Barbados

Multiple Indicator Cluster Survey
2012

BSS
BARBADOS STATISTICAL SERVICE

UNFPA

UN WOMEN
United Nations Entity for Gender Equality and the Empowerment of Women

unicef
unite for children

MICS

The Barbados Multiple Indicator Cluster Survey (MICS) was carried out in 2012 by the Barbados Statistical Service (BSS). Financial and technical support was provided by the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

The MICS is an international household survey programme developed by UNICEF. The Barbados MICS was conducted as part of the fourth global round of MICS surveys (MICS4). The MICS provides up-to-date information on the situation of children and women and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments. Additional information on the global MICS project may be obtained from www.childinfo.org.

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BARBADOS
MULTIPLE INDICATOR CLUSTER SURVEY
2012

Barbados Statistical Service

United Nations Children's Fund (UNICEF)

United Nations Population Fund (UNFPA)

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

Final Report - September 2014

Summary Table

Multiple Indicator Cluster Surveys (MICS) and Milennium Development Goals (MDGs) Indicators, Barbados, 2012

Topic	MICS4 indicator number	MDG indicator number	Indicator	Value
NUTRITION				
Nutritional status			Underweight prevalence	
	2.1a	*1.8*	Moderate and severe (- 2 SD)	3.5 per cent
	2.1b		Severe (- 3 SD)	1.5 per cent
			Stunting prevalence	
	2.2a		Moderate and severe (- 2 SD)	7.7 per cent
	2.2b		Severe (- 3 SD)	3.1 per cent
			Wasting prevalence	
	2.3a		Moderate and severe (- 2 SD)	6.8 per cent
	2.3b		Severe (- 3 SD)	2.0 per cent
Breastfeeding and infant feeding	2.4		Children ever breastfed	93.2 per cent
	2.5		Early initiation of breastfeeding	40.3 per cent
	2.6		Exclusive breastfeeding under 6 months	19.7 per cent
	2.10		Duration of breastfeeding	8.5 months
	2.11		Bottle feeding	78.9 per cent
	2.13		Minimum meal frequency	60.7 per cent
	2.14		Age-appropriate breastfeeding	36.0 per cent
	2.15		Milk feeding frequency for non-breastfed children	82.2 per cent
Salt iodization	2.16		Iodized salt consumption	17.3 per cent
Low birth weight	2.18		Low birth-weight infants	2.5 per cent
	2.19		Infants weighed at birth	97.7 per cent
CHILD HEALTH				
Solid fuel use	3.11		Solid fuels	0.0 per cent
WATER AND SANITATION				
Water and sanitation	4.1	*7.8*	Use of improved drinking water sources	99.7 per cent
	4.3	*7.9*	Use of improved sanitation	96.1 per cent
	4.4		Safe disposal of child's faeces	24.6 per cent
	4.5		Place for handwashing	97.1 per cent
	4.6		Availability of soap	94.5 per cent
REPRODUCTIVE HEALTH				
Contraception and unmet need	5.2		Early childbearing	6.7 per cent
	5.3	*5.3*	Contraceptive prevalence rate	59.2 per cent
	5.4	*5.6*	Unmet need for contraception	19.9 per cent
Maternal and newborn health			Antenatal care coverage	
	5.5a	*5.5*	At least once by skilled personnel	93.4 per cent
	5.5b		At least four times by any provider	87.9 per cent
	5.6		Content of antenatal care	99.3 per cent
	5.7	*5.2*	Skilled attendant at delivery	98.9 per cent
	5.8		Institutional deliveries	100.0 per cent
	5.9		Caesarean section	21.3 per cent
Post-natal health checks	5.10		Post-partum stay in health facility	100.0 per cent
	5.11		Post-natal health check for the newborn	98.4 per cent
	5.12		Post-natal health check for the mother	96.9 per cent

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Multiple Indicator Cluster Surveys (MICS) and Milennium Development Goals (MDGs) Indicators, Barbados, 2012

CHILD DEVELOPMENT				
Child development	6.1		Support for learning	96.6 per cent
	6.2		Father's support for learning	45.9 per cent
	6.3		Learning materials: children's books	85.0 per cent
	6.4		Learning materials: playthings	75.7 per cent
	6.5		Inadequate care	1.4 per cent
	6.6		Early childhood development index	96.6 per cent
	6.7		Attendance at early childhood education	89.7 per cent
EDUCATION				
Literacy and education	7.1	*2.3*	Literacy rate among young people women aged 15–24 years	100.0 per cent
	7.2		School readiness	77.9 per cent
	7.3		Net intake rate in primary education	93.8 per cent
	7.4	*2.1*	Primary school net attendance ratio (adjusted)	99.0 per cent
	7.5		Secondary school net attendance ratio (adjusted)	92.1 per cent
	7.6	*2.2*	Children reaching last grade of primary	100.0 per cent
	7.7		Primary completion rate	107.4 per cent
	7.8		Transition rate to secondary school	92.5 per cent
	7.9		Gender parity index (primary school)	0.99 ratio
	7.10		Gender parity index (secondary school)	0.97 ratio
CHILD PROTECTION				
Birth registration	8.1		Birth registration	98.7 per cent
Child labour	8.2		Child labour	2.3 per cent
	8.4		Child labour among students	2.3 per cent
Child discipline	8.5		Violent discipline	75.1 per cent
Early marriage and polygyny	8.6		Marriage before age 15 women aged 15–49 years	3.8 per cent
	8.7		Marriage before age 18 women aged 20–49 years	15.7 per cent
	8.8		Young women aged 15–19 years currently married or in union	1.4 per cent
	8.9		Polygyny women aged 15–49 years	2.3 per cent
			Spousal age difference	
	8.10a		women aged 15–19 years	7.1 per cent
	8.10b		women aged 20–24 years	18.1 per cent
Domestic violence	8.14		Attitudes towards domestic violence women aged 15–49 years	3.3 per cent

Summary Table

Multiple Indicator Cluster Surveys (MICS) and Milennium Development Goals (MDGs) Indicators, Barbados, 2012

HIV AND AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN				
HIV and AIDS knowledge and attitudes	9.1		Comprehensive knowledge about HIV prevention women aged 15–49 years	72.6 per cent
	9.2	*6.3*	Comprehensive knowledge about HIV prevention among young people women aged 15–24 years	67.5 per cent
	9.3		Knowledge of mother-to-child transmission of HIV women aged 15–49 years	55.4 per cent
	9.4		Accepting attitudes towards people living with HIV women aged 15–49 years	14.6 per cent
	9.5		Women who know where to be tested for HIV	95.8 per cent
	9.6		Women who have been tested for HIV and know the results	23.4 per cent
	9.7		Sexually active young women who have been tested for HIV and know the results	37.0 per cent
	9.8		HIV counselling during antenatal care	59.2 per cent
	9.9		HIV testing during antenatal care	92.1 per cent
Sexual behaviour	9.10		Young women who have never had sex	73.3 per cent
	9.11		Sex before age 15 among young people women aged 15–24 years	9.4 per cent
	9.12		Age-mixing among sexual partners women aged 15–24 years	8.8 per cent
	9.13		Sex with multiple partners women aged 15–49 years	3.0 per cent
	9.14		Condom use during sex with multiple partners women aged 15–49 years	55.9 per cent
	9.15		Sex with non-regular partners women aged 15–24 years	61.0 per cent
	9.16	*6.2*	Condom use with non-regular partners women aged 15–24 years	51.8 per cent
Orphaned children	9.17		Children's living arrangements	5.5 per cent
	9.18		Prevalence of children with one or both parents dead	4.8 per cent
	9.20	*6.4*	School attendance of non-orphans	99.6 per cent
ACCESS TO MASS MEDIA AND USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY				
Access to mass media	MT.1		Exposure to mass media women aged 15–49 years	73.7 per cent
Use of information and communications technology	MT.2		Use of computers women aged 15–24 years	87.3 per cent
	MT.3		Use of internet women aged 15–24 years	92.8 per cent
SUBJECTIVE WELL-BEING				
Subjective well-being	SW.1		Life satisfaction women aged 15–24 years	57.7 per cent
	SW.2		Happiness women aged 15–24 years	90.5 per cent
	SW.3		Perception of a better life women aged 15–24 years	60.2 per cent

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BSS	Barbados Statistical Service
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSPro	Census and Survey Processing System
ECDI	Early Childhood Development Index
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
HQ	UNICEF New York Headquarters
IUD	Intrauterine Device
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
LACRO	Latin America and Caribbean Regional Office
LPG	Liquefied Petroleum Gas
M&E	Monitoring And Evaluation
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MICS4	Fourth Global Round of Multiple Indicator Clusters Surveys Programme
MTCT	Mother-to-child Transmission
NAR	Net Attendance Rate
ORT	Oral Rehydration Treatment
PNC	Post-Natal Care
PNHC	Post-Natal Health Check
PPM	Parts Per Million
PSU	Primary Sampling Unit
RHF	Recommended Home Fluid
SPSS	Statistical Package for Social Sciences
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNWOMEN	United Nations Entity for Gender Equality and Empowerment of Women
UNICEF	United Nations Children's Fund
WHO	World Health Organization

ACKNOWLEDGEMENTS

The Multiple Indicator Cluster Survey 2012 is a major achievement for Barbados and it is with great pride that the Government of Barbados, the Barbados Statistical Service (BSS) and the United Nations Children's Fund (UNICEF) make public this report. The report provides vital information on a wide range of social indicators related to the situation of the country's children and women.

The BSS and the MICS team – headed by Mr Aubrey Browne (BSS Director), Mr Trevor David (Deputy Director) and Mr Sadio Harris (Statistician) – merit special appreciation for their professionalism, dedication and effort in undertaking this enormous task. We acknowledge the hard work done by the data collection and enumeration teams, whose work in the field was vital to the success of this survey. We are also indebted to the women of Barbados who participated in this initiative and to the men who provided support when requested.

We would also like to convey special gratitude to the Steering Committee and the Technical Committee, who played an instrumental role in the successful completion of the survey and report. The Steering Committee is an advisory body to UNICEF and the Barbados Statistical Service on all issues related to the successful implementation of the MICS 4.

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EXECUTIVE SUMMARY

The Multiple Indicator Cluster Survey (MICS) is an international household survey programme developed by the United Nations Children's Fund (UNICEF). The Barbados MICS was conducted as part of the fourth global round of MICS surveys (MICS4). MICS provides up-to-date information on the situation of children and women and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

The Barbados MICS was conducted in 2012 by the Barbados Statistical Service (BSS). Fieldwork was carried out between May and October 2012. Financial and technical support were provided by UNICEF, United Nations Population Fund (UNFPA) and United Nations Entity for Gender Equality and Women Empowerment (UNWOMEN).

FINDINGS

Nutritional status

- Some 3.5 per cent of children under age 5 are moderately underweight while 1.5 per cent are classified as severely underweight. Less than 10 per cent of children (7.7 per cent) are moderately stunted or too short for their age and 6.8 per cent are moderately wasted or too thin for their height. About 12.2 per cent of children under age 5 are obese or over-weight.

Breastfeeding

- About 93.2 per cent of children were ever breastfed while about 40.3 per cent of newborns were breastfed within one hour of birth.
- The national average of newborns who started breastfeeding within one day of birth is 67.3 per cent.

Salt iodization

- In about three out of every four households (74.4 per cent) salt used for cooking was tested for iodine content by using salt test kits to identify the presence of both potassium iodide and potassium iodate content. The national average for adequately iodized salt is 17.3 per cent.

Child health

- The majority of households (79.9 per cent) use liquefied petroleum gas (LPG) for cooking, 15 per cent use natural gas and 4.5 per cent use electricity. Very few people (0.1 per cent) use Solid fuels for cooking in Barbados.

Water and sanitation

- Overall, 99.7 per cent of the population use an improved source of drinking water.
- The vast majority of Barbadians (96.1 per cent) live in households using improved sanitation facilities.
- About a quarter of children's faeces (24.6 per cent) were disposed of safely (i.e., by the child using a toilet or by rinsing the stool into a toilet or latrine).

Reproductive health

- The total fertility rate for the year preceding the Barbados MICS was 1.7 births per woman.
- About 6.7 per cent of women in Barbados aged 20–24 had a birth before the age of 18.
- Among women who are currently married or in union, 59.2 per cent are currently using a method of contraception.
- The total unmet need for contraception is 19.9 per cent, of which unmet need for spacing is 9.5 per cent and unmet need for limiting is 10.4 per cent.
- Skilled attendance at delivery and post-partum care for the mother and child are near universal.

Child development

- 89.7 per cent of children aged 36–59 months are attending an organized early childhood education programme.
- For 96.6 per cent of children aged 36–59 months, an adult household member had engaged in four or more activities that promote learning and school readiness during the three days preceding the survey.
- The average number of activities in which adults engaged with children was 5.6.
- For 45.9 per cent of children aged 36–49 months, fathers engaged in one of more activities.
- 55 per cent of children were living in a household without their fathers.
- 96.6 per cent of children aged 36–59 months are developmentally on track in terms of physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn.

Literacy and education

- Primary school net attendance is 99.0 per cent while secondary school net attendance is 92.1.
- All women are literate.
- The gender parity index for primary school is 1.00 while for secondary school it is 0.97, indicating a small advantage for boys over girls.

Birth registration

- The births of 98.7 per cent of children under 5 years have been registered.

Child labour

- 2.3 per cent of children aged 5–14 are involved in child labour.

Child discipline

- 75.1 per cent of children aged 2–14 years are subjected to at least one form of psychological or physical punishment by their parents or other adult household members.
- 6.1 per cent of children are subjected to severe physical punishment.

Early marriage and domestic violence

- 3.8 per cent of women aged 15–49 years were first married before the age of 15.
- Overall, 3.3 per cent of women aged 15–49 years in Barbados think that a husband/partner is justified to hit or beat his wife/partner for at least one of a variety of reasons.

Knowledge of HIV transmission and condom use

- 99.9 per cent of women aged 15–49 years have heard of AIDS.
- 84.7 per cent of women know the two main ways of preventing HIV transmission.
- 83.7 per cent of women reject the two most common misconceptions and know that a healthy-looking per son can be infected.
- 93.8 per cent of women know that HIV cannot be transmitted by sharing food with someone with AIDS, 93.3 per cent know that HIV cannot be transmitted by supernatural means and 97.5 per cent know that a healthy-looking person can be infected.
- 89.3 per cent of women know that HIV can be transmitted during pregnancy, three out of four (75.5 per cent) know that it can be transmitted during breastfeeding and two out of three (68.6 per cent) know that it can be transmitted during delivery.
- 55.4 per cent of women know all three means of mother-to-child transmission (MTCT).
- The two most common accepting attitudes towards people living with HIV and AIDS are willingness to care for a family

member with AIDS in own home (89.7 per cent) and the belief that a female teacher with AIDS who is not sick should be allowed to continue teaching (87.7 per cent).

- The two least common accepting attitudes are willingness to buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus (65.2 per cent) and not wanting to keep it secret that a family member was infected with the AIDS virus (26 per cent).
- Almost all women aged 15–49 years (95.8 per cent) knew where to be tested for HIV, while 76.4 per cent have ever been tested. Of these, only about one in four women (24.9 per cent) had been tested within the last 12 months. Of those who had been tested in the last 12 months, only 23.4 per cent had been told the result.
- About two out of every three young women aged 15–24 years (59 per cent) had had sex in the last 12 months, 40.2 per cent of young women had been tested in the last 12 months and 37.0 per cent had been tested and told their results.

Sexual behaviour related to HIV transmission

- About one in ten women aged 15–24 years (9.4 per cent) had had sex before age 15 years.
- Overall, 61.0 per cent women aged 15–24 years had had sex with a non-marital, non-cohabitating partner in the last 12 months. About half of these women (51.8 per cent) reported that a condom was used the last time they had sex with such a partner.

Orphaned children

- About one in three children aged 0–17 years (33.5 per cent) live with both their parents.
- 45.6 per cent live with their mothers only although their biological father is alive.
- 5.5 per cent of children are not living with a biological parent.
- 4.8 per cent of children have lost one or both parents, 3.1 per cent have only their father dead while less than 1 per cent have only their mother dead.

Access to mass media and use of information and communications technology

- At least once a week, 85.6 per cent of women aged 15–49 years read a newspaper, 88.1 per cent listen to the radio and over 91.7 per cent watch television.
- 98.4 per cent of 15–24-year-old women have ever used a computer, while 92.8 per cent used the Internet in the last 12 months.

Subjective well-being

- Women aged 15–24 years are the most satisfied with the way they look (96.1 per cent), their health (95.0 per cent) and their friendships (90.5 per cent).
- 57.7 per cent of 15–24-year-old women are satisfied with life.

Tobacco and alcohol use

- 23.7 per cent of women aged 15–49 years reported having ever used a tobacco product but only 2.8 per cent currently use any tobacco product.
- 36.3 per cent of women aged 15–49 years had at least one drink of alcohol on one or more days during the last one month.

See report at www.childinfo.org

1. INTRODUCTION

BACKGROUND

Barbados is the most easterly country in the Lesser Antilles with a size of just 166 square miles. Barbados reflects all the features of a small island developing state such as a small population size, limited resources, high dependence on trade, vulnerability to external economic and environmental shocks, expensive public administration and infrastructure, little opportunity to create economies of scale and low export diversity.

Barbados boasts of a population of approximately 281,965 with the majority of the population Afro-Caribbean descent, and mixed descent. In terms of its human development, it is ranked 38th of 187 countries on the Human Development Index.

This report is based on the Barbados Multiple Indicator Cluster Survey (MICS) conducted in 2012 by the Barbados Statistical Service (BSS). The survey provides valuable information on the situation of children and women in the country and was conducted, in large part, based on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both these commitments build on promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. The United Nations Children's Fund (UNICEF) was assigned a supporting role in this task (see box).

The MICS is intended to support government efforts and to promote evidence-based policy-making. It will also provide support for national development strategies, poverty reduction strategies, national action plans for children, the Millennium Development Goals (MDGs), the World Fit for Children goals, the UNICEF-supported Multi-Country Programme, the UN Development Assistance Framework and reporting on the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Barbados has committed itself to protecting the rights of children through ratification of the CRC. The country has made some significant gains in ensuring that national laws, policies and practices conform with the spirit and intent of the Convention. This final report presents the results of the indicators and topics covered in the survey.

SURVEY OBJECTIVES

The primary objectives of the 2012 Barbados MICS were:

- To provide up-to-date information for assessing the situation of children and women in Barbados;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Barbados and to strengthen technical expertise in the design, implementation and analysis of such systems;

- To generate data on the situation of children and women, including the identification of vulnerable groups and of disparities, to inform policies and interventions;
- To support government efforts in formulating evidence-based policy-making that will better address poverty issues faced by children and women.

A COMMITMENT TO ACTION: NATIONAL AND INTERNATIONAL REPORTING RESPONSIBILITIES

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

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

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

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

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

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

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

2. SAMPLE AND SURVEY METHODOLOGY

SAMPLE DESIGN

The sample for the Barbados Multiple Indicator Cluster Survey (MICS) was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas and for the 11 parishes. The parishes were grouped into four strata: Stratum 1 (St. Michael); Stratum2 (Christ Church and St. Philip); Stratum 3 (St. George, St. James and St. Thomas); and Stratum 4 (St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John). A two-stage sample design was employed utilizing the four strata identified. Within each stratum, a specified number of census enumeration areas were selected systematically with probability proportional to size. After a household listing was carried out within the selected enumeration areas, a systematic sample of 30 households was drawn from each. The sample was stratified by stratum and urban and rural areas and is not self-weighting. For reporting national-level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

QUESTIONNAIRES

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

The Household Questionnaire included the following modules:

- Household listing form
- Education
- Water and sanitation
- Household characteristics
- Child labour
- Child discipline
- Handwashing
- Salt iodization

The Questionnaire for Individual Women included the following modules:

- Women's background
- Access to mass media and use of information and communications technology
- Desire for last birth
- Maternal and newborn health
- Post-natal health checks
- Contraception
- Unmet need for contraception
- Attitudes towards domestic violence
- Marriage/union
- Sexual behaviour
- HIV and AIDS
- Tobacco and alcohol use
- Life satisfaction

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

- Age
- Birth registration
- Early childhood development
- Breastfeeding
- Care of illness
- Anthropometry

The questionnaires are based on the MICS4 model English questionnaire.[2] They were pre-tested during January 2012 in four enumeration districts

1 The terms 'children under 5', 'children aged 0–4 years' and 'children aged 0–59 months' are used interchangeably in this report.

2 The model MICS4 questionnaires can be found at www.childinfo.org/mics4_questionnaire.html

in three strata: in Stratum 1 in both a rural and urban area of St. Michael; in Stratum 2 in an urban area of Christ Church; and in Stratum 3 in a rural area in St. George. Based on the results of the pre-test, modifications were made to the wording of the questionnaires. A copy of the Barbados MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine, observed the place for handwashing and measured the weights and heights of children aged under 5 years. Details and findings of these measurements are provided in the respective sections of the report.

TRAINING AND FIELDWORK

Training of 53 persons for the fieldwork was conducted over 12 days from 23 April 23 to 9 May 2012. Training included lectures on interviewing techniques and the contents of the questionnaires as well as mock interviews between trainees to gain practice in asking questions. All field staff were also trained in the use of the anthropomorphic measuring tools. Towards the end of the training period, trainees spent two days in practice interviewing in the following strata: Stratum 1 – four urban areas in St. Michael; Stratum 2 – one urban area in Christ Church and one urban area in St. Philip; and Stratum 4 – one rural area in St. John.

The data were collected by six teams, each of which was comprised of four interviewers, one editor, one measurer and a supervisor. Fieldwork began in May 2012 and concluded in October 2012.

DATA PROCESSING

Using the CSPro software, data were entered on six microcomputers at the BSS office by six data entry operators, one secondary editor and one data entry supervisor. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard computer programs developed under the global MICS4 programme and adapted to the Barbados questionnaire were used throughout. Data processing began simultaneously with data collection in May 2012 and was completed on 7 November 2012. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 18, and the model syntax and tabulation plans developed by UNICEF were used for this purpose. Both data processing and data analysis received the technical assistance of UNICEF Latin America and Caribbean Regional Office (LACRO) and UNICEF NY-HQ.

3. SAMPLE COVERAGE AND THE CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

SAMPLE COVERAGE

Of the 3,600 households selected for the sample, 3,287 were found to be occupied. Of these, 2,872 were successfully interviewed for a household response rate of 87.4 per cent. In the interviewed households, 1,916 women aged 15–49 years were identified. Of these, 1,543 were successfully interviewed, yielding a response rate of 80.5 per cent within interviewed households. There were 491 children under age 5 listed in the household questionnaire. Questionnaires were completed for 465 of these children, which corresponds to a response rate of 94.7 per cent within interviewed households. Overall response rates of 70.4 per cent and 82.7 per cent are calculated for the women's and under-5's interviews respectively (Table HH.1).

Table HH.1: Results of household, women's and under-5 interviews
Number of households, women, and children under 5 by results of the household, women's and under-5's interviews and household, women's and under-5's response rates, Barbados, 2012

	Area		Stratum				Total
	Urban	Rural	1. St. Michael	2. Christ Church and St. Philip	3. St. James, St. George and St. Thomas	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	
Households sampled	2,190	1,410	899	901	900	900	3,600
Households occupied	1,984	1,303	834	812	821	820	3,287
Households interviewed	1,708	1,164	704	699	734	735	2,872
Household response rate	86.1	89.3	84.4	86.1	89.4	89.6	87.4
Women eligible	1136	780	523	456	478	459	1,916
Women interviewed	927	616	425	354	400	364	1,543
Women's response rate	81.6	79.0	81.3	77.6	83.7	79.3	80.5
Women's overall response rate	70.3	70.5	68.6	66.8	74.8	71.1	70.4
Children under 5 eligible	287	204	147	112	128	104	491
Children under 5 mother/ caretaker interviewed	274	191	136	108	122	99	465
Under-5's response rate	95.5	93.6	92.5	96.4	95.3	95.2	94.7
Under-5's overall response rate	82.2	83.6	78.1	83.0	85.2	85.3	82.7

The targeted response rate was 90 per cent across all strata; however, this was not achieved due to a high level of persons not at home. The lowest response rate was recorded in the urban areas in Stratum 1 (84.4 per cent). This was followed by Stratum 2 (86.1 per cent), Stratum 3 (89.4 per cent) and Stratum 4 (89.6 per cent).

For the women's questionnaire, there is no notable difference between urban (81.6 per cent) and rural rates (79.0 per cent). The response rate was highest in Stratum 3 (83.7 per cent) and lowest in Stratum 2 (77.6 per cent). As all response rates for the women's questionnaire in all areas and strata are below 85 per cent, they should be interpreted with some caution. Across all strata the response rate of the children under-5 questionnaire was above 90 per cent. The highest response rate was in Stratum 2 (96.4 per cent) and the lowest in Stratum 1 (92.5 per cent).

CHARACTERISTICS OF HOUSEHOLDS

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 2,872 households successfully interviewed in the survey, 8,185 household members were listed. Of these, 3,956 were males and 4,228 were females. The average household size for the MICS is 2.85 persons, similar to that obtained from the Barbados 2010 Population and Housing Census of 2.87.

Table HH.2: Household age distribution by sex
Percentage and frequency distribution of the household population by five-year age groups, dependency age groups and by child (aged 0–17 years) and adult populations (age 18 or more), by sex, Barbados, 2012

		Males		Females		Missing		Total	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Age	0–4	265	6.7	235	5.6	0	0.0	499	6.1
	5–9	247	6.2	242	5.7	0	0.0	489	6.0
	10–14	285	7.2	305	7.2	0	0.0	590	7.2
	15–19	269	6.8	247	5.8	0	0.0	516	6.3
	20–24	260	6.6	237	5.6	0	0.0	496	6.1
	25–29	263	6.6	307	7.3	0	0.0	570	7.0
	30–34	261	6.6	292	6.9	0	0.0	553	6.8
	35–39	322	8.1	287	6.8	0	0.0	609	7.4
	40–44	280	7.1	275	6.5	0	0.0	554	6.8
	45–49	309	7.8	303	7.2	0	0.0	612	7.5
	50–54	277	7.0	359	8.5	1	100.0	637	7.8
	55–59	245	6.2	290	6.8	0	0.0	535	6.5
	60–64	211	5.3	222	5.3	0	0.0	434	5.3
	65–69	151	3.8	171	4.0	0	0.0	321	3.9
	70–74	107	2.7	141	3.3	0	0.0	248	3.0
	75–79	91	2.3	134	3.2	0	0.0	225	2.8
	80–84	65	1.6	89	2.1	0	0.0	154	1.9
	85+	44	1.1	88	2.1	0	0.0	132	1.6
	Missing/DK	5	0.1	6	0.1	0	0.0	11	0.1
Dependency age groups	0–14	797	20.1	781	18.5	0	0.0	1,578	19.3
	15–64	2,696	68.2	2,819	66.7	1	100.0	5,515	67.4
	65+	458	11.6	622	14.7	0	0.0	1,080	13.2
	Missing/DK	5	0.1	6	0.1	0	0.0	11	0.1
Children and adult populations	Children aged 0–17 years	963	24.3	918	21.7	0	0.0	1,881	23.0
	Adults aged 18+ years	2,988	75.5	3,304	78.1	1	100.0	6,292	76.9
	Missing/DK	5	0.1	6	0.1	0	0.0	11	0.1
Total		3,956	100.0	4,228	100.0	1	100.0	8,185	100.0

The population aged patterns obtained from the MICS are similar to those obtained from the Barbados 2010 Population and Housing Census (Figure HH.1 and Figure HH.2). In general rates from the MICS in the 0–14 age group are lower for both males and females than the rates obtained from the Census. However, differences are small: from the MICS 20.1 per cent of the males are 0–14 years old while 18.5 per cent of the females lie in this age group. Corresponding rates from the 2010 Census are males 21.3 per cent and females 18.6 per cent. Rates for the 15–49 years age group are also similar between the MICS and the Census. From the MICS, 68.2 per cent of males are 15–64 years old while 66.7 per cent of females are aged 15–64. Corresponding rates from the 2010 Census are males 67.7 per cent and females 67.2 per cent. Rates for the 65+ age group from the MICS are 11.6 per cent for males and 14.7 per cent for females, while corresponding rates for the 2010 Census are males 11.0 per cent and females 14.2 per cent.

Figure HH.1: Age and sex distribution of household population, MICS Barbados, 2012

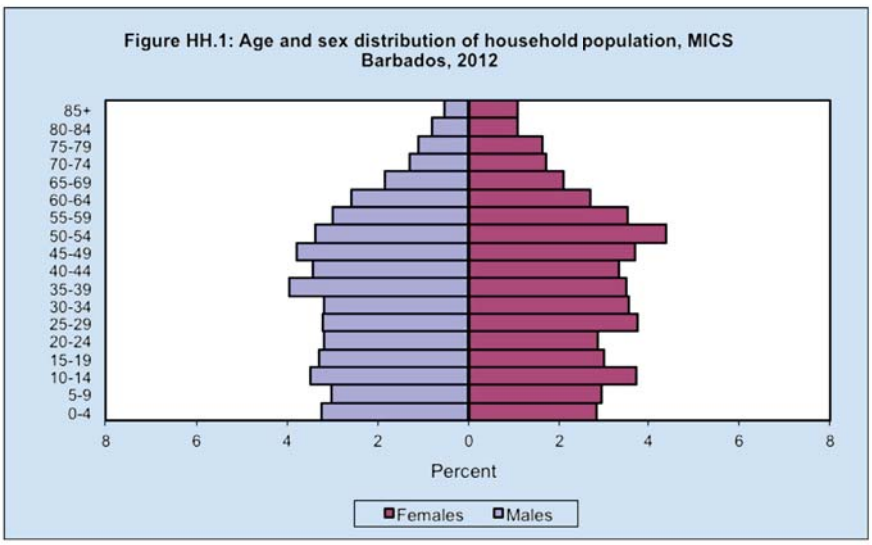
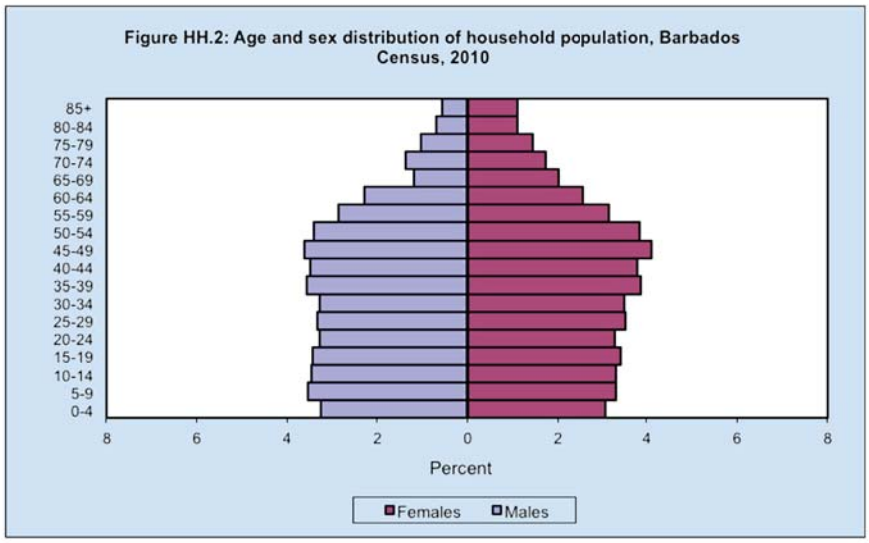


Figure HH.2: Age and sex distribution of household population, Barbados Census, 2010



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

Table HH.3: Household composition
Percentage distribution of households by selected characteristics, Barbados, 2012

		Weighted percentage	Number of households	
			Weighted	Un-weighted
Sex of household head	Male	52.8	1,516	1,520
	Female	47.2	1,356	1,352
Stratum	1. St. Michael	28.9	831	704
	2. Christ Church and St. Philip	27.6	793	699
	3. St. James, St. George and St. Thomas	19.8	568	734
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	23.7	679	735
Area	Urban	62.7	1,801	1,708
	Rural	37.3	1,071	1,164
Number of household members	1	26.3	757	771
	2	23.2	667	668
	3	20.0	574	574
	4	15.6	448	441
	5	7.7	220	213
	6	3.5	102	94
	7	1.3	37	40
	8	1.0	30	28
	9	0.7	19	22
	10+	0.6	18	21
Education of household head	None	0.6	17	16
	Primary	25.9	744	767
	Secondary +	71.9	2,065	2,043
	Missing/DK	1.6	46	46
Highest level of education attended	Preschool	0.1	3	3
	Infant	0.0	1	1
	Junior	26.0	744	767
	Secondary	42.4	1,213	1,190
	Post secondary/ non-tertiary	8.9	255	252
	Tertiary/ university	20.9	596	601
	DK	1.6	46	46
Total		100.0	2872	2872
Households with at least:				
one child aged 0–4 years		14.4	2,872	2,872
one child aged 0–17 years		38.4	2,872	2,872
one woman aged 15–49 years		50.5	2,872	2,872
Mean household size		2.8	2,872	2,872

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, stratum, region, area, number of household members, education of household head and highest level of education attended are shown. These background characteristics are used in subsequent tables in this report. The figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

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

There are slightly more male-headed households (52.8 per cent)than female-headed households (47.2 per cent). Over two thirds of all households (69.5 per cent) have three or less members. More households were located in urban areas (62.7 per cent) than rural areas (37.3 per cent). Stratum 1 has the highest percentage (28.9 per cent) of households, Stratum 2 had the second highest (27.6 per cent) and Stratum 3 was the least occupied with 19.8 per cent.

Over 70 per cent of all household heads had ever attended secondary or higher level of education. The majority of household heads attended only secondary school (42.4 per cent), whereas 20.9 per cent attended a tertiary/university-level institution.

CHARACTERISTICS OF FEMALE RESPONDENTS AGED 15–49 YEARS AND CHILDREN UNDER 5

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

Table HH.4: Women's background characteristics
Percentage and frequency distribution of women aged 15–49 years by selected characteristics, Barbados, 2012

		Weighted percentage	Number of women	
			Weighted	Un-weighted
Stratum	1. St. Michael	32.6	504	425
	2. Christ Church and St. Philip	27.3	421	354
	3. St. James, St. George and St. Thomas	18.6	287	400
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	21.5	331	364
Area	Urban	63.9	986	927
	Rural	36.1	557	616
Age	15–19	12.6	194	196
	20–24	12.2	188	192
	25–29	15.3	236	229
	30–34	15.5	239	244
	35–39	15.0	232	230
	40–44	13.6	210	208
	45–49	15.9	245	244
Marital/ union status	Currently married/in union†	64.7	998	999
	Widowed	0.2	3	3
	Divorced	1.8	28	29
	Separated	2.3	36	36
	Never married/in union	17.9	277	277
	Formerly in a visiting relation	13.0	201	199
Motherhood status	Ever gave birth	63.5	980	987
	Never gave birth	36.5	563	556
Births in last two years	Had a birth in last two years	9.2	142	146
	Had no birth in last two years	90.8	1,401	1,397
Education	None	0.1	1	2
	Primary	2.3	36	41
	Secondary +	97.6	1,505	1,500
Highest level of school attended	Preschool	0.0	1	1
	Junior	2.4	36	41
	Secondary	48.2	743	746
	Post secondary/ non-tertiary	14.1	217	218
	Tertiary/ university	35.4	545	536
Wealth index quintiles	Poorest	14.8	228	234
	Second	18.2	281	285
	Middle	22.2	342	338
	Fourth	23.0	355	341
	Richest	21.8	337	345
Total		100.0	1,543	1,543

†Includes visiting unions

Table HH.4 provides background characteristics of female respondents 15–49 years of age. The table includes information on the distribution of women according to region, area, age, marital status, motherhood status, births in last two years, education[3] and wealth index quintiles.[4]

Over 60 per cent (63.9 per cent) of women reside in urban areas while 36.1 per cent reside in rural areas. The percentages of women in the various age groups are similar – for example, the 15–19 and 20–24 age groups are 12.6 and 12.2 per cent respectively.

Of all women aged 15–49, 64.7 per cent are currently married or in a union (including visiting unions) and 17.9 per cent are never married/in a union. Over half of women aged 15–49 (63.5 per cent) have given birth; however, only 9.2 per cent have given birth in the last two years. Nine out of ten women aged 15–49 (97.6 per cent) have attained a secondary school or higher level of education. Almost half of women aged 15–49 years (48.2 per cent) attended secondary school, 35.4 per cent attended a tertiary-level institution and 14.1 attended a post-secondary/non-tertiary institution.

One in three women (33 per cent) aged 15–49 are from the lower two (poorer) wealth index quintiles, 22.2 per cent are within the middle quintile and 44.8 per cent are from the upper two (richer) quintiles.

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

Males account for 54.3 per cent of children under 5 years and about two out of three under-5 children (64.3 per cent) reside in urban areas. Over one third of under-5 children (36.3 per cent) reside in Stratum 1 while 18.1 per cent reside in Stratum 4. Children aged 48–59 months account for 24.1 per cent and children aged 24–35 months for 22.3 per cent of children under 5 years. All other age groups (0–5, 6–11, 12 –23 and 36–47 months) recorded less than 20 per cent in each age category.

One out of two mothers of children under 5 years (51.4 per cent) have completed only secondary

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

4 Principal components analysis was performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation and other characteristics that are related to the household's wealth to assign weights (factor scores) to each of the household assets. Each household was then assigned a wealth score based on these weights and the assets owned by that household. The survey household population was then ranked according to the wealth score of the household they are living in and divided into five equal parts (quintiles) from lowest (poorest) to highest (richest). The assets used in these calculations were as follows:

Electricity	*Radio*
Television	*Non mobile phone*
Refrigerator	*Clock*
Water heater	*Washing machine*
Microwave oven	*Air conditioner*
Internet service	*Sewing machine*
DVD player	*Digital camera*
Desktop computer	*Watch*
Mobile telephone	*Bicycle*
Motorcycle/scooter	*Car/truck*
Boat with a motor	*Notebook/netbook*

The wealth index is assumed to capture the underlying long-term wealth through information on the household assets and is intended to produce a ranking of households by wealth, from poorest to richest. It does not provide information on absolute poverty, current income or expenditure levels. The wealth scores calculated are applicable for only the particular data set on which they are based. Further information on the construction of the wealth index can be found in Filmer, Deon and Lant Pritchett, 'Estimating Wealth Effects Without Expenditure Data – or Tears: An application to educational enrolments in states of India', Demography, vol. 38, no. 1, pp. 115–132; Gwatkin, D.R., S. Rutstein, K. Johnson, R. Pande and A. Wagstaff. 'Socio-Economic Differences in Health, Nutrition, and Population', HNP/Poverty Thematic Group, World Bank, Washington, DC, 2000; and Rutstein, Shea O. and Kiersten Johnson, 'The DHS Wealth Index', DHS Comparative Reports no. 6, ORC Macro, Calverton, MD, 2004.

level education, approximately one out of three (31.9 per cent) have completed tertiary-level education and one out of six (15.1 per cent) have completed post-secondary/non-tertiary education.

The middle and the fourth wealth index quintiles account for 22.6 and 23.6 per cent respectively, of children under 5 years. The poorest and the second poorest wealth index quintiles account for 19.1 and 19.8 respectively of children under 5 years. The richest quintile had the least amount of children under 5 years (14.9 per cent).

Table HH.5: Under-5's background characteristics
Percentage and frequency distribution of children under 5 years of age by selected characteristics, Barbados, 2012

Percent and frequency distribution of children under five years of age by selected characteristics, Barbados, 2012				
			Number of children	
		Weighted percentage	Weighted	Un-weighted
Sex	Male	54.3	252	257
	Female	45.7	213	208
Stratum	1. St. Michael	36.3	169	136
	2. Christ Church and St. Philip	26.2	122	108
	3. St. James, St. George and St. Thomas	19.4	90	122
	4. St. Lucy, St. Peter, St Andrew, St. Joseph and St. John	18.1	84	99
Area	Urban	64.3	299	274
	Rural	35.7	166	191
Age	0–5	7.5	35	35
	6–11	10.2	47	48
	12–23	16.7	78	80
	24–35	22.3	104	100
	36–47	19.3	90	87
	48–59	24.1	112	115
Mother's education†	Primary	1.6	7	8
	Secondary	51.4	239	240
	Post-secondary/ non-tertiary	15.1	70	70
	Tertiary/ university	31.9	148	147
Wealth index quintiles	Poorest	19.1	89	92
	Second	19.8	92	93
	Middle	22.6	105	102
	Fourth	23.6	110	104
	Richest	14.9	69	74
Total		100.0	465	465

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

4. NUTRITION

NUTRITIONAL STATUS

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

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and those who survive have recurring sicknesses and faltering growth. Three quarters of the children who die from causes related to malnutrition are only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in MDG 4 to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age 5. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the World Health Organization (WHO) growth standards.[5] Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

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

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

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are classified as severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

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

Table NU.1 shows percentages of children classified into each of the above described categories based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above two standard deviations from the median of the reference population, and mean z-scores for all three anthropometric indicators.

5 World Health Organization, 'WHO Child Growth Standards', WHO, Geneva, 2007, available at: www.who.int/childgrowth/standards/second_set/technical_report_2.pdf

Table NU.1: Nutritional status of children

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age and weight for height, Barbados, 2012

		Weight for age				Height for age				Weight for height				
		Underweight		Mean Z-Score (SD)	Number of children	Stunted		Mean Z-Score (SD)	Number of children	Wasted		Overweight	Mean Z-Score (SD)	Number of children
		% below -2 sd [1]	% below -3 sd [2]			% below -2 sd [3]	% below -3 sd [4]			% below -2 sd [5]	% below -3 sd [6]	% above +2 sd		
Sex	Male	2.5	0.5	0.3	217	8.9	4.0	0.3	212	8.3	2.2	11.3	0.0	197
	Female	4.7	2.6	0.4	185	6.4	2.0	0.2	186	5.0	1.7	13.3	0.2	172
Area	Urban	4.4	2.3	0.3	260	8.0	3.0	0.4	256	8.1	2.4	11.4	0.0	236
	Rural	1.8	0.0	0.3	142	7.2	3.2	0.1	143	4.4	1.3	13.7	0.2	132
Stratum	1. St. Michael	4.5	1.3	0.1	146	6.8	1.4	0.3	142	10.0	2.4	12.5	-0.1	140
	2. Christ Church and St. Philip	3.6	3.0	0.4	113	9.8	3.9	0.2	110	5.5	3.2	8.8	0.1	101
	3. St. James, St. George and St. Thomas	3.2	1.0	0.6	71	7.7	6.7	0.3	71	5.1	1.3	14.0	0.3	58
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	1.5	0.0	0.4	73	6.4	1.7	0.3	75	3.5	0.0	15.1	0.2	69
Age	0–5	(5.4)	(5.4)	(0.2)	32	(8.5)	(2.9)	(-0.2)	32	(13.4)	(3.7)	(25.7)	(0.4)	28
	6–11	(7.6)	(0.0)	(-0.3)	39	(12.5)	(2.9)	(0.4)	40	(26.7)	(6.3)	(16.8)	(-0.5)	39
	12–23	4.6	3.0	0.1	70	12.1	3.9	-0.4	66	4.8	2.4	12.4	0.2	67
	24–35	3.2	0.0	0.2	85	4.5	3.6	0.2	85	3.9	0.0	5.2	0.1	82
	36–47	3.3	2.7	0.5	81	3.4	2.1	0.4	79	2.9	2.9	14.9	0.2	75
	48–59	0.7	0.0	0.7	96	8.8	2.9	0.7	98	2.7	0.0	9.7	0.1	77
Mother's education level	Primary	(*)	(*)	(*)	7	(*)	(*)	(*)	7	(*)	(*)	(*)	(*)	5
	Secondary	4.1	1.5	0.3	212	8.5	3.4	0.4	206	7.9	1.3	10.5	0.0	194
	Post-secondary/ non-tertiary	0.8	0.0	0.3	60	7.3	3.6	0.1	60	1.7	1.7	10.7	0.3	57
	Tertiary/ university	3.9	2.3	0.3	123	7.0	2.4	0.1	126	7.6	3.3	16.4	0.3	112
Wealth index quintiles	Poorest	2.5	2.1	0.4	84	7.5	0.5	0.6	82	10.0	1.3	11.1	0.0	77
	Second	5.3	1.6	0.4	78	8.6	4.7	0.2	75	6.0	0.0	6.7	0.0	71
	Middle	1.9	0.0	0.3	89	7.9	2.9	0.2	89	4.9	2.7	12.8	0.0	83
	Fourth	4.6	3.2	0.3	92	10.1	5.0	0.1	89	6.2	2.5	16.9	0.3	81
	Richest	3.2	0.0	0.3	60	3.1	2.1	0.2	63	6.9	3.5	13.0	0.3	57
Total		3.5	1.5	0.3	403	7.7	3.1	0.3	399	6.8	2.0	12.2	0.1	368

[1] MICS indicator 2.1a and MDG indicator 1.8.
[2] MICS indicator 2.1b.
[3] MICS indicator 2.2a, [4] MICS indicator 2.2b.
[5] MICS indicator 2.3a, [6] MICS indicator 2.3b.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Children whose full birth date (month and year) were not obtained and children whose measurements are outside a plausible range are excluded from Table NU.1. Children are excluded from one or more of the anthropometric indicators when either their weights and/or their heights have not been measured, whichever applicable. For example, if a child has been weighed but his/her height has not been measured, she or he is included in the underweight calculations but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality table DQ.7 in Appendix D.

Overall 77.8 per cent of children under 5 years had both valid weights and heights (Table DQ.7). Both weight and age were measured in 85.8 per cent of children under 5 years and both height and age in 84.9 per cent. Table DQ.7 shows that due to incomplete dates of birth, implausible measurements and missing weight and/or height, 14.2 per cent of children have been excluded from calculations of the weight-for-age (underweight) indicator, while the figures are 15.1 for the height-for-age (stunting) indicator and 22.2 for the weight-for-height (wasting) indicator. These three figures from table DQ7 are well over 10 per cent. The 24–35 months group account for the highest exclusion of children in all three anthropometric indicators. Additionally, close to 30 per cent of measurements for height are heaped on the zero digit. Overall caution on interpretation of anthropometric data should be given due to these issues.

In Barbados, 3.5 per cent of children under age 5 are moderately underweight while 1.5 per cent are classified as severely underweight (Table NU.1). Less than 10 per cent of children (7.7 per cent) are moderately stunted or too short for their age and 6.8 per cent are moderately wasted or too thin for their height. About 12.2 per cent of children under age 5 are considered obese. Obesity among children is highest in Stratum 4 (15.1 per cent) – almost twice that of Stratum 2 (8.8 per cent). Slightly more females (13.3 per cent) are affected than males (11.3 per cent).

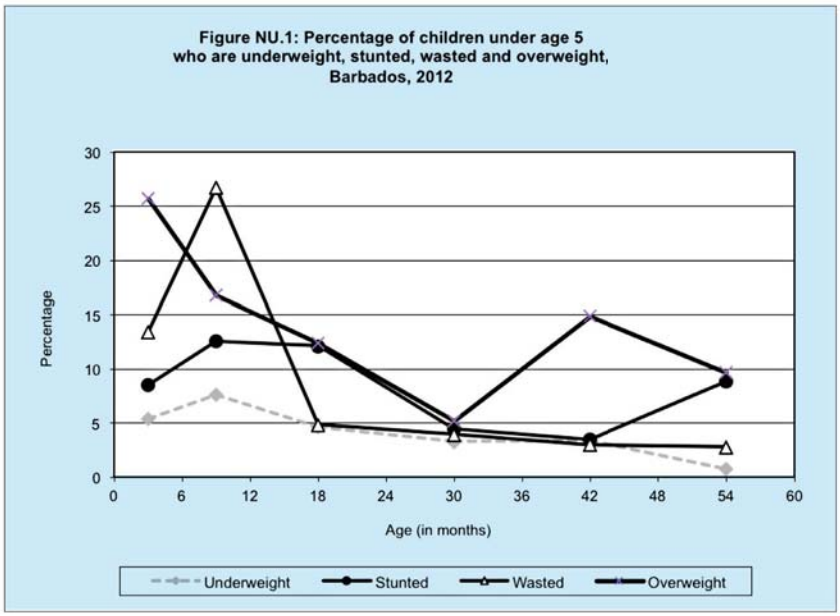
Children whose mothers have tertiary/university education were more likely to be obese (16.4 per cent) than those mothers with secondary (10.5 per cent) and post-secondary/ non-tertiary education (10.7 per cent).

Wasting occurs in 6.8 per cent of children under age 5. Wasting in Stratum 1 (10 per cent) is almost three times that in Stratum 4 (3.5 per cent) while in Stratum 2 and Stratum 3 wasting levels are 5.5 per cent and 5.1 per cent respectively. Slightly more males (8.3 per cent) are affected than females (5 per cent). This is also some variation between urban and rural areas: wasting in urban areas is 8.1 per cent and in rural areas it is 4.4 per cent.

