88 percent). Of the sampled women, only 11 percent obtained intermediate education or less, 31 percent obtained secondary education, and 58 percent obtained university education. Eighty four percent of Qatari women obtained secondary or university education, which is a high percentage, when comparing this indicator for developing countries.

As table HH.4M reveals, many characteristics for men mirror those for women. However, the percentage of currently married men was 60 percent compared to 66 percent of women. The percentage of Qatari men, who are currently married is 41 percent which is lower than

the national average and percent could be attributed to the increase of the percentage of Qataris in the younger age group 15-19 years (22 percent of total males in the sample are aged 15-19 years.) Of the sampled men, only 10 percent have intermediate education or less, (15 percent for Qataris and 7 percent among Non-Qataris). Thirty two percent of men attained secondary education, while 59 percent have obtained a university degree. The proportion of Qatari men, who obtained secondary education was 52 percent, and 33 percent of them have university education, compared to 22 percent and 71 percent respectively for non-Qataris. It may be noted that the percentage of Qatari women who obtained university education is higher compared to men. This pattern is consistent with the trend seen in the GCC, in general, where men are satisfied with secondary education, to join the labour market, while women prefer to continue with their education process.

Table: HH.4

Women's background characteristics
Percent and frequency distribution of women age 15-49 years by selected characteristics, Qatar, 2012

		Qatari women			Non-Qatari women			Total women		
		Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age	15-19	20.8	397	694	10.4	393	13.9	13.9	790	935
	20-24	17.8	340	629	12.4	471	14.2	14.2	811	908
	25-29	16.1	308	562	18.0	683	17.4	17.4	991	955
	30-34	12.3	235	432	19.4	736	17.0	17.0	972	867
	35-39	12.8	244	419	19.5	739	17.3	17.3	983	862
	40-44	11.4	217	385	12.4	471	12.1	12.1	688	682
	45-49	8.7	166	298	7.9	299	8.1	8.1	464	490
Marital status	Currently married	48.3	920	1644	74.8	2835	65.9	65.9	3755	3341
	Widowed	0.5	10	20	0.3	11	0.4	0.4	21	27
	Divorced	1.8	34	63	0.5	17	0.9	0.9	52	74
	Separated	0.2	4	9	0.3	13	0.3	0.3	17	14
	Never married	49.1	937	1681	24.2	917	32.5	32.5	1853	2241
Motherhood status	Ever gave birth	88.4	857	1535	82.0	2360	83.6	83.6	3216	2965
	Never gave birth	11.3	110	197	17.9	514	16.2	16.2	624	485
	Missing	0.3	3	4	0.1	2	0.1	0.1	5	6
Births in last two years	Had a birth in last two years	12.1	232	428	15.0	567	14.0	14.0	799	770
	Had no birth in last two years	87.7	1672	2987	85.0	3223	85.9	85.9	4895	4923
	Missing	0.1	3	4	0.1	2	0.1	0.1	5	6
Education	None	3.3	64	118	2.5	94	2.8	2.8	158	180
	Primary	4.2	80	144	2.4	92	3.0	3.0	172	203
	Preparatory	8.6	163	296	3.6	137	5.3	5.3	300	372
	Secondary	40.7	775	1402	26.0	987	30.9	30.9	1763	2008
	University and above	43.0	819	1453	65.2	2474	57.8	57.8	3293	2925
	Missing/DK	0.3	5	6	0.2	7	0.2	0.2	13	11
Total		100.0	1907	3419	100.0	3792	2280	100.0	5699	5699

Table: HH.4M**Men's background characteristics**

Percent and frequency distribution of men age 15-49 years by selected background characteristics, Qatar, 2012

		Qatari Men			Non-Qatari Men			Total Men		
		Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age	15-19	22.3	412	739	11.1	421	14.8	14.8	833	1009
	20-24	19.8	366	679	8.0	304	11.9	11.9	670	877
	25-29	16.5	305	552	13.2	499	14.3	14.3	803	858
	30-34	12.5	231	416	19.5	740	17.2	17.2	971	842
	35-39	9.1	168	289	18.0	681	15.1	15.1	849	709
	40-44	11.6	213	374	17.1	646	15.3	15.3	859	759
	45-49	8.1	150	271	13.0	494	11.4	11.4	644	576
Marital status	Currently married	41.0	756	1349	69.3	2620	60.0	60.0	3377	2904
	Widowed	0.1	1	2	0.1	5	0.1	0.1	7	5
	Divorced	1.1	21	37	0.5	18	0.7	0.7	39	49
	Separated	0.2	5	8	0.1	5	0.2	0.2	9	11
	Never married	57.5	1060	1920	29.9	1130	38.9	38.9	2189	2653
	Missing	0.0		1	0.1	5	0.1	0.1	5	4
Education	None	0.7	13	27	1.1	43	1.0	1.0	56	60
	Primary	3.8	71	123	1.7	64	2.4	2.4	134	162
	Preparatory	10.5	194	360	4.2	157	6.2	6.2	351	460
	Secondary	51.6	952	1708	22.3	843	31.9	31.9	1794	2239
	University and above	33.3	615	1100	70.7	2677	58.5	58.5	3292	2706
	Missing/DK	0.1	1	2	0.0	1	0.0	0.0	2	3
Total		100.0	1846	3320	100.0	3784	2310	100.0	5630	5630

Some background characteristics of children under 5 are presented in Table HH.5. These include the distribution of children by several attributes: sex, age, mother's or caretaker's education disaggregated by Qatari and non-Qatari households. Male children represent 51 percent of the sampled children under 5 years of age, compared to 49 percent for females. As for under-5 age structure, the data reveals that the highest proportion was of children aged 12-23 months, representing 22 percent of total sample of children. A similar pattern was observed for non-Qatari children; representing 23 percent. On the other hand, the highest proportion of Qatari children belong to the age group 36-47 months. Children of age 0-5 months constitute the lowest share, for both Qatari and non-Qatari children.

Children whose mothers have a university degree or higher constitute 65 percent of the sample. There is a statistically significant difference between Qatari and non-Qatari in this respect (44 percent for Qatari and 74 percent for non-Qatari). Only five percent of Qatari children have mothers with no education and 14 percent of mothers have obtained primary or preparatory education. The corresponding figures for non-Qatari children are two percent and six percent respectively.

Table: HH.5

Under-5's background characteristics
 Percent and frequency distribution of children under five years of age by selected characteristics,
 Qatar, 2012

		Total number of Qatari children			Total number of Non-Qatari children			Total number of children		
		Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Sex	Male	51.4	334	618	50.6	724	447	50.9	1059	1065
	Female	48.6	317	585	49.4	707	432	49.1	1023	1017
Age in months	0-5	8.7	56	108	7.4	106	68	7.8	163	176
	6-11	10.1	66	125	11.7	167	106	11.2	233	231
	12-23	19.5	127	240	22.8	326	194	21.7	453	434
	24-35	19.8	129	237	19.8	284	178	19.8	413	415
	36-47	22.0	143	265	20.0	287	170	20.7	430	435
	48-59	19.9	129	228	18.2	260	163	18.7	390	391
Mother's education	None	4.5	29	52	1.8	25	15	2.6	54	67
	Primary	5.5	36	72	2.5	36	22	3.4	71	94
	Preparatory	8.9	58	107	3.6	52	26	5.3	110	133
	Secondary	36.8	240	450	18.1	259	154	24.0	499	604
	University and above	44.3	289	522	74.0	1059	662	64.8	1348	1184
Total		100.0	651	1203	100.0	1431	879	100.0	2082	2082

* Mother's education refers to educational attainment of mothers and caretakers of children under 5

IV. Nutrition

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.

Breastfeeding and Infant and Young Child Feeding

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.

WHO/UNICEF have the following feeding recommendations:

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

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

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

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

Table NU.2 shows the proportion of children born in the last two years who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a prelacteal feed. Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 34 percent of babies were breastfed for the first time within one hour of birth (42 percent among Qatari, and 30 percent among non-Qatari households) Eighty five percent of newborns in Qatar start breastfeeding within the first day of birth (83 percent and 85 percent for Qatari and non-Qatari) respectively

It was noticed that percentage of children who were breastfed during the first hour and first day of birth, reaches its maximum when the educational level of mothers is primary, and declines gradually with increasing levels of education.

Figure: NU.1

Proportion of mothers who started breastfeeding their children within one hour and one day of delivery, Qatar, 2012

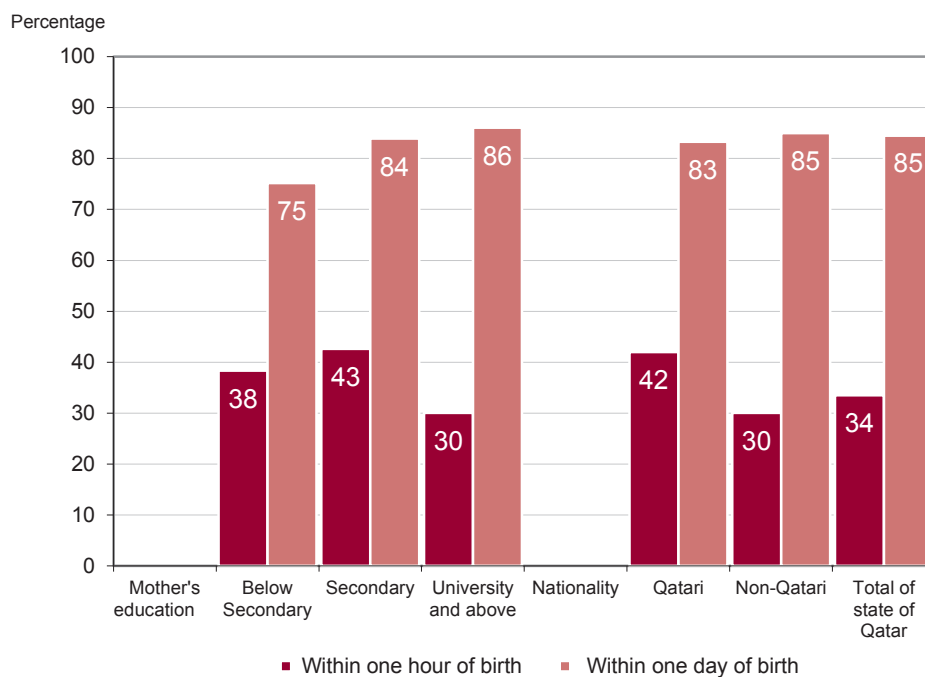


Table: NU.2**Initial breastfeeding**

Percentage of last-born children in the 2 years preceding the survey who were ever breastfed, percentage who were breastfed within one hour of birth and within one day of birth, and percentage who received a prelacteal feed, Qatar, 2012

		Percentage ever breastfed [1]	Percentage who were first breastfed: Within one hour of birth [2]	Percentage who were first breastfed: Within one day of birth	Percentage who received a prelacteal feed	Number of last-born children in the two years preceding the survey
Months since last birth	0-11 months	93.4	36.7	82.4	33.8	394
	12-23 months	95.9	30.4	86.6	38.3	405
Assistance at delivery	Skilled attendant	94.6	33.5	84.5	36.1	799
Place of delivery	Public sector health facility	95.2	33.2	85.9	35.0	679
	Private sector health facility	90.7	35.0	75.8	43.5	111
	Home/missing/other	*	*	*	*	9
Mother's education	Below Secondary	93.0	38.3	75.2	30.6	80
	Secondary	95.2	42.6	83.9	34.9	168
	University and above	94.7	30.0	86.1	37.3	551
Nationality	Qatari	94.5	42.0	83.3	33.1	232
	Non-Qatari	94.7	30.0	85.0	37.3	567
Total		94.6	33.5	84.5	36.1	799

[1] MICS indicator 2.4

[2] MICS indicator 2.5

* Less than 25 unweighted cases

In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids during the previous day or night prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life, as well as continued breastfeeding of children at 12-15 and 20-23 months of age.

About 29 percent of children below age six months are exclusively breastfed; (19 percent and 35 percent for Qatari and non-Qatari children respectively). This percentage is a much lower than the recommended level, which is 100 percent. Sixty five percent of children aged 12-15 months are still being breastfed (49 percent and 67 percent for Qatari and non-Qatari children respectively). Among children aged 20-23 months, 32 percent are still breastfed (18 percent and 38 percent for Qatari and non-Qatari children respectively). The data shows that girls were more likely to be exclusively breastfed than boys.

Figure: NU.2

| Proportion of children who exclusively breastfed for the first six months, Qatar, 2012

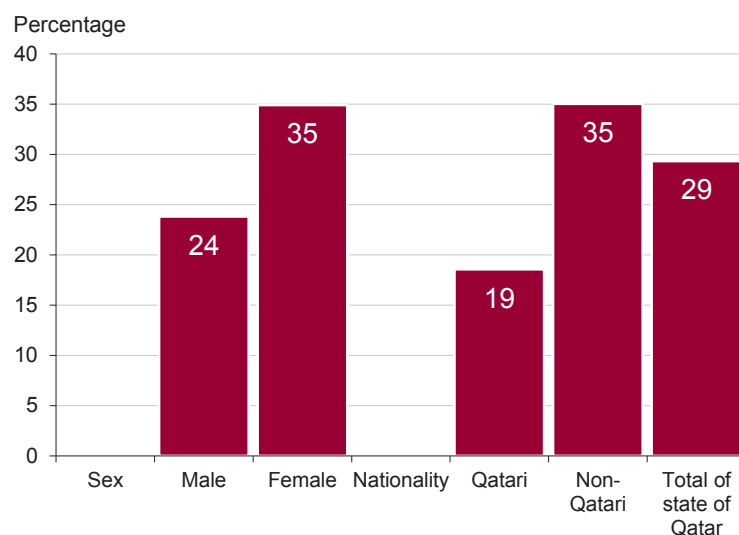


Table: NU.3

Breastfeeding

Percentage of living children according to breastfeeding status at selected age groups, Qatar, 2012

		Children 0-5 months			Children 12-15 months		Children 20-23 months	
		Percent exclusively breastfed [1]	Percent predominantly breastfed [2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year) [3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years) [4]	Number of children
Sex	Male	23.8	34.2	82	66.1	81	67	32.5
	Female	34.9	42.1	81	63.7	71	67	31.3
Nationality	Qatari	18.6	26.2	56	(49.0)	34	43	(18.2)
	Non-Qatari	35.0	44.4	106	69.6	118	92	38.4
Total		29.3	38.1	163	65.0	152	134	31.9

[1] MICS indicator 2.6

[2] MICS indicator 2.9

[3] MICS indicator 2.7

[4] MICS indicator 2.8

() Between 25-49 unweighted cases.

Table NU.4 shows the median duration of breastfeeding by selected background characteristics. Among children under age 3, the median duration is 15 months for any breastfeeding, two months for exclusive breastfeeding, and nearly three months for predominant breastfeeding. It was noticed that the median for any kind of breastfeeding among males was higher than that of females. However, the median for predominant breastfeeding among females was higher than that of males. It was noticed the exclusive breastfeeding was highest among children, whose mothers did not receive any education at all.

Table: NU.4**Duration of breastfeeding**

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Qatar, 2012

		Median duration (in months) of			Number of children age 0-35 months
		Any breastfeeding [1]	Exclusive breastfeeding	Predominant breastfeeding	
Sex	Male	18.0	0.6	0.6	633
	Female	15.5	1.2	1.7	629
Nationality	Qatari male	13.8	0.6	0.6	191
	Qatari female	13.5	0.6	0.7	187
	Non-Qatari male	20.1	0.5	0.5	442
	Non-Qatari female	15.7	2.1	2.9	441
Mother's education	Below Secondary	19.9	0.6	1.5	137
	Secondary	16.0	0.7	0.7	290
	University and above	16.1	0.7	0.7	836
Median	Qatari	13.7	0.6	0.6	378
	Non Qatari	18.3	0.8	1.4	884
	Total	16.4	0.7	0.7	1262
Mean for all children (0-35 months)		15.3	2.0	2.8	1262

[1] MICS indicator 2.10

The adequacy of infant feeding in children under 24 months is provided in Table NU.5. Different criteria of feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breast feeding is considered as age-appropriate feeding, while infants aged 6-23 months are considered to be appropriately fed if they are receiving breast milk and solid, semi-solid or soft food. In Qatar, the percentage of children below 24 months of age, who receive age appropriate feeding was 24.percent (20 percent for Qataris and 26 percent for non-Qataris. The proportion of male children below the age of 24 months in Qatar, who were appropriately fed was 27 percent and 22 percent for females of the same age.

Table: NU.5**Age-appropriate breastfeeding**

Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Qatar, 2012

		Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
		Percent exclusively breastfed [1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed [2]	Number of children
Sex	Male	23.8	82	27.2	332	26.5	414
	Female	34.9	81	18.8	354	21.8	435
Nationality	Qatari	18.6	56	19.9	193	19.6	249
	Non-Qatari	35.0	106	24.0	493	26.0	600
Mother's education	Below Secondary	*	16	28.9	67	26.4	83
	Secondary	(24.0)	34	23.0	154	23.2	188
	University and above	32.8	113	22.0	465	24.1	578
Total		29.3	163	22.9	686	24.1	849

[1] MICS indicator 2.6

[2] MICS indicator 2.14

* Less than 25 unweighted cases

() Between 25-49 unweighted cases.

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

Overall, 50 percent of infants age 6-8 months received solid, semi-solid, or soft foods (Table NU.6). Among currently breastfeeding infants this percentage is 39 percent while it is 68 percent among infants currently not breastfeeding.

Table: NU.6**Introduction of solid, semi-solid or soft food**

Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day, Qatar, 2012

		Currently breastfeeding		Currently not breastfeeding		All	
		Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods [1]	Number of children age 6-8 months
Nationality	Qatari	(42.1)	18	*	9	(50.8)	27
	Non-Qatari	37.5	55	*	37	50.0	92
Total		38.7	73	68.3	46	50.2	119

[1] MICS indicator 2.12

* Less than 25 unweighted cases

() Between 25-49 unweighted cases.

Table NU.7 presents the proportion of children age 6-23 months who received semi-solid or soft foods the minimum number of times or more during the previous day according to breastfeeding status (see the note in Table NU.7 for a definition of minimum number of times for different age groups). Overall, half of the children age 6-23 months (50 percent) received solid, semi-solid and soft foods the minimum number of times. No gender differentials were noted in feeding practices among children aged 6-23 months.

Among currently breastfeeding children age 6-23 months, nearly 15 percent) were receiving solid, semi-solid and soft foods the minimum number of times and this proportion was higher among males 17 percent) compared to females 13 percent. Among non-breastfeeding children, nearly 89 percent of the children were receiving solid, semi-solid and soft foods or milk feeds 4 times or more.

Table: NU.7**Minimum meal frequency**

Percentage of children age 6-23 months who received solid, semi-solid, or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the previous day, according to breastfeeding status, Qatar, 2012

		Currently breastfeeding		Currently not breastfeeding			All	
		Percent receiving solid, semi-solid and soft foods the minimum number of times	Number of children age 6-23 months	Percent receiving at least 2 milk feeds [1]	Percent receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children age 6-23 months	Percent with minimum meal frequency [2]	Number of children age 6-23 months
Sex	Male	16.8	182	93.0	89.6	150	49.6	332
	Female	12.6	177	91.6	88.6	177	50.6	354
Nationality	Qatari	18.5	82	95.6	95.6	111	62.9	193
	Non-Qatari	13.6	277	90.5	85.7	216	45.1	493
Age	6-8 months	27.8	73	96.3	*	46	52.0	119
	9-11 months	8.5	75	87.9	(87.0)	40	35.6	115
	12-17 months	8.6	143	96.1	92.3	94	41.8	237
	18-23 months	20.4	69	89.7	87.1	147	65.9	216
Mother's education	Below Secondary	(15.0)	41	93.9	*	26	47.0	67
	Secondary	22.7	80	91.8	87.0	74	53.7	154
	University and above	12.0	238	92.2	88.8	226	49.4	465
Total		14.7	359	92.2	89.0	327	50.1	686

[1] MICS indicator 2.15

[2] MICS indicator 2.13

* Less than 25 unweighted cases

() Between 25-49 unweighted cases.

Note: Among currently breastfeeding children age 6-8 months, minimum meal frequency is defined as children who also received solid, semi-solid or soft foods 2 times or more. Among currently breastfeeding children age 9-23 months, receipt of solid, semi-solid or soft foods at least 3 times constitutes minimum meal frequency. For non-breastfeeding children age 6-23 months, minimum meal frequency is defined as children receiving solid, semi-solid or soft foods, and milk feeds, at least 4 times during the previous day.

The continued practice of bottle-feeding is a concern because of the possible contamination due to unsafe water and lack of hygiene in preparation. Table NU.8 shows that bottle-feeding is prevalent in Qatar. Sixty three percent of children under 6 months are fed using a bottle with a nipple. Percentage of bottle-feeding was higher among males (68 percent), compared to females (58 percent).

Table: NU.8**Bottle feeding**

Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Qatar, 2012

		Percentage of children age 0-23 months fed with a bottle with a nipple [1]	Number of children age 0-23 months
Sex	Male	67.7	414
	Female	58.4	435
Nationality	Qatari	68.9	249
	Non-Qatari	60.4	600
Age	0-5 months	53.6	163
	6-11 months	71.9	233
	12-23 months	61.6	453
Mother's education	Below Secondary	71.6	83
	Secondary	62.0	188
	University and above	61.9	578
Total		62.9	849

[1] MICS indicator 2.11

Low Birth Weight

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

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

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

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from

health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

However, this trend was not observed in Qatar as there is near universal coverage to health services and all births are facility-based. The percentage of low birth weight was estimated using mother’s recall of the child’s weight or the weight as recorded on a health card.

Overall, 87 percent of births were weighed at birth and approximately 11 percent of infants are estimated to weigh less than 2500 grams at birth (Table NU.11 and Figure NU.3). There was no difference in the prevalence of low weight at birth by nationality, or the educational level of the mother.

Figure: NU.3

Proportion of infants weighed at birth, Qatar, 2012

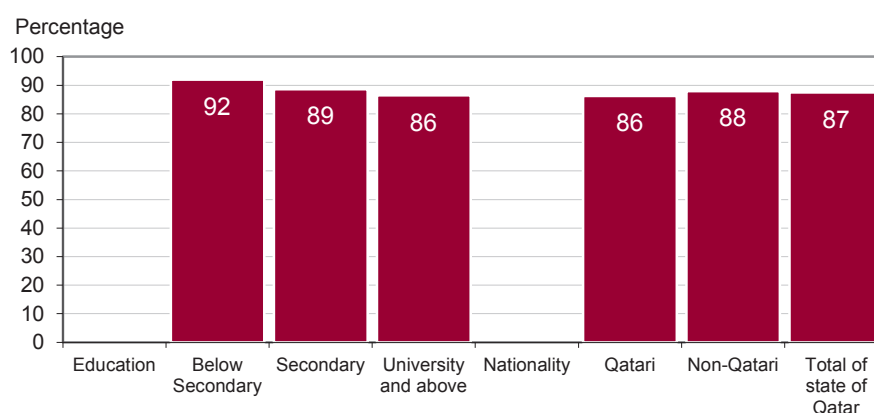


Table: NU.11

Low birth weight infants

Percentage of last-born children in the 2 years preceding the survey that are estimated to have weighed below 2500 grams at birth and percentage of live births weighed at birth, Qatar, 2012

	Percent of live births:		Number of last-born children in the two years preceding the survey	
	Below 2500 grams [1]	Weighed at birth [2]		
Nationality	Qatari	10.2	86.2	232
	Non-Qatari	11.0	88.0	567
Education	Below Secondary	11.5	92.0	80
	Secondary	11.9	88.7	168
	University and above	10.1	86.4	551
Total		10.6	87.5	799

[1] MICS indicator 2.18

[2] MICS indicator 2.19

V. Child Health

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.

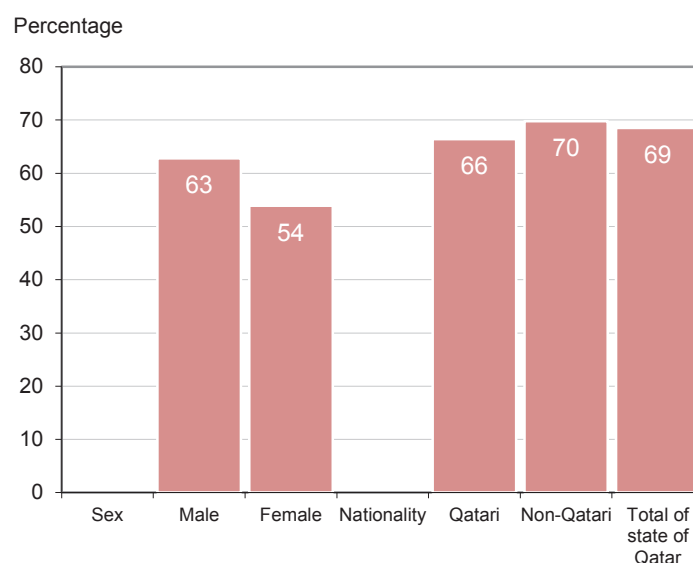
In the MICS prevalence of diarrhoea was estimated by asking mothers or caretakers whether their child under age five years had an episode of diarrhoea in the two weeks prior to the survey. In cases where mothers reported that the child had diarrhoea, a series of questions were asked about the treatment of the illness, including what the child had to drink and eat during the episode and whether this was more or less than the child usually drinks and eats. The indicators are:

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

Overall, four percent of under five children had diarrhoea in the two weeks preceding the survey (Table CH.5). Diarrhoea prevalence was not significantly higher for Qatari children (5 percent) compared to (4 percent) non Qatari children. Given the small number of cases, these results need to be interpreted with caution.

Figure: CH.1

Proportion of under five children who had diarrhea and received oral dehydration treatment, Qatar, 2012



Just over one fourth (28 percent) of under five children with diarrhoea drank more than usual while 20 percent drank the same or less (Table CH.5 Thirty eight percent ate somewhat less, while 29 percent were given about the same to eat and 6 percent were given more food. However, 18 percent ate much less and another 4 percent ate almost none. Data shows that the percentage of children below the age of five, who were suffering from diarrhea, and who were given fluids or food, more than they usually eat or drink was higher for girls ; (31 percent and 7 percent) respectively, than their male counterparts; (24 percent and 5 percent). As the prevalence is low and the number of cases are less than 50, these results need to be interpreted with care.

Table CH.6 provides the proportion of children age 0 - 59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments. Overall, 53 percent of children with diarrhoea received ORS or increased fluids, four percent received ORT (ORS or recommended homemade fluids or increased fluids). Combining the information in Table CH.5 with those in Table CH.4 on oral rehydration therapy, it is observed that sixty nine percent of children either received ORT and, at the same time, feeding was continued, as is the recommendation.

Data reveals that sixteen percent of children suffering from diarrhoea did not receive any treatment for diarrhoea. The corresponding figures are 17 percent for Qatari and 15 percent for non-Qatari children age 0-4 years.

Table: CH.5

Feeding practices during diarrhoea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Qatar, 2012

	Had diarrhoea in last two weeks	Number of children age 0-59 months	Drinking practices during diarrhoea:						Eating practices during diarrhoea:						Number of children aged 0-59 months with diarrhoea			
			Given much less to drink	Given somewhat less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing/DK	Total	Given much less to eat	Given somewhat less to eat	Given about the same to eat	Given more to eat	Stopped food		Had never been given food	Missing/DK	Total
Sex																		
	Male	4.6	24.7	20.8	25.0	24.2	0.0	5.3	100.0	25.9	33.4	29.7	4.5	0.8	0.6	5.1	100.0	49
	Female	4.1	16.1	18.9	24.1	31.2	4.5	5.1	100.0	9.9	43.4	28.3	7.4	4.5	1.4	5.1	100.0	42
Nationality	Qatari	5.3	23.7	15.9	26.1	32.2		2.1	100.0	21.0	36.1	28.9	8.1	1.2	2.6	(2.1)	100.0	34
	Non-Qatari	4.0	(18.9)	(22.3)	(23.7)	(24.6)	(3.3)	(7.0)	100.0	(16.9)	(39.3)	(29.1)	(4.5)	(3.3)	(0.0)	(6.9)	100.0	57
Age	0-11	5.1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	20
	12-23	5.5	(21.1)	(37.2)	(4.5)	(29.5)	(7.7)	(0.0)	100.0	(18.0)	(50.3)	(16.3)	(2.2)	(7.7)	(1.2)	(4.3)	100.0	25
	24-59	3.7	18.3	10.9	32.1	30.0	0.0	8.7	100.0	22.1	27.1	34.8	9.8	0.0	0.0	6.1	100.0	46
Mother's education	None	3.7	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2
	Primary	10.4	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	7
	Preparatory	6.8	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	7
	Secondary	3.8	(12.9)	(13.1)	(24.1)	(42.3)	(0.0)	(7.6)	100.0	(17.4)	(40.5)	(28.9)	(5.6)	(0.0)	(0.0)	(7.6)	100.0	19
	University and above	4.1	21.0	21.9	22.6	28.5	3.4	2.5	100.0	17.0	37.8	29.1	7.7	3.4	0.5	4.5	100.0	55
Total		4.4	20.7	19.9	24.6	27.5	2.1	5.2	100.0	18.4	38.1	29.0	5.8	2.5	1.0	5.1	100.0	91

* Less than 25 cases unweighted cases

() Between 25-49 unweighted cases

Table CH.6 and figure CH.2 are provides the proportion of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments. Overall, fifty three percent of children with diarrhoea received ORS or increased fluids. Combining the information in Table CH.5 with those in Table CH.6 on oral rehydration therapy, it is observed that sixty nine percent of children either received ORS and at the same time feeding was continued, as is the recommendation.

Data reveals that sixteen percent of children suffering from diarrhoea did not receive any treatment for diarrhoea. The corresponding figures are seventeen percent for Qatari and fifteen percent for non-Qatari children age 0-4 years.

Figure: CH.2

Proportion of under five children who had diarrhoea and received oral rehydration treatment or increased fluids, AND continued feeding , Qatar, 2012

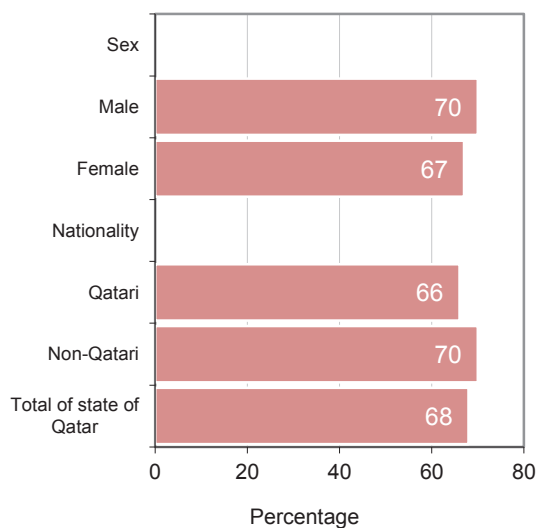


Figure: CH.3

Children who had diarrhoea and did not receive any treatment, Qatar, 2012

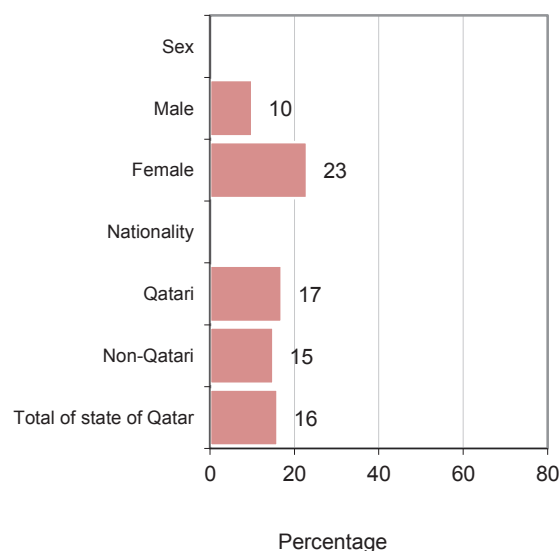


Table: CH.6

Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments, Qatar, 2012

	Children with diarrhoea who received:			Other treatment:										Not given any treatment or drug	Number of children aged 0-59 months with diarrhoea	
	Drank fluid made from special packet (ORS) with continued feeding	Pre-packaged ORS fluid for diarrhoea with continued feeding [1]	ORS or increased fluids	Pill or syrup: Antibiotic	Pill or syrup: Antimotility	Pill or syrup: Zinc	Pill or syrup: Other	Pill or syrup: Unknown	Injection: Antibiotic	Injection: Non-antibiotic	Injection: Unknown	Intravenous	Home remedy/Herbal medicine			Other
Sex																
Male	(62.8)	(69.7)	(53.6)	(19.4)	(10.9)	(0.0)	(0.8)	(1.7)	(2.4)	(0.0)	(1.2)	(0.0)	(9.6)	(0.6)	(9.6)	49
Female	(53.9)	(67.1)	(52.0)	(8.7)	(7.5)	(0.0)	(3.5)	(4.9)	(5.6)	(0.0)	(0.0)	(0.0)	(11.2)	(1.3)	(22.9)	42
Nationality																
Qatari	(68.5)	(66.4)	(49.1)	(17.2)	(12.7)	(0.0)	(2.4)	(4.7)	(2.9)	(0.0)	(0.0)	(0.0)	(12.2)	(2.5)	(17.0)	34
Non-Qatari	52.7	69.8	55.1	12.8	7.3	0.0	1.8	2.2	4.5	0.0	1.0	0.0	9.3	0.0	15.1	57
Total	58.6	68.5	52.8	14.5	9.3	0.0	2.1	3.2	3.9	0.0	0.6	0.0	10.4	0.9	15.8	91

[1] MICS indicator 3.8

() Between 25-49 unweighted cases

Care Seeking and Antibiotic Treatment of Pneumonia

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

In Qatar, the prevalence of suspected pneumonia was estimated by asking mothers or caretakers whether their child under age five had an illness with a cough accompanied by rapid or difficult breathing, and whose symptoms were due to a problem in the chest or both a problem in the chest and a blocked nose⁸.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.8. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 20 percent of women know of the two danger signs of pneumonia. The percentage of women who recognized two dangerous signs of pneumonia is higher for Qatari (27 percent) compared to non-Qatari (17 percent).

