Azad Jammu & Kashmir 2020-21

Sample & Survey Characteristics

MICS

Multiple Indicator Cluster Surveys
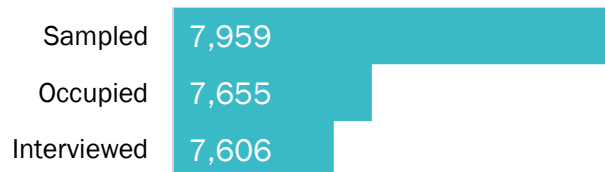
Bureau of Statistics
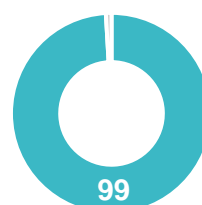Planning & Development Department
Government of AJ&K

unicef

Response Rates

Household	Number	Response rates
Sampled	7,959	
Occupied	7,655	
Interviewed	7,606	99

Women age 15-49

	Number	
Eligible for interview	12,069	
Interviewed	11,558	96

Men age 15-49*

	Number	
Eligible for interview	4,139	
Interviewed	3,763	91

Children under 5

	Number	
Eligible for interview	6,065	
Mothers/Caretakers interviewed	5,871	97

Children age 5-17**

	Number	
Eligible for interview	5,467	
Mothers/Caretakers interviewed	5,363	98

Survey Implementation

Implementing agency:
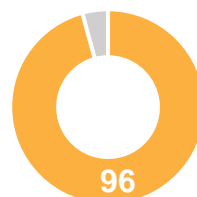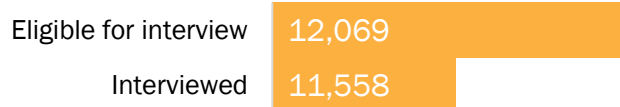Bureau of Statistics, AJ&K

Sampling frame:
Population Census, 2017

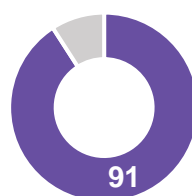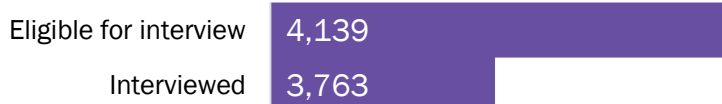**Interviewer training:**
Feb. 2020 and Oct. 2020

Fieldwork:
Nov, 2020 to April, 2021

Questionnaires:
Household
Women age 15-49
Men age 15-49
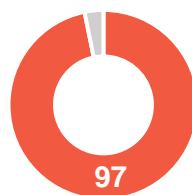Children under 5
Children age 5-17
Water quality testing

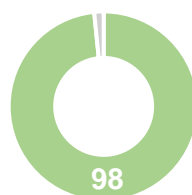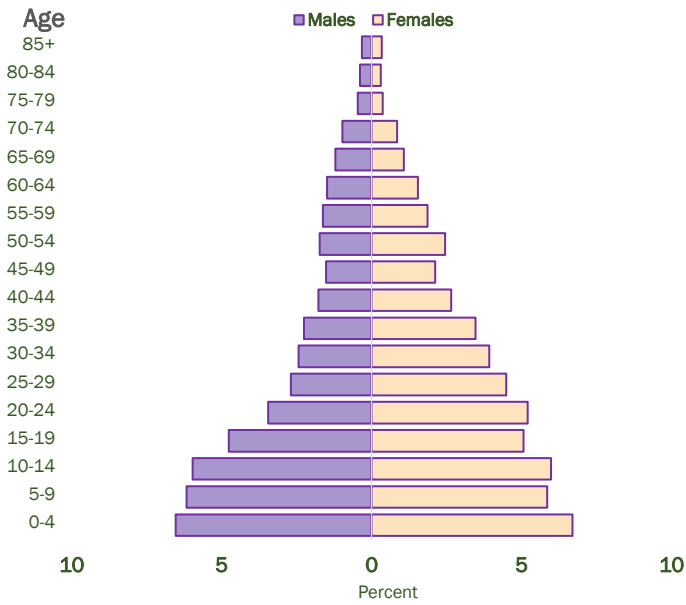* A questionnaire for individual men administered in every second household to all men age 15-49

** A questionnaire for children age 5-17 years, administered to the mother/caretaker of one randomly child age 5-17 years living in the household
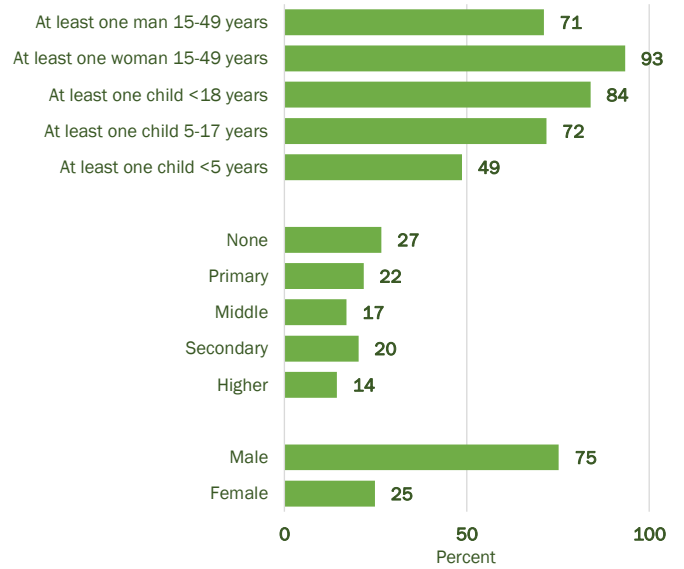
Population Characteristics

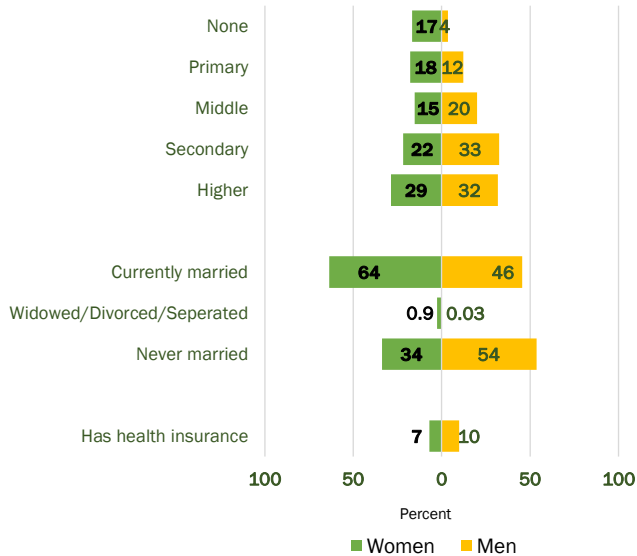## Household Population Age & Sex Distribution

Percent distribution of household population by age group and sex

## Household Composition & Characteristics of Head of household

Percent of households by selected characteristics

	Percent
At least one man 15-49 years	71
At least one woman 15-49 years	93
At least one child <18 years	84
At least one child 5-17 years	72
At least one child <5 years	49
None	27
Primary	22
Middle	17
Secondary	20
Higher	14
Male	75
Female	25

Women & Men's Profile

Percent distribution of women and men age 15-49 by background characteristics

Children's Profile
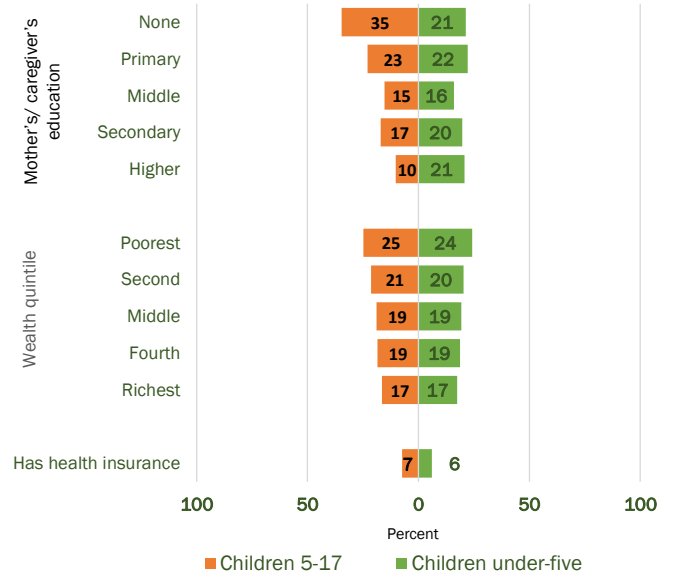
Percent distribution of children age 5-17 and under-five by background characteristics

Children's Living Arrangements

	Percent
Lives with both parents	61
Lives with neither biological parent	2
Lives with mother only	36
Lives with father only	1
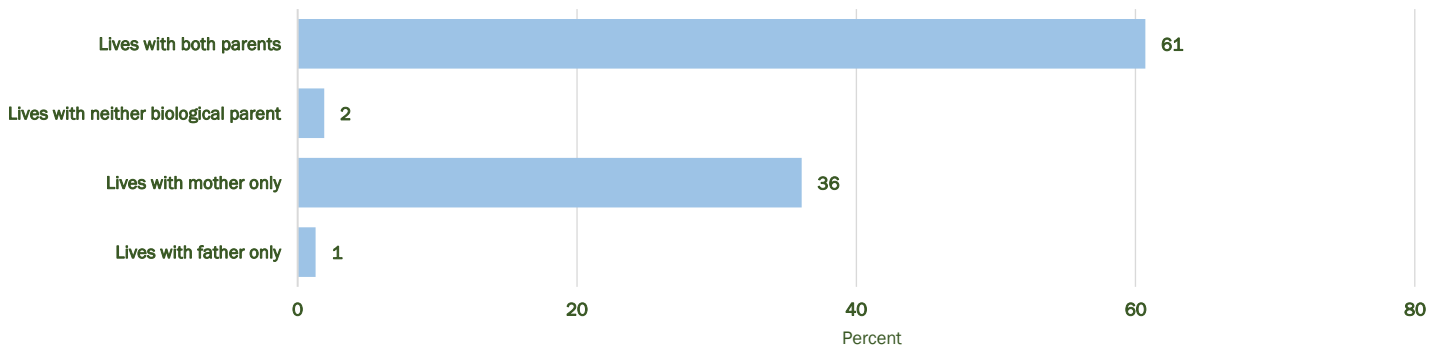
Percent distribution of children age 0-17 years according to living arrangements

Divisional Distribution of Population (percent)

Division	Households	Women	Men	Children under 5	Children 5-17
AJ&K	100.0	100.0	100.0	100.0	100.0
Muzaffarabad	27.5	26.0	25.1	31.6	29.9
Poonch	33.1	32.5	29.5	31.8	32.0
Mirpur	39.4	41.4	45.4	36.6	38.1

Key Messages

- AJ&K MICS 2020-21 had a sample size of 7,959 households with a 99% response rate. The response rate for women age 15-49 years and children under 5 were 96% and 97% respectively. The response rate for men age 15-49 years was slightly lower at 91%.
- In AJ&K, 75% of households are headed by a man and 27% of household heads have no education.

- Forty-nine percent (49%) of households had at least one child under five years of age. About one-fourth of these children (27%) had a mother/caregiver who had no education.
- Among children age 0-17 years, 38% (four in ten), live with no parent or one parent. Some of these children may need social protection assistance.
- Mirpur is the most populated

division in AJ&K. Thirty-nine percent (39%) of households in AJ&K are situated in Mirpur Division.
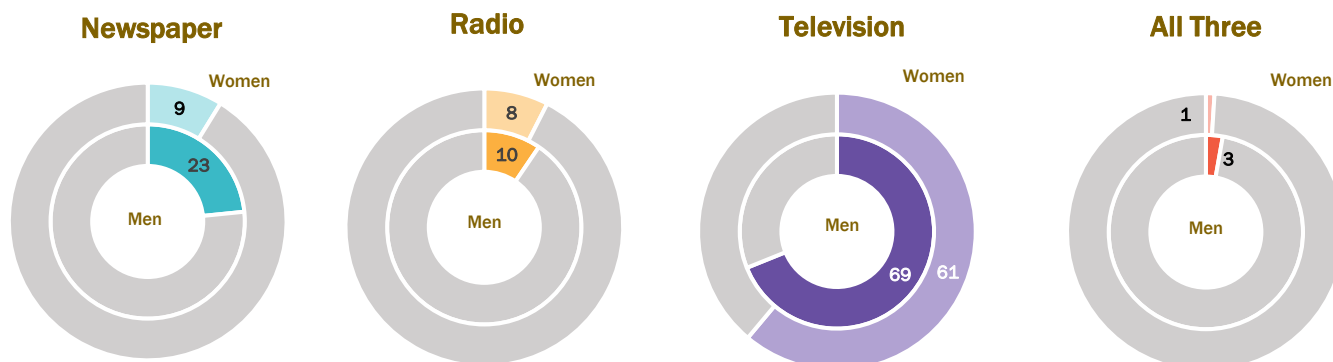
Azad Jammu & Kashmir 2020-21

MICS

Mass Media, Communications & Internet

Multiple Indicator Cluster Surveys

Bureau of Statistics
Planning & Development Department
Government of AJ&K

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Exposure to Mass Media

Newspaper
Women 9
Men 23

Radio
Women 8
Men 10

Television
Women 61
Men 69

All Three
Women 1
Men 3

Percentage of women & men age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 who are exposed to all three on a weekly basis
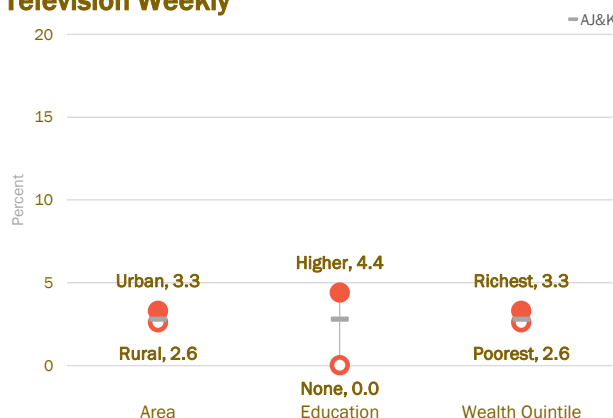
Inequalities in Access to Mass Media

Women with Access to Newspaper, Radio & Television Weekly

— AJ&K

20
15
10
5
0

Percent

Urban, 1.3
Rural, 0.9
Higher, 2.1
None, 0.0
Richest, 1.2
Poorest, 0.2

Area | Education | Wealth Quintile

Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Men with Access to Radio, Newspapers & Television Weekly

— AJ&K

20
15
10
5
0

Percent

Urban, 3.3
Rural, 2.6
Higher, 4.4
None, 0.0
Richest, 3.3
Poorest, 2.6

Area | Education | Wealth Quintile

Percentage of men age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Key Messages

- Watching television is the most common and accessible exposure to media amongst women and men in AJ&K. Sixty-nine percent (69%) of men and 61% of women in AJ&K watch television at least once a week.
- Amongst people age 15-49 years in AJ&K, only 9% of women and 23% of men read a newspaper at least once a week. Only 8% of women and 10% of men listen to the radio at least once a week.
- People who live in rural or poor households are far less likely to own a computer/laptop or tablet or have internet in their households.

- In AJ&K 99% of urban households and 97% of rural households own a mobile phone. All households in the richest wealth quintile (100%) reported owning a cell phone compared to 75% of households in the poorest quintile.
- Men are three-times more likely to have used a computer/laptop or tablet in the past three months (17%) than are women (6%) and almost twice as likely to have used the internet in the last three months (56% for men compared to 32% for women).
- Women who live in rural areas, have no education and are poor are less likely to use a

mobile phone than women or men, including men who live in rural areas, who have low levels of education or are poor.
- Women in Mirpur Division were more likely to report use of computer, laptop, or tablet in the past three months compared to other Divisions in AJ&K. Women in Mirpur Division were also more likely to report use of internet in the last three months.

Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Division	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer/Laptop/Tablet	Internet at Home
AJ&K	13.0	65.7	3.1	97.7	14.1	59.0
Muzaffarabad	12.0	53.1	3.3	95.5	11.8	40.7
Poonch	18.2	62.4	2.2	98.0	12.4	54.1
Mirpur	9.3	77.1	3.8	98.9	17.0	76.0

Percentage of households which own a radio, television, telephone-fixed line, telephone-mobile, computer/laptop/tablet and that have access to the internet at home
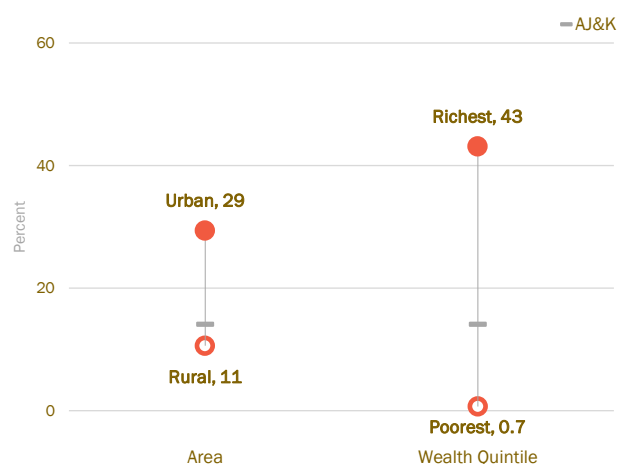
Inequalities in Household Ownership of ICT Equipment & Internet at Home

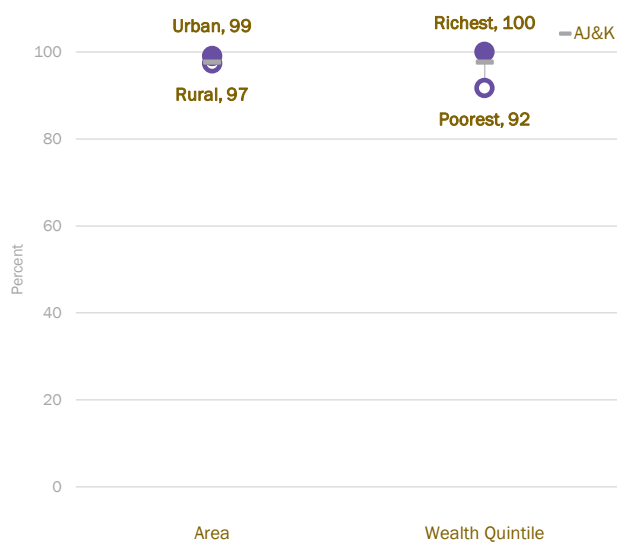### Household Ownership of a Radio
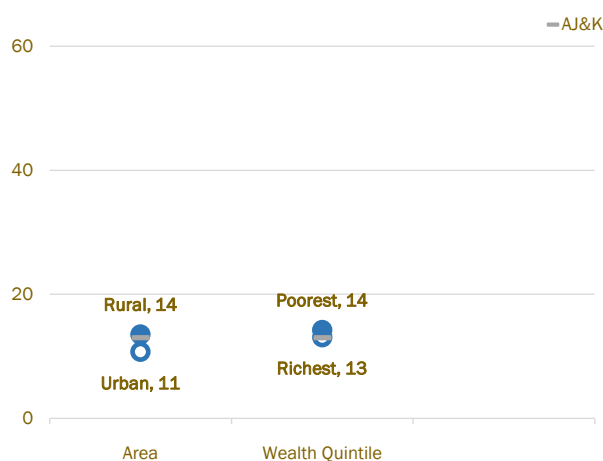
Percentage of households with a radio at home

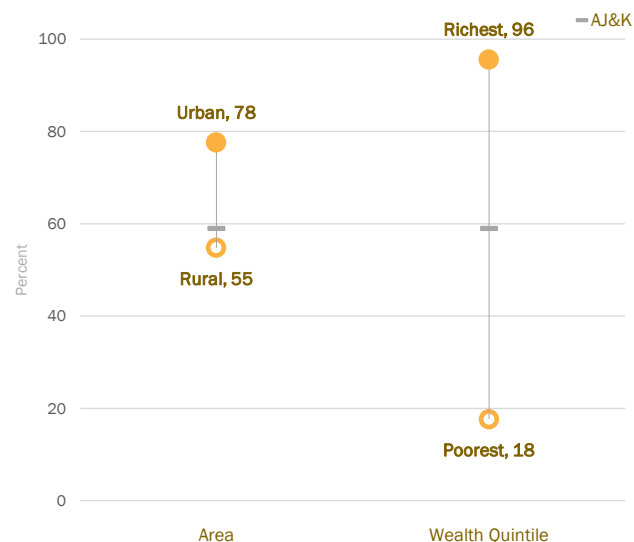### Household Ownership of a Computer/ Laptop /Tablet

Percentage of households with a computer/ Laptop/ Tablet at home

Household Ownership of a Mobile Telephone
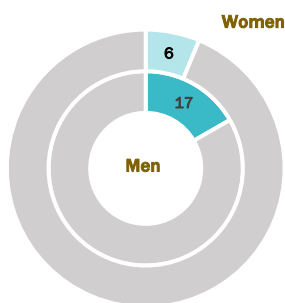

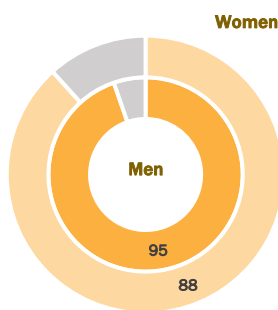Percentage of households with mobile telephone

Households with Internet

Percentage of households with access to the internet at home
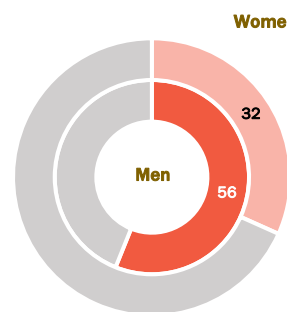
Use of Information & Communication Technology
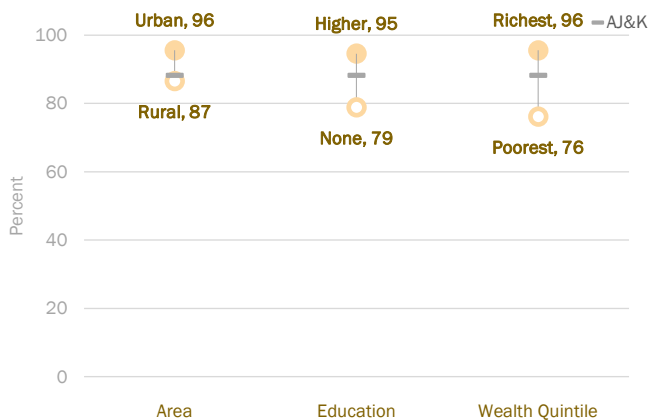
Computer/ Laptop/ Tablet Use

Women

6

17

Men

Mobile Phone Use

Women

95

88

Men

Internet Use: SDG17.8.1

Women

32

56

Men

Percentage of women and men age 15-49 years who during the last 3 months used a computer/ Laptop/ Tablet, used a mobile phone and used the internet

Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women

Urban, 96   Higher, 95   Richest, 96 — AJ&K

Rural, 87   None, 79   Poorest, 76

Percent: 100, 80, 60, 40, 20, 0

Area   Education   Wealth Quintile

Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men

Urban, 97   Higher, 99   Richest, 98 — AJ&K

Rural, 94   None, 89   Poorest, 89

Percent: 100, 80, 60, 40, 20, 0

Area   Education   Wealth Quintile

Percentage of men age 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Women: SDG17.8.1

— AJ&K

Richest, 69

Higher, 63

Urban, 53

Rural, 27

None, 5   Poorest, 4

Percent: 100, 80, 60, 40, 20, 0

Area   Education   Wealth Quintile
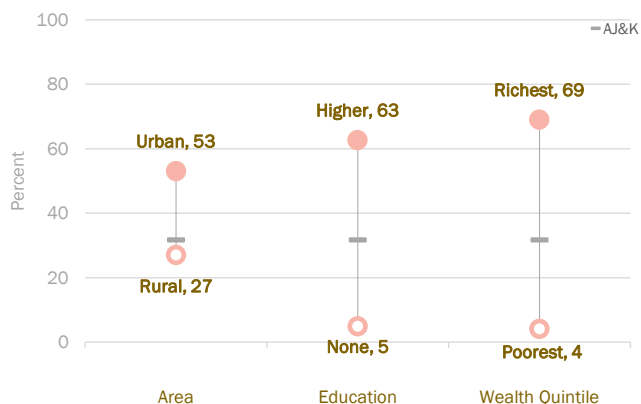
Percentage of women age 15-49 years who used the internet in the last 3 months

Disparities in Internet Use among Men: SDG17.8.1

— AJ&K

Higher, 84   Richest, 83

Urban, 73

Rural, 52

Poorest, 24

None, 12

Percent: 100, 80, 60, 40, 20, 0

Area   Education   Wealth Quintile
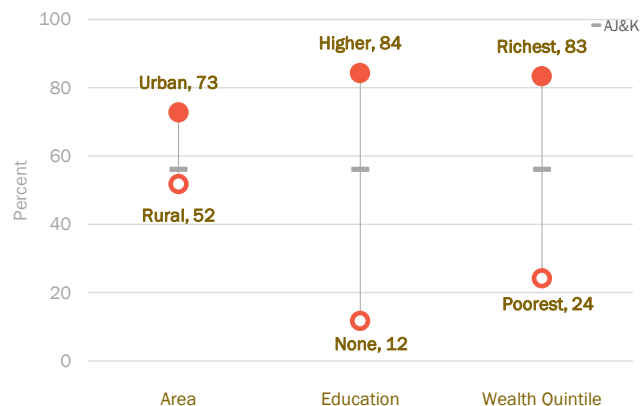
Percentage of men age 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills

Specific Computer Skills

Activity	Men	Women
At least one of the 9 activities	15	5
Wrote a computer program in any programming language	2	1
Transferred a file between a computer and other device	11	3
Created an electronic presentation with presentation software, including text, images, sound, video or charts	4	2
Found, downloaded, installed & configured software	9	2
Connected & installed a new device, such as a modem, camera or printer	6	2
Used a basic arithmetic formula in a spreadsheet	4	1
Sent e-mail with a file (e.g. document, picture or video)	8	3
Used copy & paste duplicate or move information in document	12	3
Copied or moved a file/folder	12	3

■ Men ■ Women

Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Divisional Data on ICT Use & Skills among Women

Division	Computer/ Laptop/ Tablet Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer -related activity
AJ&K	6.3	88.3	31.7	4.8
Muzaffarabad	6.0	85.7	20.2	4.5
Poonch	5.4	91.3	26.9	4.1
Mirpur	7.3	87.5	42.8	5.6

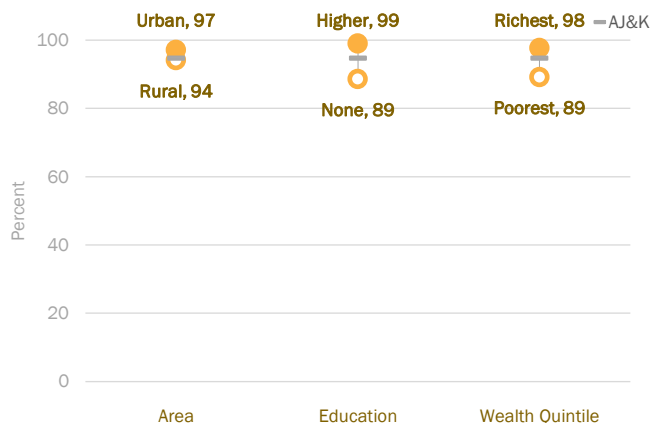Percentage of women age 15-49 years who during the last 3 months used a computer/ Laptop/ Tablet, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

