

Saint Lucia

Monitoring The Situation of Children & Women



Multiple Indicator Cluster Survey 2012



The Saint Lucia Multiple Indicator Cluster Survey (MICS) was carried out in 2012 by the Ministry of Social Transformation, Local Government and Community Empowerment and the Central Statistics Office (CSO) in collaboration with the Ministry of Health, Wellness, Human Services and Gender Relations and the Ministry of Education, Human Resource Development and Labour. Financial and technical support was provided by the United Nations Children's Fund (UNICEF), Government of Saint Lucia, UN Women and United Nations Population Fund (UNFPA).

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

Suggested citation:

Ministry of Social Transformation, Local Government and Community Empowerment and Central Statistics Office, 'Saint Lucia Multiple Indicator Cluster Survey 2012: Final Report', Castries, Saint Lucia, 2014.



SAINT LUCIA MULTIPLE INDICATOR CLUSTER SURVEY 2012

United Nations Children's Fund (UNICEF)

Government of Saint Lucia

Ministry of Social Transformation, Local Government and
Community Empowerment

Central Statistics Office

Final Report - April 2014

SUMMARY TABLE OF FINDINGS

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) indicators, Saint Lucia, 2012

Topic	MICS4 indicator number	MDG indicator number	Indicator	Value	
NUTRITION					
Nutritional status	2.1a	1.8	Underweight prevalence	2.8	percent
			Moderate and severe (- 2 SD)	0.0	percent
	2.1b		Severe (- 3 SD)		
			Stunting prevalence		
	2.2a		Moderate and severe (- 2 SD)	2.5	percent
			Severe (- 3 SD)	0.5	percent
	2.2b		Wasting prevalence		
			Moderate and Severe (- 2 SD)	3.7	percent
2.3a		Severe (- 3 SD)	0.7	percent	
Breastfeeding and infant feeding	2.4		Children ever breastfed	95.5	percent
	2.5		Early initiation of breastfeeding	49.6	percent
	2.6		Exclusive breastfeeding under 6 months	(3.5)	percent
	2.9		Predominant breastfeeding under 6 months	(21.2)	percent
	2.10		Duration of breastfeeding	12.6	months
	2.11		Bottle feeding	86.4	percent
	2.13		Minimum meal frequency	49.9	percent
	2.14		Age-appropriate breastfeeding	22.9	percent
	2.15		Milk feeding frequency for non-breastfed children	(87.7)	percent
Salt iodization	2.16		Iodized salt consumption	45.5	percent
Low birth weight	2.18		Low-birthweight infants	27.6	percent
	2.19		Infants weighed at birth	100.0	percent
CHILD HEALTH					
Tetanus toxoid	3.7		Neonatal tetanus protection	16.7	percent
Solid fuel use	3.11		Solid fuels	2.5	percent
WATER AND SANITATION					
Water and sanitation	4.1	7.8	Use of improved drinking water sources	99.0	percent
	4.2		Water treatment	(40.3)	percent
	4.3	7.9	Use of improved sanitation	89.9	percent
	4.4		Safe disposal of child's faeces	26.6	percent
	4.5		Place for handwashing	92.0	percent
	4.6		Availability of soap	95.2	percent
REPRODUCTIVE HEALTH					
	5.3	5.3	Contraceptive prevalence rate	55.5	percent
	5.4	5.6	Unmet need	17.0	percent
Maternal and newborn health	5.5a	5.5	Antenatal care coverage		
			At least once by skilled personnel	96.9	percent
	5.5b		At least four times by any provider	90.3	percent
			Content of antenatal care	95.9	percent
	5.6		Skilled attendant at delivery	98.7	percent
	5.7	5.2	Institutional deliveries	100.0	percent
5.8		Caesarean section	18.5	percent	
Post-natal health checks	5.9				
	5.10		Post-partum stay in health facility	98.7	percent
	5.11		Post-natal health check for the newborn	99.6	percent
	5.12		Post-natal health check for the mother	90.2	percent

() figures based on 24 -49 unweighted cases.

CHILD DEVELOPMENT				
Child development	6.1		Support for learning	92.9 percent
	6.2		Father's support for learning	50.1 percent
	6.3		Learning materials: children's books	67.5 percent
	6.4		Learning materials: playthings	58.7 percent
	6.5		Inadequate care	4.7 percent
	6.6		Early child development index	91.4 percent
	6.7		Attendance to early childhood education	85.3 percent
EDUCATION				
Literacy and education	7.1	2.3	Literacy rate among young women aged 15–24 years	99.3 percent
	7.2		School readiness	92.4 percent
	7.3		Net intake rate in primary education	97.9 percent
	7.4	2.1	Primary school net attendance ratio (adjusted)	99.5 percent
	7.5		Secondary school net attendance ratio (adjusted)	91.7 percent
	7.6	2.2	Children reaching last grade of primary	100.0 percent
	7.7		Primary completion rate	97.6 percent
	7.8		Transition rate to secondary school	95.6 percent
	7.9		Gender parity index (primary school)	0.99 ratio
	7.10		Gender parity index (secondary school)	1.01 ratio
CHILD PROTECTION				
Birth registration	8.1		Birth registration	92.0 percent
Child labour	8.2		Child labour	7.5 percent
	8.3		School attendance among child labourers	100.0 percent
	8.4		Child labour among students	7.5 percent
Child discipline	8.5		Violent discipline	67.5 percent
Early marriage and polygyny	8.6		Marriage before age 15 women aged 15–49 years	3.4 percent
	8.7		Marriage before age 18 women aged 20–49 years	17.1 percent
	8.8		Young women aged 15–19 years currently married or in union	14.0 percent
	8.9		Polygyny women aged 15–49 years	6.1 percent
	8.10a		Spousal age difference women aged 15–19 years	(3.1) percent
	8.10b		women aged 20–24 years	21.0 percent
Domestic violence	8.14		Attitudes towards domestic violence women aged 15–49 years	6.5 percent

HIV AND AIDS, SEXUAL BEHAVIOUR AND ORPHANED AND VULNERABLE CHILDREN					
HIV and AIDS knowledge and attitudes	9.1		Comprehensive knowledge about HIV prevention women aged 15–49 years	65.4	percent
	9.2	6.3	Comprehensive knowledge about HIV prevention among young women aged 15–24 years	62.2	percent
	9.3		Knowledge of mother-to-child transmission of HIV women aged 15–49 years	50.1	percent
	9.4		Accepting attitudes towards people living with HIV women aged 15–49 years	13.5	percent
	9.5		Women who know where to be tested for HIV	95.2	percent
	9.6		Women who have been tested for HIV and know the results	26.1	percent
	9.7		Sexually active young women who have been tested for HIV and know the results	33.2	percent
	9.8		HIV counselling during antenatal care	63.4	percent
	9.9		HIV testing during antenatal care	97.4	percent
Sexual behaviour	9.10		Young women who have never had sex	60.7	percent
	9.11		Sex before age 15 among young women aged 15–24 years	5.8	percent
	9.12		Age-mixing among sexual partners women aged 15–24 years	15.9	percent
	9.13		Sex with multiple partners women aged 15–49 years	5.4	percent
	9.14		Condom use during sex with multiple partners women aged 15–49 years	47.7	percent
	9.15		Sex with non-regular partners women aged 15–24 years	53.2	percent
	9.16	6.2	Condom use with non-regular partners women aged 15–24 years	70.3	percent
Orphaned children	9.17		Children's living arrangements	10.5	percent
	9.18		Prevalence of children with one or both parents dead	4.4	percent
	9.20	6.4	School attendance of non-orphans	99.4	percent
ACCESS TO MASS MEDIA AND USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY					
Access to mass media	MT.1		Exposure to mass media women aged 15–49 years	38.9	percent
Use of information and communications technology	MT.2		Use of computers women aged 15–24 years	91.1	percent
	MT.3		Use of Internet women aged 15–24 years	93.2	percent
ALCOHOL USE					
Alcohol use	TA.3		Alcohol use women aged 15–49 years	51.3	percent
	TA.4		Use of alcohol before age 15 women aged 15–49 years	12.8	percent

() Figures based on 24–49 unweighted cases.

** The category of women 15–24 also included girls between 15–18 years

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistics Office
DQ	Data Quality Tables
ECDI	Early Childhood Development Index
ED	Enumeration District
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MICS4	Fourth global round of Multiple Indicator Cluster Surveys programme
MoE	Ministry of Education, Human Resource Development and Labour
MoH	Ministry of Health, Wellness, Human Services and Gender Relations
MoST	Ministry of Social Transformation, Local Government and Community Empowerment
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Treatment
PNC	Post-Natal Care
PNHC	Post-Natal Health Checks
PPM	Parts Per Million
PPS	Probability Proportional To Size
PSUS	Primary Sampling Units
RHF	Recommended Home Fluid
SD	Standard Deviation
SPSS	Statistical Package For Social Sciences
STI	Sexually Transmitted Infection
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

ACKNOWLEDGEMENTS

It is with great pride and appreciation that the government of Saint Lucia through the Ministry of Social Transformation, Local Government and Community Empowerment and the Central Statistics Office wishes to acknowledge the United Nations Development Fund for Children (UNICEF) for their valuable role in commissioning the Multiple Indicator Cluster Survey.

We are indeed grateful for the contributions of the Ministry of Health, Wellness, Human Services and Gender Relations, the Ministry of Education, Human Resource Development and Labour and other collaborating ministries.

We wish to acknowledge the contribution of the Permanent Secretaries Mr. Donovan Williams, Ms. Joanna Reynald-Arthurton and Ms. Juliana Alfred, the National MICS Coordinator Mr. Augustus Cadette, the MICS Focal Point, Mr. Eulampius Frederick and other support staff from the Ministry of Social Transformation, Local Government and Community Empowerment.

Our sincere gratitude goes to Mr. Edwin St. Catherine, Director of The Central Statistics Office and Ms. Jeanne Majella Louis, Assistant Director/ MICS Technical Coordinator for their invaluable leadership and technical guidance. We thank the Steering and Technical Committees and the MICS report writers for their valuable work and guidance.

A special note of thanks goes to the data processing team, mapping staff, field staff and all other support staff of the Central Statistics Office, as outlined in Appendix B, for their hard work.

We would like to express thanks to the respondents within the households who participated in the survey and their willingness to give their time to provide valuable information.



Special thanks goes to UNICEF Global MICS Team (Headquarters, New York) and the Latin America and Caribbean Regional Office (LACRO) team for their technical and financial support.

We also acknowledge the financial support provided by UNICEF, United Nations Population Fund (UNFPA) and UNWOMEN towards the collection of data on the situation of women and children in Saint Lucia.

EXECUTIVE SUMMARY

The Saint Lucia Multiple Indicator Cluster Survey (MICS) is a nationally representative household survey developed under the guidance of the United Nations Children's Fund (UNICEF) to provide internationally comparable and up-to-date information on the country's children and women. The survey measure key indicators used to monitor progress towards the Millennium Development Goals (MDGs) and will assist in policy decisions and government interventions. Additional information on the global MICS project can be obtained from www.childinfo.org.

The Saint Lucia MICS was conducted in 2012 as part of the fourth global round of MICS (MICS4), with the implementing agencies within the Government of Saint Lucia being the Ministry of Social Transformation, Local Government and Community Empowerment (MoST) and the Central Statistics Office (CSO) in collaboration with the Ministry of Health, Wellness, Human Services and Gender Relations (MoH), Ministry of Education, Human Resource Development and Labour (MoE) and other government departments as well as non-government agencies.

The Saint Lucia MICS was conducted using a sample of 2,000 households from both rural and urban areas in all the country's districts. Information

was collected from 1,718 households about 1,253 women aged 15–49 years and 291 children under the age of 5 living in the households. A set of three questionnaires – a household questionnaire, a questionnaire for women aged 15–49 years and a questionnaire for children under 5 – was used to conduct face-to-face interviews, and each yielded response rates of over 90 percent.

The head of the household, whether male or female, provided information on the composition of its members by age and sex, access to improved water and sanitation, education levels, child labour, methods used to discipline children and other living conditions. Women aged 15–49 were interviewed and provided information on issues such as reproductive health, literacy and education, attitude towards domestic violence, knowledge and practices related to HIV and AIDS, access to mass media, the use of information and communication technology and the use of alcohol. Information was obtained from the mothers or caregivers about children under 5 on issues such as nutrition, child health, child development, birth registration, breastfeeding, care of illness and anthropometry.

The Saint Lucia MICS data reflected similar patterns in age and sex distribution when compared with data from the country's 2010 Population and Housing Census. Generally the ratio of approximately one male to one female (1:1) was observed for most of the age groups in both the MICS and the Census. The MICS data showed that the population of children below the age of 17 was about 27 percent compared to approximately 30 percent for the corresponding age group in the Census.



Nutrition

Children in Saint Lucia are more likely to be overweight (7 percent) than underweight or stunted. The MICS data showed that approximately 3 percent of children below the age of 5 are underweight or stunted.

Almost all children (96 percent) were breastfed at some time. However, despite recommendations from UNICEF and the World Health Organization (WHO), only one out of two infants (50 percent) were breastfed within one hour of birth while one in every four infants under 2 years (23 percent) were appropriately breastfed. About nine out of ten children aged 0–23 months (86 percent) were bottle fed with a nipple. All children in Saint Lucia under the age of 5 were weighed at birth, and the MICS data revealed that 28 percent had a low birth weight (i.e., less than the recommended weight of 2,500 grams).

The level of iodine contained in salt consumed in the households was found to be appropriate in 46 percent of the households. The use of iodized salt was slightly lower in the poorest households (42 percent) compared to the richest households (48 percent)

Child Health

Reported cases of diarrhoea (approximately 7 percent) and suspected pneumonia among children under age 5 in the two weeks preceding the survey were minimal. About 3 percent of children under 5 years were suspected to have pneumonia during the two weeks preceding the survey.

Water and Sanitation

Overall the majority of household members in Saint Lucia (99 percent) are using improved sources of drinking water, with the two main sources being water piped into dwelling (57 percent) and bottled water (26 percent). The members of the poorest 40 percent of households are less likely to use water piped into their dwelling (47 percent) as the main improved source of drinking water compared with the highest 60 percent of households (63 percent). Almost all household members (90 percent) use improved sanitation facilities that are not shared.

The safe disposal of children's faeces, particularly as it relates to faeces in disposable nappies, must be addressed since the data revealed that the last stools of only one in every four children aged 2 years and younger (27 percent) were disposed of safely.

Reproductive Health

Approximately 56 percent of women who are currently married or in a union reported using some method of contraception, with the two most popular methods being the pill (22 percent) and male condoms (14 percent). One of the least popular methods was periodic abstinence. The unmet need for contraception is 17 percent.

Ninety-seven percent of women received antenatal care at least once during their pregnancy from skilled personnel. The antenatal care was more than twice as likely to be provided by a doctor (67 percent) than by a nurse (30 percent).

Almost all births during the two years preceding the survey were delivered at a health facility. Nurses and midwives were much more likely than medical doctors to assist during delivery (63 percent nurses/midwives compared with 35 percent medical doctors). Approximately 19 percent of deliveries were done by Caesarean section. The majority of women stayed 1–2 days at the health facility



following birth. However, it is of concern that about one out of every three women (37 percent) spent 3 or more days. About 88 percent of newborns and mothers received post-natal health checks.

Child development

Approximately 85 percent of children aged 36–59 months are attending pre-school in Saint Lucia. The MICS data showed that nearly all children aged 36–59 months (99 percent) are developmentally on track in the physical and learning domains; however, attention must be directed to the social-emotional domain (87 percent) and the literacy-numeracy domain (70 percent). Overall, 91 percent of children aged 36–59 months are developmentally on track, as measured by the Early Childhood Development Index.

While approximately 93 percent of children aged 36–59 months are engaged in four or more activities with adult household members, just about half of them (50 percent) are engaged in one or more activities with their father. This may be primarily due to the situation that half of the children aged 36–59 months (48 percent) do not live with their biological father.

About 5 percent of children under age 5 were left in inadequate care.

Literacy and education

The vast majority of children of primary school age (over 99 percent) are attending school, with 98 percent of children of school entry age entering grade K. Approximately 92 percent of children are attending secondary school, with attendance higher among children from the wealthier households. In secondary schools, attendance generally decreases slightly as the children grow older. The primary school completion rate was about 98 percent while the transition rate to secondary school was 96 percent.

In Saint Lucia the net attendance ratio of girls to boys, also known as the gender parity index, is 0.99 for primary schools and 1.01 for secondary schools indicating parity in attendance.

Child protection

The goal to ensure that every child is registered with civil authorities and acquires a name and a nationality has not been met. While nine out of ten children under the age of 5 (92 percent) have been registered, approximately 8 percent have not. About 98 percent of children in the wealthiest 60 percent of households are registered compared with 86 percent from the poorest 40 percent of households.

Eight percent of children ages 5–14 years are engaged in child labour, and they are three times more likely to be from the poorest 40 percent of households (12 percent) compared to the richest 60 percent of households (4 percent). The prevalence of child labour is higher among children in the age group of 5–11 years than those within the age group of 12–14 years.

Overall two out of every three children aged 2–14 years (68 percent) experienced at least one form of psychological or physical punishment through their parents or other adult household members during the month preceding the survey, with male children more likely to be subjected to psychological aggression and/or any form of physical punishment compared to females.

About 3 percent of women aged 15–49 in Saint Lucia were married or entered a marital union before the age of 15 with approximately 14 percent of those within the age group of 15–19 years being married or in a union at the time of the survey. These



figures include women who were in visiting relations, which are common among the youngest women. One in every five women (21 percent) aged 20–24 years was married or in a union with a man who was older by 10 or more years at the time of the survey.

Approximately 7 percent of women aged 15–49 believe that a husband is justified in beating his wife/partner in a number of specified circumstances. This justification is particularly high among young women aged 15–19 compared with women who are older.

HIV and AIDS

Almost all women in Saint Lucia have heard of HIV and AIDS (99 percent). Overall two out of every three women aged 15–49 years (65 percent) had comprehensive knowledge of HIV with both education and wealth having a positive correlation with this. While the majority of women (95 percent) knew that HIV can be transmitted from mother to child, only half knew of the three methods of mother-to-child transmission.

Although the majority of women aged 15–49 years (99 percent) agreed with at least one accepting attitude towards persons living with HIV and AIDS, the results show that stigma and discrimination still exist as only one in ten women (14 percent) agreed with all four accepting attitudes.

The majority of women (95 percent) knew of a place to get tested for HIV. Although 72 percent had been tested previously, only 28 percent had been tested in the last 12 months.

While 97 percent of women aged 15–49 years reported having received antenatal care from a health care professional for the last pregnancy, only two of every three

women (63 percent) reported having received HIV counselling during the antenatal period.

Mass media

On a weekly basis, about two out of every five women aged 15–49 (39 percent) are exposed to all three types of media (newspaper/magazine, radio and television). Generally women were twice as likely to watch television (93 percent) on a weekly basis than to read a newspaper or magazine (48 percent). Television and radio were the two most popular media among women aged 15–49 years. Almost all women aged 15–24 years (93 percent) had used the Internet in the last 12 months.

Alcohol use

Approximately 14 percent of women aged 15–49 years had never consumed any alcohol but half of them (51 percent) had at least one drink of alcohol on one or more days during the previous month.



Background

Saint Lucia is a 616 sq. km volcanic island located in the Lesser Antilles in the Eastern Caribbean. It is an independent nation with English as the official language and an estimated population of 165,595 (see Appendix A).

This report is based on the Saint Lucia Multiple Indicator Cluster Survey (MICS), conducted in 2012 by the Ministry of Social Transformation, Local Government and Community Empowerment and the Central Statistics Office (CSO) and funded by the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and UN Women. The survey provides valuable information on the situation of children and women in the country and was undertaken, in large part, due to the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build on promises made by the international community at the 1990 World Summit for Children.

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

The survey provides **valuable information** on the situation of children and women in the country

1 INTRODUCTION



A Commitment to Action: National and International Reporting Responsibilities

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

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

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

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

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

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

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



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

Survey objectives

The 2012 Saint Lucia MICS has as its primary objectives:

- ◆ To provide up-to-date information for assessing the situation of children and women in Saint Lucia;
- ◆ To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed goals as a basis for future action;
- ◆ To contribute to the improvement of data and monitoring systems in Saint Lucia and to strengthen technical expertise in the design, implementation and analysis of such systems.
- ◆ To generate data on the situation of children and women, including the identification of vulnerable groups and of disparities, to inform policies and interventions.



2 SAMPLE AND SURVEY METHODOLOGY

Sample design

The sample for the Saint Lucia Multiple Indicator Cluster Survey (MICS) was designed to provide estimates for a large number of indicators on the situation of children and women at the national level and for urban and rural areas. The urban and rural census enumeration districts (EDs) were identified as the main sampling strata. The sample was selected in two stages. First, the EDs were selected systematically with probability proportional to size and 40 EDs were selected from the urban stratum and 60 from the rural stratum, making a total of 100 EDs. Second, household visitation records from the 2010 Population and Household Census were used for the selection of households within each of the selected EDs. A systematic sample of 20 households was drawn from each sample ED, making a total of 2,000 selected households. All of the selected EDs were visited during the fieldwork period. The sample was stratified by urban and rural areas and is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

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

The household questionnaire, which was administered to the head of the household whether male or female, included the following modules:

- ◆ Household listing form
- ◆ Education



- ◆ Water and sanitation
- ◆ Household characteristics
- ◆ Child labour
- ◆ Child discipline
- ◆ Handwashing
- ◆ Salt iodization

The questionnaire for individual women was administered to all women aged 15–49 years living in the households and included the following modules:

- ◆ Women’s background
- ◆ Access to mass media and use of information and communications technology
- ◆ Child mortality without birth history (abridged module used to calculate births in the last 2 years)
- ◆ Desire for last birth
- ◆ Maternal and newborn health
- ◆ Post-natal health checks
- ◆ Contraception
- ◆ Unmet need for contraception
- ◆ Attitudes toward domestic violence
- ◆ Marriage/union
- ◆ Sexual behaviour
- ◆ HIV and AIDS
- ◆ Alcohol use

The questionnaire for children under 5¹ was administered to mothers or caretakers of such children living in the households. In cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

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

The questionnaires are based on the MICS4 model questionnaire.² Four questionnaires – the household questionnaire, questionnaire for individual women and questionnaire for children under 5 as well as a questionnaire for individual men – were pre-tested in six EDs during November 2012. Three urban and three rural EDs were selected. The three urban EDs were located in Faux A Chaud/ Tapion (Castries), Gros Islet Town and La Pointe Dennerly Village. The three rural EDs were located in Ciceron (Castries), Belle Vue, Vieux-Fort and La Pointe (Micoud).

Based on the results of the pre-test, modifications were made to the wording of the questionnaires and a decision was taken not to administer the questionnaire for individual men in the main survey. This was due to the difficulty in finding men aged 15–49 at home to be interviewed and the low response rate. A copy of Saint Lucia’s MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, observed the places used for handwashing and measured the weights and heights of children under 5 years of age. 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 10 days during the month of March

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

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



2012. Training included lectures on interviewing techniques and the contents of the questionnaires as well as mock interviews between trainees for them to gain experience in asking questions. Towards the end of the training period, trainees spent two days in practice interviews in six enumeration areas: three urban (Vieux Fort Town, Entrepot and Anse la Raye Village) and three rural (Augier, Monchy and Coolie Town).

There were also two data processing training workshops. The first was conducted for two days to familiarize all MICS project staff who would be involved in the administration of the MICS with the procedures for data processing. It was also attended by some members of the technical committee (this training ran simultaneously with the two days of practice interviewing during the fieldwork training). The second data processing workshop was conducted for five days and was attended by the data entry operators.

The MICS survey data were collected by four teams. Each team was comprised of four interviewers, one driver, one editor, one measurer and a supervisor. Fieldwork began in March 2012 and ended in May 2012.

Data processing

Data were entered on four desktop computers using the Census and Survey Processing System (CSPRO) software by four data entry operators, one questionnaire administrator, one secondary editor and a data entry supervisor. In order to ensure quality control, all questionnaires were double entered (entered and verified) and internal consistency checks were performed. Procedures and standard programmes developed under the global

MICS4 programme and adapted to the Saint Lucia questionnaire were used throughout. Data processing began simultaneously with data collection in April 2012 and was completed in June 2012. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 18, and the model syntax and tabulation plans developed by UNICEF were used for this purpose.



Sample coverage

The 2,000 households selected were found to contain 2,009 households. All the households were visited and 1,800 were found to be occupied. Of these, 1,718 households were successfully interviewed, yielding a household response rate of 95 percent. In the interviewed households, 1,341 eligible women (aged 15–49 years) were identified. Of these, 1,253 women were successfully interviewed, yielding a response rate of 93 percent within interviewed households. There were 300 eligible children under age 5 listed in the household questionnaire, and questionnaires were completed for 291 of these children (a response rate of 97 percent). Overall response rates of 89 and 93 percent were calculated for the women's and under-5's interviews respectively (Table HH.1). The response rates were similar for both the urban and rural areas, yielding rates of over 90 percent for the household, women and children under 5.

3 SAMPLE COVERAGE AND THE CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

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

	Area		Total
	Urban	Rural	
Households sampled	803	1,206	2,009
Households occupied	711	1,089	1,800
Households interviewed	678	1,040	1,718
Household response rate	95.4	95.5	95.4
Women eligible	497	844	1,341
Women interviewed	464	789	1,253
Women's response rate	93.4	93.5	93.4
Women's overall response rate	89.0	89.3	89.2
Children under 5 eligible	112	188	300
Children under 5 mother/caretaker interviewed	111	180	291
Under-5's response rate	99.1	95.7	97.0
Under-5's overall response rate	94.5	91.4	92.6



Characteristics of households

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution was used to produce

the population pyramid in Figure HH.1. In the 1,718 households successfully interviewed in the survey, 4,961 household members were listed. Of these, 2,424 were males and 2,537 were females.

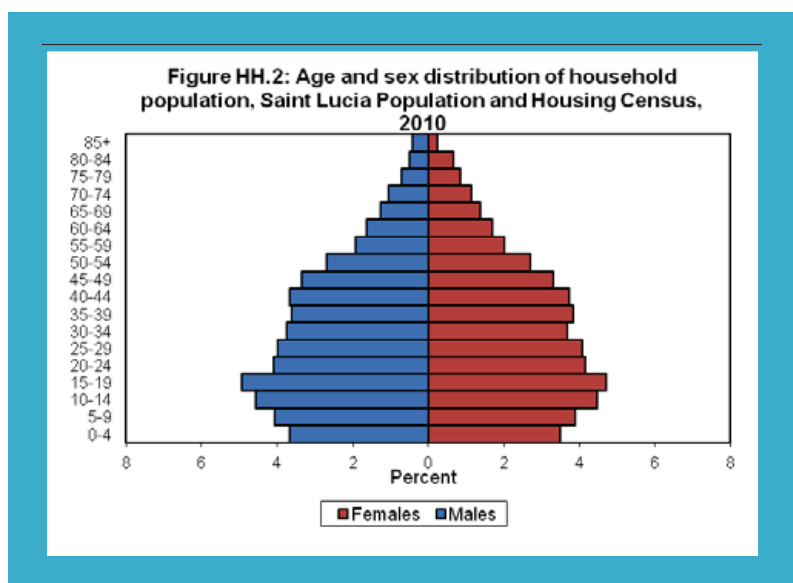
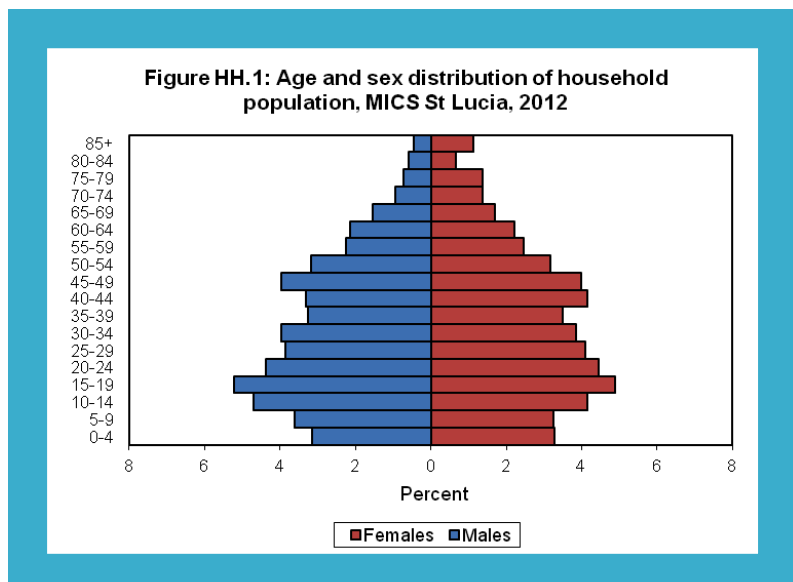
Table HH.2: Household age distribution by sex
Percentage and frequency distribution of the household population by five-year age groups, by dependency age groups, by child (aged 0–17 years) and adult populations (aged 18 or more) and by sex, Saint Lucia, 2012

		Males		Females		Total	
		Number	%	Number	%	Number	%
Age	0–4	149	6.1	155	6.1	304	6.1
	5–9	171	7.0	154	6.1	325	6.5
	10–14	221	9.1	196	7.7	418	8.4
	15–19	247	10.2	230	9.1	477	9.6
	20–24	206	8.5	210	8.3	416	8.4
	25–29	183	7.5	194	7.6	376	7.6
	30–34	187	7.7	181	7.2	369	7.4
	35–39	154	6.3	166	6.5	319	6.4
	40–44	157	6.5	196	7.7	353	7.1
	45–49	188	7.7	188	7.4	376	7.6
	50–54	150	6.2	150	5.9	300	6.0
	55–59	106	4.4	116	4.6	222	4.5
	60–64	101	4.2	104	4.1	205	4.1
	65–69	73	3.0	80	3.1	153	3.1
	70–74	45	1.8	65	2.6	110	2.2
	75–79	34	1.4	65	2.5	98	2.0
	80–84	28	1.1	32	1.3	59	1.2
85+	21	0.9	53	2.1	74	1.5	
Missing/DK	5	0.2	1	0.0	6	0.1	
Dependency age groups	0–14	541	22.3	506	19.9	1,047	21.1
	15–64	1,677	69.2	1,736	68.4	3,413	68.8
	65+	201	8.3	294	11.6	495	10.0
	Missing/DK	5	0.2	1	0.0	6	0.1
Children and adult populations	Children 0–17 years	698	28.8	641	25.3	1,339	27.0
	Adults aged 18+ years	1,721	71.0	1,894	74.7	3,616	72.9
	Missing/DK	5	0.2	1	0.0	6	0.1
Total		2,424	100	2,537	100	4,961	100



The trend in the age and sex distribution from the MICS mirrored that of the 2010 Population and Housing Census in most of the categories with no major differences among various groupings (Figure HH.1 and HH.2). There were only minor differences among the broad age groups 0–14, 15–64 and 65+. The rates obtained from the MICS showed 21 percent of the household population were 0–14 years, 69 percent were between 15–64 years and the remaining 10 percent were over 65 years. The corresponding groups from the 2010 Census recorded rates of 24 percent, 67 percent and 9

percent respectively. There were no major differences in terms of the sex distribution of households from the MICS data when compared to that of the 2010 Census except for females 85 years and over, who had a margin of less than 1 percent. The population of children below the age of 17 also reflected small differences to that of the 2010 Census. Whereas the MICS data showed 27 percent, the corresponding rate from the Census was about 30 percent.



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

Appendix A for more details about the weighting.

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, area, number of household members, education of household head and ethnicity³ of the household head are shown in the table. These background characteristics were used

3 This was determined by asking the respondent to state the ethnic group to which the head of the household belonged. Note that the category 'mixed descent' refers to any ethnic mix: black and white, black and Asian and other.

Background characteristics		Weighted percentage	Weighted	Unweighted
Sex of household head	Male	58.6	1006	984
	Female	41.4	712	734
Area	Urban	19.8	340	678
	Rural	80.2	1,378	1,040
Number of household members	1	26.8	460	476
	2	24.3	418	409
	3	17.6	303	301
	4	14.3	246	248
	5	7.4	127	124
	6	5.0	86	80
	7	2.2	37	40
	8	1.3	22	21
	9	0.6	10	9
	10+	0.6	10	10
Education of household head	None	4.0	69	56
	Primary	51.8	889	911
	Secondary +	42.4	729	720
	Missing/DK	1.8	31	31
Ethnicity of household head	African descent	84.8	1,457	1,460
	Mixed descent	11.9	204	193
	East Indian	2.3	39	37
	Other ethnicity	0.7	12	18
	Missing/DK	0.3	6	10
Total		100.0	1,718	1,718
Households with at least:	one child aged 0–years	15.4	1,718	1,718
	one child aged 0–17 years	42.5	1,718	1,718
	one woman aged 15–49 years	57.0	1,718	1,718
Mean household size		2.9	1,718	1,718



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 shows that the MICS found the proportion of households headed by females to be 41 percent (the same as the results of the 2010 Census). The differences between the number of urban households (20 percent) and rural households (80 percent) are primarily due to the methodology employed in the selection of the sample.

A comparison of the 2010 Census and the MICS shows marginal differences in the household compositions between the two sources. The decreasing trend in the total fertility rate over the past two decades and the small average household size of three persons observed in the data from the 2010 Census were also observed in the MICS (2.9 persons). The proportion of households with fewer than five members as indicated by the MICS was 83 percent, with single person households accounting for about 27 percent. The corresponding percentages for the 2010 Census were 82 percent and 27 percent.

Table HH.3 shows that about one in two households (56 percent) are headed by persons with no/primary school as the highest level of education and two out of every five households are headed by persons with secondary or greater education (42 percent).