Stunting occurs in 7.7 per cent of children under 5 years with little differences among the strata. Similar to wasting, stunting tends to affect slightly more males (8.9 per cent) than females (6.4 per cent), though this difference is not particularly large.

Underweight occurs in 3.5 per cent of children under 5 years. It is highest in Stratum 1 at 4.5 per cent, which is three times the level in Stratum 4 (1.5 per cent). Underweight in Stratums 2 and Stratum 3 are 3.6 per cent and 3.2 per cent respectively.

The age patterns for these indicators are shown in Figure NU.1.



Note: figures for the age groups 0–5 months and 6–11 months are based on 25–49 un-weighted cases

BREASTFEEDING AND INFANT AND YOUNG CHILD FEEDING

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available.

WHO/UNICEF have the following feeding recommendations:

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

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

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

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

Table NU.2: Initial breastfeeding

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

		Percentage ever breastfed [1]	Percentage who were first breastfed: within one hour of birth [2]	Percentage who were first breastfed: within one day of birth	Percentage who received a prelacteal feed	Number of last-born children in the two years preceding the survey
Stratum	1. St. Michael	86.0	27.7	56.4	45.7	56
	2. Christ Church and St. Philip	(100.0)	(66.5)	(86.4)	(41.9)	36
	3. St. James, St. George and St. Thomas	(95.4)	(34.3)	(65.0)	(42.9)	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(*)	(*)	(*)	(*)	20
Area	Urban	91.2	37.4	64.8	44.1	89
	Rural	96.6	45.3	71.5	46.2	53
Months since last birth	0–11 months	94.4	42.5	69.1	47.0	72
	12–23 months	93.0	38.3	66.4	45.3	64
Assistance at delivery	Skilled attendant	93.1	40.0	67.3	44.9	141
	Traditional birth attendant	(*)	(*)	(*)	(*)	1
	Other/missing	(*)	(*)	(*)	(*)	1
Place of delivery	Public sector health facility	92.5	38.0	64.2	49.9	128
	Private sector health facility	(*)	(*)	(*)	(*)	14
Woman's education level	Secondary	88.3	42.4	60.9	53.9	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	19
	Tertiary/ university	97.9	36.5	71.9	37.7	54
Wealth index quintiles	Poorest	(92.5)	(28.2)	(53.0)	(56.7)	29
	Second	(94.1)	(47.5)	(74.9)	(52.0)	28
	Middle	(91.5)	(46.2)	(65.2)	(47.1)	30
	Fourth	(95.1)	(48.2)	(78.5)	(33.8)	29
	Richest	(92.9)	(30.5)	(64.9)	(33.7)	26
Total		93.2	40.3	67.3	44.9	142

[1] MICS indicator 2.4.
[2] MICS indicator 2.5.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table NU.2 shows the proportion of children born in the two years preceding the survey who were ever breastfed, those who were first breastfed within one hour and one day of birth and those who received a prelacteal feed. Although breastfeeding for the first time within one hour of birth is a very important step in the management of lactation and establishment of a physical and emotional relationship between the baby and the mother, this was the case for only 40.3 per cent of babies in Barbados, while 67.3 per cent of newborns started breastfeeding within one day of birth and 93.2 per cent have ever been breastfed.

The percentage of babies breastfed for the first time within one hour of birth is higher in rural areas (45.3 per cent) than urban areas (37.4 per cent). The percentage of newborns that started breastfeeding within one day of birth is also higher in rural areas (71.5 per cent) compared to urban areas (64.8 per cent). A similar finding is seen for the percentage ever breastfed.

Table NU.3: Duration of breastfeeding
Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children aged 0–35 months, Barbados, 2012

		Median duration (in months) of			
		Any breastfeeding [1]	Exclusive breastfeeding	Predominant breastfeeding	Number of children aged 0–35 months
Sex	Male	6.1	0.5	0.5	144
	Female	15.7	0.9	1.8	119
Stratum	1. St. Michael	12.1	0.0	0.6	106
	2. Christ Church and St. Philip	14.7	1.3	1.3	60
	3. St. James, St. George and St. Thomas	10.3	0.7	0.7	50
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(12.5)	(0.7)	(0.7)	47
Area	Urban	10.8	0.4	0.5	172
	Rural	13.6	2.1	2.1	91
Mother's education	Primary	(*)	(*)	(*)	3
	Secondary	17.1	0.0	0.5	136
	Post-secondary/ non-tertiary	(15.2)	(2.2)	(2.2)	35
	Tertiary/ university	8.3	0.7	0.7	88
Wealth index quintile	Poorest	16.5	0.0	0.0	48
	Second	10.9	0.0	0.9	58
	Middle	12.8	0.5	0.5	60
	Fourth	11.5	2.1	2.1	66
	Richest	(8.1)	(1.0)	(1.0)	31
Median		8.5	0.6	0.7	263
Mean for all children (0–35 months)		14.2	1.1	1.5	263

[1] MICS indicator 2.10.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table NU.3 shows the median duration of breastfeeding by selected background characteristics. Among children under age 3, the median duration is 8.5 months for any breastfeeding, 0.6 months for exclusive breastfeeding and 0.7 months for predominant breastfeeding. The median duration for exclusive and predominant breastfeeding is small for all variables, rarely exceeding two months.

There is a notable difference between the sexes for any breastfeeding: females (15.7) are much more likely to have any breastfeeding than males (6.1 per cent). Any breastfeeding is negatively associated with household wealth; as wealth increases, the likelihood of any breastfeeding decreases.

Table NU.4: Age-appropriate breastfeeding
Percentage of children aged 0–23 months who were appropriately breastfed during the previous day, Barbados, 2012

		Children aged 0–5 months		Children aged 6–23 months		Children aged 0–23 months	
		Per cent exclusively breastfed [1]	Number of children	Per cent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Per cent appropriately breastfed [2]	Number of children
Sex	Male	(*)	18	39.0	68	32.3	86
	Female	(*)	17	42.5	57	40.4	74
Stratum	1. St. Michael	(*)	11	41.1	51	34.0	62
	2. Christ Church and St. Philip	(*)	13	(*)	26	(38.4)	40
	3. St. James, St. George and St. Thomas	(*)	6	(34.3)	28	(32.0)	34
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(*)	5	(*)	19	(42.8)	24
Area	Urban	(*)	21	37.2	78	30.3	100
	Rural	(*)	13	(46.3)	46	45.7	60
Mother's education level	Primary	-	0	-	0	-	0
	Secondary	(*)	15	43.2	70	35.5	85
	Post-secondary/ non-tertiary	(*)	5	(*)	14	(*)	19
	Tertiary/ university	(*)	14	(36.9)	41	35.2	55
Wealth index quintiles	Poorest	(*)	7	(55.1)	26	(43.2)	34
	Second	(*)	5	(37.4)	29	(31.6)	35
	Middle	(*)	5	(38.8)	27	(34.3)	32
	Fourth	(*)	12	(*)	22	(40.1)	34
	Richest	(*)	6	(*)	20	(29.4)	25
Total		(19.7)	35	40.6	125	36.0	159

[1] MICS indicator 2.6.
[2] MICS indicator 2.14.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

The adequacy of infant feeding in children under 24 months is provided in Table NU.4. Different criteria of feeding are used depending on the age of the child. For infants aged 0–5 months, exclusive breastfeeding is considered as age-appropriate feeding, while infants aged 6–23 months are considered to be appropriately fed if they are receiving breastmilk and solid, semi-solid or soft food.

Based on this definition, only 40.6 per cent of children aged 6–23 months are currently appropriately fed (breastfeeding and receiving solid, semi-solid or soft food). Age-appropriate feeding among all infants aged 0–5 months drops to 19.7 per cent (i.e., only 19.7 per cent of children under 6 months of age are exclusively breastfed). It must, however, be noted that these figures are based on only 35 un-weighted cases and therefore should be used with caution.

Overall, 36 per cent of children aged 0–23 months are appropriately breastfed. Appropriate breastfeeding occurs more in the rural areas (45.7 per cent) than in the urban areas (20.3 per cent).

Appropriate complementary feeding of children from 6 months to 2 years of age is particularly important for growth and development and the prevention of under-nutrition. Continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help meet nutritional requirements when breast-milk is no longer sufficient. Two or more meals of solid, semi-solid or soft foods are needed for breastfed children if they are six to eight months old, and three or more meals if they are aged 9–23 months. For children 6–23 months and older who are not breastfed, four or more meals of solid, semi-solid or soft foods or milk feeds are needed.

Table NU.5 presents the proportion of children aged 6–23 months who received semi-solid or soft foods the minimum number of times or more during the day or night preceding the interview by breastfeeding status.

Overall, more than half of the children aged 6–23 months (60.7 per cent) were receiving solid, semi-solid and soft foods the minimum number of times. Among currently breastfeeding children aged 6–23 months, nearly one third (30.0 per cent) were receiving solid, semi-solid and soft foods the minimum number of times. Among non-breastfeeding children, 85.3 per cent of the children were receiving solid, semi-solid and soft foods or milk feeds four times or more.

Table NU.5: Minimum meal frequency

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

		Currently breastfeeding		Currently not breastfeeding			All	
		Percentage receiving solid, semi-solid and soft foods the minimum number of times	Number of children aged 6–23 months	Percentage receiving at least 2 milk feeds [1]	Percentage receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children aged 6–23 months	Percentage with minimum meal frequency [2]	Number of children aged 6–23 months
Sex	Male	(34.2)	29	(80.1)	(80.6)	39	61.0	68
	Female	(25.5)	27	(85.0)	(91.4)	30	60.4	57
Age	6–8 months	(*)	13	(*)	(*)	10	(49.8)	23
	9–11 months	(*)	10	(*)	(*)	14	(*)	24
	12–17 months	(*)	16	(*)	(*)	16	(58.3)	32
	18–23 months	(*)	16	73.1	(80.2)	30	(72.7)	46
Stratum	1. St. Michael	(*)	23	(*)	(*)	28	53.6	51
	2. Christ Church and St. Philip	(*)	13	(*)	(*)	14	(66.6)	26
	3. St. James, St. George and St. Thomas	(*)	10	(*)	(*)	18	(73.4)	28
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(*)	9	(*)	(*)	10	(*)	19
Area	Urban	(26.7)	32	(77.6)	(82.1)	47	59.6	78
	Rural	(34.5)	24	(91.8)	(91.8)	23	(62.6)	46
Mother's education level	Secondary	(25.8)	33	80.3	(82.6)	37	55.9	70
	Post-secondary/ non-tertiary	(*)	5	(*)	(*)	8	(*)	14
	Tertiary/ university	(*)	17	(78.9)	(84.2)	24	(66.1)	41
Wealth index quintiles	Poorest	(*)	17	(*)	(*)	10	(48.8)	26
	Second	(*)	11	(*)	(*)	18	(51.6)	29
	Middle	(*)	11	(*)	(*)	16	(65.5)	27
	Fourth	(*)	10	(*)	(*)	13	(*)	22
	Richest	(*)	7	(*)	(*)	12	(*)	20
Total		30.0	55	82.2	85.3	69	60.7	125

Note: Among currently breastfeeding children aged 6–8 months, minimum meal frequency is defined as children who also received solid, semi-solid or soft foods two times or more. Among currently breastfeeding children aged 9–23 months, receipt of solid, semi-solid or soft foods at least three times constitutes minimum meal frequency. For non-breastfeeding children aged 6–23 months, minimum meal frequency is defined as children receiving solid, semi-solid or soft foods and milk feeds at least four times during the previous day.
[1] MICS indicator 2.15.
[2] MICS indicator 2.13.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table NU.6 shows that bottle-feeding is prevalent in Barbados. About four out of five children aged 0–23 months (78.9 per cent) are fed using a bottle with a nipple. Males (82.9 per cent) are more likely than females (74.2 per cent) to be fed from a bottle and children born in urban areas (80.9 per cent) are also more likely to be fed from a bottle than children born in rural areas (75.4 per cent). The continued practice of bottle-feeding is a concern especially when compared to the relatively low levels of exclusive breastfeeding, which is in the best interest of the child.

Table NU.6: Bottle feeding
Percentage of children aged 0–23 months who were fed with a bottle with a nipple during the previous day, Barbados, 2012

		Percentage of children aged 0–23 months fed with a bottle with a nipple [1]	Number of children aged 0–23 months
Sex	Male	82.9	86
	Female	74.2	74
Age	0–5 months	(76.2)	35
	6–11 months	(92.8)	47
	12–23 months	71.5	78
Stratum	1. St. Michael	84.9	62
	2. Christ Church and St. Philip	(77.2)	40
	3. St. James, St. George and St. Thomas	(75.4)	34
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(70.9)	24
Area	Urban	80.9	100
	Rural	75.4	60
Mother's education level	Secondary	82.0	85
	Post-secondary/ non-tertiary	(*)	19
	Tertiary/ university	75.2	55
Wealth index quintiles	Poorest	(81.7)	34
	Second	(86.8)	35
	Middle	(74.5)	32
	Fourth	(72.3)	34
	Richest	(78.4)	25
Total		78.9	159

[1] MICS indicator 2.11.
( ) Figures based on 25–49 un-weighted cases.

SALT IODIZATION

Iodine deficiency disorders are the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. It takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability and impaired work performance. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

There is currently no policy on salt iodization in Barbados. However, it has been recognized that the use of iodized salt is a global best practice and there are many brands of iodized salt available throughout the country at various grocery stores.

In about three out of every four households (74.4 per cent) salt used for cooking was tested with salt test kits for the presence of both potassium iodide and potassium iodate content. These low response rates suggest that salt iodization figures should be interpreted with great caution.

Table NU.7 shows that in about one out of every five households (17.7 per cent) there was no salt available. The national average for adequately iodized salt is 17.3 per cent. In Stratum 1 the level is almost twice (20.6 per cent) that in Stratum 4 (11.3 per cent). The levels in Stratum 2 and Stratum 3 are 19.1 per cent and 17.3 per cent respectively. The use of adequately iodized salt

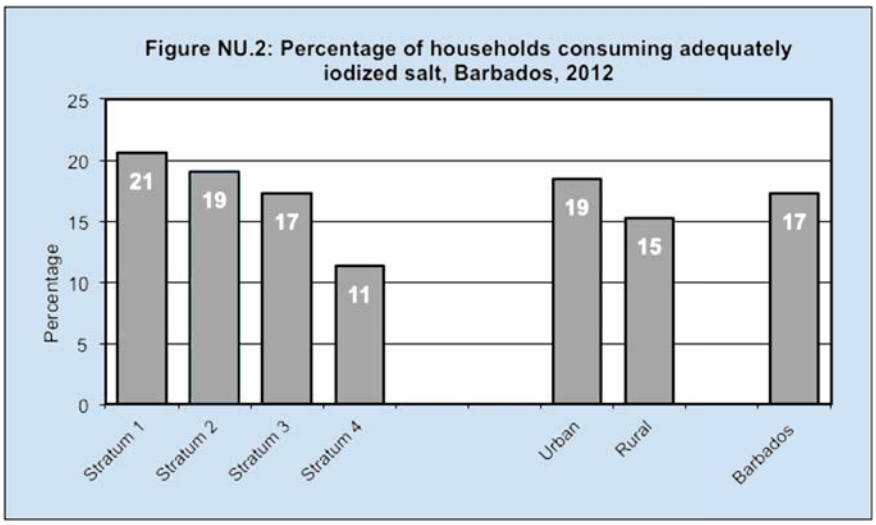
Table NU.7: Iodized salt consumption
Percentage distribution of households by consumption of iodized salt, Barbados, 2012

				Percentage of households with salt test result					
		Percentage of house-holds in which salt was tested	Number of households	Percentage of house-holds with no salt	Not iodized 0 ppm	>0 and <15 ppm	15+ ppm [1]	Total	Number of households in which salt was tested or with no salt
Stratum	1. St. Michael	74.1	831	15.0	45.6	18.7	20.6	100.0	725
	2. Christ Church and St. Philip	76.1	793	17.4	44.8	18.7	19.1	100.0	731
	3. St. James, St. George and St. Thomas	78.3	568	15.4	43.9	23.4	17.3	100.0	526
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	69.5	679	23.0	48.0	17.8	11.3	100.0	613
Area	Urban	75.6	1,801	16.2	44.7	20.6	18.5	100.0	1,626
	Rural	72.3	1,071	20.1	47.1	17.5	15.3	100.0	969
Wealth index quintiles	Poorest	63.8	712	28.2	45.5	13.2	13.1	100.0	633
	Second	71.7	555	20.0	48.0	16.7	15.3	100.0	497
	Middle	78.1	539	14.4	46.7	21.9	16.9	100.0	492
	Fourth	80.5	542	12.4	45.1	23.8	18.7	100.0	498
	Richest	81.4	524	10.0	42.4	23.6	24.0	100.0	474
Total		74.4	2,872	17.7	45.6	19.5	17.3	100.0	2,595

[1] MICS indicator 2.16
ppm = parts per million.

is somewhat higher in urban households (18.5 per cent) compared to rural households (15.3 per cent).

The use of adequately iodized salt is positively correlated with household wealth; its use in the richest 20 per cent (24 per cent) is almost twice that of the poorest 20 per cent (13.1).



LOW BIRTH WEIGHT

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

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

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

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

these estimates were often biased because the majority of newborns are not delivered in facilities and those who are represent only a selected sample of all births.

Because of these factors, reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. The percentage of births weighing below 2,500 grams is therefore estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.[6] Overall, 97.7 per cent of babies in Barbados were weighed at birth and approximately 2.5 per cent of infants are estimated to weigh less than 2,500 grams at birth (Table NU.8).

Table NU.8: Low birth-weight infants

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

		Percentage of live births:		Number of live births in the last 2 years
		Below 2,500 grams [1]	Weighed at birth [2]	
Stratum	1. St. Michael	3.3	98.7	56
	2. Christ Church and St. Philip	(3.0)	(100.0)	36
	3. St. James, St. George and St. Thomas	(1.9)	(95.6)	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(0.0)	(93.8)	20
Area	Urban	3.2	99.2	89
	Rural	1.1	95.1	53
Woman's education level	Secondary	3.4	95.2	69
	Post-secondary/ non-tertiary	(*)	(*)	19
	Tertiary/ university	2.2	100.0	54
Wealth index quintiles	Poorest	(3.8)	(93.0)	29
	Second	(2.3)	(95.6)	28
	Middle	(0.0)	(100.0)	30
	Fourth	(3.4)	(100.0)	29
	Richest	(2.9)	(100.0)	26
Total		2.5	97.7	142

[1] MICS indicator 2.18.
[2] MICS indicator 2.19.

( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

6 For a detailed description of the methodology, see Boerma, J. T., K. I. Weinstein, S. O. Rutstein and A. E. Sommerfelt, 'Data on Birth Weight in Developing Countries: Can surveys help?', Bulletin of the World Health Organization, vol. 74, no. 2, pp. 209–16.

5. CHILD HEALTH

ORAL REHYDRATION TREATMENT

Diarrhoea is the second leading cause of death among children under 5 worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) – can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goals are to: (1) reduce by one half death due to diarrhoea among children under 5 by 2010 compared to 2000 (A World Fit for Children); and (2) reduce by two thirds the mortality rate among children under 5 by 2015 compared to 1990 (MDG 4). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 per cent.

In the Barbados MICS, prevalence of diarrhoea was estimated by asking mothers or caretakers whether their child under age 5 had an episode of diarrhoea in the two weeks prior to the survey. In cases where mothers reported that the child had diarrhoea, a series of questions were asked about the treatment of the illness, including what the child had to drink and eat during the episode and whether this was more or less than the child usually drinks and eats. Table CH.1 shows that 5.7 per cent of children less than 5 years old had diarrhoea in the two weeks preceding the survey. About 65 per cent of these children were treated with ORS. Data on treatment of the illness and eating and drinking patterns are not shown due to the low number of cases on which these estimates are based (i.e., less than 50 unweighted cases).

Table CH.1: Oral rehydration solutions and recommended home-made fluids
Percentage of children aged 0–59 months with diarrhoea in the last two weeks, and treatment with oral rehydration solutions and recommended home-made fluids, Barbados, 2012

	Had diarrhoea in last two weeks	Number of children aged 0–59 months	Children with diarrhoea who received ORS (fluid from ORS packet or pre-packaged ORS fluid)	Recommended home-made fluids	ORS or any recommended home-made fluid	Number of children aged 0–59 months with diarrhoea
Total	5.7	465	(65.2)	(15.5)	(80.7)	27

( ) Figures based on 25–49 un-weighted cases.

CARE SEEKING AND ANTIBIOTIC TREATMENT OF PNEUMONIA

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

In the Barbados MICS, the prevalence of suspected pneumonia was estimated by asking mothers or caretakers whether in the two weeks prior to the survey their child under age 5 had an illness with a

cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest or both a problem in the chest and a blocked nose. About 5 per cent of children under age 5 had suspected pneumonia in the two weeks before the survey (data not shown). As the number of un-weighted cases in the calculation of the treatment of suspected pneumonia was small, these indicators are not shown.

SOLID FUEL USE

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels such as wood, charcoal, crops or other agricultural waste, dung, shrubs, straw and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke that contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion, which produces toxic elements such as carbon monoxide, polyaromatic hydrocarbons and sulphur dioxide (SO2). Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease and cancer – and possibly tuberculosis, asthma and cataracts – and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, shown in Table CH.2.

Virtually no household members use solid fuels in Barbados. The majority (79.9 per cent) use liquefied petroleum gas (LPG) for cooking, 15 per cent use natural gas and 4.5 per cent use electricity.

The use of electricity in Stratum 3 (8.8 per cent) is almost four times of that in Stratum 1 (2.4 per cent), while that in Stratum 2 and Stratum 4 is 5.3 per cent and 2.8 per cent respectively. The use of electricity among the richest quintile is over seven times that among the poorest quintile. The use of LPG is highest in Stratum 4 (96.1 per cent) and lowest in Stratum 1 (70 per cent). LPG use is highest among the poorest quintile (87 per cent) compared to the richest (67.7 per cent).

Table CH.2: Solid fuel use

Percentage distribution of household members according to type of cooking fuel used by the household, and percentage of household members living in households using solid fuels for cooking, Barbados, 2012

		Percentage of household members in households using:									
		Electricity	Liquefied Petroleum Gas (LPG)	Natural gas	Biogas	Kerosene	Wood	No food cooked in household	Total	Solid fuels for cooking [1]	Number of household members
Stratum	1. St. Michael	2.4	70.0	26.6	0.5	0.2	0.0	0.2	100.0	0.0	2,517
	2. Christ Church and St. Philip	5.3	78.1	16.0	0.4	0.0	0.0	0.2	100.0	0.0	2,207
	3. St. James, St. George and St. Thomas	8.8	78.6	12.1	0.0	0.3	0.0	0.2	100.0	0.0	1,567
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	2.8	96.1	0.8	0.0	0.1	0.0	0.3	100.0	0.0	1,894
Area	Urban	4.1	75.1	20.0	0.4	0.2	0.0	0.3	100.0	0.0	5,103
	Rural	5.1	87.8	6.8	0.1	0.1	0.0	0.2	100.0	0.0	3,082
Education of household head	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	51
	Primary	2.3	82.7	14.0	0.3	0.3	0.0	0.3	100.0	0.0	1,992
	Secondary	2.4	82.5	14.3	0.4	0.1	0.0	0.3	100.0	0.0	3,706
	Post-secondary/ non-tertiary	4.5	77.8	17.5	0.0	0.0	0.0	0.2	100.0	0.0	704
	Tertiary/ university	13.0	69.2	17.8	0.0	0.0	0.0	0.0	100.0	0.0	1,525
	DK	(2.2)	(82.6)	(13.0)	(0.0)	(0.0)	(0.0)	(2.2)	100.0	(0.0)	207
Wealth index quintiles	Poorest	2.0	87.0	8.6	0.6	0.7	0.1	1.1	100.0	0.1	1,637
	Second	1.1	87.9	10.5	0.5	0.0	0.0	0.1	100.0	0.0	1,636
	Middle	1.2	78.9	19.8	0.1	0.0	0.0	0.0	100.0	0.0	1,638
	Fourth	3.1	77.8	19.0	0.1	0.0	0.0	0.0	100.0	0.0	1,636
	Richest	15.1	67.7	17.3	0.0	0.0	0.0	0.0	100.0	0.0	1,638
Total		4.5	79.9	15.0	0.3	0.1	0.0	0.2	100.0	0.0	8,185

[1] MICS indicator 3.11.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

6. WATER AND SANITATION

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

Target C of MDG 7 is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction by at least one third in the proportion of households without access to affordable and safe drinking water and hygienic sanitation facilities.

The list of indicators used in the MICS is as follows:

Water

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

Sanitation

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

For more details on water and sanitation and to access some reference documents, please visit the UNICEF childinfo website.[7]

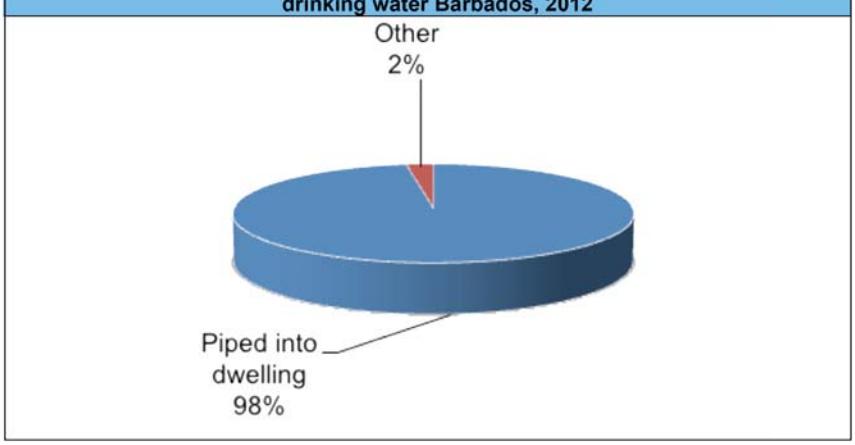
MICS also collects additional information on the availability of facilities and conditions for handwashing. The following indicators are collected:

- Place for handwashing observed
- Availability of soap

USE OF IMPROVED WATER SOURCES

The distribution of the population by main source of drinking water is shown in Table WS.1 and Figure WS.1. The population using improved sources of drinking water are those using any of the following

Figure WS 1: Percentage distribution of household members by source of drinking water Barbados, 2012



7 *http://www.childinfo.org/wes.html*

Table WS.1: Use of improved water sources

Percentage distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Barbados, 2012

		Main source of drinking water										
		Improved sources						Unimproved sources				
		Piped into dwelling	Piped into compound, yard or plot	Piped to neighbour	Public tap/ standpipe	Protected spring	Bottled water	Bottled water	Other	Total	Percentage using improved sources of drinking water [1]	Number of household members
Stratum	1. St. Michael	96.3	1.9	0.3	0.2	0.1	0.6	0.0	0.6	100.0	99.4	2,517
	2. Christ Church and St. Philip	98.8	0.3	0.1	0.1	0.0	0.5	0.0	0.1	100.0	99.9	2,207
	3. St. James, St. George and St. Thomas	97.9	0.5	0.1	0.0	0.0	1.4	0.0	0.1	100.0	99.9	1,567
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	97.4	0.9	0.3	0.4	0.2	0.5	0.3	0.1	100.0	99.7	1,894
Area	Urban	97.7	1.0	0.2	0.2	0.0	0.8	0.0	0.0	100.0	99.9	5,103
	Rural	97.3	0.9	0.3	0.2	0.1	0.5	0.2	0.5	100.0	99.3	3,082
Education of household head	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	51
	Primary	98.0	1.2	0.2	0.4	0.0	0.1	0.0	0.1	100.0	99.9	1,992
	Secondary	97.3	0.9	0.4	0.2	0.1	0.9	0.1	0.1	100.0	99.8	3,706
	Post-secondary/ non-tertiary	97.2	0.6	0.0	0.0	0.0	1.9	0.1	0.2	100.0	99.7	704
	Tertiary/ university	99.0	0.4	0.0	0.0	0.0	0.6	0.0	0.0	100.0	100.0	1,525
	DK	(88.5)	(5.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(6.3)	100.0	(93.7)	207
Wealth index quintiles	Poorest	91.6	4.2	1.2	0.9	0.3	0.4	0.3	1.1	100.0	98.6	1,637
	Second	98.3	0.6	0.0	0.0	0.0	1.0	0.0	0.0	100.0	100.0	1,636
	Middle	98.4	0.0	0.0	0.0	0.0	1.6	0.0	0.0	100.0	100.0	1,638
	Fourth	99.8	0.0	0.0	0.0	0.0	0.2	0.0	0.0	100.0	100.0	1,636
	Richest	99.6	0.0	0.0	0.0	0.0	0.4	0.0	0.0	100.0	100.0	1,638
Total		97.6	1.0	0.2	0.2	0.1	0.7	0.1	0.2	100.0	99.7	8,185

[1] MICS indicator 4.1; MDG indicator 7.8.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.
Note: Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and handwashing.

types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring and rainwater collection.. Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and handwashing.

Overall, 99.7 per cent of the population in Barbados is using an improved source of drinking water. The main source is piped into dwelling (Table WS.1), with 97.6 per cent of the population utilizing this. There is little variation across the four strata; however, the richest 20 per cent (99.6 per cent) utilize piped into dwelling more than the poorest 20 per cent (91.6 per cent). Only 1 per cent of the population use water that is piped into their compound, yard or plot and this is most common in the poorest 20 per cent of households. The use of bottled water as the main source of drinking water is not widespread (0.7 per cent). The use of unimproved sources of drinking water is also very low (0.2 per cent).

Use of household water treatment is presented in Table WS.2. Households were asked of ways they may be treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter and using solar disinfection are considered as proper treatment of drinking water. The table shows water treatment by all households and the percentage of household members living in households using unimproved water sources but using appropriate water treatment methods. While 64 per cent of household members do not use a treatment method, close to 20 per cent use a water filter.

In Barbados, 99.5 per cent of households have drinking water on the premises (data not shown).

Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Barbados, 2012

		Water treatment method used in the household									
		None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Let it stand and settle	Solar dis-infection	Other	Don't know	Number of house-hold members
Stratum	1. St. Michael	67.0	19.1	0.7	0.0	14.9	0.3	0.0	0.1	0.0	2,517
	2. Christ Church and St. Philip	63.3	14.5	0.1	1.0	23.2	0.0	0.0	0.1	0.1	2,207
	3. St. James, St. George and St. Thomas	57.2	16.9	0.4	1.1	26.7	0.1	0.0	0.1	0.1	1,567
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	66.6	18.0	0.3	0.3	16.1	0.0	0.0	0.0	0.4	1,894
Area	Urban	63.3	18.1	0.2	0.5	20.3	0.0	0.0	0.1	0.1	5,103
	Rural	65.2	15.7	0.8	0.7	18.6	0.2	0.0	0.0	0.2	3,082
Education of household head	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	51
	Primary	65.9	20.4	0.6	0.6	15.0	0.0	0.0	0.1	0.0	1,992
	Secondary	72.1	16.2	0.0	0.3	12.6	0.2	0.0	0.1	0.1	3,706
	Post-secondary/ non-tertiary	54.2	18.8	0.3	0.5	28.0	0.2	0.0	0.0	0.6	704
	Tertiary/ university	46.2	15.2	0.3	0.8	40.2	0.0	0.0	0.1	0.2	1,525
	DK	(67.4)	(17.1)	(6.3)	(2.3)	(6.8)	(0.0)	(0.0)	(0.0)	(0.0)	207
Wealth index quintiles	Poorest	76.8	18.0	1.4	0.4	3.5	0.4	0.0	0.0	0.1	1,637
	Second	71.9	18.5	0.0	0.0	11.0	0.0	0.0	0.0	0.0	1,636
	Middle	64.1	21.5	0.0	0.3	15.0	0.1	0.0	0.1	0.2	1,638
	Fourth	60.7	16.2	0.0	1.1	25.2	0.0	0.0	0.2	0.0	1,636
	Richest	46.6	11.9	0.5	1.0	43.6	0.0	0.0	0.1	0.3	1,638
Total		64.0	17.2	0.4	0.6	19.7	0.1	0.0	0.1	0.1	8,185

( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

USE OF IMPROVED SANITATION FACILITIES

Inadequate disposal of human excreta and poor personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation can reduce diarrheal disease by more than a third and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with slab; and use of a composting toilet.

Overall, 99.4 per cent of the population of Barbados live in households using improved sanitation facilities (Table WS.3). Table WS.4 indicates that over three quarters of the population (79.6 per cent) use facilities that flush to well/pit. This is the most common in both rural and urban areas, with 84.8 and 76.4 per cent respectively. The second most common method is flush to septic tank (9.7 per cent), followed by flush to piped sewer system (4.7 per cent). The use of pit latrine with slab occurs only in the poorest (13.0) and second poorest (1.7) households. Overall, less than 1 per cent of households use unimproved sanitation facilities, and open defecation is extremely rare.

Table WS.3: Types of sanitation facilities

Percentage distribution of household population according to type of toilet facility used by the household, Barbados, 2012

		Type of toilet facility used by household										
		Improved sanitation facility						Unimproved sanitation facility				
		Flush to piped sewer system	Flush to septic tank	Flush to well/ pit (latrine)	Flush to unknown place/ not sure/ DK where	Ventilated improved pit latrine (VIP)	Pit latrine with slab	Other	Missing	No facility, bush, field	Total	Number of household members
Stratum	1. St. Michael	10.6	16.3	64.8	1.4	1.9	4.6	0.2	0.0	0.1	100.0	2,517
	2. Christ Church and St. Philip	3.5	8.0	85.2	0.7	0.6	1.7	0.1	0.0	0.2	100.0	2,207
	3. St. James, St. George and St. Thomas	1.1	5.0	90.7	0.6	0.9	1.5	0.1	0.1	0.1	100.0	1,567
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	1.1	6.9	83.5	0.4	3.2	3.5	0.5	0.1	0.9	100.0	1,894
Area	Urban	7.0	11.7	76.4	1.1	1.1	2.2	0.1	0.0	0.2	100.0	5,103
	Rural	0.8	6.4	84.8	0.3	2.6	4.2	0.4	0.1	0.5	100.0	3,082
Education of household head	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	51
	Primary	4.4	8.1	80.1	0.5	2.9	3.7	0.1	0.0	0.3	100.0	1,992
	Secondary	4.6	9.2	79.2	0.8	1.9	3.3	0.3	0.0	0.5	100.0	3,706
	Post-secondary/ non-tertiary	3.8	8.6	83.2	1.0	0.6	2.2	0.4	0.2	0.0	100.0	704
	Tertiary/ university	5.5	11.3	81.2	1.4	0.2	0.3	0.1	0.0	0.0	100.0	1,525
	DK	(5.2)	(21.0)	(60.5)	(0.0)	(0.0)	(12.3)	(0.9)	(0.0)	(0.0)	100.0	207
Wealth index quintiles	Poorest	3.2	9.1	63.0	0.9	8.0	13.0	1.1	0.1	1.6	100.0	1,637
	Second	6.0	9.3	81.2	1.6	0.3	1.7	0.1	0.0	0.0	100.0	1,636
	Middle	4.8	9.4	85.2	0.5	0.0	0.0	0.0	0.1	0.0	100.0	1,638
	Fourth	6.6	11.8	80.8	0.8	0.0	0.1	0.0	0.0	0.0	100.0	1,636
	Richest	2.8	9.0	87.7	0.4	0.0	0.0	0.1	0.0	0.0	100.0	1,638
Total		4.7	9.7	79.6	0.8	1.7	3.0	0.2	0.0	0.3	100.0	8,185

( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

The MDGs and the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify households as using an unimproved sanitation facility if they are using otherwise acceptable sanitation facilities but sharing a facility between two or more households or using a public toilet facility.

As shown in Table WS.4, 96.1 per cent of the household population use an improved sanitation facility that is not shared. Only 2.8 per cent of households using an improved sanitation facility that is shared with other households (and that is not public).

Table WS.4: Use and sharing of sanitation facilities

Percentage distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Barbados, 2012

		Users of improved sanitation facilities					Users of unimproved sanitation facilities		Open defecation (no facility, bush field)	Total	Number of household members
		Not shared [1]	Public facility	Shared by: 5 households or less	Shared by: More than 5 households	Missing/ DK	Not shared	Shared by: 5 households or less			
Stratum	1. St. Michael	94.2	0.4	3.8	0.8	0.4	0.1	0.1	0.1	100.0	2,517
	2. Christ Church and St. Philip	96.8	0.4	2.2	0.0	0.3	0.1	0.0	0.2	100.0	2,207
	3. St. James, St. George and St. Thomas	97.9	0.5	1.3	0.0	0.0	0.2	0.0	0.1	100.0	1,567
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	96.0	0.2	2.0	0.0	0.2	0.5	0.1	0.9	100.0	1,894
Area	Urban	96.0	0.4	2.5	0.4	0.3	0.1	0.1	0.2	100.0	5,103
	Rural	96.1	0.4	2.4	0.0	0.1	0.4	0.1	0.5	100.0	3,082
Education of household head	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	51
	Primary	96.8	0.3	1.6	0.6	0.2	0.1	0.0	0.3	100.0	1,992
	Secondary	95.8	0.5	2.4	0.2	0.2	0.4	0.0	0.5	100.0	3,706
	Post-secondary/ non-tertiary	97.1	0.0	1.3	0.2	0.9	0.2	0.4	0.0	100.0	704
	Tertiary/ university	97.3	0.4	2.1	0.0	0.1	0.1	0.0	0.0	100.0	1,525
	DK	87.5	0.0	11.6	0.0	0.0	0.0	0.9	0.0	100.0	207
Wealth index quintiles	Poorest	92.5	0.2	2.9	1.2	0.4	0.9	0.3	1.6	100.0	1,637
	Second	95.3	0.5	3.8	0.0	0.3	0.1	0.0	0.0	100.0	1,636
	Middle	96.7	0.2	2.6	0.1	0.4	0.1	0.0	0.0	100.0	1,638
	Fourth	97.8	0.8	1.4	0.0	0.0	0.0	0.0	0.0	100.0	1,636
	Richest	98.0	0.2	1.7	0.0	0.0	0.1	0.0	0.0	100.0	1,638
Total		96.1	0.4	2.5	0.3	0.2	0.2	0.1	0.3	100.0	8,185

[1] MICS indicator 4.3; MDG indicator 7.9.
(*) Figures based on less than 25 un-weighted cases.

Safe disposal of a child's faeces is disposing of the stool by the child using a toilet or by rinsing the stool into a toilet or latrine. Disposal of faeces of children 0–2 years of age is presented in Table WS.5. About a quarter of children's faeces (24.6 per cent) was disposed of safely in Barbados. The most common place of disposal was thrown into garbage (72.4 per cent), followed by child used toilet/latrine (20.1 per cent). Households in urban areas (27.6 per cent) tended to dispose of children's faeces safely more often than those in rural areas (18.8 per cent).

Safe disposal of children's faeces is highest in Stratum 4 at 28.4 per cent and lowest in Stratum 3 at 17.6 per cent. Disposal of children's faeces through the garbage (solid waste), however, is highest in Stratum 3 (80.4 per cent) and lowest in Stratum 1 (66.4 per cent).

Table WS.5: Disposal of child's faeces

Percentage distribution of children aged 0–2 years according to place of disposal of child's faeces, and the percentage of children aged 0–2 years whose stools were disposed of safely the last time the child passed stools, Barbados, 2012

		Place of disposal of child's faeces							Total	Percentage of children whose last stools were disposed of safely [1]	Number of children aged 0–2 years
		Child used toilet / latrine	Put/ rinsed into toilet or latrine	Put/ rinsed into drain or ditch	Thrown into garbage (solid waste)	Other	DK	Missing			
Type of sanitation facility in dwelling	Improved	20.3	4.5	0.5	72.1	1.4	0.4	0.9	100.0	24.7	261
	Unimproved	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	0
	Open defecation	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	2
Stratum	1. St. Michael	24.4	2.5	1.1	66.4	3.5	0.0	2.1	100.0	26.9	106
	2. Christ Church and St. Philip	21.4	1.8	0.0	76.9	0.0	0.0	0.0	100.0	23.1	60
	3. St. James, St. George and St. Thomas	11.3	6.3	0.0	80.4	0.0	2.0	0.0	100.0	17.6	50
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(18.0)	(10.4)	(0.0)	(71.6)	(0.0)	(0.0)	(0.0)	100.0	(28.4)	47
Area	Urban	24.5	3.1	0.7	67.7	2.1	0.6	1.3	100.0	27.6	172
	Rural	11.8	7.0	0.0	81.2	0.0	0.0	0.0	100.0	18.8	91
Mother's education level	Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	3
	Secondary	16.7	3.5	0.9	74.7	1.8	0.7	1.7	100.0	20.2	136
	Post-secondary/ non-tertiary	(29.2)	(0.0)	(0.0)	(70.8)	(0.0)	(0.0)	(0.0)	100.0	(29.2)	35
	Tertiary/ university	20.0	7.9	0.0	70.8	1.3	0.0	0.0	100.0	27.9	88
Wealth index quintiles	Poorest	(11.4)	(4.3)	(0.0)	(79.7)	(2.6)	(0.0)	(2.1)	100.0	(15.7)	48
	Second	14.2	0.0	2.0	77.6	2.2	1.7	2.2	100.0	14.2	58
	Middle	32.2	4.4	0.0	63.3	0.0	0.0	0.0	100.0	36.7	60
	Fourth	25.7	5.5	0.0	68.8	0.0	0.0	0.0	100.0	31.2	66
	Richest	(9.4)	(10.9)	(0.0)	(76.0)	(3.7)	(0.0)	(0.0)	100.0	(20.3)	31
Total		20.1	4.5	0.4	72.4	1.4	0.4	0.9	100.0	24.6	263

[1] MICS indicator 4.4.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

In its 2008 report,[8] the JMP developed a new way of presenting the access figures by disaggregating and refining the data on drinking water and sanitation and reflecting them in 'ladder' format. This allows a disaggregated analysis of trends in a three-rung ladder for drinking water and a four-rung ladder for sanitation. For the latter, this gives an understanding of the proportion of the population with no sanitation facilities at all, those reliant on technologies defined by JMP as 'unimproved', those sharing sanitation facilities of otherwise acceptable technology and those using 'improved' sanitation facilities.

Table WS.6 presents the percentages of household population by drinking water and sanitation ladders. It also shows the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal.

Almost all households have improved drinking water (99.7 per cent) and improved sanitation (96.1 per cent). Improved sanitation rates do not differ by area – urban households (96.0) are just as likely to have improved sanitation as rural households (96.1). However, there is some difference in the socio-economic status of households, reflected in the 92.5 per cent of the poorest households and 98.0 per cent of the richest households with improved sanitation.

8 *World Health Organization and United Nations Children's Fund Joint Monitoring Programme (JMP) for Water Supply and Sanitation, Progress on Drinking Water and Sanitation: Special focus on sanitation, UNICEF, New York and WHO, Geneva, 2008, available at: www.wssinfo.org/fileadmin/user_upload/resources/1251794333-JMP_08_en.pdf*

Table WS.6: Drinking water and sanitation ladders

Percentage of household population by drinking water and sanitation ladders, Barbados, 2012

		Percentage of household population using:										Number of households
		Improved drinking water [1]		Unimproved drinking water	Total	Improved sanitation [2]	Unimproved sanitation		Open defecation	Total	Improved drinking water sources and improved sanitation	
		Piped into dwelling, plot or yard	Other improved				Shared improved facilities	Unimproved facilities				
Stratum	1. St Michael	98.9	0.6	0.6	100.0	94.2	5.4	0.2	0.1	100.0	93.7	2,517
	2. Christ Church and St. Philip	99.6	0.3	0.1	100.0	96.8	2.9	0.1	0.2	100.0	96.8	2,207
	3. St. James, St. George and St. Thomas	99.6	0.3	0.1	100.0	97.9	1.8	0.2	0.1	100.0	97.8	1,567
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	98.8	0.9	0.3	100.0	96.0	2.5	0.6	0.9	100.0	95.8	1,894
Area	Urban	99.5	0.4	0.1	100.0	96.0	3.6	0.1	0.2	100.0	96.0	5,103
	Rural	98.7	0.6	0.7	100.0	96.1	2.9	0.5	0.5	100.0	95.5	3,082
Education of household head	No education	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	100.0	(*)	51
	Primary	99.3	0.7	0.1	100.0	96.8	2.8	0.1	0.3	100.0	96.7	1,992
	Secondary	99.1	0.7	0.2	100.0	95.8	3.3	0.4	0.5	100.0	95.7	3,706
	Post-secondary/ non-tertiary	99.7	0.0	0.3	100.0	97.1	2.4	0.5	0.0	100.0	96.8	704
	Tertiary/ university	100.0	0.0	0.0	100.0	97.3	2.6	0.1	0.0	100.0	97.3	1,525
	DK	(93.7)	(0.0)	(6.3)	100.0	(87.5)	(11.6)	(0.9)	(0.0)	100.0	(81.1)	207
Wealth index quintiles	Poorest	96.2	2.3	1.4	100.0	92.5	4.8	1.2	1.6	100.0	91.2	1,637
	Second	100.0	0.0	0.0	100.0	95.3	4.7	0.1	0.0	100.0	95.2	1,636
	Middle	99.9	0.1	0.0	100.0	96.7	3.2	0.1	0.0	100.0	96.7	1,638
	Fourth	100.0	0.0	0.0	100.0	97.8	2.2	0.0	0.0	100.0	97.8	1,636
	Richest	100.0	0.0	0.0	100.0	98.0	1.9	0.1	0.0	100.0	98.0	1,638
Total		99.2	0.5	0.3	100.0	96.1	3.4	0.3	0.3	100.0	95.8	8,185

[1] MICS indicator 4.1; MDG indicator 7.80.
[2] MICS indicator 4.3; MDG indicator 7.9.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

HANDWASHING

Handwashing with water and soap is the most cost-effective health intervention to reduce the incidence of both diarrhoea and pneumonia in children under 5. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and before feeding a child. Monitoring correct handwashing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct handwashing takes place by observing whether a household has a specific place where people most often wash their hands and whether water and soap (or other local cleansing materials) are present at a specific place for handwashing.

A specific place for handwashing was observed in 74.6 per cent of the households in Barbados. In 1.4 per cent of households a specific place was not observed because it was not in the dwelling/ plot/ yard. Additionally, 17.4 per cent of the households did not give permission to see the place used for handwashing, and a place for handwashing was also not observed in 6.6 per cent of households for other reasons (Table WS.7). This level of non-response was highest among the poorest 40 per cent of households, which may bias results for soap availability.

Of those households where a place for handwashing was observed, almost all (97.1 per cent) had both water and soap present at the specific place. In 2.3 per cent of the households only water was available at the specific place, while in 0 .6 per cent of the households the place had soap but no water. There were no households in which both soap and water were available.