Azad Jammu & Kashmir 2020-21

Child Mortality

MICS

Multiple Indicator Cluster Surveys

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Mortality Rates among Children Under-5
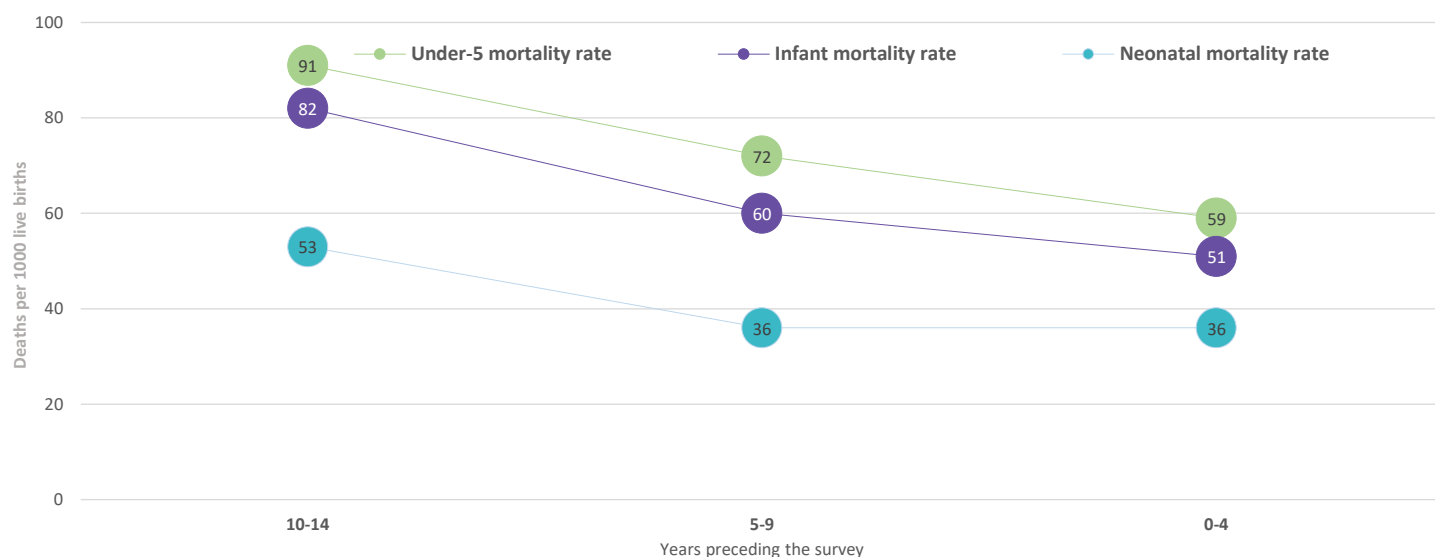
Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	36	15	51	9	59
5-9	36	24	60	13	72
10-14	53	29	82	10	91

Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates
Infant mortality ($_1q_0$): probability of dying between birth and first birthday
Child mortality ($_4q_1$): probability of dying between the first and fifth birthday
Under-5 mortality ($_5q_0$): probability of dying between birth and fifth birthday
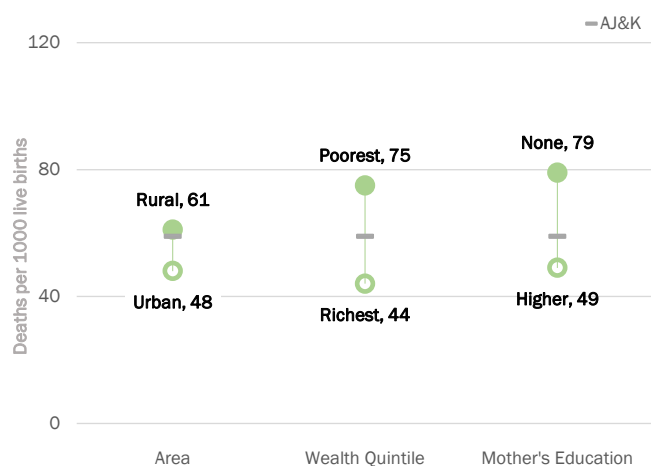
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.
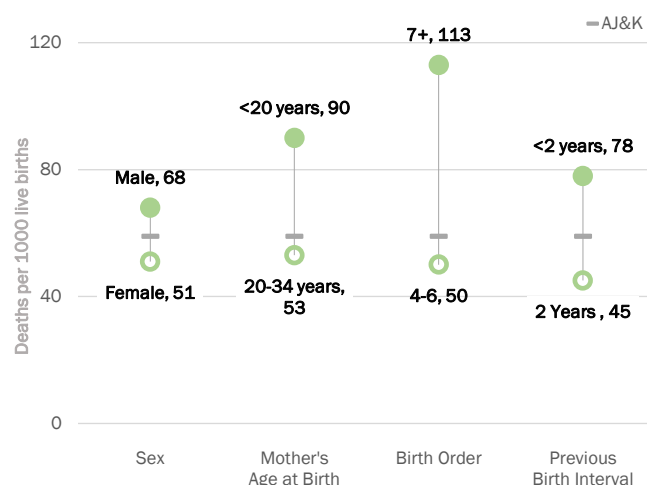
Key Messages

- In AJ&K, the under-five mortality rate, infant mortality rate, and neonatal mortality rate has declined over the past 15 years. While the under-5 mortality rate and Infant mortality rate declined in the 10 years prior to the survey, the neonatal mortality rate remained the same (36%)

- The infant mortality rate for AJ&K is estimated at 51 deaths per one thousand live births, while the probability of dying under age 5 (U5MR) is 59 deaths per one thousand live births.

- At the divisional level, neoare lowest in Muzaffarabad division (34 per 1,000 live births) while under-5 mortality rates are lowest in Poonch and Mirpur divisions (56 deaths per 1,000 live births).

- Under-5 mortality rates are higher for children who live in rural areas (61/1,000), come from poor households (75/1,000), or whose mother/caretaker has no education (79/1,000) compared to children who live in urban areas (48/1,000), come from rich households (44/1,000) or whose mother/caretaker has a secondary education or higher (49/1,000). Children whose birth order is 7 or more and children who are born less than 2 years after a previous birth are also more likely to die before their 5th birthday.

- Boys are more likely to die before their fifth birthday (68/1,000) than are girls (51/1,000).

Child Mortality Disparities

Under-5 mortality rate by socio-economic characteristics & area

Deaths per 1000 live births

— AJ&K

Rural, 61
Urban, 48
Poorest, 75
Richest, 44
None, 79
Higher, 49

Area   Wealth Quintile   Mother's Education

Under-5 mortality rate by demographic risk factors

Deaths per 1000 live births

— AJ&K

7+, 113
<20 years, 90
<2 years, 78
Male, 68
Female, 51
20-34 years, 53
4-6, 50
2 Years , 45

Sex   Mother's Age at Birth   Birth Order   Previous Birth Interval

Under-five mortality rates for the five year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by divisions

Division	Neonatal mortality	Under-5 mortality
AJ&K	**36**	**59**
Muzaffarabad	34	66
Poonch	35	56
Mirpur	38	56

Neonatal mortality and under-5 mortality rates (deaths per 1000 live births) for the five-year period preceding the survey, by division

Trends in under-5 mortality rates

Deaths per 1000 live births

1995   2000   2005   2010   2015   2020
Year

●——● PDHS 2017-18   △——△ MICS 2020-21
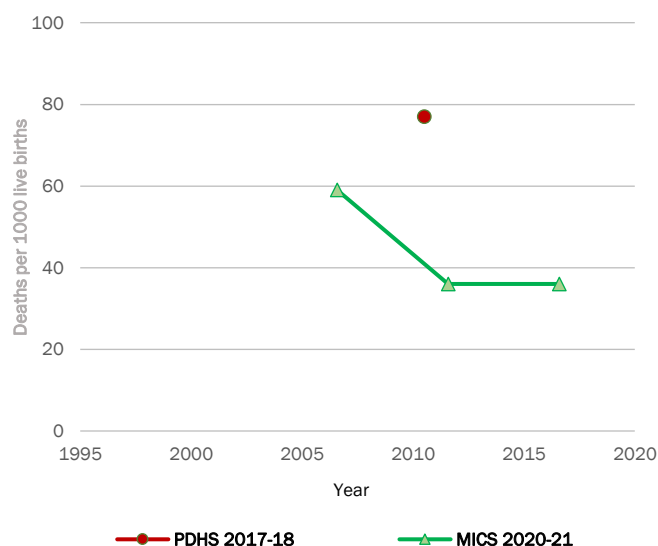
The source data used in the above graph is taken from the final reports of MICS 2020-21 and PDHS 2017-18

The objective of this snapshot is to disseminate selected findings from the AJ&K MICS 2020-21 related to Child Mortality. Data from this snapshot can be found in table CS.1, CS2, and CS3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on www.pndajk.gov.pk and www.mics.unicef.org/surveys.

Azad Jammu & Kashmir 2020-21

Fertility & Family Planning
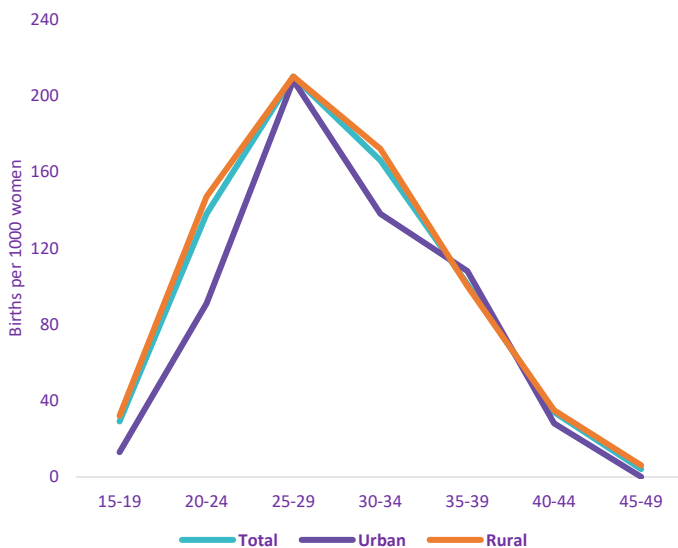
Multiple Indicator Cluster Surveys

Bureau of Statistics
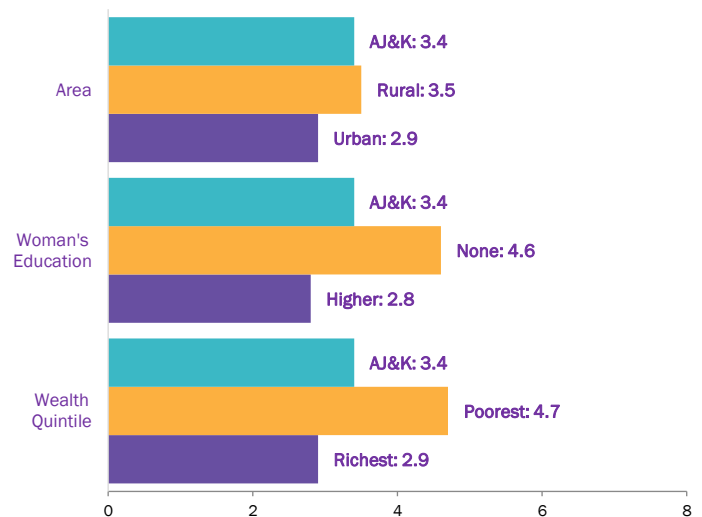Planning & Development Department
Government of AJ&K

unicef

Fertility

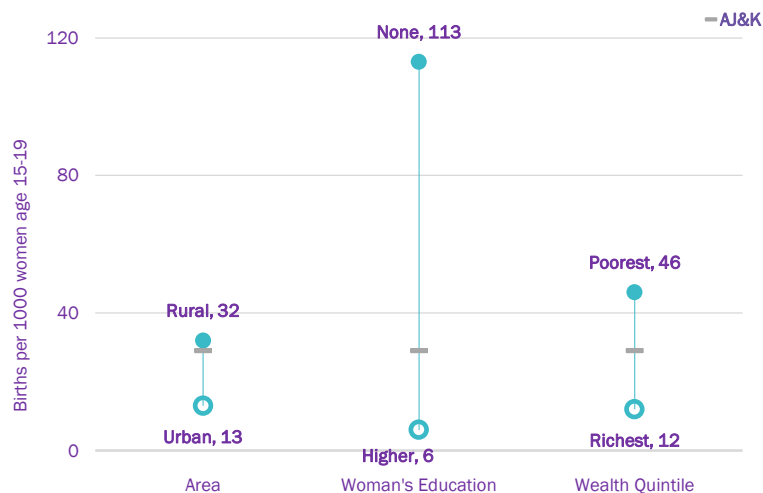### Age Specific Fertility Rates

Total   Urban   Rural

Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate

Area
- AJ&K: 3.4
- Rural: 3.5
- Urban: 2.9

Woman's Education
- AJ&K: 3.4
- None: 4.6
- Higher: 2.8

Wealth Quintile
- AJ&K: 3.4
- Poorest: 4.7
- Richest: 2.9

The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Adolescent Birth Rate: SDG indicator 3.7.2

Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Childbearing - by Age 18

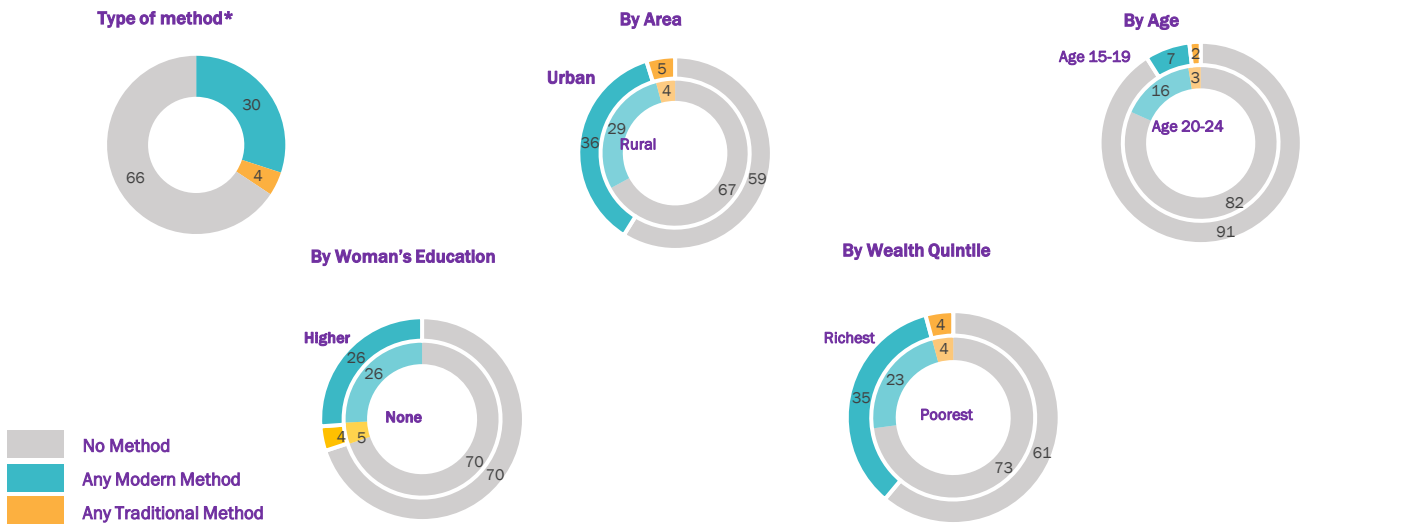Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

Trends in Early Childbearing - by Age 18
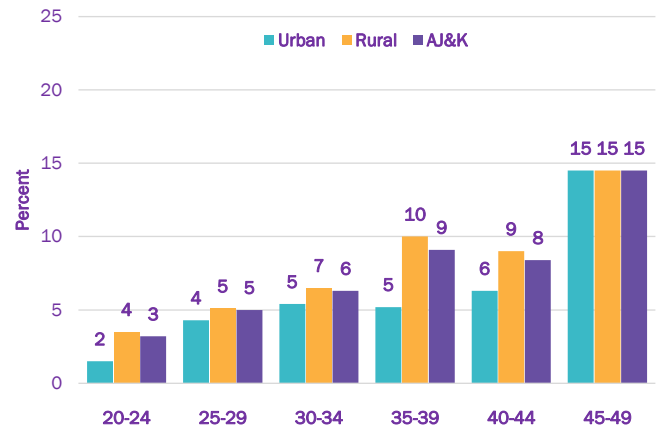
Percentage of women age 20-24 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics

Type of method*

By Area

By Age

By Woman's Education

By Wealth Quintile

- No Method
- Any Modern Method
- Any Traditional Method

Percentage of women age 15-49 years currently married who are using a contraceptive method
*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm and lactational amenorrhea (LAM) Traditional methods refer to periodic abstinence and withdrawal
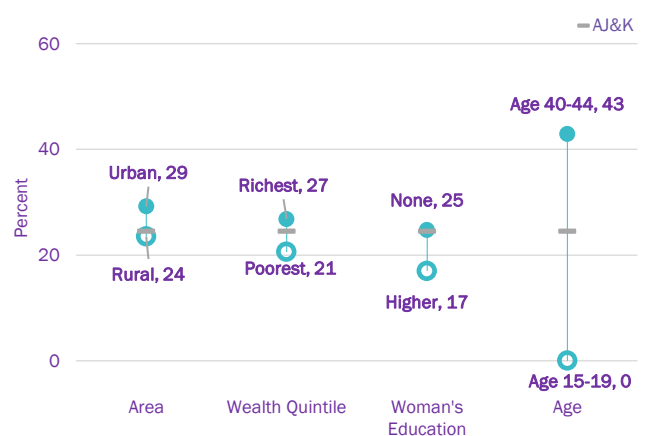
Met Need for Family Planning

Met Need for Family Planning - Spacing
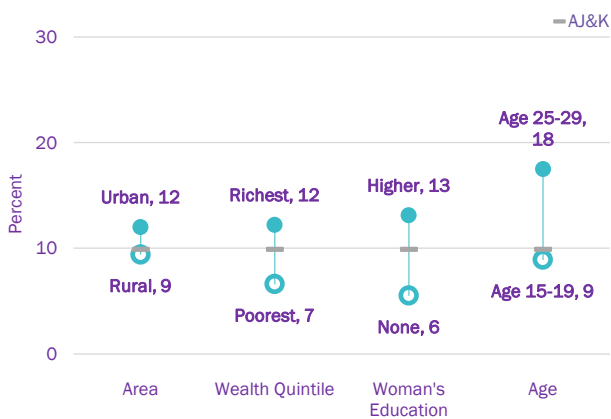
Percentage of women age 15-49 years currently married with a met need for family planning for spacing, by background characteristics

Met Need for Family Planning – Limiting

Percentage of women age 15-49 years currently married with an met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1
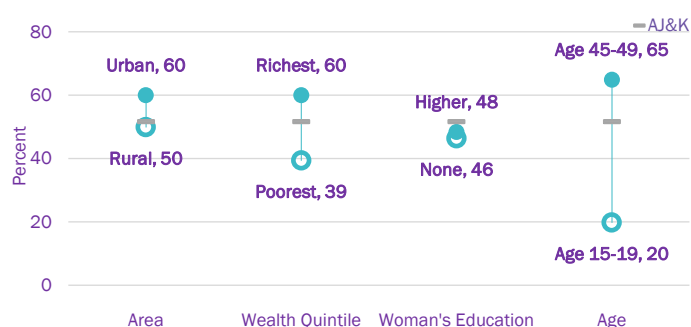
The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies , which are at higher risk for poor obstetrical outcomes.

Divisional Data on Fertility & Family Planning

Division	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married women	Contraception Use of any method among married women	Demand for family planning satisfied with modern methods among married women
AJ&K	29	**3.4**	**0.0**	**3.2**	**30.0**	**34.4**	**51.6**
Muzaffarabad	38	4.2	0.0	6.5	21.5	23.9	38.3
Poonch	25	3.4	0.1	2.1	30.1	34.9	50.4
Mirpur	25	2.9	0.0	2.0	35.6	40.8	61.1

*Percentage of women age 15-19 years who have had a live birth before age 15

Key Messages

- Note that due to cultural sensitivity, all birth related questions were asked to currently married women.

- With current age specific fertility rates, a woman in AJ&K is expected to give birth to 3.4 children during her reproductive life.

- Data from this MICS indicate some variations for total fertility rates across divisions in AJ&K. In Mirpur, a woman will give births to 2.9 children during her lifetime compared to a woman in Muzaffarabad who can expect to give birth to 4.2 children during her lifetime.

- Early childbearing before 18 has shown a declining trend over time. Fifteen percent (15%)

of women currently age 44-49 years report having a live birth before the age of 18 years compared to 3% of women who are currently age 20-24 years old.

- Thirty percent (30%) of currently married women in AJ&K use modern methods of contraception.

- Women who live in urban areas, come from rich households, or have a higher education are more likely to have their needs for family planning satisfied with modern methods. Very young women (age 15-19 years) are less likely (7%) than their slightly older counterparts (age 20-24 years) to have their demand for family planning met with modern methods (16%). These data may indicate that very young women are not accessing

family planning programmes and services.

- Women in AJ&K were more likely to report met need for family planning for limiting than for spacing. Inequality for met need for family planning is most apparent from level of education data. _Thirteen percent (13%) of women with a higher education reported met need for spacing compared to just 6% of women with no education. For limiting, women with a secondary education or higher reported 17% met need for family planning compared to 25% of women with no education.

Azad Jammu & Kashmir 2020-21
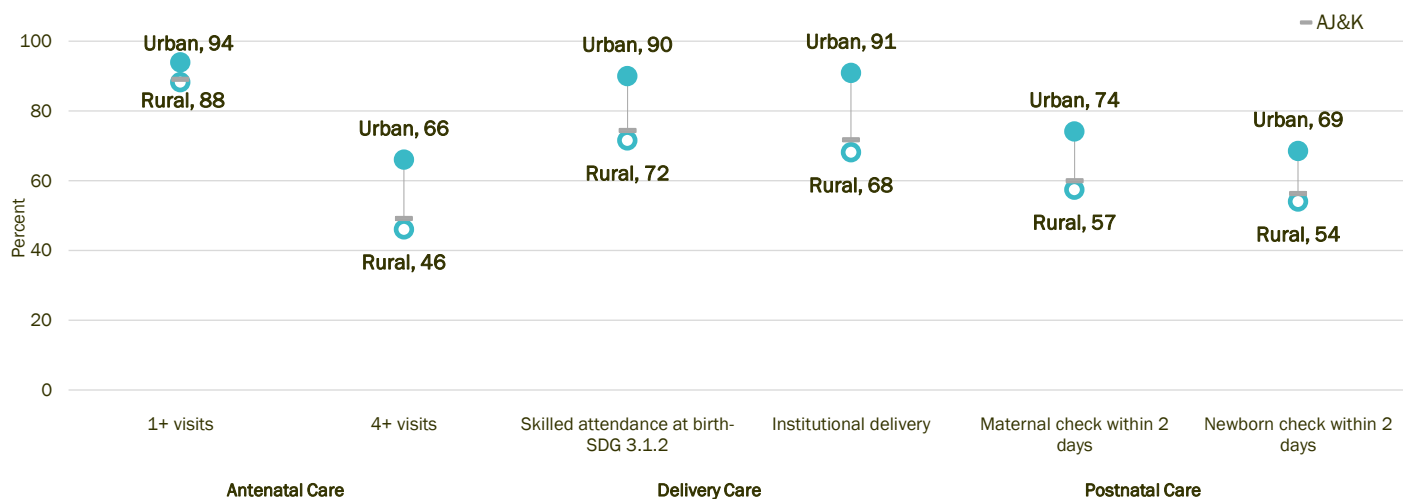
Maternal & Newborn Health

Key Elements of Maternal & Newborn Health

Bureau of Statistics
Planning & Development Department
Government of AJ&K

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## Maternal & Newborn Health Cascade by Area

— AJ&K

	Antenatal Care		Delivery Care		Postnatal Care	

- 1+ visits — Urban, 94; Rural, 88
- 4+ visits — Urban, 66; Rural, 46
- Skilled attendance at birth- SDG 3.1.2 — Urban, 90; Rural, 72
- Institutional delivery — Urban, 91; Rural, 68
- Maternal check within 2 days — Urban, 74; Rural, 57
- Newborn check within 2 days — Urban, 69; Rural, 54

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (SDG 3.1.2), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit
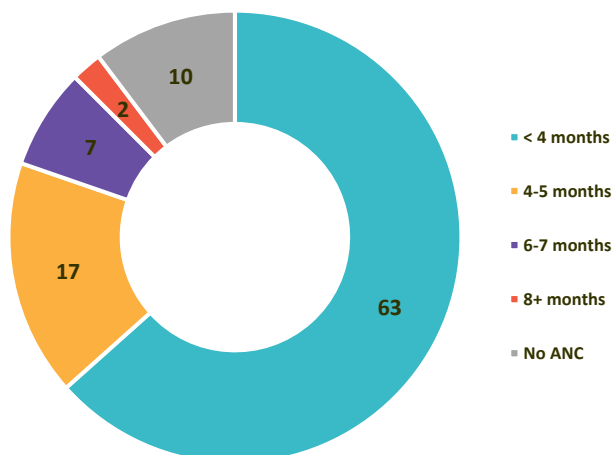
- < 4 months — 63
- 4-5 months — 17
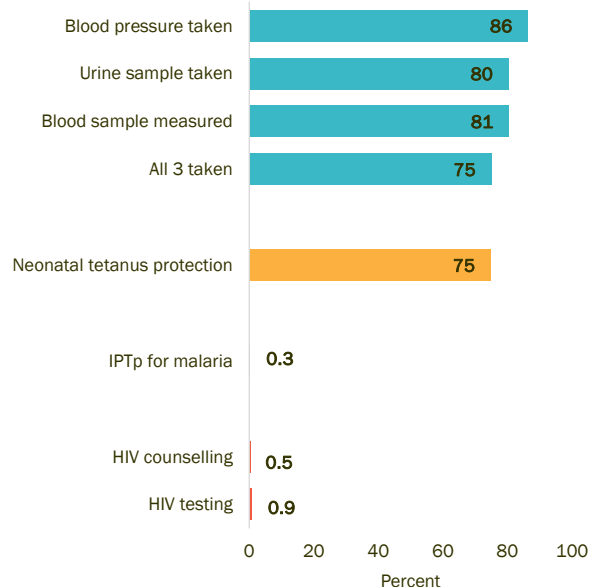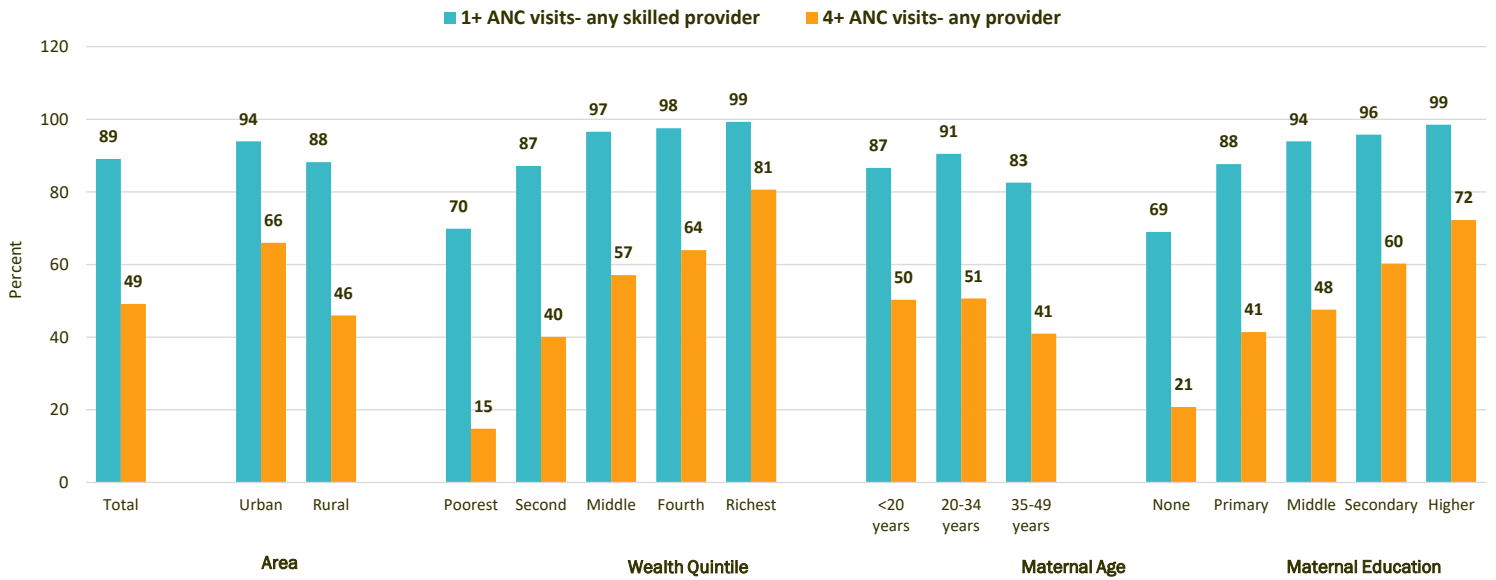- 6-7 months — 7
- 8+ months — 2
- No ANC — 10

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services

- Blood pressure taken — 86
- Urine sample taken — 80
- Blood sample measured — 81
- All 3 taken — 75
- Neonatal tetanus protection — 75
- IPTp for malaria — 0.3
- HIV counselling — 0.5
- HIV testing — 0.9