Among the household heads, 85 percent were of African descent and about 15 percent were of mixed or other descent. Table HH.3 also shows that the proportion of households with at least one woman aged 15–49 years (57 percent) was about four times that of households with at least one child below the age of 5 years (15 percent). Households with at least one child between the ages of 0–17 years accounted for about 43 percent.

Characteristics of female respondents 15–49 years of age and children under 5

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



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

Background characteristics		Weighted percentage	Number of women	
			Weighted	Unweighted
Area	Urban	18.2	228	464
	Rural	81.8	1,025	789
Age	15–19	17.0	213	213
	20–24	15.2	191	189
	25–29	14.2	178	178
	30–34	13.1	164	160
	35–39	12.6	158	158
	40–44	13.9	174	183
	45–49	14.0	175	172
Marital/union status	Currently in visiting relationship	18.3	228	242
	Currently married/in union	39.1	489	482
	Widowed	0.1	2	2
	Divorced	0.8	10	10
	Separated	7.2	91	82
	Formerly in a visiting relationship	7.8	97	103
Motherhood status	Never married/in union	26.7	334	331
	Ever gave birth	58.8	736	748
	Never gave birth	41.2	517	505
Births in last two years	Had a birth in last two years	8.0	101	98
	Had no birth in last two years	92.0	1,152	1,155
Women's education	None	0.5	6	5
	Primary	21.7	272	279
	Secondary +	77.8	975	969
Wealth index quintiles	Poorest	16.6	207	210
	Second	19.8	248	258
	Middle	20.1	252	271
	Fourth	22.1	277	270
	Richest	21.4	269	244
Ethnicity of household head	African descent	84.5	1058	1066
	Mixed descent	13.0	162	152
	East Indian	2.0	25	24
	Other ethnicity	0.4	5	7
	Missing/DK	0.2	2	4
Total		100	1,253	1,253



The age distribution of the women showed that the proportion aged 15–24 years was 32 percent while those aged 45–49 years stood at 14 percent. A look at the marital/union status of the women 15–49 years showed that 39 percent were currently married or in a cohabiting union whereas approximately 18 percent were in a visiting relationship. In the two years preceding the MICS, nine out of ten of the women (92 percent) had not given birth to any children while a large percentage (41 percent) had never had a child. Overall, three out of every four women between 15–49 years (78 percent) had attained secondary or higher levels of education.

A wealth index using a quintile distribution of households was computed to determine the wealth status of households.⁴ Table HH.4 shows that about 17 percent of the women fell within the poorest quintile and a further 20 percent were in the second poorest quintile while 21 percent were within the wealthiest quintile.

Some background characteristics of children under 5 are presented in Table HH.5. These include the distribution of children by several attributes: sex, area, age, mother's or caretaker's education, wealth and ethnicity. There was no notable difference between the sexes. Similar to the distribution of the sample, there were more children in the rural areas compared to the urban areas. The age categories of the children ranged from 0–59 months with the majority (over 65 percent) falling within the ages 2–5 years.

*4 Principal components analysis was performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics related to the household's wealth to assign weights (factor scores) to each of the household assets. Next, each household was assigned a wealth score based on these weights and the assets owned by that household. The survey household population was then ranked according to the wealth score of the household they are living in and then into five equal parts (quintiles) from lowest (poorest) to highest (richest). The wealth score was finally divided into two parts, the poorest 40 percent and the richest 60 percent to ensure sufficient number of cases. The assets used in these calculations were: main source of water, type of toilet facility, number of rooms in the household for sleeping, main material of dwelling floor, main material of roof, main material of exterior walls, electricity, radio, television, non-mobile phone/fixed line telephone, refrigerator, table, bed, sofa, stove, washing machine, Internet service, air conditioning unit, cable/satellite television, mobile/cellular telephone, car/truck, boat for livelihood, computer, stereo/CD player, boat for pleasure/yacht, portable audio device (iPod/MP3), owns household, owns land, number of acres of agricultural land, owns livestock, herds or other animals or poultry, owns cattle, milk cows or bulls, owns horses, donkeys or mules, goats, sheep, chickens, pigs, has a bank account. The wealth index is intended to produce a ranking of households by wealth, from poorest to richest and does not provide information on absolute poverty, current income or expenditure levels. 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 Filmer, D. and L. Pritchett, 'Estimating Wealth Effects Without Expenditure Data – or Tears: An application to educational enrolments in states of India', *Demography*, vol. 38, no. 1, pp. 115–132; Gwatkin, D.R., S. Rutstein, K. Johnson, R. Pande, and A. Wagstaff, 'Socio-Economic Differences in Health, Nutrition, and Population', HNP/Poverty Thematic Group, World Bank, Washington, DC, 2000; and Rutstein, S.O. and K. Johnson, 'The DHS Wealth Index', DHS Comparative Reports No. 6, ORC Macro, Calverton, Maryland, 2004.*



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

Background characteristics		Weighted percentage	Number of children	
			Weighted	Unweighted
Sex	Male	49.5	144	144
	Female	50.5	147	147
Area	Urban	18.5	54	111
	Rural	81.5	237	180
Age in months	0–5	9.0	26	25
	6–11	10.3	30	28
	12–23	15.7	46	47
	24–35	22.6	66	69
	36–47	22.0	64	62
	48–59	20.4	59	60
Mother's education	None	2.0	5	3
	Primary	23.8	69	70
	Secondary +	74.5	217	218
Wealth index quintiles	Poorest	21.6	63	68
	Second	25.2	73	73
	Middle	19.6	57	61
	Fourth	17.7	51	46
	Richest	16.0	46	43
Ethnicity of household head	African descent	86.7	252	251
	Mixed descent	12.3	36	36
	East Indian	0.7	2	2
	Other ethnicity	0.4	1	2
Total		100	291	291

In terms of the educational status of the mothers/caretakers of children under 5, three out of four (over 76 percent) had achieved secondary or higher level of formal schooling and a further one out of five (23 percent) had at least attained education at the primary level. An analysis of the wealth

index of those households where children under 5 years were found showed that two out of three (over 65 percent) were in the bottom three quintiles. The issue of ethnicity remains the same throughout the tables, with persons of African descent being the most frequent ethnicity in Saint Lucia.



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 child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and those who survive have recurring sicknesses and faltering growth. Three quarters of the children who die from causes related to malnutrition 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. A reduction in the prevalence of malnutrition will also 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 5. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the World Health Organization (WHO) growth standards.⁵ Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

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

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

4 NUTRITION



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

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are classified as severely wasted. Wasting is

usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

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

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

Children in Saint Lucia are more likely to be overweight (7 percent) than underweight or stunted. The MICS data showed that approximately 3 percent of children below the age of 5 are underweight or stunted.



Table NU.1: Nutritional status of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Saint Lucia, 2012

	Weight for age: Underweight		Weight for age: Under-weight		Weight for age: Stunting		Height for age: Stunting		Weight for height: Wasting		Weight for height: Wasting		Weight for height: Over-weight		Weight for height: Mean z-score (sd)		Weight for height: Number of children	
	% below -2 sd [1]	% below -3 sd [2]	% below -2 sd [3]	% below -3 sd [4]	Mean z-score (sd)	Number of children	% below -2 sd [3]	% below -3 sd [4]	Mean z-score (sd)	Number of children	% below -2 sd [5]	% below -3 sd [6]	% above +2 sd	Mean z-score (sd)	Number of children			
Sex																		
	Male	4.0	0.0	0.0	0.2	137	4.0	0.9	0.0	137	4.1	1.0	9.0	0.3	135			
	Female	1.6	0.0	0.2	145	1.0	0.0	0.2	142	3.4	0.3	3.8	0.0	142				
Area																		
	Urban	1.8	0.0	0.2	51	3.7	0.0	0.2	51	1.9	0.9	4.9	-0.1	49				
	Rural	3.0	0.0	0.2	231	2.2	0.6	0.1	228	4.1	0.6	6.6	0.2	228				
Age in months																		
	0-5	(*)	(*)	(*)	(*)	25	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	25			
	6-11	(4.5)	(0.0)	(0.3)	30	(0.0)	(0.0)	(0.3)	29	(6.5)	(0.0)	(4.5)	-(0.2)	28				
	12-23	(2.8)	(0.0)	(0.4)	44	(5.7)	(0.0)	(0.2)	44	(2.8)	(0.0)	(6.1)	(0.3)	44				
	24-35	0.0	0.0	0.2	62	2.4	0.0	0.0	60	0.0	0.0	1.5	0.2	60				
	36-47	2.2	0.0	0.1	62	2.1	0.0	0.0	62	2.2	0.0	4.1	0.0	61				
	48-59	0.8	0.0	0.3	58	0.8	0.0	0.2	59	4.2	0.0	11.0	0.2	58				
Mother's education																		
	None/primary	1.7	0.0	0.2	73	5.9	1.8	-0.1	73	4.1	0.0	7.7	0.3	71				
	Secondary +	3.2	0.0	0.2	208	1.3	0.0	0.2	207	3.6	0.9	5.9	0.1	206				
Wealth index																		
	Poorest 40%	4.5	0.0	0.1	132	3.3	1.0	-0.1	130	5.6	1.1	6.8	0.1	130				
	Richest 60%	1.2	0.0	0.3	149	1.8	0.0	0.2	149	2.1	0.3	5.9	0.2	147				
Ethnicity of household head																		
	African descent	2.5	0.0	0.2	243	2.7	0.5	0.0	241	3.6	0.6	6.6	0.2	238				
	Other	(4.7)	(0.0)	(0.2)	39	(1.3)	(0.0)	(0.4)	39	(4.7)	(1.2)	(4.5)	(0.0)	39				
Total		2.8	0.0	0.2	281	2.5	0.5	0.1	279	3.7	0.7	6.3	0.2	277				

sd = standard deviation
 [1] MICS indicator 2.1a and MDG indicator 1.8; [2] MICS indicator 1.8; [3] MICS indicator 2.1b; [4] MICS indicator 2.2a; [5] MICS indicator 2.2b; [6] MICS indicator 2.3a; [7] MICS indicator 2.3b.
 () Figures that are based on 25-49 unweighted cases.
 (*) Figures that are based on less than 25 unweighted cases.



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

Table DQ.7 shows that almost all children under 5 years (96 percent) had valid weight and date of birth. The same proportion (96 percent) also had valid height and date of birth, while more than nine out of ten (94 percent) had valid weight and height. The table also shows that due to implausible measurements and missing weight and/or height, approximately 4 percent of the children were excluded from calculations of the weight-for-age indicator. The same percentage were excluded for the height-for-age indicator, while slightly more of the children (6 percent) were excluded for the weight-for-height indicator. Table DQ.8 also shows that approximately 40 percent of measures for height are heaped on 0 or 5. This may affect the validity of results for small samples such as this survey.

Table NU.1 shows that whilst no children were severely underweight, about 3 percent of children under 5 years were moderately underweight (i.e., weighed less than the required weight for their age), with an equal percentage (3 percent) being moderately stunted (i.e., too short for their age). Three percent were also moderately wasted

(i.e., low weight for height) while 7 percent were overweight (i.e., excess weight for height).

Children in Saint Lucia are thus more likely to be overweight than underweight or stunted. Table NU.1 shows that boys fare worse than girls on the anthropometric indicators. However, these differences appear relatively small except in the case of overweight, where boys are much more likely to be overweight than girls (9 percent compared with 4 percent). Differences by sex should be investigated in further analysis of the data.

Breastfeeding and infant and young child feeding

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

WHO/UNICEF have the following feeding recommendations:

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

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

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



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

Table NU.2 shows the proportion of children born in the two years preceding the survey who were ever breastfed, those who were first breastfed within one hour and one day of birth and those who received a prelacteal feed.

Although breastfeeding is a very important step in the management of lactation and establishment of a physical and emotional relationship between baby and mother, only one out of two babies (50 percent) were breastfed for the first time within one hour of birth. There was no difference in this early initiation of breastfeeding when the urban areas were compared to the rural areas.

Seven out of every ten newborns (72 percent) began breastfeeding within one day of birth and approximately one in four newborns (28 percent) received a prelacteal feed. However, almost all babies (96 percent) were breastfed at some point between 0–23 months. Approximately 4 percent of children less than 6 months were exclusively breastfed. However, this figure is based on 25 unweighted cases and should be interpreted with caution (Table NU4).

Table NU.2: Initial breastfeeding
Percentage of last-born children in the two years preceding the survey who were ever breastfed, percentage who were breastfed within one hour of birth and within one day of birth, and percentage who received a prelacteal feed, Saint Lucia, 2012

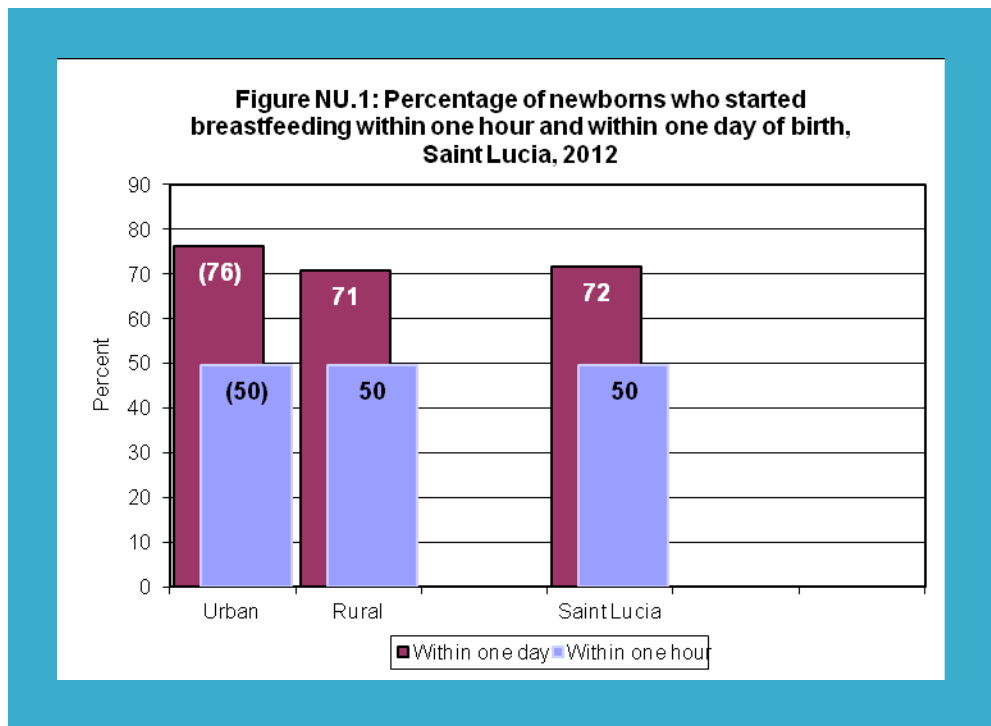
		Percentage ever breastfed [1]	Percentage who were first breastfed: within one hour of birth [2]	Percentage who were first breastfed: within one day of birth	Percentage who received a prelacteal feed	Number of last-born children in the two years preceding the survey
Area	Urban	(87.9)	(49.7)	(76.4)	(19.6)	16
	Rural	96.9	49.6	70.8	29.1	85
Months since last birth	0–11 months	92.2	49.1	69.4	21.8	52
	12–23 months	(99.0)	(51.4)	(76.0)	(32.1)	48
Total		95.5	49.6	71.7	27.6	101

[1] MICS indicator 2.4.
[2] MICS indicator 2.5.
() Figures based on 25–49 unweighted cases.



Figure NU.1 shows that when the urban and rural areas were compared, there were

no differences in the percentage of newborns who started breastfeeding within one hour of birth.



() Figures based on 25–49 unweighted cases.

Approximately 3.5 percent of children aged less than 6 months were exclusively breastfed and 21.3 percent were predominantly breastfeeding (data not shown). However, these two indicators must be taken with extreme caution due to the small sample size below 50 unweighted cases.

Table NU.3 shows the median duration of any breastfeeding, exclusive breastfeeding and predominant breastfeeding among children aged 0–35 months in Saint Lucia. The median duration of any breastfeeding was 12.6 months whereas it was less than one month for exclusive breastfeeding and less than two months for predominant breastfeeding. The median for any breastfeeding was higher among male children (12.8 months) compared with female children (7.3 months).



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

		Median duration (in months) of			Number of children aged 0–35 months
		Any breastfeeding [1]	Exclusive breastfeeding	Predominant breastfeeding	
Sex	Male	12.8	0.0	1.6	85
	Female	7.3	0.7	0.7	83
Area	Urban	9.2	0.5	0.7	33
	Rural	13.0	0.0	1.8	135
Mother's education	None/primary	(13.5)	(0.0)	(2.2)	37
	Secondary +	12.7	0.5	0.5	131
Wealth index quintile	Poorest 40%	15.1	0.0	1.2	73
	Richest 60%	14.3	1.7	1.9	95
Ethnicity of household head	African descent	12.0	0.0	1.2	141
	Other	(14.2)	(1.8)	(1.9)	27
Median		12.6	0.4	1.4	168
Mean for all children (0–35 months)		13.7	0.6	2.5	168

[1] MICS indicator 2.10.

() Figures based on 25–49 unweighted cases.

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

receiving breastmilk and solid, semi-solid or soft food. On this basis, only one quarter of the children aged 0–23 months were being appropriately fed. Age-appropriate feeding among all infants aged 0–5 months decreased drastically to 4 percent for those who were exclusively breastfed.



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

		Children aged 0–5 months		Children aged 6–23 months		Children aged 0–23 months	
		Percentage exclusively breastfed [1]	Number of children	Percentage currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percentage appropriately breastfed [2]	Number of children
Sex	Male	(*)	17	(32.8)	39	23.0	56
	Female	(*)	10	(26.3)	36	(22.8)	46
Area	Urban	(*)	5	(24.9)	13	(23.3)	18
	Rural	(*)	21	(30.7)	62	22.8	84
Wealth Index	Poorest 40%	(*)	14	(37.0)	34	27.2	48
	Richest 60%	(*)	12	(23.6)	41	19.1	54
Total		(3.5)	26	29.7	74	22.9	102

[1] MICS indicator 2.6.

[2] MICS indicator 2.14.

() Figures based on 25–49 unweighted cases.

(*) Figures based on less than 25 unweighted cases.

Appropriate complementary feeding of children from 6 months to 2 years of age is particularly important for growth and development and the prevention of undernutrition. Continued breastfeeding beyond 6 months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help meet nutritional requirements when breastmilk is no longer sufficient. Breastfed children need two or more meals of solid,

semi-solid or soft foods if they are 6–8 months old and three or more meals if they are 9–23 months. For children 6–23 months and older who are not breastfed, four or more meals of solid, semi-solid or soft foods or milk feeds are needed. Table NU.4 shows that about 30 percent of the children who were aged 6–23 months were breastfeeding and receiving solid, semi-solid or soft foods.



Table NU.5: Minimum meal frequency
Percentage of children aged 6–23 months who received solid, semi-solid, or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the previous day, according to breastfeeding status, Saint Lucia, 2012

	Currently breastfeeding		Currently not breastfeeding			All	
	Percentage receiving solid, semi-solid and soft foods the minimum number of times	Number of children aged 6–23 months	Percentage receiving at least 2 milk feeds [1]	Percentage receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children aged 6–23 months	Percentage with minimum meal frequency [2]	Number of children aged 6–23 months
Total	(4.1)	32	(87.7)	(83.9)	43	49.9	75

[1] MICS indicator 2.15.
[2] MICS indicator 2.13.
() Figures based on 25–49 unweighted cases.

Among non-breastfeeding children, a very high percentage (88 percent) received at least two milk feeds, with a slightly lower percentage (84 percent) being fed solid, semi-solid and soft foods or milk feeds four times or more daily. However, among

children who were currently breastfeeding, only 4 percent were receiving solid, semi-solid and soft foods the minimum number of times (Table NU.5).

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

		Percentage of children aged 0–23 months fed with a bottle with a nipple [1]	Number of children aged 0–23 months:
Sex	Male	83.7	56
	Female	(89.8)	46
Age	0–5 months	(94.7)	26
	6–11 months	(76.8)	30
	12–23 months	(88.0)	46
Area	Urban	(89.7)	18
	Rural	85.7	84
Wealth Index	Poorest 40%	83.0	48
	Richest 60%	89.6	54
Total		86.4	102

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

The continued practice of bottle-feeding is a concern because of the possible contamination due to unsafe water and lack of hygiene in preparation.

Overall, a total of 86 percent of children 0–23 months were fed with a bottle with a nipple (Table NU.6).



Salt iodization

Iodine deficiency is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children and, in its most extreme form, causes cretinism. It also increases the risks of stillbirth and miscarriage in

pregnant women. It is most commonly and visibly associated with goitre. Iodine deficiency disorders (IDD) take their greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability and impaired work performance. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

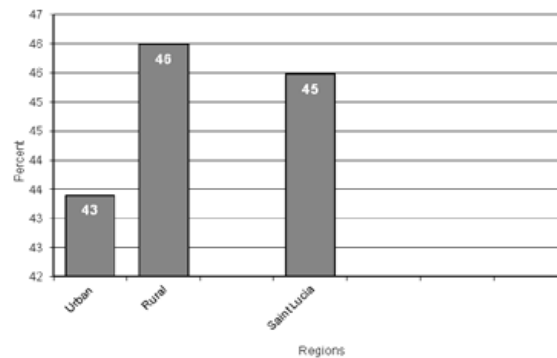
Table NU.7: Iodized salt consumption
Percentage distribution of households by consumption of iodized salt, Saint Lucia, 2012

Area	Percentage of households in which salt was tested	Number of households	Percentage of households with salt test result				Total	Number of households in which salt was tested or with no salt
			Percentage of households with no salt	Not iodized 0 ppm	>0 and <15 ppm	15+ ppm [1]		
Urban	90.0	340	6.8	19.7	30.0	43.4	100	328
	89.2	1378	6.2	18.8	29.0	46.0	100	1,311
Wealth index	Poorest 40%	759	9.7	16.5	31.6	42.2	100	708
	Richest 60%	959	3.8	20.9	27.4	48.0	100	932
Total	89.4	1718	6.3	19.0	29.2	45.5	100	1,639

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

In about 89 percent of households, salt used for cooking was tested for iodine content by using salt test kits that check for the presence of potassium iodide and potassium iodate content. Table NU.7 shows that no salt was available in about 6 percent of households, while in 46 percent of the households salt was found to contain 15 parts per million (ppm) or more of iodine. Use of adequately iodized salt was slightly lower in the poorest households (42 percent) compared to the richest households (48 percent). Less than half of urban households (43 percent) were found to be using adequately iodized salt, and this was almost as low in the rural areas (46 percent)

Figure NU.4: Percentage of households consuming adequately iodized salt, Saint Lucia, 2012



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 vulnerability to 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 the most impact: the mother's poor nutritional status before conception, short stature (due mostly to undernutrition 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.

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.

The percentage of newborns weighing below 2,500 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 birth.⁶

Table NU.8 shows that, overall, 100 percent of last-born children were weighed at birth and approximately 28 percent of infants are estimated to have weighed less than 2,500 grams.

Table NU.8 Low birth weight infants
Percentage of last-born children in the two years preceding the survey that are estimated to have weighed below 2500 grams at birth and percentage of live births weighed at birth, Saint Lucia, 2012

		Percentage of live births:		Number of last-born children in the two years preceding the survey
		Below 2,500 grams [1]	Weighed at birth [2]	
Area	Urban	(24.1)	100	16
	Rural	28.3	100	85
Wealth index	Poorest 40%	29.7	100	17
	Richest 60%	27.2	100	84
Total		27.6	100	101

[1] MICS indicator 2.18.
[2] MICS indicator 2.19.
() Figures based on 25–49 unweighted cases.

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



Neonatal tetanus protection

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy being to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case per 1,000 live births in every district. A World Fit for Children goal was to eliminate maternal and neonatal tetanus by 2005.

The strategy for preventing maternal and neonatal tetanus is to ensure all pregnant women receive at least two doses of tetanus toxoid vaccine. If a woman has not received at least two doses during a particular pregnancy, she (and her newborn) are not considered to be protected against tetanus. A woman is also considered to be protected against maternal and neonatal if she has received:

- ◆ at least two doses of tetanus toxoid vaccine, with the last one received within the previous 3 years;
- ◆ at least three doses, with the last one within the previous five years;
- ◆ at least four doses, the last one within the previous 10 years; or
- ◆ five or more doses any time during her life.

To assess the status of tetanus vaccination coverage in Saint Lucia, women who had given birth during the two years before the survey were asked if they had received tetanus toxoid injections during the pregnancy for their most recent birth and, if so, how many. Women who had not received two or more tetanus toxoid vaccinations during this pregnancy were then asked about such vaccinations they might have received prior to this pregnancy. Interviewers also asked women to present their vaccination card, on which dates of tetanus toxoid are recorded, and referred to information from the cards when available.

Table CH.1 shows the protection status from tetanus of women who had a live birth within the two years prior to the survey by urban/rural area of residence.



The results of the survey indicate that protection of women against neonatal tetanus is relatively low in Saint Lucia. Overall, about two out of ten women (17 percent) aged 15–49 years with a live birth in the previous two years were protected against neonatal tetanus. Only 4 percent of women had received at least two doses of tetanus toxoid vaccine during the last pregnancy, while about one in ten (13 percent) had received two doses within the three previous years. No women had received three, four, five or more doses within the recommended time period.

According to The World Health Organization (WHO) the requirement to be fully covered for tetanus is five (5) doses during childhood plus one (1) booster dose during the adolescent period (11-12 years).

Adult DT is administered in pregnancy only if the woman missed the required number of doses during the child to adolescent period. (Source: Immunization Policy, WHO/EPI/ GEN 95.03 Rev. 1)

Data from the MICS Survey indicate low immunization with tetanus vaccine during pregnancy; this is as a result of St. Lucia's high immunization coverage (95% and over) during childhood.

Further, PAHO Immunization Newsletter Volume xxxv number 2, April 2013 revealed that St. Lucia was among the countries with no cases of Neonatal Tetanus in 2011-2012.

Table CH.1: Neonatal tetanus protection
Percentage of women aged 15–49 years with a live birth in the previous two years protected against neonatal tetanus, Saint Lucia, 2012

		Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:				Protected against tetanus [1]	Number of women with a live birth in the last 2 years
			2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime		
Area	Urban	(6.3)	(9.0)	(0.0)	(0.0)	(0.0)	(15.3)	16
	Rural	3.0	14.0	0.0	0.0	0.0	16.9	85
Wealth index	Poorest 40%	(2.3)	(21.4)	(0.0)	(0.0)	(0.0)	(23.7)	44
	Richest 60%	4.4	6.7	0.0	0.0	0.0	11.1	56
Total		3.5	13.2	0.0	0.0	0.0	16.7	101

[1] MICS indicator 3.7.
() Figures based on 25–49 unweighted cases.



Oral rehydration treatment

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

One of the goals for A World Fit for Children was to reduce death due to diarrhoea among children under 5 by one half by 2010 compared to 2000, and one of the indicators of MDG4 is to reduce the mortality rate among children under 5 by two thirds by 2015 compared to 1990. In addition, the World Fit for Children called 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 with continued feeding

In the Saint Lucia MICS, mothers or caretakers were asked whether their child under age 5 years had experienced an episode of diarrhoea in the two weeks prior to the survey. In cases where mothers reported that the child had diarrhoea, a series of questions were asked about the treatment of the illness, including what the child had to drink and eat during the episode and whether this was more or less than the child usually drank and ate.

Overall, only 7 percent of children under age 5 had diarrhoea in the two weeks preceding the survey (data not shown). No conclusive analysis could be done about how these children were treated because there were less than 25 unweighted cases in the data normally used to present results in MICS surveys.

Care seeking and antibiotic treatment of pneumonia

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

In the Saint Lucia MICS, the prevalence of suspected pneumonia was estimated by asking mothers or caretakers whether their child under age 5 had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest or both a problem in the chest and a blocked nose.

The indicators are:

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

Overall, 3 percent of children aged 0–59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey (data not shown). No conclusive analysis could be done about how the children with suspected pneumonia were treated because there were too few cases.



Solid fuel use

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels such as wood, charcoal, crops or other agricultural waste, dung, shrubs, straw and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke, which contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion, which produces toxic elements such as carbon monoxide, polyaromatic

hydrocarbons and sulphur dioxide (SO₂), among others. Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease and cancer – and possibly tuberculosis, asthma or cataracts – and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, shown in Table CH.2.

Table CH.2: Solid fuel use											
Percentage distribution of household members according to type of cooking fuel used by the household, and percentage of household members living in households using solid fuels for cooking, Saint Lucia, 2012											
		Percentage of household members in households using:								Solid fuels for cooking [1]	Number of household members
		Electricity	Liquefied petroleum gas (LPG)	Biogas	Coal / lignite	Charcoal	Wood	No food cooked in household	Total		
Area	Urban	0.3	95.9	0.0	0.0	2.8	0.4	0.7	100	3.1	942
	Rural	0.4	97.1	0.1	0.2	1.3	0.8	0.1	100	2.3	4,019
Education of household head	None/primary	0.0	95.9	0.1	0.2	2.4	1.0	0.3	100	3.6	2,828
	Secondary +	0.9	98.2	0.0	0.1	0.4	0.3	0.2	100	0.8	2,031
	Missing/DK	0.0	96.9	0.0	0.0	0.5	2.6	0.0	100	3.1	102
Wealth index quintiles	Poorest 40%	0.2	93.1	0.0	0.4	3.9	1.8	0.6	10	6.1	1,985
	Richest 60%	0.5	99.4	0.1	0.0	0.0	0.0	0.0	100	0.0	2,976
Ethnicity of household head	African descent	0.4	96.7	0.1	0.2	1.6	0.8	0.2	100	2.6	4,179
	Other	0.1	97.9	0.0	0.2	1.3	0.2	0.3	100	1.7	772
Total		0.4	96.9	0.1	0.2	1.6	0.7	0.2	100	2.5	4,961

[1] MICS indicator 3.11.
17 unweighted cases of missing/DK on ethnicity of household head not shown.



The use of solid fuel is uncommon in Saint Lucia; only 3 percent of households use this while close to 97 percent use liquefied petroleum gas for cooking. Solid fuel use was more prevalent among the poorest households (6 percent) while almost no one in the richest households used solid fuels.

Solid fuel use by place of cooking is depicted in Table CH.3. The presence and

extent of indoor pollution are dependent on cooking practices and places used for cooking as well as types of fuel used. According to the Saint Lucia MICS, 13 percent of household members who cook using solid fuels utilize a separate room as a kitchen while 10 percent use a separate building. Overall, three out of four members in households (75 percent) use solid fuels for cooking outdoors. This is higher in urban areas (83 percent) compared to rural areas (73 percent).

Table CH.3: Solid fuel use by place of cooking
Percentage distribution of household members in households using solid fuels
by place of cooking, Saint Lucia, 2012

		Place of cooking:						Number of household members in households using solid fuels for cooking
		In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	Missing	Total	
Area	Urban	11.9	3.2	1.7	83.2	0.0	100	29
	Rural	12.8	0.0	12.8	72.9	1.4	100	92
Total		12.6	0.8	10.1	75.4	1.0	100	122



6 WATER AND SANITATION

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

Target C of MDG 7 is to reduce by half between 1990 and 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction 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 the Saint Lucia 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

Handwashing

- ◆ Availability and conditions of place for handwashing
- ◆ Availability of soap

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

⁷ www.childinfo.org/wes.html

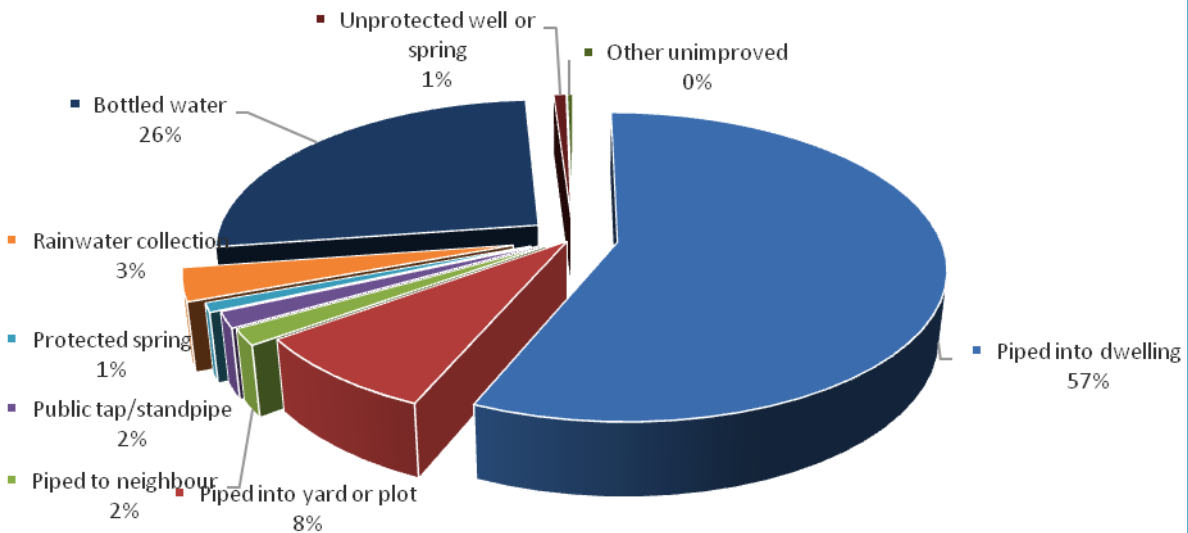


Use of improved water sources

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

following types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), protected well, protected spring and rainwater collection. Bottled water was considered as an improved water source only if the household is using this for handwashing and cooking.

