Summary Table of Findings

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

Topic	MICS Indicator	MDG Indicator	Indicator	Data Value	
	Number	Number		Total	Unit
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	27	per thousand live births
	2	14	Infant mortality rate	22	per thousand live births
NUTRITION					
Nutritional	6	4	Underweight prevalence	6.1	percent
status	7		Stunting prevalence	17.6	percent
	8		Wasting prevalence	1.4	percent
Breastfeeding	45		Timely initiation of breastfeeding	50.6	percent
	15		Exclusive breastfeeding rate	10.2	percent
	16		Continued breastfeeding rate	41.6	
			at 12-15 months at 20-23 months	26.8	percent
	17		Timely complementary feeding rate	44.0	porcont
	17		Fraguency of complementary feeding	26.8	percent
	10		A dequately for difference	20.0	percent
Vitamin A	19		Vitamin A supplementation (under files)	22.5	percent
v Italiiii A	42		Vitamin A supplementation (under-rives)	45.2	percent
I am hinth maight	45		Lew high weight inforte	43.5	percent
Low birtin weight	9		Low birth weight infants	0.1	percent
	10		infants weighed at birth	92.3	percent
	25		Tuberculosis immunization courses	00.2	noncent
minumzation	25		Palia immunization coverage	90.2	percent
	20		Polio immunization coverage	08.0	percent
	27	15	DP1/HepB/HiB immunization coverage	/4.6	percent
	28	15	Measles immunization coverage	81.9	percent
T	31		Fully immunized children	56.3	percent
Tetanus toxoid	32		Neonatal tetanus protection	58.3	percent
Care of illness	33		Use of oral rehydration therapy (ORT)	60.6	percent
	34		Home management of diarrhoea	9.3	percent
	35		Received ORT or increased fluids, and continued feeding	25.9	percent
	23		Care seeking for suspected pneumonia	70.9	percent
	22		Antibiotic treatment of suspected pneumonia	43.9	percent
Solid fuel use	24	29	Solid fuels	13.6	percent
ENVIRONMENT					
Water and	11	30	Use of improved drinking water sources	96.5	percent
Sanitation	13		Water treatment	19,9	percent
	12	31	Use of improved sanitation facilities	93.7	percent
	14		Disposal of child's faeces	23.8	percent
REPRODUCTIVE HEA	ALTH				
Contraception	21	19c	Contraceptive prevalence	34.3	percent
and unmet need	98		Unmet need for family planning	31.2	percent
	99		Demand satisfied for family planning	52.4	percent
Maternal and	20		Antenatal care	94.0	percent
newborn health	44		Content of antenatal care		

	MICS	MDG		Data Value	
Topic	Indicator Number	Indicator Number	Indicator	Total	Unit
			Diord toot taken	04.7	Cint
			Blood test taken	94.7	percent
			Lie and the state	95.4	percent
			Weight measured	07.0	percent
	4	17	Skilled attendent at delivery	93.9	percent
	-	17	Institutional deliveries	95.0 88.2	percent
CHILD DEVELOPME	NT		institutional derivenes	00.2	percent
Child	46		Support for learning	85.3	percent
development	47		Father's support for learning	52.0	percent
	48		Support for learning: children's books	56.7	percent
	49		Support for learning: non-children's books	71.4	percent
	50		Support for learning: materials for play	25.6	percent
	51		Non-adult care	4.0	percent
EDUCATION					
Education	52		Pre-school attendance	30.7	percent
	53		School readiness	32.8	percent
	54		Net intake rate in primary education	55.2	percent
	55	6	Net primary school attendance rate	90.2	percent
	56	0	Net secondary school attendance rate	37.1	percent
	57	7	Children reaching grade five	98.7	percent
	59	1	Transition rate to secondary school	52.2	percent
	50	75	Primary completion rate	25.2	percent
	59	70	Conder parity index	23.2	ratio
	01	9	bender parity index	1.00	rano
			secondary school	1.00	
Literacy	60	8	Adult literacy rate	89.4	nercent
CHILD PROTECTION	1	0	Adult includy fac	07.4	percent
Birth	62		Birth registration	94.4	percent
registration	02		Ditti registation	21.1	percent
Child discipline	74		Child discipline		percent
F			Any psychological/physical punishment	67.7	r
Domestic violence	100		Attitudes towards domestic violence	12.2	percent
Disability	101		Child disability	26.3	percent
HIV/AIDS, SEXUAL I	BEHAVIOUR,	AND ORPHA	NED AND VULNERABLE CHILDREN		I
HIV/AIDS	82	19b	Comprehensive knowledge about HIV prevention	39,7	percent
Knowledge			among young people		
and attitudes	89		Knowledge of mother- to-child transmission of HIV	59.7	percent
	86		Attitude towards people with HIV/AIDS	26.8	percent
	87		Women who know where to be tested for HIV	82.3	percent
	88		Women who have been tested for HIV	48.0	percent
	90		Counselling coverage for the prevention of mother- to-child transmission of HIV	74.0	percent
	91		Testing coverage for the prevention of mother-to- child transmission of HIV	71.3	percent
	83	19a	Condom use with non-regular partners	49.5	percent
	85		Higher risk sex in the last year	41.1	percent
Orphaned	75		Prevalence of orphans	5.1	percent
Children	78		Children's living arrangements	6.6	percent
	77	20	School attendance of orphans versus non-orphans	0.66	ratio

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AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CDC	Center for Disease Control
CSPro	Census and Survey Processing System
DHS	Demographic Health Surveys
DPT	Diphteria Pertussis Tetanus
ED	Enumeration District
EPI	Expanded Programme on Immunization
FHS	Family Health Survey
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MICS3	The Current Multiple Indicator Cluster Survey
MoH	Ministry of Health
NAR	Net Attendance Rate
NCHS	National Centre for Health Statistics
NHDAC	National Human Development Advisory Committee
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Treatment
PSU	Primary Sampling Unit
RHF	Recommended Home Fluid
SIB	Statistical Institute of Belize
STIs	Sexually Transmitted Infections
SPSS	Statistical Package for Social Sciences
U5MR	Under-5 Mortality Rate
UNAIDS	United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Framework
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit For Children
WHO	World Health Organization

It is a pleasure for the Statistical Institute of Belize (SIB) to make publicly available this final report which provides information on MDG indicators as well as indicators of the World Fit for Children and other international conventions. We would like to share the satisfaction of having completed the Multiple Indicators Cluster Survey Report with the national and international organizations that were involved during the process.

Upon the occasion of making the MICS results available, the SIB wishes to acknowledge its infinite gratitude to the United Nations Children's Fund (UNICEF) for joining efforts with the Institute by providing financial and technical support and for having participated in all phases of the survey, from its initial planning to the writing of the final report. It also wishes to use the occasion to publicly express its appreciation to all the individuals and institutions who contributed to the success of the survey, to the permanent staff for their professionalism, to the temporary staff for their work ethic during the collection, and above all to the women or caretakers of children under-5 for their disposition to be interviewed.

The Belize Multiple Indicator Cluster Survey is a nationally representative sample survey of households, women and children. It was introduced by UNICEF in the early 1990s in recognition of the need for indicators to develop goals and targets and to monitor and evaluate progress in human development, particularly the situation of children and women.

Child Mortality

• In 2006, the infant mortality rate was estimated at 22 per thousand, whereas the under-5 mortality rate (U5MR) was 27 per thousand.

Nutritional Status

- In Belize, 6.1 percent of children under age five are moderately underweight and 0.7 percent are classified as severely underweight.
- Approximately 18 percent of children are stunted or too short for their age and less than two percent are wasted or too thin for their height.
- 10.3 percent of children under age five are overweight.

Breastfeeding

- Just above ten percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended.
- Those mothers who did not practice exclusive breastfeeding were mainly from rural areas and had higher levels of education.

Vitamin A Supplements

• 23.8 percent of children aged 6-59 months received a high dose Vitamin A supplement within six months prior to the MICS.

Low Birth Weight

• In Belize, approximately eight percent of children who were weighed had a birth weight of less than 2,500 grams at birth.

Immunization

- Overall, 64.3 percent of children had health cards recording their vaccines.
- In Belize, 90.2 percent of children aged 18-29 months received a BCG vaccination by the age of 12 months and 89 percent had received their first dose of DPT.
- 88.3 percent of children received Polio 1 vaccine by age 12 months.
- Of children aged 18-29 months, 65.8 percent had received all eight recommended vaccinations before the survey and 56.3 before their first birthday. Regarding sex, boys have higher coverage than girls for all recommended vaccinations, the overall difference being 14.8 percent points.

Tetanus Toxoid

- Overall, 58.3 percent of the women in Belize received vaccines against tetanus during pregnancy with 46.6 percent receiving at least two doses during their last pregnancy.
- The highest proportion of women who are protected against tetanus is in Belize District (75.1 percent) and the lowest in Toledo where only 29.5 percent are protected. Significant differences are also observed by area of residence, education level of mother and economic status of household.

Oral Rehydration Treatment (ORT)

• Overall, 12.1 percent of the under-five children had diarrhoea in the two weeks preceding the survey. Approximately sixty percent of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 39.4 percent received no treatment.

Care Seeking and Antibiotic Treatment of Pneumonia

- 5.4 percent of children aged 0-59 months had suspected pneumonia in the last two weeks preceding the survey. Of these children, 70.9 percent were taken to an appropriate provider.
- An estimated 43.9 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.
- Overall, only 14.7 percent of women know of the two danger signs of pneumonia (fast and difficult breathing). Mother's knowledge of the danger signs was highest in Corozal (43.1 percent) and lowest in Cayo (2.9 percent). As expected, knowledge of danger sings seems to be positively correlated with education of mother.

Solid Fuel Use

- Less than 14 percent of all households in Belize are using solid fuels for cooking, however more than half of the households in Toledo (53.3 percent) are utilizing wood for cooking, and only 44.1 percent are using butane gas. The district with the lowest percentage is Belize with only 1.6 percent of the households using wood for cooking.
- As expected, the use of solid fuels is very low in urban areas (2.1 percent), but relatively high in rural areas, where more than a quarter of the households (27.1 percent) are using solid fuels.

Water and Sanitation

- 96.5 percent of the population is using an improved source of drinking water 99.2 percent in urban areas and 94.0 percent in rural areas. The urban-rural disparity is greatest in the use of bottled water 49.8 and 15.2 percent respectively.
- The main source of drinking water in Belize is bottled water which is consumed by 32.0 percent of the population followed by water piped into dwelling (23.1 percent). The district where most of the population drink bottled water is Belize (53.0 percent). In the other extreme, Toledo is the district where bottled water is consumed the least (5.5 percent).
- Rain-water and bottled water are very important in Orange Walk and Corozal as these are the main sources there.
- 93.7 percent of the population use sanitary means of excreta disposal.
- Whilst 80.9 percent of the urban households have access to a toilet either linked to a sewer system or to a septic tank, only 33.1 percent of the rural households use this type of sanitation facility.
- Approximately 63 percent of the rural population continue to use pit latrines or less-sanitary facilities. The population in Toledo are less likely to use improved sanitation facilities (81.7 percent) than people in other districts. Additionally, 16.5 of the households in Toledo have no sanitary facilities and use the bush or field to dispose of excreta.

Contraception

• In Belize, the percentage of women currently married or in union currently using contraception is 34.3 percent (Table RH.1). The most popular method of contraception is the pill (10.8 percent). The next most popular method is female sterilization, which accounts for 8.9 percent of married women. All other contraceptive methods do not exceed five percent. Less than one percent use withdrawal, male sterilization, vaginal methods, or the lactational amenorrhea method (LAM).

- Differences in contraceptive prevalence are observed between married women in urban areas and rural areas (38.8 percent compared to 29.4 percent). Contraceptive prevalence is highest in Orange Walk at 47.5 percent and lowest in Toledo at 23.4 percent.
- Adolescents are far less likely to use contraception than older women. As expected, younger women between 15-19 years don't use sterilization but older women do. Only 13.5 percent of women with no living children are using a contraceptive method as a great percentage of them is seeking a pregnancy.
- The percentage of women using any method of contraception in Maya-speaking households is very low (15.4 percent).

Unmet Need

- Almost one third of women, married or in union, in Belize have an unmet need for contraception.
- The demand for contraception is less satisfied among younger women.

Antenatal Care

- Coverage of antenatal care (by a doctor, nurse, or midwife) is quite high in Belize with 98.1 percent of women receiving antenatal care at least once during the pregnancy.
- Antenatal care was provided mainly by medical doctors (45.9 percent) and nurses or midwives (46.6 percent). Around 93-100 percent of women in all districts received antenatal care (ANC) provided by skilled personnel except in Toledo where it is only 79.5 percent.

Assistance at Delivery

- Assistance at delivery by professional health personnel is high in Belize as nearly 96 percent of women who gave birth during the two years preceding the MICS survey were assisted by skilled personnel. Practically, all of mothers in the Belize District (98.8 percent) gave birth in a health facility compared to roughly half of mother in Toledo (52.4 percent).
- The majority of deliveries in Belize, Corozal and Orange Walk were assisted by a medical doctor whereas a nurse or midwife assisted in most of the deliveries in Cayo, Stann Creek and Toledo.

Child Development

- For 85.3 percent of children under five, an adult household member engaged in at least four activities that promote learning and school readiness during the 3 days preceding the survey. The average number of activities was 5.1. The father's involvement in such activities was lower (52 percent) with an average number of activities of 2.1. A larger proportion of fathers with secondary or higher education (74.8 percent) engaged in activities with children than fathers with primary or no education (59.1 percent). The district with the largest proportion of adults engaging in learning and school readiness activities with children was Stann Creek (94.8 percent) and the district with the smallest is Toledo at 69.3 percent.
- In Belize, 71.4 percent of children are living in households where at least 3 non-children's books are present. However, only 56.7 percent of children aged 0-59 months have 3 or more children's books. Both the median number of non-children's books and the median number of children's books are low (10 and 4 books).
- Urban children appear to have more access to both types of books than those living in rural households.
- One in four children aged 0-59 months had 3 or more playthings to play with in their homes, while 5.7 percent had none of the playthings asked to the mothers/caretakers.
- 4 percent of children were left with inadequate care during the week preceding the survey. A child in Toledo was 10 times more likely to be left with inadequate care than a child in Orange Walk or Stann Creek.

Pre-School Attendance and School Readiness

- Less than one-third of children aged 36-59 months are attending an organized early childhood education programme, such as kindergarten or community childcare with organized learning activities. Urban-rural differentials are significant the figure is 43.7 percent in urban areas, compared to 20.7 percent in rural areas. Among children aged 36-59 months, attendance to preschool is most prevalent in Corozal (50.0 percent) and Belize (46.7 percent) and least in Toledo where only 17.1 percent attend pre-school.
- Differentials by education of mother and by socio-economic status are significant. The percentage of children attending early childhood education increases from 21.6 to 49.7 percent as the mother's education increases to secondary or above.
- 32.8 percent of children who are currently age 5 and attending the first grade of primary school were attending pre-school the previous year.

Primary and Secondary School Participation by ISCED Levels

- 71.0 percent of children who are of primary school entry age are attending grade 1. Significant differentials are present by districts. In Cayo, for instance, the value of the indicator reaches 82.5 percent, while it is only 48.0 percent in Orange Walk.
- 95.2 percent of children of primary school age attend primary school, nevertheless, one in every twenty girls and one in every twenty boys are not attending primary school. At the district level, Orange Walk (91.5 percent) and Stann Creek (92.5 percent) have the lowest net attendance rates and Toledo the highest (97.5 percent).
- Of all children starting grade one, the majority of them (98.7 percent) will eventually reach grade five.
- Approximately six in every ten (58.7 percent) children of secondary school age are attending secondary school. Of the remaining 41.3 percent, 14.9 percent are still attending primary school and the remaining 26.4 percent are out of school.
- The survey found that 7 in 10 (70.4 percent) children who had attended the last grade of primary school had completed primary school; of these children, 92.9 percent had continued on to secondary education.
- Gender parity for primary school is 1.00, indicating no difference in the attendance of girls to boys at the primary level. At the secondary level, the value of the indicator increases to 1.03 indicating no discrimination or exclusion of girls on the basis of gender from the education system in comparison to boys. However when analysed by language, households which spoke Maya (0.86) and Garifuna (0.84) indicated a pronounced level of gender disparity for girls. Additionally, the Stann Creek District also shows a high level of gender disparity for girls at 0.85 while for the Cayo District it is the reverse at 1.17.

Primary and Secondary School Participation by National Educational Levels

- 55.2 percent of children who are of primary school entry age are attending infant 1. Significant differentials are present by districts. In Stann Creek, for instance, the value of the indicator reaches 85.6 percent, while it is only 26.8 percent in Corozal.
- 90.2 percent of children of primary school age attend primary school, nevertheless, one in every ten girls and one in every ten boys are not attending primary school. At the district level, Orange Walk (85.5 percent) and Corozal (86.0 percent) have the lowest net attendance rates and Cayo the highest (94.1 percent).
- Of all children starting infant one, the majority of them (98.7 percent) will eventually reach standard three.
- 37.1 percent children of secondary school age are attending secondary school. Of the remaining 62.9 percent, 36.0 percent are still attending primary school and the remaining 26.9 percent are out of school.

- The survey found that 1 in 4 (25.2 percent) children who had attended the last grade of primary school had completed primary school; of these children, 52.3 percent had continued on to secondary education.
- Gender parity for primary school is 1.00, indicating no difference in the attendance of girls to boys at the primary level. At the secondary level, the value of the indicator increases to 1.02 indicating no discrimination or exclusion of girls on the basis of gender from the education system in comparison to boys. However when analysed by language, households which spoke Maya (0.48) indicated a pronounced level of gender disparity for girls. Additionally, the Stann Creek District also shows a high level of gender disparity for girls at 0.70 while for the Cayo District it is the reverse at 1.21.

Adult Literacy

• Approximately 90 percent of women between 15-24 years are literate nationwide. There are no major variations by residential area or language. However, there are important differences in terms of age and socio-economic status of women. The proportion of women in the age-group 15-19 who are literate is higher (92.7 percent) than that of women in the age-group 20-24 (85.3 percent). Similarly, a lower percentage of literate women is found among the poorer three quintiles compared to the richer two quintiles.

Birth Registration

• The births of 94.4 percent of Belizean children, under five years of age, have been registered. The districts which show higher registration percentages are Cayo and Corozal where around 98 out of every hundred children were registered. On the other hand, Stann Creek shows the highest percentage for non-registration (12.4 percent). Rural children are to some extent less likely to be registered than their urban peers; 91.8 and 96.5 percent respectively.

Child Discipline

- In Belize, 67.7 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members.
- Although 25.3 percent of mothers/caretakers believed that children should be physically punished only 6.6 percent of children were subjected to severe physical punishment.

Domestic Violence

- 12.2 percent of women justify physical violence under any of the circumstances; the situation with the highest justification being when they neglect the children (8.4 percent).
- The rates of justification vary by district, economic status, education and language of household head. Whereas 34.2 percent of the women in Toledo justify physical violence in any of the situations only 6.2 percent do so in Belize District. Likewise, it is more accepted among women in the poorer three quintiles (17 percent) than it is among the two richest quintiles (5.9 percent).

Child Disability

• More than a quarter (26.3 percent) of children aged 2-9 years were reported to have at least one disability. Child disabilities are more frequent in Toledo (50.9 percent) and less common in Belize District (17.1 percent).

Knowledge of HIV Transmission and Condom Use

In Belize, 96.6 percent of women aged 15-49 years have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission is about half of them (49.7 percent). Accurate knowledge is somewhat less among women in Toledo compared to other districts as only 26.8 percent of women in Toledo know all three ways of preventing HIV/AIDS transmission

- Of the interviewed women, 53.8 percent reject the two most common misconceptions and know that a healthy-looking person can be infected. Approximately 85 percent of women know that HIV cannot be transmitted by supernatural means, and 68.4 percent of women know that HIV cannot be transmitted by mosquito bites, while 84.5 percent of women know that a healthy-looking person can be infected.
- Only 37.3 percent of women in Belize have comprehensive knowledge about HIV transmission (identify 2 prevention methods and 3 misconceptions). The percentage of young women who have comprehensive knowledge of HIV transmission is comparable to all other age-groups (39.7 percent).
- 91.6 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 59.7 percent, while 5 percent of women did not know of any specific way.
- 73.2 percent of the women 15-49 years who have heard of AIDS agree with at least one of the discriminatory statements. Around 44 percent of them would want to keep the HIV status of a family member a secret, 32.2 percent thought that an HIV positive teacher should not be allowed to work and 42.2 percent would not buy fresh vegetables from a person with HIV/AIDS. Overall people having HIV/AIDS are less discriminated and are cared for more in Belize than in other districts. Approximately 29 percent of women in Toledo would not care for a family member who is sick with AIDS.
- The majority of women (82.3 percent) of reproductive age know a place to get tested for AIDS but only 48 percent have actually been tested. Of those who were tested for HIV, 91.3 percent were told the result. This is clearly not the case in Toledo where merely 51.5 percent of women knew a place to get tested, 31.5 percent actually got tested and 80.4 actually received the result.

Sexual Behaviour Related to HIV Transmission

• Over 40 percent of women 15-24 years report having sex with a non-regular partner in the 12 months prior to the MICS. Of those women less than half (49.5 percent) reported using a condom when they had sex with the high risk partner. Condom usage during high risk sex was highest in Orange Walk District (100 percent) and lowest in Toledo (33.6 percent). Significant differentials are also observed by residential area, age, economic status and education level of women.

Orphaned Children

- 68.3 percent of children aged 0-17 years are living with both parents. An important percentage of children (18.2 percent) are living with their mother only, even though their father is alive. This percentage is higher in urban areas at 24.7 percent compared to rural areas at 12.9 percent. Children who have one or both parents dead totalled 5.1 percent of all children aged 0-17 years. Approximately 6 percent of children are living with neither parent even though both parents are alive.
- Less than one percent of children aged 10-14 in Belize have lost both parents. Among those, only 62.1 percent are currently attending school. Among the children ages 10-14 who have not lost a parent and who live with at least one parent, 93.6 percent are attending school. This would suggest that double orphans are disadvantaged compared to the non-orphaned children in terms of school attendance.

I. Introduction

Background

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

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

A Commitment to Action: National and International Reporting Responsibilities

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

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

"...We will conduct periodic reviews at the national and sub-national 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."

Belize, as one of the countries that signed onto the Millennium Declaration and the World Fit For Children (WFFC), elaborated in 2004 its National Plan of Action for Children and Adolescents 2004-2015. This plan which was fully endorsed by the Prime Minister and the Leader of the Opposition was hailed as a historical achievement as the first bi-partisan policy document for, with and on behalf of children and

adolescents in Belize. To this end, the Belize government committed itself to improving conditions for all children and to monitor towards that end.

Additionally, the National Poverty Strategy and its attendant plans were finalized and launched in 2007 by the National human Development Advisory Committee (NHDAC) while in 2006, the UNCT had engaged in the elaboration of the United Nations Development Framework (UNDAF) as a common strategic framework for the UN system in Belize for the period 2007-2011. The UNDAF will guide agencies in formulating their operational activities in support of the people and the government of Belize, and serve as a roadmap for goals to be achieved over the indicated period.

To this end, and to address the notable challenges with regards to the paucity of data with which to track progress on the MDGs, the Belize MICS was developed and embraced as a tool for measuring progress towards key national and international targets as laid out in the development plans while yielding internationally comparable data and information on the situation of children and women in Belize. In this regard, the MICS is an invaluable information source as it represents Belize's largest single source of data for reporting on the progress of the aforementioned goals.

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

Survey Objectives

The 2006 Belize Multiple Indicator Cluster Survey has as its primary objectives:

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

Sample Design

The sample for the Belize Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for the 6 districts: Corozal, Orange Walk, Belize, Cayo, Stann Creek and Toledo. The sample was selected in two stages: (i) the selection of 3 enumeration districts (EDs) within each of the sampling region designated as Primary Sampling Units (PSUs) and (ii) the systematic selection of 20 households within each PSU. The sample is self-weighting with each household in the sample universe being given an equal probability of being represented in the sample. A total of 2,400 households were sampled countrywide. However, there were some non-interviews which were uneven across geographical areas. For reporting national level results, sample weights were used. A more detailed breakdown of households and sampling regions by district and urban/rural areas can be found in Appendix A.

Questionnaires

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

The Household Questionnaire included the following modules:

- o Household Listing
- o Education
- o Water and Sanitation
- o Household Characteristics
- Child Discipline
- o Disability
- Salt Iodization¹

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

- o Child Mortality
- o Tetanus Toxoid
- o Maternal and Newborn Health
- o Contraception and Unmet Need
- o Attitudes Toward Domestic Violence
- o Sexual Behaviour
- HIV/AIDS

¹ While a component of the "Household" Questionnaire, data on this indicator was not collected due to unavailability of the necessary/requisite salt testing kits at the time of the survey.

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

- Birth Registration and Early Learning
- Child Development
- o Vitamin A
- o Breastfeeding
- Care of Illness
- o Immunization
- Anthropometry

The questionnaires are based on the MICS3 model questionnaire³. The MICS3 model questionnaires were adapted and pre-tested during December 2006. Based on the results of the pre-test, modifications were made to the wording of the questionnaires. A copy of the Belize MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams measured the weights and heights of children under 5 years. Details and findings of these measurements are provided in the respective sections of the report.

Training and Fieldwork

Training for the fieldwork was conducted for 12 days from the 23rd of January to the 3rd of February, 2006. The editors and field supervisors attended an extra day of training. Training sessions took place in four different locations: Belize City, Orange Walk, San Ignacio and Dangriga Town. In order to ensure standardization of the training a training manual was used at all training sites and all concerns or queries were reported to the Chief Statistician who after consultation responded by memo to trainers at all sites. Training included lectures on interviewing techniques and the contents of the questionnaires, practical tests, mock interviews between trainees to gain practice in asking questions and field practice of the questionnaires and anthropometry.

The data were collected by 9 work teams; each was comprised of 4 interviewers, one driver, one editor/measurer and a field supervisor. Fieldwork began February 2006 and concluded in March 2006.

Data Processing

Data were entered using the CSPro software. The data were entered on two microcomputers and carried out by 2 data entry operators and a data entry supervisor over a five-week period. In order to ensure quality control, all questionnaires were entered twice and internal consistency checks were performed. Procedures and standard programs developed under the global MICS3 project and adapted to Belize's questionnaire were used throughout. Data processing began in March 2006 and finished in April 2006. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, version 10, and the model syntax and tabulation plans developed by UNICEF for this purpose.

 ² The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.
³ The model MICS3 questionnaire can be found at <u>www.childinfo.org</u>, or in UNICEF, 2006.

III. Sample Coverage and the Characteristics of Households

and Respondents

Sample Coverage

Of the 2,400 households selected for the sample, 2,068 were found to be occupied. Of these, 1,832 were successfully interviewed for a household response rate of 88.6 percent. In the interviewed households, 1,828 women (age 15-49) were identified. Of these, 1,675 were successfully interviewed, yielding a response rate of 91.6 percent. In addition, 835 children under age five were listed in the household questionnaire. Questionnaires were completed for 796 of these children, which corresponds to a response rate of 95.3 percent. Overall response rates of 81.2 and 84.5 are calculated for the women's and under-5's interviews respectively (Table HH.1).

The children's overall response rate was significantly lower (81.5 percent) in urban areas compared to rural areas (87.8 percent). At the district level, Corozal had the highest overall response rate (96.9 percent) distantly followed by Cayo and Stann Creek both with 87.1 percent and Toledo with 82.1 percent.

Characteristics of Households

The age and sex distribution of survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 1,832 households successfully interviewed in the survey, 7,619 household members were listed. Of these, 3,836 were males, and 3,782 were females. These figures also indicate that the survey estimated the average household size at 4.2.

The child population (aged 0-14 years) accounts for 37.2 percent of the total sample population of which males comprise 36.8 percent and females 37.6 percent. This sample age distribution is slightly lower than the 2000 Census figures which stood at 41 percent for this sub-population.



Table HH.3 provides basic background information on the households. Within households, the sex of the household head, region, urban/rural status, number of household members, and language⁴ of the household head are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

Table HH.3 presents critical background information on the households. The distribution of households by area of residence showed that 53.7 percent of the households were located in urban areas and 46.3 percent were located in rural areas. The Belize District had the highest percentage of households (35.0 percent), remotely followed by 19.3 percent in the Cayo District. Most of the households (61.0 percent) had between two and five members, and were headed by males (73.4 percent). Regarding language, English combined with Creole was spoken by 42.3 percent of the household narrowly followed by Spanish which was spoken by approximately 40 percent. The remaining 17.9 percent was constituted by households which spoke mainly Garifuna, Maya, German, Chinese, Taiwanese, or an Indian language.

Characteristics of Respondents

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

⁴ This was determined by asking "What is the first language of the head of this household?"

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 district, urban-rural areas, age, motherhood status, education⁵, wealth index⁶, and language of household head. Women aged 15-19 comprise the greatest percentage of the sample at 21 percent. This percentage declines steadily across age groups until age 45-49 where it is 8.8 percent. With regard to motherhood status, 68.7 percent had given birth. Less than half (45.7 percent) of the women have gone beyond primary level education.

Some background characteristics of children under 5 are presented in Table HH.5. These include distribution of children by several attributes: sex, district and area of residence, age in months, mother's or caretaker's education, wealth, and language of household head. With regard to sex, 49.7 percent of the children under the age of 5 were male and 50.3 percent were female. Percentages of children under-5 in each specified one-year age group are similar, indicating a fairly steady birth rate over time. Mothers of only 34.2 percent of children under 5 had at least secondary education, while mothers of almost two thirds (65.0 percent) of the children age 5 had not moved beyond primary level. More children (66.9 percent) than women (56.5) are located in the poorer 60-percent wealth index category. In addition, Spanish-speaking households had the highest share of children under 5 followed by 32.2 percent in English or Creole-speaking households.

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

⁶ Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: number of rooms for sleeping per member, main material of floor, main material of roof, main material of wall, type of fuel used for cooking, electricity, radio, television, mobile phone, non-mobile telephone, refrigerator, watch, bicycle, motorcycle or scooter, animal-drawn cart, car or truck, boat with motor, main source of drinking water, main source of water used for other purposes and kind of toilet facility). Each household was then weighted by the number of household members, and the household population was divided into two groups: the poorer 60 percent and the richer 40 percent, based on the wealth scores of household assets, and is intended to produce a ranking of households by wealth. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

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

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

Table CM.1 provides estimates of child mortality by various selected characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. The current infant mortality rate is estimated at 22 per thousand live births, whereas the under-5 mortality rate (U5MR) is 27 per thousand live births. There are major variations between the probabilities of dying between males and females. For males the survey shows a rate of 28, compared to a rate of 16 for females in infant mortality, and rates of 35 and 19 respectively in the under-5 mortality. Both infant and under-5 mortality rates are slightly lower in the urban areas (21 and 26), while the figures for the rural areas stood at 22 and 27 respectively. Unlike area of residence, differences in mortality rates in terms of educational level and language are significant. Differentials in under-5 mortality rates by background characteristics are shown in Figure CM.1.



Figure CM.2 shows the series of U5MR estimates of the survey, based on responses of women in different age groups, and referring to various points in time, thus showing the estimated trend in U5MR based on the survey. The MICS estimates indicate a decline in mortality over the period 1991 to 1999, but a slight rise in the subsequent two years. The 2002 U5MR estimate of 21.1 per thousand live births from the Ministry of Health is even lower than the estimate from MICS 2006 of 27.6 per thousand live births. While the trend indicated by the MICS survey results is in broad agreement with the estimates from the Family Health Surveys 1991, Census 2000 and the Ministry of Health's administrative data sources, the results are considerably higher.



Nutritional Status

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

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

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

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

Height-for-age is a measure of linear 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 *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 MICS, weights and heights of all children under 5 years of age were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements.

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

In Table NU.1, children who were not weighed and measured (7.4 percent of children) and those whose measurements are outside a plausible range are excluded. In addition, a small number of children whose birth dates are not known are also excluded.

Malnutrition weakens the immune system, increasing the risk of ill health, which in turn aggravates malnutrition. Also, children who are moderately or severely underweight are more likely to die from infectious diseases than well nourished children. In Belize, 6.1 percent of children under-five are moderately underweight and 0.7 percent are classified as severely underweight (Table NU.1). Approximately 18 percent of children are stunted or too short for their age and more than two percent are wasted or too thin for their height.



Children residing in rural areas (7.9 percent and 23 percent) are more likely to be underweight and stunted than other children (3.8 percent and 10.9 percent). Also, growth retardation is more apparent in children of Maya descent (approximately 50 percent). Unsurprisingly, the number of overweight children is slightly higher in the urban areas (11.6 percent) than in the rural areas (9.2 percent). Those children whose mothers have secondary or higher education (3.7 percent and 9.4 percent) are less likely to be underweight and stunted compared to children of mothers with primary or no education (7.1 percent and 21.6 percent). There is no significant discrepancy between boys and girls. However, age pattern shows that a higher percentage of children aged 24-35 months are underweight (10.3 percent) and wasted (3.1 percent) in

comparison to children who are younger and older, while the highest proportion of stunted children are found between the ages 12-23 months (24.9 percent) (Figure NU.1).

In Belize, 10.3 percent of children under-5 are overweight. There are significant differences in prevalence among districts; for example 18.2 percent of children from Belize District compared to 3 percent from Orange Walk are overweight. Obesity is most prevalent among children below six months of age (18.5 percent) than in other age-groups. Looking at other background characteristics we can see that obesity is more common among children in urban households, children whose mothers have secondary or higher education, and among children in wealthier households.

Breastfeeding

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

WHO/UNICEF have the following feeding recommendations:

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

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

The indicators of recommended child feeding practices are as follows:

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

Table NU.2 provides the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). A little over half of the women (50.6 percent) started breastfeeding their infants within one hour of birth. This proportion augments to 78.1 percent for breastfeeding within one day of birth. Both rates were highest among women in Stann Creek District (74.1 percent and 85.1 percent) and the lowest among women in Belize District (41.1 percent) and Corozal (68.2 percent) accordingly. Differentials are clear regarding women's area of residence, women's education, wealth and language. Women residing in rural areas (55.0 percent) were more likely to have started breastfeeding their infants within one hour of birth than those in the urban areas (45.2 percent). This difference narrows down for breastfeeding within one day of birth, 77.7 percent in urban areas and 78.5 percent in rural areas. The percentages were also lower for women with at least secondary education (40.5 percent and 73.9 percent) than for women with primary or no education (56.5 percent and 80.8 percent). The rate significantly varies with household economic status; a higher percentage of women in poor households (55.9 percent and 79.9 percent) start

breastfeeding within one hour of birth and within one day of birth than women in rich households (39.1 percent and 74.7 percent).



In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Although exclusive breastfeeding during the first six months of life is recommended by the World Health Organization and UNICEF, it is not fully practiced in Belize. Just above ten percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 44 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 41.6 percent of children are still being breastfed and by age 20-23 months, 26.8 percent are still breastfed.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. The characteristic for Belize is that children continue to be breastfed over two years of age. Up to one month, 20.9 percent of children are exclusively breastfed but considerably declines to 6.4 percent by their third month of age. Even at the earliest ages, 3 months and younger, the majority of children are receiving liquids or foods other than breast milk. By the end of the third month, the percentage of children exclusively breastfed is below 10 percent but more than half (54.8 percent) are being given other milk or formula and complementary foods. Only about 26.3 percent of children are receiving breast milk after 2 years.



The adequacy of infant feeding in children below 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day. Among children age 0-11 months, girls appear to be more adequately fed (27.2 percent compared to boys (18.1 percent). Similarly, children in the urban areas (27.0 percent) are more adequately fed than children living in rural areas (18.5 percent). Disparities also exist in relation to mother's education while insignificant differentials are found between rich and poor households.

Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference

on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in underfive mortality by the year 2015.

For countries with vitamin A deficiency problems, current international recommendations call for highdose vitamin A supplementation every four to six months, targeted to all children between the ages of six to 59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programs, the definition of the indicator is the percent of children 6-59 months of age receiving at least one high dose vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, the Ministry of Health recommends that children who are not breastfed be given low doses of vitamin A at 2 and 4 months of age (50,000 IU). At 6 months, every child receives a 100,000 IU dose and thereafter (12-59 months) every 6 months a mega-dose (200,000 IU) is given as part of the Expanded Programme on Immunization. It is also recommended that mothers take a vitamin A supplement within 8 weeks of giving birth due to increased vitamin A requirements during pregnancy and lactation.

Within the six months prior to the MICS, 23.8 percent of children aged 6-59 months received a high dose Vitamin A supplement (Table NU.5). Approximately 12 percent did not receive the supplement in the last 6 months but did receive one prior to that time. Twenty-one percent of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when. Analysed by districts, Belize (14.5 percent) had the lowest proportion of children 6-59 months who reportedly never received Vitamin A supplementation while Toledo (71.9) had the highest proportion. With respect to residential area children in urban are more likely to receive Vitamin A supplement than children in rural areas.

The age pattern of Vitamin A supplementation shows that supplementation in the last six months is higher (33.9 percent) among children aged 6-11 months and declines steadily with age to 17.6 percent among the oldest children.

The mother's level of education is also related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 20.3 percent among children whose mothers have primary or no education to 30.9 percent for those whose mothers have secondary or higher education. Vitamin A coverage in the last six months is relatively low for children in Maya speaking households (8.9 percent) compared to the national rate of 23.8 percent.

Roughly 45 percent of mothers with a birth in the previous two years before the MICS received a Vitamin A supplement within eight weeks of the birth (Table NU.6). This percentage is highest in Belize (72.1 percent) and Cayo District (57.5 percent) and lowest in Corozal at 13.6 percent. Vitamin A coverage increases with the education of the mother and socio-economic status of household.

Low Birth Weight

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

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

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

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth⁷.

In Belize, approximately eight percent of children who were weighed had a birth weight of less than 2,500 grams at birth (Table NU.7). The incidence of low birth weight is not significantly affected by area of residence, mother's education, economic status and household language; however, it varies slightly among districts. In Belize District, for example, more than 10 percent of the births weighted less than 2,500 grams compared to 5.8 percent in Corozal (Figure NU.4).

⁷ For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.



Immunization

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

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

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire.

Overall, 64.3 percent of children had health cards (Table CH.2). If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times. The percentage of children aged 18 to 29 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 18-29 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

In Belize, 90.2 percent of children aged 18-29 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 89 percent. The percentage declines for subsequent doses of DPT to 84.5 percent for the second dose, and 74.6 percent for the third dose (Figure CH.1). Similarly, 88.3 percent of children received Polio 1 by age 12 months and this declines to 68.6 percent by the third dose. Since children usually receive the measles vaccine after their first birthday, 18 months was used when calculating the rate, furnishing a value of 81.9 percent after eighteen months and 85 percent at any time before the survey. Of children aged 18-29 months, 65.8 percent had received all eight recommended vaccinations before the survey and 56.3 before their first birthday (Table CH. 1).

In Belize, Hepatitis B, Haemophilus Influenza Type B, Rubella and Mumps are also recommended as part of the immunization schedule. The Expanded Programme on Immunization started in Belize in the mid 70's. Ten antigens are provided routinely to children under-5 presented in four vaccines (1 oral and 3 injected). The BCG is given once (birth – 11 months), antipolio and pentavalent (5 antigens) vaccines are given at 2, 4 and 6 months of age with a booster before five years of age, MMR vaccine is given twice starting at 12 and 24 months of age.



Table CH.2 shows vaccination coverage rates among children 18-29 months by background characteristics. Unlike the previous table, these figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. Regarding sex, boys have higher coverage than girls for all recommended vaccinations, the overall difference being 14.8 percent points. There is little variation in vaccination coverage by mother's education level nonetheless it is higher for children whose mothers have not gone beyond primary education. In general, the education differences are greatest for the first dose of Polio and measles, both being higher for children whose mothers were more educated.

Tetanus Toxoid

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1000 live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005.

