

2018 Multiple Indicator Cluster Survey (MICS6) Briefing

 MICS





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Introduction

This survey is the sixth round of Multiple Indicator Cluster Surveys (MICS) surveys carried out by the Central Statistical organization and the Kurdistan Regional Statistics office in coordination with the Ministries of Health in the Center and in Kurdistan Region and with the technical and financial support of the United Nations Children's Fund (UNICEF).

This survey is one of the most important tools for monitoring and measuring progress in the rights of children and women. It provides a picture of the situation of women and children in Iraq.

The MICS is based on internationally approved scientific methodologies. It is representative of the population of Iraq, with a representative sample at the national and governorate levels of 20,520 families throughout Iraq.

The survey used 228 interviewers from statisticians and medical doctors to gather information directly from selected households in the sample and over fifty days of actual fieldwork.

This survey provides more than 200 key indicators about women and children on the health, nutrition, educational, cultural, social and basic services of women and children, and 40% of them are for sustainable development.

The comprehensiveness and credibility of the MICS Survey data make this survey a very valuable tool for measuring and monitoring the goals of sustainable development and the National Development Plan (2018-2022). This report summarizes the main findings of the MICS6 2018 survey in figures and graphs. We hope that this summary report will provide a clear picture of the current situation of women and children in Iraq.

IRAQ 2018



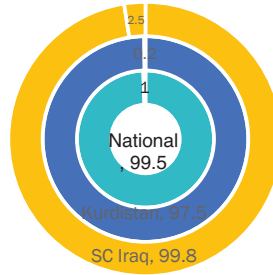
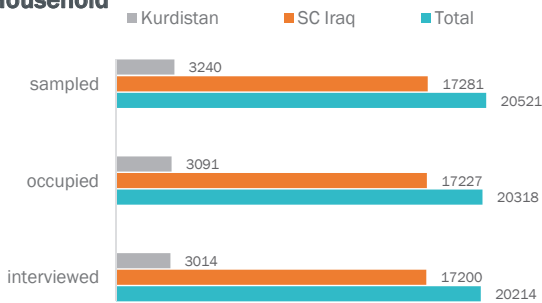
Sample & Survey Characteristics

Multiple Indicator
Cluster Surveys

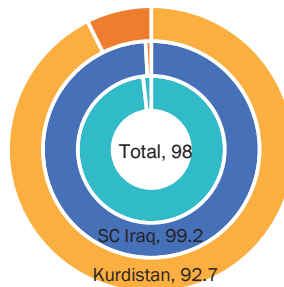
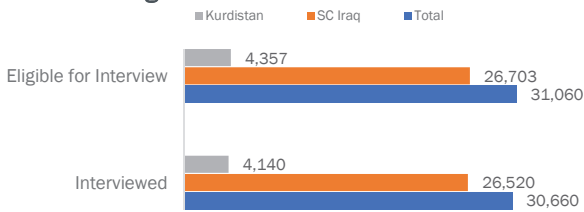


Response Rates

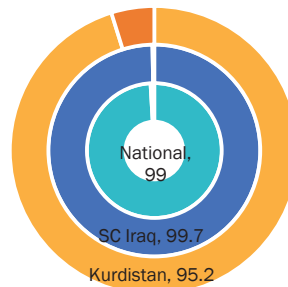
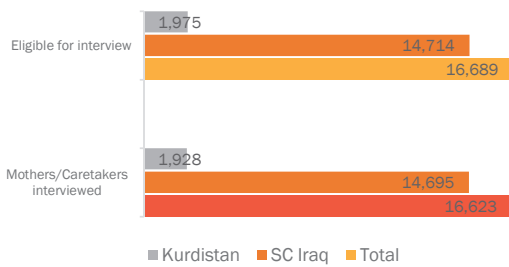
Household



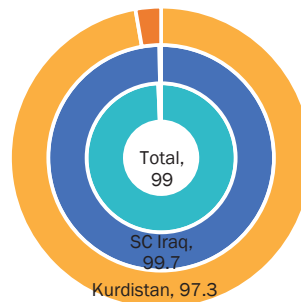
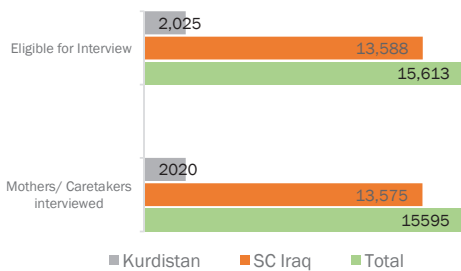
Women age 15-49



Children under 5



Children age 5-17



Survey Implementation

Implementing agency:
Name of implementing agency

Sampling frame:
Year and name of census or another sample frame

Listing & mapping:
Months(s) Year

Interviewer training:
Month(s) Year

Fieldwork:
Month(s) Year

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

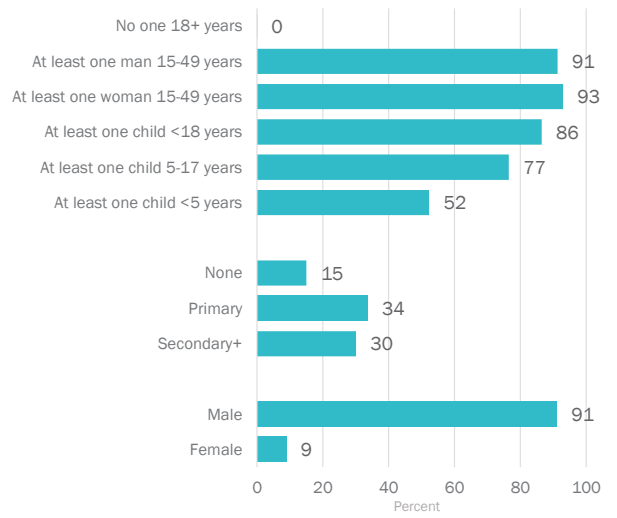
Population Characteristics

Household Population Age & Sex Distribution



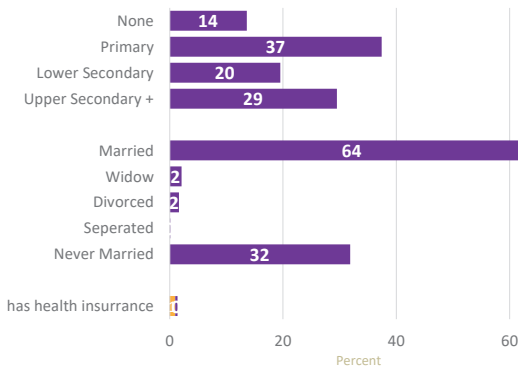
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



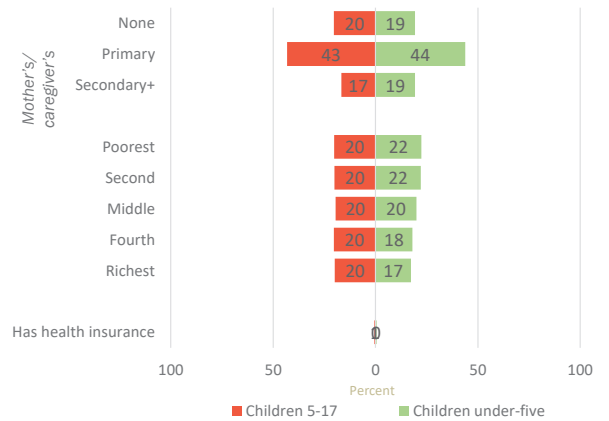
Percent of households by selected characteristics

Women Profile



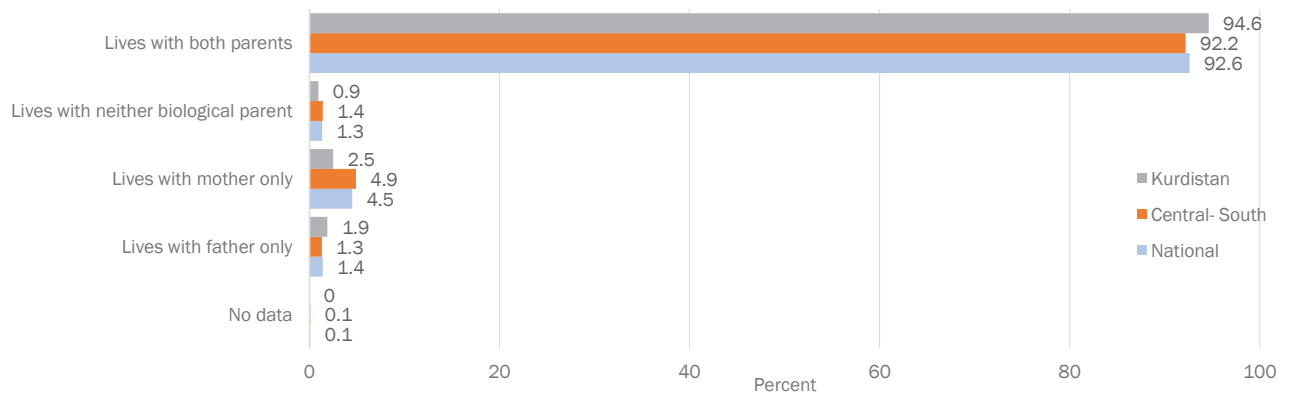
Percent distribution of women and men age 15-49 by background characteristics

Children's Profile



Percent distribution of children age 5-17 and under-five by background characteristics

Children's living arrangements*



Percent distribution of children age 0-17 years according to living arrangements
*Children 0-17 years

Regional distribution of population (percent)

Governorate	Households	Women	Children under 5	Children 5-17
National	100	100	100	100
Dohuk	3.4	3.8	3.5	3.2
Nainawah	9.0	9.3	9.9	9.5
Sulaimaniyah	7.2	6.0	4.4	6
Kirkuk	5.1	4.0	2.4	4.5
Erbil	9.3	9.1	8.7	8.2
Diala	5.5	5.5	6.2	5.6
Anbar	3.7	4.2	3.1	4
Baghdad	16.6	16.5	16.4	16.4
Babil	4.7	4.5	4.6	4.7
Kerbala	3.0	2.8	3.0	3
Wasit	3.3	3.3	3.4	3.4
Salahdeen	2.9	3.1	2.4	3
Najaf	3.8	3.7	4.2	4.1
Qadissiyah	2.6	2.9	2.9	2.8
Munthana	2.9	3.2	4.0	3.1
Thiqar	5.8	6.4	7.0	6.5
Missan	3.8	3.9	4.9	4.2
Basrah	7.3	7.7	8.9	7.9

Key Messages

The number of households surveyed in Iraq was 20521, of which 17281 were families in central and southern Iraq and 3240 were in Kurdistan Region. The response rate was high in central and southern Iraq and urban and rural were close and similarly between governorates. The sample included all women aged (15-49) years and children under the age of five years and age (5-17) years

The results showed that the base of the population pyramid for the survey sample was reduced to form children under the age of five years (12.91%), which is lower than the percentage of children in the following age group (5-9) years, which reached (14.65%), which is close to percentage of Age (10-14) years (12.83%) ...

(8.9%) of women headed households in Iraq. The average size of the family was 6.3 persons, 71.7% of the households in urban areas, 28.3% of the households in rural areas. 16.6% of population live in Baghdad and governorates Qadisiyah (2.6%) and Muthanna (2.9%) are the least governorates in terms of population density.

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF provided financial

support.

The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Survey and Sample Characteristics. Data from this snapshot can be found in table SR. 1.1, SR. 5.1W, SR.5.1M, SR.5.2, SR.5.3 and SR.2.3

in the Survey Findings Report.

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

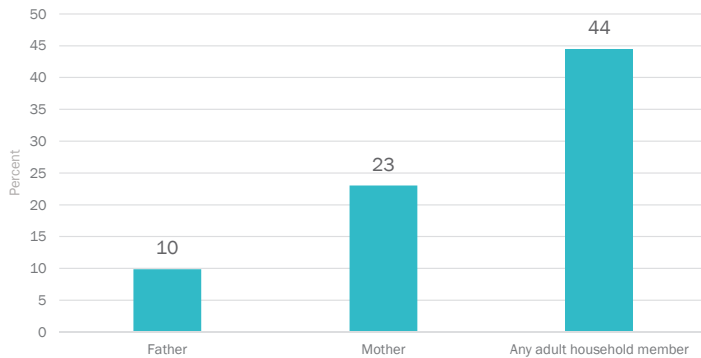
Early Childhood Development

Multiple Indicator Cluster Surveys

Support for Learning



Early Stimulation & Responsive Care



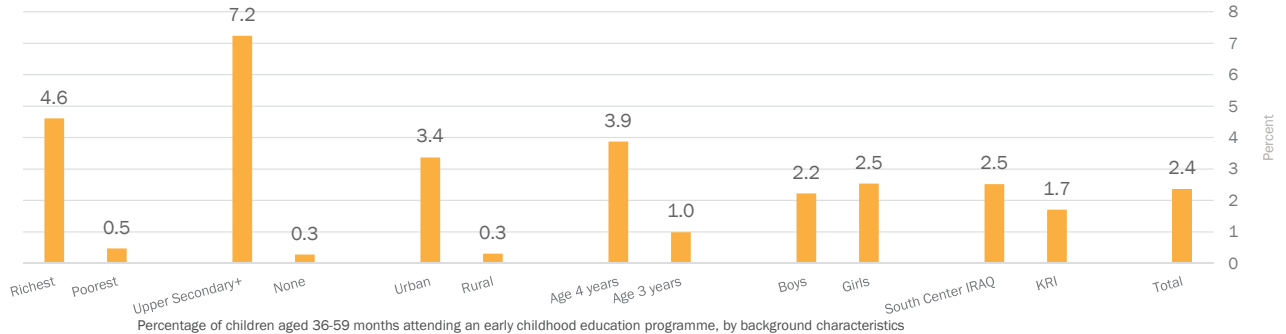
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

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 aged 36-59 months attending an early childhood education programme, by background characteristics

Key Messages

Early stimulation and responsive care are a number of activities that support the early learning of the child with the participation of adults with children in the activities of reading books or browsing comic books with them or telling stories for children, playing songs for the child, taking children outside the house, playing with children, spending time with the child in naming things or counting them or drawing things. The quality of home care is one of the crucial factors in child development

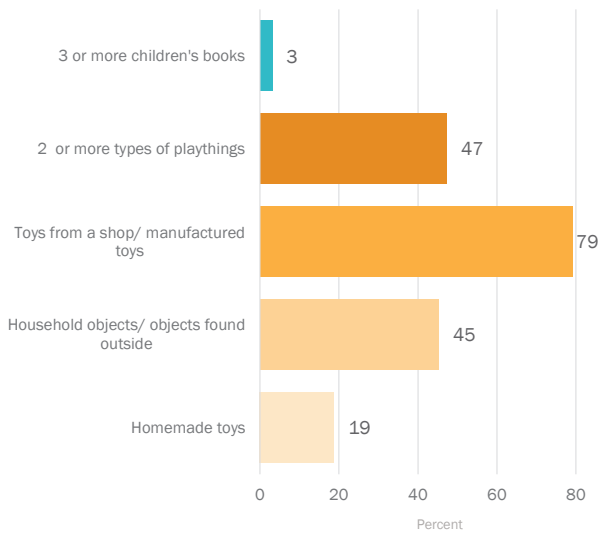
The results of the survey showed that 44% of children aged 2-4 participated with adults in the family in four or more activities and that the participation of mothers with their children in these activities is more than twice that of fathers. The results showed that 2.37% of children aged 3-4 years attend educational programs at this stage and is important for the readiness of children to attend school

Most children enrolled in early childhood development programs are 4 years old, concentrated in urban areas and richer families. Female enrollment is slightly higher than male enrollment and its also more in central and southern Iraq compared with Kurdistan Region

The index of early development (79%) of the children in the age group (3-4 years). This means that these children are moving towards the right development, in physical development, learning, social and emotional development, literacy and numeracy in percentages ranging from top to bottom. This indicator appears at higher rates for children aged 4 years and females, whose mothers have a secondary school or higher and wealthy families.

Learning Materials & Child Supervision

Access to Play & Learning Materials



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

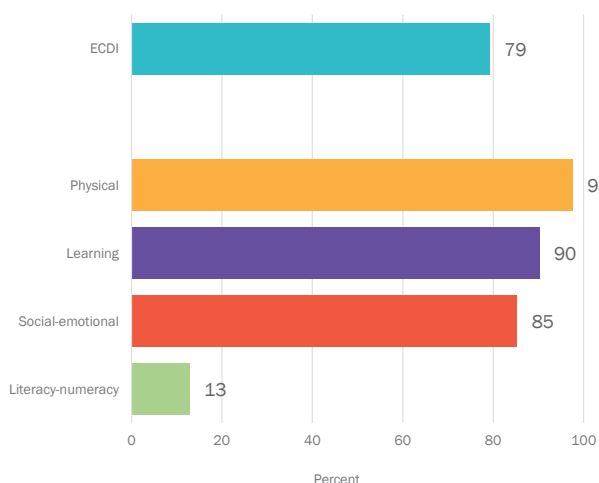
Inadequate supervision of children

Governorate	Left in inadequate supervision	Governorate	Left in inadequate supervision
Total	5		
Duhok	6.7	Karbalah	4.3
Nainawa	3.2	Wasit	23.5
Sulaimaniya	4.3	Salahaddin	13.9
Kirkuk	11.3	Najaf	12.8
Erbil	19.2	Qadisyah	12.2
Diala	9.3	Muthana	16.2
Anbar	10.0	Thiqar	4.5
Baghdad	8.4	Misan	15.6
Babil	15.1	Basrah	6.3

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, Governorate

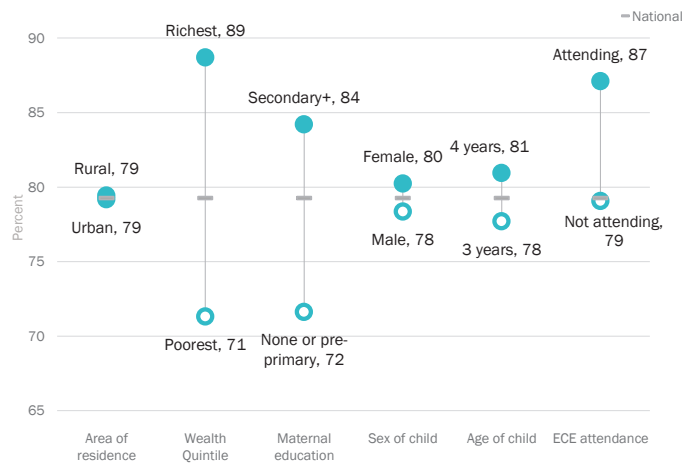
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



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



ECDI by various characteristics
ECE = early childhood education

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The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 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. Further statistical snapshots and the

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IRAQ 2018



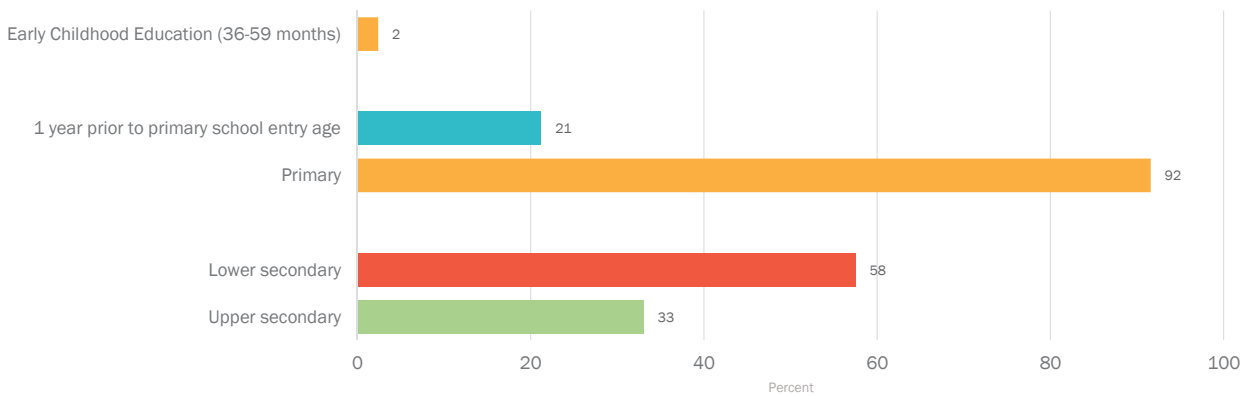
Multiple Indicator
Cluster Surveys

Education

Attendance Rates & Inequalities



School Net Attendance Rates (adjusted)



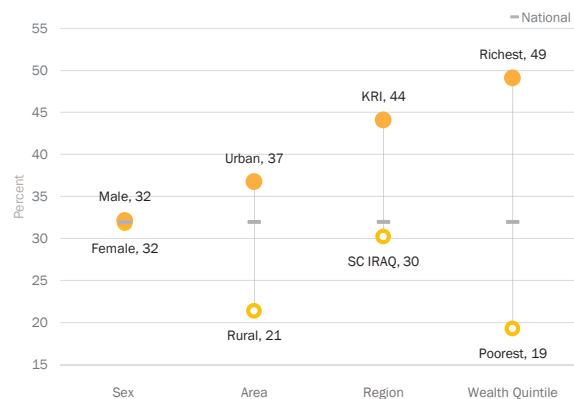
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education



Percentage of children age 36-59 months who are attending early childhood education

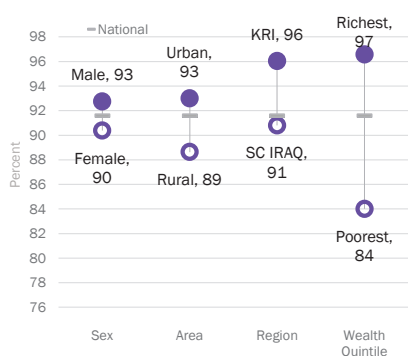
Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2



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

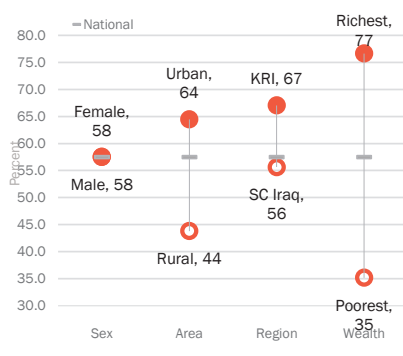
Inequalities in Attendance Rates

Adjusted Primary School Net Attendance Rate



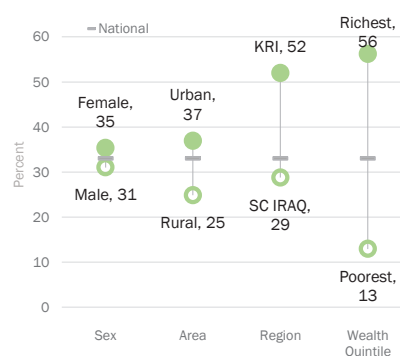
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Adjusted Lower Secondary School Net Attendance Rate



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

Adjusted Upper Secondary School Net Attendance Rate



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

Regional Data for Net Attendance Rates (adjusted)

Governorate	Early Childhood Education	Participation rate in organized learning	Primary	Lower Secondary	Upper Secondary
National	2.4	32	91.6	57.5	33.1
DUHOK	2.2	39.6	95.7	69.2	44.0
NAINAWA	2.9	27.4	88.3	46.3	24.6
SULAIMANIYA	1.0	50.6	97.9	74.3	56.5
KIRKUK	2.8	27.8	93.9	72.8	48.8
ERBIL	1.9	41.3	95.1	61.2	52.4
DIALA	0.7	41.3	94.7	69.5	35.6
ANBAR	2.7	27.9	93.1	39.7	23.1
BAGHDAD	5.3	35.6	92.2	60.7	26.2
BABIL	1.7	30.5	90.7	55.0	31.8
KARBALAH	2.8	31.2	92.3	51.2	31.5
WASIT	1.3	33.1	90.0	42.3	31.0
SALAHADDIN	4.2	34.2	89.5	53.6	30.6
NAJAF	1.8	26.1	87.3	50.7	29.5
QADISYAH	2.1	27.1	88.3	58.9	28.5
MUTHANA	1.7	18.6	88.8	48.7	22.6
THIQAR	0.7	18.6	91.6	61.4	35.2
MISAN	0.7	24.1	88.0	46.7	21.9
BASRAH	1.8	39.3	90.7	59.6	22.9

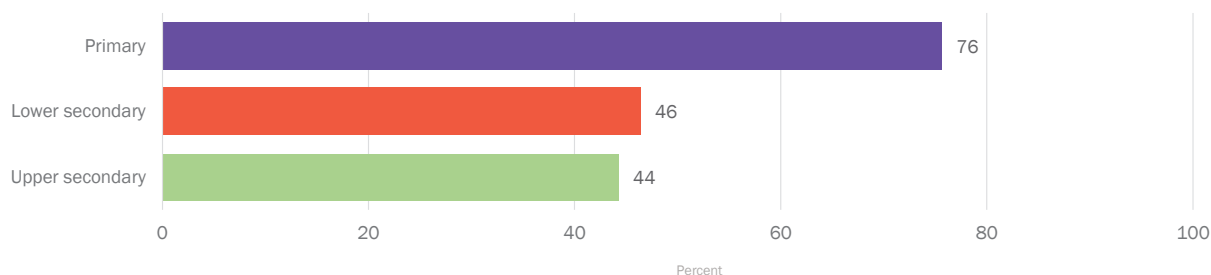
Key Messages

Universal access to education is one of the most important goals of sustainable development. The role of education is essential and vital to combating poverty, empowering women and promoting society in all fields.