Figure WS.1: Percentage distribution of household members according to main source of drinking water, Saint Lucia, 2012



The majority of household members in Saint Lucia (99 percent) are using improved sources of drinking water

Table WS.1: Use of improved water sources
Percentage distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Saint Lucia, 2012

	Main source of drinking water											Total	Percentage using improved sources of drinking water [1]	Number of household members
	Improved sources						Unimproved sources							
	Piped into dwelling	Piped into compound yard or plot	Piped to neighbour	Public tap / standpipe	Protected spring	Rainwater collection	Bottled water	Un-protected well	Un-protected spring	Tanker-truck	Bottled water			
Area	Urban	8.6	1.9	3.6	0.3	1.8	22.2	0.1	0.1	0.0	0.0	0.0	99.8	942
	Rural	8.4	1.6	1.2	1.1	3.8	27.3	0.0	0.9	0.1	0.3	0.0	98.8	4,019
Education of household head	None/primary	11.0	2.5	1.5	1.3	4.8	21.3	0.0	1.1	0.1	0.1	0.0	98.6	2,828
	Secondary+	5.2	0.6	1.0	0.6	1.7	32.8	0.0	0.2	0.0	0.4	0.0	99.4	2,031
Wealth index	Poorest 40%	20.8	4.2	4.2	1.1	6.4	14.1	0.0	1.4	0.1	0.3	0.0	98.2	1,985
	Richest 60%	0.2	0.0	0.0	0.8	1.4	34.4	0.0	0.3	0.0	0.2	0.0	99.5	2,976
Ethnicity of household head	African descent	8.6	1.8	1.8	0.8	3.6	25.2	0.0	0.7	0.1	0.3	0.0	98.9	4,179
	Other ethnicity	7.8	0.9	0.9	1.6	2.4	32.3	0.0	0.7	0.0	0.0	0.0	99.3	772
Total		8.4	1.7	1.7	0.9	3.4	26.3	0.0	0.7	0.1	0.3	0.0	99.0	4,961

[1] MICS indicator 4.1; MDG indicator 7.8.
 103 unweighted cases of missing/DK on education of household head not shown.
 17 unweighted cases of missing/DK on ethnicity of household head not shown.

NB: Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and handwashing.

Table WS 1 shows that almost all persons in Saint Lucia (99 percent) have access to improved drinking water sources. The three main improved sources of drinking water used are water piped into dwelling (57 percent), bottled water (26 percent) and drinking water piped into compound, yard or plot (8 percent).

The use of bottled water as the main source of drinking water among household members increased with level of education of the head of household. Moreover, as the wealth of the household increased so did the use of bottled water, ranging from 14 percent among the members of the poorest households to 34 percent among members of the richest households. The use of water piped into dwelling as the main source of drinking water is also higher in the richest households (63 percent) than in the poorest households (47 percent).

More household members in the urban areas have water piped into their dwellings (62 percent), collect less rain water (2 percent) and use less bottled water (22 percent) compared to household members in the rural areas who have less access to water piped into dwelling (55 percent), collect more rain water (4 percent) and use more bottled water (27 percent).



Use of household water treatment is presented in Table WS.2. Households were asked about ways they might be treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter and using solar disinfection are considered as proper treatment of drinking water. The table shows water treatment by all households and the percentage of household members living in households using unimproved water sources but using appropriate water treatment methods.

Overall, about half of household members (57 percent) do not treat their drinking water since public water is treated before it is

pipied to consumers. Of the household members who treated their drinking water, the main method was boiling (28 percent), followed by the use of water filters (15 percent) and then the addition of chlorine or bleach (3 percent).

As household wealth increases so does the use of water filters with the poorest households recording usage of about 5 percent compared to 22 percent among the richest households. Household members with secondary or greater education are twice as likely to use water filters (21 percent) than those with primary education (11 percent). About 40 percent of household members using unimproved water supplies treated the water with an appropriate water treatment method (data not shown as they are based on less than 49 unweighted cases).

Table WS.2: Household water treatment
Percentage of household population by drinking water treatment method used in the household, Saint Lucia, 2012

		Water treatment method used in the household									Number of household members
		None	Boil	Add bleach/chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Don't know	
Area	Urban	55.2	31.2	2.4	0.0	13.3	0.0	1.0	0.2	0.0	942
	Rural	56.9	27.2	3.5	0.0	15.4	0.0	0.2	0.2	0.0	4,019
Education of household head	None/primary	58.4	30.5	2.5	0.0	10.9	0.0	0.4	0.1	0.0	2,828
	Secondary +	54.0	23.7	4.6	0.1	21.4	0.0	0.3	0.3	0.0	2,031
Wealth index	Poorest 40%	63.1	29.3	4.2	0.1	4.6	0.0	0.4	0.0	0.0	1,985
	Richest 60%	52.2	27.0	2.7	0.0	21.9	0.0	0.3	0.3	0.0	2,976
Ethnicity of household head	African descent	56.8	27.8	3.4	0.0	15.2	0.0	0.4	0.2	0.0	4,179
	Other ethnicity	55.6	28.6	2.7	0.0	14.0	0.0	0.2	0.2	0.0	772
Total		56.6	28.0	3.3	0.0	15.0	0.0	0.4	0.2	0.0	4,961

103 unweighted cases of missing/DK on education of household head not shown.
17 unweighted cases of missing/DK on ethnicity of household head not shown.



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

Table WS.3 shows that almost all persons in Saint Lucia (96 percent) have their drinking water source on the premises. About 1 percent of households

spend 30 minutes or more to get to the water source and bring water, while approximately 2 percent take less than 30 minutes for this purpose. A comparison by household wealth shows that about nine out of every ten household members from the poorest households (92 percent) have water on their premises compared to 99 percent of the richest households.

Table WS.3: Time to source of drinking water
Percentage distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Saint Lucia, 2012

		Time to source of drinking water								Total	Number of household members
		Users of improved drinking water sources				Users of unimproved drinking water sources					
		Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK		
Area	Urban	95.8	3.3	0.5	0.2	0.0	0.1	0.1	0.0	100	942
	Rural	96.4	1.6	0.7	0.1	0.1	0.6	0.4	0.1	100	4,019
Education of household head	None	95.9	1.7	0.9	0.1	0.1	0.7	0.4	0.1	100	2,828
	Primary	97.8	1.2	0.3	0.1	0.0	0.2	0.3	0.1	100	2,031
	Secondary +	78.7	21.3	0.0	0.0	0.0	0.0	0.0	0.0	100	102
Wealth index quintiles	Poorest 40%	98.9	0.3	0.2	0.0	0.1	0.1	0.3	0.0	100	2,976
	Richest 60%	96.0	2.1	0.7	0.1	0.1	0.5	0.4	0.1	100	4,179
Ethnicity of household head	African descent	97.8	0.9	0.5	0.0	0.0	0.2	0.3	0.2	100	772
	Other ethnicity	95.8	3.3	0.5	0.2	0.0	0.1	0.1	0.0	100	942
Total		96.3	1.9	0.7	0.1	0.1	0.5	0.4	0.1	100	4,961

103 unweighted cases of missing/DK on education of household head not shown.
17 unweighted cases of missing/DK on ethnicity of household head not shown.



Table WS.4 shows that 4 percent of households are without drinking water on premises. An adult male from the household is usually the person collecting water in these circumstances (74 percent). Adult

women from the household collect water in only 21 percent of cases, while male children under age 15 are the ones collecting water for the rest of the households (2 percent).

Table WS.4: Person collecting water
Percentage of households without drinking water on premises, and percentage distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Saint Lucia, 2012

Area	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water					Number of households without drinking water on premises
			Adult woman (age 15+ years)	Adult man (age 15+ years)	Male child (under 15)	Missing	Total	
Urban	4.2	340	(41.6)	(58.4)	(0.0)	(0.0)	(100)	14
Rural	3.9	1378	(15.0)	(77.8)	(2.5)	(4.7)	(100)	54
Total	4.0	1718	20.6	73.7	2.0	3.7	100	68

() Figures based on 25–49 unweighted cases.

Use of improved sanitation facilities

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

sewer system, septic tank or pit latrine; ventilated improved pit latrine, pit latrine with slab and use of a composting toilet.

Almost all persons in Saint Lucia (98 percent) live in households using improved sanitation facilities (Table WS.5). The three most commonly used types are flush to septic tank systems (72 percent), pit latrine with slabs (18 percent) and flush to piped sewer system (5 percent). Of the household members who use improved sanitation facilities, the two most popular in the urban areas are flush to septic tank (74 percent) and flush to piped sewer system (11 percent) in contrast to the two most popular in the rural areas, which are flush to septic tank (71 percent) and pit latrine with slab (20 percent).



Table WS.5: Types of sanitation facilities
Percentage distribution of household population according to type of toilet facility
used by the household, Saint Lucia, 2012

	Type of toilet facility used by household											Total	Number of household members
	Improved sanitation facility						Unimproved sanitation facility						
	Flush to piped sewer system	Flush to septic tank	Flush to pit (latrine)	Flush to unknown place / Not sure / DK where	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Pit latrine without slab / Open pit	Bucket	Other	No facility, Bush, Field			
Area	Urban	73.8	0.0	0.2	0.6	7.8	0.0	1.1	0.3	5.2	100	942	
	Rural	71.0	0.4	0.2	3.7	19.8	0.1	0.1	0.0	0.9	100	4,019	
Education of household head	None/primary	64.3	0.6	0.0	4.5	23.7	0.0	0.5	0.1	2.4	100	2,828	
Wealth index	Secondary+	81.6	0.0	0.3	1.2	8.8	0.1	0.0	0.1	0.8	100	2,031	
	Poorest 40%	41.5	0.9	0.0	7.5	42.4	0.1	0.7	0.2	4.4	100	1,985	
	Richest 60%	91.5	0.0	0.3	0.1	1.0	0.0	0.0	0.0	0.0	100	2,976	
Ethnicity of household head	African descent	71.1	0.4	0.2	2.7	18.4	0.1	0.3	0.1	1.9	100	4,179	
	Other ethnicity	73.5	0.3	0.0	5.3	13.2	0.0	0.2	0.0	0.8	100	772	
Total		71.5	0.3	0.2	3.1	17.5	0.1	0.3	0.1	1.8	100	4,961	

103 unweighted cases of missing/DK on education of household head not shown.
 17 unweighted cases of missing/DK on ethnicity of household head not shown.

Table WS.5 indicates that the use of improved sanitation facilities is strongly associated with wealth. Over 90 percent of members of the three wealthiest quintiles use toilet facilities that flush to septic tank. In contrast, members of the poorest quintile are the least likely to use that type of toilet facilities (42 percent); in fact, the pit latrine with slab (42 percent) is the most common toilet facility used among the poorest households. It should be noted that there is limited access to a public sewer system in Saint Lucia.

Overall, 2 percent of the population had no facility and used the bush or field. The percentage in the urban areas was higher at 5 percent compared to the rural areas at 1 percent. The use of buckets, pit latrine without slabs or open pits and other forms of unimproved sanitation facilities was about 1 percent or less.



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

As shown in Table WS.6, nine out of ten households in Saint Lucia (90 percent) do not share toilet facilities. Out of the total population who use public facilities, more persons (4 percent) are from the urban areas as compared to the rural areas (less than 1 percent). Close to 7 percent of households use an improved sanitation facility that is shared by up to five households.

Table WS.6: Use and sharing of sanitation facilities
Percentage distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Saint Lucia, 2012

		Users of improved sanitation facilities					Users of unimproved sanitation facilities		Open defecation (no facility – bush, field)	Total	Number of household members
		Not shared [1]	Public facility	Shared by 5 households or less	Shared by more than 5 households	Missing/DK	Not shared	Public facility			
Area	Urban	84.6	3.5	4.9	0.3	0.2	1.1	0.3	5.2	100	942
	Rural	91.2	0.2	7.1	0.4	0.0	0.1	0.0	0.9	100	4,019
Education of household head	None/primary	88.1	1.0	7.5	0.3	0.1	0.5	0.1	2.4	100	2,828
	Secondary+	93.0	0.5	5.2	0.4	0.0	0.1	0.1	0.8	100	2,031
Wealth index	Poorest 40%	77.5	1.7	14.5	0.8	0.1	0.8	0.2	4.4	100	1,985
	Richest 60%	98.2	0.3	1.5	0.0	0.0	0.0	0.0	0.0	100	2,976
Ethnicity of household head	African descent	89.6	0.8	7.0	0.2	0.0	0.3	0.1	1.9	100	4,179
	Other ethnicity	91.8	1.1	4.9	1.2	0.0	0.2	0.0	0.8	100	772
Total		89.9	0.9	6.7	0.3	0.0	0.3	0.1	1.8	100	4,961

[1] MICS indicator 4.3; MDG indicator 7.9.
103 unweighted cases of missing/DK on education of household head not shown.
17 unweighted cases of missing/DK on ethnicity of household head not shown.

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 the faeces of children aged 0–2 years is presented in Table WS.7. The last stools of about one in every four children (27 percent) were disposed of safely. The most common method of disposal was in the garbage as solid waste (71 percent), followed by the children using the toilet or latrine (19 percent). Further, 8 percent put or rinsed the stool into the toilet or latrine. Less than 1 percent left the stool in the open or used other places.

In its 2008 report,⁸ the JMP developed a new way of presenting the access figures by disaggregating and refining the data on drinking water and sanitation and reflecting them in 'ladder' format. This allows a disaggregated analysis of trends in a three-rung ladder for drinking water and a four-rung ladder for sanitation. For the latter, it gives an understanding of the proportion of population with no sanitation

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



Table WS.7: Disposal of child's faeces

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

		Place of disposal of child's faeces							Total	Percentage of children whose last stools were disposed of safely [1]	Number of children aged 0–2 years
		Child used toilet / latrine	Put / rinsed into toilet or latrine	Put / rinsed into drain or ditch	Thrown into garbage (solid waste)	Left in the open	Other	Missing			
Type of sanitation facility in dwelling	Improved	19.6	7.7	0.8	70.8	0.0	0.3	0.7	100	27.4	163
	Unimproved	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
	Open defecation	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	4
Area	Urban	14.6	7.7	0.0	73.0	3.3	1.4	0.0	100	22.3	33
	Rural	20.2	7.5	1.0	70.5	0.0	0.0	0.9	100	27.6	135
Mother's education	None/ primary	(17.6)	(10.3)	(0.0)	(69.2)	(3.0)	(0.0)	(0.0)	100	(27.9)	37
	Secondary	19.5	6.7	1.0	71.5	0.0	0.4	0.9	100	26.2	131
Wealth index	Poorest 40%	11.8	11.8	1.9	72.4	1.5	0.6	0.0	100	23.6	73
	Richest 60%	24.6	4.3	0.0	69.8	0.0	0.0	1.3	100	28.9	95
Ethnicity of household head	African descent	16.5	7.7	0.0	73.8	0.8	0.3	0.9	100	24.2	141
	Other ethnicity	(32.4)	(6.3)	(5.0)	(56.2)	(0.0)	(0.0)	(0.0)	100	(38.8)	27
Total		19.1	7.5	0.8	71.0	0.7	0.3	0.7	100	26.6	168

[1] MICS indicator 4.4.

() Figures based on 25–49 unweighted cases.

(*) Figures based on less than 25 unweighted cases.

17 unweighted cases of missing/DK on ethnicity of household head not shown.

facilities at all, those reliant on technologies defined by JMP as 'unimproved', those sharing sanitation facilities of otherwise acceptable technology and those using 'improved' sanitation facilities. Table WS.8 presents the percentages of household population by drinking water and sanitation ladders. The table also shows the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal.

The vast majority of household members (89 percent) use both improved drinking water sources and improved sanitation. Use of improved drinking water sources and improved sanitation increases with wealth, with the richest households having a

higher percentage (98 percent) compared to the poorest households (76 percent). Nine out of ten household members (90 percent) had improved sanitation, which also increased with household wealth. In terms of unimproved sanitation, 8 percent of households use shared improved facilities, of which 17 percent were from the poorest households compared to 2 percent from the richest households. A relatively small percentage of households (2 percent) engage in open defecation with the highest percentage coming from the urban areas (5 percent) and the poorest wealth quintile (4 percent).



Table WS.8: Drinking water and sanitation ladders
Percentage of household population by drinking water and sanitation ladders, Saint Lucia, 2012

		Percentage of household population using:										Number of household members
		Improved drinking water [1]		Unimproved drinking water	Total	Improved sanitation [2]	Unimproved sanitation			Total	Improved drinking water sources and improved sanitation	
		Piped into dwelling, plot or yard	Other improved				Shared improved facilities	Unimproved facilities	Open defecation			
Area	Urban	91.9	7.9	0.2	100	84.6	8.8	1.4	5.2	100	84.5	942
	Rural	90.5	8.2	1.2	100	91.2	7.7	0.2	0.9	100	90.1	4,019
Education of household head	None/primary	88.2	10.4	1.4	100	88.1	9.0	0.6	2.4	100	87.0	2,828
	Secondary +	95.0	4.4	0.6	100	93.0	6.1	0.2	0.8	100	92.5	2,031
	Missing/DK	78.7	21.3	0.0	100	79.6	15.9	0.0	4.5	100	79.6	102
Wealth index	Poorest 40%	81.7	16.5	1.8	100	77.5	17.1	1.0	4.4	100	76.2	1,985
	Richest 60%	96.8	2.6	0.5	100	98.2	1.8	0.0	0.0	100	97.7	2,976
Ethnicity of household head	African descent	90.3	8.6	1.1	100	89.6	8.1	0.4	1.9	100	88.5	4,179
	Other ethnicity	93.4	5.9	0.7	100	91.8	7.2	0.2	0.8	100	91.8	772
Total		90.8	8.2	1.0	100	89.9	7.9	0.4	1.8	100	89.1	4,961

[1] MICS indicator 4.1; MDG indicator 7.8.
[2] MICS indicator 4.3; MDG indicator 7.9.
103 unweighted cases of missing/DK on education of household head not shown.
17 unweighted cases of missing/DK on ethnicity of household head not shown.

Handwashing

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

A place for hand washing was observed in nine out of ten households (90 percent). Water and soap were available in nine out of ten of these households (92 percent). Water was available but soap was not in 4 percent of households and water was not available but soap was in 3 percent of households. Water and soap were both not available in 1 percent of households. The number of households where neither soap nor water was available was highest among the poorest (3 percent). The lack of permission to observe the place of washing was highest among the richest households (7 percent).

As seen in Table WS.10, about nine out of ten households (95 percent) had soap anywhere in the dwelling. In places where handwashing was observed, soap was also observed in 85 percent of households, soap was shown to interviewers in 4 percent while no soap was observed in 1 percent. Soap was shown to interviewers in 7 percent of households where handwashing was not observed, there was no soap in 1 percent of such households and in 3 percent of households soap was not seen.



Table WS.9: Water and soap at place for handwashing
 Percentage of households where place for handwashing was observed and percentage distribution of households by availability of water and soap at place for handwashing, Saint Lucia, 2012

	Percentage of households where place for handwashing was observed	Percentage of households where place for handwashing was not observed				Total	Percentage distribution of households where place for handwashing was observed, and:				Total	Number of households where place for handwashing was observed
		Not in dwelling/plot/yard	No permission to see	Other reasons	Water and soap are available [1]		Water is not available, soap is available	Water and soap are not available	Missing			
										Water and soap are available		
Area	89.1	3.6	4.4	2.9	100	340	3.3	3.8	3.3	1.4	100	303
	89.9	2.8	3.9	3.4	100	1378	4.3	4.3	2.5	1.1	100	1,240
Education of household head	89.3	3.9	3.8	3.1	100	958	5.4	5.4	3.4	1.7	100	855
	91.2	1.8	3.9	3.1	100	729	2.6	2.6	1.7	0.3	100	665
Wealth index	86.1	6.1	2.9	4.9	100	759	7.3	7.3	3.6	2.5	100	653
	92.7	0.5	4.8	2.0	100	959	1.9	1.9	1.9	0.2	100	889
Ethnicity of household head	89.8	3.2	3.6	3.4	100	1457	4.0	4.0	2.7	1.3	100	1,308
	89.7	1.8	6.0	2.6	100	255	5.8	5.8	2.1	0.6	100	229
Total	89.8	3.0	4.0	3.3	100	1718	4.2	4.2	2.6	1.2	100	1,542

[1] MICS indicator 4.5.

(*) Figures based on less than 25 unweighted cases.

31 unweighted cases of Missing/DK on Education of household head not shown for the first panel and 29 unweighted cases of missing/DK on education of household head not shown for the second panel.

10 unweighted cases of Missing/DK on Ethnicity of household head not shown for the first panel and 9 unweighted cases of missing/DK on ethnicity of household head not shown for the second panel.

Table WS.10: Availability of soap
 Percentage distribution of households by availability of soap in the dwelling, Saint Lucia, 2012

	Place for handwashing observed						Place for handwashing not observed						Total	Percentage of households with soap anywhere in the dwelling [1]	Number of households
	Soap observed	Soap shown	No soap in household	Not able/does not want to show soap	Soap shown	Not able/does not want to show soap	Soap shown	Not able/does not want to show soap	No soap in household	Not able/does not want to show soap					
											Soap observed	Soap shown			
Area	84.5	3.6	1.0	0.0	7.2	2.5	100	95.3	340						
	85.0	3.8	1.0	0.1	6.4	2.6	100	95.2	1,378						
Education of household head	82.9	4.5	1.8	0.1	7.1	2.5	100	94.4	958						
	88.5	2.6	0.1	0.0	5.3	2.6	100	96.5	729						
Wealth index	77.6	6.3	2.0	0.2	8.5	3.0	100	92.4	759						
	90.7	1.7	0.3	0.0	5.0	2.3	100	97.4	959						
Ethnicity of household head	85.1	3.6	1.1	0.1	6.9	2.2	100	95.5	1,457						
	83.9	4.7	1.0	0.0	4.7	5.1	100	93.3	255						
Total	84.9	3.7	1.0	0.1	6.5	2.6	100	95.2	1,718						

[1] MICS indicator 4.6.

103 unweighted cases of missing/DK on education of household head not shown.

10 unweighted cases of missing/DK on ethnicity of household head not shown.





Contraception

Appropriate family planning is important to the health of women and children. It is crucial that all couples have access to information and services to enable them to prevent pregnancies that are too early or too late, extend the period between births and limit the number of children.

Approximately half of the women aged 15–49 who are currently married or in union (including visiting unions) in Saint Lucia reported currently using some method of contraception (Table RH.1). The use of any method of contraception was somewhat more prevalent among women in the rural areas (56 percent) compared to women in the urban areas (52 percent). A comparison by age group revealed that the women aged 30–34 years were most likely to use contraception (69 percent) compared to those aged 45–49 years (about 35 percent). There was little disparity in terms of the use of contraception by wealth index. Women's education level is also associated with contraceptive prevalence, with the percentage of women using any method of contraception varying from 46 percent among women with no/primary education to 59 percent among women with secondary or higher education.

The most popular contraception method is the pill, which is used by one out of every five women using contraception (22 percent). The second most popular is male condoms, which are used by 14 percent of the partners of women currently married or in a union. Women also reported the use of the intrauterine device (IUD) (3 percent), injectables (5 percent) and female sterilization (7 percent). The least popular methods are periodic abstinence (1 percent), withdrawal (1 percent), lactational amenorrhea (less than 1 percent) and male sterilization (no cases).

In addition to differences in prevalence, the method mix varied by education. More than twice as many women currently married or in union with secondary or greater education use the pill (26 percent) than

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those with no or primary education (11 percent). Conversely, those with secondary or more education level are three times less likely to use female sterilization (5 percent) than those with no or primary education (13 percent).

It must be noted that about 45 percent of women aged 15–49 years in union are not

using any method of contraceptive. Women from the older age groups are more likely to not be using any method compared to those from the younger age groups. About three out of every ten women aged 30–34 years (31 percent) do not use any method of contraception, with more than twice that percentage being reported for women aged 45–49 years (65 percent).

Table RH.1: Use of contraception
Percentage of women aged 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Saint Lucia, 2012

		Percentage of women (currently married or in union) who are using:																Number of women currently married or in union	
		Not using any method	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/foam/jelly	Lactational amenorrhoea method	Periodic abstinence/Withdrawal	Other	Any modern method	Any traditional method	Any method [1]		
Area	Urban	48.1	5.0	0.0	2.7	7.7	0.4	21.6	11.7	0.0	0.0	0.3	1.6	0.0	0.8	49.2	2.7	51.9	134
	Rural	43.7	7.6	0.0	3.5	4.3	0.2	21.8	14.6	0.6	0.2	0.2	1.4	1.4	0.4	52.9	3.4	56.3	583
Age	15–19	(43.0)	(0.0)	(0.0)	(0.0)	(8.2)	(0.0)	(12.9)	(26.4)	(0.0)	(0.0)	(0.0)	(0.0)	(9.5)	(0.0)	(47.5)	(9.5)	(57.0)	30
	20–24	37.5	0.0	0.0	3.6	6.1	0.0	36.1	14.3	2.5	0.0	0.0	0.0	0.0	0.0	62.5	0.0	62.5	100
	25–29	44.8	1.1	0.0	5.3	3.6	0.0	29.3	14.0	1.0	0.0	0.0	0.0	0.9	0.0	54.3	0.9	55.2	113
	30–34	30.7	2.7	0.0	4.0	8.1	0.0	28.8	19.5	0.0	1.0	0.4	2.5	2.3	0.0	64.1	5.2	69.3	121
	35–39	38.0	6.8	0.0	3.4	4.8	0.0	22.9	16.6	0.0	0.0	1.3	2.8	2.2	1.2	54.6	7.4	62.0	111
	40–44	49.8	19.2	0.0	2.5	3.0	0.0	16.6	8.4	0.0	0.0	0.0	0.5	0.0	0.0	49.7	0.5	50.2	116
Education	45–49	64.5	13.5	0.0	2.0	3.1	1.5	2.8	8.9	0.0	0.0	0.0	2.8	0.0	0.9	31.8	3.7	35.5	126
	None/primary	54.5	13.6	0.0	2.5	8.1	0.9	11.2	7.1	0.0	0.0	0.0	0.3	1.2	0.6	43.5	2.0	45.5	205
Wealth index	Secondary +	40.6	4.6	0.0	3.6	3.6	0.0	26.0	16.9	0.7	0.2	0.4	1.9	1.1	0.5	55.6	3.8	59.4	513
	Poorest 40%	46.0	7.9	0.0	4.6	8.6	0.0	14.6	14.2	0.5	0.0	0.2	0.2	2.6	0.7	50.3	3.6	54.0	266
Ethnicity of household head	Richest 60%	43.7	6.7	0.0	2.6	2.8	0.4	26.0	14.0	0.5	0.3	0.3	2.1	0.3	0.4	53.3	3.1	56.3	452
	African descent	43.7	6.8	0.0	3.6	5.0	0.3	22.6	13.9	0.4	0.2	0.1	1.7	1.1	0.5	52.9	3.4	56.3	610
Total	Other ethnicity	49.3	9.1	0.0	1.7	4.3	0.0	16.4	15.1	1.1	0.0	1.3	0.0	1.2	0.5	47.7	3.0	50.7	106
		44.5	7.1	0.0	3.3	4.9	0.3	21.8	14.1	0.5	0.2	0.3	1.4	1.1	0.5	52.2	3.3	55.5	717

[1] MICS indicator 5.3; MDG indicator 5.3.

() Figures based on 25–49 unweighted cases.

3 unweighted cases of missing/DK on ethnicity of household head are not shown.



Unmet need for contraception

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

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

- ◆ are not pregnant and not postpartum amenorrheic⁹ and are fecund¹⁰ and say they want to wait two or more years for their next birth OR
- ◆ are not pregnant and not postpartum amenorrheic and are fecund and unsure whether they want another child OR
- ◆ are pregnant and say that the pregnancy was mistimed: they would have wanted to wait OR

- ◆ are postpartum amenorrheic and say that the birth was mistimed: they would have wanted to wait

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

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

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

Table RH.2 shows the levels of met need for contraception, unmet need and demand for contraception satisfied.

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

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



Table RH.2: Met and unmet need for contraception
Percentage of women aged 15–49 years currently married or in union with a met or unmet need for family planning and percentage of demand for contraception satisfied, Saint Lucia, 2012

		Met need for contraception – for spacing	Met need for contraception – For limiting	Met need for contraception – total	Unmet need for contraception – For spacing	Unmet need for contraception – for limiting	Unmet need for contraception – total [1]	Number of women currently married or in union	Percentage of demand for contraception satisfied	Number of women currently married or in union with need for contraception
Area	Urban	21.4	30.5	51.9	9.6	12.1	21.7	134	70.5	98
	Rural	24.4	31.9	56.3	7.9	8.1	16.0	583	77.9	422
Age	15–19	(52.9)	(4.1)	(57.0)	(29.2)	(3.1)	(32.3)	(29.8)	(63.8)	27
	20–24	49.0	13.5	62.5	19.6	3.6	23.2	100	72.9	86
	25–29	37.0	18.2	55.2	12.7	7.0	19.7	113	73.7	85
	30–34	30.5	38.8	69.3	5.2	5.8	11.0	121	86.3	97
	35–39	14.9	47.2	62.0	2.8	10.6	13.4	111	82.2	84
	40–44	7.7	42.5	50.2	4.9	8.1	13.0	116	79.4	73
	45–49	1.4	34.1	35.5	1.0	17.9	18.9	126	65.3	68
Education	None/primary	5.0	40.6	45.5	2.6	14.4	17.0	205	72.8	128
	Secondary +	31.4	28.1	59.4	10.5	6.6	17.1	513	77.7	392
Wealth index	Poorest 40%	19.8	34.2	54.0	9.9	9.5	19.4	266	73.6	195
	Richest 60%	26.2	30.2	56.3	7.2	8.4	15.7	452	78.2	325
Ethnicity of household head	African descent	25.0	31.2	56.3	8.4	8.5	17.0	610	76.8	447
	Other ethnicity	16.8	33.9	50.7	7.3	10.5	17.8	106	74.0	72
Total		23.8	31.6	55.5	8.2	8.8	17.0	717	76.5	520

[1] MICS indicator 5.4; MDG indicator 5.6.

() Figures based on 25–49 unweighted cases.

3 unweighted cases of missing/DK on ethnicity of household head are not shown.

97 percent of women received antenatal care at least once during their pregnancy from skilled personnel. The antenatal care was more than twice as likely to be provided by a doctor (67 percent) than by a nurse (30 percent).



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

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. This is defined as the proportion of women currently married or in a marital union who are currently using contraception out 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 that the total met need for contraception (56 percent) is more than three times the total unmet need (17 percent). Unmet need is higher among women who live in the urban areas (22 percent) compared to women who live in the rural areas (16 percent). This means that 22 percent of women aged 15–49 in the urban areas in Saint Lucia who are married or in a union are not using contraceptives but want to stop having children (limit) or postpone the next pregnancy for at least two years (space). There is no difference in unmet need by educational levels. The survey shows, however, that there are age differentials for unmet need for contraception. One in five women from the 20–24 age group (23 percent) have unmet need for contraception compared to one out of ten for those in the 30–34 age group (11 percent). Women from the poorest households (19 percent) have somewhat higher levels of unmet need than women from the richest households (16 percent).

The unmet need for contraception for spacing was much higher among women with secondary

or greater education (11 percent) in comparison to women with no/primary education (3 percent). The unmet need for contraception for limiting was also higher in the urban areas (12 percent) than the rural areas (8 percent) and among women with no/primary education (14 percent) compared with women with secondary or greater education (7 percent).

The table also highlights that total demand for contraception has been satisfied for three out of four women (77 percent), though the demand satisfied in the rural areas (78 percent) is higher than that in the urban areas (71 percent).

Antenatal care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may help ensure 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 infections (STIs) can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

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

- ◆ Blood pressure measurement
- ◆ Urine testing for bacteriuria and proteinuria

- ◆ Blood testing to detect syphilis and severe anaemia
- ◆ Weight/height measurement (optional)

Coverage of antenatal care in Saint Lucia by a doctor or nurse/ midwife is relatively high. The type of personnel providing antenatal care to women aged 15–49 years who gave birth in the two years preceding the survey is presented in Table RH.3. Almost all women (97 percent) received antenatal care at least once from a skilled personnel. The table shows that a relatively small percentage (1 percent) of women did not receive antenatal care and another 2 percent received this care from a community health worker. Two out of three women (67 percent) received antenatal care provided by a medical doctor while about one out of three (30 percent) received care from a nurse/midwife.

UNICEF and WHO recommend a minimum of four antenatal care visits during pregnancy. Table RH.4 shows the number of antenatal care visits during the last pregnancy for the two years preceding the survey, regardless of provider by selected

Table RH.3: Antenatal care provider
Percentage distribution of women aged 15–49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care during the pregnancy for the last birth, Saint Lucia, 2012

		Person providing antenatal care				Total	At least once by skilled personnel [1]	Number of women who gave birth in the preceding two years
		Doctor	Nurse / midwife	Community health worker	No antenatal care received			
Area	Urban	(55.1)	(32.9)	(2.9)	(9.1)	100	(88.0)	16
	Rural	69.3	29.2	1.4	0.0	100	98.6	85
Wealth index	Poorest 40%	(51.4)	(42.8)	(3.8)	(2.0)	100	(94.2)	44
	Richest 60%	79.5	19.5	0.0	1.0	100	99.0	56
Total		67.1	29.8	1.7	1.4	100	96.9	101

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



background characteristics. Nine out of ten mothers (90 percent) received antenatal care at least four times, while 1 percent of mothers had no antenatal care visits.

The types of services pregnant women received during antenatal care are shown in Table RH.5.