Table WS.8 shows that 94.5 per cent of the households had soap available anywhere in the dwelling. There were no differences between urban (94.2 per cent) and rural (94.9 per cent) households. There was more soap available anywhere in the dwelling among the richest 20 per cent of households (96.9 per cent) than among the poorest 20 per cent of households (90.2 per cent)

Table WS.7: Water and soap at place for handwashing

Percentage of households where place for handwashing was observed and percentage distribution of households by availability of water and soap at place for handwashing, Barbados, 2012

			Percentage of households where place for handwashing was not observed					Percentage distribution of households where place for handwashing was observed, where:				
		Percentage of households where place for handwashing was observed	Not in dwelling/plot/yard	No permission to see	Other reasons	Total	Number of households	Water and soap are available [1]	Water is available, soap is not available	Water is not available, soap is available	Total	Number of households where place for handwashing was observed
Stratum	1. St. Michael	74.1	2.0	19.5	4.4	100.0	831	95.1	4.6	0.3	100.0	616
	2. Christ Church and St. Philip	76.2	1.0	16.9	5.9	100.0	793	97.8	1.6	0.6	100.0	604
	3. St. James, St. George and St. Thomas	79.2	0.3	13.6	6.9	100.0	568	98.1	0.9	1.0	100.0	450
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	69.3	2.0	18.7	9.9	100.0	679	97.9	1.6	0.4	100.0	471
Area	Urban	75.4	1.3	18.4	4.8	100.0	1801	96.4	2.9	0.7	100.0	1,358
	Rural	73.2	1.5	15.7	9.7	100.0	1071	98.3	1.3	0.3	100.0	783
Education of household head	No education	(*)	(*)	(*)	(*)	100.0	17	(*)	(*)	(*)	100.0	16
	Primary	74.4	2.6	17.4	5.6	100.0	744	97.2	2.2	0.6	100.0	553
	Secondary	72.5	1.5	19.0	6.9	100.0	1213	97.1	2.6	0.2	100.0	880
	Post-secondary/ non-tertiary	76.1	0.9	16.3	6.7	100.0	255	95.1	2.6	2.3	100.0	194
	Tertiary/ university	79.9	0.0	14.2	5.9	100.0	596	98.1	1.5	0.4	100.0	476
	DK	(45.8)	(0.0)	(27.3)	(26.9)	100.0	46	(*)	(*)	(*)	100.0	21
Wealth index quintiles	Poorest	65.0	5.2	20.0	9.8	100.0	712	93.6	5.9	0.4	100.0	463
	Second	75.1	0.3	18.7	6.0	100.0	555	96.6	2.6	0.8	100.0	416
	Middle	79.2	0.0	15.3	5.5	100.0	539	98.9	1.1	0.0	100.0	427
	Fourth	78.5	0.2	15.8	5.5	100.0	542	98.8	0.8	0.4	100.0	426
	Richest	78.1	0.0	16.5	5.4	100.0	524	98.0	0.8	1.2	100.0	409
Total		74.6	1.4	17.4	6.6	100.0	2872	97.1	2.3	0.6	100.0	2,141

[1] MICS indicator 4.5.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table WS.8: Availability of soap

Percentage distribution of households by availability of soap in the dwelling, Barbados, 2012

		Place for handwashing observed					Place for handwashing not observed					
		Soap observed	Soap shown	No soap in household	Not able/Does not want to show soap	Total	Soap shown	No soap in household	Not able/Does not want to show soap	Total	Percentage of households with soap anywhere in the dwelling [1]	Number of households
Stratum	1. St. Michael	95.4	3.8	0.1	0.7	100.0	73.9	5.2	20.9	100.0	92.6	831
	2. Christ Church and St. Philip	98.4	1.2	0.2	0.1	100.0	81.9	3.6	14.5	100.0	95.4	793
	3. St. James, St. George and St. Thomas	99.1	0.5	0.2	0.3	100.0	82.7	1.3	16.0	100.0	96.1	568
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	98.4	1.1	0.5	0.0	100.0	82.4	4.1	13.5	100.0	94.2	679
Area	Urban	97.1	2.3	0.2	0.4	100.0	78.3	4.0	17.7	100.0	94.2	1,801
	Rural	98.7	0.9	0.3	0.2	100.0	82.1	3.6	14.3	100.0	94.9	1,071
Education of household head	No education	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	100.0	(*)	17
	Primary	97.8	1.9	0.2	0.1	100.0	81.6	4.3	14.1	100.0	95.0	744
	Secondary	97.4	1.7	0.4	0.6	100.0	79.9	4.1	15.9	100.0	93.8	1,213
	Post-secondary/ non-tertiary	97.4	2.0	0.4	0.3	100.0	66.1	1.9	32.0	100.0	91.4	255
	Tertiary/ university	98.5	1.5	0.0	0.0	100.0	83.5	3.1	13.4	100.0	96.7	596
	DK	(95.4)	(4.6)	(0.0)	(0.0)	100.0	(80.0)	(4.4)	(15.6)	100.0	(89.2)	46
Wealth index quintiles	Poorest	94.1	3.8	1.0	1.2	100.0	76.1	8.7	15.3	100.0	90.2	712
	Second	97.4	2.2	0.2	0.2	100.0	81.7	1.9	16.5	100.0	95.1	555
	Middle	98.9	1.1	0.0	0.0	100.0	80.9	0.9	18.2	100.0	96.0	539
	Fourth	99.2	0.8	0.0	0.0	100.0	78.9	1.0	20.1	100.0	95.5	542
	Richest	99.2	0.8	0.0	0.0	100.0	85.7	1.4	12.9	100.0	96.9	524
Total		97.7	1.8	0.2	0.3	100.0	79.8	3.8	16.3	100.0	94.5	2,872

[1] MICS indicator 4.6.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

7. REPRODUCTIVE HEALTH

FERTILITY

Measures of current fertility are presented in Table RH.1 for the one-year period preceding the survey. In MICS4, age-specific and total fertility rates are calculated using information on the date of last birth of each woman and are based on the one-year period (1–12 months) preceding the survey. Rates are underestimated by a very small margin due to absence of information on multiple births (twins, triplets, etc.) and on women who may have had more than one delivery during the one-year period preceding the survey. The total fertility rate (TFR) is calculated by summing the age-specific fertility rates calculated for each of the five-year age groups of women from age 15 through to age 49. It denotes the average number of children to which a woman will have given birth by the end of her reproductive years if current fertility rates prevail. The general fertility rate (GFR) is the number of live births occurring during the specified period per 1,000 women aged 15–49.The crude birth rate (CBR) is the number of live births per 1,000 population during the specified period.

Sexual activity and childbearing early in life carry significant risks for young people all around the world. Table RH.2 presents some early childbearing indicators for women aged 15–19 and 20–24 in Barbados while Table RH.3 presents the

Table RH.1: Total fertility rate, Barbados, 2012

		Total fertility rate (TFR)
Stratum	1. St. Michael	(1.8)
	2. Christ Church and St. Philip	(1.7)
	3. St. James, St. George and St. Thomas	(1.7)
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(1.5)
Area	Urban	1.5
	Rural	1.9
Wealth index quintile	Poorest	(*)
	Second	(2.0)
	Middle	(1.5)
	Fourth	(1.8)
	Richest	(0.9)
Total		1.7
General fertility rate (GFR)		57
Crude birth rate (CBR)		11.4

[1] MICS indicator 5.1; MDG indicator 5.4.
TFR: Total fertility rate expressed per woman aged 15–49.
GFR: General fertility rate expressed per 1,000 women aged15–49
CBR: Crude birth rate expressed per 1,000 population.

( ) Figures that based on 125-249 unweighted cases
(*) Figures that are based on less than 125 unweighted cases

trends for early childbearing. As shown in Table RH.2, 5.6 per cent of women aged 15–19 have already had a birth, 3.1 per cent are pregnant with their first child, 8.7 per cent have thus begun childbearing and no women had a live birth before age 15.

Table RH.1 shows that the TFR for the year preceding the Barbados MICS is 1.7 births per woman. Fertility in rural areas (1.9 births per women) is higher than urban areas (1.5).

For women aged 15–19 who already had a birth, there were slightly more births in rural areas (7.0 per cent) than in urban areas (4.8 per cent). For women aged 15–19 years who are pregnant with their first child, the percentage in urban areas (4.4 per cent) is higher than that of rural areas (0.9 per cent). Similarly the proportion of women aged 15–19 who have begun childbearing is slightly higher in urban areas (9.2 per cent) than in rural areas (7.9 per cent). The percentage of women aged 20–24 who have had a live birth before age 18 is 6.7 per cent. There is very little variation between those from rural areas (6.5 per cent) and urban areas (6.9 per cent). Table RH 3 shows that 10.4 per cent of women aged 15–49 had a live birth before age 18. These women are just as likely to be from rural areas (10.6 per cent) as urban areas (10.2 per cent). Over the successive cohorts of women, the percentage who had a birth before age 18 has declined: 14.4 per cent of women aged 45–49 had a birth before age 18 compared with 6.7 per cent of women aged 20–24.

Table RH.2: Early childbearing

Percentage of women aged 15–19 who have had a live birth or who are pregnant with the first child and percentage who have begun childbearing before age 15, and percentage of women aged 20–24 who have had a live birth before age 18, Barbados, 2012

		Number of women aged 15–19						
		Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15	Number of women aged 15–19	Percentage of women aged 20–24 who have had a live birth before age 18 [1]	Number of women aged 20–24
Stratum	1. St. Michael	6.8	5.3	12.1	0.0	74	8.8	67
	2. Christ Church and St. Philip	(5.8)	(0.0)	(5.8)	(0.0)	(41)	(3.5)	46
	3. St. James, St. George and St. Thomas	2.0	5.7	7.7	0.0	38	6.4	38
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(6.5)	(0.0)	(6.5)	(0.0)	(41)	(7.3)	38
Area	Urban	4.8	4.4	9.2	0.0	125	6.9	116
	Rural	7.0	0.9	7.9	0.0	69	6.5	72
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(*)	(*)	(*)	(*)	(*)	(*)	0
	Secondary	3.9	4.4	8.3	0.0	137	14.3	65
	Post-secondary/ non-tertiary	(16.1)	(0.0)	(16.1)	(0.0)	(29)	(6.9)	34
	Tertiary/ university	2.8	0.0	2.8	0.0	28	1.2	89
Wealth index quintiles	Poorest	(5.8)	(2.2)	(7.9)	(0.0)	(27)	(4.6)	31
	Second	(6.8)	(8.4)	(15.2)	(0.0)	(46)	(8.7)	29
	Middle	(9.5)	(0.0)	(9.5)	(0.0)	(41)	(11.6)	46
	Fourth	(4.8)	(0.0)	(4.8)	(0.0)	(37)	(3.6)	39
	Richest	(0.9)	(3.8)	(4.7)	(0.0)	(42)	(4.6)	43
Total		5.6	3.1	8.7	0.0	194	6.7	188

[1] MICS indicator 5.2.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table RH.3: Trends in early childbearing
Percentage of women who have had a live birth by age 15 and 18, by age groups, Barbados, 2012

		Urban				Rural				All			
		Percentage of women with a live birth before age 15	Number of women aged 15–49 years	Percentage of women with a live birth before age 18	Number of women aged 20–49 years	Percentage of women with a live birth before age 15	Number of women aged 15–49 years	Percentage of women with a live birth before age 18	Number of women aged 20–49 years	Percentage of women with a live birth before age 15	Number of women aged 15–49 years	Percentage of women with a live birth before age 18	Number of women aged 20–49 years
Age	15–19	0.0	125	na	na	0.0	69	na	na	0.0	194	na	na
	20–24	0.0	116	6.9	116	0.0	72	6.5	72	0.0	188	6.7	188
	25–29	1.6	154	11.3	154	0.0	82	4.5	82	1.0	236	8.9	236
	30–34	0.5	154	6.6	154	2.4	85	8.6	85	1.2	239	7.3	239
	35–39	0.0	139	12.7	139	1.5	93	13.3	93	0.6	232	13.0	232
	40–44	0.0	137	7.5	137	2.1	72	17.8	72	0.7	210	11.1	210
	45–49	2.1	161	15.3	161	1.5	84	12.9	84	1.9	245	14.4	245
Total		0.7	986	10.2	861	1.1	557	10.6	489	0.8	1543	10.4	1,349

CONTRACEPTION

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

About three out of five currently married women (59.2 per cent) are currently using a method of contraception (Table RH.4). Stratum 3 has the highest percentage (64.3 per cent) while Stratum 1 has the lowest (53.4 per cent). Contraceptive prevalence is higher in rural areas (61.8 per cent) than urban areas (57.7 per cent). The prevalence among the richest quintile is higher (66.3 per cent) than among the poorest quintile (52.9 per cent).

The most popular method is the pill, which is used by one in every five women (21.2 per cent) currently married or in union in Barbados. The use of the pill is highest in Stratum 3 (28.8 per cent) and lowest in Stratum 4 (15.6 per cent). Women aged 25–29 (30.6 per cent) and aged 35–39 (25.6 per cent) are more likely to use this method compared to other women. Utilization of the pill appears to increase with women's education level (see Table RH.4).

The next most popular method of contraception is the male condom, which is reported as being used by the partners of 19.5 per cent of women who are currently married or in union. Use of the male condom is highest in Stratum 4 (21.5 per cent) and lowest in Stratum 3 (16.3 per cent); there is very little difference between urban (19.1 per cent) and rural (20.2 per cent) areas. The highest use is reported among women aged 15–19 (28.2 per cent) and women aged 25–29 (25.3 per cent).

Table RH.4: Use of contraception

Percentage of women aged 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Barbados, 2012

		Percentage of women (currently married or in union) who are using:																	
		Not using any method	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/ foam/ jelly	Lactational amenorrhoea method (LAM)	Periodic abstinence/ Rhythm	Withdrawal	Other	Any modern method	Any traditional method	Any method[1]	Number of women currently married or in union
Stratum	1. St. Michael	46.6	5.4	0.0	1.1	5.4	0.0	18.6	19.0	0.5	0.9	0.0	1.6	0.4	0.5	50.9	2.4	53.4	302
	2. Christ Church and St. Philip	36.7	4.2	0.4	3.2	6.8	1.3	22.8	20.7	0.7	0.6	0.0	0.4	1.6	0.7	60.7	2.7	63.3	297
	3. St. James, St. George and St. Thomas	35.7	5.8	0.0	5.6	1.8	1.1	28.8	16.3	0.7	0.0	0.0	0.6	2.8	0.9	60.0	4.4	64.3	191
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	42.9	3.4	0.0	3.6	4.6	0.9	15.6	21.5	0.0	0.2	0.3	1.5	4.3	1.2	49.8	7.3	57.1	208
Area	Urban	42.3	5.1	0.2	2.7	5.3	0.6	20.8	19.1	0.6	0.7	0.1	1.0	1.3	0.2	55.1	2.6	57.7	638
	Rural	38.2	4.1	0.0	3.8	4.3	1.2	21.8	20.2	0.2	0.1	0.0	1.0	3.3	1.7	55.7	6.1	61.8	360
Age	15–19	45.3	0.0	0.0	0.0	1.5	2.3	19.4	28.2	0.0	0.0	0.0	0.0	0.0	3.3	51.4	3.3	54.7	61
	20–24	46.8	0.0	0.0	0.6	10.8	0.0	17.4	19.9	1.5	0.0	0.0	0.8	2.2	0.0	50.1	3.0	53.2	112
	25–29	31.4	0.4	0.0	1.4	4.5	0.8	30.6	25.3	0.4	0.9	0.0	1.5	2.9	0.0	64.2	4.4	68.6	169
	30–34	36.4	2.2	0.0	3.3	5.5	2.8	23.5	21.4	0.0	1.2	0.3	2.1	0.6	0.7	59.9	3.7	63.6	179
	35–39	36.1	4.2	0.0	2.7	6.9	0.0	25.6	20.7	0.5	0.0	0.0	0.7	1.8	0.8	60.6	3.3	63.9	177
	40–44	44.9	10.2	0.9	5.2	4.4	0.0	16.0	14.9	0.0	0.0	0.0	0.0	2.7	0.7	51.6	3.5	55.1	152
	45–49	51.9	13.2	0.0	6.5	0.0	0.0	11.3	9.9	1.0	0.8	0.0	1.3	2.8	1.3	42.7	5.4	48.1	147
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	21
	Secondary	48.2	5.3	0.3	2.4	5.6	0.6	15.0	17.8	0.4	1.0	0.1	1.0	1.9	0.4	48.4	3.4	51.8	473
	Post-secondary/ non-tertiary	29.9	4.0	0.0	3.5	9.8	0.4	26.3	23.0	0.0	0.0	0.0	0.0	3.1	0.0	67.0	3.1	70.1	135
	Tertiary/ university	34.9	3.5	0.0	3.9	2.6	1.2	28.2	20.2	0.5	0.0	0.0	1.5	1.9	1.5	60.2	5.0	65.1	368
Wealth index quintiles	Poorest	47.1	8.5	0.0	1.7	9.1	0.0	8.9	20.9	1.1	0.2	0.4	2.2	0.0	0.0	50.3	2.6	52.9	154
	Second	45.0	3.8	0.8	1.8	6.3	0.6	20.1	18.5	0.0	0.8	0.0	0.8	1.5	0.0	52.7	2.3	55.0	173
	Middle	44.5	3.9	0.0	1.7	4.4	0.6	18.3	19.8	1.5	0.0	0.0	2.2	2.7	0.3	50.2	5.3	55.5	211
	Fourth	37.0	2.5	0.0	4.3	4.1	1.1	23.9	21.8	0.0	1.3	0.0	0.3	2.0	1.7	59.0	4.0	63.0	235
	Richest	33.7	5.9	0.0	5.3	2.5	1.2	30.3	16.6	0.0	0.0	0.0	0.0	3.1	1.3	61.8	4.5	66.3	225
Total		40.8	4.7	0.1	3.1	5.0	0.8	21.2	19.5	0.5	0.5	0.1	1.0	2.0	0.8	55.3	3.9	59.2	998

[1] MICS indicator 5.3. (*) Figures based on less than 25 un-weighted cases.

UNMET NEED FOR CONTRACEPTION

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

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

- are not pregnant and not postpartum amenorrheic[9] and are fecund and say they want to wait two or more years for their next birth OR
- are not pregnant and not postpartum amenorrheic and are fecund and unsure whether they want another child OR
- are pregnant and say that pregnancy was mistimed: would have wanted to wait OR
- are postpartum amenorrheic and say that the birth was mistimed: would have wanted to wait.

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

- are not pregnant and not postpartum amenorrheic and are fecund and say they do not want any more children OR
- are pregnant and say they do not want to have a child OR
- are postpartum amenorrheic and say that they did not want the birth.

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting.

Met need for limiting includes women who are using (or whose partner is using) a contraceptive method and who want no more children, are using male or female sterilization or declare themselves as infecund. Met need for spacing includes women who are using (or whose partner is using) a contraceptive method and who want to have another child or are undecided whether to have another child. The total of met need for spacing and limiting add up to the total met need for contraception.

9 *A women is postpartum amenorrheic if she had a birth in the last two years, is not currently pregnant and her menstrual period has not returned since the birth of the last child.*
A women is considered infecund if she is neither pregnant nor postpartum amenorrheic and (1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had a hysterectomy OR (2) she declares that she has had a hysterectomy, or that she has never menstruated or that she is menopausal or that she has been trying to get pregnant for two or more years without result in response to questions on why she thinks she is not physically able to get pregnant at the time of survey OR (3) she declares she cannot get pregnant when asked about desire for future birth OR (4) she has not had a birth in the preceding five years, is currently not using contraception and is currently married and was continuously married during the last five years preceding the survey

Table RH.5: Met and unmet need for contraception

Percentage of women aged 15–49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, Barbados, 2012

		Met need for contra-ception – for spacing	Met need for contra-ception – for limiting	Met need for contra-ception – total	Unmet need for contra-ception – for spacing	Unmet need for contra-ception – for limiting	Unmet need for contrace ption – Total [1]	Number of women currently married or in union	Percent-age of demand for contra-ception satisfied	Number of women currently married or in union with need for contra-ception
Stratum	1. St. Michael	19.4	34.0	53.4	12.4	13.2	25.6	302	67.6	239
	2. Christ Church and St. Philip	27.1	36.5	63.6	7.1	6.2	13.3	297	82.7	228
	3. St. James, St. George and St. Thomas	26.0	38.3	64.3	10.2	9.9	20.2	191	76.1	162
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	21.3	35.8	57.1	8.2	12.7	20.9	208	73.2	162
Area	Urban	22.7	35.2	57.9	10.8	10.0	20.8	638	73.6	501
	Rural	24.5	37.3	61.8	7.3	11.1	18.4	360	77.1	289
Age	15–19	46.9	7.8	54.7	23.8	13.5	37.3	61	59.4	56
	20–24	41.3	11.9	53.2	28.6	5.1	33.7	112	61.2	98
	25–29	44.1	25.0	69.1	13.5	3.9	17.5	169	79.8	146
	30–34	25.0	38.6	63.6	7.4	8.4	15.8	179	80.1	142
	35–39	16.9	47.0	63.9	2.9	11.9	14.8	177	81.2	139
	40–44	4.4	50.7	55.1	2.7	17.2	19.9	152	73.4	114
	45–49	1.2	46.9	48.1	2.0	14.2	16.2	147	74.8	95
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15
	Secondary	16.7	35.1	51.8	10.4	14.1	24.5	473	67.9	361
	Post-secondary/ non-tertiary	22.8	47.4	70.1	4.7	12.7	17.3	135	80.2	118
	Tertiary/ university	33.2	32.2	65.4	10.8	4.2	15.0	368	81.3	296
Wealth index quintiles	Poorest	18.5	34.4	52.9	10.7	13.3	24.0	154	68.8	119
	Second	21.7	33.4	55.0	9.8	18.3	28.1	173	66.2	144
	Middle	23.1	32.4	55.5	10.4	12.7	23.2	211	70.6	166
	Fourth	22.1	41.2	63.3	7.9	7.6	15.5	235	80.4	185
	Richest	29.6	36.7	66.3	9.4	3.1	12.5	225	84.1	177
Total		23.3	35.9	59.3	9.5	10.4	19.9	998	74.8	790

[1] MICS indicator 5.4; MDG indicator 5.6.

(*) Figures based on less than 25 un-weighted cases.

( ) Figures based on 25–49 un-weighted cases.

Table RH.5 shows that the total met need for contraception in Barbados is 59.3 per cent, for limiting is 35.9 per cent and for spacing is 23.3 per cent. It also shows that the total unmet need for contraception is 19.9 per cent and is highest in Stratum 1 (25.6 per cent) compared to other strata. Unmet need is negatively associated with household wealth, with the wealthiest households having the lowest levels of unmet need (12.5 per cent) compared to the poorest households (24.0 per cent).

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. This is defined as the proportion of women currently married or in a marital union who are currently using contraception of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting) plus those who are currently using contraception. Among women aged 15–49 years currently married or in union, 74.8 per cent have satisfied their demand for contraception. Demand for contraception satisfied is highest among the richest households (84.1 per cent) and those with higher levels of education – post–secondary/non-tertiary (80.2 per cent) and tertiary/university (81.3 per cent) – and lowest among the second poorest quintile (66.2 per cent).

ANTENATAL CARE

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their babies. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women deliver with the assistance of a skilled health-care provider.

The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life saving for both the mother and baby. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

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

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

The type of personnel in Barbados providing antenatal care to women aged 15–49 years who gave birth in the two years preceding the MICS is presented in Table RH.6. The results show that a relatively small percentage of women (6.6 per cent) did not receive antenatal care. Although this is quite low, efforts need to be intensified to ensure that all pregnant women receive antenatal

care. The percentage in rural areas is 8.3 per cent compared to 5.6 per cent in urban areas. Nine out of ten pregnant women (89.3 per cent) receive antenatal care provided by a medical doctor. A minority of women receive care from a nurse or midwife (4.1 per cent). Use of skilled personnel for antenatal care is 93.4 per cent.

Table RH.6: Antenatal care provider
Percentage distribution of women aged 15–49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Barbados, 2012

		Person providing antenatal care			Total	At least once by skilled personnel [1]	Number of women who gave birth in the preceding two years
		Doctor	Nurse/ midwife	No antenatal care received			
Stratum	1. St. Michael	(87.2)	(4.2)	(8.6)	100.0	(91.4)	56
	2. Christ Church and St. Philip	(91.2)	(5.8)	(3.0)	100.0	(97.0)	36
	3. St. James, St. George and St. Thomas	(93.2)	(4.5)	(2.3)	100.0	(97.7)	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(86.0)	(0.0)	(14.0)	100.0	(86.0)	20
Area	Urban	89.5	4.9	5.6	100.0	94.4	89
	Rural	89.1	2.6	8.3	100.0	91.7	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	100.0	(*)	11
	20–34	86.8	4.6	8.6	100.0	91.4	104
	35–49	(96.2)	(3.8)	(0.0)	100.0	(100.0)	28
Woman's education level	Secondary	84.9	5.4	9.7	100.0	90.3	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	100.0	(*)	19
	Tertiary/ university	95.3	1.9	2.7	100.0	97.3	54
Wealth index quintiles	Poorest	(76.5)	(4.7)	(18.7)	100.0	(81.3)	29
	Second	(73.0)	(13.2)	(13.7)	100.0	(86.3)	28
	Middle	(97.5)	(2.5)	(0.0)	100.0	(100.0)	30
	Fourth	(100.0)	(0.0)	(0.0)	100.0	(100.0)	29
	Richest	(100.0)	(0.0)	(0.0)	100.0	(100.0)	26
Total		89.3	4.1	6.6	100.0	93.4	142

[1] MICS indicator 5.5a; MDG indicator 5.5.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

UNICEF and WHO recommend a minimum of four antenatal care visits during pregnancy. Table RH.7 shows the number of antenatal care visits during the last pregnancy during the two years preceding the survey, regardless of provider. Almost nine out of ten mothers (87.9 per cent) receive antenatal care more than four times. However, this figure should be treated with caution as 10.9 per cent of women did not know how many visits were made or had missing data on this question.

Table RH.7: Number of antenatal care visits
Percentage of women who had a live birth during the two years preceding the survey by number of antenatal care visits by any provider, Barbados, 2012

		Percentage of women who had:				Total	Number of women who gave birth in the preceding two years
		No antenatal care visits	Three visits	4 or more visits [1]	Missing/DK		
Stratum	1. St. Michael	(1.7)	(0.0)	(83.7)	(14.6)	100.0	56
	2. Christ Church and St. Philip	(0.0)	(0.0)	(84.6)	(15.4)	100.0	36
	3. St. James, St. George, and St. Thomas	(0.0)	(2.4)	(94.9)	(2.7)	100.0	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph, and St. John	(0.0)	(0.0)	(95.1)	(4.9)	100.0	20
Area	Urban	1.1	0.0	82.7	16.2	100.0	89
	Rural	0.0	1.4	96.7	1.9	100.0	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	(*)	100.0	11
	20–34	0.9	0.0	85.1	13.9	100.0	104
	35–49	(0.0)	(2.6)	(93.7)	(3.7)	100.0	28
Woman's education level	Secondary	0.0	1.0	85.7	13.3	100.0	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	100.0	19
	Tertiary/ university	1.8	0.0	88.4	9.8	100.0	54
Wealth index quintiles	Poorest	(3.3)	(0.0)	(87.5)	(9.2)	100.0	29
	Second	(0.0)	(0.0)	(76.2)	(23.8)	100.0	28
	Middle	(0.0)	(2.5)	(91.6)	(5.9)	100.0	30
	Fourth	(0.0)	(0.0)	(90.1)	(9.9)	100.0	29
	Richest	(0.0)	(0.0)	(94.4)	(5.6)	100.0	26
Total		0.7	0.5	87.9	10.9	100.0	142

1] MICS indicator 5.5b; MDG indicator 5.5.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

The types of services pregnant women received during antenatal care are shown in Table RH.8. Among those women who had a live birth during the two years preceding the survey, 99.3 per cent of women indicated receiving all three tests – blood sample test, blood pressure measured and urine specimen test – during antenatal care visits.

Table RH.8: Content of antenatal care
Percentage of women aged 15–49 years who had their blood pressure measured, urine sample taken and blood sample taken as part of antenatal care, Barbados, 2012

		Percentage of pregnant women who had:			Blood pressure measured, urine specimen and blood sample taken [1]	Number of women who gave birth in two years preceding survey
		Blood pressure measured	Urine specimen taken	Blood test taken		
Stratum	1. St. Michael	(98.3)	(98.3)	(98.3)	(98.3)	56
	2. Christ Church and St. Philip	(100.0	(100.0)	(100.0)	(100.0)	36
	3. St. James, St. George and St. Thomas	(100.0)	(100.0)	(100.0)	(100.0)	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(100.0)	(100.0)	(100.0)	(100.0)	20
Area	Urban	98.9	98.9	98.9	98.9	89
	Rural	100.0	100.0	100.0	100.0	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	(*)	11
	20–34	99.1	99.1	99.1	99.1	104
	35–49	(100.0)	(100.0)	(100.0)	(100.0)	28
Woman's education level	Secondary	100.0	100.0	100.0	100.0	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	19
	Tertiary/ university	98.2	98.2	98.2	98.2	54
Wealth index quintiles	Poorest	(96.7)	(96.7)	(96.7	96.7	29
	Second	(100.0)	(100.0)	(100.0)	(100.0)	28
	Middle	(100.0)	(100.0)	(100.0)	(100.0)	30
	Fourth	(100.0)	(100.0)	(100.0)	(100.0)	29
	Richest	(100.0)	(100.0)	(100.0)	(100.0)	26
Total		99.3	99.3	99.3	99.3	142

[1] MICS indicator 5.6.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table RH.9: Assistance during delivery

Percentage distribution of women aged 15–49 who had a live birth in the two years preceding the survey by person assisting at delivery and percentage of births delivered by C-section, Barbados, 2012

		Person assisting at delivery				Total	Any skilled personnel [1]	Percentage delivered by C-section [2]	Number of women who gave birth in preceding two years
		Doctor	Nurse / midwife	Community health worker	No attendant				
Stratum	1. St. Michael	(58.0)	(40.3)	(0.0)	(1.7)	100.0	(98.3)	(27.1)	56
	2. Christ Church and St. Philip	(68.6)	(31.4)	(0.0)	(0.0)	100.0	(100.0)	(16.6)	36
	3. St. James, St. George and St. Thomas	(57.3)	(42.7)	(0.0)	(0.0)	100.0	(100.0)	(24.2)	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(42.1)	(55.0)	(2.9)	(0.0)	100.0	(97.1)	(8.9)	20
Area	Urban	61.8	36.5	0.6	1.1	100.0	98.3	23.0	89
	Rural	52.4	47.6	0.0	0.0	100.0	100.0	18.5	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	(*)	100.0	(*)	(*)	11
	20–34	53.7	44.8	0.5	0.9	100.0	98.5	20.4	104
	35–49	(83.3)	(16.7)	(0.0)	(0.0)	100.0	(100.0)	(32.9)	28
Place of delivery	Public sector health facility	56.1	42.7	0.4	0.8	100.0	98.8	21.5	128
	Private sector health facility	(*)	(*)	(*)	(*)	(*)	(*)	(*)	14
Woman's education level	Secondary	54.4	44.7	0.8	0.0	100.0	99.2	19.5	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19
	Tertiary/ university	62.3	35.9	0.0	1.8	100.0	98.2	24.6	54
Wealth index quintiles	Poorest	(54.2)	(45.8)	(0.0)	(0.0)	(100.0)	(100.0)	(24.5)	29
	Second	(34.4)	(60.1)	(2.0)	(3.5)	(100.0)	(94.5)	(14.7)	28
	Middle	(49.7)	(50.3)	(0.0)	(0.0)	(100.0)	(100.0)	(10.3)	30
	Fourth	(75.9)	(24.1)	(0.0)	(0.0)	(100.0)	(100.0)	(26.9)	29
	Richest	(78.7)	(21.3)	(0.0)	(0.0)	(100.0)	(100.0)	(31.0)	26
Total		58.3	40.6	0.4	0.7	100.0	98.9	21.3	142

[1] MICS indicator 5.7; MDG indicator 5.2.
[2] MICS indicator 5.9.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

ASSISTANCE AT DELIVERY

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the MDG 5 target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant, which includes a doctor, nurse or midwife. About 98.9 per cent of births in the two years preceding the MICS in Barbados were handled by skilled personnel (Table RH.9). About one out of every three births (40.6 per cent) were delivered with assistance by a nurse/midwife, while doctors assisted with the delivery of about two out of every three births (58.3 per cent). About one out of every five births (21.3 per cent) was delivered by Caesarian (C-)section. More C-sections occurred in urban areas (23.0 per cent) than in rural areas (18.5 per cent).

PLACE OF DELIVERY

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

All births in Barbados are delivered in a health facility (see Table RH.10); nine out of ten deliveries (89.8 per cent) occur in public sector facilities while just one out of ten (10.2 per cent) occurs in private sector facilities. No births take place at home.

Table RH.10: Place of delivery

Percentage distribution of women aged 15–49 with a birth in two years preceding the survey by place of delivery, Barbados, 2012

		Place of delivery		Total	Delivered in health facility [1]	Number of women who gave birth in preceding two years
		Public sector health facility	Private sector health facility			
Stratum	1. St. Michael	(100.0)	(0.0)	100.0	(100.0)	56
	2. Christ Church and St. Philip	(70.5)	(29.5)	100.0	(100.0)	36
	3. St. James, St. George and St. Thomas	(87.2)	(12.8)	100.0	(100.0)	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(100.0)	(0.0)	100.0	(100.0)	20
Area	Urban	90.8	9.2	100.0	100.0	89
	Rural	88.2	11.8	100.0	100.0	53
Mother's age at birth	Less than 20	(*)	(*)	100.0	(*)	11
	20–34	89.8	10.2	100.0	100.0	104
	35–49	(85.9)	(14.1)	100.0	(100.0)	28
Percentage of women who had:	None	(*)	(*)	(*)	(*)	1
	1–3 visits	(*)	(*)	(*)	(*)	1
	4 or more visits	89.6	10.4	100.0	100.0	125
	Missing/DK	(*)	(*)	(*)	(*)	15
Woman's education level	Secondary	97.3	2.7	100.0	100.0	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	19
	Tertiary/ university	78.0	22.0	100.0	100.0	54
Wealth index quintiles	Poorest	(100.0)	(0.0)	(100.0)	(100.0)	29
	Second	(98.0)	(2.0)	(100.0)	(100.0)	28
	Middle	(87.7)	(12.3)	(100.0)	(100.0)	30
	Fourth	(78.8)	(21.2)	(100.0)	(100.0)	29
	Richest	(84.4)	(15.6)	(100.0)	(100.0)	26
Total		89.8	10.2	100.0	100.0	142

[1] MICS indicator 5.8.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

POST-NATAL HEALTH CHECKS

The time of birth and immediately afterwards is a critical window of opportunity to deliver life-saving interventions for both the mother and newborn. Across the world, approximately 3 million newborns annually die in the first month of life[11] and the majority of these deaths occur within a day or two of birth,[12] which is also the time when the majority of maternal deaths occur.[13]

Despite the importance of the first few days following birth, large-scale, nationally representative household survey programmes have not systematically included questions on the post-natal period and care for the mother and newborn. In 2008, the Countdown to 2015 initiative, which monitors progress on maternal, newborn and child health interventions, highlighted this data gap and called not only for post-natal care (PNC) programmes to be strengthened but also for better data availability and quality.[14]

Following the establishment and discussions of an Inter-Agency Group on PNC – and drawing on lessons learned from earlier attempts of collecting PNC data – a new questionnaire module for the MICS was developed and validated. Named the Post-natal Health Checks (PNHC) module, the objective is to collect information on newborns' and mothers' contact with a provider, not content of care. The rationale for this is that as PNC programmes scale up, it is important to measure the coverage of that scale up and ensure that the platform for providing essential services is in place. Content is considered more difficult to measure, particularly because the respondent is asked to recall services delivered up to two years preceding the interview.

Table RH.11 presents the percentage distribution of women aged 15–49 who gave birth in a health facility in the two years preceding the survey by duration of stay in the facility following the delivery, according to background characteristics.

All women who gave birth in a health facility stayed there for 12 hours or more after delivery. In terms of duration of stay, 2.6 per cent of women stayed 12 –23 hours, about half of women (48.4 per cent) stayed for 1–2 days and the other half (49 per cent) stayed for three days or more.

Safe motherhood programmes have recently increased emphasis on the importance of PNC, recommending that all women and newborns receive a health check within two days of delivery. To assess the extent of PNC utilization, women were asked whether they and their newborn received a health check after the delivery, the timing of the first check and the type of health provider for the last birth in the two years preceding the survey.

11 *Liu, Li, Hope L. Johnson, Simon Cousens, et al., 'Global, Regional, and National Causes of Child Mortality in 2000–2010: An updated systematic analysis', The Lancet, vol. 379, no. 9832, 9 June 2012, pp. 2151–61.*

12 *Lawn, Joy E., Simon Cousens and Jelka Zupan, '4 Million Neonatal Deaths: When? Where? Why?', The Lancet, vol. 365, no. 9462, 3 March 2005, pp. 891–900.*

13 *World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, 'Trends in Maternal Mortality: 1990–2010', WHO, Geneva, 2012.*

14 *United Nations Children's Fund, 'Countdown to 2015: Tracking progress in maternal, newborn and child survival – The 2008 Report', UNICEF, New York, 2008.*

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

Percentage distribution of women aged 15–49 years who gave birth in a health facility in the two years preceding the survey by duration of stay in health facility following their last live birth, Barbados, 2012

		Duration of stay in health facility:						Total	12 hours or more [1]	Number of women who gave birth in a health facility in the preceding two years
		Less than 6 hours	6–11 hours	12–23 hours	1–2 days	3 days or more	Missing/ DK			
Area	Urban	0.0	0.0	2.8	45.9	51.2	0.0	100.0	100.0	89
	Rural	0.0	0.0	2.1	52.6	45.2	0.0	100.0	100.0	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	11
	20–34	0.0	0.0	3.5	50.4	46.1	0.0	100.0	100.0	104
	35–49	(0.0)	(0.0)	(0.0)	(50.9)	(49.1)	(0.0)	100.0	(100.0)	28
Percentage of women who had:	None	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	1
	1–3 visits	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	1
	4 or more visits	0.0	0.0	2.9	50.2	46.9	0.0	100.0	100.0	125
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	15
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	0
	Primary	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	0
	Secondary	0.0	0.0	3.7	47.3	49.0	0.0	100.0	100.0	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	19
	Tertiary/ university	0.0	0.0	2.1	45.7	52.2	0.0	100.0	100.0	54
Wealth index quintiles	Poorest	(0.0)	(0.0)	(0.0)	(29.5)	(70.5)	(0.0)	100.0	(100.0)	29
	Second	(0.0)	(0.0)	(0.0)	(60.1)	(39.9)	(0.0)	100.0	(100.0)	28
	Middle	(0.0)	(0.0)	(0.0)	(62.9)	(37.1)	(0.0)	100.0	(100.0)	30
	Fourth	(0.0)	(0.0)	(12.5)	(42.4)	(45.2)	(0.0)	100.0	(100.0)	29
	Richest	(0.0)	(0.0)	(0.0)	(47.8)	(52.2)	(0.0)	100.0	(100.0)	26
Type of health facility	Home	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	0
	Public	0.0	0.0	1.9	48.4	49.7	0.0	100.0	100.0	128
	Private	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	14
	Other/ DK/ missing	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	0
Type of delivery	C-section	(0.0)	(0.0)	(0.0)	(20.6)	(79.4)	(0.0)	100.0	(100.0)	30
	Not via C-section	0.0	0.0	3.3	56.0	40.8	0.0	100.0	100.0	112
Total		0.0	0.0	2.6	48.4	49.0	0.0	100.0	100.0	142

[1] MICS indicator 5.10.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

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

Table RH.12 shows that 98.4 per cent of newborns receive a health check following birth while in a facility or at home. With regards to PNC visits, these predominantly occurred either on the same (14.8 per cent), first (5.6 per cent) or second day (2.8 per cent) or after the first week following delivery (35.4 per cent). About one in every four

Table RH.12: Post-natal health checks for newborns
Percentage of newborns born in the last two years who received health checks and post-natal care (PNC) visits from any health provider after birth, Barbados, 2012

			PNC visit									
		Health check following birth while in facility or at home	Same day	1 day following birth	2 days following birth	3–6 days following birth	After the first week following birth	No post-natal care visit	Missing/ DK	Total	Post-natal health check for the newborn [1]	Number of last births in the two years preceding the survey
Area	Urban	97.5	9.6	1.7	4.5	6.4	35.7	35.0	7.1	100.0	97.5	89
	Rural	100.0	23.6	12.1	0.0	8.2	34.7	15.9	5.4	100.0	100.0	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	11
	20–34	97.9	13.1	6.9	2.6	8.2	34.3	31.0	3.9	100.0	97.9	104
	35–49	(100.0)	(19.2)	(0.0)	(4.9)	(2.6)	(43.0)	(16.8)	(13.4)	100.0	(100.0)	28
Place of birth	Public sector health facility	98.3	14.0	4.1	3.1	5.1	37.8	29.0	6.9	100.0	98.3	128
	Private sector health facility	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	14
Woman's education level	Secondary	100.0	17.6	3.3	2.1	8.4	38.5	23.8	6.3	100.0	100.0	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	19
	Tertiary/ university	95.9	11.7	7.9	2.5	7.9	30.5	34.0	5.4	100.0	95.9	54
Wealth index quintiles	Poorest	(100.0)	(1.9)	(4.9)	(3.0)	(13.1)	(41.5)	(20.8)	(14.8)	100.0	(100.0)	29
	Second	(96.5)	(18.1)	(2.7)	(6.3)	(2.0)	(28.9)	(36.9)	(5.1)	100.0	(96.5)	28
	Middle	(100.0)	(22.3)	(9.4)	(0.0)	(6.5)	(31.1)	(29.4)	(1.3)	100.0	(100.0)	30
	Fourth	(100.0)	(22.8)	(0.0)	(4.6)	(3.9)	(40.5)	(24.6)	(3.5)	100.0	(100.0)	29
	Richest	(95.2)	(8.4)	(11.4)	(0.0)	(10.0)	(34.3)	(28.3)	(7.6)	100.0	(95.2)	26
Total		98.4	14.8	5.6	2.8	7.1	35.4	27.9	6.5	100.0	98.4	142

[1] MICS indicator 5.11.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

newborns (27.9 per cent) did not receive a PNC visit. Doctors/nurses provided 100 per cent of PNC to newborns within a week of birth (data not shown).

Table RH.13 present information collected on PNHC for mothers. As with Table RH.12, please be reminded that health checks following birth while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas post-natal care visits refer to a separate visit to check on the health of the mother and provide preventive care services and therefore do not include health checks following birth while in facility or at home. The PNHC indicator includes any health check after birth received while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Table RH.13 shows that almost all mothers (96.9 per cent) received a health check following birth

Table RH.13: Post-natal health checks for mothers
Percentage of women aged 15–49 years who gave birth in the two years preceding the survey who received health checks and post-natal care (PNC) visits from any health provider after birth, Barbados, 2012

			PNC visit									
		Health check following birth while in facility or at home	Same day	1 day following birth	2 days following birth	3–6 days following birth	After the first week following birth	No post-natal care visit	Missing/DK	Total	Post-natal health check for the mother [1]	Number of women who gave birth in the two years preceding the survey
Area	Urban	95.9	8.6	3.4	1.3	8.0	39.5	35.6	3.7	100.0	95.9	89
	Rural	98.5	9.9	9.4	0.0	7.8	50.2	21.3	1.3	100.0	98.5	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	11
	20–34	96.7	9.7	4.1	1.2	8.3	42.9	30.0	3.8	100.0	96.7	104
	35–49	(100.0)	(2.3)	(8.1)	(0.0)	(6.6)	(55.8)	(27.2)	(0.0)	100.0	(100.0)	28
Place of birth	Public sector health facility	96.5	8.0	6.3	0.9	8.2	43.5	30.0	3.1	100.0	96.5	128
	Private sector health facility	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	14
Type of delivery	Vaginal birth	96.0	10.3	7.2	0.0	7.1	45.0	28.6	1.9	100.0	96.0	112
	C-section	(100.0)	(4.8)	(0.0)	(3.9)	(10.9)	(37.6)	(36.6)	(6.2)	100.0	(100.0)	30
Woman's education level	Secondary	98.9	10.3	4.3	0.0	9.5	48.4	23.1	4.3	100.0	98.9	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	19
	Tertiary/ university	95.1	8.9	6.7	0.0	5.7	35.5	41.4	1.8	100.0	95.1	54
Wealth index quintiles	Poorest	(100.0)	(7.5)	(12.5)	(0.0)	(13.1)	(35.8)	(20.9)	(10.2)	100.0	(100.0)	29
	Second	(100.0)	(10.3)	(0.0)	(4.3)	(1.7)	(40.1)	(40.2)	(3.5)	100.0	(100.0)	28
	Middle	(100.0)	(2.2)	(0.0)	(0.0)	(2.3)	(67.6)	(27.8)	(0.0)	100.0	(100.0)	30
	Fourth	(96.5)	(12.1)	(2.5)	(0.0)	(8.0)	(42.7)	(34.7)	(0.0)	100.0	(96.5)	29
	Richest	(86.9)	(14.2)	(13.8	(0.0)	(15.0)	(28.9)	(28.1)	(0.0)	100.0	(86.9)	26
Total		96.9	9.1	5.6	0.8	7.9	43.4	30.3	2.8	100.0	96.9	142

[1] MICS indicator 5.12.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

while in a facility or at home. A total of 30.3 per cent of mothers did not receive a PNC visit. About two out of every five mothers (43.4 per cent) only received a PNC visit after the first week following birth. Doctors/nurses provided 100 per cent of PNC to mothers within a week of birth (data not shown).

Table RH.14 presents the distribution of women with a live birth in the two years preceding the survey by receipt of health checks or PNC visits within two days of birth for the mother and the newborn, thus combining the indicators presented in tables RH.12 and RH.13. The Barbados MICS shows that for almost all live births (95.7 per cent), both the mothers and their newborns received either a health check following birth or a timely PNC visit, whereas less than 1 per cent of births (0.9 per cent) received neither health checks nor timely visits.

Table RH.14: Post-natal health checks for mothers and newborns

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

		Health checks or PNC visits within 2 days of birth for:				Total	Number of women aged 15–49 years who gave birth in the 2 years preceding the survey
		Both mothers and newborns	Newborns only	Neither mother nor newborn	Missing		
Area	Urban	94.8	2.7	1.4	1.1	100.0	89
	Rural	97.2	1.5	0.0	1.3	100.0	53
Mother's age at birth	Less than 20	(*)	(*)	(*)	(*)	100.0	11
	20–34	95.1	2.1	1.2	1.6	100.0	104
	35–49	(100.0)	(0.0)	(0.0)	(0.0)	100.0	28
Place of birth	Public sector health facility	95.2	2.5	1.0	1.3	100.0	128
	Private sector health facility	(*)	(*)	(*)	(*)	100.0	14
Type of delivery	Vaginal birth	95.2	2.8	1.1	0.9	100.0	112
	C-section	(97.7)	(0.0)	(0.0)	(2.3)	100.0	30
Woman's education level	Secondary	97.9	1.1	0.0	1.0	100.0	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	100.0	19
	Tertiary/ university	93.4	2.5	2.3	1.8	100.0	54
Wealth index quintiles	Poorest	(97.6)	(0.0)	(0.0)	(2.4)	100.0	29
	Second	(96.5)	(0.0)	(0.0)	(3.5)	100.0	28
	Middle	(100.0)	(0.0)	(0.0)	(0.0)	100.0	30
	Fourth	(96.5)	(3.5)	(0.0)	(0.0)	100.0	29
	Richest	(86.9)	(8.3)	(4.8)	(0.0)	100.0	26
Total		95.7	2.2	0.9	1.2	100.0	142

( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

8. CHILD DEVELOPMENT

EARLY CHILDHOOD EDUCATION AND LEARNING

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

About nine out of ten children aged 36–59 months (89.7 per cent) in Barbados are attending an organized early childhood education programme (Table CD.1). These figures may overlap with primary school attendance as children as young as 48 months may already enter primary school. While urban-rural differences are small, attendance by stratum varies: 98.3 per cent attend such a programme in Stratum 3 compared with 79.6 per cent in Stratum 4. More children aged 48–59 months (95.1 per cent) attend some form of organized early childhood education programme compared to children aged 36–47 months (82.9 per cent). The children of mothers with tertiary/ university education (95.8 per cent) are more likely to attend such a programme compared to children of mothers with secondary education (87.4 per cent).

Table CD.1: Early childhood education
Percentage of children aged 36–59 months who are attending some form of organized early childhood education programme, Barbados, 2012

		Percentage of children aged 36–59 months currently attending early childhood education [1]	Number of children aged 36–59 months
Sex	Male	88.3	108
	Female	91.2	94
Stratum	1. St. Michael	92.1	63
	2. Christ Church and St. Philip	87.7	61
	3. St. James, St. George and St. Thomas	98.3	40
	4. St. Lucy, St. Peter, St. Andrew, St Joseph and St. John	(79.6)	38
Area	Urban	90.6	127
	Rural	88.0	75
Age of child	36–47 months	82.9	90
	48–59 months	95.1	112
Mother's education level	Primary	(*)	4
	Secondary	87.4	103
	Post-secondary/ non-tertiary	(84.5)	35
	Tertiary/ university	95.8	60
Wealth index quintiles	Poorest	(90.1)	41
	Second	(70.5)	34
	Middle	(93.8)	45
	Fourth	(93.4)	44
	Richest	(97.1)	38
Total		89.7	202

[1] MICS indicator 6.7.
( ) Figures based on 25–49 unweighted cases.
(*) Figures based on less than 25 unweighted cases.

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

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

For almost all children aged 35–59 months (96.6 per cent), an adult household member engaged in four or more activities that promote learning and school readiness during the three days preceding the survey (Table CD.2). The average number of activities that any adult household member engaged in with children was 5.6 per cent. The table also indicates that the father's involvement in such activities was relatively low (mean number of activities: 1.9). However, about half of fathers (45.9 per cent) were engaged with one or more activities with the children. About half of children (55.0 per cent) were not living with their natural fathers.

While differences by sex and age of the child did not vary, participation by the father varied considerably by strata. In Stratum 1, father's participation was 36 per cent while in Stratum 2 it was over 55 per cent.