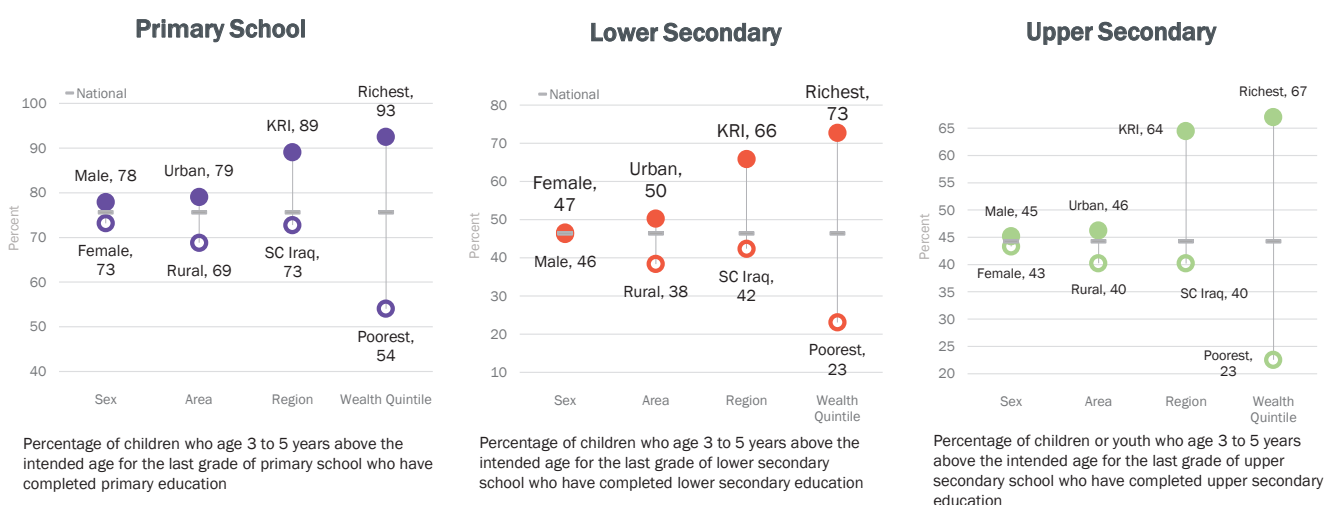
The results indicate that the net enrollment rate in primary education (91.6%) of children in the age group (6-11) years and the net enrollment rate decreases as we progress in the education stages and that more than half of children in the age group (12-14) years are enrolled (57.5%), while enrollment in upper secondary school (33%). Children enrolled in early childhood development is (2.4%).

The disparity in enrollment rates at all levels is the highest in urban areas and in the Kurdistan region and in children belonging to wealthy families. As for gender, the results of the survey indicate that the enrollment rate of males exceeds the female enrollment rate only in the primary stage and in the later stages, The female enrollment rate is higher than the male enrollment rate

Completion Rates



Inequalities in Completion Rates



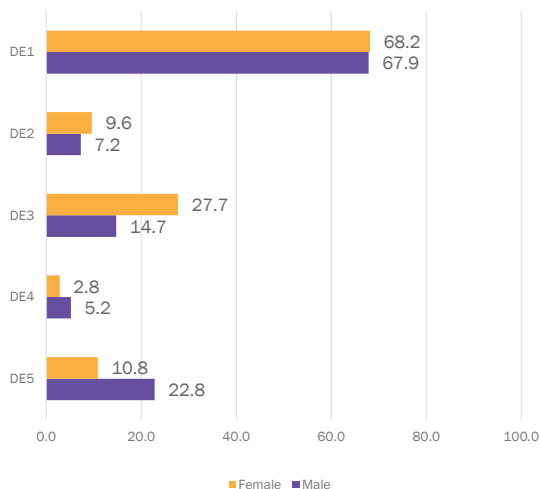
Regional Data in Completion Rates

Governorate	Primary	Lower Secondary	Upper Secondary
National	75.7	46.4	44.3
DUHOK	80.9	62.6	57.3
NAINAWA	68.3	34.4	39.0
SULAIMANIYA	91.3	72.4	65.9
KIRKUK	88.1	63.9	51.1
ERBIL	91.1	62.8	66.8
DIALA	85.8	48.8	45.8
ANBAR	63.9	36.7	35.5
BAGHDAD	73.4	44.1	41.4
BABIL	72.7	42.6	43.1
KARBALAH	71.7	43.4	39.0
WASIT	69.4	39.6	41.4
SALAHADDIN	75.3	45.1	42.6
NAJAF	64.7	39.9	37.5
QADISYAH	75.6	43.4	44.8
MUTHANA	68.7	29.9	23.9
THIQAR	76.2	49.1	44.8
MISAN	60.9	31.2	38.9
BASRAH	72.2	41.7	35.0

Out of School Rates

Out of School Rates

Out of School Dimensions for Levels of Education



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 secondary school

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

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

Dimension 5: Children who are in lower secondary school but at risk of dropping out (overage by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value
4.1.4	LN.8 a,b,c	Completion rate (primary education, lower secondary, upper secondary education)	76%/46%/44%
4.1.5	LN.6 a,b,c	Out-of-school rate (primary education, lower and upper secondary education)	8%/21%/40%
4.1.6	LN.10 a,b	Percentage of children over-age for grade (primary education, lower secondary education)	4%/17.6%
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age), by sex	M:32%/F:32%
4.5.1	LN.5 a	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for primary adjusted net attendance rate	0.97/0.95/1.15
4.5.1	LN.5 b	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for lower secondary adjusted net attendance rate	1.0/0.68/2.18

Key Messages

The rates of completion of education for all levels below the required level (75.7%) in the primary stage and 46.4% in the intermediate stage and 44.3% in the secondary stage. The completion rates include children aged three and five years from the age of completion of each stage. The results indicate that the percentage of total completion rates between males and females is higher in males in completion of primary than female. Similarly for upper secondary, completion rate is higher for male and it reversed for lower secondary education.

The three stages of education shows progress of completion rates in urban areas and children belonging to rich families and in the Kurdistan region compared to central and southern Iraq

It is very important to refer here to children out of school according to the five dimensions of leaving school. The results showed that 68% of females and 67.9% of males do not attend early childhood or primary education programs. This percentage becomes lower for other stages.

(3%) of the female children and (5%) of the primary school children are at risk of dropping out of school because they are two years older than the corresponding age of this stage.

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The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Education. Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5, LN.2.6, and LN.2.7.

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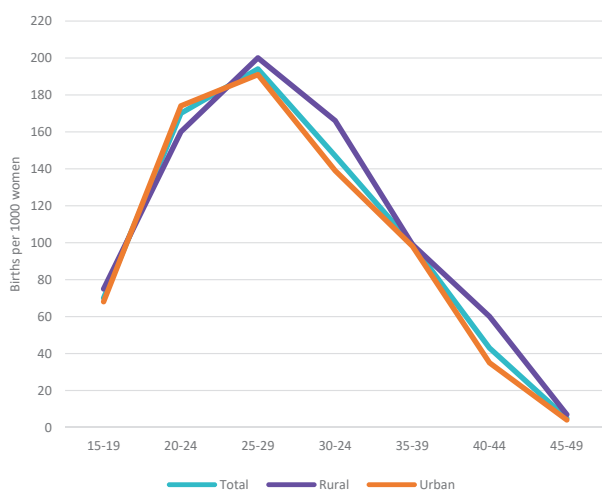
Fertility & Family Planning

Multiple Indicator
Cluster Surveys

Fertility

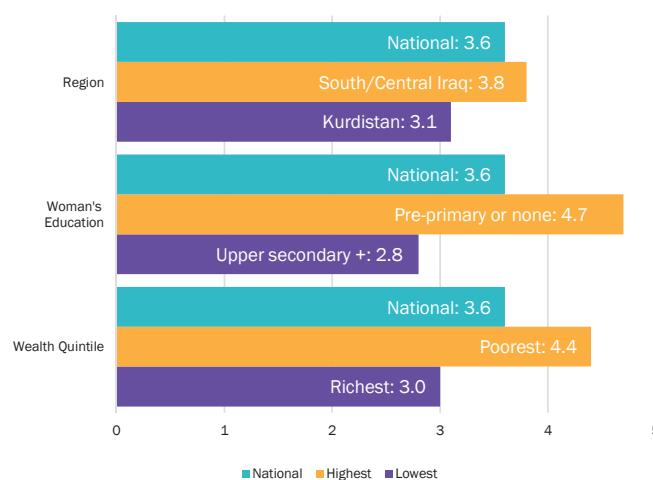


Age Specific Fertility Rates



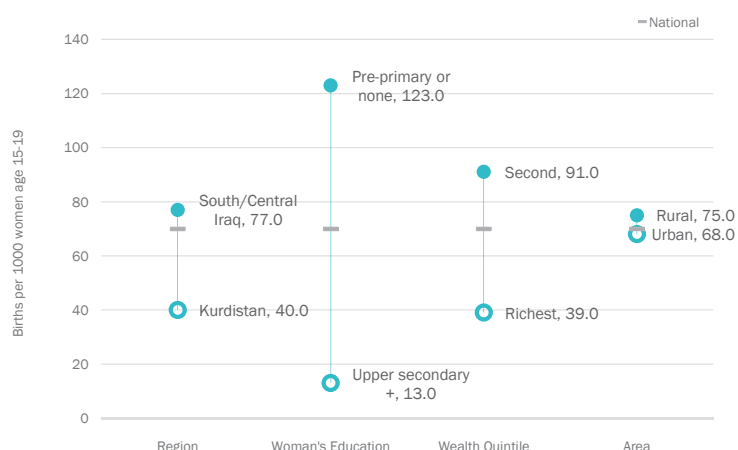
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



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

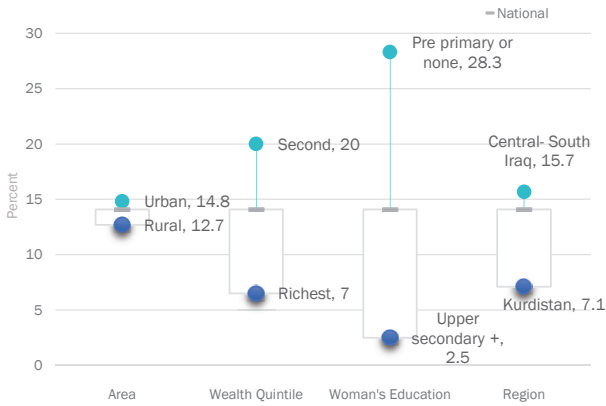


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

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

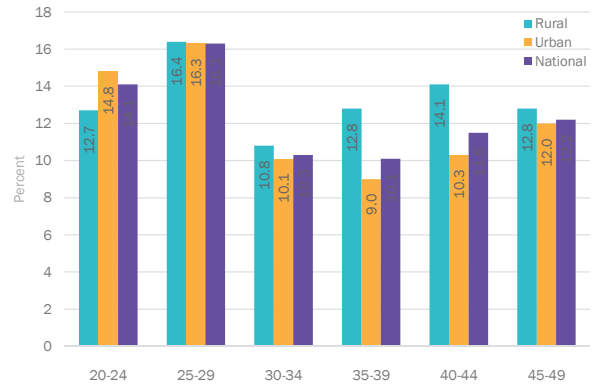
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce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

Early Child Bearing - by Age 18



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

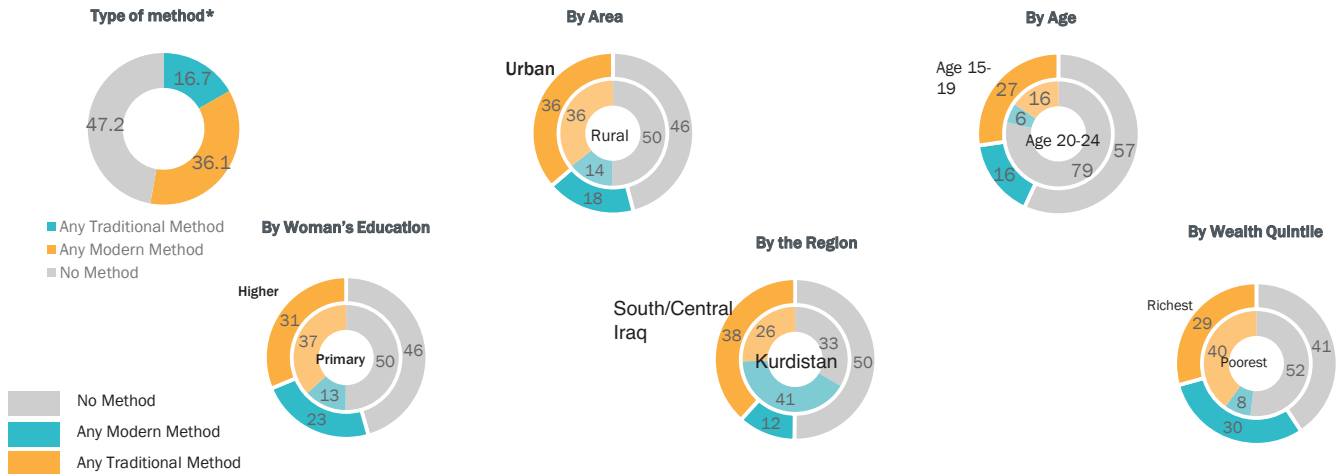
Trends in Early Child Bearing - by Age 18



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

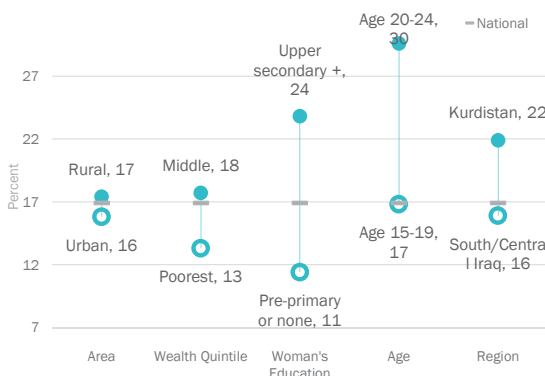


Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method

*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch
Traditional methods refer to periodic abstinence and withdrawal

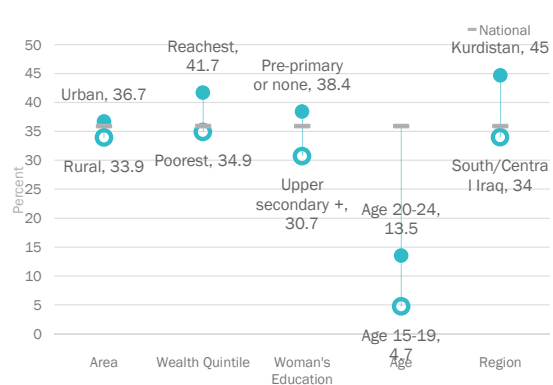
Met Need for Family Planning

Met Need for Family Planning - Spacing



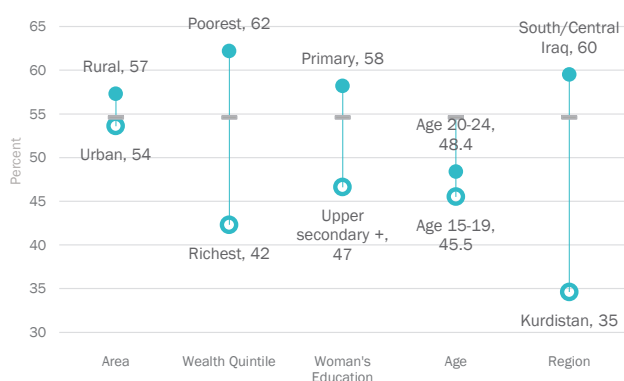
Percentage of women age 15-49 years currently married with a met need for family planning for spacing, by background characteristics

Met Need for Family Planning - Limiting



Percentage of women age 15-49 years currently married with a 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.

Regional Data on Fertility & Family Planning

Governorate	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / in-union women
National	70	3.6	1	14.1	36.1	52.8	54.6
Duhok	32	3.7	0.2	3.6	27.6	56.9	42.1
Nainawa	88	3.7	0.8	14.9	35.1	44.4	56.4
Sulaimaniya	22	2.8	0.3	7.2	25.3	73.4	31.5
Kirkuk	27	2.1	0.3	7.9	36.5	51.3	59.7
Erbil	55	3.1	0.8	8.3	24.9	66.1	34.2
Diala	79	4.5	0.2	16.8	36	51.7	57.3
Anbar	42	2.5	0.5	9.6	42.2	57.7	63.4
Baghdad	85	3.7	1.4	14.5	41.2	54.9	60.7
Babil	77	3.7	1.1	16.8	37.8	47.5	60
Karbalah	95	4	1.7	22.3	42.6	56.2	62.3
Wasit	76	4	1	14.9	41.1	52.9	63.5
Salahaddin	51	2.6	0.6	15.9	32.4	51.5	53
Najaf	112	3.9	3.5	21.4	36.1	48.1	57.3
Qadisyah	69	3.8	0.6	14.3	34.5	45.4	54
Muthana	119	5.1	1.4	8.4	42.5	45	61.8
Thiqr	47	3.8	0.7	19.4	34.5	42.4	55.3
Misan	93	4.9	0.7	18.6	41.6	45.9	69.6
Basrah	78	4.2	1.6	17.5	39.3	49.5	60.2

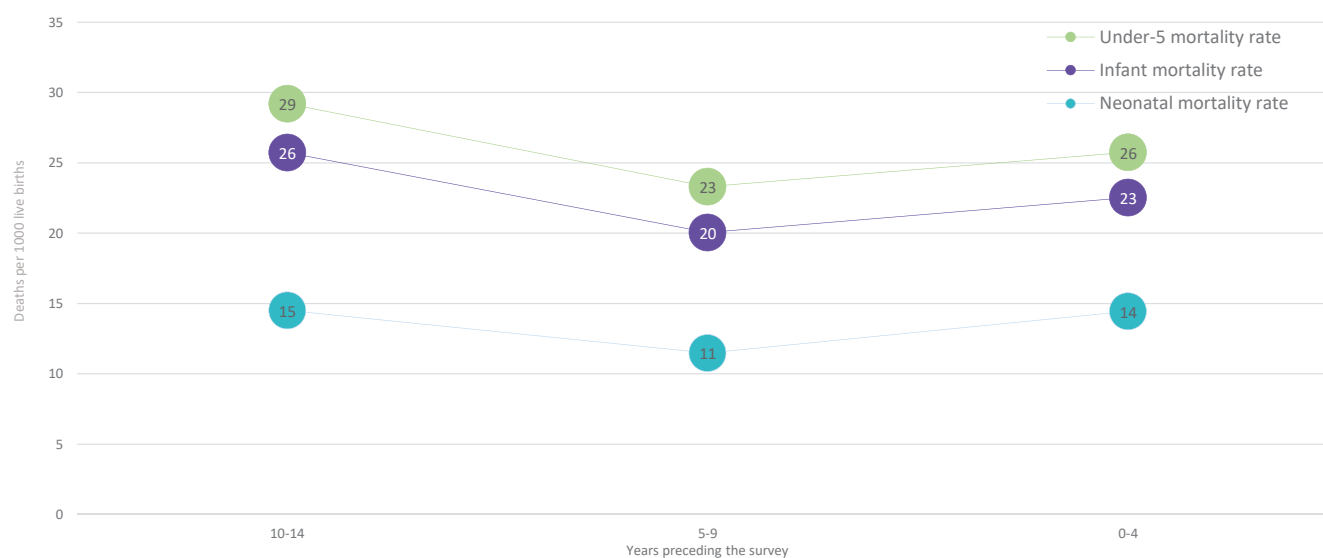
The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund

(UNICEF). UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2016 related to Fertility and Family Planning. Data from this snapshot can be

found in table TM1.1, TM 2.1, TM2.2W, TM2.3W, TM3.1 and TM3.3.

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

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	14	8	23	3	26
5-9	11	9	20	3	23
10-14	15	11	26	4	29

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

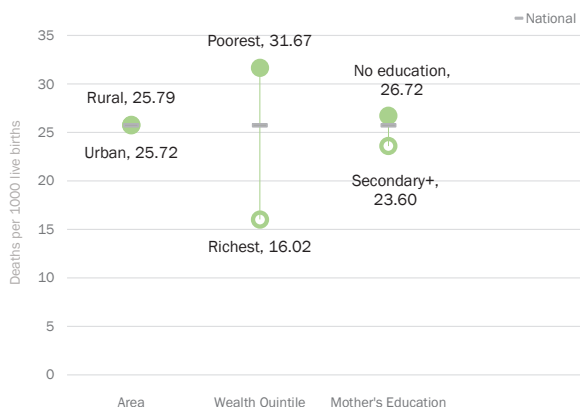
The results of the survey showed mortality rates for children under 5 years of age, infants, newborns and neonates during the five years preceding the survey and the last 14 years

If we look at the mortality rates of children under the age of five in terms of environmental, economic and social characteristics, we find that there is a clear convergence between urban and rural .. Mother education has a significant impact on reducing the mortality rate of children under the age of five which is 24 deaths per thousand live births of children whose mothers They have a secondary education and above, compared with (27) mothers with primary or none. According to the wealth index, 32 deaths per 1,000 live births for children belonging to the poorest families, while there are (16) deaths for children of richer families

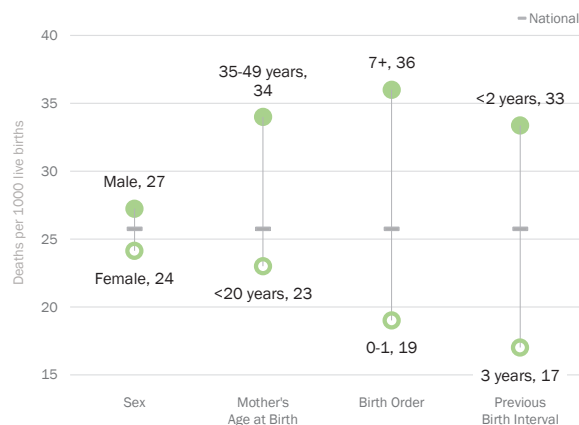
Trends in under-five mortality rates indicate a marked improvement. While in 1995, the rate was 45.8 deaths per 1,000 live births (40.8 in 2000 and 29.8 in 2005), followed by MICS6 (26) deaths per 1,000 live births. We can say that indicators of mortality rates in general have decreased in the direction of improving the health of children in Iraq

Child Mortality Disparities

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



Under-5 mortality rate by demographic risk factors



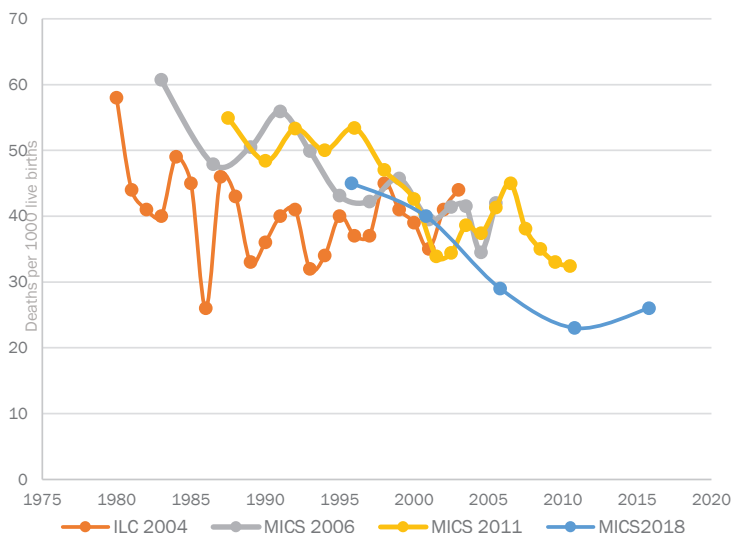
Under-five mortality rates for the five year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
National	14	26

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

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of Iraq Living Condition Survey 2004 (ILC 2004), MICS 2006, MICS 2011 and MICS 2018. Child mortality source data and child mortality estimates are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Data from the same source may differ between a report and UN IGME web portal as UN IGME recalculates estimates using smaller intervals and/or calendar years (if data are available).

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF provided financial

support.

The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 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 mics.unicef.org/surveys.