Percent

Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, took three or more doses of SP/Fansidar to prevent malaria, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth
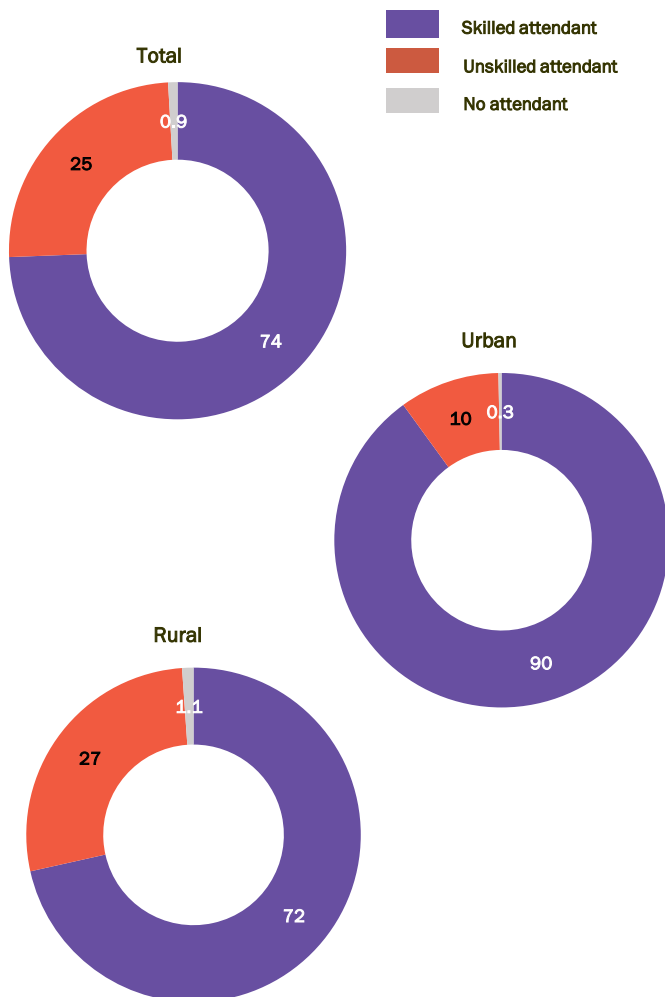
Coverage of Antenatal Care by Various Characteristics

- ■ 1+ ANC visits- any skilled provider
- ■ 4+ ANC visits- any provider

Percent

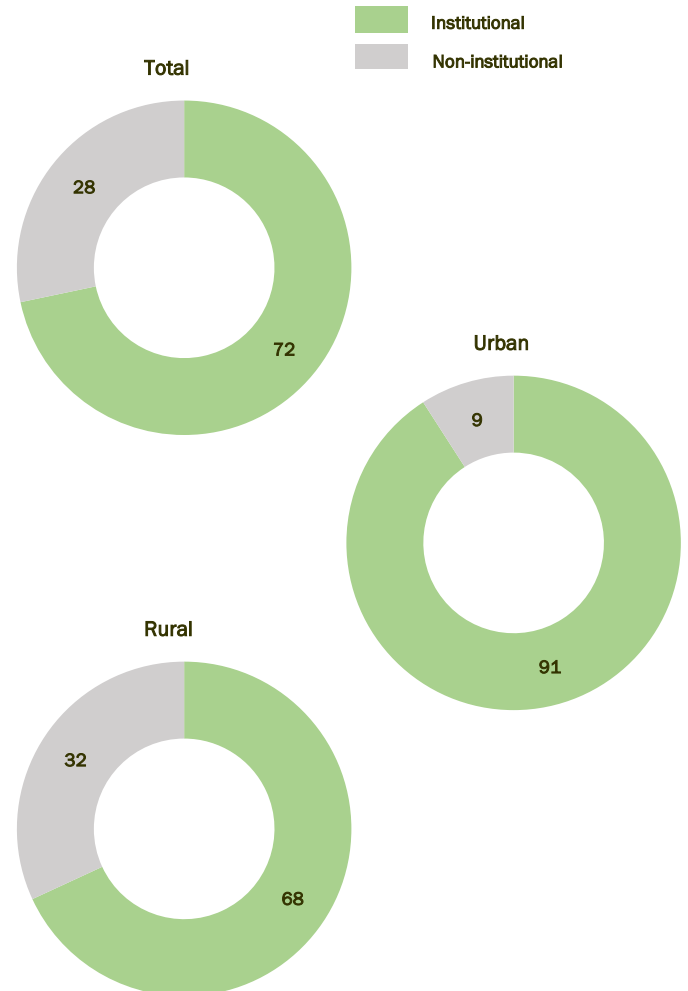| Category	1+ ANC	4+ ANC
Total	89	49
Area — Urban	94	66
Area — Rural	88	46
Wealth Quintile — Poorest	70	15
Wealth Quintile — Second	87	40
Wealth Quintile — Middle	97	57
Wealth Quintile — Fourth	98	64
Wealth Quintile — Richest	99	81
Maternal Age — <20 years	87	50
Maternal Age — 20-34 years	91	51
Maternal Age — 35-49 years	83	41
Maternal Education — None	69	21
Maternal Education — Primary	88	41
Maternal Education — Middle	94	48
Maternal Education — Secondary	96	60
Maternal Education — Higher	99	72

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth

- ■ Skilled attendant
- ■ Unskilled attendant
- ■ No attendant

Total: Skilled attendant 74, Unskilled attendant 25, No attendant 0.9

Urban: Skilled attendant 90, Unskilled attendant 10, No attendant 0.3

Rural: Skilled attendant 72, Unskilled attendant 27, No attendant 1.1

Institutional Delivery

- ■ Institutional
- ■ Non-institutional

Total: Institutional 72, Non-institutional 28

Urban: Institutional 91, Non-institutional 9

**Rural:** Institutional 68, Non-institutional 32

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

## Caesarian Section by Various Characteristics
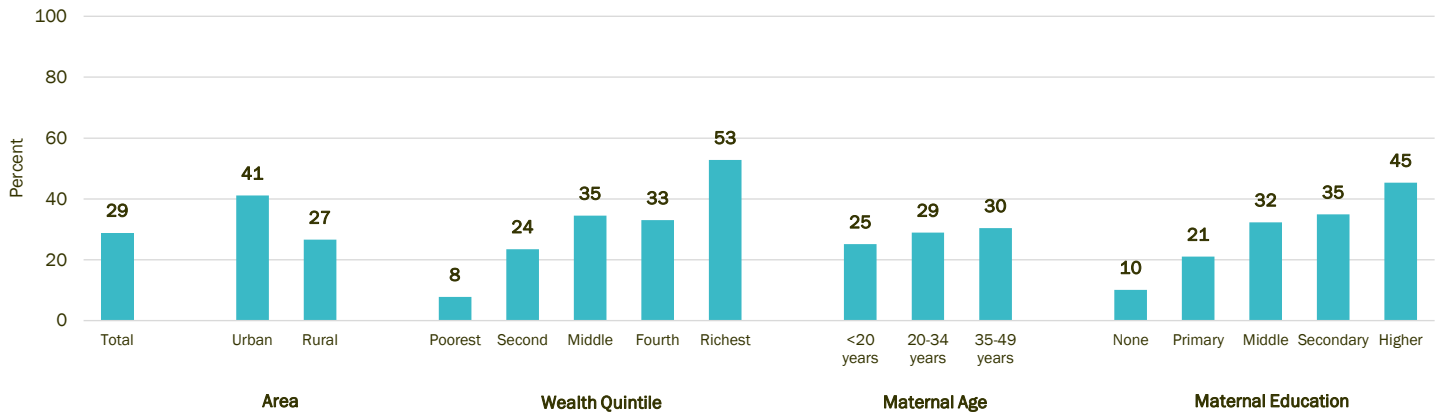
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics
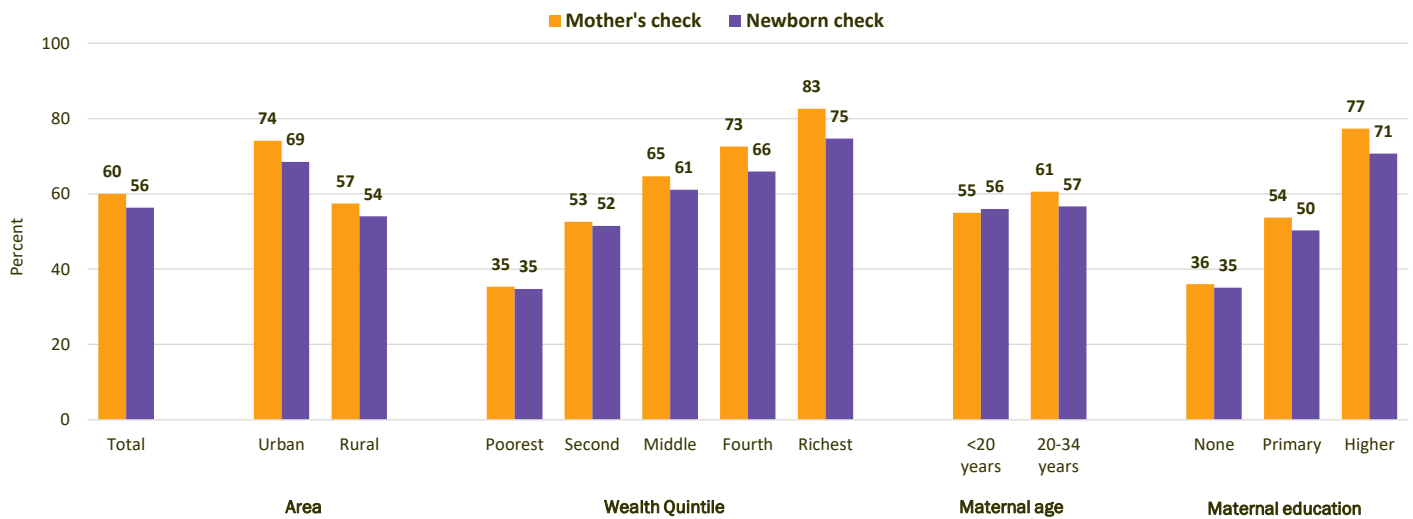
Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care
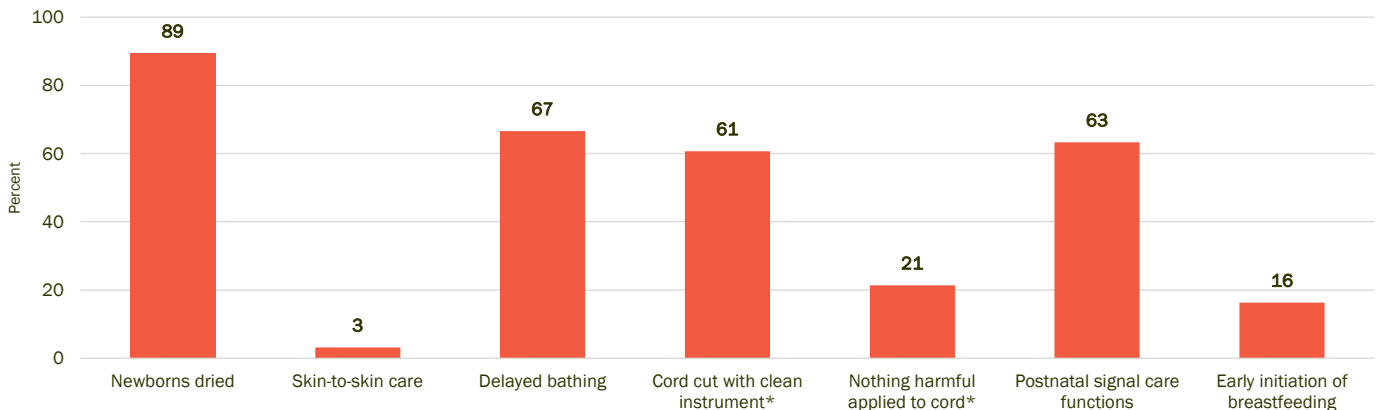
Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument; percentage where nothing harmful was applied to the cord; percentage where the newborn received a least 2 postnatal signal care functions within 2 days after birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth, by various characteristics

* Among the last live-births in the last 2 years delivered outside a facility

Divisional Data on Maternal and Newborn Cascade

Division	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
AJ&K	89.1	49.2	74.4	71.7	60.0	56.3
Muzaffarabad	74.5	30.4	54.9	49.9	42.4	40.6
Poonch	92.9	50.5	78.6	77.1	63.0	57.2
Mirpur	98.4	64.4	87.7	85.9	72.6	69.0

For indicator definitions, see earlier charts

Key Messages

- In the AJ&K MICS 2020-21, 89% of women received at least one ANC visit by a skilled health personnel; however, women with no education (69%) or women from the poorest households (70%) were less likely to receive at least one ANC visit by a skilled health provider.
- Overall, less than half of women in AJ&K (49%) received four or more ANC visits for their most recent live birth. Only 15% of women from the poorest households and 21% of women with no education received four or more ANC visits.
- In urban areas, most women delivered in a health facility (91%) and most delivered with a skilled birth attendant (90%). In rural areas, 68% of women delivered in a health facility and 72% delivered with a skilled birth attendant.

- During ANC, very few women reported receiving intermittent preventive treatment in pregnancy (IPTp) (0.3%). As well, very few received HIV counselling (0.5%) or testing (0.9%)
- Overall, 29% of women in AJ&K gave birth by Caesarian section. In urban areas 41% of women gave birth by Caesarian section compared to 27% of women from rural areas. Amongst women who came from the richest households, more than half (53%) gave birth by Caesarian section compared to 8% of women from the poorest households.
- Overall, only 3% of newborns received skin-to-skin care and 16% received early initiation of breastfeeding. Twenty-one percent (21%) of newborns had nothing

harmful applied to their umbilical cord. These data indicate that many newborns in AJ&K did not receiving essential newborn care functions that save lives.
- Seventy-five percent (75%) of women in AJ&K received all three markers of ANC care (blood pressure check, blood screening, urine testing).
- Mothers and newborns in Mirpur division are more likely to receive ANC and PNC compared to mothers and newborns from other divisions.

Azad Jammu & Kashmir 2020-21

HIV / AIDS

MICS

Multiple Indicator
Cluster Surveys

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef

## HIV indicators

**Women**   **Men**

Knowledge

Percent who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy-looking person can be HIV-positive, and who reject the two most common misconceptions

Women: Age 15-49: 6, Age 15-24: 5
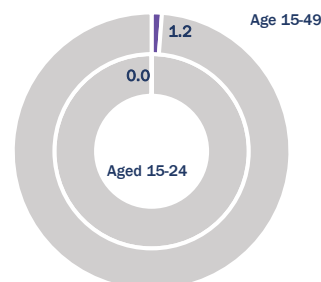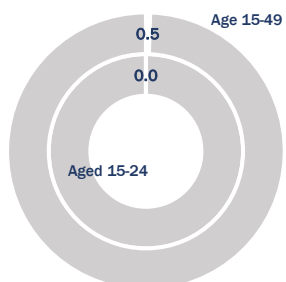Men: Age 15-49: 12, Age 15-24: 7
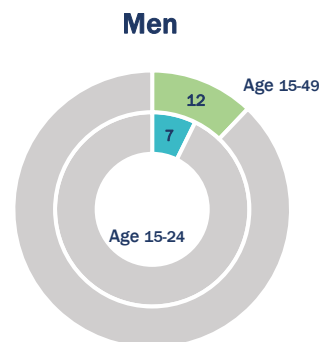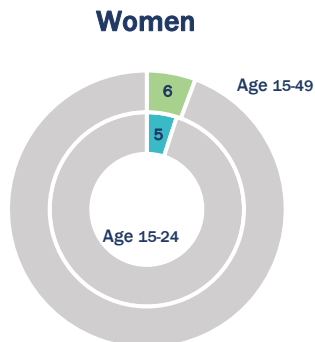
Stigma

Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV

Women: Age 15-24: 81, Age 15-49: 79
Men: Age 15-24: 79, Age 15-49: 81
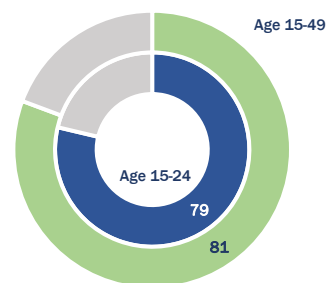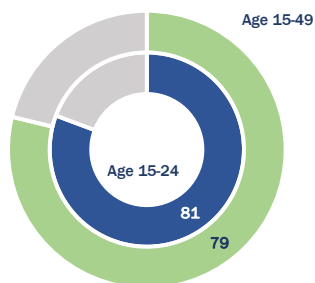
Testing

Percent who have been tested for HIV in the last 12 months and know the result

Women: Age 15-49: 0.5, Aged 15-24: 0.0
Men: Age 15-49: 1.2, Aged 15-24: 0.0

Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Women: Age 15-49: 0.2, Age 15-24: 0.1
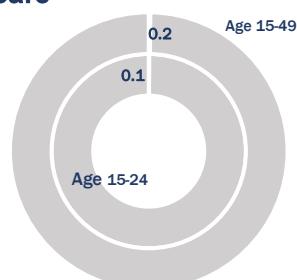
Key Messages

- Knowledge of HIV/AIDS was very low everywhere in AJ&K. Only 12% of men and 6% of women age 15-49 years had comprehensive knowledge of HIV/AIDS (knows that a healthy-looking person can be HIV positive, knows two ways to prevent HIV and rejects two common misconceptions).

- In AJ&K, 79% of women and 81% of men reported discriminatory attitudes towards people living with HIV.

- Fourteen percent (14%) of adolescent girls and young women (age 15-24 years) with higher education had comprehensive knowledge of HIV/AIDS. While still very low, these young women had substantially more knowledge of HIV/AIDS than did any other category of respondent, regardless of gender, age, location (rural/urban) or level of education.

- Almost no women (< 1%) reported testing for HIV during antenatal care visits.

HIV Indicators by Key Characteristics

## Knowledge among Adolescent Girls & Young Women (15-24)*

- Urban, 10.2
- Rural, 4.4
- Higher, 13.6
- None, 1.0
- Area
- Education

Knowledge among Adolescent Boys & Young Men (15-24)*

- Rural, 5.1
- Urban, 0.0
- Higher, 0.0
- None, 0.0
- Area
- Education

*Percent age 15-24 who know two ways of HIV prevention, who know that a healthy-looking person can be HIV-positive, and who reject two most common misconceptions.

Tested for HIV in last 12 months

Women ■ Men

Age	Women	Men
15-19	0.0	0.0
20-24	0.1	0.0
25-29	0.8	1.1
30-39	0.7	1.4
40-49	0.2	1.3
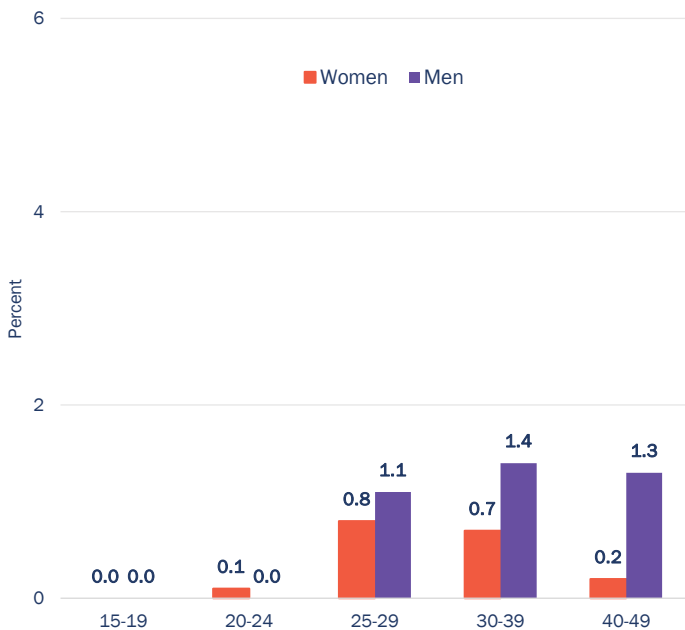
Percent age 15-49 who have been tested for HIV in the last 12 months and know the result

Divisional Data on HIV Testing

Division	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
AJ&K	4.6	0.5	0.2
Muzaffarabad	4.8	0.1	0.1
Poonch	3.6	0.6	0.1
Mirpur	5.2	0.6	0.4

Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result

HIV testing during ANC: percent of women age 15-49 who during their last antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Bureau of Statistics
Planning & Development Department
Government of AJ&K

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Diarrhoea

Care-seeking for Diarrhoea
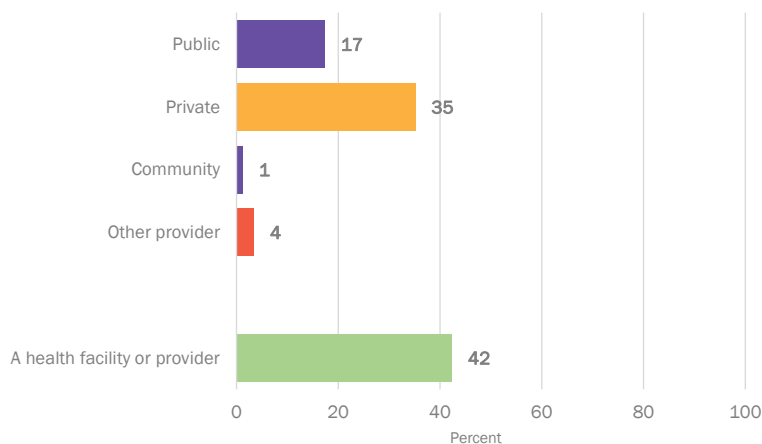
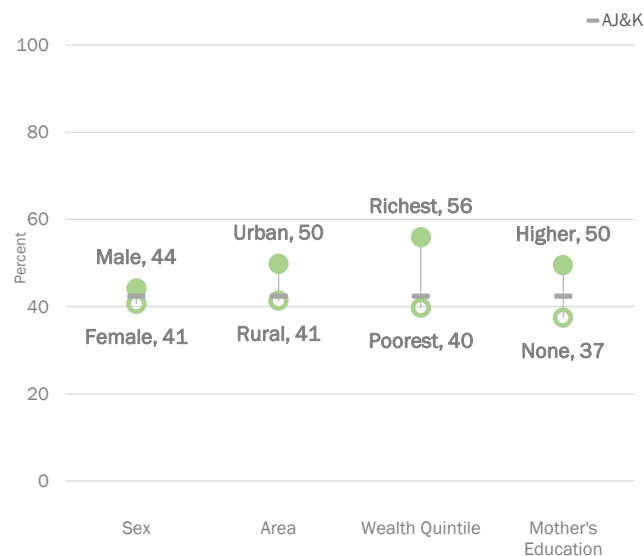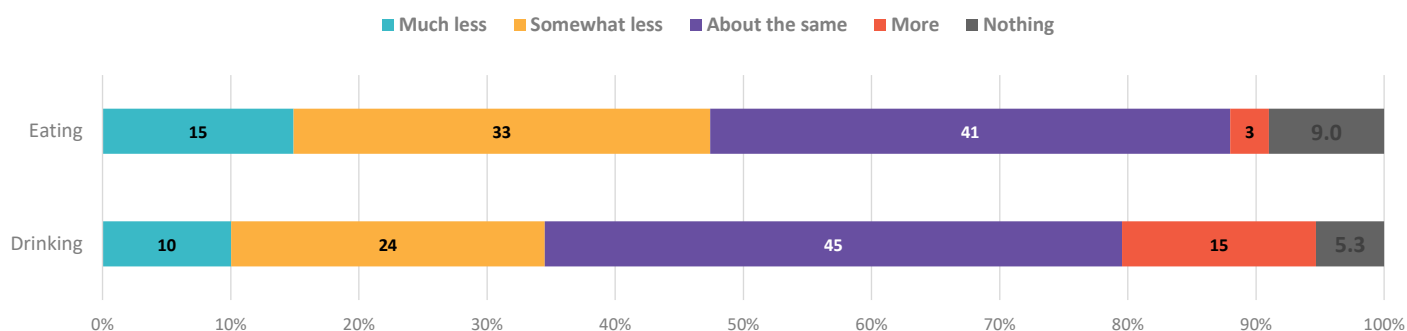|	Percent
Public	17
Private	35
Community	1
Other provider	4
A health facility or provider	42

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider at a health facility or provider

Disparities in Care-seeking for Diarrhoea

— AJ&K

Male, 44 — Female, 41
Urban, 50 — Rural, 41
Richest, 56 — Poorest, 40
Higher, 50 — None, 37
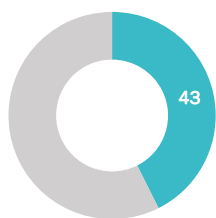
(Sex / Area / Wealth Quintile / Mother's Education)

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea

■ Much less ■ Somewhat less ■ About the same ■ More ■ Nothing

|	Much less	Somewhat less	About the same	More	Nothing
Eating	15	33	41	3	9.0
Drinking	10	24	45	15	5.3

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

### ORS Treatment for Diarrhoea

43

Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea
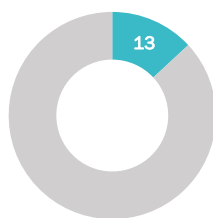
13

Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc
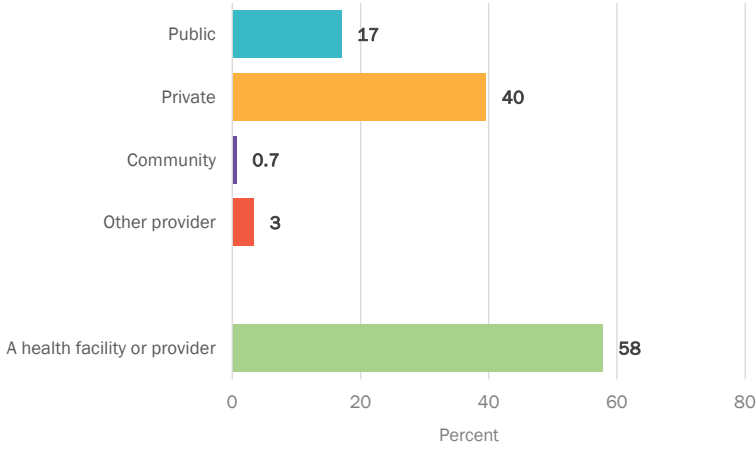
ORT + Continued Feeding for Diarrhoea

39
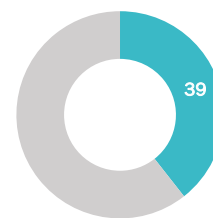
Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding
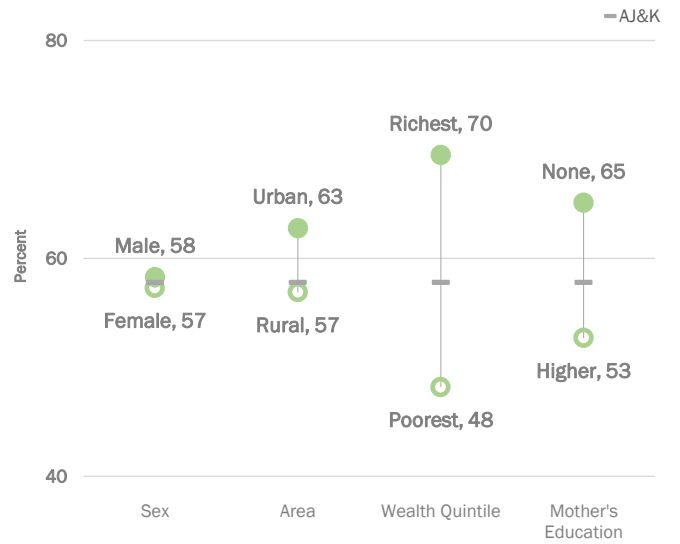
Malaria

Care-seeking during Fever

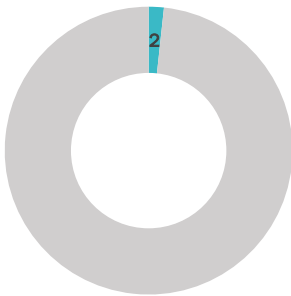|	Percent
Public	17
Private	40
Community	0.7
Other provider	3
A health facility or provider	58

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking during Fever

— AJ&K

- Male, 58
- Female, 57
- Urban, 63
- Rural, 57
- Richest, 70
- Poorest, 48
- None, 65
- Higher, 53

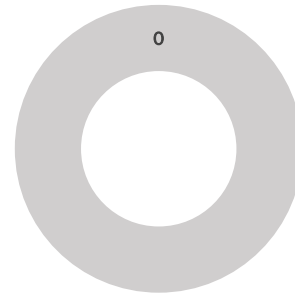Axis categories: Sex, Area, Wealth Quintile, Mother's Education

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

Malaria Diagnosis Usage

2

Percentage of children with fever who had blood taken from a finger or heel for testing
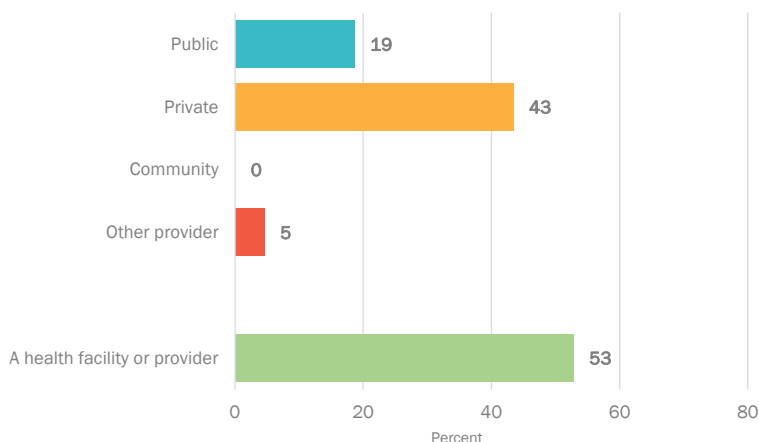
ACT Treatment among Children who Received Treatment

0

Among children with fever who received anti-malarial treatment, percent treated with Artemisinin-based Combination Therapy (ACT)
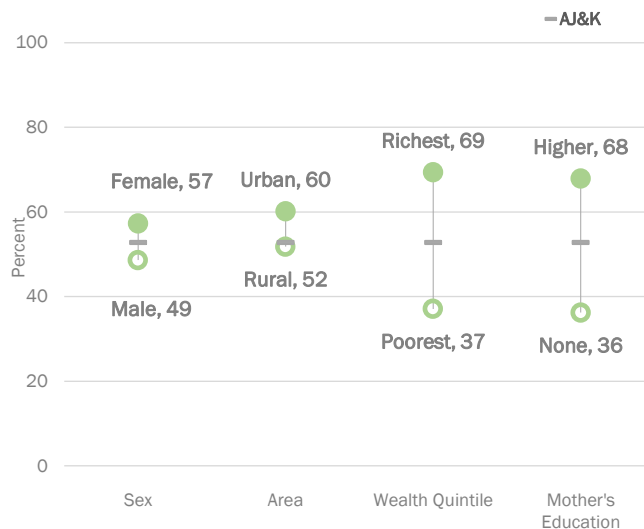
Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI

	Percent
Public	19
Private	43
Community	0
Other provider	5
A health facility or provider	53

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking for Symptoms of ARI

—AJ&K

Female, 57
Male, 49
Urban, 60
Rural, 52
Richest, 69
Poorest, 37
Higher, 68
None, 36

Sex | Area | Wealth Quintile | Mother's Education

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought at a health facility or provider

Divisional Data on Care-Seeking for Childhood Illness

Division	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
AJ&K	42.4	57.8	52.8
Muzaffarabad	37.9	52.1	41.3
Poonch	41.5	52.4	51.8
Mirpur	48.6	68.1	64.0

Key Messages

- In the AJ&K MICS 2020-21 42% of children who became ill with diarrhoea were taken to a health facility or provider for treatment. More than half of children who became sick with fever (58%) or symptoms of ARI (53%) were taken to a health facility or provider for treatment.