The most commonly identified symptom for taking a child to a health facility is having a fever. Around a third of mothers identified fast breathing and 41 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. Among the mothers who identified the two dangerous signs pneumonia; the highest was those with preparatory education (26 percent).

⁸ Table CH.7 is not displayed due to the few number of views.

Table: CH.8

Knowledge of the two danger signs of pneumonia
 Percentage of mothers and caretakers of children age 0-59 months by symptoms that would cause them to take the child immediately to a health facility, and percentage of mothers who recognize fast and difficult breathing as signs for seeking care immediately, Qatar, 2012

		Percentage of mothers/caretakers 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 age 0-59 months
		Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Nationality	Qatari	34.2	40.9	91.1	37.0	43.6	27.5	14.3	20.4	27.3	446
	Non-Qatari	26.7	41.5	85.4	26.9	40.5	20.7	7.7	10.7	16.6	1091
Education	None	(20.7)	(56.5)	(92.4)	(43.3)	(40.5)	(32.9)	(18.2)	(11.9)	(31.1)	42
	Primary	28.4	53.5	98.7	28.3	49.9	26.8	12.5	16.5	20.0	56
	Preparatory	34.1	48.2	95.5	36.2	51.0	33.7	11.7	12.9	25.8	73
	Secondary	28.1	40.0	88.1	34.5	39.0	24.8	12.1	11.8	21.2	364
	University and above	29.1	40.1	85.6	27.3	41.3	20.5	8.0	13.9	18.2	998
	Missing/DK	*	*	*	*	*	*	*	*	*	*
Total		28.9	41.3	87.1	29.8	41.4	22.7	9.6	13.5	19.7	1537

*Less than 25 unweighted cases

() Between 25-49 unweighted cases

VI. Reproductive Health

Early Childbearing

Early pregnancy bears great risks for adolescents and youth all over the world. “Table RH.2 – reproductive health” showcases some early pregnancy indicators for women at the age groups 15-19 years. Overall, around one percent of Qatari women aged 15-19 years and three percent of non-Qatari women aged 15-19 years had begun childbearing. Table RH.2 indicates as well that 1 percent of Qatari women in the age group 15-19 years delivered a live birth at least once, and two percent of non-Qatari women. A negligible number of Qatari women and just over one percent of non-Qatari women were pregnant with their first child. Early child bearing was most prevalent among women with lower levels of education⁹.

Table: RH.2

Early childbearing

Percentage of women age 15-19 who have had a live birth or who are pregnant with the first child, Qatar, 2012¹⁰

		Number of women age 15-19 who			Number of women age 15-19
		Have had a live birth	Are pregnant with first child	Have begun childbearing	
Nationality	Qatari	1.0	0.4	1.4	397
	Non-Qatari	1.6	1.4	3.0	393
Education	None	*	*	*	13
	Primary	*	*	*	11
	Preparatory	7.1	3.1	10.2	89
	Secondary	0.4	0.7	1.1	530
	University and above	1.1	0.0	1.1	145
	Missing/DK	*	*	*	2
Total		1.3	0.9	2.2	790

*Less than 25 unweighted cases

Contraception

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

⁹ Questions related to the Table RH.3, are excluded from the MICS.

¹⁰ The MICS indicator 2.5 is excluded from the survey.

Current use of contraception was reported by 38 percent of currently married women (Table RH.4 and figure RH.1). Contraceptive use among Qatari women and non-Qatari women was 39 percent and 37 percent respectively.

The most common method is the pill which is used by one in seven married women in Qatar (13 percent). The next most popular method was the IUD, which was used by 11 percent of married women. A smaller percentage of women (around three percent) reported using injectable, and the male condom, respectively. Less than one percent of couples use male sterilization, other methods, was used by four percent of currently married women.

Figure RH.1

| Current use of contraceptives, Qatar, 2012

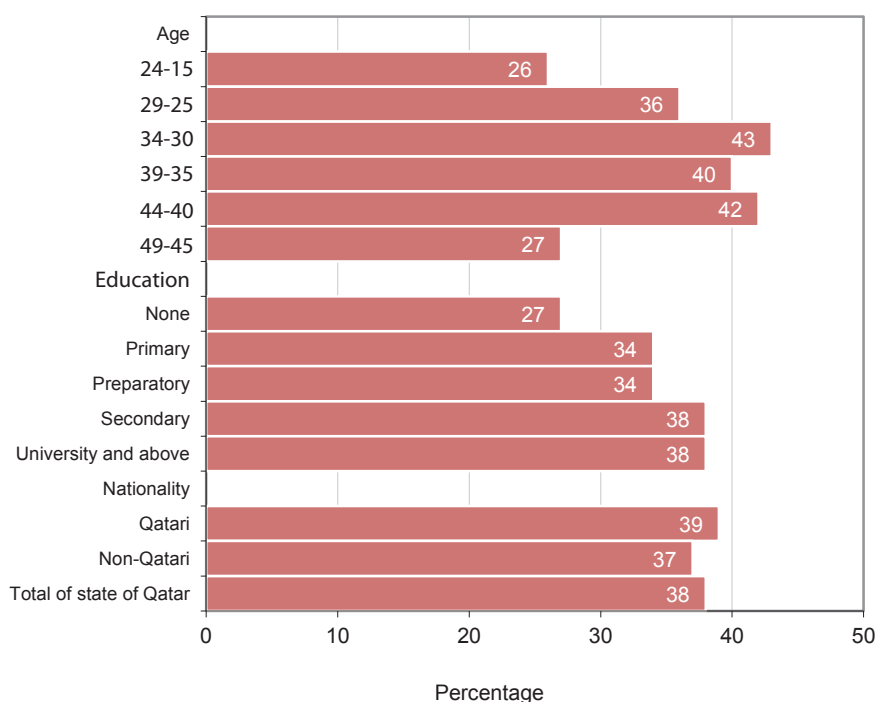


Table RH.4

Use of contraception

Percentage of women age 15-49 years currently married who are using (or whose husband is using) a contraceptive method, Qatar, 2012

	Percent of women currently married who are using:														Number of women currently married or in union			
	Not using any method	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/foam/jelly	Lactational menorrhoea method (LAM)	Periodic abstinence/Rhythm	Withdrawal	Other		Any modern method	Any traditional method	Any method [1]
Nationality	60.6	0.3	0.1	10.4	2.3	0.0	18.6	2.8	0.1	0.1	0.6	1.4	1.8	0.9	34.7	4.7	39.4	920
	63.1	0.9	1.4	10.8	4.9	0.2	11.6	3.3	0.2	0.1	0.6	1.4	1.0	0.4	33.5	3.4	36.9	2835
Age	74.4	0.2	1.2	2.3	1.5	0.0	13.4	3.5	0.0	0.0	1.7	1.0	0.6	0.3	22.0	3.6	25.6	327
	63.8	1.2	1.3	11.3	3.6	0.1	10.6	4.3	0.2	0.0	0.9	1.1	1.2	0.2	32.7	3.5	36.2	650
	57.2	0.7	0.9	12.3	6.4	0.3	13.5	4.2	0.2	0.1	0.8	1.3	2.0	0.1	38.7	4.2	42.8	831
	60.3	0.4	0.6	10.9	5.4	0.2	17.1	2.4	0.1	0.1	0.5	0.8	1.1	0.2	37.1	2.6	39.7	891
	57.8	1.1	1.9	13.4	3.7	0.0	13.5	2.7	0.0	0.3	0.0	3.0	1.1	1.4	36.6	5.6	42.2	625
	72.8	0.9	0.5	9.1	2.0	0.5	9.3	1.6	0.2	0.0	0.0	1.3	0.6	1.3	23.9	3.2	27.2	431
Education	73.0	0.4	0.0	7.7	0.4	0.3	11.2	2.4	0.0	0.0	1.0	0.2	1.6	1.6	22.5	4.5	27.0	125
	66.2	0.0	0.0	11.9	0.8	0.0	17.4	2.3	0.0	0.0	0.0	0.5	0.4	0.3	32.5	1.3	33.8	138
	66.3	0.0	0.0	11.8	1.5	0.0	15.3	1.8	0.0	0.0	0.6	0.5	1.3	1.0	30.4	3.3	33.7	191
	61.6	0.7	0.8	10.7	4.4	0.0	14.9	2.6	0.3	0.1	0.5	1.3	1.4	0.7	34.5	3.9	38.4	919
	61.7	0.9	1.3	10.8	4.9	0.3	12.5	3.6	0.1	0.1	0.7	1.7	1.2	0.4	34.5	3.8	38.3	2378
Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	4
Total	62.5	0.8	1.1	10.7	4.3	0.2	13.3	3.2	0.1	0.1	0.6	1.4	1.2	0.5	33.8	3.7	37.5	3755

[1] MICS indicator 5.3; MDG indicator 5.3

*Less than 25 unweighted cases

Adolescents are far less likely to use contraception than older women. Only about 26 percent of married women aged 15-24 currently use a method of contraception compared to 36 percent of 25-29 year olds and 43 percent of 30-34 old women.

Women's education level is positively correlated with contraceptive prevalence. The percentage of women using any method of contraception rises from 27 percent among those with no education to 34 percent among women with primary education, and to 38 percent among women with secondary. In addition to differences in prevalence, the method mix varies by education. About 11 percent of contraceptive users with no education use the pill while those with primary education and who use the pill are 17 percent of contraceptive users, around 12 percent IUDs.

Unmet Need

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

Table RH.5 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied.

Unmet need for spacing is defined as percentage of women who are not using a method of contraception AND

- are not pregnant and not postpartum amenorrheic¹¹ and are fecund¹² and say they want to wait two or more years for their next birth OR
- are not pregnant and not postpartum amenorrheic and are fecund and unsure whether they want another child OR
- are pregnant and say that pregnancy was mistimed: would have wanted to wait OR
- are postpartum amenorrheic and say that the birth was mistimed: would have wanted to wait

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

⁽¹¹⁾ A women is postpartum amenorrheic if she had a birth in last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child

⁽¹²⁾ A women is considered infecund if she is neither pregnant nor postpartum amenorrheic, and

(1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy OR

(2) She declares that she has had hysterectomy, or that she has never menstruated or that she is menopausal, or that she has been trying to get pregnant for 2 or more years without result in response to questions on why she thinks she is not physically able to get pregnant at the time of survey OR

(3) She declares she cannot get pregnant when asked about desire for future birth OR

(4) She has not had a birth in the preceding 5 years, is currently not using contraception and is currently married and was continuously married during the last 5 years preceding the survey

- are not pregnant and not postpartum amenorrhic and are fecund and say they do not want any more children OR
- are pregnant and say they didn't want to have a child OR
- are postpartum amenorrhic and say that they didn't want the birth

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting. Unmet need of contraceptives in Qatar was 12 percent; 13 percent for Qatari and 12 percent for non-Qatari women. Four percent of married Qatari women do not use contraceptives, but wish to stop childbearing, and nine percent of married Qatari women do not use contraceptives wish to postpone the next pregnancy for two years at least (spacing). The percentages of unmet need of contraceptives for all women for limiting or spacing are five percent and seven percent, respectively. Unmet needs reached its peak among young women in the age group (15-24 years) with percentage being 17 percent.

Figure RH.2

Proportion of currently married women aged 15-49 years who have unmet need for contraception, Qatar, 2012

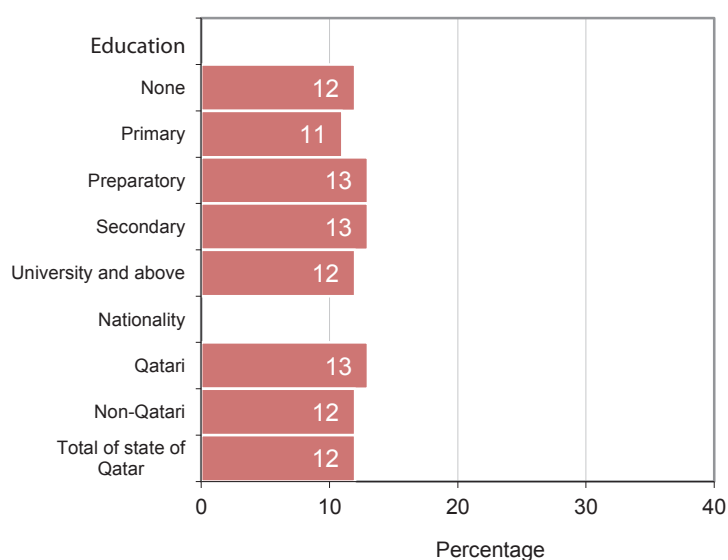


Table RH.5**Unmet need for contraception**

Percentage of women aged 15-49 years currently married with an unmet need for family planning and percentage of demand for contraception satisfied, Qatar, 2012

		Met need for contraception			Unmet need for contraception			Number of women currently married	Percentage of demand for contraception satisfied	Number of women currently married with need for contraception
		For spacing	For limiting	Total	For spacing	For limiting	Total [1]			
Nationality	Qatari	22.9	17.2	40.0	9.3	4.0	13.4	920	75.0	492
	Non-Qatari	19.4	18.3	37.4	6.6	5.5	12.1	2835	75.6	1402
Age	15-24	23.0	2.9	25.9	13.5	3.5	16.9	327	60.4	140
	25-29	28.2	9.0	36.9	11.2	5.3	16.5	650	69.2	347
	30-34	28.8	14.9	43.3	7.5	7.0	14.4	831	75.0	480
	35-39	18.8	21.2	40.1	7.3	5.7	13.0	891	75.6	473
	40-44	12.3	31.3	42.9	3.3	4.5	7.8	625	84.7	317
	45-49	4.3	23.1	27.4	2.2	2.2	4.4	431	86.2	138
Education	None	15.2	12.3	27.5	7.8	3.9	11.7	125	(70.1)	49
	Primary	11.6	22.1	33.8	7.3	3.5	10.8	138	75.8	62
	Preparatory	14.1	19.6	33.7	5.1	7.8	13.0	191	72.3	89
	Secondary	20.8	18.1	38.7	8.3	4.6	12.9	919	75.0	473
	University and above	21.3	18.0	39.0	7.0	5.3	12.2	2378	76.1	1218
	Missing/DK	*	*	*	*	*	*	4	*	2
Total		20.3	18.0	38.0	7.3	5.1	12.4	3755	75.4	1893

[1] MICS indicator 5.4; MDG indicator 5.6

*Less than 25 unweighted cases

() Between 25-49 unweighted cases

Met need for limiting includes women who are using or whose husband is using a contraceptive method and who want no more children, and are using male or female sterilization or declare themselves as infecund. Met need for spacing includes women who are using or whose husband is using a contraceptive method and who want to have another child or undecided whether to have another child. The total of met need for spacing and limiting adds up to the total met need for contraception. Met need of contraceptives in Qatar was 38 percent, (40 percent and 37percent for Qatari and non-Qatari women respectively), while met need for limiting or spacing 18 percent and 20 percent, respectively.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. Percentage of demand satisfied is defined as the proportion of women currently married who are currently using contraception, of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception. Data of MICS4 shows that the percentages of currently married women, who

demand contraceptives, acquire them, are 75 percent and 76 percent for Qatari and non-Qatari women respectively. This percentage of met demand for contraceptives increases among older and more educated 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 supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

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

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

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table "RH.6" Antenatal care coverage by a doctor, male or female nurse or midwife is relatively high, where 90 percent of women received antenatal care at least once during pregnancy, 96 percent and 89 percent for Qatari and non-Qatari women respectively, by a doctor and a small minority which is almost negligible, (about 1 percent), by male or female nurse. Antenatal care coverage of was highest among women who acquired university education or higher (93 percent) compared with those who did not receive secondary education (75 percent).

Figure RH.3

Proportion of women aged 15-49 years who delivered a live birth within the two years preceding the survey who were assisted by skilled health professionals, Qatar, 2012

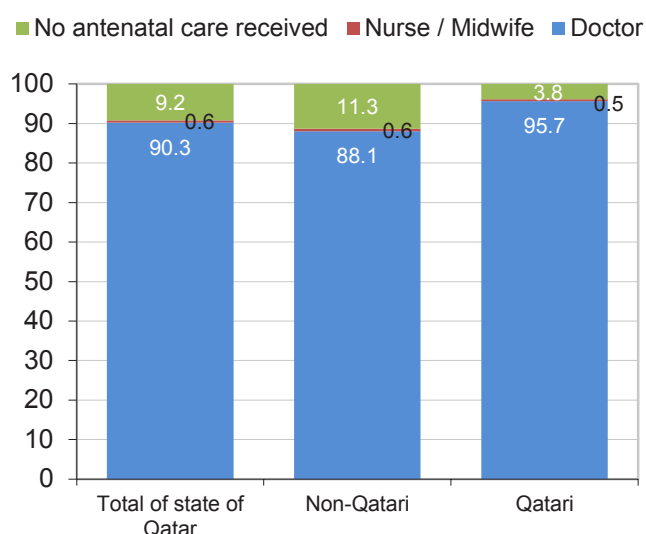


Table RH.6

Antenatal care coverage

Percent distribution of women age 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care during the pregnancy for the last birth, Qatar, 2012

		Person providing antenatal care			Total	At least once by skilled personnel [1]	Number of women who gave birth in the preceding two years
		Doctor	Nurse / Midwife	No antenatal care received			
Nationality	Qatari	95.7	0.5	3.8	100.0	96.2	232
	Non-Qatari	88.1	0.6	11.3	100.0	88.7	567
Mother's age at birth	Less than 34	90.0	0.7	9.2	100.0	90.8	640
	35-49	91.2	0.0	8.8	100.0	91.2	159
Education	Below Secondary	74.7	0.6	24.7	100.0	75.3	80
	Secondary	89.9	0.0	10.1	100.0	89.9	168
	University and above	92.7	0.7	6.6	100.0	93.4	551
Total		90.3	0.6	9.2	100.0	90.8	799

[1] MICS indicator 5.5a; MDG indicator 5.5

UNICEF and WHO recommend a minimum of at least four antenatal care visits during pregnancy. Table RH.7 shows number of antenatal care visits during the last pregnancy during the two years preceding the survey, regardless of provider by selected characteristics. Data

indicates that no mother reported having received only one antenatal care visit during pregnancy; most mothers (85 percent) had received at least four antenatal care visits during pregnancy. Women who have university and above education, were the most fortunate in receiving antenatal care four times or more. The percentage of received at least four antenatal care visits during pregnancy differ between Qatari than non-Qatari (92 percent or Qatari mothers compared to 81 percent of non-Qatari).

Table RH.7

Number of antenatal care visits

Percentage of women who had a live birth during the two years preceding the survey by number of antenatal care visits by any provider, Qatar, 2012

		Percent of women who had:					Missing/ DK	Total	Number of women who gave birth in the preceding two years
		No antenatal care visits	One visit	Two visits	Three visits	4 or more visits [1]			
Nationality	Qatari	3.8		1.0	1.2	92.3	1.7	100.0	232
	Non-Qatari	11.3	0.4	0.5	2.4	81.4	3.9	100.0	567
Mother's age at birth	Less than 34	9.2	0.4	0.5	2.2	83.9	3.7	100.0	640
	35-49	8.8	0.0	1.2	1.6	86.9	1.4	100.0	159
Education	Below Secondary	24.7	0.0	0.6	6.5	66.8	1.4	100.0	80
	Secondary	10.1	0.0	0.4	0.6	84.1	4.8	100.0	168
	University and above	6.6	0.4	0.7	1.9	87.3	3.1	100.0	551
Total		9.2	0.3	0.7	2.1	84.5	3.3	100.0	799

[1] MICS indicator 5.5b; MDG indicator 5.5

The types of services pregnant women received are shown in table RH.8. Among those women who have given birth to a child during the two years preceding the survey, where 90 percent reported that a blood sample was taken during antenatal care visits, 90 percent reported that their blood pressure was checked, 89 percent reported that urine specimen was taken. It was noticed that younger women (less than 35 years), and women with less than secondary education, were less fortunate in receiving the three tests together. On the other hand, percentage of those who received the three tests together was 95 percent for Qatari women and 85 percent for non-Qatari women.

Table RH.8**Content of antenatal care**

Percentage of women age 15-49 years who had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, Qatar, 2012

		Percent of pregnant women who had:			Blood pressure measured, urine specimen and blood sample taken [1]	Number of women who had a live birth in preceding two years
		Blood pressure measured	Urine specimen taken	Blood sample taken		
Nationality	Qatari	95.9	95.4	95.7	95.4	232
	Non-Qatari	87.2	86.7	87.0	85.2	567
Mother's age at birth	15-34	89.7	88.9	89.3	87.7	640
	35-49	89.8	90.5	90.5	89.8	159
Education	Below Secondary	75.3	75.3	75.3	75.3	80
	Secondary	89.9	88.5	87.4	87.4	168
	University and above	91.8	91.5	92.3	90.3	551
Total		89.7	89.2	89.6	88.1	799

[1] MICS indicator 5.6

Assistance at Delivery

Globally, 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.

Almost all births occurring in the two years preceding the MICS survey were delivered by skilled personnel (Table RH.9); without any difference in coverage among Qatari and non-Qatari women. The universal access to skilled personnel was enjoyed by all women, regardless of their educational level.

Around one in eight of the births, i.e. 12 percent, in the two years preceding the MICS survey were delivered with assistance by a midwife or nurse, while doctors assisted with the delivery of 88 percent of births. Ninety one percent of births among Qataris were assisted by a doctor whilst 87 percent of non-Qatari women availed the services of a doctor and 13 percent that of a midwife or nurse. More women (93 percent) of the age cohort 35-49 years sought the assistance of a doctor compared to the age group 15-34 years (87 percent).

Table RH.9

Assistance during delivery
Percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by person assisting at delivery and percentage of births delivered by C-section, Qatar, 2012

		Person assisting at delivery		Total	Any skilled personnel [1]	Percent delivered by C-section [2]	Number of women who gave birth in preceding two years
		Doctor	Nurse / Midwife				
Nationality	Qatari	100.0		100.0	91.2	13.4	232
	Non-Qatari	100.0		100.0	86.9	22.0	567
Mother's age at birth	Less than 34	87.0	13.0	100.0	100.0	18.3	640
	35-49	93.1	6.9	100.0	100.0	24.3	159
Place of delivery	Public sector health facility	87.0	13.0	100.0	100.0	16.9	679
	Private sector health facility	94.5	5.5	100.0	100.0	37.0	111
	Home/missing/other / DK	*	*	100.0	*	*	9
Education	Below Secondary	90.3	9.7	100.0	100.0	16.9	80
	Secondary	93.0	7.0	100.0	100.0	20.0	168
	University and above	86.4	13.6	100.0	100.0	19.7	551
Total		88.2	11.8	100.0	100.0	19.5	799

[1] MICS indicator 5.7; MDG indicator 5.2

[2] MICS indicator 5.9

*Less than 25 unweighted cases

Place of Delivery

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Table RH.10 presents the percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by place of delivery and the percentage of births delivered in a health facility, according to background characteristics.

There is almost universal coverage of deliveries in health facilities where 99 percent of births in Qatar are delivered in a health facility; 85 percent of deliveries occur in public sector facilities and 14 percent occur in private sector facilities. Almost no cases occurs at home.

Table RH.10

Place of delivery
Percent distribution of women age 15-49 with a birth in two years preceding the survey by place of delivery, Qatar, 2012

		Place of delivery					Total	Delivered in health facility [1]	Number of women who gave birth in preceding two years
		Public sector health facility	Private sector health facility	Home	Other	Missing/DK			
Nationality	Qatari	95.2	4.8	-	-	-	100.0	100.0	232
	Non-Qatari	80.9	17.5	0.2	1.2	0.2	100.0	98.4	567
Mother's age at birth	Less than 34	85.2	13.4	0.2	1.1	0.2	100.0	98.6	640
	35-49	84.2	15.8	0.0	0.0	0.0	100.0	100.0	159
Percent of women who had	None	73.6	23.8	0.0	1.1	1.6	100.0	97.3	73
	1-3 visits	(83.3)	(14.8)	(0.0)	(2.0)	(0.0)	100.0	(98.0)	50
	4+ visits	86.4	12.7	0.1	0.7	0.0	100.0	99.1	675
Education	Below Secondary	99.4	0.6	0.0	0.0	0.0	100.0	100.0	80
	Secondary	88.6	11.4	0.0	0.0	0.0	100.0	100.0	168
	University and above	81.9	16.5	0.2	1.2	0.2	100.0	98.4	551
Total		85.0	13.8	0.1	0.9	0.1	100.0	98.9	799

[1] MICS indicator 5.8

() Between 25-49 unweighted cases

Post-natal health checks

The time of birth and immediately after is a critical window of opportunity to deliver lifesaving interventions for both the mother and newborn. Across the world, approximately 3 million newborns annually die in the first month of life¹³ and the majority of these deaths occur within a day or two of birth¹⁴, which is also the time when the majority of maternal deaths occur¹⁵.

In the State of Qatar, 91 percent of women received post-delivery care for 12 hours or more (table RH.11). Around 54 percent of women remained for 1 or 2 days in the medical facility, while 34 percent remained for 3 days or more.

¹³ Liu L, Johnson HL, Cousens S, et al. Global, regional, and national causes of child mortality in 2000-2010: an updated systematic analysis. *Lancet*. 2012; 11 May 2012. doi:10.1016/S0140-6736(12)60560-1.

¹⁴ Lawn JE, Cousens S, Zupan J. 4 million neonatal deaths: When? Where? Why? *Lancet* 2005; 365:891-900.

¹⁵ WHO, UNICEF, UNFPA, The World Bank. Trends in Maternal Mortality: 1990-2010. Geneva: World Health Organization 2012.

Table RH.11**Post-partum stay in health facility**

Percent distribution of women age 15-49 years who gave birth in a health facility in the two years preceding the survey by duration of stay in health facility following their last live birth, Qatar, 2012

		Duration of stay in health facility:						Total	12 hours or more [1]	Number of women who gave birth in a health facility in the preceding two years
		Less than 6 hours	6-11 hours	12-23 hours	1-2 days	3 days or more	Missing/DK			
Nationality	Qatari	6.0	2.7	2.7	54.9	33.1	0.5	100.0	90.7	232
	Non-Qatari	6.7	2.0	2.6	53.9	34.4	0.5	100.0	90.8	558
Mother's age at birth	Less than 34	6.7	2.3	2.9	55.2	32.7	0.2	100.0	90.9	631
	35-49	5.8	1.9	1.5	50.0	39.2	1.7	100.0	90.6	159
Percent of women who had:	None	10.6	3.3	6.4	35.6	40.2	3.9	100.0	82.2	71
	1-3 visits	(1.9)	(3.1)	(14.3)	(38.7)	(42.0)	(0.0)	100.0	(95.0)	49
	4+ visits	6.4	2.0	1.4	57.3	32.7	0.2	100.0	91.4	669
Education	Below Secondary	5.7	3.5	2.4	59.9	28.5	0.0	100.0	90.8	80
	Secondary	9.2	1.4	2.6	55.4	29.5	2.0	100.0	87.4	168
	University and above	5.8	2.3	2.7	53.0	36.2	0.1	100.0	91.9	542
Total		6.5	2.2	2.6	54.2	34.0	0.5	100.0	90.8	790

[1] MICS indicator 5.10

() Between 25-49 unweighted cases

Safe motherhood programmes have increased recently emphasizing the importance of post-natal care, recommending that all women and newborn receive a health check within two days of delivery. To assess the extent of post-natal care utilisation, women were asked whether they or newborns received post-delivery care, the timing of the first check and the type of health provider who attended the woman's last birth in the two years preceding the survey.

Table RH.12 shows the percentage of newborns born in the last two years who received health checks and post-natal care visits from any health provider after birth. Please note that health checks following birth while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas post-natal care visits refer to a separate visit to check on the health of the newborn and provide preventive care services and therefore do not include health checks following birth while in facility or at home. The indicator, Post-natal health checks, include any health check after birth received while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Survey data indicates that 96 percent of newborns received health check following birth, while in the medical facility or at home. With regard to the post-natal care visits, they mostly occurred either on the first day after delivery, or after one week of delivery with percentages of 13 percent and three percent respectively. Consequently, 96 percent of all newborns received post-natal health check.

Table RH.12

Post-natal health checks for newborns

Percentage of newborns born in the last two years who received health checks and post-natal care (PNC) visits from any health provider after birth, Qatar, 2012

		Health check following birth while in facility or at home	PNC visit							Total	Post-natal health check for the newborn [1]	Number of last births in the two years preceding the survey
			Same day	1 day following	2 days following	3-6 days following	After the first week	No post-natal care visit	Missing/DK			
Nationality	Qatari	95.8	9.3	1.6	0.6	1.6	1.7	55.3	30.0	100.0	95.8	232
	Non-Qatari	95.3	14.3	0.9	0.9	0.9	3.2	48.0	31.8	100.0	95.5	567
Mother's age at birth	Less than 34	96.1	13.1	1.0	0.8	1.3	2.6	51.0	30.3	100.0	96.2	640
	35-49	93.1	11.7	1.7	0.9	0.4	3.6	46.4	35.3	100.0	93.1	159
Place of birth	Public sector health facility	95.0	12.0	0.7	0.6	0.8	2.0	53.9	30.1	100.0	95.0	679
	Private sector health facility	97.9	18.0	4.0	2.1	1.2	7.8	30.1	36.8	100.0	98.8	111
	Other/ DK	*	*	*	*	*	*	*	*	100.0	*	9
Education	Below Secondary	96.0	14.2	0.6	1.2	0.0	2.7	55.5	26.0	100.0	96.0	80
	Secondary	93.9	8.1	1.4	0.3	1.5	4.7	55.0	29.1	100.0	94.5	168
	University and above	95.9	14.1	1.1	0.9	1.2	2.2	47.8	32.7	100.0	95.9	551
Total		95.5	12.8	1.1	0.8	1.1	2.8	50.1	31.3	100.0	95.6	799

[1] MICS indicator 5.11

*Less than 25 unweighted cases

In Table RH.13, the percentage of newborns who received the first PNC visit within one week of birth is shown by location and type of provider of service. As defined above, a visit does not include a check in the facility or at home following birth.

Over three fourths of post natal health checks for newborns occurred in a public facility. All of first post natal care visits were conducted by health professionals (doctor / nurse / midwife) in Qatar. There were minor differences according to background characteristics (see table RH.13) regarding the location of the visit.

Table RH.13**Post-natal care (PNC) visits for newborns within one week of birth**

Percentage of newborns who were born in the last two years and received a PNC visit within one week of birth by location and provider of the first PNC visit, Qatar, 2012

		Location of first PNC visit				Total	Provider of first PNC visit		Number of all newborns born in the preceding two years with a PNC visit within the first week of life
		Home	Public Sector	Private Sector	Other location		Doctor/nurse/midwife	Total	
Nationality	Qatari	2.2	91.4	6.4		100.0	100.0	100.0	71
	Non-Qatari	3.1	75.5	20.2	1.3	100.0	100.0	100.0	227
Mother's age at birth	Less than 34	3.3	78.7	16.8	1.2	100.0	100.0	100.0	240
	35-49	0.9	81.6	17.5	0.0	100.0	100.0	100.0	57
Place of birth	Public sector health facility	3.1	96.9	0.0	0.0	100.0	100.0	100.0	240
	Private sector health facility	0.0	0.6	99.4	0.0	100.0	100.0	100.0	51
	Home/missing/other/DK	*	*	*	*	100.0	*	100.0	7
Education	Below Secondary	(0.0)	(98.3)	(1.7)	(0.0)	100.0	(100.0)	100.0	26
	Secondary	9.7	85.5	4.8	0.0	100.0	100.0	100.0	48
	University and above	1.7	75.7	21.2	1.3	100.0	100.0	100.0	224
Total		2.9	79.3	16.9	1.0	100.0	100.0	100.0	297

*Less than 25 cases

() Between 25-49 cases

Table RH.14 shows that 91 percent of mothers received a health check in medical facility or at home following the delivery. With regards to post-natal care visits, a large majority of women (68 percent) did not receive such visits.

Table RH.14

Post-natal health checks for mothers

Percentage of women age 15-49 years who gave birth in the 2 years preceding the survey who received health checks and post-natal care (PNC) visits from any health provider after birth, Qatar, 2012

	Health check following birth while in facility or at home	PNC visit							Total	Post-natal health check for the mother [1]	Number of women who gave birth in the two years preceding the survey	
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing/DK				
Nationality	Qatari	89.0	3.9	4.0	-	3.0	2.0	72.2	23.0	100.0	89.0	232
	Non-Qatari	91.7	5.3	7.0	1.8	1.0	2.0	65.7	23.6	100.0	91.7	567
Mother's age at birth	Less than 34	90.4	4.8	0.5	1.6	0.7	0.7	70.0	21.8	100.0	90.4	640
	35-49	93.0	5.4	1.1	0.0	1.1	4.6	57.7	30.1	100.0	93.0	159
Place of birth	Public sector health facility	90.5	3.7	0.6	0.7	0.1	0.1	73.1	21.8	100.0	90.5	679
	Private sector health facility	93.0	11.7	0.8	4.9	3.1	10.1	36.2	33.3	100.0	93.0	111
	Home/missing/other/ DK	*	*	*	*	*	*	*	*	100.0	*	9
Type of delivery	Vaginal birth	90.5	3.9	0.2	1.2	0.5	1.1	72.8	20.2	100.0	90.5	643
	C-section	92.7	9.1	2.0	1.6	2.0	2.7	45.9	36.7	100.0	92.7	156
Education	Below Secondary	78.6	0.0	0.0	0.0	0.0	0.0	74.2	25.8	100.0	78.6	80
	Secondary	87.2	1.6	0.0	1.6	0.0	4.6	68.0	24.2	100.0	87.2	168
	University and above	93.9	6.6	0.8	1.3	1.1	0.7	66.5	22.9	100.0	93.9	551
Total		90.9	4.9	0.6	1.3	0.8	1.4	67.6	23.5	100.0	90.9	799

[1] MICS indicator 5.12

*Less than 25 unweighted cases

Note: Health checks following birth while in facility or at home refer to checks provided by any health provider regardless of timing. Post-natal care visits (PNC) refer to a separate visit to check on the health of the mother and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (Column 1). Post-natal health checks include any health check after birth performed while in the health facility and at home, regardless of timing, as well as PNC visits within two days of delivery

Table RH.15 deals with PNC visits for mothers by location and type of provider .As defined above, a visit does not include a check in the facility or at home following birth.