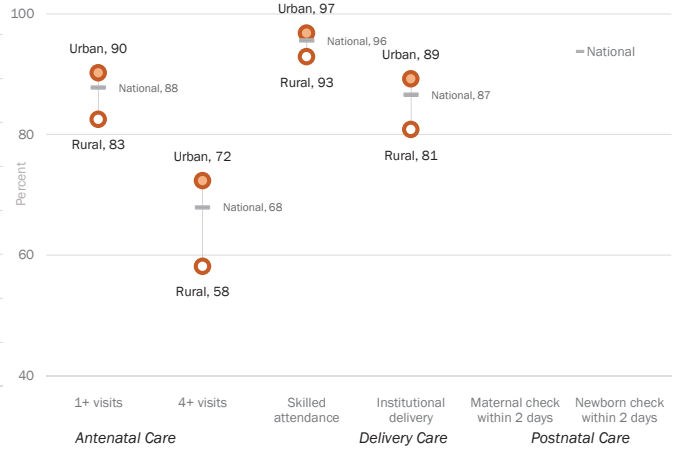
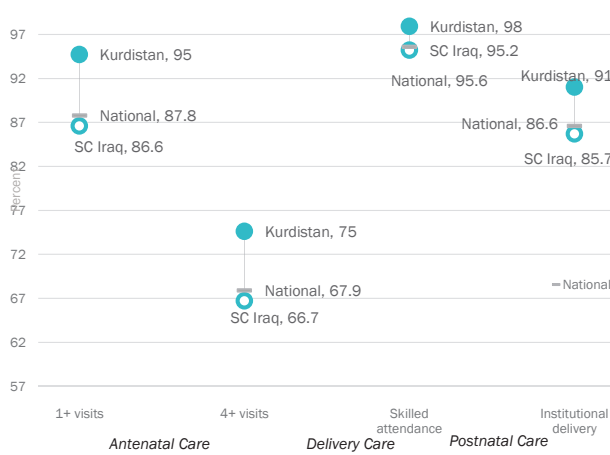
Maternal & Newborn Health

Multiple Indicator Cluster Surveys

Key Elements of Maternal & Newborn Health

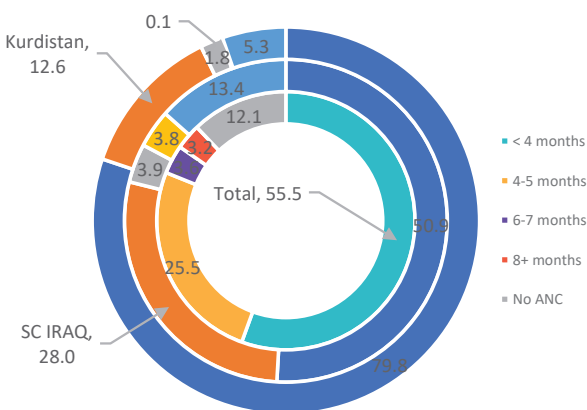


Maternal & Newborn Health Cascade by Area



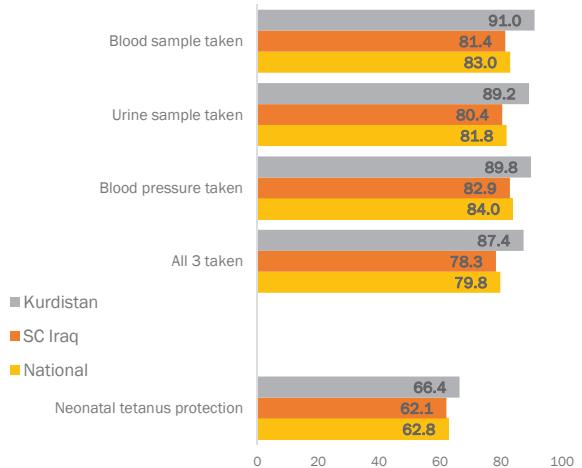
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live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



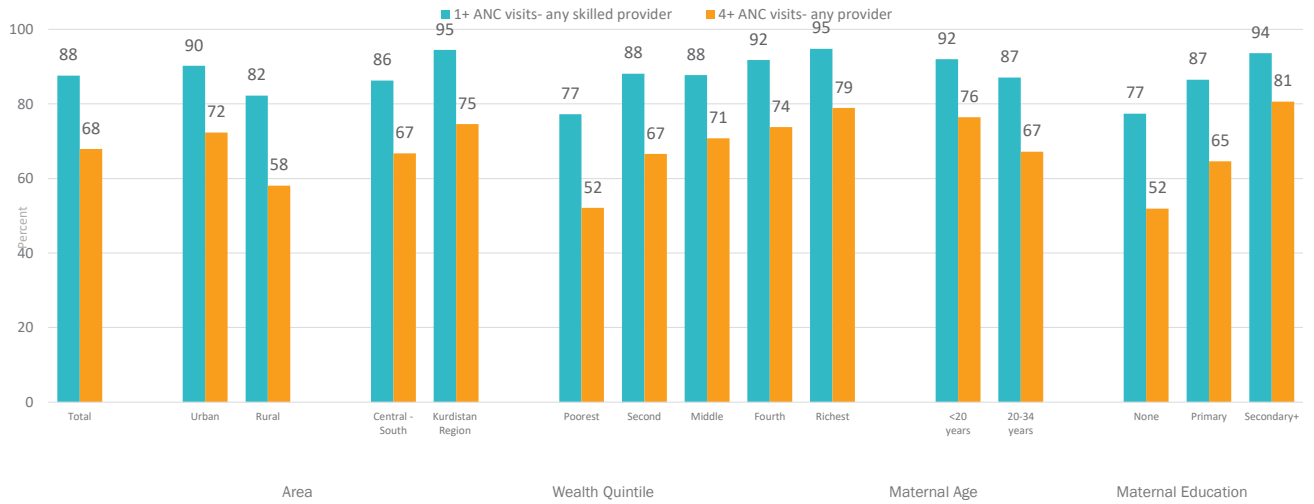
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



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

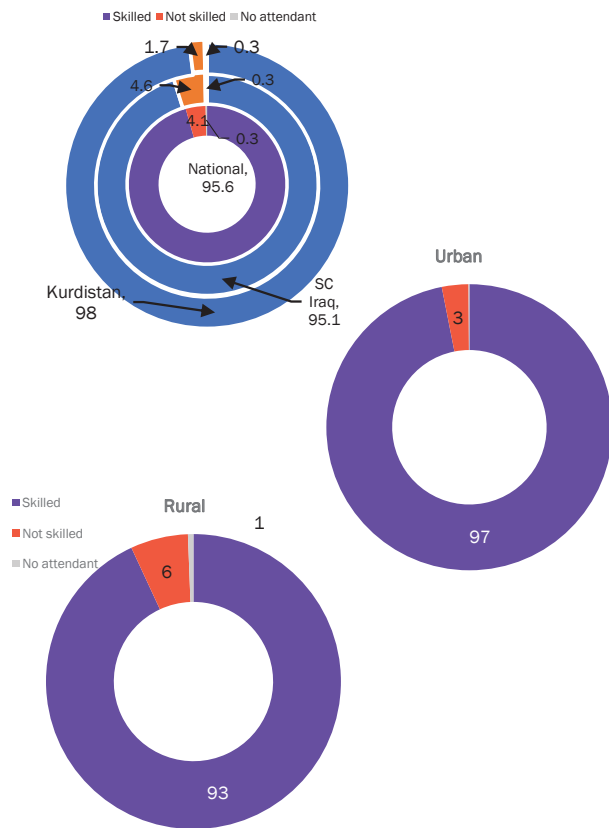
Coverage of Antenatal Care by Various Characteristics



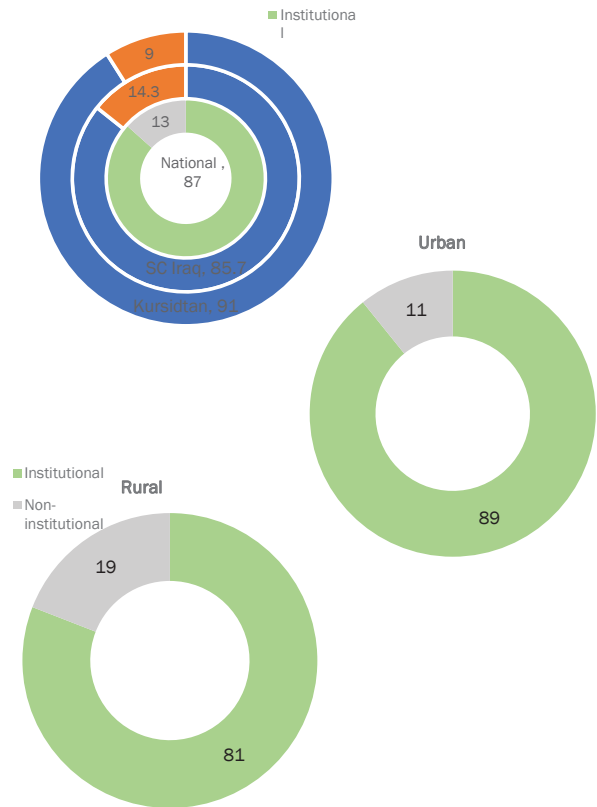
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth



Institutional Delivery



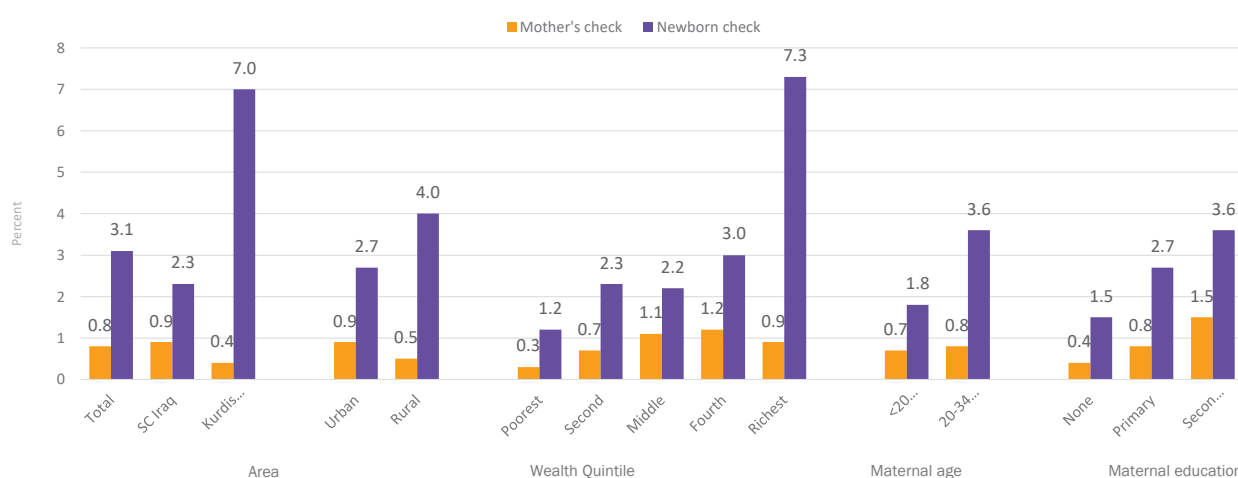
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



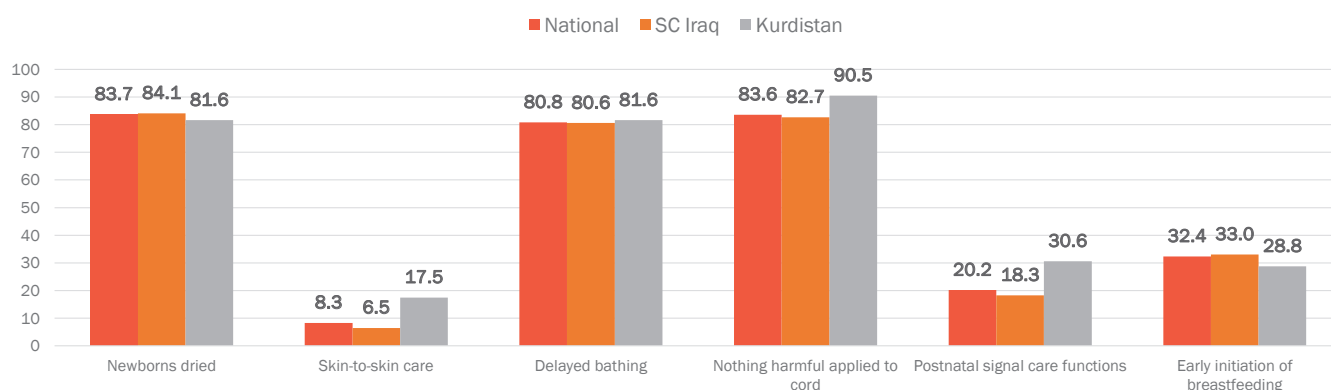
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

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

Regional Data on Maternal and Newborn Cascade

Governorate	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
National	87.6	67.9	95.6	86.6	0.8	3.1
Duhok	95.3	74.2	98.3	98.1	0.7	2.7
Nainawa	77.9	57.8	91.6	83.6	2.2	5
Sulaimaniya	93.4	78.8	98.2	94.6	0	4.7
Kirkuk	76.8	61.6	94.8	89.5	1.4	3.1
Erbil	94.6	72.6	97.7	86	0.5	10.1
Diala	89.4	69.7	98.3	84.6	0.3	0.8
Anbar	85.3	61.5	91.3	75.7	1.1	3.6
Baghdad	93.6	75.1	97.2	83.4	0.1	1.5
Babil	87.6	61.4	93.9	88.3	2	6.1
Karbalah	89.9	78.4	94.6	86.7	0.8	1
Wasit	83.3	63.7	89.3	81.2	0.9	3.1
Salahaddin	78.8	53	87.5	76.1	2.2	4.4
Najaf	92.9	71.7	98.5	95.9	1.7	1.3
Qadisyah	68.2	51.6	96.9	94.3	0.4	1.6
Muthana	92.6	77.2	96.7	94.9	0.2	0.8
Thiqar	78	57	94.5	85.9	1	0.9
Misan	87.9	65.2	94.5	79.5	0.4	1.5
Basrah	87.7	68.7	97.2	89.3	0.4	2.2

For indicator definitions, see earlier charts

Key Messages

The World Health Organization (WHO) recommends that pregnant women have at least four visits to care centers or health facilities. The results show that the coverage of pregnant women during pregnancy is relatively high in Iraq, where 87.5% of pregnant women aged 15-49 years have at least one visit. (67.9%) of pregnant women who received health care through at least four visits to any health facility or facility. The highest percentage of pregnant women who received care is in Duhok governorate and the least one was in Qadissiya governorate .

At least four visits to pregnant women are the highest in the governorates of Sulaymaniyah, Karbala and the lowest percentage in Salah al-Din governorate. Births in a health facility constitute an important percentage of (86.6%) in Iraq, and the highest value is in Dohuk and lowest in Anbar.

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF).

UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2016-2017 related to Maternal and Newborn Health. Data from this snapshot can be found in table TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1,

TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TM8.9 TM.11.5, TC.6.9 and TC.7.1.

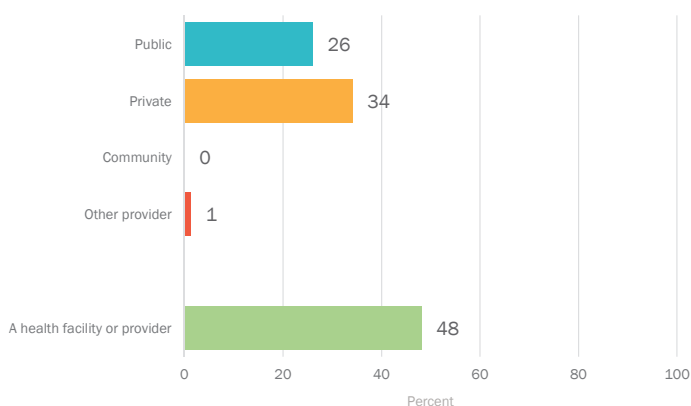
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Child Health & Care of Illness

Diarrhoea

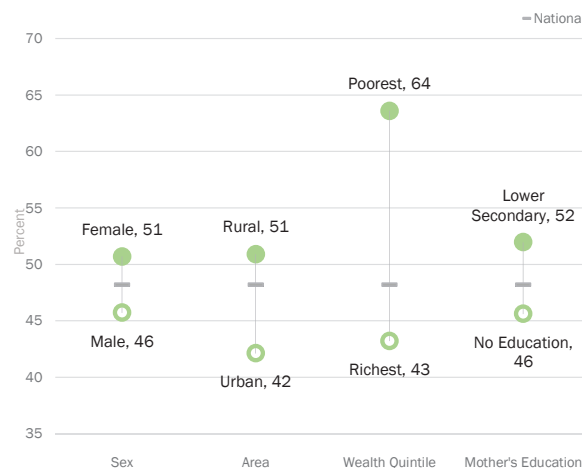


Care-seeking for Diarrhoea



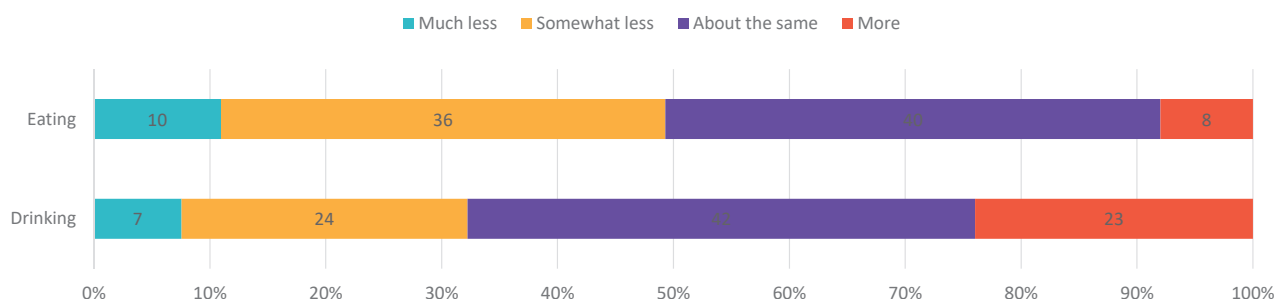
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea



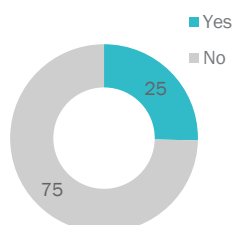
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea



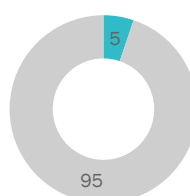
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



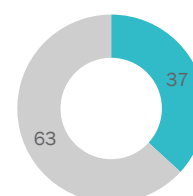
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



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

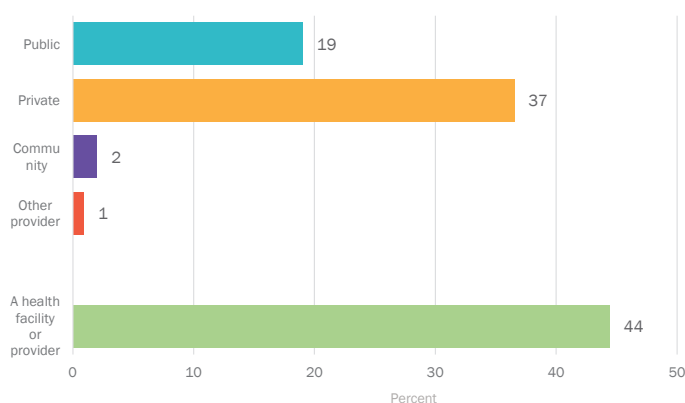
ORT + Continued Feeding for Diarrhoea



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

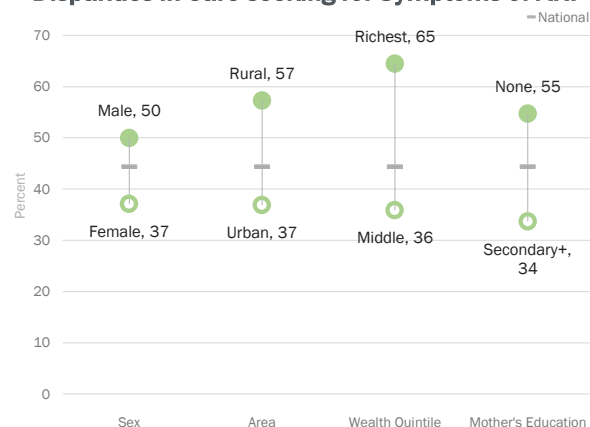
Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI



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



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

Regional Data on Care-Seeking for Childhood Illness

Governorate	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
National	48.2	74.9	44.4
Dohuk	55.3	77.9	46.6
Nainawah	53.4	73.3	81.9
Sulaimaniyah	64.6	82.4	39.6
Kirkuk	80.4	76.1	56.6
Erbil	52.7	85.9	81.5
Diala	50.0	84.0	42.7
Anbar	44.5	68.2	27.5
Baghdad	61.3	77.1	46.0
Babil	49.0	72.0	30.5
Kerbala	46.2	70.1	17.7
Wasit	30.3	73.2	50.2
Salahdeen	44.5	71.9	27.9
Najaf	49.0	43.8	23.6
Qadissiyah	42.9	61.2	32.1
Munthana	24.2	76.3	5.0
Thiqr	26.7	75.9	23.8
Missan	34.6	62.9	31.7
Basrah	37.1	78.1	45.9

Key Messages

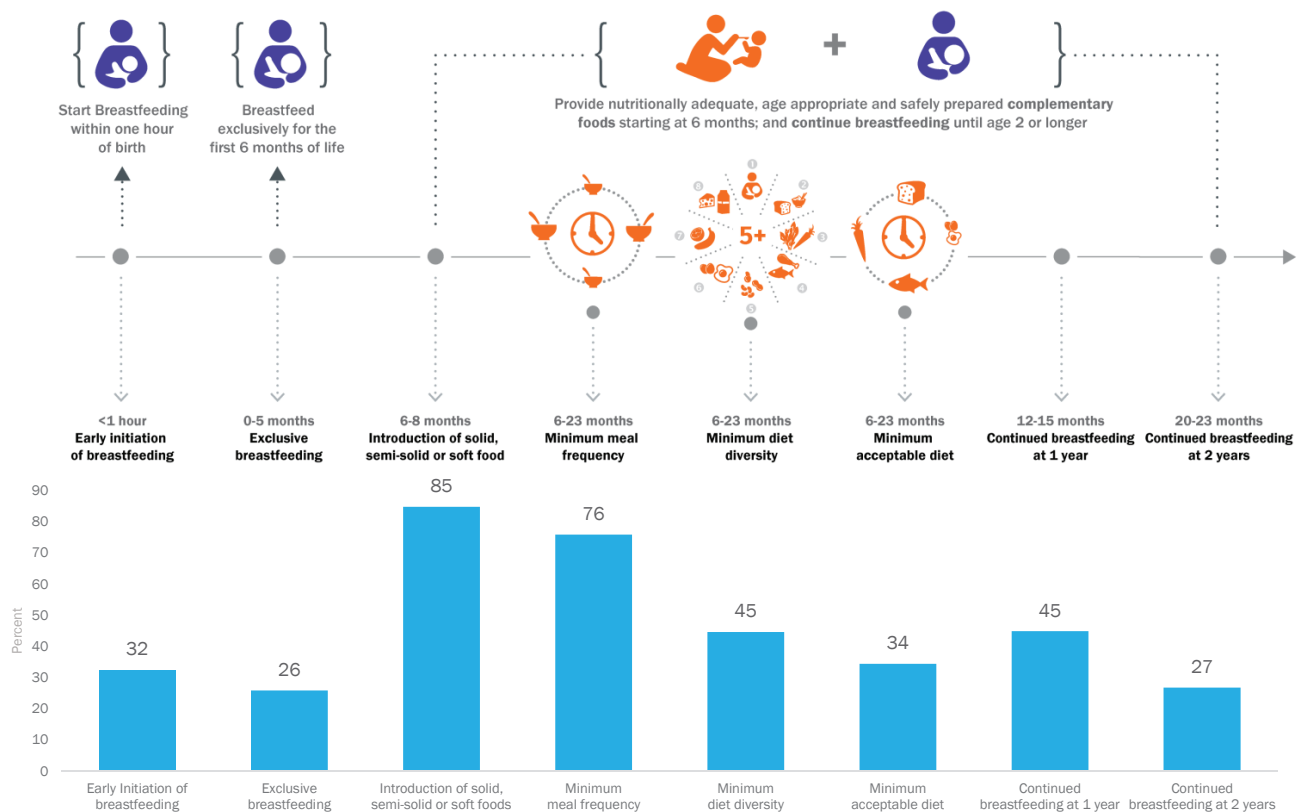
The prevalence of diarrhea among children under five years of age and the associated drought caused by the loss of large amounts of water and mineral salts is the second leading cause of child mortality globally. The proportion of children with diarrhea (12.8%) in Iraq and to prevent drought and malnutrition, 25% of children with diarrhea were treated with ORS only and 6% received zinc with ORS solution while 37% of children were continuously fed and with ORS. The results indicated that 48.2% of children sought advice or treatment in any health facility or health service provider. The data showed that 3.4% of children under five years of age had acute respiratory syndrome symptoms and 44% of children were sought or treated in a health facility and were higher in rural areas than in urban and also higher in wealthier families. And this percentage increases as the level of mother's education decreases. As for fever, 18.2% of children suffer from fever for governorates. The highest percentage of children who have been sought for counseling or treatment in any health facility or health service provider for diarrheal cases is in Kirkuk governorate and in cases of respiratory infection in Ninewa Governorate. Cases of fever are in Erbil governorate are highest.

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund

(UNICEF). UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the Iraq MICS 2018 related to Child health & Care of Illness. Data from this snapshot can be found in table SR1.1, SR 5.1W, SR5.1M, SR

5.2, SR 5.3 and SR2.3. Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Infant & Young Child Feeding



Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months 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

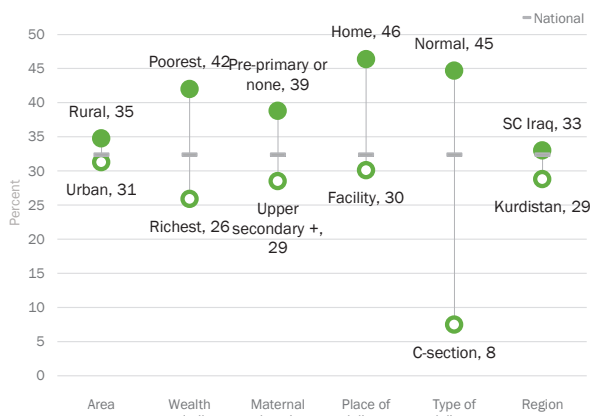
The importance of breast feeding not only feeds and protects children from diseases but also plays an important role in establishing the vital and psychological link between the infant and the mother. The survey results showed that (32.4%) of the children were breastfed during the first hour of birth, and (26%) of children aged (0-5) receiving exclusive breast feeding and (85%) of children aged (6-8) month of receiving solid food or semi-solid and (45%) of children aged (6-23) a month to receive the minimum dietary diversity, five type of the recommended developmental food aggregates. (45%) Children continue breast-feeding in the first year of age (12 -15) month while 27% of the children continued to breastfeed in two years and ranged in age from 20-23 months.