- Children in AJ&K were more than twice as likely to receive treatment for a childhood illness from a private provider than a public provider. For example, only 17% of children with fever received care from a public provider compared to 40% who received care from a private provider.

- Household wealth demonstrated the greatest disparity for health care seeking for children who were sick with diarrhoea, fever, or symptoms of ARI. Children who came from poor households are less likely to be taken for care at a health facility or provider than were children who came from rich households. No major differences were observed for care seeking for children's illnesses due to gender. Minor differences were noted related to location (urban/rural).

- More than 4 out of 10 children (43%) with diarrhoea received ORS but only 13% received ORS and zinc.

- More than half of children with diarrhoea were given much less or somewhat less to drink (41%) or eat (48%) during a recent episode of diarrhoea.

- Only 2% of children with fever had blood taken from their finger or heal to test for malaria. No children with fever who received treatment received an ACT.

- These data indicate that while many children are taken to a health facility or provider for treatment of common childhood illnesses, many of them are not receiving recommended treatments.
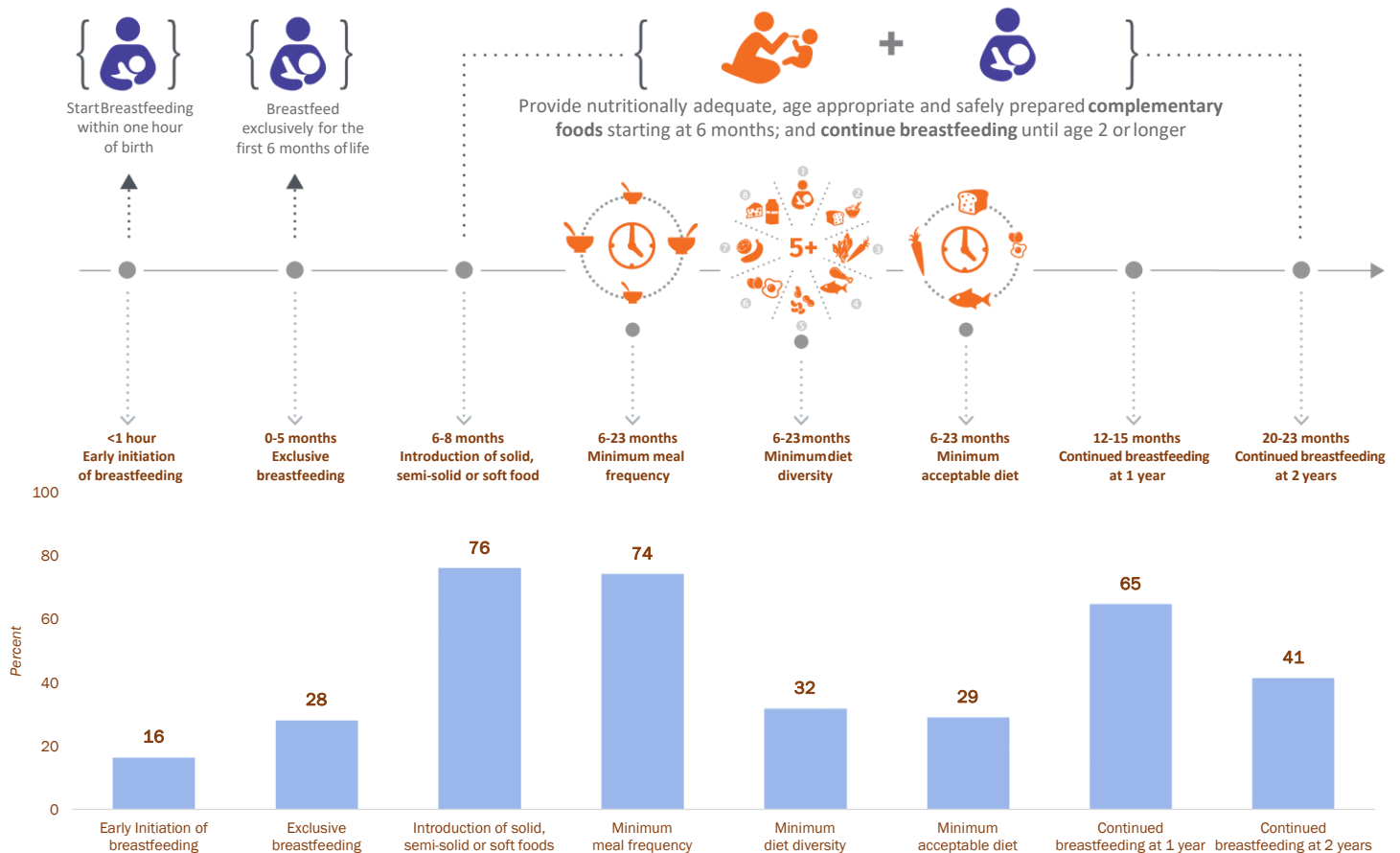
Azad Jammu & Kashmir 2020-21

Infant & Young Child Feeding (IYCF)

MICS

Multiple Indicator Cluster Surveys

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef

Infant & Young Child Feeding

Start Breastfeeding within one hour of birth

Breastfeed exclusively for the first 6 months of life

Provide nutritionally adequate, age appropriate and safely prepared **complementary foods** starting at 6 months; and **continue breastfeeding** until age 2 or longer

5+

<1 hour
Early initiation of breastfeeding

0-5 months
Exclusive breastfeeding

6-8 months
Introduction of solid, semi-solid or soft food

6-23 months
Minimum meal frequency

6-23 months
Minimum diet diversity

6-23 months
Minimum acceptable diet

12-15 months
Continued breastfeeding at 1 year

20-23 months
Continued breastfeeding at 2 years

Bar chart — Percent:
- Early Initiation of breastfeeding: 16
- Exclusive breastfeeding: 28
- Introduction of solid, semi-solid or soft foods: 76
- Minimum meal frequency: 74
- Minimum diet diversity: 32
- Minimum acceptable diet: 29
- Continued breastfeeding at 1 year: 65
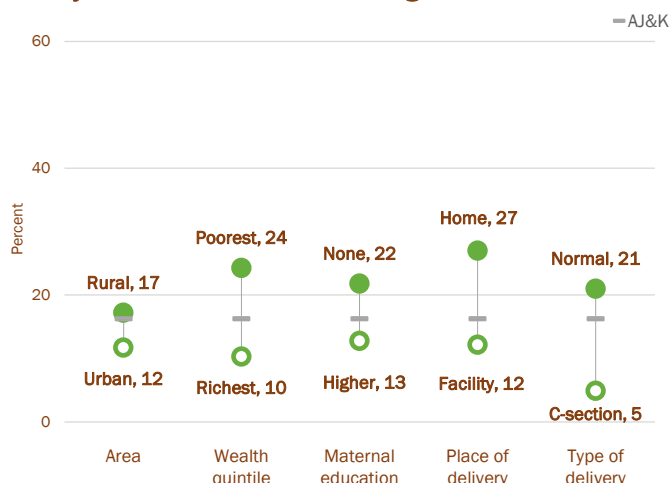- Continued breastfeeding at 2 years: 41

Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5months receiving only breastmilk; **Introduction to solids**: percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

Key Messages

- Breast milk contains all the nutrients infants need in the first six months of life. In AJ&K MICS 2020-21, only 16% received breast milk within one hour of birth.
- Only 28% of children under six months of age were exclusively breastfed.
- While many children in AJ&K received adequate meal frequency (74%), most children did not receive the minimum required diet diversity (32%) or a minimum acceptable diet (29%). These results are reflected in anthropometric

indicators captured by this MICS.
- Infant and young children feeding practices varies between divisions in AJ&K. Twenty-eight percent (28%) of children age 6-23 months in Muzaffarabad division received minimum diet diversity compared to 34% in Mirpur division. Similar differences are noted for early initiation of breastfeeding.
- More than one-quarter (27%) of newborns delivered at home were put to the breast within one hour of delivery (early

initiation of breastfeeding) compared to 12% of children born in a health facility.
- Women who came from urban areas (12%), rich households (10%), or had a higher education (13%) were less likely to put their infant to the breast within one hour of delivery than were women who come from rural areas (17%), poor households (24%) or had no education (22%).
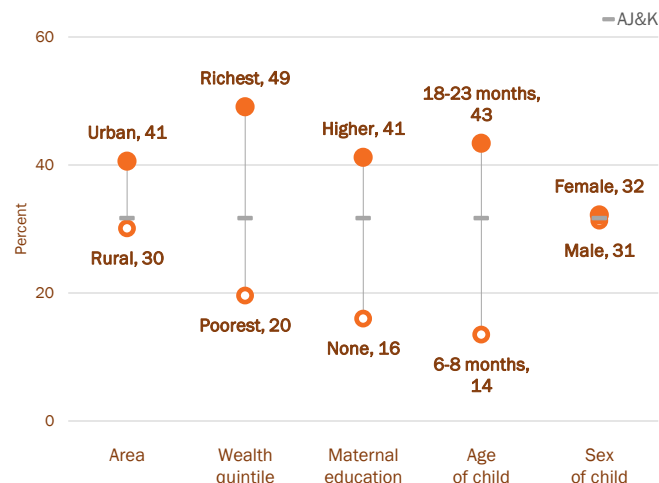
IYCF: Equity

Early Initiation of Breastfeeding

— AJ&K

Rural, 17
Urban, 12
Poorest, 24
Richest, 10
None, 22
Higher, 13
Home, 27
Facility, 12
Normal, 21
C-section, 5

| Area | Wealth quintile | Maternal education | Place of delivery | Type of delivery |

Percent of newborns put to the breast within one hour of birth, by background characteristics
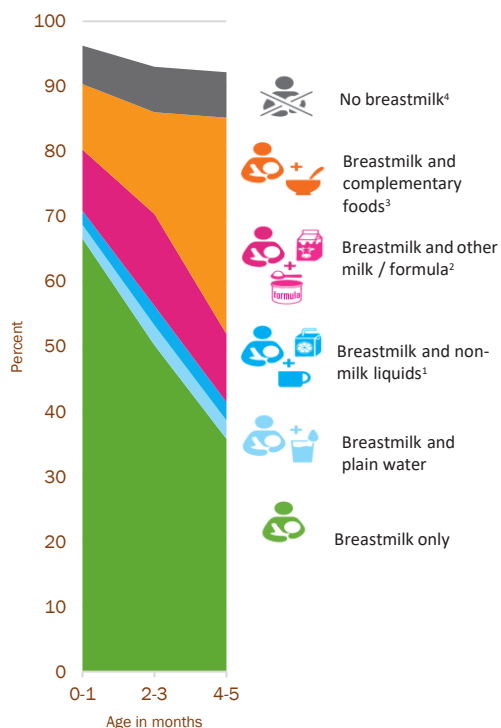
Minimum Diet Diversity

— AJ&K

Urban, 41
Rural, 30
Richest, 49
Poorest, 20
Higher, 41
None, 16
18-23 months, 43
6-8 months, 14
Female, 32
Male, 31

| Area | Wealth quintile | Maternal education | Age of child | Sex of child |

Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk

Notes: 1) may also have been fed plain water; 2) may also have been fed plain water and/or non-milk liquids; 3) may also have been fed plain water, non-milk liquids and/or other milk/formula; 4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.

No breastmilk[4]

Breastmilk and complementary foods[3]

Breastmilk and other milk / formula[2]

Breastmilk and non-milk liquids[1]

Breastmilk and plain water

Breastmilk only

Age in months

Divisional Data

Division	Early Initiation of breastfeeding	Minimum Diet Diversity
AJ&K	16.3	31.7
Muzaffarabad	18.6	28.2
Poonch	18.0	32.2
Mirpur	12.9	34.3

Percent of newborns put to the breast within one hour of birth, and per cent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by Division

Azad Jammu & Kashmir 2020-21

■■■■ MICS

Nutritional Status of Children

Multiple Indicator Cluster Surveys
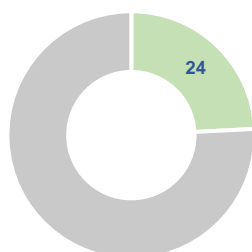
Anthropometric Malnutrition Indicators

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef ❤

Stunting: SDG 2.2.1

Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.
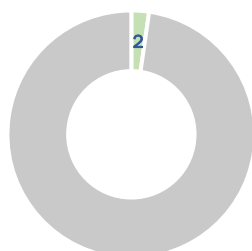
24

Percentage children under-5 who are stunted
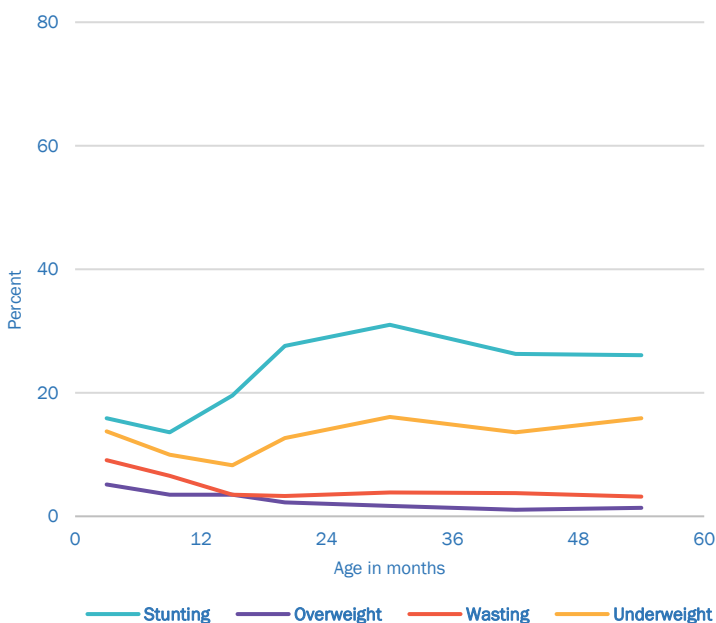
Overweight: SDG 2.2.2

Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

2

Percentage children under-5 who are overweight

Wasting: SDG 2.2.2

Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.
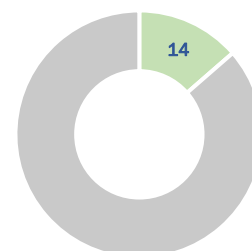
4
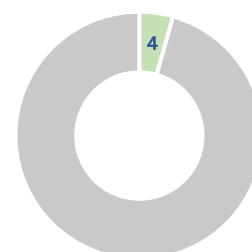
Percentage children under-5 who are wasted

Underweight

Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).

14

Percentage children under-5 who are underweight

Anthropometric Malnutrition Indicators by Age

Percentage children who are underweight, stunted, wasted and overweight, by age in months

Legend: Stunting — Overweight — Wasting — Underweight

Key Messages

- One-fourth (24%) of children under five years of age in AJ&K were stunted, which has both adverse physical and cognitive development effects and is a result of chronic or recurrent malnutrition.

- Fourteen percent (14%) of children under five years of age in AJ&K were underweight and 4% were wasted.

- Children who come from rural and poor households or whose mother/caretaker had no education were more likely to be stunted or wasted. Children from poor households (6%) were twice as likely to be wasted compared to children from rich households (3%).

- Stunting and wasting of children under five years of age varied considerably between divisions in AJ&K. Thirty-three percent (33%) of children from Muzaffarabad Khas division were moderately or severely wasted compared to 19% of children from Mirpur division.
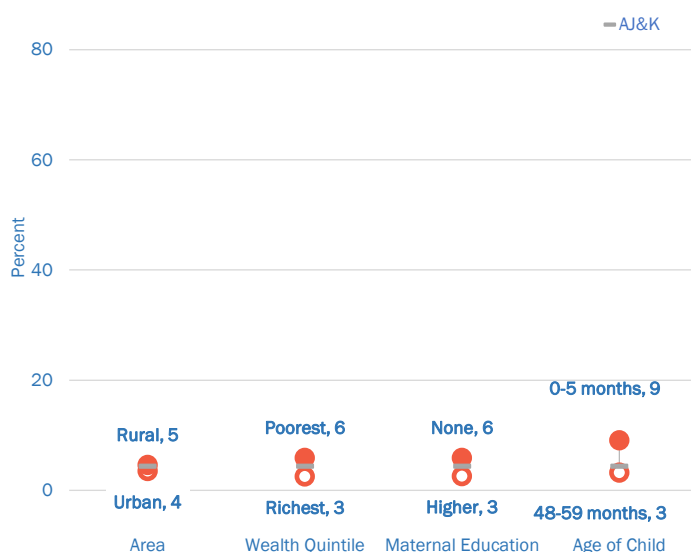
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1
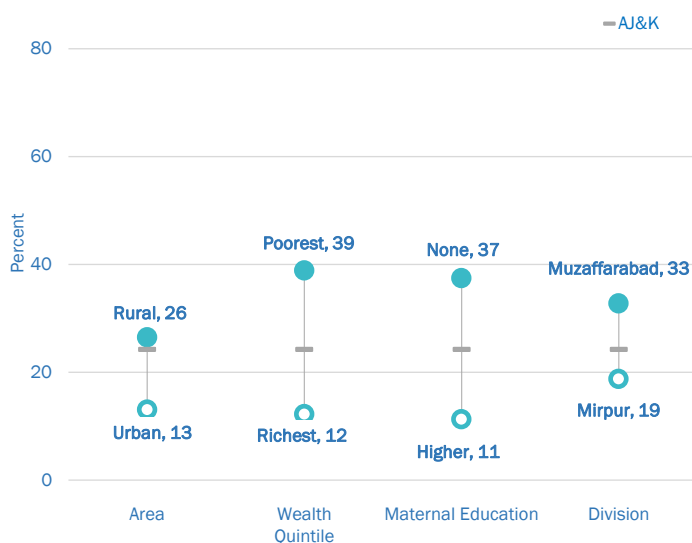
Percentage of under 5 children who are stunted, by background characteristics

Wasting: SDG 2.2.2

Percentage of under 5 children who are wasted, by background characteristics

Divisional Data on Stunting, Overweight & Wasting

Division	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
AJ&K	24.2	2.3	4.4	1.1
Muzaffarabad	32.7	2.1	4.3	1.3
Poonch	22.1	2.4	4.8	1.6
Mirpur	18.7	2.4	4.2	0.5

Azad Jammu & Kashmir 2020-21

▪▫▬ MICS

Multiple Indicator Cluster Surveys
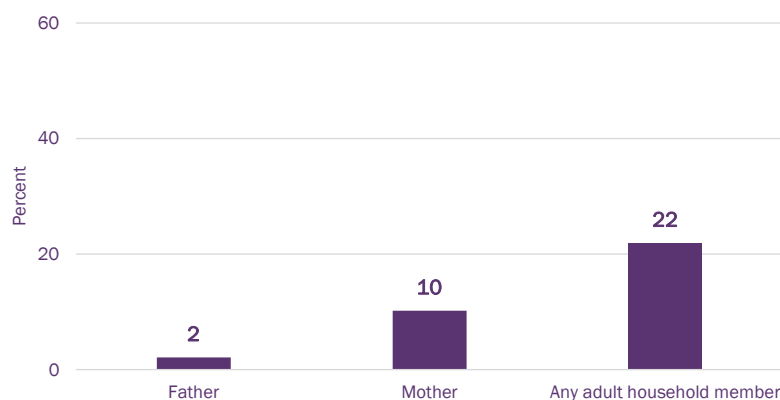
Early Childhood Development (ECD)

Support for Learning

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef ☺

Early Stimulation & Responsive Care

Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family
and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

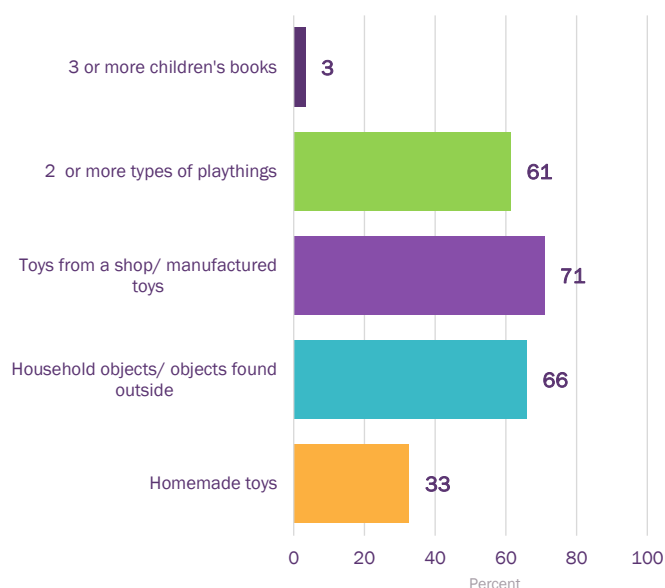#### Attendance at Early Childhood Education Programmes
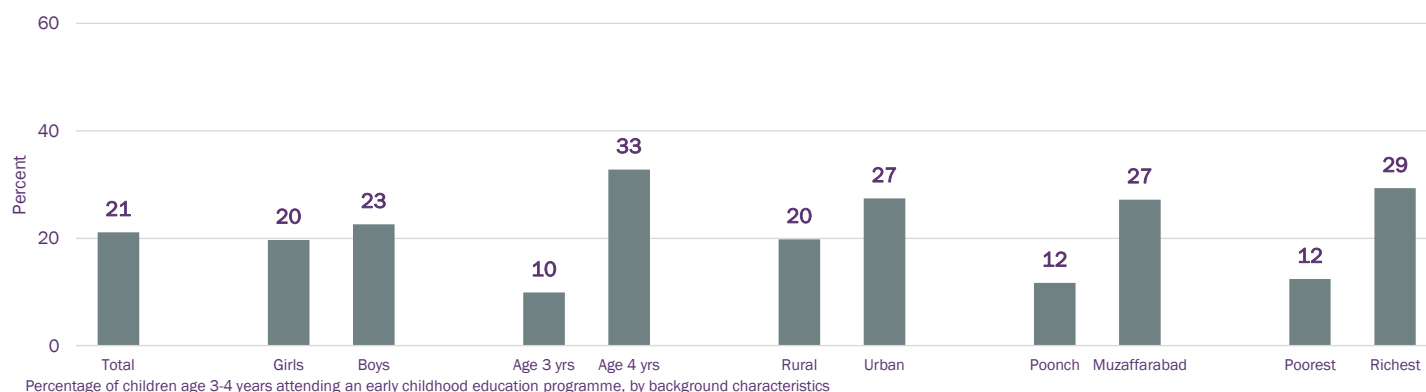
Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

Key Messages

- In AJ&K, one in five (22%) of children age 2-4 years had an adult household member engage with them in activities that promote learning and school readiness. Mothers (10%) were more likely than fathers (2%) to engage with children.

- Twenty-one percent (21%) of children age 3-4 years in AJ&K attended an early childhood education program. Children who came from poor (12%) or rural households (20%) were less likely to attend an early childhood program than were children who came from urban (27%) or rich (29%) households.

- While 71% of children in AJ&K owned toys from a shop, only 3% of children had three or more books to read at home.

- While 60% of children age 3-4 years in AJ&K were developmentally on track, only 32% were on track for literacy-numeracy. Children who live in urban areas, came from rich households and whose mother/caregiver had a higher education were more likely to be developmentally on track.

- Seventy-five percent (75%) of children who attend an early childhood program were developmentally on track compared to 56% of children who did not attend an early childhood education program.

Learning Materials & Child Supervision

Access to Play & Learning Materials

Category	Percent
3 or more children's books	3
2 or more types of playthings	61
Toys from a shop/ manufactured toys	71
Household objects/ objects found outside	66
Homemade toys	33

Percentage of children under age five according to their access to play and learning materials

Inadequate supervision of children by Division

Division	Left in inadequate supervision
AJ&K	23.3
Muzaffarabad	31.9
Poonch	23.7
Mirpur	15.7

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by Division
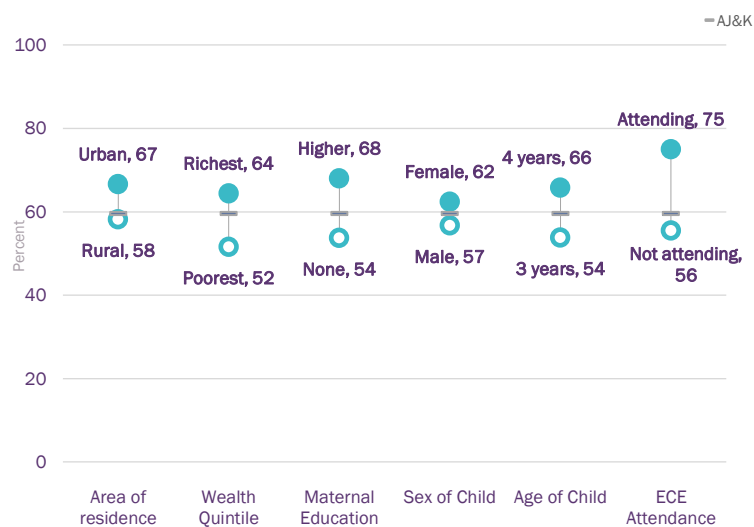
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1

Domain	Percent
ECDI	60
Physical	97
Learning	87
Social-emotional	54
Literacy-numeracy	32
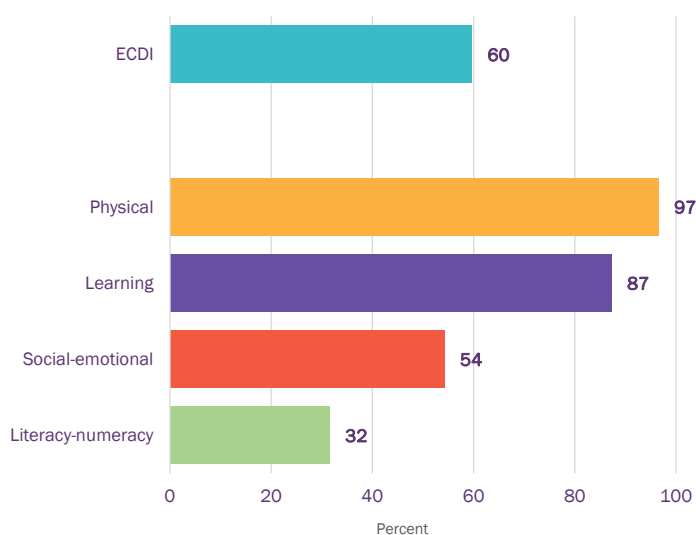
ECDI: Early Childhood Development Index; percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social, emotional, and learning domains

ECDI: Disaggregates

AJ&K

Area of residence	Wealth Quintile	Maternal Education	Sex of Child	Age of Child	ECE Attendance
Urban, 67	Richest, 64	Higher, 68	Female, 62	4 years, 66	Attending, 75
Rural, 58	Poorest, 52	None, 54	Male, 57	3 years, 54	Not attending, 56

ECDI by various characteristics
ECE : early childhood education

The objective of this snapshot is to disseminate selected findings from the AJ&K MICS 2020-21 related to Early Childhood Development. Data from this snapshot can be found in tables TC10.1, LN1.1, TC10.2, TC10.3, and TC11.1 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on www.pndajk.gov.pk and www.mics.unicef.org/surveys.