Prevention of maternal and neonatal tetanus is to assure all pregnant women receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during the pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the prior 3 years;
- Received at least 3 doses, the last within the prior 5 years;
- Received at least 4 doses, the last within 10 years;
- Received at least 5 doses during lifetime.

Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 24 months. Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics. Overall, 58.3 percent of the women in Belize received vaccines against tetanus during

pregnancy with 46.6 percent receiving at least two doses during their last pregnancy. The highest proportion of women who are protected against tetanus is in Belize District (75.1 percent) and the lowest in Toledo where only 29.5 percent are protected. Significant differences are also observed by area of residence, education level of mother and economic status of household.



Oral Rehydration Treatment

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

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

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea

• (ORT or increased fluids) AND continued feeding

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

Overall, 12.1 percent of the under five children had diarrhoea in the two weeks preceding the survey (Table CH.4). Of those children with diarrhoea, 60.6 percent received ORT with oral rehydration solution (ORS).

Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. About 27 percent received fluids from ORS packets; 25.8 percent received pre-packaged ORS fluids, and 33 percent received recommended home-made fluids. There are important differences by education of mother. Oral rehydration treatment is more evident among children whose mothers have secondary or higher education (71.6 percent) than other children (55.1 percent). Differences in the home management of diarrhoea are evident by district and education of mother.



A small number of under-five children with diarrhoea drank more than usual (22.4 percent) while the majority (73.5 percent) drank the same or less (Table CH.5). Approximately 42 percent ate somewhat less, same or more (continued feeding), but about 56 percent ate much less or ate almost none. Roughly, only a quarter of children received increased fluids and at the same time continued feeding. Combining the information in Table CH.5 with those in Table CH.4 on oral rehydration therapy, it is observed that 25.9 percent of children either received ORT or fluid intake was increased, and at the same time, feeding was continued.
There are significant differences in the home management of diarrhoea by background characteristics. Significant disparities exist by area of residence and mother's education. In rural areas, only 19.9 percent of children received ORT or increased fluids and continued feeding and 23 percent of children whose mother's level of education was primary or none.



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.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

The results of the survey showed that 5.4 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 70.9 percent were taken to an appropriate provider. In Belize, an estimated 43.9 percent of under-5s children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.

Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, only 14.7 percent of women know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is if the child develops a fever (77.2 percent). Thirty-eight percent of mothers identified difficult breathing and 24 percent of mothers identified fast breathing as symptoms for taking children immediately to a health care provider. Other identified signs for taking children immediately to a health care provider included when the child becomes sicker (26.5 percent) or had blood in stool (27.7 percent). Mother's knowledge of the danger signs was highest in Corozal (43.1 percent) and lowest in Cayo (2.9 percent). As expected, knowledge of danger sings seems to be positively correlated with education level of mother.

Solid Fuel Use

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

Overall, less than 14 percent of all households in Belize are using solid fuels for cooking (Table CH.7). This figure contrasts significantly with the global average. Generally, higher rates of solid fuel use exist in regions with higher level of poverty. This is substantiated by the fact that in Toledo, more than half of the households (53.3 percent) are utilizing wood for cooking and only 44.1 percent are using butane gas. The district with the lowest percentage is Belize with only 1.6 percent of the households using wood for cooking. As expected, the use of solid fuels is very low in urban areas (2.1 percent), but relatively high in rural areas, where more than a quarter of the households (27.1 percent) are using solid fuels. Differentials with respect to household wealth and the educational level of the household head are also significant. The major difference in the use of solid fuels occurs between the poorer three quintiles and richer two quintiles with 24.8 and 0.0 percent respectively (Figure CH.5). Butane gas is the fuel used by most Belizean households (81.5 percent), while the use of charcoal and biogas is almost non-existent.



Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels. The type of stove used with a solid fuel is depicted in Table CH.8. Approximately 92 percent of the household using solid fuels for cooking use open stoves or fire with no chimney or hood while merely 3.8 percent make use of closed stoves with chimney.

Water and Sanitation

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

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

The list of indicators used in MICS 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

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



Overall, 96.5 percent of the population is using an improved source of drinking water – 99.2 percent in urban areas and 94.0 percent in rural areas. The urban-rural disparity is greatest in the use of bottled water – 49.8 and 15.2 percent respectively. The main source of drinking water in Belize is bottled water which is consumed by 32 percent of the population followed by water piped into dwelling (23.1 percent). The district where most of the population drink bottled water is Belize (53 percent). In the other extreme, Toledo is the district where bottled water is consumed the least (5.5 percent). Rain-water and bottled water are very important in Orange Walk and Corozal as these are the main sources there. The education level of the household head shows a direct relationship with access to improved sources, higher education corresponds with better access, especially regarding bottled water. This relationship is even more pronounced when we look at wealth; whereas 58.4 percent of the richest two quintiles drink bottled water only 14.4 percent of the poorest three quintiles do so.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources. The table shows that 78.7 percent of Belizean households drink untreated water and that only 19.9 percent use appropriately treated water. Most households treat the water by boiling it or by adding bleach or chlorine. What is alarming is that merely 22.3 percent of the unimproved water sources are treated appropriately.

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

Table EN.3 shows that for 77.3 percent of households, the drinking water source is on the premises. For the households that fetch water from somewhere else, the average amount of time to get to the water source and bring water is around 10 minutes. Out of the 22.7 percent that do not have water on their premises

15.4 percent take less than 15 minutes to obtain water, and less than one percent of households spend more than 1 hour for this purpose. Unexpectedly, the time spent in urban areas in collecting water is slightly higher than in rural areas. The percentage of the population having to go to water sources is highest in the northern region (Orange Walk and Corozal Districts) but at the same time these districts have the lowest mean times to get to the source of drinking water.

Table EN.4 shows that the overall collection of water when source of drinking water is not on the premises; is shared rather equally between women and men. This is not the case in Toledo where approximately 86 percent of the water is collected by females, six percent being under the age of 15. No children under age 15 collects water in the Cayo District.

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

In Belize, improved sanitation coverage is 93.7 percent (Table EN.5). Although there are no considerable disparities regarding access to sanitation between the urban and rural areas, the quality of facilities and health risks to children are different. Whilst 80.9 percent of the urban households have access to a toilet either linked to a sewer system or to a septic tank, only 33.1 percent of the rural households use this type of sanitation facility. Approximately 63 percent of the rural population continue to use pit latrines or less-sanitary facilities. The population in Toledo are less likely to use improved sanitation facilities (81.7 percent) than people in other districts. Additionally, 16.5 of the households in Toledo have no sanitary facilities and use the bush or field to dispose of excreta. The table indicates that the use of improved sanitation facilities is strongly correlated with wealth as 96.5 percent of the richer two quintiles use flush toilet compared to 29.4 of the household in the poorer three quintiles.

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 EN.6 Nation-wide, safe disposal of faeces of children 0-2 years of age was found in 23.8 percent of the households with children. Higher rates of safe disposal are observed in the north particularly in Orange Walk (47.0 percent) compared to other districts. In the Belize District, for instance, the rate for safe disposal of children's faeces is only 13.8 percent. Unexpectedly children whose mothers have at least secondary education are less likely to use a safe disposal method than children whose mothers have not gone beyond primary level.

Unsafe disposal are also shown in Table EN.6. The unsafe disposal methods include putting faeces in the garbage, burying it and leaving it in the open. The unsafe disposal method practiced most frequently is putting children's faeces in the garbage (67 percent). This disposal method is most common in the Belize District (83.5 percent) and least common in Orange Walk (47.3 percent).

An overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. Overall 96.5 percent of the population of Belize have access to improved drinking water sources and 93.7 percent use improved sanitation facilities for excreta disposal. The percentage of the population having access to both improved drinking water sources and improved sanitation facilities was 90.6 percent. Of these the highest proportion was in Belize District (97.0 percent) while the lowest proportion in Toledo (79.9 percent).

Contraception

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

According to the UNFPA's report on the State of the World Population 2004, contraceptive use varies regionally ranging from 25 percent in Africa to nearly 65 percent in Asia and 70 percent in Latin America and the Caribbean and in the developed regions. In the Caribbean, the prevalence ranges from 74 percent in Trinidad and Tobago to a low of 18 percent in Haiti. In Belize, the percentage of women currently using contraception is 34.3 percent (Table RH.1). The most popular method of contraception is the pill (10.8 percent). The next most popular method is female sterilization, which accounts for 8.9 percent of women. All other contraceptive methods do not exceed five percent. Less than one percent use withdrawal, male sterilization, vaginal methods, or the lactational amenorrhea method (LAM).

Differences in contraceptive prevalence are observed between women in urban areas and rural areas (38.8 percent compared to 29.4 percent). Contraceptive prevalence is highest in Belize District at 47.5 percent and lowest in Toledo at 23.4 percent. Adolescents are far less likely to use contraception than older women. No more than 12 percent of women aged 15-19 currently use a method of contraception compared to 32.4 and 48.6 percent of 20-24 and 25-29 year olds respectively. As expected, younger women between 15-19 years don't use sterilization but older women. Only 13.5 percent of women with no living children are using a contraceptive method as a great percentage of them are seeking a pregnancy. The percentage of women using any method of contraception in Maya speaking households is very low (15.4 percent).

Unmet Need

Unmet need⁸ for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Women in unmet need for spacing includes women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to space their births. Pregnant women are considered to want to space their births when they did not want the child at the time they got pregnant. Women who are not pregnant are classified in this category if they want to have another child, but want to have the child at least two years later, or after marriage.

Women in unmet need for limiting are those women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to limit their births. The latter group includes women who are currently pregnant

⁸ Unmet need measurement in MICS is somewhat different than that used in other household surveys, such as the Demographic and Health Surveys (DHS). In DHS, more detailed information is collected on additional variables, such as postpartum amenorrhoea, and sexual activity. Results from the two types of surveys are strictly not comparable.

but had not wanted the pregnancy at all, and women who are not currently pregnant but do not want to have another child.

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

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. Percentage of demand for contraception satisfied is defined as the proportion of women currently married or in 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.

Table RH.2 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied. Almost one-third of women in Belize have an unmet need for contraception. The demand for contraception is less satisfied among younger women. No major differences exist by background characteristics.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care (ANC) as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted diseases (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 anaemia
- Weight/height measurement (optional)

Coverage of antenatal care (by a doctor, nurse, or midwife) is quite high in Belize with 98.1 percent of women receiving antenatal care at least once during the pregnancy.

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table RH.3. Antenatal care was provided mainly by medical doctors (45.9 percent) and nurses or midwives (46.6 percent). Only 1.9 percent of the pregnant women did not receive ANC during pregnancy. Around 93-100 percent of women in all districts received ANC provided by skilled personnel except in Toledo where it is only 79.5 percent. Higher levels of antenatal care, provided by medical doctors, are found among women living in the urban areas, women with higher levels of education, and women with higher economic status. The types of services pregnant women received are shown in table RH.4.

Assistance at Delivery

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

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. *A skilled attendant* includes a doctor, nurse, midwife or auxiliary midwife.

Assistance at delivery by professional health personnel is high in Belize as nearly 96 percent of women who gave birth during the two years preceding the MICS survey were assisted by skilled personnel (Table RH.5). This percentage is higher in the urban areas at 99.3 percent and lower in the rural areas at 92.8 percent. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled attendant.

98.8 and 96.9 percent of mothers in the Belize and Cayo Districts respectively gave birth in a health facility compared to about half of mothers in the Toledo (52.4 percent) district. Doctors assisted with the delivery of 46 percent of births. The majority of deliveries in Belize, Corozal and Orange Walk were assisted by a medical doctor whereas a nurse or midwife assisted in most of the deliveries in Cayo, Stann Creek and Toledo. Overall less than one percent had traditional birth attendants at delivery (Figure RH.1). The work of nurses or midwives is very important in rural areas with 54.3 percent of deliveries being assisted by them. Assistance at delivery by a medical doctor according to education level and wealth shows some differences between women of primary school level and the ones above and between the poorer three quintiles with the rest.



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

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

For seventeen out of every twenty (85.3 percent) children under-five, an adult household member engaged in at least four activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.1). The average number of activities that adults engaged with children was 5.1. The table also indicates that the father's involvement in such activities was significantly lower at 52 percent and an average number of activities of 2.1. One in four children aged 0-59 months were living in a household without their fathers – lowest among Maya households (6.8 percent) and highest in Garifuna (55.5 percent).

There are slight differentials in terms of activities that promote learning with children regarding the level of education of father; however, a larger proportion of fathers with secondary or higher education (74.8 percent) engaged in activities with children than fathers with primary or no education (59.1 percent). The district with the largest proportion of adults engaging in learning and school readiness activities with children was Stann Creek (94.8 percent) and the district with the smallest is Toledo at 69.3 percent. Differentials by age of child and socio-economic status are also observed: Adult engagement in activities with children aged 24-59 months was greater (91.1 percent) than with younger children (76.7 percent), while the proportion was 90 percent for children living in the top two quintiles, as opposed to those living in the poorer three quintiles (82.8 percent).

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

In Belize, 71.4 percent of children are living in households where at least 3 non-children's books are present (Table CD.2). However, only 56.7 percent of children aged 0-59 months have 3 or more children's books. Both the median number of non-children's books and the median number of children's books are low (10 and 4 books). While no gender differentials are observed, urban children appear to have more access to both types of books than those living in rural households. Around 78 percent of under-5 children living in urban areas live in households with more than 3 non-children's books, while the figure is 65.5 percent in rural households. The proportion of under-5 children who have 3 or more children's books is 64.5 percent in urban areas, compared to 50.2 percent in rural areas. The presence of both non-children's and children's books is positively correlated with the child's age; in the homes of 75.4 percent of children aged 24-59 months, there are 3 or more non-children's books, while the figure is 65.6 percent for children aged 0-23 months. Similar differentials exist in terms of children's books.

Table CD.2 also shows that one in four children aged 0-59 months had 3 or more playthings to play with in their homes, while 5.7 percent had none of the playthings asked to the mothers/caretakers. The playthings in MICS included household objects, home-made toys, toys that came from a store, and objects and materials found outside the home. It is interesting to note that almost nine out of every ten children play with toys that come from a store. Differentials with respect to background characteristic are small except for age of child which appears to have a stronger correlation with the number of playthings. Home-made toys are more common in Stann Creek and Toledo and among Maya and Garifuna households. As expected, the incidence of these is negatively correlated with mother's education and economic status of household.

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

Table CD.3 shows that just 2.9 percent of children aged 0-59 months were left in the care of other children, while 2.7 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 4 percent of children were left with inadequate care during the week preceding the survey. Major differences were observed by district and language of mother. A child in Toledo was 10 times more likely to be left with inadequate care than a child in Orange Walk or Stann Creek. Inadequate care was also more prevalent among Garifuna households.

Pre-School Attendance and School Readiness

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

Less than one third of children of children aged 36-59 months are attending an organized early childhood education programme, such as kindergarten or community childcare with organized learning activities (Table ED.1). Urban-rural and regional differentials are significant – the figure is 43.7 percent in urban areas, compared to 20.7 percent in rural areas. Among children aged 36-59 months, attendance to preschool is most prevalent in Corozal (50.0 percent) and Belize (46.7 percent) and least in Toledo where only 17.1 percent attend pre-school. Approximately equal percentages of girls and boys attend such programs. Relatively few children (16.7 percent) attend at age three (36-47 months) while a larger proportion (42.7 percent) of children attends at age four (48-59 months). Differentials by education of mother and by socioeconomic status are significant. The percentage of children attending early childhood education increases from 21.6 to 49.7 percent as the mother's education increases to secondary or above (Figure ED.1).



The table also shows the proportion of children in the first grade of primary school who attended preschool the previous year (Table ED.1), an important indicator of school readiness. Overall, 32.8 percent of children who are currently age 5 and attending the first grade of primary school were attending pre-school the previous year. There is practically no difference between male and female readiness; however, education of mother and socio-economic status appears to have a positive correlation with school readiness.

Primary and Secondary School Participation

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

The indicators for primary and secondary school attendance include:

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

The indicators of school progression include:

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

Of children who are of primary school entry age (age 5) in Belize, 71 percent are attending grade 1 (ED.2). A higher percentage of boys (74.5 percent) compared to girls (67.8 percent) are attending grade 1. At the urban-rural level, it is higher in urban areas (75.8 percent) than in rural areas (67.1 percent). Significant differentials are also present by region. In Toledo, for instance, the value of the indicator reaches 83.9 percent, while it is only 48.0 percent in Orange Walk.

Table ED.3 provides the percentage of children of primary school age attending primary or secondary school. The net primary school attendance rate is high for both males and females (95.2 percent), nevertheless, one in every twenty girls and one in every twenty boys do not attend primary school. At the district level, Orange Walk (91.5 percent) and Stann Creek (92.5 percent) have the lowest net attendance rates and Toledo the highest (97.5 percent). Net attendance is significantly higher for females in Orange Walk and significantly lower in Toledo. When observing the rates by selected characteristics minor differences are found for both boys and girls, by mother's education and socio-economic status; lower attendance among the poorer and less educated and higher rates among the rich and more educated.

The secondary school net attendance ratio is presented in Table ED.4. More dramatic than in primary school where 4.8 percent of the children are not attending school at all, is the fact that merely 58.7 percent of the children of secondary school age are attending secondary school. Of the remaining 41.3 percent, 14.9 percent are still attending primary school (Table ED.4w) and the remaining 26.4 percent are out of school. When age of children is examined, we find that only 11.8 percent of children aged 13 are still in primary school. Major differences in net secondary school attendance are found among districts, and between urban and rural areas. Children of secondary school age, whose mothers have at least a secondary education or are in the richer two quintiles, are more likely to be attending secondary school than those whose mothers have not gone beyond primary or belong to the poorer three quintiles.

The percentage of children entering grade one who eventually reach grade 5 is presented in Table ED.5. Of all children starting grade one, the majority of them (98.7 percent) will eventually reach grade 5. Notice that this number includes children that repeat grades and that eventually move up to reach standard five. No other significant differences were observed by selected characteristics

The net primary school completion rate and transition rate to secondary education are presented in Table ED.6. At the time of the survey, only 25.2 percent of the children of primary completion age were attending standard six. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the standard six. Similar rates are observed for both boys and girls in net primary school completion rates, however, they differ significantly in the transition rate to secondary education. Children in urban areas and children whose mothers have higher education levels complete primary school earlier than rural or whose have lower levels of education.

Fortunately, more than nine of every ten children (92.9 percent) who completed successfully primary school were attending first year of secondary school at the time of the survey.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The last ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for primary school is close to 1.00, indicating no difference in the attendance of girls and boys to primary school. The disadvantage of girls is particularly pronounced in the Toledo (0.95) for primary and in Stann Creek for secondary school (0.85. Unlike primary education, the gender gap in secondary education, on the other hand, is little pronounced in favour of girls (1.03) indicating no discrimination or exclusion of girls on the basis of gender from the education system in comparison to boys. However, gender discrimination in secondary education is prevalent among Garifuna and Maya-speaking children whose gender parity index stays at 0.84 and 0.86 respectively. The secondary school attendance rate for girls (69.1percent) in Cayo is relatively high compared to boys (59.0 percent) resulting in a high gender parity index (1.17).

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females age 15-24. Literacy was assessed on the ability of women to read a short simple statement or on school attendance.

The percent literate is presented in Table ED.8. Approximately 90 percent of women between 15-24 years are literate nationwide. There are no major variations by residential area or language. However, there are important differences in terms of age and socio-economic status of women. The proportion of women in the age-group 15-19 who are literate is higher (92.7 percent) than that of women in the age-group 20-24 (85.3 percent). Similarly, a lower percentage of literacy is found among women in the poorer three quintiles compared to the richer two quintiles.

Birth Registration

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

The births of 94.4 percent of children, under five years of age, in Belize have been registered (Table CP.1). The districts which show higher registration percentages are Cayo and Corozal where around 98 out of every hundred children were registered. On the other hand, Stann Creek shows the highest percentage for non-registration (12.4 percent); "must travel too far" is clearly the main reason for non-registration here (48.1 percent). Rural children are to some extent less likely to be registered than their urban peers; 91.8 and 96.5 percent respectively, but this appears to be due primarily to long distances of rural communities to the nearest registration centre (data table not shown). There are no significant variations in birth registration across sex, age, or education categories. Among those whose births are not registered, cost, and travel distance seem to be the main reasons (data table not shown).

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 Belize MICS survey, mothers/caretakers of children age 2-14 years were asked a series of questions on the ways parents tend to use to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, 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* minor physical punishment *or* severe physical punishment; and 2) the number of parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

In Belize, 67.7 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. 25.3 percent of mothers/caretakers believed that children should be physically punished; however, only 6.6 percent of children were reportedly subjected to severe physical punishment. It is very interesting that differentials with respect to most of the background variables were relatively small (Table CP.2).

Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women that agree with the

statements indicating that husbands/partners are justified to beat their wives/partners under the situations described in reality tend to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.3.

The percentage of women who justify physical violence under any of the circumstances is 12.2 percent; the situation with the highest justification being when they neglect the children (8.4 percent). The rates of justification vary by district, economic status, education and language of women. Whereas 34.2 percent of the women in Toledo justify physical violence in any of the situations only 6.2 percent do so in Belize District. Likewise, it is 17.0 and 5.9 percent among the poorer three and richer two quintiles respectively.

Child Disability

One of the World Fit for Children goals is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities. For children age 2 through 9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach rests in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child (e.g. health, nutrition, education, etc.). Table CP.4 presents the results of these questions.

More than a quarter (26.3 percent) of children aged 2-9 years were reported to have at least one disability, with the highest proportion (50.9 percent) living in Toledo and the lowest in Belize (17.1 percent). Noticeably, there is a high percentage of children aged 3-9 years whose speech is not normal (28.2 percent) with the highest prevalence in Cayo (45.1 percent) and lowest in Stann Creek (7.7 percent). Among two-year-old children who could not name at least one object, the proportion of children living in rural areas almost doubles that of their counterparts in urban areas. Differences by most other background characteristics are minor.

Knowledge of HIV Transmission and Condom Use

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

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

Table HA.1 shows that 96.6 percent of women aged 15-49 years in Belize have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission is about half of them (49.7 percent). When asked, 73.1 percent of women knew that transmission of HIV/AIDS could be prevented by having one faithful uninfected sex partner; 71 percent knew that using a condom every time they have sex could prevent HIV/AIDS transmission; and 70.1 percent knew that abstaining from sex could prevent HIV/AID transmission. While 89.9 percent of women know at least one way, one out of every ten women do not know any of the three ways.

Accurate knowledge of the means of HIV/AIDS transmission is somewhat less among women in Toledo compared to other districts as only 26.8 percent of women in Toledo know all three ways of preventing HIV/AIDS transmission. Differences across age groups are not particularly large; the percentage of women who know all three ways ranges from 47.3 percent among women 40-44 year olds to 53.6 percent among 45-49 year olds. Women with higher educational level and better socio-economic status were more likely to have accurate knowledge of HIV/AIDS

Table HA.2 presents the percent of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Belize, that HIV can be transmitted by sharing food and mosquito bites. The table also provides information on whether women know that HIV cannot be transmitted by supernatural means, and that HIV can be transmitted by sharing needles. Of the interviewed women, 53.8 percent reject the two most common misconceptions and know that a healthy-looking person can be infected. Approximately 85 percent of women know that HIV cannot be transmitted by supernatural means, and 68.4 percent of women know that HIV cannot be transmitted by mosquito bites, while 84.5 percent of women know that a healthy-looking person can be infected. Women in Toledo are more likely to believe misconceptions about AIDS transmission than women in other districts. For instance, less than half (43.9 percent) of the women in Toledo know that HIV cannot be transmitted by mosquito bites, likewise only 60.4 percent know that a healthy-looking person can be

infected. Rural women are more likely to believe misconceptions about AIDS transmission than urban women are. Women with higher education level are most likely to recognize all three misconceptions. Socio-economic status seems to be strongly associated with correct identification of all three misconceptions

Table HA.3 summarizes information from Tables HA.1 and HA.2 and presents the percentage of women who know 2 ways of preventing HIV transmission and reject three common misconceptions. The table presents the percentage of women 15-49 years who have a comprehensive knowledge of HIV/AIDS transmission. Knowledge of HIV prevention methods is still fairly low with only 58.5 percent of women reporting knowing two prevention methods; this rate is 66.5 percent in urban areas and 49.9 percent in the rural areas. As expected, the percentage of women who know two prevention methods increases with the woman's education level and socio-economic status.

A key indicator used to measure countries' responses to the HIV epidemic is the proportion of young people 15-24 years who know two methods of preventing HIV/AIDS, reject two misconceptions, and know that a healthy looking person can have HIV. Just 39.7 percent of young women have comprehensive knowledge about HIV transmission; a level comparable to all other age-groups. Levels of education (Figure HA.1) area of residence and socio-economic status are again highly associated with knowledge of HIV.



Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Table HA.4. Overall, 91.6 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 59.7 percent, while 5 percent of women did not

know of any specific way. When asked specifically about the means through which mother to child transmission can take place 86.8 percent knew that AIDS can be transmitted during pregnancy, 69.6 percent said that transmission at delivery was possible, and 76.5 percent agreed that AIDS can be transmitted through breast milk. The percentages of women who have knowledge of mother-to-child transmission of HIV are above 90 percent in all the districts except in Toledo where only 67.2 of the women know that AIDS can be transmitted from mother-to-child. The knowledge of mother-to-child transmission of HIV is positively correlated with women's education and wealth.

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would *not* want to keep HIV status of a family member a secret. Table HA.5 presents the attitudes of women towards people living with HIV/AIDS. The table shows that 73.2 percent of the women 15-49 years who have heard of AIDS agree with at least one of the discriminatory statements. Around 44 percent of women aged 15-49 years would want to keep the HIV status of a family member a secret, 32.2 percent thought that an HIV positive teacher should not be allowed to work and 42.2 percent would not buy fresh vegetables from a person with HIV/AIDS (Figure HA.2). Overall people having HIV/AIDS are less discriminated and are cared for more in Belize than in other districts. Approximately 29 percent of women in Toledo would not care for a family member who is sick with AIDS.



The percentage of respondents who believe that a teacher with HIV/AIDS should not be allowed to work is highest in Toledo (55.4 percent) and lowest in Belize District at 13.9 percent. Similarly, the percentage is higher in rural areas at 44.7 percent and lower in urban areas at 21.3 percent. Women in the richest quintiles and those with secondary or higher education are less likely to express this discriminatory attitude than poorer women and those with primary or no education.

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever

been tested, and the extent to which those tested have been told the result of the test, is presented in Table HA.6. The majority of women (82.3 percent) of reproductive age in Belize know a place to get tested for AIDS but only 48 percent have actually been tested. Of those who were tested for HIV, 91.3 percent were told the result. This is clearly not the case in Toledo where merely 51.5 percent of women knew a place to get tested, 31.5 percent actually got tested and 80.4 actually received the result. Women living in urban areas are more likely to know a place compared to those of rural areas. Variations also occur by education level and socio-economic status and language of household head.

Table HA.7 shows that 94 percent of women age 15-49 receive antenatal care from a health care professional during pregnancy, 3 in every 4 are provided with information about HIV prevention during antenatal care visits and 8 in 10 are tested for HIV during their visit. Of women in this age group, 7 in 10 receive the results of their HIV tests; generally, an inverse relation with respect to age and the recorded variables (receipt of HIV test results, provision of HIV information and HIV testing) emerges

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 15-24 years thus a change in behaviour among this age group will be especially important to reduce new infections. A module of questions was administered to women 15-24 years of age 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.

Condom use during sex with men other than husbands or live-in partners (non-marital, non-cohabiting) was assessed in women 15-24 years of age who had sex with such a partner in the previous year (Table HA.8). Over 41 percent of women 15-24 years report having sex with a non-regular partner in the 12 months prior to the MICS. Of those women less than half (49.5 percent) report using a condom when they had sex with the high risk partner. Condom usage during high risk sex was highest in Orange Walk District (100 percent) and lowest in Toledo (33.6 percent). Significant differentials are also observed by residential area, age, economic status and education level of women (Figure HA.3).



Orphaned Children

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 if the parents are not available to assist them. Monitoring the variations in different outcomes for orphaned children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

To monitor these variations, a measurable definition of orphaned children needed to be created. The UNAIDS Monitoring and Evaluation Reference Group developed proxy definition of children who have been affected by adult morbidity and mortality. This should capture many of the children affected by AIDS in countries where a significant proportion of the adults are HIV infected. This definition classifies children as orphaned if they have experienced the death of either parent, if either parent is chronically ill, or if an adult (aged 18-59) in the household either died (after being chronically ill) or was chronically ill in the year prior to the survey.

The frequency of children living with neither parent, mother only, and father only is presented in Table HA.9. Overall, 68.3 percent of children aged 0-17 years are living with both parents. An important percentage of children (18.2 percent) are living with their mother only, even though their father is alive. This percentage is higher in urban areas at 24.7 percent compared to rural areas at 12.9 percent. Children who have one or both parents dead totalled 5.1 percent of all children aged 0-17 years. Older children are more likely to live away without their biological parents than younger children. Approximately 7 percent of children are living with neither parent even though both parents are alive.

The situation of children not living with biological parents differs by district and urban-rural. While 3.1 percent of children in Orange Walk are not living with a biological parent, nearly 10 percent in Belize District do so. The percentage of children not living with biological parents is higher in urban areas (8.5 percent) compared to rural areas (5.1 percent).

One of the measures developed for the assessment of the status of orphaned children relative to their peers looks at the school attendance of children 10-14 for children who have lost both parents (double orphans) 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.

Less than one percent of children aged 10-14 in Belize have lost both parents (Table HA.10). Among those only 62.1 percent are currently attending school. Among the children ages 10-14 who have not lost a parent and who live with at least one parent, 93.6 percent are attending school. This would suggest that double orphans are disadvantaged compared to the non-orphaned children in terms of school attendance.

List of References

Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E., 1996. Data on Birth Weight in Developing Countries: Can Surveys Help? *Bulletin of the World Health Organization*, 74(2), 209-16.

Blanc, A. and Wardlaw, T. 2005. "Monitoring Low Birth Weight: An Evaluation of International Estimates and an Updated Estimation Procedure". *WHO Bulletin*, 83 (3), 178-185.

Filmer, D. and Pritchett, L., 2001. Estimating wealth effects without expenditure data – or tears: An application to educational enrolments in states of India. *Demography* 38(1): 115-132.

Rutstein, S.O. and Johnson, K., 2004. *The DHS Wealth Index*. DHS Comparative Reports No. 6. Calverton, Maryland: ORC Macro.

Cental Statistical Office, 1991 Belize Family Health Survey.

Central Statistical Office, Population Census 2000. Major Findings.

UNICEF, 2006. Monitoring the Situation of Children and Women. Multiple Indicator Cluster Survey Manual, New York.

United Nations, 1983. *Manual X: Indirect Techniques for Demographic Estimation* (United Nations publication, Sales No. E.83.XIII.2).

United Nations, 1990a. QFIVE, United Nations Program for Child Mortality Estimation. New York, UN Pop Division

United Nations, 1990b. Step-by-step Guide to the Estimation of Child Mortality. New York, UN

www.Childinfo.org.

Tables

Table HH.1: Results of household and individual interviews

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

	Are	ea	District				Total		
	Urban	Rural	Corozal	Orange Walk	Belize	Cayo	Stann Creek	Toledo	
Sampled households	1,320	1,080	240	300	840	480	300	240	2,400
Occupied households	1,123	945	227	249	708	414	257	213	2,068
Interviewed households	967	865	220	225	600	375	226	186	1,832
Household response rate	86.1	91.5	96.9	90.4	84.7	90.6	87.9	87.3	88.6
Eligible women	944	884	256	249	519	412	217	175	1,828
Interviewed women	866	809	246	208	481	388	206	146	1,675
Women response rate	91.7	91.5	96.1	83.5	92.7	94.2	94.9	83.4	91.6
Women's overall response rate	79.0	83.8	93.1	75.5	78.5	85.3	83.5	72.9	81.2
Eligible children under 5	374	461	98	117	190	210	102	118	835
Mother/Caretaker Interviewed	354	442	98	104	180	202	101	111	796
Child response rate	94.7	95.9	100.0	88.9	94.7	96.2	99.0	94.1	95.3
Children's overall response rate	81.5	87.8	96.9	80.3	80.3	87.1	87.1	82.1	84.5

Table HH.2: Household age distribution by sex Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Belize, 2006

		Sex			Total		
	Male	е	Ferr	nale			
	Number	Percent	Number	Percent	Number	Percent	
Age							
0-4	413	10.8	413	10.9	826	10.8	
5-9	490	12.8	528	14.0	1,018	13.4	
10-14	507	13.2	480	12.7	987	13.0	
15-19	438	11.4	387	10.2	825	10.8	
20-24	341	8.9	306	8.1	648	8.5	
25-29	255	6.6	266	7.0	521	6.8	
30-34	209	5.4	248	6.6	457	6.0	
35-39	255	6.6	236	6.2	491	6.4	
40-44	198	5.2	215	5.7	414	5.4	
45-49	170	4.4	158	4.2	328	4.3	
50-54	136	3.6	163	4.3	299	3.9	
55-59	103	2.7	104	2.8	207	2.7	
60-64	81	2.1	77	2.0	158	2.1	
65-69	80	2.1	73	1.9	153	2.0	
70+	142	3.7	119	3.1	261	3.4	
Missing/DK	18	.5	9	.2	26	.3	
Dependency age groups							
<15	1,410	36.8	1,421	37.6	2,831	37.2	
15-64	2,186	57.0	2,161	57.1	4,347	57.1	
65+	222	5.8	192	5.1	414	5.4	
Missing/DK	18	.5	9	.2	26	.3	
Children aged 0-17	1,692	44.1	1,654	43.7	3,346	43.9	
Adults 18+/Missing/DK	2,144	55.9	2,128	56.3	4,272	56.1	
Total	3,836	100.0	3,782	100.0	7,619	100.0	

		Number of	Number of
	Weighted percent	households weighted	households unweighted
Sex of household head			
Male	73.4	1.344	1.343
Female	26.6	488	489
District			
Corozal	13.0	238	220
Orange Walk	13.1	241	225
Belize	35.0	642	600
Cayo	19.3	353	375
Stann Creek	11.0	201	226
Toledo	8.6	158	186
Area	0.0	100	100
Urban	53.7	984	967
Rural	46.3	848	865
Number of household		0.0	
members			
1	13.8	252	256
2-3	30.6	561	548
4-5	30.4	557	556
6-7	15.8	289	291
8-9	5.9	108	112
10+	3.6	66	69
First language of head of household			
English/Creole	42.3	775	765
Spanish	39.7	727	712
Garifuna	5.4	99	112
Мауа	8.1	149	163
Other	4.4	81	78
Total	100.0	1,830	1,830
At least one child aged < 18 years	65.9	1,832	1,832
At least one child aged < 5 years	31.8	1,832	1,832
At least one woman aged 15-49 years	70.9	1,832	1,832

Table HH.3: Household composition Percent distribution of households by selected characteristics, Belize, 2006

Table HH.4: Women's background characteristics Percent distribution of women aged 15-49 years by background characteristics, Belize, 2006

		Number	of women
	Weighted percent	weighted	unweighted
District		-	
Corozal	15.0	252	246
Orange Walk	14.6	245	208
Belize	30.3	507	481
Сауо	21.2	355	388
Stann Creek	10.6	178	206
Toledo	8.2	138	146
Area			
Urban	52.1	872	866
Rural	47.9	803	809
Age			
15-19	21.0	352	358
20-24	16.7	280	281
25-29	14.6	244	242
30-34	14.0	235	232
35-39	13.4	225	223
40-44	11.4	191	191
45-49	8.8	148	148
Motherhood status			
Ever gave birth	68.7	1,150	1,145
Never gave birth	31.3	525	530
Education			
None/Primary	54.3	909	910
Secondary+	45.7	766	765
Wealth index			
Poorest 60%	56.5	947	957
Richest 40%	43.5	728	718
Language			
English/Creole	38.3	641	637
Spanish	43.7	731	717
Garifuna	4.8	80	91
Мауа	9.0	151	162
Other	4.2	71	67
Total	100.0	1.674	1.674

Table HH.5: Children's background characteristics Percent distribution of children under five years of age by background characteristics, Belize, 2006

		Number of ur	nder-5 children
	Weighted percent	weighted	unweighted
Sex			
Male	49.7	395	394
Female	50.3	401	402
District			
Corozal	12.9	103	98
Orange Walk	15.2	121	104
Belize	24.3	193	180
Сауо	24.2	192	202
Stann Creek	11.1	88	101
Toledo	12.4	99	111
Area			
Urban	45.2	360	354
Rural	54.8	436	442
Age			
< 6 months	11.1	89	88
6-11 months	9.4	75	72
12-23 months	20.9	166	167
24-35 months	20.0	159	162
36-47 months	17.8	142	139
48-59 months	20.8	165	168
Mother's education level			
None/Primary	65.0	517	525
Secondary+	34.2	273	264
Missing/DK	0.8	6	7
Wealth index			
Poorest 60%	66.9	533	540
Richest 40%	33.1	263	256
Language			
English/Creole	32.2	256	252
Spanish	43.5	346	338
Garifuna	4.2	34	37
Мауа	13.4	107	117
Other	6.7	53	51
Total	100.0	795	795

Table CM.1: Child mortality Infant and under-five mortality rates, Belize, 2006

	Infant mortality rate*	Under-five mortality rate**
Sex		
Male	28	35
Female	16	19
Area		
Urban	21	26
Rural	22	27
Mother's education		
None/Primary	24	30
Secondary +	14	17
Wealth index		
Poorest 60%	28	36
Richest 40%	5	6
Total	22	27

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

Table CM.2: Children ever born and proportion dead Mean number of children ever born and proportion dead by age of women, Belize, 2006

	Mean number of children ever born	Proportion dead	Number of women
Age			
15-19	0.135	0.023	352
20-24	1.060	0.034	280
25-29	2.254	0.026	244
30-34	3.088	0.027	235
35-39	3.923	0.042	225
40-44	4.528	0.055	191
45-49	5.475	0.078	148
Total	2.495	0.046	1,675

	Weight	for age	Height for age		We	Number of		
	% below	% below	% below	% below	% below	% below	% above	children aged
	- 2 SD*	- 3 SD	- 2 SD**	- 3 SD	- 2 SD***	- 3 SD	+ 2 SD	0-59 months
Sex								
Male	5.3	0.6	17.6	4.2	1.0	0.3	10.6	321
Female	6.8	0.8	17.6	5.7	1.7	0.0	9.9	352
District								
Corozal	2.9	0.0	10.6	1.9	1.0	0.0	12.3	99
Orange Walk	5.7	0.0	6.0	1.4	0.0	0.0	3.0	80
Belize	6.2	0.7	9.5	3.5	4.2	0.0	18.2	144
Сауо	6.6	1.2	18.7	5.1	1.2	0.6	6.8	179
Stann Creek	3.2	1.1	22.1	3.3	0.0	0.0	7.3	82
Toledo	11.2	1.0	42.7	15.3	0.0	0.0	11.2	88
Area								
Urban	3.8	0.0	10.9	1.5	1.4	0.0	11.6	300
Rural	7.9	1.3	23.0	7.7	1.4	0.3	9.2	373
Age								
< 6 months	1.9	1.9	5.2	1.9	0.0	0.0	18.5	59
6-11 months	3.4	0.0	4.3	0.0	1.6	0.0	11.6	62
12-23 months	6.1	0.0	24.9	8.5	0.7	0.0	11.2	144
24-35 months	10.3	1.5	21.2	4.3	3.1	0.8	6.8	132
36-47 months	5.0	0.7	12.6	4.4	1.5	0.0	11.5	130
48-59 months	6.0	0.6	22.3	5.9	0.7	0.0	7.5	144
Mother's education								
None/Primary	7.1	1.1	21.6	5.9	1.3	0.2	8.7	450
Secondary +	3.7	0.0	9.4	2.8	1.4	0.0	13.8	217
Wealth index								
Poorest 60%	7.5	1.1	22.3	6.5	1.5	0.2	9.5	464
Richest 40%	2.9	0.0	7.2	1.4	1.0	0.0	12.0	209
Language								
English/Creole	5.1	1.0	12.1	3.9	2.5	0.5	14.5	207
Spanish	5.9	0.7	14.0	4.6	1.4	0.0	9.3	296
Garifuna	(11.7)	(0.0)	(11.7)	(2.9)	(0.0)	(0.0)	(2.9)	31
Мауа	8.3	0.9	49.5	11.1	0.0	0.0	10.8	98
Other	(2.7)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	41
				()			()	
Total	6.1	0.7	17.6	5.0	1.4	0.2	10.3	673