According to the general characteristics of early breast-feeding, it is shown higher in central and southern Iraq, the highest percentage than in the Kurdistan region and also higher in rural compared to urban areas is higher when natural childbirth compared to caesarean birth and is reduced with high educational level and wealth index ..

While the proportion of children receiving the minimum amount of food diversity increases with the increase in the educational level and the wealth index and in the older ages, especially (18) month and above, as well as in urban compared with the countryside.

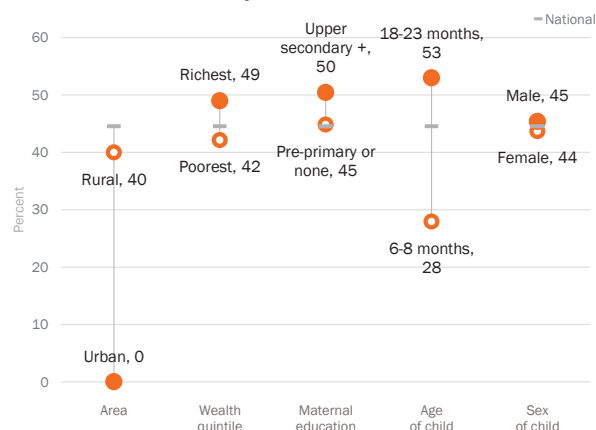
IYCF: Equity

Early Initiation of Breastfeeding



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

Minimum Diet Diversity



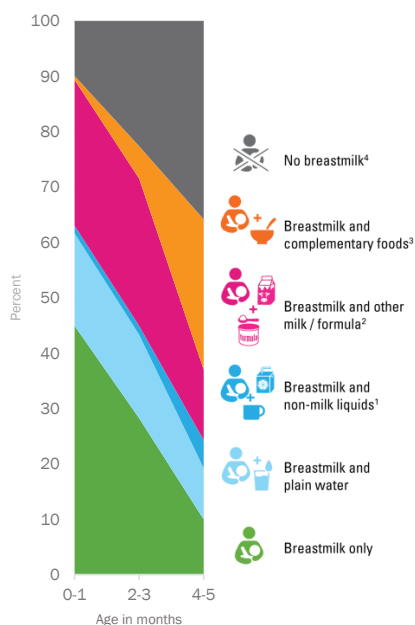
Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

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.



Regional Data

Governorate	Early Initiation of breastfeeding	Minimum Diet Diversity	Governorate	Early Initiation of breastfeeding	Minimum Diet Diversity
National	32.4	44.6			
Dohuk	38.1	35.9	Kerbala	51.4	52.4
Nainawah	45.5	52.8	Wasit	32.6	34.8
Sulaimaniyah	32.6	55.9	Salahdeen	20.1	40.0
Kirkuk	27.3	43.7	Najaf	18.1	69.2
Erbil	22.7	37.5	Qadissiyah	12.7	55.8
Diala	18.2	29.2	Munthana	31.6	38.8
Anbar	9.7	45.6	Thiqr	57.0	54.2
Baghdad	17.8	42.3	Missan	41.3	51.2
Babil	59.7	58.0	Basrah	46.2	31.6

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 geographic region

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF provided financial support.

The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Infant & Young Child Feeding (IYCF). Data from this snapshot can be found in table TC.7.1, TC.7.2, TC.7.3, TC.7.5, TC.7.6, TC.7.7.

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

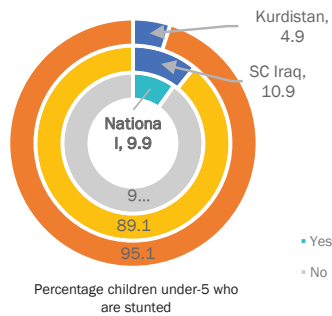
Anthropometric Malnutrition Indicators



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.

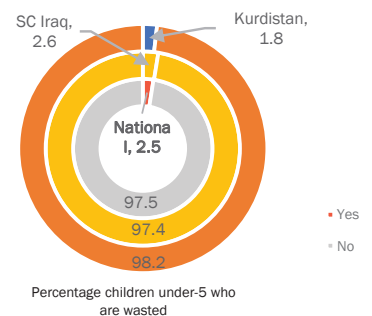


Percentage children under-5 who are stunted

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.

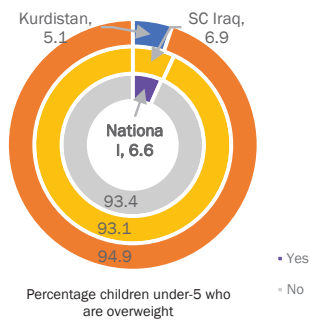


Percentage children under-5 who are wasted

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.

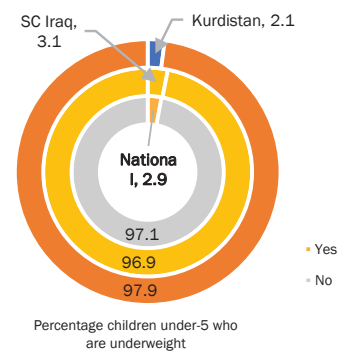


Percentage children under-5 who are overweight

Underweight

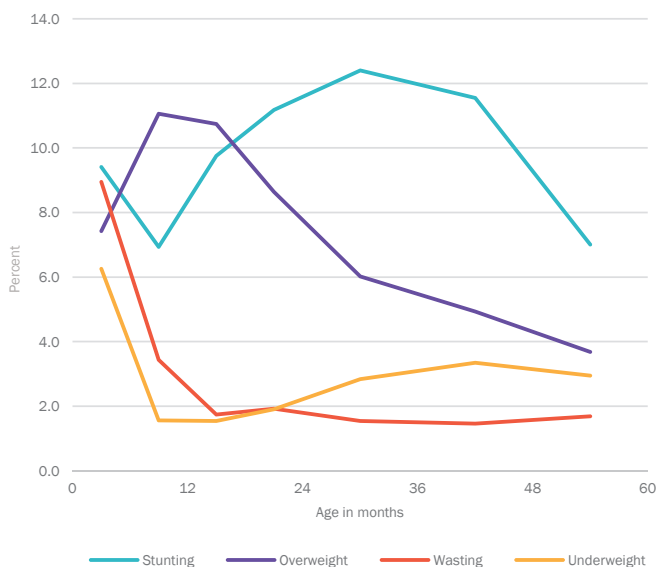


Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



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

Key Messages

Child nutrition indicators reflect the overall health level of children under 5 years of age. Malnutrition is associated with child mortality and developmental disorders.

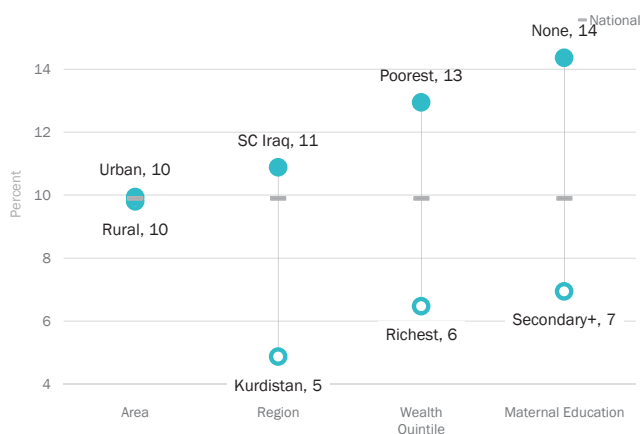
The survey results show that 2.9% of children under 5 years of age in Iraq are moderately underweight. (2.5%) of children suffer moderate or severe wasting, and (9.9%) suffer from moderate or severe stunting and 6.6% of children are overweight.

According to the general characteristics, indicators of malnutrition are in general less in Kurdistan region compared to central and southern Iraq, but the differences are not great.

The age distribution of malnutrition indicators shows that the highest proportion of children who are underweight and wasting are at 0-5 months and those with stunting are between the ages of 24-30 months. Malnutrition is strongly correlated with the mother's educational level, but the correlation was little with the household wealth index.

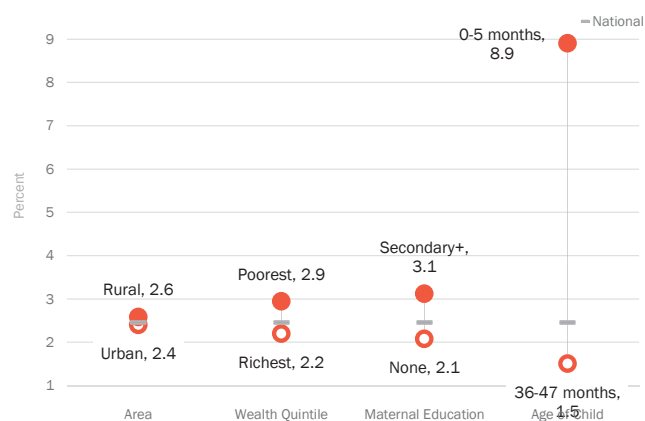
Nutritional Status of Children: Disaggregates

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

Regional Data on Stunting, Overweight & Wasting

	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)
National	9.9	6.6	2.5	0.8
Dohuk	6.1	5.1	1.8	0.2
Nainawah	12.7	4.1	1.6	0.2
Sulaimaniyah	5.0	4.0	3.4	1.1
Kirkuk	14.6	7.4	3.2	1.8
Erbil	4.4	5.7	1.1	0.0
Diala	5.2	10.7	1.4	0.3
Anbar	10.0	5.7	4.0	1.1
Baghdad	13.9	9.7	2.7	0.9
Babil	6.4	4.9	1.9	0.8
Kerbala	8.1	3.2	3.3	1.1
Wasit	8.6	5.5	1.9	0.5
Salahdeen	6.9	6.0	1.9	0.6
Najaf	9.1	6.4	5.0	2.9
Qadissiyah	10.4	8.1	5.0	1.9
Munthana	13.9	6.7	1.9	0.6
Thiqr	14.5	8.1	1.7	0.6
Missan	11.2	5.2	1.9	0.5
Basrah	8.3	5.7	3.5	0.6

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's

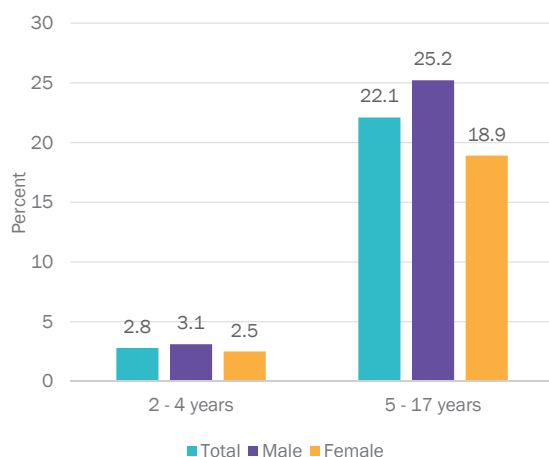
Fund (UNICEF). UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to the Nutritional Status of Children. Data from this snapshot can be found in table TC. 8.1.

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

Child Functioning: Levels & Domains



Child Functioning Levels 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, children with disabilities are effectively barred from realizing their rights to health, education, and even survival. Children with disabilities 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 more recent 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.

These Conventions focus on the disparities faced by children with disabilities 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.

Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
National															
2-4 years	0.2	0.3	0.7	0.4	1.3	0.7	0.7	0.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.8	0.3	2.0	N/A	0.8	1.2	N/A	1.6	0.9	1.0	0.8	2.2	1.3	16.3	6.6

Percentage of children aged 2-17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

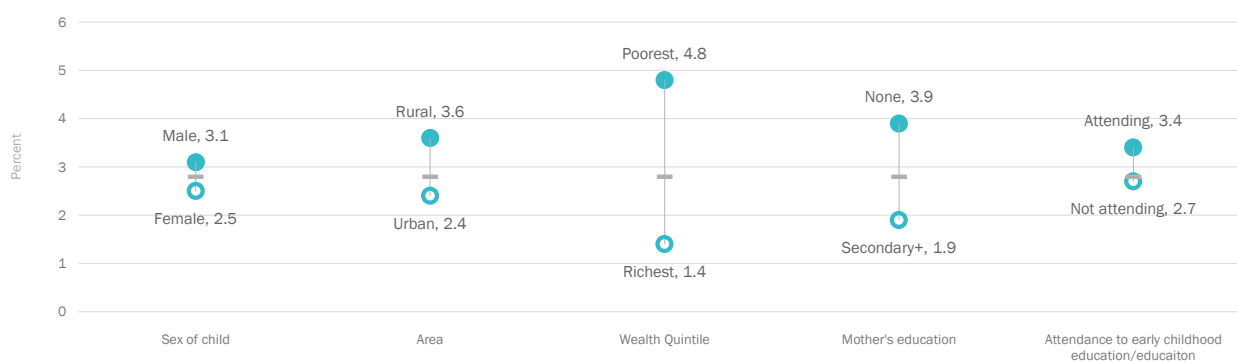
Key Messages

2.8% of children (2-4 years) suffer from difficulty in functional abilities in at least one field, whether in sight or hearing, walking, fine movements, communication, learning, playing, controlling behavior.

While 22.1% of children in the 5-17 age group suffer from difficulty in functional abilities in at least one field. In males it is 25% versus 19% in female.

By following Child functionality for child age 2-4 years we find the highest rate at controlling behavior 0.8%, followed by playing, learning and walking at the same rate (0.7%). While 16.3% of children aged 5 and over, 17-year-olds suffer from anxiety, the highest proportion of functional capacity. It is clear from the indicators of disparities in functional capacity that the proportion of male children who suffer from difficulty in functional capacity is higher than in females and also in the rural higher than urban and in children whose mothers have a Secondary school education or higher.

Child Functioning: Inequalities

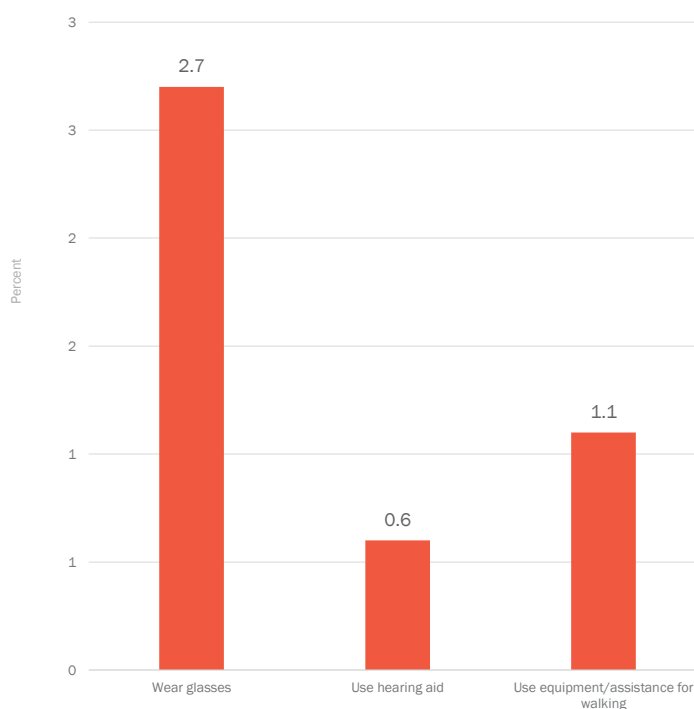


Regional Data on Child Functioning

Governorate	2-4 years	5-17 years
National	2.8	22.1
Duhok	2.4	10.1
Nainawa	2.4	33.1
Sulaimaniya	2.3	8
Kirkuk	1.5	6.7
Erbil	0.7	20.1
Diala	2.0	28.7
Anbar	7.3	22
Baghdad	1.5	18.4
Babil	1.7	15.3
Karbalah	1.5	18.7
Wasit	1.5	18.2
Salahaddin	4.6	32.2
Najaf	2.9	27.3
Qadisyah	7.0	33.1
Muthana	1.7	22.1
Thiqar	2.5	20.8
Misan	5.9	25.4
Basrah	5.8	31.1

Percentage of children aged 2-17 years with functional difficulty in at least one domain, by region

Child Functioning & the Use of Assistive Devices



Percentage of children aged 2-17 years who use assistive devices and have functional difficulty within domain of assistive device

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund

(UNICEF). UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Child Functioning. Data from this snapshot can be found in tables EQ1.1, EQ1.2, and EQ1.3.

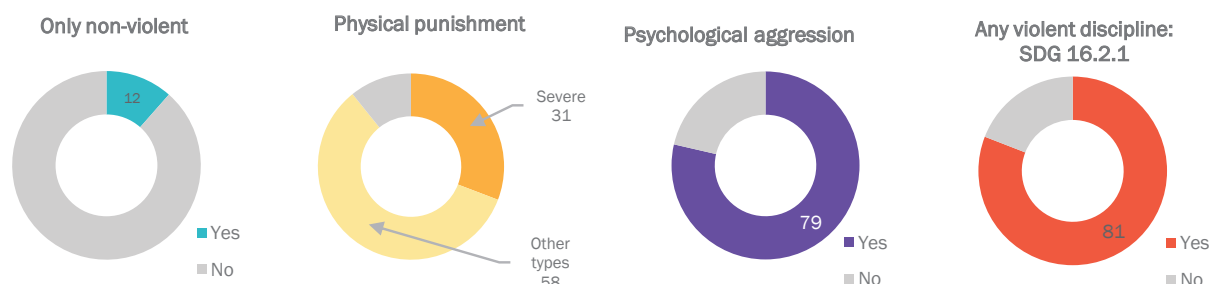
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Child Discipline

Child Discipline

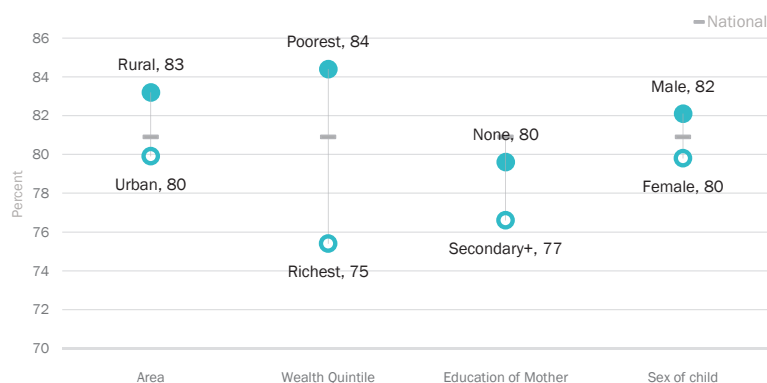


Types of Child Discipline



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

Violent Discipline: Inequalities



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.

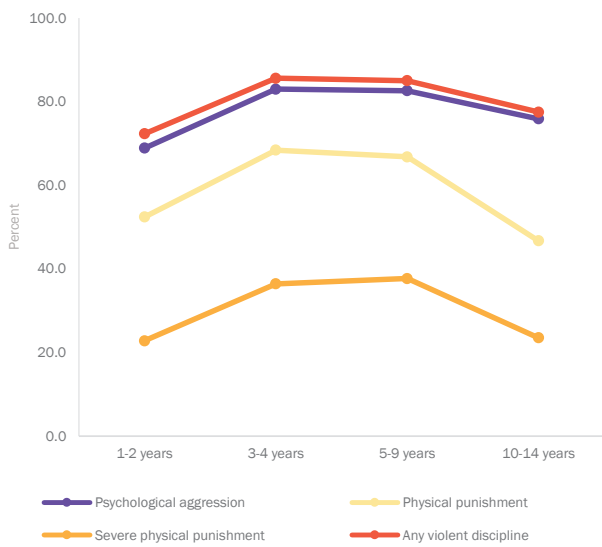
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

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

Key Messages

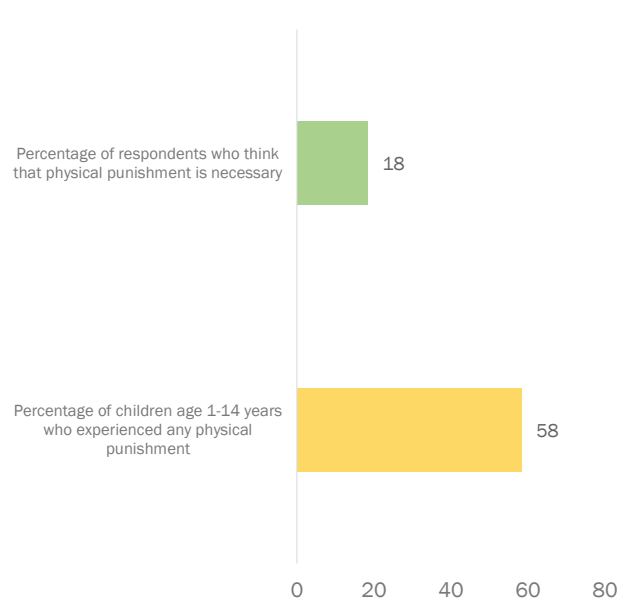
- Families tend to control the behavior of children by punishing them when they misbehave so that they can be properly raised, but the conventions, including the Convention on the Rights of the Child and the documents, provide protection for children against any acts of violence. In the Multiple Indicator Cluster Survey, Thus, the results indicate that only 12% of children aged (1-14) years were not exposed to any type of violence .. While (30.8%) of them are exposed to severe physical punishment in males is higher than it is in female While 58.4% of children are subjected to any physical punishment and 78.6% suffer from phycological aggression similar for male and female.
- In general, 80.9% of children (1-14) years old are subjected to any violent discipline, and (11.5%) are subjected to any method of controlling non-violent discipline.
- The use of violence in discipline for children is linked to the level of mother education and the level of the wealth index. The proportion of children exposed to violence decreases as the level of mother's education increases and the level of wealth increased. Discipline is slightly higher in rural than that of urban areas. .
- In the classification of violent behavior by age group, the highest percentage of children who are subjected to physical punishment and psychological aggression and violent discipline is in the age group (3-4) years while children in the age group (5-9) years of the highest percentage of physical punishment and (18%) of the respondents believe that physical punishment is necessary. This view is related to the level of education of the respondents and the wealth index, where the rate of support for physical punishment of children decreases as the level of education of the respondents and the level of wealth of their families is increased.

Violent Discipline: Age Patterns

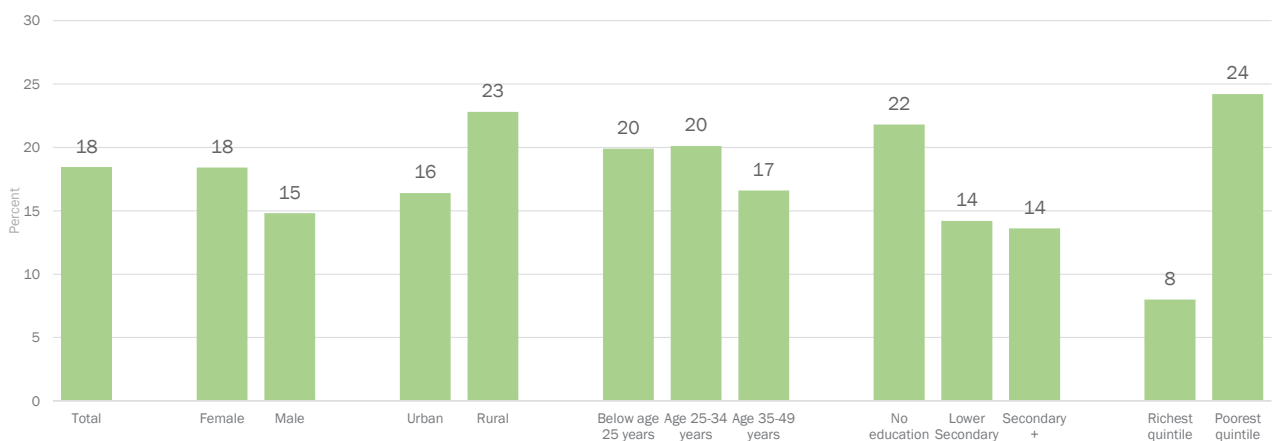


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of respondents to the child discipline module who think that physical punishment is necessary to raise or educate children, by their background characteristics

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support. The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Child Discipline. Data from this snapshot can be found in tables PR2.1 and PR2.2.