Azad Jammu & Kashmir 2020-21

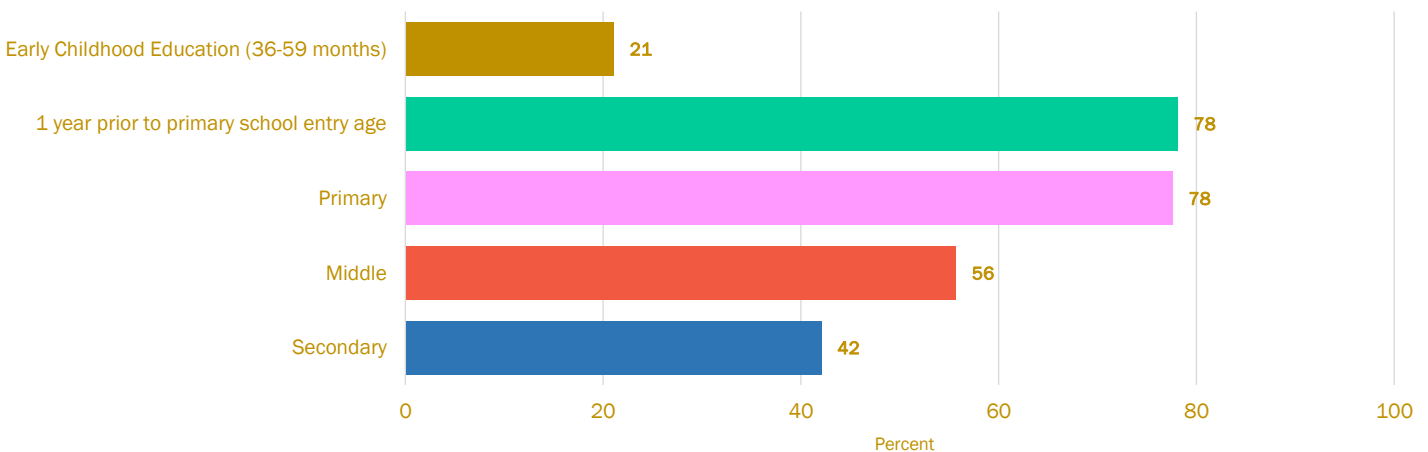## Education

MICS

Multiple Indicator Cluster Surveys

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef

Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)

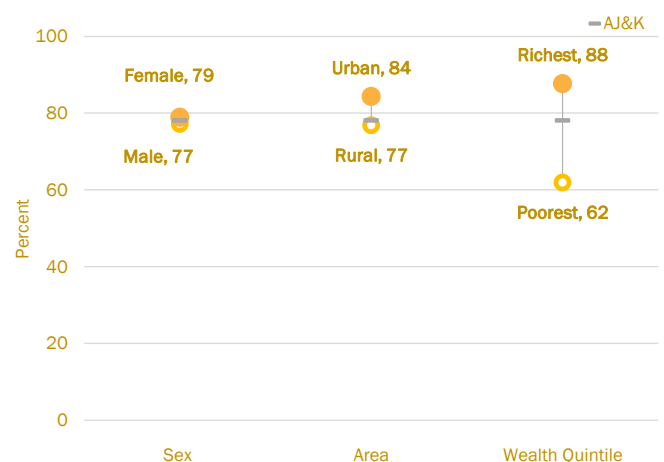| Category	Percent
Early Childhood Education (36-59 months)	21
1 year prior to primary school entry age	78
Primary	78
Middle	56
Secondary	42

Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education

— AJ&K

Sex: Male, 23; Female, 20
Area: Urban, 27; Rural, 20
Wealth Quintile: Richest, 29; Poorest, 12
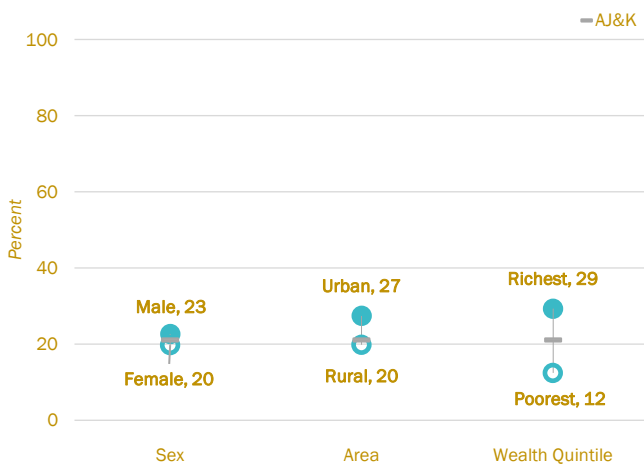
Percentage of children age 36-59 months who are attending early childhood education

Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2

— AJ&K

Sex: Female, 79; Male, 77
Area: Urban, 84; Rural, 77
Wealth Quintile: Richest, 88; Poorest, 62

Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year
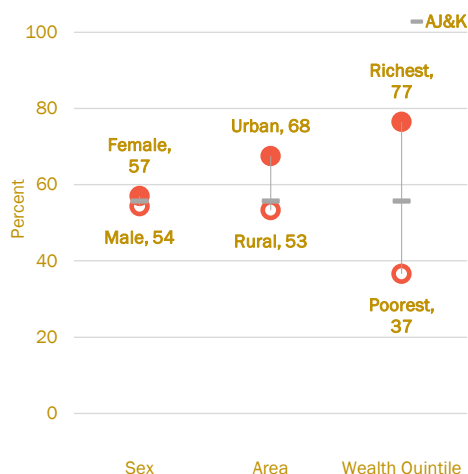
Inequalities in Attendance Rates

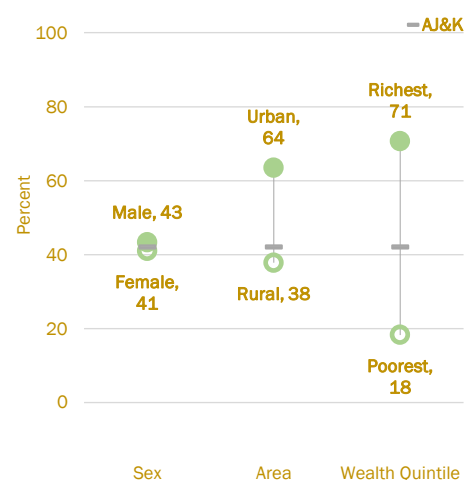### Adjusted Primary School Net Attendance Rate
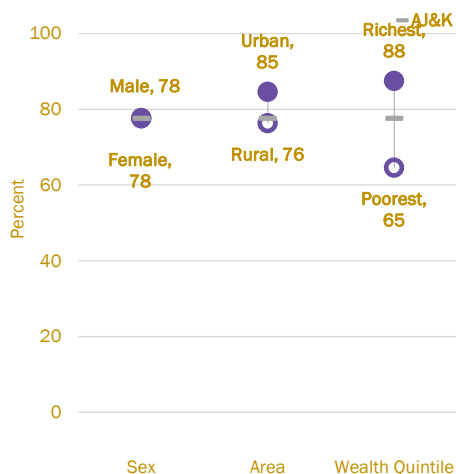
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or middle school

Adjusted Middle School Net Attendance Rate

Percentage of children of middle school age (as of the beginning of the current or most recent school year) who are attending middle school or secondary

Adjusted Secondary School Net Attendance Rate

Percentage of children of secondary school age (as of the beginning of the current or most recent school year) who are attending secondary school or higher

Divisional Data for Net Attendance Rates (adjusted)

Division	Early Childhood Education	Participation rate in organized learning	Primary	Middle	Secondary
AJ&K	21.1	78.1	77.6	55.7	42.1
Muzaffarabad	27.2	69.0	71.8	48.1	33.3
Poonch	11.7	78.9	78.4	59.3	45.1
Mirpur	23.9	84.7	81.9	58.9	46.3

Key Messages

- In AJ&K, primary, middle, and secondary school completion rates are 60%, 56% and 42% respectively.

- Only 12% of children from poor households attended an early childhood education program compared to 29% of children from rich households.

- Household wealth is the greatest predictor of inequality for attendance at school. Sixty-five percent (65%) of children from poor households attended primary school compared to 88% of children from rich households. At the middle school level, 37% of children from poor households attended middle school compared to 77% of children from rich households. Inequality is greatest at the secondary school level where only 18% of children from poor households attended secondary school compared to 77% of children from rich households.
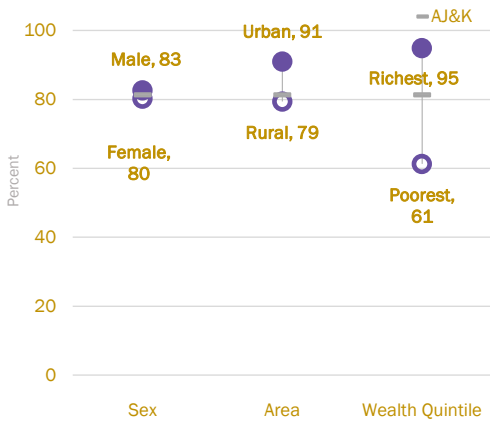
Completion Rates
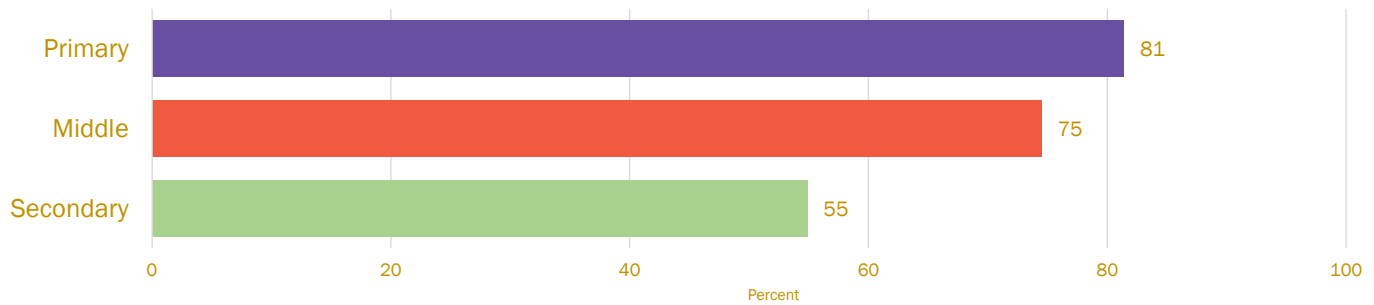
Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education
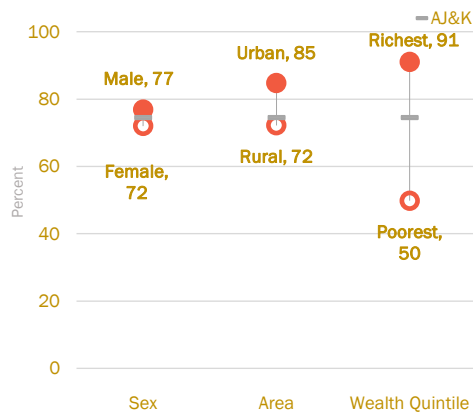
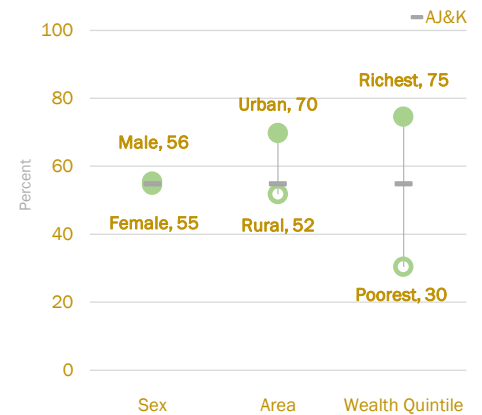## Inequalities in Completion Rates

Primary School

Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Middle School

Percentage of children who age 3 to 5 years above the intended age for the last grade of middle school who have completed middle education
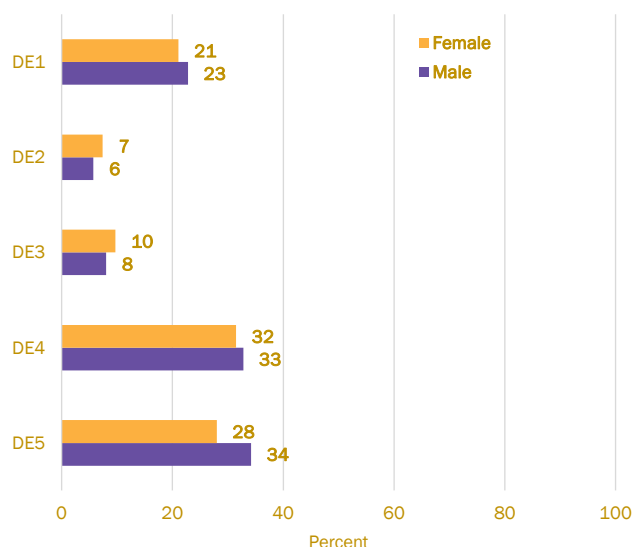
Secondary School

Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of secondary school who have completed secondary education

Divisional Data in Completion Rates

Division	Primary	Middle	Secondary
AJ&K	81.4	74.5	54.9
Muzaffarabad	73.7	69.4	52.4
Poonch	85.5	77.6	59.2
Mirpur	83.8	75.2	53.6

Out of School Rates

Out of School Dimensions for Levels of Education

Legend: ■ Female ■ Male

Dimension	Female	Male
DE1	21	23
DE2	7	6
DE3	10	8
DE4	32	33
DE5	28	34

X-axis: Percent (0, 20, 40, 60, 80, 100)

Dimension 1: Children not attending an early childhood education programme or primary education

Dimension 2: Children of primary school age who are not in primary or middle school

Dimension 3: Children of middle school age who are not in primary or secondary school

Dimension 4: Children who are in primary school but at risk of dropping out (over-age by 2 or more years)

Dimension 5: Children who are in middle school but at risk of dropping out (over-age by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Middle	Secondary
4.1.2	LN.8a,b,c	Completion rate	81%	75%	55%
4.1.5	LN.6a,b,c	Out-of-school rate	7%	9%	18%
4.1.6	LN.10a,b	Percentage of children over-age for grade	32%	31%	na
4.5.1	LN.5a	Gender Parity Indices (girls/boys)	1.00	1.05	0.95
4.5.1	LN.5b	Wealth Parity Indices (poorest/richest)	0.74	0.48	0.26
4.5.1	LN.5c	Area Parity Indices (rural/urban)	0.90	0.79	0.60
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	78%	77%	79%

Key Messages

- Overall, in AJ&K 81% of children complete primary school, 75% complete middle school and 55% complete secondary school.

- Amongst rich households, 95% of children complete primary school, 91% complete middle school and 75% complete secondary school. School completion for children from poor households is substantially lower. Amongst poor households, 61% of children complete primary school, 50% complete middle school, and 30% complete secondary school.

- Children from urban households were more likely to complete primary school, middle school, or secondary school than were children from poor households. Only minor differences were noted for school completion rates based on sex of child.

- Nearly one third of boys (34%) and girls (28%) of middle school age were over-age by two or more years, which puts them at risk of dropping out of school.

Azad Jammu & Kashmir 2020-21

Early Grade Learning & Parental Involvement
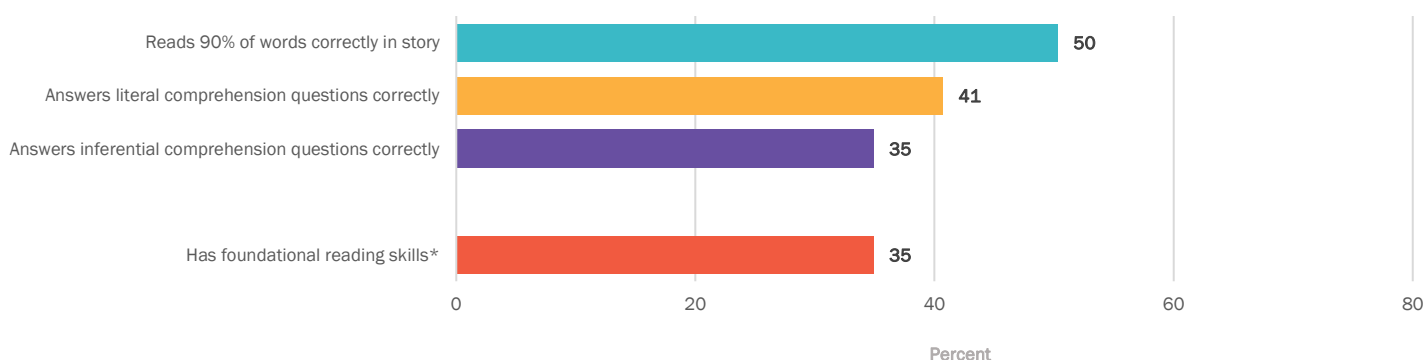
MICS

Multiple Indicator Cluster Surveys

Early Grade Learning: SDG 4.1.1(a) (age for grade 2/3)

Bureau of Statistics
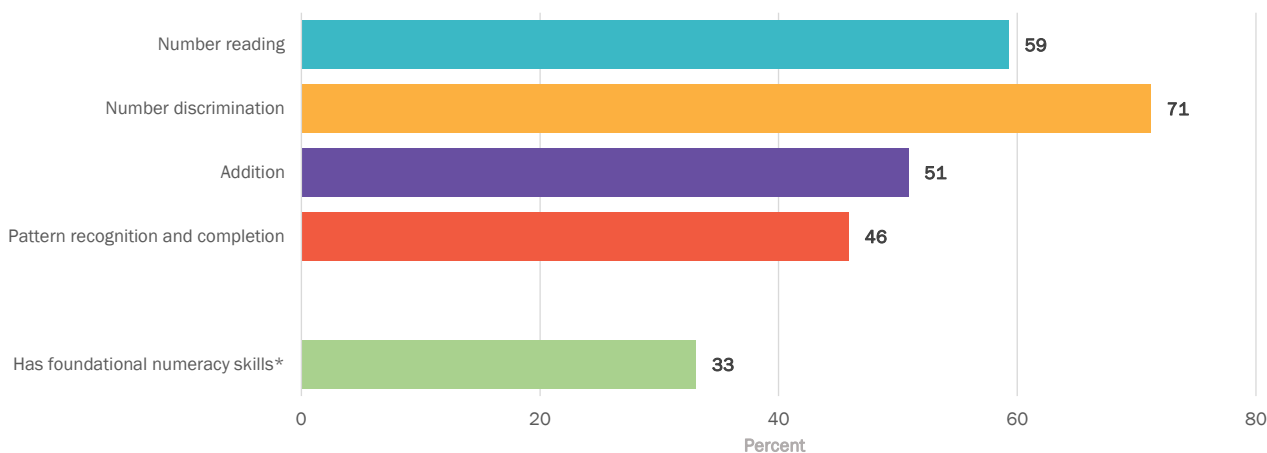Planning & Development Department
Government of AJ&K

UNICEF

Foundational Reading Skills: SDG 4.1.1.(a) (i: reading)

Reads 90% of words correctly in story — 50
Answers literal comprehension questions correctly — 41
Answers inferential comprehension questions correctly — 35
Has foundational reading skills* — 35

Percent

*Percentage of children of age for grade 2/3 who can 1) read 90% of words in a story correctly, 2) answer three literal comprehension questions, 3) answer two inferential comprehension questions

Foundational Numeracy Skills: SDG 4.1.1.(a) (ii: numeracy)

Number reading — 59
Number discrimination — 71
Addition — 51
Pattern recognition and completion — 46
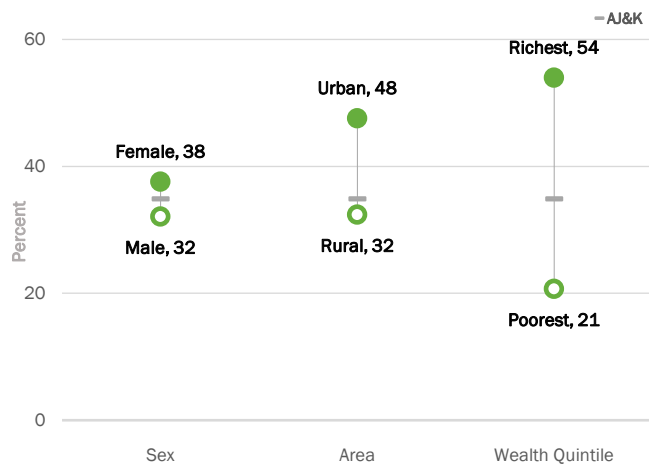Has foundational numeracy skills* — 33

Percent

*Percentage of children of age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Key Messages

- In AJ&K, 35% of children of age for grade 2/3 had foundational reading skills and 33% have foundational numeracy skills.
- Half of children of age for grade 2/3 in AJ&K (50%) can read 90% of words correctly in a story.
- Fifty-nine percent (59%) of children of age for grade 2/3 can read numbers correctly and 51% can perform simple number addition.
- These data indicate that many children in AJ&K lack foundational reading and numeracy skills that are necessary for future school success.
- Children from rich households (54%) were more than twice as likely to have foundational reading

skills than were children from poor households (21%). Similar results were noted for foundational numeracy skills.

- Only 2% of children from poor households had access to three or more books to read at home compared to 14% of children from rich households. Children from rich households (53%) were twice as likely to receive help with homework than were children from poor households (25%).
- Approximately 60% of children in AJ&K read books at home or are read to regardless of sex, location (urban, rural), or wealth of household.
- More than half of mother's/caregivers (55%) in

AJ&K received a report card for a school aged child in the last year. Fifty-three percent (53%) of adults reported meeting with a teacher to discuss the child's progress and 23% attended a school celebration or sporting event in the last year.

- Adult involvement in school management across AJ&K is low. Only 18% of mother's/caretakers reported that the school has a governing body open to parents, 12% attended a meeting called by the governing body and 7% reported that a meeting discussed key educational or financial issues.

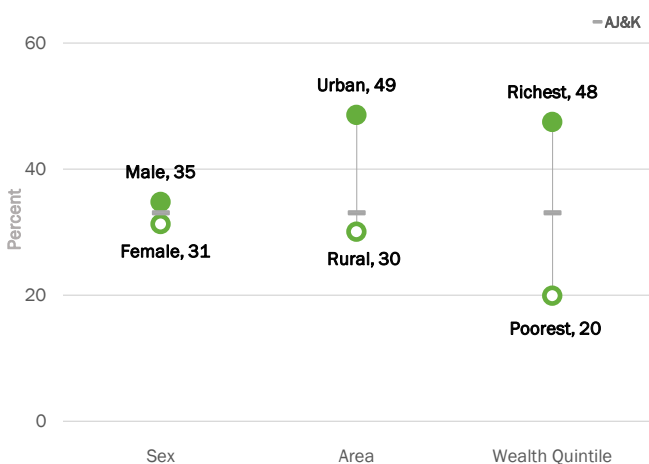# Early Grade Learning: Disaggregates (age 7-14 years)

Disaggregates in Foundational Reading Skills

Richest, 54
Urban, 48
Female, 38
Male, 32
Rural, 32
Poorest, 21
— AJ&K

Percent

Sex · Area · Wealth Quintile

Divisional Data on Foundational Reading Skills

Division	Boys	Girls	Total
AJ&K	32.1	37.6	34.9
Muzaffarabad	31.0	30.6	30.8
Poonch	36.4	40.3	38.3
Mirpur	29.4	41.1	35.3

Disaggregates in Foundational Numeracy Skills

Urban, 49
Richest, 48
Male, 35
Female, 31
Rural, 30
Poorest, 20
— AJ&K

Percent

Sex · Area · Wealth Quintile

Divisional Data on Foundational Numeracy Skills

Division	Boys	Girls	Total
AJ&K	34.8	31.3	33.1
Muzaffarabad	26.8	23.4	25.1
Poonch	41.9	38.0	39.9
Mirpur	35.3	32.4	33.8

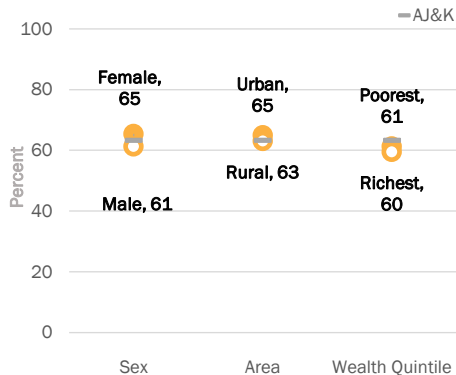## Reading & Numeracy Skills Data in MICS

- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.

- The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness). The questions on mathematics are based on universal skills needed for that grade level.

- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

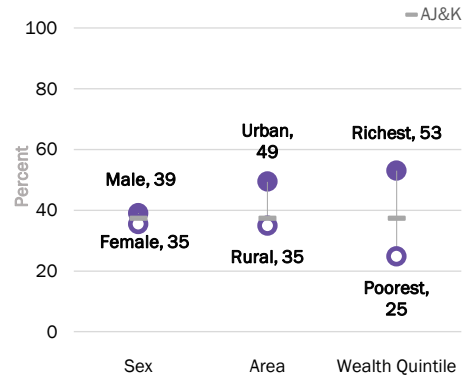# Parental Involvement: Learning Environment at Home

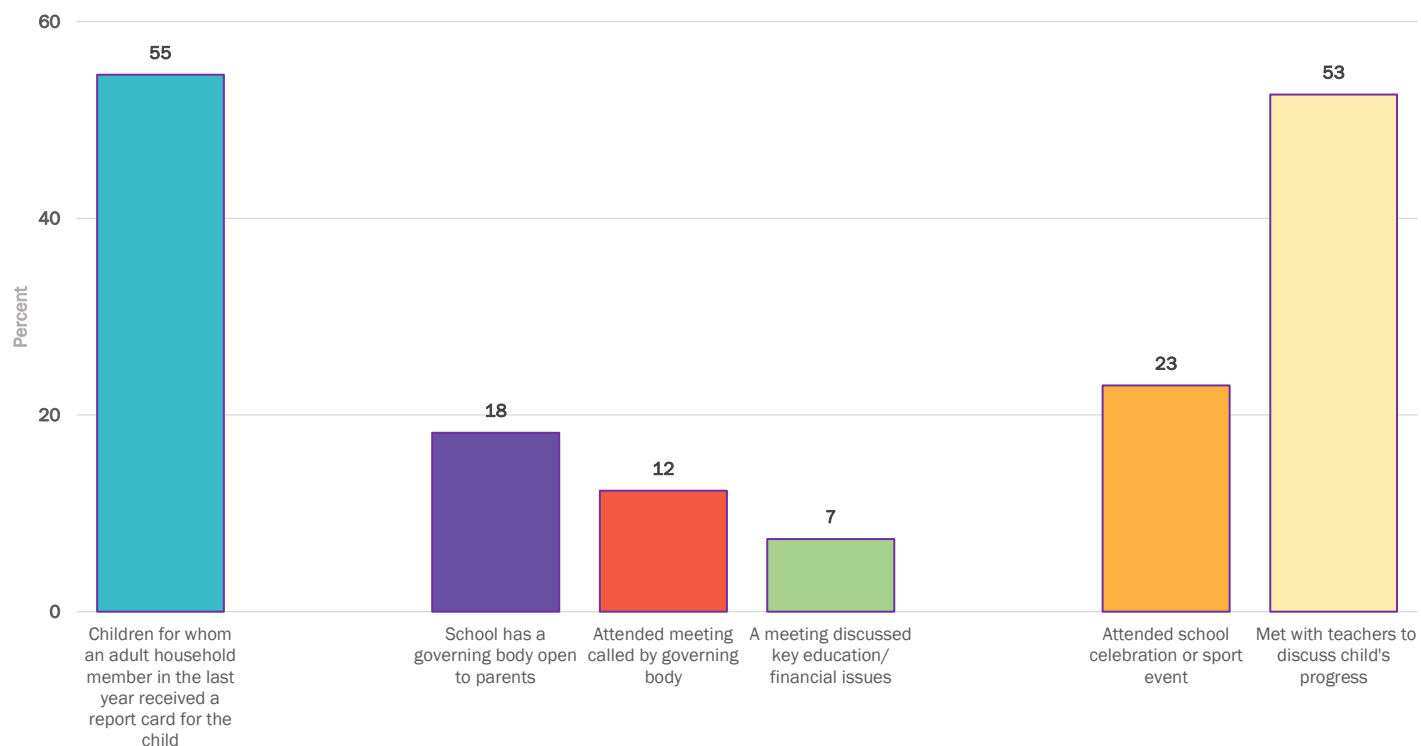## Children with 3 or more books to read at home

— AJ&K

Percent

Richest, 14
Urban, 10
Female, 6
Male, 5
Rural, 4
Poorest, 2

Sex | Area | Wealth Quintile
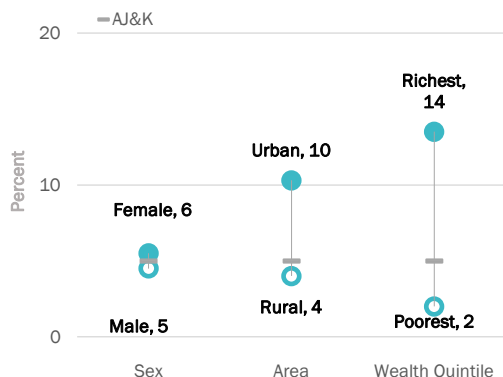
Children who read books or are read to at home

— AJ&K

Percent

Female, 65
Male, 61
Urban, 65
Rural, 63
Poorest, 61
Richest, 60

Sex | Area | Wealth Quintile

Children who receive help with homework

— AJ&K

Percent

Male, 39
Female, 35
Urban, 49
Rural, 35
Richest, 53
Poorest, 25

Sex | Area | Wealth Quintile

Parental Involvement: Support for learning at School

Percent

55 — Children for whom an adult household member in the last year received a report card for the child

18 — School has a governing body open to parents
12 — Attended meeting called by governing body
7 — A meeting discussed key education/ financial issues

Involvement by adult in school management in last year

23 — Attended school celebration or sport event
53 — Met with teachers to discuss child's progress

Involvement by adult in school activities in last year

Azad Jammu & Kashmir 2020-21

Birth Registration

◼▪◻MICS

Multiple Indicator
Cluster Surveys

Bureau of Statistics
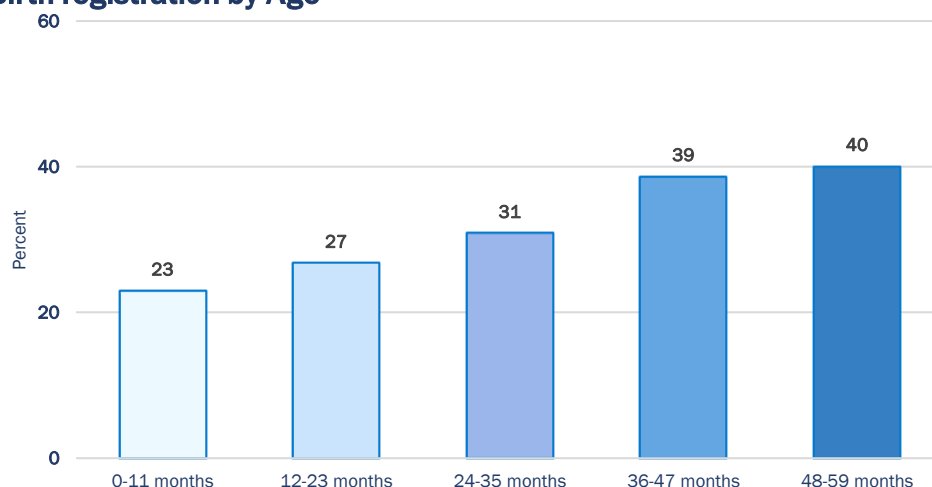Planning & Development Department
Government of AJ&K

unicef ◉

Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1

- Registered but no birth certificate
- Has birth certificate
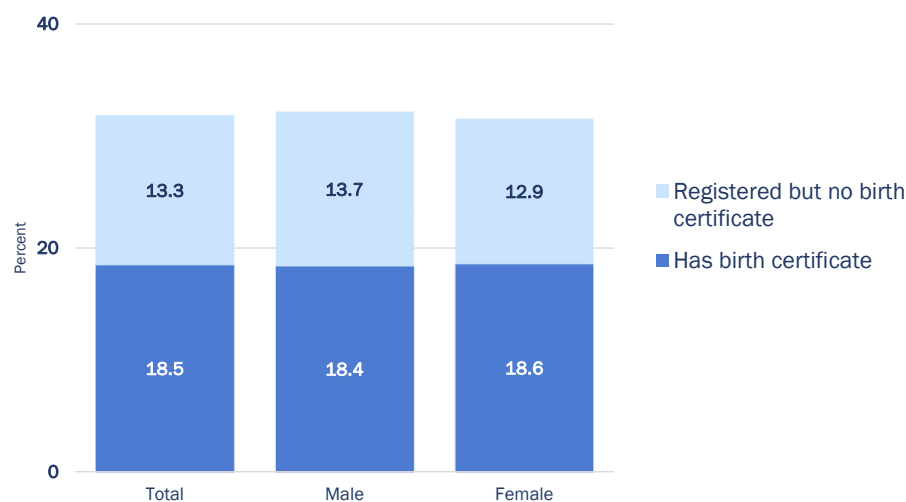
Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex
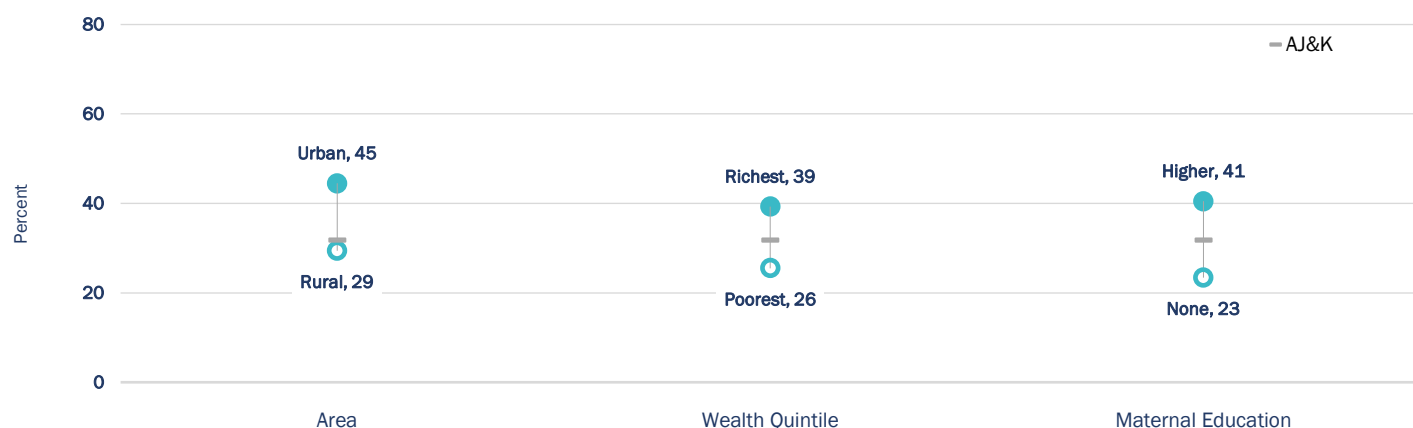
Birth registration by Age

Percentage of children under age 5 whose births are registered, by age in months

Key Messages

- In AJ&K, 32% of children under five years of age were registered with the civil authorities. Amongst all children under five years of age, 19% had a birth certificate.

- Children who live in urban (45%) or rich (39%) households, or whose mother/caretaker had a higher education (41%) were more likely to have their births registered with the civil authorities than are children who live in rural (29%) or poor (26%) households or whose mother/caretaker had no education (23%).

- Variations in child registration were observed across divisions in AJ&K. Almost 4 in 10 children (37%) in Poonch division had their births registered with the civil authorities compared to 25% in Mirpur division.

- Seventy-one percent (71%) of mother's/caretakers of unregistered children did not know how to register their child.

Birth Registration: Inequalities

Percentage of children under age 5 whose births are registered, by background characteristics

Divisional Data on Birth Registration

Division	Total registered
AJ&K	31.8
Muzaffarabad	33.5
Poonch	37.4
Mirpur	25.3

Percentage of children under age 5 whose births are registered, by division

Mother's (or Caregiver's) Knowledge of How to Register
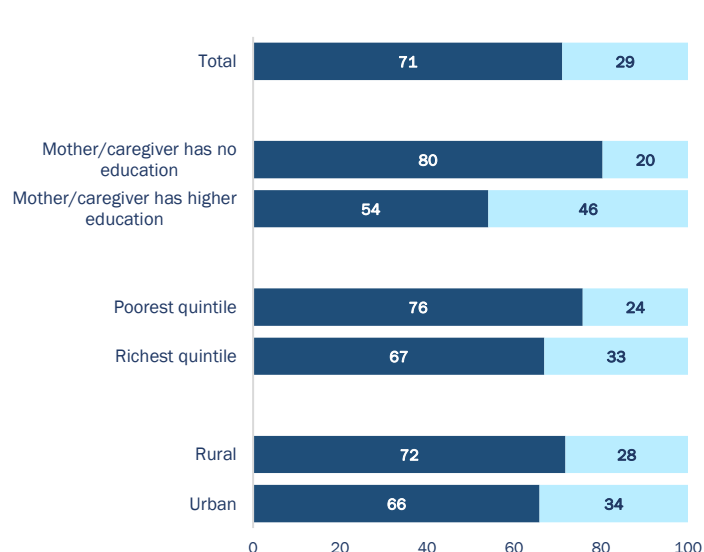
■ Unregistered children whose mothers do not know how to register them

■ Unregistered children whose mothers know how to register them

Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

Azad Jammu & Kashmir 2020-21

■▄▆█MICS

Child Discipline

Multiple Indicator
Cluster Surveys

Child Discipline

Bureau of Statistics
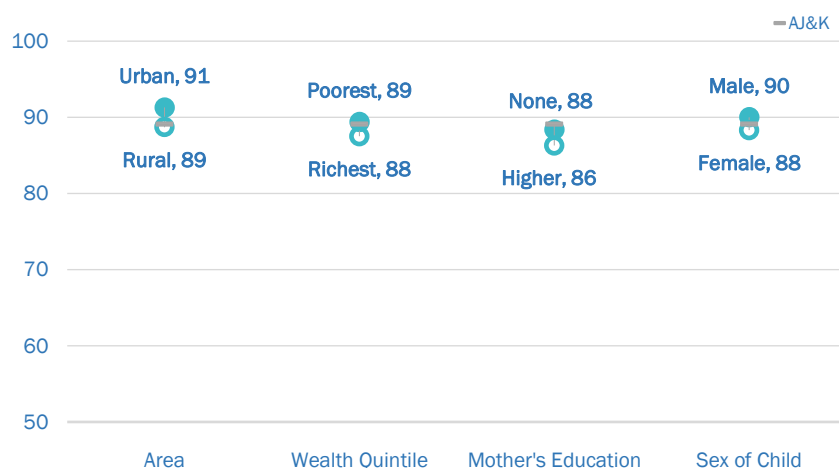Planning & Development Department
Government of AJ&K

unicef ◉

Types of Child Discipline
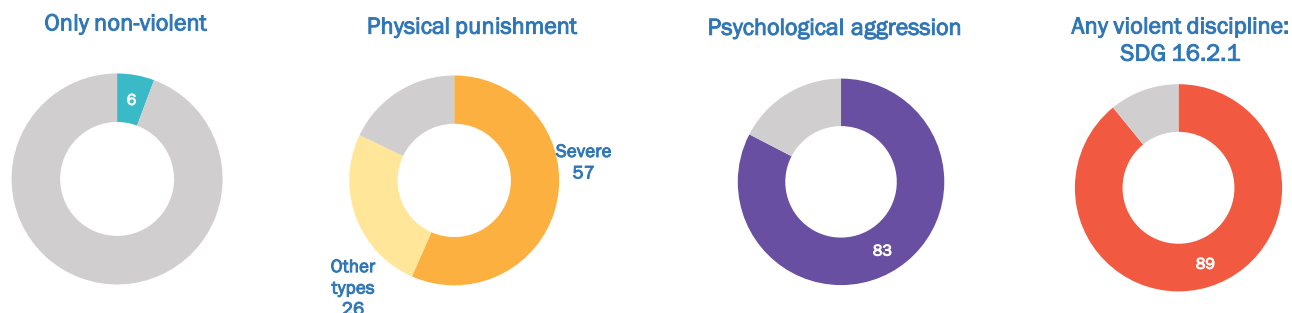
Only non-violent

6

Physical punishment

Severe
57

Other
types
26

Psychological aggression

83

**Any violent discipline:
SDG 16.2.1**

89

Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities

— AJ&K

Urban, 91
Rural, 89

Poorest, 89
Richest, 88

None, 88
Higher, 86

Male, 90
Female, 88

Area — Wealth Quintile — Mother's Education — Sex of Child

Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.
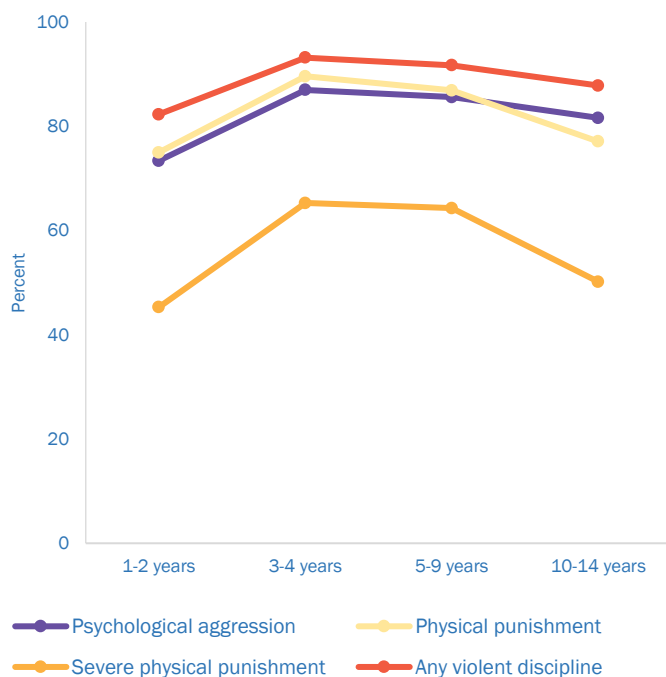
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Violent discipline: Any physical punishment and/or psychological aggression.

Key Messages

- In AJ&K, 89% of children age 1-14 years experienced violent discipline in the past month. Fifty-seven percent (57%) experienced severe physical punishment and 83% experienced psychological aggression.
- Violent discipline of children is pervasive across AJ&K. Data collected for this MICS indicate high rates of violent discipline amongst all children regardless of location (urban/rural), household wealth, education of mother/caregiver or sex of child.
- While 62% of mothers'/caregivers thought that physical punishment is necessary to raise or educate a child, 82% of children experienced physical punishment in the last month.
- Men were less likely (47%) to think that physical punishment is necessary to raise or educate a child, compared to females (62%). Variation of attitudes towards physical punishment of children were also noted for mothers'/caregivers with a higher education (43%) compared to mothers'/caretakers with no education (71%).

Violent Discipline: Age Patterns

Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

- ● Psychological aggression
- ● Physical punishment
- ● Severe physical punishment
- ● Any violent discipline

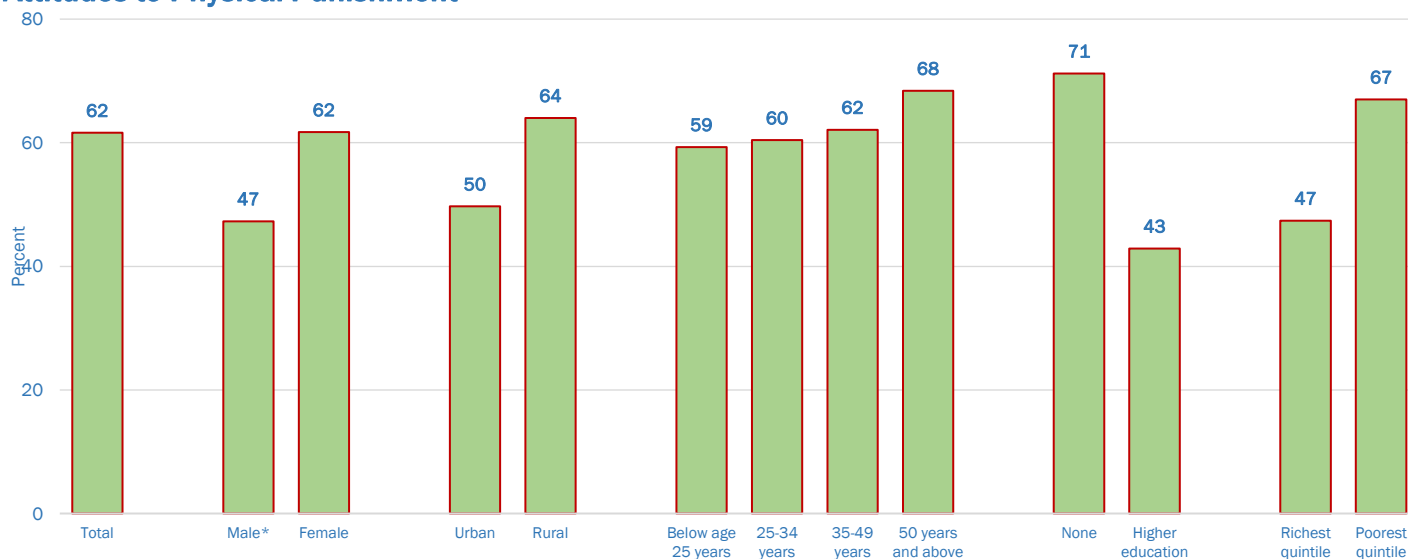## Physical Punishment: Attitudes & Experiences

Percentage of respondents who think that physical punishment is necessary — 62
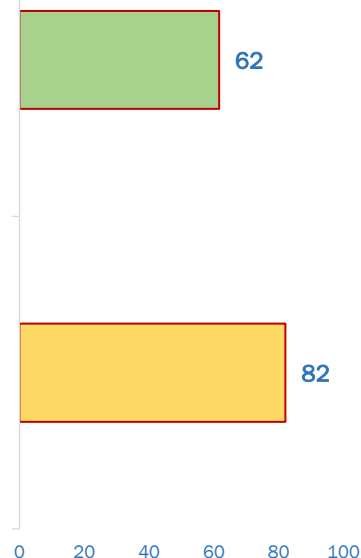
Percentage of children age 1-14 years who experienced any physical punishment — 82

Attitudes to Physical Punishment

Total	62
Male*	47
Female	62
Urban	50
Rural	64
Below age 25 years	59
25-34 years	60
35-49 years	62
50 years and above	68
None	71
Higher education	43
Richest quintile	47
Poorest quintile	67

* Values are based on 25-49 unweighted cases
Percentage of mothers/caretakers who think that physical punishment is necessary to raise or educate children, by their background characteristics

Azad Jammu & Kashmir 2020-21

Child Labour

Multiple Indicator Cluster Surveys

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef
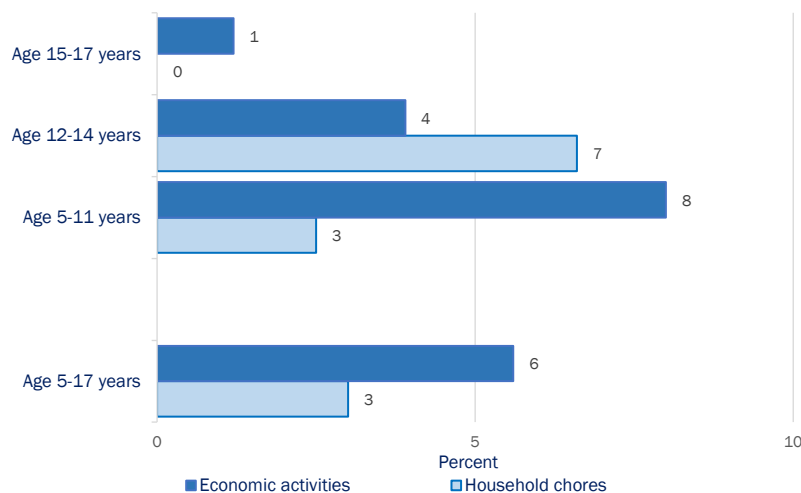
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1
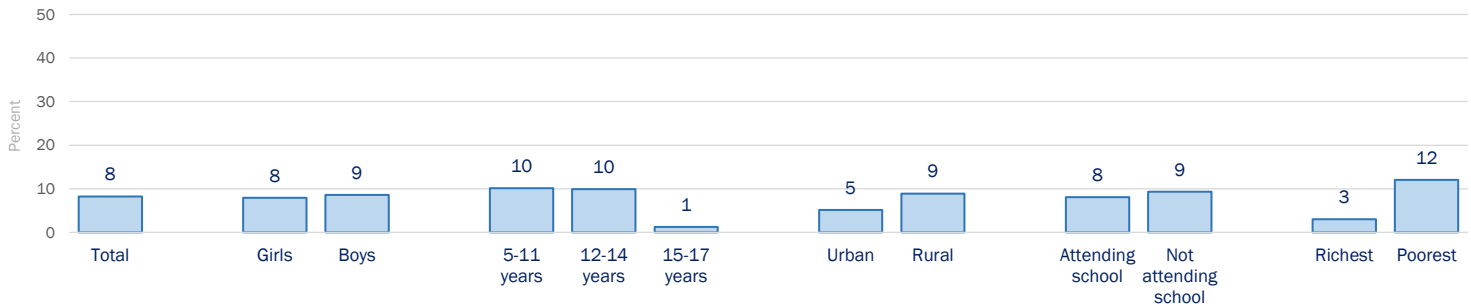
Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

Types of Child Labour

Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic work or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic work or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Key Messages

- In AJ&K MICS 2020-21, 8% of children age 5-17 years were involved in child labour.
- Children who live in rural areas (9%) or came from poor households (12%) were more likely to be engaged in child labour than were children who live in urban areas (5%) or came from rich households (3%).
- Children in AJ&K were twice as likely to be engaged in economic activities (6%) than household chores (3%).
- Slight higher proportion of boys were engaged in economic forms of children labours
- The prevalence of child labour differs between divisions in AJ&K. Ten percent (10%) of children in Muzaffarabad division were engaged in child labour compared to 7% in Mirpur division.

Inequalities in Child Labour & Hazardous Conditions

Child Labour Inequalities

— AJ&K

Boys, 7

Girls, 4

Girls, 4

Boys, 2

Percent

10

5

0

Economic activities at or above age specific threshold

Household chores at or above age specific threshold

Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by sex

Divisional Data on Child Labour

Division	Total Child Labour
AJ&K	8.2
Muzaffarabad	9.6
Poonch	9.0
Mirpur	6.5

Percentage of children age 5 to 17 years engaged in child labour, by division

Azad Jammu & Kashmir 2020-21

MICS

Child Marriage

Multiple Indicator Cluster Surveys

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef

Child Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18: SDG 5.3.1

Total — Married by 18: 11; Married by 15: 2
Rural — Married by 18: 12; Married by 15: 2
Urban — Married by 18: 5; Married by 15: 0

Percent

■ Married by 18   ■ Married by 15

Percentage of <u>women age 20-24</u> years who were first married before age 15 and before age 18*, by residence

Note: All following charts are based on women age 20-49 years
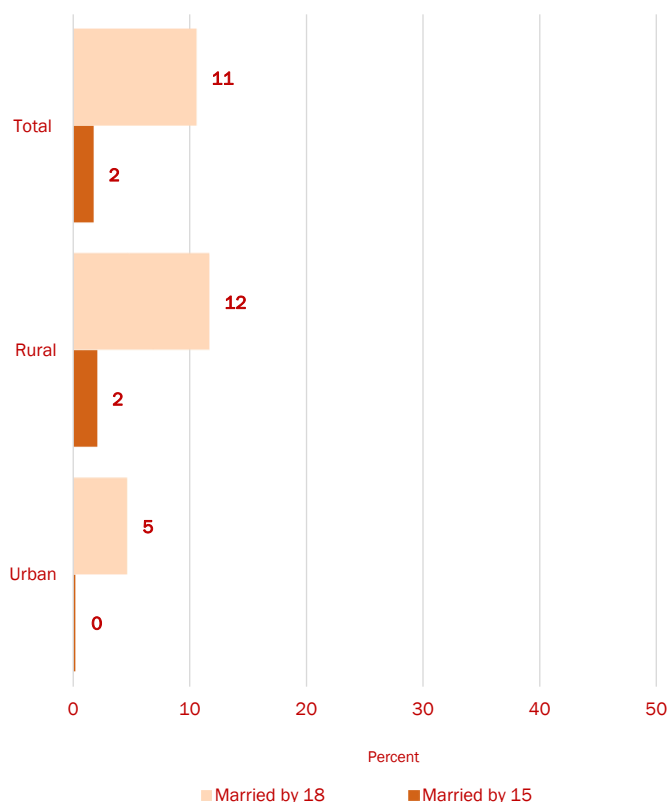
Disaggregates in Marriage before Age 18

Total: 18

Education
None: 38
Primary: 25
Middle: 21
Secondary: 13
Higher: 3

Wealth quintile
Poorest: 31
Second: 22
Middle: 16
Fourth: 14
Richest: 11

Percent

Percentage of <u>women age 20-49</u> years who were first married before age 18, by wealth quintile and education

Key Messages

- In AJ&K, amongst women age 20-24 years, nearly 2% were married before age 15 years and one in twelve (11%) were married before age 18 years.
- Girls who live in rural areas were six-times as likely (12%) to be married before the age of 18 years than were girls who live in urban areas (5%).

- Women with a secondary or higher education were far less likely to be married before the age of 18 years (3%) than were women with no education (38%).
- Women from poor households were three-times as likely (31%) to be married before the age of 18 years

than were women from rich households (11%).