Table CD.2: Support for learning

Percentage of children aged 36–59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days, Barbados, 2012

		Percentage of children aged 36–59 months		Mean number of activities in which:			
		With whom adult household members engaged in four or more activities [1]	With whom the father engaged in one or more activities [2]	Any adult household member engaged with the child	The father engaged with the child	Percentage of children not living with their natural father	Number of children aged 36–59 months
Sex	Male	96.7	46.8	5.6	1.9	57.4	108
	Female	96.5	44.9	5.6	1.9	52.3	94
Stratum	1. St. Michael	90.5	36.0	5.4	1.3	57.4	63
	2. Christ Church and St. Philip	100.0	55.6	5.8	2.2	50.9	61
	3. St. James, St. George and St. Thomas	98.8	44.8	5.8	2.4	60.2	40
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(98.7)	(48.0)	(5.7)	(2.0)	(52.2)	38
Area	Urban	94.9	47.1	5.5	1.8	52.0	127
	Rural	99.4	43.8	5.8	2.1	60.1	75
Age	36–47 months	98.6	46.6	5.8	1.8	53.6	90
	48–59 months	95.0	45.4	5.5	2.0	56.1	112
Mother's education level	Primary	(*)	(*)	(*)	(*)	(*)	4
	Secondary	93.8	31.3	5.5	1.2	58.2	103
	Post-secondary/ non-tertiary	(100.0)	(55.0)	(5.8)	(2.7)	(48.6)	35
	Tertiary/ university	99.2	69.1	5.8	2.9	53.2	60
Father's education	No education	(*)	(*)	(*)	(*)	(*)	1
	Primary	(*)	(*)	(*)	(*)	(*)	1
	Secondary	94.4	65.2	5.5	2.7	0.0	56
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	(*)	15
	Tertiary/university	(*)	(*)	(*)	(*)	(*)	17
	Father not in household	96.6	24.7	5.7	0.9	100.0	111
Wealth index quintiles	Poorest	(100.0)	(34.2)	(5.7)	(1.3)	(60.9)	41
	Second	(100.0)	(40.4)	(5.5)	(1.4)	(57.0)	34
	Middle	(89.1)	(44.8)	(5.4)	(2.1)	(61.4)	45
	Fourth	(95.5)	(55.5)	(5.7)	(2.1)	(50.0)	44
	Richest	(100.0)	(53.5)	(5.9)	(2.7)	(45.1)	38
Total		96.6	45.9	5.6	1.9	55.0	202

[1] MICS indicator 6.1.
[2] MICS Indicator 6.2.
1 un-weighted case of DK on father's education is not shown in the table.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Exposure to books in the early years can instil in the child a love of reading and learning and is important for later school performance. The mothers/caretakers of all children under 5 were asked about the number of children's books or picture books they have for the child, home-made toys or toys that came from a shop that are available at home and household objects or outside objects that the child plays with.

More than four out of five children aged 0–59 months (85.0 per cent) in Barbados live in households where at least three children's books are present (Table CD.3). The proportion of children with ten or more books is two in three (66.9 per cent). The presence of three or more and ten or more books does not vary much by sex of child and urban/rural areas. However, the education level of the mother does seem to affect this indicator positively as children of mothers with higher levels of education are more likely to have 10 or more books at home.

Table CD.3 also shows that about three in four children aged 0–59 months (75.7 per cent) had two or more types of playthings in their homes. The types of playthings included in the MICS are home-made toys (such as dolls, cars or other toys made at home), toys that came from a store and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells or leaves).

The largest proportion of children (94.6 per cent) play with toys that come from a store compared to those playing with home-made toys (38.6 per cent). The children living in rural areas (79.9 per cent), those in Stratum 4 (82.4 per cent) and Stratum 3 (81.6 per cent) and those aged 24–59 months (82.6 per cent) were more likely to have two or more playthings.

Table CD.3: Learning materials

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

		Household has for the child:		Child plays with:				
		3 or more children's books [1]	10 or more children's books	Home-made toys	Toys from a shop/ manufactured toys	Household objects/objects found outside	Two or more types of playthings [2]	Number of children under age 5
Sex	Male	84.8	67.3	37.7	95.7	70.8	77.1	252
	Female	85.1	66.6	39.6	93.2	70.3	74.1	213
Stratum	1. St. Michael	85.3	62.4	31.7	93.4	61.6	67.5	169
	2. Christ Church and St. Philip	83.0	65.6	36.1	96.8	73.2	78.1	122
	3. St. James, St. George and St. Thomas	88.9	79.5	47.1	93.8	78.8	81.6	90
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	82.8	64.5	46.9	94.4	76.0	82.4	84
Area	Urban	84.9	65.7	36.4	94.7	67.7	73.4	299
	Rural	85.1	69.3	42.5	94.2	75.7	79.9	166
Age	0–23 months	61.3	39.0	31.7	87.0	58.6	62.5	159
	24–59 months	97.3	81.5	42.2	98.5	76.8	82.6	306
Mother's education level	Primary	(*)	(*)	(*)	(*)	(*)	(*)	7
	Secondary	81.9	60.1	41.0	95.3	64.7	72.1	239
	Post-secondary/ non-tertiary	88.9	69.8	42.2	92.6	74.5	80.4	70
	Tertiary/ university	87.3	75.9	33.4	94.2	77.7	79.3	148
Wealth index quintiles	Poorest	82.7	53.9	36.6	96.9	65.0	67.7	89
	Second	81.3	52.4	45.8	91.8	77.3	79.2	92
	Middle	90.7	77.3	40.4	95.0	66.4	79.7	105
	Fourth	81.9	71.1	33.0	93.3	70.0	74.5	110
	Richest	89.0	80.8	37.7	96.5	76.2	77.3	69
Total		85.0	66.9	38.6	94.6	70.6	75.7	465

[1] MICS indicator 6.3.
[2] MICS indicator 6.4.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

INADEQUATE CARE

Leaving children alone or with only other young children is known to increase the risk of accidents. In the MICS, two questions were asked to find out whether children aged 0–59 months were left alone during the week preceding the interview or were left in the care of other children under 10 years of age.

Table CD.4 shows that 0.9 per cent of children aged 0–59 months in Barbados were left in the care of other children younger than 10 years of age while 1.4 per cent were left alone during the week preceding the interview. Combining the two care indicators, the table shows that overall 1.4 per cent of children were left with inadequate care during that week. Given the overall low levels, there is little notable variation by background characteristics.

Table CD.4: Inadequate care
Percentage of children under age 5 left alone or left in the care of other children under the age of 10 years for more than one hour at least once during the past week, Barbados, 2012

		Percentage of children under age 5			
		Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week [1]	Number of children under age 5
Sex	Male	2.2	1.2	2.2	252
	Female	0.5	0.5	0.5	213
Stratum	1. St. Michael	1.7	0.9	1.7	169
	2. Christ Church and St. Philip	1.0	1.0	1.0	122
	3. St. James, St. George and St. Thomas	2.7	1.7	2.7	90
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	0.4	0.0	0.4	84
Area	Urban	1.6	0.9	1.6	299
	Rural	1.2	0.9	1.2	166
Age	0–23	2.1	0.7	2.1	159
	24–59	1.1	1.0	1.1	306
Mother's education level	Primary	(*)	(*)	(*)	7
	Secondary	1.4	1.3	1.4	239
	Post-secondary/ non-tertiary	1.7	1.7	1.7	70
	Tertiary/ university	1.4	0.0	1.4	148
Wealth index quintiles	Poorest	.4	0.0	0.4	89
	Second	1.7	1.7	1.7	92
	Middle	0.0	0.0	0.0	105
	Fourth	2.4	2.4	2.4	110
	Richest	3.1	0.0	3.1	69
Total		1.4	0.9	1.4	465

[1] MICS indicator 6.5.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

EARLY CHILDHOOD DEVELOPMENT

Early child development involves learning to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child's overall development.

A 10-item module developed for the MICS programme was used to calculate the early child development index (ECDI). This indicator is based on some benchmarks that children would be expected to have reached if they are developing as the majority of children in that age group. The primary purpose of the ECDI is to inform public policy regarding the developmental status of children.

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

- Literacy-numeracy: Children are identified as being on track based on their ability to do two of the following: identify/name at least 10 letters of the alphabet; read at least four simple, popular words; and know the name and recognize the symbols of all numbers from 1 to 10.

- Physical: If the child can pick up a small object, such as a stick or a rock, from the ground with two fingers and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being on track in the physical domain.

- Social-emotional: Children are considered to be on track if two of the following are true: the child gets along well with other children; the child does not kick, bite or hit other children; and the child does not get distracted easily

- Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be on track in this domain.

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

The results for Barbados are presented in Table CD.5. Almost all children aged 36–59 months (96.6 per cent) are developmentally on track based on their ECDI score. ECDI is higher among girls (98.6 per cent) than boys (94.8 per cent). The ECDI score is highest in Stratum 1 and 4 (100 per cent in both cases) compared to Stratum 2 and 3 (92.7 and 93.9 per cent, respectively). It should be noted that the ECDI by stratum is based on small numbers of cases, and care should be used when examining these differences. As expected (since children gain skills and mature with increasing age), ECDI is higher among children aged 48–59 months (98.7 per cent) compared to children aged 36–47 months (94.0 per cent).

An analysis of the four domains of child development show that all children (100 per cent) in the physical domain, almost all children (99.7 per cent) in the learning domain, nine out of ten children (89.9 per cent) in the literacy-numeracy domain and four out of five children (80.4 per cent) in the social-emotional domain are developmentally on track. Girls perform better than boys in the literacy-numeracy, social-emotional and learning domains, though there is no sex difference in the physical domain.

Table CD.5: Early child development index
Percentage of children aged 36–59 months who are developmentally on track in literacy-numeracy, physical, social-emotional and learning domains and the early child development index score, Barbados, 2012

		Percentage of children aged 36–59 months who are developmentally on track for indicated domains				Early child development index score [1]	Number of children aged 36–59 months
		Literacy-numeracy	Physical	Social-emotional	Learning		
Sex	Male	87.8	100.0	75.8	99.3	94.8	108
	Female	92.2	100.0	85.9	100.0	98.6	94
Stratum	1. St. Michael	91.0	100.0	81.9	100.0	100.0	63
	2. Christ Church and St. Philip	85.9	100.0	82.0	100.0	92.7	61
	3. St. James, St. George and St. Thomas	(90.4)	(100.0)	(79.1)	(100.0)	(93.9)	40
	4.St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(93.8)	(100.0)	(76.9)	(98.1)	(100.0)	38
Area	Urban	90.2	100.0	83.6	100.0	96.8	127
	Rural	89.3	100.0	75.2	99.1	96.2	75
Age	36–47 months	82.9	100.0	80.5	100.0	94.0	90
	48–59 months	95.5	100.0	80.4	99.4	98.7	112
Attendance to early childhood education	Attending	92.6	100.0	81.1	99.6	97.6	181
	Not attending	(*)	(*)	(*)	(*)	(*)	21
Mother's education level	Primary	(*)	(*)	(*)	(*)	(*)	4
	Secondary	89.3	100.0	80.5	100.0	97.0	103
	Post-secondary/ non-tertiary	(87.1)	(100.0)	(79.9)	(98.0)	(98.0)	35
	Tertiary/ university	93.8	100.0	83.9	100.0	96.9	60
Wealth index quintiles	Poorest	(84.6)	(100.0)	(72.0)	(100.0)	(100.0)	41
	Second	(75.9)	(100.0)	(70.0)	(100.0	(86.0)	34
	Middle	(95.1)	(100.0)	(86.0)	(98.4)	(97.2)	45
	Fourth	(98.0)	(100.0)	(81.3)	(100.0)	(98.0)	44
	Richest	(92.4)	(100.0)	(91.1)	(100.0)	(100.0)	38
Total		89.9	100.0	80.4	99.7	96.6	202

[1] MICS indicator 6.6.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

9. LITERACY AND EDUCATION

LITERACY AMONG YOUNG WOMEN

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator relating to both women and men. Only a women's questionnaire was administered in the Barbados MICS and therefore the results are based only on females aged 15–24. Literacy is assessed on the ability of the respondent to read a short simple statement or based on school attendance. All women aged 15–24 in Barbados are literate (100 per cent). As this does not show any variation by background characteristics, the data are not shown in the report.

SCHOOL READINESS

Attendance at pre-school education in an organized learning or child education programme is important for the readiness of children for school. Table ED.1 shows the proportion of children in the first year of primary school in Barbados who attended pre-school the previous year. Overall, about three in four children (77.9 per cent) who are currently attending their first year of primary school were attending pre-school the previous year.

Table ED 1 makes reference to "Reception" as being the first grade in primary education in

Table ED.1: School readiness
Percentage of children attending first grade of primary school (reception) who attended pre-school the previous year, Barbados, 2012

		Percentage of children attending first grade who attended preschool in previous year [1]	Number of children attending first year of primary school (reception)
Sex	Male	(79.0)	38
	Female	(77.1)	52
Area	Urban	75.5	60
	Rural	(82.7)	30
Mother's education	Primary	(*)	1
	Secondary	(82.0)	47
	Post-secondary/ non-tertiary	(93.7)	12
	Tertiary/ university	(68.1)	30
Total		77.9	90

[1] MICS indicator 7.2.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Barbados. Officially, the first grade of primary education in Barbados is Infants A. This grade accommodates pupils in the 5+ to 6 age group. During the survey, data were collected on children in "Reception", i.e. pupils in the 4+ to 5 age group, which may account for the moderately high percentage of children recorded as attending the first grade who attended pre-school in the previous year. Nursery (Pupils in the 3+ to 4 age group) and Reception classes are both categorised as pre-primary classes in our education system.

There will therefore be some overlap in the enrolment of pupils who have attained the age of five (5) years old and are attending classes in either "Reception" or "Infants A". The compulsory school age according to the Education Act Cap. 41 is five (5) years old. Below is the Structure of Primary Education in Barbados.

STRUCTURE OF PRIMARY EDUCATION										
AGE	3	4	5	6	7	8	9	10	11	
GRADE	Pre-K		K	1	2	3	4	5	6	
LEVEL	**PRE-PRIMARY**		**PRIMARY**							
	Nursery		**Infants**			**Juniors**				
	N		R	INF-A	INF-B	C1	C2	C3	C4	

C-CLASS
N-NURSERY
R-RECEPTION
K-KINDERGARDEN
INF-INFANTS

PRIMARY AND SECONDARY SCHOOL PARTICIPATION

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

The indicators for primary and secondary school attendance include:

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

The indicators of school progression include:

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

Children in Barbados traditionally enter primary school at age 4 and secondary school at age 11. However, by law, the official start age of primary education is 5 years. There are six grades at the primary level (infants A to class 4) and at least one grade at the pre-primary level referred to as reception. At the secondary level there are five grades (form 1 to form 5). Six secondary schools offer 6th form education (post-secondary, non-tertiary) for two additional years. The school year typically runs from September of one year to July of the following year.

Almost all children who are of primary school entry age in Barbados (93.8 per cent) are attending reception or infants A of primary school (Table ED.2).

Table ED.2: Primary school entry
Percentage of children of primary school entry age entering grade 1 (reception or infant, net intake rate), Barbados, 2012

		Percentage of children of primary school entry age entering reception or infants A [1]	Number of children of primary school entry age
Sex	Male	(96.2)	47
	Female	(91.4)	47
Area	Urban	96.7	66
	Rural	(87.2)	29
Total		93.8	95

[1] MICS indicator 7.3.
( ) Figures based on 25–49 un-weighted cases.

Table ED.3 provides the percentage of children of primary school aged 5–10 years in Barbados who are attending primary or secondary school.[15] Overall, 99 per cent of children of this age are attending primary school, with about the same percentage of females (98.5 per cent) and males (99.5 per cent). Differences by background characteristics are small. It should be noted that while Table ED.3 shows that 100 per cent of children aged 5 are attending school, this figure is different to the percentage of children of school age entering primary school in Table ED.2. This difference occurs because the former only counts children entering reception or infants, while Table ED3 shows all children who are in school, regardless of level. Table DQ.15 shows that approximately 6 per cent of children aged 5 are in the primary level.

i. Table ED 3 clearly states that the age of pupils was calculated at the beginning of the school year for the survey. In the Barbados education system, the school age is normally calculated as at August 31st of the academic year in which the pupil enters the particular grade. This would account for some variance between the data contained in table ED 2 and ED 3.

15 *Ratios presented in this table are 'adjusted' since they include not only primary school attendance but also secondary school attendance in the numerator.*

Table ED.3: Primary school attendance

Percentage of children of primary school age attending primary school (net attendance ratio), Barbados, 2012

		Male		Female		Total	
		Net attendance ratio (adjusted) [1]	Number of children	Net attendance ratio (adjusted) [1]	Number of children	Net attendance ratio (adjusted) [1]	Number of children
Area	Urban	99.5	232	98.4	198	99.0	430
	Rural	99.5	108	98.5	117	99.0	225
Age at beginning of school year	5	(100.0)	47	(100.0)	47	100.0	95
	6	100.0	63	100.0	51	100.0	114
	7	(100.0)	46	(100.0)	43	100.0	89
	8	(100.0)	48	98.6	51	99.3	100
	9	100.0	60	96.1	63	98.0	123
	10	97.8	76	97.2	59	97.5	135
Mother's education	Primary	(*)	10	(*)	14	(100.0)	24
	Secondary	100.0	194	98.0	163	99.1	357
	Post-secondary/ non-tertiary	(100.0)	37	(100.0)	47	100.0	84
	Tertiary/ university	98.3	94	98.1	89	98.2	183
Wealth index quintiles	Poorest	100.0	62	98.8	59	99.4	120
	Second	100.0	67	98.1	73	99.0	140
	Middle	100.0	78	100.0	51	100.0	129
	Fourth	99.1	59	95.8	66	97.4	124
	Richest	98.5	74	100.0	68	99.2	141
Total		99.5	339	98.5	315	99.0	655

[1] MICS indicator 7.4; MDG indicator 2.1.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.
7 unweighted cases of DK on mother's education are not shown in the table.

The secondary school net attendance ratio in Barbados is presented in Table ED.4. The table shows that over nine out of ten children of secondary school age (92.1 per cent) are attending secondary school. Only 6.4 per cent of children of secondary school age are attending primary school. Overall, the net attendance ratio for boys of secondary school age (93.4 per cent) is slightly higher than that for girls (90.9 per cent). Overall differences by background characteristics are small.

However, the percentage of children who are attending primary school who are of secondary school age is negatively associated with wealth, as seen in Table ED.4.

Table ED.4: Secondary school attendance
Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio) and percentage of such children attending primary school, Barbados, 2012

		Male			Female			Total		
		Net attendance ratio (adjuste) [1]	Percent-age attending primary school	Number of children	Net attendance ratio (adjuste) [1]	Percent-age attending primary school	Number of children	Net attendance ratio (adjusted) [1]	Percent-age attending primary school	Number of children
Area	Urban	93.0	6.4	165	90.2	7.9	190	91.5	7.2	355
	Rural	94.0	4.4	93	92.2	5.5	100	93.1	5.0	193
Age at beginning of school year	11	80.6	17.8	57	65.9	32.3	57	73.3	25.0	114
	12	(98.7)	1.3	40	98.2	1.8	78	98.4	1.6	118
	13	90.9	7.7	51	95.4	1.7	49	93.1	4.8	100
	14	100.0	0.0	58	97.8	0.0	54	98.9	0.0	113
	15	98.5	0.0	52	(95.8)	(0.0)	52	97.2	0.0	104
Mother's education	No education	(*)	(*)	1	(*)	(*)	0	(*)	(*)	1
	Primary	(*)	(*)	9	(*)	(*)	12	(*)	(*)	21
	Secondary	91.9	7.6	147	88.8	9.2	158	90.3	8.4	305
	Post-secondary/ non-tertiary	(94.5)	(5.5)	33	(96.6)	(0.0)	30	95.5	2.9	63
	Tertiary/ university	(93.6)	(4.2)	42	92.4	7.6	67	92.9	6.3	109
	Mother not in household	(*)	(*)	23	(*)	(*)	20	(97.4)	(0.0)	43
Wealth index quintiles	Poorest	(83.7)	(16.3)	45	(89.5)	(10.5)	46	86.6	13.4	91
	Second	92.2	6.5	55	88.5	9.9	73	90.1	8.4	128
	Middle	(96.1)	(3.9)	45	89.6	6.4	54	92.5	5.3	99
	Fourth	95.3	3.2	63	94.9	3.2	57	95.2	3.2	120
	Richest	98.5	0.0	51	92.3	5.3	59	95.2	2.9	110
Total		93.4	5.7	258	90.9	7.1	290	92.1	6.4	548

[1] MICS indicator 7.5.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.
7 unweighted cases of DK on mother's education are not shown in the table.

The percentage of children entering primary school at the pre-primary level (reception) or the first grade of primary school (infants A) who eventually reach the last grade is 100 per cent. Since there is no variation in this indicator, the data are not shown in a table.

ii. In table ED 4, the data shows that "6.4% of children of secondary school age are attending primary school." The policy of flexible transfer would account for this phenomenon.

The flexible transfer policy was introduced in 1996. The policy recognizes that pupils develop at different rates and is therefore intended to accommodate the transfer of pupils from primary to secondary education when they are deemed ready according to the standards specified in the policy.

Flexible transfer makes provision for those children who have not yet acquired mastery of the foundation skills required for secondary education to benefit from an additional year of special programmes at the primary level. It is also designed to accommodate those pupils who have mastered the required skills for early transition to secondary education before age eleven (11).

Pupils who will attain the age of 11 years old or older by August 31st in the year in which they are expected to write the BSSEE may defer taking the examination for one (1) year if their academic progress warrants it. Pupils who will be at least nine (9) years old but under eleven (11) years old at August 31st in the year of taking the exam may be allowed to transition into secondary education as early sitters.

Most pupils write the Barbados Secondary Schools Entrance Examination (BSSEE) at the customary age of eleven (11) years old but are under twelve (12) years old at August 31 in the year of the examination.

The primary school completion rate and transition rate to secondary education are presented in Table ED.5. The primary completion rate is the ratio of the total number of students, regardless of age,

Table ED.5: Primary school completion and transition to secondary school
Primary school completion rates and transition rate to secondary school, Barbados, 2012

		Primary school completion rate [1]	Number of children of primary school completion age	Transition rate to secondary school [2]	Number of children who were in the last grade of primary school the previous year
Sex	Male	107.7	76	95.1	45
	Female	107.0	59	90.2	52
Area	Urban	103.3	93	93.8	57
	Rural	(116.4)	42	(90.7)	40
Total		107.4	135	92.5	97

[1] MICS indicator 7.7.
[2] MICS indicator 7.8.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

entering the last grade of primary school for the first time to the number of children of the primary graduation age at the beginning of the current (or most recent) school year. At the moment of the survey, the primary school completion rate is 107.4 per cent.

The table shows that nine out of ten children (92.5 per cent) who successfully completed the last grade of primary school were found at the moment of the survey to be attending the first grade of secondary school. Males (95.1 per cent) are slightly more likely to transition to secondary school compared to females (90.2 per cent).

The ratio of girls to boys attending primary and secondary education is provided in Table ED.6. These ratios are better known as the gender parity index (GPI). Please note that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter provide an erroneous description of the GPI mainly because in most cases the majority of over-age children attending primary education are boys.

The table shows that the GPI for primary school is 0.99, indicating parity in attendance between boys and girls at that level. At the secondary level the gender parity index is 0.97, also indicating parity.

Table ED.6: Education gender parity
Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Barbados, 2012

		Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR [1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR [2]
Area	Urban	98.4	99.5	0.99	90.2	93.0	0.97
	Rural	98.5	99.5	0.99	92.2	94.0	0.98
Mother's education	Primary	100.0	100.0	1.00	(*)	(*)	1.05
	Secondary	98.0	100.0	0.98	88.8	91.9	0.97
	Post-secondary/ non-tertiary	100.0	100.0	1.00	(96.6)	94.5	1.02
	Tertiary/ university	98.1	98.3	1.00	92.4	93.6	0.99
	Mother not in household	-	-	-	(*)	(*)	0.95
Wealth index quintiles	Poorest	98.8	100.0	0.99	(89.5)	(83.7)	1.07
	Second	98.1	100.0	0.98	88.5	92.2	0.96
	Middle	100.0	100.0	1.00	(89.6)	(96.1)	0.93
	Fourth	95.8	99.1	0.97	94.9	95.3	1.00
	Richest	98.8	100.0	0.99	92.3	98.5	0.94
Total		98.5	99.5	0.99	90.9	93.4	0.97

[1] MICS indicator 7.9; MDG indicator 3.1.
[2] MICS indicator 7.10; MDG indicator 3.1.

( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

10. CHILD PROTECTION

BIRTH REGISTRATION

The Convention on the Rights of the Child (CRC) states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children calls for developing systems to ensure the registration of every child at or shortly after birth and fulfil his or her right to acquire a name and a nationality in accordance with national laws and relevant international instruments. The MICS indicator related to birth registration is the percentage of children under 5 years whose birth is registered.

The births of almost all children under 5 years in Barbados (98.7 per cent) have been registered with civil authorities (Table CP.1). The birth certificates of over half of all children under age 5 (56.5 per cent) whose births were registered with civil authorities were seen, while about two out of five (41.4 per cent) were not seen. Mothers/caretakers of children under 5 report that 0.8 per cent of children have no birth certificate. Overall, there was little variation by background characteristics though children aged 0–11 years are less likely to be registered than older children.

All children whose births are registered in Barbados are issued with a minor's identification card to access all health and social services. This could also be considered as proof of official registration of children with the civil authorities in addition to a birth certificate.

Table CP.1: Birth registration
Percentage of children under age 5 by whether birth is registered, Barbados, 2012

		Children under age 5 whose birth is registered with civil authorities				
		Has birth certificate				
		Seen	Not seen	No birth certificate	Total registered [1]	Number of children
Sex	Male	59.7	38.2	0.9	98.8	252
	Female	52.7	45.3	0.7	98.7	213
Stratum	1. St. Michael	50.6	45.8	2.2	98.5	169
	2. Christ Church and St. Philip	55.7	42.6	0.0	98.3	122
	3. St. James, St. George and St. Thomas	67.4	31.2	0.0	98.5	90
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	58.0	42.0	0.0	100.0	84
Area	Urban	53.3	44.3	0.7	98.3	299
	Rural	62.4	36.3	0.9	99.5	166
Age	0–11 months	68.1	24.7	0.9	93.7	82
	12–23 months	54.2	45.8	0.0	100.0	78
	24–35 months	57.1	40.1	2.1	99.3	104
	36–47 months	52.0	47.2	0.8	100.0	90
	48–59 months	52.8	47.2	0.0	100.0	112
Mother's education level	Primary	(*)	(*)	(*)	(*)	7
	Secondary	50.7	47.5	0.9	99.2	239
	Post-secondary/ non-tertiary	67.0	29.4	2.1	98.5	70
	Tertiary/ university	60.7	37.4	0.0	98.1	148
Wealth index quintiles	Poorest	40.5	55.3	2.5	98.2	89
	Second	54.3	44.1	0.0	98.4	92
	Middle	66.1	32.5	1.4	100.0	105
	Fourth	62.3	36.0	0.0	98.4	110
	Richest	56.4	42.1	0.0	98.5	69
Total		56.5	41.4	0.8	98.7	465

[1] MICS indicator 8.1.
(*) Figures based on less than 25 un-weighted cases.

CHILD LABOUR

Article 32 of the CRC states: “States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development...” The World Fit for Children mentions nine strategies to combat child labour, and the MDGs call for the protection of children against exploitation.

In the MICS, a number of questions addressed the issue of child labour, that is, children 5–14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the preceding week he/she performed the following activities:

- ages 5–11: at least one hour of economic work or 28 hours of domestic work
- ages 12–14: at least 14 hours of economic work or 28 hours of domestic work.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated.

Table CP.2 presents the percentages of children involved in child labour in Barbados by the type of work. Percentages do not add up to the total amount of child labour as children may be involved in more than one type of work. Overall, 2.3 per cent of children aged 5–14 are involved in child labour. Given this low level, differentials are not notable.

Child labour among children aged 5–11 years is 3.0 per cent. About two in five children aged 5–11 years (40.7 per cent) do household chores for less than 28 hours per week. Children of mothers with post-secondary/non-tertiary education (9.0 per cent) are four times more likely to be involved in child labour than children of mothers with secondary education (2.1 per cent).

Child labour among children 12–14 years is 0.6 per cent. About half of all children aged 12–14 (54.0 per cent) undertake household chores for less than 28 hours per week.

Table CP.2: Child labour

Percentage of children by involvement in economic activity and household chores during the past week, according to age groups, and percentage of children aged 5–14 involved in child labour, Barbados, 2012

		Percentage of children aged 5–11 involved in								Percentage of children aged 12–14 involved in										
		Economic activity								Economic activity										
		Working outside household								Working outside household										
		Paid work	Unpaid work	Working for family business	Economic activity for at least one hour	Household chores less than 28 hours	Household chores for 28 hours or more	Child labour	Number of children aged 5–11	Paid work	Unpaid work	Working for family business	Economic activity less than 14 hours	Economic activity for 14 hours or more	Household chores less than 28 hours	Household chores for 28 hours or more	Child labour	Number of children aged 12–14	Total child labour [1]	Number of children aged 5–14 years
Sex	Male	1.1	1.0	1.1	3.0	38.7	0.2	3.1	384	1.4	1.1	1.8	3.6	0.7	49.7	0.0	0.7	148	2.5	532
	Female	0.2	1.1	1.4	2.8	42.8	0.2	2.9	366	3.9	3.0	2.1	6.8	0.6	57.4	0.0	0.6	181	2.1	547
Stratum	1. St. Michael	0.4	1.5	0.4	2.3	38.9	0.0	2.3	246	3.4	3.3	0.9	6.7	0.0	51.1	0.0	0.0	117	1.5	363
	2. Christ Church and St. Philip	1.3	0.4	2.6	3.9	45.8	0.0	3.9	221	4.5	1.1	3.6	5.9	1.1	55.8	0.0	1.1	90	3.1	310
	3. St. James, St. George and St. Thomas	0.0	0.0	0.0	0.0	35.8	1.0	1.0	122	1.7	1.8	2.2	4.0	1.7	58.6	0.0	1.7	63	1.2	186
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	0.8	2.0	1.7	4.5	40.3	0.0	4.5	161	0.0	1.9	1.3	3.2	0.0	51.7	0.0	0.0	59	3.3	220
Area	Urban	0.8	0.9	1.7	3.3	42.4	0.2	3.5	488	3.8	1.1	2.0	4.6	1.0	54.2	0.0	1.0	212	2.7	700
	Rural	0.5	1.2	0.5	2.2	37.5	0.0	2.2	261	0.8	4.0	1.9	6.7	0.0	53.4	0.0	0.0	117	1.5	378
School participation	Yes	0.7	1.0	1.3	2.9	41.0	0.2	3.1	744	2.8	2.2	2.0	5.4	0.6	54.2	0.0	0.6	328	2.3	1072
	No	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1	(*)	7
Mother's education	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1	(*)	1
	Primary	(0.0)	(0.0)	(0.0)	(0.0)	(40.1)	(0.0)	(0.0)	25	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	17	0.8	42
	Secondary	0.7	0.3	1.2	2.1	38.3	0.0	2.1	413	2.6	1.5	2.7	5.0	0.8	46.8	0.0	0.8	204	1.7	617
	Post-secondary/ non-tertiary	0.0	6.6	2.4	9.0	43.4	0.0	9.0	96	(3.4)	(6.2)	(0.0)	(9.6)	(0.0)	(66.5)	(0.0)	(0.0)	39	6.4	134
	Tertiary/ university	1.0	0.0	1.1	2.1	45.8	0.6	2.7	207	3.2	0.8	1.6	4.0	0.0	71.7	0.0	0.0	63	2.0	270
	DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5	(*)	14
Wealth index quintiles	Poorest	1.3	0.0	0.8	2.1	34.5	0.0	2.1	144	0.0	4.6	0.0	4.6	0.0	52.5	0.0	0.0	59	1.5	202
	Second	0.8	1.1	3.3	5.2	47.8	0.0	5.2	157	2.6	2.9	3.0	7.1	0.0	48.6	0.0	0.0	76	3.5	234
	Middle	0.0	2.2	0.6	2.2	34.6	0.0	2.2	151	2.3	0.8	3.1	2.1	2.3	47.4	0.0	2.3	59	2.2	210
	Fourth	0.7	2.0	0.0	2.7	39.9	0.0	2.7	138	6.6	1.5	3.1	10.0	0.0	52.3	0.0	0.0	77	1.7	215
	Richest	0.7	0.0	1.4	2.1	45.8	0.7	2.8	160	1.2	0.9	0.0	0.9	1.2	71.1	0.0	1.2	59	2.4	218
Total		0.7	1.0	1.3	2.9	40.7	0.2	3.0	750	2.8	2.1	2.0	5.3	0.6	54.0	0.0	0.6	329	2.3	1079

[1] MICS indicator 8.2.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Child labour and school attendance

Table CP.3 presents the percentage of children aged 5–14 years in Barbados involved in child labour who are attending school and the percentage of children aged 5–14 years attending school who are involved in child labour. Of the 99.3 per cent of children 5–14 years of age attending school, 2.3 per cent are also involved in child labour activities. Differentials are not strong.

Table CP.3: Child labour and school attendance
Percentage of children aged 5–14 years involved in child labour who are attending school, and percentage of children aged 5–14 years attending school who are involved in child labour, Barbados, 2012

		Percentage of children involved in child labour	Percentage of children attending school	Number of children aged 5–14 years	Percent-age of child labourers who are attending school	Number of children aged 5–14 years involved in child labour	Percent-age of children attending school who are involved in child labour [1]	Number of children aged 5–14 years attending school
Sex	Male	2.5	99.6	532	(*)	13	2.5	530
	Female	2.1	99.1	547	(*)	12	2.2	542
Stratum	1. St. Michael	1.5	100.0	363	(*)	6	1.5	363
	2. Christ Church and St. Philip	3.1	99.7	310	(*)	10	3.1	310
	3. St. James, St. George and St. Thomas	1.2	97.7	186	(*)	2	1.2	181
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	3.3	99.2	220	(*)	7	3.3	218
Area	Urban	2.7	99.5	700	(*)	19	2.7	697
	Rural	1.5	99.1	378	(*)	6	1.5	375
Age	5–11 years	3.0	99.2	750	(*)	23	3.1	744
	12–14 years	0.6	99.6	329	(*)	2	0.6	328
Mother's Education	No education	(*)	(*)	1	(*)	0	(*)	1
	Primary	0.8	97.1	42	(*)	0	(0.8)	41
	Secondary	1.7	99.5	617	(*)	10	1.7	614
	Post-secondary/ non-tertiary	6.4	100.0	134	(*)	9	6.4	134
	Tertiary/ university	2.0	99.0	270	(*)	6	2.1	267
	DK	(*)	(*)	14	(*)	0	(*)	14
Wealth index quintiles	Poorest	1.5	99.2	202	(*)	3	1.5	201
	Second	3.5	99.5	234	(*)	8	3.5	233
	Middle	2.2	99.8	210	(*)	5	2.2	209
	Fourth	1.7	98.3	215	(*)	4	1.8	211
	Richest	2.4	100.0	218	(*)	5	2.4	218
Total		2.3	99.3	1079	(*)	25	2.3	1072

[1] MICS indicator 8.4.
(*) Figures based on less than 25 un-weighted cases.

CHILD DISCIPLINE

As stated in A World Fit for Children, “children must be protected against any acts of violence …” and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Barbados MICS, respondents to the household questionnaire were asked a series of questions on the ways adults in the household disciplined children during the month preceding the survey. Note that for the child discipline module, one child aged 2–14 per household was selected randomly during fieldwork (and questions were directed towards the mother/caretaker). Out of these questions, the two indicators used to describe aspects of child discipline are: (1) the number of children 2–14 years that experience psychological aggression as punishment or physical punishment; and (2) the number of respondents who believe that in order to raise children properly, they need be physically punished.

Violent discipline can be either psychological aggression or physical punishment. Psychological aggression is defined as shouting, yelling and screaming at the child and addressing her or him with offensive names. Physical (or corporal) punishment is defined as actions intended to cause the child physical pain or discomfort but not injuries. This include shaking the child and slapping or hitting him or her on the hand, arm, leg or bottom; hitting the child on the face, head or ears; or hitting the child hard or repeatedly.

Table CP.4A shows that three out of four children aged 2–14 years (75.1 per cent) in Barbados were subjected to at least one form of psychological or physical punishment by their parents or other adult household members during the month preceding the survey. Additionally, 6.1 per cent of children were subjected to severe physical punishment.

Table CP.4A: Child discipline – practices

Percentage of children aged 2–14 years according to method of disciplining the child, Barbados, 2012

		Percentage of children aged 2–14 years who experienced:					
				Physical punishment			
		Only non-violent discipline	Psychological aggression	Any	Severe	Any violent discipline method [1]	Number of children aged 2–14 years
Sex	Male	11.5	63.3	59.2	7.1	78.1	699
	Female	15.3	61.5	52.2	5.1	72.1	710
Stratum	1. St. Michael	11.0	63.2	57.0	10.6	75.8	478
	2. Christ Church and St. Philip	16.4	62.7	55.3	3.4	73.6	401
	3. St. James, St. George and St. Thomas	17.7	59.9	48.4	2.6	72.2	246
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	9.6	62.8	60.3	5.4	78.5	284
Area	Urban	12.5	64.9	56.7	6.4	76.7	911
	Rural	15.1	57.8	53.8	5.6	72.3	497
Age	2–4 years	10.2	58.8	67.9	4.8	78.1	330
	5–9 years	13.5	61.7	59.3	5.8	76.4	479
	10–14 years	15.1	64.9	46.1	7.1	72.4	600
Education of household head	No education	(*)	(*)	(*)	(*)	(*)	6
	Primary	16.9	52.4	57.2	5.5	69.2	206
	Secondary	10.4	65.3	57.9	8.0	77.1	741
	Post-secondary/ non-tertiary	16.6	64.0	49.0	7.6	73.0	138
	Tertiary/ university	17.0	61.6	55.7	1.5	76.3	272
	DK	(17.2)	(66.1)	(29.8)	(2.6)	(66.1)	47
Respondent's education	None/ primary/ secondary	12.3	61.2	55.9	8.0	73.9	877
	Greater than secondary	15.4	63.9	55.3	3.1	76.8	520
	Missing/DK	(*)	(*)	(*)	(*)	(*)	11
Wealth index quintiles	Poorest	10.6	69.3	58.3	12.4	79.8	262
	Second	14.4	56.7	56.5	4.1	70.7	301
	Middle	10.4	62.5	56.1	4.8	77.9	287
	Fourth	11.4	62.2	57.2	3.7	75.4	294
	Richest	20.6	62.1	50.0	6.3	72.1	264
Total		13.4	62.4	55.7	6.1	75.1	1408

[1] MICS indicator 8.5.

( ) Figures based on 25–49 un-weighted cases.

(*) Figures based on less than 25 un-weighted.

Use of any violent discipline method is high across the domains shown in the table. Violent discipline was slightly higher for male children (78.1 per cent) compared to females (72.1 per cent). Any violent discipline method is higher in Stratum 4 (78.5 per cent) compared to Stratum 3 (72.2 per cent). Any violent discipline is slightly lower in rural areas (72.3 per cent) when compared with urban areas (76.7 per cent). Any violent discipline method appears to decrease as the age of the child increases. This method of discipline is highest among the 2–4 year olds (78.1 per cent) and lowest among the 10–14 year olds (72.4 per cent). Use of any violent discipline method is lowest among heads of households with primary education (69.2 per cent) and highest among heads of household with secondary education (77.1 per cent).

In contrast to the overall use of any violent discipline method (75.1 per cent), severe physical punishment is much lower (6.1 per cent). Males aged 2–14 years experienced slightly more severe physical punishment (7.1 per cent) compared to females (5.1 per cent). The use of severe physical punishment in Stratum 1 (10.6 per cent) is nearly four times that of Stratum 3 (2.6 per cent). Severe physical punishment in contrast to any violent discipline method increases slightly as the child's age increases. It is lowest among children aged 2–4 years (4.8 per cent) and highest among children aged 10–14 years (7.1 per cent).

Overall, about one out of every ten parents or caregivers (13.4 per cent) uses only non-violent discipline. This is higher for female children (15.3 per cent) compared to male children (11.5 per cent). Use of only non-violent discipline in Stratum 3 (17.7 per cent) is almost twice that of Stratum 4 (9.6 per cent). It is slightly higher in rural areas (15.1 per cent) compared to urban areas (12.5 per cent). Use of only non-violent discipline appears to increase as the age of the child increases. It is lowest among the 2–4 year olds (10.2 per cent) and highest among the 10–14 year olds (15.1 per cent).

Table CP.4B shows that, in contrast to the actural prevalence of physical discipline (55.7 per cent), only one out of three respondents (35.7 per cent) believe that the child needs to be physically punished. This belief appears to increase as the level of education of the respondent increases. Respondents with education greater than secondary believe the most that the child needs to be physically punished (43.9 per cent), while those with none/primary/secondary believe this the least (29.9 per cent).

Table CP.4B: Child discipline – beliefs
Percentage of respondents who believe that the child needs to be physically punished, Barbados, 2012

		Respondent believes that the child needs to be physically punished	Respondents to the child discipline module
Sex	Male	35.9	474
	Female	35.5	451
Stratum	1. St. Michael	31.3	298
	2. Christ Church and St. Philip	38.2	268
	3. St. James, St. George and St. Thomas	37.6	161
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	37.5	198
Area	Urban	35.5	592
	Rural	36.0	332
Age	2–4 years	37.1	221
	5–9 years	32.5	309
	10–14 years	37.4	395
Respondent's education	None/ primary/ secondary	29.9	554
	Greater than secondary	43.9	364
	Missing/DK	(*)	7
Wealth index quintiles	Poorest	29.9	152
	Second	34.4	183
	Middle	30.6	188
	Fourth	41.1	217
	Richest	40.6	184
Total		35.7	925

(*) Figures based on less than 25 un-weighted cases.

EARLY MARRIAGE AND POLYGYNY

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, around 70 million women aged 20–24 were married/in union before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws and practices that condone the practice.

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 these girls' development and often resulting in early pregnancy and social isolation, with their limited education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is set out 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.

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy-related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men, which puts them at increased risk of HIV infection. The demand for a young wife to reproduce and the power imbalance resulting from the age differential lead to very low condom use among such couples.

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

About 4 per cent of women aged 15–49 were married before age 15 and about 16 per cent of women aged 20–49 were married before age 18. Less than 2 per cent of young women aged 15–19 years (1.4 per cent) are currently married/in union. There is limited variation by background characteristics. The percentage of women in a polygynous union is also provided in Table CP.5. About 1.5 per cent of women between the ages of 15–49 are in a polygynous marriage or union.

Table CP.5: Early marriage and polygyny (includes visiting unions)

Percentage of women aged 15–49 years who first married or entered a marital union before their 15th birthday, percentages of women aged 20–49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women aged 15–19 years currently married or in union, and the percentage of women currently married or in union who are in a polygynous marriage or union, Barbados, 2012

		Percent-age married before age 15 [1]	Number of women aged 15–49 years	Percentage married before age 15	Percentage married before age 18 [2]	Number of women aged 20–49 years	Percentage of women 15–19 years currently married/in union/visiting union	Percentage of women 15–19 years currently married/in union [3]	Number of women aged 15–19 years	Percen-tage of women aged 15–49 years in poly-gynous marriage/ union [4]	Number of women aged 15–49 years currently married/in union
Stratum	1. St. Michael	3.5	504	3.7	17.0	430	37.9	1.5	74	3.6	302
	2. Christ Church and St. Philip	3.5	421	2.8	13.2	380	21.6	(2.5)	41	0.8	297
	3. St. James, St. George and St. Thomas	3.7	287	4.0	17.5	249	37.0	1.5	38	1.7	191
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	4.5	331	4.5	15.6	290	25.2	(0.0)	41	2.8	208
Area	Urban	3.6	986	3.6	15.8	861	35.1	1.7	125	2.7	638
	Rural	4.0	557	3.8	15.6	489	25.2	0.9	69	1.4	360
Age	15–19	4.3	194	na	na	na	31.6	1.5	194	0.0	61
	20–24	7.7	188	7.7	29.2	188	na	na	na	1.3	112
	25–29	6.3	236	6.3	21.3	236	na	na	na	2.7	169
	30–34	1.4	239	1.4	12.9	239	na	na	na	2.9	179
	35–39	2.1	232	2.1	7.8	232	na	na	na	2.0	177
	40–44	2.9	210	2.9	11.3	210	na	na	na	2.2	152
	45–49	2.4	245	2.4	14.0	245	na	na	na	3.2	147
Woman's education level	No education	(*)	1	(*)	(*)	1	(*)	(*)	0	(*)	1
	Primary	(7.6)	36	(7.6)	(21.9)	36	(*)	(*)	0	(*)	7
	Secondary	3.8	743	3.6	16.8	606	28.3	1.2	137	3.6	473
	Post-secondary/ non-tertiary	2.6	217	3.0	16.8	188	(32.5)	(3.6)	29	0.8	135
	Tertiary/ university	3.9	545	3.8	13.7	518	(46.9)	0.0	28	0.8	368
Wealth index quintiles	Poorest	5.2	228	4.9	18.8	201	(40.6)	(6.3)	27	4.7	154
	Second	4.0	281	4.5	15.7	235	(34.5)	(0.0)	46	4.5	173
	Middle	1.8	342	1.3	16.3	301	(25.5)	(0.0)	41	2.9	211
	Fourth	4.1	355	3.8	15.6	318	(31.3)	(2.8)	37	0.6	235
	Richest	4.2	337	4.4	13.2	294	(28.8)	(0.0)	42	0.0	225
Total		3.8	1543	3.7	15.7	1349	31.6	1.4	194	2.3	998

[1] MICS indicator 8.6.
[2] MICS indicator 8.7.
[3] MICS indicator 8.8.
[4] MICS indicator 8.9.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases

TRENDS IN EARLY MARRIAGE

Table CP.6 presents the proportion of women who were first married or entered into a marital union before age 15 and 18 by area and age groups. Examining the percentages married before age 15 and 18 by different age groups reveals trends in early marriage over time. The minimum age of marriage in Barbados is 16 and with parental consent only.

The percentage of women aged 20–49 married before 18 is 15.6 per cent in rural areas and 15.8 per cent in urban areas. The percentage of women aged 20–49 married before 15 is similar in urban and rural areas (about 4 per cent). While the data do not show a clear trend over time, the 20–24 age group appears to have higher rates of marriage before age 18. Further analysis of the data is needed to examine if this is due to increased cohabiting at earlier ages.

Table CP.6: Trends in early marriage (includes visiting unions)
Percentage of women who were first married or entered into a marital union before age 15 and 18, by residence and age groups, Barbados, 2012

		Urban				Rural				All			
		Percent-age of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49	Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49	Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49
Age	15–19	3.6	125	na	na	5.6	69	na	na	4.3	194	na	na
	20–24	8.9	116	28.1	116	5.9	72	31.1	72	7.7	188	29.2	188
	25–29	6.6	154	21.2	154	5.8	82	21.4	82	6.3	236	21.3	236
	30–34	0.8	154	11.1	154	2.4	85	16.1	85	1.4	239	12.9	239
	35–39	2.7	139	9.7	139	1.2	93	4.9	93	2.1	232	7.8	232
	40–44	2.4	137	12.6	137	3.9	72	8.9	72	2.9	210	11.3	210
	45–49	1.4	161	14.2	161	4.4	84	13.6	84	2.4	245	14.0	245
Total		3.6	986	15.8	861	4.0	557	15.6	489	3.8	1543	15.7	1,349

Table CP.7: Spousal age difference
Percent distribution of women currently married/in union aged 15–19 and 20–24 years according to the age difference with their husband or partner, Barbados, 2012

		Percentage of currently married/in union women aged 15–19 years whose husband or partner is:					Number of women aged 15–19 years currently married/ in union	Percentage of currently married/in union women aged 20–24 years whose husband or partner is:						Number of women aged 20–24 years currently married/in union
		Younger	0–4 years older	5–9 years older	10+ years older [1]	Total		Younger	0–4 years older	5–9 years older	10+ years older [2]	Husband/partner's age unknown	Total	
Area	Urban	(3.0)	(72.6)	(17.0)	(7.3)	(100.0)	44	19.1	31.6	31.9	17.4	0.0	100.0	69
	Rural	(2.7)	(78.9)	(11.8)	(6.6)	(100.0)	17	(2.2)	(51.3)	(24.2)	(19.2)	(3.1)	(100.0)	43
Total		2.9	74.4	15.5	7.1	100.0	61	12.6	39.2	28.9	18.1	1.2	100.0	112

[1] MICS indicator 8.10a.
[2] MICS indicator 8.10b.
( ) Figures based on 25–49 un-weighted cases.

SPOUSAL AGE DIFFERENCE

Another component is the spousal age difference, with an indicator being the percentage of married/in union women who are 10 or more years younger than their current spouse. Table CP.7 shows that about one out of five women aged 20–24 in Barbados (18.1 per cent) are currently married to a man who is older by 10 years or more while about 7.1 per cent of women aged 15–19 are in the same type of relationship.