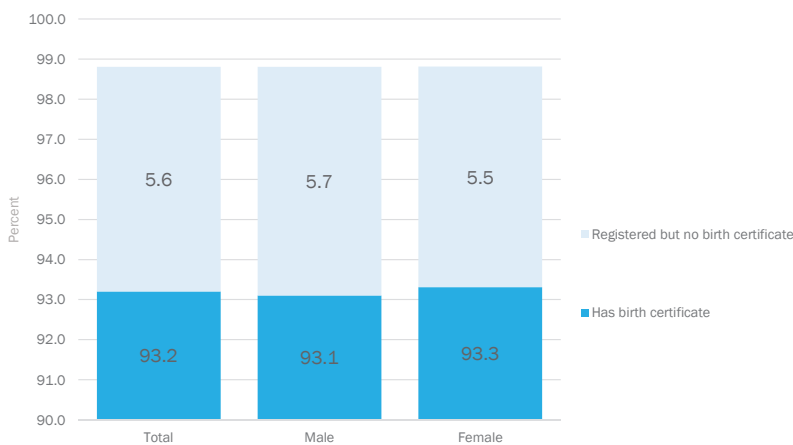
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Birth Registration



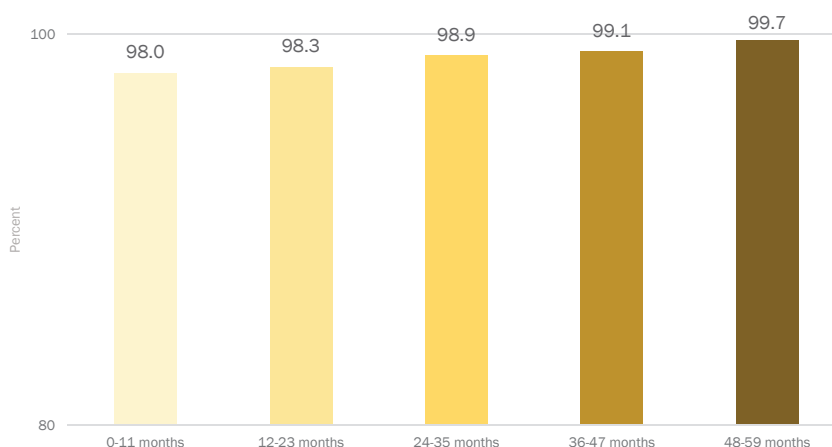
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



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

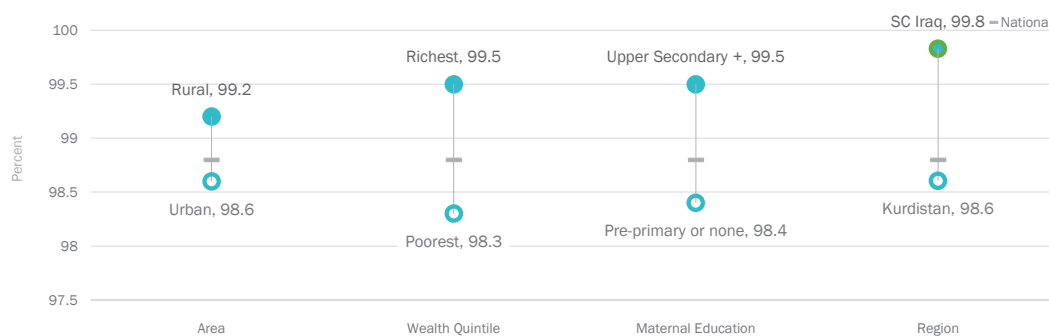


Percentage of children under age 5 whose births are registered, by age in months

Key Messages

The Convention on the Rights of the Child states that every child has the right to a name, a nationality and the right to protection from being deprived of his or her identity. The results of the survey showed that 99.8% of children under the age of five years were registered with percentage of children who are registered but do not have a birth certificate did not exceed (5.6%). There is no difference between male and female children in the registration rate. There are some differences between the governorates except Nineveh governorate where the percentage was 92%. And little difference between Kurdistan Region and Central and Southern Iraq. Even according to the mother's education and the wealth index, it ranges from the lowest (98.3%) and highest (99.5%) as we move higher in the level of mother's education and the level of family wealth ... The data confirm that more than a third of children who do not have a birth certificate were because mothers or caregivers did not know how to register their children. It should be noted that all children aged 4-59 months have a birth certificate while the percentage decreased for the youngest age is less than three years and two years (99%) years and less than a year (98%).

Birth Registration: Inequalities



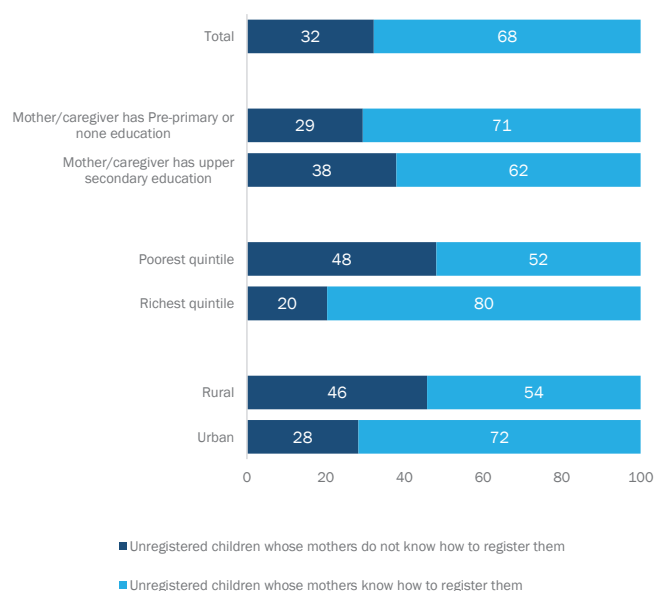
Percentage of children under age 5 whose births are registered, by background characteristics

Governorates Data on Birth Registration

Governorates	Total registered
National	98.8
Duhok	99.4
Nainawa	92.6
Sulaimaniya	99.8
Kirkuk	98.9
Erbil	100.0
Diala	100.0
Anbar	99.1
Baghdad	99.6
Babil	99.5
Karbalah	100.0
Wasit	98.3
Salahaddin	99.0
Najaf	99.9
Qadisyah	99.3
Muthana	99.5
Thiqr	99.4
Misan	99.3
Basrah	99.1

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

Mother's (or Caregiver's) Knowledge of How to Register



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

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF).

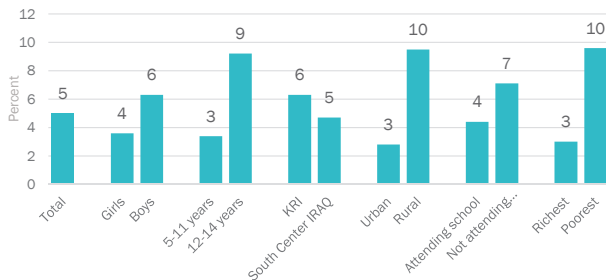
UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Birth Registration. Data from this snapshot can be found in table PR1.1. Further statistical snapshots and the

Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

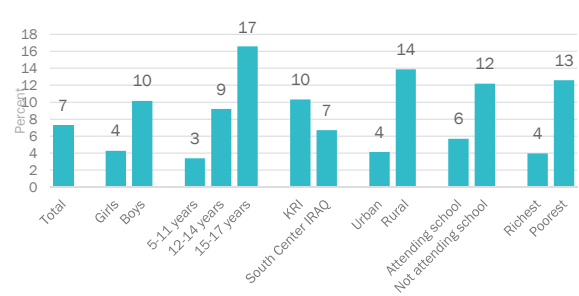
Child Labour: Levels & Dissaggregates



Child Labour for Age 5-14 years



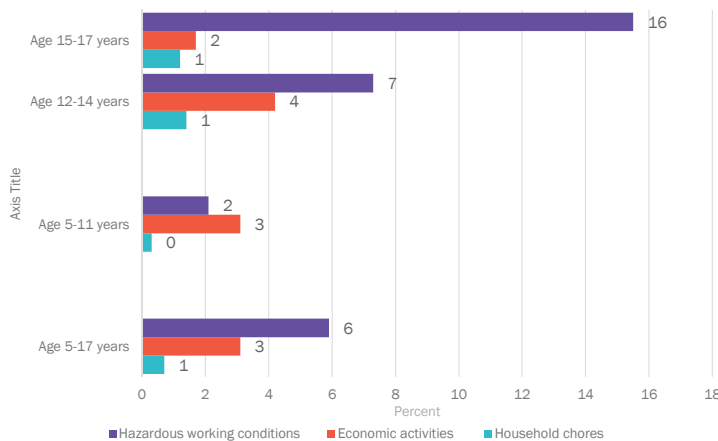
Child Labour for Age 5-17 years: SDG 8.7.1*



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

*Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

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, 28 hours of unpaid household services per week or hazardous working conditions.

Age 12 to 14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15 to 17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

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, as well as collecting firewood or fetching water.

Key Messages

The results indicate that the percentage of child labour in the age group (5-14) years is (5%) is formed in males (6%) and in females (4%) and most of them are at The age group (12-14) was 9% compared to 3% of children in the 5-11 age group. It was also found in males (6%) and not more than (4%) in females. The difference is clear between Rural(10%) and urban (3%). The percentage of child labour in the richest families (3%) is lower than that of children in poorer families (10%). Also 7% of children in child labour do not attend school while (4%) of them continue to education.

The percentage of child labour according to SDG (age 5-17) is 7.3%. As for the level of inequality in child labour by type of activity and gender, the results indicate that the percentage of child labour in hazardous condition is (5.9%) which is more in males (9.2%) compared to (2.5%) in females as well as for economic activities, but the proportion is lower, while the percentage of employment in household shores in females is higher than that of males

It is important to note that the rate of employment in hazardous conditions reaches 16% in the 15-17 age group

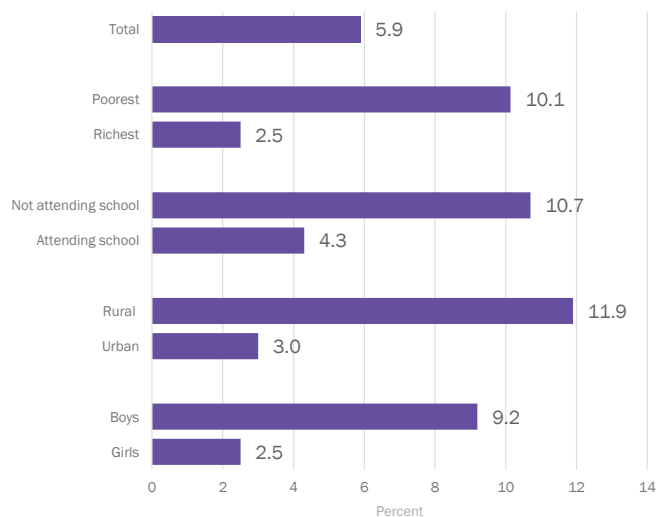
Inequalities in Child Labour & Hazardous Conditions

Child Labour Inequalities



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

Hazardous Conditions Inequalities



Percentage of children age 5 to 17 years working under hazardous conditions, by background characteristics

Regional Data on Child Labour

Governorate	Total Child Labour	Governorate	Total Child Labour
National	7.3		
Duhok	8.6	Karbalah	5.3
Nainawa	5.5	Wasit	7.0
Sulaimaniya	7.1	Salahaddin	6.3
Kirkuk	10.0	Najaf	7.6
Erbil	13.1	Qadisyah	7.9
Diala	6.0	Muthana	3.6
Anbar	6.0	Thiqr	8.3
Baghdad	4.8	Misan	10.2
Babil	13.2	Basrah	4.9

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

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's

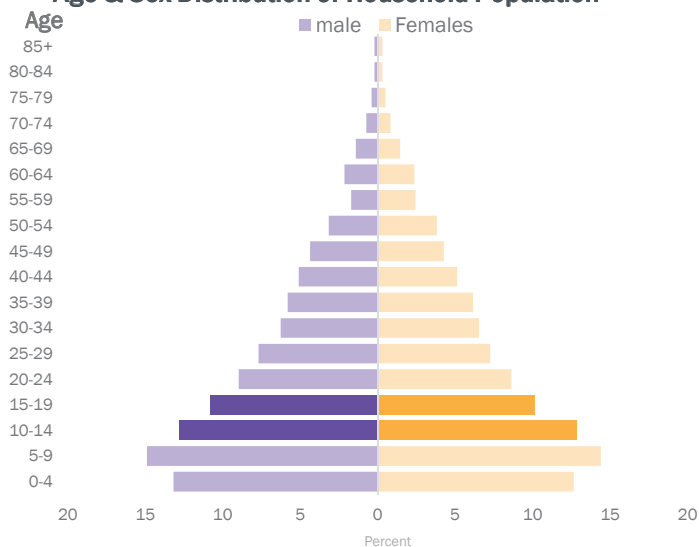
Fund (UNICEF). UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Child Labour. Data from this snapshot can be found in

tables PR3.1, PR 3.2 and PR3.3. Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

The Adolescent Population: Age 10-19



Age & Sex Distribution of Household Population



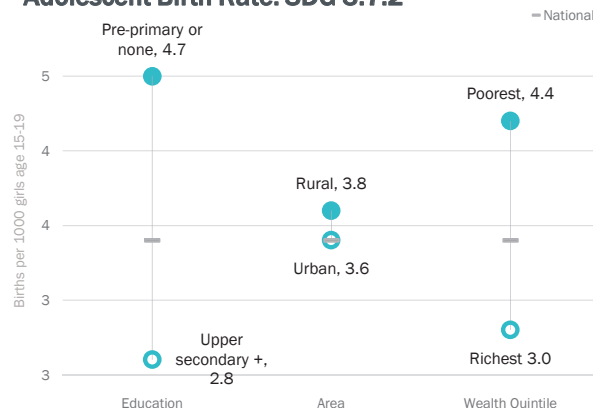
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- 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.

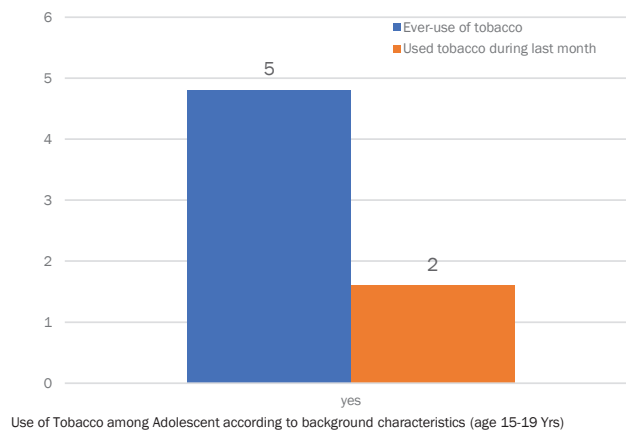
Adolescent Birth Rate: SDG 3.7.2



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

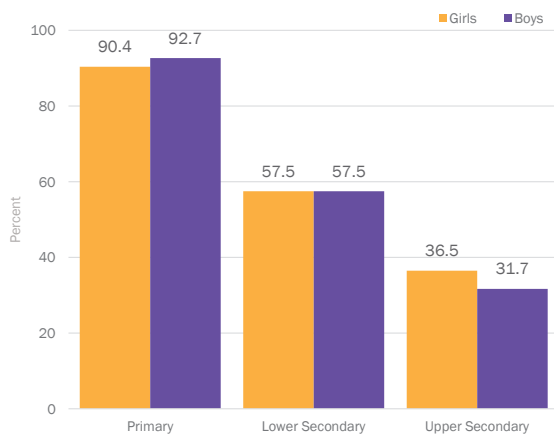
Every Adolescent Survives & Thrives

Tobacco



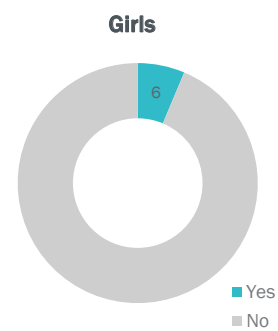
Every Adolescent Learns

School Attendance Ratios



Adjusted net attendance ratio, by level of education and by gender

Information & Communications Technology (ICT) Skills*

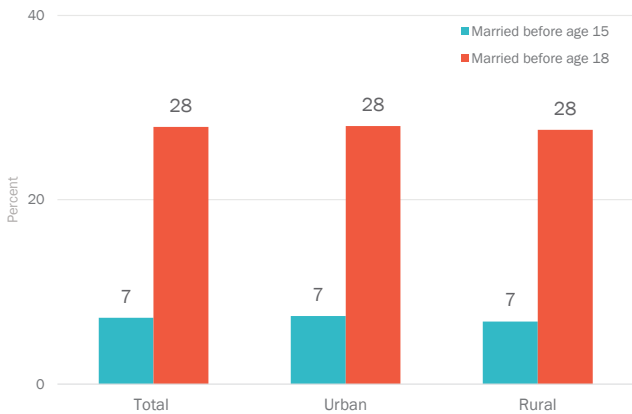


Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities

*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

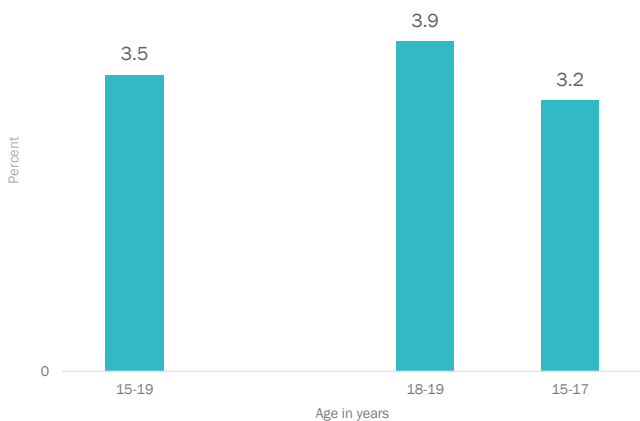
Child Marriage: SDG 5.3.1



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

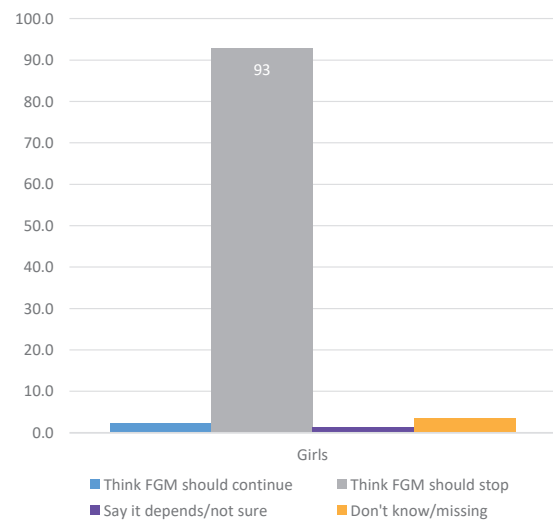
Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and 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.

Female Genital Mutilation: SDG 5.3.2 Age Disaggregate



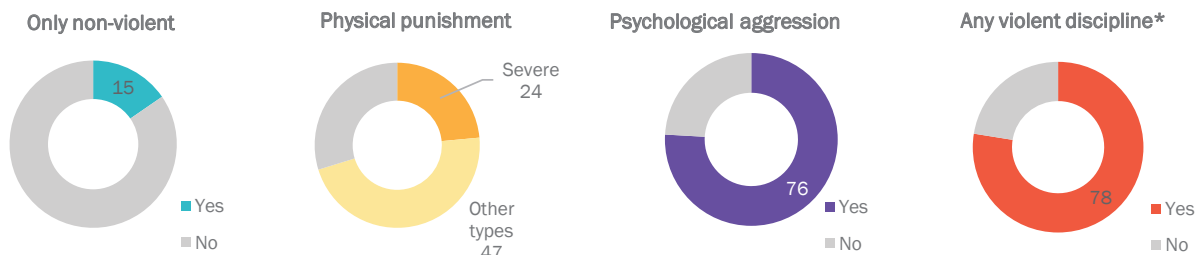
Percentage of girls age 15 to 19 years who have undergone FGM, by age group
*Age disaggregate of SDG 5.3.2: Prevalence of FGM among women age 15-49

Attitudes towards Female Genital Mutilation



Percentage of boys and girls age 15-19 who have heard about FGM, by their attitudes on if the practice should continue

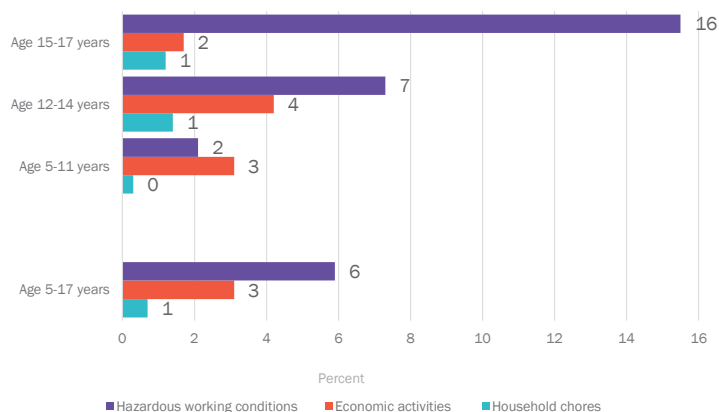
Child Discipline



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

Child Labour: SDG 8.7.1 *



Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age
 *Estimates from MICS of child labour are different from those in the SDG database for SDG 8.7.1, as the database excludes hazardous work & applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

Definition of Child Labour

Age 5-11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 12-14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15-17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

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, as well as collecting firewood or fetching water.

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.

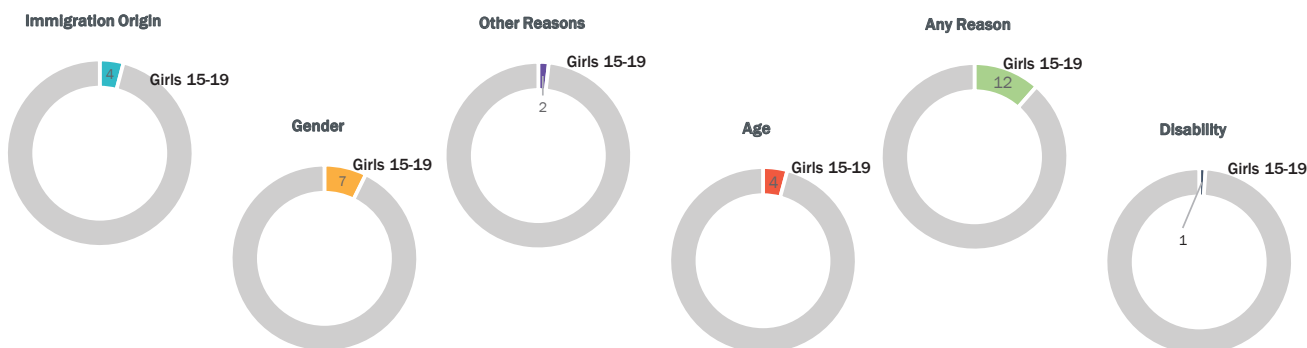
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: 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 7.2.1: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life

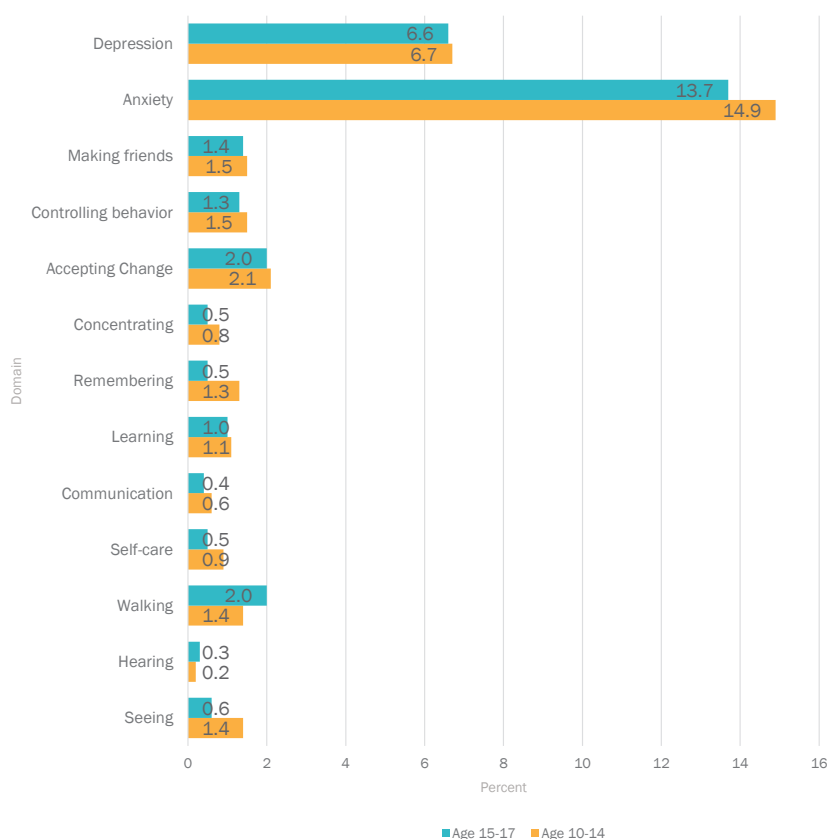
Discrimination & Harassment



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

Discrimination and harassment

Of the girls aged 15-19 years, 12% feel discrimination and harassment for any reason. Among these reasons, 7% of them due to gender, 4% are from the place of migration or displacement, and 1% Due to disability and (2%) due to another.

The results of the survey showed the functional difficulties of adolescents aged (10-14) years and age (15-17) years. For adolescents aged (10-14) years, it is noted that Anxiety functional difficulties at the highest rate (14.9%) followed by depression (6.7%) and Acceptance of change, control of behavior, formation of friends and less rates for the other types of functional difficulties and the same for adolescents aged (15-17) years in addition to that, difficulty walking accepting change are at similar rate.