In Qatar, 94 percent of primary post natal care visits occur in a medical facility. Almost in all cases, a doctor, nurse or midwife was the service provider for these visits (see table RH.15).

Table RH.15

Post-natal care (PNC) visits for mothers within one week of birth
 Percentage of women age 15-49 years who gave birth in the preceding 2 years and received a PNC visit within one week of birth, by location and provider of the first PNC visit, Qatar, 2012

		Location of first PNC visit					Provider of first PNC visit			Number of women who gave birth in the two years preceding survey and received a PNC visit within one week of delivery
		Home	Public Sector	Private Sector	Other location	Total	Doctor/nurse/midwife	Auxiliary midwife	Total	
Nationality	Qatari	(6.5)	(87.6)	(5.9)	(0.0)	100.0	(100.0)	-	100.0	84
	Non-Qatari	3.3	61.8	31.7	3.2	100.0	99.0	1.0	100.0	146
Mother's age at birth	Less than 34	3.4	63.8	29.7	3.1	100.0	99.1	0.9	100.0	151
	35-49	(6.6)	(83.6)	(9.8)	(0.0)	100.0	(100.0)	(0.0)	100.0	38
Place of birth	Public sector health facility	5.6	90.9	3.5	0.0	100.0	98.9	1.1	100.0	137
	Private sector health facility	(0.0)	(6.7)	(93.3)	(0.0)	100.0	(100.0)	(0.0)	100.0	47
	Home/missing/other /DK	*	*	*	*	100.0	*	*	100.0	6
Type of delivery	Vaginal birth	6.0	65.5	24.9	3.7	100.0	98.9	1.1	100.0	128
	C-section	0.0	72.4	27.6	0.0	100.0	100.0	0.0	100.0	62
Education	Below Secondary	*	*	*	*	100.0	*	*	100.0	14
	Secondary	(9.7)	(89.4)	(0.9)	(0.0)	100.0	(100.0)	(0.0)	100.0	35
	University and above	3.0	59.1	34.5	3.3	100.0	99.0	1.0	100.0	140
Total		4.0	67.8	25.7	2.5	100.0	99.2	0.8	100.0	189

*Less than 25 unweighted cases

() Between 25-49 unweighted cases

Qatar MICS4 results show that 87 percent of live births and their mothers received, either post-delivery medical checks, or timely care visit after delivery, while 2 percent of live births or their mothers, did not receive any medical checks or timely visits.

Table RH.16**Post-natal health checks for mothers and newborns**

Percent distribution of women age 15-49 who gave birth in the two years preceding the survey by receipt of health checks and post-natal care (PNC) visits within 2 days of birth, for the mother and newborn, Qatar, 2012

		Health checks or PNC visits within 2 days of birth for:					Total	Number of women age 15-49 years who gave birth in the 2 years preceding the survey
		Both mothers and newborns	Mothers only	Newborns only	Neither mother nor newborn	Missing		
Nationality	Qatari	83.8	1.5	8.1	2.7	3.9	100.0	232
	Non-Qatari	88.8	2.7	6.5	1.2	0.8	100.0	567
Mother's age at birth	Less than 34	87.0	1.6	7.8	1.6	2.0	100.0	640
	35-49	89.0	5.3	3.7	1.6	0.5	100.0	159
Place of birth	Public sector health facility	86.5	2.6	7.0	1.9	2.0	100.0	679
	Private sector health facility	91.8	1.2	7.0	0.0	0.0	100.0	111
	Home/missing/other / DK	*	*	*	*	*	100.0	9
Type of delivery	Vaginal birth	86.9	2.2	7.1	2.0	1.8	100.0	643
	C-section	89.2	3.2	6.2	0.3	1.0	100.0	156
Education	Below Secondary	76.1	0.0	20.1	1.3	2.5	100.0	80
	Secondary	83.2	3.9	10.3	0.9	1.7	100.0	168
	University and above	90.3	2.2	4.0	1.9	1.6	100.0	551
Total		87.4	2.4	7.0	1.6	1.7	100.0	799

*Less than 25 unweighted cases

VII. Child Development

Early Childhood Education and Learning

Readiness of children for primary school can be improved through attendance to early childhood education programmes or through pre-school attendance. Early childhood education programmes include programmes for children that have organised learning components as opposed to baby-sitting and day-care which do not typically have organised educational and learning.

Data of MICS4 indicates that 41 percent of children aged 36-59 months are attending pre-school (Table CD.1). Percentage of non-Qatari children who attended early childhood education programmes was higher (45 percent) than their Qatari counterparts (32 percent). There was no gender differentials with regard to pre-school attendance among children aged 36-59 months.

Table CD.1

Early childhood education

Percentage of children age 36-59 months who are attending some form of organized early childhood education programme, Qatar, 2012

		Percentage of children age 36-59 months currently attending early childhood education [1]	Number of children aged 36-59 months
Sex	Male	40.8	425
	Female	40.8	395
Nationality	Qatari	32.3	273
	Non-Qatari	45.0	547
Age of child	36-47 months	27.6	430
	48-59 months	55.4	390
Mother's education	Below Secondary	27.4	99
	Secondary	31.1	209
	University and above	47.3	512
Total		40.8	820

[1] MICS indicator 6.7

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 a major determinant of the child's development during this period. In this context, engagement of adults in 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.

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.

Data reveals that for 88 percent of children age 36-59 months, an adult household member engaged in four or more activities that promote learning and school readiness during the last week preceding the survey (Table CD.2 and Figure CD.1). This percentage does not differ between Qatari and non-Qatari children. The average number of activities that adults engaged with children was 5 activities. The table also indicates that the father's involvement in such activities was somewhat limited. About eighty five percent of children enjoyed their father's involvement with one or more activities. Only two percent of children were living in a household without their fathers.

Figure CD.1

Proportion of children aged 36-59 months with whom an adult family member and with whom the father engaged in activities to promote enhanced learning and preparation for school, Qatar, 2012

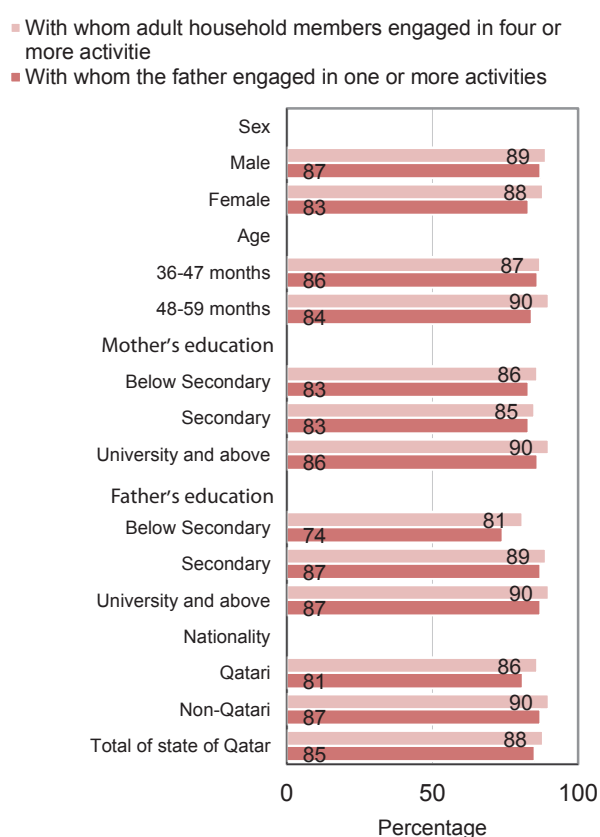


Table CD.2**Support for learning**

Percentage of children age 36-59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last week, Qatar, 2012

		Percentage of children aged 36-59 months		Mean number of activities		Percentage of children not living with their natural father	Number of children aged 36-59 months
		With whom adult household members engaged in four or more activities [1]	With whom the father engaged in one or more activities [2]	Any adult household member engaged with the child	The father engaged with the child		
Sex	Male	88.6	86.8	5.2	2.9	2.1	425
	Female	88.3	82.9	5.2	2.7	2.3	395
Nationality	Qatari	85.5	80.9	5.1	2.3	3.7	273
	Non-Qatari	89.9	86.9	5.3	3.0	1.4	547
Age	36-47 months	87.4	86.0	5.1	2.9	3.3	430
	48-59 months	89.6	83.7	5.3	2.7	0.9	390
Mother's education	Below Secondary	85.8	83.1	5.1	2.4	0.7	99
	Secondary	85.2	83.4	5.0	2.6	4.5	209
	University and above	90.3	85.9	5.3	3.0	1.5	512
Father's education	Below Secondary	80.5	74.1	4.9	2.1	na	96
	Secondary	88.5	86.9	5.1	2.5	na	160
	University and above	89.7	87.4	5.3	3.0	na	545
	Father not in household	(91.4)	(49.9)	(5.1)	na	na	18
Total		88.4	84.9	5.2	2.8	2.2	820

[1] MICS indicator 6.1

[2] MICS Indicator 6.2

() Between 25-49 unweighted cases

na: Not applicable

There are no gender differentials in terms of engagement of adults in activities with children. However, for a slightly larger proportion of male children (87 percent) fathers engaged in activities compared to female children (83 percent).

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance and IQ scores. The mother/caretaker of all children under 5 were asked about number of children's books or picture books they have for the child, household objects or outside objects, and homemade toys or toys that came from a shop that are available at home.

In Qatar, only 40 percent of children age 0-59 months live in households where at least 3 children's books are present (Table CD.3). The percentage of children with 10 or more books

declines to 15 percent. Children living in households that have at least 3 children books or more is 40 percent among non-Qatari households, and 38 percent in Qatari households. Children who have 10 books or more are far less in both Qatari and non-Qatari households.

No gender differentials were observed with regard to the presence of children's books. However, the presence of children's books is positively correlated with the child's age. Older children are more likely to have books compared to their younger counterparts, where 57 percent of children in age 24-59 months have books compared to only 13 percent of children aged 0-23 months.

Data shows that percentage of children living in households, where 10 books or more are available, increases among children with mothers attaining university degree or higher (16 percent). The corresponding figure for children with mothers of no education was only five percent.

Figure CD.2

Proportion of under five children who have ten or more children books in the household, Qatar, 2012

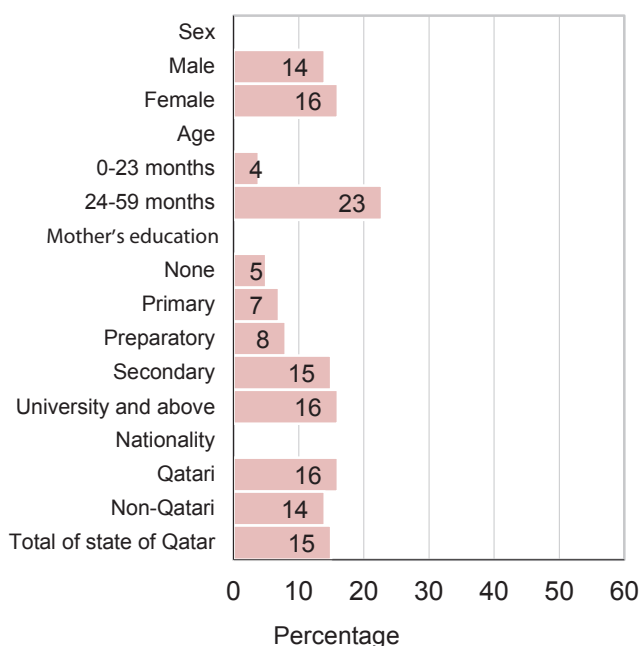


Table CD.3**Learning materials**

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, Qatar, 2012

		Household has for the child:		Child plays with:				Two or more types of playthings [2]	Number of children under age 5
		3 or more children's books [1]	10 or more children's books	Homemade toys	Toys from a shop/manufactured toys	Household objects/objects found outside	Computers & computer games		
Sex	Male	39.5	14.2	28.5	86.5	45.3	38.0	53.3	1059
	Female	39.4	16.0	30.9	85.2	50.2	33.9	57.1	1023
Nationality	Qatari	37.7	16.4	23.5	85.4	44.1	36.8	53.4	651
	Non-Qatari	40.3	14.5	32.5	86.1	49.4	35.6	56.0	1431
Age	0-23 months	13.4	3.9	20.2	71.5	32.3	11.7	40.0	849
	24-59 months	57.4	22.8	36.2	95.8	58.4	52.7	65.6	1233
Mother's education	None	19.1	5.4	20.7	85.1	32.5	24.2	49.5	54
	Primary	28.3	6.9	32.4	86.8	46.5	27.9	58.5	71
	Preparatory	35.0	7.8	30.7	86.0	51.2	28.4	59.3	110
	Secondary	40.2	15.5	34.4	85.4	48.1	34.7	51.7	499
	University and above	41.0	16.4	28.1	86.0	48.0	38.0	56.1	1348
Total		39.5	15.1	29.7	85.9	47.7	36.0	55.2	2082

[1] MICS indicator 6.3

[2] MICS indicator 6.4

Table CD.3 shows that 55 percent of children in the age group 0- 59 months, had two or more toys, to play with in their homes. This percentage was higher among non-Qatari children (56 percent) than Qatari children (53 percent).

The playthings in MICS included homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves). It is interesting to note that 86 percent of children play with toys that come from a store; however, the percentages for other types of toys is below 48 percent. The proportion of children who have 2 or more playthings to play with is 53 percent among male children and 57 percent among female children. Besides, large differences are observed in terms of mother's education – 59 percent of children with mothers holding preparatory education have 2 or more playthings, while the proportion is 50 percent for children whose mothers have no education.

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 were 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.4 shows that six percent of children aged 0-59 months were left in the care of other children, while 10 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 12 percent of children were left with inadequate care during the week preceding the survey, either by being left alone or in the care of another child. This percentage did not differ between Qatari and non-Qatari children, where both groups recorded similar findings for inadequate care during the week preceding the survey (11 percent and 12 percent respectively). No differences were observed by the sex of the child. On the other hand, inadequate care was more prevalent among children whose mothers had at least university education or higher (13 percent), as opposed to children whose mothers had no education (5 percent). Children aged 24-59 months were left with inadequate care more (14 percent) than those who were aged 0-23 months (9 percent.)

Table CD.4

Inadequate care

Percentage of children under age 5 left alone or left in the care of other children under the age of 10 years for more than one hour at least once during the past week, Qatar, 2012

		Percentage of children under age 5			Number of children under age 5
		Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week [1]	
Sex	Male	10.3	6.4	12.2	1059
	Female	9.1	6.1	11.0	1023
Nationality	Qatari	8.3	7.4	11.1	651
	Non-Qatari	10.4	5.8	11.9	1431
Age	0-23 months	7.9	3.4	8.5	849
	24-59 months	11.0	8.2	13.8	1233
Mother's education	None	1.7	4.7	4.7	54
	Primary	9.9	2.1	10.6	71
	Preparatory	2.9	3.1	4.3	110
	Secondary	9.0	6.9	11.9	499
	University and above	10.9	6.6	12.5	1348
Total		9.7	6.3	11.6	2082

[1] MICS indicator 6.5

Early Childhood Development

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

A 10-item module that has been developed for the MICS programme was used to calculate the Early Child Development Index (ECDI). The indicator is based on some benchmarks that children would be expected to have if they are developing as the majority of children in that age group. The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in Qatar.

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

- Literacy-numeracy: Children are identified as being developmentally on track based on whether they can identify/name at least ten letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these is true, then the child is considered developmentally on track.
- Physical: If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.
- In the social-emotional domain, children are considered to be developmentally on track if two of the following is true: If the child gets along well with other children, if the child does not kick, bite, or hit other children and if the child does not get distracted easily
- Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on track in the learning domain.

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

Table CD.5**Early child development index**

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, Qatar, 2012

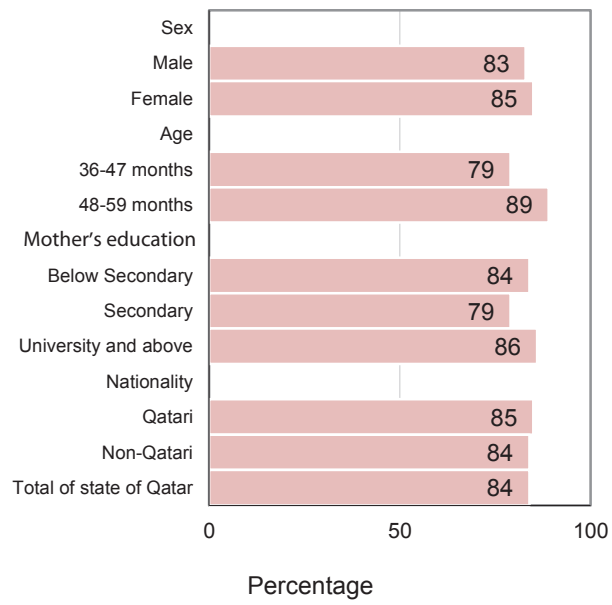
		Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score [1]	Number of children age 36-59 months
		Literacy-numeracy	Physical	Social-Emotional	Learning		
Sex	Male	61.1	93.2	79.1	86.2	82.6	425
	Female	64.3	91.4	72.7	88.2	85.4	395
Nationality	Qatari	55.6	92.9	75.9	89.4	82.8	273
	Non-Qatari	66.2	92.1	76.1	86.1	84.5	547
Age	36-47 months	50.5	89.4	76.5	83.2	79.1	430
	48-59 months	76.1	95.5	75.4	91.6	89.3	390
Preschool attendance	Attending preschool	85.4	99.3	80.4	96.2	93.4	334
	Not attending preschool	47.0	87.5	73.0	81.0	77.4	486
Mother's education	Below Secondary	54.7	96.5	85.4	84.8	84.2	99
	Secondary	54.7	90.4	69.7	84.4	79.4	209
	University and above	67.4	92.3	76.8	88.8	85.7	512
Total		62.7	92.3	76.0	87.2	83.9	820

[1] MICS indicator 6.6

The results are presented in Table CD.5. In Qatar, 84 percent of children aged 36-59 months are developmentally on track. Data shows that this percentage was 85 percent for non-Qatari children and 83 percent for Qatari children. ECDI is similar for females (85 percent) and males (83 percent). As expected, early childhood development index is much higher among older children aged 48-59 months (89 percent), compared to 79 percent for children in the age group (36-47 months), as children master more skills as they grow older. Moreover, high level of early childhood development index was observed among children attending preschool education, where its percentage was 93 percent, compared to 77 percent for children who do not attend a preschool programme. The analysis of the four domains of child development (learning, literacy – numeracy, physical and social – emotional) shows that, 87 percent of children are on track in the learning domains, higher percentage of children (92 percent) are on track in the physical while a less percentage (63 percent) progressed, in literacy – numeracy and in the (social – emotional domains (76 percent). Higher scores across all four domains correlated with children attending a preschool programme, and older children. Qatari children were not different from non-Qataris in being developmentally on track, where both groups recorded a high score in the physical domain and the lowest s in literacy and numeracy domains.

Figure CD.3

| Early Child Development Index (ECDI), Qatar, 2012



VIII. Literacy and Education

School Readiness

Attendance to pre-school education in an organised learning or child education programme is important for the readiness of children to school. Table ED.2 shows the proportion of children in the first grade of primary school who attended pre-school the previous year. Overall, 82 percent of children who are currently attending the first grade of primary school were attending pre-school during the previous year. Data revealed that preschool attendance (during last year) was higher among non-Qatari children (85 percent) compared with their Qatari counterparts (77 percent).

The proportion of male children was lower (79 percent) compared to females (85 percent). The data shows a positive correlation between attendance and mother education, where the percentage of attendance among children of mothers with less than secondary education was 71 percent, compared with 84 percent among children of women with university education or higher.

Table ED.2

School readiness

Percentage of children attending first grade of primary school who attended pre-school during the previous year, Qatar, 2012

		Percentage of children attending first grade who attended preschool in previous year [1]	Number of children attending first grade of primary school
Sex	Male	78.9	207
	Female	85.0	203
Nationality	Qatari	77.3	149
	Non-Qatari	84.6	261
Mother's education	Below Secondary	70.7	60
	Secondary	83.2	92
	University and above	84.1	256
Total		81.9	410

[1] MICS indicator 7.2

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

The indicators of school progression include:

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

In Qatar, 93 percent of children below primary school age (6 years), were attending the first grade of primary schools (table ED.3). It is observed that female children attendance was (92 percent); slightly lower than male children (94 percent). Data indicated a positive relation between attendance ratio in first grade of primary schools and mother's education. The attendance ratio of children of mothers with less than secondary education was 86 percent, compared with 96 percent of children of mothers with university education or higher.

Table ED.3

Primary school entry

Percentage of children of primary school entry age entering grade 1 (net intake rate), Qatar, 2012

		Percentage of children of primary school entry age entering grade 1 [1]	Number of children of primary school entry age
Sex	Male	93.7	233
	Female	91.6	217
Nationality	Qatari	93.4	181
	Non-Qatari	92.2	269
Mother's education	Below Secondary	85.8	79
	Secondary	90.0	100
	University and above	95.6	269
Total		92.7	450

[1] MICS indicator 7.3

Table ED.4 and figure ED.1 provides the percentage of children of primary school age 6 to 11 years who are attending primary and secondary school¹⁶. The majority of children of primary school age are attending school (97percent). However, three percent of the children are out of school when they are expected to be participating in school (ever attending school or drop out). It was noticed that percentages of attendance in primary and secondary schools do not differ by sex.

The number of children of school age who are not in school, does not differ much between Qatari and non-Qatari children, and is a relatively small percentage in both groups, not exceeding four percent. There is a positive correlation between children school attendance and mother's education, where school attendance in primary schools among mothers with no education was 86 percent, while it was 98 percent among children with mothers who have university education.

¹⁶ Ratios presented in this table are "adjusted" since they include not only primary school attendance, but also secondary school attendance in the numerator.

Table ED.4

Primary school attendance
 Percentage of children of primary school age attending primary and secondary school
 (Net attendance ratio), Qatar, 2012

		Male		Female		Total	
		Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted) [1]	Number of children
Nationality	Qatari	96.6	548	96.7	493	96.7	1041
	Non-Qatari	96.1	854	96.7	810	96.4	1664
Age at beginning of school year	6	94.0	233	92.2	217	93.2	450
	7	95.3	230	98.9	238	97.1	468
	8	96.7	277	97.9	223	97.2	500
	9	97.5	215	97.6	216	97.5	432
	10	97.2	220	94.7	203	96.0	423
	11	97.2	227	98.7	205	97.9	432
Mother's education	None	87.3	89	85.4	87	86.4	176
	Primary	92.1	90	93.6	82	92.8	172
	Preparatory	98.6	100	97.8	92	98.3	192
	Secondary	97.4	353	97.2	334	97.3	687
	University and above	97.0	749	98.0	69.2	97.5	1442
Total		96.3	1402	96.7	1302	96.5	2705

[1] MICS indicator 7.4; MDG indicator 2.1

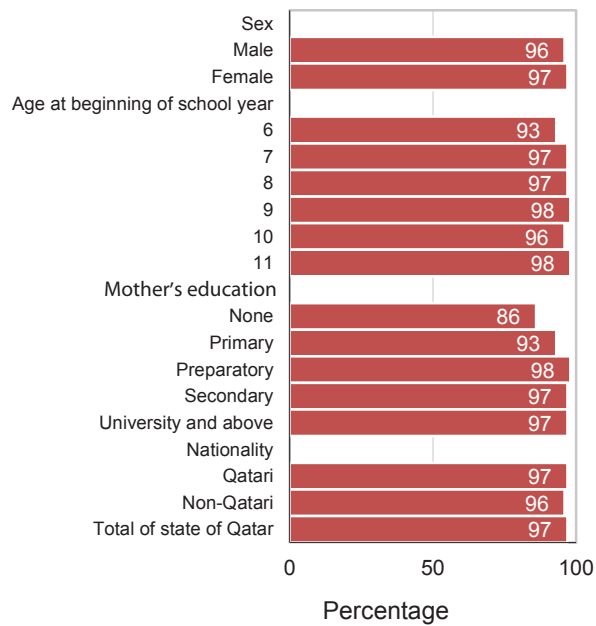
The secondary school net attendance ratio is presented in Table ED.5¹⁷. The findings are more striking than for primary school where seven percent of the children were found to be not attending secondary school i.e. there are 93 percent of children of secondary school age who are attending secondary school. Of the remaining seven, some of them are either out of school (5 percent) or attending primary school (2 percent); when they should be attending secondary school.

The results for non-attendance in secondary schools was similar among Qatari and non-Qatari children, where inconsistency between age and educational level was the same for both groups, where children's attendance ratio in primary schools, who are in the age of secondary school, was two percent among both Qatari and non-Qatari children. The percent of children out of school was six percent and three percent among Qataris and non-Qataris respectively. There was no difference in secondary schools net attendance ratio between the two sexes.

¹⁷ Ratios presented in this table are "adjusted" since they include not only secondary school attendance, but also attendance to higher levels in the numerator.

Figure ED.1

Net primary school attendance, Qatar, 2012



It was noted, that the education of mother has an impact on secondary school attendance ratio. Attendance ratio for children of mothers with no education was 87 percent, compared with 97 percent among children of mothers with university education or higher.

Figure ED.2

| Net secondary school attendance, Qatar, 2012

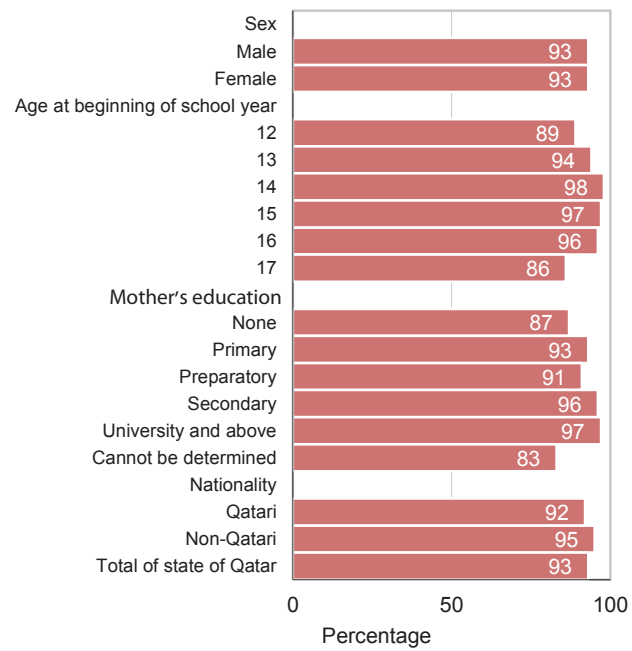


Table ED.5**Secondary school attendance**

Percentage of children of secondary school age (ages 12-17) attending secondary school or higher (adjusted net attendance ratio), and percentage of children attending primary school, Qatar, 2012 ¹⁸

		Male			Female			Total		
		Net attendance ratio (adjusted)	Percent attending primary school	Number of children	Net attendance ratio (adjusted)	Percent attending primary school	Number of children	Net attendance ratio (adjusted) [1]	Percent attending primary school	Number of children
Nationality	Qatari	91.1	2.8	537	92.2	1.8	464	91.6	2.3	1001
	Non-Qatari	95.5	1.8	638	93.7	2.5	519	94.7	2.1	1157
Age at beginning of school year	12	89.5	7.5	239	89.1	9.5	194	89.3	8.4	432
	13	94.9	2.6	261	93.3	0.6	183	94.2	1.8	444
	14	97.3	0.3	185	97.9	0.0	152	97.5	0.1	337
	15	97.9	0.0	163	96.5	0.4	160	97.2	0.2	323
	16	96.3	0.6	173	95.6	0.0	134	96.0	0.4	307
	17	84.7	0.3	155	86.9	0.7	160	85.8	0.5	314
Mother's education	None	87.5	3.7	112	85.2	2.7	74	86.6	3.3	186
	Primary	90.7	5.2	86	95.7	0.6	84	93.2	2.9	170
	Preparatory	92.5	4.8	96	89.3	9.6	80	91.1	7.0	176
	Secondary	97.2	1.8	255	95.4	1.5	222	96.3	1.7	477
	University and above	96.3	1.8	457	96.8	1.7	392	96.5	1.8	850
	Cannot be determined	85.0	0.4	124	81.6	1.0	115	83.4	0.7	239
	Missing	*	*	*	*	*	*	*	*	1
Total		93.5	2.3	1175	93.0	2.2	983	93.2	2.2	2158

[1] MICS indicator 7.5

*Less than 25 unweighted cases

The percentage of children entering first grade who eventually reach the last grade of primary school is presented in Table ED.6. Of all children starting grade one, all of them (100 percent) will eventually reach the last grade. It may be noted that this number includes children that repeat grades and that eventually move up to reach last grade. In general,

No significant differences were observed in this indicator, pertaining mother's education, or among Qatari and non-Qatari children, where both groups recorded high levels for this indicator.

¹⁸ Information at the individual level of domestic servants and drivers was not collected.

Table ED.6

Children reaching last grade of primary school
 Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Qatar, 2012¹⁹

		Percent attending grade 1 last year who are in grade 2 this year	Percent attending grade 2 last year who are attending grade 3 this year	Percent attending grade 3 last year who are attending grade 4 this year	Percent attending grade 4 last year who are attending grade 5 this year	Percent attending grade 5 last year who are attending grade 6 this year	Percent who reach grade 6 of those who enter grade 1 [1]
Sex	Male	100.0	100.0	100.0	100.0	99.8	99.8
	Female	100.0	100.0	100.0	100.0	100.0	100.0
Nationality	Qatari	100.0	100.0	100.0	100.0	99.8	99.8
	Non-Qatari	100.0	100.0	100.0	100.0	100.0	100.0
Mother's education	Below Secondary	100.0	100.0	100.0	100.0	100.0	100.0
	Secondary	100.0	100.0	100.0	100.0	99.6	99.6
	University and above	100.0	100.0	100.0	100.0	100.0	100.0
Total		100.0	100.0	100.0	100.0	99.9	99.9

[1] MICS indicator 7.6; MDG indicator 2.2

The primary school completion rate and transition rate to secondary education are presented in Table ED.7. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year. At the time of the survey, the primary school completion rate was 93 percent. The impact of mother's education on completion of primary school, was unexpectedly negatively correlated; with completion rates among children of mothers with no education being higher (98 percent), compared with children of mothers with university education or higher (91 percent). It was noted that the mother's education level had an impact the primary school level completion rate of the children. During the survey, the completion rate of children whose mothers obtained less than secondary education was 98 percent compared with 91 percent among children of mothers who received university education as a minimum.

There are no differences between primary schools completion rates among Qatari and non-Qatari children, where both reached 93 percent. Nevertheless, percentage of non-Qatari children who completed primary school, and were attending, during the survey the first grade of secondary school was higher (99 percent) than Qatari children (95 percent).

The data also indicates that 98 percent of children who successfully completed the final grade of primary school were attending, the first grade of secondary school.

Transition rate to secondary stage, for males who successfully completed the primary stage, was 98 percent whereas the females' rate of transition to secondary school was 97 percent.

¹⁹ Information at the individual level of domestic servants and drivers was not collected.

Figure ED.3

Primary school completion rate, Qatar, 2012

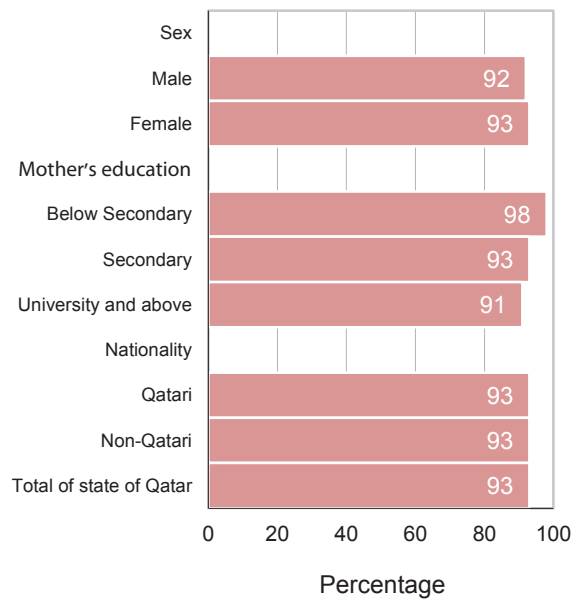


Figure ED.4

Transition to secondary school, Qatar, 2012

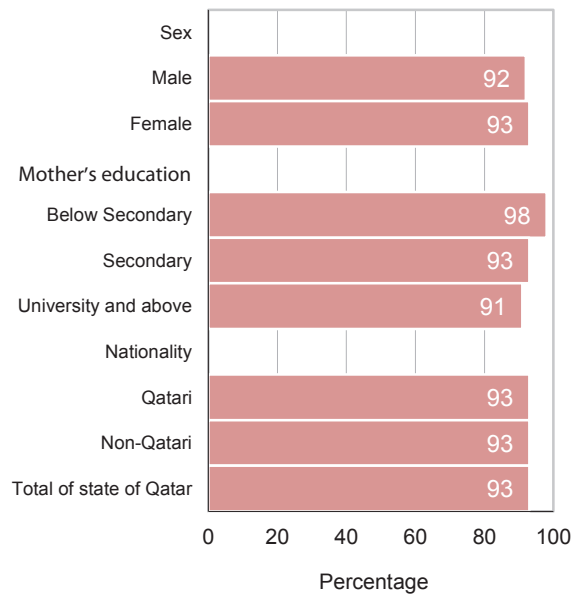


Table ED.7

Primary school completion and transition to secondary school
 Primary school completion rates and transition rate to secondary school, Qatar, 2012²⁰

		Primary school completion rate [1]	Number of children of primary school completion age	Transition rate to secondary school [2]	Number of children who were in the last grade of primary school the previous year
Sex	Male	92.4	227	98.0	183
	Female	93.4	205	96.9	177
Nationality	Qatari	92.7	195	95.4	147
	Non-Qatari	93.0	237	98.9	213
Mother's education	Below Secondary	98.0	105	95.5	91
	Secondary	93.4	105	99.5	89
	University and above	90.8	213	97.8	170
Total		92.9	432	97.5	361

[1] MICS indicator 7.7

[2] MICS indicator 7.8

The ratio of girls to boys attending primary and secondary education is provided in Table ED.8. 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 primary school is 1.00, indicating no difference in the attendance of girls and boys to primary school. However, the indicator declines marginally to 0.99 for secondary education. It was noted that gender parity index is skewed in favour of boys for net attendance rates, and by mother's education.