Three out of four women aged 15–19 years (74.4 per cent) who are currently married or in a union are married to a husband or partner who is 0–4 years older than them. This is in contrast to the percentage for husbands or partners who are 5–9 years older, which is 15.5 per cent. The percentage of women aged 15–19 years who are currently married or in a union with a husband or partner who is younger than them is 2.9 per cent.

About two out of five women aged 20–24 years (39.2 per cent) are currently married or in a union with a husband or partner who is 0–4 years older than them. The percentage for husbands or partners who are 5–9 years older is 28.9 per cent for women in this age group. About one out of ten women aged 20–24 years (12.6 per cent) who are currently married or in a union have a husband or partner who is younger than them.

ATTITUDES TOWARD DOMESTIC VIOLENCE

The Barbados MICS4 assessed the attitudes of women aged 15–49 years towards wife/partner beating for a variety of scenarios by asking the respondents whether they think that a husband is justified to hit or beat his wife/partner in a variety of scenarios. These questions were asked to provide an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners.

The responses to these questions can be found in Table CP.11. Overall, 3.3 per cent of women in Barbados think that a husband/partner is justified to hit or beat his wife/partner for at least one of a variety of five reasons that are globally comparable: if a woman neglects the children (2.6 per cent), goes out without telling her husband (0.9 per cent), refuses to have sex with him (0.8 per cent), argues with him (0.7 per cent) or burns the food (0.3 per cent).

While justification of these reasons does not show a lot of variation by many of the background characteristics, justification among the poorest households (9.4 per cent) is over six times that among the richest households (1.4 per cent). In other words, as wealth increases justification decreases. An additional three country-specific circumstances included in the Barbados survey are if a woman is unfaithful (2.7 per cent), if she spends money irrationally (1.5 per cent) and if she tries to end the relationship (1.1 per cent). When considering the five globally comparable reasons and the additional ones, results are similar in that there is not a lot of variation by most background characteristics but wealth is inversely associated with justification of wife-beating.

Table CP.8: Attitudes toward domestic violence

Percentage of women aged 15–49 years who believe a husband is justified in beating his wife/partner in various circumstances, Barbados, 2012

		Percentage of women aged 15–49 years who believe a husband is justified in beating his wife/partner:										
		If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these 5 reasons [1]	If she is unfaithful	If she tries to end the relationship	If she spends money irrationally	For any of these reasons (including being unfaithful, ending the relationship and spending money irrationally)	Number of women aged 15–49 years
Stratum	1. St. Michael	1.1	2.9	1.2	1.3	0.9	3.8	3.0	1.5	2.0	5.9	504
	2. Christ Church and St. Philip	0.6	1.7	0.0	0.5	0.0	2.8	3.0	1.0	0.7	4.2	421
	3. St. James, St. George and St. Thomas	0.3	1.9	0.2	0.6	0.0	2.2	1.3	0.3	0.9	2.6	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	1.2	3.7	1.2	0.4	0.2	4.1	3.0	1.3	2.2	5.9	331
Area	Urban	1.0	2.8	0.8	0.8	0.5	3.7	3.3	1.6	1.7	5.6	986
	Rural	0.7	2.1	0.4	0.7	0.0	2.6	1.6	0.2	1.1	3.4	557
Age	15–19	1.2	3.3	0.5	2.1	0.6	4.9	2.3	1.8	1.6	5.6	194
	20–24	0.0	2.6	0.0	0.3	0.0	2.9	3.4	1.3	2.1	5.6	188
	25–29	0.4	2.1	0.7	0.2	0.0	2.8	1.4	0.0	1.2	4.0	236
	30–34	1.1	3.5	1.1	1.5	0.4	4.8	3.7	0.4	0.7	6.0	239
	35–39	0.0	0.4	0.0	0.5	0.5	0.9	0.7	0.5	1.2	1.5	232
	40–44	0.0	2.1	0.6	0.2	0.0	2.1	2.7	2.3	1.1	5.1	210
	45–49	3.0	3.9	1.6	0.5	0.7	4.8	4.7	1.6	2.4	6.1	245
Marital/ Union status	Currently married/ in union	0.9	2.4	0.8	0.7	0.3	3.3	2.6	1.2	1.3	4.6	998
	Formerly married/ in union	0.5	2.0	0.7	1.0	0.5	2.0	2.2	0.7	2.1	4.0	269
	Never married/in union	1.1	3.8	0.2	0.7	0.2	4.7	3.5	1.2	1.5	6.4	277
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(11.9)	(14.3)	(8.1)	(4.9)	(3.5)	(14.3)	(12.6)	(5.7)	(4.5)	(17.3)	36
	Secondary	1.0	3.5	0.7	1.2	0.3	4.9	3.7	1.7	2.1	6.6	743
	Post-secondary/ non-tertiary	0.3	1.9	0.3	0.0	0.3	2.2	1.8	0.4	1.8	4.8	217
	Tertiary/ university	0.1	0.6	0.2	0.3	0.2	0.8	0.8	0.1	0.3	1.4	545
Wealth index quintiles	Poorest	4.0	7.5	3.7	1.4	1.2	9.4	5.9	2.0	3.5	11.2	228
	Second	0.7	3.1	0.0	0.4	0.4	3.4	4.5	2.4	1.7	6.4	281
	Middle	0.3	1.6	0.6	1.3	0.3	2.9	2.1	1.5	1.6	4.8	342
	Fourth	0.3	1.0	0.0	0.6	0.0	1.6	1.1	0.0	0.4	1.9	355
	Richest	0.1	1.4	0.0	0.3	0.0	1.4	1.3	0.1	1.0	2.1	337
Total		0.9	2.6	0.7	0.8	0.3	3.3	2.7	1.1	1.5	4.8	1543

[1] MICS indicator 8.14.

( ) Figures based on 25–49 un-weighted cases.

(*) Figures based on less than 25 un-weighted cases.

11. HIV AND AIDS, SEXUAL BEHAVIOUR, AND ORPHANS

KNOWLEDGE ABOUT HIV TRANSMISSION AND MISCONCEPTIONS ABOUT HIV AND AIDS

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

One indicator that is both an MDG and UNGASS indicator is the percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission. HIV modules were administered to women aged 15–19 years in the Barbados MICS, and all women who had heard of AIDS were asked whether they knew of the two main ways of preventing HIV transmission: having only one faithful, uninfected partner and using a condom every time.

Almost all of the interviewed women aged 15–49 (99.9 per cent) in Barbados have heard of AIDS (see Table HA1). However, only about four out of five women (84.7 per cent) know the two main ways of preventing HIV transmission. This knowledge is lowest in Stratum 1 (81.5 per cent) and Stratum 4 (84.6 per cent) and highest in Stratum 3 (86.6 per cent) and Stratum 2 (87.3 per cent). The level of knowledge in both rural and urban areas is the same (84.7 per cent). Ever-married women tend to have greater knowledge than never-married women. Knowledge of both ways of preventing HIV transmission is lowest among women with secondary education (82.2 per cent) and highest among both women with post-secondary/non-tertiary education (88.2 per cent) and tertiary/university education (88.2 per cent). Knowledge about both ways of preventing HIV transmission is lowest among the poorest households (78.9 per cent) and highest among the richest households (86.9 per cent).

About nine out of ten women aged 15–49 (91.3 per cent) know of having one faithful, uninfected sex partner and nine out of ten (91.6 per cent) know of using a condom every time as the main ways of preventing HIV transmission. Table HA.1 also shows that almost all women (97.5 per cent) know that a healthy-looking person can have the AIDS virus.

In terms of knowledge about HIV transmission, about nine out of ten women in each case know that HIV cannot be transmitted by mosquito bites (90.2 per cent), by supernatural means (93.3 per cent) and by sharing food (93.8 per cent).

Women who have comprehensive knowledge about HIV prevention are those who know of the two main ways of HIV prevention (having only one faithful, uninfected partner and using a condom every time), know that a healthy-looking person can have the AIDS virus and reject the two most common misconceptions. Overall, about three out of four women aged 15–49 (72.6 per cent) have comprehensive knowledge about HIV transmission. Comprehensive knowledge about HIV is lowest in Stratum 1 (68.0 per cent)

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV and AIDS and comprehensive knowledge about HIV transmission

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

			Percentage who know transmission can be prevented by:				Percentage who know that HIV cannot be transmitted by:					
		Percentage who have heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Percentage of women who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Mosquito bites	Supernatural means	Sharing food with someone with AIDS	Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of women
Stratum	1. St. Michael	100.0	90.2	89.6	81.5	96.3	88.4	92.8	94.3	80.9	68.0	504
	2. Christ Church and St. Philip	100.0	93.0	93.0	87.3	98.0	92.6	95.2	93.3	86.1	76.9	421
	3. St. James, St. George and St. Thomas	99.8	92.9	92.7	86.6	97.5	93.0	93.2	94.6	87.4	77.1	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	99.6	89.3	92.0	84.6	98.7	87.3	91.7	92.7	81.4	70.0	331
Area	Urban	100.0	91.7	91.6	84.7	96.8	89.8	93.4	93.9	82.5	71.8	986
	Rural	99.7	90.5	91.7	84.7	98.8	90.8	93.1	93.4	85.7	73.9	557
Age	15–24	99.8	86.1	93.0	81.9	97.5	89.0	90.3	91.7	80.2	67.5	382
	25–29	100.0	90.9	89.2	82.3	98.2	91.9	91.6	93.0	85.3	71.2	236
	30–39	99.8	94.2	93.0	88.7	97.6	91.3	96.3	95.4	85.8	77.2	471
	40–49	100.0	92.7	90.4	84.2	97.0	89.0	93.6	94.1	83.5	72.7	454
Marital status	Ever married/in union	99.9	92.5	91.9	86.0	97.5	90.3	94.8	94.0	83.9	74.2	1,266
	Never married/in union	99.8	85.8	90.1	78.7	97.5	89.5	86.3	92.7	82.3	65.3	277
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(100.0)	(83.7)	(74.1)	(62.4)	(90.3)	(76.9)	(83.7)	(87.7)	(64.6)	(38.0)	36
	Secondary	100.0	90.1	89.9	82.2	97.7	88.5	92.6	92.3	81.2	68.8	743
	Post-secondary/ non-tertiary	99.1	92.0	93.7	88.2	97.5	93.8	93.9	91.8	86.3	78.3	217
	Tertiary/ university	100.0	93.0	94.2	88.2	97.8	91.8	94.6	96.9	87.2	77.7	545
Wealth index quintiles	Poorest	100.0	86.8	89.3	78.9	94.8	87.2	90.1	91.9	77.1	64.1	228
	Second	99.3	86.9	89.0	79.6	96.5	85.4	92.1	88.4	75.0	61.1	281
	Middle	100.0	91.7	92.6	86.2	96.7	93.0	93.6	95.0	86.4	76.7	342
	Fourth	100.0	94.7	93.4	89.0	99.2	91.5	94.3	96.8	88.2	78.4	355
	Richest	100.0	93.8	92.5	86.9	99.2	91.7	95.0	95.0	87.8	77.5	337
Total		99.9	91.3	91.6	84.7	97.5	90.2	93.3	93.8	83.7	72.6	1,543

[1] MICS indicator 9.1.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

and Stratum 4 (70.0 per cent) and highest in Stratum 2 (76.9 per cent) and Stratum 3 (77.1 per cent). Women who have ever been married/ in union (including visiting unions) have higher comprehensive knowledge of HIV (74.2 per cent) than women who were never married/in union (65.3 per cent). Women with secondary education have lower comprehensive knowledge (68.8 per cent) than women with post-secondary/non-tertiary education (78.3 per cent) (see also Figure HA.1).

Almost all the interviewed women aged 15–24 (99.8 per cent) have heard of AIDS and four out of five (81.9 per cent) know the two main ways of preventing HIV transmission (Table HA.2). About four out of five young women (86.1 per cent) know of having one faithful, uninfected sex partner and nine out of ten (93 per cent) also know of using a condom every time as the main ways of preventing HIV transmission. Table HA.2 also shows that almost all women aged 15–24 (97.5 per cent) know that a healthy-looking person can have the AIDS virus.

In terms of knowledge about how HIV cannot be transmitted, about nine out of ten women aged 15–24 in each case know that HIV cannot be transmitted by mosquito bites (89.0 per cent), by supernatural means (90.3 per cent) and by sharing food (91.7 per cent).

Overall about two out of three women aged 15–24 (67.5 per cent) have comprehensive knowledge about HIV. This is lowest in Stratum 4 (59.3 per cent) and Stratum 1 (64.8 per cent) and highest in Stratum 2 (70.1 per cent) and Stratum 3 (78.1 per cent). Comprehensive knowledge is lowest in the poorest households (56.9 per cent) and highest in the richest households (66.4 per cent).

Table HA.2: Knowledge about HIV transmission, misconceptions about HIV and AIDS and comprehensive knowledge about HIV transmission among young people

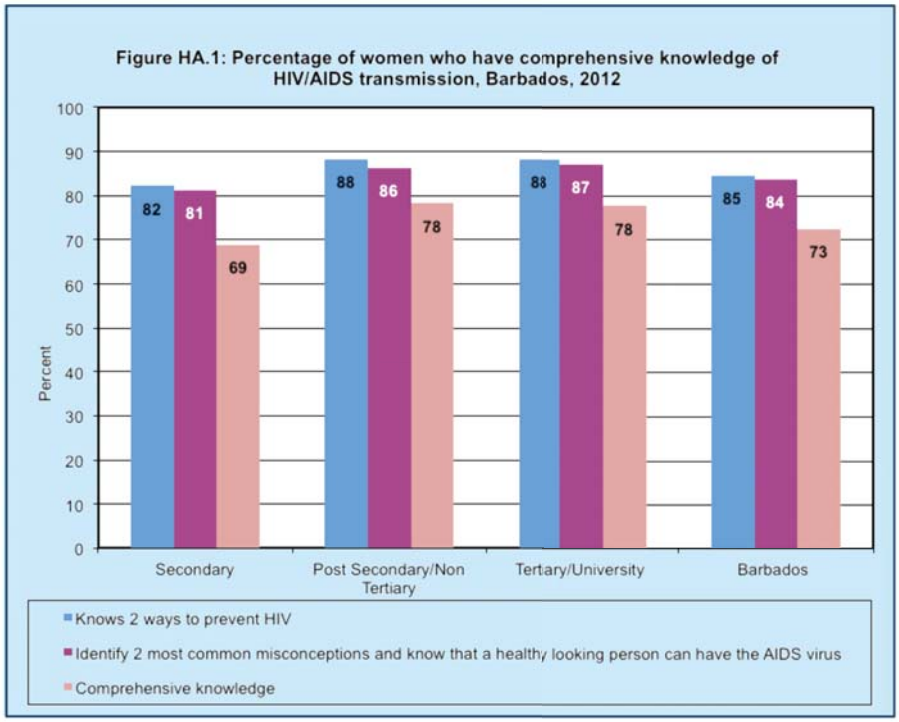
Percentage of young women aged 15–24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions and percentage who have comprehensive knowledge about HIV transmission, Barbados, 2012

			Percentage who know transmission can be prevented by:				Percentage who know that HIV cannot be transmitted by:					
		Percentage who have heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Percentage of women who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Mosquito bites	Supernatural means	Sharing food with someone with AIDS	Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of women aged 15–24
Stratum	1. St. Michael	100.0	84.3	92.8	80.3	96.7	84.8	89.4	93.3	77.4	64.8	141
	2. Christ Church and St. Philip	100.0	89.6	94.1	83.7	97.0	91.9	96.2	91.3	81.2	70.1	87
	3. St. James, St. George and St. Thomas	99.1	90.9	92.2	86.4	97.9	93.9	89.9	94.5	88.1	78.1	76
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	100.0	80.9	92.8	78.2	99.4	88.8	85.6	86.7	76.3	59.3	79
Area	Urban	100.0	86.7	94.4	83.2	96.4	86.9	90.0	92.1	77.4	66.9	241
	Rural	99.5	85.2	90.5	79.5	99.5	92.7	90.7	91.1	85.0	68.5	141
Age	15–19	99.6	83.3	90.2	78.2	97.0	88.4	89.9	93.6	81.3	65.6	194
	20-24	100.0	89.0	95.8	85.7	98.1	89.7	90.6	89.9	79.0	69.5	188
Marital status	Ever married/ in union	100.0	88.0	93.1	83.7	98.0	88.7	92.9	90.2	78.4	69.4	226
	Never married/ in union	99.6	83.4	92.8	79.2	96.9	89.5	86.4	94.0	82.7	64.8	156
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Secondary	100.0	82.0	90.0	76.2	97.5	88.5	88.4	90.2	79.0	62.9	202
	Post-secondary/ non-tertiary	98.9	97.0	96.7	94.8	98.9	92.8	91.7	91.0	84.8	80.7	63
	Tertiary/ university	100.0	87.4	96.2	84.6	96.9	87.9	92.7	94.8	79.6	68.3	117
Wealth index quintiles	Poorest	100.0	80.9	90.2	76.5	95.7	85.9	91.4	84.9	68.3	56.9	58
	Second	99.1	80.7	91.9	79.8	93.5	90.1	85.9	93.6	80.3	62.4	76
	Middle	100.0	88.6	94.5	83.1	98.3	87.8	91.1	92.0	79.8	71.8	87
	Fourth	100.0	91.5	93.6	86.8	99.4	94.7	93.0	94.4	89.7	77.0	76
	Richest	100.0	87.1	93.7	81.7	100.0	86.3	90.0	92.1	80.1	66.4	85
Total		99.8	86.1	93.0	81.9	97.5	89.0	90.3	91.7	80.2	67.5	382

[1] MICS indicator 9.2; MDG indicator 6.3.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table HA.1 and HA.2 also present the percentage of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Barbados: that HIV can be transmitted by supernatural means and by mosquito bites. The table also provides information on whether women know that HIV cannot be transmitted by sharing food. Of the interviewed women, 93.8 per cent know that HIV cannot be transmitted by sharing food with someone with AIDS, 93.3 per cent know that HIV cannot be transmitted by supernatural means and 97.5 per cent know that a healthy-looking person can be infected. Overall, 83.7 per cent both reject the two most common misconceptions and know that a healthy-looking person can be infected.

Figure HA.1 shows the percentage of women in Barbados who have comprehensive knowledge of HIV and AIDS transmission by level of education.



Knowledge about mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, during delivery and through breastfeeding. The level of knowledge among women aged 15–49 years in Barbados concerning mother-to-child transmission is presented in Table HA.3. Almost all women (96.7 per cent) know that HIV can be transmitted from mother to child. One in every two women (55.4 per cent) know all three ways of mother-to-child transmission while 3.2 per cent of women do not know of any of the specific means. Table HA. 3 indicate that nine out of ten women (89.3 per cent) know HIV can be transmitted during pregnancy, three out of four women (75.5 per cent) during breastfeeding and two out of three women (68.6 per cent) during delivery.

Knowledge of all three means of how HIV can be transmitted from mother to child is slightly lower in urban areas (54.2 per cent) when compared to rural areas (57.7 per cent). Knowledge of how HIV

can be transmitted is lower among women aged 15–24 years (48.8 per cent) compared to women aged 25–49 (57.6 per cent). Knowledge of all three means by which HIV can be transmitted is lowest among women with secondary education (53.3 per cent) and highest among women with tertiary/ university education (57.8 per cent) and post-secondary/non-tertiary education (58.6 per cent), though these differences are relatively small.

Table HA.3: Knowledge of mother-to-child HIV transmission
Percentage of women aged 15–49 years who correctly identify means of HIV transmission from mother to child, Barbados, 2012

			Percentage who know HIV can be transmitted:					
		Percentage who knew HIV can be transmitted from mother to child	During pregnancy	During delivery	By breastfeeding	All three means [1]	Does not know any of the specific means	Number of women
Stratum	1. St. Michael	97.6	88.1	66.2	75.0	53.0	2.4	504
	2. Christ Church and St. Philip	97.4	90.2	71.1	77.1	57.0	2.6	421
	3. St. James, St. George and St. Thomas	97.1	91.6	70.1	75.6	57.5	2.6	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	94.2	88.0	67.6	74.0	55.4	5.4	331
Area	Urban	97.7	89.3	67.8	74.7	54.2	2.3	986
	Rural	95.0	89.2	70.0	76.9	57.7	4.7	557
Age group	15–24	94.7	88.6	60.9	72.7	48.8	5.1	382
	25+	97.4	89.5	71.1	76.4	57.6	2.5	1161
Age group	15–19	92.6	85.4	54.1	68.6	42.6	7.0	194
	20–24	96.8	92.0	67.8	76.8	55.2	3.2	188
	25–29	97.3	88.8	72.0	79.4	61.5	2.7	236
	30–39	97.8	87.9	71.0	77.9	56.6	2.0	471
	40–49	97.1	91.5	70.8	73.3	56.6	2.9	454
Marital status	Ever married/in union	96.9	88.9	69.4	75.6	55.9	3.0	1,266
	Never married/in union	95.9	91.1	64.5	74.9	53.5	3.8	277
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(87.2)	(79.0)	(58.3)	(60.9)	(44.2)	(12.8)	36
	Secondary	96.0	88.8	64.7	75.9	53.3	4.0	743
	Post-secondary/ non-tertiary	96.7	90.2	68.4	76.0	58.6	2.4	217
	Tertiary/ university	98.3	90.3	74.4	75.6	57.8	1.7	545
Wealth index quintiles	Poorest	93.0	84.5	68.4	74.0	55.4	7.0	228
	Second	96.1	89.4	66.5	74.1	54.1	3.2	281
	Middle	97.6	89.9	67.2	75.6	55.6	2.4	342
	Fourth	97.8	91.1	65.3	74.3	51.9	2.2	355
	Richest	97.6	90.0	75.1	78.8	60.1	2.4	337
Total		96.7	89.3	68.6	75.5	55.4	3.2	1,543

[1] MICS indicator 9.3.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

ACCEPTING ATTITUDES TOWARD PEOPLE LIVING WITH HIV AND AIDS

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

Table HA.4 presents the attitudes of women in Barbados towards people living with HIV and AIDS. Almost all (99 per cent) those who have heard of AIDS agree with at least one accepting statement.

The two most common accepting attitudes are willingness to care for a family member with the AIDS virus in own home (89.7 per cent) and the belief that a female teacher with the AIDS virus who is not sick should be allowed to continue teaching (87.7 per cent). The two least common accepting attitudes are willingness to buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus (65.2 per cent) and not wanting to keep it a secret that a family member was infected with the AIDS virus (26 per cent). Table HA.4 shows that 14.6 per cent of women aged 15–49 who have heard of HIV and AIDS express accepting attitudes on all four indicators; this is lowest in Stratum 4 (11 per cent) and highest in Stratum 2 (17.5 per cent). Expressing accepting attitudes on four indicators is lower in the rural areas (11.6 per cent) than in the urban areas (16.3 per cent). Less than 10 per cent of young women aged 15–24 (8.8 per cent) express accepting attitudes on all four indicators compared to 16.6 per cent of women age 25+.

About one in every four women aged 15–49 years (26 per cent) would not want to keep it secret that a family member was infected with the AIDS virus. This is lowest in Stratum 4 (21.1 per cent) and Stratum 3 (22.6 per cent) and highest in Stratum 1 (27.9 per cent) and Stratum 2 (29.8 per cent). This accepting attitude is higher in urban areas (28.2 per cent) than rural area (22 per cent).

Overall 65.2 per cent of women aged 15–49 who have heard of HIV and AIDS would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus. This accepting attitude is lowest in Stratum 4 (59.4 per cent) and highest in Stratum 2 (69.5 per cent). This accepting attitude is also lower in rural areas (61.8 per cent) than in urban areas (67.1 per cent). Almost three out of five women aged 15–24 years (57.2 per cent) are willing to buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus compared with 67.8 per cent of women aged 25+.

Table HA.4: Accepting attitudes toward people living with HIV and AIDS

Percentage of women aged 15–49 years who have heard of AIDS who express an accepting attitude towards people living with HIV and AIDS, Barbados, 2012

		Percentage of women who:						
		Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and who is not sick should be allowed to continue teaching	Would not want to keep secret that a family member was infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators [1]	Number of women who have heard of AIDS
Stratum	1. St. Michael	93.5	64.5	89.0	27.9	99.6	15.9	504
	2. Christ Church and St. Philip	86.3	69.5	89.4	29.8	99.1	17.5	421
	3. St. James, St. George and St. Thomas	90.6	66.8	87.0	22.6	99.8	12.3	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	87.3	59.4	83.9	21.1	97.4	11.0	330
Area	Urban	90.2	67.1	89.3	28.2	99.3	16.3	986
	Rural	88.8	61.8	84.8	22.0	98.6	11.6	556
Age group	15–24	90.0	57.2	84.8	19.7	98.6	8.8	381
	25+	89.6	67.8	88.6	28.0	99.2	16.6	1160
Age group	15–19	90.0	58.8	83.4	22.3	99.3	11.4	193
	20–24	90.1	55.5	86.2	17.1	97.9	6.1	188
	25–29	90.0	64.0	85.0	30.5	98.0	18.3	236
	30–39	88.6	71.1	89.5	26.5	99.1	16.5	469
	40–49	90.4	66.5	89.5	28.3	99.8	15.7	454
Marital status	Ever married/in union	89.9	65.1	87.7	26.4	99.0	14.7	1265
	Never married/in union	88.6	65.8	87.4	24.0	99.1	14.2	276
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(97.0)	(59.9)	(72.2)	(55.6)	(100.0)	(26.9)	36
	Secondary	90.1	60.9	83.7	29.2	99.0	15.0	743
	Post-secondary/ non-tertiary	88.6	68.5	92.0	28.1	99.1	18.0	215
	Tertiary/ university	89.1	70.0	92.4	18.8	99.0	12.0	545
Wealth index quintiles	Poorest	95.0	66.7	82.9	34.4	99.4	19.7	228
	Second	*87.9*	60.1	83.0	27.3	99.0	13.4	279
	Middle	90.4	69.1	88.0	27.5	99.3	18.7	342
	Fourth	86.4	61.6	91.4	21.7	98.6	9.7	355
	Richest	90.4	68.2	90.3	22.1	98.9	13.4	337
Total		89.7	65.2	87.7	26.0	99.0	14.6	1541

[1] MICS indicator 9.4.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table HA.5: Knowledge of a place for HIV testing

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

		Percentage of women who:				
		Know a place to get tested [1]	Have ever been tested	Have been tested in the last 12 months	Have been tested in the last 12 months and have been told result [2]	Number of women
Stratum	1. St. Michael	95.4	76.0	28.1	26.8	504
	2. Christ Church and St. Philip	96.3	79.6	26.0	24.1	421
	3. St. James, St. George and St. Thomas	95.9	75.7	21.8	19.7	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	95.9	73.6	21.1	20.6	331
Area	Urban	95.7	76.9	25.5	23.5	986
	Rural	96.1	75.6	23.8	23.2	557
Age Group	15–19	88.8	19.3	11.6	9.7	194
	20–24	96.5	67.3	40.7	38.5	188
	25–29	96.7	88.3	37.2	35.3	236
	30–34	96.4	92.1	30.5	29.6	239
	35–39	97.7	94.1	29.2	27.1	232
	40–44	96.3	82.3	15.6	14.1	210
	45–49	97.3	80.1	9.6	9.6	245
Marital status	Ever married/in union	96.5	84.2	26.8	25.2	1,266
	Never married/in union	92.8	40.9	16.1	15.0	277
Wealth index quintiles	Poorest	93.9	78.6	29.6	28.7	228
	Second	94.6	75.5	26.1	24.1	281
	Middle	97.0	78.2	25.7	24.0	342
	Fourth	96.2	76.3	24.6	23.0	355
	Richest	96.7	74.1	20.0	19.1	337
Total		95.8	76.4	24.9	23.4	1,543

[1] MICS indicator 9.5.
[2] MICS indicator 9.6.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

KNOWLEDGE OF A PLACE FOR HIV TESTING AND COUNSELLING, AND TESTING DURING ANTENATAL CARE

Another important indicator is the knowledge of where to be tested for HIV and use of such services. In order to protect themselves and avoid infecting others, individuals need to know their HIV status. Knowledge of one's status is also a critical factor in the decision to seek treatment. Table HA.5 shows that almost all women aged 15–49 years (95.8 per cent) knew where to be tested, while 76.4 per cent have ever been tested. Only about one in four women (24.9 per cent) have been tested within the last 12 months, out of whom 23.4 per cent have been told the result.

Stratum 4 has the lowest levels of testing in the past 12 months (21.1 per cent) and Stratum 4 has the highest (28.1 per cent). Women aged 20–24 have the highest percentage (40.7 per cent) of recent testing. Women who are never married/in union have a lower percentage (16.1 per cent) than women ever married/in union (26.8 per cent). Testing in the last 12 months appears to decrease as wealth status increases. Women from the richest households have a lower percentage (20.0 per cent) compared to women from the poorest households (29.6 per cent).

About one in four women (23.4 per cent) have been tested in the last 12 months and told their results. Stratum 3 has the lowest percentage (19.7 per cent) while Stratum 1 has the highest (26.8 per cent).

Table HA.6 presents the same results for sexually active young women. The proportion of young women who have been tested and told the result within the last 12 months provides a measure of the effectiveness of interventions that promote HIV counselling and testing among young people. This is important to know because young people may feel that there are barriers to accessing services related to sensitive issues such as sexual health.

About three out of five young women aged 15–24 years (59 per cent) have had sex in the last 12 months. Almost all (97.9 per cent) know a place to get tested; however, only 66.6 per cent have ever been tested. About two out of three (40.2 per cent) have been tested in the last 12 months, while about one out of three (37.0 per cent) have been tested and told their results. Among young women, testing in the last 12 months is higher in urban areas (44.5 per cent) than rural areas (33 per cent) and higher among 20–24 year olds (46.6 per cent) than women aged 15–19 (26.3 per cent).

Table HA.6: Knowledge of a place for HIV testing among sexually active young women
Percentage of women aged 15–24 years who have had sex in the last 12 months and, among such women, percentage who know where to get an HIV test, percentage of women who have ever been tested, percentage of women who have been tested in the last 12 months and percentage of women who have been tested and told the result, Barbados, 2012

				Percentage of women who:				
		Percentage who have had sex in the last 12 months	Number of women aged 15–24 years	Know a place to get tested	Have ever been tested	Have been tested in the last 12 months	Have been tested and have been told result [1]	Number of women aged 15–24 years who have had sex in the last 12 months
Stratum	1. St. Michael	62.4	141	98.6	75.7	50.3	47.4	88
	2. Christ Church and St. Philip	50.2	87	(100.0	(60.8)	(37.2)	(35.3)	44
	3. St. James. St. George and St. Thomas	62.8	76	(94.3)	(64.8)	(29.8)	(25.1)	48
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	58.8	79	(98.4)	(56.8)	(34.7)	(31.3)	46
Area	Urban	58.8	241	98.4	69.1	44.5	40.3	142
	Rural	59.2	141	97.0	62.4	33.0	31.4	83
Age	15–19	36.3	194	96.3	44.1	26.3	21.2	70
	20–24	82.3	188	98.7	76.9	46.6	44.2	155
Marital status	Ever married/ in union	85.1	226	97.7	69.9	41.3	38.0	192
	Never married/ in union	21.0	156	(99.0)	(47.3)	(33.9)	(31.0)	33
Woman's education level	No education	(*)	1	(*)	(*)	(*)	(*)	0
	Secondary	50.8	202	96.4	71.7	43.2	39.2	102
	Post-secondary/ non-tertiary	66.6	63	(99.1)	(55.2)	(29.3)	(29.3)	42
	Tertiary/ university	69.2	117	99.2	66.1	42.2	38.3	81
Wealth index quintiles	Poorest	69.4	58	(92.9)	(74.6)	(56.7)	(52.6)	40
	Second	64.1	76	(100.0)	(70.6)	(40.7)	(39.0)	49
	Middle	61.8	87	97.8	70.1	41.4	38.4	54
	Fourth	49.9	76	1(00.0)	(53.3)	(28.2)	(26.3)	38
	Richest	52.4	85	(98.5)	(62.3)	(33.8)	(28.2)	45
Total		59.0	382	97.9	66.6	40.2	37.0	225

[1] MICS indicator 9.7.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table HA.7: HIV counselling and testing during antenatal care

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

		Percentage of women who:					
		Received antenatal care from a health-care professional for last pregnancy	Received HIV counselling during antenatal care [1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results [2]	Received HIV counselling, were offered an HIV test, accepted and received the results	Number of women who gave birth in the 2 years preceding the survey
Stratum	1. St. Michael	(91.4)	(62.8)	(92.3)	(92.3)	(62.8)	56
	2. Christ Church and St. Philip	(97.0)	(47.5)	(97.2)	(94.2)	(44.5)	36
	3. St. James, St. George and St. Thomas	(97.7)	(57.1)	(91.6)	(89.3)	(54.7)	31
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(86.0)	(73.5)	(92.1)	(92.1)	(71.6)	20
Area	Urban	94.4	56.0	93.7	92.5	54.8	89
	Rural	91.7	64.6	92.7	91.3	62.6	53
Young women	15–24	(98.9)	(74.2)	(95.0)	(95.0)	(73.3)	41
Age	15–19	(*)	(*)	(*)	(*)	(*)	7
	20–24	(100.0)	(69.0)	(94.0)	(94.0)	(67.9)	34
	25–29	(83.0)	(68.9)	(91.7)	(88.0)	(65.1)	28
	30–34	(88.0)	(55.9)	(93.7)	(91.6)	(53.8)	34
	35–49	(100.0)	(39.8)	(92.5)	(92.5)	(39.8)	39
Marital status	Ever married/ in union	93.2	58.4	93.1	91.8	56.8	138
	Never married/ in union	(*)	(*)	(*)	(*)	(*)	5
Woman's education level	Secondary	90.3	70.4	97.2	95.7	68.9	69
	Post-secondary/ non-tertiary	(*)	(*)	(*)	(*)	(*)	19
	Tertiary/ university	97.3	44.1	91.7	90.3	42.8	54
Wealth index quintiles	Poorest	(81.3)	(79.4)	(94.1)	(94.1)	(79.4)	29
	Second	(86.3)	(53.6)	(85.0)	(81.2)	(49.8)	28
	Middle	(100.0)	(66.3)	(97.1)	(97.1)	(65.1)	30
	Fourth	(100.0)	(55.4)	(100.0)	(100.0)	(55.4)	29
	Richest	(100.0)	(38.5)	(89.5)	(86.7)	(35.7)	26
Total		93.4	59.2	93.3	92.1	57.7	142

[1] MICS indicator 9.8.
[2] MICS indicator 9.9.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.7. Almost all women aged 15–49 (93.4 per cent) received antenatal care from a health care professional for their last pregnancy. About three out of five women (59.2 per cent) received HIV counselling during antenatal care. Almost all respondents (93.3 per cent) reported that they were offered an HIV test and were tested for HIV during antenatal care. Almost all women (92.1 per cent) reported being offered an HIV test during antenatal care, being tested for HIV and receiving their results. About two out of three women (57.7 per cent) indicated that they received HIV counselling, were offered an HIV test, accepted and received the test results.

Receipt of HIV counselling during antenatal care is lower in urban areas (56.0 per cent) than rural areas (64.6 per cent). Being given HIV counselling, offered an HIV test, accepted and received the results shows the same urban rural pattern.

SEXUAL BEHAVIOUR RELATED TO HIV TRANSMISSION

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially with non-regular partners, is especially important for reducing the spread of HIV. In most countries over half of new HIV infections are among young people aged 15–24 years, thus a change in behaviour among this age group will be especially important to reduce new infections.

A set of questions was administered to all women 15–49 years of age in Barbados to assess their risk of HIV infection. Risk factors for HIV include sex at an early age, sex with older men, sex with a non-marital, non-cohabitating partner and failure to use a condom.

The responses regarding sexual behaviours that increase the risk of HIV infection among women are presented in Table HA.8 and Figure HA.2.

About three out of every four never-married women aged 15–24 years (73.3 per cent) have never had sex. About one in ten women aged 15–24 years (8.8 per cent) have had sex in the last 12 months with a man 10 or more years older, with the percentage among those aged 20–24 (11.7 per cent) about five times that among those aged 15–19 years (2.3 per cent).

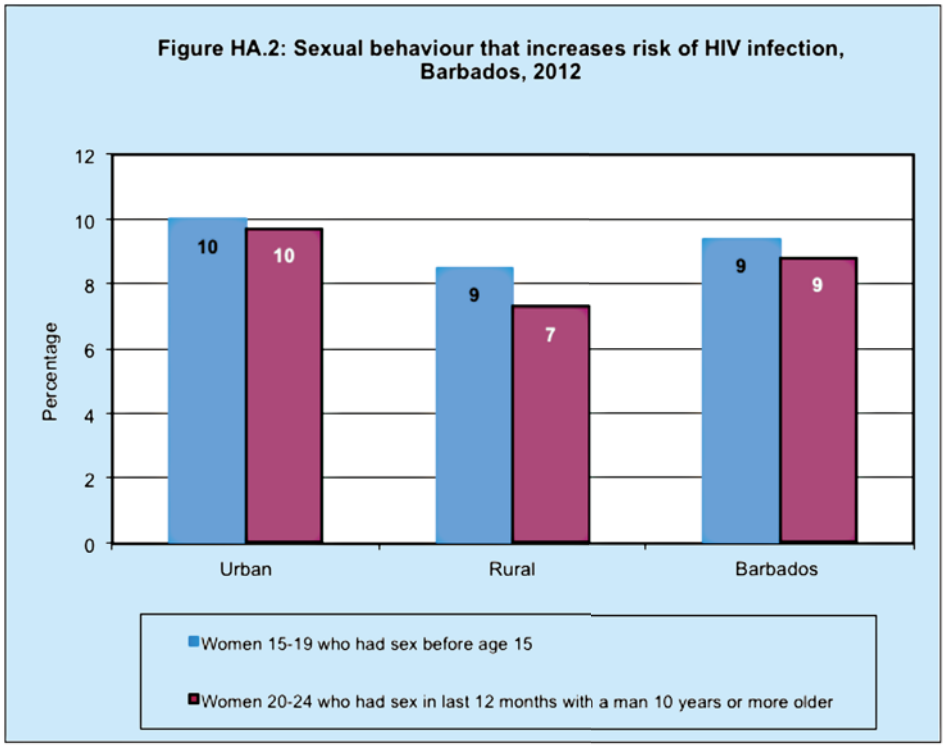
About one in ten women aged 15–24 years (9.4 per cent) have had sex before age 15 years. This is highest in Stratum 1 (14.3 per cent), which is more than twice the percentage of the lowest (Stratum 4, with 5.7 per cent). The percentage in rural areas is slightly lower (8.5 per cent) than in urban areas (10.0 per cent). More young women aged 20–24 years (10.2 per cent) had sex before age 15 when compared with young women aged 15–19 years (8.7 per cent). The percentage among women ever married/in union (14.1 per cent) is more than five times the percentage among never married/ in union (2.7 per cent). Sex before age 15 among women aged 15–24 appears to go down with an increase in educational level. Sex before age 15 among women 15–24 years is highest among the poorest households (20.4 per cent).

Table HA.8: Sexual behaviour that increases the risk of HIV infection

Percentage of never-married young women aged 15–24 years who have never had sex, percentage of young women aged 15–24 years who have had sex before age 15 and percentage of young women aged 15–24 years who had sex with a man 10 or more years older during the last 12 months, Barbados, 2012

		Percentage of never-married women aged 15–24 years who have never had sex [1]	Number of never-married women aged 15–24 years	Percentage of women age 15–24 years who had sex before age 15 [2]	Number of women aged 15–24 years	Percentage of women aged 15–24 years who had sex in the last 12 months with a man 10 or more years older [3]	Number of women aged 15–24 years who had sex in the 12 months preceding the survey
Stratum	1. St. Michael	(68.5)	56	14.3	141	12.6	88
	2. Christ Church and St. Philip	(83.6)	35	6.4	87	(6.0)	44
	3. St. James, St. George and St. Thomas	(61.4)	30	7.7	76	8.5	48
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	(80.8)	35	5.7	79	(4.5)	46
Area	Urban	73.9	97	10.0	241	9.7	142
	Rural	72.4	59	8.5	141	7.3	83
Age	15–19	86.6	114	8.7	194	2.3	70
	20–24	(37.5)	42	10.2	188	11.7	155
Marital status	Ever married/ in union	na	na	14.1	226	10.0	192
	Never married/ in union	73.3	156	2.7	156	(1.7)	33
Woman's education level	No education	(*)	0	(*)	1	(*)	0
	Secondary	(83.6)	91	9.9	202	12.3	102
	Post-secondary/ non-tertiary	(56.9)	29	9.2	63	(5.1)	42
	Tertiary/ university	(60.8)	36	8.7	117	6.3	81
Wealth index quintiles	Poorest	(*)	18	20.4	58	(15.4)	40
	Second	(63.5)	32	8.6	76	(11.4)	49
	Middle	(78.1)	34	8.7	87	6.4	54
	Fourth	(73.8)	35	8.5	76	(7.3)	38
	Richest	(78.4)	38	4.2	85	(4.3)	45
Total		73.3	156	9.4	382	8.8	225

[1] MICS indicator 9.10.
[2] MICS indicator 9.11.
[3] MICS indicator 9.12.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.



Sexual behaviour and condom use during sex were assessed in all women and separately for women aged 15–24 years who had sex with multiple partners in the previous year (Tables HA.9 and HA.10).

About 90 per cent of women aged 15–49 have had sex while 75.9 per cent had sex in the past 12 months (see Table HA.9). Only 3 per cent of women aged 15–49 years report having sex with more than one partner in the last 12 months. About half of all women (55.9 per cent) who had more than one sexual partner in the last 12 months reported that a condom was used the last time they had sex. These data are not shown in Table HA.9 as the disaggregations are based on small numbers of unweighted cases.

Table HA.9: Sex with multiple partners

Percentage of women aged 15–49 years who ever had sex, percentage who had sex in the last 12 months and percentage who have had sex with more than one partner in the last 12 months, Barbados, 2012

		Percentage of women who:			
		Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months [1]	Number of women aged 15–49 years
Stratum	1. St. Michael	89.9	74.2	3.3	504
	2. Christ Church and St. Philip	91.0	78.2	3.2	421
	3. St. James, St. George and St. Thomas	89.3	76.5	1.7	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	89.2	75.1	3.3	331
Area	Urban	90.3	76.5	3.5	986
	Rural	89.4	75.0	2.0	557
Age	15–24	64.5	59.0	3.0	382
	25–29	97.7	88.1	5.4	236
	30–39	98.3	85.1	2.7	471
	40–49	98.8	74.3	2.0	454
Marital status	Ever married/ in union	97.9	85.8	3.1	1,266
	Never married/ in union	53.7	30.6	2.4	277
Woman's education level	No education	(*)	(*)	(*)	1
	Primary	(97.0)	(74.7)	(9.0)	36
	Secondary	87.5	73.2	2.6	743
	Post-secondary/ non-tertiary	91.1	78.7	3.2	217
	Tertiary/ university	92.3	78.6	3.0	545
Wealth index quintiles	Poorest	93.7	81.9	2.6	228
	Second	91.1	73.8	2.7	281
	Middle	90.7	75.6	4.2	342
	Fourth	90.0	76.2	2.7	355
	Richest	85.8	73.6	2.5	337
Total		90.0	75.9	3.0	1,543

[1] MICS indicator 9.13.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table HA.10 presents the percentage of women aged 15–24 years who ever had sex, percentage who had sex in the last 12 months and percentage who have had sex with more than one partner in the last 12 months.

About 64.5 per cent of women aged 15–24 ever had sex and 59 per cent had sex in the past 12 months. Only 3 per cent had sex with more than one partner in the past 12 months. No estimate on the percentage of women aged 15–24 who had more than one sexual partner in the last 12 months and used a condom is reported here due to the small number of occurrences.

Table HA.11 shows that 61 per cent of women aged 15–24 had sex with a non-marital, non-cohabiting partner in the past 12 months. Rates are higher among women aged 20–24 (62.3 per cent) compared with women aged 15–19 (58.1 per cent).

Table HA.10: Sex with multiple partners among young women
Percentage of women aged 15–24 years who ever had sex, percentage who had sex in the last 12 months and percentage who have had sex with more than one partner in the last 12 months, Barbados, 2012

		Percentage of women 15–24 who:			
		Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months	Number of women aged 15–24 years
Stratum	1. St. Michael	66.9	62.4	0.0	141
	2. Christ Church and St. Philip	60.5	50.2	4.2	87
	3. St. James, St. George and St. Thomas	66.8	62.8	2.6	76
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	62.5	58.8	7.6	79
Area	Urban	64.2	58.8	2.4	241
	Rural	65.1	59.2	4.1	141
Age	15–19	41.8	36.3	0.3	194
	20–24	88.0	82.3	5.9	188
Marital status	Ever married/ in union	90.6	85.1	4.3	226
	Never married/ in union	26.7	21.0	1.2	156
Woman's education level	No education	(*)	(*)	(*)	1
	Secondary	55.2	50.8	5.8	202
	Post-secondary/ non-tertiary	71.3	66.6	1.0	63
	Tertiary/ university	76.8	69.2	2.8	117
Wealth index quintiles	Poorest	75.1	69.4	3.7	58
	Second	68.3	64.1	3.6	76
	Middle	65.9	61.8	3.5	87
	Fourth	61.6	49.9	3.1	76
	Richest	55.2	52.4	13.0	85
Total		64.5	59.0	3.0	382

( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

Table HA.11: Sex with non-regular partners

Percentage of women aged 15–24 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with a non-marital, non-cohabiting partner in the last 12 months and, among those who had sex with a non-marital, non-cohabiting partner, percentage who used a condom the last time they had sex with such a partner, Barbados, 2012

		Percentage of women 15–24 who:						
		Ever had sex	Had sex in the last 12 months	Number of women aged 15–24 years	Percentage who had sex with a non-marital, non-cohabiting partner in the last 12 months [1]	Number of women aged 15–24 years who had sex in the last 12 months	Percentage of women aged 15–24 years who had sex with a non-marital, non-cohabiting partner in the last 12 months, who also reported that a condom was used the last time they had sex with such a partner [2]	Number of women aged 15–24 years who had more than one sexual partner in the last 12 months
Stratum	1. St. Michael	66.9	62.4	141	65.1	88	(51.0)	57
	2. Christ Church and St. Philip	60.5	50.2	87	(48.9)	44	(*)	21
	3. St. James, St. George and St. Thomas	66.8	62.8	76	68.6	48	53.6	33
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	62.5	58.8	79	56.7	46	(40.2)	26
Area	Urban	64.2	58.8	241	58.6	142	53.5	83
	Rural	65.1	59.2	141	65.0	83	49.3	54
Age	15–19	41.8	36.3	194	58.1	70	(75.1)	41
	20–24	88.0	82.3	188	62.3	155	41.9	96
Marital status	Ever married/ in union	90.6	85.1	226	54.7	192	46.5	105
	Never married/ in union	26.7	21.0	156	97.6	33	(69.4)	32
Woman's education level	No education	(*)	(*)	1	(*)	0	(*)	0
	Secondary	55.2	50.8	202	64.3	102	54.0	66
	Post-secondary/ non-tertiary	71.3	66.6	63	59.8	42	(52.3)	25
	Tertiary/ university	76.8	69.2	117	57.3	81	(48.5)	46
Wealth index quintiles	Poorest	75.1	69.4	58	(62.7)	40	(28.2)	25
	Second	68.3	64.1	76	(63.0)	49	(68.1)	31
	Middle	65.9	61.8	87	50.1	54	(58.6)	27
	Fourth	61.6	49.9	76	(57.1)	38	(40.8)	22
	Richest	55.2	52.4	85	(73.5)	45	(56.4)	33
Total		64.5	59.0	382	61.0	225	51.8	137

[1] MICS indicator 9.15.
[2] MICS indicator 9.16; MDG indicator 6.2.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

ORPHANS

As the HIV epidemic progresses, more and more children are becoming orphaned because of AIDS. Children who are orphaned may be at increased risk of neglect or exploitation. Monitoring the variations in different outcomes for orphans and comparing them to their peers provides a measure of how well communities and governments are responding to their needs. HIV rates in Barbados are relatively low and the issue of orphans made vulnerable by HIV andf AIDS is not expected to be a large problem. However, for comparability, figures on orphanhood are presented below.

Table HA.12 presents information on the living arrangements and orphanhood status of children under age 18. The table indicates about one in three children aged 0–17 years (33.5 per cent) live with both their parents, 48.7 per cent live with their mother only and 7.5 per cent live with their fathers only.

The percentage of children who are not living with their biological parents is 5.5 per cent. Children who live with mothers only while the biological father is alive is 45.6 per cent. Approximately 5 per cent (4.8 per cent) of children have lost one or both parents. Children who have only their father dead is 3.1 per cent and children who have only their mother dead is 0.7 per cent.

Table HA.12 also shows that the percentage of children living with both parents is lower in the poorest households (23 per cent) than the richest households (54.3 per cent). The percentage of children living with both parents is lowest in Stratum 1 (26.5 per cent) and highest in Stratum 2 (40.3 per cent).