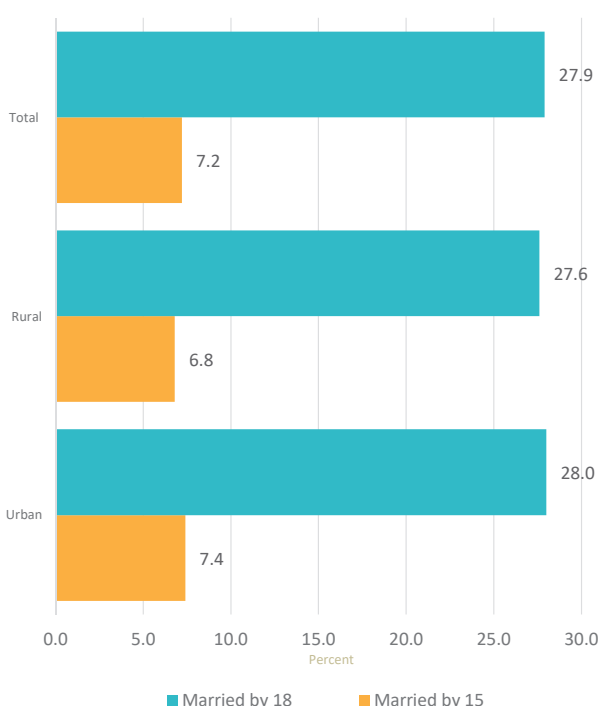
The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children’s Fund (UNICEF). UNICEF provided financial support.

The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Adolescents. Data from this snapshot can be found in table SR4.1, SR9.4W/M, SR10.1, TM2.1, TM3.1, TM3.4, LN1.2, LN4.1, LN4.2, PR2.1, PR3.3, PR4.1W, PR5.1W, PR5.2W, WS3.6, TC4.1, EQ1.2 and

EQ3.1W/M.

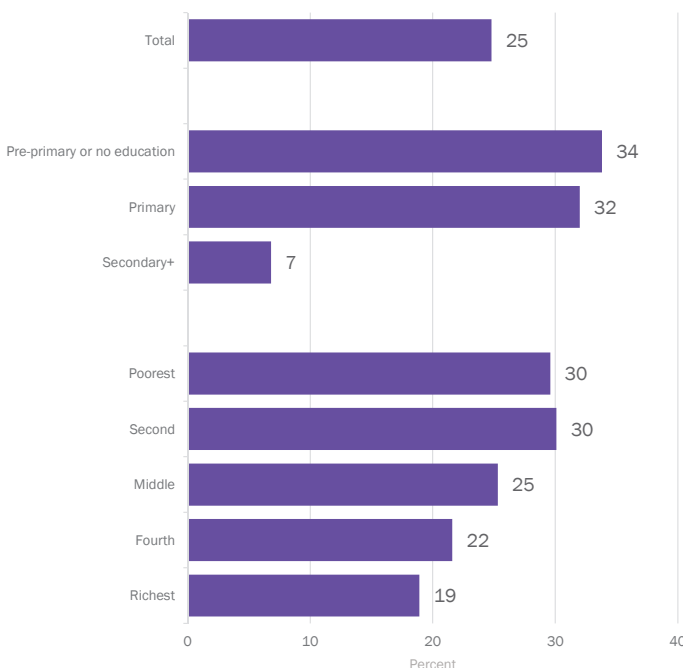
Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18*, by residence

Disaggregates in Marriage before Age 18



Percentage of women age 20-49 years who were first married or in union before age 18, by wealth quintile and education

Key Messages

Early marriage is a phenomenon that is related to the customs, traditions and social behavior of families. It is also affected by the educational, economic and security levels in the country. This is confirmed by the available survey results. The percentage of married women under 15 years of age is 7.2% from women in age group (20-24) which were born in 1994-1998. for this age group (28%) married at less than 18 years of age. These percentages are almost identical between urban and rural areas, with the highest percentage in Missan Governorate (35%) and the lowest percentage in Dohuk governorate (18%). Of the women in the age group (20-49), those born (1969-1994), 24.8% of them were married before the age of 18 years and (6%) before the age of 15 years ... The indicators show the relationship between early marriage and education. It is lower among those with an upper secondary or above to 6.8% and rising in the lower education levels to 33.8% for uneducated women. The percentage of early marriages (under 18 years old) among women from poor families is much higher than that of rich families. The percentage of married women aged (under 15) years of age has decreased and age (less than 18) has declined during the past years, but it has returned to rise in the age group (20-24) years

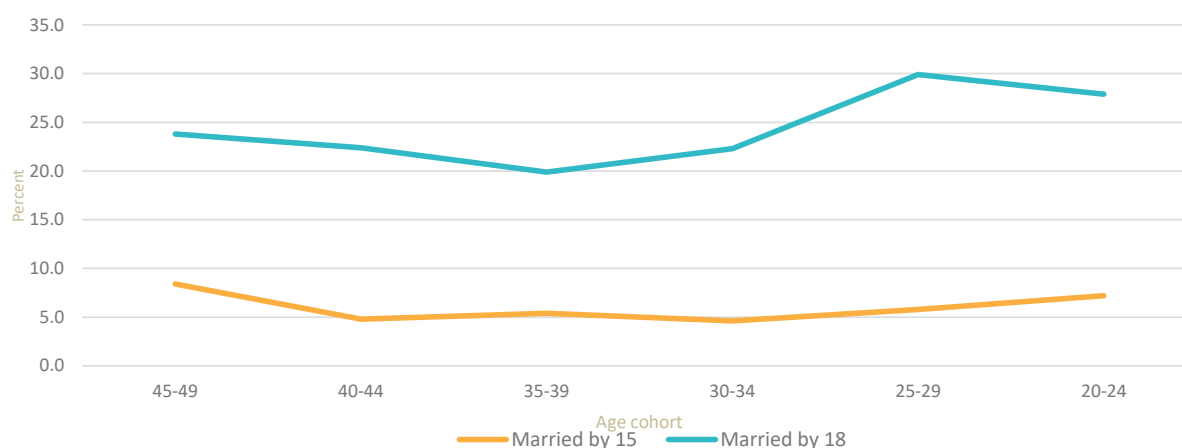
Regional Data on Child Marriage

Governorate	Marriage by age 18
National	24.8
Duhok	18.3
Nainawa	27.1
Sulaimaniya	20.8
Kirkuk	15.9
Erbil	22.1
Diala	20.9
Anbar	21.4
Baghdad	23.4
Babil	25.3
Karbalah	31.2
Wasit	27.7
Salahaddin	22.3
Najaf	30.7
Qadisyah	24.4
Muthana	27.3
Thiqar	26.0
Misan	35.0
Basrah	31.5

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.

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by region

Trends in Child Marriage



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

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund

(UNICEF). UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the Iraq MICS 2018 related to Early Marriage. Data from this snapshot can be found in tables PR4.1W.

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

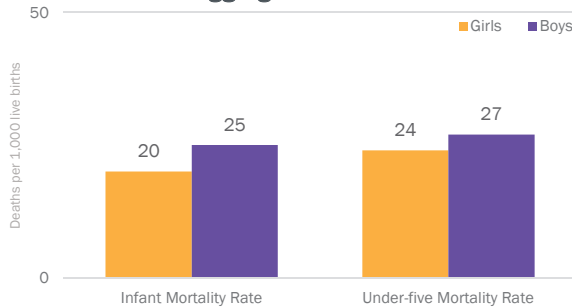


Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

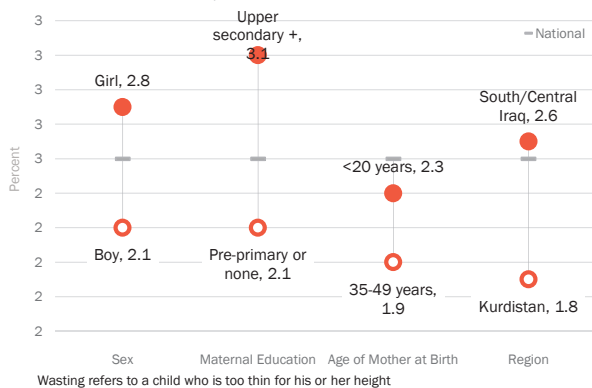
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate

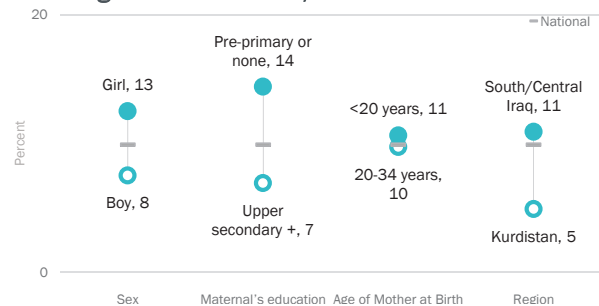


Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

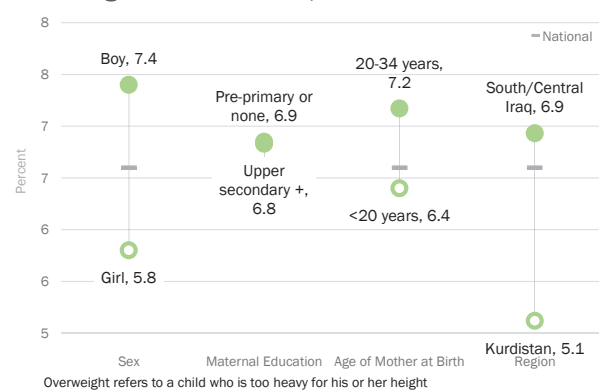
Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2



Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1

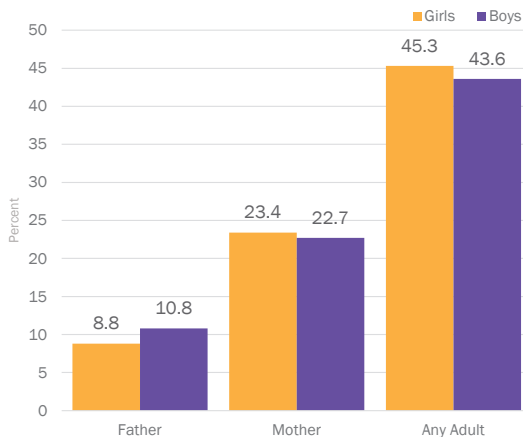


Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



Every Girl & Boy Survives & Thrives: The First Decade of Life

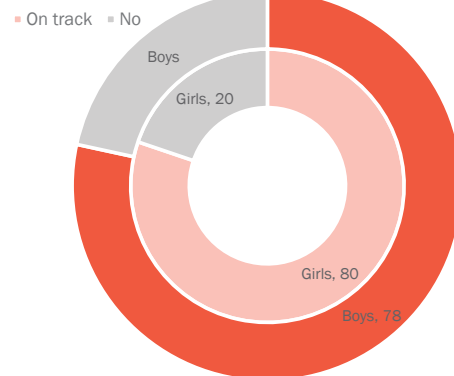
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

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 Development Index, SDG 4.2.1

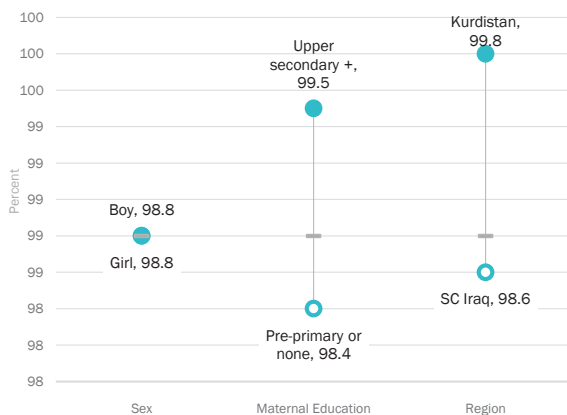


Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

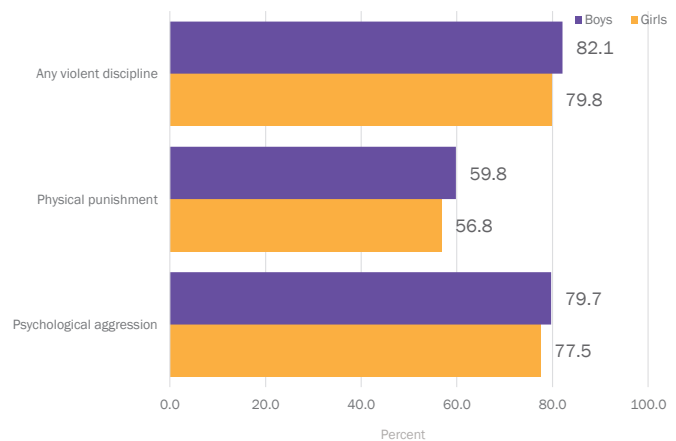
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline, SDG 16.2.1 Sex & Age Disaggregate



Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex

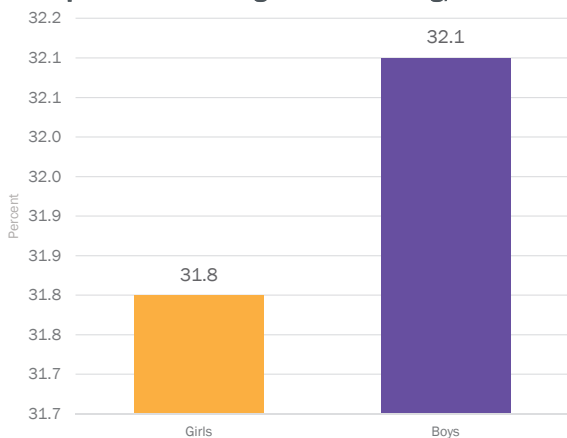
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.

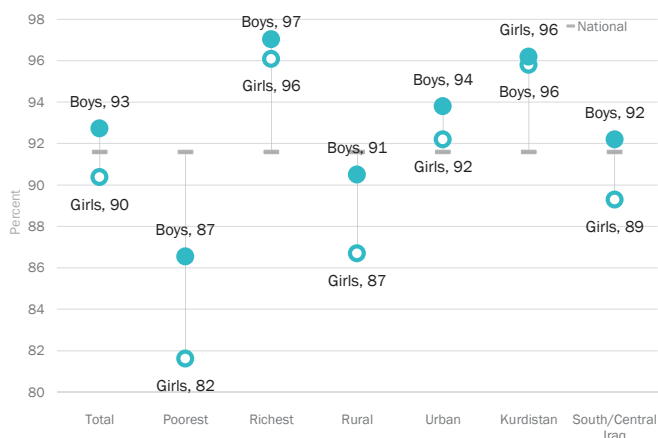
Note: Because children of primary school age range from 6-11 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



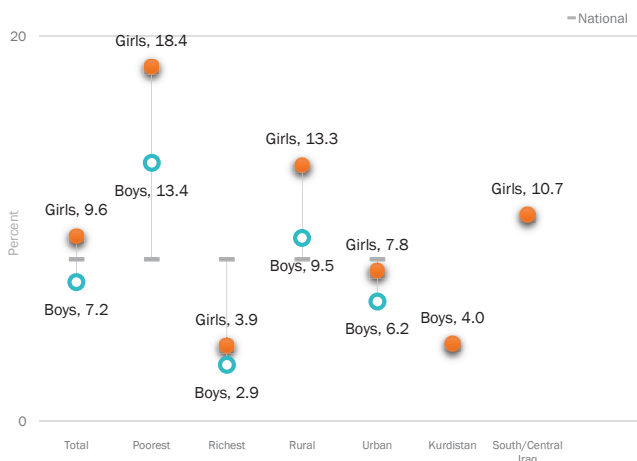
Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

Primary School Attendance



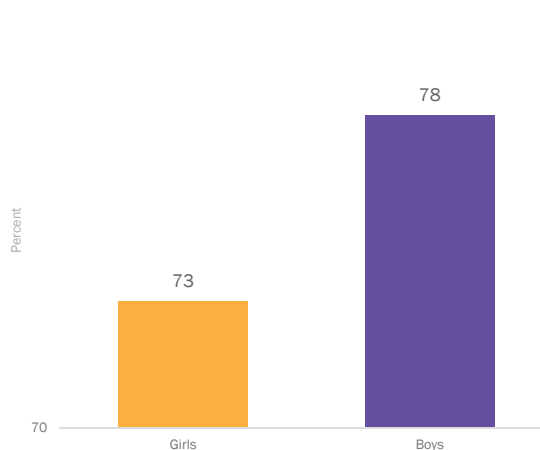
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



Percentage of children of primary school age not attending either primary or secondary school, by wealth quintile and area

Primary Completion



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, by sex

Key Messages

The results of the survey show that the disparities between males and females in the net enrollment rates in primary education are generally in favor of males, but in a small percentage except in the Kurdistan region where the enrollment rate is equal in males and females

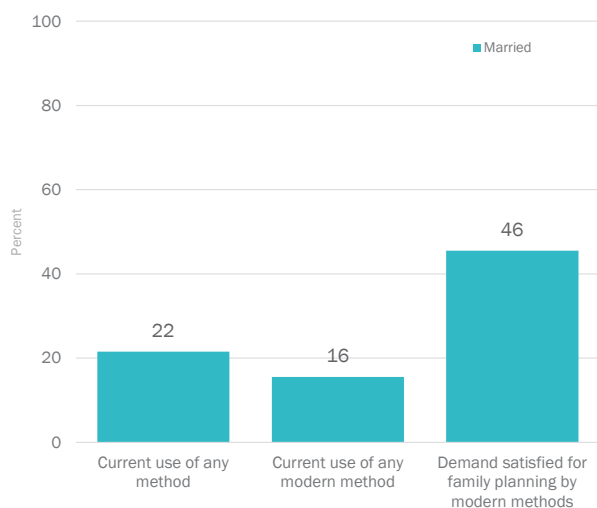
While in central and southern Iraq, enrollment for males are higher than female, similarly for children in urban areas belonging to wealthier families. The gap between male and female enrollment is somewhat higher in rural areas and in children belonging to poor families Wealth.

As for the completion of primary school children aged 3 to 5 years above the age of the sixth grade in primary school, males achieved 78% versus 73% of females.

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

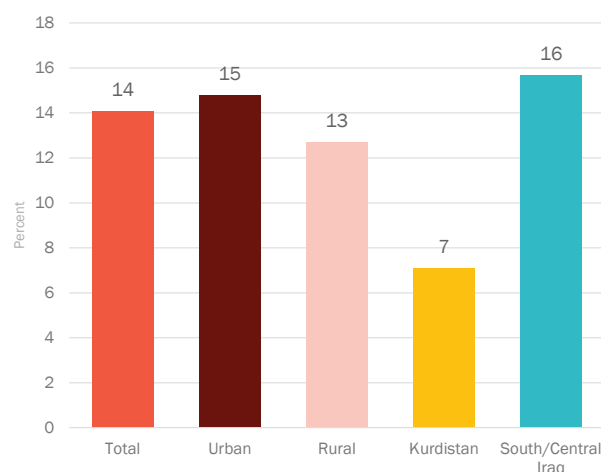
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

Contraceptive Use & Demand Satisfied



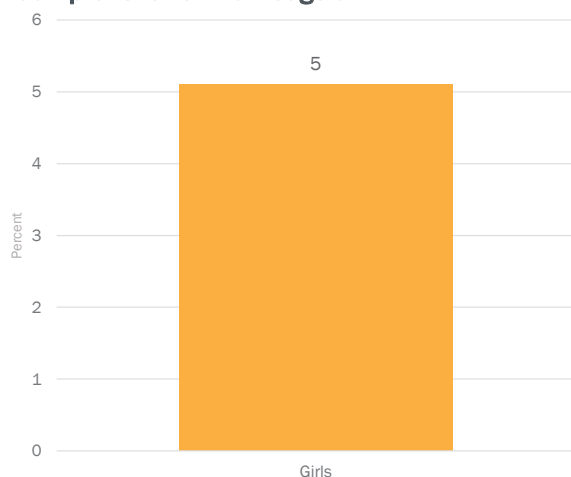
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15-19 (currently married)

Early Childbearing - by Age 18



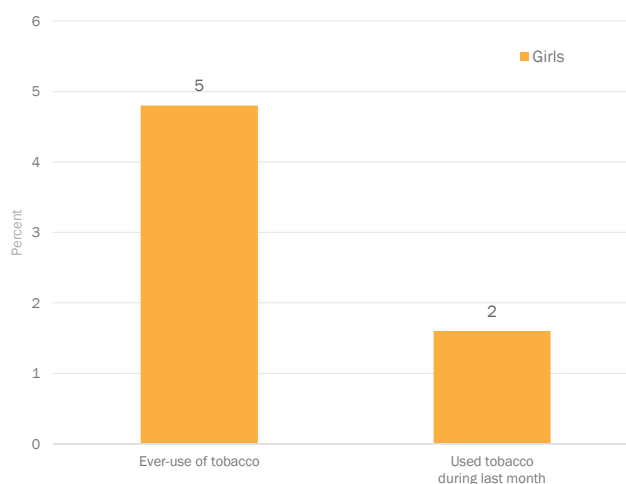
Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

Comprehensive Knowledge of HIV



Percent of girls age 15-19 who know of the two ways of HIV prevention who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception.

Tobacco Use

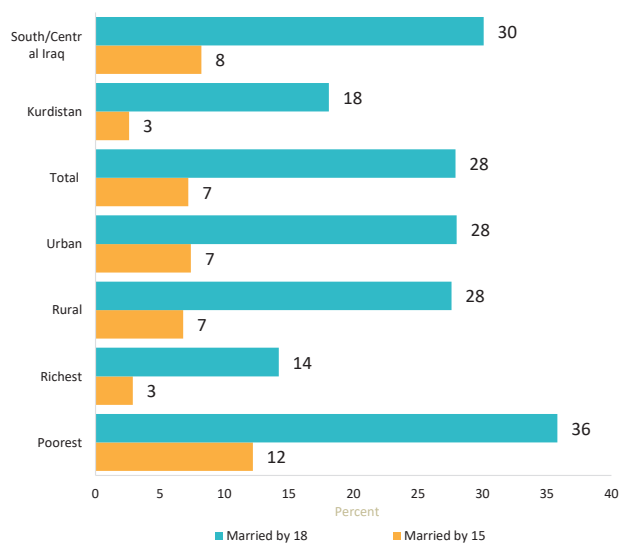


Tobacco use among adolescents age 15-19 (girls)
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

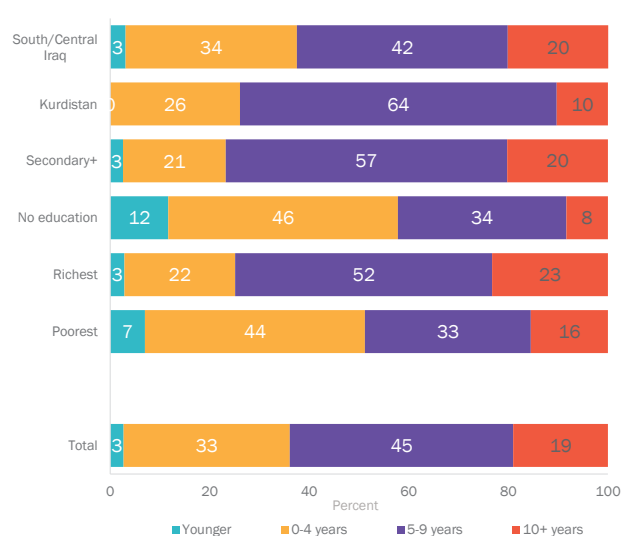
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



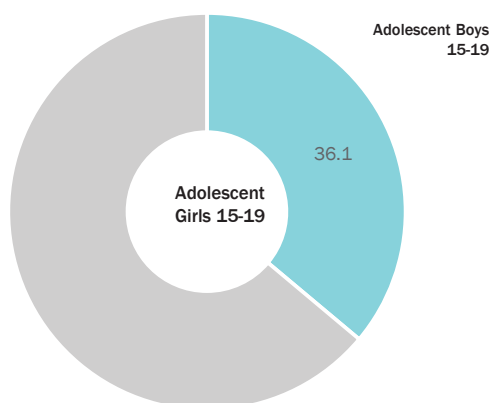
Percentage of women aged 20-24 years who were first married before age 15 and before age 18*, by residence

Spousal Age Difference



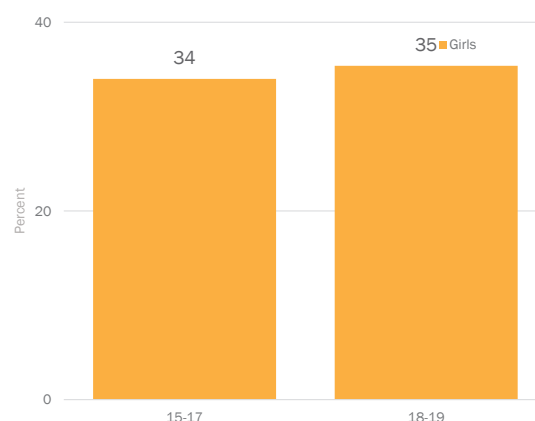
Percent distribution of adolescent girls age 15-19 currently married by age difference with their partner, education level and wealth quintile

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



Percentage of adolescents age 15-19 (girls) who feel safe walking alone in their neighbourhood after dark, by sex