Divisional Data on Child Marriage

Division	Marriage by age 18
AJ&K	18.4
Muzaffarabad	24.6
Poonch	16.2
Mirpur	16.1

Percentage of **women aged 20 to 49** years who were first married before age 18, by division

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Trends in Child Marriage
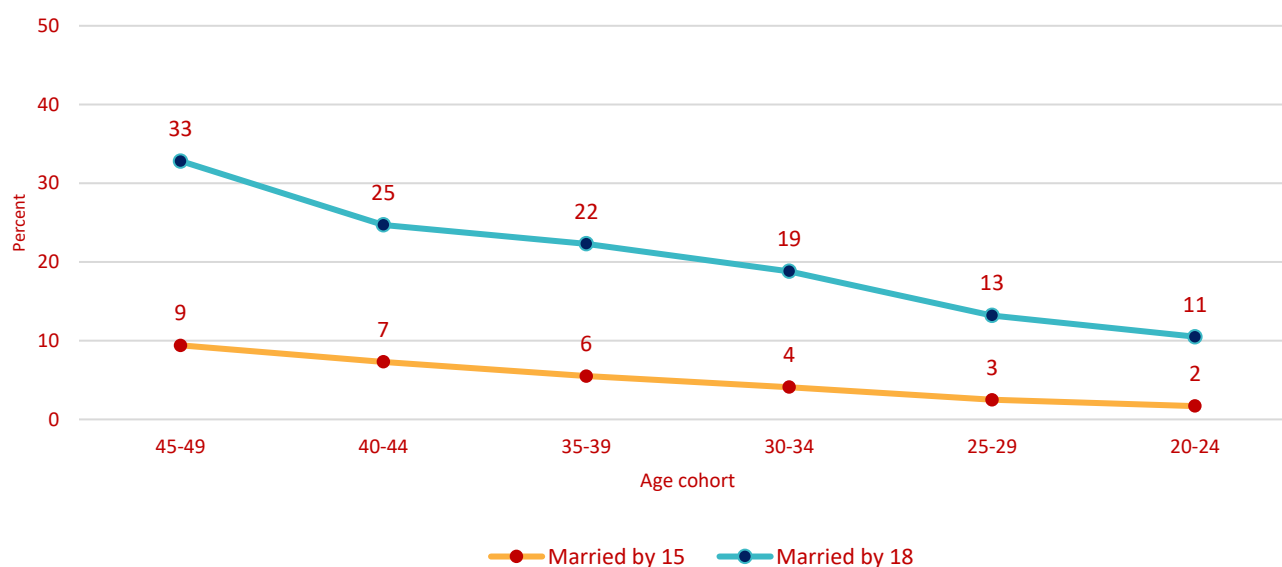
Percentage of women age 20-49 years who were first married before age 15 and before age 18, by age cohort

The objective of this snapshot is to disseminate selected findings from the AJ&K MICS 2020-21 related to Child Marriage. Data from this snapshot can be found in table PR4.1W in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on www.pndajk.gov.pk and www.mics.unicef.org/surveys.
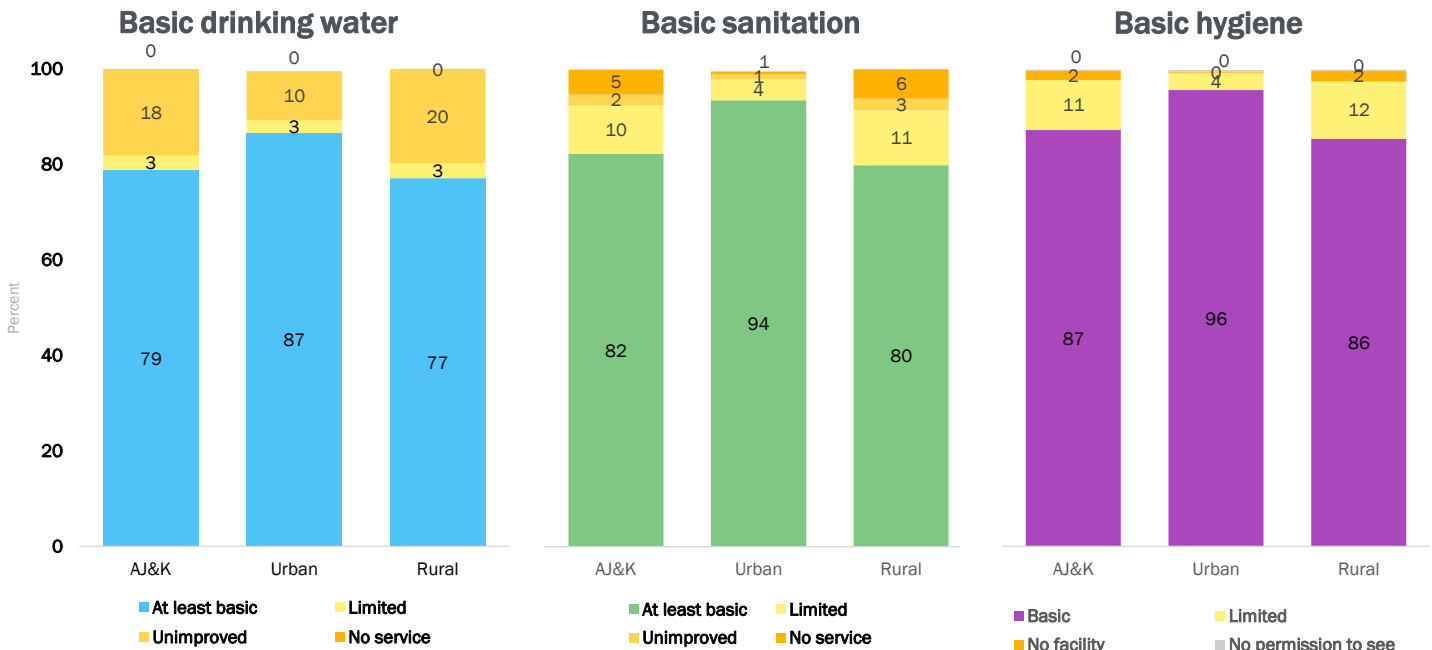
Azad Jammu & Kashmir 2020-21

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Drinking Water, Sanitation & Hygiene (WASH)

Multiple Indicator Cluster Surveys

Basic Drinking Water, Sanitation & Hygiene Services

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef✿

Basic drinking water

	At least basic	Unimproved	Limited	No service
AJ&K	79	3	18	0
Urban	87	3	10	0
Rural	77	3	20	0

■ At least basic   ■ Limited
■ Unimproved   ■ No service

Basic sanitation

	At least basic	Unimproved	Limited	No service
AJ&K	82	2	10	5
Urban	94	1	4	1
Rural	80	3	11	6

■ At least basic   ■ Limited
■ Unimproved   ■ No service

Basic hygiene

	Basic	No facility	Limited	No permission to see
AJ&K	87	2	11	0
Urban	96	0	4	0
Rural	86	2	12	0

■ Basic   ■ Limited
■ No facility   ■ No permission to see

Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder: **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Overall, 79% of the population in AJ&K had access to an improved source of drinking water that required not more than 30 minutes for collection; 82% had access to an improved sanitation facility that is not shared; and 87% had access to a place for handwashing with soap and water available on premises.
- People who live in urban and rich households or whose household head had a secondary or higher education were more likely to have access to basic sanitation and hygiene compared to people who live in rural and poor households or whose household head had no education.
- While most of the population in AJ&K had access to improved drinking water, only 18% had access to safely managed drinking water.
- Women age 15 years or older (70%) in households with no drinking water on premise were more likely to be primarily responsible for collecting drinking water compared to other members of the household.
- Eighty four percent (84%) of women in poor households who reported menstruating in the last month had access to appropriate menstrual hygiene materials and had a private place to wash and change at home.
- Over one in five women in all age groups across AJ&K experienced exclusion from activities during their last menstruation prior to this MICS.

WASH: Inequalities in Basic Services
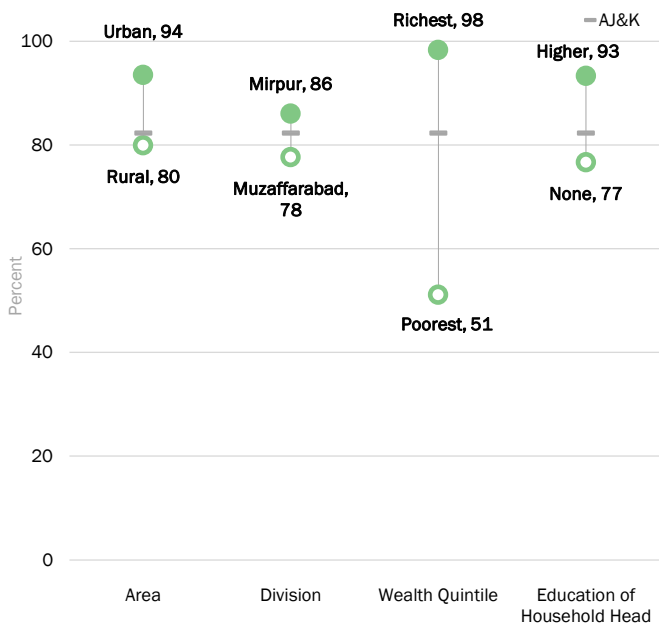
Basic Drinking Water

Percent of population using basic drinking water services by background characteristics

Divisional Data on Basic Services

Division	Basic Drinking Water	Basic Sanitation	Basic Hygiene
AJ&K	78.8	82.3	87.3
Muzaffarabad	73.7	77.6	84.6
Poonch	72.4	81.7	84.0
Mirpur	87.2	86.0	91.8

Percent of population using basic drinking water, sanitation and hygiene services by division

Basic Sanitation

Percent of population using basic sanitation services by background characteristics

Basic Hygiene
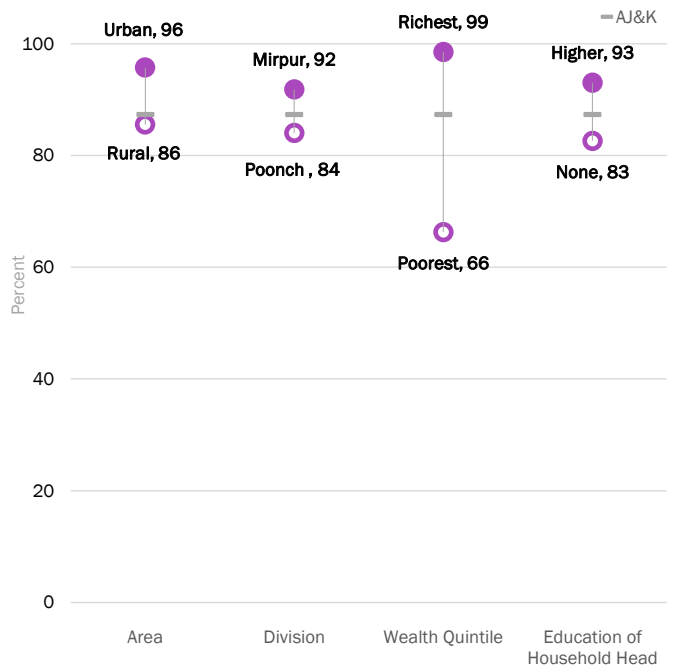
Percent of population using basic hygiene services by background characteristics
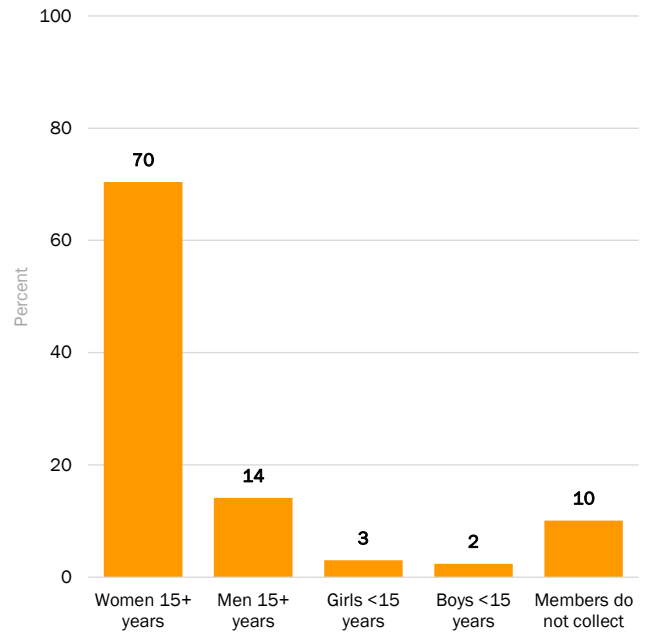
Accessibility of Water & Sanitation Facilities

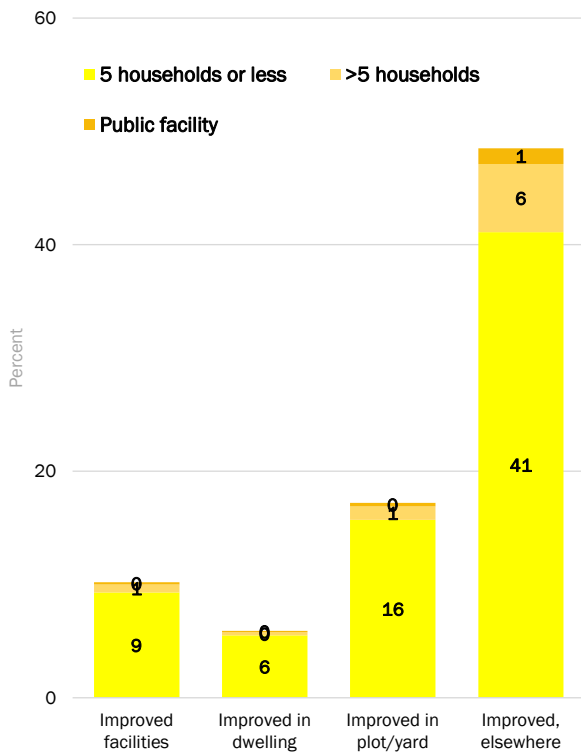## Time Spent Each Day Collecting Water

Legend:
- DK/Missing
- Over 3 hours
- Over 1 hour to 3 hours
- 31 mins to 1 hour
- Up to 30 minutes

	AJ&K	Urban	Rural
DK/Missing	0	0	0
Over 3 hours	2	3	2
Over 1 hour to 3 hours	12	16	14
31 mins to 1 hour	23		25
Up to 30 minutes	63	80	59
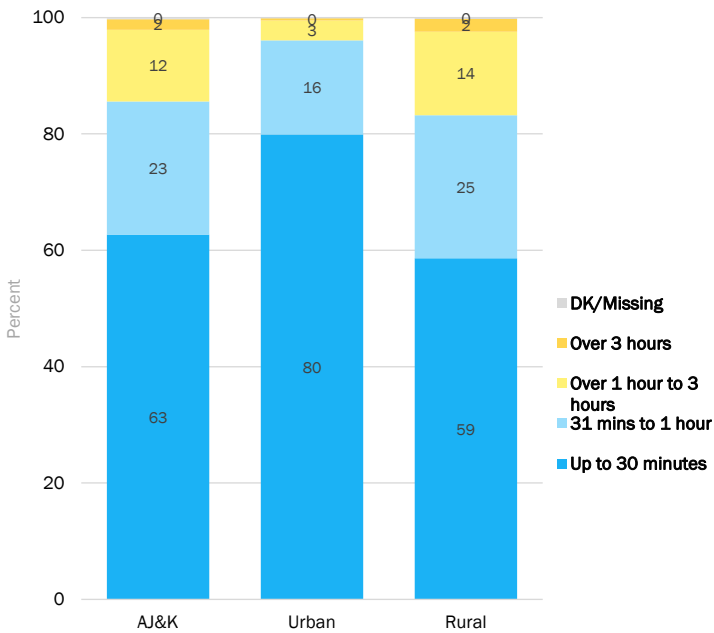
Percent of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises

Who Primarily Collects Drinking Water for the Household

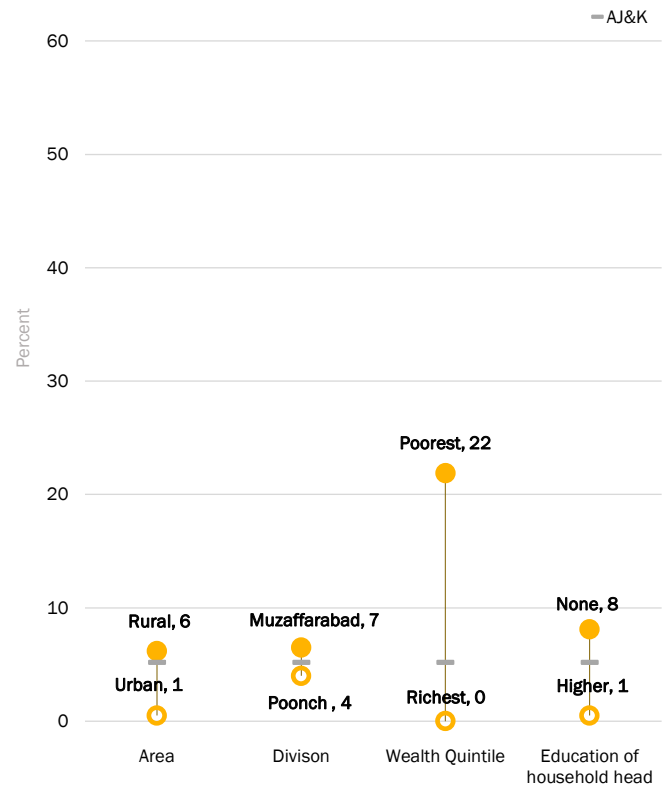| Category	Percent
Women 15+ years	70
Men 15+ years	14
Girls <15 years	3
Boys <15 years	2
Members do not collect	10

Percent of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

Sanitation Accessibility & Privacy

Legend:
- 5 households or less
- >5 households
- Public facility

	Improved facilities	Improved in dwelling	Improved in plot/yard	Improved, elsewhere
Public facility	0	0	0	1
>5 households	1	0	1	6
5 households or less	9	6	16	41

Percent of the population sharing improved sanitation facilities, by location of sanitation facility

Open Defecation

Legend:
- AJ&K

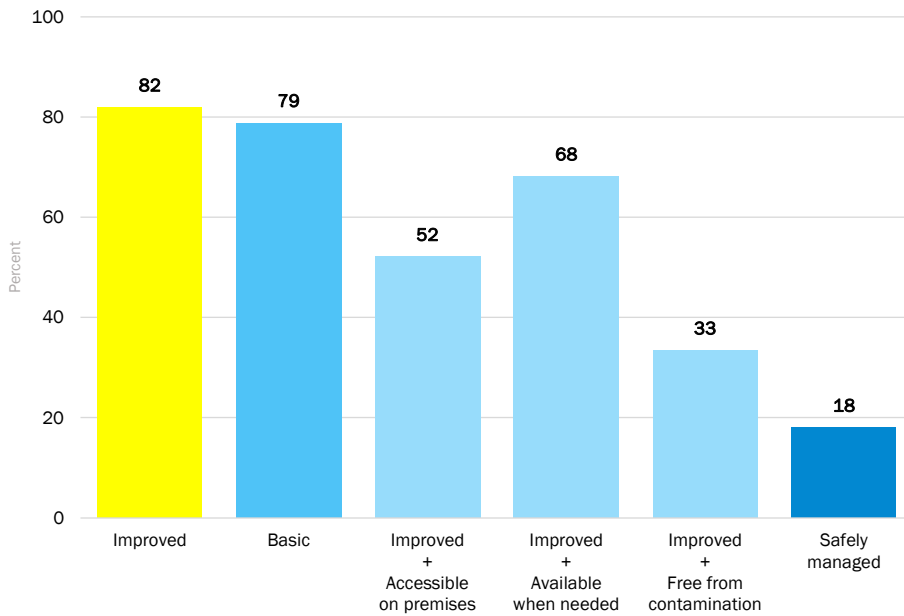| Area	Divison	Wealth Quintile	Education of household head
Rural, 6	Muzaffarabad, 7	Poorest, 22	None, 8
Urban, 1	Poonch , 4	Richest, 0	Higher, 1

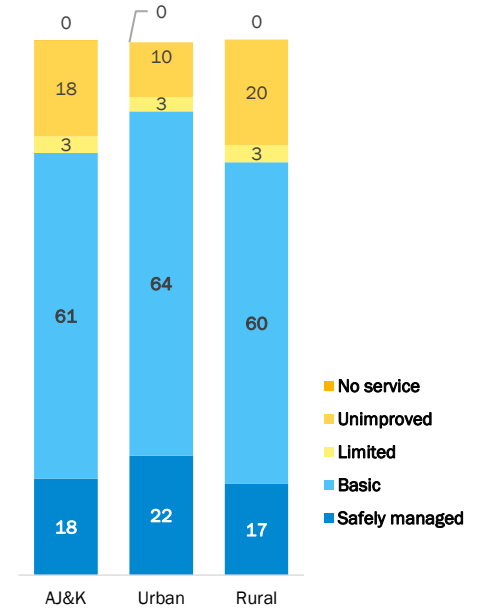Percent of the population practising open defecation, by background characteristics

Safely Managed Drinking Water Services: SDG 6.1.1

Improved, basic & safely managed drinking water

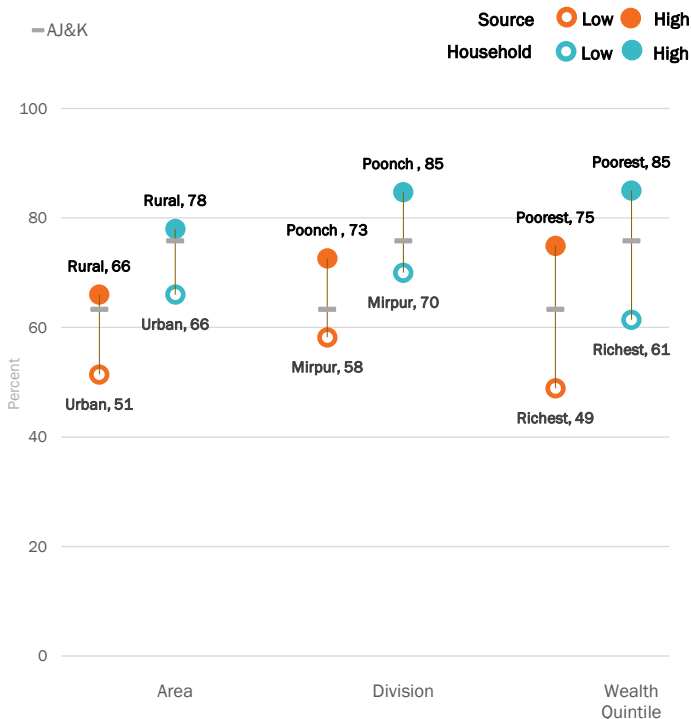Percent of population using improved, basic and safely managed drinking water services

Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination

Drinking water coverage: AJ&K, urban & rural

Percent of population by drinking water coverage

Drinking Water Quality at Source & Home

Percent of population using drinking water sources with E. *coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal)

Water Quality Testing response rates for Household and Source testing are 99.7% and 79% respectively

Availability of Drinking Water
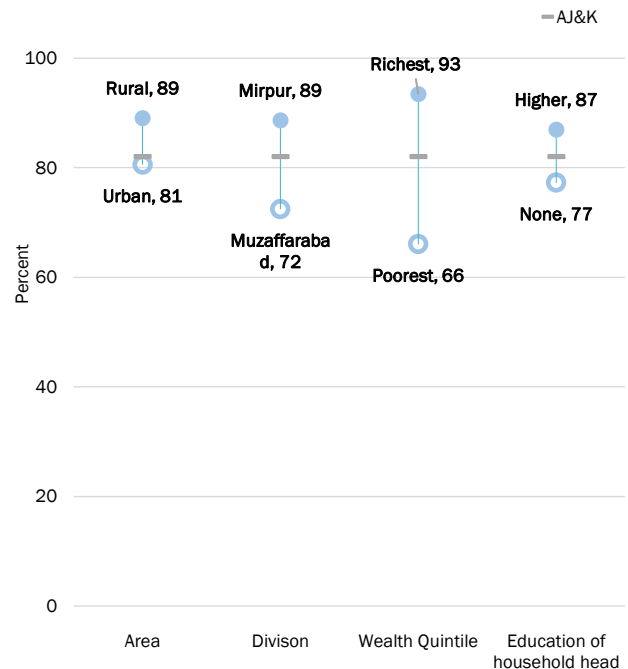
Percent of population using drinking water sources with sufficient drinking water in the last month

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility

Sewer connection — 12
Onsite sanitation — 81
Unimproved — 2
No sanitation facility — 5
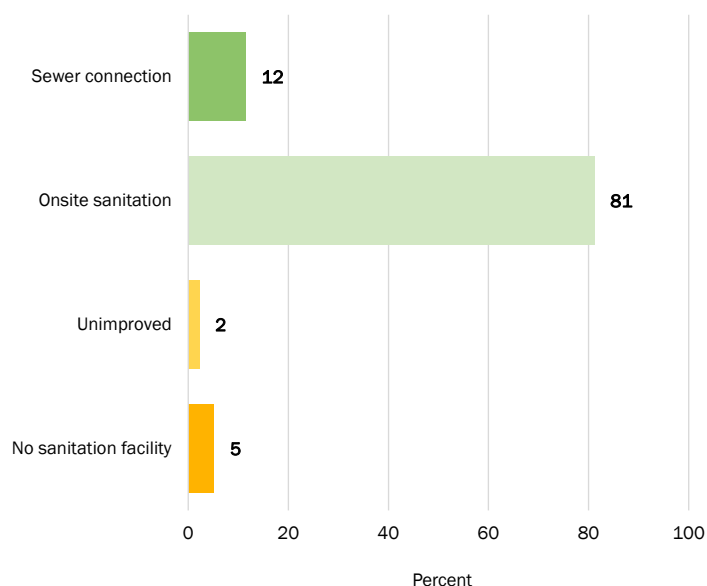
Percent

Percent of population by type of sanitation facility, grouped by type of disposal
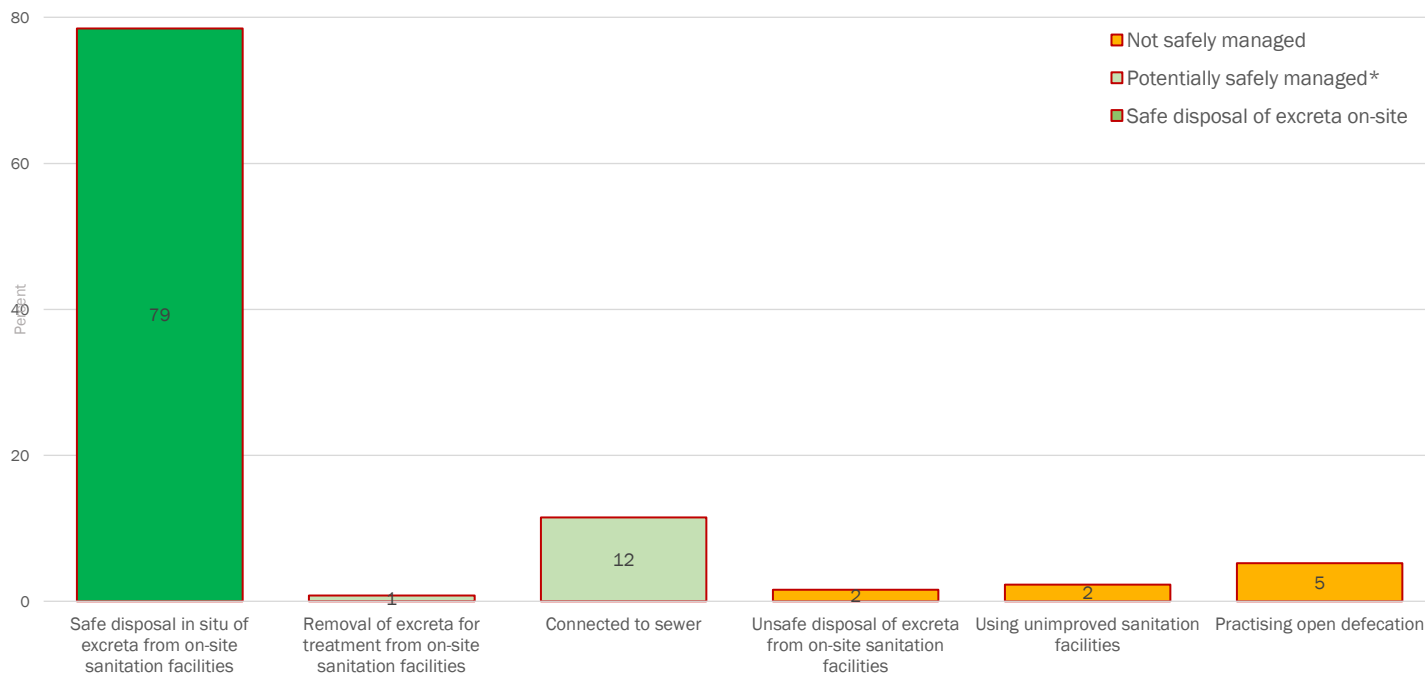
Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where"
Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

Types of Sanitation Facility by Divisions

Division	Sewer connection	Onsite sanitation
AJ&K	11.5	81.2
Muzaffarabad	16.2	74.7
Poonch	2.4	90.3
Mirpur	15.5	78.3

Percent of population using sewer connections and onsite sanitation, by Division

Management of excreta from household sanitation facilities

- Not safely managed
- Potentially safely managed*
- Safe disposal of excreta on-site

Percent

Safe disposal in situ of excreta from on-site sanitation facilities — 79
Removal of excreta for treatment from on-site sanitation facilities — 1
Connected to sewer — 12
Unsafe disposal of excreta from on-site sanitation facilities — 2
Using unimproved sanitation facilities — 2
Practising open defecation — 5

Percent of population by management of excreta from household sanitation facilities

*Additional information required to determine whether faecal sludge and wastewater is safely treated.