Children aged 0–17 years living with their mother only while their father is alive is lower among the richest households (30.4 per cent) when compared to the poorest household (52.1 per cent). It is also lowest in Stratum 2 (42.5 per cent) and highest in Stratum 4 (48.3 per cent). Living with father only even though mother is alive is lowest in Stratum 4 (4.9 per cent) and highest in Stratum 1 (9.6 per cent).

Table HA.12: Children's living arrangements and orphanhood

Percentage distribution of children aged 0–17 years according to living arrangements, percentage of children aged 0–17 years in households not living with a biological parent and percentage of children who have one or both parents dead, Barbados, 2012

			Living with neither parent				Living with mother only		Living with father only						
		Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead	Impossible to determine	Total	Not living with a biological parent [1]	One or both parents dead [2]	Number of children aged 0–17 years
Sex	Male	34.1	0.1	0.3	4.1	0.2	45.7	3.0	6.7	0.9	4.8	100.0	4.7	4.6	963
	Female	32.9	0.6	0.1	4.9	0.7	45.5	3.2	7.1	0.4	4.6	100.0	6.3	5.0	918
Stratum	1. St. Michael	26.5	0.1	0.2	5.2	0.9	46.2	4.0	9.6	0.6	6.7	100.0	6.4	5.8	652
	2. Christ Church and St. Philip	40.3	0.0	0.2	3.6	0.0	42.5	3.5	4.9	0.2	4.7	100.0	3.8	3.9	517
	3. St. James, St. George and St. Thomas	38.8	0.3	0.2	2.9	0.0	46.0	2.3	6.9	0.5	2.2	100.0	3.4	3.4	343
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	31.6	1.4	0.2	5.9	0.7	48.3	1.7	4.9	1.6	3.6	100.0	8.2	5.6	369
Area	Urban	33.5	0.1	0.2	4.0	0.5	45.7	3.0	7.3	0.3	5.4	100.0	4.8	4.0	1220
	Rural	33.5	0.9	0.2	5.3	0.4	45.3	3.3	6.1	1.3	3.5	100.0	6.9	6.3	661
Age	0–4 years	38.6	0.2	0.0	3.0	0.3	47.3	1.9	4.4	0.2	4.1	100.0	3.4	2.5	499
	5–9 years	35.0	0.4	0.2	4.0	0.4	44.2	3.1	7.6	0.6	4.5	100.0	5.0	4.7	489
	10–14 years	29.6	0.4	0.1	4.0	0.7	47.3	4.5	7.4	1.1	4.7	100.0	5.2	6.8	590
	15–17 years	30.5	0.7	0.6	8.5	0.5	41.6	2.3	8.6	0.7	6.0	100.0	10.3	4.8	303
Wealth index quintiles	Poorest	23.0	0.0	0.6	4.8	0.5	52.1	3.5	9.1	0.9	5.6	100.0	5.9	5.4	340
	Second	23.5	0.3	0.0	3.6	0.3	54.9	4.2	6.3	0.5	6.4	100.0	4.2	5.3	411
	Middle	27.2	0.2	0.4	7.9	0.8	49.5	4.1	4.8	0.5	4.6	100.0	9.3	6.0	373
	Fourth	40.0	0.7	0.0	4.1	0.6	40.5	1.8	8.2	0.6	3.5	100.0	5.4	3.7	393
	Richest	54.3	0.7	0.0	2.1	0.0	30.4	1.9	6.2	1.0	3.5	100.0	2.8	3.6	363
Total		33.5	0.4	0.2	4.5	0.5	45.6	3.1	6.9	0.7	4.7	100.0	5.5	4.8	1881

[1] MICS indicator 9.17.
[2] MICS indicator 9.18.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

One of the measures developed for the assessment of the status of orphaned children relative to their peers looks at school attendance of children aged 10–14 who have lost both parents versus children whose parents are alive (and who live with at least one of these parents). If children whose parents have died do not have the same access to school as their peers, then families and schools are not ensuring that these children's rights are being met.

In Barbados, 0.7 per cent of children aged 10–14 have lost both parents (Table HA.13). Among the children aged 10–14 who have not lost a parent and who live with at least one parent, 99.6 per cent are attending school. Total numbers for orphaned children aged 10–14 years are low (4) and this does not allow comparisons between orphans and non-orphans.

Table HA.13: School attendance of orphans and non-orphans
School attendance of children aged 10–14 years by orphanhood, Barbados, 2012

		Percentage of children whose mother and father have died (orphans)	Percentage of children of whom both parents are alive and child is living with at least one parent (non-orphans)	Number of children aged 10–14 years	Percentage of children who are orphans and are attending school [1]	Total number of orphan children aged 10–14 years	Percentage of children who are non-orphans and are attending school [2]	Total number of non-orphan children aged 10–14 years	Orphans to non-orphans school attendance ratio
Sex	Male	0.4	83.6	285	(*)	1	99.3	238	na
	Female	0.9	85.1	305	(*)	3	99.8	259	na
Area	Urban	0.7	856	387	(*)	3	99.7	331	na
	Rural	0.6	82.1	203	(*)	1	99.3	167	na
Total		0.7	84.4	590	(*)	4	99.6	497	na

[1] MICS indicator 9.19; MDG indicator 6.4.
[2] MICS indicator 9.20; MDG indicator 6.4.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

12. ACCESS TO MASS MEDIA AND USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY

The Barbados MICS collected information on exposure to mass media and the use of computers and the Internet.

Information was collected on:

- exposure to newspapers/magazines, radio and television among women aged 15–49 years
- use of computers among young women aged 15–24 years
- use of the Internet among young women aged 15–24 years.

ACCESS TO MASS MEDIA

The proportion of women aged 15–49 in Barbados who read a newspaper, listen to the radio and watch television at least once a week is shown in Table MT.1. About four out of five women aged 15–49 years (85.6 per cent) read a newspaper at least once a week, about nine out of ten (88.1 per cent) listen to the radio and nine out of ten (91.7 per cent) watch television. Less than 2 per cent women aged 15–49 years (1.2 per cent) are not exposed to any of the three mass media and about three out of four (73.7 per cent) are exposed to all three types of mass media at least once a week.

The percentage of young women aged 15–19 years (69.2 per cent) and 20–24 years (83.5 per cent) who read a newspaper at least once a week is lower than that of older women aged 35–39 years (90.2 per cent). This is also the case for exposure to all three media at least once a week as women aged 15–19 years (61.5 per cent) and women aged 20–24 years (68.2 per cent) have lower exposure rates than older women aged 35–39 years (80.9 per cent).

There is some difference in exposure to mass media based on socio-economic status. Exposure to all three types of media at least once a week increases as wealth status of household increases and ranges from 65.1 per cent in the poorest households to 77.8 per cent in the richest households.

Table MT.1: Exposure to mass media

Percentage of women aged 15–49 years who are exposed to specific mass media on a weekly basis, Barbados, 2012

		Percentage of women aged 15–49 who:					
		Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week [1]	No media at least once a week	Number of women aged 15–49 years
Age	15–19	69.2	88.6	90.9	61.5	2.0	194
	20–24	83.5	84.1	92.4	68.2	0.6	188
	25–29	89.0	83.8	88.5	71.1	2.1	236
	30–34	89.0	88.5	91.5	77.3	1.3	239
	35–39	90.2	90.1	94.9	80.9	1.1	232
	40–44	88.6	90.7	90.7	76.5	0.2	210
	45–49	86.5	90.4	92.6	77.1	1.2	245
Stratum	1. St. Michael	84.2	87.6	92.9	72.0	0.9	504
	2. Christ Church and St. Philip	88.0	84.8	87.7	72.1	1.9	421
	3. St. James, St. George and St. Thomas	84.9	89.6	93.2	73.7	0.5	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	85.2	91.7	93.5	78.2	1.5	331
Area	Urban	84.1	86.2	90.1	70.3	1.1	986
	Rural	88.3	91.4	94.4	79.7	1.5	557
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	1
	Primary	(74.6)	(89.1)	(95.0)	(70.3)	(0.0)	36
	Secondary	82.9	88.3	91.4	70.7	1.2	743
	Post-secondary/ non-tertiary	90.9	86.8	93.3	77.5	0.6	217
	Tertiary/ university	87.8	88.1	91.1	76.3	1.6	545
Wealth index quintiles	Poorest	77.8	86.2	89.9	65.1	2.2	228
	Second	82.4	85.9	93.5	69.1	1.0	281
	Middle	88.2	88.6	91.0	75.9	0.6	342
	Fourth	86.8	89.9	92.5	76.8	1.7	355
	Richest	89.6	88.7	91.1	77.8	0.9	337
Total		85.6	88.1	91.7	73.7	1.2	1543

[1] MICS indicator MT.1.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted.

Exposure to all three media at least once a week is highest in Stratum 4 (78.2 per cent) and lowest in Stratum 1 (72 per cent). It is also higher in rural areas (79.7 per cent) than in urban areas (70.3 per cent).

USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY

The questions on computer and Internet use were asked only to 15–24-year-old women. As displayed in Table MT.2, almost all women aged 15–24 years (98.4 per cent) have ever used a computer, about four out of five (87.3 per cent) used a computer during the last 12 months and about three out of four (77.6 per cent) used a computer at least once a week during the last month. Overall, about nine out of ten women aged 15–24 (95.8 per cent) have ever used the Internet, while about nine out of ten (92.8 per cent) used the Internet during the last year. The percentage of young women who used the Internet more frequently – at least once a week during the last month – is 84.0 per cent.

The use of the Internet at least once a week during the last month appears to increase with wealth of household; it is lowest in the poorest households (57.4 per cent) and highest in the fourth richest households (94.9 per cent). Internet use also appears to increase with women's education levels, being lower among women with secondary education (78.4 per cent) than among women with tertiary/university education (94.9 per cent).

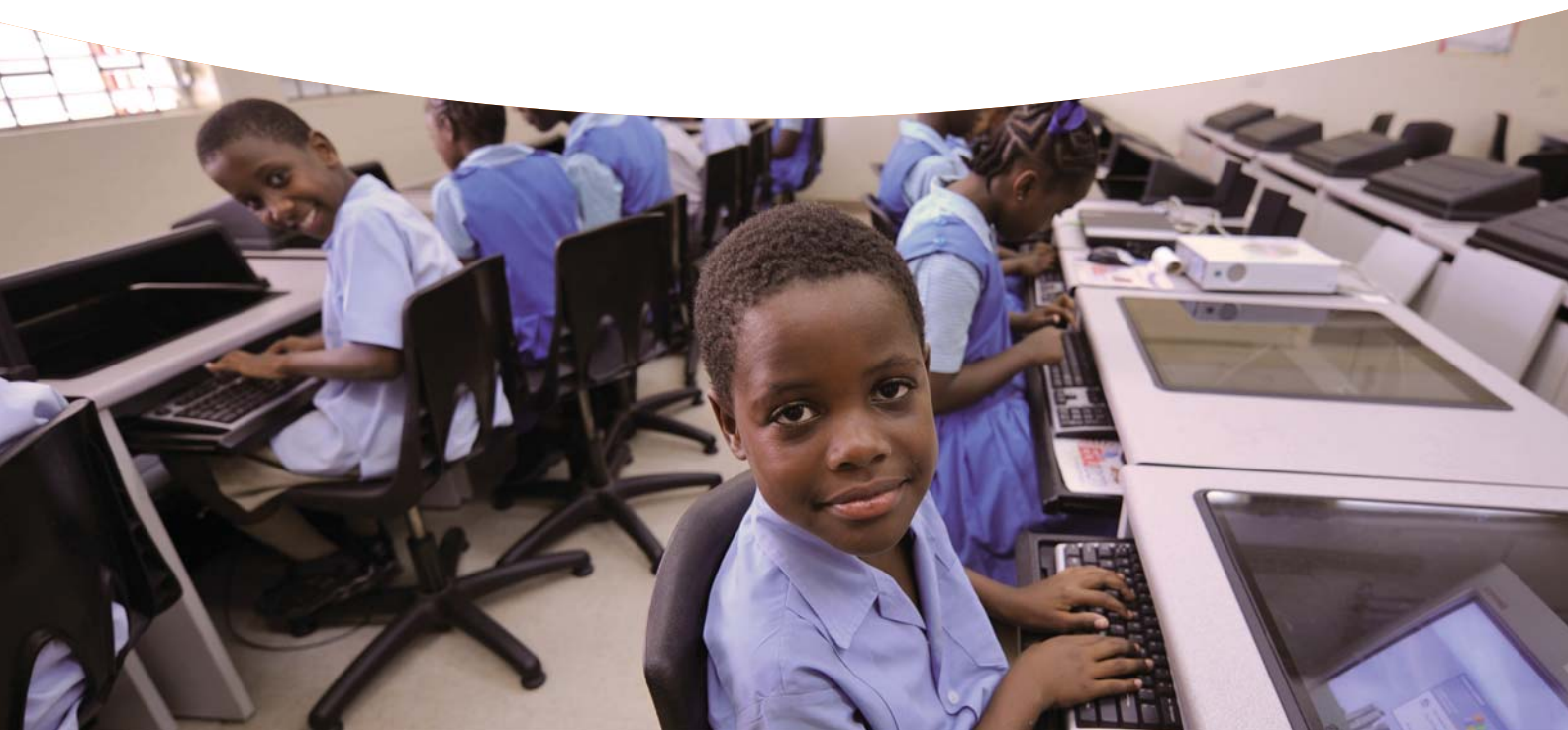


Table MT.2: Use of computers and Internet

Percentage of young women aged 15–24 who have ever used a computer, percentage who have used a computer during the last 12 months and frequency of use during the last one month and percentage who have ever used the Internet, percentage who used the Internet during the last 12 months and frequency of use during the last one month, Barbados, 2012

		Percentage of women aged 15–24 who have:			Percentage of women aged 15–24 who have:			
		Ever used a computer	Used a computer during the last 12 months [1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months [2]	Used the internet at least once a week during the last one month	Number of women aged 15–24 years
Age	15–19	99.3	86.8	77.0	98.3	94.7	85.6	194
	20–24	97.5	87.7	78.2	93.3	90.9	82.4	188
Stratum	1. St. Michael	99.4	81.9	69.8	95.9	92.5	81.0	141
	2. Christ Church and St. Philip	95.7	83.9	78.1	94.2	91.8	86.0	87
	3. St. James, St. George and St. Thomas	98.2	93.8	86.1	96.6	96.6	91.6	76
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	100.0	94.1	82.6	96.7	90.7	80.0	79
Area	Urban	98.5	86.6	76.5	95.6	92.7	83.2	241
	Rural	98.3	88.4	79.5	96.3	93.0	85.4	141
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	1
	Secondary	98.4	82.3	68.4	94.9	90.2	78.4	202
	Post-secondary/ non-tertiary	95.5	92.2	86.9	94.4	91.0	81.7	63
	Tertiary/ university	100.0	93.1	88.3	98.2	98.2	94.9	117
Wealth index quintiles	Poorest	98.3	83.7	58.3	91.5	82.5	57.4	58
	Second	98.8	81.0	65.9	95.7	93.0	79.4	76
	Middle	99.5	95.3	89.8	100.0	98.1	88.9	87
	Fourth	97.7	80.4	76.4	95.8	95.8	94.9	76
	Richest	97.7	93.1	89.6	94.7	91.5	91.5	85
Total		98.4	87.3	77.6	95.8	92.8	84.0	382

[1] MICS indicator MT.2.
[2] MICS indicator MT.3.
(*) Figures based on less than 25 un-weighted.

13. SUBJECTIVE WELL-BEING

It is well known that the subjective perceptions of individuals of their incomes, health, living environments and the like play a significant role in their lives and can impact their perception of well-being, irrespective of objective conditions such as actual income and physical health status. In the Barbados MICS4 a set of questions were asked to women aged 15–24 years to understand how satisfied these young people are in different areas of their lives such as family life, friendships, school, current job, health, where they live, how they are treated by others, how they look and their current income.

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

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

The indicators related to subjective well-being are:

- Life satisfaction: the proportion of women aged 15–24 years who are very or somewhat satisfied with their family life, friendships, school, current job, health, where they live, how they are treated by others and how they look
- Happiness: the proportion of women aged 15–24 years who are very or somewhat happy
- Perception of a better life: the proportion of women aged 15–24 years who think that their lives improved during the last one year and who expect that their lives will be better after one year.

Table SW.1 shows the proportion of young women aged 15–24 years who are very or somewhat satisfied in selected domains. Of these, young women are the most satisfied with the way they look (96.1 per cent), their health (95 per cent) and their friendships (90.5 per cent). They are least satisfied with their current income (56.9 per cent) – though it should be noted that 65.7 per cent of young women do not have any income.

Table SW.1 shows that women with post-secondary/non-tertiary education have the highest level of satisfaction in four domains: friendships (96.1 per cent), school (93 per cent), treatment by others (91.1 per cent) and the way they look (97.1 per cent). Women with secondary education have the highest level of satisfaction in three domains: family life (91.2 per cent), living environment (92.1 per cent) and current income (58.5 per cent). Women with tertiary education have the highest level of satisfaction in one domain: current job (77.9 per cent).

The level of satisfaction reported by women aged 15–24 years is higher in the rural areas for all domains with the exception of current income, where there is a slightly higher percentage of satisfaction in the urban area (57.3 per cent) compared to the rural area (56.3 per cent).

By age, differences are not large, though women aged 20–24 are more satisfied with their friendships and women aged 15–19 are more satisfied with their school and living environment.

Across the four strata, women aged 15–24 in Stratum 3 report the highest level of satisfaction in five out of the nine domains: friendships (98.7 per cent), family life (94.9 per cent), living environment (90.3 per cent), treatment by others (90.2 per cent), current income (71.4 per cent). Women aged 15–24 in Stratum 2 report the highest level of satisfaction in only two out of the nine domains: school (90.1 per cent) and current job (80.7 per cent). Women aged 15 –49 in Stratum 1 report the highest level of satisfaction in the health domain (96 per cent).

Table SW.1: Domains of life satisfaction

Percentage of women aged 15–24 years who are very or somewhat satisfied in selected domains and percentage of young women aged 15–24 years who are not currently attending school, do not have a job and do not have any income, Barbados, 2012

		Percentage of women aged 15–24 who are very or somewhat satisfied with selected domains:									Percentage of women aged 15–24 who:			
		Family life	Friendships	School	Current job	Health	Living environment	Treatment by others	The way they look	Current income	Are not currently attending school	Do not have a job	Do not have any income	Number of women aged 15–24 years
Age	15–19	90.1	88.4	86.7	72.1	94.0	92.5	85.4	96.5	58.5	18.7	83.1	80.5	194
	20–24	89.8	92.7	81.9	71.4	96.1	83.1	84.4	95.7	56.2	51.8	55.4	50.5	188
Stratum	1. St. Michael	91.0	83.7	80.4	56.7	96.0	87.2	80.7	96.4	46.6	36.0	74.6	68.4	141
	2. Christ Church and St. Philip	86.0	91.5	90.1	80.7	93.9	85.8	87.2	94.9	66.6	41.7	67.7	66.5	87
	3. St. James, St. George and St. Thomas	94.9	98.7	88.5	75.0	94.6	90.3	90.2	96.2	71.4	33.6	64.0	61.7	76
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	87.4	93.6	84.2	79.1	95.2	88.8	85.0	97.0	48.0	27.0	67.5	64.0	79
Area	Urban	89.0	89.2	83.1	67.7	94.1	85.7	82.9	95.8	57.3	34.7	71.8	67.5	241
	Rural	91.5	92.8	88.1	77.1	96.6	91.6	88.4	96.6	56.3	35.4	65.4	62.7	141
Marital status	Ever married/ in union	89.3	90.7	83.7	72.6	95.5	85.1	82.9	95.0	56.7	50.5	59.2	54.5	226
	Never married/ in union	90.8	90.2	85.9	68.0	94.4	91.9	87.9	97.7	57.3	12.5	84.4	82.0	156
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Secondary	91.2	87.9	83.9	64.8	94.6	92.1	81.6	97.0	58.5	45.0	76.9	74.8	202
	Post-secondary/ non-tertiary	86.9	96.1	93.0	72.0	95.6	85.5	91.1	97.1	52.1	38.6	63.9	60.8	63
	Tertiary/ university	89.7	92.0	83.5	77.9	95.6	82.2	87.8	94.1	58.0	16.0	59.9	53.0	117
Wealth index quintiles	Poorest	90.3	95.2	93.3	62.7	97.3	86.5	86.3	96.6	48.8	53.1	66.3	62.5	58
	Second	84.6	83.8	76.9	75.2	94.4	83.3	77.5	95.1	41.5	42.4	77.0	74.8	76
	Middle	91.1	92.1	84.7	59.1	93.9	86.3	85.2	97.6	60.8	36.6	74.2	70.1	87
	Fourth	91.5	91.4	85.3	73.0	97.6	89.8	87.2	93.1	61.1	24.9	61.7	61.8	76
	Richest	91.8	90.9	86.7	84.1	93.0	92.6	88.4	97.9	63.8	23.4	67.0	59.0	85
Total		89.9	90.5	84.9	71.6	95.0	87.8	84.9	96.1	56.9	35.0	69.5	65.7	382

(*) Figures based on less than 25 un-weighted cases.

Table SW.2 shows the proportion of women aged 15–24 years with 'life satisfaction', defined as those who are very or somewhat satisfied with their family life, friendships, school, current job, health, where they live, how they are treated by others and how they look. Over half of all women aged 15–24 year (57.7 per cent) are satisfied with life. Women living in the richest households (63.4 per cent) are more satisfied with life than those in the poorest (58.7 per cent) and second poorest households (49.8 per cent). The proportion of women who are satisfied with life is higher in rural areas (63.6 per cent) compared to urban areas (54.2 per cent). Women aged 15–19 years are more satisfied with life (60.1 per cent) than women aged 20–24 years (55.2 per cent). Women aged 15–24 years in Stratum 3 (65.4 per cent) are the most satisfied with life while those in Stratum 1 (51.6 per cent) are the least satisfied. Women who are never married/in union are more satisfied with life (62.7 per cent) compared to women who are ever married/in union (54.2 per cent). Women with post-secondary/non-tertiary education are more satisfied with life (63.8 per cent) than women with tertiary/university education (55.6 per cent).

The average life satisfaction score is the arithmetic mean of responses to questions included in the calculation of life satisfaction. Lower scores indicate higher satisfaction levels. The average life satisfaction score does not vary across the selected background variables.

According to Table SW.2, nine out of ten women aged 15–24 years (90.5 per cent) are very or somewhat happy. Higher levels of those who are somewhat or very happy are seen in women aged 20–24 year old (92.7 per cent), who live in Stratum 3 (98.7 per cent), in rural areas (92.8 per cent), with post-secondary/non-tertiary education (96.1 per cent) or from the poorest households (95.2 per cent).

About one out of three women (36.7 per cent) are satisfied with life and also their income. Women reporting the highest percentage of satisfaction with life and income are those aged 20–24 years (39.1 per cent), who live in a rural area (42.2 per cent), in Stratum 3 (50.8 per cent), who are ever married/in union (38.5 per cent), have post-secondary/non-tertiary education (43.2 per cent) or are from the fourth richest households (48 per cent).

Table SW.2: Life satisfaction and happiness

Percentage of women aged 15–24 years who are very or somewhat satisfied in selected domains, Barbados, 2012

		Percentage of women with life satisfaction [1]	Average life satisfaction score	Missing/ cannot be calculated	Women with life satisfaction who are very or somewhat satisfied with their income	No income/ Cannot be calculated	Percentage who are very or somewhat happy [2]	Number of women aged 15–24 years
Age	15–19	60.1	1.6	0.0	30.9	80.5	88.4	194
	20–24	55.2	1.7	0.0	39.1	50.5	92.7	188
Stratum	1. St. Michael	51.6	1.7	0.0	27.6	68.4	83.7	141
	2. Christ Church and St. Philip	59.4	1.6	0.0	39.5	66.5	91.5	87
	3. St. James, St. George and St. Thomas	65.4	1.6	0.0	50.8	61.7	98.7	76
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	59.2	1.6	0.0	33.8	64.0	93.6	79
Area	Urban	54.2	1.7	0.0	33.1	67.5	89.2	241
	Rural	63.6	1.6	0.0	42.2	62.7	92.8	141
Marital status	Ever married/ in union	54.2	1.7	0.0	38.5	54.5	90.7	226
	Never married/ in union	62.7	1.6	0.0	30.4	82.0	90.2	156
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	1
	Secondary	57.1	1.6	0.0	30.1	74.8	87.9	202
	Post-secondary/ non-tertiary	63.8	1.6	0.0	43.2	60.8	96.1	63
	Tertiary/ university	55.6	1.7	0.0	40.4	53.0	92.0	117
Wealth index quintiles	Poorest	58.7	1.6	0.0	34.0	62.5	95.2	58
	Second	49.8	1.7	0.0	20.1	74.8	83.8	76
	Middle	55.5	1.6	0.0	31.2	70.1	92.1	87
	Fourth	60.7	1.6	0.0	48.0	61.8	91.4	76
	Richest	63.4	1.6	0.0	42.3	59.0	90.9	85
Total		57.7	1.6	0.0	36.7	65.7	90.5	382

[1] MICS Indicator SW1 [2] MICS Indicator SW2.
(*) Figures based on less than 25 un-weighted cases.

In Table SW.3, women's perceptions of a better life are shown. Overall, about two out of three women (61.7 per cent) think that their lives improved during the last one year. Women who report the highest level of improvement during the last year are aged 15–19 years (63.7 per cent), live in urban areas (63.6 per cent), live in Stratum 3 (64.9 per cent) and Stratum 1 (64.6 per cent), have tertiary/university education (66 per cent) or are from the fourth richest households (68.6 per cent).

Overall, nine out of ten women aged 15–24 years (91.5 per cent) think that their lives will get better after one year. Women who report the highest expectations of a better life after one year are aged 20–24 years (93.6 per cent), live in urban areas (93.5 per cent), live in Stratum 1 (95.1 per cent), are ever married/in union (95.2 per cent), have tertiary/university education (95.1 per cent) or are from the second poorest households (94.6 per cent).

About two out of three women aged 15–24 years (60.2 per cent) think that their lives improved during the last one year and also expect that their lives will get better after one year. This is particularly the case for women who are aged 15–19 years (61.4 per cent), live in urban areas (63.1 per cent), live in Stratum 1 (64.6 per cent), have tertiary/university education (66 per cent) or belong to the fourth richest households (68.6 per cent).

It is interesting to note that women who live in urban areas report higher perceptions of a better life – i.e., life improved during the last one year (63.6 per cent), life will get better after one year (93.5 per cent) and both (63.1 per cent). Additionally, women who have tertiary/university education report the highest perception of a better life – i.e., life improved during the last one year (66.0 per cent), life will get better after one year (95.1 per cent) and both (66.0 per cent).

Table SW.3: Perception of a better life

Percentage of women aged 15–24 years who think that their lives improved during the last one year and who expect that their lives will get better after one year, Barbados, 2012

		Percentage of women who think that their life			
		Improved during the last one year	Will get better after one year	Both [1]	Number of women aged 15–24 years
Age	15–19	63.7	89.5	61.4	194
	20–24	59.6	93.6	58.9	188
Stratum	1. St. Michael	64.6	95.1	64.6	141
	2. Christ Church and St. Philip	58.6	90.0	57.3	87
	3. St. James, St. George and St. Thomas	64.9	90.7	63.9	76
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	56.7	87.6	51.8	79
Area	Urban	63.6	93.5	63.1	241
	Rural	58.4	88.1	55.1	141
Marital status	Ever married/ in union	61.4	95.2	60.8	226
	Never married/ in union	62.1	86.2	59.2	156
Woman's education level	No education	(*)	(*)	(*)	1
	Secondary	60.4	91.2	59.4	202
	Post-secondary/ non-tertiary	57.5	85.6	51.5	63
	Tertiary/ university	66.0	95.1	66.0	117
Wealth index quintiles	Poorest	65.4	90.8	61.0	58
	Second	56.3	94.6	56.3	76
	Middle	55.4	93.0	55.4	87
	Fourth	68.6	92.1	68.6	76
	Richest	64.1	87.1	60.4	85
Total		61.7	91.5	60.2	382

[1] MICS indicator SW.3.
(*) Figures based on less than 25 un-weighted cases.

14. TOBACCO AND ALCOHOL USE

Tobacco use is a known risk factor for many deadly diseases. Smoking increases the risk of cardiovascular disease and respiratory illness and causes lung and other forms of cancer. Smokeless tobacco products are also known to cause cancer. Smoked tobacco products include cigarettes, cigars, water pipes, cigarillos or pipe. Smokeless tobacco products include chewing tobacco, snuff or dip.

Excessive alcohol use also increases the risk of many harmful health conditions. In the long term, excessive drinking can lead to cardiovascular problems, neurological impairments, liver disease and social problems. Alcohol abuse is also associated with injuries and violence, including intimate partner violence and child maltreatment.[16] Information was collected on tobacco and alcohol use among women 15–49 years old. This information will help to understand:

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

TOBACCO USE

Table TA.1 presents the current and ever use of tobacco products by women aged 15–49 years years in Barbados. About one out of four women (23.7 per cent) reported having ever used a tobacco product.

The use of tobacco among ever users is more common in urban areas (25 per cent) than in rural areas (21.3 per cent). It is lowest among women aged 15–19 years (14 per cent) and highest among women aged 25–29 years (28 per cent), though rates for older women are similar. It should be noted that ever use of tobacco products appears to be lower among younger women aged 15–24 compared with older women. It is highest in Stratum 2 (27.4 per cent) compared to the other three strata (approximately 22 per cent). It also follows a u-shaped relationship where use is lowest among the middle wealth quintile (20.4 per cent).

Regarding the intensity of use of tobacco products on one or more days during the last month, 2.2 per cent of women smoked only cigarettes while 2.8 per cent of women used any tobacco product. The use of any tobacco product in the last month is highest in women aged 30–34 years (5.2 per cent) compared to women aged 40–44 years (1.5 per cent) and women aged 25–29 years (1.5 per cent). Any tobacco use in the last month among the poorest (7.5 per cent) is twice that of the richest households (3.6 per cent).

16 US Centers for Disease Control and Prevention, 'Fact Sheet: Alcohol abuse and health', www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Table TA.1: Current and ever use of tobacco

Percentage distribution of women aged 15–49 years by pattern of use of tobacco, Barbados, 2012

			Ever users				Used tobacco products on one or more days during the last one month				
		Never smoked cigarettes or used other tobacco products	Only cigarettes	Cigarettes and other tobacco	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product [1]	Number of women aged 15–49 years
Age	15–19	86.0	11.0	0.5	2.5	14.0	0.9	0.3	0.6	1.7	194
	20–24	81.5	13.1	3.6	1.3	18.0	2.9	0.0	1.0	3.8	188
	25–29	70.0	21.0	5.6	1.4	28.0	0.9	0.2	0.4	1.5	236
	30–34	73.1	20.8	4.6	1.6	26.9	4.8	0.4	0.0	5.2	239
	35–39	73.8	20.4	4.0	1.8	26.2	2.4	0.3	0.5	3.1	232
	40–44	71.9	21.5	2.3	2.5	26.3	1.5	0.0	0.0	1.5	210
	45–49	75.2	18.3	3.2	2.0	23.6	1.8	0.0	0.6	2.5	245
Stratum	1. St. Michael	76.8	16.6	3.7	2.0	22.3	2.1	0.1	0.3	2.5	504
	2. Christ Church and St. Philip	72.4	20.1	5.3	1.9	27.4	2.5	0.2	0.3	3.0	421
	3. St. James, St. George and St. Thomas	77.4	18.1	2.4	1.8	22.3	2.3	0.2	0.9	3.3	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	75.9	18.7	1.8	1.7	22.2	1.8	0.1	0.5	2.4	331
Area	Urban	74.5	18.3	4.3	2.4	25.0	2.6	0.2	0.5	3.3	986
	Rural	77.4	18.3	2.1	0.9	21.3	1.5	0.1	0.2	1.8	557
Woman's education level	No education	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Primary	(68.9)	(26.0)	(2.5)	(.0)	(28.5)	(0.0)	(0.0)	(0.0)	(0.0)	36
	Secondary	75.7	18.5	2.6	2.3	23.4	2.8	0.2	0.4	3.3	743
	Post-secondary/ non-tertiary	75.8	19.6	4.3	0.3	24.2	1.2	0.5	0.4	2.1	217
	Tertiary/ university	75.7	16.9	4.5	2.0	23.4	1.8	0.0	0.5	2.3	545
Maternity status	Pregnant	(70.6)	(28.8)	(0.7)	(0.0)	(29.4)	(0.0)	(0.0)	(0.0)	(0.0)	49
	Breastfeeding (not pregnant)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Neither	75.7	17.9	3.6	1.9	23.4	2.3	0.2	0.4	2.9	1493
Wealth index quintiles	Poorest	70.1	23.0	4.7	1.0	28.7	6.0	0.7	0.7	7.5	228
	Second	74.7	17.8	1.6	4.3	23.7	1.8	0.2	0.4	2.3	281
	Middle	78.9	14.5	4.7	1.2	20.4	0.9	0.0	0.0	0.9	342
	Fourth	77.7	17.6	2.0	1.9	21.5	0.8	0.0	0.3	1.1	355
	Richest	74.2	20.2	4.6	1.0	25.8	2.7	0.2	0.8	3.6	337
Total		75.5	18.3	3.5	1.9	23.7	2.2	0.2	0.4	2.8	1543

[1] MICS indicator TA.1.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.

ALCOHOL USE

Table TA.2 shows women's use of alcohol. About one in four women aged 15–49 years (23.9 per cent) have never had one drink of alcohol though one out of three (36.3 per cent) had at least one drink of alcohol on one or more days during the previous month. One out of ten women of the same age group (10.0 per cent) first drank alcohol before the age of 15.

Of the women who had at least one drink of alcohol on one or more days during the previous month, there were more were aged 25–49 years (48.7 per cent) than 15–19 years (26.1 per cent). The percentage in Stratum 2 is the highest (38.7 per cent) while that in Stratum 1 (33.4 per cent) is the lowest. Alcohol consumption within the last month appears to increase with women's education level. Women with primary education have the lowest level (21.7 per cent) compared with women with tertiary/university education (44.3 per cent). Consumption of alcohol also increases as household wealth increases: 31.1 per cent of women in the poorest households consumed alcohol on one or more days during the last month compared with 41.7 per cent of women in the richest households.

Among women aged 15–49, the proportion of women who had at least one drink of alcohol before age 15 is highest in the 15–19 age group (21.8 per cent). There are no clear patterns of use before age 15 by the other background variables.

Table TA.2: Use of alcohol

Percentage of women aged 15–49 who have never had one drink of alcohol, percentage who first had one drink of alcohol before age 15, and percentage of women who have had at least one drink of alcohol on one or more days during the last one month, Barbados, 2012

		Percentage of women who:			
		Never had one drink of alcohol	Had at least one drink of alcohol before age 15 [1]	Had at least one drink of alcohol on one or more days during the last one month [2]	Number of women aged 15–49 years
Age	15–19	36.6	21.8	26.1	194
	20–24	17.0	7.9	41.1	188
	25–29	14.1	10.3	48.7	236
	30–34	21.0	8.2	38.3	239
	35–39	23.2	9.0	38.5	232
	40–44	28.1	6.2	29.5	210
	45–49	28.6	7.8	30.8	245
Stratum	1. St. Michael	21.6	9.4	33.4	504
	2. Christ Church and St. Philip	22.8	8.4	38.7	421
	3. St. James, St. George and St. Thomas	26.8	11.8	36.9	287
	4. St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John	26.6	11.2	37.3	331
Area	Urban	21.9	9.1	37.8	986
	Rural	27.5	11.5	33.8	557
Woman's education level	No education	(*)	(*)	(*)	1
	Primary	(27.6)	(11.7)	(21.7)	36
	Secondary	28.3	9.1	31.1	743
	Post-secondary/ non-tertiary	23.3	9.2	37.0	217
	Tertiary/ university	18.0	11.3	44.3	545
Wealth index quintiles	Poorest	27.9	8.1	31.1	228
	Second	27.8	9.3	33.7	281
	Middle	21.6	10.0	36.2	342
	Fourth	24.1	8.0	36.9	355
	Richest	20.3	13.8	41.7	337
Total		23.9	10.0	36.3	1543

[1] MICS indicator TA.3.
[2] MICS indicator TA.4.
( ) Figures based on 25–49 un-weighted cases.
(*) Figures based on less than 25 un-weighted cases.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APPENDIX A

SAMPLE DESIGN

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

The primary objective of the sample design for the Barbados MICS was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas and for the four regions of the country. The four regions were defined as the sampling strata.

Regarding the strata used, it should be noted that the first stratum (St. Michael) covers the capital Bridgetown and surrounding area in the south-west of the island; the second (Christ Church and St. Philip) covers the south and south-east coastal areas; the third (St. James, St. George and St. Thomas) covers the mid-west coast and the centre of the country; and the fourth (containing the remaining five parishes) covers the north and north-east.

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

SAMPLE SIZE AND SAMPLE ALLOCATION

The target sample size for the Barbados MICS was calculated as 3,600 households. The first step in the process of calculating this sample size was to choose one or more relevant statistical indicators that were considered of particular importance in the national context. Using the expected values of these indicators and other key information then facilitated the calculation of the sample size required for the survey in order to obtain estimates with a certain degree of precision. In the absence of suitable health and education indicators, calculations of the sample size were made using three hypothetical indicators with values of 0.3, 0.5 and 0.7. These calculations were done for three groups: women aged 15–49, women aged 15–24, and children under 5. The following formula was used to estimate the required sample size for these indicators:

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

where

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 per cent level of confidence
- r is the predicted or anticipated value of the indicator, expressed in the form of a proportion
- 1.1 is the factor necessary to raise the sample size by 10 per cent for the expected non-response [the actual factor will be based on the non-response level experienced in previous surveys in the country]
- f is the shortened symbol for deff (design effect)
- 0.12r is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative margin of error of r)
- p is the proportion of the total population upon which the indicator, r, is based
- is the average household size (number of persons per household).

For the calculation, r was assumed to be 0.5. The value of deff (design effect) was taken as 1.5 based on estimates from previous surveys. The values of p for each of the three groups (i.e., the relevant group as a percentage of the total population) were calculated on the basis of the results of the 2000 Census. The values of (the average household

size in each stratum) were also based on the 2000 Census data. A non-response rate of 10 per cent was assumed.

The figures in Table SD.1 show the results for children aged less than 5 years using an indicator with a value of 0.5. The table indicates that a sample of just over 3,000 households would be adequate. If the value of the indicator was of the order of 0.7, the required sample size would be much smaller (about 1,000 households), while if the value of the indicator was 0.3, the required sample size would be much larger (about 7,000 households). Similar samples sizes would be required for indicators relating to young women aged 15–24 since they account for about the same proportion of the total population.

Table SD.1: Hypothetical sample size calculation for the under 5 population, with a prevalence of 50 per cent

Stratum	Prevalence r	Design effect $deff$	Relevant group as proportion of total population P	Average household size n_h	Relative margin of error	Required sample size using MICS formula n
Indicator: with a value of 0.5 (under 5 pop)						
Barbados	**0.50**	**1.500**	**0.069**	**3.011**	**0.12**	**2,207**
Stratum 1 St. Michael	**0.50**	1.500	0.071	3.001	0.20	**773**
Stratum 2 Christ Church and St. Philip	**0.50**	1.500	0.067	2.948	0.20	**838**
Stratum 3 St. James, St. George, and St. Thomas	**0.50**	1.500	0.069	3.021	0.20	**789**
Stratum 4 St. Lucy, St. Peter, St. Andrew, St. Joseph, and St. John	**0.50**	1.500	0.068	3.138	0.20	**774**
Total for 4 strata						**3,174**

Note: The MICS formula is: n =[4*r*(1-r)*f*1.1] / [(0.12*r)2*p*nh]

Based on these calculations, it was decided that a national sample of 3,600 households was likely to provide acceptable results for most indicators, with 900 households selected within each sampling region. The number of households selected per cluster for the Barbados MICS was determined as 30 households, based on a number of considerations including the design effect, the budget available and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of sample households per cluster, it was calculated that 30 sample clusters would need to be selected in each region.

Equal allocation of the total sample size to the four regions was used. Therefore, 30 clusters were allocated to each region, with the final

sample size calculated at 3,600 households (120 clusters * 4 regions * 30 sample households per cluster). In each region, the selected clusters (primary sampling units) were classified as urban or rural areas, based on criteria adopted from the Barbados Physical Development Plan. This approach was taken since in recent times it has been difficult to demarcate clear boundaries for urban and rural regions in the island. Therefore, results classified by urban and rural would only be meaningful at the national level. Table SD.2 shows the allocation of clusters to the sampling strata.

Table SD.2: Allocation of sample clusters (primary sampling units) to sampling strata

Region	Resident population (2010 estimates)	Number of clusters		
	Total	Urban	Rural	Total
Stratum 1	87,870	28	2	30
St. Michael				
Stratum 2	83,484	25	5	30
Christ Church				
St. Philip				
Stratum 3	62,399	15	15	30
St. James, St. George , St. Thomas				
Stratum 4	41,468	5	25	30
St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John				
Total	275,221	73	47	120

SAMPLING FRAME AND SELECTION OF CLUSTERS

The 2010 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs) and were selected from each of the sampling strata by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the enumeration areas from the 2010 Population Census. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the four strata.

LISTING ACTIVITIES

Since the sampling frame (the 2010 Population Census) was not up-to-date, a new listing of households was conducted in all the sample enumeration areas prior to the selection of households. For this purpose, listing teams were formed who visited each enumeration area and listed the occupied households. These teams consisted of some permanent field staff of the Barbados Statistical Service and some temporary recruits for the MICS exercise. Each team member was allocated individual clusters to list by the two field supervisors, who were senior permanent field officers. The listing exercise started around November 2011 and was extended to May 2012.

SELECTION OF HOUSEHOLDS

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at the Barbados Statistical Service, where the selection of 30 households in each enumeration area was carried out using random systematic selection procedures.

CALCULATION OF SAMPLE WEIGHTS

The Barbados MICS sample is not self-weighting. Essentially, by allocating equal numbers of households to each of the regions, different sampling fractions were used in each region since the size of the regions varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling stratum (h) and PSU (i):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term fhi, the sampling fraction for the i-th sample PSU in the h-th stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi} \times p_{3hi}$$

where pshi is the probability of selection of the sampling unit at stage s for the i-th sample PSU in the h-th sampling stratum.

Since the estimated number of households in each enumeration area (PSU) in the sampling frame used for the first stage selection was different from the updated number of households in the enumeration area from the listing, individual sampling fractions for households in each sample enumeration area were calculated. The sampling fractions for households in each enumeration area therefore included the first stage probability of selection of the enumeration area in that particular sampling stratum and the second stage probability of selection of a household in the sample enumeration area.

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

RRh = Number of interviewed households in stratum h/ Number of occupied households listed in stratum h

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates in the Barbados MICS are shown in Table HH.1 in this report.

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

RRh = Completed women's (or under-5's) questionnaires in stratum h / Eligible women (or under-5s) in stratum h

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

The design weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by dividing the aforementioned design weights by the average design weight at the national level. This is done by multiplying the sample weights by a constant factor equal to the unweighted number of households at the national level divided by the weighted total number of households (using the full sample weights adjusted for non-response). A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) weights varied between 0.291523 and 2.127810 for women in the 120 sample enumeration areas (clusters).

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

APPENDIX B

LIST OF PERSONNEL INVOLVED IN THE SURVEY

MICS STEERING COMMITTEE

Mr Aubrey Browne	Director (Actg.), Barbados Statistical Service
Mr Trevor David	Deputy Director (Actg), Barbados Statistical Service
Mr Sadio Harris	Statistician, Barbados Statistical Service
Mr Lee Rose	Director, Bureau of Social Policy and Research
Mr Andrew Pollard	Programme Officer, Bureau of Social Policy and Research
Ms Reeshemah Cheltenham-Niles	Deputy Chief Health Planner, Ministry of Health
Ms Joan Crawford	Director Child Care Board
Ms Denise Nurse	Deputy Director, Child Care Board
Ms Patricia Boyce	Bureau of Gender Affairs
Ms Erika Watson	Economist, Ministry of Labour and Social Security
Ms Violet Speek-Warnery	Deputy Representative, UNICEF
Mr Frederic Unterreiner	Chief, Planning Monitoring and Evaluation (M&E), UNICEF
Mr Oladimeji Olowu	Planning, M&E Specialist, UNICEF (Barbados MICS focal-point)

MICS TECHNICAL COMMITTEE

Ms Stacie Goring	Health Planning Officer, Ministry of Health
Ms Elise Iweze	Health Sister, Ministry of Health
Ms Patricia Boyce	Programme Officer, Bureau of Gender Affairs
Ms Denise Nurse	Deputy Director, Child Care Board
Mr Colin St. Hill	Child Care Board
Ms Nicole Drakes	National HIV/AIDS Commission
Ms Patricia Codrington Hackett	Bureau of Gender Affairs
Dr. Roderick Rudder	Ministry of Education and Human Resource Development
Mr Anderson Langdon	Barbados Family Planning Association
Mr Oladimeji Olowu	Planning, M & E Specialist, UNICEF (UNICEF MICS focal-person)
Mr Alexandru Nartea	MICS Consultant
Mr Trevor David	Deputy Director (Actg.), BSS
Ms Sharon-Rose Gittens	Welfare Department

HOUSEHOLD LISTING TEAM

SUPERVISORS/FIELD EDITORS
Mr Wayne Davis
Mr Eric Bourne
Mr Harold Chase
Mr Hazel Blenman

INTERVIEWERS
Ms Karen Humphrey
Ms Lisa Moore
Ms Lisa Brathwaite
Ms Nicole Husbands
Ms Tracia Alleyne
Mr Charles St John
Ms Rastilia Williams
Ms Sabrina Lynch
Ms Sandra Bonnet
Mr Erskine Watson
Mr Mario Watson

DATA COLLECTION TEAM

SUPERVISORS/FIELD EDITORS
Ms Sabrina Lynch
Ms Lisa Moore
Mr Charles St John
Ms Fay Denise Williams
Ms Anna Byer
Ms Lisa Brathwaite
Ms Karen Humphrey
Mr Shawn Griffith
Ms Sandra Bonnet
Ms Kimberly Jackman
Ms Nicole Husbands
Ms Cornelia Providence-Walker

INTERVIEWERS

Ms Gail Hoyte
Ms Heather Moore
Ms Akila Welch
Ms Sharon Hunte
Ms Ann Sargeant
Ms Brenda Straker
Ms Cecilia Bourne
Ms Renee Wilkinson
Ms Angela Norville
Ms Cheryl A. Marshall
Ms Judy Jones
Ms Dawn Cox
Ms Deborah Lynch
Ms Donya Daniel
Ms Petrina Johnson
Ms Gurlain Applewhaite
Ms Janis Forde-Estwick
Ms Joycelyn Allman
Ms Mechelle Shepherd
Ms Monique Walcott
Ms Kathy-Ann Snagg
Ms Cherise Elliott
Ms Nicolette Roachford

MEASURERS

Mr Scott Farnum
Mr Shawn Ottley
Mr Anthony Norville
Ms Marilyn Eversley
Mr Christopher Davis
Mr Erskine Watson

DATE ENTRY SUPERVISOR

Ms Andrea Grant

SECONDARY EDITOR

Ms Arlene Bolden

DATA ENTRY OPERATORS

Ms Kendrea Johnson
Ms Nadia Holmes
Ms Hajerah Degia
Ms Stacia Quarless
Mr Anthony Layne
Ms Geneve Cox-Nicholas

UNICEF – CONSULTANTS

MICS4 Project Manager:
Ms Denise Tannis

SAMPLING EXPERT

Mr Peter Wingfield-Dibgy
Ms Rocio Murad

DATA COLLECTION

Mr Alexandru Nartea

DATA PROCESSING EXPERT

Mr Martin Wulfe
Mr Harry Hernandez

REPORT WRITING TEAM

Mr Sadio Harris	Statistician, Barbados Statistical Service
Ms Stacie Goring	Health Planning Officer, Ministry of Health
Ms Nicole Drakes	National HIV/AIDS Commission
Ms. Janelle Scantlebury-Mounsey	Statistician, Barbados Statistical Service
Mr Oladimeji Olowu	Planning, M&E Specialist, UNICEF (UNICEF MICS focal-person)
Ms Denise Tannis	MICS Project Manager

RESOURCE PERSONS

Mr Shane M. Khan	Regional Household Survey Expert, UNICEF
Mr Vicente Teran	Regional MICS Coordinator, UNICEF
Dr Attila Hancioglu	Senior Advisor/Global MICS Coordinator
Ms Ivana Bjelic	Statistics Specialist, UNICEF New York headquarters
Dr Yadigar Coskun	Statistics Specialist UNICEF New York headquarters
Dr Claudia Cappa	Statistics and Monitoring Specialist - UNICEF New York headquarters

APPENDIX C

ESTIMATES OF SAMPLING ERRORS

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

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

- Standard error (se): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions, etc.). Standard error is the square root of the variance of the estimate. The Taylor linearization method is used for the estimation of standard errors.