Table RH.4: Number of antenatal care visits
Percentage of women who had a live birth during the two years preceding the survey by number of antenatal care visits by any provider, Saint Lucia, 2012

		Percentage of women who had:					Total	Number of women who gave birth in the preceding two years
		No antenatal care visits	Two visits	Three visits	Four or more visits [1]	Missing/DK		
Area	Urban	(9.1)	(0.0)	(3.2)	(87.8)	(0.0)	100	16
	Rural	0.0	1.5	0.0	90.8	7.7	100	85
Wealth index	Poorest 40%	(2.0)	(0.0)	(0.0)	(92.6)	(5.4)	100	44
	Richest 60%	1.0	2.3	0.9	88.5	7.3	100	56
Total		1.4	1.3	0.5	90.3	6.5	100	101

[1] MICS indicator 5.5b; MDG indicator 5.5.
() Figures based on 25–49 unweighted cases.

Among those women who had a live birth during the two years preceding the survey, almost all (96 percent) reported that all three tests took place during antenatal care visits: blood pressure measured (99 percent), urine specimen taken

(99 percent) and blood sample taken (96 percent). Ongoing efforts need to be intensified to ensure full coverage of the contents of antenatal care.

Table RH.5: Content of antenatal care
Percentage of women aged 15–49 years who had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, Saint Lucia, 2012

		Percentage of pregnant women who had:			Blood pressure measured, urine specimen and blood sample taken [1]	Number of women who gave birth in two years preceding survey
		Blood pressure measured	Urine specimen taken	Blood sample taken		
Area	Urban	(90.9)	(90.9)	(90.9)	(90.9)	16
	Rural	100.0	100.0	96.9	96.9	85
Wealth index	Poorest 40%	(98.0)	(98.0)	(94.9)	(94.9)	44
	Richest 60%	99.0	99.0	96.7	96.7	56
Total		98.6	98.6	95.9	95.9	101

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



Assistance at delivery

Three quarters of all maternal deaths occur during delivery and in the immediate post-partum period. The most critical interventions for safe motherhood are 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 the 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 (such as a doctor, nurse, midwife or auxiliary midwife).

Almost all births in Saint Lucia occurring in the two years preceding the MICS survey (99 percent) were delivered by skilled personnel (Table RH.6). Two out of three births (63 percent) were delivered with assistance by a nurse/midwife while doctors assisted with the delivery of one out of three (35 percent). Caesarian (C-)sections accounted for about one out of five births (19 percent).

Table RH.6: Assistance during delivery

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

		Person assisting at delivery			Total	Any skilled personnel [1]	Percentage delivered by C-section [2]	Number of women who gave birth in preceding two years
		Doctor	Nurse / midwife	Other/ missing				
Area	Urban	(49.0)	(51.0)	(0.0)	100	(100)	(25.0)	16
	Rural	32.9	65.6	1.5	100	98.5	17.3	85
Wealth index	Poorest 40%	(32.4)	(64.7)	(2.9)	100	(97.1)	(9.7)	44
	Richest 60%	37.8	62.2	0.0	100	100	25.5	56
Total		35.4	63.3	1.3	100	98.7	18.5	101

[1] MICS indicator 5.7; MDG indicator 5.2.

[2] MICS indicator 5.9.

() Figures based on 25–49 unweighted cases.

Place of delivery

Increasing the proportion of births that take place in health facilities is an important factor in reducing the health risks to both mother and baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and

infection that can cause morbidity and mortality to either mother or baby. Table RH.7 presents the percentage distribution of women aged 15–49 who had a live birth in the two years preceding the survey by place of delivery and the percentage of births delivered in a health facility, according to background characteristics.



Table RH.7: Place of delivery
Percentage distribution of women aged 15–49 with a birth in the two years preceding the survey by place of delivery, Saint Lucia, 2012

		Place of delivery		Total	Delivered in health facility [1]	Number of women who gave birth in preceding two years
		Public sector health facility	Private sector health facility			
Area	Urban	(90.7)	(9.3)	100	(100)	16
	Rural	98.5	1.5	100	100	85
Wealth index	Poorest 40%	(100)	(0.0)	100	(100)	44
	Richest 60%	95.2	4.8	100	100	56
Total		97.3	2.7	100	100	101

[1] MICS indicator 5.8.

() Figures based on 25–49 unweighted cases.

(*) Figures based on less than 25 unweighted cases.

In Saint Lucia there are three public sector hospitals and one private sector hospital where births are managed. All births are delivered in a health facility. Of these, almost all of the deliveries (97 percent) occur in public sector facility while only 3 percent occur in private sector facility.

Post-natal health checks

The time of birth and immediately after is a critical window of opportunity to deliver life-saving interventions for both the mother and newborn. Across the world, approximately 3 million newborns annually die in the first month of life¹¹ and the majority of these deaths occur within a day or two of birth,¹² which is also the time when the majority of maternal deaths occur.¹³ Despite the importance of the first few days

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

Following the establishment and discussions of an Inter-Agency Group on PNC, and drawing on lessons learned from earlier attempts of collecting PNC data, a new questionnaire module for MICS was

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

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

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

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



developed and validated. Named the post-natal health checks (PNHC) module, its objective is to collect information on newborns' and mothers' contact with a provider, not content of care. The rationale for this is that as PNC programmes scale up, it is important to measure the coverage of that scale up and ensure that the platform for providing essential services is in place. Content is considered more difficult to measure, particularly because the respondent is asked to recall services delivered up to two years preceding the interview.

Table RH.8 presents the percentage distribution of women aged 15–49 who gave birth in a health facility in the two years preceding the survey by duration of stay in the facility following the delivery, according to background characteristics.

Almost all women (99 percent) who gave birth in a health facility in the two years preceding the survey stayed 12 hours or more after delivery. Over half of women (59 percent) stayed for 1–2 days while about one out of three women (37 percent) spent three or more days there. One percent of mothers spent less than 6 hours in the health facility after delivery while 3 percent spent 12–23 hours.

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

Table RH.8: Post-partum stay in health facility
Percentage distribution of women aged 15–49 years who gave birth in a health facility in the two years preceding the survey by duration of stay in health facility following their last live birth, Saint Lucia, 2012

		Duration of stay in health facility:						Total	12 hours or more [1]	Number of women who gave birth in a health facility in the preceding two years
		Less than 6 hours	6–11 hours	12–23 hours	1–2 days	3 days or more	Missing/DK			
Area	Urban	(0.0)	(0.0)	(0.0)	(72.3)	(27.7)	(0.0)	100	(100.0)	16
	Rural	1.5	0.0	3.2	56.4	38.9	0.0	100	98.5	85
Wealth index	Poorest 40%	(2.9)	(0.0)	(0.0)	(74.5)	(22.6)	(0.0)	100	(97.1)	44
	Richest 60%	0.0	0.0	4.7	46.7	48.6	0.0	100	100.0	56
Total		1.3	0.0	2.7	58.9	37.1	0.0	100	98.7	101

[1] MICS indicator 5.10.

() Figures based on 25–49 unweighted cases.

(*) Figures based on less than 25 unweighted cases.



Table RH.9: Post-natal health checks for newborns
Percentage of newborns born in the last two years who received health checks and post-natal care (PNC) visits from any health provider after birth, Saint Lucia, 2012

	PNC visit										Total	Post-natal health check for the newborn [1]	Number of last births in the two years preceding the survey	
	Health check following birth while in facility or at home		PNC visit											Missing /DK
	Same day	1 day following birth	2 days following birth	3–6 days following birth	After the first week following birth	No post-natal care visit	Total							
Area														
	Urban	(97.2)	(18.4)	(7.1)	(11.2)	(24.1)	(30.5)	(3.0)	(5.7)	100	(97.2)	16		
	Rural	98.5	10.6	2.9	11.5	30.4	24.2	17.1	3.2	100	100.0	85		
Wealth index	Poorest 40%	(96.1)	(19.8)	(2.5)	(4.9)	(29.8)	(18.4)	(23.5)	(1.0)	100	(99.0)	44		
	Richest 60%	100.0	5.6	4.4	16.7	29.1	30.5	8.1	5.6	100	100.0	56		
Total		98.3	11.9	3.6	11.5	29.4	25.2	14.9	3.6	100	99.6	101		

[1] MICS indicator 5.11.
 () Figures based on 25–49 unweighted cases.

Table RH.9 shows the percentage of babies born in the last two years who received health checks and PNC visits from any health provider after birth. Note that health checks following birth while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas PNC visits refer to a separate visit to check on the health of the newborn and provide preventive care services. The PNHC indicator includes any health check after birth received while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Almost all newborns in Saint Lucia (98 percent) received a health check following birth while in a facility or at home. PNC visits are more likely to be conducted 3–6 days following birth (30 percent) than after the first week following birth (25 percent). The survey showed that about 15 percent of newborns did not receive any PNHC. All efforts must be made to ensure all newborns receive this.



Table RH.10 shows the percentage of newborns who received the first PNC visit within one week of birth is shown by location and type of provider of service. As defined above, a visit does not include a check in the facility or at home following birth.

Almost all of the first PNC visits for newborns occur in a public facility (95 percent) compared to the private facility (5 percent). All of the first PNC visits for newborns in Saint Lucia were provided by either a doctor or a nurse/midwife.

Table RH.10: Post-natal care (PNC) visits for newborns within one week of birth
Percentage of newborns who were born in the last two years and received a PNC visit within one week of birth by location and provider of the first PNC visit, Saint Lucia, 2012

	Location of first PNC visit			Provider of first PNC visit		Number of all newborns born in the preceding two years with a PNC visit within the first week of life
	Public sector	Private sector	Total	Doctor/ nurse/ midwife	Total	
Total	94.7	5.3	100	100	100	57

Tables RH.11 and RH.12 present information collected on PNHC and visits of the mother and are identical to Tables RH.9 and RH.10 that presented the data collected for newborns. Here too, health checks following birth while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas PNC visits refer to a separate visit to check on the health of the mother

and provide preventive care services. The PNHC indicator includes any health check after birth received while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

About 88 percent of mothers receive a health check following birth while in a facility or at home. PNC visits after the first week of delivery were higher

Table RH.11: Post-natal health checks for mothers
Percentage of women aged 15–49 years who gave birth in the two years preceding the survey who received health checks and post-natal care (PNC) visits from any health provider after birth, Saint Lucia, 2012

Area	Health check following birth while in facility or at home	PNC visit							Total	Post-natal health check for the mother [1]	Number of women who gave birth in the two years preceding the survey	
		Same day	1 day following birth	2 days following birth	3–5 days following birth	After the first week following birth	No post-natal care visit	Missing /DK				
Area	Urban	(94.1)	(12.9)	(3.5)	(14.9)	(15.0)	(39.2)	(14.5)	(0.0)	100	(94.1)	16
	Rural	86.5	6.1	1.5	1.5	19.9	32.1	35.5	3.4	100	89.5	85
Wealth index	Poorest 40%	(86.3)	(16.2)	(1.2)	(4.3)	(18.2)	(19.6)	(40.4)	(0.0)	100	(92.0)	44
	Richest 60%	88.8	.0	2.2	3.1	19.9	44.0	25.7	5.1	100	88.8	56
Total	87.7	7.2	1.8	3.6	19.2	33.2	32.2	2.8	100	90.2	101	

[1] MICS indicator 5.12.
() Figures based on 25–49 unweighted cases.



(33 percent) compared to PNC visits during 3–6 days following delivery (19 percent). Nine out of ten mothers (90 percent) received a PNHC.

shows that the public sector provided 91 percent of PNC visits and all visits were attended by doctors/nurses/midwives.

As defined above, a visit does not include a check in the facility or at home following birth. Table RH.12

Table RH.13 presents the distribution of women with a live birth in the two years

Table RH.12: Post-natal care (PNC) visits for mothers within one week of birth
Percentage of women aged 15–49 years who gave birth in the preceding two years and received a PNC visit within one week of birth, by location and provider of the first PNC visit, Saint Lucia, 2012

	Location of first PNC visit			Provider of first PNC visit		Number of women who gave birth in the two years preceding survey and received a PNC visit within one week of delivery
	Public sector	Private sector	Total	Doctor/nurse/midwife	Total	
Total	(90.6)	(9.4)	(100)	(100)	100	32

() Figures based on 25–49 unweighted cases.

Table RH.13: Post-natal health checks for mothers and newborns
Percentage distribution of women aged 15–49 who gave birth in the two years preceding the survey by receipt of health checks and post-natal care (PNC) visits within two days of birth, for the mother and newborn, Saint Lucia, 2012

		Health checks or PNC visits within 2 days of birth for:				Total	Number of women aged 15–49 years who gave birth in the 2 years preceding the survey
		Both mothers and newborns	Mothers only	Newborns only	Missing		
Area	Urban	(91.4)	(2.8)	(5.9)	(0.0)	100	16
	Rural	87.6	0.0	10.5	1.8	100	85
Wealth index	Poorest 40%	(91.0)	(1.0)	(8.0)	(0.0)	100	44
	Richest 60%	86.0	0.0	11.2	2.7	100	56
Total		88.2	0.4	9.8	1.5	100	101

() Figures based on 25–49 unweighted cases.
(*) Figures based on less than 25 unweighted cases.

preceding the survey by receipt of health checks or PNC visits within two days of birth for the mother and the newborn, thus combining the indicators presented in previous tables.

and their newborns (88 percent) received either a health check following birth or a timely PNC visit. Health checks following birth or PNC visit within two days of birth for newborns only was higher (10 percent) compared to less than 1 percent for similar checks for mothers only.

Table RH.13 shows that, of the women aged 15–49 who gave birth during the two years preceding the MICS, about nine out of ten of both the mothers



91 percent of children aged 36–59 months are **developmentally on track**, as measured by the Early Childhood Development Index



Early childhood education and learning

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

Pre-school programmes in Saint Lucia are for children aged 3–5 years (36–59 months). They are largely privately owned and operated. There were 94 registered preschools in 2012.¹⁵ Quality early childhood programmes are necessary to close existing gaps in access and equity. Over the last five years, Saint Lucia has been experiencing a dwindling school population, which has resulted in excess spaces at a number of primary schools on the island – an average of 37 percent surplus capacity.¹⁶ It is therefore recommended that the Ministry of Education explore the possibility of introducing pre-kindergarten programmes in some primary schools where extra space is available.

Table CD.1 contains information on children aged 36–59 months enrolled in early childhood education programmes. These data provide a reliable baseline to support government plans for universal early childhood education. They indicate that more than four out of five children aged 36–59 months (85 percent) are attending an organized early childhood education programme. More children are attending such a programme at 48–59 months (90 percent) compared to those attending at 36–47 months (81 percent). This may be because the 48–59 age cohort is the year preceding attendance to formal education (kindergarten). Children from the poorest households are much less likely (79 percent) to attend an early childhood education programme compared with children from wealthier households (93 percent).

¹⁵ *Saint Lucia Education Statistical Digest, 2012, Past Trends, Present Position and Projections up to 2015/2016, Data Management, Corporate Planning Unit, Ministry of Education, Human Resource Development and Labour*
¹⁶ *Ibid.*

8 CHILD DEVELOPMENT



Table CD.1: Early childhood education

Percentage of children aged 36–59 months who are attending some form of organized early childhood education programme, Saint Lucia, 2012

		Percentage of children aged 36–59 months currently attending early childhood education [1]	Number of children aged 36–59 months
Sex	Male	87.0	60
	Female	83.8	64
Area	Urban	80.9	21
	Rural	86.3	102
Age of child	36–47 months	81.1	64
	48–59 months	90.0	59
Mother's education	None/primary	(80.6)	38
	Secondary +	87.4	86
Wealth index	Poorest 40%	78.5	64
	Richest 60%	92.6	60
Total		85.3	123

[1] MICS indicator 6.7.

() Figures based on 25–49 unweighted cases.

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

Table CD 2 provides information on adult-child engagement in activities at home. This includes 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.

Overall, about nine out of ten children (93 percent) aged 36–59 months were engaged by an adult household member in four or more activities that promote learning and school readiness during the three days preceding the survey (Table CD.2). The average number of activities that adults engaged in with children was more than five (mean: 5.5 activities). The table also indicates that fathers are engaged in one or more activities with about half (50 percent) of children aged 36–59 months.



The average number of learning activities in which fathers engaged their children in the three days preceding the survey was only two. It must be noted that nearly half of the children aged 36–59 months do not live with their biological fathers.

The data show that adult household members engage in more learning activities with girls than boys. Some 96 percent of female children aged 36–59 months were engaged in four or more activities with an adult household member compared to 89

Table CD.2: Support for learning
Percentage of children aged 36–59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days, Saint Lucia, 2012

		Percentage of children aged 36–59 months		Mean number of activities		Percentage of children not living with their natural father	Number of children aged 36–59 months
		With whom adult household members engaged in four or more activities [1]	With whom the father engaged in one or more activities [2]	Any adult household member engaged with the child	The father engaged with the child		
Sex	Male	89.4	50.0	5.4	1.7	44.2	60
	Female	96.1	50.1	5.6	1.8	52.2	64
Area	Urban	93.3	38.7	5.5	1.5	61.7	21
	Rural	92.8	52.4	5.5	1.8	45.6	102
Age	36–47 months	95.4	50.0	5.6	1.7	46.4	64
	48–59 months	90.2	50.1	5.3	1.8	50.5	59
Mother's education	None/primary	(100.0)	(53.4)	(5.6)	(1.6)	(47.0)	38
	Secondary+	89.7	48.6	5.4	1.8	49.0	86
Father's education	None/primary	(91.3)	(77.5)	(5.5)	(2.1)	(0.0)	28
	Secondary +	(98.4)	(84.2)	(5.6)	(3.8)	(0.0)	30
	Father not in household	90.1	17.3	5.4	0.6	100.0	60
Wealth index quintiles	Poorest 40%	100.0	60.2	5.2	0.9	0.0	3
	Richest 60%	93.5	49.3	5.4	1.4	45.8	64
Total		92.9	50.1	5.5	1.7	48.4	123

[1] MICS indicator 6.1.
[2] MICS Indicator 6.2.
() Figures based on 25–49 unweighted cases.
3 unweighted cases of missing/DK on father's education not shown.

percent for boys. Fathers' engagement in one or more activities was the same for boys and girls. Adult engagement in activities with children was slightly higher with those aged 36–47 months (95 percent) compared to those aged 48–59 months (90 percent).

Exposure to books in the early years can provide the child with a love of reading and learning and is important for later school performance. The mothers/caretakers of all children under 5 were asked about the number of children's books or picture books they have for the child, homemade



toys or toys that came from a shop that are available at home and household objects or outside objects that the child plays with.

Responses reveal that two out of three children aged 0–59 months (68 percent) in Saint Lucia live in households where at least three children’s books are present (Table CD.3). The proportion of children

with 10 or more books is lower (49 percent). Gender differentials are observed as more females (75 percent) are exposed to three or more books compared to males (60 percent). There is also disparity in the ownership of books according to the wealth of households. For three or more books, the wealthiest 60 percent of households have a higher percentage (81 percent) compared to the poorest households (53 percent). A similar pattern

Table CD.3: Learning materials
Percentage of children under age 5 by numbers of children’s books present in the household, and by playthings that child plays with, Saint Lucia, 2012

		Household has for the child:		Child plays with:			Two or more types of playthings [2]	Number of children under age 5
		3 or more children’s books [1]	10 or more children’s books	Homemade toys	Toys from a shop/ manufactured toys	Household objects/ objects found outside		
Sex	Male	60.0	41.7	20.4	96.8	59.3	61.6	144
	Female	74.8	55.1	17.9	93.7	55.3	55.8	147
Area	Urban	63.4	45.6	18.7	91.6	55.3	55.9	54
	Rural	68.4	49.2	19.2	96.1	57.7	59.3	237
Age	0–23 months	44.8	25.7	14.2	89.7	44.6	46.3	102
	24–59 months	79.7	60.8	21.8	98.2	64.1	65.3	189
Mother’s education	None/primary	46.4	22.6	22.6	92.8	55.8	56.2	74
	Secondary +	74.7	57.4	17.9	96.1	57.8	59.5	217
Wealth index quintiles	Poorest 40%	52.7	27.6	19.7	92.9	56.7	56.5	136
	Richest 60%	80.5	66.9	18.6	97.3	57.8	60.6	155
Ethnicity of household head	African descent	67.2	47.2	19.6	95.7	57.4	58.1	252
	Other ethnicity	(69.3)	(57.1)	(15.9)	(92.2)	(56.2)	(62.5)	39
Total		67.5	48.5	19.1	95.2	57.3	58.7	291

[1] MICS indicator 6.3.

[2] MICS indicator 6.4.

() Figures based on 25–49 unweighted cases.

is observed for those with 10 or more children’s books. Mothers with secondary or greater education are much more likely to have books for children compared with mothers with none/primary education.

Table CD.3 also shows that over half of the

children aged 0–59 months (59 percent) had two or more types of playthings to play with in their homes. The types of playthings asked about in the MICS included homemade toys (such as dolls, cars or other toys made at home), toys that came from a store, household objects (such as pots and bowls) and objects and materials found outside the home



(such as sticks, rocks, animal shells or leaves). Almost all children (95 percent) play with toys that come from a store; however, one out of five children (19 percent) play with homemade toys.

More male children (62 percent) have two or more types of playthings compared to female children (56 percent). Children whose mother has secondary or greater education (60 percent) are somewhat more likely to have two or more types of playthings compared to children whose mother has either no education or only primary education (56 percent).

Inadequate care

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In the MICS, two questions were asked

to find out whether children aged 0–59 months had been left alone during the week preceding the interview and whether children were left in the care of other children under 10 years of age.

Table CD.4 shows that about 5 percent of children aged 0–59 months were left with inadequate care during the week preceding the survey. Children whose mother had attained none/primary education (11 percent) were more likely to have been left with inadequate care in the past week compared to children whose mother had secondary or greater education (2 percent). Similarly, children aged 0–23 months were more than twice as likely to have been left with inadequate care (8 percent) than

		Percentage of children under age 5			Number of children under age 5
		Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week [1]	
Sex	Male	3.0	2.8	4.8	144
	Female	2.6	2.8	4.5	147
Area	Urban	1.0	0.0	1.0	54
	Rural	3.2	3.4	5.5	237
Age	0–23	3.8	5.5	7.9	102
	24–59	2.3	1.3	2.9	189
Mother's education	None/primary	7.6	7.1	11.1	74
	Secondary +	1.2	1.3	2.4	217
Wealth index quintiles	Poorest 40%	5.0	3.8	6.9	136
	Richest 60%	0.8	1.9	2.7	155
Ethnicity of household head	African descent	2.3	3.2	4.4	252
	Other ethnicity	(6.3)	(0.0)	(6.3)	39
Total		2.8	2.8	4.7	291

[1] MICS indicator 6.5.
() Figures based on 25–49 unweighted cases.



children aged 24–59 months (3 percent). As regards the wealth status of the household, Table CD4 suggests that the wealthier the household, the less likely the child will be left with inadequate care. The poorest households have the highest percentage of children left with inadequate care (7 percent) compared with the wealthiest households (3 percent).

Early Childhood Development

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

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

Each of the 10 items is used in one of the four domains to determine whether children aged 36–59 months are developmentally on track in that domain. The domains are:

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



ECDI is calculated as the percentage of children who are developmentally on track in at least three of these four domains. The results for Saint Lucia are presented in Table CD 5.

Nine out of ten children aged 36–59 months (91 percent) in Saint Lucia are developmentally on track. The results show that the ECDI score for both boys and girls is about the same. As expected, ECDI is much higher in the older age group of 48–59 months (96 percent) compared to children aged 36–47 months old (87 percent) since more skills are acquired with increasing age.

The analysis of the four domains of child development shows that, overall, almost all children aged 36–59 months (99 percent) are on track in the physical development domain and the learning domain. However, it is observed that they are less

on track in the socio-emotional domains (87 percent) and literacy-numeracy domain (70 percent). The literacy-numeracy indicator is usually higher when children have more exposure to learning opportunities such as attending early childhood education programmes.

MICS results show that boys slightly outperform girls in the literacy-numeracy domain with minimal differences in other domains. This is in contrast to statistics of national examinations (Minimum Standards), which indicate that later on in life (from the age of seven) girls outperform boys in literacy and numeracy. There is a need to further investigate the reasons why this occurs.

Table CD.5: Early child development index

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

		Percentage of children aged 36–59 months who are developmentally on track for indicated domains				Early child development index score [1]	Number of children aged 36–59 months
		Literacy-numeracy	Physical	Social-emotional	Learning		
Sex	Male	72.4	97.7	86.7	99.2	91.2	60
	Female	68.4	100.0	87.6	98.0	91.7	64
Area	Urban	(68.6)	(100.0)	(73.1)	(97.8)	(86.4)	21
	Rural	70.6	98.6	90.1	98.7	92.5	102
Age	36–47 months	53.5	100.0	87.0	99.3	87.0	64
	48–59 months	88.3	97.7	87.4	97.8	96.3	59
Mother's education	None/primary	(72.7)	(96.3)	(86.7)	(96.6)	(89.9)	38
	Secondary +	69.2	100.0	87.4	99.5	92.1	86
Wealth index quintiles	Poorest 40%	65.9	97.8	81.6	98.0	89.8	64
	Richest 60%	75.0	100.0	93.1	99.2	93.2	60
Total		70.3	98.9	87.2	98.6	91.4	123

[1] MICS indicator 6.6.

() Figures based on 25–49 unweighted cases.



9 LITERACY AND EDUCATION

Literacy among young women

One of the World Fit for Children goals is to increase adult literacy, especially among women. Adult literacy is also an MDG indicator relating to both women and men. Only a women's questionnaire was administered (to women aged 15–49 years) in the Saint Lucia MICS, and the literacy level was obtained only among women aged 15–24 years. It was assessed on the ability of the respondent to read a short simple statement or based on school attendance. Table ED.1 shows the literacy level among these women.

Overall, almost all women aged 15–24 years (99 percent) in Saint Lucia are literate, and literacy status does not vary significantly among the various levels of disaggregation.

School readiness

Attendance at pre-school education in an organized learning or child education programme is important for the readiness of children for school. Table ED.2 shows the proportion of children in the first grade (grade K) of infant/primary school who attended pre-school the previous year. Overall, 92 percent of children who were attending the first grade at the time of the survey had attended pre-school the previous year. Disaggregations by sex and area are not presented in the table due to the low numbers of cases on which estimates are based (i.e., less than 25 unweighted cases).



Table ED.1: Literacy among young women
Percentage of women aged 15–24 years who are literate, Saint Lucia, 2012

		Percentage literate [1]	Percentage not known	Number of women aged 15–24 years
Area	Urban	99.1	0.0	71
	Rural	99.4	0.0	332
Education	None/primary	(*)	(*)	11
	Secondary +	100.0	0.0	392
Age	15–19	99.1	0.0	213
	20–24	99.7	0.0	191
Wealth index	Poorest 40%	98.7	0.0	154
	Richest 60%	99.7	0.0	249
Ethnicity of household head	African descent	99.4	0.0	340
	Other ethnicity	99.0	0.0	63
Total		99.3	0.0	403

[1] MICS indicator 7.1; MDG indicator 2.3.

(*) Figures based on less than 25 unweighted cases.

1 unweighted case of missing/DK on the ethnicity of household head is not shown.

Table ED.2: School readiness
Percentage of children attending first grade of primary school who attended pre-school the previous year
Lucia, 2012

		Percentage of children attending first grade who attended preschool in previous year [1]	Number of children attending first grade primary school
Wealth index	Poorest 40%	(87.7)	24
	Richest 60%	(95.7)	34
Total		92.4	58

[1] MICS indicator 7.2.

() Figures based on 25–49 unweighted cases.



Primary and secondary school participation

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

The indicators for primary and secondary school attendance include:

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

The indicators of school progression include:

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

Children in Saint Lucia enter infant/primary school at age 5 and enter secondary school at age 12. There are seven grades in primary school – infant grades K, 1, 2 and primary grades 3 to 6 – and five grades in secondary school – forms 1 to 5. The school year typically runs from September of one year to July of the following year.

Of the children who are of primary school entry age, 98 percent are attending primary school (Table ED.3). Even though the official age of school entry is 5, there are a number of children aged 5 who are attending grades higher than grade K, indicating that these children entered school earlier than expected. Consequently, these children are included in the numerator of MICS indicator 7.3.

Table ED.4 provides the percentage of children of primary school aged 5–11 years who are attending

Table ED.3: Primary school entry
Percentage of children of primary school entry age entering grade 1 (net intake rate), Saint Lucia, 2012

		Percentage of children of primary school entry age entering grade 1 [1]	Number of children of primary school entry age
Sex	Male	(100.0)	36
	Female	(94.8)	26
Area	Urban	(100.0)	13
	Rural	(97.3)	49
Wealth index	Poorest 40%	(95.5)	30
	Richest 60%	(100.0)	32
Total		97.9	62

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



primary or secondary school.¹⁷ The net attendance ratio for children of primary school age was over 99 percent. As this percentage was so high, there were little differences by background characteristics.

The secondary school net attendance ratio is presented in Table ED.5. Approximately nine out of ten children of secondary school age (92 percent) were attending secondary

Table ED.4: Primary school attendance
Percentage of children of primary school age attending primary or secondary school (Net attendance ratio), Saint Lucia, 2012

		Male		Female		Total	
		Net attendance ratio (adjusted) [1]	Number of children	Net attendance ratio (adjusted) [1]	Number of children	Net attendance ratio (adjusted) [1]	Number of children
Area	Urban	99.1	54	99.0	51	99.0	105
	Rural	100.0	195	99.3	183	99.6	378
Age at beginning of school year	5	(100.0)	36	(94.8)	26	97.9	62
	6	(100.0)	27	(100.0)	37	100.0	64
	7	(100.0)	42	(97.9)	25	99.2	67
	8	(100.0)	35	(100.0)	32	100.0	67
	9	(98.5)	35	(100.0)	44	99.4	79
	10	(100.0)	34	(100.0)	37	100.0	71
	11	(100.0)	39	(100.0)	33	100.0	72
Mother's education	None/primary	99.5	112	98.2	101	98.9	213
	Secondary +	100.0	136	100.0	132	100.0	268
Wealth index	Poorest 40%	99.5	112	98.3	109	98.9	221
	Richest 60%	100.0	137	100.0	125	100.0	261
Ethnicity of household head	African descent	99.8	212	99.7	195	99.7	406
	Other ethnicity	(100.0)	36	(96.5)	39	98.2	75
Total		99.8	249	99.2	233	99.5	482

[1] MICS indicator 7.4; MDG indicator 2.1.
() Figures based on 25–49 unweighted cases.
3 unweighted cases of missing/DK on mother's education and 2 unweighted cases of missing/DK on the ethnicity of the household head are not shown.

school or higher. Additionally, about 4 percent of secondary school aged children were attending primary school.

Attendance generally decreased as age increased. At the beginning of the school year during the survey period almost all 13-year-olds (99 percent) were attending a secondary school or higher-level school compared to the 16-years-olds, who recorded a net attendance ratio of 86 percent. The attendance of the poorest 40 percent of households

was lower (89 percent) than that of the richest 60 percent of households (94 percent). Children whose mothers had attained secondary or greater education were more likely (93 percent) to attend school than those whose mothers had attained primary education (89 percent).

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



Table ED.5: Secondary school attendance
Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), and percentage of children attending primary school, Saint Lucia, 2012

		Male			Female			Total		
		Net attendance ratio (adjusted) [1]	Percentage attending primary school	Number of children	Net attendance ratio (adjusted) [1]	Percentage attending primary school	Number of children	Net attendance ratio (adjusted) [1]	Percentage attending primary school	Number of children
Area	Urban	89.8	0.0	43	91.9	4.7	43	90.8	2.3	87
	Rural	91.5	3.0	217	92.4	6.1	179	91.9	4.4	396
Age at beginning of school year	12	(82.1)	(13.2)	39	(79.6)	(20.4)	47	80.7	17.1	86
	13	(100.0)	(0.0)	52	(98.7)	(1.3)	40	99.5	0.5	93
	14	99.2	0.0	61	(94.1)	(0.0)	45	97.0	0.0	106
	15	90.1	2.5	50	(98.8)	(0.0)	41	94.0	1.4	91
	16	82.1	0.0	58	92.2	5.8	49	86.7	2.6	107
Mother's education	None/primary	87.4	3.5	110	88.8	9.8	102	88.1	6.5	212
	Secondary +	94.5	2.3	114	95.4	3.1	96	94.9	2.6	209
	Mother not in household	(95.7)	(0.0)	34	(94.9)	(0.0)	25	95.4	0.0	58
Wealth index	Poorest 40%	86.7	3.6	107	90.0	6.4	101	88.3	4.9	208
	Richest 60%	94.4	1.7	153	94.3	5.3	122	94.3	3.3	275
Ethnicity of household head	African descent	92.1	1.8	211	93.5	5.3	181	92.7	3.4	392
	Other ethnicity	(87.5)	(5.2)	50	(87.3)	(8.1)	41	87.4	6.5	91
Total		91.2	2.5	261	92.3	5.8	222	91.7	4.0	483

[1] MICS indicator 7.5.
() Figures based on 25–49 unweighted cases.
3 unweighted cases of cannot be determined on mother's Education not shown.

The primary school completion rate and transition rate to secondary education are presented in Table ED.6. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade (grade 6) of primary school for the first time to the number of children of the primary graduation age (age 11) at the beginning of the current (or most recent) school year. The survey revealed that the primary school completion rate is 98 percent. This is consistent with data from Saint Lucia's Education Digest 2012, which indicate an average drop-out rate of 0.09 percent over the past five years.

Out of the children attending grade 6 of the previous academic year (2010–2011), almost all (96 percent) were found to be

attending the first grade (form 1) of secondary school. This indicates that about 4 percent of these children either repeated grade 6 or were no longer part of the education system in Saint Lucia. They had either dropped out or received transfers to overseas schools.