Table NU.1: Child malnourishment Percentage of children aged 0-59 months who are severely or moderately malnourished, Belize, 2006

* MICS indicator 6; MDG indicator 4

** MICS indicator 7

*** MICS indicator 8

() Figures that are based on 25-49 unweighted cases

 Table NU.2: Initial breastfeeding

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

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with a live birth in the two years preceding the survey
District			
Corozal	(41.5)	(68.2)	45
Orange Walk	(59.4)	(78.5)	49
Belize	41.1	78.6	83
Сауо	51.0	84.2	67
Stann Creek	(74.1)	(85.1)	30
Toledo	(50.0)	(72.8)	41
Area			
Urban	45.2	77.7	146
Rural	55.0	78.5	169
Months since birth			
< 6 months	53.5	88.7	83
6-11 months	38.3	65.0	78
12-23 months	55.2	79.6	154
Mother's education			
None/Primary	56.5	80.8	195
Secondary +	40.5	73.9	120
Wealth index			
Poorest 60%	55.9	79.9	212
Richest 40%	39.1	74.7	103
Language			
English/Creole	43.1	78.6	105
Spanish	49.2	73.0	137
Garifuna	(*)	(*)	7
Мауа	(55.5)	(83.5)	40
Other	(74.9)	(92.6)	25
	· · · /		
Total	50.6	78 1	314

* MICS indicator 45 (*) Figures that are based on less than 25 unweighted cases

 Table NU.3: Breastfeeding

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

	Children 0-3	8 months	Children 0-5 months		Children 6	Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed*	Number of children	% receiving breastmilk & solid/ mushy food**	Number of children	Percent breastfed***	Number of children	Percent breastfed***	Number of children	
Sex											
Male	(2.8)	27	(4.1)	49	(*)	22	(*)	20	(31.1)	29	
Female	(*)	23	(17.6)	40	(36.5)	26	(*)	17	(22.3)	27	
Area											
Urban	(*)	19	(15.5)	33	(41.2)	27	(*)	12	24.0	33	
Rural	(9.3)	31	6.9	56	(*)	21	(44.8)	26	(*)	22	
Mother's education											
None/Primary	(12.4)	29	11.6	57	(57.9)	26	(45.1)	30	(26.9)	26	
Secondary +	(*)	20	(7.7)	31	(*)	22	(*)	7	(27.7)	29	
Wealth index											
Poorest 60%	(10.5)	34	8.9	60	(42.9)	29	(52.1)	27	(29.3)	33	
Richest 40%	(*)	15	(12.6)	29	(*)	19	(*)	10	(*)	22	
T . (.)											
lotal	(12.3)	49	10.2	88	(44.0)	48	(41.6)	37	26.8	56	

* MICS indicator 15

** MICS indicator 17

*** MICS indicator 16
() Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

 Table NU.4: Adequately fed infants

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

	Percent of infants									
	0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months				
Sex Male	(4 1)	64 7	10.2	26.0	10 1	07				
Female	(4.1)	17.0	54.6	37.4	27.2	77				
Area	()									
Urban	(15.5)	41.8	31.9	36.3	27.0	74				
Rural	6.9	41.1	33.8	37.4	18.5	89				
Mother's education										
None/Primary	11.6	59.0	41.0	49.4	27.6	99				
Secondary +	(7.7)	19.4	22.1	20.8	14.5	64				
Wealth index										
Poorest 60%	8.9	43.1	31.9	37.1	21.1	105				
Richest 40%	(12.6)	38.9	34.1	36.4	24.6	58				
Total	10.2	41.5	32.8	36.8	22.5	163				

* MICS indicator 18

** MICS indicator 19

() Figures that are based on 25-49 unweighted cases

Table NU.5: Children's vitamin A supplementation Percent distribution of children aged 6-59 months by whether they have received a high dose vitamin A supplement in the last 6 months, Belize, 2006

	Percent of c	hildren who vitamin A:	received	Not ouro if	Never		Number of
	Within last	last 6	Not sure	received	received		aged 6-59
	6 months*	months	when	vitamin A	vitamin A	Total	months
Sex							
Male	24.6	13.2	21.2	4.2	36.8	100.0	346
Female	23.1	10.1	20.8	6.3	39.7	100.0	361
District							
Corozal	14.9	9.9	15.9	6.4	53.0	100.0	91
Orange Walk	22.3	22.1	17.9	4.4	33.3	100.0	104
Belize	37.4	16.8	24.5	6.9	14.5	100.0	172
Сауо	22.0	8.3	17.1	3.5	49.1	100.0	176
Stann Creek	26.4	6.1	42.1	4.5	20.9	100.0	81
Toledo	8.7	2.2	10.8	6.4	71.9	100.0	83
Area							
Urban	29.5	11.6	22.0	5.9	30.9	100.0	327
Rural	18.9	11.6	20.1	4.8	44.6	100.0	381
Age							
6-11 months	33.9	3.1	7.6	0.0	55.5	100.0	75
12-23 months	29.4	11.4	16.2	5.8	37.1	100.0	166
24-35 months	23.9	11.9	19.2	5.0	40.1	100.0	159
36-47 months	19.0	17.2	22.0	8.9	32.9	100.0	142
48-59 months	17.6	10.8	32.8	4.3	34.5	100.0	165
Mother's education							
None/Primary	20.3	10.7	21.0	3.1	44.9	100.0	460
Secondary +	30.9	13.3	21.2	9.5	25.1	100.0	242
Wealth index							
Poorest 60%	22.1	12.1	20.2	5.0	40.6	100.0	473
Richest 40%	27.3	10.6	22.6	5.9	33.5	100.0	234
Language							
English/Creole	31.5	13.8	22.4	6.7	25.6	100.0	229
Spanish	24.8	11.6	17.6	4.7	41.3	100.0	308
Garifuna	(22.0)	(7.0)	(50.6)	(3.3)	(17.1)	100.0	31
Мауа	8.9	6.3	24.1	5.7	55.0	100.0	96
Other	(10.4)	(14.9)	(10.5)	(2.5)	(61.7)	100.0	44
	()		(= =)	(-)	()		
Total	23.8	11.6	21.0	5.3	38.3	100.0	707

* MICS indicator 42

() Figures that are based on 25-49 unweighted cases
Table NU.6: Post-partum mothers' vitamin A supplementation Percentage of women aged 15-49 years with a live birth in the 2 years preceding the survey by whether they received a high dose vitamin A supplement before the infant was 8 weeks old, Belize, 2006

	Received vitamin A supplement*	Not sure if received vitamin A	Number of women aged 15-49 years
District			<u> </u>
Corozal	(13.6)	(3.0)	45
Orange Walk	(35.6)	(2.4)	49
Belize	72.1	2.7	83
Сауо	57.5	2.2	67
Stann Creek	(40.4)	(3.1)	30
Toledo	(22.8)	(2.3)	41
Area			
Urban	54.5	4.3	146
Rural	37.7	1.1	169
Education			
None/Primary	38.4	2.3	195
Secondary +	57.1	2.9	120
Wealth index			
Poorest 60%	43.7	2.1	212
Richest 40%	49.2	3.4	103
Language			
English/Creole	59.9	2.1	105
Spanish	38.4	2.9	137
Garifuna	(*)	(*)	7
Мауа	(37.0)	(2.4)	40
Other	(*)	(*)	25
Total	45.3	2.6	314

*MICS indicator 43

 Table NU.7: Low birth weight infants

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

	Percent of	live births:	
	Below 2500 grams*	Weighed at birth**	Number of live births
District			
Corozal	(5.8)	(94.9)	45
Orange Walk	(9.6)	(95.2)	49
Belize	10.2	94.1	83
Сауо	6.6	97.3	67
Stann Creek	(6.1)	(96.9)	30
Toledo	(8.0)	(72.8)	41
Area	()		
Urban	8.1	94.2	146
Rural	8.0	91.1	169
Mother's education			
None/Primary	7.8	90.4	195
Secondary +	8.4	96.0	120
Wealth index			
Poorest 60%	7.9	89.8	212
Richest 40%	8.3	98.1	103
Language			
English/Creole	8.0	94.2	105
Spanish	8.2	95.5	137
Garifuna	(*)	(*)	7
Мауа	(8.4)	(76.4)	40
Other	(6.2)	(96.2)	25
	()	(,	
Total	8.1	92.5	314

* MICS indicator 9

** MICS indicator 10

Table CH.1: Vaccinations in first year of life Percentage of children age 18-29 months immunized against childhood diseases at any time before the survey and before the first birthday (18 months for measles), Belize, 2006

	Percentage of children who received:													
	DPT/HDPT/HDPT/HeepB/HiepB/HiepB/HiB 3BCG*b 1B 2		Polio1	Polio2	Polio3	Measles	AII *****	None	aged 18- 29 months					
Vaccinated at any time before the survey														
According to:														
Vaccination card	64.3	65.5	68.9	66.8	64.9	68.5	66.6	60.5	61.4	0.0	169			
Mother's report	25.9	25.1	18.5	9.4	24.1	18.3	5.7	24.4	4.5	9.2	169			
Either	90.2	90.6	87.4	76.1	89.0	86.8	72.3	85.0	65.8	9.2	169			
Vaccinated by 12 months of age	90.2	89.0	84.5	74.6	88.3	84.6	68.6	81.9	56.3	9.2	169			

* MICS indicator 25

** MICS indicator 27

*** MICS indicator 26

**** MICS indicator 28; MDG indicator 15

***** MICS indicator 31

	_		P	ercentage of c	hildren who	received						Number of
1	BCG	DPT/HepB/ Hib 1	DPT/HepB/ HiB 2	DPT/HepB/ HiB 3	Polio1	Polio2	Polio 3	Measles	All	None	Percent with health card	children aged 18-29 months
Sex												
Male	94.3	94.2	92.8	81.0	93.1	91.6	79.3	89.3	72.5	5.7	73.2	91
Female	85.4	86.4	80.9	70.2	84.0	80.9	63.7	79.8	57.7	13.4	53.9	77
Area												
Urban	95.3	95.3	92.4	75.5	93.5	90.9	73.0	90.9	68.3	4.7	65.3	87
Rural	84.8	85.6	82.0	76.8	84.2	82.2	71.5	78.7	63.1	14.1	63.3	82
Mother's education	on											
None/Primary	86.5	87.4	85.6	77.8	84.6	84.1	73.8	80.7	66.3	12.6	67.0	102
Secondary +	95.8	95.6	90.0	73.2	95.7	90.8	69.7	91.3	64.6	4.2	60.5	65
Wealth index												
Poorest 60%	88.5	89.0	87.6	77.9	86.7	84.8	73.0	83.3	65.6	10.7	66.8	118
Richest 40%	94.2	94.2	87.1	72.1	94.2	91.4	70.8	88.8	66.4	5.8	58.5	51
Total	90.2	90.6	87.4	76.1	89.0	86.8	72.3	85.0	65.8	9.2	64.3	169

Table CH.2: Vaccinations by background characteristics Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Belize, 2006

Table CH.3: Neonatal tetanus protection Percentage of mothers with a birth in the last 24 months protected against neonatal tetanus, Belize, 2006

	Percent of mothers with a birth in the last 24 months who:											
	Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Received at least 3 doses, last within prior 5 years	Received at least 4 doses, last within prior 10 years	Received at least 5 doses during lifetime	Protected against tetanus*	Number of mothers					
District												
Corozal	(52.5)	(5.1)	(0.0)	(0.0)	(0.0)	(57.6)	45					
Orange Walk	(50.1)	(16.6)	(0.0)	(0.0)	(0.0)	(66.8)	49					
Belize	60.3	14.8	0.0	0.0	0.0	75.1	83					
Cayo	41.8	11.4	0.0	1.6	0.0	54.9	67					
Stann Creek	(39.0)	(9.2)	(0.0)	(0.0)	(0.0)	(48.1)	30					
Toledo	(22.7)	(6.8)	(0.0)	(0.0)	(0.0)	(29.5)	41					
Area												
Urban	51.0	12.0	0.0	0.7	0.0	63.7	146					
Rural	43.1	10.9	0.0	0.0	0.0	53.9	169					
Education												
None/Primary	42.1	11.1	0.0	0.6	0.0	53.7	195					
Secondary +	54.2	12.0	0.0	0.0	0.0	66.2	120					
Wealth index												
Poorest 60%	43.0	11.9	0.0	0.0	0.0	54.8	212					
Richest 40%	54.4	10.5	0.0	1.1	0.0	65.9	103					
Language												
English/Creole	50.5	12.1	0.0	1.0	0.0	63.6	105					
Spanish	52.6	9.4	0.0	0.0	0.0	62.0	137					
Garifuna	(*)	(*)	(*)	(*)	(*)	(*)	7					
Мауа	(22.8)	(9.2)	(0.0)	(0.0)	(0.0)	(32.0)	40					
Other	(33.1)	(22.9)	(0.0)	(0.0)	(0.0)	(56.0)	25					
Total	46.6	11.4	0.0	0.3	0.0	58.3	314					

* MICS indicator 32

 Table CH.4: Oral rehydration treatment

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

	Had diarrhoea in last two weeks	Number of children aged 0- 59 months	Fluid from ORS packet	ildren with diarrho Recommended homemade fluid	Pre- Pre- packaged ORS fluid	ed: No treatment	ORT Use Rate *	Number of children aged 0-59 months with diarrhoea
Sex								
Male	12.4	395	(23.1)	(34.4)	(34.1)	(36.5)	(63.5)	49
Female	11.9	401	(31.2)	(31.6)	(17.2)	(42.3)	(57.7)	48
Area								
Urban	12.5	360	(24.0)	(28.1)	(16.5)	(42.7)	(57.3)	45
Rural	11.9	436	29.7	37.2	33.8	36.5	63.5	52
Mother's educat	tion							
None/Primary	13.0	517	22.7	38.0	24.8	44.9	55.1	67
Secondary +	10.2	273	(36.1)	(19.8)	(26.4)	(28.4)	(71.6)	28
Total	12.1	795	27.1	33.0	25.8	39.4	60.6	97

* MICS indicator 33

 Table CH.5: Home management of diarrhoea

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

	Had diarrhoea in last two weeks	Number of children aged 0- 59 months	CI Drank more	Drank Drank the same or less	Ate Somewhat less, same or more	ho: Ate much less or none	Home manage- ment of diarrhoea*	Received ORT or increased fluids AND continued feeding**	Number of children aged 0-59 months with diarrhoea
Sex									
Male	12.4	395	(23.9)	(73.9)	(43.5)	(52.8)	(12.1)	(26.4)	49
Female	11.9	401	(20.8)	(73.1)	(39.8)	(58.3)	(6.4)	(25.4)	48
Area									
Urban	12.5	360	(23.2)	(76.8)	(53.9)	(46.1)	(9.9)	(32.8)	45
Rural	11.9	436	21.7	70.6	31.0	63.7	8.7	19.9	52
Mother's education									
None/Primary	13.0	517	20.6	73.4	39.9	56.0	10.0	23.0	67
Secondary +	10.2	273	(28.1)	(71.9)	(48.5)	(51.5)	(8.2)	(34.6)	28
Total	12.1	795	22.4	73.5	41.7	55.5	9.3	25.9	97

* MICS indicator 34

** MICS indicator 35

	Percent	age of moth should	ers/caretako d be taken in	ers of childronnmediately	en aged 0-59 to a health fac	months wh	o think tha child:	t a child	Mothers/caretakers	Number of
	ls not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	ls drinking poorly	Has other symptoms	who recognize the two danger signs of pneumonia*	mothers/caretakers of children aged 0- 59 months
District										
Corozal	22.8	44.7	83.1	54.7	60.6	64.3	28.7	24.7	43.1	103
Orange Walk	20.1	21.7	65.8	20.1	43.4	25.9	10.7	30.9	12.3	121
Belize	7.2	29.6	79.2	33.4	55.5	28.6	12.7	37.0	20.6	193
Cayo	3.1	19.5	78.6	9.6	16.5	19.1	3.5	49.7	2.9	192
Stann Creek	0.9	27.9	75.5	10.0	39.8	7.7	0.0	34.6	5.8	88
Toledo	0.0	19.9	80.5	18.0	14.3	24.6	0.0	51.4	8.2	99
Area										
Urban	9.2	28.3	79.8	26.9	41.5	31.5	9.8	35.6	16.9	360
Rural	8.0	25.0	75.2	21.4	35.2	24.6	8.8	42.0	13.0	436
Education of Household Head	1									
None/Primary	9.1	23.6	75.0	20.8	34.9	25.2	8.4	40.4	12.0	517
Secondary +	7.7	31.4	82.0	30.2	44.2	33.1	11.1	37.2	20.5	273
Wealth index										
Poorest 60%	9.0	25.6	74.1	23.3	35.5	25.7	8.8	40.9	14.5	533
Richest 40%	7.7	28.4	83.6	25.1	43.1	31.7	10.2	35.5	15.4	263
Language										
English/Creole	8.3	29.2	78.5	28.7	44.0	28.5	9.7	39.4	18.5	256
Spanish	12.2	27.7	81.1	24.9	40.7	33.4	13.5	35.7	17.3	346
Garifuna	(0.0)	(11.2)	(64.4)	(13.9)	(43.3)	(20.3)	(3.1)	(47.9)	(5.8)	34
Мауа	2.4	22.7	83.4	16.2	17.6	22.8	0.0	45.4	6.3	107
Other	4.1	23.5	42.4	14.0	28.3	2.1	2.0	42.3	2.0	53
Total	8.6	26.5	77.2	23.8	38.0	27.7	9.3	39.1	14.7	795

Table CH.6: Knowledge of the two danger signs of pneumonia Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Belize, 2006

	Percentage of households using:									
	Electricity	Dutana	Dianaa	Kanana	Channed	Weed	Other	Tatal	Solid fuels	Number of
District	Electricity	Dulane	Biogas	Reiosene	Charcoal	vvoou	source	TOLAI		nousenoids
Corozal	15	68.4	0.0	0.4	0.0	27.8	1.8	100.0	27.8	238
Orange Walk	0.4	82.1	0.0	1.8	0.4	14.3	0.9	100.0	14.8	230
Belize	1.6	91.6	0.0	1.0	0.0	14.5	4.0	100.0	14.0	642
Cavo	0.7	88.0	0.0	0.0	0.0	9.3	1.0	100.0	0.3	353
Stann Creek	0.7	81.0	0.7	13	0.0	10.6	5.6	100.0	10.6	201
Toledo	0.5	44.1	0.5	1.5	0.0	53.3	0.0	100.0	53.3	158
Area	0.0		0.0	1.0	0.0	00.0	0.0	100.0	55.5	100
Urban	1.3	92.3	0.2	0.9	0.0	21	32	100.0	21	984
Rural	0.8	69.0	0.1	1 1	0.0	27.0	1.9	100.0	27.1	848
Education of household head	0.0	00.0	0.1		0.1	21.0		100.0		010
None/Primary	0.5	75.5	0.1	1.1	0.1	19.5	3.1	100.0	19.6	1,179
Secondary +	2.2	93.1	0.2	0.7	0.0	1.9	1.9	100.0	1.9	607
Wealth index										
Poorest 60%	0.7	68.2	0.1	1.7	0.1	24.7	4.4	100.0	24.8	1,009
Richest 40%	1.5	97.8	0.3	0.0	0.0	0.0	0.4	100.0	0.0	823
Language										
English/Creole	1.3	91.5	0.1	0.6	0.0	3.2	3.2	100.0	3.2	775
Spanish	0.8	79.1	0.2	1.1	0.1	16.6	2.0	100.0	16.7	727
Garifuna	0.0	88.8	0.0	2.9	0.0	5.5	2.8	100.0	5.5	99
Мауа	0.0	36.3	0.7	0.6	0.0	60.0	2.4	100.0	60.0	149
Other	4.2	81.6	0.0	1.1	0.0	10.4	2.7	100.0	10.4	81
Total	1.1	81.5	0.2	1.0	0.1	13.6	2.6	100.0	13.6	1,830

 Table CH.7: Solid fuel use

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

* MICS indicator 24; MDG Indicator 29

Table CH.8: Solid fuel use by type of stove or fire Percentage of households using solid fuels for cooking by type of stove or fire, Belize, 2006

	Percenta	ge of households	using solid fuels fo	r cooking:	
	Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	Total	Number of households using solid fuels for cooking
Area					
Urban	(*)	(*)	(*)	100.0	20
Rural	2.7	4.1	93.2	100.0	230
Education of household head					
None/Primary	3.7	3.6	92.7	100.0	231
Secondary +	(*)	(*)	(*)	100.0	11
Wealth index					
Poorest 60%	3.8	4.5	91.7	100.0	250
Richest 40%	(*)	(*)	(*)	100.0	0
Total	3.8	4.5	91.7	100.0	250

 Table EN.1: Use of improved water sources

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

Main source of drinking water																	
			Ir	nproved	sources					ι	Inimprove	d sources					
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand- pipe	Hand pump	Pro- tected well	Pro- tected spring	Rain- water	Bottled water ¹	Unpro- tected well	Unpro- tected spring	Cart with tank/ drum	Surface water	Bottled water ¹	Other	Total	Improved source of drinking water*	Number of house hold members
District																	
Corozal	10.0	14.3	0.0	3.5	3.7	0.0	25.5	38.9	2.6	0.6	0.0	0.0	0.9	0.0	100.0	96.0	1,124
Orange Walk	9.7	6.6	0.0	0.0	4.1	0.0	37.4	34.2	6.0	0.0	0.0	0.1	0.9	1.1	100.0	91.9	1,132
Belize	22.6	3.0	0.5	0.3	1.1	0.0	19.0	53.0	0.1	0.0	0.0	0.1	0.1	0.2	100.0	99.5	2,173
Сауо	37.7	23.8	0.2	0.1	1.0	0.1	14.6	19.8	0.0	0.5	0.3	0.3	0.0	1.5	100.0	97.4	1,628
Stann Creek	41.9	20.0	1.6	3.6	9.5	0.0	6.7	12.0	0.0	0.0	0.0	4.0	0.0	0.7	100.0	95.3	803
Toledo	12.4	35.8	0.9	18.0	4.5	0.2	17.6	5.5	0.4	0.0	1.2	3.5	0.0	0.0	100.0	94.9	758
Area																	
Urban	28.5	9.1	0.4	0.0	0.4	0.0	11.0	49.8	0.0	0.2	0.0	0.0	0.1	0.5	100.0	99.2	3,693
Rural	17.9	20.0	0.5	5.4	5.7	0.1	29.1	15.2	2.6	0.2	0.3	1.7	0.4	0.7	100.0	94.0	3,926
Education of household head																	
None/Primary	23.5	18.4	0.6	3.4	4.1	0.1	23.1	22.4	1.9	0.2	0.3	1.3	0.4	0.5	100.0	95.5	5,235
Secondary +	22.8	5.0	0.2	1.0	0.9	0.0	12.6	56.8	0.1	0.3	0.0	0.0	0.0	0.3	100.0	99.3	2,174
Wealth index																	
Poorest 60%	22.4	23.9	0.7	4.7	4.9	0.1	23.4	14.4	2.2	0.3	0.3	1.5	0.3	1.0	100.0	94.4	4,571
Richest 40%	24.0	0.9	0.0	0.0	0.5	0.0	15.8	58.4	0.0	0.0	0.0	0.0	0.3	0.1	100.0	99.6	3,047
Language																	
English/Creole	28.7	4.5	0.4	0.7	2.0	0.0	19.7	42.5	0.1	0.2	0.1	0.3	0.2	0.8	100.0	98.4	2,812
Spanish	20.6	17.4	0.4	1.2	4.0	0.0	19.4	32.4	2.9	0.0	0.2	0.1	0.5	0.8	100.0	95.5	3,245
Garifuna	43.5	22.4	0.5	0.3	0.7	0.0	6.2	26.2	0.0	0.0	0.0	0.0	0.0	0.3	100.0	99.7	373
Мауа	12.2	41.9	1.1	16.4	4.1	0.2	14.9	1.0	0.4	0.0	0.7	7.0	0.0	0.0	100.0	91.9	804
Other	5.8	1.9	0.0	5.3	4.3	0.6	58.8	21.1	0.0	2.2	0.0	0.0	0.0	0.0	100.0	97.8	377
Total	23.1	14.7	0.4	2.8	3.1	0.1	20.3	32.0	1.3	0.2	0.2	0.9	0.3	0.6	100.0	96.5	7,610

* MICS indicator 11; MDG indicator 30

1 For households using bottled water as the main source of drinking water, the source used for other purposes such as cooking and hand washing is used to determine whether to classify the source as improved.

Table EN.2: Household water treatment

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

						All drinking water		Improved	drinking	Unimprove	Unimproved drinking				
			Water trea	atment me	thod use	d in the hou	usehold			SOU	rces	water s	ources	water s	ources
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis- infection	Let It stand and settle	Other	Don't know	Appropriate water treatment method*	of household members	Appropriate water treatment method	of household members	Appropriate water treatment method	of household members
District															
Corozal	74.8	7.2	15.4	0.0	1.4	0.0	0.0	1.1	0.4	23.7	1,124	23.4	1,079	(30.9)	45
Orange Walk	83.5	5.1	7.4	0.3	4.0	0.0	0.0	1.8	0.0	15.1	1,132	15.5	1,040	10.6	92
Belize	83.9	8.8	7.0	0.2	0.5	0.3	0.0	0.5	0.0	15.5	2,173	15.4	2,162	(*)	11
Cayo	75.7	15.2	5.9	0.4	2.4	0.0	0.0	0.8	0.0	23.1	1,628	22.7	1,585	(40.6)	43
Stann Creek	63.8	19.8	10.3	0.0	1.4	0.0	5.4	1.0	0.0	31.0	803	31.4	766	(22.3)	38
Toledo	84.3	8.3	9.5	0.1	0.0	0.0	0.1	0.2	0.0	15.7	758	15.6	720	(16.3)	38
Area															
Urban	82.2	11.3	6.0	0.2	0.5	0.2	0.1	1.0	0.0	16.7	3,693	16.7	3,663	(23.3)	30
Rural	75.4	9.7	11.2	0.2	2.7	0.0	1.0	0.7	0.1	22.9	3,926	23.0	3,689	22.2	237
Education of household head															
None/Primary	77.7	10.3	9.4	0.3	1.6	0.0	0.8	1.0	0.1	20.5	5,235	20.4	4,997	21.3	238
Secondary +	81.4	10.7	6.6	0.0	1.7	0.3	0.0	0.6	0.0	18.0	2,174	17.7	2,159	(*)	16
Wealth index															
Poorest 60%	76.0	11.7	10.5	0.1	1.5	0.0	0.8	0.6	0.1	22.7	4,571	22.7	4,317	23.1	254
Richest 40%	82.7	8.7	5.9	0.4	1.8	0.2	0.2	1.2	0.0	15.7	3,047	15.8	3,035	(*)	13
Language															
English/Creole	79.6	9.5	9.4	0.2	1.1	0.3	0.0	1.2	0.0	19.0	2,812	18.9	2,766	(26.0)	46
Spanish	81.0	9.2	9.1	0.1	0.9	0.0	0.1	0.6	0.1	18.3	3,245	17.9	3,099	25.6	146
Garifuna	75.7	16.6	6.6	1.3	0.0	0.0	1.9	0.4	0.0	23.2	373	23.3	372	(*)	1
Maya	71.4	18.0	8.6	0.0	0.0	0.0	2.9	0.0	0.0	25.6	804	26.5	739	15.5	65
Other	70.1	7.4	1.7	0.0	16.5	0.0	2.7	2.8	0.0	25.6	377	26.1	369	(*)	8
Total	78.7	10.5	8.7	0.2	1.6	0.1	0.6	0.9	0.1	19.9	7,610	19.8	7,344	22.3	267

* MICS indicator 13

Table EN.3: Time to source of water Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Belize, 2006

		Ti	me to sour	ce of drinki	ng water				
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Total	Mean time to source of drinking water*	Number of households
District									
Corozal	58.5	30.9	6.3	2.3	0.0	2.1	100.0	7.4	238
Orange Walk	57.3	34.4	0.0	0.0	0.7	7.6	100.0	4.7	241
Belize	84.8	8.8	2.3	1.0	0.7	2.4	100.0	16.5	642
Сауо	90.8	5.0	2.9	0.3	0.3	0.8	100.0	11.0	353
Stann Creek	82.3	9.9	2.8	1.1	1.1	2.8	100.0	18.4	201
Toledo	69.7	19.5	6.0	2.4	0.6	1.7	100.0	10.2	158
Area									
Urban	84.8	9.9	1.6	1.1	0.6	2.0	100.0	13.2	984
Rural	72.4	18.9	4.1	1.0	0.5	3.0	100.0	9.2	848
Education of househo	ld head								
None/Primary	75.7	16.1	3.4	1.1	0.7	2.9	100.0	11.0	1,179
Secondary +	83.5	11.2	2.6	0.8	0.0	2.0	100.0	7.9	607
Wealth index									
Poorest 60%	73.4	18.1	3.6	1.5	0.8	2.6	100.0	11.0	1,009
Richest 40%	86.9	8.6	2.0	0.0	0.0	2.6	100.0	5.5	823
Language									
English/Creole	81.5	11.5	2.7	1.2	0.4	2.7	100.0	10.8	775
Spanish	74.6	18.8	2.8	0.6	0.2	3.0	100.0	7.1	727
Garifuna	87.3	3.9	3.7	1.4	1.4	2.3	100.0	40.0	99
Мауа	68.5	20.5	6.7	1.8	1.8	0.6	100.0	13.0	149
Other	77.1	19.1	0.0	0.0	0.0	3.7	100.0	3.0	81
Total	77.3	15.4	3.2	1.0	0.6	2.6	100.0	10.2	1,830

* The mean time to source of drinking water is calculated based on those households that do not have water on the premises.

 Table EN.4: Person collecting water

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

	Person collecting drinking water									
			J	Male child						
	Adult	Adult	Female child	under age	Don't	Total	Number of			
District	woman	IIIdII	under age 15	15	KIIUW	TULAI	nousenoius			
Corozal	57 5	32 /	17	67	17	100.0	60			
Orange Walk	32.4	50.0	1.7	1.6	14.5	100.0	66			
Belize	(27.8)	(54.6)	(0,0)	(4.3)	(12.2)	100.0	45			
Cavo	(27.0)	(34.0)	(0.0)	(4.3)	(13.3)	100.0	40			
Stann Creek	(32.9)	(47.1)	(0.0)	(0.0)	(0.0)	100.0	20			
Toledo	(27.0)		(0.3)	(0.0)	(9.4)	100.0	30			
	(79.8)	(14.1)	(0.0)	(0.0)	(0.0)	100.0	44			
Lirban	00.0	54.0	4.5	0.0	40.5	100.0	74			
Dural	30.9	54.2	1.5	2.9	10.5	100.0	/1			
Rurar	51.8	37.0	2.8	2.5	6.0	100.0	200			
Household head										
None/Primary	48.3	38.9	2.1	3.2	7.5	100.0	216			
Secondary +	(35.3)	(52.9)	(4.6)	(0.0)	(7.2)	100.0	43			
Wealth index	()			()						
Poorest 60%	47.8	41.7	2.5	2.6	5.4	100.0	226			
Richest 40%	(38.9)	(40.5)	(2.1)	(2.3)	(16.2)	100.0	44			
Language			. ,		. ,					
English/Creole	33.3	50.6	2.4	2.4	11.3	100.0	81			
Spanish	47.7	40.5	0.8	4.2	6.8	100.0	120			
Garifuna	(*)	(*)	(*)	(*)	(*)	100.0	9			
Maya	73.5	18.6	7.8	0.0	0.0	100.0	46			
Other	(*)	(*)	(*)	(*)	(*)	100.0	13			
Total	46.2	41.6	2.4	2.6	7.2	100.0	270			

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

1

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

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

	Improved sanitation facility						Unimp	roved sanit	ation facili	y		Percentage		
	Flush Piped	/pour flus	h to:	Ventilated	Pit latrine		Pit latrine without		Hanging toilet/				of population using sanitary means of	Number of house- hold
	sewer system	Septic tank	Pit latrine	improved pit latrine	with slab	Compos- ting toilet	slab/ open pit	Bucket	hanging latrine	Other	No facilities/ bush/field	Total	excreta disposal*	members
District	-					Ū.						ľ		
Corozal	0.0	37.5	0.0	14.0	41.9	0.0	6.2	0.0	0.0	0.0	0.4	100.0	93.4	1,124
Orange Walk	0.3	43.3	2.2	3.9	49.0	0.7	0.7	0.0	0.0	0.0	0.0	100.0	99.3	1,132
Belize	36.7	54.9	1.7	0.5	3.7	0.0	0.5	1.8	0.0	0.0	0.2	100.0	97.5	2,173
Cayo	5.8	41.3	5.0	0.3	37.4	0.0	7.6	0.0	0.8	0.4	1.5	100.0	89.8	1,628
Stann Creek	0.6	55.4	0.2	1.9	36.8	0.0	4.0	0.4	0.0	0.6	0.1	100.0	94.9	803
Toledo	0.2	21.0	0.8	31.2	28.4	0.0	1.4	0.5	0.0	0.0	16.5	100.0	81.7	758
Area														
Urban	24.2	56.7	2.1	1.4	11.4	0.2	1.9	1.2	0.2	0.1	0.5	100.0	96.1	3,693
Rural	0.2	32.8	1.9	10.6	46.0	0.0	4.7	0.1	0.1	0.2	3.6	100.0	91.4	3,926
Education of household head														
None/Primary	7.0	37.4	2.5	7.4	37.3	0.1	4.7	0.6	0.2	0.2	2.6	100.0	91.6	5,235
Secondary +	24.5	62.1	0.3	3.1	9.1	0.0	0.2	0.7	0.0	0.0	0.0	100.0	99.1	2,174
Wealth index														
Poorest 60%	6.4	23.0	3.0	9.8	47.2	0.2	5.6	0.9	0.2	0.2	3.5	100.0	89.6	4,571
Richest 40%	20.0	76.5	0.4	0.6	2.3	0.0	0.0	0.1	0.1	0.0	0.0	100.0	99.8	3,047
Language														
English/Creole	25.8	55.6	2.5	1.4	11.6	0.3	1.2	1.3	0.2	0.0	0.2	100.0	97.2	2,812
Spanish	3.1	40.1	2.2	6.5	41.7	0.0	5.5	0.1	0.2	0.2	0.4	100.0	93.6	3,245
Garifuna	6.8	64.6	0.0	4.0	19.5	0.0	1.4	2.2	0.0	1.3	0.3	100.0	94.9	373
Мауа	2.0	8.6	1.1	25.3	42.6	0.0	3.8	0.0	0.0	0.0	16.7	100.0	79.5	804
Other	9.0	53.2	0.0	0.7	34.0	0.0	1.9	0.0	0.0	0.0	1.2	100.0	96.9	377
Total	11.8	44.4	2.0	6.2	29.2	0.1	3.3	0.6	0.2	0.1	2.1	100.0	93.7	7,610

* MICS indicator 12; MDG indicator 31

 Table EN.6: Disposal of child's faeces

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

			Place o	of disposal	of child's	faeces				Proportion	
	Child used toilet	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Don't know	Total	of children whose stools are disposed of safely*	Number of children aged 0-2 years
District											
Corozal	6.3	19.5	0.0	74.2	0.0	0.0	0.0	0.0	100.0	25.8	61
Orange Walk	13.8	33.2	3.0	47.3	0.0	0.0	1.4	1.4	100.0	47.0	80
Belize	12.3	1.6	1.2	83.5	0.0	0.0	0.0	1.5	100.0	13.8	127
Сауо	13.4	7.3	5.0	67.0	0.0	0.0	4.0	3.4	100.0	20.6	109
Stann Creek	9.4	10.8	0.0	63.2	5.4	0.0	7.5	3.8	100.0	20.1	49
Toledo	8.3	12.6	4.1	55.4	0.0	14.0	1.4	4.2	100.0	20.9	64
Area											
Urban	12.0	5.9	1.6	79.0	0.3	0.0	0.0	1.2	100.0	17.9	226
Rural	10.6	18.3	3.2	56.8	0.7	3.4	3.8	3.3	100.0	28.8	264
Mother's education	on										
None/Primary	12.0	15.4	3.0	61.1	0.6	2.9	2.9	2.3	100.0	27.3	315
Secondary +	9.6	7.3	1.5	78.3	0.5	0.0	0.5	2.3	100.0	16.9	171
Wealth index											
Poorest 60%	10.6	17.4	2.5	60.3	0.8	2.7	3.0	2.7	100.0	28.0	335
Richest 40%	12.5	2.1	2.2	81.7	0.0	0.0	0.0	1.4	100.0	14.7	155
Language											
English/Creole	11.1	3.2	1.8	81.5	0.5	0.0	0.0	1.8	100.0	14.3	153
Spanish	12.7	16.3	2.4	65.5	0.0	0.4	1.8	0.8	100.0	29.0	224
Garifuna	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	18
Maya	5.9	16.1	4.3	50.3	3.0	11.8	3.0	5.7	100.0	22.0	61
Other	(12.0)	(29.3)	(3.3)	(36.4)	(0.0)	(2.7)	(9.8)	(6.5)	100.0	(41.3)	33
Total	11.2	12.6	2.4	67.0	0.5	1.8	2.0	2.3	100.0	23.8	489

* MICS indicator 14

Table EN.7: Use of improved water sources and improved sanitation Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Belize, 2006

Percentage of household population:									
	Using improved sources of drinking water*	Using sanitary means of excreta disposal**	Using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members					
District									
Corozal	96.0	93.4	89.4	1,124					
Orange Walk	91.9	99.3	91.6	1,132					
Belize	99.5	97.5	97.0	2,173					
Cayo	97.4	89.8	87.2	1,628					
Stann Creek	95.3	94.9	90.4	803					
Toledo	94.9	81.7	79.9	758					
Area									
Urban	99.2	96.1	95.3	3,693					
Rural	94.0	91.4	86.1	3,926					
Education of household head									
None/Primary	95.5	91.6	87.7	5,235					
Secondary +	99.3	99.1	98.3	2,174					
Wealth index									
Poorest 60%	94.4	89.6	84.7	4,571					
Richest 40%	99.6	99.8	99.4	3,047					
Language									
English/Creole	98.4	97.2	95.5	2,812					
Spanish	95.5	93.6	89.3	3,245					
Garifuna	99.7	94.9	94.6	373					
Мауа	91.9	79.5	74.6	804					
Other	97.8	96.9	94.7	377					
Total	96.5	93.7	90.6	7,610					