Despite the differences between female and male attendance, in primary school, among Qatari children, where equivalence rate was (1.00). This indicator tends toward females, among non-Qatari children, where the rate exceeded one (1.01). Nonetheless, attendance in secondary school is skewed toward boys, whether among Qatari or non-Qatari children, where it was less than one (0.98). Nevertheless, at the secondary school level index tends to favor Qatari girls and non-Qatari males. The benchmark index for non-Qataris was less than one in both categories (0.98).

²⁰ Information at the individual level of domestic servants and drivers was not collected.

Figure ED.5

Gender parity index (GPI) of adjusted NAR attendance in primary and secondary schools, Qatar, 2012

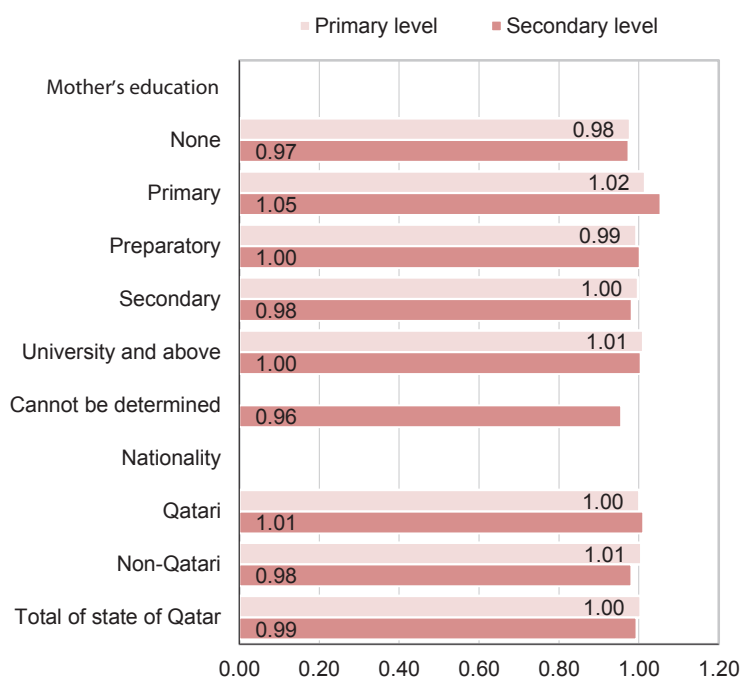


Table ED.8

Education gender parity
Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Qatar, 2012²¹

		Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR [1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR [2]
Nationality	Qatari	96.7	96.6	1.00	92.1	91.1	1.01
	Non-Qatari	96.7	96.1	1.01	93.7	95.5	0.98
Mother's education	None	85.4	87.3	0.98	85.2	87.5	0.97
	Primary	93.6	92.1	1.02	95.7	90.7	1.05
	Preparatory	92.3	92.9	0.99	90.3	90.1	1.00
	Secondary	97.2	97.4	1.00	95.4	97.2	0.98
	University and above	98.0	97.0	1.01	96.8	96.3	1.00
	Cannot be determined				81.2	85.0	0.96
Total		96.7	96.3	1.00	92.9	93.5	0.99

[1] MICS indicator 7.9; MDG indicator 3.1

[2] MICS indicator 7.10; MDG indicator 3.1

²¹ Information at the individual level of domestic servants and drivers was not collected.

IX. Child Protection

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 Qatar MICS survey, respondents to the household questionnaire were asked a series of questions on the ways adults in the households tend to use to discipline children during the past month preceding the survey. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, the two indicators used to describe aspects of child discipline are: 1) the percentage of children 2-14 years who experience psychological aggression as punishment or physical punishment; and 2) the percentage of respondents who believe that in order to raise their children properly, they need to physically punished

Figure CP.1

Proportion of children age 2-14 years who were subject to violent discipline, Qatar 2012

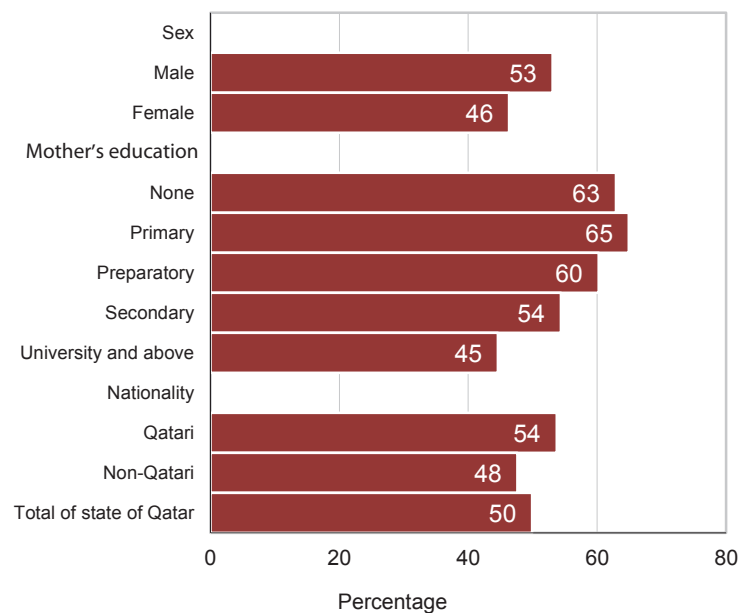


Table CP.4

Child discipline

Percentage of children age 2-14 years according to method of disciplining the child, Qatar, 2012

		Percentage of children age 2-14 years who experienced:				Any violent discipline method [1]	Number of children age 2-14 years	Respondent believes that the child needs to be physically punished	Respondents to the child discipline module
		Only non-violent discipline	Psychological aggression	Physical punishment					
				Any punishment	Severe				
Sex	Male	37.9	46.4	37.7	6.6	53.1	3045	15.6	1431
	Female	41.5	39.8	30.4	6.1	46.3	2705	11.9	1220
Nationality	Qatari	36.6	46.1	35.9	5.6	53.7	2145	14.9	771
	Non-Qatari	41.4	41.7	33.3	6.8	47.6	3605	13.5	1880
Age	2-4 years	36.5	35.4	35.2	8.5	46.5	1116	12.7	621
	5-9 years	42.5	43.2	32.5	5.4	49.0	2367	13.6	1048
	10-14 years	38.1	47.4	35.7	6.3	52.6	2268	15.0	982
Education of household head	None	28.4	56.5	49.3	15.6	62.9	272	na	na
	Primary	25.5	58.5	47.2	4.5	64.9	318	na	na
	Preparatory	33.9	55.4	40.1	6.9	60.2	467	na	na
	Secondary	39.0	45.8	37.1	7.9	54.4	1199	na	na
	University and above	42.7	38.4	30.2	5.2	44.6	3493	na	na
	Missing/DK	*	*	*	*	*	2	na	na
Respondent's education	None	na	na	na	na	na	na	20.5	71
	Primary	na	na	na	na	na	na	19.0	102
	Preparatory	na	na	na	na	na	na	17.7	157
	Secondary	na	na	na	na	na	na	16.8	562
	University and above	na	na	na	na	na	na	12.1	1757
	Missing/DK	na	na	na	na	na	na	*	1
Total		39.6	43.3	34.3	6.4	49.9	5750	13.9	2651

[1] Note that because the standard MICS question (CD.16) about spanking, hitting or slapping the child's bottom with a bare hand was not included in this survey this indicator is not comparable to MICS indicator 8.5

*Less than 25 unweighted cases

na: not applicable

In Qatar, 50 percent of children age 2-14 years were subjected to at least one form of psychological aggression or physical Six percent of children were subjected to severe physical punishment. On the other hand, 14 percent of respondents believed that children should be physically punished, which implies an interesting contrast with the actual prevalence of any physical discipline experienced (34 percent).

Although the percentage of children in the age group 2-14 years who experienced any form of psychological or physical punishment, was slightly higher among Qatari children (54 percent) than their non-Qatari counterparts (48 percent), the percentage of children who were subjected to severe physical punishment, was 7 percent in non-Qatari households and 6 percent in Qatari households. Around 40 percent of children were found to experience non-violent disciplining

methods which was higher among the non-Qatari (41 percent) compared to Qatari (37 percent).

The findings reveals that boys (38 percent) were more likely to be subjected to physical, punishment compared to girls (30 percent).

There are also some differentials with regard to the background characteristics, where it was observed that older children were more likely to have experienced at least one type of psychological or physical punishment compared to their younger counterparts.

The prevalence of violent disciplining methods was highest in households where head of household was primary, (65 percent) compared with those households where the head of the household had a university degrees (45 percent).

Early Marriage and Polygyny

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, around 70 million women age 20-24 were married 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.

The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary 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.

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

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 indicators are to estimate the percentage of women age 15-49 married before 15 years of age and percentage of women age 20-49 married before 18 years of age. The percentage of women married at various ages is provided in Table CP.5. About four percent of young women aged 15-19 years are currently married. This percentage was higher among non-Qatari women, compared with Qatari women, where the percentage was five percent and three percent respectively. This percentage is highly correlated with educational level, as it declines with rising levels of educational of women.

Table CP.5 shows the percentage of women in a polygynous marriage. The percentage of women in such marriages was three percent, being higher among Qatari women (4 percent), while for non-Qatari women it was two percent. Table CP.5M shows that the corresponding percentage among Qatari men is two percent and less than one percent among non-Qataris.

Data indicates that women in polygamous marriages were mostly older women (above forty years) and those who had less than secondary education (7 percent). The percentage declines with increasing levels of education. Similar patterns were observed for men.

Figure CP.2

Proportion of women age 15-19 years who are currently married, Qatar 2012

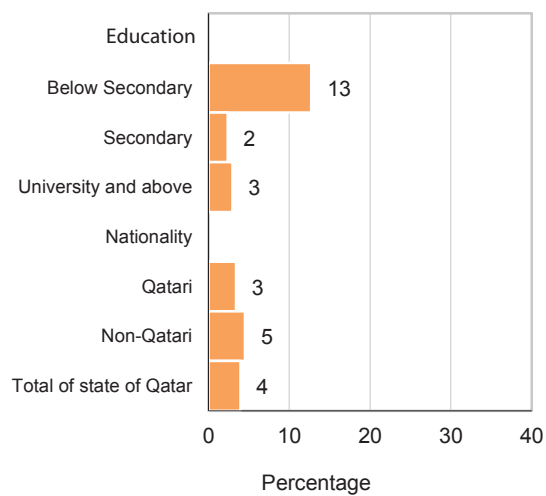


Table CP.5

Early marriage among women

Percentage of women age 15-49 years who first married before their 15th birthday, percentages of women age 20-49 years who first married before their 15th and 18th birthdays, percentage of women age 15-19 years currently married, and the percentage of women age 15-49 currently married who are in a polygynous marriage, Qatar, 2012

		Percentage married before age 15 [1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18 [2]	Number of women age 20-49 years	Percentage of women 15-19 years currently married [3]	Number of women age 15-19 years	Percentage of women age 15-49 years currently married are in a polygynous marriage [4]	Number of women age 15-49 years currently married
Nationality	Qatari	0.0	1907	0.0	7.4	1907	3.4	397	4.4	920
	Non-Qatari	0.0	3792	0.0	5.6	3792	4.5	393	2.0	2835
Age	15-19	0.0	790	na	na	790	4.0	790	(2.5)	31
	20-24	0.0	811	0.0	4.2	811	na	na	1.8	295
	25-29	0.0	991	0.0	4.7	991	na	na	1.4	650
	30-34	0.0	972	0.0	5.9	972	na	na	2.2	831
	35-39	0.0	983	0.0	9.4	983	na	na	2.4	891
	40-44	0.0	688	0.0	6.8	688	na	na	3.9	625
	45-49	0.0	464	0.0	12.1	464	na	na	3.9	431
Education	Below Secondary	0.0	630	0.0	20.8	630	12.7	113	6.6	454
	Secondary	0.0	1763	0.0	6.3	1763	2.4	530	3.1	919
	University and above	0.0	3293	0.0	3.3	3293	3.0	145	1.6	2378
	Missing/DK	*	13	*	*	13	*	2	*	4
Total		0.0	5699	0.0	6.2	5699	4.0	790	2.6	3755

[1] MICS indicator 8.6

[2] MICS indicator 8.7

[3] MICS indicator 8.8

[4] MICS indicator 8.9

*Less than 25 unweighted cases

() Between 25-49 unweighted cases

na: not applicable

Table CP.5M

Early marriage and polygyny among men

Percentage of men age 15-49 years who first married before their 15th birthday, percentages of men age 20-49 years who first married before their 15th and 18th birthdays, percentage of men age 15-19 years currently married, and the percentage of men age 15-49 currently married who are in a polygynous marriage, Qatar, 2012

		Percentage married before age 15 [1]	Number of men age 15-49 years	Percentage married before age 15	Percentage married before age 18 [2]	Number of men age 20-49 years	Percentage of men 15-19 years currently married [3]	Number of men age 15-19 years	Percentage of men age 15-49 years in polygynous marriage [4]	Number of men age 15-49 years currently married
Nationality	Qatari	0.0	1846	0.0	1.0	1846	0.5	412	1.6	756
	Non-Qatari	0.0	3784	0.0	0.7	3784	0.7	421	0.5	2620
Age	15-19	0.0	833	na	na	na	0.6	833	*	5
	20-24	0.0	670	0.0	0.6	670	na	na	0.0	55
	25-29	0.0	803	0.0	2.0	803	na	na	0.7	357
	30-34	0.0	971	0.0	0.5	971	na	na	0.3	767
	35-39	0.0	849	0.0	1.2	849	na	na	0.7	773
	40-44	0.0	859	0.0	0.8	859	na	na	1.2	806
	45-49	0.0	644	0.0	0.3	644	na	na	0.8	614
Education of household head	Below Secondary	0.0	542	0.0	2.4	424	0.4	118	1.1	280
	Secondary	0.0	1794	0.0	1.6	1187	0.7	608	1.2	672
	University and above	0.0	3292	0.0	0.4	3184	0.0	107	0.6	2422
	Missing/DK	*	2	*	*	2		0	*	1
Total		0.0	5630	0.0	0.9	4797	0.6	833	0.7	3377

[1] MICS indicator 8.6

[2] MICS indicator 8.7

[3] MICS indicator 8.8

[4] MICS indicator 8.9

*Less than 25

na: not applicable

Table CP.6 and CP 6M presents the proportion of women and men who were first married before age 15 and 18 by residence and age groups. Examining the percentages married before age 15 and 18 by different age groups allow us to see the trends in early marriage over time.

In Qatar, the results showed that none of the women aged 15-49 were married before 15 years of age. The percentage of Qatari women aged 20-49 years who were married before 18 years of age (7 percent) is similar to that for non-Qataris (6 percent).The data indicate that the marriage before 18 years of age was more common among older women (12 percent for women aged 45-49 years) compared to the rate of two percent among younger women aged 20-24 suggesting a possible decreasing trend in the prevalence of early marriage.

The proportion of men married before age 18 was negligible (less than one percent) but was paradoxically highest among the age group 25-29 years showing that younger men are more likely to be married earlier than their older counterparts.

Table CP.6

Trends in early marriage among women

Percentage of women who were first married before age 15 and 18, by age groups, Qatar, 2012

		Percentage of women married before age 15	Number of women age 15-49	Percentage of women married before age 18	Number of women age 20-49
Nationality	Qatari	0.0	1907	7.4	1509
	Non-Qatari	0.0	3792	5.6	3400
Age	15-19	0.0	790	na	na
	20-24	0.0	811	4.2	811
	25-29	0.0	991	4.7	991
	30-34	0.0	972	5.9	972
	35-39	0.0	983	9.4	983
	40-44	0.0	688	6.8	688
	45-49	0.0	464	12.1	464
	Total		0.0	5699	6.2

na: not applicable

Table CP.6M

Trends in early marriage among men

Percentage of men who were first married before age 15 and 18, by age groups, Qatar, 2012

		Percentage of men married before age 15	Number of men age 15-49	Percentage of men married before age 18	Number of men age 20-49
Nationality	Qatari	0.0	1846	1.0	1434
	Non-Qatari	0.0	3784	0.7	3363
Age	15-19	0.0	833	na	na
	20-24	0.0	670	0.6	670
	25-29	0.0	803	2.0	803
	30-34	0.0	971	0.5	971
	35-39	0.0	849	1.2	849
	40-44	0.0	859	0.8	859
	45-49	0.0	644	0.3	644
	Total		0.0	5630	0.8

na: not applicable

Another component is the spousal age difference with an indicator being the percentage of married women with a difference of 10 or more years younger than their current spouse. Table CP.7 presents the results of the age difference between husbands and wives. The results show that there are some important spousal age differences in Qatar. The results show that around 15 percent of women age 20-24 are married to men older than them by ten years or more. This practice is more common among non-Qatari women in this age group where the percentage of women married to older husbands by 10 years was around 17 percent compared to 10 percent among Qatari women of the same age²².

Table CP.7

Spousal age difference

Percent distribution of women currently married age 20-24 years

According to the age difference with their husband, Qatar, 2012

		Percentage of currently married women age 20-24 years whose husband is:						Number of women age 20-24 years currently married
		Younger	0-4 years older	5-9 years older	10+ years older [2]	Husband's age unknown	Total	
Nationality	Qatari	9.8	47.2	31.8	9.8	1.5	100.0	87
	Non-Qatari	3.9	28.3	51.2	16.6		100.0	208
Age	15-19	na	na	na	na	na	na	na
	20-24	5.6	33.9	45.5	14.6	0.4	100.0	295
Education	Below secondary	(18.6)	(43.0)	(33.9)	(4.6)	(0.0)	100.0	26
	Secondary	4.6	41.3	38.1	15.6	0.4	100.0	112
	University and above	4.1	27.0	52.7	15.6	0.6	100.0	157
Total		5.6	33.9	45.5	14.6	0.4	100.0	295

[2] MICS indicator 8.10b

() Between 25-49 unweighted cases

na: not applicable

²² The table does not display the age difference between spouses, and the indicator of current married women aged 15-19 years, due to the few number of views.

Attitudes toward Domestic Violence

A number of questions were asked of women and men of age 15-49 years to assess whether they think that a husband is justified to hit or beat his wife for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands.

The responses to these questions can be found in Table CP.11 and CP.11M. Overall, seven percent of women in Qatar feel that their husband is justified to hit or beat his wife for at least one of a variety of reasons. This percentage is similar among Qatari and non-Qatari women (7 percent and 6 percent respectively). Women who justify a husband's violence, in most cases do so in instances when they neglect the children (3 percent), or if they demonstrate their autonomy, e.g. go out without telling their husbands (4 percent), or argued with their husbands (2 percent). Around one percent of women believe that a husband is justified to hit or beat his wife if she refuses to have sex with him or if she burns the food. Generally justification of wife beating is, more apparent among less educated women (9 percent), with no difference with regard to marital status i.e among never married, currently married or formerly married.

Similar patterns were observed for Qatari and non-Qatari women, where "leaving home without informing the husband" recorded the highest percentages in both groups, while "burning the food while cooking" was the least percentage.

As shown in Table CP.11M, men are more likely to agree than women with one of the reasons to justify wife beating (16 percent of men compared to 7 percent of women). The percentage of justification of wife beating is higher among Qatari males (21 percent) compared to non-Qatari (14 percent) and it decreases as the level of education increases, (21 percent among men with no education versus 13 percent among men with university education or higher).

Figure CP.3

Percentage of women age 15-49 years who believe a husband is justified in beating his wife under various circumstances, Qatar, 2012

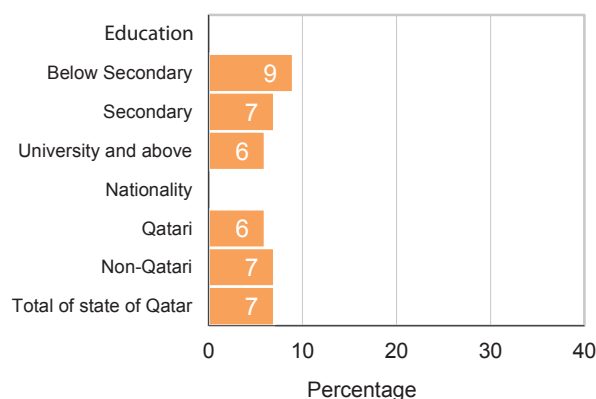


Table CP.11

Attitudes toward domestic violence among women

Percentage of women age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Qatar, 2012

		Percentage of women age 15-49 years who believe a husband is justified in beating his wife:						Number of women age 15-49 years
		If goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these reasons [1]	
Nationality	Qatari	3.4	3.2	2.5	1.0	0.6	6.2	1907
	Non-Qatari	4.3	2.5	1.0	0.9	0.7	6.7	3792
Age	15-24	3.3	3.0	1.6	0.7	0.5	5.5	1601
	25-29	4.0	1.7	1.2	0.9	1.1	6.6	991
	30-34	4.4	3.0	1.4	0.9	0.6	7.3	972
	35-39	3.7	2.1	1.1	1.3	0.6	5.7	983
	40-44	5.2	3.9	2.8	1.1	0.3	9.0	688
	45-49	3.8	2.8	1.6	0.7	1.0	6.6	464
Marital	Currently married	4.2	2.9	1.5	1.0	0.6	6.9	3755
	Formerly married	4.5	0.0	2.0	2.1	0.5	7.6	90
	Never married	3.4	2.4	1.6	0.8	0.7	5.7	1853
	Missing/DK	*	*	*	*	*	*	1
Education	Below Secondary	6.4	4.9	2.7	1.7	1.4	9.3	630
	Secondary	4.7	3.3	2.1	1.1	.6	7.4	1763
	University and above	3.1	2.0	1.0	0.7	0.5	5.6	3293
	Missing/DK	*	*	*	*	*	*	13
Total		4.0	2.7	1.5	0.9	0.7	6.6	5699

[1] MICS indicator 8.14

*Less than 25 unweighted cases

Table CP.11M**Attitudes toward domestic violence among men**

Percentage of men age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Qatar, 2012

		Percentage of men age 15-49 years who believe a husband is justified in beating his wife:						Number of men age 15-49 years
		If goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these reasons [1]	
Nationality	Qatari	15.4	8.9	5.7	3.6	1.5	20.5	1846
	Non-Qatari	9.9	5.4	2.9	2.6	1.4	13.7	3784
Age	15-19	15.9	9.3	5.2	3.5	1.5	22.1	833
	20-24	14.1	9.2	5.1	3.8	1.6	18.2	670
	25-29	11.6	7.2	4.2	2.8	1.4	16.2	803
	30-34	10.7	5.6	2.9	2.5	0.8	13.7	971
	35-39	7.9	4.9	2.2	2.8	1.8	12.5	849
	40-44	10.3	5.8	3.3	2.2	1.8	14.7	859
	45-49	12.2	4.2	4.5	3.2	1.3	15.0	644
Marital status	Ever married	10.1	5.2	2.8	2.6	1.4	13.6	3377
	Never married	14.1	8.6	5.3	3.5	1.6	19.5	2249
	Missing	*	*	*	*	*	*	2
Education	None	15.9	7.8	6.4	3.2	5.3	21.3	56
	Primary	18.3	11.7	5.5	4.2	0.0	22.8	134
	Preparatory	16.8	9.4	6.8	4.0	2.0	21.8	351
	Secondary	13.6	8.6	5.2	3.3	1.7	19.2	1794
	University and above	9.7	4.9	2.6	2.6	1.3	13.2	3292
	Missing/DK	*	*	*	*	*	*	2
Total		11.7	6.6	3.8	2.9	1.5	15.9	5630

[1] MICS indicator 8.14

*Less than 25 unweighted cases

X. HIV/AIDS

Knowledge about HIV Transmission and Misconceptions about HIV/AIDS

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts 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 and men 15-49 years of age.

One indicator which is both an MDG and UNGASS indicator is the percent of young women and men who have comprehensive and correct knowledge of HIV prevention and transmission. In Qatar MICS all women and men who have heard of AIDS were asked whether they knew of the three main ways of HIV transmission husband, using a condom every time, and abstaining from sex. The results are presented in Table HA.1.

In Qatar, 86 percent of the interviewed women have heard of AIDS. However, the percentage of non-Qatari women who heard about HIV/AIDS was 87 percent) which was higher than the percentage of their Qatari counterparts (84 percent). The corresponding figures for men were 91 percent, 92 percent and 88 percent respectively.

The percentage of women and men who have heard of AIDS increases with higher levels of education level, where 61 percent of women and 51 percent of men with no education had heard of AIDS , compared to 90 percent of women and 95 percent of men who had heard of AIDS among those who had a university degree or higher.

Results showed that just under half of women (45 percent) knew two means of HIV transmission. This percentage was higher among Qatari women (48 percent) than non-Qatari women (39 percent).

As expected, knowledge levels are highly correlated with educational levels where this was 26 percent among women with no education increasing to 53 percent among those with University or higher education.

The knowledge of women who know both main ways of HIV transmission is higher among married women compared to never married counterparts.

Figure HA.1

HA.1: Percentage of women age 15-49 years who have comprehensive knowledge of HIV transmission, Qatar 2012

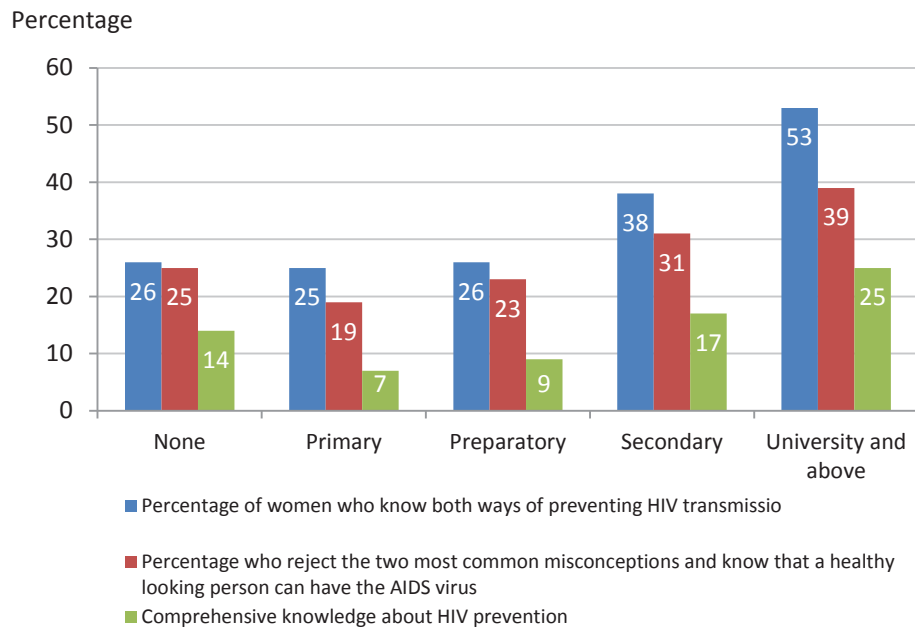


Figure HA.2

Percentage of women age 15-49 years with comprehensive knowledge of means of HIV transmission, Qatar, 2012

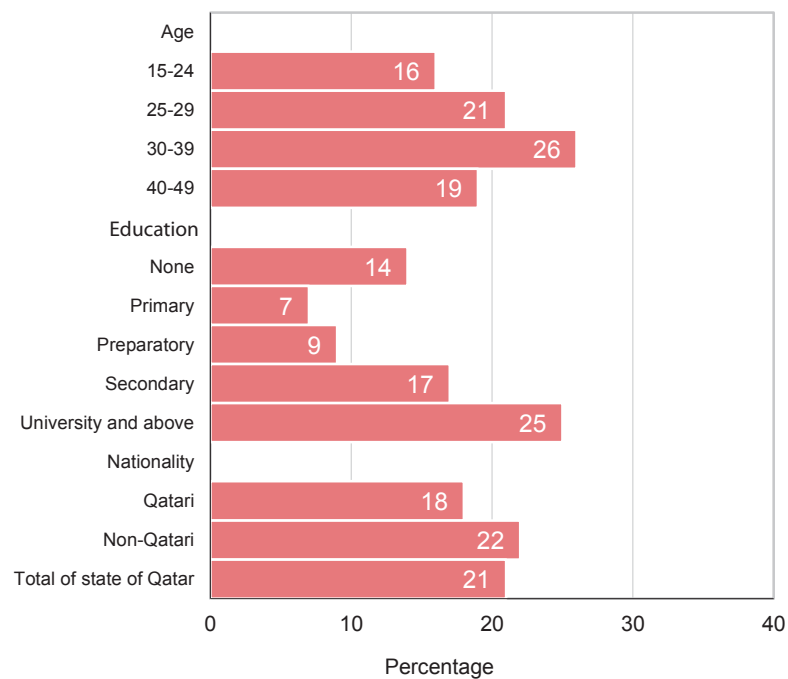


Table HA.1

Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among women.

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Qatar, 2012

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:		Percentage of women who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of women
		Having only one faithful uninfected husband	Using a condom every time			Mosquito bites	Super natural means	Sharing food with someone with AIDS			
Nationality	83.7	73.2	40.7	38.7	55.9	55.1	73.7	58.1	31.9	17.6	1907
Nationality	86.6	75.7	50.8	48.0	58.1	63.1	78.8	67.1	36.3	22.4	3792
Age	83.2	68.6	34.8	32.5	55.5	57.0	73.8	58.1	31.9	15.6	1601
15-24	87.3	77.9	52.3	49.5	58.0	61.2	79.3	62.3	32.3	21.4	991
25-29	85.9	77.4	54.1	51.6	60.0	63.1	78.6	69.2	39.9	25.7	1955
30-39	87.1	76.6	49.8	46.7	55.1	60.0	77.4	65.3	32.4	19.2	1152
40-49	86.5	76.7	52.9	50.1	58.5	62.0	78.6	66.7	36.6	23.7	3845
Marital status	83.8	71.1	36.3	34.1	55.1	57.3	74.1	58.7	31.2	14.8	1853
Ever married	*	*	*	*	*	*	*	*	*	*	1
Never married											
Missing/DK											
Education	60.9	51.9	28.1	26.3	31.7	40.8	51.1	39.9	24.9	13.7	158
None	68.7	57.9	26.3	25.5	36.4	43.0	54.7	42.8	19.2	6.5	172
Primary	72.4	59.0	28.3	25.9	43.7	47.5	59.0	50.3	23.2	9.2	300
Preparatory	83.5	71.4	40.4	37.6	53.4	55.4	72.4	60.1	30.9	16.7	1763
Secondary	90.1	80.3	55.2	52.6	63.2	66.2	83.9	69.8	39.3	25.2	3293
University and above	*	*	*	*	*	*	*	*	*	*	13
Missing/DK											
Total	85.6	74.9	47.5	44.9	57.4	60.5	77.1	64.1	34.8	20.8	5699

[1] MICS indicator 9.1

*Less than 25 cases

Table HA.1M

Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among men
 Percentage of men age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission Qatar, 2012

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:		Percentage of men who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of men	
		Having only faithful uninfected wife	Using a condom every time			Mosquito bites	Super natural means	Sharing food with someone with AIDS				
Nationality	Qatari	88.4	78.4	63.1	59.4	60.3	60.7	81.0	64.0	36.4	28.5	1846
	Non-Qatari	92.2	80.3	64.9	60.3	66.9	66.6	83.2	70.8	41.8	30.6	3784
Age	15-24	84.0	72.8	56.2	52.9	54.8	57.0	76.2	59.3	33.1	25.2	1503
	25-29	93.3	82.0	65.4	60.0	70.0	65.3	86.9	68.7	41.6	29.7	803
	30-39	93.8	82.6	67.6	62.9	70.3	68.6	84.4	72.7	44.1	33.0	1820
	40-49	93.0	81.7	67.9	63.6	65.1	67.3	84.1	72.8	41.3	30.9	1503
Marital status	Ever married	94.5	83.5	67.5	62.9	68.4	68.2	85.8	72.6	42.2	31.0	3377
	Never married	85.6	74.0	59.6	55.8	59.2	59.3	77.7	62.6	36.8	28.3	2249
	Missing/DK	*	*	*	*	*	*	*	*	*	*	2
Education	None	51.4	43.2	27.9	21.5	24.9	25.2	38.5	27.2	8.3	4.3	56
	Primary	81.2	75.1	59.6	55.6	46.1	48.0	72.8	52.0	19.8	16.8	134
	Preparatory	81.5	70.8	54.7	51.6	49.5	52.5	72.5	59.1	29.0	21.9	351
	Secondary	87.5	77.3	61.4	58.5	60.3	60.1	79.4	64.5	36.6	28.9	1794
	University and above	94.8	82.8	67.7	62.6	70.2	69.8	86.4	73.2	44.4	32.2	3292
	Missing/DK	*	*	*	*	*	*	*	*	*	*	2
Total		90.9	79.7	64.3	60.0	64.7	64.7	82.5	68.6	40.0	29.9	5630

[1] MICS indicator 9.1

*Less than 25 unweighted cases

Table (HA.2) shows in details results of the women aged (15-24) questionnaire, regarding knowledge of methods of AIDS transfer and methods of prevention. Percentage of women in this age group who heard of AIDS was 83 percent , while women who know two major methods of prevention HIV virus transfer was slightly less in this age group, about 32 percent , and the percentage for men was 53 percent .