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 are net attendance rather than gross attendance. The table shows that the GPI for is 0.99 for primary school and 1.01 for secondary school, indicating parity (GPI between 0.97 and 1.03) between boys and girls. The households in the poorest 40 percent have more girls than boys attending secondary school (GPI 1.04) compared with the wealthiest 60 percent of households where the GPI is 1.00.



Table ED.6: Primary school completion and transition to secondary school
Primary school completion rates and transition rate to secondary school, Saint Lucia, 2012

		Primary school completion rate [1]	Number of children of primary school completion age	Transition rate to secondary school [2]	Number of children who were in the last grade of primary school the previous year
Sex	Male	(67.4)	39	(92.8)	36
	Female	(133.8)	33	(98.5)	35
Area	Urban	(69.2)	20	(95.1)	10
	Rural	(108.5)	52	(95.7)	61
Mother's education	None/primary	(83.7)	42	(95.4)	40
	Secondary +	(118.3)	30	(96.0)	31
Wealth index	Poorest 40%	(77.0)	39	(95.2)	38
	Richest 60%	(121.6)	33	(96.2)	33
Total		97.6	72	95.6	71

[1] MICS indicator 7.7.

[2] MICS indicator 7.8.

() Figures based on 25–49 unweighted cases.

Table ED.7: Education gender parity
Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Saint Lucia, 2012

		Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR [1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR [2]
Area	Urban	99.0	99.1	1.00	91.9	89.8	1.02
	Rural	99.3	100.0	0.99	92.4	91.5	1.01
Mother's education	None/primary	98.2	99.5	0.99	88.8	87.4	1.02
	Secondary +	100.0	100.0	1.00	95.4	94.5	1.01
Wealth index quintiles	Poorest 40%	98.3	99.5	0.99	90.0	86.7	1.04
	Richest 60%	100.0	100.0	1.00	94.3	94.4	1.00
Ethnicity of household head	African descent	99.7	99.8	1.00	93.5	92.1	1.02
	Other ethnicity	(96.5)	(100.0)	(0.97)	(87.3)	(87.5)	(1.00)
Total		99.2	99.8	0.99	92.3	91.2	1.01

[1] MICS indicator 7.9; MDG indicator 3.1.

[2] MICS indicator 7.10; MDG indicator 3.1.

() Figures that are based on 25–49 unweighted cases.



10 CHILD PROTECTION

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 her or his identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal of developing systems to ensure the registration of every child at or shortly after birth and to fulfil his or her right to acquire a name and a nationality in accordance with national laws and relevant international instruments. The MICS indicator related to birth registration is the percentage of children under 5 years of age whose birth is registered.

Approximately nine out of ten children under 5 years (92 percent) in Saint Lucia have been registered with civil authorities (Table CP.1). The table shows that there are no large variations in birth registration by most of the background characteristics. However, comparing birth registration by wealth status reveals that the poorest 40 percent households attained 86 percent birth registration compared with 98 percent among the richest households.

Table CP.1 also shows that there is a gradual increase in the proportion of children registered as their ages increases. While approximately eight out of ten children aged 0–11 months (78 percent) were registered, almost all children aged 48–59 months (99 percent) were registered. This pattern may be because a birth certificate is a requirement for school registration.



Table CP.1: Birth registration
Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caretakers know how to register birth, Saint Lucia, 2012

		Children under age 5 whose birth is registered with civil authorities				Number of children
		Has birth certificate		No birth certificate	Total registered [1]	
		Seen	Not seen			
Sex	Male	43.6	23.0	24.7	91.4	144
	Female	51.4	21.7	19.4	92.5	147
Area	Urban	32.2	32.8	26.1	91.1	54
	Rural	51.1	20.0	21.1	92.2	237
Age	0–11	22.7	18.4	37.2	78.3	56
	12–23	(57.0)	(14.6)	(21.8)	93.5	46
	24–35	52.5	22.1	18.8	93.4	66
	36–47	44.4	27.0	23.3	94.6	64
	48–59	61.9	27.2	10.1	99.2	59
Mother's education	None/primary	41.9	28.7	22.8	93.5	74
	Secondary +	49.5	20.2	21.8	91.5	217
Wealth index	Poorest 40%	34.6	25.6	25.3	85.5	136
	Richest 60%	59.0	19.5	19.1	97.7	155
Ethnicity of household head	African descent	45.0	24.1	22.7	91.8	252
	Other ethnicity	(64.2)	(10.8)	(17.9)	(93.0)	39
Total		47.6	22.3	22.0	92.0	291

[1] MICS indicator 8.1.
() Figures based on 25–49 unweighted cases.

Table CP.1 also shows that while 91 percent of children are registered, one in every five children under age 5 (25 percent) do not have a birth certificate, indicating other forms of registration are common in Saint Lucia. These children are more likely to be from the urban (26 percent) than the rural areas (21 percent) and from the poorest (23 percent) compared with the richest households (19 percent). It is of grave concern that there are some children in Saint Lucia who are not registered. Given the importance of birth registration to the fulfilment of the rights of the child, the parents, civic registration authorities, Ministry of Health and other relevant stakeholders need to work together to ensure full registration of all children in the country.

Child labour

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



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

- ◆ At least one hour of economic work or 28 hours of domestic work per week if the child is aged 5–11 years.
- ◆ At least 14 hours of economic work or 28 hours of domestic work per week if the child is aged 12–14 years.

Table CP.2 presents the results of the Saint Lucia MICS concerning child labour by the type of work. It shows that about one out of every twelve children in the country aged 5–14 years (8 percent) are engaged in child labour. As the wealth increased, child labour decreased. Children aged 5–14 years who live in the poorest households are about three times more likely to be involved in child labour (12 percent) than those from the

richest households (4 percent). Other differentials are small.

Children aged 5–11 years account for a much higher involvement in child labour (12 percent) compared to those aged 12–14 years (less than 1 percent). Children aged 5–11 who are involved in child labour are more likely to be male (14 percent), whose mother has no/primary level education (14 percent), from the poorest households (18 percent) and where the head of the household is of other ethnicity (20 percent).

Children aged 12–14 years who were involved in economic activities for less than 14 hours during the week preceding the survey are more likely to be females (19 percent), who live in the rural areas (17 percent), whose mother has no/primary level education (24 percent) and from the poorest households (27 percent).

About half of children aged 5–11 years (46 percent) perform household chores for less than 28 hours, while two in three children aged 12–14 years (67 percent) perform household chores for less than 28 hours. This indicates that there is a large disparity in performance of household chores between the two age groups.



Table CP.3 shows that all children aged 5–14 years who are child labourers (100 percent) are also attending school. On

the other hand, 8 percent of the children 5–14 years attending school are involved in child labour activities.

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

		Percentage of children involved in child labour	Percentage of children attending school	Number of children aged 5–14 years	Percentage of child labourers who are attending school [1]	Number of children aged 5–14 years involved in child labour	Percentage of children attending school who are involved in child labour [2]	Number of children aged 5–14 years attending school
Sex	Male	8.6	99.6	392	(100)	34	8.6	391
	Female	6.2	98.9	350	(100)	22	6.3	346
Area	Urban	8.2	99.0	145	(*)	12	8.3	144
	Rural	7.3	99.3	597	(100)	43	7.3	593
Age	5–11 years	11.5	99.2	476	100	55	11.6	472
	12–14 years	0.2	99.3	267	(*)	1	0.2	265
Mother's education	None/primary	8.3	99.0	333	(100)	28	8.4	330
	Secondary +	6.8	99.4	408	(*)	28	6.8	405
Wealth index	Poorest 40%	12.1	99.0	328	(100)	40	12.2	325
	Richest 60%	3.8	99.4	414	(*)	16	3.8	412
Ethnicity of household head	African descent	6.6	99.7	613	(100)	40	6.6	611
	Other ethnicity	11.7	97.5	128	(*)	15	12.0	125
Total		7.5	99.3	743	100	55	7.5	737

[1] MICS indicator 8.3.
[2] MICS indicator 8.4.
() Figures based on 25–49 unweighted cases.
(*) Figures based on less than 25 unweighted cases.
4 unweighted cases of missing/DK on mother's education and 3 unweighted cases of missing/DK on ethnicity of household head are not shown.

Children attending school who are involved in child labour are most likely to be male (9 percent), within the 5–11 years age group (12 percent) and from the poorest households (12 percent).

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 Saint Lucia MICS survey, respondents to the household questionnaire were asked a series of questions on the ways adults in the household had tended to discipline children during the past month preceding the survey. Note that for the child discipline module, one child aged 2–14 per household was selected randomly during fieldwork. The two indicators used to describe aspects of child discipline are: (1) the number of children aged 2–14 years who experience either psychological aggression as punishment or physical punishment;



and (2) the number of respondents who believe that in order for children to be raised properly, they need to be physically punished.

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

Two out of three children aged 2–14 years (68 percent) in Saint Lucia had experienced at least one form of psychological or physical punishment

through their parents or other adult household members during the month preceding the survey, with 6 percent of these children being subjected to severe physical punishment. However, only one in every five respondents to the household questionnaires (21 percent) believed that children should be physically punished (see Table CP.4B). This implies an interesting contradiction between beliefs on physical discipline and the actual practice. Three out of every five children aged 2–14 years (60 percent) were subjected to psychological aggression compared to one out of five children (18 percent) who experienced only non-violent discipline.

Table CP.4A: Child discipline – practice
Percentage of children aged 2–14 years according to method of disciplining the child, Saint Lucia, 2012

		Percentage of children aged 2–14 years who experienced:				Number of children aged 2–14 years	
		Only non-violent discipline	Psychological aggression	Physical punishment			Any violent discipline method [1]
				Any	Severe		
Sex	Male	15.5	60.9	49.5	6.7	483	
	Female	21.3	59.7	38.0	5.0	456	
Area	Urban	13.7	69.6	49.4	7.5	182	
	Rural	19.4	58.1	42.6	5.5	757	
Age	2–4 years	13.7	55.2	50.9	3.2	180	
	5–9 years	19.9	55.0	49.2	4.7	338	
	10–14 years	19.0	66.7	36.8	8.0	421	
Education of household head	None/primary	20.1	60.9	44.5	6.8	520	
	Secondary +	16.7	59.1	42.7	4.7	403	
Wealth index	Poorest 40%	16.8	70.6	49.6	7.1	420	
	Richest 60%	19.6	51.9	39.4	4.9	519	
Ethnicity of household head	African descent	16.7	60.7	44.4	5.8	787	
	Other ethnicity	26.0	58.6	42.0	6.5	151	
Total		18.3	60.3	43.9	5.9	939	

[1] MICS indicator 8.5.
18 unweighted cases of missing/DK on education of household head, 3 unweighted cases of missing/DK on respondent's education and 3 unweighted cases of missing/DK on ethnicity of household head are not shown.



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

		Respondent believes that the child needs to be physically punished	Respondents to the child discipline module
Sex	Male	22.0	310
	Female	20.2	281
Area	Urban	20.6	119
	Rural	21.3	471
Age (of child)	2–4 years	22.7	113
	5–9 years	20.4	207
	10–14 years	21.0	271
Respondent's education	None/primary	24.7	246
	Secondary +	18.7	343
Wealth index	Poorest 40%	24.3	253
	Richest 60%	18.7	337
Ethnicity of household head	African descent	21.6	500
	Other ethnicity	18.9	90
Total		21.1	591

2 unweighted cases of missing/DK on respondent's education and 2 unweighted cases of missing/DK on ethnicity of household head are not shown

A large percentage of both male (71 percent) and female (64 percent) children aged 2–14 years are experiencing some violent discipline method. This is slightly more prevalent in the urban areas (77 percent) than the rural areas (65 percent). Children from the poorest households are more likely to be disciplined using a violent method (75 percent) compared to those from the richest households (62 percent). Male children are more likely to be subjected to physical discipline (50 percent) compared to female children (38 percent).

Approximately half of the children aged 2–4 years (51 percent) were subjected to physical punishment and this was also the experience for 37 percent of those

aged 10–14. On the other hand, children aged 10–14 years experienced the highest levels of psychological aggression (67 percent) compared to those aged 2–4 years and 5–9 years (55 percent each). These findings suggest that different methods of discipline are used with children of different ages, i.e., punishment is more physical at younger ages while psychological punishment is used more at older ages.

As the wealth index increases, children aged 2–14 years are less likely to experience physical punishment. Moreover, psychological aggression is used more often to discipline children aged 2–14 years in the poorest households and in urban areas. It must be noted that the children aged 2–4 years are experiencing the least non-violent method of discipline (14 percent).



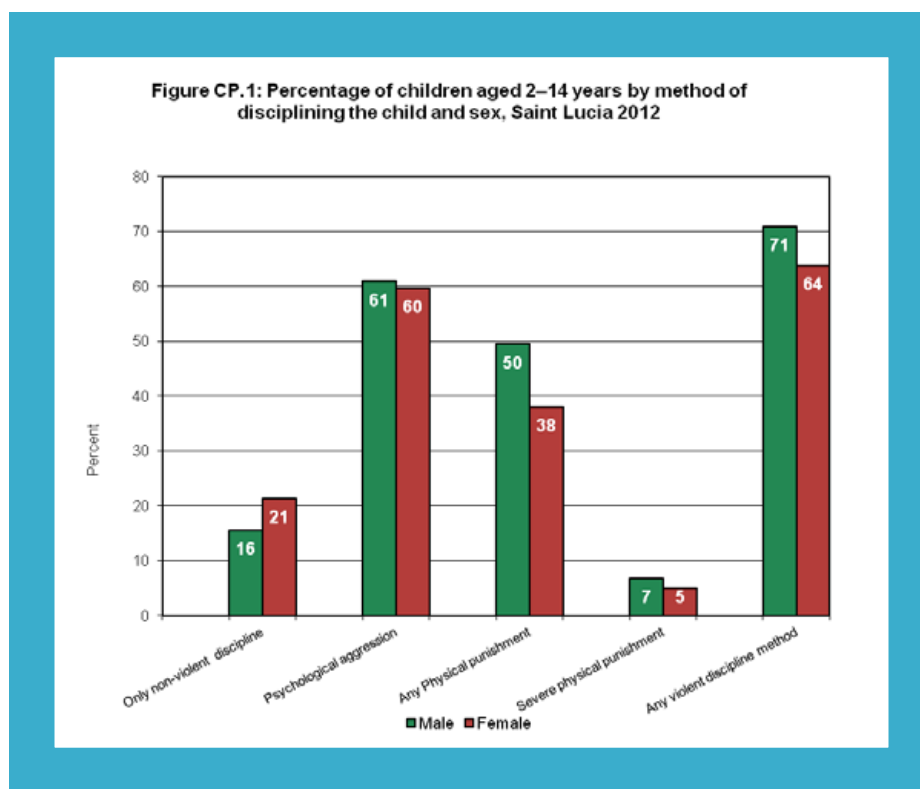


Figure CP.1 shows that severe physical punishment was reported as the form of discipline that was least likely to be used (6 percent) compared to the other methods. Psychological aggression was the most popular method of disciplining children aged 2–14 years followed by any kind of physical punishment. The survey shows that whereas non-violent discipline is more prevalent among female children, physical punishment is more prevalent among male children.

Early marriage/union/polygyny

Marriage before the age of 18 is a reality for many young girls. According to UNICEF’s worldwide estimates, around 70 million women aged 20–24 were married/in union before the age of 18. Factors that influence child marriage rates include: the state of the country’s civil registration system, which provides proof of age for children; the existence of

an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws and practices that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially while also relieving financial burdens on the family. In fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to ‘free and full’ consent to a marriage is set out in the Universal Declaration of Human Rights – with the



recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

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

The indicators for early marriage (entered a marital union) in Saint Lucia were to estimate the percentage of women aged 15–49 years who were married or in a marital union before the age of 15 years, the percentage of women aged 20–49 married or in a union before 15 and 18 years of age, the percentage of women aged 15–19 years currently married or in a union and the percentage of women aged 15–49 years in a polygynous marriage or union. The percentage of women married or in a union at various ages is provided in Table CP.5. In all tables in this chapter except CP.6B, a visiting relationship is considered as a union. This relationship usually entails a prolonged relationship where the man does not live with the woman but returns to her household from time to time, has sexual relations with her and may provide support to her household.

While marriage before age 15 is illegal in Saint Lucia (and is a violation of human rights), 3 percent of women aged 15–49 years were married or in a union before this age. The survey shows a strong relationship between early marriage/union and women from the poorest households, with 6 percent of women aged 15–49 years from the poorest households married or in a union before age 15 years compared to 2 percent from the richest households. Women aged 15–49 years whose highest level of education was no/primary were about three times more likely (7 percent) to be married or in a union before the age of 15 than those with secondary or greater education (2 percent).

About one in six women aged 20–49 years (17 percent) were married or in a union before the age of 18. The proportion was slightly higher among women with no/primary education (23 percent) than those with secondary or greater education (15 percent). Women from the poorest households were more likely to be married or in a union before the age of 18 (25 percent) compared to those from the wealthiest households (13 percent).

Slightly more than one in ten young women aged 15–19 years (14 percent) were currently married or in a union at the time of the survey. This proportion was higher among women in the poorest households (22 percent) compared to women in the richest households (8 percent).

The percentage of women in a polygynous union (a man married to more than one wife at a time) is also provided in Table CP.5. Approximately 6 percent of women aged 15–49 are in a polygynous marriage or union. These relationships are highest among women 40–44 years (12 percent) and non-existent among the youngest women (15–19).

Overall, 4 percent of the women aged 20–49 years were married or in a union before the age of 15 years. Those from the poorest households were the most vulnerable.



Table CP.5: Early marriage and polygyny[†]

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

		Percentage married before age 15 [1]	Number of women aged 15–49 years	Percentage married before age 15	Percentage married before age 18 [2]	Number of women aged 20–49 years	Percentage of women 15–19 years currently married/in union [3]	Number of women aged 15–19 years	Percentage of women aged 15–49 years in polygynous marriage/ union [4]	Number of women aged 15–49 years currently married/in union
Area	Urban	4.0	228	4.3	18.4	189	15.9	39	4.2	134
	Rural	3.3	1025	3.8	16.9	851	13.6	174	6.5	583
Age	15–19	1.0	213	na	na	na	14.0	213	0.0	30
	20–24	3.7	191	3.7	24.0	191	na	na	5.4	100
	25–29	4.8	178	4.8	22.9	178	na	na	5.2	113
	30–34	6.8	164	6.8	16.0	164	na	na	6.1	121
	35–39	0.0	158	0.0	11.1	158	na	na	4.2	111
	40–44	4.0	174	4.0	14.3	174	na	na	11.8	116
	45–49	3.6	175	3.6	13.2	175	na	na	5.3	126
Education	None/primary	7.3	278	7.4	22.5	275	(*)	3	7.2	205
	Secondary +	2.3	975	2.6	15.2	765	14.2	210	5.7	513
Wealth index	Poorest 40%	6.1	455	7.2	25.0	364	21.5	92	6.5	266
	Richest 60%	1.8	798	2.1	12.9	676	8.4	121	5.9	452
Ethnicity of household head	African descent	3.5	1058	4.1	17.8	886	14.7	172	6.3	610
	Other ethnicity	2.5	193	2.4	13.5	152	11.4	40	4.9	106
Total		3.4	1253	3.9	17.1	1040	14.0	213	6.1	717

†Figures include visiting relations

[1] MICS indicator 8.6, [2] MICS indicator 8.7, [3] MICS indicator 8.8, [4] MICS indicator 8.9.

(*) Figures based on less than 25 unweighted cases.



Table CP.6A: Trends in early marriage
Percentage of women who were first married or entered into a marital union before age 15 and 18,
by residence and age groups, Saint Lucia, 2012

		Urban				Rural				All			
		Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49	Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49	Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49
Age	15–19	2.3	39	na	na	0.7	174	na	na	1.0	213	na	na
	20–24	5.7	32	24.1	32	3.3	158	24.0	158	3.7	191	24.0	191
	25–29	11.3	31	34.2	31	3.4	147	20.5	147	4.8	178	22.9	178
	30–34	3.4	26	16.6	26	7.5	138	15.9	138	6.8	164	16.0	164
	35–39	0.0	31	10.8	31	0.0	127	11.2	127	0.0	158	11.1	158
	40–44	2.3	40	15.9	40	4.5	134	13.9	134	4.0	174	14.3	174
	45–49	3.5	28	8.3	28	3.7	146	14.1	146	3.6	175	13.2	175
Total		4.0	228	18.4	189	3.3	1025	16.9	851	3.4	1253	17.1	1,040

Tables CP.6A and CP.6B present the proportion of women who were first married or entered into a marital union before age 15 and 18 by area and age groups for all types of unions and for all unions except visiting relationships, respectively. Examining the percentages married before age 15 and 18 by different age groups reveals the trends in early marriage.

Table CP.6A shows that 4 percent of the women aged 15–49 who resided in the urban areas were first married or in a union before the age of 15 compared to 3 percent of those who resided in the rural areas. The percentage of women aged 20–49 who were first married or in a union before the age of 18 was 18 percent in the urban areas compared to 17 percent in the rural areas. By cohort, there is no clear trend over time.

Table CP.6B shows the same data when

women in visiting relationships are excluded. A smaller proportion, 2 percent of the women aged 15–49 who resided in the urban areas, were first married or in a union before the age of 15 compared to 3 percent of those who resided in the rural areas. The percentage of women aged 20–49 who were first married or in a union before the age of 18 was the same in both the urban and rural areas (10 percent).

The percentage of women aged 20–49 who were first married or in a union by age 18 decreased to 10 percent with the exclusion of women in visiting relationships. The women within the 35–39 year cohort were the least likely to be married or in a union before age 18 (7 percent). A comparison of the total percentage in Tables CP.6A and Table CP.6B shows that with the inclusion of visiting relationships in Table CP.6A, the percentage of women aged 20–24 years who are married or in a marital union before age 18 is three times higher (24 percent) than the percentage for that same



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

	Age	Urban				Rural				All			
		Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49	Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49	Percentage of women married before age 15	Number of women aged 15–49	Percentage of women married before age 18	Number of women aged 20–49
	15–19	1.1	39	(*)	0	0.0	174	(*)	0	0.2	213	(*)	0
	20–24	0.0	32	8.2	32	1.6	158	7.4	158	1.3	191	7.5	191
	25–29	5.1	31	17.2	31	3.4	147	9.6	147	3.7	178	10.9	178
	30–34	0.0	26	4.0	26	6.6	138	13.0	138	5.5	164	11.6	164
	35–39	0.0	31	6.2	31	0.0	127	7.1	127	0.0	158	6.9	158
	40–44	2.3	40	13.3	40	4.5	134	12.0	134	4.0	174	12.3	174
	45–49	1.8	28	6.7	28	2.6	146	11.4	146	2.5	175	10.6	175
	Total	1.5	228	9.6	189	2.6	1025	10.1	851	2.4	1253	10.0	1040

(*) Figures based on less than 25 unweighted cases.

age group (8 percent) when visiting relationships are excluded. This indicates that visiting relations are a key union structure for this age group. Even so, there are no clear trends across age cohorts. However, when the tables are analysed together, results appear to indicate that formal unions and cohabiting are less prevalent by cohort over time, i.e., younger women engage in formal unions and cohabiting less than older cohorts. However, visiting relations before the age of 18 appear to be more prevalent among these younger women compared to older cohorts.

Another component is the spousal age difference, and the indicator is the percentage of married

women or those in a marital union who are 10 or more years younger than their current spouse. Table CP.7 shows that about one in five women aged 20–24 years (21 percent) are currently married or in a union to a man who is older by 10 years or more.

Approximately one in ten women aged 20–24 (13 percent) who are currently married or in a union have a husband or spouse who is younger than them. Most women aged 20–24 years (two out of five or 41 percent) have a husband or spouse who is 0–4 years older than them.



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

Total	Percentage of currently married/in union women aged 15–19 years whose husband or partner is:					Number of women aged 15–19 years currently married/ in union	Percentage of currently married/in union women aged 20–24 years whose husband or partner is:						Number of women age 20–24 years currently married/ in union		
	Younger	0–4 years older	5–9 years older	10+ years older [1]	Total		Younger	0–4 years older	5–9 years older	10+ years older [2]	Husband/partner's age unknown	Total			
		(1.5)	(54.4)	(41.0)	(3.1)	100	30	12.5	41.1	23.3	21.0		2.1	100	100

[1] MICS indicator 8.10a.

[2] MICS indicator 8.10b.

() Figures based on 25–49 unweighted cases.

Attitudes toward domestic violence

A number of questions were asked of women aged 15–49 years to assess whether they think that a husband/partner is justified to hit or beat his wife/partner in 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. The responses to these questions can be found in Table CP.8.

Approximately 7 percent of women aged 15–49 years in Saint Lucia believe that a husband/partner is justified to hit or beat his wife/partner for at least one of the following reasons: if she (1) goes out without telling him; (2) neglects the children; (3) refuses to have sex with him; (4) argues with him; and (5) burns the food. Women who justify a husband's violence do so in most cases in instances when the woman neglects the children (5 percent). Women are equally likely (1 percent in each case) to believe a husband to be justified in hitting or beating his wife/partner if she demonstrates her

autonomy, e.g. goes out without telling her husband, argues with him or refuses to have sex with him.

Justification of domestic violence is more prevalent among women in the urban areas (10 percent) compared to the rural areas (6 percent). Justification of violence among women from the poorest households is more than twice as likely (10 percent) than among women of the wealthiest households (4 percent). Justification is also higher among younger women aged 15–19 (15 percent) compared with older women aged 45–49 (3 percent).

Interestingly, belief that the husband/partner is justified in beating his wife/partner is slightly higher among women who had never been married/in union (9 percent) and women who are currently married/in union (6 percent) compared to those formerly married/in union (4 percent).

Table CP.8 also includes several country-specific reasons why wife beating would be justifiable and a composite indicator of these. About 4 percent of women say that beating a wife is justified if she is unfaithful. The composite indicator shows that using all the reasons in the table, about 8 percent of women say that wife beating is justified in a number of circumstances.



Table CP.8: Attitudes toward domestic violence (including country-specific questions)

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

		Percentage of women aged 15–49 years who believe a husband is justified in beating his wife/partner:										Number of women aged 15–49 years
		If goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	If she is unfaithful	If she tries to end the relationship	If she spends money irrationally	For any of these reasons (all indicators)	For any of these reasons (Standard MICS indicator) [1]1	
Area	Urban	2.1	7.2	3.2	3.2	1.6	7.6	2.3	3.3	12.7	10.2	228
	Rural	1.0	4.6	0.7	0.5	0.6	3.6	0.5	1.2	7.4	5.7	1,025
Age	15–19	2.2	11.6	3.4	2.0	3.0	10.0	2.3	3.1	18.8	15.0	213
	20–24	0.2	5.2	0.2	0.8	0.9	4.1	0.5	1.0	8.5	6.1	191
	25–29	0.7	5.1	0.6	0.8	0.3	4.2	0.6	1.2	6.4	5.6	178
	30–34	0.0	3.3	0.5	0.5	0.0	2.7	0.3	1.3	6.5	3.9	164
	35–39	1.6	2.3	0.0	0.8	0.3	2.0	0.8	0.8	6.0	4.7	158
	40–44	2.0	4.4	1.3	1.0	0.0	3.7	0.7	2.1	5.8	4.9	174
	45–49	1.3	1.7	1.6	0.7	0.4	1.8	0.3	1.2	3.9	3.1	175
Marital/Union status	Currently married/in union	1.3	4.5	1.0	1.1	0.7	4.2	0.7	1.5	8.1	6.1	717
	Formerly married/in union	0.0	3.6	0.3	0.5	0.3	0.9	0.3	0.3	4.0	3.8	200
	Never married/in union	1.7	7.0	2.1	1.0	1.4	6.6	1.4	2.7	11.5	8.9	334
Education	None/primary	2.2	4.7	1.6	2.1	0.6	4.6	1.6	2.1	9.8	7.5	278
	Secondary +	0.9	5.1	1.0	0.7	0.9	4.2	0.6	1.4	7.9	6.2	975
Wealth index quintiles	Poorest 40%	1.7	7.9	2.0	2.0	1.2	7.4	1.0	2.4	12.9	10.1	455
	Richest 60%	0.9	3.4	0.7	0.4	0.6	2.6	0.7	1.2	5.7	4.4	798
Ethnicity of household head	African descent	1.3	5.2	1.2	1.1	0.9	4.6	0.9	1.6	8.8	6.8	1,058
	Other ethnicity	0.6	4.2	1.1	0.6	0.4	2.4	0.2	1.4	5.4	4.7	193
Total		1.2	5.0	1.2	1.0	0.8	4.3	0.8	1.6	8.3	6.5	1,253

[1] MICS indicator 8.14.

4 unweighted cases of missing/DK on ethnicity of household head are not shown.





ouch!

**DISCRIMINATION
DOES NOT
PROTECT AGAINST
HIV... IT HURTS**



Caribbean
Epidemiology
Centre



Pan American
Health
Organization



100



Knowledge about HIV transmission and misconceptions about HIV and AIDS

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge about how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different areas (such as rural and urban areas) are likely to have variations in misconceptions although some appear to be universal (e.g., that mosquito bites or sharing food can transmit HIV). The United Nations 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 goal 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. HIV modules were administered to women 15–49 years of age.

The percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission is both an MDG and UNGASS indicator. MICS interviewers in Saint Lucia asked women aged 15–49 years whether they had heard of AIDS and knew the three main ways of preventing 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 and Figure HA.1.

Almost all of the women aged 15–49 interviewed (99 percent) had heard of AIDS. Nine out of ten (90 percent) knew about having one faithful uninfected sex partner and about the same percentage (89 percent) knew about using a condom every time as the main ways of preventing HIV transmission. The women from the poorest households appeared to be

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the least knowledgeable about condom use (85 percent), while those from the wealthiest households appeared to be the most knowledgeable (92 percent). Four out of five women (83 percent) knew of both main ways of preventing HIV transmission.

Table HA.1 also presents the percentage of women who could correctly identify misconceptions concerning HIV. The indicators are based on the three most common and relevant misconceptions in Saint Lucia about how HIV can be transmitted: by supernatural means, mosquito bites and sharing food with an infected person. Eight out of ten women (84 percent) were aware that HIV cannot be transmitted by mosquito bites, about nine out of ten (88 percent) knew that transmission by supernatural means is not possible and nine out of ten (92 percent)

rejected the view that the virus can be transmitted by sharing a meal with an infected person.

Comprehensive knowledge of HIV is defined as being able to identify two ways of preventing HIV transmission, know that a healthy-looking person can have HIV and reject two common misconceptions about HIV transmission. Of the women aged 15–49 years interviewed, two out of three (65 percent) had comprehensive knowledge of HIV. Higher educational level positively influenced comprehensive knowledge, which ranged from only 45 percent among women with no/primary school education to 71 percent among women with secondary school education, as shown in Table HA1 and Figure HA.1. Wealth also influenced comprehensive knowledge positively. Women from the poorest households were less likely to have comprehensive knowledge about HIV transmission (57 percent) compared to those from the wealthiest households (71 percent).

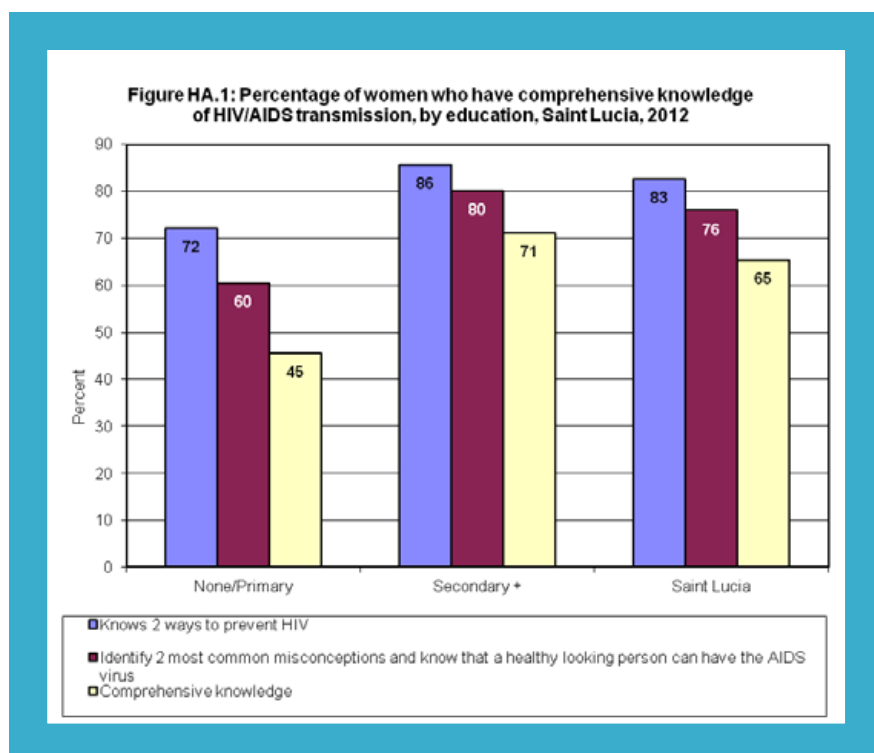


Table HA.1 shows that the older of the women interviewed (aged 40–49) years appeared to be least likely to have comprehensive knowledge about HIV transmission: 57 percent of them had comprehensive knowledge compared to 76 percent for those aged 25–29. Comprehensive knowledge about HIV transmission was slightly lower among women from the urban areas (62 percent) than those from the rural areas (66 percent).

Whereas the majority of the women aged 40–49 years reported that they had heard of AIDS, it is of concern that women from this age group recorded the lowest rate for variables such as knowledge about HIV prevention through the use of condoms and that a healthy-looking person can have the AIDS virus.