* MICS indicator 11; MDG indicator 30

** MICS indicator 12; MDG indicator 31

Not Diaph-	Any	
using Female Male ragm/ Periodic An	iv tradi-	
any sterili- sterili- foam/ abstin- With- mod	ern tional Any No.	of
method zation zation Pill IUD Injections Implants Condom jelly LAM ence drawal Other method	nod method method* wom	men
		0.50
Corozal 69.1 10.5 0.0 10.4 2.4 2.9 0.0 0.4 0.0 0.0 3.9 0.0 0.4 2	.6.6 4.3 30.9 2	252
Orange walk 69.2 7.2 0.5 11.6 2.4 3.4 0.0 2.4 0.0 0.0 3.4 0.0 0.0 2	.7.4 3.4 30.8 2	245
Belize 52.5 13.8 0.0 14.7 2.8 5.0 0.2 8.9 0.0 0.0 1.4 0.8 0.0 4	5.3 2.1 47.5 5	507
Cayo 75.2 4.5 0.2 8.0 0.8 4.4 0.0 2.5 0.5 0.8 0.7 0.2 2.2 2	0.9 3.9 24.8 3	355
Stann Creek 65.9 8.6 0.0 7.0 2.6 8.5 0.5 3.6 0.0 1.0 0.0 0.0 2.3 3		1/8
	.0.6 2.8 23.4 1	138
Area	55 34 399 5	972
Oldari 01.2 0.1 12.0 2.3 3.2 0.0 0.0 0.1 0.1 1.3 0.4 1.3 3 Rural 70.6 9.0 0.1 8.8 1.8 4.8 0.2 1.5 0.1 0.5 1.0 0.1 0.5 2	5.5 5.4 50.6 6	803
	.0.4 3.0 29.4 0	005
15-19 88.5 0.0 0.0 3.6 0.3 1.6 0.0 5.5 0.0 0.3 0.0 0.0 0.3 1	10 06 115 3	352
20-24 67.6 1.2 0.0 13.4 1.4 8.1 0.0 5.3 0.4 0.0 1.0 0.3 1.2 2	9.8 2.6 32.4 2	280
25-29 51.4 5.9 0.0 21.2 2.8 8.7 0.0 5.6 0.0 0.4 3.2 0.4 0.4 4	4.2 4.3 48.6 2	244
30-34 55.4 10.9 0.0 15.8 2.3 7.2 0.4 3.8 0.0 0.4 2.3 0.4 1.2 4	0.4 4.3 44.6 2	235
35-39 54.3 18.1 0.5 8.4 4.5 5.7 0.0 3.8 0.0 0.3 3.3 0.8 0.4 4	1.0 4.7 45.7 2	225
40-44 59.1 21.2 0.0 8.0 3.2 1.4 0.5 1.6 0.4 0.5 1.6 0.0 2.5 3	6.2 4.7 40.9 1	191
45-49 73.5 16.1 0.5 4.6 0.6 1.4 0.0 0.7 0.0 0.0 1.3 0.0 1.2 2	3.9 2.6 26.5 1	148
Number of living children		
0 <u>86.5</u> 0.2 0.0 4.8 0.2 1.3 0.0 <u>5.5</u> 0.0 0.0 0.4 0.2 0.9 1	2.0 1.5 13.5 5	525
1 55.8 2.8 0.0 19.5 3.3 9.8 0.0 5.1 0.0 0.5 2.9 0.4 0.0 4	0.5 3.8 44.2 2	222
2 54.4 9.6 0.3 16.9 3.1 6.9 0.0 3.9 0.7 0.4 2.3 0.4 1.1 4	1.4 4.2 45.6 2	245
3 52.3 14.5 0.0 16.0 3.5 6.2 0.4 2.7 0.0 0.0 3.1 0.0 1.2 4	3.3 4.4 47.7 2	221
4+ <u>59.1 18.4 0.3 7.5 2.4 5.4 0.2 2.9 0.0 0.6 1.6 0.4 1.2 3</u>	7.2 3.7 40.9 4	462
Education		
None/Primary 67.8 9.0 0.1 9.5 2.1 5.5 0.2 2.6 0.1 0.3 1.7 0.2 1.0 2	9.0 3.2 32.2 9	909
Secondary + 63.2 8.7 0.1 12.2 2.0 4.4 0.0 6.0 0.1 0.2 1.7 0.4 0.8 3	3.6 3.2 36.8 7	766
Wealth index 0.0 <t< td=""><td>7.5 0.4 00.7 (</td><td>0.47</td></t<>	7.5 0.4 00.7 (0.47
Pooles: 60% 69.3 8.5 0.0 8.9 1.8 5.3 0.1 2.8 0.1 0.5 1.8 0.3 0.6 2		947
Riciles: 40% 60.9 9.3 0.3 13.1 2.4 4.7 0.1 5.9 0.1 0.0 1.6 0.3 1.4 3	5.8 3.2 39.1 7	728
English/Creale 55.8 12.4 0.3 14.6 2.2 4.7 0.0 6.8 0.1 0.0 1.7 0.6 0.8 4	11 31 442 F	641
Spanish 695 76 0.0 98 23 56 0.1 22 0.1 0.1 21 0.1 0.4 2	7.8 2.7 30.5 7	731
Garifuna 67.9 7.9 0.0 3.5 1.2 2.2 0.1 2.2 0.1 0.1 2.1 0.1 0.4 2	2.7 30.0 7	80
Mava 84.6 1.8 0.0 54 0.0 62 0.6 0.0 0.0 0.7 0.0 0.0 0.6 1	41 13 154 1	151
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	99 85 28 <i>4</i>	71
	0.0 20.7	
Total 65.7 8.9 0.1 10.8 2.1 5.0 0.1 4.1 0.1 0.3 1.7 0.3 0.9 3	1.2 3.2 34.3 1,6	674

Table RH.1: Use of contraception Percentage of women aged 15-49 who are using (or whose partner is using) a contraceptive method, Belize, 2006

* MICS indicator 21; MDG indicator 19C

Table RH.2: Unmet need for contraception Percentage of women aged 15-49 years with an unmet need for family planning and percentage of demand for contraception satisfied, Belize, 2006

		Unmet need for contraception				Percentage of demand	Number of
	Current use of	Unmet	need for contra	ception	Number of	contraception	need for
	contraception*	For spacing	For limiting	Total**	women	satisfied***	contraception
District							
Corozal	30.9	17.4	10.1	27.5	252	52.9	147
Orange Walk	30.8	18.3	15.9	34.1	245	47.4	159
Belize	47.5	13.5	18.9	32.3	507	59.5	405
Сауо	24.8	14.8	16.4	31.1	355	44.3	198
Stann Creek	34.1	13.7	15.2	28.9	178	54.1	112
Toledo	23.4	16.5	14.4	30.9	138	43.1	75
Area							
Urban	38.8	15.0	15.5	30.6	872	56.0	605
Rural	29.4	15.7	16.1	31.8	803	48.1	491
Age							
15-19	11.5	34.9	10.5	45.4	352	20.3	200
20-24	32.4	28.6	13.0	41.5	280	43.8	207
25-29	48.6	12.0	11.8	23.8	244	67.1	177
30-34	44.6	7.4	17.5	24.9	235	64.2	163
35-39	45.7	1.3	19.7	21.0	225	68.5	150
40-44	40.9	1.6	25.5	27.1	191	60.2	130
45-49	26.5	0.8	19.3	20.1	148	56.8	69
Education							
None/Primary	32.2	11.9	17.0	28.9	909	52.7	556
Secondary +	36.8	19.3	14.4	33.7	766	52.2	540
Wealth index							
Poorest 60%	30.7	15.5	16.1	31.7	947	49.2	590
Richest 40%	39.1	15.0	15.4	30.4	728	56.2	506
Language							
English/Creole	44.2	13.9	16.2	30.1	641	59.4	476
Spanish	30.5	16.5	15.2	31.7	731	49.0	455
Garifuna	32.1	16.0	18.3	34.3	80	48.4	53
Мауа	15.4	15.8	17.2	32.9	151	31.9	73
Other	(28.4)	(14.6)	(12,5)	(27,1)	(71)	(51.2)	39
	()	(110)	(1=10)	()		()	
Total	34.3	15.3	15.8	31.2	1,674	52.4	1,097

* MICS indicator 21; MDG indicator 19C

** MICS indicator 98

*** MICS indicator 99

 Table RH.3: Antenatal care provider

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

	Medical	Person p	roviding an	tenatal care Community		No antenatal care		Any skilled	Number of women who gave birth in the preceding
	doctor	midwife	midwife	worker	Other	received	Total	personnel*	two years
District									
Corozal	(61.9)	(36.0)	(2.1)	(0.0)	(0.0)	(0.0)	100.0	(100.0)	45
Orange Walk	(57.1)	(28.5)	(7.2)	(4.8)	(0.0)	(2.4)	100.0	(92.7)	49
Belize	62.6	33.9	0.0	1.2	1.2	1.2	100.0	96.5	83
Cayo	34.6	62.2	0.0	3.2	0.0	0.0	100.0	96.8	67
Stann Creek	(29.0)	(64.9)	(0.0)	(3.1)	(0.0)	(3.1)	100.0	(93.9)	30
Toledo	(11.5)	(68.1)	(0.0)	(13.6)	(0.0)	(6.9)	100.0	(79.5)	41
Area									
Urban	56.7	36.4	1.6	2.4	0.7	2.2	100.0	94.8	146
Rural	36.3	55.7	1.2	5.0	0.0	1.6	100.0	93.3	169
Age									
15-19	(41.9)	(51.5)	(0.0)	(6.6)	(0.0)	(0.0)	100.0	(93.4)	35
20-24	42.2	52.6	0.0	4.1	0.0	1.1	100.0	94.8	92
25-29	48.1	45.3	1.3	2.1	0.0	3.2	100.0	94.7	89
30-34	57.9	38.1	0.0	4.0	0.0	0.0	100.0	96.0	50
35-39	(43.1)	(41.9)	(6.8)	(2.6)	(2.8)	(2.7)	100.0	(91.8)	35
40-44	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	12
45-49	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	3
Education									
None/Primary	35.9	55.4	2.3	5.0	0.0	1.4	100.0	93.6	195
Secondary +	61.8	32.9	0.0	1.9	0.8	2.6	100.0	94.7	120
Wealth index									
Poorest 60%	38.4	53.6	1.6	4.7	0.0	1.8	100.0	93.5	212
Richest 40%	61.0	32.8	1.2	2.0	1.0	2.1	100.0	95.0	103
Language									
English/Creole	50.2	42.8	0.0	2.3	0.9	3.8	100.0	93.0	105
Spanish	50.7	43.2	2.4	3.6	0.0	0.0	100.0	96.4	137
Garifuna	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	7
Maya	(4.9)	(78.6)	(0.0)	(11.7)	(0.0)	(4.7)	100.0	(83.5)	40
Other	(76.6)	(18.7)	(4.7)	(0.0)	(0.0)	(0.0)	100.0	(100.0)	25
Total	45.9	46.6	1.4	3.8	0.3	1.9	100.0	94.0	314

* MICS indicator 20

Table RH.4: Antenatal care

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

	Percent of pregnant women receiving ANC one or more times during pregnancy	Per Blood test taken*	cent of pregnant Blood pressure measured*	women who ha Urine specimen taken*	d: Weight measured*	Number of women who gave birth in two years preceding survey
District						
Corozal	(100.0)	(97.9)	(100.0)	(86.4)	(100.0)	45
Orange Walk	(97.6)	(92.8)	(95.2)	(88.0)	(92.8)	49
Belize	98.8	96.4	96.4	95.2	97.6	83
Сауо	100.0	98.9	98.9	95.8	100.0	67
Stann Creek	(96.9)	(93.9)	(96.9)	(79.0)	(93.9)	30
Toledo	(93.1)	(84.1)	(81.7)	(68.2)	(86.3)	41
Area						
Urban	97.8	95.2	94.5	90.8	96.4	146
Rural	98.4	94.3	96.1	85.4	95.5	169
Age						
15-19	(100.0)	(97.2)	(100.0)	(78.3)	(100.0)	35
20-24	98.9	95.1	97.1	86.8	98.0	92
25-29	96.8	95.8	95.8	91.5	95.8	89
30-34	100.0	97.6	93.8	89.9	97.6	50
35-39	(97.3)	(85.7)	(89.0)	(89.0)	(85.7)	35
40-44	(*)	(*)	(*)	(*)	(*)	12
45-49	(*)	(*)	(*)	(*)	(*)	3
Education						
None/Primary	98.6	95.2	95.7	85.9	95.9	195
Secondary +	97.4	94.0	94.9	91.1	95.8	120
Wealth index						
Poorest 60%	98.2	95.1	95.1	86.5	95.4	212
Richest 40%	97.9	93.9	96.0	90.7	96.9	103
Language						
English/Creole	96.2	94.3	93.4	91.0	95.2	105
Spanish	100.0	97.2	98.6	88.6	99.1	137
Garifuna	(*)	(*)	(*)	(*)	(*)	7
Мауа	(95.3)	(90.6)	(88.2)	(81.2)	(90.6)	40
Other	(*0)	(*)	(*)	(*)	(*)	25
Total	98.1	94.7	95.4	87.8	95.9	314

* MICS indicator 44

 Table RH.5: Assistance during delivery

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

	_	Person	assisting a	t delivery						Number of women
	Medical	Nurse/	Auxiliary	Traditional birth	Other	No	Total	Any skilled	Delivered in health	who gave birth in preceding
District	QOCIOI	mawie	midwire	allenuarit	Other	allendani	TOLAI	personnei	Tacinty	two years
Corozal	(55.5)	(30.4)	(5.1)	(0,0)	(0, 0)	(0,0)	100.0	(100.0)	(80.8)	45
Orange Walk	(54.8)	(42.8)	(2.4)	(0.0)	(0.0)	(0.0)	100.0	(100.0)	(92.7)	49
Belize	75.2	23.6	(2.1)	0.0	12	(0.0)	100.0	98.8	98.8	83
Cayo	16.8	83.2	0.0	0.0	0.0	0.0	100.0	100.0	96.9	67
Stann Creek	(34.7)	(53.5)	(5.7)	(6,1)	(0.0)	(0.0)	100.0	(93.9)	(79.8)	30
Toledo	(22.8)	(52.3)	(0.0)	(0.0)	(15.8)	(9.1)	100.0	(75.1)	(52.4)	41
Area	()	(====)	(010)	(010)		(0)		(1011)	()	
Urban	56.8	41.1	1.5	0.0	0.6	0.0	100.0	99.3	93.4	146
Rural	36.7	54.3	1.8	1.1	3.9	2.2	100.0	92.8	83.9	169
Age										
15-19	(39.2)	(56.9)	(3.8)	(0.0)	(0.1)	(0.0)	100.0	(100.0)	(94.5)	35
20-24	41.5	56.5	0.0	0.0	2.0	0.0	100.0	98.0	93.6	92
25-29	54.5	37.4	3.0	1.0	4.1	0.0	100.0	94.8	89.6	89
30-34	59.7	40.3	0.0	0.0	0.0	0.0	100.0	100.0	89.6	50
35-39	(37.2)	(43.1)	(3.4)	(2.6)	(5.6)	(8.1)	100.0	(83.7)	(71.9)	35
40-44	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	12
45-49	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	3
Education										
None/Primary	38.8	53.4	1.5	0.9	3.5	1.9	100.0	93.8	84.6	195
Secondary +	57.8	39.6	1.8	0.0	0.8	0.0	100.0	99.2	94.3	120
Wealth index										
Poorest 60%	37.6	55.2	1.4	0.9	3.1	1.8	100.0	94.3	85.4	212
Richest 40%	63.3	33.7	2.1	0.0	0.9	0.0	100.0	99.0	94.3	103
Language										
English/Creole	54.3	42.7	2.0	0.0	1.0	0.0	100.0	99.1	96.3	105
Spanish	47.5	50.5	1.4	0.0	0.0	0.7	100.0	99.3	92.8	137
Garifuna	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	7
Maya	(9.6)	(66.9)	(0.0)	(4.6)	(14.2)	(4.7)	100.0	(76.5)	(50.4)	40
Uther	(54.7)	(33.1)	(4.7)	(0.0)	(3.7)	(3.8)	100.0	(92.5)	(89.3)	25
Total	45.9	48.3	1.6	0.6	2.4	1.2	100.0	95.8	88.2	314

* MICS indicator 4; MDG indicator 17

** MICS indicator 5

 Table CD.1: Family support for learning

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

	Percentage of children aged 0-59 months									
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children aged 0-59 months				
Sex										
Male	83.8	5.0	51.2	2.0	25.5	395				
Female	86.5	5.1	52.7	2.1	25.8	401				
District										
	80.0	5.0	62.2	2.2	16.6	103				
	81.9	5.0	37.3	1.3	12.1	121				
Belize	89.4	5.2	45.6	2.0	39.5	193				
Cayo Stern Creak	89.5	5.2	56.4	2.4	26.2	192				
Stann Creek	94.8	5.6	71.6	3.2	34.2	88				
	69.3	4.4	45.4	1.4	15.8	99				
Area										
Dural	88.1	5.2	50.2	2.1	33.6	360				
	82.7	5.0	53.4	2.0	19.0	436				
Aye 0-23 months	70.7	1.0	54.0	0.0	01.0	200				
24-59 months	/6./	4.6	51.8	2.0	24.0	330				
Mother's education	91.1	5.4	52.0	2.1	26.8	466				
None/Primary	00.0	5.0	50.0	1.0	24.0	E 4 7				
Secondary +	82.2	5.0	50.6	1.9	21.8	517				
Eather's education	90.5	5.3	54.1	2.3	33.4	273				
None/Primary	02.4	E 4	50.4	0.0	na	270				
Secondary +	83.1	5.1	59.1	2.3	na	379				
Eather not in HH	00.2	5.3	/4.0 na	J.I na	na	190				
Wealth index	00.0	5.0	i i i i i i i i i i i i i i i i i i i	na -	The second se	204				
Poorest 60%	9.2.9	5.0	40.6	1.0	24.8	533				
Richest 40%	90.0	5.0	49.0	1.9	24.0	263				
	90.0	0.0	50.7	2.5	27.5	205				
English/Creole	89.6	5.2	52.3	2.2	34.3	256				
Spanish	86.4	5.2	53.4	2.2	25.8	346				
Garifuna	(91.5)	(5.3)	(41.0)	(1.6)	(55.5)	34				
Мауа	70.0	(0.3)	54 9	2.0	6.8	107				
Other	83.1		42.4	1.8	0.0	53				
	00.1	0.1	T 2. T	1.0	0.0					
Total	85.3	5.1	52.0	2.1	25.5	795				

* MICS indicator 46

** MICS Indicator 47

() Figures that are based on 25-49 unweighted cases na: Not applicable

Table CD.2: Learning materials Percentage of children aged 0-59 months living in households containing learning materials, Belize, 2006

	Children	Children living in households with: Child has:				Ch	vild plays w	/ith-		I	
	3 or more non-	Median number of non-	3 or more child-	Median number	House-	Objects and materials	Home-	Toys that	No play-	3 or more types	Number of children
	ren's	ren's	ren's	ren's	hold	outside	made	from a	things	things	59
Sex	DOOKS"	DOOKS	DOOKS	DOOKS	objects	the nome	toys	store	mentioned		months
Male	71.7	10	56.2	3	25.5	42.8	25.3	91.9	4.2	26.3	395
Female	71.1	10	57.0	4	29.5	35.7	26.9	87.3	7.4	24.8	401
District				-							
Corozal	71.6	10	68.5	6	35.0	54.4	15.0	95.6	3.4	28.1	103
Orange Walk	84.1	10	69.3	5	32.4	40.5	17.9	91.5	7.6	26.4	121
Belize	81.9	10	69.2	6	27.9	31.2	16.2	92.3	6.4	20.8	193
Сауо	73.5	10	52.8	3	29.5	41.5	23.1	88.7	7.1	29.7	192
Stann Creek	58.7	5	45.8	2	18.7	44.6	56.9	79.5	3.9	27.5	88
Toledo	42.1	2	21.4	0	17.1	28.2	45.3	86.5	4.5	21.7	99
Area											
Urban	78.4	10	64.5	5	30.0	36.9	18.1	91.6	6.5	23.7	360
Rural	65.5	10	50.2	3	25.5	41.1	32.7	88.0	5.3	27.1	436
Age											
0-23 months	65.6	10	46.9	2	26.7	25.7	20.0	84.3	12.6	20.0	330
24-59 months	75.4	10	63.5	5	28.1	48.7	30.4	93.3	1.1	29.6	466
Mother's education											
None/Primary	66.2	10	48.9	2	26.9	39.9	30.2	89.3	5.2	26.4	517
Secondary +	81.4	10	71.9	10	29.3	38.2	17.3	89.9	7.3	24.0	273
Wealth index											
Poorest 60%	66.6	10	47.0	2	26.5	42.8	28.6	88.3	5.8	27.2	533
Richest 40%	80.9	10	76.2	10	29.7	32.0	21.0	92.3	6.0	22.3	263
Language											
English/Creole	81.7	10	70.0	7	29.0	36.6	21.0	90.9	6.7	22.4	256
Spanish	68.1	10	51.8	3	28.6	42.1	20.0	90.9	5.9	27.8	346
Garifuna	(77.9)	10	(62.9)	5	(21.6)	(32.2)	(38.4)	(91.8)	(2.7)	(26.7)	34
Мауа	46.9	2	25.0	0	24.4	40.6	53.9	80.7	4.9	27.9	107
Other	89.0	10	84.3	10	23.9	35.1	27.0	92.9	3.6	21.8	53
Total	71.4	10	56.7	4	27.6	39.2	26.1	89.7	5.7	25.6	795

* MICS indicator 49

** MICS indicator 48

*** MICS indicator 50

Table CD.3: Children left alone or with other children Percentage of children aged 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Belize, 2006

Percentage of children aged 0-59 months					
	Left in the care of children under the age of 10 years in	Left alone in the	Left with inadequate	Number of children	
	past week	past week	care in past week*	aged 0-59 months	
Sex					
Male	2.6	3.0	4.2	395	
Female	3.3	2.3	3.7	401	
District					
Corozal	0.9	5.9	5.9	103	
Orange Walk	0.0	1.1	1.1	121	
Belize	1.6	1.6	1.6	193	
Сауо	4.4	0.5	4.9	192	
Stann Creek	1.0	1.0	1.0	88	
Toledo	9.9	9.0	10.7	99	
Area					
Urban	2.5	2.1	3.8	360	
Rural	3.2	3.2	4.1	436	
Age					
0-23 months	1.7	2.5	3.1	330	
24-59 months	3.8	2.8	4.6	466	
Mother's education					
None/Primary	2.7	2.8	3.6	517	
Secondary +	3.5	2.4	4.7	273	
Wealth index					
Poorest 60%	3.3	3.7	4.6	533	
Richest 40%	2.1	0.5	2.6	263	
Language					
English/Creole	1.2	1.2	2.4	256	
Spanish	3.3	3.3	4.8	346	
Garifuna	(9.2)	(9.2)	(9.2)	34	
Мауа	4.2	3.4	4.2	107	
Other	2.1	0.0	2.1	53	
Total	2.9	2.7	4.0	795	

* MICS indicator 51

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Table ED.1: Early childhood education Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders 1 who attended pre-school, Belize, 2006

	Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36- 59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex				
Male	31.4	144	32.2	50
Female	30.1	163	33.4	57
District				
Corozal	(50.0)	42	(*)	5
Orange Walk	(22.5)	43	(*)	11
Belize	46.7	66	(*)	20
Cayo	20.0	83	(44.6)	32
Stann Creek	(26.4)	42	(*)	20
Toledo	(17.1)	31	(*)	20
Area				
Urban	43.7	134	38.8	50
Rural	20.7	172	27.6	58
Age of child				
36-47 months	16.7	142	na	na
48-59 months	42.7	165	na	na
5 years	na	na	32.8	108
Mother's education				
None/Primary	21.6	204	26.6	77
Secondary +	49.7	101	(46.7)	29
Wealth index				
Poorest 60%	21.6	196	31.4	70
Richest 40%	47.0	110	(35.6)	37
Language				
English/Creole	43.1	102	(42.1)	38
Spanish	26.7	125	(39.2)	39
Garifuna	(*)	16	(*)	9
Мауа	(15.1)	45	(*)	19
Other	(*)	20	(*)	3
Total	30.7	307	32.8	108

* MICS indicator 52

** MICS indicator 53

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

na: Not applicable

Table ED.2: Primary school entry Percentage of children of primary school entry age attending grade 1, Belize, 2006

	Percentage of children of	
	primary school entry age currently attending grade 1 *	Number of children of primary
Sex		
Male	74.5	111
Female	67.8	119
District		
Corozal	(*)	24
Orange Walk	(48.0)	29
Belize	64.2	63
Сауо	82.5	58
Stann Creek	(71.5)	29
Toledo	(83.9)	27
Area		
Urban	75.8	104
Rural	67.1	126
Age at beginning of		
school year		
U Metherle education	71.0	230
level		
None/Primary	71.5	149
Secondary+	69.5	80
Missing/DK	(*)	2
Wealth index		
Poorest 60%	71.8	149
Richest 40%	69.5	80
Language		
English/Creole	72.9	85
Spanish	65.6	91
Garifuna	(*)	6
Мауа	(87.8)	30
Other	(*)	18
	71.0	230

* MICS Indicator 54 Table based on estimated age as of the beginning of the school year

Table ED.3: Primary school net attendance ratio Percentage of children of primary school age attending primary school or secondary school (NAR), Belize, 2006

	Male		Fem	Female		Total Net	
	attendance	Number of children	attendance	Number of children	attendance	Number of children	
District							
Corozal	93.6	93	93.9	66	93.7	159	
Orange Walk	89.5	92	94.1	73	91.5	165	
Belize	97.4	143	95.6	170	96.4	313	
Сауо	96.5	143	97.7	128	97.1	271	
Stann Creek	92.5	61	92.5	75	92.5	136	
Toledo	100.0	65	95.2	71	97.5	136	
Area							
Urban	96.4	264	97.1	255	96.7	518	
Rural	94.2	333	93.8	328	94.0	661	
Age at beginning of school year							
5	84.4	111	82.7	119	83.5	230	
6	97.3	95	100.0	88	98.6	183	
7	95.4	90	97.7	109	96.6	200	
8	98.8	92	98.2	93	98.5	185	
9	98.5	117	99.0	98	98.7	215	
10	97.8	91	97.4	76	97.6	166	
Mother's education level							
None/Primary	94.7	414	95.4	410	95.1	824	
Secondary+	96.5	179	94.8	170	95.7	348	
Missing/DK	(*)	3	(*)	4	(*)	7	
Wealth index							
Poorest 60%	94.4	385	94.3	389	94.4	773	
Richest 40%	96.5	212	97.0	194	96.8	406	
Language							
English/Creole	96.4	195	97.1	230	96.8	425	
Spanish	94.3	267	93.7	216	94.0	483	
Garifuna	(100.0)	19	(100.0)	26	(100.0)	45	
Maya	100.0	75	94.5	80	97.2	155	
Other	(84.0)	40	(90.0)	31	86.6	71	
Total	95.2	596	95.2	583	95.2	1,179	

* MICS indicator 55; MDG indicator 6 Table based on estimated age as of the beginning of the school year (*) Figures that are based on 25-49 unweighted cases

Table ED.4: Secondary school net attendance ratio Percentage of children of secondary school age attending secondary or higher school (NAR), Belize, 2006

	Mal	е	Fem	ale	Tot	al
	attendance	Number of	attendance	Number of	attendance	Number of
	ratio	children	ratio	children	ratio	children
District						
Corozal	45.4	89	45.8	110	45.6	200
Orange Walk	53.7	97	53.8	70	53.8	167
Belize	65.4	154	71.4	122	68.0	276
Сауо	59.0	128	69.1	120	63.9	248
Stann Creek	72.3	56	61.6	57	67.0	113
Toledo	46.8	55	48.0	62	47.4	117
Area						
Urban	68.4	261	72.3	245	70.3	506
Rural	49.3	320	49.2	295	49.2	615
Age at beginning of						
school year	/	00	00.0		50.0	004
10	55.4	90	62.2	114	59.2	204
12	64.2	106	67.2	97	65.6	203
13	74.2	104	61.1	95	67.9	198
14	56.3	105	64.5	68	59.5	174
15	55.2	94	47.4	77	51.7	171
16	37.0	83	53.6	88	45.5	171
Mother's education						
None/Primary	51.8	403	54.0	378	52.9	781
Secondary+	80.1	131	80.9	120	80.5	251
Mother not in household	(48.6)	44	(52.0)	37	50.1	82
Missing/DK	(*)	3	()	4	(*)	7
Wealth index						
Poorest 60%	50.9	358	50.5	350	50.7	708
Richest 40%	69.0	223	76.5	190	72.5	413
Language						
English/Creole	66.3	191	75.9	167	70.8	358
Spanish	51.2	270	53.1	252	52.1	522
Garifuna	(86.2)	34	(72.0)	33	79.2	67
Мауа	53.5	54	46.2	72	49.4	126
Other	(41.4)	32	()	15	(36.9)	48
Total	57.8	581	59.7	540	58.7	1,121

* MICS indicator 56

Table based on estimated age as of the beginning of the school year

Table ED.4w: Secondary school age children attending primary schoolPercentage of children of secondary school age attending primary school, Belize, 2006

	Ма	le	Fen	Female		Total		
	Percent attending primary school	Number of	Percent attending primary school	Number of children	Percent attending primary school	Number of		
District	00.1001	00		0				
Corozal	24.5	89	14.8	110	19.1	200		
Orange Walk	12.1	97	15.3	70	13.4	167		
Belize	11.4	154	16.0	122	13.4	276		
Сауо	14.0	128	9.8	120	12.0	248		
Stann Creek	14.5	56	18.6	57	16.5	113		
Toledo	18.4	55	18.2	62	18.3	117		
Area								
Urban	12.1	261	15.3	245	13.6	506		
Rural	17.5	320	14.4	295	16.0	615		
Age at beginning of school year								
11	41.2	90	34.3	114	37.3	204		
12	22.7	106	20.4	97	21.6	203		
13	10.9	104	12.7	95	11.8	198		
14	8.1	105	4.0	68	6.5	174		
15	4.6	94	2.4	77	3.6	171		
16	3.0	83	4.8	88	3.9	171		
Mother's education								
None/Primary	17.6	403	16.1	378	16.8	781		
Secondary+	11.9	131	12.9	120	12.4	251		
Mother not in household	(2.7)	44	(4.5)	37	3.5	82		
Missing/DK	(*)	3	(*)	4	(*)	7		
Wealth index								
Poorest 60%	16.4	358	16.1	350	16.2	708		
Richest 40%	13.0	223	12.4	190	12.7	413		
Language								
English/Creole	11.4	191	11.5	167	11.4	358		
Spanish	18.5	270	14.5	252	16.6	522		
Garifuna	(11.6)	34	(25.8)	33	18.7	67		
Мауа	18.3	54	17.3	72	17.7	126		
Other	(6.7)	32	(*)	15	(11.2)	48		
Total	15.1	581	14.8	540	14.9	1,121		

Table based on estimated age as of the beginning of the school year

Table ED.5: Children reaching grade 5 Percentage of children entering first grade of primary school who eventually reach grade 5, Belize, 2006

	Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade *
Sex					
Male	100.0	100.0	100.0	97.4	97.4
Female	100.0	100.0	100.0	100.0	100.0
District					
Corozal	100.0	100.0	100.0	95.6	95.6
Orange Walk	100.0	100.0	100.0	100.0	100.0
Belize	100.0	100.0	100.0	100.0	100.0
Сауо	100.0	100.0	100.0	95.9	95.9
Stann Creek	100.0	100.0	100.0	100.0	100.0
Toledo	100.0	100.0	100.0	100.0	100.0
Area					
Urban	100.0	100.0	100.0	98.5	98.5
Rural	100.0	100.0	100.0	99.1	99.1
Mother's education					
None/Primary	100.0	100.0	100.0	98.6	98.6
Secondary+	100.0	100.0	100.0	100.0	100.0
Wealth index					
Poorest 60%	100.0	100.0	100.0	98.7	98.7
Richest 40%	100.0	100.0	100.0	98.8	98.8
Language					
English/Creole	100.0	100.0	100.0	98.8	98.8
Spanish	100.0	100.0	100.0	97.8	97.8
Garifuna	100.0	100.0	100.0	100.0	100.0
Мауа	100.0	100.0	100.0	100.0	100.0
Other	100.0	100.0	100.0	100.0	100.0
Total	100.0	100.0	100.0	98.7	98.7

* MICS Indicator 57 ; MDG Indicator 7 Table based on estimated age as of the beginning of the school year

Table ED.6: Primary school completion and transition to secondary education Primary school completion rate and transition rate to secondary education, Belize, 2006

	Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last grade of primary school the previous year
Sex				
Male	69.6	106	89.9	98
Female	71.2	97	95.7	103
District				
Corozal	(49.1)	39	(91.9)	25
Orange Walk	(74.2)	38	(90.0)	32
Belize	(75.7)	45	(100.0)	37
Cayo	(70.6)	46	93.5	52
Stann Creek	(*)	14	(93.0)	27
Toledo	(*)	21	(86.5)	29
Area				
Urban	69.3	78	93.1	80
Rural	71.1	125	92.7	121
Mother's education				
None/Primary	69.3	153	91.7	153
Secondary+	(73.0)	49	(96.4)	47
Wealth index				
Poorest 60%	71.8	126	90.4	141
Richest 40%	68.1	77	98.5	60
Language				
English/Creole	71.3	69	96.0	60
Spanish	65.1	95	88.9	84
Garifuna	(*)	11	(*)	13
Maya	(*)	20	(94.4)	32
Other	(*)	9	(*)	13
Total	70.4	203	92.9	201

* MICS Indicator 59; MDG Indicator 7b ** MICS Indicator 58

Table based on estimated age as of the beginning of the school year

Table ED.7 : Education gender parity

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

		Primary school	Gender parity			Gender parity
	Primary school	net attendance	index (GPI) for	Secondary school	Secondary school	index (GPI) for
	ratio (NAR), girls	bovs	NAR*	(NAR), girls	(NAR), boys	NAR*
District	00.0	00.0	4.00	45.0	45.4	4.04
Orango Walk	93.9	93.6	1.00	45.8	45.4	1.01
	94.1	91.9	1.02	53.8	53.7	1.00
Cava	95.6	97.4	.98	/1.4	65.4	1.09
Cayu Stann Crook	98.3	96.5	1.02	69.1	59.0	1.17
Jahn Creek	92.5	92.5	1.00	61.6	72.3	.85
Area	95.2	100.0	.95	48.0	46.8	1.03
Area	07.4	00.4	1.01	70.0	00.4	1.00
Dural	97.4	96.4	1.01	/2.3	68.4	1.06
Rurai	93.8	94.9	.99	49.2	49.3	1.00
education						
None/Primary	95.6	95.3	1.00	54.0	51.8	1.04
Secondary+	94.8	96.5	.98	80.9	80.1	1.01
Mother not in				52.0	18.6	1.07
household				52.0	40.0	1.07
	100.0	76.1	1.31	27.0	35.1	.77
Wealth Index						
Poorest 60%	94.5	95.0	1.00	50.5	50.9	.99
Richest 40%	97.0	96.5	1.01	76.5	69.0	1.11
Language						
English/Creole	97.1	96.4	1.01	75.9	66.3	1.15
Spanish	94.0	94.3	1.00	53.1	51.2	1.04
Garifuna	100.0	100.0	1.00	72.0	86.2	.84
Maya	94.5	100.0	.94	46.2	53.5	.86
Other	90.0	89.3	1.01	27.5	41.4	.66
Total	95.4	95.5	1.00	59.7	57.8	1.03

* MICS Indicator 61; MDG Indicator 9 Table based on estimated age as of the beginning of the school year

			Number of
	Percentage literate*	Percentage not known	24 years
District			
Corozal	86.4	0.0	102
Orange Walk	85.3	2.9	80
Belize	92.4	0.0	183
Сауо	89.7	0.0	135
Stann Creek	88.5	0.0	76
Toledo	91.6	0.0	56
Area			
Urban	90.7	0.3	347
Rural	87.8	0.4	284
Education			
None/Primary	81.5	0.9	255
Secondary +	100.0	0.0	377
Age			
15-19	92.7	0.3	352
20-24	85.3	0.4	280
Wealth index			
Poorest 60%	88.0	0.6	370
Richest 40%	91.5	0.0	262
Language			
English/Creole	91.6	0.0	225
Spanish	88.1	0.8	289
Garifuna	(95.4)	(0.0)	35
Мауа	85.0	0.0	66
Other	(*)	(*)	16
Total	89.4	0.4	631

Table ED.8: Adult literacy Percentage of women aged 15-24 years that are literate, Belize, 2006

* MICS indicator 60; MDG indicator 8

Table ED.1: Early childhood education Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of children in infant 1 who attended pre-school, Belize, 2006

	Percentage of children aged 36-59 months currently attending early	Number of	Percentage of children attending infant 1 who attended preschool	Number of children
	childhood education*	children aged	program in	attending
-	education	30-39 monuts	previous year	inant i
Sex Male	21 /	144	20.0	50
Female	20.1	144	32.2	57
District	30.1	103	33.4	57
Corozal	(50.0)	40	(*)	E
Orange Walk	(30.0)	42	()	5 11
Belize	(22.3)	43	(*)	20
Cavo	40.7	83	(14.6)	20
Stann Creek	(26.4)	42	(44.0)	20
Toledo	(20.4)	42	(*)	20
Area	(17.1)	51	()	20
Urban	43.7	134	38.8	50
Rural	20.7	172	27.6	58
Age of child	20.1	172	21.0	30
36-47 months	16.7	142	na	na
48-59 months	42.7	165	na	na
5 years	na	na	32.8	108
Mother's education	ind.	The second se	02.0	100
None/Primary	21.6	204	26.6	77
Secondary+	49.7	101	(46.7)	29
Missing/DK	(*)	2	(*)	1
Wealth index				
Poorest 60%	21.6	196	31.4	70
Richest 40%	47.0	110	(35.6)	37
Language				
English/Creole	43.1	102	(42.1)	38
Spanish	26.7	125	(39.2)	39
Garifuna	(*)	16	(*)	9
Мауа	(15.1)	45	(*)	19
Other	(*)	20	(*)	3
Total	30.7	307	32.8	108

* MICS Indicator 52

** MICS Indicator 53

Table ED.2: Primary school entry Percentage of children of primary school entry age attending infant 1, Belize, 2006

	Percentage of children of	
	primary school entry age	Number of children of primary
	currently attending infant 1 *	school entry age
Sex	50.0	400
Fomalo	52.8	102
District	57.3	118
Corozal	(26.8)	27
Orange Walk	(20.0)	27
Belize	(30.7)	29
Cavo	71.0	54
Stann Creek	(85.6)	25
Toledo	(62.1)	35
Area	(02.1)	
Urban	55.4	100
Rural	55.1	120
Age		
5	55.2	220
Mother's		
education	E4.5	165
Secondary+	54.5	199
Missing/DK	(*)	3
Wealth index		5
Poorest 60%	52.8	146
Richest 40%	60.1	74
Language		
Grouped English/Creole	58.0	77
Spanish	51.2	86
Garifuna	(*)	00 0
Maya	(60.3)	35
Other	(*)	13
Total	55.2	220

* MICS Indicator 54
Table ED.3: Primary school net attendance ratio Percentage of children of primary school age attending primary school or secondary school (NAR), Belize, 2006

	Ma	le _	Fem	ale	То	tal
	attendance ratio	Number of children	attendance ratio	Number of children	attendance ratio*	Number of children
District						
Corozal	89.9	115	81.6	105	86.0	220
Orange Walk	84.3	123	87.0	99	85.5	222
Belize	88.8	191	90.4	228	89.7	418
Сауо	93.0	185	95.3	183	94.1	368
Stann Creek	92.6	87	93.1	94	92.9	182
Toledo	92.8	87	90.2	107	91.4	195
Area						
Urban	91.0	346	91.6	370	91.3	716
Rural	89.4	442	89.1	446	89.2	888
Age						
5	54.7	102	59.7	118	57.3	220
6	84.4	111	82.7	119	83.5	230
7	97.3	95	100.0	88	98.6	183
8	95.4	90	97.7	109	96.6	200
9	98.8	92	98.2	93	98.5	185
10	98.5	117	99.0	98	98.7	215
11	97.8	91	97.4	76	97.6	166
12	96.6	90	96.5	114	96.5	204
Mother's education						
None/Primary	89.4	557	90.2	572	89.8	1,130
Secondary+	92.3	225	90.5	236	91.4	461
Missing/DK Wealth index	(*)	5	(*)	8	(*)	13
Poorest 60%	89.3	512	89.1	540	89.2	1,052
Richest 40%	91.6	276	92.4	276	92.0	552
Language						
English/Creole	91.0	259	92.6	314	91.9	572
Spanish	89.7	348	88.0	309	88.9	657
Garifuna	(100.0)	26	(100.0)	41	100.0	67
Мауа	93.7	99	89.2	113	91.3	212
Other	77.1	56	(81.4)	39	78.9	95
Total	90.1	788	90.2	816	90.2	1.604