Table HA.2

Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among young women (15-24 years)

Percentage of young women age 15-24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Qatar, 2012

	Percentage who have heard of AIDS		Percentage who know transmission can be prevented by:		Percentage of women who know both ways		Percentage who know that a healthy looking person can have the AIDS virus		Percentage who cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of women age 15-49
	Having only one faithful uninfected husband	Using a condom every time	Having only one faithful uninfected husband	Using a condom every time	Mosquito bites	Supernatural means	Sharing food with someone with AIDS	Percentage who know that a healthy looking person can have the AIDS virus	Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Nationality	Qatari	81.2	67.7	34.1	32.6	53.7	52.8	71.4	54.0	30.8	16.2	737		
	Non-Qatari	85.0	69.2	35.4	32.3	57.0	60.6	75.8	61.5	32.9	15.1	864		
Age	15-19	78.4	62.5	25.4	24.0	51.7	50.5	66.3	53.3	28.6	9.7	790		
	20-24	88.0	74.4	43.9	40.7	59.1	63.4	81.1	62.7	35.2	21.3	811		
Marital status	Ever married	86.2	74.0	49.8	46.7	56.9	62.1	79.8	60.7	33.3	22.0	330		
	Never married	82.5	67.1	30.9	28.8	55.1	55.7	72.2	57.4	31.6	13.9	1271		
Education	Below Secondary	68.6	53.0	20.5	20.2	41.4	47.4	57.3	48.3	25.8	7.6	165		
	Secondary	80.8	67.2	29.6	27.9	51.9	52.0	67.9	52.8	28.1	11.7	802		
	University and above	90.2	74.4	45.1	41.4	63.7	65.8	85.5	67.1	38.3	22.5	632		
	Missing/DK	*	*	*	*	*	*	*	*	*	*	3		
Total		83.2	68.6	34.8	32.5	55.5	57.0	73.8	58.1	31.9	15.6	1601		

[1] MICS indicator 9.2; MDG indicator 6.3

*Less than 25 unweighted cases

Table HA.2M

Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among young men (15-24 years)

Percentage of young men age 15-24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Qatar, 2012

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:		Percentage of men who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of men age 15-49
		Having only faithful uninfected wife	Using a condom every time			Mosquito bites	Super natural means	Sharing food with someone with AIDS			
Nationality	82.7	71.5	54.5	50.9	52.2	55.6	75.0	57.5	31.3	24.2	778
Age											
	85.5	74.1	58.1	55.1	57.6	58.4	77.6	61.2	34.9	26.3	725
	80.3	67.7	52.3	49.2	49.9	52.9	71.3	55.1	29.8	22.8	833
	88.7	79.2	61.1	57.6	60.8	62.0	82.4	64.6	37.1	28.3	670
Marital status											
	96.0	89.6	62.1	58.7	63.7	54.8	92.1	73.0	27.8	21.6	60
	83.5	72.1	56.0	52.7	54.4	57.1	75.6	58.8	33.3	25.4	1443
Education											
	71.6	60.0	43.6	42.2	39.1	45.0	62.4	47.6	22.9	18.1	173
	83.0	71.6	54.4	51.2	52.7	55.4	74.2	58.3	31.6	24.3	892
	91.2	80.2	65.0	60.7	65.3	65.0	85.8	66.0	40.1	29.9	438
Total	84.0	72.8	56.2	52.9	54.8	57.0	76.2	59.3	33.1	25.2	1503

[1] MICS indicator 9.1

Table HA.1, HA1M, HA2 and HA.2M also present the percent of women and men who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Qatar, that HIV can be transmitted by supernatural means and sharing food.

The table also provides information on whether women and men know that HIV cannot be transmitted by mosquito bites. Of the interviewed women, 35 percent reject the two most common misconceptions and know that a healthy-looking person can be infected; the rejection rate was higher among non-Qatari women 35 percent compared to 32 percent for Qatari women.

Seventy seven percent of women aware that HIV cannot be transmitted via supernatural powers, and 64 percent of women are aware that HIV cannot be transmitted by sharing food, 57 percent of women are aware that a person who seems healthy could be infected.

Results of women in age group 15-24 were lower than those for women in age group 15-49. Generally, the percentage of women who can reject the common misconceptions and know that a healthy-looking person can be infected was 32 percent for the younger age group as compared to 35 percent for the age group 15-49 years.

Similar patterns were observed for men however, the percentage of men aged 15-49 years who reject the common misconceptions and know that a healthy-looking person can be infected was 40 percent compared to 33 percent for younger men aged 15-24 years.

Women who have comprehensive knowledge about HIV prevention include women who know of the two ways of HIV prevention (having only one faithful uninfected husband and using a condom every time, who know that a healthy looking person can have the AIDS virus, and who reject the two most common misconceptions. Tables HA.1 and HA.2 also present the percentage of women with comprehensive knowledge. Comprehensive knowledge of HIV prevention methods and transmission is still fairly low. Overall, 21 percent of women were found to have comprehensive knowledge. As expected the percentage of women with comprehensive knowledge of HIV prevention methods and transmission improves as women's education level increase (see figure HA.1) Moreover, the percentage of comprehensive knowledge among non-Qatari women was 22 percent which was higher compared to Qatari women (18 percent). Men are more knowledgeable than women where the percentage of comprehensive knowledge on was 30 percent (29 percent for Qatari and 31 percent for non-Qatari)

It is worth noting, that comprehensive knowledge levels are influenced by education where it was found to be lower among uneducated women (14 percent), but higher for women with university education or higher (25 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 infection 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.3. Overall, 72 percent of women and 82 percent of men know that HIV can be transmitted from mother to child. The percentage of women who know that HIV can be transmitted from mother to child during pregnancy is 62 percent; during delivery 60 percent and during breastfeeding 34 percent.

The percentage of women who know all three ways of mother-to-child transmission is 28 percent; the differences between Qatari and non-Qatari being statistically insignificant, for both

men and women. Fourteen percent of women did not know of any specific way whereas only nine percent of men were not aware of any specific means of transmission from mother to child.

The percentage of non-Qatari women who are aware of the possibility of transmission of HIV from mother to child was 73 percent and 70 percent for Qatari women. Corresponding figures for men show that 82 percent of men have knowledge of mother-to-child transmission of HIV which is higher among non-Qatari i.e. 83 percent compared with 78 percent among Qatari men.

The impact of education on extent of knowledge of mother-to-child transmission of HIV is apparent, where it was seen to be positively correlated with educational level of women. This percentage was 40 percent among women with no education, and increases to 68 percent among women with secondary education or higher, and was highest among women with university education or higher (78 percent).

A similar pattern was noted for increasing levels of knowledge with age which ranged from 61 percent for the age group 15-19, being the highest among the age group 25-29 years where this was 76 percent. This also applies to men, where the corresponding percentage among uneducated men was 43 percent, and 87 percent among men with a college education or above.

Table HA.3

Knowledge of mother-to-child HIV transmission among women
Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, Qatar, 2012

		Percentage who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Does not know any of the specific means	Number of women
			During pregnancy	During delivery	By breastfeeding	All three means [1]		
Nationality	Qatari	70.5	61.9	56.7	34.1	28.7	13.3	1907
	Non-Qatari	72.6	61.9	60.9	33.3	28.2	14.0	3792
Age	15-19	61.3	53.2	50.3	32.0	27.4	17.0	790
	20-24	73.9	64.3	59.3	33.4	26.8	14.1	811
	25-29	75.8	66.4	61.4	34.8	29.9	11.5	991
	30-34	73.1	63.1	62.6	35.5	30.0	13.8	972
	35-39	73.7	60.3	62.6	29.2	25.0	11.1	983
	40-44	72.7	62.4	60.3	34.7	28.4	16.0	688
	45-49	70.2	63.5	57.1	37.4	33.2	14.5	464
Marital status	Ever married	73.9	62.7	62.0	33.6	28.6	12.7	3845
	Never married	67.8	60.4	54.4	33.5	27.9	16.0	1853
	Missing/DK	*	*	*	*	*	*	1
Education	None	39.8	31.8	33.2	14.9	11.0	21.0	158
	Primary	48.6	41.1	41.7	29.2	23.3	20.0	172
	Preparatory	56.4	49.0	45.6	35.0	28.2	16.1	300
	Secondary	67.7	59.7	55.8	33.9	29.2	15.8	1763
	University and above	78.4	66.9	65.0	34.4	29.0	11.7	3293
	Missing/DK	*	*	*	*	*	*	13
Total		71.9	61.9	59.5	33.6	28.4	13.7	5699

[1] MICS indicator 9.3

*Less than 25 unweighted cases

Table HA.3M

Knowledge of mother-to-child HIV transmission among men

Percentage of men age 15-49 years who correctly identify means of HIV transmission from mother to child, Qatar, 2012

		Percentage who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Does not know any of the specific means	Number of men
			During pregnancy	During delivery	By breastfeeding	All three means [1]		
Nationality	Qatari	77.8	68.3	62.1	37.8	31.9	10.5	1846
	Non-Qatari	83.4	70.7	66.6	33.1	26.8	8.8	3784
Age	15-19	68.0	62.3	53.7	32.0	26.6	12.2	833
	20-24	78.9	70.5	60.7	37.3	30.7	9.7	670
	25-29	83.7	73.0	66.5	37.4	31.4	9.6	803
	30-34	86.5	71.5	71.8	36.4	31.0	7.4	971
	35-39	86.2	72.9	69.1	31.4	24.7	7.6	849
	40-44	84.2	72.7	66.2	33.2	27.8	8.4	859
	45-49	81.8	65.0	66.2	35.5	26.8	11.6	644
Marital status	Ever married	85.7	71.4	69.1	34.5	28.0	8.8	3377
	Never married	75.3	67.7	59.3	34.8	29.1	10.2	2249
	Missing/DK	*	*	*	*	*	*	2
Education	None	43.4	30.8	33.9	27.8	19.5	7.9	56
	Primary	69.3	64.1	51.7	37.9	34.7	11.9	134
	Preparatory	67.4	59.9	51.6	29.5	23.0	14.1	351
	Secondary	77.3	68.9	59.7	36.6	29.7	10.2	1794
	University and above	86.5	72.3	70.6	34.1	28.2	8.3	3292
	Missing/DK	*	*	*	*	*	*	2
Total		81.5	69.9	65.1	34.7	28.5	9.4	5630

[1] MICS indicator 9.3

*Less than 25 unweighted cases

Accepting Attitudes toward People Living with HIV/AIDS

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 female teacher who is HIV positive should be allowed to teach in school; and 4) would not want to keep HIV status of a family member a secret.

Table HA.4 presents the attitudes of women towards people living with HIV/AIDS. In Qatar, 92 percent of women who have heard of AIDS agree with at least one accepting statement. The most common accepting attitude is buying fresh vegetables from a person infected with AIDS/HIV, where percentage of women willing to buy fresh vegetables from seller who is known to be HIV positive was 19 percent only, which is least accepting attitude among the aforementioned statements. Results indicate that women with higher educational levels are more accepting than the women with lower education in this regard, where the most accepting attitude was caring for a family member infected with HIV/AIDS (83 percent). There is general agreement among all women, the percentage of women who are willing to care for a family member with the AIDS virus in their own home among both Qatari and non-Qatari women irrespective of their ages. However, a very low percentage of women expressed accepting attitudes on all four indicators (3 percent), being higher among non-Qatari (5 percent) than among Qatari women (1 percent). The corresponding percentage for men was 6 percent (1 percent for Qatari and 5 percent for non-Qatari). In general, ever married women demonstrated more accepting attitudes than those who were never married.

It was noticed that non-Qatari women have more tolerance towards people living with HIV/AIDS, than their Qatari counterparts, where the percentage of non-Qatari women, who accepted the four discriminatory stances was five percent.

The most common discriminatory attitude and the most accepting stance among Qatari and non-Qatari women, were similar. Both groups indicated the highest percentages in refusing to purchase fresh vegetables from a person infected with HIV, and the highest tolerance for care of a family member infected with HIV.

Table HA.4

Accepting attitudes toward people living with HIV/AIDS among women
 Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV/AIDS, Qatar, 2012

		Percent of women who:						Number of women who have heard of AIDS
		Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators [1]	
Nationality	Qatari	82.2	10.7	21.4	19.7	89.7	0.7	1596
	Non-Qatari	82.9	23.0	37.3	25.1	93.0	4.5	3283
Age	15-19	82.1	14.8	23.0	21.7	90.4	2.2	619
	20-24	80.0	13.2	27.8	24.8	91.3	2.4	714
	25-29	83.5	21.3	36.5	23.5	92.2	4.1	865
	30-34	78.9	22.8	39.2	23.2	90.9	1.8	844
	35-39	84.9	21.4	37.2	22.3	94.6	4.6	834
	40-44	84.9	19.4	26.5	21.6	91.6	3.7	610
	45-49	86.1	16.5	27.6	27.9	92.2	4.4	393
Marital status	Ever married	83.0	20.4	34.8	23.8	92.5	3.7	3327
	Never married	81.9	15.7	26.5	22.3	90.8	2.4	1552
Education	None	76.9	10.9	29.9	27.0	86.2	1.8	96
	Primary	89.7	17.6	19.8	16.2	92.7	0.4	118
	Preparatory	87.7	13.5	19.9	24.4	92.4	0.8	218
	Secondary	83.0	14.8	26.5	25.4	90.6	3.4	1472
	University and above	82.0	21.7	36.4	22.4	92.7	3.6	2969
	Missing/DK	*	*	*	*	*	*	7
Total		82.7	18.9	32.1	23.3	91.9	3.3	4880

[1] MICS indicator 9.4

*Less than 25 unweighted cases

Table HA.4M

Accepting attitudes toward people living with HIV/AIDS among men
 Percentage of men age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV/AIDS, Qatar, 2012

		Percent of men who:						Number of men who have heard of AIDS
		Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators [1]	
Nationality	Qatari	91.6	16.1	28.9	18.5	95.2	1.4	1631
	Non-Qatari	84.9	28.2	41.5	28.5	94.0	7.8	3487
Age	15-19	89.7	18.0	28.3	19.3	95.2	4.3	669
	20-24	87.5	23.3	34.4	25.0	94.0	5.2	595
	25-29	89.2	20.6	34.5	23.7	94.5	4.4	750
	30-34	83.5	27.2	43.7	28.3	95.6	5.7	911
	35-39	84.6	30.6	40.3	27.5	92.6	7.7	796
	40-44	89.0	22.9	37.3	25.7	94.6	6.6	796
	45-49	86.7	26.0	41.6	26.2	94.0	6.1	602
Marital status	Ever married	85.7	25.9	40.1	26.6	94.1	6.1	3192
	Never married	89.2	21.6	33.1	23.2	94.9	5.3	1924
	Missing/DK	*	*	*	*	*	*	2
Education	None	85.7	31.1	50.9	27.9	94.5	15.3	29
	Primary	92.9	12.1	25.9	21.1	93.6	1.6	109
	Preparatory	91.9	14.9	26.4	21.1	94.7	3.3	286
	Secondary	89.1	18.3	30.2	21.3	94.6	2.9	1570
	University and above	85.3	28.5	42.4	27.8	94.3	7.5	3122
	Missing/DK	*	*	*	*	*	*	2
Total		87.0	24.3	37.5	25.3	94.4	5.8	5118

[1] MICS indicator 9.4

*Less than 25 unweighted cases

Knowledge of a Place for HIV Testing, Counselling and Testing during Antenatal Care

Another important indicator is the knowledge of where to be tested for HIV and use of such services. In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of one's status is also a critical factor in the decision to seek treatment. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in table HA.5 and table HA.5M. Data revealed that 42 percent of women know the place or facility where tests are administered. The corresponding percentage for men was much higher at 59 percent. Eighteen percent of women actually took the test, and 25 percent of men actually performed the test. The proportion of women who took the test 12 months prior to the survey was very low (3 percent,) and only 3 percent of women were informed of the test result. The corresponding percentages for men were 6 percent and 5 percent respectively.

There was a significant difference among Qatari and non-Qatari women in this regard where only 30 percent of Qatari women knew of a place for testing and only 2 percent had been tested. Among non-Qatari women the percentage of women who knew a place for testing was much higher at 48 percent and one in four had been tested, four percent being recently tested and aware of the results of this test.

Among men, though nearly half of Qatari men knew a place to be tested only one percent had undergone HIV testing. The proportion of non-Qatari men who had been tested was around 37 percent with 9 percent having been tested in the 12 months prior to the survey.

Table HA.5

Knowledge of a place for HIV testing among women

Percentage of women age 15-49 years who know where to get an HIV test, percentage of women who have ever been tested, percentage of women who have been tested in the last 12 months, and percentage of women who have been tested and have been told the result, Qatar, 2012

		Percentage of women who:				Number of women
		Know a place to get tested [1]	Have ever been tested	Have been tested in the last 12 months	Have been tested in the last 12 months and have been told result [2]	
Nationality	Qatari	30.3	1.6	0.2	0.2	1907
	Non-Qatari	48.0	25.6	4.2	3.5	3792
Age	15-19	26.1	5.1	1.4	1.3	790
	20-24	39.4	11.8	3.2	2.8	811
	25-29	45.4	18.8	2.4	2.4	991
	30-34	47.0	23.1	4.7	3.9	972
	35-39	46.3	23.6	2.4	1.7	983
	40-44	48.8	21.1	3.1	2.4	688
	45-49	37.9	17.1	3.1	2.2	464
Marital status	Ever married	45.8	22.1	3.5	2.9	3845
	Never married	34.5	8.3	1.7	1.3	1853
	Missing/DK	*	*	*	*	1
Education	None	15.5	9.8	1.7	1.7	158
	Primary	26.0	10.6	2.8	2.8	172

	Percentage of women who:				Number of women
	Know a place to get tested [1]	Have ever been tested	Have been tested in the last 12 months	Have been tested in the last 12 months and have been told result [2]	
Preparatory	26.0	5.7	0.9	0.9	300
Secondary	33.1	11.1	1.9	1.5	1763
University and above	50.6	22.9	3.7	3.0	3293
Missing/DK	*	*	*	*	13
Total	42.1	17.6	2.9	2.4	5699

[1] MICS indicator 9.5

[2] MICS indicator 9.6

*Less than 25 unweighted cases

Table HA.5M

Knowledge of a place for HIV testing among men

Percentage of men age 15-49 years who know where to get an HIV test, percentage of men who have ever been tested, percentage of men who have been tested in the last 12 months, and percentage of men who have been tested and have been told the result, Qatar, 2012

	Percentage of men who:				Number of men	
	Know a place to get tested [1]	Have ever been tested	Have been tested in the last 12 months	Have been tested in the last 12 months and have been told result [2]		
Nationality	Qatari	54.5	1.0	0.2	0.2	1846
	Non-Qatari	61.7	37.2	9.3	7.8	3784
Age	15-19	43.3	10.7	4.6	4.4	833
	20-24	51.7	13.1	4.9	4.7	670
	25-29	60.7	26.1	7.6	6.2	803
	30-34	63.7	27.7	6.0	5.0	971
	35-39	65.7	35.7	8.7	6.7	849
	40-44	63.7	31.8	6.2	5.4	859
	45-49	65.5	30.1	6.1	4.7	644
Marital status	Ever married	65.7	32.2	6.7	5.5	3377
	Never married	49.8	15.0	5.8	5.0	2249
	Missing/DK	*	*	*	*	2
Education	None	28.3	17.2	2.4	2.4	56
	Primary	48.6	16.0	1.3	1.3	134
	Preparatory	47.2	12.3	5.4	5.4	351
	Secondary	53.0	14.0	5.6	5.1	1794
	University and above	65.1	33.4	7.2	5.7	3292
	Missing/DK	*	*	*	*	2
Total	59.3	25.3	6.3	5.3	5630	

1] MICS indicator 9.5

[2] MICS indicator 9.6

*Less than 25 unweighted cases

Table HA.7 presents the percent who received counselling and HIV testing during antenatal care among women who had given birth within the two years preceding the survey.

Proportion of women who received antenatal care, by skilled medical personal was 91 percent, but only 9 percent of women received counselling and HIV testing during their pregnancy, while a very small proportion (3 percent) were offered the test, and actually took it and receive their results (2 percent). Despite high proportion of women who received antenatal care by skilled medical personal among Qatari women (96 percent), compared to non-Qatari women (89 percent) , proportion of receiving HIV/AIDS counselling was not different between Qatari and non-Qatari women, where these proportions were low for both groups (9 percent and 8 percent) respectively.

Table HA.7

HIV counselling and testing during antenatal care

Among women age 15-49 who gave birth in the last 2 years, percentage of women who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and accepted an HIV test and received the results, Qatar, 2012

		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	Received HIV counseling during antenatal care [1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results [2]	Received HIV counseling, were offered an HIV test, accepted and received the results	
Nationality	Qatari	96.2	7.9	0.9	0.3	0.3	232
	Non-Qatari	88.7	9.3	4.4	3.5	2.7	567
Age	15-24	93.2	5.5	3.3	1.0	0.0	123
	25-29	90.7	8.8	1.5	1.5	0.6	221
	30-34	89.2	13.0	5.6	4.5	4.1	252
	35-39	95.0	4.8	2.0	1.7	1.5	155
	40-49	(0.4)	(9.9)	(5.0)	(3.9)	(3.9)	47
Marital status	Ever married	90.8	8.9	3.4	2.6	2.0	799
Education	Below Secondary	75.3	9.3	2.2	2.2	2.2	80
	Secondary	89.9	3.9	2.0	1.7	1.7	168
	University and above	93.4	10.4	4.0	2.9	2.0	551
Total		90.8	8.9	3.4	2.6	2.0	799

[1] MICS indicator 9.8

[2] MICS indicator 9.9

() Between 25-49 unweighted cases

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

The 2012 Qatar MICS collected information on exposure to mass media and the use of computers and the internet.

Information is collected on:

- exposure to newspapers/magazines, radio and television among women and men age 15-49,
- use of computers among 15-24 year-olds, and
- use of the internet among 15-24 year-olds.

Access to Mass Media

The proportion of women who read a newspaper, listen to the radio and watch television at least once a week is shown in table MT.1, MT.1M and figure MT.1.

In Qatar, the proportion of women aged (15-49 years), who read newspaper, listen to the radio and watch TV, at least once a week was 48 percent. The corresponding proportion of Qatari and non-Qatari women were 50 percent and 47 percent respectively, in other words, the proportion of exposure of Qatari women to the three means media, at least once a week, was slightly higher than their non-Qatari counterparts.

The proportion of men aged (15-49 years), who read newspaper, listen to the radio and watch TV, at least once a week was 68 percent, indicating that men are more exposed to the three means of media than women. This proportion reached 75 percent for Qatari men, being higher than for non-Qatari men (65 percent).

The data shows that 65 percent of women read a newspaper once a week, 62 percent listened to the radio once a week at least; (67 percent and 59 percent for Qatari and non-Qatari women respectively), and 95 percent watched television, once a week at least; (97 percent and 94 percent for Qatari and non-Qatari women respectively). In other words, television is the most popular form of media among women in Qatar, while tendency for reading newspapers was higher among non-Qatari women than Qatari women. Only three percent of women were not exposed to any of the three forms of media, even once a week.

As far as men are concerned, television is the most common media among men in Qatar, where 97 percent of men were exposed to television at least once a week, being similar for both Qataris and non-Qataris.

Exposure to the three types of media at least once a week, differs by background characteristics, where this percentage was more common among women aged (30-34 years) (52 percent), and lower in the youngest age group (15-19) with percentage of 32 percent. Exposure to the three types of media by age was not different among Qatari and non-Qatari women. The lowest

percentage was, in both groups, among youngest women (15-19 years); 30 percent and 35 percent for Qatari and non-Qatari women respectively.

As for men, the least exposure for media was among men in the lowest age group 52 percent, while exposure was more common in older age groups, where it reached its highest in the age group 40-44 years, with percentage of 78 percent. It was noticed that proportion of men's exposure to the three media for at least once a week by age did not differ between Qatari and non-Qatari men. The lowest exposure percentage occurred in both age groups among the younger men (15-19) years, however, exposure to media for non-Qatari men was more common in older age groups among non-Qatari men than Qatari men.

In general, the highest proportion of exposure to the three media, whether among men or women, was among those who received university education or higher, 55 percent and 73 percent for women and men respectively.

Notwithstanding that television in general was the most common media among women in Qatar, listening to the radio and reading the newspapers were more common among older women.

Figure MT.1

Proportion of women age 15-49 years who are exposed to all three forms media at least once a week on regular basis, Qatar 2012

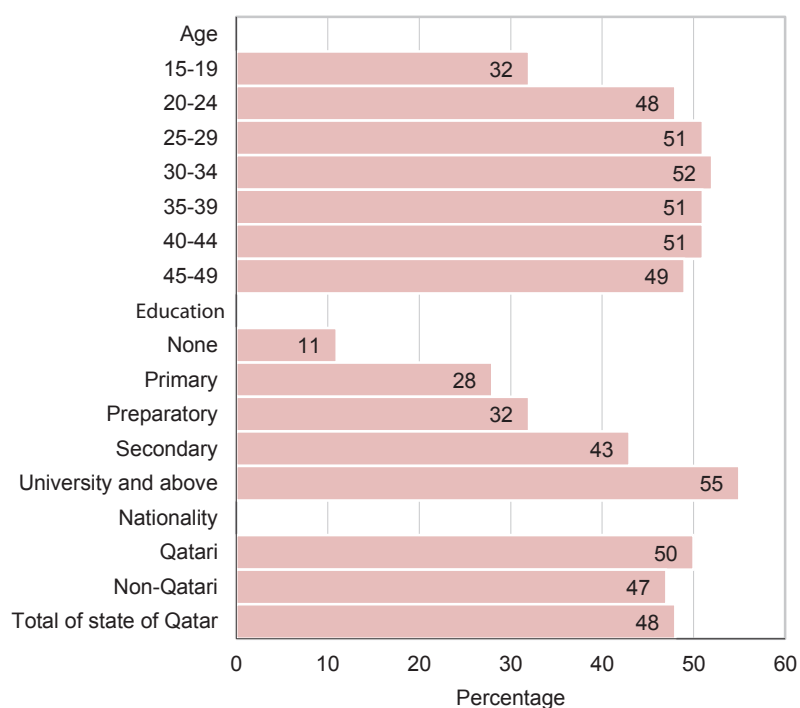


Table MT.1**Exposure to mass media among women**

Percentage of women age 15-49 years who are exposed to specific mass media on a weekly basis, Qatar, 2012

		Percentage of women age 15-49 who:			All three media at least once a week [1]	No media at least once a week	Number of women age 15-49 years
		Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week			
Nationality	Qatari	63.6	67.3	96.7	50.3	1.2	1907
	Non-Qatari	64.9	59.1	93.8	46.7	3.3	3792
Age	15-19	47.9	47.9	95.5	32.4	2.3	790
	20-24	64.5	63.0	94.9	47.6	3.0	811
	25-29	65.9	65.2	95.9	50.9	1.7	991
	30-34	69.7	64.6	94.1	52.2	2.8	972
	35-39	69.1	63.8	93.5	50.8	3.8	983
	40-44	67.3	65.0	95.4	50.9	1.6	688
	45-49	64.7	61.9	93.7	49.0	3.1	464
Education	None	14.5	40.2	87.8	11.5	9.4	158
	Primary	33.9	50.8	93.9	28.2	4.4	172
	Preparatory	46.0	51.6	91.9	31.9	2.8	300
	Secondary	59.3	58.0	95.9	43.3	2.0	1763
	University and above	72.9	66.4	94.8	54.6	2.5	3293
	Missing/DK	*	*	*	*	*	13
Total		64.5	61.9	94.8	47.9	2.6	5699

[1] MICS indicator MT.1

*Less than 25 unweighted cases

Table MT.1M

Exposure to mass media among men
 Percentage of men age 15-49 years who are exposed to specific mass media on a weekly basis,
 Qatar, 2012

		Percentage of men age 15-49 who:			All three media at least once a week [1]	No media at least once a week	Number of men age 15-49 years
		Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week			
Nationality	Qatari	79.5	87.9	97.8	74.8	0.6	1846
	Non-Qatari	78.5	74.9	96.3	64.7	1.3	3784
Age	15-19	60.3	65.8	96.4	52.0	2.3	833
	20-24	73.7	82.1	96.1	66.7	1.4	670
	25-29	81.6	82.3	96.1	70.3	1.4	803
	30-34	78.7	78.0	97.6	67.4	0.8	971
	35-39	85.6	78.7	96.9	69.0	0.4	849
	40-44	86.9	85.5	97.3	77.8	0.6	859
	45-49	85.4	83.2	96.6	73.8	0.6	644
Education	None	26.9	69.4	80.8	26.9	16.7	56
	Primary	51.4	75.0	97.6	46.4	1.1	134
	Preparatory	63.1	78.8	94.4	56.1	1.5	351
	Secondary	72.4	78.9	97.3	64.6	1.2	1794
	University and above	86.0	79.6	97.0	72.7	0.7	3292
	Missing/DK	*	*	*	*	*	2
Total		78.8	79.2	96.8	68.0	1.1	5630

[1] MICS indicator MT.1

*Less than 25 unweighted cases

Use of Information/Communication Technology

The questions on computer and internet use were asked only to 15-24 year old women and men. As seen from Table MT.2 and MT2M, 93 percent of 15-24 year old women have ever used a computer, (95 percent for Qatari and 92 for non-Qatari). The corresponding figure for men is 96 percent, where 98 percent of Qatari men had ever used a computer compared to 95 percent for non-Qatari.

Results indicated that 91 percent used a computer during the last year and 89 percent used at least once a week during the last month. The percentage of women who used a computer during the last year is higher for Qatari women than non-Qatari women (93 percent and 89 percent, respectively). Almost the same proportion of Qatari and non-Qatari men used a computer during the last year i.e. 97 percent for Qatari men and 94 percent for non-Qatari men. For men, there were no differences either by age or by educational status in the use of computers during the year preceding the survey. Men who have low levels of education use computers in a similar ratio to their counterparts who have higher levels of education. This was

true for men in general, and between Qatari and non-Qatari. This means that the level of education does not affect the use of computers among men in Qatar.

There were minor differences by age among both women and men for computer use during the year preceding the survey. However, education is seen to be strongly associated with computer use as only 65 percent of women with less than secondary education, used a computer in the year preceding the survey compared to 97 percent of women with university education

Similarly internet use is widespread in Qatar with 94 percent of young women aged between 15-24 years having previously used the internet, (96 percent and 92 percent for Qatari and non-Qatari women respectively). Men recorded a slightly higher percentage than women in internet use, where the proportion of who previously used the internet was 97 percent, with the proportion of Qatari men who used the internet was 98 percent compared to non-Qatari men at 95 percent.

Overall, 91 percent of all young women in Qatar used the internet during the year preceding the survey, while 88 percent of them used the internet at least once during the week prior to the survey.

The differences in internet use during the year preceding the survey by age group, among men or women were minor. As expected, for both women and men, internet usage is associated with education level where young people with secondary education used the internet less frequently than their counter parts with university education. . The differences were more pronounced for women than men. Similar patterns were noted for Qatari and non-Qatari populations.

Figure MT.2

Percentage of population age 15-24 years who used a computer within the last twelve months, Qatar 2012

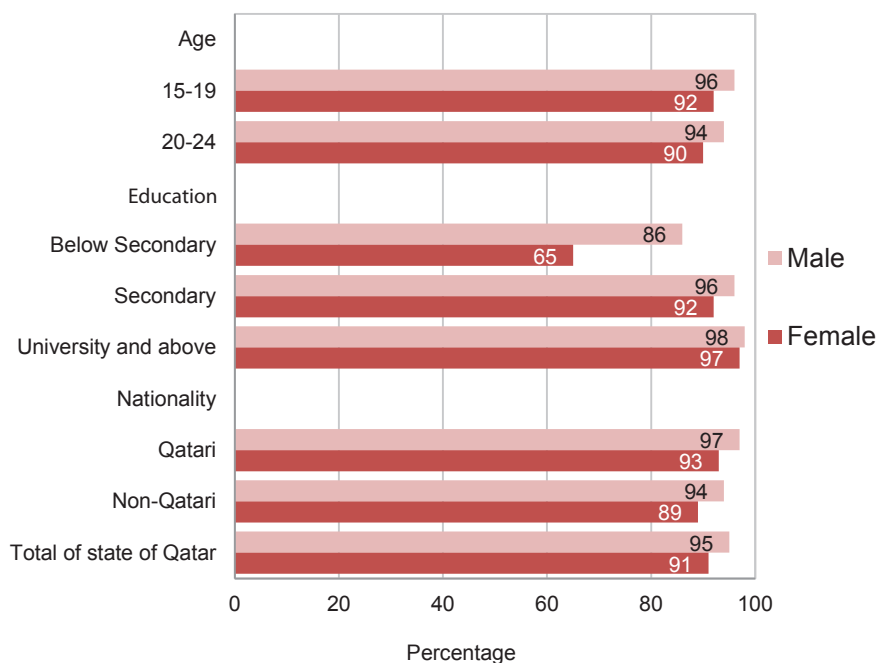


Figure MT.3

Percentage of population age 15-24 years who used internet within the last twelve months, Qatar 2012

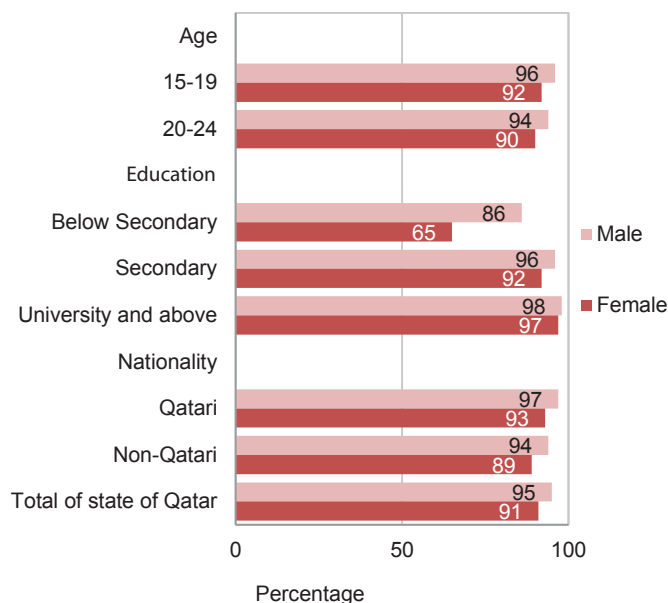


Table MT.2

Use of computers and internet among young women

Percentage of young women age 15-24 who have ever used a computer, percentage who have used a computer during the last 12 months, and frequency of use during the last one month, Qatar, 2012

		Percentage of women age 15-24 who have:			Percentage of women age 15-24 who have:			Number of women age 15-24 years
		Ever used a computer	Used a computer during the last 12 months [1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months [2]	Used the internet at least once a week during the last one month	
Nationality	Qatari	95.4	93.0	90.5	95.9	91.8	88.2	737
	Non-Qatari	91.6	89.3	87.4	92.5	89.5	87.2	864
Age	15 – 19	93.8	92.3	90.2	94.8	91.1	88.7	790
	20 - 24	92.9	89.8	87.4	93.3	90.1	86.7	811
Education	Below Secondary	67.3	65.0	62.6	66.6	62.8	58.9	165
	Secondary	95.2	91.7	88.8	96.3	91.5	88.6	802
	University and above	97.7	96.9	95.5	98.2	96.6	93.9	632
	Missing/DK	*	*	*	*	*	*	3
Total		93.3	91.0	88.8	94.0	90.6	87.7	1601

[1] MICS indicator MT.2

[2] MICS indicator MT.3

*Less than 25 unweighted cases

Table MT.2M**Use of computers and internet among young men**

Percentage of young men age 15-24 who have ever used a computer, percentage who have used a computer during the last 12 months, and frequency of use during the last one month, Qatar, 2012

		Percentage of men age 15-24 who have:			Percentage of men age 15-24 who have:			Number of men age 15-24 years
		Ever used a computer	Used a computer during the last 12 months [1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months [2]	Used the internet at least once a week during the last one month	
Nationality	Qatari	97.8	96.6	94.4	98.0	97.4	95.0	778
	Non-Qatari	94.5	93.6	90.9	95.0	94.5	92.3	725
Age	15-19	97.5	96.1	94.7	97.7	97.0	94.9	833
	20-24	94.7	94.0	90.2	95.2	94.7	92.1	670
Education	Below Secondary	87.2	86.0	77.6	88.1	87.9	79.9	173
	Secondary	97.0	95.7	93.7	97.3	96.5	94.5	892
	University and above	98.1	97.7	96.7	98.5	98.2	97.6	438
Total		96.2	95.2	92.7	96.6	96.0	93.7	1503

[1] MICS indicator MT.2

[2] MICS indicator MT.3

XII. Tobacco Use

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

Information was collected on tobacco use among women and men 15-49 years old. This information will help to understand:

- ever and current use of cigarettes and the age at which cigarette smoking first started
- ever and current use of smoked and smokeless tobacco products
- the intensity of use, of cigarettes, and smoked and smokeless tobacco products

Table TA.1 presents the current and ever use of tobacco products by women 15-49 years old, and table TA.1M presents the corresponding information for men of the same age group.