The results for women aged 15–24 are presented separately in Table HA.2. The table shows that whereas almost all (99 percent) of the women aged 15–24 have heard of AIDS, about nine out of ten (88 percent) knew that HIV transmission can be reduced through having a single faithful uninfected partner and a similar percentage (87 percent) knew that HIV transmission can be reduced through consistent condom use. Four out of five women (80 percent)

were able to identify both ways of preventing transmission. Eight out of ten women (82 percent) were aware that HIV cannot be transmitted by mosquito bites, about nine out of ten (88 percent) knew that it cannot be transmitted by supernatural means and nine out of ten (93 percent) rejected the misconception that the virus can be transmitted by sharing food with an infected person.

Overall, about two out of three women aged 15–24 (62 percent) had comprehensive knowledge of HIV transmission. Comprehensive knowledge of HIV transmission was lower among women in the urban areas (62 percent) compared to women in the rural areas (66 percent). It was higher among women who had been married/in union (67 percent) compared to women who were never married/in union (59 percent). Women aged 15–24 years from the wealthiest households had a higher comprehensive knowledge of HIV transmission (66 percent) compared to women from the poorest households (56 percent).

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV and AIDS, and comprehensive knowledge about HIV transmission
Percentage of women aged 15–49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Saint Lucia, 2012

	Area	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:		Percentage of women who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of women
			Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Area	Urban	99.1	86.8	90.5	81.0	91.5	83.4	87.0	89.6	72.6	61.9	228
	Rural	98.9	90.8	88.9	83.0	94.3	84.6	88.2	92.3	76.6	66.2	1,025
Age	15–24	98.9	87.9	87.2	79.9	93.6	82.2	87.8	92.7	74.4	62.2	404
	25–29	99.3	92.6	90.8	85.2	94.7	91.6	89.0	96.1	86.4	76.3	178
	30–39	98.8	91.8	94.4	88.5	96.8	87.7	91.0	91.4	79.6	72.9	322
	40–49	99.0	89.7	86.0	78.9	90.7	80.1	84.9	88.9	68.9	56.6	349
Marital status	Ever married / in union	99.1	91.6	90.6	84.6	93.8	84.6	89.6	91.1	75.8	66.5	917
	Never married / in union	98.6	86.0	85.4	77.1	93.6	83.5	83.4	93.5	76.1	62.3	334
Education	None/primary	97.6	84.8	80.6	71.8	85.7	76.4	80.6	84.9	60.9	45.3	278
	Secondary +	99.3	91.6	91.7	85.7	96.1	86.6	90.1	93.7	80.2	71.1	975
Wealth index	Poorest 40%	98.5	88.1	84.5	77.6	90.6	81.1	84.2	88.9	69.3	56.5	455
	Richest 60%	99.2	91.2	91.9	85.5	95.6	86.2	90.2	93.4	79.7	70.5	798
Ethnicity of household head	African descent	98.7	89.8	89.0	82.4	93.3	84.2	87.6	91.6	75.3	64.5	1,058
	Other ethnicity	100.0	91.5	90.5	83.9	96.2	85.4	89.8	92.8	79.3	70.6	193
Total		98.9	90.1	89.2	82.6	93.8	84.4	88.0	91.8	75.9	65.4	1,253

[1] MICS indicator 9.1

4 unweighted cases of missing/DK on ethnicity of household head are not shown



Table HA.2: Knowledge about HIV transmission, misconceptions about HIV and AIDS and comprehensive knowledge about HIV transmission among young people
 Percentage of young women aged 15–24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Saint Lucia, 2012

Area		Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:		Percentage of women who know both ways	Percentage who know that a healthy looking person can have the AIDS virus	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with comprehensive knowledge [1]	Number of women aged 15–24
			Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Area	Urban	100.0	87.6	87.1	78.1	88.5	80.8	85.7	92.6	69.3	57.2	71
	Rural	98.6	88.0	87.2	80.3	94.7	82.5	88.2	92.7	75.5	63.2	332
Age	15–19	99.1	86.4	84.5	76.2	94.3	80.4	86.1	92.4	73.8	57.7	213
	20–24	98.7	89.6	90.2	84.1	92.8	84.2	89.6	93.0	75.0	67.1	191
Marital status	Ever married /in union	99.3	92.9	89.4	85.0	95.0	82.6	91.6	93.0	76.1	66.9	157
	Never married/ in union	98.6	84.8	85.7	76.7	92.7	81.9	85.4	92.5	73.3	59.2	246
Education	None/primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
	Secondary +	99.4	88.5	88.5	81.0	94.5	83.0	88.1	93.3	75.2	63.4	392
Wealth index	Poorest 40%	97.1	85.2	85.0	77.5	91.0	77.1	85.8	88.3	67.4	55.5	154
	Richest 60%	100.0	89.6	88.5	81.5	95.2	85.3	89.0	95.4	78.7	66.3	249
Ethnicity of household head	African descent	98.7	86.4	86.2	78.4	92.8	81.4	87.5	92.1	72.8	60.0	340
	Other ethnicity	100.0	96.0	92.1	88.0	97.9	86.1	89.3	96.0	82.9	73.6	63
Total		98.9	87.9	87.2	79.9	93.6	82.2	87.8	92.7	74.4	62.2	404

[1] MICS indicator 9.2; MDG indicator 6.3.

(*) Figures based on less than 25 unweighted cases.

1 unweighted cases of missing/DK on ethnicity of household head is not shown.

Knowledge of Mother-To-Child HIV Transmission

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, during delivery and through breastfeeding. The level of knowledge among women in Saint Lucia aged 15–49 years concerning mother-to-child transmission is presented in Table HA.3.

Overall, almost all women (95 percent) know that HIV can be transmitted from mother to child, with slight variations by age groups, wealth, education or marital status. About nine out of ten women (88 percent) were aware that HIV can be transmitted

during pregnancy. Women with a secondary or greater education (90 percent) were more knowledgeable of this fact than those with primary education (81 percent). Two out of three women (68 percent) knew that transmission may occur during delivery, with the greatest knowledge among women aged 40–49 years (72 percent) and the least among the 15–19 years age group (66 percent). Sixty-seven percent of the women reported knowledge of HIV transmission through breastfeeding. Overall, only half (50 percent) of all women knew all three ways of mother-to-child transmission, while 5 percent did not know of any specific way. This suggests the need for a campaign to increase the knowledge of women on all three ways of mother-to-child transmission.



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

		Percentage who know HIV can be transmitted from mother to child	Percentage who know HIV can be transmitted:				Does not know any of the specific means	Number of women
			During pregnancy	During delivery	By breastfeeding	All three means [1]		
Area	Urban	94.8	91.8	68.3	69.8	54.6	4.4	228
	Rural	94.4	87.5	67.4	66.5	49.1	4.5	1,025
Age	15–24	95.7	89.6	67.5	69.9	50.8	3.2	404
	15–19	96.2	90.9	66.1	72.8	50.5	2.8	213
	20–24	95.1	88.3	69.0	66.6	51.1	3.6	191
	25–29	95.5	89.0	58.6	64.8	42.8	3.8	178
	30–39	94.8	88.3	67.6	67.0	51.2	4.1	322
	40–49	92.3	86.3	72.3	65.4	52.1	6.7	349
Marital status	Ever married/ in union	94.2	88.0	68.2	67.8	51.7	4.8	917
	Never married/ in union	95.1	88.9	65.9	65.3	45.5	3.5	334
Education	None/primary	89.3	80.9	69.7	62.8	49.6	8.3	278
	Secondary +	95.9	90.4	67.0	68.4	50.3	3.4	975
Wealth index	Poorest 40%	93.3	86.5	66.6	67.6	50.4	5.2	455
	Richest 60%	95.1	89.3	68.1	66.9	50.0	4.1	798
Ethnicity of household head	African descent	94.1	87.8	67.9	66.9	50.4	4.7	1058
	Other ethnicity	96.6	90.6	66.0	68.5	48.7	3.4	193
Total		94.5	88.3	67.6	67.1	50.1	4.5	1,253

[1] MICS indicator 9.3.

4 unweighted cases of missing/DK on ethnicity of household head are not shown.

Accepting attitudes toward people living with HIV and AIDS

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four issues:

- (1) would care for family member sick with AIDS;
- (2) would buy fresh vegetables from a vendor who is HIV positive;
- (3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and
- (4) would not want to keep secret the HIV status of a family member.



Table HA.4 presents the attitudes of women in Saint Lucia towards people living with HIV and AIDS. Although almost all women (99 percent) agreed with at least one accepting attitude towards individuals with HIV, only one in ten women (14 percent) expressed accepting attitudes on all four indicators. This reveals serious stigma and discriminative attitudes among women aged 15–49 years toward persons living with HIV and AIDS. The most common accepting attitude was willingness to care for a family member with the AIDS virus in their own home (89 percent). This attitude is higher among women with secondary or greater

education (90 percent) than women with none/primary education (85 percent).

The second most common accepting attitude is the belief that a female teacher with the AIDS virus but who is not sick should be allowed to continue teaching in school (84 percent) followed by willingness to buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus. Only 31 percent of the women 15–49 years would not want to keep secret that a family member was infected with the AIDS virus. Differentials are shown in Table HA.4. Advocacy is required to ensure that more women express accepting attitudes on all four indicators.

Table HA.4: Accepting attitudes toward people living with HIV and AIDS
Percentage of women aged 15–49 years who have heard of AIDS who express an accepting attitude towards people living with HIV and AIDS, Saint Lucia, 2012

		Percentage of women who:						Number of women who have heard of AIDS
		Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators [1]	
Area	Urban	90.5	55.1	81.0	26.4	97.4	12.1	226
	Rural	88.8	54.8	84.1	32.5	98.7	13.8	1,014
Age	15–24	90.6	54.0	85.7	25.4	99.0	11.4	399
	15–19	91.7	49.3	82.1	26.5	98.5	11.0	211
	20–24	89.3	59.3	89.7	24.2	99.5	11.8	188
	25–29	87.8	52.7	85.3	28.1	99.4	9.8	177
	30–39	87.7	55.9	85.8	27.0	98.3	12.3	318
	40–49	89.3	55.9	78.1	44.1	97.7	19.1	346
Marital status	Ever married/in union	88.7	54.9	82.6	34.7	98.5	14.6	909
	Never married/in union	90.2	54.4	86.1	22.5	98.5	10.7	330
Education	None/primary	84.6	48.4	66.1	47.0	96.7	15.3	272
	Secondary +	90.3	56.6	88.5	27.0	99.0	13.0	968
Wealth index quintiles	Poorest	87.1	47.0	74.3	39.6	97.5	14.4	449
	Second	90.2	59.3	88.8	26.7	99.0	13.0	791
Ethnicity of household head	African descent	89.1	53.3	82.8	31.9	98.2	12.9	1,045
	Other ethnicity	89.0	62.7	87.7	28.8	100.0	16.6	193
Total		89.1	54.8	83.6	31.4	98.5	13.5	1,240

[1] MICS indicator 9.4

4 unweighted cases of missing/DK on ethnicity of household head are not shown.



Knowledge of a place for HIV testing and counselling during antenatal care

Another important indicator is the knowledge of where to be tested for HIV and use of such services. In order to protect themselves and to reduce the spread of infection to others, it is important for individuals to know their HIV status. Knowledge of own status is also a critical factor in the decision to seek treatment. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested are presented in Table HA.5.

Although almost all the women aged 15–49 (95 percent) knew where to be tested, about three out of four women (72 percent) had actually been tested. This is of concern, considering that HIV tests are done free of charge in the public health system. Of those tested, only one out of five (28 percent) had been tested within the 12 months preceding the survey, while even fewer had been tested and told the result during this time period (26 percent). Women with no/primary education were less likely to have been tested and told the results compared to those with secondary or higher education.

Table HA.5: Knowledge of a place for HIV testing
Percentage of women aged 15–49 years who know where to get an HIV test, percentage of women who have ever been tested, percentage of women who have been tested in the last 12 months, and percentage of women who have been tested and have been told the result, Saint Lucia, 2012

		Percentage of women who:				Number of women
		Know a place to get tested [1]	Have ever been tested	Have been tested in the last 12 months	Have been tested in the last 12 months and have been told result [2]	
Area	Urban	94.3	68.9	25.1	23.5	228
	Rural	95.4	72.6	28.9	26.6	1,025
Age	15–24	91.3	45.1	24.5	22.3	404
	15–19	87.0	21.4	15.3	11.9	213
	20–24	96.1	71.6	34.7	33.8	191
	25–29	97.3	90.8	39.4	38.1	178
	30–39	98.2	88.5	33.9	30.9	322
	40–49	95.7	78.1	21.5	19.9	349
Marital status	Ever married/in union	96.9	83.5	31.2	28.8	917
	Never married/in union	90.3	40.1	19.7	18.4	334
Education	None/primary	93.4	76.6	22.8	20.5	278
	Secondary +	95.7	70.6	29.7	27.7	975
Wealth index	Poorest 40%	92.8	69.7	30.0	26.8	455
	Richest 60%	96.5	73.3	27.2	25.7	798
Ethnicity of household head	African descent	94.7	71.4	27.2	24.9	1,058
	Other ethnicity	97.6	74.8	33.9	32.9	193
Total		95.2	72.0	28.2	26.1	1,253

[1] MICS indicator 9.5.
[2] MICS indicator 9.6.
4 unweighted cases of missing/DK on ethnicity of household head are not shown.



More effort needs to be made to ensure that all those who have been tested are told their results.

Women aged 15–24 years had the lowest testing rates (45 percent) compared to all other age groups. Within this age group, women aged 20–24 years have more than three times (72 percent) the testing rates of women aged 15–19 years (21 percent), probably due to the fact that some of the latter are not sexually active as yet. Women who are ever married or in union are twice as likely (84 percent) to have been tested as women who are never married/ in union (40 percent).

Knowledge of a place for HIV testing and counselling among sexually active women

Table HA.6 presents the results on knowledge among sexually active young women (aged 15–24) of a place for HIV testing and counselling. The proportion of young women who were tested and told the result within the 12 months preceding

the survey provides a measure of the effectiveness of interventions that promote HIV counselling and testing among young people. This is important to know because young people may feel that there are barriers to accessing services related to sensitive issues such as sexual health.

More than half of women aged 15–24 years (57 percent) reported having had sex in the 12 months preceding the survey. Generally, although 95 percent of sexually active young women know of a place to get tested, only 67 percent had ever been tested and an even lower proportion (37 percent) had received an HIV test during the 12 months preceding the survey. This raises the need for further research to investigate the reasons for low testing among groups that are aware of sites where HIV testing is being done.

Overall, there is a slight difference among the women who were tested in the last 12 months and those who were tested and received results. This trend is more obvious among women aged 15–19 years where 34 percent of them got tested but only 26 percent received results. Surprisingly, this is not the case among the age group 20–24 years, where 38 percent were tested in the last 12 months and 37 percent received results.

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

Area		Percentage who have had sex in the last 12 months	Number of women aged 15–24 years	Percentage of women who:				Number of women aged 15–24 years who have had sex in the last 12 months
				Know a place to get tested	Have ever been tested	Have been tested in the last 12 months	Have been tested in the last 12 months and have been told result [1]	
Area	Urban	60.0	71	93.2	63.2	31.6	28.4	43
	Rural	56.7	332	95.7	67.3	37.7	34.3	188
Age	15–19	36.1	213	90.2	46.5	33.7	25.9	77
	20–24	81.0	191	97.7	76.5	38.0	36.9	154
Marital status	Ever married/in union	94.8	157	94.9	74.3	35.9	32.0	149
	Never married/in union	33.4	246	95.9	52.4	37.7	35.5	82
Education	None/primary	(*)	11	(*)	(*)	(*)	(*)	9
	Secondary +	56.6	392	95.0	66.1	37.0	33.5	222
Wealth index	Poorest 40%	60.2	154	93.6	64.2	35.2	30.7	93
	Richest 60%	55.5	249	96.3	68.1	37.5	35.0	139
Ethnicity of household head	African descent	57.8	340	95.2	68.0	37.8	34.5	196
	Other ethnicity	54.6	63	95.0	59.0	30.2	26.8	35
Total		57.3	404	95.2	66.5	36.6	33.2	231

[1] MICS indicator 9.7

() Figures based on 25–49 unweighted cases.

(*) Figures based on less than 25 unweighted cases.

1 unweighted case of missing/DK on ethnicity of household head is not shown.



HIV counselling and testing during antenatal care

Among women who had given birth within the two years preceding the survey, the percentage who had received counselling and HIV testing during antenatal care (ANC) is presented in Table HA.7. Almost all women aged 15–49 years (97 percent) received ANC from a health-care professional during their last pregnancy. Although a significant proportion reported having received ANC from a health-care professional, only about two of every three women (63 percent) reported having received HIV counselling during the antenatal period. This is of concern since HIV and STIs are included as one of the topics for discussion/education at antenatal clinics in the public health centres, and HIV counselling must be given before each test.

Overall, the results indicate that almost all pregnant women (97 percent) are being tested and receiving their results though fewer (63 percent) are offered additional counselling. The Ministry of Health's policy on the prevention of mother-to-child transmission (PMTCT) mandates that all women in labour on the maternity ward at any of the hospitals in Saint Lucia be offered an HIV test. Women who deliver at home and are transported to the hospital afterwards are also offered an HIV test. It is recommended that all pregnant women are supported to ensure they attend the recommended number of antenatal visits and laboratories and voluntary counselling and testing (VCT) providers are assisted to give equal attention to testing of individuals and providing counselling.

Table HA.7: HIV counselling and testing during antenatal care Among women aged 15–49 who gave birth in the last 2 years, percentage of women who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and accepted an HIV test and received the results, Saint Lucia, 2012							
		Percentage of women who:					Number of women who gave birth in the 2 years preceding the survey
		Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care [1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results [2]	Received HIV counselling, were offered an HIV test, accepted and received the results	
Area	Urban	(88.0)	(63.8)	(90.9)	(90.9)	(63.8)	16
	Rural	98.6	63.4	98.6	98.6	63.4	85
Age	15–24	(98.6)	(56.7)	(94.8)	(94.8)	(56.7)	31
	25–29	(*)	(*)	(*)	(*)	(*)	24
	30–39	(97.9)	(61.0)	(99.0)	(99.0)	(61.0)	42
	40–49	(*)	(*)	(*)	(*)	(*)	4
Wealth index	Poorest 40%	94.2	60.1	95.4	95.4	60.1	44
	Richest 60%	99.0	66.1	99.0	99.0	66.1	56
Total		96.9	63.4	97.4	97.4	63.4	101

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



Sexual behaviour related to HIV transmission

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially with non-regular partners, is especially important for reducing the spread of HIV. In most countries, over half of new HIV infections are among young people aged 15–24 years, thus a change in behaviour among this age group will be especially important to reduce new infections. A set of questions was administered to all women aged 15–49

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.

The frequency of sexual behaviours that increase the risk of HIV infection among women is presented in Table HA.8 and Figure HA.2. About two out of every three women in Saint Lucia aged 15–24 years (61 percent) who have never been married have never had sex. Six percent had sex before the age of 15 years and 16 percent had sex with a man 10 years or more in the last 12 months.

Table HA.8: Sexual behaviour that increases the risk of HIV infection
Percentage of never-married young women aged 15–24 years who have never had sex, percentage of young women age 15–24 years who have had sex before age 15, and percentage of young women aged 15–24 years who had sex with a man 10 or more years older during the last 12 months, Saint Lucia, 2012

		Percentage of never-married women aged 15–24 years who have never had sex [1]	Number of never-married women aged 15–24 years	Percentage of women aged 15–24 years who had sex before age 15 [2]	Number of women aged 15–24 years	Percentage of women aged 15–24 years who had sex in the last 12 months with a man 10 or more years older [3]	Number of women aged 15–24 years who had sex in the 12 months preceding the survey
Area	Urban	56.9	43	7.7	71	10.8	43
	Rural	61.5	204	5.4	332	17.1	188
Age	15–19	72.8	176	5.3	213	8.9	77
	20–24	30.2	70	6.3	191	19.4	154
Marital status	Ever married/in union	na	na	8.8	157	20.4	149
	Never married/in union	60.7	246	3.9	246	7.9	82
Education	None/primary	59.5	86	7.6	154	14.9	93
	Secondary +	61.4	160	4.7	249	16.6	139
Wealth index	Poorest 40%	61.0	202	5.4	340	13.8	196
	Richest 60%	59.9	44	8.0	63	27.9	35
Ethnicity of household head	African descent	59.5	86	7.6	154	14.9	93
	Other ethnicity	61.4	160	4.7	249	16.6	139
Total		60.7	246	5.8	404	15.9	231

[1] MICS indicator 9.10.

[2] MICS indicator 9.11.

[3] MICS indicator 9.12.

() Figures based on 25–49 unweighted cases.

(*) Figures based on less than 25 unweighted cases.

1 unweighted case of missing/DK on ethnicity of household head is not shown.



Figure HA.2: Sexual behaviour that increases risk of HIV infection, Saint Lucia, 2012

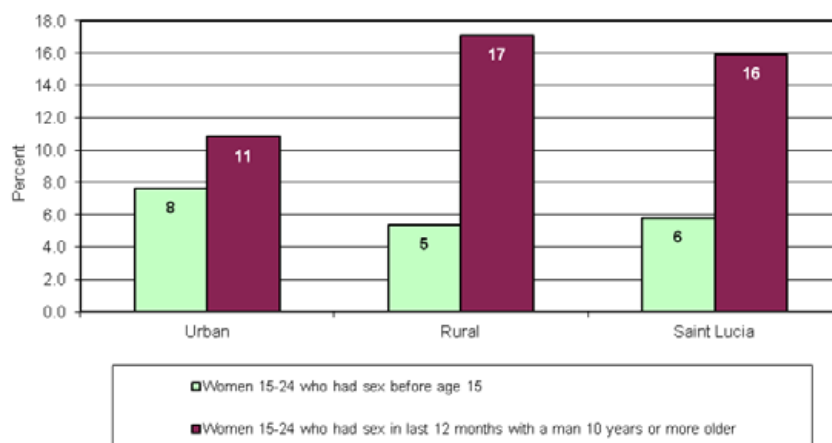


Table HA.9: Sex with multiple partners

Percentage of women aged 15–49 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with more than one partner in the last 12 months and among those who had sex with multiple partners, the percentage who used a condom at last sex, Saint Lucia, 2012

Area		Percentage of women who:			Number of women aged 15–49 years	Percentage of women aged 15–49 years who had more than one sexual partner in the last 12 months, who also reported that a condom was used the last time they had sex [2]	Number of women aged 15–49 years who had more than one sexual partner in the last 12 months
		Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months [1]			
Area	Urban	88.5	74.5	5.3	228	(40.4)	12
	Rural	86.4	73.2	5.4	1025	(49.3)	56
Age	15–24	62.5	57.3	8.0	404	42.2	32
	25–29	97.3	86.4	8.4	178	(*)	15
	30–39	98.5	83.2	3.8	322	(*)	12
	40–49	98.5	76.3	2.3	349	(*)	8
Marital status	Ever married/in union	99.8	87.7	5.9	917	44.4	54
	Never married/in union	50.9	34.5	4.1	334	(*)	14
Education	None/primary	98.9	84.6	3.3	278	(*)	9
	Secondary+	83.3	70.2	6.0	975	49.0	58
Wealth index	Poorest 40%	88.3	76.1	6.2	455	(44.4)	28
	Richest 60%	85.9	71.9	4.9	798	(50.1)	39
Ethnicity of household head	African descent	86.9	73.6	5.5	1058	50.4	58
	Other ethnicity	85.6	72.0	5.1	193	(*)	10
Total		86.8	73.4	5.4	1253	47.7	68

[1] MICS indicator 9.13.

[2] MICS indicator 9.14.

() Figures based on 25–49 unweighted cases.

(*) Figures based on less than 25 unweighted cases.

1 unweighted case of missing/DK on ethnicity of household head is not shown.



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

About four out of every five women aged 15–49 years (87 percent) have ever had sex. Though differentials are not strong, women who had been married were more likely to have ever had sex compared with those who had not (see Table HA9).

About three out of every four women aged 15–49 years (73 percent) had sex in the 12 months preceding the survey. About 5 percent had sex with more than one partner in this period. This percentage tended to decrease with age, ranging from 8 percent among women 15–24 years to 2 percent among those aged 40–49 years. Around half of women aged 15–49 years (48 percent) who had more than one sexual partner in the last 12 months reported that a condom was used the last time they had sex.

Table HA.10: Sex with multiple partners (young women)
 Percentage of women aged 15–24 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with more than one partner in the last 12 months and among those who had sex with multiple partners, the percentage who used a condom at last sex, Saint Lucia, 2012

		Percentage of women who:			Number of women aged 15–24 years
		Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months	
Area	Urban	65.2	60.0	7.4	71
	Rural	62.0	56.7	8.2	332
Age	15–19	39.4	36.1	5.9	213
	20–24	88.3	81.0	10.4	191
Marital status	Ever married/in union	99.0	94.8	14.6	157
	Never married/in union	39.3	33.4	3.9	246
Education	None/primary	(*)	(*)	(*)	11
	Secondary +	61.9	56.6	8.3	392
Wealth index	Poorest 40%	66.3	60.2	9.6	154
	Richest 60%	60.2	55.5	7.1	249
Ethnicity of household head	African descent	63.3	57.8	8.3	340
	Other ethnicity	58.3	54.6	6.5	63
Total		62.5	57.3	8.0	404

(*) Figures based on less than 25 unweighted cases.



Table HA.10 shows that about two out of every three women aged 15–24 years (63 percent) had had sex (ever had sex). More than half (57 percent) had sex in the 12 months prior to the survey, and about 8 percent had sex with more than one partner. Differentials are not strong. Of women aged 15–24 who had sex in the last 12 months with multiple partners, about 42 percent used a condom (data not shown).

Tables HA.11 presents the percentage of women aged 15–24 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with a non-marital, non-cohabiting partner

in the last 12 months and, among this last group, percentage who used a condom the last time they had sex with such a partner.

Of the women aged 15–24 years who had sex in the 12 months prior to the MICS, about half (53 percent) had had sex with a non-marital, non-cohabiting partner during the year. Of these women, about three in every four (70 percent) reported that a condom was used at the last sexual encounter with such a partner.

Table HA.11: Sex with non-regular partners
Percentage of women aged 15–24 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with a non-marital, non-cohabiting partner in the last 12 months and among those who had sex with a non-marital, non-cohabiting partner, the percentage who used a condom the last time they had sex with such a partner, Saint Lucia, 2012

		Percentage of women 15–24 who:		Number of women aged 15–24 years	Percentage who had sex with a non-marital, non-cohabiting partner in the last 12 months [1]	Number of women aged 15–24 years who had sex in the last 12 months	Percentage of women aged 15–24 years who had sex with a non-marital, non-cohabiting partner in the last 12 months, who also reported that a condom was used the last time they had sex with such a partner [2]	Number of women aged 15–24 years who had more than one sexual partner in the last 12 months
		Ever had sex	Had sex in the last 12 months					
Area	Urban	65.2	60.0	71	51.1	43	(73.6)	22
	Rural	62.0	56.7	332	53.7	188	69.5	101
Age	15–19	39.4	36.1	213	68.2	77	82.3	52
	20–24	88.3	81.0	191	45.7	154	61.3	71
Marital status	Ever married/in union	99.0	94.8	157	27.4	149	(63.8)	41
	Never married/in union	39.3	33.4	246	100.0	82	73.5	82
Education	None/primary	(*)	(*)	11	(*)	9	(*)	3
	Secondary +	61.9	56.6	392	54.2	222	69.5	120
Wealth index	Poorest 40%	66.3	60.2	154	50.0	93	(69.5)	46
	Richest 60%	60.2	55.5	249	55.4	139	70.7	77
Ethnicity of household head	African descent	63.3	57.8	340	52.0	196	73.3	102
	Other ethnicity	58.3	54.6	63	(59.6)	35	(*)	21
Total		62.5	57.3	404	53.2	231	70.3	123

[1] MICS indicator 9.15
 [2] MICS indicator 9.16; MDG indicator 6.2.
 () Figures based on 25–49 unweighted cases.
 (*) Figures based on less than 25 unweighted cases.
 1 unweighted case of missing/DK on ethnicity of household head is not shown.



Orphans

As the HIV epidemic progresses, more and more children are becoming orphaned because of AIDS. Children who are orphaned may be at increased risk of neglect or exploitation if suitable guardians are not available to assist them. Monitoring the variations in different outcomes for orphans and comparing them to their peers provides a measure of how well communities and governments are responding to their needs. Although the majority of cases of orphanhood in Saint Lucia are probably not due to HIV and AIDS, it remains important to monitor the living arrangements of orphaned children.

Table HA.12 presents information on the living arrangements and orphanhood status of children under age 18 in Saint Lucia. Some children may not be living with one or both of their parents primarily because of various social living arrangements and family structure such as the extended family rather than as a result of death of their

parents. Two out of every three children aged 0–17 years (40 percent) live with both parents. More children from the rural areas (41 percent) live with both parents than children from the urban areas (33 percent). About one out of every ten children (9 percent) have both parents alive but live with neither parent.

Table HH.12 also shows that more children from the wealthiest families live with both parents (41 percent) compared to those from the poorest families (38 percent). The data reveal that older children are less likely than younger children to live with both parents. Two out of every three children (41 percent) whose father is still alive live with their mother only, compared to just 4 percent who live with their father only although their mother is alive. This indicates that there are more single mothers than single fathers raising children in Saint Lucia .

Usually MICS calculates the ratio of school attendance of orphans and non-orphans. In the case of Saint Lucia, this was not done due to the low numbers of orphans. However, the percentage of non-orphans who are attending school is 99 percent (data not shown).

Table HA.12: Children's living arrangements and orphanhood
Percentage distribution of children aged 0–17 years according to living arrangements, percentage of children aged 0–17 years in households not living with a biological parent and percentage of children who have one or both parents dead, Saint Lucia, 2012

		Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent [1]	One or both parents dead [2]	Number of children aged 0–17 years	
		Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive						Mother dead
Sex	Male	38.3	0.7	0.0	9.3	0.2	41.9	2.3	5.6	0.2	1.5	100	10.2	3.3	698
	Female	41.1	1.0	0.2	9.3	0.3	39.3	3.5	3.0	0.5	1.8	100	10.8	5.5	841
Area	Urban	32.5	0.9	0.0	12.8	0.2	42.7	2.9	4.8	0.2	3.0	100	13.9	4.3	260
	Rural	41.4	0.8	0.1	8.4	0.2	40.2	2.9	4.2	0.4	1.3	100	9.6	4.4	1,079
Age	0–4 years	48.9	0.2	0.0	5.3	0.0	41.9	1.5	1.9	0.0	0.3	100	5.4	1.7	304
	5–9 years	40.8	1.7	0.0	9.0	0.0	42.4	2.9	2.8	0.0	0.4	100	10.7	4.6	325
	10–14 years	38.0	0.7	0.0	10.9	0.3	38.4	3.8	6.4	0.4	1.1	100	11.9	5.3	418
	15–17 years	31.0	0.9	0.4	11.5	0.6	40.8	3.0	5.7	0.9	5.2	100	13.4	5.8	292
Wealth index	Poorest 40%	37.5	0.9	0.2	8.7	0.3	43.1	3.3	4.1	0.5	1.3	100	10.1	5.2	599
	Richest 60%	41.4	0.8	0.0	9.7	0.2	38.7	2.5	4.6	0.2	1.9	100	10.7	3.7	740
Ethnicity of household head	African descent	39.4	0.8	0.1	9.5	0.3	40.9	2.9	4.2	0.2	1.7	100	10.7	4.2	1,124
	Other ethnicity	40.5	1.3	0.0	8.2	0.0	39.6	2.9	5.0	1.3	1.2	100	9.4	5.4	213
Total		39.6	0.9	0.1	9.3	0.2	40.7	2.9	4.3	0.3	1.6	100	10.5	4.4	1,339

[1] MICS indicator 9.17.
[2] MICS indicator 9.18.
() Figures based on 25–49 unweighted cases.
(*) Figures based on less than 25 unweighted cases.
3 unweighted cases of missing/DK on ethnicity of household head are not shown.



The 2012 Saint Lucia MICS collected information on exposure to mass media and the use of computers and Internet. Information was collected on exposure to newspapers/magazines, radio and television among women aged 15–49 years as well as on computer and Internet use among younger women aged 15–24 years.

Access to mass media

The proportion of women who read a newspaper/magazine, listen to the radio and watch television at least once a week is shown in Table MT.1. Approximately two out of every five women (39 percent) are exposed to all three types of media in Saint Lucia on a weekly basis. Women were least exposed to reading a newspaper/magazine while they were most exposed to watching television. At the national level, about half of all women aged 15–49 years (48 percent) read a newspaper/ magazine at least once a week. Further, four out of five women (83 percent) listen to the radio at least once a week while nine out of ten (93 percent) watch television at least once a week. Generally women aged 15–49 were twice as likely to watch television than to read a newspaper or magazine.

Table MT.1 also shows that women in the 30–34 age group (46 percent) were the most exposed to all three types of mass media while women aged 15–19 years (35 percent) were the least exposed. Exposure to all three types of media varied by education and socio-economic status. Women with secondary or greater education were twice as likely (45 percent) to be exposed to all three types of media compared to women with none/ primary education (19 percent). The data indicate that exposure to all three types of media increased as the household wealth increased. Women in the richest households (44 percent) were more likely to be exposed to all three media types than women in the poorest households (30 percent). There was no difference by area of residence (rural and urban) regarding exposure to all three media.