* MICS indicator 55; MDG indicator 6

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

Table ED.4: Secondary school net attendance ratio Percentage of children of secondary school age attending secondary or higher (NAR), Belize, 2006

					T-4-1		
	Ma	le	Fema	aie	l o Net	tai	
	attendance ratio	Number of children	attendance ratio	Number of children	attendance ratio*	Number of children	
District							
Corozal	30.4	63	30.5	74	30.5	138	
Orange Walk	30.5	66	31.8	50	31.0	117	
Belize	48.7	103	52.1	74	50.2	177	
Сауо	34.6	94	42.0	68	37.7	163	
Stann Creek	(47.2)	40	(33.0)	34	40.8	74	
Toledo	(22.0)	41	(25.7)	37	23.8	78	
Area							
Urban	52.6	174	54.5	150	53.5	324	
Rural	25.0	234	23.8	187	24.5	421	
Age							
13	11.5	106	18.3	97	14.8	203	
14	39.1	104	37.1	95	38.1	198	
15	44.4	105	56.7	68	49.2	174	
16	54.2	94	45.3	77	50.2	171	
Mother's education							
None/Primary	28.1	281	28.3	240	28.2	521	
Secondary+	57.6	101	63.6	76	60.2	176	
Mother not in household	(54.0)	25	(50.1)	21	(52.2)	45	
Missing/DK	(*)	2	(*)	1	(*)	3	
Wealth index							
Poorest 60%	27.4	257	26.5	215	27.0	472	
Richest 40%	52.7	152	56.8	122	54.5	274	
Language							
English/Creole	44.4	129	57.4	104	50.2	233	
Spanish	33.9	190	30.9	165	32.5	354	
Garifuna	(51.3)	27	(*)	18	(52.3)	45	
Мауа	(29.3)	40	(14.1)	43	21.5	83	
Other	(*)	23	(*)	7	(10.3)	30	
Total	36.8	409	37.5	337	37.1	746	

* MICS indicator 56

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

Table ED.4w: Secondary school age children attending primary school Percentage of children of secondary school age attending primary school, Belize, 2006

	Ma	le	Fen	nale	Тс	otal		
	Percent		Percent		Percent			
	attending	Number of	attending	Number of	attending	Number of		
	school	children	school	children	school	children		
District								
Corozal	41.4	63	24.2	74	32.1	138		
Orange Walk	35.5	66	33.9	50	34.8	117		
Belize	33.5	103	35.0	74	34.1	177		
Сауо	36.7	94	36.0	68	36.4	163		
Stann Creek	(38.8)	40	(44.8)	34	41.5	74		
Toledo	(46.1)	41	(38.3)	37	42.5	78		
Area								
Urban	33.1	174	32.9	150	33.0	324		
Rural	41.0	234	34.9	187	38.3	421		
Age								
13	75.4	106	70.1	97	72.9	203		
14	46.0	104	36.7	95	41.5	198		
15	20.0	105	11.8	68	16.8	174		
16	5.5	94	4.6	77	5.1	171		
Mother's education								
None/Primary	40.7	281	37.5	240	39.2	521		
Secondary+	34.8	101	29.2	76	32.4	176		
Mother not in household	(12.7)	25	(*)	21	(12.7)	45		
Missing/DK	(*)	2	(*)	1	(*)	3		
Wealth index								
Poorest 60%	38.8	257	35.4	215	37.2	472		
Richest 40%	35.6	152	31.6	122	33.8	274		
Language								
English/Creole	36.5	129	27.3	104	32.4	233		
Spanish	36.9	190	33.4	165	35.3	354		
Garifuna	(48.7)	27	(*)	18	(47.7)	45		
Мауа	(45.7)	40	(46.0)	43	45.9	83		
Other	(*)	23	(*)	7	(27.3)	30		
Total	37.6	409	34.0	337	36.0	746		

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

Table ED.5: Children reaching standard 3 Percentage of children infant 1 who eventually reach standard 3, Belize, 2006

		Percent attending	Percent attending	Percent attending	Percent who
	Percent attending	standard 1 who	standard 2 who	standard 3 who	reach standard
	in infant 1 last vear	last vear	1 last vear	2 last vear	enter infant 1 *
		,	, ,	,	
Sex	400.0	100.0	400.0	07.4	07.4
	100.0	100.0	100.0	97.4	97.4
Female	100.0	100.0	100.0	100.0	100.0
District					
Corozal	100.0	100.0	100.0	95.6	95.6
Orange Walk	100.0	100.0	100.0	100.0	100.0
Belize	100.0	100.0	100.0	100.0	100.0
Сауо	100.0	100.0	100.0	95.9	95.9
Stann Creek	100.0	100.0	100.0	100.0	100.0
Toledo	100.0	100.0	100.0	100.0	100.0
Area					
Urban	100.0	100.0	100.0	98.5	98.5
Rural	100.0	100.0	100.0	99.1	99.1
Mother's education level					
None/Primary	100.0	100.0	100.0	98.6	98.6
Secondary+	100.0	100.0	100.0	100.0	100.0
Wealth index					
Poorest 60%	100.0	100.0	100.0	98.7	98.7
Richest 40%	100.0	100.0	100.0	98.8	98.8
Language Grouped					
English/Creole	100.0	100.0	100.0	98.8	98.8
Spanish	100.0	100.0	100.0	97.8	97.8
Garifuna	100.0	100.0	100.0	100.0	100.0
Мауа	100.0	100.0	100.0	100.0	100.0
Other	100.0	100.0	100.0	100.0	100.0
Total	100.0	100.0	100.0	98.7	98.7

* MICS Indicator 57 ; MDG Indicator 7

	Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last grade of primary school the previous year
Sex				
Male	25.2	90	57.0	73
Female	25.1	114	45.6	50
District				
Corozal	(35.0)	34	(*)	17
Orange Walk	(30.8)	28	(*)	11
Belize	30.8	51	(48.5)	43
Сауо	(19.0)	47	(65.5)	31
Stann Creek	(*)	20	(*)	15
Toledo	(*)	24	(*)	6
Area				
Urban	25.1	97	54.3	77
Rural	25.2	107	(49.0)	46
Mother's education				
None/Primary	19.9	150	51.1	71
Secondary+	42.2	51	(56.2)	41
Mother not in household	(*)	0	(*)	5
Missing/DK	(*)	3	(*)	0
Wealth index				
Poorest 60%	20.8	132	51.5	56
Richest 40%	33.2	72	53.1	67
Language				
English/Creole	38.9	71	54.5	52
Spanish	20.6	89	40.9	52
Garifuna	(*)	12	(*)	11
Мауа	(*)	22	(*)	8
Other	(*)	11	(*)	0
Total	25.2	204	52.3	123

Table ED.6: Primary school completion and transition to secondary education Primary school completion rate and transition rate to secondary education, Belize, 2006

* MICS Indicator 59; MDG Indicator 7b ** MICS Indicator 58

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
District						
Corozal	81.6	89.9	0.91	30.5	30.4	1.00
Orange Walk	87.0	84.3	1.03	31.8	30.5	1.05
Belize	90.4	88.8	1.02	52.1	48.7	1.07
Сауо	95.3	93.0	1.03	42.0	34.6	1.21
Stann Creek	93.1	92.6	1.00	33.0	47.2	0.70
Toledo	90.2	92.8	0.97	25.7	22.0	1.17
Area						
Urban	91.6	91.0	1.01	54.5	52.6	1.04
Rural	89.1	89.4	1.00	23.8	25.0	0.95
Mother's education						
None/Primary	90.2	89.4	1.01	28.3	28.1	1.01
Secondary+	90.5	92.3	0.98	63.6	57.6	1.10
Wealth index						
Poorest 60%	89.1	89.3	1.00	26.5	27.4	0.97
Richest 40%	92.4	91.6	1.01	56.8	52.7	1.08
Language						
English/Creole	92.6	91.0	1.02	57.4	44.4	1.29
Spanish	88.0	89.7	0.98	30.9	33.9	0.91
Garifuna	100.0	100.0	1.00	53.7	51.3	1.05
Мауа	89.2	93.7	0.95	14.1	29.3	0.48
Other	81.4	77.1	1.06	0.0	13.6	0.00
Total	90.2	90.1	1.00	37.5	36.8	1.02

Table ED.7 : Education gender parity Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Belize, 2006

* MICS Indicator 61; MDG Indicator 9

Table ED.8: Adult literacyPercentage of women aged 15-24 years that are literate, Belize, 2006

	Percentage literate *	Percentage not known	Number of women aged 15-24 years
District			
Corozal	86.4	0.0	102
Orange Walk	85.3	2.9	80
Belize	92.4	0.0	183
Сауо	89.7	0.0	135
Stann Creek	88.5	0.0	76
Toledo	91.6	0.0	56
Area			
Urban	90.7	0.3	347
Rural	87.8	0.4	284
Education			
None/Primary	81.5	0.9	255
Secondary+	94.8	0.0	377
Age			
15-19	92.7	0.3	352
20-24	85.3	0.4	280
Wealth index			
Poorest 60%	88.0	0.6	370
Richest 40%	91.5	0.0	262
Language			
English/Creole	91.6	0.0	225
Spanish	88.1	0.8	289
Garifuna	(95.4)	(0.0)	35
Мауа	85.0	0.0	66
Other	(*)	(*)	16
Total	89.4	0.4	631

* MICS Indicator 60; MDG Indicator 8

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

Table CP.1: Birth registrationPercent distribution of children aged 0-59 months by whether birth is registered and reasons for
non-registration, Belize, 2006

	Birth is registered	Don't know if birth is registered	Number of children aged 0-59 months	Total	Number of children aged 0-59 months without birth registration
Sex					
Male	94.0	0.3	395	100.0	23
Female	94.8	1.3	401	100.0	16
District					
Corozal	97.8	0.0	103	100.0	2
Orange Walk	95.1	2.9	121	100.0	2
Belize	91.0	0.5	193	100.0	16
Сауо	98.4	0.0	192	100.0	3
Stann Creek	87.6	0.9	88	100.0	10
Toledo	94.7	0.9	99	100.0	4
Area					
Urban	91.8	0.9	360	100.0	26
Rural	96.5	0.7	436	100.0	12
Age					
0-11 months	89.6	2.0	164	100.0	14
12-23 months	96.0	0.5	166	100.0	6
24-35 months	97.0	0.0	159	100.0	5
36-47 months	96.1	0.6	142	100.0	5
48-59 months	93.5	0.8	165	100.0	9
Mother's education	05.4		547	100.0	40
None/Primary	95.4	1.0	517	100.0	18
Secondary+ Missing/DK	92.2	(*)	273	100.0	20
Weelth index	(*)	()	()	100.0	0
	00.7		500	400.0	
Piohoot 40%	93.7	1.0	533	100.0	28
	95.7	0.4	263	100.0	10
Grouped English/Creole	01 7	1.2	256	100.0	18
Spanish	97.1	0.6	346	100.0	8
Garifuna	(75.6)	(0)	340	100.0	8
Mava	95.7	(.0) 0 8	107	100.0	4
Other	93.7	0.0	53	100.0	- 1
Total	94.4	0.0	795	100.0	30

* MICS Indicator 62

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

Percentage of children 2-14 years of age who experience:											
	Only non- violent discipline	Percentage of Psychological punishment	Minor physical punishment	Severe physical punishment	Any Any psychological or physical punishment*	No discipline or punishment	believes that the child needs to be physically punished	Number of children aged 2- 14 years			
Sex											
Male	26.0	49.5	55.4	6.9	67.2	4.5	25.3	517			
Female	26.8	51.5	54.1	6.4	68.2	3.9	25.4	518			
District											
Corozal	26.0	57.8	52.5	4.5	72.5	1.5	10.0	156			
Orange Walk	35.4	35.9	46.7	2.8	59.6	2.1	12.3	149			
Belize	24.7	54.4	57.1	6.6	68.5	4.8	28.0	295			
Сауо	29.1	45.3	51.7	7.5	62.0	7.2	30.2	234			
Stann Creek	25.3	46.5	60.1	7.7	72.3	0.9	35.7	103			
Toledo	13.2	65.8	64.8	12.8	78.9	6.2	39.0	97			
Area											
Urban	25.3	51.0	54.3	6.6	67.3	5.0	22.3	515			
Rural	27.4	50.0	55.1	6.7	68.1	3.4	28.3	519			
Age											
2-4 years	26.6	41.9	57.0	4.3	64.3	7.7	23.8	214			
5-9 years	22.0	54.7	60.7	7.1	72.6	3.4	26.6	425			
10-14 years	31.0	50.6	47.1	7.5	64.3	3.1	24.7	396			
Mother's education											
None/Primary	28.6	48.4	53.0	6.5	65.5	4.4	26.0	676			
Secondary +	22.3	54.3	58.1	6.6	72.0	3.6	23.6	353			
Wealth index											
Poorest 60%	23.9	50.6	56.7	7.4	69.2	5.2	25.4	597			
Richest 40%	29.9	50.3	52.1	5.6	65.6	2.9	25.2	437			
Language											
English/Creole	22.1	58.2	59.8	8.7	72.3	4.5	30.5	388			
Spanish	29.8	43.7	50.3	4.3	64.6	3.4	16.4	450			
Garifuna	22.2	45.4	61.4	5.9	70.7	1.9	26.9	52			
Мауа	23.2	57.6	54.9	12.4	67.2	8.7	36.9	102			
Other	(41.3)	(41.4)	(46.9)	(0.0)	(56.3)	(2.4)	(42.6)	43			
Total	26.4	50 F	547	6.6	67.7	4.0	25.2	1 024			

Table CP.2: Child discipline Percentage of children aged 2-14 years according to method of disciplining the child, Belize, 2006

* MICS indicator 74

() Figures that are based on 25-49 unweighted cases

Table CP.3: 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, Belize, 2006

	Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner:								
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	Number of women aged 15- 49 years		
District	-						-		
Corozal	1.7	11.7	1.7	1.3	1.5	14.3	252		
Orange Walk	2.4	4.3	2.9	0.5	0.0	7.7	245		
Belize	0.8	4.9	0.6	1.2	0.9	6.2	507		
Сауо	3.3	7.4	2.9	1.8	1.7	10.5	355		
Stann Creek	6.0	12.6	9.4	4.0	2.0	18.5	178		
Toledo	9.6	19.2	13.7	11.6	10.9	34.2	138		
Area									
Urban	1.6	6.5	2.2	1.5	1.1	8.6	872		
Rural	4.4	10.4	5.1	3.3	3.0	16.0	803		
Age									
15-19	2.7	8.4	3.4	2.1	3.1	13.8	352		
20-24	2.7	11.8	4.3	1.3	1.3	15.5	280		
25-29	2.6	6.8	5.2	2.8	0.8	10.6	244		
30-34	2.6	4.8	1.6	2.4	1.7	7.5	235		
35-39	4.5	8.6	2.4	3.2	1.6	11.0	225		
40-44	3.2	9.9	5.9	4.0	3.3	14.9	191		
45-49	2.4	7.4	1.9	1.2	1.8	10.0	148		
Education									
None/Primary	4.4	10.8	5.2	3.3	3.1	16.6	909		
Secondary +	1.2	5.4	1.7	1.3	0.6	6.8	766		
Wealth index									
Poorest 60%	4.5	11.5	5.4	3.5	2.7	17.0	947		
Richest 40%	1.0	4.3	1.2	0.9	1.0	5.9	728		
Language									
English/Creole	2.0	6.6	2.4	1.9	0.5	8.3	641		
Spanish	2.1	8.0	2.3	1.0	1.2	10.5	731		
Garifuna	3.4	8.5	5.4	5.5	3.6	14.7	80		
Мауа	10.1	18.7	13.4	10.0	10.5	34.7	151		
Other	5.6	5.6	3.9	1.3	3.4	13.3	71		
Total	3.0	8.4	3.6	2.4	2.0	12.2	1,674		

* MICS indicator 100

	16	rcentage of	cilluren aç	jeu z-s yea		omyreporte	a by their file	Strief of car	etakei accon	and to the typ		3-9	5, 2000	2	
		Percentage	of childrer	aged 2-9	years with re	ported disal	bility by type	of disability	y			years		years	
		Difficulty seeing,			Difficulty in walking,		Not learning to do	No speak- ing /		Percentage of children aged 2-9					
	Delay in	either in		No	moving	Have fits,	things like	cannot	Appears	years with	Number		Number	Cannot	Number
	sitting,	the	Appears	under-	arms,	become	other	be	mentally	at least	OT childron	Speech	01 childron	name	01 childron
	or	or at	difficulty	of instr-	or	concious-	his/her	stood in	dull. or	reported	aged 2-	is not	aged 3-	one	aged 2
	walking	night	hearing	uctions	stiffness	ness	age	words	slow	disability*	9 years	normal	9 years	object	years
District															
Corozal	0.7	5.8	5.1	5.8	0.0	1.4	0.7	2.7	11.7	23.7	194	20.8	176	(*)	18
Orange Walk	7.1	5.1	2.0	1.0	2.0	1.5	1.5	4.6	5.0	19.1	213	24.4	184	(18.7)	29
Belize	2.7	2.3	2.1	5.4	1.6	1.8	3.9	2.9	3.8	17.1	367	27.8	325	15.2	42
Cayo	8.3	7.2	6.8	8.5	1.1	3.0	5.8	6.1	8.1	30.8	366	45.1	323	13.0	43
Stann Creek	8.2	5.4	4.0	5.5	2.5	1.0	7.5	3.1	4.5	21.7	180	7.7	163	(*)	17
Toledo	32.2	32.0	32.7	0.8	4.2	7.9	9.0	6.4	4.1	50.9	186	28.3	164	(*)	22
Area															
Urban	4.8	5.0	3.3	6.9	1.6	2.4	4.7	4.0	7.0	23.9	661	29.3	579	12.4	82
Rural	11.8	11.0	11.0	3.6	1.9	2.9	4.7	4.6	5.5	28.2	844	27.3	756	21.2	88
Age of child															
2-4	9.4	7.7	7.7	5.4	1.7	2.7	4.0	6.2	5.8	27.2	487	29.0	317	16.9	170
5-6	9.2	8.2	7.5	5.4	1.7	3.4	6.2	4.7	5.6	26.8	450	30.0	450	Na	na
7-9	7.8	9.1	7.6	4.4	1.9	2.1	4.1	2.4	6.9	25.1	568	26.3	568	Na	na
Mother's educa	tion														
None/primary	9.4	9.7	9.2	4.9	1.7	2.5	4.2	4.2	5.5	26.7	1,034	28.8	920	18.9	113
Secondary +	5.6	5.5	3.9	5.3	1.9	2.3	5.3	4.6	7.3	24.0	460	26.2	405	13.5	55
Wealth index															
Poorest 60%	10.8	9.8	9.6	4.2	2.0	3.2	5.2	4.9	5.4	27.7	1,005	29.4	881	17.2	124
Richest 40%	4.5	5.5	3.7	6.6	1.3	1.6	3.6	3.3	7.7	23.4	500	25.8	455	(16.2)	46
Language															
English/Creole	5.6	5.0	4.7	6.1	1.6	2.4	4.6	3.1	7.3	22.5	515	30.9	463	15.9	52
Spanish	5.6	6.2	5.9	4.5	1.2	1.9	3.1	5.0	7.1	23.2	622	28.3	540	17.9	83
Garifuna	11.3	7.5	5.3	7.5	1.4	0.0	5.2	3.0	3.8	25.4	65	11.0	56	(*)	9
Maya	23.5	23.6	21.5	3.0	3.8	7.1	10.1	4.9	2.0	43.6	215	26.9	196	(*)	19
Other	11.4	7.1	4.2	5.7	2.1	1.2	2.1	6.7	5.0	27.9	88	27.1	81	(*)	7
Total	8.7	8.4	7.6	5.0	1.8	2.7	4.7	4.4	6.2	26.3	1,505	28.2	1,335	16.9	170

Table CP.4: Child disability Percentage of children aged 2-9 years with disability reported by their mother or caretaker according to the type of disability, Belize, 2006

* MICS indicator 101

Na: Not applicable () Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

 Table HA.1: Knowledge of preventing HIV transmission

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

Percentage who know											
		transmissi	ion can be	prevented							
		Having	by:								
	Heard of	only one faithful uninfected sex	Using a condom every	Abstaining	Knows all three	Knows at least one	Doesn't know any	Number			
District	AIDS	partner	time	from sex	ways	way	way	of women			
District											
	97.7	68.3	66.2	54.9	35.1	88.3	11.7	252			
	98.6	70.2	66.5	71.7	43.3	90.4	9.6	245			
Belize	99.6	83.4	87.9	84.0	68.2	98.4	1.6	507			
Cayo	98.0	65.6	59.9	64.4	38.5	87.7	12.3	355			
Stann Creek	93.6	85.1	77.5	82.1	67.1	91.0	9.0	178			
Toledo	80.2	53.5	46.0	43.3	26.8	65.2	34.8	138			
Area											
Urban	99.3	78.5	79.8	78.1	58.3	95.5	4.5	872			
Rural	93.7	67.3	61.5	61.4	40.5	83.9	16.1	803			
Age											
15-19	94.7	69.6	68.6	70.6	49.7	88.0	12.0	352			
20-24	98.3	74.1	72.5	70.7	49.6	92.9	7.1	280			
25-29	96.2	70.6	72.0	69.5	49.0	87.4	12.6	244			
30-34	98.0	76.4	76.3	69.4	50.9	94.5	5.5	235			
35-39	98.2	77.4	70.7	70.5	49.1	91.9	8.1	225			
40-44	95.1	70.7	66.0	68.8	47.3	86.7	13.3	191			
45-49	95.6	75.5	71.2	70.9	53.6	86.9	13.1	148			
Education											
None/Primary	94.0	64.4	60.7	59.5	37.4	83.3	16.7	909			
Secondary +	99.6	83.5	83.3	82.6	64.4	97.9	2.1	766			
Wealth index											
Poorest 60%	94.7	67.3	63.1	63.0	41.4	85.0	15.0	947			
Richest 40%	99.1	80.7	81.4	79.2	60.7	96.4	3.6	728			
Language											
English/Creole	99.5	80.5	82.0	80.1	61.3	95.7	4.3	641			
Spanish	98.1	71.0	66.8	65.7	42.5	91.1	8.9	731			
Garifuna	99.0	88.4	79.7	87.6	71.8	96.6	3.4	80			
Мауа	77.9	48.3	45.8	44.3	26.0	63.0	37.0	151			
Other	91.2	63.5	59.0	60.0	45.6	75.0	25.0	71			
Total	96.6	73.1	71.0	70.1	49.7	89.9	10.1	1 674			

	Perce	ent who know th	nat:	Reject two most	Percent who	o know that:	
	HIV cannot b	e transmitted		common			
	D	y:	A healthy	misconceptions	HIV cannot	HIV can be	
			looking	healthy-looking	transmitted	transmitted	
	Supernatural	Mosquito	person can	person can be	by sharing	by sharing	Number of
District	means	Diles	De Intecteu	Intected	1000	TIEEUles	women
Corozal	84.6	65.7	77.0	46.2	80.1	93.7	252
Orange Walk	85.7	62.6	85.1	49.2	74.2	93.3	245
Belize	93.0	80.0	93.4	65.7	82.5	94.7	507
Cayo	84.8	66.5	84.8	50.3	73.3	89.9	355
Stann Creek	84.6	69.8	86.7	60.9	81.5	92.1	178
Toledo	54.2	43.9	60.4	31.7	50.8	65.2	138
Area							
Urban	91.4	77.5	91.2	64.1	82.7	94.9	872
Rural	77.8	58.5	77.2	42.6	69.3	85.9	803
Age							
15-19	82.6	73.8	82.6	56.3	76.9	88.7	352
20-24	87.5	70.9	89.9	58.9	80.7	93.2	280
25-29	83.6	64.5	83.2	48.1	69.5	88.2	244
30-34	85.1	67.0	85.9	53.9	78.3	91.5	235
35-39	86.2	70.3	81.0	55.6	77.1	92.7	225
40-44	84.6	62.2	86.4	52.0	77.6	91.2	191
45-49	85.0	64.9	81.7	47.2	71.0	89.0	148
Education							
None/Primary	79.5	57.4	76.6	40.8	68.9	86.9	909
Secondary +	91.2	81.4	93.9	69.2	84.9	95.1	766
Wealth index							
Poorest 60%	78.9	61.2	78.9	45.4	70.6	86.5	947
Richest 40%	92.5	77.8	91.7	64.7	83.6	96.0	728
Language							
English/Creole	91.6	78.7	94.4	66.4	82.6	94.4	641
Spanish	86.0	65.7	82.8	49.0	77.6	94.3	731
Garifuna	86.7	77.0	96.8	70.0	87.2	98.1	80
Мауа	58.2	40.9	58.2	26.9	46.7	62.5	151
Other	65.6	52.2	53.8	27.9	54.7	71.2	71
Total	84.8	68.4	84.5	53.8	76.2	90.7	1 674

Table HA.2: Identifying misconceptions about HIV/AIDS Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Belize, 2006

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Belize, 2006

	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women
District				
Corozal	50.2	46.2	28.0	252
Orange Walk	52.9	49.2	31.8	245
Belize	75.4	65.7	52.0	507
Сауо	46.0	50.3	27.6	355
Stann Creek	71.6	60.9	50.0	178
Toledo	37.1	31.7	19.3	138
Area				
Urban	66.5	64.1	46.7	872
Rural	49.9	42.6	27.2	803
Age				
15-19	56.8	56.3	38.5	352
20-24	58.8	58.9	41.2	280
15-24	57.7	57.4	39.7	632
25-29	57.2	48.1	32.8	244
30-34	59.8	53.9	37.9	235
35-39	60.4	55.6	37.8	225
40-44	56.7	52.0	35.3	191
45-49	62.3	47.2	35.8	148
Education				
None/Primary	47.2	40.8	24.7	909
Secondary +	72.0	69.2	52.4	766
Wealth Index				
Poorest 60%	50.8	45.4	29.0	947
Richest 40%	68.6	64.7	48.2	728
Language				
English/Creole	70.1	66.4	48.7	641
Spanish	52.1	49.0	31.7	731
Garifuna	75.1	70.0	55.5	80
Мауа	35.0	26.9	13.3	151
Other	51.7	27.9	22.3	71
Total	58.5	53.8	37.3	1,674

* MICS indicator 82; MDG indicator 19b

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

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

	Know AIDS can be	Percent	who know All	OS can be trar	smitted:	Didaat	
	from	_			_	know any	
	mother to child	During pregnancy	At delivery	Through breast milk	All three ways*	specific way	Number of women
District		,	,		,	,	
Corozal	97.0	92.0	59.6	75.8	50.3	0.8	252
Orange Walk	94.8	91.4	76.0	82.8	66.9	3.8	245
Belize	94.9	89.9	79.4	80.0	68.7	4.7	507
Сауо	90.6	86.0	62.5	73.5	51.8	7.5	355
Stann Creek	91.5	84.5	74.2	83.2	66.5	2.0	178
Toledo	67.2	63.1	52.8	52.8	43.1	13.0	138
Area							
Urban	96.3	91.1	74.3	80.8	63.9	3.0	872
Rural	86.5	82.1	64.5	71.9	55.2	7.1	803
Age							
15-19	88.1	84.1	64.7	74.7	56.0	6.6	352
20-24	94.0	91.0	73.4	79.8	65.3	4.3	280
25-29	92.0	84.2	65.9	75.1	55.7	4.2	244
30-34	93.4	86.9	72.6	78.6	61.2	4.6	235
35-39	94.5	87.9	72.7	78.0	60.1	3.7	225
40-44	90.3	88.3	73.1	73.7	62.6	4.8	191
45-49	89.4	85.8	66.2	74.7	58.2	6.2	148
Education							
None/Primary	87.4	82.1	64.6	73.3	55.1	6.7	909
Secondary +	96.7	92.4	75.5	80.3	65.2	3.0	766
Wealth index							
Poorest 60%	88.4	83.1	67.5	75.9	58.7	6.3	947
Richest 40%	95.8	91.6	72.3	77.2	61.1	3.2	728
Language							
English/Creole	95.5	89.8	74.5	79.5	63.0	4.0	641
Spanish	94.8	90.5	69.9	80.1	61.1	3.3	731
Garifuna	97.8	89.3	75.1	86.1	67.2	1.2	80
Мауа	65.4	61.5	53.0	51.5	41.0	12.6	151
Other	72.3	72.3	51.2	54.3	46.9	19.0	71
Total	91.6	86.8	69.6	76.5	59.7	5.0	1,674

* MICS indicator 89

Table HA.5: Attitudes toward people living with HIV/AIDS Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Belize, 2006

			Percent o	f women who	:		
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy fresh vegetables from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	Number of women who have heard of AIDS
District							
Corozal	9.5	46.7	43.5	53.9	83.9	16.1	246
Orange Walk	11.2	48.8	43.8	59.4	83.4	16.6	242
Belize	6.6	48.4	13.9	24.3	62.5	37.5	505
Сауо	9.9	41.0	34.6	40.8	73.4	26.6	348
Stann Creek	12.0	32.4	33.7	45.3	68.1	31.9	166
Toledo	28.9	36.8	55.4	58.8	82.8	17.2	110
Area							
Urban	6.7	47.6	21.3	32.2	67.8	32.2	866
Rural	14.9	40.2	44.7	53.6	79.4	20.6	752
Age							
15-19	12.9	51.8	33.6	43.5	78.3	21.7	333
20-24	12.3	49.5	31.4	42.5	77.1	22.9	275
25-29	11.5	41.6	34.5	44.4	72.0	28.0	235
30-34	7.8	41.4	25.4	40.7	70.9	29.1	230
35-39	10.2	38.5	32.4	41.8	70.1	29.9	221
40-44	8.6	42.1	33.7	41.7	71.6	28.4	182
45-49	7.4	36.4	35.1	37.8	66.2	33.8	142
Education							
None/Primary	14.2	43.0	45.7	52.2	81.1	18.9	855
Secondary +	6.5	45.5	17.0	30.8	64.4	35.6	763
Wealth index							
Poorest 60%	14.7	44.7	41.9	50.4	80.9	19.1	896
Richest 40%	5.4	43.6	20.1	31.8	63.7	36.3	722
Language							
English/Creole	5.9	44.4	18.5	29.5	63.2	36.8	638
Spanish	11.3	47.6	40.4	49.4	81.2	18.8	717
Garifuna	2.4	43.3	21.8	29.8	57.7	42.3	80
Мауа	33.5	34.4	60.3	64.5	87.5	12.5	118
Other	15.7	21.9	37.9	61.9	75.5	24.5	65
Total	10.5	44.2	32.2	42.2	73.2	26.8	1,617

* MICS indicator 86

Table HA.6: Knowledge of a facility for HIV testing Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Belize, 2006

	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
District					
Corozal	76.1	43.1	252	90.6	109
Orange Walk	86.2	41.4	245	88.4	102
Belize	93.7	59.3	507	95.4	301
Сауо	79.7	44.9	355	92.6	159
Stann Creek	82.6	50.9	178	84.4	90
Toledo	51.5	31.5	138	(80.4)	43
Area					
Urban	91.7	55.6	872	94.2	485
Rural	72.2	39.8	803	86.8	320
Age					
15-19	72.6	19.3	352	95.9	68
20-24	88.1	58.1	280	89.9	163
25-29	85.4	63.9	244	91.3	156
30-34	88.3	65.0	235	90.1	153
35-39	83.2	51.0	225	88.1	115
40-44	82.0	47.3	191	93.6	91
45-49	79.2	40.7	148	95.0	60
Education					
None/Primary	74.2	45.1	909	88.7	410
Secondary +	92.0	51.5	766	93.9	395
Wealth index					
Poorest 60%	75.5	44.0	947	88.1	416
Richest 40%	91.2	53.3	728	94.6	389
Language					
English/Creole	93.1	58.9	641	93.7	377
Spanish	81.6	46.2	731	90.4	337
Garifuna	92.6	46.5	80	(88.3)	37
Мауа	40.6	24.5	151	(77.4)	37
Other	69.7	20.7	71	(*)	15
Total	82.3	48.0	1,674	91.3	804

* MICS indicator 87

** MICS indicator 88

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

Table HA.7: HIV testing and counseling coverage during antenatal care Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Belize, 2006

	Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**	Number of women who gave birth in the 2 years preceding the survey
District					
Corozal	(100.0)	(81.4)	(87.7)	(83.5)	45
Orange Walk	(92.7)	(66.8)	(73.9)	(62.0)	49
Belize	96.5	75.8	92.8	88.1	83
Cayo	96.8	83.3	74.7	70.5	67
Stann Creek	(93.9)	(70.6)	(90.8)	(67.2)	30
Toledo	(79.5)	(59.1)	(56.8)	(40.9)	41
Area					
Urban	94.8	82.4	86.6	80.7	146
Rural	93.3	66.9	74.9	63.4	169
Age					
15-19	(93.4)	(80.0)	(86.3)	(84.2)	35
20-24	94.8	82.6	88.1	79.8	92
25-29	94.7	72.6	80.0	69.9	89
30-34	96.0	73.9	75.2	65.2	50
35-49	(89.4)	(57.1)	(67.7)	(55.8)	49
Education					
None/Primary	93.6	73.6	76.1	65.1	195
Secondary +	94.7	74.9	87.2	81.7	120
Wealth index					
Poorest 60%	93.5	73.8	77.8	66.8	212
Richest 40%	95.0	74.7	85.6	80.9	103
Language					
English/Creole	93.0	72.4	89.1	82.0	105
Spanish	96.4	84.0	86.2	78.0	137
Garifuna	(*)	(*)	(*)	(*)	7
Мауа	(83.5)	(62.7)	(53.7)	(37.3)	40
Other	(100.0)	(43.9)	(47.1)	(42.4)	25
Total	94.0	74.0	80.3	71.3	314

* MICS indicator 90

** MICS indicator 91

() Figures that are based on 25-49 unweighted cases (*) Figures that are based on less than 25 unweighted cases

		Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in the last 12 months	Number of women aged 15-24	Percent who had sex with non-marital, non-cohabiting partner *	Number of women aged 15-24 years who had sex in last 12 months	Percent who used a condom at last sex with a non-marital, non-cohabiting partner **	Number of women aged 15-24 years who had sex in last 12 months with a non- marital, non- cohabiting partner
District	Corozal	41.1	29.4	0.0	102	(27.2)	30	(*)	8
	Orange Walk	41.2	36.8	0.0	80	(4.0)	30	(*)	1
	Belize	58.2	51.7	1.1	183	62.2	94	51.7	59
	Сауо	46.0	30.8	0.0	135	(35.8)	42	(*)	15
	Stann Creek	61.4	48.8	2.1	76	(33.4)	37	(*)	12
	Toledo	61.1	45.8	1.7	56	(44.7)	26	(*)	11
Area	Urban	56.8	48.2	1.0	347	52.4	167	52.0	88
	Rural	44.6	31.9	0.3	284	20.9	91	(*)	19
Age	15-19	27.5	22.5	0.3	352	52.8	79	(67.7)	42
	20-24	81.3	64.0	1.3	280	36.3	179	37.0	65
Mother's	None/Primary	59.0	43.4	0.7	255	22.3	111	(34.3)	25
Education	Secondary+	46.2	39.1	0.7	377	55.6	148	53.5	82
Wealth index	Poorest 60%	52.4	39.7	0.9	370	33.4	147	(40.8)	49
	Richest 40%	49.8	42.5	0.4	262	51.8	111	56.0	58
First Language	English/Creole	61.3	52.9	0.8	225	56.5	119	57.7	67
of Head of	Spanish	46.1	35.2	0.3	289	25.7	102	(31.7)	26
Housenoid	Garifuna	(57.9)	(42.6)	(5.1)	35	(*)	15	(*)	10
	Maya	43.4	29.3	0.0	66	(*)	19	(*)	3
	Other	(*)	(*)	(*)	16	(*)	2	(*)	0
Total		51.2	40.8	0.7	631	41.1	257	49.5	106

Table HA.8: Condom use at last high-risk sex

Percentage of young women aged 15-24 who had high risk sex in the previous year and who used a condom at last high risk sex, Belize, 2006

* MICS Indicator 85

** MICS Indicator 83; MDG Indicator 19a

() Figures that are based on 25-49 unweighted cases
 (*) Figures that are based on less than 25 unweighted cases

						Living	with		Living	y with			N N N N N			
	Living with both parents	Only father alive	Ving with no Only mother alive	Both are alive	t Both are dead	Father alive	Father dead	1	father Mother alive	Mother dead	Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children	
Sex Male	68.4	0.4	0.3	6.0	0.2	17.6	3.5		16	0.4	15	100.0	6.0	10	1 602	
Female	68.2	0.4	0.3	5.1	0.2	18.8	3.7		1.0	0.4	1.3	100.0	6.3	4.9 5.4	1,092	
District	00.2	0.1	0.2	0.1	0.0	10.0	0.1		1.7	0.4	1.4	100.0	0.0	5.4	1,004	
Corozal	75.8	1.2	0.2	7.2	0.0	12.2	2.0		0.4	0.0	1.0	100.0	8.6	3.4	492	
Orange Walk	82.5	0.0	0.2	2.4	0.4	8.7	2.9		0.9	0.9	1.1	100.0	3.1	4.4	486	
Belize	49.4	0.4	0.5	8.2	0.5	30.3	6.7		2.4	0.4	1.3	100.0	9.5	8.6	843	
Cayo	71.0	0.7	0.2	5.0	0.3	17.1	1.5		2.0	0.4	2.0	100.0	6.1	3.0	768	
Stann Creek	63.6	0.8	0.3	5.1	0.2	22.1	4.1		1.7	0.3	1.9	100.0	6.4	5.6	365	
Toledo	81.2	0.0	0.2	3.4	0.0	9.9	3.6		0.5	0.5	0.8	100.0	3.7	4.2	391	
Area																
Urban	57.5	0.6	0.3	7.1	0.5	24.7	5.1		2.3	0.6	1.2	100.0	8.5	7.3	1,498	
Rural	77.1	0.4	0.3	4.4	0.1	12.9	2.4		0.8	0.2	1.5	100.0	5.1	3.3	1,849	
Age																
0-4 years	72.5	0.1	0.1	2.9	0.2	20.2	3.2		0.4	0.0	0.3	100.0	3.4	3.6	826	
5-9 years	71.2	0.6	0.3	5.9	0.0	17.1	2.5		1.3	0.2	0.8	100.0	6.8	3.7	1,018	
10-14 years	64.7	0.8	0.4	6.6	0.3	19.0	4.2		2.2	0.6	1.3	100.0	8.1	6.4	987	
15-17 years	62.9	0.4	0.4	7.2	0.8	15.6	5.3		2.2	0.9	4.4	100.0	8.7	7.7	515	
Wealth index	74.0	~ -				47.0						100.0		1.0	0.400	
Pichost 40%	/1.0	0.5	0.2	5.0	0.2	17.2	3.2		1.1	0.2	1.4	100.0	6.0	4.3	2,182	
Richest 40%	63.2	0.5	0.4	6.6	0.4	20.1	4.4		2.2	0.8	1.4	100.0	7.9	6.6	1,164	
English/Creole	54.5	0.3	0.3	7.0	0.4	28.1	4.8		2.4	0.4	1.9	100.0	7.9	6.2	1,131	
Spanish	71.7	0.8	0.4	5.7	0.2	15.0	3.1		1.1	0.6	1.4	100.0	7.1	5.1	1,447	
Garifuna	45.5	0.0	0.0	7.9	0.5	37.6	5.9		1.6	0.0	1.0	100.0	8.4	6.5	156	
Maya	90.0	0.7	0.2	3.0	0.2	3.1	1.5		0.9	0.2	0.4	100.0	4.0	2.7	427	
Other	96.2	0.0	0.0	0.0	0.0	0.9	2.9		0.0	0.0	0.0	100.0	0.0	2.9	185	
Total	68.3	0.5	0.3	5.6	03	18.2	3.6		15	0.4	14	100.0	6.6	5 1	3 345	