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.
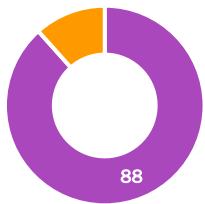
Menstrual Hygiene Management
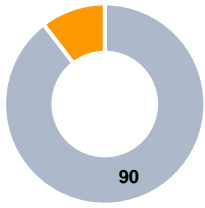
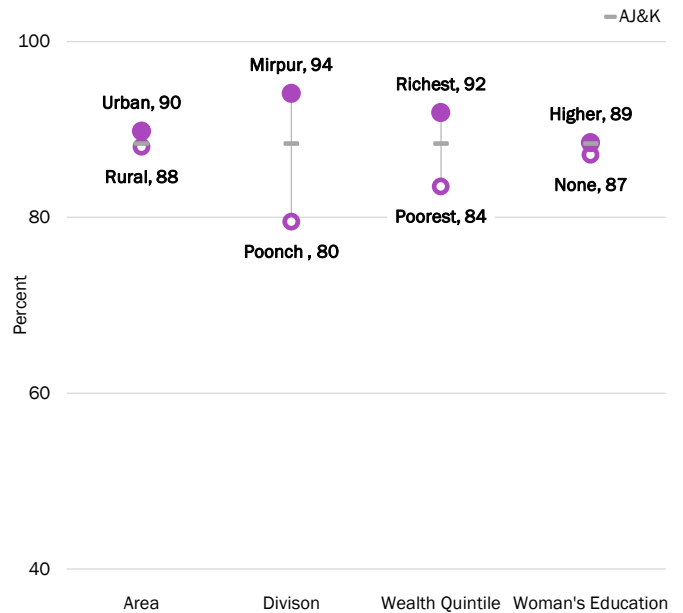**Women with a private place to wash & change at home** — 90
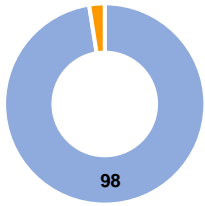
Women with appropriate materials — 98

**Women with appropriate materials & a private place to wash & change at home** — 88

Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home


Urban, 90
Rural, 88
Mirpur, 94
Poonch , 80
Richest, 92
Poorest, 84
Higher, 89
None, 87

AJ&K

Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation
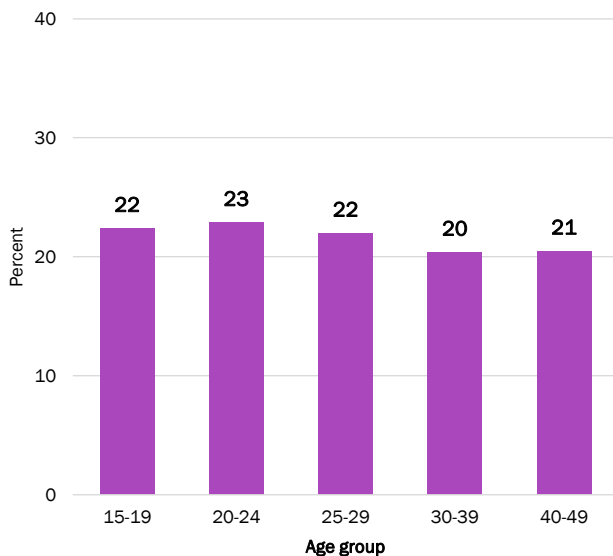
Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics
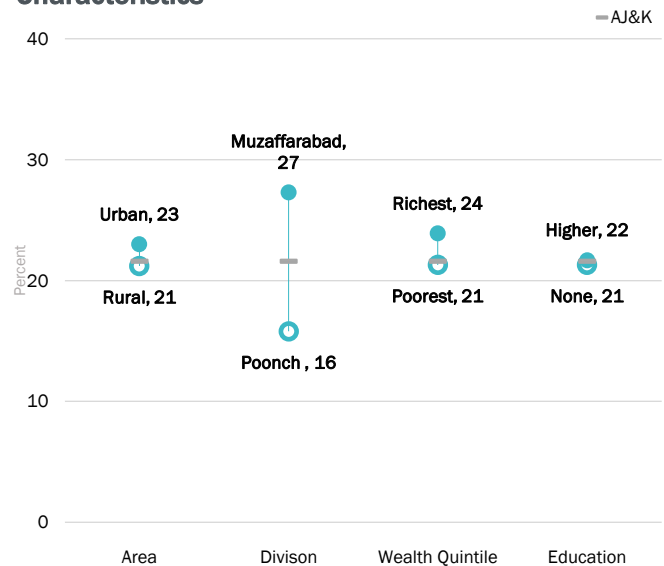
Urban, 23
Rural, 21
Muzaffarabad, 27
Poonch , 16
Richest, 24
Poorest, 21
Higher, 22
None, 21

AJ&K

Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by area, wealth quintile, education and division, among women reporting menstruating in the last 12 months

Azad Jammu & Kashmir
2020-21

Child Functioning

MICS
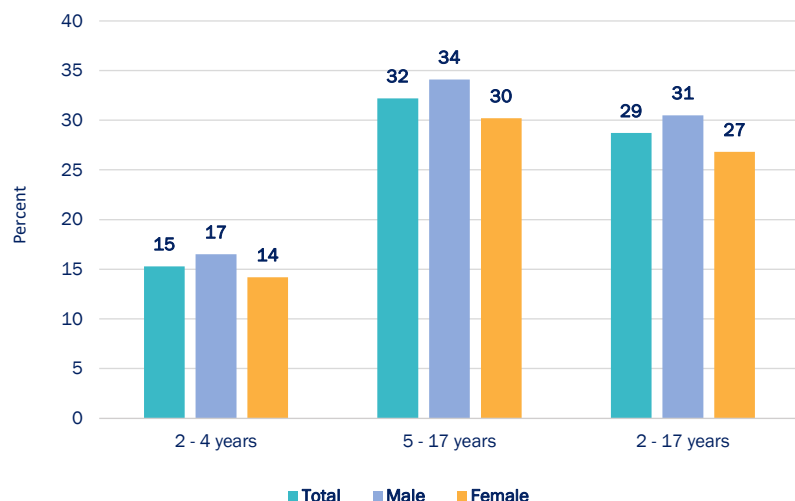
Multiple Indicator
Cluster Surveys

Child Functioning: Levels & Domains

Bureau of Statistics
Planning & Development Department
Government of AJ&K

unicef

Child Functioning Levels by Age-Group

Percentage of children age 2–17 years with functional difficulty, by age-group

Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, they are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for cross-nationally comparable, reliable data. The Child Functioning module is designed in line with WHO's International Classification of Functioning, Disability, Health and UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experienced in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
AJ&K															
2-4 years	0.3	0.2	1.8	0.9	4.2	4.6	1.5	10.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.5	0.6	7.6	N/A	1.4	3.9	N/A	18.1	1.5	3.7	3.6	9.1	4.7	6.7	5.9

Percentage of children age 2–17 years with functional difficulty in at least one domain, by domain of difficulty
N/A- Not Applicable

Key Messages

- Twenty-nine (29%) of children age 2-17 years in AJ&K had a functional difficulty in at least one domain.
- The most reported functional difficulty for children age 2-4 years was in the domain of controlling behavior (10%). Eighteen percent (18%) of children age 5-17 also experienced difficulty controlling behavior and 9% experienced difficulty accepting change.

- Data from this MICS indicate that many children 5-17 years in AJ&K were reported difficulties related anxiety (7%) or depression (6%). There is a need to understand more about the nature of anxiety and depression amongst children in AJ&K.
- Eighteen (18%) of Children whose mother/caretaker had no education were reported to have a functional difficulty compared to 11% of children whose mother/caretaker had a higher level of

education. Only small variations were noted amongst reported functional difficulties for children age 2-17 years for sex of child, location (urban/rural) or wealth of household.
- In Mirpur division 22% of children aged 2-4 years were reported to have a functional difficulty in at least one domain, compared to 10% of children in Muzaffarabad division.

Child Functioning: Inequalities

Percentage of children age 2–4 years with functional difficulty, by background characteristics

Divisional Data on Child Functioning

Division	2-4 years	5-17 years	2-17 years
AJ&K	15.3	32.2	28.7
Muzaffarabad	10.1	22.1	19.5
Poonch	12.7	29.3	25.9
Mirpur	22.1	42.5	38.4

Percentage of children age 2–17 years with functional difficulty in at least one domain, by division

Children who use Assistive Devices & have Functional Difficulties
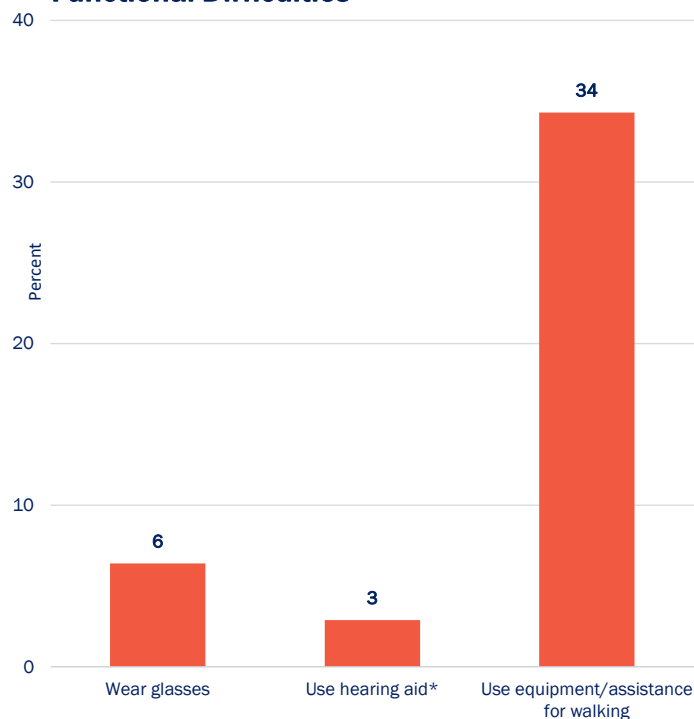
* Figures are based on 25-49 unweighted cases

Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

Azad Jammu & Kashmir
2020-21

MICS

Adolescents

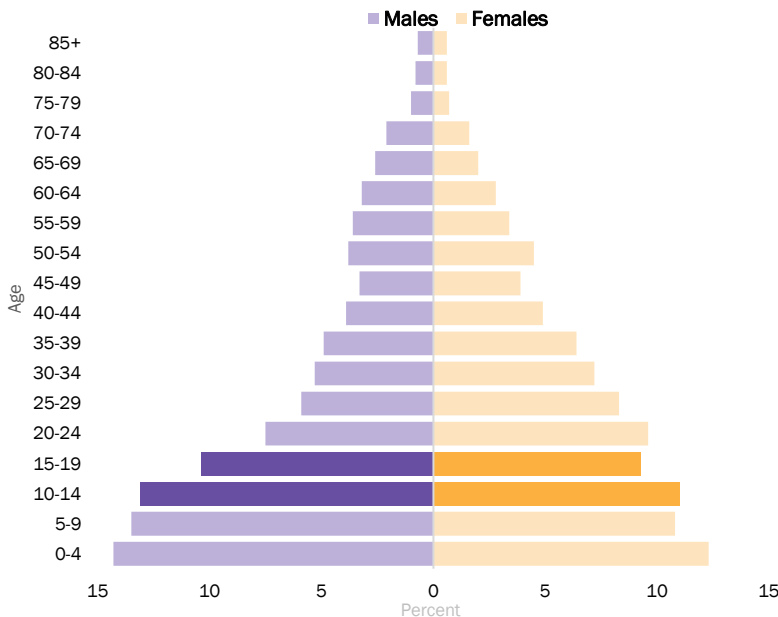Multiple Indicator
Cluster Surveys

The Adolescent Population: Age 10-19

Bureau of Statistics
Planning & Development Department
Government of AJ&K

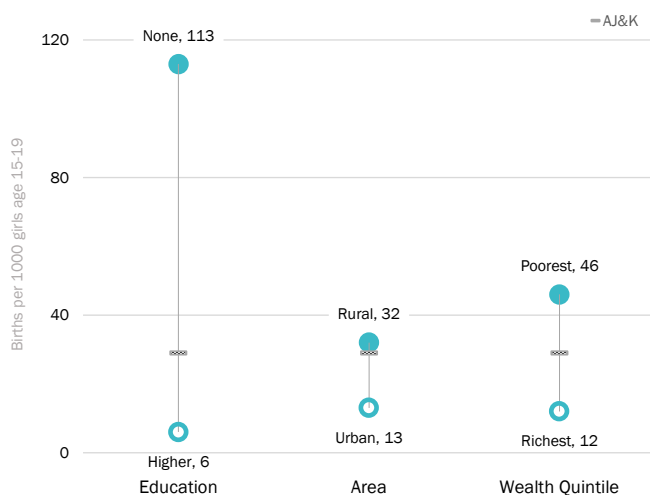**unicef**

Age & Sex Distribution of Household Population

■ Males ■ Females

Age (vertical axis): 85+, 80-84, 75-79, 70-74, 65-69, 60-64, 55-59, 50-54, 45-49, 40-44, 35-39, 30-34, 25-29, 20-24, 15-19, 10-14, 5-9, 0-4

Percent axis: 15, 10, 5, 0, 5, 10, 15

This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life
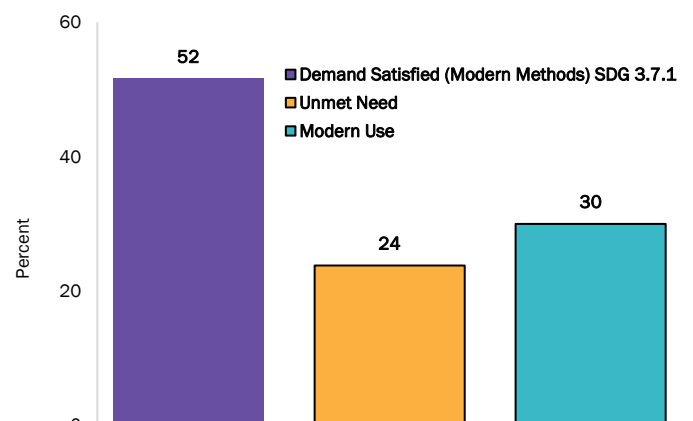
Every Adolescent Survives & Thrives

Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

Adolescent Birth Rate: SDG 3.7.2

— AJ&K

Births per 1000 girls age 15-19 (axis): 0, 40, 80, 120

- None, 113
- Higher, 6
- Education
- Rural, 32
- Urban, 13
- Area
- Poorest, 46
- Richest, 12
- Wealth Quintile

Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women
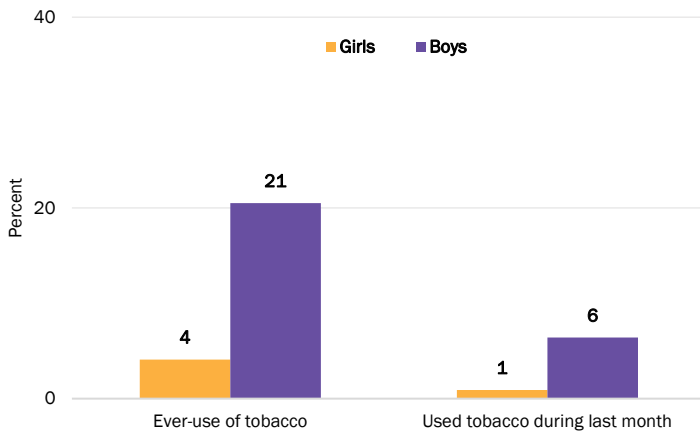
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1

Percent axis: 0, 20, 40, 60

- ■ Demand Satisfied (Modern Methods) SDG 3.7.1 — 52
- ■ Unmet Need — 24
- ■ Modern Use — 30

Percentage of currently married girls age 15-19 years who are using a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied

Every Adolescent Survives & Thrives

Tobacco*

Percentage of adolescent girls and boys age 15-19 who have ever used tobacco
Percentage of adolescent girls and boys age 15-19 who have used tobacco in the last 1 month
*Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

Tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use and promote healthy behaviours that will last into adulthood.

Every Adolescent Learns

Foundational Reading Skills
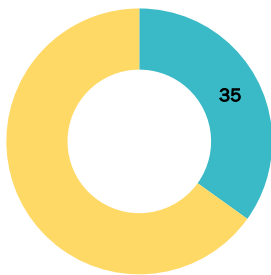
Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) answer three literal comprehension questions, 3) answer two inferential comprehension questions

Foundational Numeracy Skills
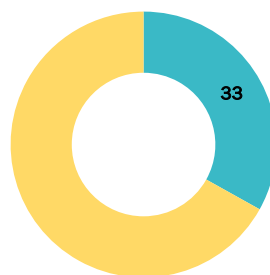
Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2/3 in primary education.

School Attendance Ratios
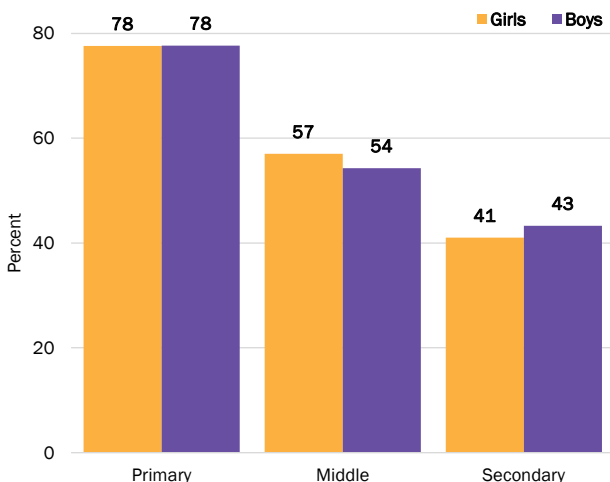
Adjusted net attendance ratio, by level of education and by gender

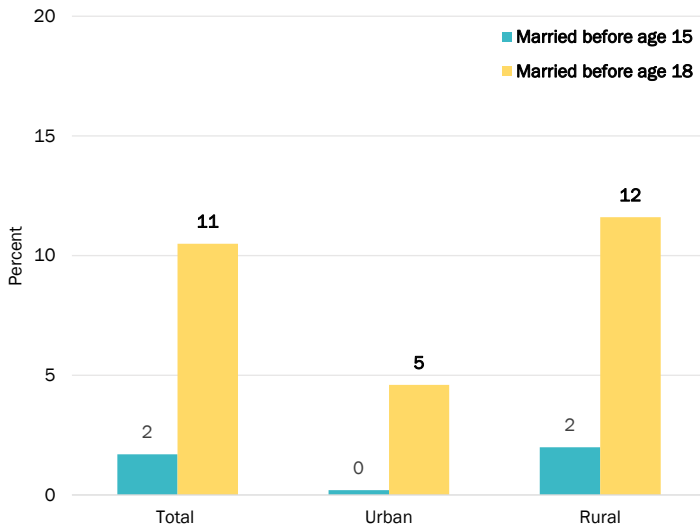## Information & Communications Technology (ICT) Skills*
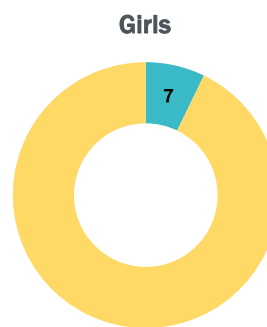
Girls

Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities in the past 3-months
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills
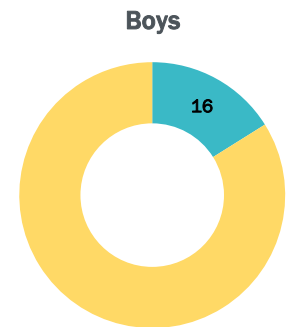
Boys

Percentage of boys age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

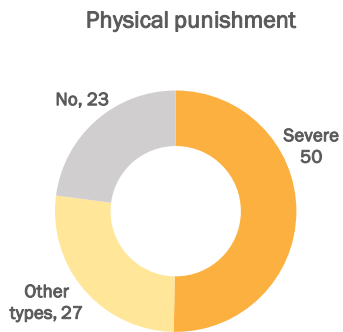# Every Adolescent is Protected from Violence & Exploitation

Child Marriage: SDG 5.3.1

Legend:
- Married before age 15
- Married before age 18

Bar chart data:
- Total: 2 (Married before age 15), 11 (Married before age 18)
- Urban: 0 (Married before age 15), 5 (Married before age 18)
- Rural: 2 (Married before age 15), 12 (Married before age 18)
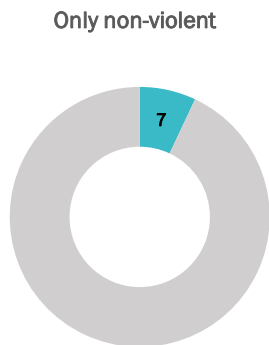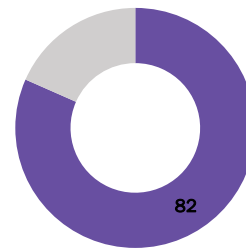
Y-axis: Percent (0 to 20)

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

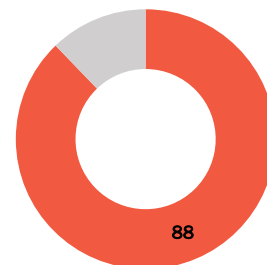Percentage of women aged 20 to 24 years who were first married before age 15 and before age 18, by area

Child Discipline

Physical punishment

- No, 23
- Severe 50
- Other types, 27

Psychological aggression

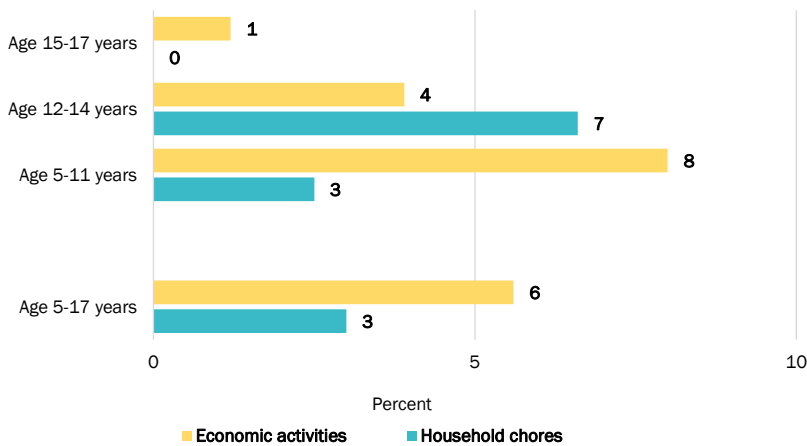- 82

Only non-violent

- 7

Any violent discipline*

- 88

Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Every Adolescent is Protected from Violence & Exploitation

Type of Child Labour

Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age
Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5-11 years: At least 1 hour of economic work or 21 hours of unpaid household services per week.

Age 12-14 years: At least 14 hours of economic work or 21 hours of unpaid household services per week.

Age 15-17 years: At least 43 hours of economic activities. NO threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use
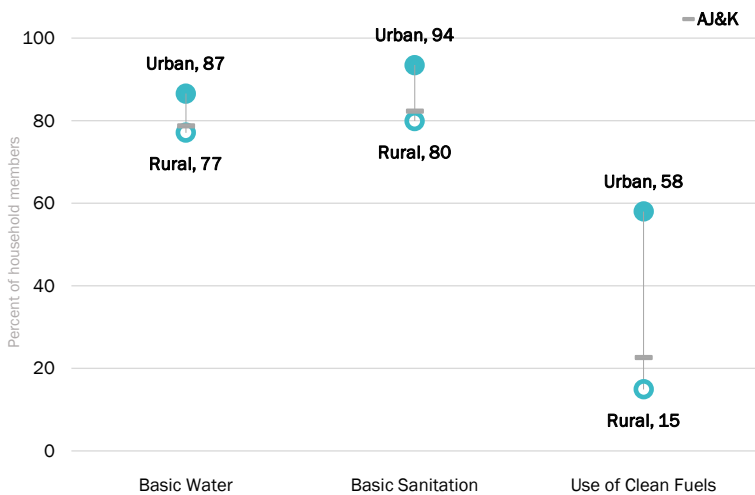
The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

# Every Adolescent has an Equitable Chance in Life

Discrimination & Harassment
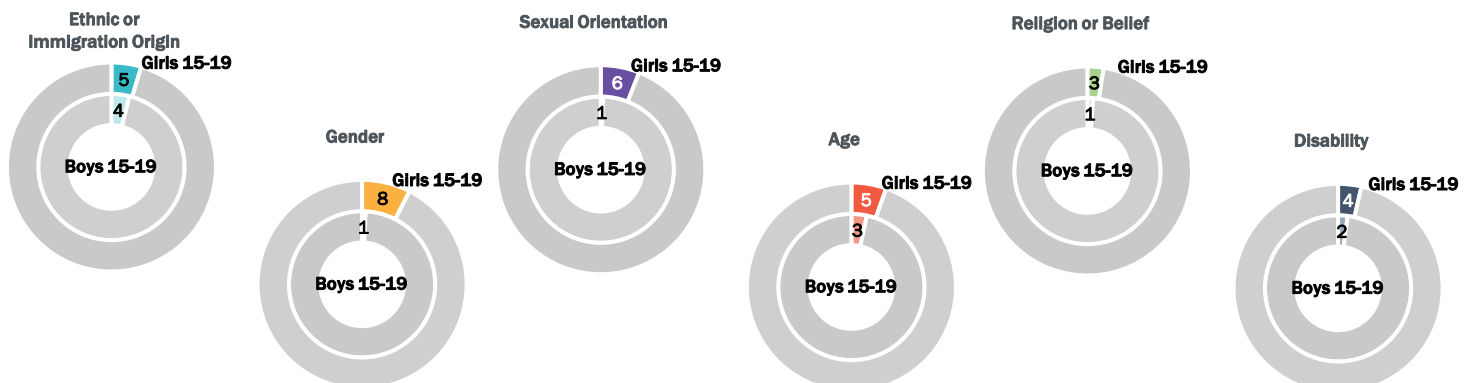
Percentage of adolescent girls and boys age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents

Percentage of adolescents who have a functioning difficulty, by domain and age
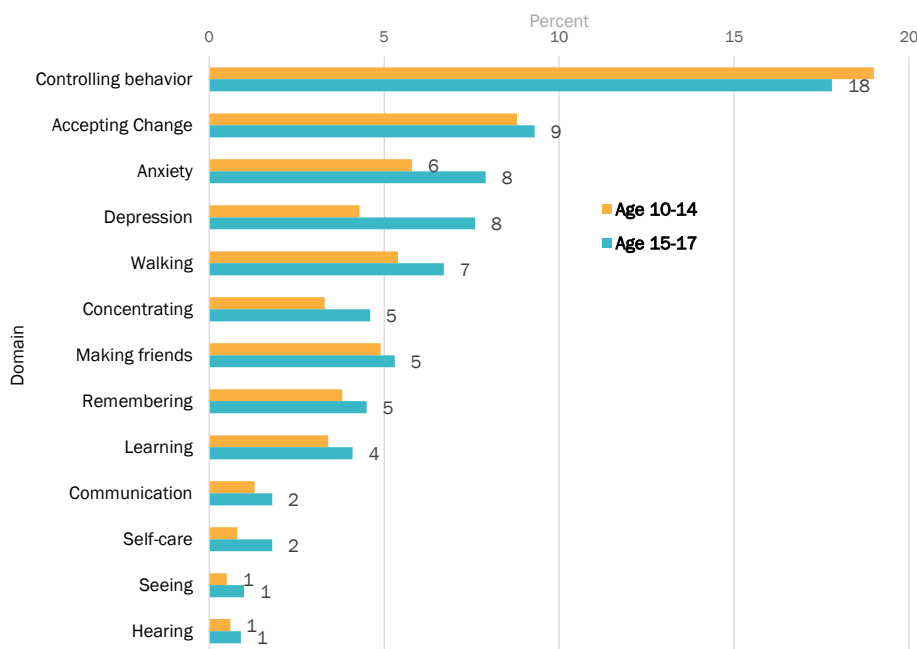
Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- Women who had a higher education (6/1,000), live in urban areas (13/1,000) or came from rich households (12/1,000) were less likely to give birth during adolescence than were women who had no education (113/1,000), or came from rural (32/1,000) or poor (46/1,000) households.
- Thirty percent (30%) of girls age 15-19 years reported using a modern contraceptive method. Almost one-quarter (24%) of girls 15-19 years in AJ&K reported an unmet need for family planning.
- Boys age 15-19 years were far more likely to have ever used tobacco (21%) than were girls (4%). Six percent (6%) of boys used tobacco in the past month compared to just 1% of girls.
- Foundational reading and numeracy skills

for children age 7-14 years are low in AJ&K. Only thirty-five percent (35%) of children age 7-14 years could read at a grade two level or higher and 33% had numeracy skills at a grade two level or higher.
- In AJ&K, twice as many boys (16%) could perform at least one computer related activity than could girls (7%). However, ICT skills for both boys and girls in AJ&K is very low.
- Eleven percent (11%) of women age 20-24 years in AJ&K were married before their 18th birthday and 2% were married before age 15 years.
- Physical punishment, psychological aggression and violent discipline towards children age 10-14 years is common in AJ&K. Only 7% of children experienced only non-

violent forms of discipline in the month prior to this MICS survey.
- Adolescent access to basic sanitation and use of clean fuels is correlated with household location (urban/rural). Only 15% of rural households had access to clean fuels compared to 58% of urban households.
- Girls were more likely to report discrimination and harassment than boys in every domain.
- A concerning proportion of adolescents age 15-17 years were reported in this MICS to experience functional difficulty for controlling behaviour (18%), accepting change (9%), anxiety (8%), and depression (8%).