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



Table MT.1: Exposure to mass media
Percentage of women aged 15–49 years who are exposed to specific mass media on a weekly basis,
Saint Lucia, 2012

		Percentage of women aged 15–49 who:			All three media at least once a week [1]	No media at least once a week	Number of women aged 15–49 years
		Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week			
Age	15–19	42.1	82.2	93.7	35.1	0.8	213
	20–24	44.4	77.8	91.7	35.8	2.2	191
	25–29	47.7	86.0	88.8	41.2	4.0	178
	30–34	56.1	83.4	94.1	45.9	0.3	164
	35–39	55.3	78.9	95.3	40.1	0.0	158
	40–44	44.3	87.8	92.3	38.7	1.5	174
	45–49	46.9	83.1	93.2	37.1	0.9	175
Area	Urban	49.7	81.7	93.3	38.5	1.1	228
	Rural	47.3	83.0	92.5	39.0	1.5	1,025
Education	None/primary	26.7	80.9	88.0	18.7	2.5	278
	Secondary +	53.7	83.2	94.0	44.7	1.1	975
Wealth index	Poorest 40%	35.8	83.0	90.0	29.8	3.1	455
	Richest 60%	54.5	82.6	94.2	44.1	.5	798
Ethnicity of household head	African descent	47.5	82.5	92.2	38.7	1.6	1,058
	Other ethnicity	48.9	83.8	95.3	39.8	0.6	193
Total		47.7	82.7	92.7	38.9	1.4	1,253

[1] MICS indicator MT.1.

(*) Figures based on less than 25 unweighted cases.

4 unweighted cases of missing/DK on ethnicity of household head not shown.

Women aged 40–44 years (88 percent) were the most exposed to radio, while those aged 20–24 years are the least exposed (78 percent). Exposure to radio was about the same for both the urban and rural areas (82 percent). Further work to see if these figures are statistically significant should be done.

Of the women who read a newspaper/magazine, more than half (56 percent) are women aged 30–34 years compared to 42 percent of those 15–19 years. Women with secondary or greater education are twice as likely (54 percent) to read a newspaper/magazine as those with none/

primary education (27 percent). As the wealth index increases, the percentage of women who read a newspaper/magazine also increases. Women from the richest households (55 percent) are more likely to read a newspaper/magazine on a weekly basis than those from the poorest households (36 percent).

Table MT.1 also shows that 1 percent of women aged 15–49 years do not have regular exposure to any of the three media during the period of a week. The women in the 25–29 age group are those most likely to have no media exposure on a weekly basis (4 percent).



Use of information and communications technology

The questions on access to mass media and Internet use were directed only to women aged 15–24 years. Table MT.2 shows that almost every woman in this age group (98 percent) had used a computer before and nine out of ten (91 percent) had used one during the last year. Eight out of ten women (82 percent) had used a computer at least once a week during the last month.

Almost all women aged 15–24 (96 percent) have ever used the Internet, while nine out of ten (93 percent) had used the Internet during the last year. The proportion of young women who had used the Internet more frequently, at least once a week during the last month, was lower (86 percent).

Both computer and Internet use during the last

12 months was more widespread among women aged 15–19 years. The Internet in Saint Lucia can also be accessed through cellular mobile phones and other media. Almost all women aged 15–19 years (95 percent) had used a computer during the last 12 months compared to about nine out of ten (91 percent) for the 20–24 age group. Internet use between these age groups followed a similar pattern.

Computer and Internet use was also related to the wealth of the household. Nearly all women in the richest quintiles (98 percent) had used the Internet during the last year compared to about 86 percent of women from the poorest households. Internet use during the last 12 months was observed to be higher among young women in the rural areas (94 percent) compared to those in the urban areas (89 percent).

Table MT.2: Use of computers and Internet
Percentage of young women aged 15–24 who have ever used a computer, percentage who have used a computer during the last 12 months, and frequency of use during the last one month, Saint Lucia, 2012

		Percentage of women aged 15–24 who have:			Percentage of women aged 15–24 who have:			Number of women aged 15–24 years
		Ever used a computer	Used a computer during the last 12 months [1]	Used a computer at least once a week during the last one month	Ever used the Internet	Used the Internet during the last 12 months [2]	Used the Internet at least once a week during the last one month	
Age	15–19	99.0	95.6	85.7	97.3	94.5	85.8	213
	20–24	96.4	86.2	78.2	94.4	91.8	85.7	191
Area	Urban	96.1	86.8	75.7	95.5	88.9	81.0	71
	Rural	98.1	92.1	83.6	96.0	94.1	86.8	332
Education	None/primary	62.7	46.4	32.2	45.2	29.5	15.3	11
	Secondary+	98.8	92.4	83.6	97.4	95.1	87.8	392
Wealth index	Poorest 40%	94.8	84.3	72.2	90.5	86.1	75.1	154
	Richest 60%	99.6	95.4	88.3	99.2	97.6	92.4	249
Ethnicity of household head	African descent	97.7	91.1	82.9	95.6	93.0	86.1	340
	Other ethnicity	98.2	91.6	78.4	97.4	94.2	83.8	63
Total		97.8	91.1	82.2	95.9	93.2	85.8	404

[1] MICS indicator MT 2.
[2] MICS indicator MT 3.
(*) Figures based on less than 25 unweighted cases.
1 unweighted case of missing/DK on ethnicity of household head not shown.



13 ALCOHOL USE

Harmful alcohol use is regarded as one of the world's leading health risks. It is associated with and believed to be the causal factor in more than 60 major types of diseases and injuries and is also linked with the course of disease. According to the 2011 WHO Global Report on Alcohol and Health, approximately 5 percent of the global burden of disease and injury is attributable to alcohol.¹⁸ In the long term, excessive drinking can lead to cardiovascular problems, neurological impairments, liver disease and social problems. Alcohol abuse is also associated with injuries and violence, including intimate partner violence and child maltreatment.¹⁹

The impact of alcohol consumption on disease and injury is associated with two separate but related dimensions of drinking by individuals: the volume of alcohol consumed and the pattern of drinking. Patterns of alcohol use are also noted to have a profound impact on health risks especially when associated with heavy episodic drinking.

The Saint Lucia MICS collected information on alcohol use among women aged 15–49 years. This information will help to understand the current use of alcohol among women, the intensity of use and the percentage who ever used alcohol. In this survey one drink of alcohol was considered to be equal to one can or bottle of beer or shandy, one glass of wine or alcoholic punch, or one shot of cognac, vodka, whiskey or rum.

The results suggests that about one in every eight women aged 15–49 years (13 percent) had at least one drink of alcohol before the age of 15. Half of all the women aged 15–49 years (51 percent) had drunk alcohol on one or more days during the last one month while 14 percent had never had a drink of alcohol (see Table TA.1).

18 World Health Organization, 'Global Report on Alcohol and Health', WHO, Geneva, 2011, available at who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf

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



Among the women who drank during the month preceding the survey, the prevalence of alcohol use was slightly higher among women in the urban areas (55 percent) than those in the rural areas (51 percent). Consumption of alcohol seemed to be higher among women with secondary or greater education (54 percent) compared with those with none/primary education (43 percent). Drinking of alcohol is highest among women aged 25–29 years (62 percent) and lowest among women aged 15–19 years (43 percent). Drinking of alcohol before age 15 is more prevalent among women with secondary

or greater education (15 percent) than among women with none/primary education (5 percent).

The findings suggest that drinking alcohol on one or more days during the month preceding the survey increased with wealth. Consumption of alcohol was slightly more prevalent among women from the richest households (53 percent) than those from the poorest households (48 percent).

Table TA.1: Use of alcohol					
Percentage of women aged 15–49 who have never had one drink of alcohol, percentage who first had one drink of alcohol before age 15 and percentage who had at least one drink of alcohol on one or more days during the last one month, Saint Lucia, 2012					
		Percentage of women who:			Number of women aged 15–49 years
		Never had one drink of alcohol	Had at least one drink of alcohol before age 15 [1]	Had at least one drink of alcohol on one or more days during the last one month [2]	
Age	15–19	23.5	31.1	43.0	213
	20–24	9.4	16.7	58.5	191
	25–29	5.5	10.5	61.9	178
	30–34	11.0	12.7	54.2	164
	35–39	12.3	4.1	46.5	158
	40–44	15.2	3.5	48.5	174
	45–49	16.5	5.6	47.5	175
Area	Urban	13.3	11.6	54.9	228
	Rural	13.7	13.0	50.6	1,025
Education	None/primary	20.8	5.0	43.4	278
	Secondary +	11.6	15.0	53.6	975
Wealth index	Poorest 40%	14.6	13.3	48.3	455
	Richest 60%	13.0	12.5	53.1	798
Ethnicity of household Head	African descent	13.7	12.3	51.2	1,058
	Other ethnicity	13.0	15.5	51.8	193
Total		13.6	12.8	51.3	1,253
[1] MICS Indicator TA.4.					
[2] MICS Indicator TA.3.					
4 unweighted cases of missing/DK on ethnicity of household head not shown.					





A

APPENDIX

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

The primary objective of the sample design for the Saint Lucia Multiple Indicator Cluster Survey (MICS) was to produce statistically reliable estimates of most indicators both at the national level and for urban and rural areas

Sampling strata

There are 10 geographic districts in Saint Lucia, as shown in Table SD.1. Five of these districts contain less than 3,000 households: Canaries (786 households), Anse la Raye (2,162 households), Soufriere (2,875 households), Choiseul (2,069 households) and Laborie (2,180 households). Due to the small size of so many districts it is not realistic to provide estimates at the district level. There is no obvious grouping of districts into a smaller sub-set of three or four regions, which would have made sampling more manageable. Thus urban and rural population were selected as the sampling strata for the purpose of the MICS.

Table SD.1. Enumerated and estimated households and population in 2010 Census, Saint Lucia

District	Number of Enumeration Districts	Enumerated households	Enumerated population	Estimated households	Estimated population	Average household size
Castries	175	21,574	60,263	23,493	65,656	2.8
Anse La Raye	19	2,086	6,033	2,162	6,247	2.9
Canaries	8	740	1,915	786	2,044	2.6
Soufriere	25	2,617	7,747	2,875	8,472	3
Choiseul	23	1,951	5,766	2,069	6,098	3
Laborie	18	2,111	6,507	2,180	6,701	3.1
Vieux Fort	46	5,152	14,632	5,740	16,284	2.8
Micoud	54	4,959	14,480	5,601	16,284	2.9
Dennerly	37	4,144	11,874	4,402	12,599	2.9
Gros Islet	63	8,671	22,647	9,583	25,210	2.6
Total	468	54,005	151,864	58,891	165,595	2.8

Source: 2010 Population and Housing Census: Preliminary Report, updated April 2011, Tables 4B, 5, 6

The urban population was defined as the administrative centres of the 10 districts. With the assistance of the Geographic Information Systems Manager in the Central Statistics Office (CSO), it was possible to identify which enumeration districts (EDs) are included

in these administrative centres. The urban households (11,957) represent 21 percent of the total number of households (57,369) in Saint Lucia. The rest of the EDs were considered to be in the rural stratum.

Sampling frame and selection of clusters

The 2010 Population and Household Census is used as the sample frame for the Saint Lucia MICS and census EDs are defined

as the primary sampling units (PSUs)/ clusters. These were selected from each of the sampling strata by using systematic pps (probability proportional to size) sampling procedures based on the estimated sizes of the enumeration districts (clusters) from the 2010 Census.

<i>District</i>	<i>Urban EDs</i>	<i>Households</i>	<i>Rural EDs</i>	<i>Households</i>	<i>Total EDs</i>	<i>Households</i>
Castries	45	4,385	168	18,681	213	23,066
Anse La Raye	5	259	16	1,784	21	2,043
Canaries	4	307	4	479	8	786
Soufriere	14	1,627	13	1,239	27	2,866
Choiseul	2	49	22	2,014	24	2,063
Laborie	4	385	16	1,793	20	2,178
Vieux Fort	14	1,259	38	4,365	52	5,624
Micoud	13	1,080	42	4,475	55	5,555
Dennerly	11	1,023	27	3,316	38	4,339
Gros Islet	13	1,583	65	7,266	78	8,849
Total	125	11,957	411	45,412	536	57,369

Sample size and sample allocation

There were no obvious sources of data that could provide indicative values of some of the key MICS indicators. The CSO has not conducted any previous surveys of this nature, although the Core Wealth Indicator Questionnaire Survey (CWIQ) conducted in 2004 provided estimates showed almost 100 percent coverage for prenatal care and for professional attendance at delivery.

In the absence of any guidance on expected levels of indicators, the next approach used was to examine potential levels of indicators for various groups of people and determine what sample size would be required to estimate each one with a certain level of precision. Adequate urban and rural estimates could be achieved for women aged 15–49 by taking samples of between 200 and 1,000 households (for indicators in the range from 0.7 to 0.3 respectively). Similar estimates

for girls aged 15–24 would require samples of between 500 and 3,000; for the under-5 population the sample sizes would range from 700 to 4,000 households; and for estimating a single year age group, such as children aged 12–23 months, samples of between 4,000 and 19,000 households would be required.

Since many of the indicators in Saint Lucia would take fairly high values (often exceeding 0.7), it was decided that a sample of 2,000 households should be adequate.

The average number of households selected per cluster was determined as 20 households based on a number of considerations including the design effect, the budget available and the time that would be needed per team to complete one cluster. Dividing the total number of households (2,000) by the number of sample households per cluster, it was calculated that 100 sample clusters would be selected.

Table SD.3 below shows some alternative methods of allocating the clusters to the

sampling strata considered.

	Households in frame	Proportional allocation		Square root allocation		Cube root allocation		Equal allocation	
		EDs	Households	EDs	Households	EDs	Households	EDs	Households
Urban	11,957	21	420	34	680	39	780	50	1,000
Rural	45,412	79	1,580	66	1,320	61	1,220	50	1,000
Total	57,369	100	2,000	100	2,000	100	2,000	100	2,000

A proportional allocation would have required selecting 21 urban and 79 rural EDs. This procedure would be best for getting a precise national estimate, but it would not have been good enough for estimating the urban component since the sample is too small. At the other extreme, equal allocation would have required 50 EDs being selected for both the urban and rural samples. While this approach would be the most satisfactory design for estimating the urban and rural components, it would not be so efficient for estimating at the national level since rural areas would be inadequately represented in the overall sample.

For the Saint Lucia MICS it was therefore decided to select 40 EDs in urban areas and 60 EDs in rural areas, resulting in an urban sample of 800 households and a rural sample of 1,200 households. This is roughly equivalent to cube root allocation.

Sampling frame and selection of clusters

The 2010 Population and Household Census was used as the sample frame for the selection of clusters. Census ED/clusters were defined as primary sampling units (PSUs) and selected from each of the sampling strata by using systematic pps sampling procedures, based on the estimated sizes of the enumeration areas from the 2010 Census.

To select the sample of clusters, EDs/clusters

within each stratum were listed in order by district and by ED/cluster number within each district. In cases where larger EDs/clusters had been subdivided previously, these parts were listed next to each other (even if they did not have adjacent ED numbers).

EDs/clusters with less than 20 households were combined with the ED/cluster immediately preceding them in the list, and if the small ED/cluster was the first ED/cluster shown in a district it was combined with the next ED/cluster on the list. The first stage of sampling was completed by selecting the required number of EDs/clusters from each stratum (urban and rural).

Listing activities

The visitation records from the 2010 Population and Housing Census were used for the listing for most of the households. A new listing of households was conducted in six enumeration districts prior to the selection of households for the MICS Survey. For this exercise five enumerators were used, who visited these enumeration district (clusters), and listed the occupied households. The enumeration districts (clusters) were relisted either because of the number of households which were not contacted on the visitation record from the 2010 Population and Household Census or because subdivisions must to be done to enumeration districts (clusters) that contain two hundred or more households .

Selection of households

The households within the selected EDs/ clusters were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at the CSO, where the selection of 20 households in each enumeration area was carried out using random systematic selection procedures.

Calculation of sample weights

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

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

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

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

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

Where p_{shi} is the probability of selection of the sampling unit at stage s for the i-th sample PSU in the h-th sampling stratum.

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

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

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

$$RR_h = \text{Number of interviewed households in stratum } h / \text{Number of occupied households listed in stratum } h$$

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

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

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

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

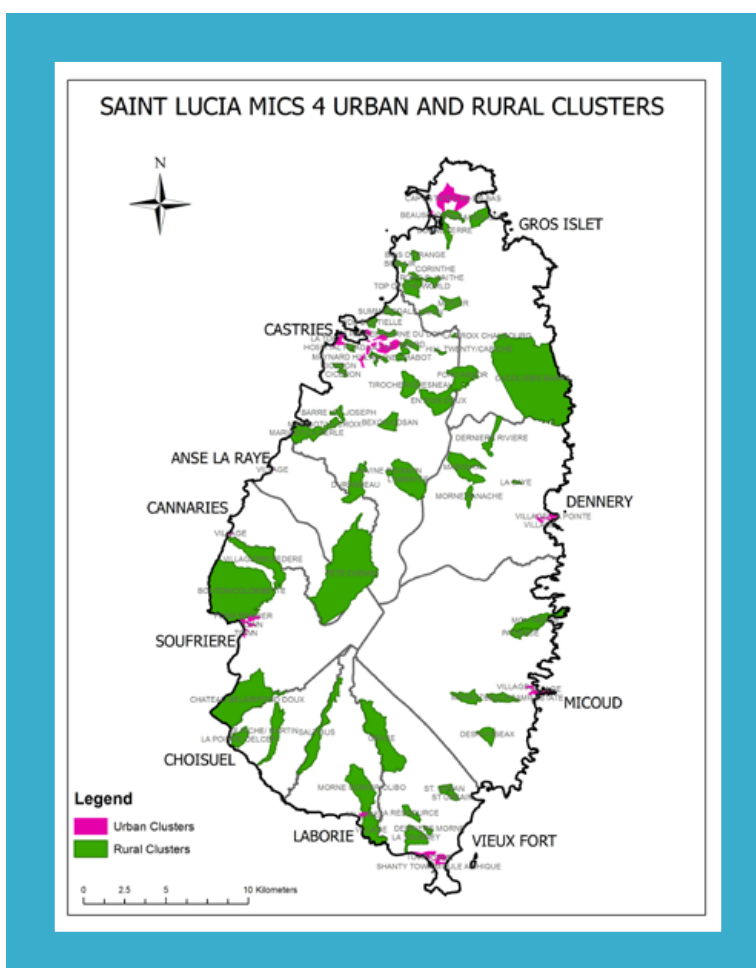
The design weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted

sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by dividing the aforementioned design weights by the average design weight at the national level. This involves multiplying the sample weights by a constant factor equal to the unweighted number of households at the national level divided by the weighted total number of households (using the full sample weights adjusted for non-response). A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) weights varied between 0.477712 and 1.603220 in the 100 sample enumeration areas (clusters).

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

Recommendations for future MICS surveys

This is the first MICS survey in Saint Lucia. The current sample design provides a sound basis for future sampling for similar two-stage cluster design surveys. While the MICS4 sample was adequately powered to detect differences across the sampling domains of urban and rural for the vast majority of indicators (see Appendix C: Sampling Errors), some indicators related to children could not be adequately disaggregated. Future sample designs should take into consideration the low fertility in Saint Lucia and implement a design that oversamples households with children in an effort to boost the number of children included.



B

APPENDIX

List of Personnel Involved in the Survey

The Saint Lucia MICS 4 was implemented by the Ministry of Social Transformation, Local Government and Community Empowerment (MoST) and the Central Statistics Office (CSO) in collaboration with the Ministry of Health,

Wellness, Human Services and Gender Relations (MoH) and the Ministry of Education, Human Resource Development and Labour (MoE) with the support and financial and technical assistance of the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and UN Women.

1. Saint Lucia MICS4 Steering Committee members

Name	Designation	Agency
Mr Donovan Williams	Permanent Secretary	Ministry of Social Transformation, Local Government and Community Empowerment (MoST)
Ms Joanna Raynold Arthurton	Deputy Permanent Secretary	MoST
Mr Augustus Cadette	Deputy Director, Research Unit	MoST
Mr Eulampius Frederick	Policy and Programme Officer	MoST
Ms Urania Joseph	Social Transformation Officer	MoST
Ms Sharleen Verdant	Secretary, Research Unit	MoST
Mr Edwin St. Catherine	Director	Central Statistics Office (CSO)
Ms Jeanne Louis	Assistant Director of Statistics	CSO
Ms Joan Didier	President	AIDS Action Foundation
Ms Helen Charles-Louis	President	National Council of and for Older Persons
Ms Aviva St. Clair	Deputy Chief Economist	Economic Planning, Ministry of Finance, Economic Affairs, Planning and Social Security
Ms Emma Hippolyte	CARE Field Officer	Centre for Adolescent Renewal & Education (CARE)
Ms Elizabeth Lewis	Director	Human Services, Ministry of Health, Wellness, Human Services and Gender Relations (MoH)
Ms Myrtle Alexander	Financial Analyst	Ministry of Physical Development, Housing and Urban Renewal
Mr Urban Dolor	Principal	Sir Arthur Lewis Community College
Mr Darrel Montrope	Head Social Policy Unit	Organisation of Eastern Caribbean States (OECS) Secretariat
Mr Sean Curtis Mathurin	Programme Officer, OECS	OECS Secretariat
Ms Mary Wilfred	Programme Officer, United Nations Development Programme (UNDP)	Ministry of Finance, Economic Affairs, Planning and Social Security

2. Saint Lucia MICS4 Technical Committee members

Name	Agency
Ms Jeanne Louis	Central Statistics Office (CSO)
Ms Jacinta Francis	CSO
Ms Martha Joseph	CSO
Ms Olympia Joseph	CSO
Mr Patrick Dujon	CSO
Mr Kendal Khodra	Ministry of Education, Human Resource Development and Labour (MoE)
Ms Margaret Gustave	MoE
Ms Sisera Simon	MoE
Mr Antonius Thomas	MoE
Mr Nahum Jn Baptiste	Ministry of Health, Wellness, Human Services and Gender Relations (MoH)
Dr Michelle Francois	MoH
Ms Juliette Joseph	MoH
Ms Kerthney Surage	MoH
Ms Lindy Eristhee	MoH
Ms Vernicia Badal-Charles	Ministry of Physical Planning and Housing
Ms Flavia Cherry	Caribbean Association for Feminist Research and Action (CAFRA)
Ms Geralda Bray	Saint Lucia Planned Parenthood Association
Ms Skeeta Gibbs	Economic Planning, Ministry of Finance, Economic Affairs, Planning and Social Security
Ms Lancia Isidore	National Council of and for Persons with Disabilities

3. Saint Lucia MICS4 implementing personnel

Name	Designation	Agency
Mr Augustus Cadette	Deputy Director, Social Research Unit/MICS National Coordinator	Ministry of Social Transformation Local Government and Community Empowerment (MoST)
Mr Eulampius Frederick	Policy and Programme Officer, MoST/MICS Logistics Coordinator	MoST
Ms Bernadette Charlery	MoST/MICS Logistics Assistant	MoST
Ms Sharleen Verdant	MoST/MICS Logistics Assistant	MoST
Ms Urania Joseph	MoST/MICS Logistics Assistant	MoST
Ms Mary Wilfred	UNDP Programme Officer	Ministry of Finance, Economic Affairs, Planning and Social Security
Mr Edwin St. Catherine	Director, Central Statistics Office	Central Statistics Office (CSO)
Ms Jeanne Louis	Assistant Director/ MICS Technical Coordinator	CSO
Ms Jacinta Francis	Field Monitor	CSO
Ms Olympia Joseph	Field Monitor	CSO
Ms Martha Joseph	Field Monitor	CSO
Ms Ernette Charles	Field Monitor	CSO

4. Sampling exercise

Name	Agency
Mr Peter Wingfield - Digby	United Nations Children's Fund (UNICEF)
Ms Jeanne Louis	CSO
Mr Edwin St. Catherine	CSO

5. Listing/mapping exercise

Name	Agency	Name	Agency
Ms Sherma Lawrence	CSO	Mr Peter Joseph	CSO
Ms Petrolina Auguste	CSO	Ms Joanna Jn Baptiste	CSO
Mr Darran Henry	CSO	Mr Sebastian Mann	CSO
Ms Olympia Joseph	CSO	Mr Kenpatrick Prospere	CSO
Ms Joan Charles	CSO		

6. Data processing team

Name	Designation	Agency
Mr Burt Collymore	CSPro Programmer	CSO
Mr Patrick Dujon	CSPro Programmer/Data Entry Supervisor	CSO
Ms Olympia Joseph	Questionnaire Administrator	CSO
Ms Martha Joseph	Data Entry Editor	CSO
Ms Geshaard Jn Francois	Data Entry Operator	CSO
Ms Zinna Joseph	Data Entry Operator	CSO
Ms Lizzy Ann Gregg	Data Entry Operator	CSO
Ms Sansha William	Data Entry Operator	CSO

7. Teams of field staff for pre-test

Agency: Central Statistics Office		Agency: Central Statistics Office	
Name	Designation	Name	Designation
Ms Euphemia Edmund	Supervisor	Ms Martha Joseph	Supervisor
Ms Joan Charles	Editor	Ms Ernette Charles	Editor
Ms Ruby Joseph	Measurer	Ms Joanna Jn. Baptiste	Measurer
Mr Emerson Nurse	Interviewer	Mr Kingsley Emmanuel	Interviewer
Ms Bertha Joseph	Interviewer	Ms Alma Vernor	Interviewer
Ms Dianna Emmanuel	Interviewer	Ms Anna Clercent	Interviewer
Ms Sonia Lansiquot	Interviewer	Ms Claudia Cooper	Interviewer
Mr Brian Francis	Driver	Mr Curtis Estava	Driver

8. Teams of field staff for main survey

Agency: Central Statistics Office		Agency: Central Statistics Office	
Name	Designation	Name	Designation
Ms Alma Vernor	Supervisor	Ms Erylle Lascaris	Supervisor
Ms Judith Frankie	Editor	Ms Joan Charles	Editor
Ms Shani Jn Baptiste	Measurer	Ms Bronte Modeste	Measurer
Ms Elsa James	Interviewer	Ms Avis Wilson	Interviewer
Ms Gaysha Nuptial	Interviewer	Ms Lucy Paul	Interviewer
Ms Justina Alour	Interviewer	Ms Marrica Jn Baptiste	Interviewer
Ms Latoya Jonas	Interviewer	Ms Valencia Alfred	Interviewer
Ms Merlinda O'Brian	Interviewer	Ms Malika Dupres	Interviewer
Mr Torence Edmund	Driver	Mr Marcellin Joseph	Driver

Agency: Central Statistics Office		Agency: Central Statistics Office	
Name	Designation	Name	Designation
Ms Diana Emmanuel	Supervisor	Ms Ruby Joseph	Supervisor
Ms Sonia Lansiquot	Editor	Ms Claudia Cooper	Editor
Ms Valentine Quinlan	Measurer	Ms Marlene Theodule	Measurer
Ms Anthea Stephen	Interviewer	Ms Anna Clercent	Interviewer
Ms Colita Velinor	Interviewer	Ms Chricia Hippolyte	Interviewer
Ms Leandra Beroo	Interviewer	Ms Francillia Toussaint	Interviewer
Ms Lisberth William	Interviewer	Ms Justina Toussaint	Interviewer
Mr Brian Francis	Driver	Ms Merlinda Velinor	Interviewer
		Mr Curtis Estava	Driver

9. Training facilitators

Name	Agency	Name	Agency
Mr Alexandru Nartea	UNICEF	Mr Kendal Khodra	MoE
Mr Augustus Cadette	MoST	Ms Sisera Simon	MoE
Mr Eulampius Frederick	MoST	Mr Emmanuel Dalsou	MoE
Ms Jeanne Louis	CSO	Mr Nahum Jn Baptiste	MoH
Ms Jacinta Francis	CSO	Ms Lindy Eristhee	MoH
Ms Sherma Lawrence	CSO	Ms Juliette Joseph	MoH
Ms Martha Joseph	CSO	Ms Kerthney Surage	MoH
Mr Patrick Dujon	CSO	Ms Vernicia Badal-Charles	Ministry of Physical Development, Housing and Urban Renewal
Ms Myrtle Alexander	Ministry of Physical Development, Housing and Urban Renewal		

10. Report writers

Name	Agency	Name	Agency
Ms Euphemia Edmund	UNICEF	Ms Lindy Eristhee	Division of Gender Relations, MoH
Mr Eulampius Frederick	MoST	Mr Marlon Ragananan	Department of Environmental Health, MoH
Ms Jeanne Majella Louis	CSO	Ms Deborah Scott	Division of Human Services, MoH
Ms Jacinta Francis	CSO	Dr Michelle Francois	National HIV and AIDS Programme, MoH
Ms Olympia Joseph	CSO	Mr Kendall Khodra	MoE
Ms Juliette Joseph	MoH	Ms Sisera Simon	MoE/OECS Secretariat
Ms Kurthney Surage	MoH	Ms Mary Wilfred	UNDP
Ms Lisa Hunt Michell	MoH	Mr Calib Paul	Substance Abuse Secretariat

11. Other contributing stakeholders

Name	Agency	Name	Agency
Mr Antonius Thomas	MoE	Mr Marcellus Albertine	OECS Secretariat
Mr Cecil Charles	Ministry of Public Service, Information and Broadcasting	Ms Rumelia Dalphinis-King	Family Court, Ministry of Legal Affairs
Mr Cyprian Yarde	Substance Abuse Secretariat	Ms Sophia Gerson	MoST
Ms Helen Charles-Louis	National Council of & for Older Persons	Ms Debra Charlery	MoST
Ms Judith Ephraim-Schmidt	Ministry of Sustainable Development, Energy, Science and Technology	Ms Jeanette Hughes	Most
Ms Virginia d' Auvergne	Ministry of Education (MoE)	Ms Suzette Lewis-Jean	Ministry of Finance, Economic Affairs, Planning and Social Security
Ms Louise Mathurin-Serieux	Ministry of the Public Service, Information and Broadcasting	Other Support Staff	MoST & CSO

12. UNICEF Regional and Head Office Staff

Ms Khin-Sandi Lwin	UNICEF Representative, UNICEF Office for the Eastern Caribbean Area
Ms Violet Speek-Warnery	Deputy Representative, UNICEF Office for the Eastern Caribbean Area
Mr Alexandru Nartea	MICS 4 Regional Coordinator, UNICEF Office for the Eastern Caribbean Area
Mr Frederic Unterreiner	Chief of Monitoring and Evaluation, UNICEF Office for the Eastern Caribbean Area
Mr Oladimeji Olowu	Planning Monitoring and Evaluation Specialist (Saint Lucia MICS focal point) UNICEF Office for the Eastern Caribbean Area
Mr Shane Khan	Household Survey Specialist, Global MICS Consultant, UNICEF Office for the Eastern Caribbean Area

13. Consultants

Mr Peter Wingfield-Digby	MICS Sampling Consultant (supplied by UNICEF to assist in sample size determination and in sample selection)
Mr Martin Wulfe	MICS Data Processing Expert (supplied by UNICEF to assist in sample size determination and in sample selection)
Ms Euphemia Edmund	MICS Report Consultant (hired by UNICEF to support and coordinate the drafting, review and preparation of the final MICS Report)

APPENDIX

Estimates of Sampling Errors

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

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

- ◆ Standard error (se): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions, etc). Standard error is the square root of the variance of the estimate. The Taylor linearization method is used for the estimation of standard errors.
- ◆ Coefficient of variation (se/r) is the ratio of the standard error to the value of the indicator and is a measure of the relative sampling error.
- ◆ Design effect (deff) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (deft) is used to show the efficiency of the sample design in relation to the

precision. A deff value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a deff value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.