Table HA.9: Children's living arrangements and orphanhood Percent 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

* MICS indicator 78;

** MICS indicator 75;

	School attend	dance by orpha	ned children ag	ed 10-14 years, Be	elize, 2006	
	Percent	School	Percent of	School		
	of	attendance	children of	attendance rate	Double	
	children	rate of	whom both	of children of	orphans to	
	whose	children	parents are	whom both	non-	Total
	mother	whose	alive and	parents are	orphans	number of
	and	mother and	child is living	alive and child	school	children
	father	father have	with at least	is living with at	attendance	aged 10-14
	have died	died	one parent	least one parent	ratio*	years
Sex						
Male	0.2	100.0	85.4	94.8	1.06	507
Female	0.5	45.1	86.2	92.3	0.49	480
Area						
Urban	0.7	62.1	80.7	95.7	0.65	445
Rural	0.0	na	90.0	92.0	na	543
Wealth Index						
Poorest 60%	0.2	100.0	87.7	91.4	1.09	625
Richest 40%	0.6	45.1	82.7	97.5	0.46	362
Total	0.3	62.1	85.8	93.6	0.66	987

Table HA.10: School attendance of orphaned children

* MICS indicator 77; MDG indicator 20

Na: Not applicable

			# of Sampling	
		#	Regions	Approx III Lin
District	Urban/Rural	Households	HH per SR	each region
Corozal	Town	2,198	. 1	2.198
	Rural	4,952	3	1.651
			_	.,
Orange Walk	Town	3,113	2	1,557
U	Rural	5,061	3	1.687
				,
Belize	North Side	5,026	3	1,675
	South Side	10,342	7	1.477
	San Pedro	2,218	1	2,218
	Rural	3,982	3	1.327
			_	.,
Cavo	San Ignacio	1,766	1	1,766
Cayo	Santa Elena	1,212	1	1,212
	Bengue Vieio	1,121	1	1,121
	Belmopan	2,308	2	1.154
	Rural	5,130	3	1,710
				, -
Stann Creek	Dangriga	2,359	2	1,180
	Rural	4,284	3	1,428
Toledo	Punta Gorda	1,014	1	1,014
	Rural	4,049	3	1,350
Total		60,135	40	1,503
Sample Size of 3	.9% of	0.045		
nousenoias		2,345		
Approximately		2,400		
Eds per sampling	region	3		
I otal Eds sample	d	120		
Households per E	ED	20		

Appendix B. List of Personnel Involved in the Survey

- Glenn Avilez
 Chief Statistician
- Elizabeth Talbert Deputy Chief Statistician
- Elsid Glenn Statistician II, Social and Demographic Statistics Section
- Alicia Ramclam District Supervisor, Corozal District Office
- Luis Gonzales District Supervisor, Orange Walk District Office
- Audrey Villafranco Statistical Officer, Social and Demographic Statistics Section
- Melinda Blancaneaux Statistical Assistant, Social and Demographic Statistics Section
- Ivor Zuniga Statistical Assistant, Social and Demographic Statistics Section
- Kendis Neal District Supervisor, Belize District Office
- Yvonne Flowers Statistician II, Economic Statistics Section
- Robert Griffith District Supervisor, Cayo District Office
- Norman Zuniga District Supervisor, Stann Creek District Office
- Karl Tyndall District Supervisor, Toledo District Office
- Danny Tun Network/Database Administrator, Data Processing Section
- Lennox Nicholson Statistical Officer, Economic Statistics Section
- Jason Neal Driver
- Astrid Marchatz MICS3 Regional Coordinator, UNICEF

FIELD STAFF

<u>Corozal</u>

- Marciana Beh Field Supervisor
- Estillita Castañeda Editor
- Margarita Gutierrez Editor
- Selene Castillo Interviewer
- Paula Cabb Interviewer
- Almadelie Castañeda Interviewer
- Edna Luz Yah Interviewer

Orange Walk

- Ernestina Rodriguez
 Field Supervisor
- Michel Dias Editor
- Asidue Estrella Editor
- Idalmie García Interviewer
- Nurie Cawich Interviewer
- Elizabeth Whitzil Interviewer
- Belkis Hall Interviewer
- Roxannie García Interviewer

<u>Belize</u>

- Leni Jo Usher Head Field Supervisor
- Lorraine Smith Field Supervisor

- Deborah Waight Field Supervisor
- Karl Longsworth Field Supervisor
- Carolyn Cadle Editor
- Kendra Henkis Editor
- Inga Sandoval Editor
- Rita Longsworth Editor
- Melody Baizar Editor
- Andrew Rhaburn Editor
- Bernadine Anderson Interviewer
- Veradale Bennet Interviewer
- Shareth Broaster Interviewer
- Karen Brown Interviewer
- Sharie Francis Interviewer
- Lydia Abraham Interviewer
- Natalie Fuller Interviewer
- Kerrima Kelly Interviewer
- Catherine Rhaburn Interviewer
- Iman Neal Interviewer
- Dannett olivera Interviewer

<u>Cayo</u>

- Geraldine Welcome Field Supervisor
- Lorraine Young Field Supervisor
- Neima Longsworth Editor
- Elizabeth Jopson Editor
- Rosita Alpuche Editor
- Gaila Sheppard Interviewer
- Maricela Chi Interviewer
- Aura Luz Torres Interviewer
- Delvorine Gongora Interviewer
- Shawny Roth Interviewer
- Holdette Moro Interviewer
- Bernadine Welcome Interviewer
- Daphine Vega Interviewer

Stann Creek

- Sonia Villafranco Field Supervisor
- Leolin Tench Editor
- Durla Westby Editor
- María Flores Interviewer
- Monica Marcello Interviewer

- Lucy Polanco Interviewer
- Theresita Polanco
 Interviewer

<u>Toledo</u>

- Omar Selgado Field Supervisor
- Maureen Coleman Editor
- Shamae McKenzie Editor
- Delcia Franco Interviewer
- Rebecca Cal Interviewer
- Rosa Coc Interviewer
- Santa Choc Interviewer

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

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

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

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

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban and rural areas. Three of the selected indicators are based on households, 8 are based on household members, 13 are based on women, and 15 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.9 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculation

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

MIC	S Indicator	Base Population
	HOUSE	HOLDS
74	Child discipline	Children aged 2-14 years selected
	HOUSEHOLD	MEMBERS
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
75	Prevalence of orphans	Children aged under 18
	WON	1EN
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
60	Adult literacy	Women aged 15-24 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
83	Condom use with non-regular partners	Women aged 15-24 years that had a non-marital, non-cohabiting partner in the last 12 months
84	Age at first sex among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
	UNDE	R-5s
6	Underweight prevalence	Children under age 5
	Tuberculosis immunization coverage	Children aged 18-29 months
	Polio immunization coverage	Children aged 18-29 months
	Immunization coverage for DPT	Children aged 18-29 months
	Measles immunization coverage	Children aged 18-29 months
	Fully immunized children	Children aged 18-29 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: Total sample

				Orafficient		Square		Confidenc		dence
			Standard	of	Design	root of design			III	lits
		Value	error	variation	effect	effect	Weighted	Unweighted	r -	<i>r</i> +
	Table	(<i>r</i>)	(se)	(<i>se/r</i>)	(deff)	(deft)	count	count	2se	2se
			H	OUSEHOLDS	;					
Child discipline	CP.4	0.68	0.02	0.03	1.47	1.21	1,034	1,043	0.64	0.71
			HOUSE	EHOLD MEME	BERS					
Use of improved drinking water		0.07	0.01	0.01	2.02	1 4 2	7 6 1 0	1 022	0.05	0.00
Use of improved sepitation facilities	EN.I	0.97	0.01	0.01	2.03	1.42	7,019	1,032	0.95	0.90
Net primary school attendance rate	ED 3	0.94	0.01	0.01	1 / 2	1 10	1 604	1,032	0.88	0.90
Net secondary school attendance	LD.J	0.30	0.01	0.01	1.42	1.13	1,004	1,007	0.00	0.52
rate	ED.4	0.37	0.03	0.07	2.23	1.49	746	761	0.32	0.42
Primary completion rate	ED.6	0.25	0.03	0.14	1.27	1.13	204	208	0.18	0.32
Prevalence of orphans	HA.10	0.05	0.01	0.12	2.47	1.57	3,346	3,404	0.04	0.06
				WOMEN						
Skilled attendant at delivery	RH.5	0.96	0.01	0.01	0.69	0.83	315	312	0.94	0.98
Antenatal care	RH.3	0.94	0.01	0.01	0.90	0.95	315	312	0.91	0.97
Contraceptive prevalence	RH.1	0.34	0.01	0.04	1.40	1.18	1,675	1,675	0.32	0.37
Adult literacy	ED.8	0.89	0.01	0.01	0.94	0.97	632	639	0.87	0.92
Comprehensive knowledge about										
people	HA 3	0.37	0.01	0.04	1 29	1 14	1 675	1 675	0.35	0 40
Condom use with non-regular		0101	0.01	0.01			1,010	.,	0100	0110
partners	HA.9	0.49	0.04	0.09	0.75	0.87	107	109	0.41	0.57
Age at first sex among young		0.04	0.01	0.25	0.00	0.00	350	359	0.02	0.06
Attitude towards people with	TIA.0	0.04	0.01	0.25	0.99	0.99	352	550	0.02	0.00
HIV/AIDS	HA.5	0.27	0.01	0.04	0.90	0.95	1,618	1,615	0.25	0.29
Women who have been tested for										
HIV	HA.6	0.48	0.01	0.03	1.11	1.05	1,675	1,675	0.45	0.51
Knowledge of mother- to-child			0.04	0.00			4 075	4.075	o ==	
transmission of HIV	HA.4	0.60	0.01	0.02	0.98	0.99	1,675	1,675	0.57	0.62
	NILL 4	0.00	0.01	UNDER-55	1 10	1.05	070	070	0.04	0.00
Tuberculosis immunization	NU.1	0.06	0.01	0.16	1.10	1.05	673	679	0.04	0.08
coverage	CH.2	0.90	0.02	0.03	1.03	1.01	169	170	0.86	0.95
Polio immunization coverage	CH.2	0.72	0.03	0.04	0.67	0.82	158	160	0.67	0.78
Immunization coverage for DPT	CH.2	0.76	0.04	0.05	1.07	1.03	158	159	0.69	0.83
Measles immunization coverage	CH.2	0.85	0.03	0.03	0.91	0.96	166	167	0.80	0.90
Fully immunized children	CH.2	0.66	0.04	0.05	0.88	0.94	159	161	0.59	0.73
Acute respiratory infection in last										
two weeks	CH.6	0.05	0.01	0.18	1.48	1.22	796	796	0.03	0.07
pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	43	44	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.12	0.01	0.10	0.98	0.99	796	796	0.10	0.14
Received ORT or increased fluids										
and continued feeding	CH.5	0.26	0.04	0.15	0.74	0.86	97	98	0.18	0.34
Support for learning	CD.1	0.85	0.02	0.02	1.50	1.22	796	796	0.82	0.88
Birth registration	CP.1	0.94	0.01	0.01	1.69	1.30	796	796	0.92	0.97

Table SE.3: Sampling errors: Urban

areas

				0 55 1	Square		Confidence				
			Standard	Coefficient	Design	root of			lim	lits	
		Value	error	variation	effect	effect	Weighted	Unweighted	<i>r</i> -	<i>r</i> +	
	Table	(<i>r</i>)	(se)	(<i>se/r</i>)	(deff)	(deft)	count	count	2se	2se	
HOUSEHOLDS											
Child discipline	CP.4	0.67	0.02	0.04	1.46	1.21	515	516	0.62	0.72	
HOUSEHOLD MEMBERS											
Use of improved drinking water											
sources	EN.1	0.99	0.00	0.00	1.59	1.26	3,693	967	0.98	1.00	
Use of improved sanitation facilities	EN.5	0.96	0.01	0.01	1.27	1.13	3,693	967	0.95	0.98	
Net primary school attendance rate Net secondary school attendance	ED.3	0.91	0.01	0.01	0.90	0.95	716	730	0.89	0.93	
rate	ED.4	0.54	0.03	0.06	1.36	1.17	324	334	0.47	0.60	
Primary completion rate	ED.6	0.25	0.05	0.21	1.43	1.20	97	99	0.15	0.36	
Prevalence of orphans	HA.10	0.07	0.01	0.15	2.53	1.59	1,498	1,521	0.05	0.09	
				WOMEN							
Skilled attendant at delivery	RH.5	0.99	0.01	0.01	0.95	0.98	146	142	0.98	1.00	
Antenatal care	RH.3	0.95	0.02	0.02	1.42	1.19	146	142	0.90	0.99	
Contraceptive prevalence	RH.1	0.39	0.02	0.05	1.56	1.25	872	866	0.35	0.43	
Adult literacy	ED.8	0.91	0.01	0.02	0.90	0.95	347	350	0.88	0.94	
Comprehensive knowledge about HIV prevention among young											
people	HA.3	0.47	0.02	0.05	1.50	1.23	872	866	0.43	0.51	
Condom use with non-regular											
partners	HA.9	0.52	0.05	0.09	0.82	0.91	88	89	0.42	0.62	
neonle	HA 8	0.05	0.02	0.32	1 00	1 00	185	188	0.02	0.08	
Attitude towards people with		0.00	0.01	0.02					0.01	0.00	
HIV/AIDS	HA.5	0.32	0.01	0.05	0.81	0.90	866	859	0.29	0.35	
Women who have been tested for			0.00				070		o - o	o =0	
HIV	HA.6	0.56	0.02	0.03	0.86	0.93	872	866	0.52	0.59	
Knowledge of mother- to-child			0.00	0.00	4.40	4.00	070		0.00	0 0 7	
transmission of HIV	HA.4	0.64	0.02	0.03	1.16	1.08	872	800	0.60	0.67	
	NILLA	0.04	0.01	UNDER-5S	0.04	0.00	200	200	0.00	0.00	
Tuberculosis immunization	NU.1	0.04	0.01	0.26	0.81	0.90	300	299	0.02	0.06	
coverage	CH.2	0.95	0.01	0.01	0.29	0.54	87	86	0.93	0.98	
Polio immunization coverage	CH.2	0.73	0.04	0.05	0.64	0.80	83	83	0.65	0.81	
Immunization coverage for DPT	CH.2	0.75	0.05	0.07	1.09	1.04	83	82	0.66	0.85	
Measles immunization coverage	CH.2	0.91	0.02	0.03	0.50	0.71	85	84	0.86	0.95	
Fully immunized children	CH.2	0.68	0.05	0.07	0.89	0.94	83	83	0.59	0.78	
Acute respiratory infection in last											
two weeks	CH.6	0.05	0.01	0.23	1.06	1.03	360	354	0.03	0.08	
neumonia	CH 7	(*)	(*)	(*)	(*)	(*)	19	19	(*)	(*)	
Diarrhoea in last two weeks	CH 4	0.12	0.01	0.12	0.67	0.82	360	354	0.10	0 15	
Received OPT or increased fluide			0.01	0.12	0.01	0.02	000	001	0.10	0.10	
and continued feeding	CH 5	(*)	(*)	(*)	(*)	(*)	45	45	(*)	(*)	
Support for learning	CD.1	0.88	0.02	0.03	1.80	1.34	360	354	0.84	0.93	
Birth registration	CP.1	0.92	0.02	0.02	1.95	1.40	360	354	0.88	0.96	

Table SE.4: Sampling errors: Rural areas

		Value	Standard error	Coefficient of variation	Design effect	Square root of design effect	Weighted	Unweighted	Confic lim	dence hits r+	
	Table	(<i>r</i>)	(se)	(<i>se/r</i>)	(deff)	(deft)	count	count	2se	2se	
			Н	OUSEHOLDS	;						
Child discipline	CP.4	0.68	0.02	0.04	1.48	1.22	519	527	0.63	0.73	
HOUSEHOLD MEMBERS											
sources	EN.1	0.94	0.01	0.01	1.97	1.40	3.926	865	0.92	0.96	
Use of improved sanitation facilities	EN.5	0.91	0.02	0.02	4.69	2.16	3,926	865	0.87	0.95	
Net primary school attendance rate	ED.3	0.89	0.01	0.02	1.77	1.33	888	907	0.86	0.92	
Net secondary school attendance											
rate	ED.4	0.24	0.04	0.15	2.96	1.72	421	427	0.17	0.32	
Primary completion rate	ED.6	0.25	0.04	0.17	1.11	1.05	107	109	0.16	0.34	
Prevalence of orphans	HA.10	0.03	0.01	0.19	2.39	1.55	1,849	1,883	0.02	0.05	
	DUE	0.00	0.00	WOMEN	0.70	0.04	400	470	0.00	0.00	
Skilled attendant at delivery	RH.5	0.93	0.02	0.02	0.70	0.84	169	170	0.90	0.96	
Antenatal care	RH.3	0.93	0.01	0.02	0.54	0.73	169	170	0.90	0.96	
Contraceptive prevalence		0.29	0.02	0.06	1.20	1.10	803	809	0.20	0.33	
Comprehensive knowledge about	ED.0	0.00	0.02	0.02	1.01	1.01	204	209	0.04	0.92	
people	HA.3	0.27	0.02	0.06	1.02	1.01	803	809	0.24	0.30	
partners	HA.9	(*)	(*)	(*)	(*)	(*)	19	20	(*)	(*)	
people Attitude towards people with	HA.8	0.03	0.01	0.40	0.95	0.97	167	170	0.01	0.06	
HIV/AIDS	HA.5	0.21	0.01	0.07	0.91	0.96	752	756	0.18	0.23	
Women who have been tested for HIV	HA.6	0.40	0.02	0.05	1.13	1.07	803	809	0.36	0.43	
Knowledge of mother- to-child											
transmission of HIV	HA.4	0.55	0.02	0.03	0.89	0.94	803	809	0.52	0.58	
		0.00	0.00	UNDER-5s	4.40	4.00	070	000	0.05	0.44	
Tuberculosis immunization	NU.1	0.08	0.02	0.19	1.18	1.09	373	380	0.05	0.11	
coverage Delia increase and	CH.2	0.85	0.05	0.05	1.33	1.15	82	84	0.76	0.94	
	CH.2	0.72	0.04	0.06	0.68	0.82	75	((0.63	0.80	
Immunization coverage for DP1	CH.2	0.77	0.05	0.06	1.04	1.02	/5	(/	0.67	0.87	
Fully immunized shidren	CH.2	0.79	0.05	0.06	1.15	0.01	81	83	0.69	0.88	
Acute respiratory infection in last	Сп.2	0.03	0.05	0.08	0.62	0.91	70	10	0.55	0.75	
two weeks	CH.6	0.06	0.01	0.27	1.82	1.35	436	442	0.03	0.08	
Antibiotic treatment of suspected	0117	(+)	(+)	(+)	(+)	(+)	0.4	05	(+)	(+)	
Diarrhaga in last two wasks	CH./	(^)	(^)	(^)	(^)	(^)	24	25	(^)	(^) 0.45	
	CH.4	0.12	0.02	0.15	1.27	1.13	436	442	0.08	0.15	
Received ORT or increased fluids and continued feeding	CH.5	0.20	0.04	0.22	0.60	0.77	52	53	0.11	0.28	
Support for learning	CD.1	0.83	0.02	0.03	1.35	1.16	436	442	0.79	0.87	
Birth registration	CP.1	0.96	0.01	0.01	1 14	1.07	436	442	0.95	0.98	

Table SE.5: Sampling errors: Corozal

			Standard	Coefficient of	Desian	Square root of design			Confi lim	dence lits	
	Table	Value	error (se)	variation	effect	effect	Weighted	Unweighted count	r - 2se	r+ 2se	
Child discipline	CP.4	0.73	0.05	0.07	2.02	1.42	156	146	0.62	0.83	
HOUSEHOLD MEMBERS											
Use of improved drinking water		0.00	0.00	0.00	1.00	4.00	4 404	220	0.00	1 00	
Sources	EN.T	0.96	0.02	0.02	1.92	1.38	1,124	220	0.92	1.00	
Net primary school attendance rate	EN.S	0.93	0.04	0.04	0.24	2.41	220	220	0.84	0.88	
Net secondary school attendance	ED.J	0.00	0.01	0.01	0.24	0.43	220	207	0.04	0.00	
rate	ED.4	0.30	0.06	0.21	2.60	1.61	138	133	0.18	0.43	
Primary completion rate	ED.6	(*)	(*)	(*)	(")	(°)	402	32	(°)	(")	
	HA.10	0.03	0.01	WOMEN	1.70	1.55	492	405	0.01	0.00	
Skilled attendant at delivery	RH 5	(*)	(*)	(*)	(*)	(*)	45	42	(*)	(*)	
Antenatal care	RH 3	(*)	(*)	(*)	(*)	(*)	45	42	(*)	(*)	
Contraceptive prevalence	RH.1	0.31	0.02	0.06	0.42	0.65	252	246	0.27	0.35	
Adult literacy	ED.8	0.86	0.05	0.06	1.95	1.40	102	100	0.77	0.96	
Comprehensive knowledge about											
people	HA.3	0.28	0.04	0.14	1.93	1.39	252	246	0.20	0.36	
partners	HA.9	(*)	(*)	(*)	(*)	(*)	8	7	(*)	(*)	
Age at first sex among young people	HA.8	0.05	0.03	0.71	1.69	1.30	68	68	0.00	0.12	
Attitude towards people with HIV/AIDS	HA.5	0.16	0.03	0.16	1.22	1.10	246	240	0.11	0.21	
Women who have been tested for HIV	HA.6	0.43	0.03	0.07	0.83	0.91	252	246	0.37	0.49	
Knowledge of mother- to-child											
transmission of HIV	HA.4	0.50	0.03	0.06	0.78	0.88	252	246	0.45	0.56	
				UNDER-5s							
Underweight prevalence	NU.1	0.03	0.02	0.60	1.01	1.00	99	95	0.00	0.06	
coverage	CH.2	(*)	(*)	(*)	(*)	(*)	21	20	(*)	(*)	
Polio immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	18	17	(*)	(*)	
Immunization coverage for DPT	CH.2	(*)	(*)	(*)	(*)	(*)	18	17	(*)	(*)	
Measles immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	21	20	(*)	(*)	
Fully immunized children	CH.2	(*)	(*)	(*)	(*)	(*)	18	17	(*)	(*)	
Acute respiratory infection in last	СЦЕ	0.07	0.02	0.42	1 22	1 15	102	00	0.01	0.12	
Antibiotic treatment of suspected	Сп.0	0.07	0.03	0.43	1.52	1.15	103	90	0.01	0.13	
pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	7	7	(*)	(*)	
Diarrhoea in last two weeks	CH.4	0.12	0.04	0.32	1.31	1.14	103	98	0.04	0.19	
Received ORT or increased fluids		(*)	(*)	(*)	(*)	(*)	10	10	(*)	(*)	
Support for learning	CD 1	0.80	0.08	0 10	4 00	2 00	103	02	0.64	0.96	
Birth registration	CP.1	0.98	0.03	0.02	0.94	0.97	103	98	0,95	1.00	

Table SE.6: Sampling errors: Orange Walk

		Value	Standard error	Coefficient of variation	Design effect	Square root of design effect	Weighted	Unweighted	Confic lim	dence hits r+	
	Table	(<i>r</i>)	(se)	(<i>se/r</i>)	(deff)	(deft)	count	count	2se	2se	
			H	OUSEHOLDS							
Child discipline	CP.4	0.60	0.04	0.06	0.75	0.86	149	139	0.52	0.67	
HOUSEHOLD MEMBERS											
Sources	FN 1	0.92	0.02	0.02	1 29	1 14	1 132	225	0.88	0.96	
Use of improved sanitation facilities	EN 5	0.99	0.00	0.01	0.80	0.90	1 132	225	0.98	1 00	
Net primary school attendance rate	ED.3	0.85	0.04	0.04	2.39	1.54	222	207	0.78	0.93	
Net secondary school attendance											
rate	ED.4	0.31	0.06	0.21	2.09	1.45	117	109	0.18	0.44	
Primary completion rate	ED.6	(*)	(*)	(*)	(*)	(*)	28	26	(*)	(*)	
Prevalence of orphans	HA.10	0.04	0.01	0.26	1.40	1.18	486	454	0.02	0.07	
				WOMEN							
Skilled attendant at delivery	RH.5	(*)	(*)	(*)	(*)	(*)	49	42	(*)	(*)	
Antenatal care	RH.3	(*)	(*)	(*)	(*)	(*)	49	42	(*)	(*)	
Contraceptive prevalence	RH.1	0.31	0.02	80.0	0.56	0.75	245	208	0.26	0.36	
Comprehensive knowledge about	ED.8	0.85	0.03	0.03	0.42	0.65	80	68	0.80	0.91	
people	HA.3	0.32	0.04	0.12	1.49	1.22	245	208	0.24	0.40	
partners Age at first sex among young	HA.9	(*)	(*)	(*)	(*)	(*)	1	1	(*)	(*)	
people Attitude towards people with	HA.8	(*)	(*)	(*)	(*)	(*)	43	36	(*)	(*)	
HIV/AIDS Women who have been tested for	HA.5	0.17	0.03	0.15	0.95	0.97	242	205	0.12	0.22	
HIV	HA.6	0.41	0.04	0.08	1.05	1.02	245	208	0.34	0.48	
transmission of HIV	HA.4	0.67	0.03	0.04	0.74	0.86	245	208	0.61	0.72	
				UNDER-5s							
Underweight prevalence Tuberculosis immunization	NU.1	0.06	0.03	0.50	1.04	1.02	80	69	0.00	0.11	
coverage	CH.2	(*)	(*)	(*)	(*)	(*)	23	20	(*)	(*)	
Polio immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	22	19	(*)	(*)	
Immunization coverage for DPT	CH.2	(*)	(*)	(*)	(*)	(*)	22	19	(*)	(*)	
Measles immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	23	20	(*)	(*)	
Fully immunized children Acute respiratory infection in last	CH.2	(*)	(*)	(*)	(*)	(*)	22	19	(*)	(*)	
two weeks	CH.6	0.02	0.02	1.04	2.05	1.43	121	104	0.00	0.06	
pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	2	2	(*)	(*)	
Diarrhoea in last two weeks	CH.4	0.10	0.02	0.22	0.56	0.75	121	104	0.06	0.15	
Received ORT or increased fluids	CH 5	(*)	(*)	(*)	(*)	(*)	12	10	(*)	(*)	
Support for learning	CD.1	0.82	0.04	0.05	1.10	1.05	121	104	0,74	0.90	
Birth registration	CP.1	0.95	0.02	0.03	1 31	1 15	121	104	0.90	1 00	

Table SE.7: Sampling errors: Belize

				Coefficient of	Desian	Square root of design			Confic lim	lence its
	Table	Value	Standard	variation	effect	effect	Weighted	Unweighted	r-	<i>r</i> +
Table (r) error (se) (se/r) (deff) (deff) count count 2se										
Child discipling	CP 4	0.68	0.04	0.06	2.08	1 44	205	278	0.60	0.77
	UF.4	0.00	HOUSE		ERS	1.44	295	270	0.00	0.77
Use of improved drinking water			HOUCE							
sources	EN.1	1.00	0.00	0.00	0.67	0.82	2,173	600	0.99	1.00
Use of improved sanitation facilities	EN.5	0.97	0.01	0.01	1.34	1.16	2,173	600	0.96	0.99
Net primary school attendance rate Net secondary school attendance	ED.3	0.90	0.01	0.01	0.49	0.70	418	401	0.88	0.92
rate	ED.4	0.50	0.05	0.11	1.94	1.39	177	169	0.39	0.61
Primary completion rate	ED.6	0.31	0.07	0.23	1.16	1.08	51	49	0.16	0.45
Prevalence of orphans	HA.10	0.09	0.02	0.19	2.70	1.64	843	803	0.05	0.12
Chilled attendent at delivery	DUC	0.00	0.01	WOMEN	0.00	0.00	0.2	70	0.00	1.00
Antonatal care		0.99	0.01	0.01	0.92	0.90	00	70	0.90	1.00
Contracontivo provalence		0.90	0.02	0.02	1.51	1.23	60 507	/0	0.93	0.53
Adult literacy	ED 8	0.47	0.03	0.00	0.81	0.00	183	401	0.42	0.00
	LD.0	0.92	0.02	0.02	0.01	0.90	105	1/4	0.09	0.90
HIV prevention among young people	HA.3	0.52	0.02	0.05	1.16	1.08	507	481	0.47	0.57
partners	HA.9	0.52	0.07	0.13	1.07	1.03	59	57	0.38	0.66
Age at first sex among young people	HA.8	0.03	0.02	0.56	0.91	0.95	96	92	0.00	0.07
Attitude towards people with HIV/AIDS	HA.5	0.37	0.02	0.05	0.85	0.92	505	479	0.33	0.42
Women who have been tested for	НА 6	0 59	0.02	0.04	0 93	0.96	507	481	0.55	0.64
Knowledge of mother- to-child	11/ 1.0	0.00	0.02	0.04	0.00	0.00	001	-01	0.00	0.04
transmission of HIV	HA.4	0.69	0.02	0.03	1.17	1.08	507	481	0.64	0.73
				UNDER-5s						
Underweight prevalence	NU.1	0.06	0.01	0.24	0.49	0.70	144	134	0.03	0.09
I uberculosis immunization coverage	CH.2	0.94	0.04	0.04	1.26	1.12	52	48	0.87	1.00
Polio immunization coverage	CH.2	0.67	0.05	0.07	0.45	0.67	51	47	0.57	0.76
Immunization coverage for DPT	CH.2	0.73	0.07	0.09	1.04	1.02	51	47	0.59	0.86
Measles Immunization coverage	CH.2	0.88	0.03	0.03	0.39	0.63	51	47	0.82	0.94
Acute respiratory infection in last two weeks	CH.2	0.05	0.03	0.08	1.34	1.16	193	180	0.02	0.75
Antibiotic treatment of suspected pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	11	10	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.08	0.02	0.24	0.89	0.94	193	180	0.04	0.12
Received ORT or increased fluids and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	16	15	(*)	(*)
Support for learning	CD.1	0.89	0.02	0.02	0.56	0.75	193	180	0.86	0.93
Birth registration	CP.1	0.91	0.03	0.03	1.88	1.37	193	180	0.85	0.97