- Coefficient of variation (se/r) is the ratio of the standard error to the value of the indicator and is a measure of the relative sampling error.

- Design effect (deff) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (deft) is used to show the efficiency of the sample design in relation to the precision. A deft value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a deft value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.

- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error (r + 2.se or r – 2.se) of the statistic in 95 per cent of all possible samples of identical size and design.

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

Sampling errors are calculated for indicators of primary interest, for the national level, for urban and rural areas and for the regions. One indicator is based on households, seven are based on household members, eighteen are based on women and ten are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.4 show the calculated sampling errors for selected domains. These tables show only sampling errors for indicators shown in the report.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Barbados, 2012.

MICS4 Indicator		Base Population
	HOUSEHOLDS	
2.16	Iodized salt consumption	All households in which salt was tested or with no salt
	HOUSEHOLD MEMBERS	
4.1	Use of improved drinking water sources	All household members
4.3	Use of improved sanitation	All household members
7.5	Secondary school net attendance ratio (adjusted)	Children of secondary school age
8.2	Child labour	Children aged 5–14 years
9.18	Prevalence of children with one or both parents dead	Children aged 0–17 years
9.20	School attendance of non-orphans	Children aged 10–14 years, whose parents are alive, and who are living with at least one parent
8.5	Violent discipline	Children aged 2–14 years
	WOMEN	
-	Pregnant women	Women aged 15–49 years
5.2	Early childbearing	Women aged 20–24 years
5.3	Contraceptive prevalence	Women aged 15–49 years who are currently married or in union
5.4	Unmet need	Women aged 15–49 years who are currently married or in union
5.5a	Antenatal care coverage – at least once by skilled personnel	Women aged 15–49 years with a live birth in the 2 years preceding the survey
5.5b	Antenatal care coverage – at least four times by any provider	Women aged 15–49 years with a live birth in the 2 years preceding the survey
5.7	Skilled attendant at delivery	Women aged 15–49 years with a live birth in the 2 years preceding the survey
5.8	Institutional deliveries	Women aged 15–49 years with a live birth in the 2 years preceding the survey
5.9	Caesarean section	Women aged 15–49 years with a live birth in the 2 years preceding the survey
7.1	Literacy rate among young women	Women aged 15–24 years
8.7	Marriage before age 18	Women aged 20–49 years
8.9	Polygyny	Women aged 15–49 years who are currently married or in union
9.2	Comprehensive knowledge about HIV prevention among young people	Women aged 15–24 years
9.3	Knowledge of mother- to-child transmission of HIV	Women aged 15–49 years
9.4	Accepting attitudes towards people living with HIV	Women aged 15–49 years who have heard of HIV
9.6	Women who have been tested for HIV and know the results	Women aged 15–49 years
9.7	Sexually active young women who have been tested for HIV and know the results	Women aged 15–24 years who have had sex in the 12 months preceding the survey
9.11	Sex before age 15 among young women	Women aged 15–24 years
9.16	Condom use with non-regular partners	Women aged 15–24 years who had a non-marital, non-cohabiting partner in the 12 months preceding the survey
	UNDER-5s	
2.1a	Underweight prevalence	Children under aged 5
2.2a	Stunting prevalence	Children under aged 5
2.3a	Wasting prevalence	Children under aged 5
2.6	Exclusive breastfeeding under 6 months	Total number of infants under 6 months of age
2.14	Age-appropriate breastfeeding	Children aged 0–23 months
-	Diarrhoea in the previous 2 weeks	Children under age 5
-	Illness with a cough in the previous 2 weeks	Children under age 5
6.1	Support for learning	Children aged 36–59 months

Table SE.2: Sampling errors: total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Barbados, 2012

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1730	0.009	0.0540	1.581	1.257	2595	2592	0.154	0.192
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9970	0.002	0.002	2.866	1.693	8185	2872	0.994	1.000
Use of improved sanitation	4.3	0.9605	0.005	0.005	1.750	1.323	8185	2872	0.951	0.970
Secondary school net attendance ratio (adjusted)	7.5	0.9263	0.015	0.016	1.732	1.316	528	524	0.896	0.956
Child labour	8.2	0.0230	0.005	0.215	1.144	1.069	1079	1054	0.013	0.033
Prevalence of children with one or both parents dead	9.18	0.0479	0.006	0.135	1.708	1.307	1881	1850	0.035	0.061
School attendance of non-orphans	9.20	0.9957	0.003	0.003	0.768	0.876	497	492	0.991	1.000
Violent discipline	8.5	0.7512	0.017	0.023	1.454	1.206	1408	901	0.716	0.786
WOMEN										
Pregnant women	-	0.0320	0.005	0.158	1.276	1.130	1543	1543	0.022	0.042
Early childbearing	5.2	0.0673	0.016	0.245	0.827	0.910	188	192	0.034	0.100
Contraceptive prevalence	5.3	0.5921	0.017	0.028	1.150	1.072	998	999	0.559	0.625
Unmet need	5.4	0.1993	0.014	0.072	1.303	1.141	998	999	0.170	0.228
Antenatal care coverage – at least once by skilled personnel	5.5a	0.9343	0.017	0.018	0.687	0.829	142	146	0.900	0.968
Antenatal care coverage – at least four times by any provider	5.5b	0.8794	0.019	0.022	0.516	0.718	142	146	0.841	0.918
Skilled attendant at delivery	5.7	0.9892	0.008	0.008	0.866	0.931	142	146	0.973	1.000
Institutional deliveries	5.8	1.0000	0.000	0.000	NA	NA	142	146	1.000	1.000
Caesarean section	5.9	0.2131	0.022	0.105	0.434	0.658	142	146	0.168	0.258
Literacy rate among young women	7.1	1.0000	0.000	0.000	NA	NA	382	388	1.000	1.000
Marriage before age 18	8.7	0.1571	0.011	0.072	1.312	1.146	1349	1347	0.134	0.180
Polygyny	8.9	0.0148	0.005	0.304	0.726	0.852	528	524	0.006	0.024
Comprehensive knowledge about HIV prevention among young people	9.2	0.6751	0.024	0.036	1.036	1.018	382	388	0.627	0.724
Knowledge of mother-to-child transmission of HIV	9.3	0.5544	0.013	0.024	1.133	1.064	1543	1543	0.527	0.581
Accepting attitudes towards people living with HIV	9.4	0.1463	0.011	0.076	1.531	1.238	1541	1541	0.124	0.169
Women who have been tested for HIV and know the results	9.6	0.2106	0.013	0.062	1.605	1.267	1543	1543	0.184	0.237
Sexually active young women who have been tested for HIV and know the results	9.7	0.3177	0.026	0.083	0.748	0.865	225	233	0.265	0.371
Sex before age 15 among young women	9.11	0.0943	0.018	0.187	1.403	1.184	382	388	0.059	0.130
Condom use with non-regular partners	9.16	0.5180	0.035	0.068	0.728	0.853	137	147	0.447	0.589
UNDER-5s										
Underweight prevalence	2.1a	0.0349	0.010	0.277	1.102	1.050	403	399	0.016	0.054
Stunting prevalence	2.2a	0.0771	0.012	0.159	0.835	0.914	399	395	0.053	0.102
Wasting prevalence	2.3a	0.0677	0.014	0.209	1.147	1.071	368	362	0.039	0.096
Exclusive breastfeeding under 6 months	2.6	(*)	(*)	(*)	(*)	(*)	35	35	(*)	(*)
Age-appropriate breastfeeding	2.14	0.3604	0.029	0.081	0.596	0.772	159	163	0.302	0.419
Diarrhoea in the previous 2 weeks	-	0.0574	0.009	0.152	0.651	0.807	465	465	0.040	0.075
Illness with a cough in the previous 2 weeks	-	0.0496	0.009	0.187	0.848	0.921	465	465	0.031	0.068
Support for learning	6.1	0.9658	0.014	0.014	1.162	1.078	202	202	0.938	0.993
Attendance to early childhood education	6.7	0.8967	0.016	0.018	0.551	0.743	202	202	0.865	0.929
Birth registration	8.1	0.9874	0.006	0.006	1.397	1.182	465	465	0.975	1.000

NA: "Not applicable"
(*): the number of unweighted observations is less than 50

Table SE.3: Sampling errors: urban areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Barbaods, 2012

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1851	0.012	0.066	1.513	1.230	1626	1537	0.161	0.210
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9994	0.000	0.000	0.343	0.585	5103	1708	0.999	1.000
Use of improved sanitation	4.3	0.9601	0.004	0.004	0.754	0.868	5103	1708	0.952	0.968
Secondary school net attendance ratio (adjusted)	7.5	0.9258	0.021	0.022	1.979	1.407	349	317	0.884	0.967
Child labour	8.2	0.0273	0.006	0.214	0.819	0.905	700	641	0.016	0.039
Prevalence of children with one or both parents dead	9.18	0.0400	0.008	0.205	1.956	1.398	1220	1116	0.024	0.056
School attendance of non-orphans	9.20	0.9972	0.003	0.003	0.855	0.925	331	304	0.992	1.000
Violent discipline	8.5	0.7666	0.017	0.023	0.922	0.960	911	541	0.732	0.802
WOMEN										
Pregnant women	-	0.0360	0.006	0.176	1.075	1.037	986	927	0.023	0.049
Early childbearing	5.2	0.0688	0.024	0.350	0.980	0.990	116	109	0.021	0.117
Contraceptive prevalence	5.3	0.5775	0.021	0.037	1.091	1.045	638	600	0.535	0.620
Unmet need	5.4	0.2079	0.018	0.085	1.134	1.065	638	600	0.173	0.243
Antenatal care coverage – at least once by skilled personnel	5.5a	0.9444	0.019	0.020	0.593	0.770	89	85	0.906	0.983
Antenatal care coverage – at least four times by any provider	5.5b	0.8274	0.031	0.038	0.571	0.756	89	85	0.765	0.890
Skilled attendant at delivery	5.7	0.9829	0.013	0.013	0.815	0.903	89	85	0.957	1.000
Institutional deliveries	5.8	1.0000	0.000	0.000	NA	NA	89	85	1.000	1.000
Caesarean section	5.9	0.2299	0.031	0.137	0.468	0.684	89	85	0.167	0.293
Literacy rate among young women	7.1	1.0000	0.000	0.000	NA	NA	241	229	1.000	1.000
Marriage before age 18	8.7	0.1578	0.013	0.082	1.017	1.008	861	807	0.132	0.184
Polygyny	8.9	0.0182	0.005	0.254	0.390	0.624	346	327	0.009	0.027
Comprehensive knowledge about HIV prevention among young people	9.2	0.6694	0.030	0.045	0.944	0.971	241	229	0.609	0.730
Knowledge of mother-to-child transmission of HIV	9.3	0.5416	0.014	0.026	0.726	0.852	986	927	0.514	0.570
Accepting attitudes towards people living with HIV	9.4	0.1635	0.014	0.085	1.300	1.140	986	927	0.136	0.191
Women who have been tested for HIV and know the results	9.6	0.2219	0.014	0.064	1.093	1.046	986	927	0.193	0.250
Sexually active young women who have been tested for HIV and know the results	9.7	0.3519	0.036	0.102	0.758	0.871	142	136	0.280	0.423
Sex before age 15 among young women	9.11	0.0999	0.023	0.228	1.315	1.147	241	229	0.054	0.145
Condom use with non-regular partners	9.16	0.5345	0.041	0.076	0.549	0.741	83	84	0.453	0.616
UNDER-5s										
Underweight prevalence	2.1a	0.0440	0.013	0.288	0.906	0.952	260	238	0.019	0.069
Stunting prevalence	2.2a	0.0798	0.016	0.201	0.822	0.907	256	236	0.048	0.112
Wasting prevalence	2.3a	0.0810	0.019	0.231	1.023	1.012	236	218	0.044	0.118
Exclusive breastfeeding under 6 months	2.6	(*)	(*)	(*)	(*)	(*)	21	21	(*)	(*)
Age-appropriate breastfeeding	2.14	0.3027	0.034	0.111	0.502	0.709	100	95	0.236	0.370
Support for learning	6.1	0.9493	0.021	0.022	1.032	1.016	127	115	0.908	0.991
Attendance to early childhood education	6.7	0.9065	0.019	0.021	0.489	0.699	127	115	0.868	0.945
Birth registration	8.1	0.9828	0.009	0.009	1.376	1.173	299	274	0.964	1.000

NA: "Not applicable"
(*): the number of unweighted observations is less than 50

Table SE.4: Sampling errors: rural areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Barbados, 2012

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1527	0.011	0.069	0.918	0.958	969	1055	0.132	0.174
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9931	0.002	0.002	0.409	0.640	3082	1164	0.990	0.996
Use of improved sanitation	4.3	0.9613	0.008	0.009	2.200	1.483	3082	1164	0.944	0.978
Secondary school net attendance ratio (adjusted)	7.5	0.9275	0.015	0.017	0.734	0.857	179	207	0.897	0.958
Child labour	8.2	0.0150	0.008	0.524	1.724	1.313	378	413	0.000	0.031
Prevalence of children with one or both parents dead	9.18	0.0626	0.007	0.106	0.548	0.740	661	734	0.049	0.076
School attendance of non-orphans	9.20	0.9927	0.005	0.005	0.751	0.866	167	188	0.982	1.000
Violent discipline	8.5	0.7229	0.025	0.034	1.114	1.055	497	360	0.673	0.773
WOMEN										
Pregnant women	-	0.0248	0.006	0.252	0.992	0.996	557	616	0.012	0.037
Early childbearing	5.2	0.0649	0.016	0.247	0.347	0.589	72	83	0.033	0.097
Contraceptive prevalence	5.3	0.6179	0.019	0.031	0.626	0.791	360	399	0.579	0.656
Unmet need	5.4	0.1840	0.019	0.104	0.975	0.987	360	399	0.146	0.222
Antenatal care coverage – at least once by skilled personnel	5.5a	0.9172	0.019	0.021	0.290	0.539	53	61	0.879	0.955
Antenatal care coverage – at least four times by any provider	5.5b	0.9674	0.013	0.014	0.335	0.579	53	61	0.941	0.994
Skilled attendant at delivery	5.7	1.0000	0.000	0.000	NA	NA	53	61	1.000	1.000
Institutional deliveries	5.8	1.0000	0.000	0.000	NA	NA	53	61	1.000	1.000
Caesarean section	5.9	0.1846	0.028	0.153	0.316	0.562	53	61	0.128	0.241
Literacy rate among young women	7.1	1.0000	0.000	0.000	NA	NA	141	159	1.000	1.000
Marriage before age 18	8.7	0.1559	0.015	0.094	0.871	0.933	489	540	0.127	0.185
Polygyny	8.9	0.0083	0.005	0.590	0.573	0.757	182	197	0.000	0.018
Comprehensive knowledge about HIV prevention among young people	9.2	0.6849	0.029	0.042	0.615	0.784	141	159	0.627	0.743
Knowledge of mother-to-child transmission of HIV	9.3	0.5769	0.018	0.031	0.812	0.901	557	616	0.541	0.613
Accepting attitudes towards people living with HIV	9.4	0.1158	0.011	0.091	0.669	0.818	556	614	0.095	0.137
Women who have been tested for HIV and know the results	9.6	0.1907	0.017	0.092	1.219	1.104	557	616	0.156	0.226
Sexually active young women who have been tested for HIV and know the results	9.7	0.2595	0.033	0.127	0.545	0.739	83	97	0.193	0.326
Sex before age 15 among young women	9.11	0.0848	0.013	0.153	0.344	0.586	141	159	0.059	0.111
Condom use with non-regular partners	9.16	0.4926	0.031	0.063	0.237	0.486	54	63	0.431	0.554
UNDER-5s										
Underweight prevalence	2.1a	0.0182	0.010	0.529	0.831	0.912	142	161	0.000	0.038
Stunting prevalence	2.2a	0.0722	0.012	0.172	0.365	0.605	143	159	0.047	0.097
Wasting prevalence	2.3a	0.0440	0.015	0.337	0.750	0.866	132	144	0.014	0.074
Exclusive breastfeeding under 6 months	2.6	(*)	(*)	(*)	(*)	(*)	13	14	(*)	(*)
Age-appropriate breastfeeding	2.14	0.4567	0.030	0.065	0.235	0.485	60	68	0.398	0.516
Support for learning	6.1	0.9937	0.007	0.007	0.597	0.773	75	87	0.981	1.000
Attendance to early childhood education	6.7	0.8802	0.026	0.029	0.539	0.734	75	87	0.829	0.932
Birth registration	8.1	0.9955	0.004	0.004	0.837	0.915	166	191	0.987	1.000

NA: "Not applicable"
(*): the number of unweighted observations is less than 50

Table SE.5: Sampling errors: Stratum 1 – St Michael

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Barbados, 2012

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.2061	0.019	0.094	1.403	1.185	725	614	0.167	0.245
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9943	0.005	0.005	3.308	1.819	2517	704	0.984	1.000
Use of improved sanitation	4.3	0.9423	0.009	0.010	1.068	1.033	2517	704	0.924	0.961
Secondary school net attendance ratio (adjusted)	7.5	0.9076	0.036	0.039	2.381	1.543	192	158	0.836	0.979
Child labour	8.2	0.0154	0.009	0.587	1.595	1.263	363	298	0.000	0.033
Prevalence of children with one or both parents dead	9.18	0.0579	0.015	0.258	2.183	1.478	652	535	0.028	0.088
School attendance of non-orphans	9.20	1.0000	0.000	0.000	NA	NA	168	138	1.000	1.000
Violent discipline	8.5	0.7584	0.020	0.026	0.535	0.732	478	244	0.718	0.799
WOMEN										
Pregnant women	-	0.0397	0.010	0.257	1.157	1.076	504	425	0.019	0.060
Early childbearing	5.2	0.0879	0.039	0.444	1.062	1.030	67	57	0.010	0.166
Contraceptive prevalence	5.3	0.5338	0.033	0.061	1.083	1.041	302	253	0.468	0.599
Unmet need	5.4	0.2563	0.023	0.089	0.681	0.826	302	253	0.211	0.302
Antenatal care coverage – at least once by skilled personnel	5.5a	(*)	(*)	(*)	(*)	(*)	56	47	(*)	(*)
Antenatal care coverage – at least four times by any provider	5.5b	(*)	(*)	(*)	(*)	(*)	56	47	(*)	(*)
Skilled attendant at delivery	5.7	(*)	(*)	(*)	(*)	(*)	56	47	(*)	(*)
Institutional deliveries	5.8	(*)	(*)	(*)	(*)	(*)	56	47	(*)	(*)
Caesarean section	5.9	(*)	(*)	(*)	(*)	(*)	56	47	(*)	(*)
Literacy rate among young women	7.1	1.0000	0.000	0.000	NA	NA	141	120	1.000	1.000
Marriage before age 18	8.7	0.1698	0.021	0.121	1.090	1.044	430	362	0.129	0.211
Polygyny	8.9	0.0286	0.010	0.339	0.400	0.633	142	119	0.009	0.048
Comprehensive knowledge about HIV prevention among young people	9.2	0.6477	0.046	0.071	1.094	1.046	141	120	0.556	0.739
Knowledge of mother-to-child transmission of HIV	9.3	0.5296	0.022	0.041	0.790	0.889	504	425	0.486	0.573
Accepting attitudes towards people living with HIV	9.4	0.1592	0.022	0.140	1.572	1.254	504	425	0.115	0.204
Women who have been tested for HIV and know the results	9.6	0.2441	0.027	0.109	1.627	1.276	504	425	0.191	0.297
Sexually active young women who have been tested for HIV and know the results	9.7	0.3937	0.052	0.131	0.834	0.913	88	76	0.291	0.497
Sex before age 15 among young women	9.11	0.1431	0.044	0.307	1.876	1.370	141	120	0.055	0.231
Condom use with non-regular partners	9.16	(*)	(*)	(*)	(*)	(*)	57	49	(*)	(*)
UNDER-5s										
Underweight prevalence	2.1a	0.0453	0.019	0.429	1.012	1.006	146	117	0.006	0.084
Stunting prevalence	2.2a	0.0679	0.016	0.230	0.438	0.662	142	115	0.037	0.099
Wasting prevalence	2.3a	0.0997	0.030	0.297	1.091	1.045	140	113	0.041	0.159
Exclusive breastfeeding under 6 months	2.6	(*)	(*)	(*)	(*)	(*)	11	9	(*)	(*)
Age-appropriate breastfeeding	2.14	0.3398	0.045	0.134	0.459	0.678	62	51	0.249	0.431
Support for learning	6.1	(*)	(*)	(*)	(*)	(*)	63	49	(*)	(*)
Attendance to early childhood education	6.7	(*)	(*)	(*)	(*)	(*)	63	49	(*)	(*)
Birth registration	8.1	0.9855	0.011	0.011	1.084	1.041	169	136	0.964	1.000

NA: "Not applicable"
(*): the number of unweighted observations is less than 50

Table SE.6: Sampling errors: Stratum 2 – Christ Church and St. Philip

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Barbados, 2012

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1909	0.018	0.095	1.364	1.168	731	638	0.155	0.227
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9991	0.001	0.001	0.332	0.576	2207	699	0.998	1.000
Use of improved sanitation	4.3	0.9685	0.009	0.009	1.925	1.387	2207	699	0.950	0.987
Secondary school net attendance ratio (adjusted)	7.5	0.9393	0.020	0.021	0.887	0.942	141	125	0.899	0.980
Child labour	8.2	0.0312	0.006	0.183	0.287	0.536	310	268	0.020	0.043
Prevalence of children with one or both parents dead	9.18	0.0389	0.011	0.275	1.372	1.171	517	449	0.018	0.060
School attendance of non-orphans	9.20	1.0000	0.000	0.000	NA	NA	141	121	1.000	1.000
Violent discipline	8.5	0.7364	0.039	0.053	1.781	1.335	401	230	0.659	0.814
WOMEN										
Pregnant women	-	0.0325	0.010	0.304	1.095	1.047	421	354	0.013	0.052
Early childbearing	5.2	(*)	(*)	(*)	(*)	(*)	46	36	(*)	(*)
Contraceptive prevalence	5.3	0.6333	0.030	0.048	0.961	0.980	297	247	0.573	0.694
Unmet need	5.4	0.1328	0.026	0.195	1.428	1.195	297	247	0.081	0.184
Antenatal care coverage – at least once by skilled personnel	5.5a	0.9701	0.031	0.032	0.918	0.958	36	29	0.908	1.000
Antenatal care coverage – at least four times by any provider	5.5b	0.8461	0.047	0.056	0.482	0.695	36	29	0.751	0.941
Skilled attendant at delivery	5.7	(*)	(*)	(*)	(*)	(*)	36	29	(*)	(*)
Institutional deliveries	5.8	(*)	(*)	(*)	(*)	(*)	36	29	(*)	(*)
Caesarean section	5.9	(*)	(*)	(*)	(*)	(*)	36	29	(*)	(*)
Literacy rate among young women	7.1	1.0000	0.000	0.000	NA	NA	87	72	1.000	1.000
Marriage before age 18	8.7	0.1320	0.021	0.161	1.256	1.121	380	318	0.089	0.175
Polygyny	8.9	0.0000	0.000	0.000	NA	NA	182	151	0.000	0.000
Comprehensive knowledge about HIV prevention among young people	9.2	0.7006	0.044	0.063	0.669	0.818	87	72	0.612	0.790
Knowledge of mother-to-child transmission of HIV	9.3	0.5697	0.030	0.053	1.309	1.144	421	354	0.509	0.630
Accepting attitudes towards people living with HIV	9.4	0.1751	0.021	0.119	1.067	1.033	421	354	0.133	0.217
Women who have been tested for HIV and know the results	9.6	0.2187	0.024	0.108	1.158	1.076	421	354	0.171	0.266
Sexually active young women who have been tested for HIV and know the results	9.7	(*)	(*)	(*)	(*)	(*)	44	36	(*)	(*)
Sex before age 15 among young women	9.11	0.0641	0.027	0.413	0.832	0.912	87	72	0.011	0.117
Condom use with non-regular partners	9.16	(*)	(*)	(*)	(*)	(*)	21	18	(*)	(*)
UNDER-5s										
Underweight prevalence	2.1a	0.0364	0.019	0.510	0.973	0.986	113	100	0.000	0.074
Stunting prevalence	2.2a	0.0979	0.027	0.277	0.807	0.898	110	98	0.044	0.152
Wasting prevalence	2.3a	0.0550	0.021	0.391	0.799	0.894	101	91	0.012	0.098
Exclusive breastfeeding under 6 months	2.6	(*)	(*)	(*)	(*)	(*)	13	11	(*)	(*)
Age-appropriate breastfeeding	2.14	(*)	(*)	(*)	(*)	(*)	40	34	(*)	(*)
Support for learning	6.1	1.0000	0.000	0.000	NA	NA	61	57	1.000	1.000
Attendance to early childhood education	6.7	0.8774	0.028	0.032	0.407	0.638	61	57	0.821	0.933
Birth registration	8.1	0.9827	0.017	0.017	1.831	1.353	122	108	0.949	1.000

NA: "Not applicable"
(*): the number of unweighted observations is less than 50

Table SE.7: Sampling errors: Stratum 3 – St. James, St. George and St. Thomas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Barbados, 2012

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1729	0.018	0.102	1.455	1.206	526	676	0.138	0.208
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9989	0.001	0.001	0.449	0.670	1567	734	0.997	1.000
Use of improved sanitation	4.3	0.9790	0.004	0.005	0.704	0.839	1567	734	0.970	0.988
Secondary school net attendance ratio (adjusted)	7.5	0.9420	0.019	0.020	0.881	0.938	102	135	0.904	0.980
Child labour	8.2	0.0120		0.621	1.120	1.058	186	240	0.000	0.027
Prevalence of children with one or both parents dead	9.18	0.0336	0.009	0.273	1.165	1.079	343	449	0.015	0.052
School attendance of non-orphans	9.20	0.9854	0.011	0.011	1.089	1.044	97	126	0.963	1.000
Violent discipline	8.5	0.7220	0.039	0.054	1.526	1.235	246	206	0.645	0.799
WOMEN										
Pregnant women	-	0.0264	0.0114	0.434	2.031	1.425	287	400	0.003	0.049
Early childbearing	5.2	0.0643	0.019	0.298	0.342	0.585	38	57	0.026	0.103
Contraceptive prevalence	5.3	0.6433	0.028	0.044	0.924	0.961	191	268	0.587	0.700
Unmet need	5.4	0.2016	0.027	0.132	1.178	1.085	191	268	0.148	0.255
Antenatal care coverage – at least once by skilled personnel	5.5a	(*)	(*)	(*)	(*)	(*)	31	45	(*)	(*)
Antenatal care coverage – at least four times by any provider	5.5b	(*)	(*)	(*)	(*)	(*)	31	45	(*)	(*)
Skilled attendant at delivery	5.7	(*)	(*)	(*)	(*)	(*)	31	45	(*)	(*)
Institutional deliveries	5.8	(*)	(*)	(*)	(*)	(*)	31	45	(*)	(*)
Caesarean section	5.9	(*)	(*)	(*)	(*)	(*)	31	45	(*)	(*)
Literacy rate among young women	7.1	1.0000	0.000	0.000	NA	NA	76	109	1.000	1.000
Marriage before age 18	8.7	0.1749	0.016	0.092	0.622	0.789	249	348	0.143	0.207
Polygyny	8.9	0.0166	0.010	0.617	0.890	0.944	103	140	0.000	0.037
Comprehensive knowledge about HIV prevention among young people	9.2	0.7810	0.041	0.053	1.079	1.039	76	109	0.698	0.864
Knowledge of mother-to-child transmission of HIV	9.3	0.5752	0.029	0.051	1.421	1.192	287	400	0.516	0.634
Accepting attitudes towards people living with HIV	9.4	0.1230	0.017	0.137	1.047	1.023	287	399	0.089	0.157
Women who have been tested for HIV and know the results	9.6	0.1796	0.016	0.087	0.656	0.810	287	400	0.148	0.211
Sexually active young women who have been tested for HIV and know the results	9.7	0.2139	0.043	0.201	0.758	0.871	48	70	0.128	0.300
Sex before age 15 among young women	9.11	0.0775	0.022	0.282	0.723	0.850	76	109	0.034	0.121
Condom use with non-regular partners	9.16	0.5363	0.065	0.122	0.840	0.916	33	50	0.406	0.667
UNDER-5s										
Underweight prevalence	2.1a	0.0319	0.020	0.639	1.276	1.129	71	96	0.000	0.073
Stunting prevalence	2.2a	0.0769	0.028	0.367	1.067	1.033	71	96	0.020	0.133
Wasting prevalence	2.3a	0.0510	0.024	0.479	0.987	0.994	58	81	0.002	0.100
Exclusive breastfeeding under 6 months	2.6	(*)	(*)	(*)	(*)	(*)	6	9	(*)	(*)
Age-appropriate breastfeeding	2.14	0.3203	0.032	0.098	0.214	0.463	34	48	0.257	0.383
Support for learning	6.1	0.9883	0.013	0.013	0.714	0.845	40	52	0.963	1.000
Attendance to early childhood education	6.7	0.9835	0.017	0.017	0.931	0.965	40	52	0.949	1.000
Birth registration	8.1	0.9854	0.008	0.008	0.545	0.738	90	122	0.969	1.000

NA: "Not applicable"
(*): the number of unweighted observations is less than 50

Table SE.8: Sampling errors: Stratum 4 – St. Lucy, St. Peter, St. Andrew, St. Joseph and St. John

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Barbados, 2012

	MICS Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Iodized salt consumption	2.16	0.1127	0.014	0.124	1.295	1.138	613	664	0.085	0.141
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9967	0.003	0.003	1.449	1.204	1894	735	0.992	1.000
Use of improved sanitation	4.3	0.9603	0.013	0.013	3.115	1.765	1894	735	0.935	0.986
Secondary school net attendance ratio (adjusted)	7.5	0.9283	0.022	0.024	0.753	0.868	93	106	0.885	0.972
Child labour	8.2	0.0331	0.015	0.454	1.746	1.321	220	248	0.003	0.063
Prevalence of children with one or both parents dead	9.18	0.0561	0.011	0.204	1.029	1.015	369	417	0.033	0.079
School attendance of non-orphans	9.20	0.9921	0.008	0.008	0.861	0.928	91	107	0.976	1.000
Violent discipline	8.5	0.7851	0.043	0.055	2.405	1.551	284	221	0.699	0.871
WOMEN										
Pregnant women	-	0.0243	0.0089	0.367	1.219	1.104	331	364	0.006	0.042
Early childbearing	5.2	(*)	(*)	(*)	(*)	(*)	38	42	(*)	(*)
Contraceptive prevalence	5.3	0.5706	0.028	0.048	0.718	0.847	208	231	0.515	0.626
Unmet need	5.4	0.2093	0.030	0.145	1.281	1.132	208	231	0.149	0.270
Antenatal care coverage – at least once by skilled personnel	5.5a	(*)	(*)	(*)	(*)	(*)	20	25	(*)	(*)
Antenatal care coverage – at least four times by any provider	5.5b	(*)	(*)	(*)	(*)	(*)	20	25	(*)	(*)
Skilled attendant at delivery	5.7	(*)	(*)	(*)	(*)	(*)	20	25	(*)	(*)
Institutional deliveries	5.8	(*)	(*)	(*)	(*)	(*)	20	25	(*)	(*)
Caesarean section	5.9	(*)	(*)	(*)	(*)	(*)	20	25	(*)	(*)
Literacy rate among young women	7.1	1.0000	0.000	0.000	NA	NA	79	87	1.000	1.000
Marriage before age 18	8.7	0.1560	0.027	0.172	1.735	1.317	290	319	0.102	0.210
Polygyny	8.9	0.0204	0.016	0.760	1.361	1.167	100	114	0.000	0.051
Comprehensive knowledge about HIV prevention among young people	9.2	0.5934	0.050	0.084	0.895	0.946	79	87	0.493	0.694
Knowledge of mother-to-child transmission of HIV	9.3	0.5545	0.026	0.046	0.959	0.979	331	364	0.503	0.606
Accepting attitudes towards people living with HIV	9.4	0.1101	0.022	0.199	1.775	1.332	330	363	0.066	0.154
Women who have been tested for HIV and know the results	9.6	0.1764	0.031	0.174	2.364	1.538	331	364	0.115	0.238
Sexually active young women who have been tested for HIV and know the results	9.7	0.2966	0.049	0.164	0.564	0.751	46	51	0.200	0.394
Sex before age 15 among young women	9.11	0.0569	0.02[illegible]	0.365	0.691	0.831	79	87	0.015	0.098
Condom use with non-regular partners	9.16	(*)	(*)	(*)	(*)	(*)	26	30	(*)	(*)
UNDER-5s										
Underweight prevalence	2.1a	0.0147	0.010	0.654	0.544	0.737	73	86	0.000	0.034
Stunting prevalence	2.2a	0.0641	0.023	0.354	0.730	0.854	75	86	0.019	0.109
Wasting prevalence	2.3a	0.0353	0.024	0.685	1.304	1.142	69	77	0.000	0.084
Exclusive breastfeeding under 6 months	2.6	(*)	(*)	(*)	(*)	(*)	5	6	(*)	(*)
Age-appropriate breastfeeding	2.14	(*)	(*)	(*)	(*)	(*)	24	30	(*)	(*)
Support for learning	6.1	(*)	(*)	(*)	(*)	(*)	38	44	(*)	(*)
Attendance to early childhood education	6.7	(*)	(*)	(*)	(*)	(*)	38	44	(*)	(*)
Birth registration	8.1	1.0000	0.000	0.000	NA	NA	84	99	1.000	1.000

NA: "Not applicable"
(*): the number of unweighted observations is less than 50

APPENDIX D

DATA QUALITY TABLES

Table DQ.1: Age distribution of household population

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

	Males		Females			Males		Females	
	Number	Per cent	Number	Per cent		Number	Per cent	Number	Per cent
0	45	1.1	43	1.0	45	75	1.9	60	1.4
1	45	1.1	37	0.9	46	52	1.3	60	1.4
2	61	1.5	53	1.3	47	62	1.6	71	1.7
3	48	1.2	51	1.2	48	62	1.6	65	1.5
4	65	1.7	51	1.2	49	57	1.4	47	1.1
5	39	1.0	50	1.2	50	65	1.6	92	2.2
6	56	1.4	42	1.0	51	47	1.2	65	1.5
7	51	1.3	43	1.0	52	59	1.5	71	1.7
8	57	1.4	57	1.4	53	41	1.0	67	1.6
9	44	1.1	49	1.2	54	65	1.6	64	1.5
10	76	1.9	65	1.5	55	51	1.3	55	1.3
11	61	1.5	59	1.4	56	57	1.4	59	1.4
12	51	1.3	59	1.4	57	44	1.1	68	1.6
13	47	1.2	66	1.6	58	47	1.2	38	0.9
14	50	1.3	56	1.3	59	47	1.2	69	1.6
15	62	1.6	50	1.2	60	45	1.1	52	1.2
16	49	1.2	51	1.2	61	30	0.8	39	0.9
17	55	1.4	35	0.8	62	51	1.3	48	1.1
18	46	1.2	56	1.3	63	43	1.1	45	1.1
19	56	1.4	54	1.3	64	42	1.1	39	0.9
20	58	1.5	65	1.5	65	40	1.0	43	1.0
21	67	1.7	51	1.2	66	36	0.9	42	1.0
22	66	1.7	43	1.0	67	27	0.7	27	0.6
23	36	0.9	43	1.0	68	17	0.4	39	0.9
24	33	0.8	35	0.8	69	31	0.8	20	0.5
25	52	1.3	45	1.1	70	27	0.7	29	0.7
26	48	1.2	66	1.6	71	16	0.4	39	0.9
27	52	1.3	67	1.6	72	29	0.7	23	0.5
28	40	1.0	59	1.4	73	16	0.4	24	0.6
29	70	1.8	71	1.7	74	20	0.5	26	0.6
30	46	1.2	51	1.2	75	21	0.5	32	0.7
31	60	1.5	54	1.3	76	24	0.6	29	0.7
32	54	1.4	54	1.3	77	13	0.3	27	0.6
33	57	1.4	67	1.6	78	19	0.5	24	0.6
34	45	1.1	65	1.5	79	14	0.3	22	0.5
35	73	1.9	63	1.5	80	8	0.2	20	0.5
36	56	1.4	47	1.1	81	18	0.5	20	0.5
37	62	1.6	61	1.5	82	17	0.4	14	0.3
38	77	1.9	59	1.4	83	15	0.4	14	0.3
39	54	1.4	56	1.3	84	7	0.2	21	0.5
40	77	1.9	55	1.3	85+	44	1.1	88	2.1
41	53	1.3	53	1.3					
42	41	1.0	61	1.4	DK/Missing	5	0.1	6	0.1
43	57	1.4	50	1.2					
44	52	1.3	56	1.3	Total	3956	100.0	4228	100.0

1 unweighted case of Missing on sex excluded from the table

Table DQ.2: Age distribution of eligible and interviewed women
Household population of women aged 10–54, interviewed women aged 15–49 and percentage of eligible women who were interviewed, by five-year age groups, Barbados, 2012

		Household population of women aged 10–54	Interviewed women aged 15–49		Percentage of eligible women interviewed (completion rate)
		Number	Number	Per cent	
Age	10–14	305	na	na	na
	15–19	247	198	12.6	80.2
	20–24	237	192	12.2	81.2
	25–29	307	240	15.3	78.2
	30–34	292	243	15.5	83.2
	35–39	287	236	15.0	82.3
	40–44	275	213	13.5	77.6
	45–49	303	250	15.9	82.4
	50–54	359	na	na	na
Total (15–49)		1948	1573	100.0	80.7
Ratio of 50–54 to 45–49		1.18			

Table DQ.3: Age distribution of under-5s in household and under-5 questionnaires
Household population of children aged 0–7, children aged 0–4 whose mothers/caretakers were interviewed and percentage of under-5 children whose mothers/caretakers were interviewed, by single ages, Barbados, 2012

		Household population of children 0–7 years	Interviewed under-5 children		Percentage of eligible under-5s interviewed (completion rate)
		Number	Number	Per cent	
Age	0	88	83	17.5	94.5
	1	81	79	16.6	96.8
	2	114	107	22.4	93.5
	3	99	92	19.3	92.9
	4	117	115	24.2	98.5
	5	89	na	na	na
	6	98	na	na	na
	7	94	na	na	na
Total (0–4)		499	476	100.0	95.3
Ratio of 5 to 4		0.76			

Table DQ.4: Women's completion rates by socio-economic characteristics of households
Household population of women aged 15–49, interviewed women aged 15–49 and percentage of eligible women who were interviewed, by selected social and economic characteristics of the household, Barbados, 2012

		Household population of women aged 15–49 years		Interviewed women aged 15–49 years		Percentage of eligible women interviewed (completion rates)
Area	Urban	1224	62.8	1004	63.9	82.0
	Rural	724	37.2	568	36.1	78.5
Household size	1–3	1457	74.8	635	40.4	83.3
	4–6	424	21.7	760	48.3	80.8
	7+	68	3.5	178	11.3	72.6
Wealth index quintiles	Poorest	291	14.9	233	14.8	80.1
	Second	380	19.5	287	18.3	75.6
	Middle	422	21.7	348	22.2	82.6
	Fourth	430	22.1	361	23.0	83.9
	Richest	425	21.8	343	21.8	80.7
Total		1948	100.0	1573	100.0	80.7

Table DQ.5: Completion rates for under-5 questionnaires by socio-economic characteristics of households

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

		Household population of under-5 children		Interviewed under-5 children		Percentage of eligible under-5s with completed under-5 questionnaires (Completion rates)
Area	Urban	317	63.5	304	64.0	96.0
	Rural	182	36.5	171	36.0	94.0
Household size	1–3	101	20.2	79	16.6	98.7
	4–6	314	62.8	313	65.9	96.7
	7+	85	17.0	83	17.5	87.6
Wealth index quintiles	Poorest	94	18.8	91	19.0	96.3
	Second	106	21.3	94	19.8	88.4
	Middle	111	22.3	107	22.5	96.1
	Fourth	115	23.0	113	23.7	97.9
	Richest	72	14.5	71	15.0	98.5
Total		499	100.0	476	100.0	95.3

Table DQ.6: Completeness of reporting

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

Question /indicator	Reference group	Percentage with missing/incomplete information	Number of cases
Household			
Age	All household members	0.1	8148
Salt testing	All households interviewed that have salt	0.9	2872
Starting time of interview	All households interviewed	0.0	2872
Ending time of interview	All households interviewed	0.0	2872
Women			
Woman's date of birth			
Only month	All women aged 15–49	0.1	1543
Both month and year		0.0	1543
Date of first birth	All women aged 15–49 with at least one live birth		
Only month		0.7	980
Both month and year		0.0	980
Completed years since first birth	All women aged 15–49 with at least one live birth with year of first birth unknown	0.0	4
Date of last birth	All women aged 15–49 with a live birth in last 2 years		
Only month		0.2	980
Both month and year		0.3	980
Date of first marriage/union	All ever married women aged 15–49		
Only month		27.5	1266
Both month and year		9.6	1266
Age at first marriage/union	All ever married women aged 15–49 with year of first marriage not known	1.8	1266
Age at first intercourse	All women aged 15–24 who have ever had sex	0.4	247
Time since last intercourse	All women aged 15–24 who have ever had sex	0.9	247
Starting time of interview	All women interviewed	0.0	1543
Ending time of interview	All women interviewed	0.0	1543
Under-5			
Date of birth	All under-5 children		
Only month		0.0	465
Both month and year		0.0	465
Anthropometric measurements	All under-5 children		
Weight		12.1	465
Height		10.8	465
Both weight and height		10.8	465
Starting time of interview	All under-5 children	0.0	465
Ending time of interview	All under-5 children	0.0	465

Table DQ.7: Completeness of information for anthropometric indicators

Distribution of children under 5 by completeness of information for anthropometric indicators, Barbados, 2012

		Valid weight and date of birth	Reason for exclusion from analysis				Total	Percentage of children excluded from analysis	Number of children under 5
			Weight not measured	Incomplete date of birth	Weight not measured, incomplete date of birth	Flagged cases (outliers)			
Weight by age	<6 months	91.4	8.6	0.0	0.0	0.0	100.0	8.6	35
	6–11 months	81.3	16.7	0.0	0.0	2.1	100.0	18.8	48
	12–23 months	87.5	7.5	0.0	0.0	5.0	100.0	12.5	80
	24–35 months	81.0	18.0	0.0	0.0	1.0	100.0	19.0	100
	36–47 months	90.8	8.0	0.0	0.0	1.1	100.0	9.2	87
	48–59 months	85.2	13.9	0.0	0.0	0.9	100.0	14.8	115
Total		85.8	12.5	0.0	0.0	1.7	100.0	14.2	465
		Valid height and date of birth	**Reason for exclusion from analysis**				**Total**	**Percentage of children excluded from analysis**	**Number of children under 5**
			Height not measured	**Incomplete date of birth**	**Height not measured, incomplete date of birth**	**Flagged cases (outliers)**			
Height by age	<6 months	88.6	8.6	0.0	0.0	2.9	100.0	11.4	35
	6–11 months	83.3	12.5	0.0	0.0	4.2	100.0	16.7	48
	12–23 months	83.8	8.8	0.0	0.0	7.5	100.0	16.3	80
	24–35 months	80.0	18.0	0.0	0.0	2.0	100.0	20.0	100
	36–47 months	89.7	9.2	0.0	0.0	1.1	100.0	10.3	87
	48–59 months	86.1	12.2	0.0	0.0	1.7	100.0	13.9	115
Total		84.9	12.0	0.0	0.0	3.0	100.0	15.1	465
		Valid weight and height	**Reason for exclusion from analysis**				**Total**	**Percentage of children excluded from analysis**	**Number of children under 5**
			Weight not measured	**Height not measured**	**Weight and height not measured**	**Flagged cases (outliers)**			
Weight by height	<6 months	80.0	0.0	0.0	8.6	11.4	100.0	20.0	35
	6–11 months	79.2	4.2	0.0	12.5	4.2	100.0	20.8	48
	12–23 months	83.8	0.0	1.3	7.5	7.5	100.0	16.3	80
	24–35 months	77.0	1.0	1.0	17.0	4.0	100.0	23.0	100
	36–47 months	85.1	0.0	1.1	8.0	5.7	100.0	14.9	87
	48–59 months	67.8	2.6	0.9	11.3	17.4	100.0	32.2	115
Total		77.8	1.3	0.9	11.2	8.8	100.0	22.2	465

Table DQ.8: Heaping in anthropometric measurements
Distribution of weight and height/length measurements by digits reported for decimals, Barbados, 2012

		Weight		Height	
		Number	Per cent	Number	Per cent
Digits	0	60	14.7	121	29.3
	1	27	6.6	32	7.7
	2	43	10.6	40	9.7
	3	38	9.3	36	8.7
	4	44	10.8	49	11.9
	5	38	9.3	44	10.7
	6	49	12.0	28	6.8
	7	34	8.4	21	5.1
	8	41	10.1	17	4.1
	9	33	8.1	25	6.1
	0 or 5	98	24.1	165	40.0
	Total	407	100.0	413	100.0

Table DQ.9: Observation of places for handwashing

Percentage of places for handwashing observed by the interviewer in all interviewed households, Barbados, 2012

		Observation of places for handwashing: Observed	Place for handwashing not in dwelling	No permission to see	Other	Total	Number of households interviewed
Area	Urban	75.0	1.4	18.7	4.9	100.0	1708
	Rural	72.8	1.5	16.1	9.6	100.0	1164
Wealth index quintiles	Poorest	64.9	5.4	19.7	9.9	100.0	716
	Second	74.7	0.3	18.5	6.5	100.0	572
	Middle	79.2	0.0	15.8	5.1	100.0	533
	Fourth	77.0	0.2	16.9	5.9	100.0	527
	Richest	77.9	0.0	16.6	5.5	100.0	524
Total		74.1	1.5	17.7	6.8	100.0	2872

Table DQ.10: Observation of women's health cards

Percentage distribution of women with a live birth in the last two years by presence of a health card and the percentage of health cards seen by the interviewers, Barbados, 2012

		Woman does not have health card	Woman has health card		Missing/DK	Total	Percentage of health cards seen by the interviewer (1)/(1+2)*100	Number of women with a live birth in the last two years
			Seen by the interviewer (1)	Not seen by the interviewer (2)				
Area	Urban	43.5	30.6	25.9	0.0	100.0	54.2	85
	Rural	31.1	32.8	36.1	0.0	100.0	47.6	61
Wealth index quintiles	Poorest	42.4	27.3	30.3	0.0	100.0	47.4	33
	Second	34.5	27.6	37.9	0.0	100.0	42.1	29
	Middle	48.3	34.5	17.2	0.0	100.0	66.7	29
	Fourth	40.7	29.6	29.6	0.0	100.0	50.0	27
	Richest	25.0	39.3	35.7	0.0	100.0	52.4	28
Total		38.4	31.5	30.1	0.0	100.0	51.1	146

Table DQ.11: Observation of under-5s birth certificates

Percentage distribution of children under 5 by presence of birth certificates and percentage of birth calendar seen, Barbados, 2012

		Child does not have birth certificate	Child has birth certificate		Missing/DK	Total	Percentage of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5
			Seen by the interviewer (1)	Not seen by the interviewer (2)				
Area	Urban	2.6	52.9	43.8	0.7	100.0	54.7	274
	Rural	1.0	61.3	37.7	0.0	100.0	61.9	191
Child's age	0	7.3	67.1	24.4	1.2	100.0	73.3	82
	1	0.0	55.0	45.0	0.0	100.0	55.0	80
	2	2.0	56.4	40.6	1.0	100.0	58.2	101
	3	1.1	51.7	47.1	0.0	100.0	52.3	87
	4	0.0	53.0	47.0	0.0	100.0	53.0	115
Total		1.9	56.3	41.3	0.4	100.0	57.7	465

Table DQ.12: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under 5 by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire, Barbados, 2012

		Mother in the household		Mother not in the household			Total	Number of children under 5
		Mother interviewed	Other adult female interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
Age	0	97.1	0.0	0.0	1.4	1.5	100.0	88
	1	93.8	0.0	2.5	3.7	0.0	100.0	81
	2	87.5	1.3	3.8	6.0	1.3	100.0	114
	3	86.8	0.0	4.9	6.7	1.5	100.0	99
	4	89.4	0.6	5.7	3.6	0.7	100.0	117
	Total	90.5	0.4	3.6	4.4	1.0	100.0	499

Table DQ.13: Selection of children aged 2–14 years for the child discipline module

Percentage of households with at least two children aged 2–14 years where correct selection of one child for the child discipline module was performed, Barbados, 2012