In Qatar, use of tobacco products is more common among men than among women. Twenty five percent of men and five percent of women reported to have ever used a tobacco product.

The findings show that use of tobacco products is higher among non-Qatari women, compared to Qatari women (2 percent among Qatari and 7 percent among non-Qatari). Similar pattern can be observed for men, where a higher proportion of non-Qatari men use tobacco products compared to Qatari men (22 percent among Qatari and 26 percent among non-Qatari).

Table TA.1

Current and ever use of tobacco among women
Percentage distribution of women age 15-49 years by pattern of use of tobacco, Qatar, 2012

		Never smoked cigarettes or used other tobacco products	Ever users				Used tobacco products on one or more days during the last one month				Number of women age 15-49 years
			Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product [1]	
Nationality	Qatari	97.1	0.7	0.6	0.8	2.1	0.1	0.1	0.3	0.5	1907
	Non-Qatari	92.9	3.6	1.7	1.5	6.7	2.0	0.5	0.8	3.2	3792
Age	15-19	97.1	0.7	0.2	1.2	2.1	0.0	0.0	0.3	0.3	790
	20-24	96.0	1.1	0.0	2.3	3.4	0.1	0.0	0.6	0.7	811
	25-29	95.3	1.8	1.3	1.3	4.4	1.0	0.1	0.7	1.8	991
	30-34	93.5	3.1	2.5	0.4	6.0	2.6	0.5	0.7	3.8	972
	35-39	92.1	4.4	1.5	1.5	7.4	2.1	0.6	1.1	3.8	983
	40-44	93.3	3.1	2.2	1.0	6.3	1.3	0.8	0.9	3.0	688
	45-49	92.3	4.3	1.5	1.2	7.0	2.6	0.2	0.1	2.9	464
Education	None	97.0	1.5	0.8	0.0	2.3	1.5	0.8	0.0	2.3	158
	Primary	93.6	1.1	0.0	1.7	2.8	0.0	0.0	0.0	0.0	172
	Preparatory	96.8	1.0	0.6	1.3	2.8	0.4	0.2	0.8	1.3	300
	Secondary	96.1	1.9	0.7	0.7	3.4	0.8	0.3	0.3	1.4	1763
	University and above	93.0	3.2	1.8	1.6	6.7	1.8	0.4	0.9	3.1	3293
	Missing/DK	*	*	*	*	*	*	*	*	*	*
Maternity status	Pregnant or Breastfeeding	96.3	0.8	1.5	0.9	3.1	0.0	0.0	0.5	0.5	313
	Neither	93.5	3.2	1.6	1.4	6.2	1.9	0.4	0.7	3.0	3442
Total		94.3	2.6	1.3	1.3	5.2	1.3	0.3	0.7	2.3	5699

[1] MICS indicator TA.1

*Less than 25 unweighted cases

Table TA.1M

Current and ever use of tobacco among men
 Percentage distribution of men age 15-49 years by pattern of use of tobacco, Qatar, 2012

		Never smoked cigarettes or used other tobacco products	Ever users				Used tobacco products on one or more days during the last one month				Number of men age 15-49 years
			Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product [1]	
Nationality	Qatari	77.5	15.8	3.7	2.1	21.7	13.4	1.7	1.5	16.5	1846
	Non-Qatari	73.0	17.5	5.3	3.2	26.0	14.0	1.8	1.7	17.4	3784
Age	15-19	91.7	4.6	0.7	2.8	8.1	2.1	0.4	0.5	3.0	833
	20-24	82.9	10.6	2.6	2.9	16.1	8.7	.5	2.1	11.3	670
	25-29	69.7	19.8	6.0	3.8	29.6	17.8	1.7	2.3	21.9	803
	30-34	69.5	20.0	6.4	3.0	29.4	18.2	2.8	1.5	22.5	971
	35-39	69.8	20.0	5.9	2.8	28.7	17.1	2.3	1.7	21.1	849
	40-44	68.8	21.6	6.1	2.6	30.4	18.0	2.1	1.9	22.0	859
	45-49	70.8	21.0	5.1	2.1	28.2	12.4	1.7	1.2	15.4	644
Education	None	74.7	13.9	4.2	6.0	24.1	12.3	0.9	5.0	18.2	56
	Primary	59.5	29.3	5.5	4.2	39.0	28.6	1.1	2.5	32.3	134
	Preparatory	70.4	21.0	5.2	2.6	28.8	17.5	1.9	1.9	21.3	351
	Secondary	77.9	14.7	3.7	2.9	21.3	12.3	2.0	1.6	15.9	1794
	University and above	73.7	17.3	5.3	2.7	25.4	13.6	1.6	1.5	16.7	3292
	Missing/DK	*	*	*	*	*	*	*	*	*	*
Total		74.5	17.0	4.8	2.9	24.6	13.8	1.7	1.6	17.1	5630

[1] MICS indicator TA.1

*Less than 25 unweighted cases

Around three percent of women in general used cigarettes, one percent of them used cigarettes and other tobacco products and one percent of them used other tobacco products. Ninety four percent of women did not use any of tobacco products.

Use of cigarettes is the most common among all tobacco products, for both among women and men. Seventeen percent of men and three percent of women smoked cigarettes. The same pattern of tobacco use is seen among Qatari and non-Qatari households, where the percentage of cigarettes smoking among non-Qatari women was four percent, compared with a negligible percentage among Qatari women who smoked cigarettes or other tobacco products; although two percent non-Qatari women used other tobacco products, Similarly, use of cigarettes among non-Qatari and non-Qatari men was 17 percent and 16 percent respectively.

As expected, the current use of tobacco products (within one day or more during the month preceding the survey) was lower than ever users, both among men or women. Currently about two percent of women use any of tobacco products one percent of them use cigarettes only, and one percent use other tobacco products. No women smoked both cigarettes and used other tobacco products. As for men, about 17 percent of the men in Qatar currently use any of

tobacco products, 14 percent of them smoke cigarettes, compared to a very lower percentage for use of other tobacco products i.e. two percent.

It is noted that the current use of tobacco products increases with age: a lower percentage of women use any of tobacco products in the age group (15-19) years, while current use is four percent among women aged (35-39) years, and 21 percent for men in the same age group. Similar aged differentiated patterns emerge for all Qatari and non-Qatari men and women.

Educational level is seen to have little affect the use of any tobacco product. Women with no education who previously used any of tobacco products was two percent, and is slightly lower than women who attained university education or higher (3 percent). As for men, it was noticed that the proportion of men who previously smoked any tobacco product was higher among men with higher education.

The pattern of use of tobacco by educational level did not differ between Qatari and non-Qatari women. Women who obtained university education or higher were the highest group that used tobacco, with percentage of 7 percent against 3 percent of women without education.

It was noticed that a very small percentage of pregnant women or breastfeeding women (not pregnant), (0.5 percent) currently use tobacco products compared with 3 percent who are currently not breastfeeding and are not pregnant.

Table TA.2M shows percentage of men aged 15-49 years in Qatar, who smoked a full cigarette before the age of 15 and frequency of use in the last 24 hours. The proportion of non-Qatari men who smoked a full cigarette before the age of 15 was three percent, which is slightly higher than their Qatari counterparts, (2 percent). Percentage of men who smoked a full cigarette before the age of 15 was the highest among men in the age group (25-29) years.

It was noted that the level of education showed some correlation with smoking before the age of 15, with men with preparatory education in general are most likely to smoke a full cigarette before the age of 15, compared to their counterparts with university education or higher. This percentage was five percent for men who obtained preparatory education only, and declined to two percent for men who obtained university education or higher. This pattern was not different between Qatari and non-Qatari men.

Consumption of more than 20 cigarettes a day is highly correlated with age, with the highest percentage observed among the older age groups; the highest percentage seen for the age group (40-44) years, where half of the smokers in this age group consumed 20 or more cigarettes per day.

Table TA.2

Age at first use of cigarettes and frequency of use among women
 Percentage of women age 15-49 years who smoked a whole cigarette before age 15,
 and percentage distribution of current smokers by the number of cigarettes smoked in the last 24 hours,
 Qatar, 2012

		Percentage of women who smoked a whole cigarette before age 15 [1]	Number of women age 15-49 years	Number of cigarettes in the last 24 hours					Total	Number of women age 15-49 years who are current cigarette smokers
				Less than 5	5-9	10-19	20+	don't know/Missing		
Nationality	Qatari	0.1	1907	*	*	*	*	*	100.0	4
	Non-Qatari	0.4	3792	18.3	22.9	35.1	12.9	10.3	100.0	94
Total		0.3	5699	19.7	23.1	34.9	12.4	9.9	100.0	98

[1] MICS indicator TA.2

Table TA.2M

Age at first use of cigarettes and frequency of use among men
 Percentage of men age 15-49 years who smoked a whole cigarette before age 15,
 and percentage distribution of current smokers by the number of cigarettes smoked in the last 24 hours,
 Qatar, 2012

		Percentage of men who smoked a whole cigarette before age 15 [1]	Number of men age 15-49 years	Number of cigarettes in the last 24 hours					Total	Number of men age 15-49 years who are current cigarette smokers
				Less than 5	5-9	10-19	20+	DK Missing		
Nationality	Qatari	2.3	1846	4.9	12.3	43.1	33.7	5.9	100.0	283
	Non-Qatari	2.9	3784	8.3	13.0	28.8	38.4	11.4	100.0	602
Age	15-24	(2.0)	(833)	(16.6)	(8.2)	(41.7)	(15.8)	(17.7)	(100.0)	25
	25-29	2.0	670	6.6	17.6	45.3	21.2	9.2	100.0	62
	30-34	4.1	803	5.0	13.9	39.1	33.7	8.3	100.0	160
	35-39	3.5	971	6.7	16.1	24.4	38.7	14.1	100.0	208
	40-44	2.2	849	7.8	12.0	35.8	33.4	10.9	100.0	165
	45-49	3.3	859	8.3	6.8	30.5	49.0	5.4	100.0	175
Education	None	1.3	644	6.8	14.4	35.0	38.0	5.8	100.0	91
	Primary	*	*	*	*	*	*	*	100.0	7
	Preparatory	3.0	134	3.1	12.9	33.9	48.9	1.1	100.0	40
	Secondary	5.0	351	9.5	13.5	38.5	33.5	5.0	100.0	69
	University and above	2.7	1794	4.4	13.7	32.9	38.6	10.4	100.0	262
	Missing/DK	2.4	3292	8.7	12.4	33.0	35.9	10.0	100.0	507
Total		2.7	5630	7.2	12.8	33.4	36.9	9.6	100.0	886

[1] MICS indicator TA.2

*Less than 25 unweighted cases

() Between 25-49 unweighted cases

XIII. Subjective Well Being

It is well known that personal perceptions of persons about their incomes, health, living environment and others, play a significant role in their life, and can impact their perception of well-being, irrespective of objective conditions, such as, actual income, and physical health status. In 2012 Qatar MICS, a set of questions, were asked to men and women aged 15-49, to understand how satisfied they were in different aspects of their life, such as, family, friendships, school, current job health, where they live, how they are treated by others, how they look, and their current income.

Life satisfaction is a measure of an individual's perceived level of well-being. Understanding satisfaction of men and women, in different aspects of their lives can help gain a comprehensive picture of people's life situations. A distinction can also be made between life satisfaction and happiness. Happiness is a fleeting emotion that can be affected by numerous factors, including day-to-day factors such as the weather, or a recent death in the family. It is possible for a person to be satisfied with her/his job, income, family life, friends, and other aspects of her/his life, but still be unhappy. In addition to a set of questions on life satisfaction the Qatar MICS also asked questions about happiness, and the respondents' perceptions of a better life.

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

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

- **Life satisfaction:** the proportion of women and men age 15-49 years who are very or somewhat satisfied in selected aspects of life, include their family life, friendships, school, current job, health, where they live, , how they are treated by others, how they look.,
- **Happiness:** the proportion of women and men age 15-49 years who are very or somewhat happy.
- **Perception of a better life:** the proportion of women and men age 15-49 years whose life improved during the last one year, and who expect that their lives will be better after one year.

Table SW.1 and SW.1M shows proportion of men and women age 15-49 years who are very or somewhat satisfied in selected domains. Over 90 percent of women expressed themselves as satisfied in all domains, the highest being in the domain of family life and health, especially women age (15-24) years. The results for the domains of school and where they live scored slightly less. Current job was rated highest among men 95 percent, whereas just over half of the men were very happy or somewhat happy with their health status. There were insignificant differences in the results for the different domains for Qatari households, compared to non-Qatari households.

Figure SW.1

Population age 15-49 years who feel very satisfied or somehow satisfied in selected aspects of life, Qatar 2012

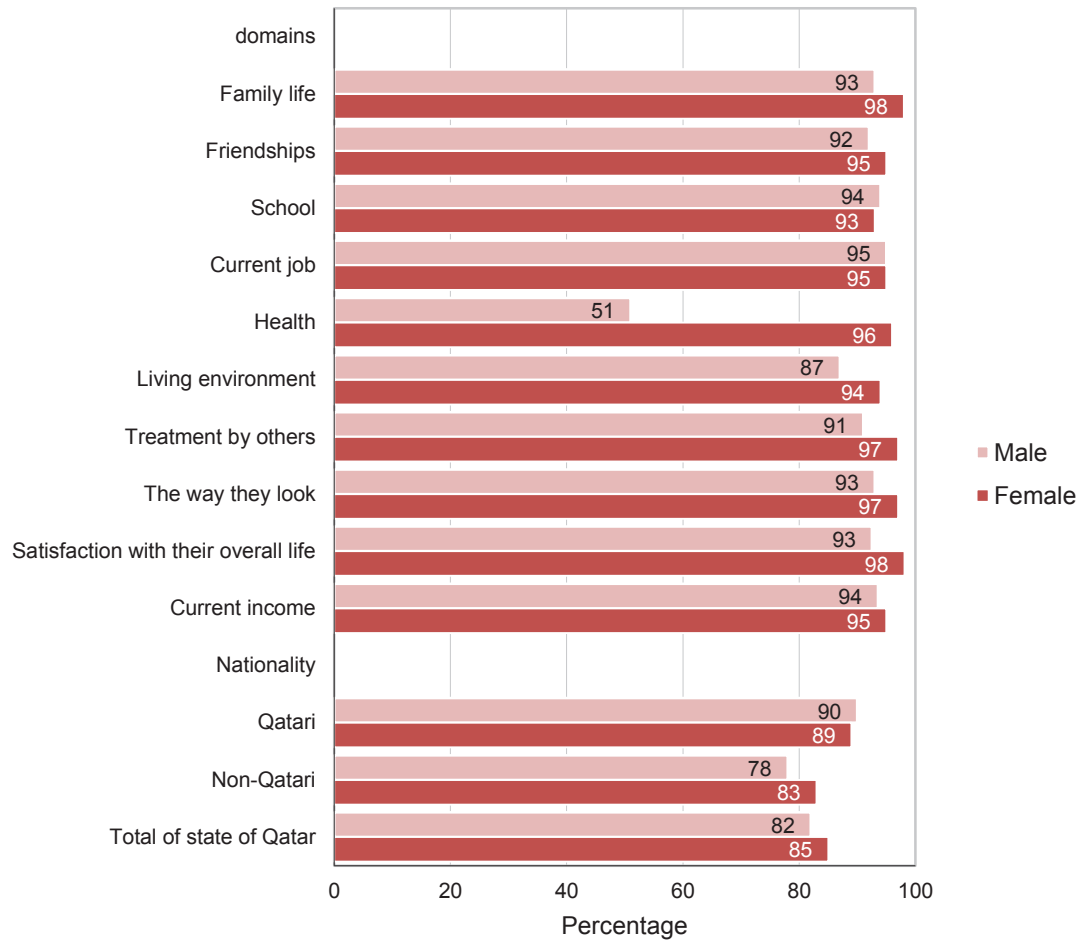


Table SW.1

Domains of life satisfaction among women

Percentage of women age 15-49 years who are very or somewhat satisfied in selected domains, Qatar, 2012

	Percentage of women age 15-49 who are very or somewhat satisfied with selected domains:										Percentage of women age 15-49 who:			Number of women age 15-49 years
	Family life	Friendships	School	Current job	Health	Living environment	Treatment by others	The way they look	Satisfaction with their overall life	Current income	Are not currently attending school	Do not have any job	Do not have any income	
Nationality	Qatari	97.7	96.8	92.3	97.1	97.7	96.3	98.0	98.5	98.2	97.5	66.3	66.4	1907
	Non-Qatari	97.8	94.6	93.9	94.8	95.9	93.2	95.9	96.9	97.9	93.7	60.7	61.7	3792
Age	15-19	96.9	96.4	91.6	87.7	97.5	94.6	96.7	96.7	97.4	92.4	20.4	92.8	790
	20-24	98.2	95.8	92.2	94.6	98.5	94.5	97.4	98.6	98.1	93.5	72.8	70.9	811
	25-29	97.7	95.7	97.3	96.5	95.6	93.9	95.7	97.8	98.0	95.6	51.8	54.1	991
	30-34	97.9	95.1	100.0	96.1	96.7	94.1	96.0	97.8	98.1	95.7	53.9	54.5	972
	35-39	98.1	95.2	93.5	96.4	95.8	95.2	97.1	96.6	98.3	94.0	52.6	52.0	983
	40-44	97.3	94.7	96.1	93.6	96.2	94.3	97.5	97.3	98.8	95.9	56.2	57.3	688
	45-49	97.9	93.1	100.0	95.8	94.7	91.9	95.7	97.4	97.2	93.8	68.0	66.2	464
Marital status	Ever married	98.0	95.0	96.5	95.6	96.1	94.1	96.9	97.5	98.4	95.0	59.4	59.8	3845
	Never married	97.3	95.9	92.0	95.2	97.3	94.5	95.9	97.5	97.3	94.6	69.3	70.4	1853
	Missing	*	*	*	*	*	*	*	*	*	*	*	*	1
Education	None	95.6	96.0	100.0	100.0	97.7	93.6	95.0	98.2	96.1	94.4	91.2	89.0	158
	Primary	95.8	97.2	100.0	83.1	90.8	92.7	97.0	94.8	97.4	86.0	84.3	86.7	172
	Preparatory	96.9	94.5	90.8	98.5	95.8	95.5	97.1	99.0	97.2	90.6	87.9	89.4	300
	Secondary	97.2	94.6	91.8	94.2	97.0	93.5	97.0	97.7	98.3	92.9	76.0	76.7	1763
	University and above	98.3	95.6	95.0	95.9	96.5	94.6	96.3	97.3	98.1	95.6	50.5	51.2	3293
	Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	13
Total		97.7	95.3	93.2	95.5	96.5	94.2	96.6	97.5	98.0	94.9	62.6	63.3	5699

*Less than 25 unweighted cases

Table SW.1M

Domains of life satisfaction among men

Percentage of men age 15-49 years who are very or somewhat satisfied in selected domains, Qatar, 2012

	Percentage of men age 15-49 who are very or somewhat satisfied with selected domains:										Percentage of men age 15-49 who:				Number of men age 15-49 years
	Family life	Friendships	School	Current job	Health	Living environment	Treatment by others	The way they look	Satisfaction with their overall life	Current income	Are not currently attending school	Do not have a job	Do not have any income		
Nationality	Qatari	91.8	91.2	94.4	97.7	53.5	90.2	91.8	92.5	92.2	97.2	68.8	25.9	28.0	1846
	Non-Qatari	93.4	92.4	93.5	94.3	49.7	86.2	90.6	93.1	92.7	92.1	79.9	17.3	18.2	3784
Marital status	Ever married	91.2	90.1	92.9	94.0	9.7	88.0	90.6	92.0	92.0	94.3	16.4	80.0	80.9	833
	Never married	92.2	90.3	97.0	94.1	37.8	88.6	90.9	93.3	92.6	92.3	64.2	42.0	42.7	670
Age	Missing	91.8	92.7	94.4	95.5	57.8	88.7	91.2	93.0	93.5	94.6	85.6	11.2	13.8	803
	15-19	93.0	90.6	96.2	95.1	58.1	83.2	90.2	92.5	90.5	93.6	90.3	3.3	5.1	971
	20-24	94.9	94.7	97.0	95.6	61.7	89.3	91.7	94.6	93.6	94.0	91.9	3.2	4.3	849
	25-29	92.8	92.2	79.6	95.7	66.2	88.3	91.5	93.7	94.1	92.0	92.8	1.8	3.0	859
	30-34	93.7	93.6	100.0	95.4	64.1	86.9	90.9	90.9	91.4	94.5	90.5	3.0	3.6	644
	35-39	94.2	93.3	94.2	95.8	64.0	87.7	91.5	93.4	93.3	93.5	91.4	2.1	3.7	3377
	40-44	90.9	90.1	93.8	94.0	31.3	87.2	90.3	92.3	91.5	93.7	53.6	47.1	48.1	2249
	45-49	*	*	*	*	*	*	*	*	*	*	*	*	*	4
Education	None	72.2	80.4	53.7	85.9	41.4	69.3	75.9	86.3	83.7	90.8	85.2	18.2	17.2	56
	Primary	79.4	86.8	100.0	84.7	52.6	74.4	84.1	88.3	83.7	84.1	93.4	4.8	6.1	134
	Preparatory	93.1	92.9	94.8	91.3	44.9	87.9	92.4	94.9	93.2	90.1	65.7	30.0	31.9	351
	Secondary	92.4	91.7	92.0	95.7	41.7	88.7	91.6	92.9	93.1	92.9	62.7	34.8	35.8	1794
	University and above	94.0	92.5	96.9	96.1	56.7	87.6	91.1	93.0	92.7	94.6	83.9	11.7	13.2	3292
	Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	*	2
Total		92.8	92.0	93.9	95.3	50.9	87.5	91.0	92.9	92.5	93.6	76.2	20.1	21.4	5630

*Less than 25 unweighted cases

Tables SW.2 and SW2M present the proportions of women and men with life satisfaction. “Life satisfaction” is defined as the proportion of individuals who are “very satisfied” or “somewhat satisfied”, with their family life, friendships, school, current job, health, where they live, how they are treated by others and how they look. In Qatar overall, 85 percent of women were satisfied with life a higher percentage than men (82 percent). This was more pronounced in the case for non-Qatari households, where proportion for women was 83 percent and 78 percent for men. However, in the case of Qatari households, the difference was negligible between men and women. (90 percent men satisfied with life compared to 89 percent for women. Table SW.2 also presents the differences between Qatari and non-Qatari by background characteristics indicating that marital status and education level have an impact on the perception of life satisfaction.

The average life satisfaction score is the arithmetic mean of responses to questions included in the calculation of life satisfaction. Lower scores indicate higher satisfaction levels. As Table SW.2 indicates, this score was 1.3 among women, and does not differ with educational status, marital status and age, except for older age group (45-49) years, where it was 1.4. Comparing with men, results indicate that level of satisfaction for men in Qatar, was somewhat less than that for women, where the score was 1.4. There were no differences in with regard to marital status. The life satisfaction score was lowest among those with lower levels of educational attainment (1.8), and was seen to improve with increasing of educational level.

Proportion of women who are satisfied with life, and at the same time are very satisfied with their income was (79 percent), which is slightly less, or equal to, with that for men (79 percent) in Qatar. This proportion declines, in general, for those at lower educational levels, (71percent), and increases to a maximum among women with university education or above (80 percent). Similar patterns were noted for men being the lowest among men with no education (57 percent), and reaching a high of 82 percent for men with secondary education), and 79 percent among those who have university education and above.

Figure SW.2

Proportion of population who feel very satisfied or somehow satisfied, Qatar 2012

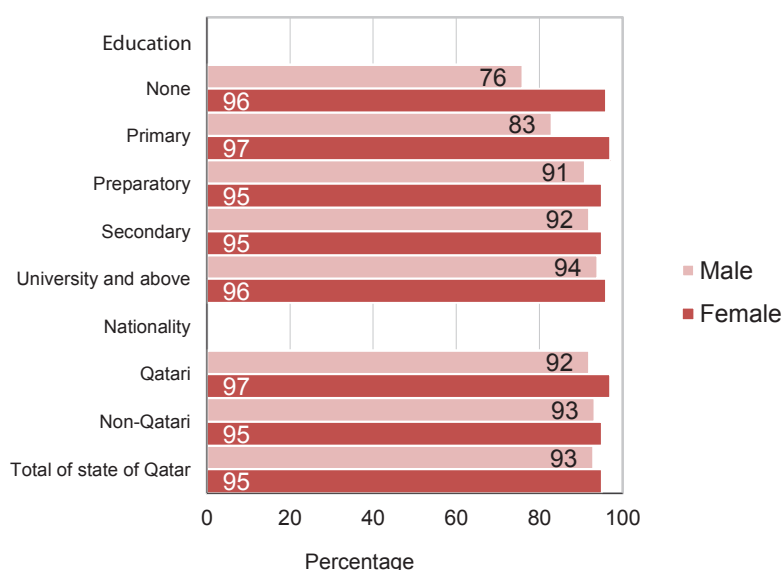


Table SW.2

Life satisfaction and happiness among women

Percentage of women age 15-49 years who are very or somewhat satisfied with their family life, friendships, school, current job, health, living environment, treatment by others, and the way they look, the average life satisfaction score, percentage of women with life satisfaction who are also very or somewhat satisfied with their income, and percentage of women age 15-49 years who are very or somewhat happy, Qatar, 2012

		Percentage of women with life satisfaction	Average life satisfaction score	Missing / Cannot be calculated	Women with life satisfaction who are very or somewhat satisfied with their income	No income / Cannot be calculated	Percentage who are very or somewhat happy	Number of women age 15-49 years
Nationality	Qatari	88.8	1.2	0.3	85.3	66.5	96.8	1907
	Non-Qatari	83.2	1.4	0.1	76.4	61.8	94.6	3792
Marital status	Ever married	85.1	1.3	0.1	78.7	59.9	95.0	3845
	Never married	85.2	1.3	0.4	80.6	70.7	95.9	1853
	Missing	*	*	*	*	*	*	1
Age	15-19	85.2	1.3	0.8	84.2	94.6	96.4	790
	20-24	85.9	1.3	0.0	79.4	71.9	95.8	811
	25-29	85.3	1.3	0.1	82.3	54.1	95.7	991
	30-34	84.8	1.3	0.2	77.2	54.7	95.1	972
	35-39	85.3	1.3	0.1	81.0	52.1	95.2	983
	40-44	85.1	1.3	0.0	77.0	57.3	94.7	688
	45-49	83.2	1.4	0.1	72.3	66.3	93.1	464
Education	None	86.7	1.3	0.6	71.2	89.0	96.0	158
	Primary	84.0	1.3	1.4	73.2	87.0	97.2	172
	Preparatory	87.5	1.3	0.3	69.4	89.7	94.5	300
	Secondary	84.2	1.3	0.2	77.4	77.0	94.6	1763
	University and above	85.3	1.3	0.1	80.0	51.3	95.6	3293
	Missing/DK	*	*	*	*	*	*	13
Total		85.1	1.3	0.2	79.2	63.4	95.3	5699

*Less than 25 unweighted cases

Table SW.2M**Life satisfaction and happiness among men**

Percentage of men age 15-49 years who are very or somewhat satisfied with their family life, friendships, school, current job, health, living environment, treatment by others, and the way they look, the average life satisfaction score, percentage of men with life satisfaction who are also very or somewhat satisfied with their income, and percentage of men age 15-49 years who are very or somewhat happy, Qatar, 2012

		Percentage of men with life satisfaction	Average life satisfaction score	Missing / Cannot be calculated	Men with life satisfaction who are very or somewhat satisfied with their income	No income / Cannot be calculated	Percentage who are very or somewhat happy	Number of men age 15-49 years
Nationality	Qatari	90.4	1.3	6.3	89.2	34.3	92.0	1846
	Non-Qatari	78.3	1.5	3.0	74.8	21.2	93.3	3784
Marital status	Ever married	82.0	1.4	3.2	79.1	6.9	94.2	3377
	Never married	82.5	1.4	5.3	78.3	53.4	91.0	2249
	Missing	*	*	*	*	*	*	4
Age	15-19	85.0	1.4	6.2	81.7	87.1	90.8	833
	20-24	83.8	1.4	5.2	81.0	47.8	92.9	670
	25-29	85.3	1.4	4.4	82.4	18.2	91.5	803
	30-34	78.9	1.5	4.5	76.4	9.6	92.2	971
	35-39	81.1	1.5	2.1	78.3	6.4	93.7	849
	40-44	80.9	1.4	2.6	78.1	5.6	95.0	859
	45-49	81.3	1.4	3.8	79.2	7.5	94.2	644
Education	None	52.9	1.8	6.8	56.9	23.4	76.4	56
	Primary	70.1	1.7	5.0	70.6	11.1	83.3	134
	Preparatory	82.1	1.4	3.6	76.3	35.5	91.3	351
	Secondary	84.7	1.4	4.8	81.7	40.6	92.1	1794
	University and above	81.8	1.4	3.7	78.8	16.8	94.2	3292
	Missing/DK	*	*	*	*	*	*	2
Total		82.2	1.4	4.1	78.9	25.5	92.9	5630

*Less than 25 unweighted cases

Tables SW.3 and table SW.3M show perceptions' of men and women of a better life. Results indicate that 77 percent of women in Qatar think that their life has improved in the last year, 93 percent think that their life will improve after one year, and 75 percent think that their life improved in the last year and expect that it will improve after one year. The corresponding results for men in Qatar were 70 percent, 87 percent and 68 percent respectively.

More men and women in Qatari households indicated perceptions of a better life compared to non-Qatari households. The proportion in Qatari households was 81 percent, 96 percent and 80 percent for women respectively, and 77 percent, 89 percent and 76 percent for men respectively. In non-Qatari households, 75 percent of women think that their life has improved last year, 92 percent believe that their life will improved after one year and 73 percent expect that it will improve after one year. Corresponding results for non-Qatari men are 67 percent, 86 percent and 64percent respectively.