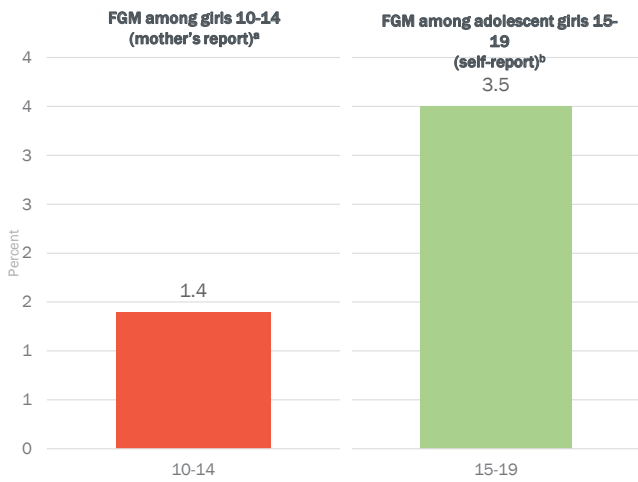
Attitudes toward Domestic Violence



Percentage of adolescents age 15-19 years (girls) who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

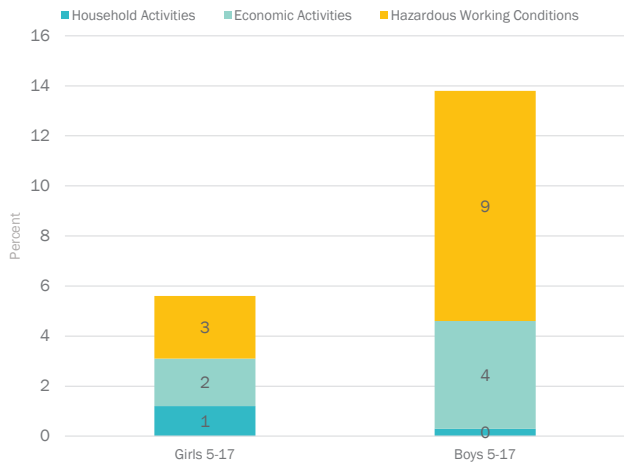
Female Genital Mutilation (FGM), SDG 5.3.2 Age Disaggregate



a Percentage of girls age 10-14 whose mothers report they have undergone FGM
b Percentage of adolescent girls age 15-19 who report having undergone FGM

FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Child Labour, SDG 8.7.1



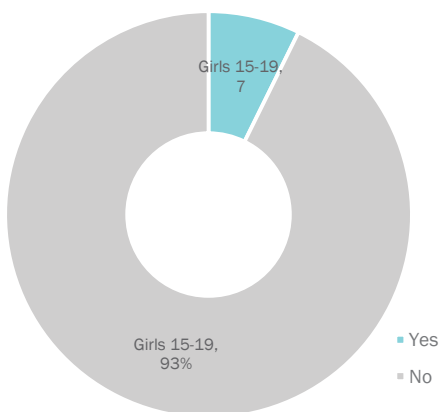
Percentage of children age 5 to 17 years engaged in child labour, by sex, age group and type of activity

* Note: Indicator includes children in the first & second decade of life
**Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

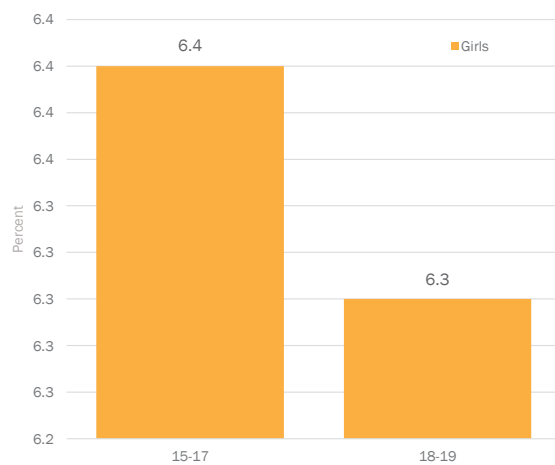
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People's sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and participate in public life. Adolescent girls and boys are likely to have different perceptions of personal safety due to different gender-based vulnerabilities to sexual violence and other crimes. Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Discrimination & Harassment



Percentage of adolescent girls age 15-19 years who have ever felt discriminated or harassed based on their gender

Life Satisfaction

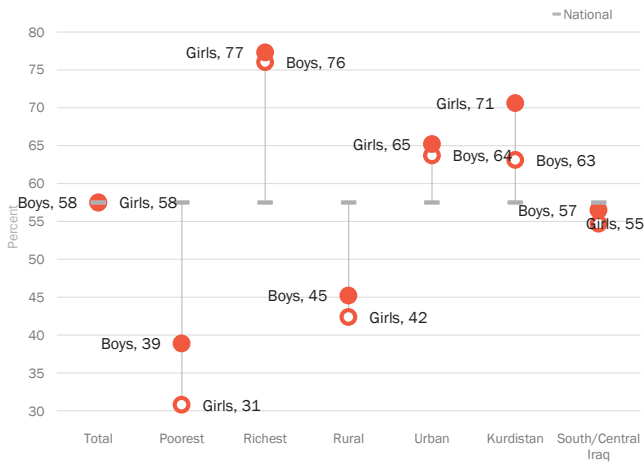


Among adolescents age 15-19 (girls), average life satisfaction score on a scale of 0 to 10, by age group

Every Adolescent Girl & Boy Learns: The Second Decade of Life

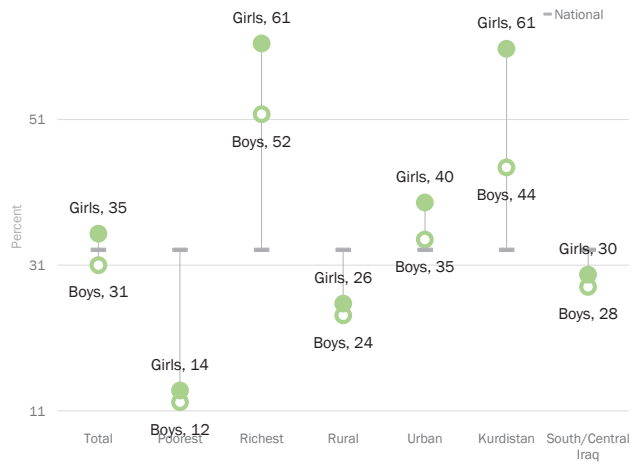
While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance Net Attendance Rate



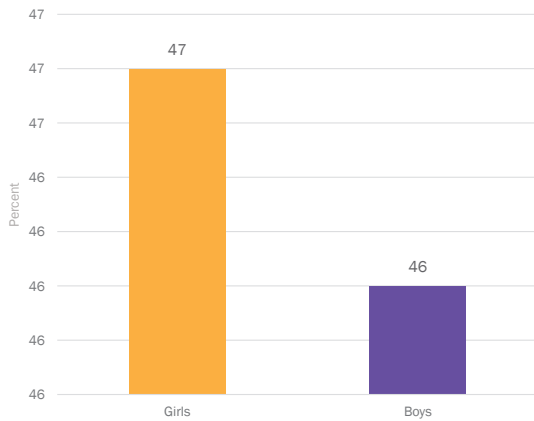
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Upper Secondary Attendance Net Attendance Rate



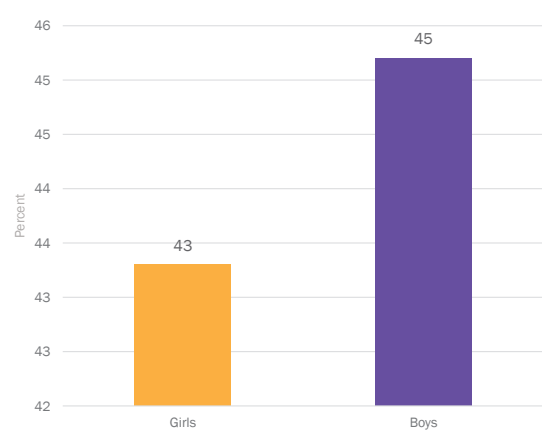
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Lower Secondary Completion



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex

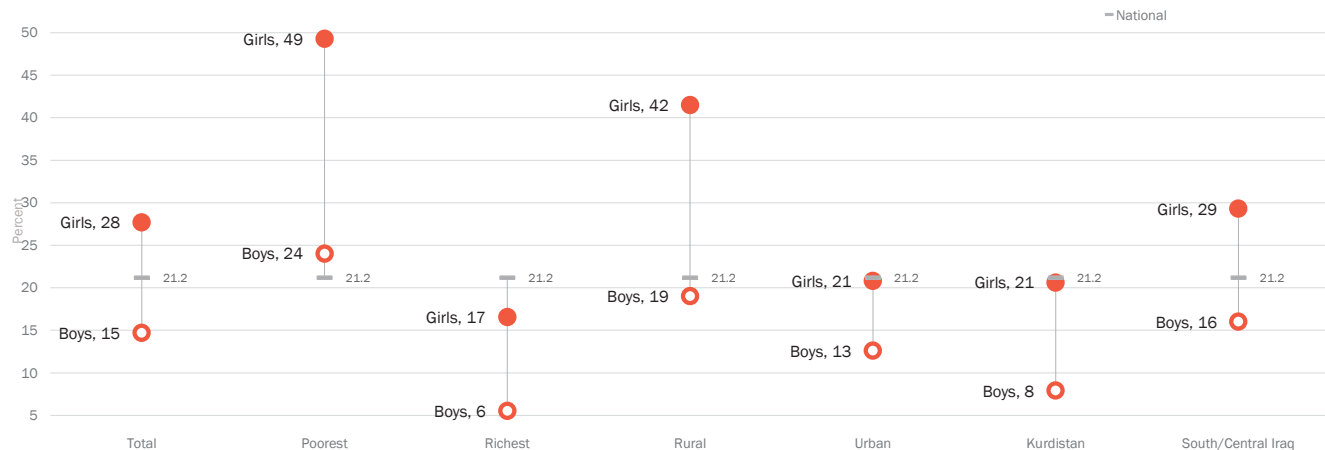
Upper Secondary Completion



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

Every Adolescent Girl & Boy Learns: The Second Decade of Life

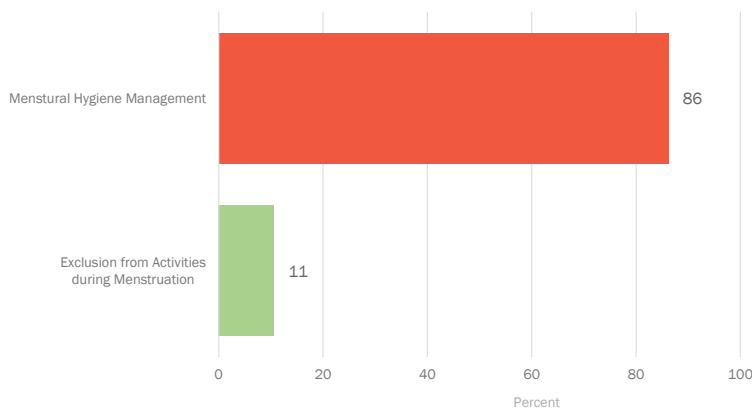
Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary age not attending either primary or secondary school, by wealth quintile and area

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

Menstrual Hygiene Management



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Menstrual Hygiene Management: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

Key Messages

The net enrollment rate is equal in the intermediate education or higher stage between males and females. However, the inequality is evident even in a small percentage in central and southern Iraq, in urban areas and in the wealthiest households in the wealth index. The gap in enrollment is increased between male and female in the Kurdistan region and in rural areas, in children belongs to poorest families.

The rate of female enrollment in secondary education is 35% higher than that of males (31%) in general, as well as in urban and rural areas, central and southern Iraq and the Kurdistan region, and among the wealthiest and poorest households in wealth index. However, males surpass females by completion of the stage secondary school and vice versa in the intermediate stage completion rate is higher for females, but with a small difference.

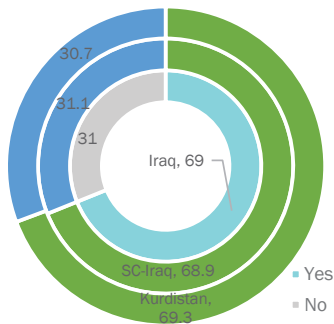
But the inequality is more pronounced for children in the age group of the intermediate school who are neither enrolled in primary nor intermediate level in Iraq and according to the general characteristics.

Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

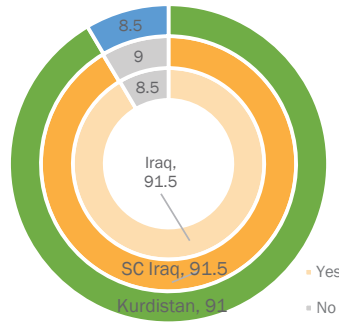
Access to Knowledge, Information & Technology

Literacy



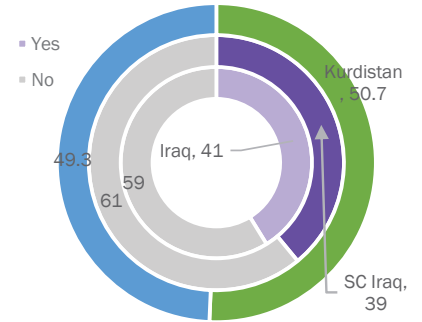
Percentage of Women age 15-49 who are literate, by Region

Media Access



Percentage of women age 15-49 who read a newspaper, listen to the radio, or watch television at least once a week

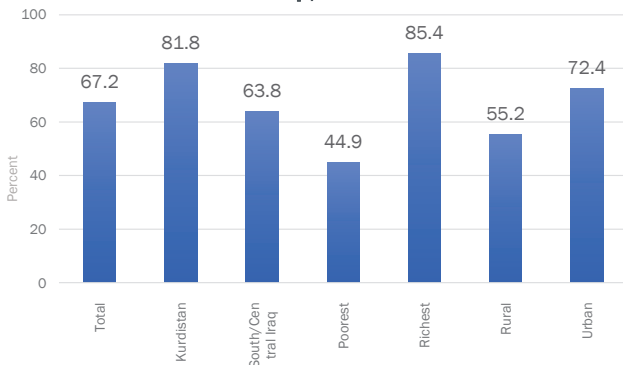
Internet Use: SDG17.8.1



Percentage of Women age 15-49 using the internet at least once in the past 3 months, by Region

Access to Resources

Mobile Phone Ownership, SDG 5.b.1



Percentage of women age 15-49 who own a mobile phone, by wealth quintile and area

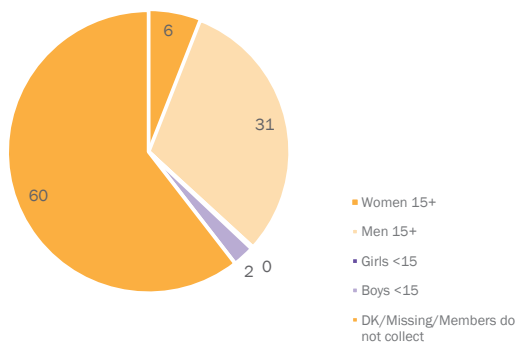
Health Insurance Coverage



Percentage of Health Insurance coverage by different category

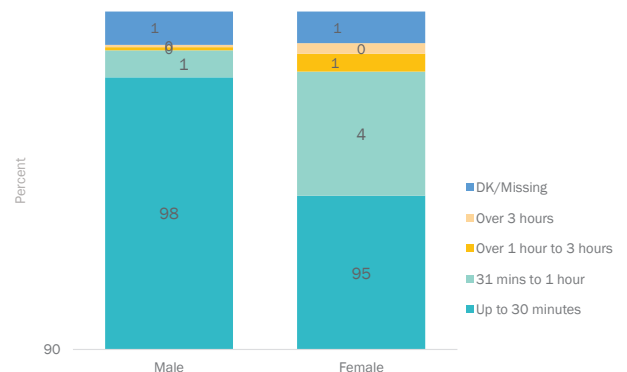
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

Time spent on water collection

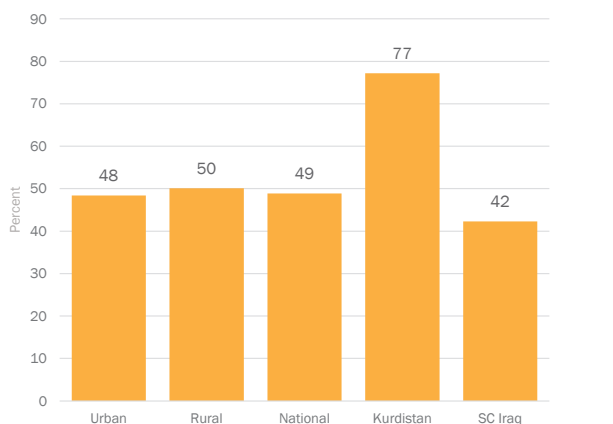


Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

Gender Equality in Adulthood

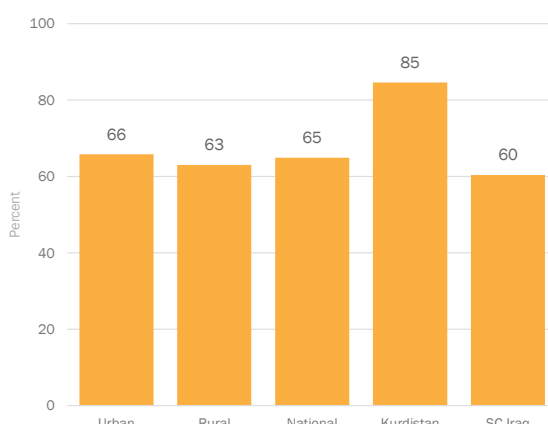
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



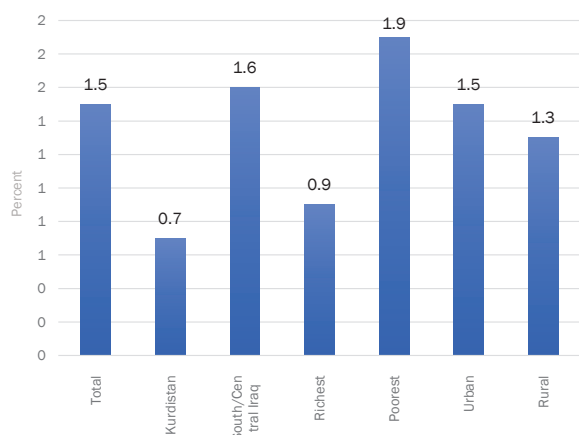
Percentage of women who feel safe walking alone in their neighborhood after dark, by area

Feeling safety while being at home alone



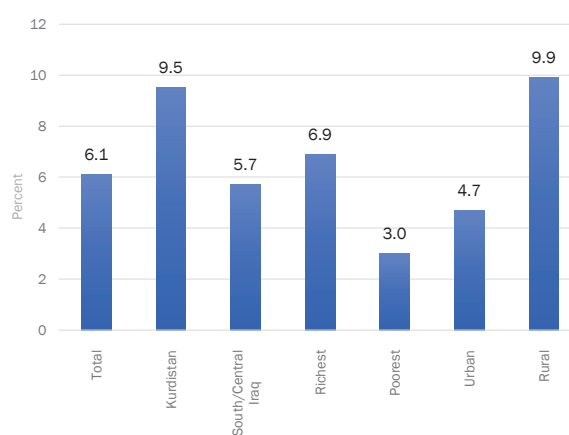
Percentage of Women (age 15-49) who feel safe being home alone after dark, by area

Victimization



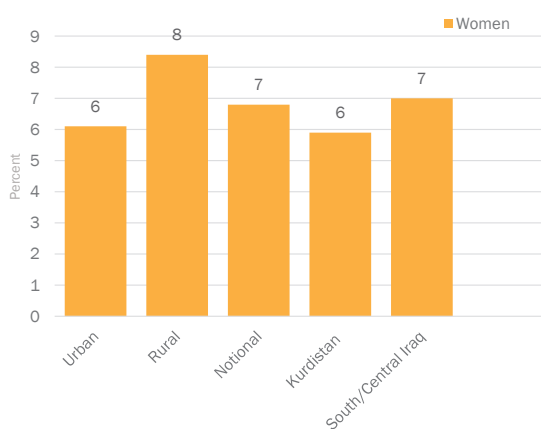
Percentage of Women age 15-49 who experienced physical violence of robbery or assault in the last year, by wealth quintile and area

Reporting of victimization to police, SDG 16.3.1



Percentage of Women age 15-49 for whom the last incident of physical violence of robbery and/or assault in the last year was reported to the police, by wealth quintile and area

Discrimination & harassment



Percentage of Women age 15-49 who have ever personally felt discriminated or harassed based on their gender, by area

Key Messages

(65%) of women aged 15 to 49 years feel safe while in the house alone, and this percentage rises in the Kurdistan region to 85% compared to 60% in central and southern Iraq and the small differences between urban and rural areas.

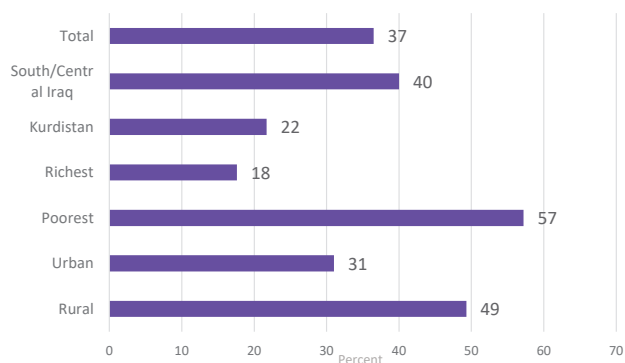
Moreover, 49% of women feel safe walking alone after dark. This percentage rises to 77% in the Kurdistan Region compared to 42% in central and southern Iraq. And in rural regions slightly higher than in urban areas.

For women who have been subjected to physical violence due to theft or assault, they do not exceed 1.5%, which is higher in central and southern Iraq than in the Kurdistan region and in urban areas compared to rural areas and the poorest women in the wealth index. 7% of women felt discrimination or harassment due to gender, which is higher in the countryside and in central and southern Iraq.

Gender Equality in Adulthood

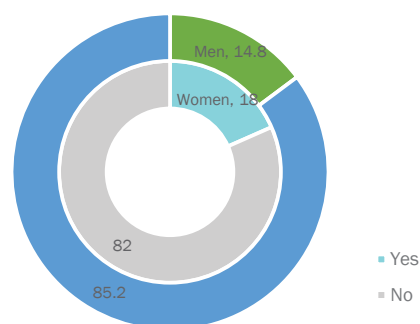
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



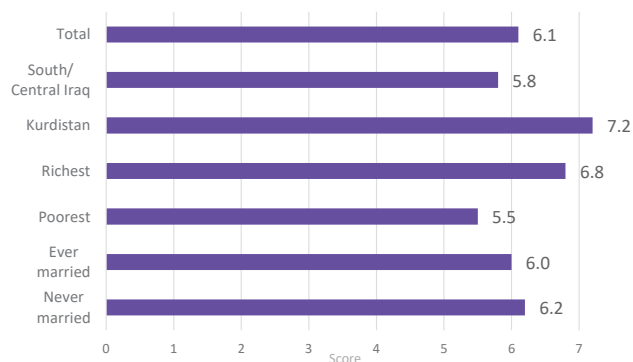
Percentage of adults age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment



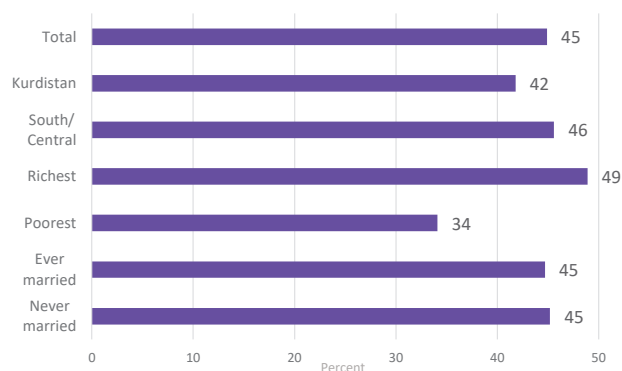
Percentage of caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction



Among Women age 15-49, average life satisfaction score on a scale of 0 to 10, by wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

Perceptions of a better life



Percentage of Women age 15-49 who expect that their lives will get better in one year, by wealth quintile and marital status

Key Messages

Data indicate that (18%) of mothers or caregivers believe that physical punishment is necessary for their children and is higher among males (15%).

(37%) of the women aged 15-49 years justify beating wife for various reasons such as leaving the house without telling the husband, neglecting the children, burning the food, etc. This percentage in central and southern Iraq is almost double what it is in the Kurdistan region and Nearly three times higher among women in poorer families than in wealthier women and in rural areas than in urban areas.

Forty-five percent of women expect their lives to improve in one year, and its higher in central and southern Iraq than in Kurdistan, and in wealthier women compared to poorer families. This ratio is equal among married and unmarried women.

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF provided financial support.

The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Gender Equality. Data from this snapshot can be found in table CS.3, TC.8.1, TC.10.1, TC.11.1, PR.1.1., PR.2.1., LN.1.2, LN.2.3, LN.2.4, LN.2.6, LN.2.7, TM.3.1, TM.3.2, TM.3.3, TM3.4, TM.2.3W, TM.11.1W, SR.10.1W, SR4.1W, SR.4.3, SR.6.1W,

PR.8.1W, PR.5.1W, PR.2.2, PR.5.1, PR.5.3, EQ.3.1W, PR.7.1W, EQ.5.1W, SR.9.3.W, EQ.2.1W, WS.4.1, WS.4.2, WS 1.3 and WS 1.4.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.