		Percentage of households where correct selection was performed	Number children aged 2–14 years
Area	Urban	94.3	210
	Rural	90.4	135
Number of households by number of children 2–14	2	93.7	254
	3	87.7	65
	4	96.2	26
Total		92.8	345

Table DQ.15: School attendance by single age

Distribution of household population aged 5–24 by educational level and educational level and grade attended in the current (or most recent) school year, Barbados, 2012

		Not attending school	Pre-school	Reception		Infant			Primary				Secondary						Post Secondary/ non-tertiary		Tertiary/ university	DK	Total	Number of household members
				1	2	1	2	Missing	1	2	3	4	1	2	3	4	5	Missing	1	2				
Age at beginning of school year	4	9.1	16.8	48.4	2.4	17.8	1.3	0.0	2.8	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	97
	5	0.0	0.0	16.7	0.0	55.0	22.1	0.0	4.6	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	95
	6	0.0	0.0	4.4	0.0	23.0	56.2	1.1	7.6	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	114
	7	0.0	0.0	1.5	0.0	9.4	8.5	0.0	62.9	15.1	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	89
	8	.7	0.0	0.0	0.0	0.0	2.3	0.0	26.5	47.7	18.8	3.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100
	9	.9	0.0	0.0	0.0	0.0	0.0	0.0	.5	19.9	64.5	13.1	0.0	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	123
	10	1.2	0.0	0.0	0.0	0.0	0.0	0.0	.8	2.3	19.1	75.4	.8	0.0	0.0	.4	0.0	0.0	0.0	0.0	0.0	0.0	100.0	135
	11	.8	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.0	2.4	21.3	60.8	10.3	2.2	0.0	0.0	0.0	.9	0.0	0.0	0.0	100.0	114
	12	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	.5	0.0	0.0	21.9	74.1	0.0	1.2	0.0	1.1	0.0	0.0	0.0	0.0	100.0	118
	13	.7	0.0	0.0	0.0	0.0	.8	0.0	0.0	0.0	2.7	1.2	2.7	24.7	55.8	10.0	0.0	0.0	0.0	1.4	0.0	0.0	100.0	100
	14	.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	.6	4.0	23.9	66.5	2.8	1.1	0.0	.6	0.0	0.0	100.0	113
	15	.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.7	29.9	59.9	1.2	2.5	0.0	0.0	0.0	100.0	104
	16	29.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	5.2	43.9	0.0	15.7	1.6	1.8	0.0	100.0	94
	17	35.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	21.2	0.0	14.5	10.2	16.6	0.0	100.0	95
	18	49.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	.9	0.0	7.7	11.5	29.3	0.0	100.0	112
	19	48.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	7.1	6.2	36.8	0.0	100.0	119
	20	69.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	4.2	23.2	.4	100.0	123
	21	73.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	.7	0.0	0.0	1.6	3.7	20.6	0.0	100.0	107
	22	72.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	25.8	0.0	100.0	95
	23	80.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	0.0	3.2	15.0	0.0	100.0	69
	24	72.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.9	20.4	0.0	100.0	79

APPENDIX E

BARBADOS MICS4 INDICATORS: NUMERATORS AND DENOMINATORS

MICS4 Indicators: Numerators and Denominators

MICS4 INDICATOR		Module[17]	Numerator	Denominator	MDG[18]
1. NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Children ever breastfed	MN	Number of women with a live birth in the 2 years preceding the survey who breastfed the child at any time	Total number of women with a live birth in the 2 years preceding the survey	
2.5	Early initiation of breastfeeding	MN	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey	
2.6	Exclusive breastfeeding under 6 months	BF	Number of infants under 6 months of age who are exclusively breastfed[19]	Total number of infants under 6 months of age	
2.10	Duration of breastfeeding	BF	The age in months when 50 per cent of children age 0-35 months did not receive breast milk during the previous day		
2.11	Bottle feeding	BF	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.12	Introduction of solid, semi-solid or soft foods	BF	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.13	Minimum meal frequency	BF	Number of children age 6-23 months receiving solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum times[20] or more, according to breastfeeding status, during the previous day	Total number of children age 6-23 months	

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

18 MDG indicators as of February 2010

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

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

MICS4 INDICATOR		Module[17]	Numerator	Denominator	MDG[18]
2.14	Age-appropriate breastfeeding	BF	Number of children age 0-23 months appropriately fed[21] during the previous day	Total number of children age 0-23 months	
2.15	Milk feeding frequency for non-breastfed children	BF	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.16	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or with no salt	
2.18	Low-birthweight infants	MN	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams at birth	Total number of last live births in the 2 years preceding the survey	
2.19	Infants weighed at birth	MN	Number of last live births in the 2 years preceding the survey who were weighed at birth	Total number of last live births in the 2 years preceding the survey	

21 *Infants aged 0–5 who are exclusively breastfed and children aged 6–23 months who are breastfed and ate solid, semi-solid or soft foods*

3. CHILD HEALTH					
3.11	Solid fuels	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
4. WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose (last) stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a designated place for handwashing where water and soap are present	Total number of households	
4.6	Availability of soap	HW	Number of households with soap anywhere in the dwelling	Total number of households	
5. REPRODUCTIVE HEALTH					
5.2	Early childbearing	CM - BH	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married or in union	MDG 5.3
5.4	Unmet need[22]	UN	Number of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently married or in union	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years who were attended during pregnancy in the 2 years preceding the survey (a) at least once by skilled personnel (b) at least four times by any provider	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who had their blood pressure measured and gave urine and blood samples during the last pregnancy	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.2

22 See MICS4 manual for a detailed description

5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.9	Caesarean section	MN	Number of last live births in the 2 years preceding the survey who were delivered by caesarean section	Total number of last live births in the 2 years preceding the survey	
5.10	Post-partum stay in health facility	PN	Number of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their last live birth in the 2 years preceding the survey	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after birth	Total number of last live births in the last 2 years	
5.12	Post-natal health check for the mother	PN	Number of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	

6. CHILD DEVELOPMENT					
6.1	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.2	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.3	Learning materials: children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.4	Learning materials: playthings	EC	Number of children under age 5 with two or more playthings	Total number of children under age 5	
6.5	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week	Total number of children under age 5	
6.6	Early child development Index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months	
6.7	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	

7. LITERACY AND EDUCATION					
7.1	Literacy rate among young women	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary-school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children who are attending the first grade of secondary school	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1

8. CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2	Child labour	CL	Number of children age 5-14 years who are involved in child labour	Total number of children age 5-14 years	
8.4	Child labour among students	ED - CL	Number of children age 5-14 years who are involved in child labour and are currently attending school	Total number of children age 5-14 years attending school	
8.5	Violent discipline	CD	Number of children age 2-14 years who experienced psychological aggression or physical punishment during the past month	Total number of children age 2-14 years	
8.6	Marriage before age 15	MA	Number of women age 15-49 years who were first married or in union by the exact age of 15	Total number of women age 15-49 years	
8.7	Marriage before age 18	MA	Number of women age 20-49 years who were first married or in union by the exact age of 18	Total number of women age 20-49 years	
8.8	Young women age 15-19 years currently married or in union	MA	Number of women age 15-19 years who are currently married or in union	Total number of women age 15-19 years	
8.9	Polygyny	MA	Number of women age 15-49 years who are in a polygynous union	Total number of women age 15-49 years who are currently married or in union	
8.10a 8.10b	Spousal age difference	MA	Number of women currently married or in union whose spouse is 10 or more years older, (a) for women age 15-19 years, (b) for women age 20-24 years	Total number of women currently married or in union (a) age 15-19 years, (b) age 20-24 years	
8.14	Attitudes towards domestic violence	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	

9. HIV/AIDS, SEXUAL BEHAVIOUR AND ORPHANS					
9.1	Comprehensive knowledge about HIV prevention	HA	Number of women age 15-49 years who correctly identify two ways of preventing HIV infection[23]; know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women age 15-49 years	
9.2	Comprehensive knowledge about HIV prevention among young people	HA	Number of women age 15-24 years who correctly identify two ways of preventing HIV infection[12], know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women age 15-24 years	MDG 6.3
9.3	Knowledge of mother-to-child transmission of HIV	HA	Number of women age 15-49 years who correctly identify all three means[24]of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.4	Accepting attitudes towards people living with HIV	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions[25]toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	
9.5	Women who know where to be tested for HIV	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of women age 15-49 years	
9.6	Women who have been tested for HIV and know the results	HA	Number of women age 15-49 years who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women age 15-49 years	
9.7	Sexually active young women who have been tested for HIV and know the results	HA	Number of women age 15-24 years who have had sex in the 12 months preceding the survey, who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women age 15-24 years who have had sex in the 12 months preceding the survey	
9.8	HIV counselling during antenatal care	HA	Number of women age 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they received counselling on HIV during antenatal care	Total number of women age 15-49 years who gave birth in the 2 years preceding the survey	
9.9	HIV testing during antenatal care	HA	Number of women age 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women age 15-49 years who gave birth in the 2 years preceding the survey	

23 *Using condoms and limiting sex to one faithful, uninfected partner.*
24 *Transmission during pregnancy, during delivery and by breastfeeding.*
25 *Women (1) who think that a female teacher with the AIDS virus who is not sick should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus and (4) who would be willing to care for a family member who became sick with the AIDS virus.*

9.10	Young women who have never had sex	SB	Number of never married women age 15-24 years who have never had sex	Total number of never married women age 15-24 years	
9.11	Sex before age 15 among young women	SB	Number of women age 15-24 years who have had sexual intercourse before age 15	Total number of women age 15-24 years	
9.12	Age-mixing among sexual partners	SB	Number of women age 15-24 years who had sex in the 12 months preceding the survey with a partner who was 10 or more years older than they were	Total number of women age 15-24 years who have had sex in the 12 months preceding the survey	
9.13	Sex with multiple partners	SB	Number of women age 15-49 years who have had sexual intercourse with more than one partner in the 12 months preceding the survey	Total number of women age 15-49 years	
9.14	Condom use during sex with multiple partners	SB	Number of women age 15-49 years who report having had more than one sexual partner in the 12 months preceding the survey who also reported that a condom was used the last time they had sex	Total number of women age 15-49 years who reported having had more than one sexual partner in the 12 months preceding the survey	
9.15	Sex with non-regular partners	SB	Number of sexually active women age 15-24 years who have had sex with a non-marital, non-cohabitating partner in the 12 months preceding the survey	Total number of women age 15-24 years who have had sex in the 12 months preceding the survey	
9.16	Condom use with non-regular partners	SB	Number of women age 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the 12 months preceding the survey	Total number of women age 15-24 years who had a non-marital, non-cohabiting partner in the 12 months preceding the survey	MDG 6.2
9.17	Children's living arrangements	HL	Number of children age 0-17 years not living with a biological parent	Total number of children age 0-17 years	
9.18	Prevalence of children with at least one parent dead	HL	Number of children age 0-17 years with at least one dead parent	Total number of children age 0-17 years	

10. ACCESS TO MASS MEDIA AND USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY				
MT.1	Exposure to mass media	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women age 15-49 years
MT.2	Use of computers	MT	Number of young women age 15-24 years who used a computer during the last 12 months	Total number of women age 15-24 years
MT.3	Use of internet	MT	Number of young women age 15-24 who used the internet during the last 12 months	Total number of women age 15-24 years

11. SUBJECTIVE WELL-BEING				
SW.1	Life satisfaction	LS	Number of women age 15-24 years who are very or somewhat satisfied with their family life, friendships, school, current job, health, where they live, how they are treated by others, and how they look	Total number of women age 15-24 years
SW.2	Happiness	LS	Number of women age 15-24 years who are very or somewhat happy	Total number of women age 15-24 years
SW.3	Perception of a better life	LS	Number of women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women age 15-24 years

12. TOBACCO AND ALCOHOL USE				
TA.1	Tobacco use	TA	Number of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products on one or more days during the last one month	Total number of women age 15-49 years
TA.3	Alcohol use	TA	Number of women age 15-49 years who had at least one alcoholic drink on one or more days during the last one month	Total number of women age 15-49 years
TA.4	Use of alcohol before age 15	TA	Number of women age 15-49 years who had at least one alcoholic drink before age 15	Total number of women age 15-49 years

APPENDIX F

MICS

HOUSEHOLD QUESTIONNAIRE
BARBADOS

HOUSEHOLD INFORMATION PANEL	HH
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___
HH3. Interviewer name and number: Name _____ ___ ___	HH4. Supervisor name and number: Name _____ ___ ___
HH5. Day / Month / Year of interview:	___ ___ / ___ ___ / ___ ___ ___ ___
HH6. Area: Urban ..... 1 Rural 2	HH7. Strata: Stratum 1 ..... 1 Stratum 3 ..... 3 Stratum 2 ..... 2 Stratum 4 4

WE ARE FROM BARBADOS STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to HH18 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete HH9. Discuss this result with your supervisor.*

After all questionnaires for the household have been completed, fill in the following information:

HH8. Name of head of household: _____

HH9. Result of household interview: Completed ..... 01 No household member or no competent respondent at home at time of visit ..... 02 Entire household absent for extended period of time ..... 03 Refused ..... 04 Dwelling vacant / Address not a dwelling ..... 05 Dwelling destroyed ..... 06 Dwelling not found ..... 07 Other (*specify*) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: ___ ___ HH11. Total number of household members: ___ ___
HH12. Number of women age 15-49 years: ___ ___	HH13. Number of woman's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	HH15. Number of under-5 questionnaires completed: ___ ___

HH16. Field edited by (Name and number): Name _____ ___ ___	HH17. Data entry clerk (Name and number): Name _____ ___ ___

HH18.
Record the time.

Hour..... __ __

Minutes..... __ __

HOUSEHOLD LISTING FORM HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the household listing form have been used.

								For women age **15-49**	*For children age* **5-14**	*For children under age* **5**	*For children age* **0-17** *years*								
HL1. *Line No*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK		HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	HL7. *Circle line no. if woman is age* **15-49**	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line no. of mother/ caretaker*	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line no. of mother/ caretaker*	HL11. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No⇘ HL13 8 DK⇘ HL13	HL12. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *Record line no. of mother or 00 for "No"*	HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No⇘ Next Line 8 DK⇘ Next Line	HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *Record line no. of father or 00 for "No"*		
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father	
01		0 1	1	2	__ __	__ __ __ __	__ __	01	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
02		__ __	1	2	__ __	__ __ __ __	__ __	02	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
03		__ __	1	2	__ __	__ __ __ __	__ __	03	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
04		__ __	1	2	__ __	__ __ __ __	__ __	04	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
05		__ __	1	2	__ __	__ __ __ __	__ __	05	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
06		__ __	1	2	__ __	__ __ __ __	__ __	06	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
07		__ __	1	2	__ __	__ __ __ __	__ __	07	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
08		__ __	1	2	__ __	__ __ __ __	__ __	08	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
09		__ __	1	2	__ __	__ __ __ __	__ __	09	__ __	__ __	1	2	8	__ __	1	2	8	__ __	
10		__ __	1	2	__ __	__ __ __ __	__ __	10	__ __	__ __	1	2	8	__ __	1	2	8	__ __	

HL1. *Line No*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	HL7. *Circle line no. if woman is age* **15-49**	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line no. of mother/ caretaker*	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line no. of mother/ caretaker*	HL11. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ⇨ HL13 8 DK ⇨ HL13	HL12. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *Record line no. of mother or 00 for "No"*	HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No ⇨ Next Line 8 DK ⇨ Next Line	HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *Record line no. of father or 00 for "No"*
Line	Name	Relation*	M F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
11		__ __	1 2	__ __	__ __ __ __	__ __	11	__ __	__ __	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2	__ __	__ __ __ __	__ __	12	__ __	__ __	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2	__ __	__ __ __ __	__ __	13	__ __	__ __	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2	__ __	__ __ __ __	__ __	14	__ __	__ __	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2	__ __	__ __ __ __	__ __	15	__ __	__ __	1 2 8	__ __	1 2 8	__ __

Tick here if additional questionnaire used ☐

11		__ __	1 2	__ __	__ __ __ __	__ __	11	__ __	__ __	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2	__ __	__ __ __ __	__ __	12	__ __	__ __	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2	__ __	__ __ __ __	__ __	13	__ __	__ __	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2	__ __	__ __ __ __	__ __	14	__ __	__ __	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2	__ __	__ __ __ __	__ __	15	__ __	__ __	1 2 8	__ __	1 2 8	__ __

Tick here if additional questionnaire used ☐

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

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

* *Codes for HL3: Relationship to head of household:*

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

EDUCATION

ED

For household members age **4 and above**

For household members age **4-24** *years*

ED1. *Line number*	ED2. *Name and age* *Copy from Household Listing Form, HL2 and HL6*		ED3. HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ⇘ Next Line		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) HAS ATTENDED? Level: 0 Preschool 1 Reception 2 Infant 3 Junior 4 Secondary 5 Post Secondary/ Non-tertiary 6 Tertiary/ University 8 DK *If level=0, skip to ED5*	ED4B. WHAT IS THE HIGHEST CLASS/ FORM (*name*) COMPLETED AT THIS LEVEL? Class/ Form: 98 DK *If less than 1 class/ form, enter 00.*	ED5. DURING THE (***2011-2012***) SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ ED7		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND CLASS/ FORM IS/WAS (*name*) ATTENDING? Level: 0 Preschool 1 Reception 2 Infant 3 Junior 4 Secondary 5 Post Secondary/ Non-tertiary 6 Tertiary/ University 8 DK *If level=0, skip to ED7*		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (***2010-2011***), DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ Next Line 8 DK ⇘ Next Line			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/ FORM DID (*name*) ATTEND? Level: 0 Preschool 1 Reception 2 Infant 3 Junior 4 Secondary 5 Post Secondary/ Non-tertiary 6 Tertiary/ University 8 DK *If level=0, go to Next person*	Class / Form: 98 DK
Line	Name	Age	Yes	No	Level	Class/Form	Yes	No	Level	Class/Form	Y	N	DK	Level	Class/Form
01		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
02		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
03		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
04		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
05		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
06		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
07		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
08		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
09		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
10		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
11		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
12		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
13		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
14		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___
15		___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	0 1 2 3 4 5 6 8	___ ___	1	2	8	0 1 2 3 4 5 6 8	___ ___

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Bottled water ..... 91 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1 In own yard / plot ..... 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... __ __ __ DK 998	

WS4. How long does it take to go there, get water, and come back?	Number of minutes ..... __ __ __ DK 998	
WS5. Who usually goes to this source to collect the water for your household? *Probe:* Is this person under age 15? What sex?	Adult woman (age 15+ years) ..... 1 Adult man (age 15+ years) ..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK 8	
WS6. Do you do anything to the water to make it safer to drink?	Yes ..... 1 No ..... 2 DK 8	2⇨WS8 8⇨WS8
WS7. What do you usually do to make the water safer to drink? *Probe:* Anything else? *Record all items mentioned.*	Boil ..... A Add bleach / chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (*specify*) _____ X DK ..... Z	
WS8. What kind of toilet facility do members of your household usually use? *If "flush" or "pour flush", probe:* Where does it flush to? *If necessary, ask permission to observe the facility.*	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to well/pit (latrine) ..... 13 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) ... 21 Pit latrine with slab ..... 22 No facility, Bush, Field ..... 95 Other (*specify*) _____ 96	95⇨Next Module
WS9. Do you share this facility with others who are not members of your household?	Yes ..... 1 No 2	2⇨Next Module
WS10. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	Other households only (not public) ..... 1 Public facility 2	2⇨Next Module
WS11. How many households in total use this toilet facility, including your own household?	Number of households (if less than 10) 0 __ Ten or more households ..... 10 DK 98	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Anglican .....01 Pentecostal .....02 Seventh Day Adventist.....03 Methodist.....04 Roman Catholic.....05 Other Christian (*specify*) _____ 06 Other religion (*specify*) _____ 96 No religion 97	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Black .....1 White .....2 Mixed.....3 Other ethnic group (*specify*) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USUALLY USED FOR SLEEPING?	Number of rooms .....__ __	
HC3. *Main material of the dwelling floor.* *Record observation or ask.*	Natural floor Earth / Sand .....11 Rudimentary floor Wood .....21 Cement.....23 Finished floor Parquet or polished wood .....31 Vinyl or asphalt strips .....32 Ceramic tiles.....33 Carpet.....35 Marley/ linoleum .....36 Other (*specify*)_____ 96	
HC4. *Main material of the roof.* *Record observation.*	Rudimentary Roofing Palm / Bamboo.....22 Wood planks.....23 Finished roofing Metal (Corrugated Metal Sheets) .....31 Ceramic/PVC tiles .....34 Cement.....35 Roofing shingles.....36 Other corrugated sheets .....37 Other (*specify*)_____96	

HC5. *Main material of the exterior walls.* *Record observation.*	Rudimentary walls Plywood ..... 24 Cardboard ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Wood planks / shingles ..... 36 Concrete board ..... 37 Other (*specify*) _____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquefied Petroleum Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Agricultural crop residue ..... 11 No food cooked in household ..... 95 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4 Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No
[A] ELECTRICITY?	Electricity	1	2
[B] A RADIO?	Radio	1	2
[C] A TELEVISION?	Television	1	2
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone	1	2
[E] A REFRIGERATOR?	Refrigerator	1	2
[F] A CLOCK?	Clock	1	2
[G] A WATER HEATER?	Water heater	1	2
[H] A WASHING MACHINE?	Washing machine	1	2
[I] A MICROWAVE OVEN?	Microwave oven	1	2
[J] AN AIR CONDITIONER?	Air conditioner	1	2

[K] INTERNET SERVICE?	Internet service 1 2	
[L] A SEWING MACHINE?	Sewing machine 1 2	
[M] A DVD PLAYER?	DVD player 1 2	
[N] A DIGITAL CAMERA?	Digital camera 1 2	
[O] A DESKTOP COMPUTER?	Desktop computer 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1 2	
[C] A BICYCLE?	Bicycle 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] A CAR OR TRUCK?	Car / Truck 1 2	
[F] A BOAT WITH A MOTOR?	Boat with motor 1 2	
[G] A NOTEBOOK / NETBOOK?	Notebook / Netbook 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own ..... 1 Rent ..... 2 Other (Not owned or rented) 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No 2	2⇨HC13
HC12. HOW MANY ACRES/ SQUARE FEET/ SQUARE METERS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1 acre/ square foot/ square meter, record "00". If unknown, record '98'.*	Acres (ac) ..... 1 000 ___ ___ Square foot (sq ft) ....2 ___ ___ ___ ___ ___ Square meter (m^2)....3 ___ ___ ___ ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ..... 1 No 2	2⇨HC15

HC14. How many of the following animals does this household have? [A] Cattle, milk cows, or bulls? [B] Horses, donkeys, or mules? [C] Goats? [D] Sheep? [E] Chickens? [F] Pigs? [G] Ducks? [H] Turkeys? [I] Rabbits? *If none, record '00'.* *If 95 or more, record '95'.* *If unknown, record '98'.*	Cattle, milk cows, or bulls.....___ ___ Horses, donkeys, or mules.....___ ___ Goats.....___ ___ Sheep.....___ ___ Chickens .....___ ___ Pigs .....___ ___ Ducks .....___ ___ Turkeys .....___ ___ Rabbits.....___ ___	
HC15. Does any member of this household have a bank account or credit union account?	Yes.....1 No.....2	

CHILD LABOUR — CL

To be administered for children in the household age **5-14** *years. For household members below age 5 or above age 14, leave rows blank.*

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

Line	Name	Age	CL3. Yes Paid	CL3. Yes Unpaid	CL3. No	CL4. Number of hours	CL5. Yes	CL5. No	CL6. Number of hours	CL7. Yes	CL7. No	CL8. Number of hours	CL9. Yes	CL9. No	CL10. Number of hours
01		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
02		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
03		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
04		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
05		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
06		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
07		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
08		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
09		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
10		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
11		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
12		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
13		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
14		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___
15		__ __	1	2	3	___ ___	1	2	___ ___	1	2	___ ___	1	2	___ ___

CL1. *Line number*

CL2. *Name and Age*

Copy from Household Listing Form, HL2 and HL6

CL3. DURING THE PAST WEEK, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?

If yes: FOR PAY IN CASH OR KIND?

1 Yes, for pay (cash or kind)
2 Yes, unpaid
3 No ⇨CL5

CL4. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?

If more than one job, include all hours at all jobs.

CL5. DURING THE PAST WEEK, DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?

1 Yes
2 No ⇨ CL7

CL6. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?

CL7. DURING THE PAST WEEK, DID (*name*) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?

Include work for a business run by the child, alone or with one or more partners.

1 Yes
2 No ⇨ CL9

CL8. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?

CL9. DURING THE PAST WEEK, DID (*name*) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?

1 Yes
2 No ⇨ Next Line

CL10. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?

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

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

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

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

Table 2: Selection of Random Child for Child Discipline Questions

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

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

CD8. *Record the rank number of the selected child*.....

CD9. *Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.*	Name _____ Line number .....__ __	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH. CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes .....1 No.....2	
CD12. EXPLAINED WHY (*name*)'S BEHAVIOR WAS WRONG.	Yes .....1 No.....2	
CD13. SHOOK HIM/HER.	Yes .....1 No.....2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes .....1 No.....2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes .....1 No.....2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes .....1 No.....2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes .....1 No.....2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes .....1 No.....2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes .....1 No.....2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes .....1 No.....2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes .....1 No.....2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes .....1 No.....2 Don't know / No opinion 8	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed ..... 1 Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Other reason 6	 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. *Observe presence of water at the specific place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available ..... 1 Water is not available 2	
HW3. *Record if soap or detergent is present at the specific place for handwashing.* *Circle all that apply.* *Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D None ..... Y	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes ..... 1 No 2	 2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? *Record observation. Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D Not able / Does not want to show ..... Y	

HH19. *Record the time.*	Hour and minutes ..... __ __ : __ __	

SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized 0 PPM ..... 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more ..... 3 No salt in the house..... 6 Salt not tested 7	

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

☐ *A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)*

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

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

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

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN
BARBADOS

WOMAN'S INFORMATION PANEL	WM
This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.	
WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___
WM3. Woman's name: Name _____	WM4. Woman's line number: ___ ___
WM5. Interviewer name and number: Name _____ ___ ___	WM6. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

Repeat greeting if not already read to this woman:

WE ARE FROM BARBADOS STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

WM7. Result of woman's interview	
	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (*specify*) _____ 96

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

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... __ __ DK month..... 98 Year ..... __ __ __ __ DK year..... 9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years) ..... __ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No 2	2⇨WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Reception ..... 1 Infant ..... 2 Junior..... 3 Secondary ..... 4 Post-Secondary/Non-tertiary ..... 5 Tertiary/University 6	0⇨WB7
WB5. WHAT IS THE HIGHEST CLASS/FORM YOU COMPLETED AT THAT LEVEL? *If less than 1 class/form, enter "00"*	Class/ form ..... __ __	
WB6. *Check WB4:* ☐ *Secondary or higher (codes 4, 5 or 6) ⇨ Go to Next Module* ☐ *Reception, Infant, or Junior (codes 1, 2 or 3) ⇨ Continue with WB7*		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence..... 2 Able to read whole sentence ..... 3 No sentence in required language _____ 4 *(specify language)* Blind / visually impaired..... 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. *Check WB7:* ☐ *Question left blank (Respondent has secondary or more education) ⇨ Continue with MT2* ☐ *Able to read or no sentence in required language (codes 2, 3 or 4) ⇨ Continue with MT2* ☐ *Cannot read at all or blind (codes 1 or 5) ⇨ Go to MT3*		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT5. *Check WB2: Age of respondent 15-24 years?* ☐ *Yes, age 15-24 ⇨ Continue with MT6* ☐ *No, age 25-49 ⇨ Go to Next Module*		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No 2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No 2	2⇨Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No 2	2⇨ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	

CHILD MORTALITY		CM
All questions refer only to LIVE births.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No 2	2⇨Contraception Module
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. *Skip to CM12 only if year of first birth is given. Otherwise, continue with CM3.*	Date of first birth Day ..... __ __ DK day ..... 98 Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	⇨CM12
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM12. OF ALL THE BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? *Month and year must be recorded.*	Date of last birth Day ..... __ __ DK day ..... 98 Month ..... __ __ Year ..... __ __ __ __	

CM13. *Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in* ***2010***

☐ *No live birth in last 2 years. ⇨ Go to CONTRACEPTION Module.*

☐ *One or more live births in last 2 years. ⇨ Ask for the name of the child*

*Name of child*_____

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

DESIRE FOR LAST BIRTH		DB
This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.		
DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months ..... 1 __ __ Years ..... 2 __ __ DK 998	

MATERNAL AND NEWBORN HEALTH — MN

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

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ..... 1 No 2	2⇨MN5
MN2. WHOM DID YOU SEE? *Probe:* ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Community health worker ..... G Other (*specify*) _____ X	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... __ __ DK 98	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	Yes No Blood pressure ..... 1 2 Urine sample ..... 1 2 Blood sample 1 2	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions. If the card is not present, ask the respondent.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE AN INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK 8	1⇨MN17
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN17 8⇨MN17
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If less than 1 year, record '00'.*	Years ago ..... __ __	
MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.* *If respondent says no one assisted, probe to determine whether any adults were present at the delivery.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Community health worker ..... G Relative / Friend ..... H Other (*specify*) _____ X No one ..... Y	

MN18. WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic / health centre/ policlinic ..... 22 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	11⇨MN20 12⇨MN20 96⇨MN20
MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes ..... 1 No 2	
MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card ..... 1 (kg) __ . __ __ __ From recall ..... 2 (kg) __ . __ __ __ From recall ..... 3 (lbs) __ __ . __ __ DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes ..... 1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	 2⇨Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ..... 000 Hours ..... 1 __ __ Days ..... 2 __ __ Don't know / remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No 2	 2⇨Next Module
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I Other (*specify*) _____ X	

POST-NATAL HEALTH CHECKS — PN

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

PN1. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36)* ⇨ *Continue with PN2*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96)* ⇨ *Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*). YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours.....1 __ __ Days.....2 __ __ Weeks.....3 __ __ Don't know / remember.....998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes.....1 No.....2	
PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU. DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (*name or type of facility in MN18*)?	Yes.....1 No.....2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)?	Yes.....1 No.....2	1⇨PN11 2⇨PN16

PN6. *Check MN17: Did a health professional or community health worker assist with the delivery?*

☐ *Yes, delivery assisted by a health professional or community health worker (MN17=A-G)* ⇨ *Continue with PN7*

☐ *No, delivery not assisted by a health professional or community health worker (A-G not circled in MN17)* ⇨ *Go to PN10*

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

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?	Health professional Doctor ..... A Nurse / Midwife ..... B Other person Community health worker ..... G Relative / Friend ..... H Other (*specify*)_____ X	
PN14. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic / health centre/ policlinic ..... 22 Other public (*specify*)_____ 26 Private medical sector Private hospital ..... 31 Private clinic ..... 32 Other private medical (*specify*)_____ 36 Other (*specify*)_____ 96	
PN15. *Check MN18: Was the child delivered in a health facility?* ☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN16* ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN17*		
PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN17. *Check MN17: Did a health professional or community health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional or community health worker (MN17=A-G) ⇨ Continue with PN18* ☐ *No, delivery not assisted by a health professional or community health worker (A-G not circled in MN17) ⇨ Go to PN19*		
PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON YOUR HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	2⇨Next Module

PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once.....1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours.....1 __ __ Days .....2 __ __ Weeks .....3 __ __ Don't know / remember 998	
PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME?	Health professional Doctor..... A Nurse / Midwife..... B Other person Community health worker ..... G Relative / Friend ..... H Other (*specify*)_____ X	
PN23. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home.....11 Other home .....12 Public sector Govt. hospital .....21 Govt. clinic / health centre/ policlinic .....22 Other public (*specify*)_____26 Private medical sector Private hospital.....31 Private clinic .....32 Other private medical (*specify*)_____36 Other (*specify*)_____96	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨Next Module
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	2⇨CP4
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam / Jelly ..... J Lactational amenorrhoea method (LAM) ..... K Periodic abstinence / Rhythm ..... L Withdrawal ..... M Other (*specify*) _____ X	A⇨UN1 B⇨UN1 C⇨UN1 D⇨UN1 E⇨UN1 F⇨UN1 G⇨UN1 H⇨UN1 I ⇨UN1 J⇨UN1 K⇨UN1 L⇨UN1 M⇨UN1 X⇨UN1
CP4. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	
CP5. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY? *Do not prompt.* *If more than one reason is mentioned, circle each one.*	Not married ..... A Fertility related reasons Want to get pregnant/ have child ..... B Not having sex ..... C Infrequent sex ..... D Menopausal/hysterectomy ..... E Can't get pregnant ..... F Not menstruated since last birth ..... G Breastfeeding ..... H Up to God/ Fatalistic ..... I Opposition to use Respondent opposed ..... J Husband/partner opposed ..... K Others opposed ..... L Religious prohibition ..... M Lack of knowledge Knows no method ..... N Knows no source ..... O Method-related reasons Side effects/ health concerns ..... P Lack of access/ too far ..... Q Costs too much ..... R Preferred method not available ..... S No method available ..... T Inconvenient to use ..... U Interferes with body's normal processes ..... V Other (*specify*) _____ X DK ..... Z	

UNMET NEED		UN
UN1. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Continue with UN2* ☐ *No, unsure or DK ⇨ Go to UN5*		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ..... 1 No more / None ..... 2 Undecided / Don't know 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5. *Check CP3. Currently using "Female sterilization"?* ☐ *Yes ⇨ Go to UN13* ☐ *No ⇨ Continue with UN6*		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / Don't know 8	 2⇨UN9 3⇨UN11 8⇨UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months ..... 1 __ __ Years ..... 2 __ __ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know 998	 994⇨UN11
UN8. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Go to UN13* ☐ *No, unsure or DK ⇨ Continue with UN9*		

UN9. *Check CP2. Currently using a method?* ☐ *Yes ⇨ Go to UN13* ☐ *No ⇨ Continue with UN10*		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ..... 1 No ..... 2 DK 8	1 ⇨UN13 8 ⇨UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex ..... A Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus) ..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrheic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I Health reasons ..... J Other (*specify*) _____ X Don't know ..... Z	
UN12. *Check UN11. "Never menstruated" mentioned?* ☐ *Mentioned ⇨ Go to Next Module* ☐ *Not mentioned ⇨ Continue with UN13*		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago ..... 1 __ __ Weeks ago ..... 2 __ __ Months ago ..... 3 __ __ Years ago ..... 4 __ __ In menopause / Has had hysterectomy ..... 994 Before last birth ..... 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE					DV
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8	
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8	
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8	
[F] IF SHE IS UNFAITHFUL?	Unfaithful	1	2	8	
[G] IF SHE TRIES TO END THE RELATIONSHIP?	End the relationship	1	2	8	
[H] IF SHE SPENDS MONEY IRRATIONALLY?	Spends money irrationally	1	2	8	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED, LIVING TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, currently married .....1 Yes, living with a man.....2 Yes, in a visiting relationship .....0 No, not in union 3	3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years .....__ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes .....1 No.....2	2⇨MA7
MA4. HOW MANY OTHER PARTNERS DOES HE HAVE?	Number.....__ __ DK 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED, LIVED TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, formerly married .....1 Yes, formerly lived with a man .....2 Yes, formerly in a visiting relationship .....0 No.....3	3 ⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATIONSHIP?	Widowed.....1 Divorced .....2 Separated.....3 No longer in a visiting relationship.....4	
MA7. HAVE YOU BEEN MARRIED, LIVED WITH A MAN, OR IN A VISITING RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once .....1 More than once 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY, START LIVING WITH A MAN AS IF MARRIED, OR START THE VISITING RELATIONSHIP?	Date of first marriage/ visiting relationship Month .....__ __ DK month .....98 Year.....__ __ __ __ DK year 9998	⇨Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER, OR STARTED YOUR FIRST VISITING RELATIONSHIP?	Age in years .....__ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse.....00 Age in years .....__ __ First time when started living with (first) husband/partner 95	00⇨Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes .....1 No.....2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.*	Days ago .....1 __ __ Weeks ago .....2 __ __ Months ago .....3 __ __ Years ago.....4 __ __	 4⇨SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes .....1 No.....2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'boyfriend', then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'. If 'no', circle '3'.*	Husband.....1 Cohabiting partner.....2 Boyfriend .....3 Casual acquaintance.....4 Friend .....5 Visiting partner .....0 Other (*specify*)_____6	 3⇨SB7 4⇨SB7 5⇨SB7 6⇨SB7
SB6. *Check MA1:* ☐ *Currently married or living with a man or in a visiting relationship (MA1 = 1 or 2 or 0) ⇨ Go to SB8* ☐ *Not married / Not in union / Not in a visiting relationship (MA1 = 3) ⇨ Continue with SB7*		
SB7. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner .....__ __ DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes .....1 No.....2	2⇨SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes .....1 No.....2	

SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'boyfriend' then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'. If 'no', circle' 3'.*	Husband.....1 Cohabiting partner.....2 Boyfriend.....3 Casual acquaintance.....4 Friend.....5 Visiting partner.....0 Other (*specify*)_____6	 3⇨SB12 4⇨SB12 5⇨SB12 6⇨SB12
SB11. *Check MA1 and MA7:* ☐ *Currently married or living with a man or in a visiting relationship (MA1 = 1, 2 or 0)* *AND* *Married only once or lived with a man only once or in a visiting relationship only once (MA7 = 1)* ⇨ *Go to SB13* ☐ *Else ⇨ Continue with SB12*		
SB12. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner.....__ __ DK.....98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes.....1 No.....2	 2⇨SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners.....__ __	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of lifetime partners.....__ __ DK.....98	

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

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

☐ *No live birth in last 2 years ⇨ Go to HA24*

☐ *One or more live births in last 2 years ⇨ Continue with HA14*

HA14. *Check MN1: Received antenatal care?*

☐ *Received antenatal care ⇨ Continue with HA15*

☐ *Did not receive antenatal care ⇨ Go to HA24*

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT:		Y	N	DK	
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother	1	2	8	
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do	1	2	8	
[C] GETTING TESTED FOR THE AIDS VIRUS?	Tested for AIDS	1	2	8	
WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	Offered a test	1	2	8	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR AIDS AS PART OF YOUR ANTENATAL CARE?	Yes	1			
	No	2			2⇨HA19
	DK	8			8⇨HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1			
	No	2			2⇨HA22
	DK	8			8⇨HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes	1			1⇨HA22
	No	2			2⇨HA22
	DK	8			8⇨HA22

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

☐ *Yes, birth delivered by health professional ⇨ Continue with HA20*

☐ *No, birth not delivered by health professional ⇨ Go to HA24*

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes	1	
	No	2	2⇨HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes	1	
	No	2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED	Yes	1	1⇨HA25
	No	2	

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

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No 2	2⇨TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00 Age ..... ___ ___	00⇨TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No 2	2⇨TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ___ ___	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1 No 2	2⇨TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No 2	2⇨TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D Other (*specify*) _____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No 2	2 ⇨TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No 2	2 ⇨TA14

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco ..... A Snuff ..... B Dip ..... C Other (*specify*) _____ X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... 1 No 2	2⇨Next Module
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR STOUT, ONE GLASS OF WINE, OR ONE SHOT OF BRANDY, VODKA, WHISKEY, RUM OR GIN. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol..... 00 Age ..... ___ ___	00⇨Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Did not have one drink in last one month . 00 Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	00⇨Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ..... ___ ___	

LIFE SATISFACTION		LS
LS1. *Check WB2: Age of respondent is between 15 and 24?* ☐ *Age 25-49 ⇨ Go to WM11* ☐ *Age 15-24 ⇨ Continue with LS2*		
LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.*	Very happy ..... 1 Somewhat happy ..... 2 Neither happy nor unhappy ..... 3 Somewhat unhappy ..... 4 Very unhappy 5	
LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.* HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS5. DURING THE CURRENT / 2011-2012 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes ..... 1 No 2	2⇨LS7

LS6. How satisfied are/were you with your school?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS7. How satisfied are you with your current job? *If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.*	Does not have a job ..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS8. How satisfied are you with your health?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS9. How satisfied are you with where you live? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.*	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS10. How satisfied are you with how people around you generally treat you?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS11. How satisfied are you with the way you look?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS12. How satisfied are you with your life, overall?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS13. How satisfied are you with your current income? *If the respondent responds that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.*	Does not have any income ..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS14. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	Improved ..... 1 More or less the same ..... 2 Worsened 3	
LS15. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?	Better ..... 1 More or less the same ..... 2 Worse 3	

WM11. *Record the time.*	Hour and minutes ..... __ __ : __ __	

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

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

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

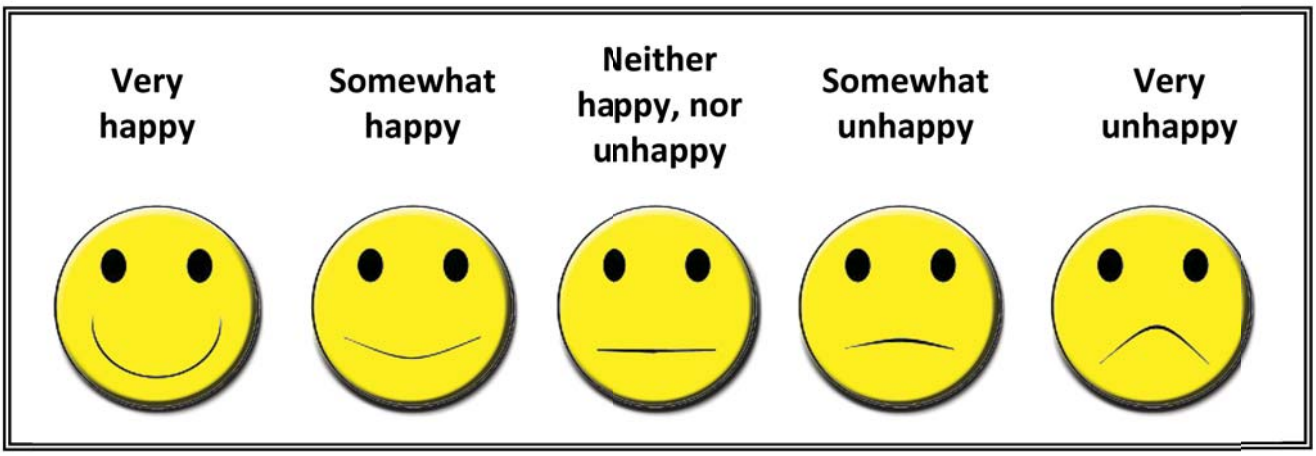
Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1



SIDE 2

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___
UF3. Child's name: Name _____	UF4. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer name and number: Name _____ ___ ___	UF8. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

Repeat greeting if not already read to this respondent:

WE ARE FROM BARBADOS STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

UF9. Result of interview for children under 5 *Codes refer to mother/caretaker.*	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (*specify*) _____ 96

UF10. Field edited by (Name and number): Name _____ ___ ___	UF11. Data entry clerk (Name and number): Name _____ ___ ___

UF12. *Record the time.*	Hour and minutes ..... ___ ___ : ___ ___	

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

BIRTH REGISTRATION		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3 DK 8	1⇨Next Module 2⇨Next Module
BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE REGISTRATION DEPARTMENT?	Yes ..... 1 No ..... 2 DK 8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1 No 2	

EARLY CHILDHOOD DEVELOPMENT — EC

EC1. How many children's books or picture books do you have for (*name*)?

- None 00
- Number of children's books ..... 0 __
- Ten or more books 10

EC2. I am interested in learning about the things that (*name*) plays with when he/she is at home.

Does he/she play with:

	Y	N	DK
[A] Home-made toys (such as dolls, cars, or other toys made at home)?	1	2	8
[B] Toys from a shop or manufactured toys?	1	2	8
[C] Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?	1	2	8

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

EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.

On how many days in the past week was (*name*):

- [A] Left alone for more than an hour? — Number of days left alone for more than an hour ..... __
- [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? — Number of days left with other child for more than an hour ..... __

If 'none' enter '0'. If 'don't know' enter '8'

EC4. *Check AG2: Age of child*

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

EC5. Does (*name*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten, pre-school or community child care?

- Yes 1
- No ..... 2 ⇨ EC7
- DK ..... 8 ⇨ EC7

EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	Number of hours ..... __ __					
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*		Mother	Father	Other	No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books	A	B	X	Y	
[B] TOLD STORIES TO (*name*)?	Told stories	A	B	X	Y	
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	Sang songs	A	B	X	Y	
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y	
[E] PLAYED WITH (*name*)?	Played with	A	B	X	Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/counted	A	B	X	Y	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes ..... 1 No ..... 2 DK 8					
EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes ..... 1 No ..... 2 DK 8					
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes ..... 1 No ..... 2 DK 8					
EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ..... 1 No ..... 2 DK 8					
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes ..... 1 No ..... 2 DK 8					

EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes..... 1 No ..... 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes..... 1 No ..... 2 DK..... 8	
EC15. DOES (*name*) GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No ..... 2 DK..... 8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No ..... 2 DK..... 8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes..... 1 No ..... 2 DK..... 8	

BREASTFEEDING		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF3 8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (*name*) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BF4. DID (*name*) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF6 8⇨BF6
BF5. HOW MANY TIMES DID (*name*) DRINK INFANT FORMULA?	Number of times ..... __ __	
BF6. DID (*name*) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF7A 8⇨BF7A
BF7. HOW MANY TIMES DID (*name*) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... __ __	
BF7A. DID (*name*) DRINK SOYA MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF8 8⇨BF8
BF7B. HOW MANY TIMES DID (*name*) DRINK SOYA MILK?	Number of times ..... __ __	
BF8. DID (*name*) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	

BF9. DID (*name*) DRINK CLEAR SOUP OR BROTH YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BF10. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BF11. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BF12. DID (*name*) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BF13. DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF15 8⇨BF15
BF14. HOW MANY TIMES DID (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF15. DID (*name*) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BF16. DID (*name*) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF18 8⇨BF18
BF17. HOW MANY TIMES DID (*name*) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes ..... 1 No ..... 2 DK 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA7 8⇨CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If less, probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 DK 8	
CA3. DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? *If "less", probe:* WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 DK 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (*name*) GIVEN TO DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.* [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SOLUTION? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] SALT, SUGAR AND WATER DRINK?	Y N DK Fluid from ORS packet ..... 1 2 8 Pre-packaged ORS fluid ..... 1 2 8 Salt, sugar and water 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA7 8⇨CA7

CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ *(Name)*	Pill or Syrup Antibiotic ..... A Antimotility ..... B Zinc ..... C Other (Not antibiotic, antimotility or zinc) ..... G Unknown pill or syrup ..... H Injection Antibiotic ..... L Non-antibiotic ..... M Unknown injection ..... N Intravenous ..... O Home remedy / Herbal medicine ..... Q Other (*specify*) _____ X	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	 2⇨CA14 6⇨CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? *Circle all providers mentioned, but do NOT prompt with any suggestions.* *Probe to identify each type of source.* *If unable to determine if public or private sector, write the name of the place.* _____ *(Name of place)*	Public sector Govt. hospital ..... A Govt. health centre/ policlinic ..... B Public pharmacy ..... F Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Other source Relative / Friend ..... P Shop ..... Q Natural/Herbal shop ..... S Other (*specify*) _____ X	

CA12. WAS (*name*) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? *Circle all medicines given. Write brand name(s) of all medicines mentioned.* _____ *(Names of medicines)*	Antibiotic Pill / Syrup ..... A Injection ..... B Paracetamol / Panadol / Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*) _____ X DK ..... Z	
CA14. *Check AG2: Child aged under 3?* ☐ *Yes ⇨ Continue with CA15* ☐ *No ⇨ Go to UF13*		
CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06 Other (*specify*) _____ 96 DK 98	

UF13. *Record the time.*	Hour and minutes ..... __ __ : __ __	

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

☐ *Yes ⇨ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

☐ *No ⇨ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child*

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

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY		AN
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.		
AN1. *Measurer's name and number:*	Name _____ ___ ___	
AN2. *Result of height / length and weight measurement*	Either or both measured ..... 1 Child not present ..... 2 Child or caretaker refused ..... 3 Other (*specify*) _____ 6	 2⇨AN6 3⇨AN6 6⇨AN6
AN3. *Child's weight*	Kilograms (kg) ..... __ __ . __ Weight not measured 99.9	
AN4. *Child's length or height* *Check age of child in AG2:* ☐ *Child under 2 years old.* ⇨ *Measure length (lying down).* ☐ *Child age 2 or more years.* ⇨ *Measure height (standing up).*	Length (cm) Lying down ..... 1 __ __ __ . __ Height (cm) Standing up ..... 2 __ __ __ . __ Length / Height not measured 9999.9	

AN6. *Is there another child in the household who is eligible for measurement?*

☐ *Yes* ⇨ *Record measurements for next child.*

☐ *No* ⇨ *Check if there are any other individual questionnaires to be completed in the household.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Barbados
Multiple Indicator Cluster Survey
2012