No significant differences were noted by background characteristics with the exception of education. Perceptions of a better life were seen to be associated with education

Figure SW.3

Proportion of population age 15-49 years who expect their life will improve after one year, Qatar 2012

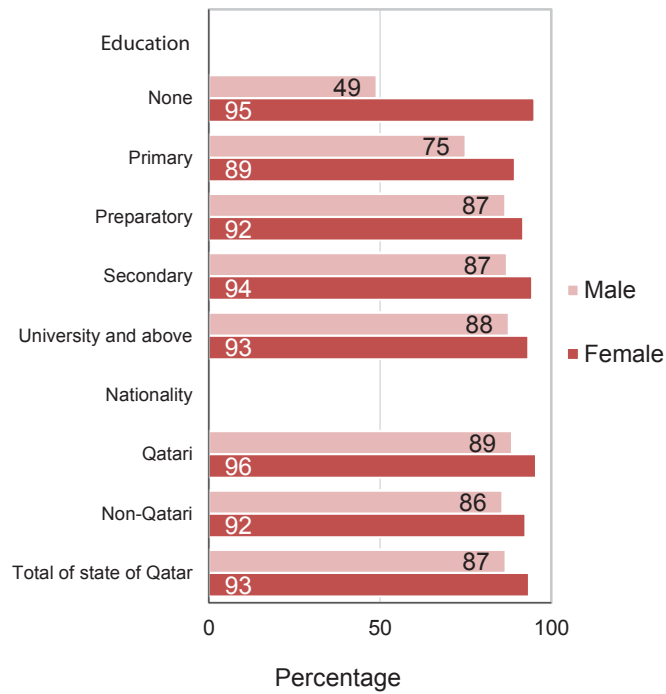


Table SW.3**Perception of a better life among women**

Percentage of women age 15-49 years who think that their lives improved during the last one year and those who expect that their lives will get better after one year, Qatar, 2012

		Percentage of women who think that their life			Number of women age 15-49 years
		Improved during the last one year	Will get better after one year	Both	
Nationality	Qatari	81.2	95.5	80.0	1907
	Non-Qatari	75.1	92.4	73.1	3792
Marital status	Ever married	77.4	93.1	75.5	3845
	Never married	76.6	94.3	75.4	1853
	Missing	*	*	*	1
Age	15-19	78.3	94.6	76.7	790
	20-24	79.4	95.0	78.2	811
	25-29	77.4	93.8	75.9	991
	30-34	78.1	92.9	76.3	972
	35-39	75.9	92.9	73.1	983
	40-44	76.6	92.1	75.3	688
	45-49	72.3	92.9	70.9	464
Education	None	74.8	95.0	74.6	158
	Primary	75.2	89.4	72.0	172
	Preparatory	80.3	91.8	77.6	300
	Secondary	77.6	94.4	76.1	1763
	University and above	76.8	93.3	75.1	3293
	Missing/DK	*	*	*	13
Total		77.1	93.5	75.4	5699

*Less than 25 unweighted cases

Table SW.3M**Perception of a better life among men**

Percentage of men age 15-49 years who think that their lives improved during the last one year and those who expect that their lives will get better after one year, Qatar, 2012

		Percentage of men who think that their life			Number of men age 15-49 years
		Improved during the last one year	Will get better after one year	Both	
Nationality	Qatari	77.0	88.6	75.6	1846
	Non-Qatari	66.9	85.8	64.0	3784
Marital status	Ever married	71.3	87.1	68.3	3377
	Never married	68.6	86.1	67.2	2249
	Missing	*	*	*	4
Age	15-19	68.7	87.3	67.8	833
	20-24	72.8	87.7	71.0	670
	25-29	69.3	87.4	67.5	803
	30-34	69.4	84.0	66.8	971
	35-39	70.2	87.2	65.8	849
	40-44	71.2	88.2	68.2	859
	45-49	70.7	85.1	68.5	644
Education	None	50.5	49.1	40.2	56
	Primary	62.0	75.0	61.7	134
	Preparatory	73.6	86.6	71.2	351
	Secondary	72.0	87.0	69.3	1794
	University and above	69.6	87.6	67.4	3292
	Missing/DK	*	*	*	2
Total		70.2	86.7	67.8	5630

*Less than 25 unweighted cases

Appendix A. Sample Design

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

The primary objective of the sample design for the Qatar Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level.

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 Qatar MICS was calculated as 4576 households. For the calculation of the sample size, the key indicator used was the ["gross enrolment ratio in pre-primary level"]. The following formula was used to estimate the required sample size for this indicator:

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

where

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 percent level of confidence
- r is the predicted or anticipated value of the indicator, expressed in the form of a proportion 1.2 . This is based on the expected response rate of 80% stated later
 - is the factor necessary to raise the sample size by 20 per cent for the expected non-response
- f is the shortened symbol for deff (design effect)
- $0.12r$ is the margin of error to be tolerated at the 95 percent level of confidence, defined as 12 per cent of r (relative margin of error of r)
- p is the proportion of the total population upon which the indicator, r , is based
- \bar{n} is the average household size (number of persons per household).

For the calculation, r ("gross enrolment ratio in pre-primary level") was assumed to be 32 percent. The value of deff (design effect) was taken as 1.5 based on estimates from previous

surveys, \bar{n} (average household size) was taken as 5.31 households, and the response rate is assumed to be 80 percent.

The sample size is calculated using the formula proposed in the manual for MICS4. The target population is taken as children of age 3-5 years which is about 8.7% of the total population. The indicator selected for the calculation of sample size is gross enrolment ratio in pre-primary level. The prevalence rate for the indicator according to the recent census figures is around 32% (it is calculated for Qatari population and it is assumed that the non-Qatari population in these ages will have the same prevalence). The DEFF is taken as 1.5, the non-response factor is 1.2 (20% non-response), the confidence level used is 95%, and the average household size is 5.31. Using all these parameters in the proposed formula, the sample size turns out to be 2300.

Originally 100 sample Qatari enumeration areas (EAs) and 100 sample non-Qatari EAs were selected at the first sampling stage covering all municipalities, and it was planned to select 23 households in each sample EA at the second stage. However, three Qatari sample EAs were not visited for cultural reasons. These EAs had previously been selected for more than one recent survey, and would thus place a heavy burden on these households. In addition, two non-Qatari EAs were not visited, as these had since been demolished. Therefore the final sample included 97 clusters for Qatari households and 98 clusters for non-Qatari households, for a total of 195 sample clusters. Given that three Qatari sample clusters and two non-Qatari sample clusters could not be enumerated, the second stage sampling procedures were adjusted to select 25 households in the Qatari sample EAs and 24 households in the non-Qatari sample EAs. The number of households selected per sample EA takes into account several considerations, including the design effect, available budget, and the need to complete the work of each cluster.

Table SD.1

Allocation of Sample Clusters (Primary Sampling Units)

	Final sample of PSUs		Qataris and Non-Qataris frame			
	Non Qataris	Qataris	Non Qatari frame		Qatari frame	
	PSUs	PSUs	HHs	PSUs	HHs	PSUs
Total	98	97	110379	1578	36168	603

Sampling Frame and Selection of Clusters

The 2010 Qatar census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the Sampling frame was stratified by nationality (Qatari and Non-Qatari) by using systematic pps (probability proportional to size) sampling procedures. The first stage of sampling was thus completed by selecting the required number of enumeration areas in each stratum.

Two separate area frames were constructed; 1) Qatari Households and 2) Non-Qatari Households. The Qatari frame consists of PSUs that will have only Qatari households and the same is true for the non-Qatari frame. This implies that in Qatari PSU, there is no chance of selection of a non-Qatari household and vice versa but all the households will have a chance of being selected in the sample in their respective PSUs.

Listing Activities

Since the sampling frame (the 2010 Population Census) was not up-to-date, a new listing of households was conducted in all the sample enumeration areas prior to the selection of households. For this purpose, listing teams were formed, who visited each enumeration area, and listed the occupied households.

Selection of Households

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at the MDP&S, where the selection of 25 households in each enumeration area for the Qatari stratum and 24 households for the non-Qatari stratum was carried out using random systematic selection procedures.

Calculation of Sample Weights

The Qatar MICS4 sample is not a self-weighted sample, and therefore it was necessary to calculate sample weights, which were used in the analysis of survey results.

The design weight associated with any sampling unit was calculated as the inverse of the probability of selecting that unit in the sample. For example, the probability of selecting a Qatari household is the outcome of multiplying two probabilities: the probability of selecting the cluster where the household is living, and the probability of selecting the household within the cluster. Accordingly, the design weight for a sample Qatari and Non-Qatari household is:

$$W_i = 1/p_i$$

Where p_i is probability of selecting the household, represented by the following formula:

$$p_i = \text{Prob}(\text{PSU}_i) \binom{m_i}{M_i}$$

Where

M_i = total number of Qatari households in PSU_i according to the updated list

m_i = number of Qatari households in PSU_i

The probability of selecting PSU_i equals 1 if PSU_i was self-weighting (that is, selected with a probability of 1), or otherwise is defined by the formula:

$$\text{Prob}(\text{PSU}_i) = nM_i/M$$

Where

n = number of the non-self-weighting PSU's

M_i = total number of Qatari households in PSU_i (according to Qatari zones frame)

M = total number of Qatari households in all PSU's (according to a Qatari zone frame)

Since the estimated number of households in each enumeration area (PSU) in the sampling frame used for the first stage selection and the updated number of households in the enumeration area from the listing were different, individual sampling fractions for households in

each sample enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) included the first stage probability of selection of the enumeration area in that particular sampling stratum and the second stage probability of selection of a household within the sample enumeration area (cluster).

The next component of calculating the sample weights adjusts the weights for non-response, both for households and individuals. In the case of the household weight, the non-response adjustment factor for Qatari households would be equal to the inverse value of the household response rate α_i , defined as follows

α_i = number of households with completed interviews within the sample level (i) / number of populated households listed in level list (i)

In the case of the women and child (under-5's) weights, another adjustment factor takes into account the level of non-response for the individual interviews. This non-response adjustment factor is equal to the inverse value of:

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

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

After the completion of fieldwork, the response rates for households, women and under-5's were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. The response rates for the Qatar Multiple Indicator Cluster Survey are shown in Table HH.1 of this report.

The design weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by dividing the aforementioned design weights by the average design weight at the national level. The average design weight is calculated as the sum of the design weights divided by the unweighted total. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) weights varied between [0.20] and [8.64] in the 195 sample enumeration areas (clusters).

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

Appendix B. Estimates of Sampling Errors

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

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

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

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

Sampling errors are calculated for indicators of primary interest for the national level. Two of the selected indicators are based on household members, 13 are based on women, 6 are based on children under 5, and 6 are based on men. 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.15] show the calculated sampling errors for selected domains.

Table SE.1

| Indicators selected for sampling error calculations

MICS4 Indicator		Base Population
HOUSEHOLD MEMBERS		
7.5	Secondary school net attendance ratio (adjusted)	Children of secondary school age
8.5	Violent discipline	Children age 2-14 years
WOMEN		
-	Pregnant women	Women age 15-49 years
5.3	Contraceptive prevalence	Women age 15-49 years who are currently married
5.4	Unmet need	Women age 15-49 years who are currently married
5.5a	Antenatal care coverage - at least once by skilled personnel	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.5b	Antenatal care coverage – at least four times by any provider	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.7	Skilled attendant at delivery	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.8	Institutional deliveries	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.9	Caesarean section	Women age 15-49 years with a live birth in the 2 years preceding the survey
8.7	Marriage before age 18	Women age 20-49 years
9.2	Comprehensive knowledge about HIV prevention among young people	Women age 15-24 years
9.3	Knowledge of mother- to-child transmission of HIV	Women age 15-49 years
9.4	Accepting attitudes towards people living with HIV	Women age 15-49 years who have heard of HIV
9.6	Women who have been tested for HIV and know the results	Women age 15-49 years
MEN		
-	Continuously married for the past 5 years	Men age 15-49 years
8.7	Marriage before age 18	Men age 20-49 years
8.9	Polygyny	Men age 15-49 years currently married
9.2	Comprehensive knowledge about HIV prevention among young men	Men age 15-24 years
9.3	Knowledge of mother-to-child transmission of HIV	Men age 15-49 years
9.4	Accepting attitudes towards people living with HIV	Men age 15-49 years who have heard of HIV
CHILD UNDER -5s		
2.6	Exclusive breastfeeding under 6 months	Total number of infants under 6 months of age
2.14	Age-appropriate breastfeeding	Children age 0-23 months
-	Diarrhoea in the previous 2 weeks	Children under age 5
-	Illness with a cough in the previous 2 weeks	Children under age 5
3.8	Oral rehydration therapy with continued feeding	Children under age 5 with diarrhoea in the previous 2 weeks
6.1	Support for learning	Children age 36-59 months
6.7	Attendance to early childhood education	Children age 36-59 months

Table SE.2

Univariate statistics for household listing

Indicator	Nationality	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
	Total Sample	.8840	.00980	.8645	.9034	.011			2161	2800
Secondary school net attendance ratio (adjusted)	Qatari	.8834	.00947	.8644	.9025	.011			1004	1985
	Non-Qatari	.8844	.01635	.8515	.9173	.018	7.201	2.683	1157	815

Table SE.3

Univariate statistics for household

Indicator	Nationality	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
	Total Sample	.4991	.02038	.4587	.5396	.041	8.943	2.990	5750	2781
Violent discipline	Qatari	.5373	.02119	.4947	.5799	.039	9.381	3.063	2145	1518
	Non-Qatari	.4764	.02959	.4169	.5359	.062	6.819	2.611	3605	1263

Table SE.4

Univariate statistics among women

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
Total Sample	Pregnant women	.0511	.00468	.0418	.0604	.092			5699	5699
	Contraceptive prevalence	.3752	.01292	.3496	.4009	.034	21.553	4.643	3755	3341
	Continuously married for the past 5 years	.7422	.01555	.7114	.7731	.021	38.249	6.185	3755	3341
	No birth in past 5 years	.4231	.01271	.3979	.4483	.030	20.051	4.478	3755	3341
	Unmet need	.1311	.00923	.1128	.1494	.070	22.632	4.757	3755	3341
	Antenatal care coverage - at least once by skilled personnel	.9087	.02479	.8593	.9580	.027	149.813	12.240	798	768
	Antenatal care coverage - at least four times by any provider	.8455	.02878	.7882	.9028	.034	128.246	11.325	798	768
	Skilled attendant at delivery	1.0000	0.00000	1.0000	1.0000	0.000			798	768
	Institutional deliveries	.9888	.00296	.9829	.9947	.003	15.981	3.998	798	768
	Caesarean section	.1952	.01730	.1607	.2296	.089	38.562	6.210	798	768
	Marriage before age 18	.0618	.00407	.0537	.0699	.066			5699	5699
	Comprehensive knowledge about HIV prevention among young people	.1560	.01214	.1319	.1801	.078			1601	1843
	Knowledge of mother-to-child transmission of HIV	.2838	.01580	.2524	.3151	.056			5699	5699
	Accepting attitudes towards people living with HIV	.0328	.00516	.0225	.0430	.157	194.325	13.940	4880	4779
	Women who have been tested for HIV during last 12 months and who have been told the results	.0241	.00430	.0156	.0327	.178			5699	5699
Qatari	Pregnant women	.0325	.00374	.0250	.0400	.115			1907	3419
	Contraceptive prevalence	.3940	.02252	.3487	.4393	.057			920	1644
	Continuously married for the past 5 years	.7905	.01461	.7611	.8199	.018			920	1644
	No birth in past 5 years	.4172	.01560	.3858	.4485	.037			920	1644
	Unmet need	.1365	.01383	.1087	.1643	.101			920	1644

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
	Antenatal care coverage - at least once by skilled personnel	.9629	.01836	.9259	1.0000	.019			231	426
	Antenatal care coverage - at least four times by any provider	.9240	.02412	.8753	.9727	.026			231	426
	Skilled attendant at delivery	1.0000	0.00000	1.0000	1.0000	0.000			231	426
	Institutional deliveries	1.0000	0.00000	1.0000	1.0000	0.000			231	426
	Caesarean section	.1339	.01726	.0990	.1687	.129			231	426
	Marriage before age 18	.0735	.00489	.0637	.0833	.066			1907	3419
	Comprehensive knowledge about HIV prevention among young people	.1618	.01531	.1310	.1925	.095			737	1323
	Knowledge of mother-to-child transmission of HIV	.2866	.01672	.2530	.3203	.058			1907	3419
	Accepting attitudes towards people living with HIV	.0068	.00171	.0034	.0102	.250			1596	2824
	Women who have been tested for HIV during last 12 months and who have been told the results	.0017	.00078	.0002	.0033	.453			1907	3419
	Non-Qatari									
	Pregnant women	.0605	.00663	.0472	.0738	.110	4.426	2.104	3792	2280
	Contraceptive prevalence	.3691	.01556	.3379	.4004	.042	4.391	2.096	2835	1697
	Continuously married for the past 5 years	.7265	.01963	.6871	.7660	.027	8.195	2.863	2835	1697
	No birth in past 5 years	.4250	.01612	.3926	.4574	.038	4.491	2.119	2835	1697
	Unmet need	.1293	.01130	.1066	.1520	.087	4.794	2.189	2835	1697
	Antenatal care coverage - at least once by skilled personnel	.8866	.03362	.8185	.9546	.038	9.651	3.107	567	342
	Antenatal care coverage - at least four times by any provider	.8135	.03866	.7352	.8918	.048	8.462	2.909	567	342
	Skilled attendant at delivery	1.0000	0.00000	1.0000	1.0000	0.000			567	342
	Institutional deliveries	.9842	.00418	.9757	.9927	.004	.966	.983	567	342
	Caesarean section	.2201	.02390	.1718	.2685	.109	2.856	1.690	567	342
	Marriage before age 18	.0559	.00549	.0449	.0670	.098	3.259	1.805	3792	2280

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
	Comprehensive knowledge about HIV prevention among young people	.1510	.01829	.1142	.1879	.121	3.402	1.844	864	520
	Knowledge of mother-to-child transmission of HIV	.2823	.02219	.2377	.3269	.079	13.893	3.727	3792	2280
	Accepting attitudes towards people living with HIV	.0454	.00796	.0294	.0614	.175	7.067	2.658	3283	1955
	Women who have been tested for HIV during last 12 months and who have been told the results	.0354	.00642	.0225	.0483	.181	6.894	2.626	3792	2280

Table SE.5

| Univariate statistics among men

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
Total Sample	Continuously married for the past 5 years	.4214	.01159	.3984	.4444	.028	204240873754410.000	14291286.637	5630	5630
	Marriage before age 18	.0091	.00194	.0052	.0129	.214	52.828	7.268	4797	4621
	Polygyny	.0075	.00147	.0045	.0104	.197	6.031	2.456	3377	2904
	Comprehensive knowledge about HIV prevention among young men	.2523	.01513	.2222	.2823	.060			1503	1886
	Knowledge of mother-to-child transmission of HIV	.2846	.01615	.2525	.3166	.057	475197629191026.000	21799028.171	5630	5630
	Accepting attitudes towards people living with HIV	.0576	.00952	.0387	.0765	.165	403.008	20.075	5118	5012
	Men who have	.0635	.00725	.0491	.0779	.114	327536830325956.000	18097978.625	5630	5630

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
	been tested for HIV during last 12 months and who have been told the results	.3057	.01083	.2839	.3275	.035			1846	3320
Qatari	Continuously married for the past 5 years	.0117	.00241	.0069	.0166	.206			1434	2581
	Marriage before age 18	.0158	.00408	.0076	.0240	.258			756	1349
	Polygyny	.2424	.02023	.2018	.2831	.083			778	1418
	Comprehensive knowledge about HIV prevention among young men	.3186	.01967	.2790	.3581	.062			1846	3320
	Knowledge of mother-to-child transmission of HIV	.0144	.00396	.0064	.0223	.276			1631	2918
	Accepting attitudes towards people living with HIV	.0023	.00200	-.0018	.0063	.890			1846	3320
	Men who have been tested for HIV during last 12 months and who have been told the results	.4778	.01519	.4473	.5083	.032	5.482	2.341	3784	2310
Non-Qatari	Continuously married for the past 5 years	.0079	.00257	.0028	.0131	.323			3363	2040
	Marriage before age 18	.0051	.00144	.0022	.0080	.285			1,581	1,555
	Polygyny	.2628	.02244	.2174	.3081	.085			1,850	468
	Comprehensive knowledge about HIV prevention among young men								725	

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
	Knowledge of mother-to-child transmission of HIV	.2680	.02187	.2240	.3119	.082	14.458	3.802	3784	2310
	Accepting attitudes towards people living with HIV	.0778	.01403	.0496	.1060	.180	14.369	3.791	3487	2094
	Men who have been tested for HIV during last 12 months and who have been told the results	.0934	.01126	.0707	.1160	.121	8.884	2.981	3784	2310

Less than 25 unweighted cases

Table SE.6

Univariate statistics among child

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
Total Sample	Age-appropriate breastfeeding	.2412	.01982	.2018	.2806	.082	187.530	13.694	849	841
	Exclusive breastfeeding under 6 months	.2933	.03561	.2209	.3657	.121			163	176
	Diarrhoea in last two weeks	.0437	.00525	.0333	.0541	.120			2082	2082
	Illness with cough in the previous 2 weeks	.0090	.00308	.0029	.0151	.342			2082	2082
	Oral rehydration therapy with continued feeding	.5284	.03794	.4480	.6089	.072			91	113
	Antibiotic treatment of suspected pneumonia	.3584	.01427	.1772	.5397	.040			19	22
	Support for learning	.8844	.01497	.8547	.9142	.017			820	826
	Attendance to early childhood education	.4079	.03695	.3344	.4814	.091			820	826

Nationality	Indicator	Estimate	Standard Error	95 percent Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count
				Lower	Upper					
Qatari	Age-appropriate breastfeeding	.1961	.02113	.1535	.2388	.108			249	473
	Exclusive breastfeeding under 6 months	.1856	.04223	.0988	.2724	.227			56	108
	Diarrhoea in last two weeks	.0525	.00655	.0394	.0657	.125			651	1203
	Illness with cough in the previous 2 weeks	.0121	.00350	.0051	.0192	.289			651	1203
	Oral rehydration therapy with continued feeding	.4911	.04909	.3818	.6005	.100			34	71
	Antibiotic treatment of suspected pneumonia	.7316	.01419	.5513	.9119	.019			8	16
	Support for learning	.8551	.02051	.8137	.8964	.024			273	493
	Attendance to early childhood education	.3229	.02510	.2724	.3735	.078			273	493
	Age-appropriate breastfeeding	.2599	.02639	.2066	.3133	.102	3.438	1.854	600	368
	Exclusive breastfeeding under 6 months	.3504	.04821	.2364	.4643	.138	1.894	1.376	106	68
	Diarrhoea in last two weeks	.0397	.00700	.0256	.0538	.176	2.923	1.710	1431	879
	Illness with cough in the previous 2 weeks	.0076	.00420	-.0009	.0161	.553	5.333	2.309	1431	879
	Oral rehydration therapy with continued feeding	.5509	.05359	.4198	.6821	.097	1.828	1.352	57	42
	Antibiotic treatment of suspected pneumonia	.0876	0.00000	.0876	.0876	0.000	0.000	0.000	11	6
Support for learning	.8991	.01958	.8595	.9386	.022	3.585	1.893	547	333	
Attendance to early childhood education	.4502	.05118	.3468	.5537	.114	8.975	2.996	547	333	
Non-Qatari										

Appendix C. Data Quality Tables

Table DQ.1

Age distribution of household population
Single-year age distribution of household population by sex, Qatar, 2012

Age	Male		Female	
	Number	Percent	Number	Percent
0	181	1.7	195	1.8
1	209	2	211	2.0
2	216	2.1	187	1.8
3	215	2.1	188	1.8
4	187	1.8	188	1.8
5	271	2.6	244	2.3
6	251	2.4	236	2.2
7	251	2.4	233	2.2
8	227	2.2	245	2.3
9	268	2.6	182	1.7
10	226	2.2	233	2.2
11	197	1.9	226	2.1
12	249	2.4	174	1.6
13	222	2.1	182	1.7
14	294	2.8	205	1.9
15	167	1.6	127	1.2
16	134	1.3	162	1.5
17	170	1.6	143	1.4
18	160	1.5	139	1.3
19	123	1.2	166	1.6
20	150	1.4	131	1.2
21	131	1.3	150	1.4
22	138	1.3	180	1.7
23	120	1.1	172	1.6
24	123	1.2	226	2.1
25	130	1.2	217	2.1
26	146	1.4	236	2.2
27	180	1.7	244	2.3
28	193	1.8	242	2.3
29	160	1.5	228	2.2
30	230	2.2	299	2.8
31	178	1.7	221	2.1
32	268	2.6	336	3.2

Age	Male		Female	
	Number	Percent	Number	Percent
33	162	1.5	197	1.9
34	166	1.6	176	1.7
35	179	1.7	247	2.3
36	164	1.6	207	2.0
37	191	1.8	222	2.1
38	156	1.5	201	1.9
39	144	1.4	193	1.8
40	203	1.9	190	1.8
41	146	1.4	143	1.4
42	185	1.8	194	1.8
43	165	1.6	129	1.2
44	128	1.2	106	1.0
45	156	1.5	130	1.2
46	117	1.1	84	0.8
47	122	1.2	102	1.0
48	117	1.1	75	0.7
49	91	0.9	80	0.8
50	188	1.8	176	1.7
51	112	1.1	113	1.1
52	138	1.3	110	1.0
53	87	0.8	77	0.7
54	100	1	82	0.8
55	103	1	54	0.5
56	90	0.9	65	0.6
57	80	0.8	52	0.5
58	67	0.6	29	0.3
59	56	0.5	23	0.2
60	74	0.7	61	0.6
61	30	0.3	16	0.2
62	66	0.6	24	0.2
63	23	0.2	9	0.1
64	30	0.3	28	0.3
65+	204	1.9	125	1.2
DK/missing	61	0.6	103	1.0
Total	10465	100	10570	100

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, by five-year age groups, Qatar, 2012

Age	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed (Completion rate)
	Number	Number	Percent	
10-14	1021	na	na	na
15-19	737	717	13.9	97.2
20-24	858	731	14.2	85.2
25-29	1168	899	17.4	77.0
30-34	1228	879	17.1	71.6
35-39	1070	890	17.3	83.2
40-44	763	618	12.0	81.0
45-49	470	421	8.2	89.6
50-54	558	na	na	na
Total (15-49)	6294	5155	100.0	81.9

Table DQ.2M**Age distribution of eligible and interviewed men**

Household population of men age 10-49, interviewed men age 15-49, and percentage of eligible men who were interviewed, by five-year age groups, Qatar, 2012

Age	Household population of men age 10-49	Interviewed men age 15-49		Percentage of eligible men interviewed (Completion rate)
	Number	Number	Percent	
10-14	1187	na	na	na
15-19	755	749	14.8	99.1
20-24	663	602	11.9	90.9
25-29	808	724	14.3	89.5
30-34	1003	875	17.3	87.2
35-39	834	765	15.1	91.7
40-44	827	774	15.3	93.5
45-49	603	580	11.4	96.2
50-54	624	na	na	na
Total (15-49)	5494	5068	100.0	92.3

Table DQ.3

Age distribution of under-5s in household and under-5 questionnaires

Household population of children age 0-7, children age 0-4 whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single ages, Qatar, 2012

Age	Household population of children 0-5 years	Interviewed under-5 children		Percentage of eligible under-5s interviewed (Completion rate)
	Number	Number	Percent	
0	376	370	18.9	98.4
1	420	414	21.2	98.7
2	403	397	20.4	98.6
3	402	397	20.3	98.6
4	375	373	19.1	99.4
5	515	na	na	na
6	487	na	na	na
7	484	na	na	na
Total (0-4)	1976	1951	100.0	98.8

Ratio of 5 to 4	1.37
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Table DQ.4

Women's completion rates by socio-economic characteristics of households

Household population of women age 15-49, interviewed women age 15-49, and percentage of eligible women who were interviewed, by selected social and economic characteristics of the household, Qatar, 2012

Nationality			Household population of women age 15-49 years		Interviewed women age 15-49 years		Percent of eligible women interviewed (Completion rates)
			Number	Percent	Number	Percent	
Total Household	Household size	1-3	1230	19.5	1172	22.7	99.0
		4-6	2538	40.3	2193	42.5	98.4
		7+	2526	40.1	1790	34.7	97.8
	Education of household head	None	402	6.4	289	5.6	97.0
		Primary	444	7.0	334	6.5	98.3
		Preparatory	451	7.2	343	6.7	97.7
		Secondary	1292	20.5	1017	19.7	98.2
		University and above	3703	58.8	3171	61.5	98.6
		Missing/DK	1	0.0	1	0.0	100.0
		Total		6294	100.0	5155	100.0
Qatari Household	Household size	1-3	109	4.2	1172	22.7	99.0
		4-6	574	22.1	2193	42.5	98.4

Nationality			Household population of women age 15-49 years		Interviewed women age 15-49 years		Percent of eligible women interviewed (Completion rates)
			Number	Percent	Number	Percent	
		7+	1920	73.8	1790	34.7	97.8
	Education of household head	None	297	11.4	289	5.6	97.0
		Primary	333	12.8	334	6.5	98.3
		Preparatory	341	13.1	343	6.7	97.7
		Secondary	689	26.5	1017	19.7	98.2
		University and above	943	36.2	3171	61.5	98.6
		Missing/DK			1	0.0	100.0
		Total		2603	100.0	5155	100.0
Non - Qatari Household	Household size	1-3	1121	30.4	1172	22.7	99.0
		4-6	1963	53.2	2193	42.5	98.4
		7+	606	16.4	1790	34.7	97.8
	Education of household head	None	105	2.9	289	5.6	97.0
		Primary	110	3.0	334	6.5	98.3
		Preparatory	111	3.0	343	6.7	97.7
		Secondary	603	16.3	1017	19.7	98.2
		University and above	2760	74.8	3171	61.5	98.6
		Missing/DK	1	0.0	1	0.0	100.0
		Total		3691	100.0	5155	100.0

Table DQ.4M

Men's completion rates by socio-economic characteristics of households Household population of men age 15-49, interviewed men age 15-49, and percentage of eligible man who were interviewed, by selected social and economic characteristics of the household, Qatar, 2012

			Household population of women age 15-49 years		Interviewed women age 15-49 years		Percent of eligible women interviewed (Completion rates)
			Number	Percent	Number	Percent	
Total Household	Household size	1-3	1230	19.5	1327	26.2	99.8
		4-6	2538	40.3	2075	40.9	99.6
		7+	2526	40.1	1667	32.9	97.6
	Education of household head	None	402	6.4	303	6.0	98.6
		Primary	444	7.0	309	6.1	96.6
		Preparatory	451	7.2	333	6.6	96.7
		Secondary	1292	20.5	1004	19.8	98.9
		University and above	3703	58.8	3118	61.5	99.5
		Missing/DK	1	0.0	1	0.0	100.0
		Total		6294	100.0	5155	100.0
Qatari Household	Household size	1-3	109	4.2	10	50.0	100.0

		Household population of women age 15-49 years		Interviewed women age 15-49 years		Percent of eligible women interviewed (Completion rates)	
		Number	Percent	Number	Percent		
		4-6	574	22.1	7	35.0	100.0
		7+	1920	73.8	3	15.0	100.0
	Education of household head	None	297	11.4			
	Household size	Primary	333	12.8			
		Preparatory	341	13.1			
		Secondary	689	26.5	4	20.0	100.0
		University and above	943	36.2	16	80.0	100.0
		1-3	109	4.2	10	50.0	100.0
	Total		2603	100.0	20	100.0	100.0
Non - Qatari Household	Household size	1-3	1121	30.4	10	50.0	100.0
		4-6	1963	53.2	7	35.0	100.0
		7+	606	16.4	3	15.0	100.0
	Education of household head	None	105	2.9			
		Primary	110	3.0			
		Preparatory	111	3.0			
		Secondary	603	16.3	4	20.0	100.0
		University and above	2760	74.8	16	80.0	100.0
		Missing/DK	1	.0			
	Total		3691	100.0	20	100.0	100.0

Table DQ.5

Completion rates for under-5 questionnaires by socio-economic characteristics of households

Household population of under-5 children, under-5 questionnaires completed, and percentage of under-5 children for whom interviews were completed, by selected socio-economic characteristics of the household, Qatar, 2012

	Household population of under-5 children		Interviewed under-5 children		Percent of eligible under-5s with completed under-5 questionnaires (Completion rates)	
	Number	Percent	Number	Percent		
Household size	1-3	310	15.7	308	15.8	99.2
	4-6	1044	52.8	1033	53.0	98.9
	7+	621	31.4	610	31.3	98.2
Education of household head	Less than secondary	92	4.7	92	4.7	99.6
	Secondary	97	4.9	94	4.8	96.8
	University and above	110	5.5	106	5.4	97.0
Total	1976	100.0	1951	100.0		98.8

Table DQ.6

Completeness of reporting among household listing, household, women, men and child

Completeness of reporting among household listing -

Percentage of observations that are missing information for selected questions and indicators, Qatar, 2012

	Percent with missing/incomplete information*	Number of cases
Age	1.1	25024

Completeness of reporting household

Percentage of observations that are missing information for selected questions and indicators, Qatar, 2012

	Percent with missing/incomplete information*	Number of cases
Starting time of interview	0.0	4501
Ending time of interview	0.3	4501

Completeness of reporting among women

Percentage of observations that are missing information for selected questions and indicators, Qatar, 2012

	Percent with missing/incomplete information*	Number of cases
Woman's date of birth: Only month	1.0	5699
Woman's date of birth: Both month and year	0.3	5699
Date of last birth: Only month	1.3	3216
Date of last birth: Both month and year	0.8	3216
Date of first marriage: Only month	3.2	3846
Date of first marriage: Both month and year	1.7	3846
Age at first marriage	0.0	3846
Starting time of interview	0.0	5699
Ending time of interview	0.0	5699

Completeness of reporting among men

Percentage of observations that are missing information for selected questions and indicators, Qatar, 2012

	Percent with missing/incomplete information*	Number of cases
Man's date of birth: Only month	1.0	5630
Man's date of birth: Both month and year	0.2	5630
Date of first marriage/union: Only month	3.1	3438
Date of first marriage/union: Both month and year	1.1	3438
Age at first marriage/union	0.0	3438
stitem	0.0	5630
etitem	4.3	5630

Completeness of reporting among child

Percentage of observations that are missing information for selected questions and indicators, Qatar, 2012

	Percent with missing/incomplete information*	Number of cases
Date of birth: Only month	0.3	2082
Date of birth: Both month and year	0.0	2082
Starting time of interview	0.1	2082
Ending time of interview	0.8	2082

Table DQ.13

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, Qatar, 2012

		Mother in the household					Mother not in the household				Total	Number of children under 5
		Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Other person interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Other person interviewed		
Age	0	95.5	3.0	0.4	0.0	0.0	0.0	1.1	0.0	0.0	100.0	376
	1	96.3	2.1	0.1	0.1	0.2	0.4	0.7	0.2	0.0	100.0	420
	2	96.3	1.4	0.1	0.1	0.1	0.0	1.5	0.3	0.1	100.0	403
	3	95.7	3.3	0.6	0.1	0.0	0.0	0.3	0.0	0.0	100.0	402
	4	95.3	3.6	0.0	0.0	0.0	0.0	1.1	0.0	0.0	100.0	375
Total		95.8	2.7	0.3	0.1	0.1	0.1	0.9	0.1	0.0	100.0	1976

Table DQ.15

School attendance by single age
 Distribution of household population age 5-24 by educational level and educational level
 and grade attended in the current (or most recent) school year, Qatar, 2012
 (Excluding Labor such as Servants and Drivers)

	Age at beginning of school year	Not attending school	Preschool	Primary						Preparatory				Secondary	University and above	DK	Total	Number of household members
				1	2	3	4	5	6	7	8	9	Missing					
	5	10.5	34.3	43.9	10.5	0.7	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	514
	6	3.9	1.8	34.7	48.9	10.2	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	450
	7	2.6	0.2	2.2	46.9	39.9	5.5	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	468
	8	2.4	0.3	0.2	5.7	40.7	40.8	7.8	1.9	0.0	0.0	0.2	0.0	0.0	0.0	0.0	100.0	500
	9	1.9	0.4	0.5	0.9	6.8	52.9	28.6	5.4	2.2	0.0	0.3	0.0	0.0	0.0	0.0	100.0	432
	10	3.9	0.0	0.0	0.0	1.3	9.0	39.5	34.7	8.8	2.3	0.6	0.0	0.0	0.0	0.0	100.0	423
	11	2.3	0.0	0.0	0.2	0.4	1.9	6.2	43.8	33.9	8.4	2.8	0.2	0.0	0.0	0.0	100.0	432
	12	2.0	0.0	0.0	0.0	0.6	0.0	2.0	5.9	34.6	40.4	13.3	0.0	1.3	0.0	0.0	100.0	432
	13	4.0	0.0	0.0	0.0	0.0	0.2	0.2	1.4	5.8	44.3	30.5	0.0	13.6	0.0	0.0	100.0	444
	14	2.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	2.0	10.4	42.2	0.0	42.9	0.0	.3	100.0	337
	15	2.1	0.0	0.0	0.0	0.0	0.2	0.0	0.0	1.7	1.7	6.5	0.0	84.5	3.3	0.0	100.0	323
	16	3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.4	0.5	2.8	0.0	86.4	6.2	0.0	100.0	307
	17	13.8	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.5	1.2	0.0	60.7	23.3	0.0	100.0	314
	18	25.0	0.0	0.0	0.0	0.0	0.3	0.1	0.2	0.2	0.2	0.6	0.0	31.0	42.4	0.0	100.0	283
	19	36.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.2	0.0	13.3	49.8	0.0	100.0	277
	20	50.8	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.7	0.4	0.8	0.0	8.4	38.3	0.0	100.0	243
	21	60.0	0.0	0.0	0.0	0.0	0.0	0.2	0.5	0.3	0.7	0.3	0.0	7.6	30.4	0.0	100.0	287
	22	66.9	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.9	0.0	0.0	3.1	28.5	0.0	100.0	279
	23	75.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.3	0.0	4.1	19.7	0.0	100.0	261
	24	10.5	34.3	43.9	10.5	0.7	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	514
	Total	88.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.7	5.6	0.0	100.0	286

Appendix D. MICS4 Indicators: Numerators and Denominators

MICS4 Indicator Number(M)	Modul e ²³	Numerator	Denominator	MDG ²⁴
NUTRITION				
2.4	Children ever breastfed	MN	Number of women with a live birth in the 2 years preceding the survey who breastfed the child at any time	Total number of women with a live birth in the 2 years preceding the survey
2.5	Early initiation of breastfeeding	MN	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
2.6	Exclusive breastfeeding under 6 months	BF	Number of infants under 6 months of age who are exclusively breastfed ²⁵	Total number of infants under 6 months of age
2.7	Continued breastfeeding at 1 year	BF	Number of children age 12-15 months who are currently breastfeeding	Total number of children age 12-15 months
2.8	Continued breastfeeding at 2 years	BF	Number of children age 20-23 months who are currently breastfeeding	Total number of children age 20-23 months
2.9	Predominant breastfeeding under 6 months	BF	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment ²⁶ during the previous day	Total number of infants under 6 months of age
2.10	Duration of breastfeeding	BF	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	
2.11	Bottle feeding	BF	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months
2.12	Introduction of solid, semi-solid or soft foods	BF	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months
2.13	Minimum meal frequency	BF	Number of children age 6-23 months receiving solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum times ²⁷ or more, according to breastfeeding status, during the previous day	Total number of children age 6-23 months

^[M] Indicates that the indicator is also calculated for men, for the same age group, in surveys where the Questionnaire for Individual Men has been included. Calculations are carried out by using modules in the Men's Questionnaire

²³ Some indicators are constructed by using questions in several modules. In such cases, only the module(s) which contains most of the necessary information is indicated.