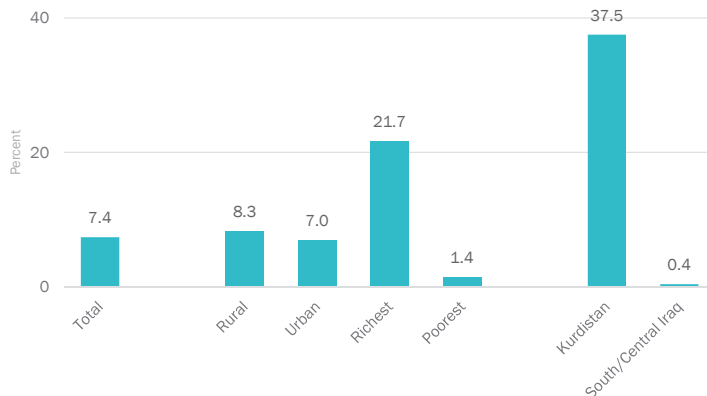
Female Genital Mutilation (FGM)

Multiple Indicator Cluster Surveys

Female Genital Mutilation

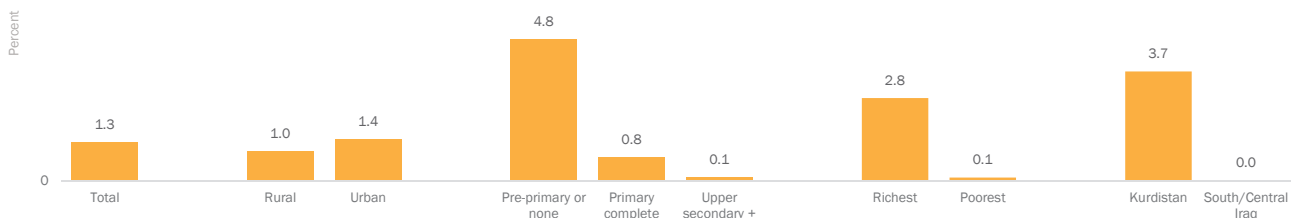


Level & Disaggregates of FGM Among Women 15-49



Percentage of girls and women age 15 to 49 years who have undergone FGM, by residence and wealth quintile
*SDG 5.3.2

Disaggregates of FGM Among Daughters 0-14 years



Percentage of girls age 0 to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and wealth quintile

Female genital mutilation (FGM) refers to “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.”¹ FGM is a violation of girls’ and women’s human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practiced FGM is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government and civil society partners towards the elimination of FGM in countries where it is still practiced.

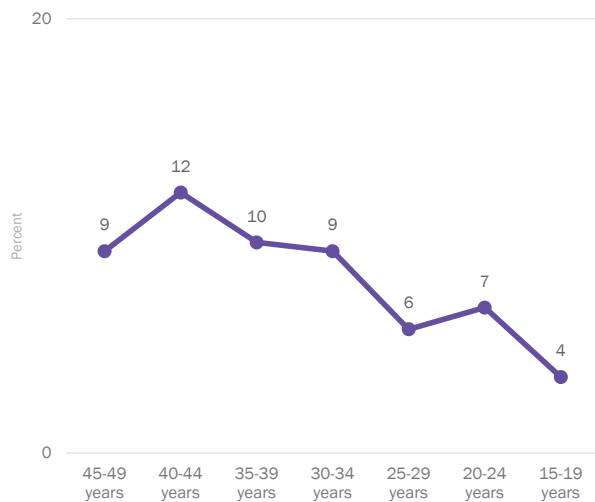
1. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

Key Messages

The results of the survey showed that (7.4%) of women aged (15-49) underwent FGM. The majority of cases occur in Kurdistan region (37.5%), Compared with only 0.4 percent in central and southern Iraq. The results show declining in the past 14 years, the percentage has dropped to 1% of girls aged 0-14 years who have undergone FGM, most of them in the Kurdistan region (3%) ... In urban areas and in girls whose mothers did not receive formal education Or uneducated families and wealthiest index. If you follow the graph on next page, It is clear that the highest percentage of FGM (12%) appears among women in the age group (40-44) years and then the rate is fallen to lowest value (4%) in women with the age group (15-19) years and this practice is rejected (94%) of women aged (15-49) years where they felt that it should be stopped.

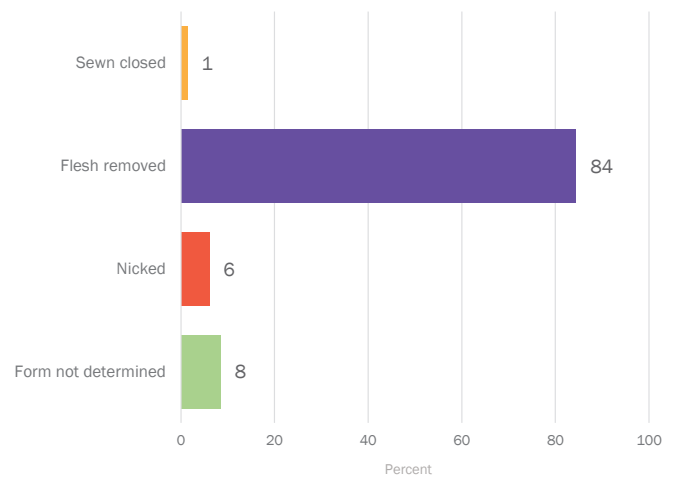
Female Genital Mutilation

Trends in FGM



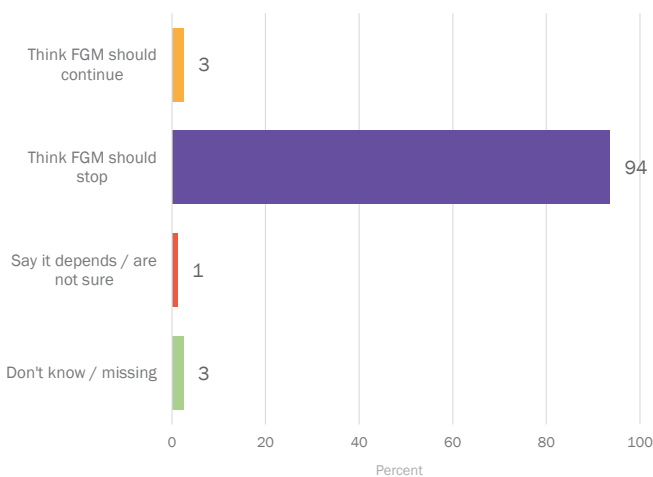
Percentage of girls and women age 15 to 49 years who have undergone FGM, by age cohort

Type of FGM

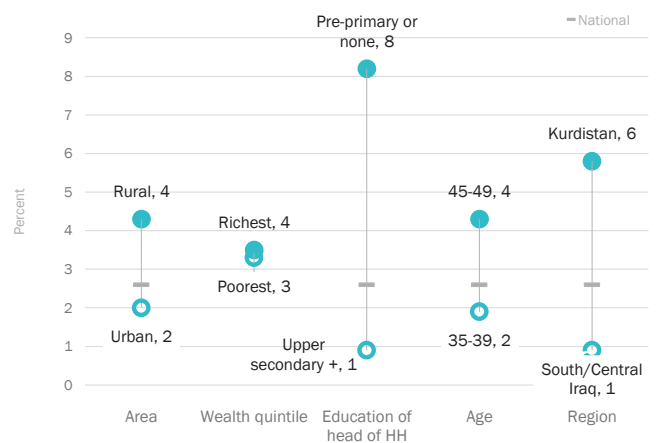


Percentage distribution of girls and women age 15 to 49 years who have undergone FGM, by type

Attitudes to FGM



Percentage distribution of girls and women age 15 to 49 years who have heard about FGM, by their attitudes about whether the practice should continue



Percentage of girls and women age 15 to 49 years who have heard about FGM and think the practice should continue, by wealth quintile, education, residence and age

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided

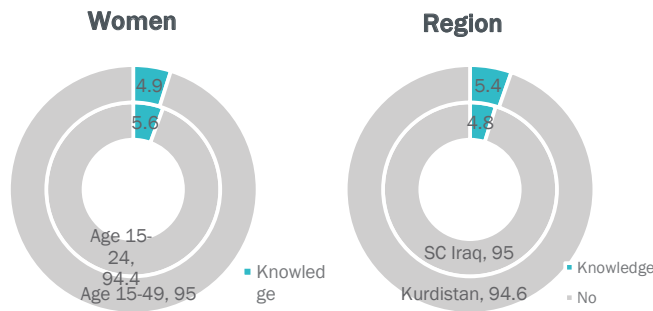
by the United Nations Children's Fund (UNICEF). UNICEF provided financial support. The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Female Genital

Mutilation. Data from this snapshot can be found in tables PR5.1, PR5.2 and PR5.3. Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

HIV Indicators

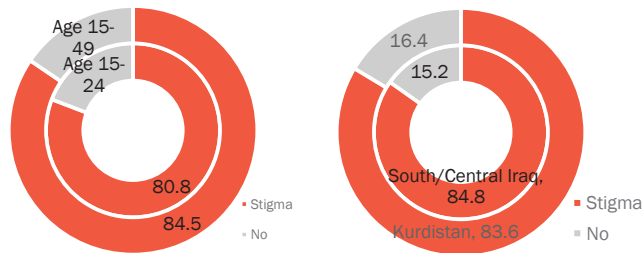
Knowledge

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, and any other local misconception by Women age group 15-24 , 15-49 and Region



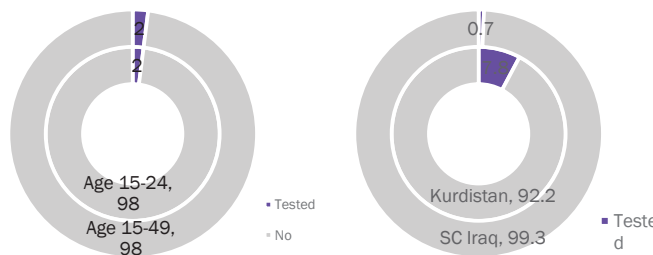
Stigma

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 by Women age group 15-24 , 15-49 and Region



Testing

Percent who have been tested for HIV in the last 12 months and know the result by Women age group 15-24 , 15-49 and Region



Key Messages

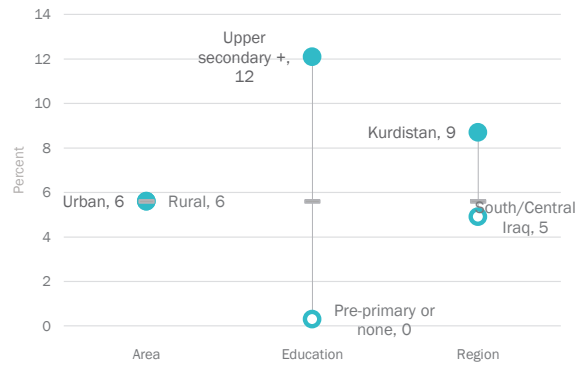
The availability of knowledge and correct information on how HIV transmission is the first step towards raising awareness and giving tools to protect against infection. The results show that the rate of knowledge among women aged 15-49 years for two methods of HIV prevention was 4.9

The proportion of knowledge among young women aged 15-24 years (5.6%) is related to level of their education. The higher the level of education, the higher the percentage of knowledge to reach (12.2%) for women with secondary school or higher degrees.

As for the stigma of discriminatory attitudes toward people living with HIV, 84.5% of women in the 15-49 age group reported these attitudes and 80.8% of young women in the 15- 24 years

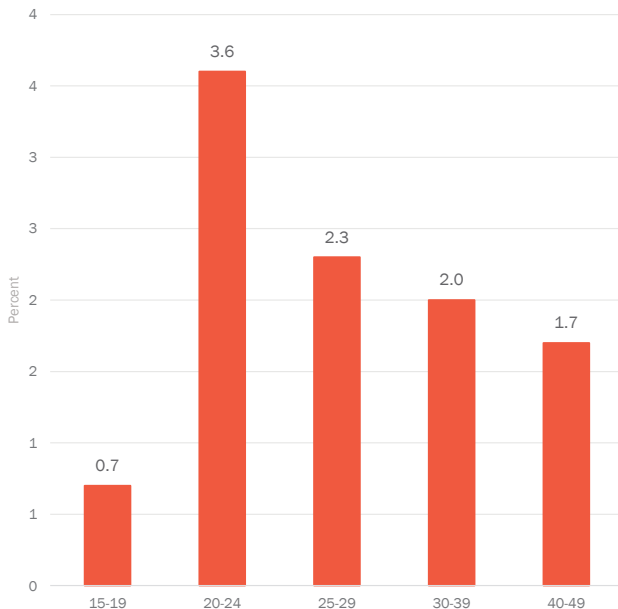
HIV Indicators by Key Characteristics

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



*Percent of women 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



Percent age 15-49 who have been tested for HIV in the last 12 months and know the result

Regional Data on HIV Testing

Governorate	Women who tested in last 12 months	Governorate	Women who tested in last 12 months
National	2		
Duhok	2	Karbalah	0.1
Nainawa	0.9	Wasit	0.3
Sulaimaniya	4.9	Salahaddin	1.1
Kirkuk	2.5	Najaf	0
Erbil	13.9	Qadisyah	0
Diala	1	Muthana	0.1
Anbar	0.9	Thiqr	0.2
Baghdad	0.2	Misan	0
Babil	0	Basrah	0.6

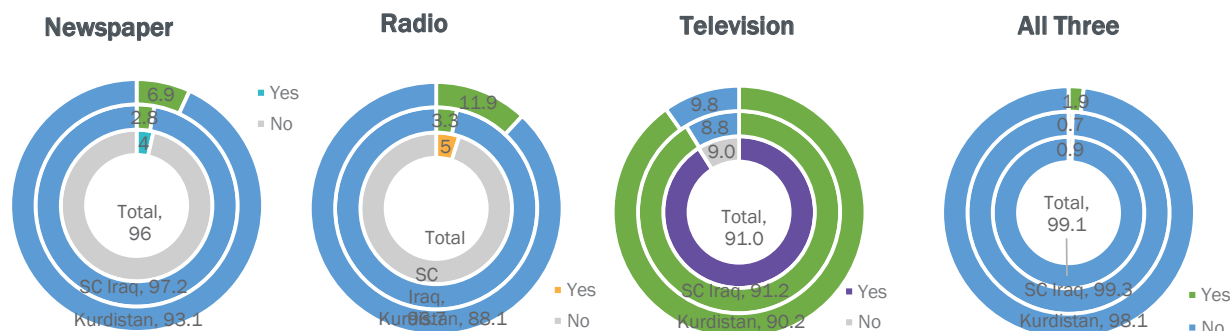
Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result

Key Messages

The percentage of women tested for HIV was 2%, mostly in Kurdistan (7.8%) and 0.7% in central and southern Iraq. This percentage among young women aged (15-24) was (2%)

The data by age groups on women's testing for HIV testing reflects the high rate in the age group (20-24) years to (4%) compared with other age groups and at governorate level, the highest percentage of women who have had the test of HIV is in Erbil governorate Reaching (13.9).

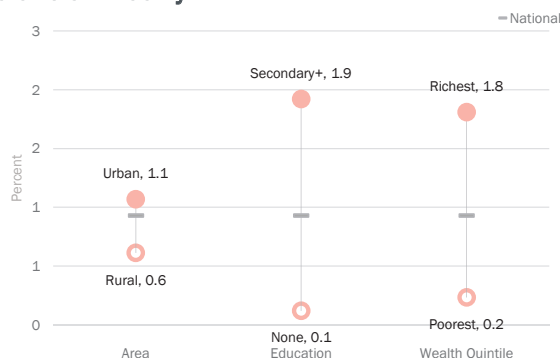
Exposure to Mass Media



Percentage of women age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women 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



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

Key Messages

(3.6%) of women aged 15-49 years watched weekly newspapers, (5%) Listen to radio and (91.0%) watch television. Percentage of women with access to the three on weekly bases is (0.9%). This percentage is higher in urban areas and in women with secondary education or higher degrees who are from wealthier families in the wealth index

The results of the survey indicate that more than half of households have Internet at home and 24.8% of households have a computer, while most households own a mobile phone and television

(41.2%) of women aged 15-49 years uses Internet and 7% of them use computers and 84.6% of women use mobile phones.

The disparity in internet usage shows that the percentage of Internet users in urban areas is 48% compared with 26% in rural areas and 51% in Kurdistan compared to 39% in central and southern Iraq.

Internet is related to women education where 73% of women with secondary or higher education use internet compared to (7%) of women who did not have a primary school or were not educated, and the percentage of Internet use is higher by women from rich families in the wealth index

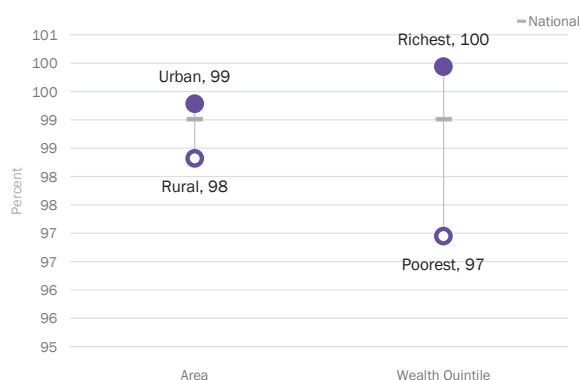
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Governorate	Television	Telephone-Mobile	Computer	Internet at Home
National	98.5	99.0	24.8	54.3
Duhok	98.6	99.6	38.8	75.9
Nainawa	96	99	21.9	47.1
Sulaimaniya	99.2	99.1	45.2	64.9
Kirkuk	97.3	98.2	16.5	52.1
Erbil	99.3	99.6	46.3	74.3
Diala	99.5	99.5	17.7	42.2
Anbar	96.1	99.5	8.6	33
Baghdad	98.9	99.4	23.3	66.3
Babil	99	98.1	16.8	39.3
Karbalah	98.8	98.7	21.8	51.5
Wasit	99.2	97.8	16.6	41.3
Salahaddin	98.5	98.7	20.9	37.5
Najaf	98.2	98.6	25.7	48.3
Qadisyah	98.8	97.5	19.4	46.6
Muthana	98.8	98	16.9	39
Thiqar	99.3	99.5	15.9	36.1
Misan	99.5	98.9	11.8	42
Basrah	98.5	99.1	26.2	67

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

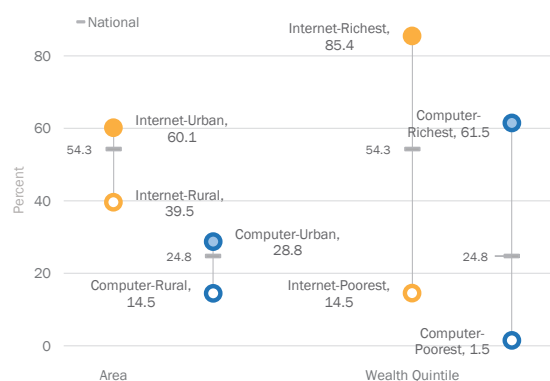
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Mobile Telephone



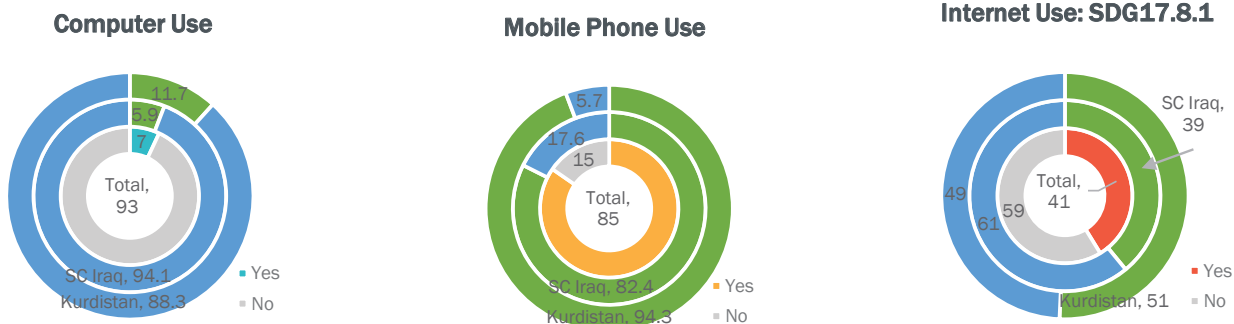
Percentage of households with mobile telephone

Households with Internet and Ownership of Computer



Percentage of households with access to the internet and Computer at home

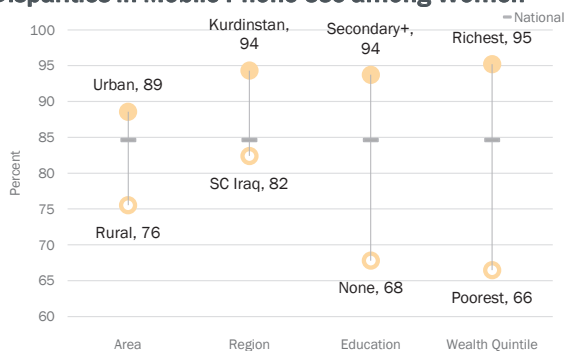
Use of Information & Communication Technology



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

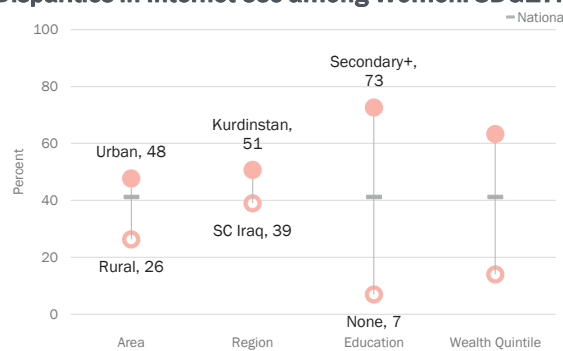
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



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

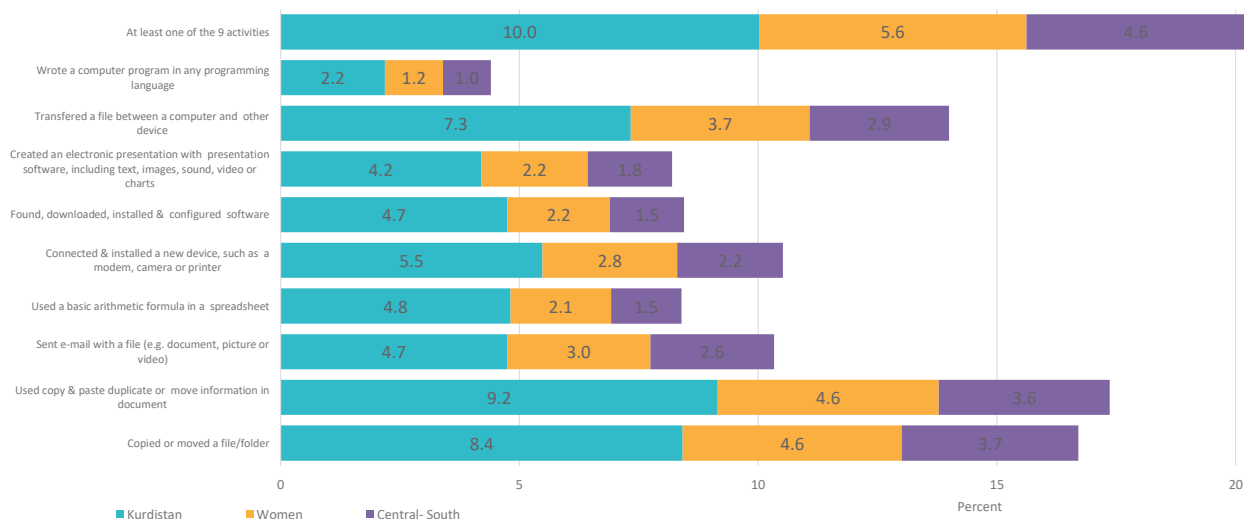
Disparities in Internet Use among Women: SDG17.8.1



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

Information & Communication Technology (ICT) Skills

Specific Computer Skills



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

Regional Data on ICT Use & Skills

Governorate	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 ICT activity
National	7.0	84.6	41.2	5.6
Duhok	9.3	91.9	51.9	7.6
Nainawa	7.3	81.5	31.9	5.4
Sulaimaniya	14.4	94.1	49.2	10.6
Kirkuk	4.2	96.3	39.9	3.1
Erbil	11	95.3	51.2	10.6
Diala	5.6	84.3	42.5	4.4
Anbar	1.9	71.3	23.8	1.6
Baghdad	6.9	91.5	52.6	6.4
Babil	5.9	78.9	32.1	4.5
Karbalah	7.8	86.6	43.4	6.2
Wasit	5.9	74.7	26.7	4.2
Salahaddin	5.4	72.3	37.4	4.3
Najaf	8.8	77.4	39.5	4.8
Qadisyah	6.7	77.9	31.7	5.0
Muthana	3.9	76.9	20.9	3.3
Thiqar	2.7	78.2	26.7	2.2
Misan	3.7	76.2	21.7	2.5
Basrah	7.3	82.7	61.6	5.2

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

The IRAQ Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Central Statistical office and Kurdistan Statistical office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF provided financial support.

The objective of this snapshot is to disseminate selected findings from the IRAQ MICS 2018 related to Mass Media, Communications & Internet. Data from this snapshot can be found in table SR9.1W, SR 9.2, SR9.3W, SR9.4W.

Further statistical snapshots and the

Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.