Table SE.8: Sampling errors: Cayo

Child discipline CP.4 0.69 (197) (207) (207) Count			Value	Standard	Coefficient of variation	Design effect	Square root of design effect	Weighted	Unweighted	Confic lim	dence lits
Child discipline CP.4 0.62 0.03 0.05 0.99 2.34 2.50 0.56 0.68 Use of improved diriking water sources EL.1 0.97 0.01 0.01 0.77 0.88 1,628 3.75 0.96 0.99 Ise of improved sanitation facilities EN.5 0.90 0.02 0.02 1.33 1.15 1,628 3.75 0.86 0.93 Net primary school attendance rate ED.4 0.94 0.02 0.02 2.31 1.52 3.68 3.94 0.91 0.98 Net secondary school attendance rate ED.4 0.38 0.06 0.17 2.89 1.70 163 1.75 0.25 0.50 Primary completion rate ED.6 0.90 0.00 0.01 .24 47 51 0.00 0.00 1.64 1.70 1.00 1.00 Antenatic aree RH.1 0.97 0.02 0.03 1.44 2.33 3.55 3.88 0.81 8.048 0.89		Table	(<i>r</i>)	(Se)	(se/r)	(aett)	(deft)	count	count	2se	2se
			0.00	0.02	HOUSEHOLI	DS	0.00	004	050	0.50	0.00
Use of improved drinking water sources EN.1 0.97 0.01 0.07 0.88 1.628 375 0.96 0.99 Use of improved sanitation facilities EN.5 0.90 0.02 0.02 1.33 1.15 1.628 375 0.86 0.99 Mate primary school attendance rate EN.5 0.90 0.02 0.02 2.31 1.52 368 394 0.91 0.98 Net eccondary school attendance rate ED.4 0.38 0.06 0.17 2.89 1.70 163 175 0.50 0.33 Prevalence of orphans HA.10 0.03 0.01 0.28 2.00 1.41 768 820 0.01 0.05 Skiled attendant at delivery RH.5 1.00 0.00 0.00 67 72 1.00 1.00 Contraceptive prevalence RH.1 0.25 0.03 0.14 2.33 1.53 355 388 0.24 0.32 Condom use with non-regular partiers		CP.4	0.62	0.03			0.99	234	250	0.56	0.68
source EN.1 0.97 0.01 0.77 0.88 1,628 375 0.96 0.99 use of improved sanitation facilities EN.5 0.90 0.02 0.02 1.33 1.15 1.628 375 0.86 0.93 Net primary school attendance rate ED.3 0.94 0.02 0.02 2.31 1.52 368 394 0.91 0.98 Net secondary school attendance rate ED.4 0.38 0.06 0.17 2.89 1.70 163 175 0.25 0.50 0.33 Primary completion rate ED.6 0.19 0.07 0.36 1.53 1.24 477 51 0.05 0.33 Prevalence of orphans HA1 0.03 0.01 0.02 0.03 1.31 1.16 677 72 0.92 1.00 Adult liferagy ED.8 0.90 0.02 0.03 1.31 1.51 67 72 0.92 1.00 Comprehensive knowledge about H/V preveninon m	Use of improved drinking water			100		MDLNO					
Use of improved sanitation fealities EN.S 0.90 0.02 0.02 1.33 1.15 1.628 375 0.86 0.93 Net primary school attendance rate ED.3 0.94 0.02 0.02 2.31 1.52 368 394 0.91 0.98 Net secondary school attendance rate ED.6 0.19 0.07 0.36 1.53 1.24 447 51 0.05 0.33 Prevalence of orphans H.10 0.03 0.00 0.00 67 72 1.00 1.00 Antenatal care RH.3 0.97 0.02 0.03 1.34 1.16 67 .72 0.92 1.00 Contraceptive prevalence RH.1 0.25 0.03 0.97 0.98 135 150 0.85 0.95 Condrom use with non-regular RA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 Condom use with non-regular RA.5	sources	EN.1	0.97	0.01	0.01	0.77	0.88	1,628	375	0.96	0.99
Index Enks 0.90 0.02 0.02 1.33 1.16 1.624 375 0.86 0.93 rate ED.3 0.94 0.02 0.02 2.31 1.52 368 394 0.91 0.98 rate ED.3 0.94 0.02 0.02 2.31 1.52 368 394 0.91 0.98 Net secondary school attendance rate ED.4 0.38 0.06 0.17 2.89 1.70 163 175 0.25 0.50 Prevalence of orphans HA.10 0.03 0.01 0.28 2.00 1.41 768 820 0.01 0.05 Skilled attendant at delivery RH.3 0.97 0.02 0.03 1.34 1.16 67 72 1.00 1.00 Antenatal care RH.3 0.97 0.02 0.03 0.97 0.98 135 150 0.85 0.95 Condor use with non-regular periodition ande young HA.3 0.28 0.02	Use of improved sanitation		0.00	0.00	0.00	4.00	4 4 5	4 000	075	0.00	0.00
Table Mathematican Problem ED.3 0.94 0.02 0.02 2.31 1.52 368 394 0.91 0.98 Net secondary school attendance rate ED.4 0.38 0.06 0.17 2.89 1.70 163 175 0.25 0.50 Primary completion rate ED.6 0.19 0.07 0.36 1.53 1.24 47 61 0.05 0.35 Prevalence of orphans HA.10 0.01 0.02 0.03 1.34 1.16 67 72 1.00 1.00 Antenatal care RH.3 0.97 0.02 0.03 1.34 1.16 67 72 0.92 1.00 Contraceptive prevalence RH.1 0.25 0.03 0.14 2.33 1.53 355 388 0.18 0.31 Aduit literacy ED.8 0.90 0.02 0.07 0.78 0.88 355 388 0.24 0.32 Condom use with non-reguia HA.5 0.27 <	Net primary school attendance	EN.S	0.90	0.02	0.02	1.33	1.15	1,020	375	0.00	0.93
Net secondary school attendance rate ED.4 0.38 0.06 0.17 2.89 1.70 163 175 0.25 0.50 Primary completion rate ED.6 0.19 0.07 0.36 1.53 1.24 47 51 0.05 0.33 Prevalence of orphans HA.10 0.03 0.01 0.28 2.00 1.41 476 51 0.05 0.03 Skilled attendant at delivery RH.3 0.97 0.02 0.03 1.44 1.16 67 72 0.92 1.00 Contraceptive prevalence RH.1 0.25 0.03 0.04 2.33 1.53 355 388 0.81 0.31 Aduit literacy ED.8 0.90 0.02 0.03 0.97 0.98 355 388 0.24 0.32 Conden use with non-regular pathers HA.9 (?) (?) (?) (?) (?) (?) (?) (?) Aduit literacy Kas 0.02 0.02	rate	ED.3	0.94	0.02	0.02	2.31	1.52	368	394	0.91	0.98
rate ED.4 0.38 0.06 0.17 2.99 1.70 163 175 0.25 0.50 Primary completion rate ED.6 0.19 0.07 0.36 1.53 1.24 47 51 0.05 0.33 Prevalence of orphans HA.10 0.03 0.01 0.28 2.00 1.41 768 820 0.01 0.05 WOMEN V N 1.00 0.00 . . 67 72 1.00 1.00 Adult literacy ED.8 0.90 0.02 0.03 0.44 2.33 1.53 355 388 0.81 0.35 0.95 Comprehensive knowledge about HV people HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 People HA.8 0.02 0.07 0.59 0.77 348 381 0.23 0.30 Women who have been tested for HA.6 0.45	Net secondary school attendance				o (=		. = 0				
Primary completion rate ED.6 0.19 0.07 0.38 1.24 4.7 51 0.05 0.33 Prevalence of orphans HA.10 0.03 0.01 0.28 2.00 1.41 768 820 0.01 0.05 Skilled attendant at delivery RH.5 1.00 0.00 0.00 . . 67 72 1.00 1.00 Contraceptive prevalence RH.1 0.25 0.03 0.14 2.33 1.53 355 388 0.18 0.31 Aduit literacy ED.8 0.90 0.02 0.03 0.97 0.88 355 388 0.48 0.32 Comprehensive knowledge about HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 People HA.3 0.27 0.02 0.68 0.92 0.96 78 87 0.00 0.55 Attitude towards people with HA.5 0.27 0.02 0.55	rate Drive and a time and t	ED.4	0.38	0.06	0.17	2.89	1.70	163	1/5	0.25	0.50
Prevalence of opnans HA.10 0.03 0.01 0.02 2.00 1.41 7.68 620 0.00 0.00 Skilled attendant at delivery RH.3 0.097 0.02 0.03 1.34 1.16 67 72 1.00 1.00 Antenatal care RH.3 0.97 0.02 0.03 1.34 1.16 67 72 0.92 1.00 Contraceptive prevalence RH.1 0.25 0.03 0.97 0.98 135 150 0.85 0.95 Comprehensive knowledge about HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 Condom use with non-regular HA.9 (°)	Primary completion rate	ED.6	0.19	0.07	0.36	1.53	1.24	4/	51	0.05	0.33
Skilled attendant at delivery RH.5 1.00 0.00 . . 67 72 1.00 1.00 Antenatal care RH.3 0.97 0.02 0.03 1.34 1.16 67 72 0.92 1.00 Contraceptive prevalence RH.1 0.25 0.03 0.14 2.33 1.53 355 388 0.18 0.31 Multi literacy ED8 0.90 0.02 0.03 0.97 0.98 135 150 0.85 0.99 Comborn use with non-regular partners HA.9 (°)	Prevalence of orpnans	HA.10	0.03	0.01		2.00	1.41	708	820	0.01	0.05
Skiled attain at derivery Kill 3 1.00 0.00 0.00 1.00 <t< td=""><td>Skilled attendant at delivery</td><td></td><td>1 00</td><td>0.00</td><td></td><td></td><td></td><td>67</td><td>72</td><td>1 00</td><td>1.00</td></t<>	Skilled attendant at delivery		1 00	0.00				67	72	1 00	1.00
Andendation barrer Nins 0.33 0.04 0.03 0.03 1.13 0.11 0.11 0.22 0.02 Contraceptive prevalence RH.1 0.25 0.03 0.04 2.33 1.53 355 388 0.18 0.31 Comprehensive knowledge about HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 Comprehensive knowledge about HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 people HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 people HA.8 0.02 0.02 0.66 0.92 0.96 78 87 0.00 0.05 Attitude towards people with HV/AIDS HA.5 0.27 0.02 0.07 1.35 1.16 355 388 0.47 0.57 Underweight prevalence NU.1 0.07 0.02 </td <td>Antenatal care</td> <td></td> <td>0.97</td> <td>0.00</td> <td>0.00</td> <td>134</td> <td>1 16</td> <td>67</td> <td>72</td> <td>0.02</td> <td>1.00</td>	Antenatal care		0.97	0.00	0.00	134	1 16	67	72	0.02	1.00
Contraction of PLY EDS 0.90 0.02 0.03 0.97 0.98 135 150 0.85 0.95 0.95 Comprehensive knowledge about HIV prevention among young people HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 Condom use with non-regular people HA.9 (*)		RH 1	0.37	0.02	0.03	2.33	1.10	355	388	0.32	0.31
Comprehensive knowledge about HIV prevention among young people HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 Condom use with non-regular partners HA.9 (*) (Adult literacy	FD 8	0.20	0.02	0.03	0.97	0.98	135	150	0.85	0.95
people HA.3 0.28 0.02 0.07 0.78 0.88 355 388 0.24 0.32 Condom use with non-regular partners HA.9 (*)	Comprehensive knowledge about HIV prevention among young	20.0	0.00	0.02	0.00	0.01	0.00	100	100	0.00	0.00
Condom use with non-regular partners HA.9 (*)	people	HA.3	0.28	0.02	0.07	0.78	0.88	355	388	0.24	0.32
Age at first sex among young peopleHA.80.020.020.680.920.9678870.000.05Hill/AIDSHA.50.270.020.070.590.773483810.230.30Women who have been tested for HIVHA.60.450.030.071.351.163553880.390.51Knowledge of mother-to-child transmission of HIVHA.40.520.020.050.930.973553880.470.57Underweight prevalence ruberculosis immunization coverageNU.10.070.020.250.810.901791880.030.10CoverageCH.2(*)(*)(*)(*)34388(*)(*)(*)Polio immunization coverageCH.2(*)(*)(*)(*)(*)(*)(*)(*)Polio immunization coverageCH.2(*)(*	Condom use with non-regular partners	HA.9	(*)	(*)	(*)	(*)	(*)	15	17	(*)	(*)
Attitude towards people with HIV/AIDS HA.5 0.27 0.02 0.07 0.59 0.77 348 381 0.23 0.30 Women who have been tested for HIV HA.6 0.45 0.03 0.07 1.35 1.16 355 388 0.39 0.51 Knowledge of mother- to-child transmission of HIV HA.4 0.52 0.02 0.05 0.93 0.97 355 388 0.47 0.57 Underweight prevalence NU.1 0.07 0.02 0.25 0.81 0.90 179 188 0.03 0.10 Tuberculosis immunization UNDER-SU UNDER-SU <td>Age at first sex among young people</td> <td>HA.8</td> <td>0.02</td> <td>0.02</td> <td>0.68</td> <td>0.92</td> <td>0.96</td> <td>78</td> <td>87</td> <td>0.00</td> <td>0.05</td>	Age at first sex among young people	HA.8	0.02	0.02	0.68	0.92	0.96	78	87	0.00	0.05
Women who have been tested for HIV HA.6 0.45 0.03 0.07 1.35 1.16 355 388 0.39 0.51 Knowledge of mother-to-child transmission of HIV HA.4 0.52 0.02 0.05 0.93 0.97 355 388 0.47 0.57 Underweight prevalence NU.1 0.07 0.02 0.25 0.81 0.90 179 188 0.03 0.10 Tuberculosis immunization UNDER-5s UNDER-5s UNDER-5s 0.01 34 38 (*) (*) Polio immunization coverage CH.2 (*) (*) (*) (*) 34 38 (*) (*) Immunization coverage for DPT CH.2 (*) (Attitude towards people with HIV/AIDS	HA.5	0.27	0.02	0.07	0.59	0.77	348	381	0.23	0.30
Knowledge of mother- to-child transmission of HIVHA.40.520.020.050.930.973553880.470.57UNDER-55Underweight prevalence tuberculosis immunization coverageNU.10.070.020.250.810.901791880.030.10Tuberculosis immunization coverageCH.2(*)(*)(*)(*)(*)3438(*)(*)Polio immunization coverageCH.2(*)(*)(*)(*)(*)3135(*)(*)Measles immunization coverageCH.2(*)(*)(*)(*)(*)3337(*)(*)Measles immunization coverageCH.2(*)(*)(*)(*)(*)3337(*)(*)Fully immunized children Acute respiratory infection in last two weeksCH.60.050.010.210.460.681922020.030.07Antibiotic treatment of suspected pneumoniaCH.7(*)(*)(*)(*)(*)(*)(*)0.020.030.181.101.051922020.100.20Diarrhoea in last two weeksCH.40.150.030.181.101.051922020.100.20Support for learningCD.10.890.020.031.211.101922020.850.94	Women who have been tested for HIV	HA.6	0.45	0.03	0.07	1.35	1.16	355	388	0.39	0.51
Underweight prevalence NU.1 0.07 0.02 0.25 0.81 0.90 179 188 0.03 0.10 Tuberculosis immunization	Knowledge of mother- to-child transmission of HIV	HA.4	0.52	0.02	0.05	0.93	0.97	355	388	0.47	0.57
Underweight prevalence NU.1 0.07 0.02 0.25 0.81 0.90 179 188 0.03 0.10 Tuberculosis immunization coverage CH.2 (*) (*) (*) (*) 34 38 (*) (*) Polio immunization coverage CH.2 (*) (*) (*) (*) 31 35 (*) (*) Immunization coverage for DPT CH.2 (*) (*) (*) (*) 30 34 (*) (*) Measles immunization coverage CH.2 (*) (*) (*) (*) 30 34 (*) (*) Measles immunization coverage CH.2 (*) (*) (*) (*) 33 37 (*) (*) Fully immunized children CH.2 (*) (*) (*) (*) 31 35 (*) (*) Acute respiratory infection Thild The coverage CH.6 0.05 0.01 0.21 0.46 <td< td=""><td></td><td></td><td></td><td></td><td>UNDER-5s</td><td>3</td><td></td><td></td><td></td><td></td><td></td></td<>					UNDER-5s	3					
Tuberculosis immunization coverageCH.2(*)(*)(*)(*)3438(*)(*)Polio immunization coverageCH.2(*)(*)(*)(*)(*)3135(*)(*)Immunization coverage for DPTCH.2(*)(*)(*)(*)(*)3034(*)(*)Measles immunization coverageCH.2(*)(*)(*)(*)(*)3337(*)(*)Fully immunized childrenCH.2(*)(*)(*)(*)(*)3135(*)(*)Fully immunized childrenCH.2(*)(*)(*)(*)(*)3135(*)(*)Acute respiratory infection in last two weeksCH.60.050.010.210.460.681922020.030.07Antibiotic treatment of suspected pneumoniaCH.7(*)(*)(*)(*)1011(*)(*)Diarrhoea in last two weeksCH.40.150.030.181.101.051922020.100.20Received ORT or increased fluids and continued feedingCH.5(*)(*)(*)(*)(*)2930(*)(*)Support for learningCD.10.890.020.031.211.101922020.850.94	Underweight prevalence	NU.1	0.07	0.02	0.25	0.81	0.90	179	188	0.03	0.10
Polio immunization coverage CH.2 (*) (*) (*) (*) (*) 31 35 (*) (*) Immunization coverage for DPT CH.2 (*) (*) (*) (*) (*) 30 34 (*) (*) Measles immunization coverage CH.2 (*) (*) (*) (*) (*) 30 34 (*) (*) Fully immunized children CH.2 (*) (*) (*) (*) (*) 31 35 (*) (*) Fully immunized children CH.2 (*) (*) (*) (*) (*) 31 35 (*) (*) Acute respiratory infection in last CH.6 0.05 0.01 0.21 0.46 0.68 192 202 0.03 0.07 Antibiotic treatment of suspected (*) (*) (*) (*) 10 11 (*) (*) Diarrhoea in last two weeks CH.4 0.15 0.03 0.18<	Tuberculosis immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	34	38	(*)	(*)
Immunization coverage for DPT CH.2 (*) (*) (*) (*) (*) 30 34 (*) (*) Measles immunization coverage CH.2 (*) (*) (*) (*) 33 37 (*) (*) Fully immunized children CH.2 (*) (*) (*) (*) (*) 33 37 (*) (*) Acute respiratory infection in last (*)	Polio immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	31	35	(*)	(*)
Measles immunization coverage CH.2 (*) (*) (*) (*) (*) 33 37 (*) (*) Fully immunized children CH.2 (*) (*) (*) (*) (*) (*) 33 37 (*) (*) Fully immunized children CH.2 (*) (*) (*) (*) (*) (*) 33 37 (*) (*) Acute respiratory infection in last CH.6 0.05 0.01 0.21 0.46 0.68 192 202 0.03 0.07 Antibiotic treatment of suspected pneumonia CH.7 (*) (*) (*) (*) 10 11 (*) (*) Diarrhoea in last two weeks CH.4 0.15 0.03 0.18 1.10 1.05 192 202 0.10 0.20 Received ORT or increased fluids and continued feeding CH.5 (*) (*) (*) (*) (*) 29 30 (*) (*) Support for learning	Immunization coverage for DPT	CH.2	(*)	(*)	(*)	(*)	(*)	30	34	(*)	(*)
Fully immunized children CH.2 (*) (*) (*) (*) 31 35 (*) (*) Acute respiratory infection in last two weeks CH.6 0.05 0.01 0.21 0.46 0.68 192 202 0.03 0.07 Antibiotic treatment of suspected pneumonia CH.7 (*) (*) (*) (*) 10 11 (*) (*) Diarrhoea in last two weeks CH.4 0.15 0.03 0.18 1.10 1.05 192 202 0.10 0.20 Received ORT or increased fluids and continued feeding CH.5 (*) (*) (*) (*) (*) 29 30 (*) (*) Support for learning CD.1 0.89 0.02 0.03 1.21 1.10 192 202 0.85 0.94	Measles immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	33	37	(*)	(*)
two weeks CH.6 0.05 0.01 0.21 0.46 0.68 192 202 0.03 0.07 Antibiotic treatment of suspected pneumonia CH.7 (*) (*) (*) (*) 10 11 (*) (*) Diarrhoea in last two weeks CH.4 0.15 0.03 0.18 1.10 1.05 192 202 0.10 0.20 Received ORT or increased fluids and continued feeding CH.5 (*) (*) (*) (*) (*) (*) 29 30 (*) (*) Support for learning CD.1 0.89 0.02 0.03 1.21 1.10 192 202 0.85 0.94	Fully immunized children Acute respiratory infection in last	CH.2	(*)	(*)	(*)	(*)	(*)	31	35	(*)	(*)
Antibility reatment of suspected CH.7 (*) (*) (*) (*) 10 11 (*) (*) pneumonia CH.7 (*) (*) (*) (*) 10 11 (*) (*) Diarrhoea in last two weeks CH.4 0.15 0.03 0.18 1.10 1.05 192 202 0.10 0.20 Received ORT or increased fluids and continued feeding CH.5 (*) (*) (*) (*) (*) 29 30 (*) (*) Support for learning CD.1 0.89 0.02 0.03 1.21 1.10 192 202 0.85 0.94	two weeks	CH.6	0.05	0.01	0.21	0.46	0.68	192	202	0.03	0.07
Diarrhoea in last two weeks CH.4 0.15 0.03 0.18 1.10 1.05 192 202 0.10 0.20 Received ORT or increased fluids and continued feeding CH.5 (*) (*) (*) (*) (*) 29 30 (*) (*) Support for learning CD.1 0.89 0.02 0.03 1.21 1.10 192 202 0.85 0.94	Antibiotic treatment of suspected	CH 7	(*)	(*)	(*)	(*)	(*)	10	11	(*)	(*)
Received ORT or increased fluids and continued feeding CH.5 (*) (*) (*) (*) (*) 29 30 (*) (*) Support for learning CD.1 0.89 0.02 0.03 1.21 1.10 192 202 0.10 0.20	Diarrhoea in last two weeks	CH 4	0 15	0.03	0.18	1 10	1 05	102	202	0 10	0.20
and continued feeding CH.5 (*) (*) (*) (*) 29 30 (*) (*) Support for learning CD.1 0.89 0.02 0.03 1.21 1.10 192 202 0.85 0.94	Received ORT or increased fluide	011.4	0.10	0.00	0.10	1.10	1.00	102	202	0.10	0.20
Support for learning CD.1 0.89 0.02 0.03 1.21 1.10 192 202 0.85 0.94	and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	29	30	(*)	(*)
	Support for learning	CD.1	0.89	0.02	0.03	1.21	1.10	192	202	0.85	0.94
Table SE.9: Sampling errors: Stann Creek

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

	Tabla	Value	Standard error	Coefficient of variation	Design effect	Square root of design effect	Weighted	Unweighted	Confid lim	dence hits
	Iable	(7)	(38)		(dell)	(den)	Count	COUTIL	236	238
Child discipline	CP 4	0 72	0.05	0.07	1 36	1 17	103	116	0.63	0.82
	01.4	0.12	HOUS		BERS	1.17	100	110	0.00	0.02
Use of improved drinking water			11000		DEITO					
sources	EN.1	0.95	0.03	0.03	5.01	2.24	803	226	0.89	1.00
Use of improved sanitation facilities	EN.5	0.95	0.02	0.02	1.43	1.19	803	226	0.91	0.98
Net primary school attendance rate	ED.3	0.93	0.04	0.04	4.09	2.02	182	202	0.86	1.00
Net secondary school attendance	ED 4	0.41	0.05	0.13	0 00	0.05	74	84	0.31	0.51
Primary completion rate	ED 6	(*)	(*)	(*)	(*)	(*)	20	23	(*)	(*)
Prevalence of orphans	HA 10	0.06	0.02	0.32	243	1 56	365	409	0.02	0.09
	10.10	0.00	0.02	WOMEN	2.40	1.00	000	400	0.02	0.00
Skilled attendant at delivery	RH.5	(*)	(*)	(*)	(*)	(*)	30	34	(*)	(*)
Antenatal care	RH.3	(*)	(*)	(*)	(*)	(*)	30	34	(*)	(*)
Contraceptive prevalence	RH.1	0.34	0.04	0.12	1.46	1.21	178	206	0.26	0.42
Adult literacy	ED.8	0.88	0.02	0.02	0.31	0.56	76	88	0.85	0.92
Comprehensive knowledge about HIV prevention among young		0.50	0.04	0.00	4 50	4.00	470		0.44	0.50
Condom use with non-regular	HA.3	0.50	0.04	0.09	1.58	1.26	178	206	0.41	0.59
partners	HA.9	(*)	(*)	(*)	(*)	(*)	12	15	(*)	(*)
Age at first sex among young people	HA.8	(*)	(*)	(*)	(*)	(*)	36	42	(*)	(*)
Attitude towards people with HIV/AIDS	HA.5	0.32	0.03	0.09	0.66	0.81	166	193	0.26	0.37
Women who have been tested for HIV	HA.6	0.51	0.04	0.08	1.27	1.13	178	206	0.43	0.59
Knowledge of mother- to-child										
transmission of HIV	HA.4	0.66	0.03	0.05	0.86	0.93	178	206	0.60	0.73
				UNDER-5s						
Underweight prevalence	NU.1	0.03	0.02	0.51	0.80	0.89	82	94	0.00	0.06
Tuberculosis immunization	CH 2	(*)	(*)	(*)	(*)	(*)	10	22	(*)	(*)
Polio immunization coverage		()	()	()	()	()	19	22	()	()
Immunization coverage for DPT		(*)	(*)	(*)	(*)	(*)	19	22	(*)	(*)
Measles immunization coverage	CH 2	(*)	(*)	(*)	(*)	(*)	10	22	(*)	(*)
Fully immunized children	CH 2	(*)	(*)	(*)	(*)	(*)	19	22	(*)	(*)
Acute respiratory infection in last	011.2	()	()			()	10			
two weeks	CH.6	0.10	0.05	0.53	3.24	1.80	88	101	0.00	0.21
Antibiotic treatment of suspected	CU 7	(*)	(*)	(*)	(*)	(*)	0	10	(*)	(*)
Diarrhoog in last two wooks		(")	(``)	(")	(¨) 1 55	(") 1 0F	9	10	(")	(")
	011.4	0.09	0.04	0.40	1.00	1.20	00	101	0.02	0.10
and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	8	9	(*)	(*)
Support for learning	CD.1	0.95	0.03	0.03	1.82	1.35	88	101	0.89	1.00
Birth registration	CP.1	0.88	0.05	0.06	2.27	1.51	88	101	0.78	0.98

Table SE.9: Sampling errors: Toledo

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

			Standard	Coefficient	Design	Square root of design			Confi lim	dence lits
	Table	Value	error	variation	effect	effect	Weighted	Unweighted	r - 2se	r+ 2se
		(.)	(00) H		S	(0010)			200	
Child discipline	CP.4	0.79	0.04	0.05	1.25	1.12	97	114	0.70	0.88
			HOUS	EHOLD MEM	BERS					
Use of improved drinking water										
sources	EN.1	0.95	0.03	0.03	2.64	1.63	758	186	0.90	1.00
Use of improved sanitation facilities	EN.5	0.82	0.08	0.10	7.79	2.79	/58	186	0.66	0.98
Net secondary school attendance rate	ED.3	0.91	0.01	0.02	0.58	0.76	195	226	0.89	0.94
rate	ED.4	0.24	0.07	0.28	2.20	1.48	78	91	0.10	0.37
Primary completion rate	ED.6	(*)	(*)	(*)	(*)	(*)	24	27	(*)	(*)
Prevalence of orphans	HA.10	0.04	0.02	0.43	3.75	1.94	391	453	0.01	0.08
Chilled attandant at daliyany		(*)	(*)	WOMEN (*)	(*)	(*)	44		(*)	(*)
Skilled attendant at delivery	RH.5	(*)	(*)	(*)	(^)	(*)	41	44	(^)	([*])
Antenatal care	RH.3	(")	(")	(*)	(")	(")	41	44	(*)	(°)
		0.23	0.05	0.21	2.02	0.96	130	140	0.13	0.33
Comprehensive knowledge about	ED.0	0.92	0.03	0.03	0.74	0.00	50	59	0.00	0.90
HIV prevention among young										
people	HA.3	0.19	0.04	0.20	1.43	1.20	138	146	0.11	0.27
Condom use with non-regular partners	HA.9	(*)	(*)	(*)	(*)	(*)	11	12	(*)	(*)
Age at first sex among young		(+)	(*)	(*)	(*)	(+)			(*)	(4)
people Attitude towards people with	HA.8	(*)	(*)	(*)	(*)	(*)	31	33	(*)	(*)
HIV/AIDS	HA.5	0.17	0.04	0.25	1.49	1.22	110	117	0.09	0.26
Women who have been tested for										
HIV	HA.6	0.32	0.05	0.14	1.36	1.17	138	146	0.23	0.41
Knowledge of mother- to-child										
transmission of HIV	HA.4	0.43	0.04	0.09	0.86	0.93	138	146	0.36	0.51
		0.44	0.05	UNDER-5s	0.04	1.10			0.00	0.00
Underweight prevalence	NU.1	0.11	0.05	0.40	2.01	1.42	88	99	0.02	0.20
coverage	CH.2	(*)	(*)	(*)	(*)	(*)	20	22	(*)	(*)
Polio immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	18	20	(*)	(*)
Immunization coverage for DPT	CH.2	(*)	(*)	(*)	(*)	(*)	18	20	(*)	(*)
Measles immunization coverage	CH.2	(*)	(*)	(*)	(*)	(*)	19	21	(*)	(*)
Fully immunized children	CH.2	(*)	(*)	(*)	(*)	(*)	19	21	(*)	(*)
Acute respiratory infection in last										
two weeks	CH.6	0.04	0.02	0.60	1.51	1.23	99	111	0.00	0.08
pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	4	4	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.20	0.03	0.16	0.65	0.81	99	111	0.14	0.26
Received ORT or increased fluids										
and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	19	22	(*)	(*)
Support for learning	CD.1	0.69	0.04	0.06	0.80	0.90	99	111	0.61	0.77
Birth registration	CP.1	0.95	0.02	0.02	0.51	0.72	99	111	0.92	0.98

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Belize, 2006

	Male	es	Fema	ales	Males		les	Fem	ales
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	87	2.3	78	2.1	41	29	0.8	33	0.9
1	93	2.4	81	2.1	42	43	1.1	63	1.7
2	87	2.3	83	2.2	43	34	0.9	38	1.0
3	74	1.9	77	2.0	44	36	0.9	34	0.9
4	72	1.9	94	2.5	45	43	1.1	33	0.9
5	102	2.7	118	3.1	46	24	0.6	37	1.0
6	111	2.9	119	3.1	47	30	0.8	35	0.9
7	95	2.5	88	2.3	48	42	1.1	24	0.6
8	90	2.4	109	2.9	49	31	0.8	29	0.8
9	92	2.4	93	2.5	50	32	0.8	55	1.5
10	117	3.1	98	2.6	51	19	0.5	31	0.8
11	91	2.4	76	2.0	52	29	0.8	33	0.9
12	90	2.3	114	3.0	53	29	0.8	21	0.5
13	106	2.8	97	2.6	54	27	0.7	22	0.6
14	104	2.7	95	2.5	55	25	0.7	29	0.8
15	105	2.7	68	1.8	56	24	0.6	20	0.5
16	94	2.4	77	2.0	57	20	0.5	23	0.6
17	83	2.2	88	2.3	58	19	0.5	16	0.4
18	85	2.2	92	2.4	59	15	0.4	17	0.4
19	70	1.8	62	1.6	60	26	0.7	21	0.5
20	83	2.2	67	1.8	61	14	0.4	9	0.2
21	55	1.4	59	1.6	62	13	0.4	17	0.5
22	77	2.0	64	1.7	63	12	0.3	15	0.4
23	67	1.8	66	1.7	64	14	0.4	16	0.4
24	59	1.5	50	1.3	65	21	0.6	18	0.5
25	58	1.5	64	1.7	66	11	0.3	14	0.4
26	47	1.2	50	1.3	67	14	0.4	16	0.4
27	43	1.1	50	1.3	68	18	0.5	21	0.6
28	56	1.5	58	1.5	69	15	0.4	5	0.1
29	51	1.3	44	1.2	70	15	0.4	11	0.3
30	59	1.5	59	1.6	71	7	0.2	12	0.3
31	22	0.6	35	0.9	72	11	0.3	6	0.2
32	57	1.5	50	1.3	73	4	0.1	13	0.3
33	33	0.9	43	1.1	74	8	0.2	11	0.3
34	37	1.0	60	1.6	75	13	0.3	9	0.2
35	58	1.5	53	1.4	76	9	0.2	12	0.3
36	56	1.5	35	0.9	77	10	0.3	5	0.1
37	47	1.2	42	1.1	78	13	0.3	7	0.2
38	53	1.4	51	1.3	79	10	0.3	3	0.1
39	40	1.0	56	1.5	80+	44	1.1	30	0.8
40	56	1.5	47	1.2	DK/Missing	18	0.5	9	0.2

Total 3,836 100.0 3,782 100.0

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Belize, 2006

	Household population of women age 10-54	Interviewed wo 15-49	omen age	Percentage of eligible
	Number	Number	Percent	women interviewed
Age				
10-14	480	na	na	na
15-19	387	352	21.0	90.8
20-24	306	280	16.7	91.4
25-29	266	244	14.6	91.7
30-34	248	235	14.0	94.8
35-39	236	225	13.4	95.4
40-44	215	191	11.4	88.9
45-49	158	148	8.8	93.7
50-54	163	na	na	na
45.40	1 917	1 675	100.0	02.2

na: not applicable

Note: Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

Table DQ.3: Age distribution of eligible and interviewed under-5s

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Belize, 2006

	Household population of children age 0-7	Intervi children	iewed age 0-4	Percentage of eligible children
	Number	Number	Percent	interviewed
Age				
0	165	155	19.7	94.2
1	173	171	21.7	98.4
2	170	159	20.1	93.1
3	151	146	18.5	96.6
4	166	157	19.9	94.3
5	220	na	na	na
6	230	na	na	na
7	183	na	na	na
0-4	826	787	100.0	95.3

na: not applicable

Note: Weights for both household population of children and interviewed children are household weights. Age is based on the household schedule.

Table DQ.4: Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), Belize,2006

	Mal	es	Fem	ales	Total			
	Number	Percent	Number	Percent	Number	Percent		
Age in mo	onths							
0-2	15	3.7	13	3.3	28	3.5		
3-5	34	8.7	26	6.6	61	7.6		
6-8	18	4.5	17	4.3	35	4.4		
9-11	20	5.0	20	5.1	40	5.0		
12-14	15	3.9	14	3.6	30	3.7		
15-17	18	4.6	26	6.4	44	5.6		
18-20	28	7.1	26	6.4	54	6.8		
21-23	22	5.5	17	4.3	39	4.9		
24-26	21	5.3	12	3.1	33	4.2		
27-29	22	5.5	22	5.5	44	5.5		
30-32	17	4.3	15	3.8	32	4.1		
33-35	21	5.4	28	7.1	50	6.2		
36-38	15	3.9	15	3.7	30	3.8		
39-41	15	3.8	17	4.3	32	4.1		
42-44	25	6.3	14	3.4	38	4.8		
45-47	13	3.4	27	6.7	40	5.1		
48-50	26	6.5	25	6.2	50	6.3		
51-53	25	6.4	22	5.5	47	5.9		
54-56	12	3.0	16	4.1	28	3.5		
57-59	13	3.2	27	6.7	40	5.0		
Total	395	100.0	401	100.0	796	100.0		

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Belize, 2006

	Age an	d period ratio	os*	Eligibility	
	Males	Females	Total	(lower-upper)	Module or questionnaire
Age in household que	stionnaire				
1	1.04	1.00	1.02		
2	1.03	1.04	1.03	Lower	Child discipline and child disability
3	0.95	0.91	0.93		
4	0.87	0.98	0.93	Upper	Under-5 questionnaire
5	1.07	1.07	1.07	Lower	Child labour and education
6	1.08	1.10	1.09		
8	0.98	1.13	1.05		
9	0.92	0.93	0.93	Upper	Child disability
10	1.17	1.10	1.14		
13	1.06	0.95	1.01		
14	0.99	1.09	1.03	Upper	Child labour and child discipline
15	1.04	0.85	0.96	Lower	Women's questionnaire
16	1.00	0.99	0.99		
17	0.95	1.03	0.99	Upper	Orphaned and vulnerable children
18	1.04	1.09	1.07		
23	0.99	1.09	1.04		
24	0.96	0.84	0.90	Upper	Education
25	1.06	1.17	1.12		
48	1.22	0.82	1.03		
49	0.89	0.81	0.85	Upper	Women's questionnaire
50	1.16	1.43	1.32		
Age in women's ques	tionnaire				
23	na	1.14	na		
24	na	0.86	na	Upper	Sexual behaviour
25	na	1.15	na		
Months since last birt questionnaire	h in women'	5			
6-11	na	1.01	na		

0-11	lla	1.01	lla		
12-17	na	0.88	na		
18-23	na	1.23	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	0.82	na		
30-35	na	1.14	na		

* Age or period ratios are calculated as x / $((x_{n-1} + x_n + x_{n+1}) / 3)$, where x is age or period.

na: not applicable

Table DQ.6: Percentage of observations missing information for selected questions and indicators (Under-5 uestionnaire, weighted), Country, Year

	Percent with missing information	Number
Month of birth under-5 only	0.6	796
Month and year of birth under-5	0.1	796
Weight	6.7	796
Height	3.6	796
Height or weight	7.3	796

Table DQ.7: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Belize, 2006

		Mother in th	e household		Mother r hous	not in the ehold		Number of
	Mother interviewed	Father interviewed	female interviewed	Child (<15) interviewed	Father interviewed	female interviewed	Total	aged 0- 4 years
Age								-
0	96.4	0.6	0.6	0.0	0.0	2.4	100.0	165
1	91.6	2.3	0.6	0.0	0.0	5.5	100.0	173
2	96.4	0.0	0.6	0.0	0.7	2.2	100.0	170
3	95.6	0.0	0.0	0.0	0.0	4.4	100.0	151
4	95.0	0.0	0.6	0.5	0.6	3.4	100.0	166
Total	95.0	0.6	0.5	0.1	0.3	3.6	100.0	826

	Pre school	Infant one	Infant two	Std. one	Std. two	Std. three	Std. four	Std. five	Std. six	First form	Second form	Third form	Fourth form	Associates	Bachelors	Higher	Don't know	Not attending school	Total	Number
Age																				
5	19.5	49.3	6.4	1.3	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2	18.5	100.0	220
6	6.8	21.5	49.5	6.5	4.9	0.4	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.4	4.1	5.2	100.0	230
7	0.5	9.8	33.9	43.7	9.6	1.1	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	100.0	183
8	0.5	1.8	7.8	33.2	42.5	9.8	0.0	0.5	0.5	0.0	0.5	0.0	0.0	0.0	0.0	0.4	1.4	1.1	100.0	200
9	0.0	0.0	4.4	18.6	31.6	39.2	3.1	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	1.0	100.0	185
10	0.0	1.3	0.8	6.0	18.6	32.8	32.2	6.1	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.8	100.0	215
11	0.0	0.0	0.6	1.5	6.7	25.2	29.6	27.5	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	1.2	100.0	166
12	0.4	0.0	0.0	1.9	3.8	10.6	20.9	33.0	25.7	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.6	2.4	100.0	204
13	1.5	6.0	0.0	0.4	0.5	3.3	11.4	17.6	33.3	11.3	3.0	0.5	0.0	0.0	0.0	0.0	0.5	10.3	100.0	203
14	0.5	4.4	2.9	0.0	0.0	1.4	3.1	12.1	17.7	17.5	17.0	2.6	1.1	0.0	0.0	0.0	2.8	17.0	100.0	198
15	0.6	1.7	2.3	0.6	0.0	0.8	1.0	2.9	7.4	9.5	19.4	17.0	2.8	0.5	0.0	0.0	0.0	33.4	100.0	174
16	0.0	0.6	1.1	1.3	0.6	0.0	0.0	0.0	1.5	4.5	14.5	16.4	14.4	0.4	0.0	0.0	0.6	44.1	100.0	171
17	0.0	0.0	2.2	0.6	0.5	0.0	0.5	0.0	0.0	5.6	8.8	8.6	15.6	4.0	0.0	0.0	3.1	49.8	100.0	171
18	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.4	2.9	2.6	7.3	10.1	11.2	0.0	0.0	1.9	63.1	100.0	177
19	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	1.8	2.1	3.5	14.6	3.4	0.0	1.5	72.3	100.0	133
20	1.4	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	1.4	15.1	1.2	0.0	0.7	78.4	100.0	150
21	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.7	0.0	0.0	5.5	6.5	0.0	1.7	83.9	100.0	114
22	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.5	0.7	5.8	1.6	0.0	0.0	89.9	100.0	142
23	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.9	0.8	0.0	97.6	100.0	133
24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	97.1	100.0	109

 Table DQ.8: School attendance by single age

 Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Belize, 2006

Table DQ.9: Sex ratio at birth among children ever born and living

Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), Belize, 2006

	Child	dren Ever Bo	orn	Chi	ildren Living	I	Child	ren decease	d	
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	Number of women
Age										
15-19	22	26	0.85	22	25	0.89	0	1	0.00	352
20-24	138	159	0.87	132	154	0.86	6	5	1.20	280
25-29	270	279	0.97	261	274	0.95	10	5	1.91	244
30-34	388	337	1.15	376	330	1.14	13	7	1.77	235
35-39	440	442	1.00	418	427	0.98	23	14	1.59	225
40-44	467	400	1.17	441	378	1.17	26	22	1.18	191
45-49	386	425	0.91	353	395	0.89	33	30	1.10	148
Total	2,111	2,068	1.02	2,002	1,984	1.01	109	84	1.30	1,675

Note: Sex ratios are calculated as number of males/ number of females

Table DQ.10: Distribution of women by time since last birth

Distribution of women aged 15-49 with at least one live birth, by months since last birth (weighted), Belize, 2006 $\,$

	Months since last birth							
Months	Number	Percent	Months	Number	Percent			
0	4	0.9	18	21	4.9			
1	14	3.2	19	9	2.2			
2	10	2.4	20	13	3.1			
3	20	4.7	21	14	3.4			
4	10	2.5	22	12	2.9			
5	26	6.2	23	14	3.3			
6	13	3.1	24	12	2.9			
7	15	3.5	25	13	3.1			
8	12	2.7	26	5	1.3			
9	12	2.9	27	4	0.9			
10	9	2.1	28	8	2.0			
11	16	3.9	29	10	2.5			
12	14	3.2	30	13	3.1			
13	7	1.6	31	12	3.0			
14	11	2.7	32	1	0.2			
15	7	1.6	33	9	2.1			
16	12	2.8	34	12	2.8			
17	16	3.8	35	10	2.5			

Appendix E. MICS Indicators: Numerators and Denominators

INDIC	ATOR	NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dving by exact age 5 years	
2	Infant mortality rate	Probability of dving by exact age 1 year	
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for	Number of children aged 0-59 months with suspected pneumonia in the	Total number of children aged 0-59

INDICATOR		NUMERATOR	DENOMINATOR		
	suspected pneumonia	previous 2 weeks that are taken to an appropriate health provider	months with suspected pneumonia in the previous 2 weeks		
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed		
25	Tuberculosis immunization coverage	Number of children aged 18-29 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed		
26	Polio immunization coverage	Number of children aged 18-29 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed		
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 18-29 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed		
28	Measles immunization coverage	Number of children aged 18-29 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed		
29	Hepatitis B immunization coverage	Number of children aged 18-29 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed		
31	Fully immunized children	Number of children aged 18-29 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed		
32	Neonatal tetanus protection	Number of mothers with live births in the last 2 years that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey		
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks		
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks		
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks		
42	Vitamin A supplementation (under- fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed		
43	Vitamin A supplementation (post- partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey		
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey		
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey		
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed		
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months		
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed		
49	Support for learning: non- children's books	Number of households with three or more non-children's books	Total number of households surveyed		
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed		
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed		
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed		
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed		
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed		

INDICATOR		NUMERATOR	DENOMINATOR		
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed		
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary- school age surveyed		
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five			
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed		
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed		
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed		
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education		
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed		
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed		
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed		
77	School attendance of orphans versus non- orphans	Proportion of double orphans (both mother and father dead) aged 10-14 years attending school	Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school		
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed		
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed		
83	Condom use with non- regular partners	Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months	Total number of women aged 15-24 years surveyed that had a non-marital, non- cohabiting partner in the previous 12 months		
84	Age at first sex among young people	Number of women aged 15-24 years that have had sex before age 15	Total number of women aged 15-24 surveyed		
85	Higher risk sex in the last year	Number of sexually active women aged 15-24 years that have had sex with a non-marital, non-cohabitating partner in the previous 12 months	Total number of women aged 15-24 that were sexually active in the previous 12 months		
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed		
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed		
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed		
89	Knowledge of mother-to- child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed		
90	Counselling coverage for the prevention of mother- to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed		
91	Testing coverage for the prevention of mother-to- child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed		
98	Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union		

INDIC	ATOR	NUMERATOR	DENOMINATOR	
99	Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception	
100	Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed	
101	Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed	

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE **Central Statistical Office**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? If permission is given, begin the interview.