²⁴ <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>

²⁵ Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

²⁶ Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

²⁷ Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, 3 times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

MICS4 Indicator Number(M)	Module ^{e23}	Numerator	Denominator	MDG ²⁴	
2.14	Age-appropriate breastfeeding	BF	Number of children age 0-23 months appropriately fed ²⁸ during the previous day	Total number of children age 0-23 months	
2.15	Milk feeding frequency for non-breastfed children	BF	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.18	Low-birth weight infants	MN	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams at birth	Total number of last live births in the 2 years preceding the survey	
2.19	Infants weighed at birth	MN	Number of last live births in the 2 years preceding the survey who were weighed at birth	Total number of last live births in the 2 years preceding the survey	
CHILD HEALTH					
3.8	Oral rehydration therapy with continued feeding	CA	Number of children under age 5 with diarrhoea in the previous 2 weeks who received ORT (ORS packet or recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the previous 2 weeks	
REPRODUCTIVE HEALTH					
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married	MDG 5.3
5.4	Unmet need	UN	Number of women age 15-49 years who are currently married who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years who were attended during pregnancy in the 2 years preceding the survey (a) at least once by skilled personnel (b) at least four times by any provider	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who had their blood pressure measured and gave urine and blood samples during the last pregnancy	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	

²⁸ Infants age 0-5 who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

MICS4 Indicator Number(M)	Modul e ²³	Numerator	Denominator	MDG ²⁴
5.9	Caesarean section	MN	Number of last live births in the 2 years preceding the survey who were delivered by caesarean section	Total number of last live births in the 2 years preceding the survey
5.10	Post-partum stay in health facility	PN	Number of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their last live birth in the 2 years preceding the survey	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after birth	Total number of last live births in the last 2 years
5.12	Post-natal health check for the mother	PN	Number of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey
CHILD DEVELOPMENT				
6.1	Support for learning	CE	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months
6.2	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months
6.3	Learning materials: children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5
6.4	Learning materials: playthings	EC	Number of children under age 5 with two or more playthings	Total number of children under age 5
6.5	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week	Total number of children under age 5
6.6	Early Child Development Index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months
6.7	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months
EDUCATION				
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary	Total number of children of school-entry age

MICS4 Indicator Number(M)		Module ^{e23}	Numerator	Denominator	MDG ²⁴
			school		
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary-school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade	MDG 2.2	MDG 2.2
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1
CHILD PROTECTION					
8.6	Marriage before age 15 ^[M]	MA	Number of women age 15-49 years who were first married by the exact age of 15	Total number of women age 15-49 years	
8.7	Marriage before age 18 ^[M]	MA	Number of women age 20-49 years who were first married by the exact age of 18	Total number of women age 20-49 years	
8.8	Young women age 15-19 years currently married ^[M]	MA	Number of women age 15-19 years who are currently married	Total number of women age 15-19 years	
8.9	Polygyny ^[M]	MA	Number of women age 15-49 years who are in a polygynous union	Total number of women age 15-49 years who are currently married	
8.10b	Spousal age difference	MA	Number of women currently married is 10 or more years older for women age 20-24 years	Total number of women currently married age 20-24 years	
8.14	Attitudes towards domestic violence ^[M]	DV	Number of women who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	
HIV/AIDS					
9.1	Comprehensive knowledge about HIV prevention ^[M]	HA	Number of women age 15-49 years who correctly identify two ways of preventing HIV infection, know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women age 15-49 years	
9.2	Comprehensive knowledge	HA	Number of women age 15-24 years who	Total number of women age	MDG 6.3

MICS4 Indicator Number(M)	Module ²³	Numerator	Denominator	MDG ²⁴
about HIV prevention among young people ^[M]		correctly identify two ways of preventing HIV infection ²⁹ , know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	15-24 years	
9.3 Knowledge of mother-to-child transmission of HIV ^[M]	HA	Number of women age 15-49 years who correctly identify all three means ³⁰ of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.4 Accepting attitudes towards people living with HIV ^[M]	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions ³¹ toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	
9.5 Women who know where to be tested for HIV ^[M]	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of women age 15-49 years	
9.6 Women who have been tested for HIV and know the results ^[M]	HA	Number of women age 15-49 years who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women age 15-49 years	
9.8 HIV counselling during antenatal care	HA	Number of women age 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they received counselling on HIV during antenatal care	Total number of women age 15-49 years who gave birth in the 2 years preceding the survey	
9.9 HIV testing during antenatal care ^[M]	HA	Number of women age 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women age 15-49 years who gave birth in the 2 years preceding the survey	
ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY				
MT.1 Exposure to mass media [M]	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women age 15-49 years	
MT.2 Use of computers [M]	MT	Number of young women age 15-24 years who used a computer during the last 12 months	Total number of women age 15-24 years	
MT.3 Use of internet [M]	MT	Number of young women age 15-24 who used the internet during the last 12 months	Total number of women age 15-24 years	
TOBACCO USE				
TA.1 Tobacco use [M]	TA	Number of women age 15-49 years who	Total number of women age	

²⁹ Using condoms and limiting sex to one faithful, uninfected partner

³⁰ Transmission during pregnancy, during delivery, and by breastfeeding

³¹ Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

MICS4 Indicator Number(M)	Module ^{e23}	Numerator	Denominator	MDG ²⁴
		smoked cigarettes, or used smoked or smokeless tobacco products on one or more days during the last one month	15-49 years	
TA.2 Smoking before age 15 [M]	TA	Number of women age 15-49 years who smoked a whole cigarette before age 15	Total number of women age 15-49 years	
SUBJECTIVE WELL-BEING				
SW.1 Life satisfaction [M]	SW	Number of women age 15-24 years who are very or somewhat satisfied with their family life, friendships, school, current job, health, where they live, how they are treated by others, and how they look	Total number of women age 15-24 years	
SW.2 Happiness [M]	SW	Number of women age 15-24 years who are very or somewhat happy	Total number of women age 15-24 years	
SW.3 Perception of a better life [M]	SW	Number of women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women age 15-24 years	

*Appendix E. Questionnaires Multiple Indicator Cluster Survey
In the State of Qatar, 2012*

HOUSEHOLD QUESTIONNAIRE
[QATAR]



HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		

WE ARE FROM QATAR STATISTICS AUTHORITY. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 - 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (<i>specify</i>) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
	HH11. Total number of household members: _____
HH12. Number of eligible women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH13A. Number of eligible men age 15-49 years: _____	HH13B. Number of man's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____
HH18. Record the time	Hour _____ Min _____

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.

HL1. Line No	HL2. Name	HL2A. WHAT IS (name)'S ATIONALIT Y	HL3. WHAT IS THE RELATION -SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49 HL7. Circle line no. if woman is age 15-49 AND HL3 is not '20'	For men age 15-49 HL7A. Circle line no. if man is age 15-49 AND HL3 is not '20'	For children under age 5 HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	For children age 0-17 years							
					98 DK	9998 DK					HL11. Is (name)'s NATURAL MOTHER ALIVE? 1 Yes 2 No's 8 DK's HL13	HL12. DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? Record line no. of mother or 00 for "No"	HL13. Is (name)'s NATURAL FATHER ALIVE? 1 Yes 2 No's 8 DK's Next Line	HL14. DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSE-HOLD? Record line no. of father or 00 for "No"				
Line	Name	Q	NQ	Relation *	M	F	Month	Year	Age	Mother	Y	N	DK	Mother	Y	N	DK	Father
01		1	2	0	1	2	--	----	--	---	1	2	8	---	1	2	8	---
02		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---
03		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---
04		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---
05		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---
06		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---
07		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---
08		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---
09		1	2	---	1	2	--	----	--	---	1	2	8	---	1	2	8	---

HL1. Line No	HL2. Name	HL2A. WHAT IS (name)'S ATIONALIT Y	HL3. WHAT IS THE RELATION -SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	For women age 15-49	HL7. Circle line no. if woman is age 15-49 AND HL3 AND HL3 is not '20'	For men age 15-49	HL7A. Circle line no. if man is age 15-49 AND HL3 AND HL3 is not '20'	For children under age 5	For children age 0-17 years			
												HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD?	HL13. Is (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD?
Line	Name	Q NQ	Relation *	M F	Month	Year	Age	Mother	Mother	15-49	Mother	Y N DK	Mother	Y N DK	Father
10		1 2	---	1 2	---	----	---	10	10	15-49	Mother	Y N DK	Mother	Y N DK	Father
11		1 2	---	1 2	---	----	---	11	11	15-49	Mother	Y N DK	Mother	Y N DK	Father
12		1 2	---	1 2	---	----	---	12	12	15-49	Mother	Y N DK	Mother	Y N DK	Father
13		1 2	---	1 2	---	----	---	13	13	15-49	Mother	Y N DK	Mother	Y N DK	Father
14		1 2	---	1 2	---	----	---	14	14	15-49	Mother	Y N DK	Mother	Y N DK	Father
15		1 2	---	1 2	---	----	---	15	15	15-49	Mother	Y N DK	Mother	Y N DK	Father
Tick here if additional questionnaire used <input type="checkbox"/>															

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

*Now for each woman age 15-49 years (excluding HL3 codes 20), write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
 For each man age 15-49 years (excluding HL3 codes 20), write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
 You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.*

* Codes for HL3: Relationship to head of household:

- | | |
|---------------------------------|-----------------------------------|
| 01 Head | 09 Brother-In-Law / Sister-In-Law |
| 02 Wife / Husband | 10 Uncle / Aunt |
| 03 Son / Daughter | 11 Niece/Nephew |
| 04 Son-In-Law / Daughter-In-Law | 12 Other relative |
| 05 Grandchild | 13 Adopted / Foster / Stepchild |
| 06 Parent | 14 Not related |
| 07 Parent-In-Law | 20 Servant |
| 08 Brother / Sister | 98 Don't know |

EDUCATION

ED

ED1. Line number		For household members age 5 and above										For household members age 5-24 years											
ED2. Name and age	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2011-2012) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
		Level: 0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 University and above 8 DK If level=0, skip to ED5	Grade: 98 DK If less than 1 grade, enter 00.	1 Yes 2 No ↘ Next Line	1 Yes 2 No ↘ ED7	Level: 0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 University and above 8 DK If level=0, skip to ED7	Grade: 98 DK				1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
01											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
02											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
03											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
04											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
05											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
06											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
07											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
08											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
09											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
10											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
11											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
12											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
13											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
14											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
15											1	2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—

If ED4a, ED6, or ED8 = 1 then grade = 0 – 6
If ED4a, ED6, or ED8 = 2 then grade = 7 – 9
If ED4a, ED6, or ED8 = 3 then grade = 10 – 12
If ED4a, ED6, or ED8 = 4 then grade = 13 (university),
14(masters),
15 (PHD),
16 (other)
If If ED4a, ED6, or ED8 = 8 then grade = 98

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

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).
- If there are no children age 2-14 years in the household, skip to next module.

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

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

Table 2: Selection of Random Child for Child Discipline Questions

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

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

CD8. Record the rank number of the selected child

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

HH19. Record the time.

Hour and minutes ____ : ____

HH20. Thank the respondent for his/her cooperation and check the Household Listing Form:

A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7) (excluding HL3 codes 20) and whose relationship code (HL3) is not '20'

A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)

A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the household list (HL7A) (excluding HL3 codes 20) and whose relationship code (HL3) is not '20'

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and men (HH13A)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

— —

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

[Qatar]



WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all eligible women (see Household Listing Form, column HL7 (age 15 through 49) and column HL3 (relationship code is not '20')). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number:	WM2. Household number:	
_____	_____	
WM3. Woman's name:	WM4. Woman's line number:	
Name _____	_____	
WM5. Interviewer name and number:	WM6. Day / Month / Year of interview:	
Name _____	____ / ____ / _____	

Repeat greeting if not already read to this woman:

WE ARE FROM QATAR STATISTICS AUTHORITY. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 - 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 - 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

WM7. Result of woman's interview	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify) _____ 96
----------------------------------	--

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
---	--

WM10. Record the time.	Hour and minutes : _____
------------------------	--------------------------------

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)__ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒Go TO MT3
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Preparatory..... 2 Secondary 3 University and above..... 4	0⇒Go TO MT3
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade__ __	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT5. <i>Check WB2: Age of respondent?</i> <input type="checkbox"/> <i>Age 15-24 ⇒ Continue with MT6</i> <input type="checkbox"/> <i>Age 25-49 ⇒ Go to Next Module</i>		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married1 No, not married.....3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe: HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?</i>	Age in years.....__ __ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes1 No3	3⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married1 No2	2 ⇒IS Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of first marriage Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND?	Age in years.....__ __	

DESIRE FOR LAST BIRTH**DB**

This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____.
 Use this child's name in the following questions, where indicated.

DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview. Check child mortality module CMI3 and record name of last-born child here _____.</i></p> <p>Use this child's name in the following questions, where indicated.</p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times..... _ _ DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample.....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No..... 2 DK 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times..... _ _ DK 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <ul style="list-style-type: none"> <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17 <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9 														

MATERNAL AND NEWBORN HEALTH		MN
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK 8	2⇒MN17 8⇒MN17
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK 8	8⇒MN17
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago.....	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative / Friend H Other (<i>specify</i>) X No one Y	
MN18. WHERE DID YOU GIVE BIRTH TO (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE WHETHER PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. CLINIC / HEALTH CENTRE 22 GOVT. HEALTH POST 23 OTHER PUBLIC (<i>SPECIFY</i>) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE MATERNITY HOME 33 OTHER PRIVATE MEDICAL (<i>SPECIFY</i>) 36 OTHER (<i>SPECIFY</i>) 96	11⇒MN20 12⇒MN20 96⇒MN20
MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes 1 No 2	
MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	

MATERNAL AND NEWBORN HEALTH		MN
MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No..... 2 DK 8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card..... 1 (kg) _ . ____ From recall 2 (kg) _ . ____ DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes 1 No..... 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No..... 2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately..... 000 Hours 1 _ _ Days..... 2 _ _ Don't know / remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No..... 2	2⇒NEXT MOD ULE
MN27. WHAT WAS (NAME) GIVEN TO DRINK? PROBE: ANYTHING ELSE?	Milk (other than breast milk)A Plain waterB Sugar or glucose waterC Gripe waterD Sugar-salt-water solutionE Fruit juiceF Infant formulaG Tea / InfusionsH Honey.....I Other (specify)X	

MATERNAL AND NEWBORN HEALTH		MN
POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all ever-married women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p>Use this child's name in the following questions, where indicated.</p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours 1 ___</p> <p>Days 2 ___</p> <p>Weeks 3 ___</p> <p>Don't know / remember 998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		

MATERNAL AND NEWBORN HEALTH		MN
<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	Yes 1 No 2	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	Yes 1 No 2	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	Yes 1 No 2	1⇒PN11 2⇒PN18
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	Yes 1 No 2	2⇒PN19
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	Once 1 More than once 2	1⇒PN12A 2⇒PN12B
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	Hours 1 ___ Days 2 ___ Weeks 3 ___ Don't know / remember 998	

MATERNAL AND NEWBORN HEALTH		MN
PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional DoctorA Nurse / Midwife.....B Auxiliary midwife..... C Other person Traditional birth attendant.....F Community health worker..... G Relative / Friend H Other (specify) _____ X	
PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ <i>(Name of place)</i>	Home Your home 11 Other home 12 Public sector Govt. hospital21 Govt. clinic / health centre22 Govt. health post23 Other public (specify)_____ 26 Private medical sector Private hospital31 Private clinic32 Private maternity home33 Other private medical (specify)_____ 36 Other (specify) _____ 96	
PN15. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module
PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module

MATERNAL AND NEWBORN HEALTH		MN
<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	Yes 1 No 2	2⇒Next Module
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	Once 1 More than once 2	1⇒PN21A 2⇒PN21B
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	Hours 1 ___ Days 2 ___ Weeks 3 ___ Don't know / remember 998	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	Health professional Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative / Friend H Other (<i>specify</i>) X	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	Home Your home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic / health centre 22 Govt. health post 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing, column HL9

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

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module

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

Probe:
ANY OTHER SYMPTOMS?

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

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

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G
- Other (*specify*) _____ X
- Other (*specify*) _____ Y
- Other (*specify*) _____ Z

CONTRACEPTION

CP

CP0. Check MA1. Is respondent currently married

MA 1= 1 Currently married ⇒ Continue with CPI

MA1= 3 Not married ⇒ Go to Domestic Violence module

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

UNMET NEED		UN
<p>UN1. <i>Check CPI. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No..... 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8	1⇒UN7 2⇒UN13 8⇒UN13
<p>UN5. <i>Check CP3. Currently using "Female sterilization"?</i></p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child..... 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months 1 __ __ Years..... 2 __ __ Soon / Now 993 Says she cannot get pregnant 994 Other 996 Don't know 998	994⇒UN11
<p>UN8. <i>Check CPI. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		

UNMET NEED		UN
UN9. Check CP2. Currently using a method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No..... 2 DK 8	1 ⇒UN13 8 ⇒UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus)..... D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrhic F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) _____ X Don't know Z	
UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. When did your last menstrual period start? (Record the answer using the same unit stated by the respondent)	Days ago 1 __ __ Weeks ago 2 __ __ Months ago 3 __ __ Years ago..... 4 __ __ In menopause / Has had hysterectomy 994 Before last birth 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE
DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK..... 8	2 ⇨ Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK..... 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK..... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
[A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy 1 2 8 During delivery 1 2 8 By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8	

HIV/AIDS **HA**

HA13. Check CM13: Any live birth in last 2 years?

No live birth in last 2 years (CM13= "No or blank") ⇒ Go to HA24

One or more live births in last 2 years ⇒ Continue with HA14

HA14. Check MN1: Received antenatal care?

Received antenatal care ⇒ Continue with HA15

Did not receive antenatal care ⇒ Go to HA24

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),		Y	N	DK
WERE YOU GIVEN ANY INFORMATION ABOUT:				
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother.....	1	2	8
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do.....	1	2	8
[C] GETTING TESTED FOR THE AIDS VIRUS?	Tested for AIDS.....	1	2	8
WERE YOU:				
[D] OFFERED A TEST FOR THE AIDS VIRUS?	Offered a test.....	1	2	8

HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes	1		
	No	2		2⇒HA19
	DK.....	8		8⇒HA19

HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1		
	No	2		2⇒HA22
	DK.....	8		8⇒HA22

HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.	Yes	1		
	No	2		2⇒HA22
AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	DK.....	8		8⇒HA22

HA19. Check MN17: Birth delivered by health professional (A, B or C)?

Yes, birth delivered by health professional ⇒ Continue with HA20

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

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes	1		
	No	2		2⇒HA24

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1		
	No	2		

HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes	1		
	No	2		1⇒HA25

HIV/AIDS		HA
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1 ⇨ Next Module 2 ⇨ Next Module 3 ⇨ Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2 ⇨ HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1 ⇨ Next Module 2 ⇨ Next Module 8 ⇨ Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

TOBACCO USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No 2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS WATER PIPE, OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (specify) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2 ⇒NEXT MODULE
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2 ⇒NEXT MODULE

TOBACCO USE		TA
<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco A</p> <p>Snuff B</p> <p>Dip C</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "everyday" or "almost every day", circle "30"</i></p>	<p>Number of days 0 ____</p> <p>10 days or more but less than a month 10</p> <p>Everyday / Almost every day 30</p>	

LIFE SATISFACTION

LS

<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i></p>	<p>Very happy 1 Somewhat happy.....2 Neither happy nor unhappy3 Somewhat unhappy.....4 Very unhappy5</p>	
<p>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied 1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>LS5. DURING THE (2011 - 2012) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes 1 No 2</p>	<p>2⇒LS7</p>
<p>LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied 1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	

LIFE SATISFACTION
LS

<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that he/she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent responds that he/she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEED, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worsened 3</p>	
<p>LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worse 3</p>	

WM11. Record the time.	Hour and minutes :
------------------------	--------------------------------






WM12. Check Household Listing Form, column HL9.
 Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.






No ⇒ End the interview with this respondent by thanking her for her cooperation.
 Check for the presence of any other eligible woman, man or child under-5 in the household.

Response card:

Side 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

Side 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

QUESTIONNAIRE FOR INDIVIDUAL MEN

[Qatar]



MAN'S INFORMATION PANEL MWM

This questionnaire is to be administered to all eligible men (see Household Listing Form, column HL7A (age 15 through 49) and column HL3 (relationship code is not '20')). A separate questionnaire should be used for each eligible man.

MWM1. Cluster number: _____	MWM2. Household number: _____
MWM3. Man's name: Name _____	MWM4. Man's line number: _____
MWM5. Interviewer name and number: Name _____	MWM6. Day / Month / Year of interview: ____ / ____ / _____

Repeat greeting if not already read to this man:

WE ARE FROM QATAR STATISTICS AUTHORITY. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete MWM7. Discuss this result with your supervisor.

MWM7. Result of man's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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MWM8. Field edited by (Name and number): Name _____	MWM9. Data entry clerk (Name and number): Name _____
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MWM10. Record the time.	Hour and minutes : ____
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MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month__ __ DK month98 Year__ __ __ __ DK year9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years).....__ __	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes.....1 No2	2⇒NEXT MODULE
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Illiterate9 Preschool.....0 Primary1 Preparatory.....2 Secondary.....3 University and above4	9 ⇒NEXT MODULE 0⇒NEXT MODULE
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade.....__ __	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY MMT

MMT1. Check MWB4:

- Codes = 1, 2, 3, 4 Able to read ⇒ Continue with MMT2
- Codes 0= Preschool or 9 = Illiterate ⇒ Go to MMT3
- BLIND / VISUALLY IMPAIRED ⇒ Go to MMT3

MMT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
---	--	--

MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
---	--	--

MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
--	--	--

MMT5. Check MWB2: Age of respondent?

- Age 15-24 ⇒ Continue with MMT6
- Age 25-49 ⇒ Go to Next Module

MMT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MMT9
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MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MMT9
---	---------------------------	--------

MMT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
---	--	--

MMT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
--	---------------------------	---------------

MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒ Next Module
---	---------------------------	----------------

MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
--	--	--

ATTITUDES TOWARD DOMESTIC VIOLENCE
MDV

MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8

MARRIAGE		MMA
MMA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married.....1 No, not married3	3⇒MMA5
MMA2. HOW OLD IS YOUR WIFE? <i>Probe: HOW OLD WAS YOUR WIFE ON HER LAST BIRTHDAY?</i>	Age in years..... __ __ DK..... 98	
MMA3. DO YOU HAVE OTHER WIVES?	Yes (More than one)1 No (Only one)3	3⇒MMA7
MMA4. HOW MANY OTHER WIVES DO YOU HAVE?	Number __ __	⇒MMA7
MMA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married1 Yes, formerly lived with a woman2 No3	3 ⇒Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed1 Divorced.....2 Separated3	
MMA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once.....1 More than once2	
MMA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of first marriage Month..... __ __ DK month..... 98 Year __ __ __ __ DK year 9998	⇒Next Module
MMA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE?	Age in years..... __ __	

HIV/AIDS		MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK 8	2⇒ Next Module
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
[A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy 1 2 8 During delivery 1 2 8 By breastfeeding 1 2 8	
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8	

HIV/AIDS		MHA
MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago..... 3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1⇒Next Module 2⇒Next Module 8⇒Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

TOBACCO USE		MTA
MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes..... 1 No 2	2⇒MTA6
MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age..... ____	00⇒MTA6
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No 2	2⇒MTA6
MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
MTA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS WATER PIPE, OR PIPE?	Yes..... 1 No 2	2⇒MTA10
MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..... 1 No 2	2⇒MTA10
MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars.....A Water pipeB CigarillosC Pipe.....D Other (specify) _____X	
MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	

TOBACCO USE		MTA
MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS?	Yes..... 1 No 2	2 ⇒NEXT MODULE
MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes..... 1 No 2	2 ⇒NEXT MODULE
MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobacco A Snuff..... B Dip..... C Other (<i>specify</i>) _____ X	
MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	

LIFE SATISFACTION

MLS

<p>MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i></p>	<p>Very happy 1 Somewhat happy.....2 Neither happy nor unhappy3 Somewhat unhappy.....4 Very unhappy5</p>	
<p>MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions MLS3 to MLS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5</p>	
<p>MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5</p>	
<p>MLS5. DURING THE (2011-2012) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes 1 No 2</p>	<p>2⇒MLS7</p>
<p>MLS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5</p>	

LIFE SATISFACTION		MLS
<p>MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that he/she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent responds that he/she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENERD, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worsened 3</p>	
<p>MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>Better 1</p> <p>More or less the same 2</p> <p>Worse 3</p>	

MWM11. Record the time.	Hour and minutes :
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MWM12. Check Household Listing Form, column HL9.
 Is the respondent the caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.






No ⇒ End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.

Response card:

Side 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

Side 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
[Qatar]



UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / _____	

Repeat greeting if not already read to this respondent:

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

WE ARE FROM QATAR STATISTICS AUTHORITY. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 30 - 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 - 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5	Completed01
	Not at home02
	Refused03
	Partly completed04
	Incapacitated05
Codes refer to mother/caretaker.	Other (<i>specify</i>) _____ 96

UF10. Field edited by (Name and number): Name..... __ __	UF11. Data entry clerk (Name and number): Name __ __
UF12. Record the time.	Hour and minutes __ __ : __ __

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day __ __</p> <p>DK day..... 98</p> <p>Month..... __ __</p> <p>Year __ __ __</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) __</p>	

EARLY CHILDHOOD DEVELOPMENT

EC

EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR *(name)*?

None00
 Number of children’s books0 ___
 Ten or more books 10

EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT *(name)* PLAYS WITH WHEN HE/SHE IS AT HOME.

DOES HE/SHE PLAY WITH:

	Y	N	DK
[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?	Homemade toys1	2	8
[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?	Toys from a shop.....1	2	8
[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?	Household objects or outside objects1	2	8
[D] COMPUTERS OR COMPUTER GAMES?	Computers or computer games1	2	8

If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response

EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.

ON HOW MANY DAYS IN THE PAST WEEK WAS *(name)*:

[A] LEFT ALONE FOR MORE THAN AN HOUR? Number of days left alone for more than an hour ___

[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? Number of days left with other child for more than an hour ___

If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’

EC4. Check AG2: Age of child

- Child age 3 or 4 ⇒ Continue with EC5
- Child age 0, 1 or 2 ⇒ Go to Next Module

EC5. DOES *(name)* ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING

Yes 1
 No2 2⇒EC7

EARLY CHILDHOOD DEVELOPMENT

EC

<p>KINDERGARTEN OR COMMUNITY CHILD CARE? EC5A. ARE YOU SATISFIED WITH THE EXPERIENCE?</p>	<p>DK.....8 Yes1 No2 DK.....8</p>	<p>8⇒EC7</p>										
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?</p>	<p>Number of hours.....__ __</p>											
<p>EC7. IN THE PAST 7 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name): If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)? Circle all that apply.</p>												
<p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p>	<table border="1"> <tr> <td></td> <td>Mother</td> <td>Father</td> <td>Other</td> <td>No one</td> </tr> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	
	Mother	Father	Other	No one								
Read books	A	B	X	Y								
<p>[B] TOLD STORIES TO (name)?</p>	<table border="1"> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	Told stories	A	B	X	Y						
Told stories	A	B	X	Y								
<p>[C] SANG SONGS TO (name) OR WITH (name)?</p>	<table border="1"> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	Sang songs	A	B	X	Y						
Sang songs	A	B	X	Y								
<p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p>	<table border="1"> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	Took outside	A	B	X	Y						
Took outside	A	B	X	Y								
<p>[E] PLAYED WITH (name)?</p>	<table border="1"> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	Played with	A	B	X	Y						
Played with	A	B	X	Y								
<p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table border="1"> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>	Named/counted	A	B	X	Y						
Named/counted	A	B	X	Y								
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT. CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1 No2 DK.....8</p>											
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1 No2 DK.....8</p>											
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1 No2 DK.....8</p>											

EARLY CHILDHOOD DEVELOPMENT		EC
EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes 1 No 2 DK..... 8	
EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes 1 No 2 DK..... 8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes 1 No 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes 1 No 2 DK..... 8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No 2 DK..... 8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No 2 DK..... 8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes 1 No 2 DK..... 8	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. Did (<i>name</i>) <u>drink plain water</u> yesterday, during the day or night?	Yes 1 No 2 DK..... 8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times __ __	
BF6. DID (<i>name</i>) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times __ __	
BF8. DID (<i>name</i>) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF9. DID (<i>name</i>) DRINK <u>clear broth/clear soup</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	

BREASTFEEDING		BF
BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes 1 No 2 DK..... 8	

CARE OF ILLNESS

CA

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup Antibiotic A Antimotility B Zinc C Other (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H</p> <p>Injection Antibiotic L Non-antibiotic M Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒NEXT MODULE 8⇒ NEXT MODULE</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒ NEXT MODULE 8⇒ NEXT MODULE</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) _____ 6 DK 8</p>	<p>2⇒ NEXT MODULE 6⇒ NEXT MODULE</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the</p>	<p>Public sector Govt. hospital A Govt. health centre B Govt. health post C Village health worker D Mobile / Outreach clinic E Other public (<i>specify</i>) _____ H</p> <p>Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O</p> <p>Other source Relative / Friend P</p>	

CARE OF ILLNESS		CA
place. _____ (Name of place)	Shop Q Traditional practitioner R Other (<i>specify</i>) _____ X	
CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ NEXT MODULE 8⇒ NEXT MODULE
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic Pill / Syrup A Injection B Anti-malarials..... M Paracetamol / Panadol / Acetaminophen... P Aspirin Q Ibuprofen R Other (<i>specify</i>) _____ X DK..... Z	

UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

Yes ⇒ Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent

No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation

Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.

Move to another woman's, man's or under-5 questionnaire



State of Qatar
Multiple Indicator Cluster Survey
2012