HOUSEHOLD INFORMATION PANEL	HH					
HH1. Cluster number: HH1A. ED number:	HH2. Household number:					
HH3. Interviewer name and number:	HH4. Supervisor name and number:					
Name	Name					
HH5. Day/Month/Year of interview:	/ /					
HH6. Area: Urban1 Rural2	HH7. District: 1 Corozal 1 Orange Walk 2 Belize 3 Cayo 4 Stann Creek 5 Toledo 6					
HH 8. Name of head of household:						
After all questionnaires for the household have been co	mpleted, fill in the following information:					
HH9. Result of HH interview:	HH10. Respondent to HH questionnaire:					
Completed1	Name:					
Refused	Line No:					
Partially Complete	HH11. Total number of household members:					
Other (<i>specify</i>) 6						
HH12. No.of women eligible for interview:	HH13. No.of women questionnaires completed:					
HH14. No.of children under age 5:	HH15. No.of under-5 questionnaires completed:					
Interviewer/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.						
HH16. Data entry clerk:						

HOUSEHOLD LISTING FORM

FIRST,	PLEASE TELL ME THE N		I PERSON V	WHO SLEEPS MOS	ST NIGHTS OF	THE WEEK (AT LE	AST 4 NIGHTS PER	R WEEK) AND SH	ARE AT LEAST ONE DA	ILY MEAL WITH TH	E HOUSEHOLD,
List the	head of the household	in line 01. L	ist all hou	sehold members	(HL2), their r	elationship to th	e household head	(HL3), and their	sex (HL4).		
Then as	sk: ARE THERE ANY OT	HERS WHO LI	VE HERE, E	EVEN IF THEY ARE	NOT AT HOME	E NOW? (THESE	MAY INCLUDE CHIL	DREN IN SCHOOL	OR AT WORK). If yes,	complete listing.	_
Then, a	isk questions starting w	vith HL5 for o	each perso	n at a time. Add	a continuatior	n sheet if there a	re more than 15 h	ousehold member	rs. Tick here if continu	uation sheet used	Ш
					WOMEN'S	Eligible for:			For children	ago 0 17 voars	
					INTERVIEW	DISCIPLINE	INTERVIEW		ror chuaren ask HI	uge 0-17 years	
						MODULE			usk 111	<i>D-11L12</i>	
HL1.	HL2.	HL3.	HL4.	HL5.	HL6.	HL7A.	HL8.	HL9.	HL10.	HL11.	HL12.
Line	Name	WHAT IS	ls	HOW OLD	Circle	For each	For each child		If alive:		If alive:
no.		THE	(name)	IS (name)?	Line no.	child	under 5:	IS (name's)	DOES (name's)	IS (name's)	DOES (name's)
		RELATION-	MALE OR		if woman is	age 2-14:	WHO IS THE	NATURAL		NATURAL	
		(name) TO	PEMALE	(name) ON	15-49		PRIMARY	MUTHER		ATHER	LIVE IN THIS
		THE HEAD	•	HIS/HER LAST	10 17	PRIMARY	CARETAKER OF	ALIVE.	HOUGEHOLD.	ALIVE.	HOUGENOLD.
		OF THE	1 MALE	BIRTHDAY?		CARETAKER	THIS CHILD?	1 YES	Record Line no.	1 YES	Record Line no.
		HOUSE-	2 FEM.			OF THIS		2 NO⇔ HL11	of mother or 00 for	2 NO ₪	of father or 00 for
		HOLD ?		Record in		CHILD ?		8 DK⇒ HL11	no		no
				vears		Record Line	Record Line no.			NEXT LINE	
				2		no. of mother/	of mother/				
				98=dk*		caretaker	caretaker				
LINE	NAME	REL.	MF	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	12		01			128		128	
02			12		02			128		128	
03			12		03			128		128	
04			1 2		04			128		128	
05			1 2		05			128		128	
06			1 2		06			128		128	
07			1 2		07			128		128	
08			1 2		08			128		128	
09			1 2		09			128		128	
10			1 2		10			128		128	

HL

HL1.	HL2.	HL3.	HL4.	HL5.	HL6.	HL7A.	HL8.	HL9.	HL10.	HL11.	HL12.
Line	Name	WHAT IS	ls	HOW OLD	Circle	For each	For each child		If alive:		If alive:
no.		THE	(name)	IS (name)?	Line no.	child	under 5:	IS (name's)	DOES (name's)	IS (name's)	DOES (name's)
		RELATION-	MALE OR		if woman is	age 2-14:	WHO IS THE	NATURAL	NATURAL MOTHER	NATURAL	NATURAL FATHER
		SHIP OF	FEMALE	HOW OLD WAS	age	WHO IS THE	MOTHER OR	MOTHER	LIVE IN THIS	FATHER	LIVE IN THIS
		(<i>name</i>) то	?	(<i>name</i>) ON	15-49	MOTHER OR	PRIMARY	ALIVE?	HOUSEHOLD?	ALIVE?	HOUSEHOLD?
		THE HEAD		HIS/HER LAST		PRIMARY	CARETAKER OF				
		OF THE	1 MALE	BIRTHDAY?		CARETAKER	THIS CHILD?	1 YES	Record Line no.	1 YES	Record Line no.
		HOUSE-	2 FEM.			OF THIS		2 NO⇔ HL11	of mother or 00 for	2 NO∿	of father or 00 for
		HOLD?		Record in		CHILD?		8 DK⇔ HL11	'no'	NEXT LINE	'no'
				completed						8 DK∿	
				years		Record Line	Record Line no.			NEXT LINE	
						no. of mother/	of mother/				
				98=dk*		caretaker	caretaker				
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
11			1 2		11			128		128	
12			1 2		12			128		128	
13			1 2		13			128		128	
14			1 2		14			128		128	
15			1 2		15			128		128	
ARE TH	HERE ANY OTHER PERSO	ONS LIVING H	ERE – EVEI	N IF THEY ARE NO	T MEMBERS O	F YOUR FAMILY	OR DO NOT HAVE F	ARENTS LIVING IN	N THIS HOUSEHOLD BU	T WHO SLEEPS M	OST NIGHTS OF A
WEEK	AT LEAST 4 NIGHTS PER	R WEEK) AN	D SHARES	AT LEAST ONE DA	ALY MEAL WITH	H THE HOUSEHOL	_D?				
INCLUE	INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.										
Then,	complete the totals b	pelow.			-	_					
	Women Children										
					15-49	2 - 14	Under-55				
Totals											

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women'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 the Questionnaire for Children UnderFive. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister
- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 146

- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage
- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

EDUCA	TION MO	DULE						ED	
	Fa	or household meml	pers age 5 and above		For household members age 5-24 years				
ED1.	ED1A.	ED2.	ED3.	ED4.	ED5.	ED6.	ED7.	ED8.	
Line	Name	HAS (<i>name</i>) EVER	WHAT IS THE HIGHEST LEVEL OF SCHOOL	DURING THE	SINCE	DURING THIS SCHOOL YEAR, WHICH	DID (name)	DURING THAT PREVIOUS SCHOOL	
no.		ATTENDED SCHOOL	(<i>name</i>) ATTENDED? WHAT IS THE HIGHEST GRADE / FORM /	(2005-2006)	LAST	LEVEL AND GRADE/FORM/YEAR IS/WAS	ATTEND	YEAR, WHICH LEVEL AND	
		OR PRESCHOOL ?	YEAR (<i>name</i>) COMPLETED AT THIS LEVEL?		(aay of the	(name) ATTENDING?		GRADE/FORM/YEAR DID (name)	
				(name)	week).	LEVEL:	ANY TIME		
			0 PRE-SCHOOL	ATTEND	HOW	0 PRE-SCHOOL	DURING THE	LEVEL:	
			1 PRIMARY	SCHOOL OR	MANY	1 PRIMARY	PREVIOUS	0 PRE-SCHOOL	
			2 SECONDARY	PRESCHOOL	DAYS DID	2 SECONDARY	SCHOOL YEAR,		
		1 YES → ED3		AT ANY TIME ?	(<i>name</i>)	A BACHELORS	2005)?		
		NEXT LINE	5 MASTERS & HIGHER		SCHOOL	5 MASTERS & HIGHER	2000):	4 BACHELORS	
			6 CET (VOCATIONAL STUDIES)	1 YES	?	6 CET (VOCATIONAL STUDIES)	1 YES	5 MASTERS & HIGHER	
			8 DK	2 NO ⇔ ED7		8 DK		6 CET (VOCATIONAL STUDIES)	
			GRADE:		Insert	ODADE		8 DK	
			98 DK		number of days	GRADE. 98 DK		GRADE.	
			If less than 1 grade, enter 00.		in space		NEXT LINE	98 DK	
					below.				
LINE		YES NO	LEVEL GRD/FRM/YR	YES NO	DAYS	LEVEL GRD/FRM/YR	Y N DK	LEVEL GRD/FRM/YR	
01		1 2⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇒NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇔NEXT LINE	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⇒NEXT LINE	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 MODULE		WS
WATER AND SANITATION MODULE WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water 11 Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe 13 Hand pump 21 Dug well 31 Protected well 32 Water from spring 41	WS 11⇔WS5 12⇔WS5
	Unprotected spring	⇒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 yard or plot 12 Public tap/standpipe 13 Hand pump 21 Dug well 31 Protected well 32 Water from spring 41 Unprotected spring 41 Unprotected spring 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	11⇔WS5 12⇔WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes	995 ⇔W S5
 WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? Probe: IS THIS PERSON UNDER AGE 15? WHAT SEX? Circle code that best describes this person. 	Adult woman1Adult man2Female child (under 15)3Male child (under 15)4DK8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes1 No2 DK8	2⇔WS7 8⇔WS7

WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? Record all items mentioned.	BoilA Add bleach/chlorineB Strain it through a clothC Use water filter (ceramic, sand, composite, etc.)D Solar disinfectionE Let it stand and settle	
	Other (<i>specify</i>) X DK Z	
 WS7. 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 11 Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / open pit 23 Composting toilet 31 Bucket 41 Hanging toilet/hanging latrine 51 No facilities or bush or field 95 Other (specify) 96	95⇔ next MODULE
WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes1 No2	2⇔ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10) 0 Ten or more households10 DK98	

HOUSEHOLD CHARACTERISTICS MODULE						
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Anglican 01 Baptist 02 Jehovah's Witness 03 Mennonite 04 Methodist 05 Nazarene 06 Pentecostal 07 Roman Catholic 08 Seventh-Day Adventist 09 None 95 Other religion (<i>specify</i>) 96 Don't Know 98					
HC1B. WHAT IS THE FIRST LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	English 01 Spanish 02 Garifuna 03 Maya 04 German 05 Indian 06 Chinese/Taiwanese 07 Creole 08 Other language (specify) 96					
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Creole01East Indian02Garifuna03Maya (Ketchi/Mopan/Yucatecan)04Mennonite05Mestizo/Spanish/Latino/Hispanic06Asian (China/Hong Kong/Taiwan)07Caucasian/White08Other ethnic group (specify)96DK/NS98					
HC2. HOW MANY ROOMS IN THIS DWELLING ARE USED FOR SLEEPING BY THE MEMBERS OF THIS HOUSEHOLD?	No. of rooms					
HC3. Main material of the dwelling floor: Record observation. Note that if there is more than one kind of material making up the floor, record the main flooring material (the material that covers the largest amount of floor space).	Natural floor 11 Rudimentary floor 21 Wood planks 21 Plywood 23 Finished floor 23 Finished floor 31 Marley / Linoleum 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (<i>specify</i>) 96					

HC4. Main material of the roof. <i>Record observation</i> .	Natural roofing 12 Rudimentary Roofing 12 Rubber rye 24 Finished roofing 24 Finished roofing 31 Cement 35 Roofing shingles 36 Other (specify) 96	
HC5. Main material of the outer walls. <i>Record observation</i> .	Natural walls 11 Cane / palm/trunks 12 Dirt / mud wall 13 Rudimentary walls 13 Bamboo with mud 21 Stone with mud 22 Plywood 24 Carton 25 Reused wood 26 Finished walls 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Wood planks/shingles 36 Wood & concrete 37 Stucco 38 Other (specify) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity	01⇔HC8 02⇔HC8 04⇔HC8
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? Probe for type.	Open fire 1 Open stove 2 Closed stove 3 Other (<i>specify</i>) 6	3⇔HC8 6⇔HC8
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes1 No2	

HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR?	YesNoElectricity12Radio12Television12Mobile Telephone12Non-Mobile Telephone12Refrigerator12	
 HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR? 	YesNoWatch12Bicycle12Motorcycle/Scooter12Animal drawn-cart12Car/Truck12Boat with motor12	

CHILD DISCIPLINE MODULE

table 1: childREN AgED 2-14 YEARS ELIGIBLE for child Discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1.	CD2.	CD3.	C	D4.	CD5.	CD6.	
Rank	Line	Name from HL2.	Sex	from	Age from	Line no. of mother/	
no.	no. from		H	L4.	HL5.	caretaker from	
	HL1.					HL7A.	
RANK	LINE	NAME	М	F	AGE	MOTHER	
01			1	2			
02			1	2			
03			1	2			
04			1	2			
05			1	2			
06			1	2			
07			1	2			
08			1	2			
CD7.	TOTAL CHILDREN AGED 2-14 YEARS						

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

table 2: selection of random child for child Discipline questions

Use this table 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. Look for the last digit of the household number 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 CD7 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 about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD						
Last digit of the household number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child	Rank number of child
---	----------------------

CHILD DISCIPLINE MODULE

CD

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your
instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in
CD6).

CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name Line number	
CD12. ALL 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.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (<i>name</i>) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE).	Yes1 No2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes1 No2	
CD12C. SHOOK HIM/HER.	Yes1 No2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes1 No2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes1 No2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes1 No2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes1 No2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes1 No2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes1 No2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes1 No2	
CD12K. BEAT HIM/HER UP WITH AN OBJECT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes1 No2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (<i>name</i>) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes1 No2 Don't know/no opinion8	

DISAB	DISABILITY											
To be ad	lministered to care	etakers of all ch	ildren 2 throu	gh 9 years old	d living in the H	household. For	household n	nembers be	low age 2 or ab	ove age 9, leav	e rows bland	ζ.
IWOULD	LIKE TO ASK YOU	IF ANY CHILDRI	EN IN THIS HOU	JSEHOLD AGE	ED 2 THROUGH	9 HAS ANY OF	THE HEALTH		NS I AM GOING T	O MENTION TO	YOU.	
DA1.	DA2.	DA3.	DA4.	DA5.	DA6.	DA7.	DA8.	DA9.		DA11.	DA12.	DA13.
no	Child's hame			DOES (nama)	TELL (name)	DOES (name)	DOES (name)	DOES (name)	SPEAK AT ALL	(For 5-9 year	(FOF 2-	
110.		CHILDREN,	CHILDREN,	APPEAR TO	TO DO	DIFFICULTY IN	SOMETIMES	LEARN TO	(CAN HE/SHE	IS (name)'S	CAN (name)	CHILDREN
		DOES OR DID	DOES (name)	HAVE	SOMETHING,	WALKING OR	HAVE FITS,	DO THINGS	MAKE HIM OR	SPEECH IN	NAME AT	OF THE
		(<i>name</i>) HAVE	HAVE	DIFFICULTY	DOES HE/SHE	MOVING	BECOME	LIKE	HERSELF	ANY WAY	LEAST ONE	SAME AGE,
		ANY SERIOUS	DIFFICULTY	HEARING?	SEEM TO	HIS/HER ARMS	RIGID, OR	OTHER	UNDERSTOOD	DIFFERENT	OBJECT	DOES
		DELAY IN	SEEING,			OR DOES	LOSE CONSC-	CHILDREN	IN WORDS,	I FROM NORMAL	(FOR EXAMPLE	(<i>name</i>)
		STANDING, OR	DAYTIME OR	HEARS WITH	ARE SAYING?	WEAKNESS	IOUSNESS?	AGE?	RECOGNIZABLE	ENOUGH TO	AN ANIMAL,	ANY WAY
		WALKING?	AT NIGHT?	DIFFICULTY,		AND/OR			WORDS)?	BE	A TOY, A	MENTALLY
				COMPLETELY		STIFFNESS IN				UNDERSTOOD	CUP,	BACKWARD,
				DEAF?)		THE ARMS OR				BY PEOPLE	A SPOON)?	DULL OR
						LEGS				THE		SLOW
										IMMEDIATE		
										FAMILY)?		
	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	12	12	12	1 2	1 2	12	1 2	1 2
11		1 2	1 2	1 2	12	12	12	12	1 2	12	12	12
12		1 2	1 2	1 2	1 2	1 2	12	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	12	12	12	1 2	1 2	12	1 2	1 2
14		1 2	1 2	1 2	12	1 2	12	1 2	1 2	12	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

SALT IODIZATION MODULE		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE		
SALT USED IN YOUR HOUSEHOLD IS IODIZED.	Not iodized 0 PPM1	
MAY I SEE A SAMPLE OF THE SALT USED TO	Less than 15 PPM2	
COOK THE MAIN MEAL EATEN BY MEMBERS OF	15 PPM or more	
YOUR HOUSEHOLD LAST NIGHT?		
	No salt in home6	
Once you have examined the salt,	Salt not tested7	
circle number that corresponds to test outcome.		

SI2. Does any eligible woman age 15-49 reside in the household? Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

 \square Yes. \Rightarrow Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.

 \square No. \Rightarrow Continue.

SI3. Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

 \square Yes. \Rightarrow Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.

 \square No. \Rightarrow End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL	WM
This module is to be administered to all women age Fill in one form for each eligible woman Fill in the cluster and household number, and the na name, number and the date.	15 through 49 (see column HL6 of HH listing). ame and line number of the woman in the space below. Fill in your
WM1. Cluster number:	WM2. Household number:
WM3. Woman's Name:	WM4. Woman's Line Number:
WM5.Interviewer name and number:	WM6. Day/Month/Year of interview:
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6

Repeat greeting if not already read to this woman:

WE ARE FROM THE **Central Statistical Office**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month	
WM9. HOW OLD WERE YOU AT YOUR LAST		
BIRTHDAY?	Age (in completed years)	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes	
	NO Z	
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school	
WM12. WHAT IS THE HIGHEST GRADE/FORM/YEAR YOU COMPLETED AT THAT LEVEL?	Grade/Form/Year	
WM13. Check WM11:		
\Box Secondary or higher. \Rightarrow Go to Next Module \Box Primary or non-standard curriculum. \Rightarrow Continue	with WM14	
 WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? Example sentences for literacy test: 	Cannot read at all	
 The child is reading a book. The rains came late this year. Parents must care for their children. Farming is hard work. 		

CHILD MORTALITY MODULE CM			
This module is to be administered to all women age 1.	5-49.		
All questions refer only to LIVE births.		1	
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes1 No2	2⇔ CONTRA CEPTION	
If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?		AND UNMET NEED	
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?	Date of first birth Day DK day		
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.	Month		
Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.	Year DK year9998	⇔СМ3 ∜СМ2в	
CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth		
	DK8		
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes1 No2	2⇔CM5	
CM4. HOW MANY SONS LIVE WITH YOU?	Sons at home		
HOW MANY DAUGHTERS LIVE WITH YOU?	Daughters at home		
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes1 No2	2⇔CM7	
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere		
HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Daughters elsewhere		
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes1 No2	2⇔CM9	
CM8. How many boys have died?	Boys dead		
HOW MANY GIRLS HAVE DIED?	Girls dead		
<i>CM9.</i> Sum answers to CM4, CM6, and CM8.	Sum		
CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?			
\square Yes. \Rightarrow Go to CM11			
\square No. \Rightarrow Check responses and make corrections before proceeding to CM11			

CM11, OF THESE (total number) BIRTHS YOU HAVE	Date of last birth		
HAD, WHEN DID YOU DELIVER THE LAST ONE			
(EVEN IF HE OR SHE HAS DIED)?	Day/Month/Year///		
If day is not known, enter '98' in space for day.			
CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?			
If child has died, take special care when referring to this child by name in the following modules.			
\square No live birth in last 2 years. \Rightarrow Go to CONTRACEPTION AND UNMET NEED module.			
\square Yes, live birth in last 2 years. \Rightarrow Continue with CM13			
Name of child			
CM13. AT THE TIME YOU BECAME PREGNANT WITH			
(name), DID YOU WANT TO BECOME PREGNANT	Then 1		
THEN, DID YOU WANT TO WAIT UNTIL LATER, OR	Later 2		
DID YOU NOT WANT ANY (MORE) CHILDREN AT ALL?	No (more) 3		

TETANUS TOXOID (TT) MODULE		TT
This module is to be administered to all women with a	l live birth in the 2 years preceding date of interview.	
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT	Yes (card seen)1	
WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card not seen)2	
	No3	
If a card is presented, use it to assist with answers	BK a	
to the following questions.	DK8	
	Voo 1	
LAST CHILD. DID YOU RECEIVE ANY INJECTION	165	
TO PREVENT HIM OR HER FROM GETTING	No 2	2⇔TT5
TETANUS, THAT IS CONVUL SIONS AFTER BIRTH	2	2,110
(AN ANTI-TETANUS SHOT, AN INJECTION AT THE	DK	8⇔TT5
TOP OF THE ARM OR SHOULDER)?		
TT3. If yes: HOW MANY TIMES DID YOU RECEIVE		
THIS ANTI-TETANUS INJECTION DURING YOUR	No. of times	
LAST PREGNANCY?		
	DK	98⇔115
TTA How many TT dogog during last program was	a non-out of in TT22	
114. How many 11 doses during last pregnancy were	e reportea in 115?	
\square At least two TT injections during last pregnancy \square	So to Next Module	
	oo to new mount	
\Box Fewer than two TT injections during last pregnance	vy. ⇔ Continue with TT5	
TT5. DID YOU RECEIVE ANY TETANUS TOXOID	Yes 1	
INJECTION AT ANY TIME BEFORE YOUR LAST		
PREGNANCY?	No2	2⇔next
	DK 0	MODULE
	DK8	8⊐NEXT
	No. of times	MODULE
TTO. HOW MANY TIMES DID YOU RECEIVE IT?		
	DR	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE	Month	
THE LAST ANTI-TETANUS INJECTION BEFORE	DK month	
THAT LAST PREGNANCY?	Vee	
Shin to next module only if your of injection is given	rear	S→NEX1
Otherwise, continue with TT8	DK year 0008	
Omerwise, commue with 116.		~110
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE	Years ago	
LAST ANTI-TETANUS INJECTION BEFORE THAT		
LAST PREGNANCY?	DK year98	

MATERNAL AND NEWBORN HEALTH	H MODULE	MN
This module is to be administered to all women with a Check child mortality module CM12 and record name Use this child's name in the following questions, when	a live birth in the 2 years preceding date of interview. e of last-born child here re indicated.	
MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?	Yes1 No2 DK8	
Show 200,000 TO cupsule of dispenser.		
MN2. DID YOU SEE ANYONE FOR PRENATAL CARE FOR THIS PREGNANCY?If yes: WHOM DID YOU SEE? ANYONE ELSE?Probe for the type of person seen and circle all answers given.	Health professional: Doctor	
	Other (<i>specify</i>) X No one Y	Y⇔MN7
MN3. AS PART OF YOUR PRENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE? MN3A. WERE YOU WEIGHED?	Yes No Weight1 2	
MN3b. Was your blood pressure measured? MN3c. Did you give a urine sample? MN3d. Did you give a blood sample?	Blood pressure12Urine sample12Blood sample12	
MN4. DURING ANY OF THE PRENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes1 No2 DK8	
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR PRENATAL CARE?	Yes1 No2 DK8	2⇔MN7 8⇔MN7
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2 DK8	
 MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (name)? ANYONE ELSE? Probe for the type of person assisting and circle all answers given. 	Health professional: Doctor	
	Other (<i>specify</i>) X No oneY	

MN8. WHERE DID YOU GIVE BIRTH TO (name)?	Home	
	Your home	
If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.	Public sector 21 Govt. hospital	
(Name of place)	Private Medical Sector Private hospital	
	Other (<i>specify</i>) 96	
MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large	
	DK8	
MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes1 No2	2⇔MN12
	DK8	8⇒MN12
MN11A. HOW MUCH DID (name) WEIGH? Record weight from health card, if available.	From card1lbsoz From recall2lbsoz	
	DK	
MN12. DID YOU EVER BREASTFEED (name)?	Yes1 No2	2⇔ NEXT MODULE
MN13. How long after birth did you first put (name) to the breast?	Immediately000	
If less than 1 hour, record '00' hours.	Hours	
If less than 24 hours, record hours. Otherwise, record days.	Days2 Don't know/remember	

CONTRACEPTION AND UNMET NEED		СР
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.	Yes, currently pregnant1	
12	No2	2⇔CP2
ARE YOU PREGNANT NOW?	Unsure or DK8	8⇔CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then1 Later2 Not want more children3	1⇔СР4в 2⇔СР4в 3⇔СР4в
CP2. SOME PEOPLE 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?	Yes1 No2	2⇔CP4a
CP3. WHICH METHOD ARE YOU USING? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization	
CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN? CP4B. <i>If currently pregnant:</i> 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 (a/another) child1 No more/none2 Says she cannot get pregnant3 Undecided/don't know8	2⇔CP4D 3⇔NEXT MODULE 8⇔CP4D
CP4c. How long would you like to wait BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months 1 Years 2 Soon/now 993 993 Says she cannot get pregnant 994 After marriage 995 995 Other 996 998	994⇔next MODULE

CP4D. Check CP1:

 \Box Currently pregnant? \Rightarrow Go to Next Module

 \square Not currently pregnant or unsure? \Rightarrow Continue with CP4E

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE	Yes1	
TO GET PREGNANT AT THIS TIME?	No2	
	DK8	

ATTITUDES TOWARD DOMESTIC VIOLE	ENCE			
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	
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM? DV1B. IF SHE NEGLECTS THE CHILDREN? DV1C. IF SHE ARGUES WITH HIM? DV1D. IF SHE REFUSES SEX WITH HIM? DV1E. IF SHE BURNS THE FOOD? DV1F. IF SHE CHEATS ON HIM? DV1G. IF SHE SQUANDERS THE MONEY?	Goes out without telling1Neglects children1Argues1Refuses sex1Burns food1Cheats on him1Squanders money1	2 2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8	

SEXUAL BEHAVIOUR MODULE		
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CO	ONTINUING, ENSURE PRIVACY.	
SB0. Check WM9: Age of respondent is between 15 c	und 24?	
\Box Age 25-49. \Rightarrow Go to Next Module		
□Age 15-24. ⇔ Continue with SB1		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS		
ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A	Never had intercourse00	00⇔next
BETTER UNDERSTANDING OF SOME FAMILY		MODULE
LIFE ISSUES.	Age in years	
THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.	First time when started living with (first) husband/partner95	
HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	DK	
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?	Days ago1 1	
Record 'years ago' only if last intercourse was one	Weeks ago2 2	
must be recorded in years.	Months ago 3 3	
	Years ago4	4⇔NEXT
	DK8	MODULL
SB3. THE LAST TIME YOU HAD SEXUAL	Yes 1	
INTERCOURSE WAS A CONDOM USED?	No 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN	Spouse / cohabiting partner 1	1⇔SB6
WITH WHOM YOU LAST HAD SEXUAL	Man is boyfriend / fiancée 2	
INTERCOURSE?	Other friend 3	
	Casual acquaintance 4	
If man is 'boyfriend' or 'fiancée', ask:		
WAS YOUR BOYFRIEND/FIANCEE LIVING WITH YOU	Other (specify)6	
WHEN YOU LAST HAD SEX?		
SB5 HOW OLD IS THIS PERSON?		
	Age of sexual partner	
If response is DK, probe:		
ABOUT HOW OLD IS THIS PERSON?	DK	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN	Yes 1	
THE LAST 12 MONTHS?	No 2	2⇔NEXT
SB7 THE LAST TIME YOU HAD SEXUAL	Yes 1	WODULE
INTERCOURSE WITH THIS OTHER MAN, WAS A	No 2	
CONDOM USED?		
SB8. WHAT WAS YOUR RELATIONSHIP TO THIS	Spouse / cohabiting partner 1	1⇔SB10
MAN?	Man is boyfriend / fiancée 2	
	Other friend	
If man is 'boyfriend' or 'fiancée', ask:	Casual acquaintance 4	
WHEN YOUR BUTFRIEND/FIANCEE LIVING WITH YOU	Other (specify)	
If 'yes', circle 1. If 'no', circle 2.		
SB9. HOW OLD IS THIS PERSON NOW? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner98	
--	-------------------------	------------------
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes1 No2	2⇔next MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners98	

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1	
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No 2	2⇔ на19
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT	Yes1 No2	
INFECTED AND IS FAITHFUL?	DK8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT/OBEAH OR OTHER SUPERNATURAL MEANS?	Yes1 No2 DK8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No2 DK8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No2 DK8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes1 No2 DK8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes1 No2 DK8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes1 No2 DK8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No2 DK8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?	Vac No DK	
HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	During pregnancy128During delivery128By breastfeeding128	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No2 DK/not sure/depends8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes1 No2 DK/not sure/depends8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1 No2 DK/not sure/depends8	

HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes1 No2 DK/not sure/depends8	
HA14. Check MN5: Tested for HIV during prenatal c	care?	
☐ Yes. ⇔ Go to HA18A		
\square No. \Rightarrow Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES	Yes1 No2	2⇔HA18
AIDS?		
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED,	Asked for the test1	1⇔ на19
OR WAS IT REQUIRED?	Offered and accepted2	2⇔ на19
	Required3	3⇔ на19
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE	Yes 1	
SEE IF YOU HAVE THE AIDS VIRUS?		
HA18A. If tested for HIV during prenatal care: OTHER THAN AT THE PRENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	NO2	

HA19. Check HL8 in the Household Questionnaire to find out if the woman is the mother or primary caretaker of any children that live with them and are under the age of 5 years.

 \square Yes. \Rightarrow Start interviewing her with the QUESTIONNAIRE FOR CHILDREN UNDER 5 for those children.

□ No. ⇒ Check if there is another eligible woman residing in the same household and go on to administer the QUESTIONNAIRE FOR INDIVIDUAL WOMEN to the next eligible woman.

If there are no children under five and no other eligible woman residing in the same household, **THANK THE RESPONDENT AND END THE INTERVIEW.**



UNDER-FIVE CHILD INFORMATION I	PANEL UF		
This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8)			
who care for a child that lives with them and is up	nder the age of 5 years (see household listing, column		
HL5).			
A separate questionnaire should be used for each	eligible child.		
Fill in the cluster and household number, and nam	nes and line numbers of the child and the mother/caretaker		
in the space below. Insert your own name and nu	mber, and the date.		
UF1. Cluster number:	UF2. Household number:		
UF1A. ED number:			
UF3. Child's Name:	UF4. Child's Line Number:		
LIEE Mathar's/Caratakar's Namo:	LIEG Matheria/Carotakoria Lina Number		
OF5. MOUTER S/Garelaker's Name.	OFO. MOUNER S/Caretaker's Line Number.		
UF7. Interviewer name and number:	UF8. Day/Month/Year of interview:		
	// /		
UF9. Result of interview for children under 5	Completed 1		
	Not at home2		
(Codes refer to mother/caretaker.)	Refused		
	Party completed4		
	Other (specify) 6		

Repeat greeting if not already read to this respondent:

WE ARE FROM THE Central Statistical Office. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. Now I would like to ask you some QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (<i>name</i>). IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN? Probe:	Date of birth: Day DK day	
WHAT IS HIS/HER BIRTHDAY?	Year	
If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.		
UF11. HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years	

BIRTH REGISTRATION AND EARLY LEARNING MODULE BR				BR		
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen Yes, not seen. No				1 2 3	1⇔BR5
	DK				8	
BR2. HAS (<i>name's</i>) BIRTH BEEN REGISTERED WITH	Yes				1	1⇔BR5
THE VITAL STATISTICS UNIT (REGISTRY), MAGISTRATES COURT OR VILLAGE REGISTRAR?	DK				2 8	8⇔BR4
BR3. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too muc	:h har			1	
	Did not know i	t should b	pe regist	ered	3	
	Did not want to Does not knov	v where to	o registe	r	4 5	
	Other (specify)				6	
	DK				8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes No				1 2	
BR5. Check age of child in UF11: Child is 3 or 4 yeas \Box Yes. \Rightarrow Continue with BR6 \Box No. \Rightarrow Go to BR8	rs old?					
BR6. DOES (name) ATTEND ANY ORGANIZED	Yes				1	
LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR	No				2	2⇒BR8
GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	DK				8	8⇔BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	No. of hours					
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):						
If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?		Mother	Father	Other	No one	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)?	Books	А	В	х	Y	
BR8B. TELL STORIES TO (name)?	Stories	А	В	х	Y	
BR8c. SING SONGS WITH (name)?	Songs	А	В	х	Y	
BR8D. TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	А	В	х	Y	
BR8E. PLAY WITH (name)?	Play with	А	В	Х	Y	
BR8F. SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	А	В	х	Y	

CHILD DEVELOPMENT CI		
Question CE1 is to be administered only once to	each caretaker	
CE1. HOW MANY BOOKS ARE THERE IN THE		
HOUSEHOLD? PLEASE INCLUDE	Number of non-children's books0	
SCHOOLBOOKS, BUT NOT OTHER BOOKS	Tan an mana an abildran's basis do	
MEANT FOR CHILDREN, SUCH AS PICTURE	Ten or more non-children's books	
BUUKS		
If 'none' enter 00		
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE		
BOOKS DO YOU HAVE FOR (<i>name</i>)?	Number of children's books 0	
If 'mana' antar 00	Ton or more books 10	
II none enter oo		
CE3. I AM INTERESTED IN LEARNING ABOUT THE		
THINGS THAT (<i>name</i>) PLAYS WITH WHEN		
HE/SHE IS AT HOME.		
WHAT DOES (<i>name</i>) PLAY WITH?		
DUES HE/SHE PLAT WITH		
CE3A. HOUSEHOLD OBJECTS, SUCH AS BOWLS,	Household objects	
PLATES, CUPS OR POTS?	(bowls, plates, cups, pots)A	
CE3B. OBJECTS AND MATERIALS FOUND OUTSIDE	Objects and materials found	
THE LIVING QUARTERS, SUCH AS STICKS,	outside the living quarters	
ROCKS, ANIMALS, SHELLS, OR LEAVES?	(Slicks, focks, animals, shells, leaves) B	
CE3C HOMEMADE TOYS SUCH AS DOLLS CARS	Homemade toys	
AND OTHER TOYS MADE AT HOME?	(dolls, cars and other toys made at home) C	
CE3D. TOYS THAT CAME FROM A STORE?	Toys that came from a storeD	
If the respondent says "VFS" to any of the	No playthings mentioned Y	
prompted categories, then probe to learn		
specifically what the child plays with to		
ascertain the response		
Code Y if child does not play with any of the		
items mentioned.		
CE4. SOMETIMES ADULTS TAKING CARE OF	Number of times	
CHILDREN HAVE TO LEAVE THE HOUSE TO GO		
REASONS AND HAVE TO LEAVE YOUNG		
CHILDREN WITH OTHERS, SINCE LAST (day of		
the week) HOW MANY TIMES WAS (name) LEFT		
IN THE CARE OF ANOTHER CHILD (THAT IS,		
SOMEONE LESS THAN 10 YEARS OLD)?		
It 'none' enter 00		
CE5 IN THE PAST WEEK HOW MANY TIMES WAS	Number of times	
(name) LEFT ALONE?		
·····		
If 'none' enter 00		

VITAMIN A MODULE		VA
VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes1 No2	2⇔next MODULE
Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	DK8	8⇔next MODULE
VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago98	
VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health facility1 Sick child visit to health facility2	
	DK	

BREASTFEEDING MODULE		BF
BF1. HAS (name) EVER BEEN BREASTFED?	Yes1	0.0550
	No 2	2⇔BF3
	DK	8⇔BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes1	
	No 2	
	DK	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE		
RECEIVE ANY OF THE FOLLOWING:		
Read each item aloud and record response		
before proceeding to the next item.	Y N DK	
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR	A. Vitamin supplements 1 2 8	
MEDICINE ? RF3b PLAIN WATER?	B. Plain water 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR	C. Sweetened water or juice 1 2 8	
FRUIT JUICE OR TEA OR INFUSION?		
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. URS 1 2 8	
BE3E. INFANT FORMULA?	F. Milk	
BF3G, ANY OTHER LIQUIDS?	G. Other liquids	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8	
BF4. Check BF3H: Child received solid or semi-	-solid (mushy) food?	
\Box Yes. \Rightarrow Continue with BF5		
\square No or DK. \Rightarrow Go to Next Module		
BE5 SINCE THIS TIME VESTERDAY HOW MANY	No. of times	
TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR		
SOFT FOODS OTHER THAN LIQUIDS?	Don't know 8	
If 7 or more times, record '7'.		

CARE OF ILLNESS MODULE		CA
CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?	Yes1 No2	2⇔CA5
Diambase is determined as parceived by	DK8	8⇔CA5
mother or caretaker, or as three or more loose		
or watery stools per day, or blood in stool.		
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:		
Read each item aloud and record response before proceeding to the next item		
	Yes No DK	
CA2A. A FLUID MADE FROM URAL REHYDRATION SALT?	A. Fluid from ORS packet 1 2 8	
CA2B. GOVERNMENT-RECOMMENDED HOMEMADE	B. Recommended homemade fluid1 2 8	
CA2C. PEDIALYTE?	C. Pedialyte 1 2 8	
	X. Other 1 2 8	
CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none1 About the same (or somewhat less)2 More	
	DK8	
CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT	None1 Much less	
USUAL?	Somewhat less	
If "less", probe:	More	
MUCH LESS OR A LITTLE LESS?	DK8	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH	Yes1	0.0040
AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE	No2	2⇒CA12
LAST?	DK8	8⇔CA12
CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN	Yes1 No2	2⇔CA12
USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	DK8	8⇔CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN	Problem in chest1	0.00440
THE CHEST OR A BLOCKED NOSE?		ZYCATZ
	Both	
	Other (<i>specify</i>) 6 DK8	6⇔CA12

CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes1 No2	2⇔CA10
	DK8	8⇔CA10
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions.	Public sector Govt. hospitalA Govt. health centre B Govt. health postC Village health worker D Mobile/outreach clinic E Other public (specify)	
If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.	Private medical sector Private hospital/clinicI Private physicianJ Private pharmacyK Mobile clinicL Other private medical (<i>specify</i>)O	
(Name of place)	Other source Relative or friendP ShopQ Traditional practitionerR	
	Other (specify)X	
CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes1 No2	2⇔CA12
	DK8	8⇔CA12
CA11. WHAT MEDICINE WAS (name) GIVEN?	AntibioticA	
Circle all medicines given.	Paracetamol/Panadol/Acetaminophen P AspirinQ IbupropfenR	
	Other (<i>specify</i>) X DKZ	
CA12. Check UF11: Child aged under 3?		1
\Box Yes. \Rightarrow Continue with CA13		
\square No. \Rightarrow Go to CA14		Т
CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine01Put/rinsed into toilet or latrine02Put/rinsed into drain or ditch03Thrown into garbage (solid waste)04Buried05Left in the open06Other (specify)96Dt92	
	98	1

Ask the following question (CA14) only once for each mother/caretaker. CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?	Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G Other (specify) X
Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.	Other (<i>specify</i>) Y Other (<i>specify</i>) Z

IMMUNIZATION MODULE									IM	
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitar								vitam	in A dose	
recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18										
WIII ONLY DE ASKED WIEN A CARD IS NOT AVAILADIE. IM1 IS THERE A VACCINATION CARD FOR (name)?										
INT. IS THERE A VACCINATION CARD FOR (nume):		Yes, not seen								2⇔IM10
		No3								3⇔IM10
(a) Copy dates for each vaccination	from the card									
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that										
vaccination was given but no da	te recorded.	Date of Immunization								
		D/	٩Y	IOM	NTH		YE	AR		
IM2. BCG	BCG									
IM3A. POLIO AT 2 MONTHS	OPV1									
IM3B. POLIO 1 AT 4 MONTHS	OPV2									
IM3C. POLIO 2 AT 6 MONTHS	OPV3									
IM3D. POLIO 3 AT 4YEARS	OPV4									
IM4D. DPT\HEPB\HIB AT 2 MONTHS	DPT\HepB\Hib									
IM4E. DPT\HEPB\HIB AT 4 MONTHS	DPT\HepB\Hib									
IM4F. DPT\HEPB\HIB AT 6 MONTHS	DPT\HepB\Hib									
IM6A. MMR AT 1 YEAR	MEASLES									
IM6B. MMR BOOSTER AT 2 YEAR	MEASLES									
IM8A. VITAMIN A (1) AT 2 MONTHS	VITA1									
IM8B. VITAMIN A (2) AT 4 – 6 MONTHS	VITA2									
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED AT SCHOOL?		Yes1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.)								1⇔IM20
Record 'Yes' only if respondent mentions BCG, OPV1-4, DPT/HepB/Hib, MMR and Vitamin A supplements.		No2						2⇔IM20		
		DK8							8⇔IM20	
IM10. HAS (name) EVER RECEIVED ANY	VACCINATIONS TO	Yes							1	
PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED AT SCHOOL?			No2							2⇔IM20
DK8						8	8⇔IM20			

	F	
IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION	Yes1	
AGAINST TUBERCULOSIS - THAT IS AN INJECTION IN		
	No	
THE ARM OR SHOULDER THAT CAUSED A SCAR?	NO2	
	DK 8	
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION	Yes1	
DRODS IN THE MOUTH" TO PROTECT HIM/HER FROM		
	No	
GETTING DISEASES – THAT IS, POLIO?	NO	25/11/15
	DK	8⇔IM15
IWIT3. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS		
GIVEN – AT TWO MONTHS OR LATER?		
	Later	
INTA. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE		
DROPS?	No. of times	
	DK	
IM15 HAS (name) EVER BEEN GIVEN "DPT/HEPB/HIB	Yes 1	
VACCINATION INJECTIONS – THAT IS, AN INJECTION IN		0.1147
THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER	NO2	2⇔IM17
FROM GETTING DIPHTHERIA, WHOOPING COUGH AND		
TETANUS, HEPATITIS B, AND INFLUENZA TYPE B?	DK	8⇔IM17
(SOMETIMES GIVEN AT THE SAME TIME AS DOLLO)		-
(SOMETIMES GIVEN AT THE SAME TIME AS FOLIO)		
IM16. HOW MANY TIMES?		
	No. of times	
	DK <u>98</u>	
	Voc 1	
INTT. TAS (IMME) EVER BEEN GIVEN A MINIR INJECTIONS		
- THAT IS, A SHOT IN THE ARM AT THE AGE OF 1 YEAR		
OR OLDER - TO PREVENT HIM/HER FROM GETTING	No2	
MEASLES, MUMPS AND RUBELLA?		
	DK8	

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.

 \square Yes. \Rightarrow End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

 \square *No.* \Rightarrow *End the interview with this respondent by thanking him/her for his/her cooperation.*

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE		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. Child's weight.	Kilograms (kg)						
AN2. Child's length or height.							
Check age of child in UF11:							
□ Child under 2 years old. \Rightarrow Measure length (lying down).	Length (cm) Lying down 1						
□ Child age 2 or more years. → Measure height (standing up).	Height (cm) Standing up 2						
AN3. Measurer's identification code.	Measurer code						
AN4. Result of measurement.	Measured						
	6 (<i>specify</i>)						

AN5. Is there another child in the household who is eligible for measurement?

 \Box Yes. \Rightarrow Record measurements for next child.

 \Box No. \Rightarrow End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.