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

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

Sampling errors are calculated for indicators of primary interest, for the national level and for urban and rural areas. One of the selected indicators is based on households, 7 are based on household members, 19 are based on women and 8 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.4 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations
List of indicators selected for sampling error calculations and base populations (denominators)
for each indicator, Saint Lucia, 2012

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

Table SE.2: Sampling errors: total sample Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Saint Lucia, 2012

	MICS Indicator	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.4548	0.0132	0.029	1.156	1.075	1639	1644	0.428	0.481
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9897	0.0039	0.004	2.520	1.587	4961	1718	0.982	0.997
Use of improved sanitation facilities	4.3	0.8992	0.0115	0.013	2.488	1.577	4961	1718	0.876	0.922
Secondary school net attendance ratio (adjusted)	7.5	0.8638	0.0159	0.018	1.022	1.011	483	475	0.832	0.896
Child labour	8.2	0.0745	0.0117	0.157	1.461	1.209	743	742	0.051	0.098
Prevalence of children with at least one parent dead	9.18	0.0440	0.0085	0.193	2.296	1.515	1339	1338	0.027	0.061
School attendance of non-orphans	9.2	0.9945	0.0041	0.004	1.012	1.006	346	337	0.986	1.000
Violent discipline	8.5	0.6745	0.0176	0.026	0.836	0.914	939	595	0.639	0.710
WOMEN										
Pregnant women	-	0.0244	0.0037	0.150	0.702	0.838	1253	1253	0.017	0.032
Early childbearing	5.2	0.0928	0.0181	0.195	0.730	0.854	191	189	0.057	0.129
Contraceptive prevalence	5.3	0.5547	0.0163	0.029	0.780	0.883	717	724	0.522	0.587
Unmet need	5.4	0.1853	0.0146	0.079	1.018	1.009	717	724	0.156	0.215
Antenatal care coverage – at least once by skilled personnel	5.5a	0.9689	0.0043	0.004	0.060	0.245	101	98	0.960	0.978
Antenatal care coverage – at least four times by any provider	5.5b	0.9031	0.0249	0.028	0.689	0.830	101	98	0.853	0.953
Skilled attendant at delivery	5.7	0.9873	0.0125	0.013	1.215	1.102	101	98	0.962	1.000
Institutional deliveries	5.8	1.0000	0.0000	0.000	na	na	101	98	1.000	1.000
Caesarean section	5.9	0.1854	0.0330	0.178	0.700	0.837	101	98	0.119	0.251
Literacy rate among young women	7.1	0.9935	0.0052	0.005	1.695	1.302	404	402	0.983	1.000
Marriage before age 18	8.7	0.1715	0.0133	0.078	1.302	1.141	1040	1040	0.145	0.198
Condom use with non-regular partners	9.16	0.5715	0.0321	0.056	0.512	0.716	123	123	0.507	0.636
Sex before age 15 among young women	9.11	0.0580	0.0125	0.215	1.139	1.067	404	402	0.033	0.083
Sexually active young women who have been tested for HIV and know the results	9.7	0.3456	0.0293	0.085	0.885	0.941	231	234	0.287	0.404
Women who have been tested for HIV and know the results	9.6	0.2608	0.0120	0.046	0.929	0.964	1253	1253	0.237	0.285
Accepting attitudes towards people living with HIV	9.4	0.1352	0.0117	0.086	1.443	1.201	1240	1241	0.112	0.159
Knowledge of mother-to-child transmission of HIV	9.3	0.5011	0.0160	0.032	1.287	1.134	1253	1253	0.469	0.533
Comprehensive knowledge about HIV prevention among young people	9.2	0.6218	0.0256	0.041	1.116	1.056	404	402	0.571	0.673
Polygyny	8.9	0.0382	0.0109	0.286	1.566	1.251	489	482	0.016	0.060
UNDER-5s										
Birth registration	8.1	0.9197	0.0126	0.014	0.620	0.788	291	291	0.895	0.945
Attendance to early childhood education	6.7	0.8535	0.0252	0.030	0.614	0.784	123	122	0.803	0.904
Support for learning	6.1	0.9287	0.0251	0.027	1.148	1.072	123	122	0.879	0.979
Age-appropriate breastfeeding	2.14	0.2292	0.0293	0.128	0.481	0.694	102	100	0.171	0.288
Exclusive breastfeeding under 6 months	2.6	*	*	*	*	*	26	25	*	*
Wasting prevalence	2.3a	0.0371	0.0110	0.297	0.927	0.963	277	274	0.015	0.059
Underweight prevalence	2.1a	0.0278	0.0109	0.391	1.220	1.104	281	280	0.006	0.049
Stunting prevalence	2.2a	0.0250	0.0088	0.352	0.880	0.938	279	279	0.007	0.043

Table SE.3: Sampling errors: urban areas
Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Saint Lucia, 2012

	MICS Indicator	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits	
									<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>
HOUSEHOLDS										
Iodized salt consumption	2.16	0.4340	0.0217	0.050	1.250	1.118	328	655	0.391	0.477
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9984	0.0012	0.001	0.625	0.791	942	678	0.996	1.000
Use of improved sanitation facilities	4.3	0.8457	0.0200	0.024	2.079	1.442	942	678	0.806	0.886
Secondary school net attendance ratio (adjusted)	7.5	0.8498	0.0256	0.030	0.892	0.944	87	175	0.799	0.901
Child labour	8.2	0.0821	0.0190	0.232	1.396	1.182	145	291	0.044	0.120
Prevalence of children with at least one parent dead	9.18	0.0426	0.0121	0.284	1.868	1.367	260	522	0.018	0.067
School attendance of non-orphans	9.2	0.9916	0.0007	0.001	0.007	0.084	60	121	0.990	0.993
Violent discipline	8.5	0.7688	0.0315	0.041	1.325	1.151	182	239	0.706	0.832
WOMEN										
Pregnant women	-	0.0152	0.0063	0.414	1.221	1.105	228	464	0.003	0.028
Early childbearing	5.2	0.1836	0.0347	0.189	0.521	0.722	32	66	0.114	0.253
Contraceptive prevalence	5.3	0.5188	0.0362	0.070	1.425	1.194	134	273	0.446	0.591
Unmet need	5.4	0.2381	0.0332	0.140	1.657	1.287	134	273	0.172	0.305
Antenatal care coverage – at least once by skilled personnel	5.5a	*	*	*	*	*	16	33	*	*
Antenatal care coverage – at least four times by any provider	5.5b	*	*	*	*	*	16	33	*	*
Skilled attendant at delivery	5.7	*	*	*	*	*	16	33	*	*
Institutional deliveries	5.8	*	*	*	*	*	16	33	*	*
Caesarean section	5.9	*	*	*	*	*	16	33	*	*
Literacy rate among young women	7.1	0.9911	0.0089	0.009	1.310	1.145	71	147	0.973	1.000
Marriage before age 18	8.7	0.1843	0.0176	0.096	0.790	0.889	189	383	0.149	0.220
Condom use with non-regular partners	9.16	0.6211	0.0741	0.119	1.027	1.013	22	45	0.473	0.769
Sex before age 15 among young women	9.11	0.0766	0.0102	0.133	0.213	0.462	71	147	0.056	0.097
Sexually active young women who have been tested for HIV and know the results	9.7	0.2951	0.0494	0.167	1.020	1.010	43	88	0.196	0.394
Women who have been tested for HIV and know the results	9.6	0.2353	0.0189	0.080	0.916	0.957	228	464	0.198	0.273
Accepting attitudes towards people living with HIV	9.4	0.1210	0.0139	0.114	0.829	0.910	226	460	0.093	0.149
Knowledge of mother-to-child transmission of HIV	9.3	0.5462	0.0183	0.033	0.625	0.790	228	464	0.510	0.583
Comprehensive knowledge about HIV prevention among young people	9.2	0.5720	0.0513	0.090	1.570	1.253	71	147	0.469	0.675
Polygyny	8.9	0.0106	0.0074	0.705	0.892	0.944	83	169	0.000	0.025
UNDER-5s										
Birth registration	8.1	0.9107	0.0312	0.034	1.316	1.147	54	111	0.848	0.973
Attendance to early childhood education	6.7	*	*	*	*	*	21	44	*	*
Support for learning	6.1	*	*	*	*	*	21	44	*	*
Age appropriate breastfeeding	2.14	*	*	*	*	*	18	38	*	*
Exclusive breastfeeding under 6 months	2.6	*	*	*	*	*	5	10	*	*
Wasting prevalence	2.3a	0.0194	0.0139	0.720	1.024	1.012	49	101	0.000	0.047
Underweight prevalence	2.1a	0.0181	0.0131	0.723	1.002	1.001	51	105	0.000	0.044
Stunting prevalence	2.2a	0.0368	0.0190	0.516	1.071	1.035	51	106	0.000	0.075

Table SE.4: Sampling errors: rural areas
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Saint Lucia, 2012

	MICS Indicator	Value (%)	Standard error (se)	Coefficient of variation (se/%)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	2.16	0.4600	0.0156	0.034	0.970	0.985	1311	989	0.429	0.491
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	4.1	0.9876	0.0048	0.005	1.942	1.394	4019	1040	0.978	0.997
Use of improved sanitation facilities	4.3	0.9118	0.0133	0.015	2.299	1.516	4019	1040	0.885	0.938
Secondary school net attendance ratio (adjusted)	7.5	0.8669	0.0186	0.021	0.892	0.945	396	300	0.830	0.904
Child labour	8.2	0.0727	0.0138	0.189	1.263	1.124	597	451	0.045	0.100
Prevalence of children with at least one parent dead	9.18	0.0443	0.0101	0.229	1.977	1.406	1079	816	0.024	0.065
School attendance of non-orphans	9.2	0.9951	0.0049	0.005	1.065	1.032	286	216	0.985	1.000
Violent discipline	8.5	0.6519	0.0206	0.032	0.662	0.814	757	356	0.611	0.693
WOMEN										
Pregnant women	-	0.0264	0.0042	0.161	0.553	0.743	1025	789	0.018	0.035
Early childbearing	5.2	0.0743	0.0204	0.274	0.736	0.858	158	123	0.034	0.115
Contraceptive prevalence	5.3	0.5630	0.0183	0.033	0.613	0.783	583	451	0.526	0.600
Unmet need	5.4	0.1733	0.0162	0.094	0.828	0.910	583	451	0.141	0.206
Antenatal care coverage – at least once by skilled personnel	5.5a	0.9855	0.0005	0.000	0.001	0.033	85	65	0.985	0.987
Antenatal care coverage – at least four times by any provider	5.5b	0.9078	0.0292	0.032	0.654	0.809	85	65	0.849	0.966
Skilled attendant at delivery	5.7	0.9849	0.0148	0.015	0.949	0.974	85	65	0.955	1.000
Institutional deliveries	5.8	1.0000	0.0000	0.000	na	na	85	65	1.000	1.000
Caesarean section	5.9	0.1734	0.0386	0.223	0.666	0.816	85	65	0.096	0.251
Literacy rate among young women	7.1	0.9940	0.0061	0.006	1.560	1.249	332	255	0.982	1.000
Marriage before age 18	8.7	0.1686	0.0158	0.094	1.168	1.081	851	657	0.137	0.200
Condom use with non-regular partners	9.16	0.5608	0.0333	0.063	0.389	0.624	101	78	0.490	0.631
Sex before age 15 among young women	9.11	0.0540	0.0149	0.276	1.105	1.051	332	255	0.024	0.084
Sexually active young women who have been tested for HIV and know the results	9.7	0.3570	0.0341	0.095	0.733	0.856	188	146	0.289	0.425
Women who have been tested for HIV and know the results	9.6	0.2665	0.0140	0.053	0.792	0.890	1025	789	0.238	0.295
Accepting attitudes towards people living with HIV	9.4	0.1384	0.0139	0.100	1.263	1.124	1014	781	0.111	0.166
Knowledge of mother-to-child transmission of HIV	9.3	0.4911	0.0192	0.039	1.158	1.076	1025	789	0.453	0.529
Comprehensive knowledge about HIV prevention among young people	9.2	0.6325	0.0290	0.046	0.917	0.958	332	255	0.575	0.690
Polygyny	8.9	0.0438	0.0132	0.301	1.298	1.139	406	313	0.017	0.070
UNDER-5s										
Birth registration	8.1	0.9217	0.0138	0.015	0.470	0.686	237	180	0.894	0.949
Attendance to early childhood education	6.7	0.8628	0.0300	0.035	0.586	0.766	102	78	0.803	0.923
Support for learning	6.1	0.9278	0.0296	0.032	1.007	1.004	102	78	0.869	0.987
Age-appropriate breastfeeding	2.14	0.2283	0.0343	0.150	0.407	0.638	84	62	0.160	0.297
Exclusive breastfeeding under 6 months	2.6	*	*	*	*	*	21	15	*	*
Wasting prevalence	2.3a	0.0409	0.0130	0.318	0.741	0.861	228	173	0.015	0.067
Underweight prevalence	2.1a	0.0299	0.0129	0.431	0.997	0.999	231	175	0.004	0.056
Stunting prevalence	2.2a	0.0223	0.0099	0.442	0.766	0.875	228	173	0.003	0.042

D

APPENDIX

Data Quality Tables

Table DQ.1: Age distribution of household population									
Single-year age distribution of household population by sex, Saint Lucia, 2012									
	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	32	1.3	25	1.0	45	42	1.7	32	1.3
1	26	1.1	24	1.0	46	40	1.7	42	1.7
2	29	1.2	40	1.6	47	37	1.5	36	1.4
3	31	1.3	35	1.4	48	35	1.4	41	1.6
4	31	1.3	32	1.2	49	34	1.4	37	1.5
5	37	1.5	29	1.1	50	38	1.6	43	1.7
6	26	1.1	24	0.9	51	29	1.2	31	1.2
7	39	1.6	30	1.2	52	33	1.4	31	1.2
8	32	1.3	34	1.3	53	22	0.9	24	1.0
9	36	1.5	37	1.5	54	28	1.1	21	0.8
10	47	1.9	35	1.4	55	24	1.0	33	1.3
11	31	1.3	38	1.5	56	22	0.9	26	1.0
12	38	1.6	47	1.8	57	22	0.9	15	0.6
13	42	1.7	40	1.6	58	20	0.8	25	1.0
14	64	2.6	36	1.4	59	18	0.7	16	0.6
15	52	2.1	43	1.7	60	21	0.9	20	0.8
16	54	2.2	45	1.8	61	20	0.8	19	0.8
17	51	2.1	47	1.9	62	28	1.1	27	1.1
18	47	2.0	47	1.9	63	19	0.8	20	0.8
19	42	1.7	48	1.9	64	14	0.6	18	0.7
20	45	1.8	48	1.9	65	16	0.7	17	0.7
21	36	1.5	44	1.7	66	17	0.7	21	0.8
22	39	1.6	46	1.8	67	17	0.7	6	0.2
23	46	1.9	39	1.5	68	10	0.4	27	1.0
24	40	1.6	33	1.3	69	12	0.5	10	0.4
25	45	1.8	31	1.2	70	15	0.6	17	0.7
26	38	1.6	45	1.8	71	6	0.3	10	0.4
27	31	1.3	38	1.5	72	13	0.5	14	0.5
28	41	1.7	36	1.4	73	6	0.2	8	0.3
29	27	1.1	43	1.7	74	5	0.2	16	0.6
30	43	1.8	34	1.3	75	10	0.4	10	0.4
31	37	1.5	36	1.4	76	3	0.1	18	0.7
32	33	1.4	33	1.3	77	4	0.2	12	0.5
33	36	1.5	41	1.6	78	10	0.4	15	0.6
34	39	1.6	37	1.5	79	7	0.3	10	0.4
35	28	1.1	41	1.6	80+	49	2.0	84	3.3
36	42	1.7	32	1.3	DK/missing	5	0.2	1	0.0
37	26	1.1	27	1.1					
38	36	1.5	36	1.4					
39	23	0.9	29	1.1					
40	33	1.4	39	1.5					
41	34	1.4	38	1.5					
42	32	1.3	49	1.9					
43	35	1.4	33	1.3					
44	24	1.0	37	1.4	Total	2424	100.0	2537	100.0

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

	Age	Household population of women aged 10–54	Interviewed women aged 15–49		Percentage of eligible women interviewed (completion rate)
		Number	Number	Percentage	
	10–14	196	na	na	na
	15–19	230	215	16.8	93.4
	20–24	210	195	15.3	93.2
	25–29	194	182	14.3	93.8
	30–34	181	167	13.1	92.3
	35–39	166	159	12.5	96.0
	40–44	196	177	13.9	90.3
	45–49	188	180	14.1	95.5
	50–54	150	na	na	na
	Total (15–49)	1,366	1,276	100.0	93.5
	Ratio of 50–54 to 45–49	0.8			

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

	Age	Household population of children 0–7 years	Interviewed under-5 children		Percentage of eligible under-5s interviewed (Completion rate)
		Number	Number	Percent	
	0	57	54	18.5	95.5
	1	51	46	15.8	91.4
	2	69	67	23.0	98.0
	3	65	65	22.3	100.0
	4	62	60	20.4	95.8
	5	66	na	na	na
	6	50	na	na	na
	7	69	na	na	na
	Total (0–4)	304	293	100.0	96.4
	Ratio of 5 to 4	1.05			

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

		Household population of women aged 15–49 years		Interviewed women aged 15–49 years		Percentage of eligible women interviewed (completion rates)
		Number	Percentage	Number	Percentage	
Area	Urban	248	18.2	231	18.1	93.2
	Rural	1,117	81.8	1,045	81.9	93.5
Household size	1–3	986	72.2	515	40.3	95.7
	4–6	340	24.9	603	47.2	92.3
	7+	40	2.9	159	12.4	91.0
Education of household head	None/primary	699	51.2	648	50.7	92.7
	Secondary +	647	47.4	614	48.1	95.0
	Missing/DK	20	1.5	14	1.1	71.2
Wealth index	Poorest 40%	487	35.6	465	36.4	95.5
	Richest 60%	879	64.4	811	63.6	92.3
Ethnicity of household head	African descent	1,151	84.3	1,076	84.3	93.5
	Other ethnicity	212	15.6	198	15.5	93.3
	Missing/DK	2	.1	2	.2	100.0
Total		1,366	100.0	1,276	100.0	93.5

Table DQ.5: Completion rates for under-5 questionnaires by socio-economic characteristics of households
 Household population of under-5 children, under-5 questionnaires completed, and percentage of under-5 children for whom interviews were completed, by selected socio-economic characteristics of the household, Saint Lucia, 2012

		Household population of under-5 children		Interviewed under-5 children		Percentage of eligible under-5s with completed under-5 questionnaires (completion rates)
		Number	Percentage	Number	Percentage	
Area	Urban	56	18.5	56	19.0	99.1
	Rural	248	81.5	238	81.0	95.9
Household size	1–3	73	24.1	64	21.7	100.0
	4–6	175	57.7	166	56.8	95.3
	7+	56	18.3	63	21.5	96.0
Education of household head	None/primary	146	48.0	139	47.6	95.6
	Secondary +	151	49.6	146	49.9	97.1
	Missing/DK	7	2.4	7	2.5	100.0
Wealth index	Poorest 40%	140	45.9	136	46.3	97.2
	Richest 60%	164	54.1	157	53.7	95.8
Ethnicity of household head	African descent	263	86.6	254	86.6	96.4
	Other ethnicity	41	13.4	39	13.4	96.9
Total		304	100.0	293	100.0	96.4

Table DQ.6: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, *Saint Lucia 2012*

Questionnaire and type of missing information	Reference group	Percentage with missing/incomplete information*	Number of cases
Household			
Age	All household members	0.2	4922
Salt test result	All households interviewed that have salt	0.4	1718
Starting time of interview	All households interviewed	0.0	1718
Ending time of interview	All households interviewed	0.0	1718
Women			
Woman's date of birth	All women aged 15–49		
Only month		0.2	1253
Both month and year		0.5	1253
Date of first birth	All women aged 15–49 with at least one live birth		
Only month		0.8	736
Both month and year		1.1	736
Completed years since first birth	All women aged 15–49 with at least one live birth with year of first birth unknown All women aged 15–49 with a live birth in last 2 years	54.2	17
Date of last birth			
Only month		0.9	736
Both month and year		0.2	736
Date of first marriage/union	All ever married women aged 15–49		
Only month		21.5	919
Both month and year		24.4	919
Age at first marriage/union	All ever married women aged 15–49 with year of first marriage not known	2.7	919
Age at first intercourse	All women aged 15–24 who have ever had sex	0.4	252
Time since last intercourse	All women aged 15–24 who have ever had sex	0.6	252
Starting time of interview	All women interviewed	0.0	1253
Ending time of interview	All women interviewed	0.0	1253
Under-5 children			
Date of birth	All under-5 children		
Only month		0.0	291
Both month and year		0.0	291
Anthropometric measurements	All under-5 children		
Weight		2.5	291
Height		3.0	291
Both weight and height		2.5	291
Starting time of interview	All under-5 children	0.0	291
Ending time of interview	All under-5 children	0.0	291

Table DQ.7: Completeness of information for anthropometric indicators

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

	Valid weight and date of birth	Reason for exclusion from analysis				Total	Percentage of children excluded from analysis	Number of children under 5
		Weight not measured	Incomplete date of birth	Weight not measured, incomplete date of birth	Flagged cases (outliers)			
Weight by age								
<6 months	92.0	4.0	0.0	0.0	4.0	100.0	8.0	25
6–11 months	100.0	0.0	0.0	0.0	0.0	100.0	0.0	28
12–23 months	97.9	2.1	0.0	0.0	0.0	100.0	2.1	47
24–35 months	95.7	2.9	0.0	0.0	1.4	100.0	4.3	69
36–47 months	95.2	4.8	0.0	0.0	0.0	100.0	4.8	62
48–59 months	96.7	1.7	0.0	0.0	1.7	100.0	3.3	60
Total	96.2	2.7	0.0	0.0	1.0	100.0	3.8	291
	Valid height and date of birth	Reason for exclusion from analysis				Total	Percentage of children excluded from analysis	Number of children under 5
		Height not measured	Incomplete date of birth	Height not measured, incomplete date of birth	Flagged cases (outliers)			
Height by age								
<6 months	96.0	4.0	0.0	0.0	0.0	100.0	4.0	25
6–11 months	96.4	0.0	0.0	0.0	3.6	100.0	3.6	28
12–23 months	97.9	2.1	0.0	0.0	0.0	100.0	2.1	47
24–35 months	92.8	4.3	0.0	0.0	2.9	100.0	7.2	69
36–47 months	95.2	4.8	0.0	0.0	0.0	100.0	4.8	62
48–59 months	98.3	1.7	0.0	0.0	0.0	100.0	1.7	60
Total	95.9	3.1	0.0	0.0	1.0	100.0	4.1	291
	Valid weight and height	Reason for exclusion from analysis				Total	Percentage of children excluded from analysis	Number of children under 5
		Weight not measured	Height not measured	Weight and height not measured	Flagged cases (outliers)			
Weight by height								
<6 months	92.0	0.0	0.0	4.0	4.0	100.0	8.0	25
6–11 months	96.4	0.0	0.0	0.0	3.6	100.0	3.6	28
12–23 months	97.9	0.0	0.0	2.1	0.0	100.0	2.1	47
24–35 months	91.3	0.0	1.4	2.9	4.3	100.0	8.7	69
36–47 months	93.5	0.0	0.0	4.8	1.6	100.0	6.5	62
48–59 months	95.0	0.0	0.0	1.7	3.3	100.0	5.0	60
Total	94.2	0.0	0.3	2.7	2.7	100	5.8	291

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

		Weight		Height	
		Number	Percent	Number	Percent
Digits	0	29	10.2	67	23.7
	1	31	11.0	24	8.5
	2	26	9.2	34	12.0
	3	32	11.3	21	7.4
	4	29	10.2	23	8.1
	5	33	11.7	51	18.0
	6	22	7.8	27	9.5
	7	31	11.0	19	6.7
	8	23	8.1	9	3.2
	9	27	9.5	8	2.8
	0 or 5	62	21.9	118	41.7
Total	283	100.0	283	100.0	

Table DQ.9: Observation of places for hand washing
Percentage of places for handwashing observed by the interviewer in all interviewed households, Saint Lucia, 2012

		Observation of places for handwashing: Observed	Place for handwashing not in dwelling	No permission to see	Other	Total	Number of households interviewed
Area	Urban	89.1	3.5	4.4	2.9	100.0	678
	Rural	90.0	2.8	3.8	3.4	100.0	1,040
Wealth index	Poorest	85.8	6.2	3.3	4.7	100.0	780
	40% Richest	92.9	5	4.7	1.9	100.0	938
	60%						
Total		89.6	3.1	4.1	3.2	100.0	1,718

Table DQ.10: Observation of women's health cards
Percentage distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, Saint Lucia, 2012

		Woman does not have health card	Woman has health card		Missing/DK	Total	Percentage of health cards seen by the interviewer $\frac{(1)}{(1)+(2)} \times 100$	Number of women with a live birth in the last two years
			Seen by the interviewer (1)	Not seen by the interviewer (2)				
Area	Urban	48.5	21.2	30.3	.0	100.0	41.2	33
	Rural	49.2	16.9	29.2	4.6	100.0	36.7	65
Wealth index	Poorest	46.8	17.0	34.0	2.1	100.0	33.3	47
	40% Richest	51.0	19.6	25.5	3.9	100.0	43.5	51
	60%							
Total		49.0	18.4	29.6	3.1	100.0	38.3	98

Table DQ.11: Observation of under-5s birth certificates
 Percentage distribution of children under 5 by presence of birth certificates and percentage of birth calendar seen, Saint Lucia, 2012

	Child does not have birth certificate	Child has birth certificate		Missing/DK	Total	Percentage of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5	
		Seen by the interviewer (1)	Not seen by the interviewer (2)					
Area	Urban	35.1	32.4	32.4	0.0	100.0	50.0	111
	Rural	28.9	51.1	20.0	0.0	100.0	71.9	180
Child's age	0	58.5	24.5	17.0	0.0	100.0	59.1	53
	1	31.9	48.9	19.1	0.0	100.0	71.9	47
	2	26.1	46.4	27.5	0.0	100.0	62.7	69
	3	29.0	43.5	27.4	0.0	100.0	61.4	62
	4	15.0	55.0	30.0	0.0	100.0	64.7	60
Total		31.3	44.0	24.7	0.0	100.0	64.0	291

Table DQ.13: Presence of mother in the household and the person interviewed for the under-5 questionnaire
 Distribution of children under 5 by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire, Saint Lucia, 2012

		Mother in the household	Mother not in the household			Total	Number of children under 5
		Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
Age	0	99.2	0.0	8	0	100.0	57
	1	91.8	1.9	5.3	1.0	100.0	51
	2	90.2	0.0	9.8	0.0	100.0	69
	3	91.4	1.9	4.8	1.9	100.0	65
	4	90.8	1.6	7.7	0.0	100.0	62
Total		92.5	1.1	5.9	0.6	100.0	304

Table DQ.14: Selection of children aged 2–14 years for the child discipline module
 Percentage of households with at least two children aged 2–14 years where correct selection of one child for the child discipline module was performed, Saint Lucia, 2012

		Percentage of households where correct selection was performed	Number households with 2 or more children aged 2–14 years
		Area	Urban
	Rural	94.1	153
Number of households by number of children 2–14	2	96.5	172
	3	90.9	55
	4	66.7	9
	5+	87.5	8
	Total		93.9



APPENDIX

Saint Lucia MICS4 Indicators: Numerators and Denominators

MICS4 INDICATOR [M]		Module ¹	Numerator	Denominator	MDG ²
2. NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Children ever breastfed	MN	Number of women with a live birth in the 2 years preceding the survey who breastfed the child at any time	Total number of women with a live birth in the 2 years preceding the survey	
2.5	Early initiation of breastfeeding	MN	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey	
2.6	Exclusive breastfeeding under 6 months	BF	Number of infants under 6 months of age who are exclusively breastfed ³	Total number of infants under 6 months of age	
2.7	Continued breastfeeding at 1 year	BF	Number of children aged 12–15 months who are currently breastfeeding	Total number of children aged 12–15 months	
2.8	Continued breastfeeding at 2 years	BF	Number of children aged 20–23 months who are currently breastfeeding	Total number of children aged 20–23 months	
2.9	Predominant breastfeeding	BF	Number of infants under 6 months of age who received	Total number of infants under 6 months of age	

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

2 MDG indicators as of February 2010.

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

MICS4 INDICATOR [M]		Module ¹	Numerator	Denominator	MDG ²
	under 6 months		breast milk as the predominant source of nourishment ⁴ during the previous day		
2.11	Bottle feeding	BF	Number of children aged 0–23 months who were fed with a bottle during the previous day	Total number of children aged 0–23 months	
2.13	Minimum meal frequency	BF	Number of children aged 6–23 months receiving solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum times ⁵ or more, according to breastfeeding status, during the previous day	Total number of children aged 6–23 months	
2.14	Age-appropriate breastfeeding	BF	Number of children aged 0–23 months appropriately fed ⁶ during the previous day	Total number of children aged 0–23 months	
2.15	Milk feeding frequency for non-breastfed children	BF	Number of non-breastfed children aged 6–23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children aged 6–23 months	
2.16	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or with no salt	
2.18	Low birth weight infants	MN	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams at birth	Total number of last live births in the 2 years preceding the survey	
2.19	Infants weighed at birth	MN	Number of last live births in the 2 years preceding the survey who were weighed at birth	Total number of last live births in the 2 years preceding the survey	
3. CHILD HEALTH					
3.7	Neonatal tetanus protection	MN	Number of women aged 15–49 years with a live birth in the 2 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval ⁷ prior to giving birth	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	
3.11	Solid fuels	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	

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

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

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

7 See MICS4 manual for a detailed description.

MICS4 INDICATOR [M]		Module ¹	Numerator	Denominator	MDG ²
4. WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children aged 0–2 years whose last stools were disposed of safely	Total number of children aged 0–2 years	
4.5	Place for handwashing	HW	Number of households with a specific place for handwashing where water and soap are present	Total number of households	
4.6	Availability of soap	HW	Number of households with soap anywhere in the dwelling	Total number of households	
5. REPRODUCTIVE HEALTH					
5.3	Contraceptive prevalence rate	CP	Number of women aged 15–49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of women aged 15–49 years who are currently married or in union	MDG 5.3
5.4	Unmet need ⁸	UN	Number of women aged 15–49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women aged 15–49 years who are currently married or in union	MDG 5.6

⁸ See MICS4 manual for a detailed description.

MICS4 INDICATOR [M]		Module ¹	Numerator	Denominator	MDG ²
5.5a 5.5b	Antenatal care coverage	MN	Number of women aged 15–49 years who were attended during pregnancy in the 2 years preceding the survey (a) at least once by skilled personnel (b) at least four times by any provider	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	MDG 5.5
5.6	Content of antenatal care	MN	Number of women aged 15–49 years with a live birth in the 2 years preceding the survey who had their blood pressure measured and gave urine and blood samples during the last pregnancy	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	
5.7	Skilled attendant at delivery	MN	Number of women aged 15–49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	MDG 5.2
5.8	Institutional deliveries	MN	Number of women aged 15–49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	
5.9	Caesarean section	MN	Number of last live births in the 2 years preceding the survey who were delivered by caesarean section	Total number of last live births in the 2 years preceding the survey	
5.10	Post-partum stay in health facility	PN	Number of women aged 15–49 years who stayed in the health facility for 12 hours or more after the delivery of their last live birth in the 2 years preceding the survey	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after birth	Total number of last live births in the last 2 years	
5.12	Post-natal health check for the mother	PN	Number of women aged 15–49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of women aged 15–49 years with a live birth in the 2 years preceding the survey	
6. CHILD DEVELOPMENT					
6.1	Support for learning	EC	Number of children aged 36–59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 36–59 months	
6.2	Father's support for learning	EC	Number of children aged 36–59 months whose father has engaged in one or more activities to promote learning and school readiness in the	Total number of children aged 36–59 months	

MICS4 INDICATOR [M]	Module ¹	Numerator	Denominator	MDG ²	
		past 3 days			
6.3	Learning materials: children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.4	Learning materials: playthings	EC	Number of children under age 5 with two or more playthings	Total number of children under age 5	
6.5	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week	Total number of children under age 5	
6.6	Early child development index	EC	Number of children aged 36–59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children aged 36–59 months	
6.7	Attendance to early childhood education	EC	Number of children aged 36–59 months who are attending an early childhood education programme	Total number of children aged 36–59 months	
7. LITERACY AND EDUCATION					
7.1	Literacy rate among young women [M]	WB	Number of women aged 15–24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women aged 15–24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year	Total number of children attending the last grade of primary school during the	

MICS4 INDICATOR [M]		Module ¹	Numerator	Denominator	MDG ²
			who are in the first grade of secondary school during the current school year	previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1
8. CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2	Child labour	CL	Number of children aged 5–14 years who are involved in child labour	Total number of children aged 5–14 years	
8.3	School attendance among child labourers	ED - CL	Number of children aged 5–14 years who are involved in child labour and are currently attending school	Total number of children aged 5–14 years involved in child labour	
8.4	Child labour among students	ED - CL	Number of children aged 5–14 years who are involved in child labour and are currently attending school	Total number of children aged 5–14 years attending school	
8.5	Violent discipline	CD	Number of children aged 2–14 years who experienced psychological aggression or physical punishment during the past month	Total number of children aged 2–14 years	
8.6	Marriage before age 15	MA	Number of women aged 15–49 years who were first married or in union by the exact age of 15	Total number of women aged 15–49 years	
8.7	Marriage before age 18	MA	Number of women aged 20–49 years who were first married or in union by the exact age of 18	Total number of women aged 20–49 years	
8.8	Young women age 15–19 years currently married or in union	MA	Number of women aged 15–19 years who are currently married or in union	Total number of women aged 15–19 years	
8.9	Polygyny	MA	Number of women aged 15–49 years who are in a polygynous union	Total number of women aged 15–49 years who are currently married or in union	
8.10a 8.10b	Spousal age difference	MA	Number of women currently married or in union whose spouse is 10 or more years older, (a) for women aged 15–19 years, (b) for women aged 20–24 years	Total number of women currently married or in union (a) aged 15–19 years, (b) aged 20–24 years	
8.14	Attitudes towards domestic violence	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the	Total number of women aged 15–49 years	

MICS4 INDICATOR [M]		Module ¹	Numerator	Denominator	MDG ²
			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		
9. HIV AND AIDS, SEXUAL BEHAVIOUR AND ORPHANS					
9.1	Comprehensive knowledge about HIV prevention	HA	Number of women aged 15–49 years who correctly identify two ways of preventing HIV infection ¹¹ , know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women aged 15–49 years	
9.2	Comprehensive knowledge about HIV prevention among young people	HA	Number of women aged 15–24 years who correctly identify two ways of preventing HIV infection ¹² , know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women aged 15–24 years	MDG 6.3

9.3	Knowledge of mother-to-child transmission of HIV	HA	Number of women aged 15–49 years who correctly identify all three means ¹ of mother-to-child transmission of HIV	Total number of women aged 15–49 years	
9.4	Accepting attitudes towards people living with HIV	HA	Number of women aged 15–49 years expressing accepting attitudes toward people living with HIV on all four questions ²	Total number of women aged 15–49 years who have heard of HIV	
9.5	Women who know where to be tested for HIV	HA	Number of women aged 15–49 years who state knowledge of a place to be tested for HIV	Total number of women aged 15–49 years	
9.6	Women who have been tested for HIV and know the results	HA	Number of women aged 15–49 years who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women aged 15–49 years	
9.7	Sexually active young women who have been tested for HIV and know the results	HA	Number of women aged 15–24 years who have had sex in the 12 months preceding the survey, who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women aged 15–24 years who have had sex in the 12 months preceding the survey	
9.8	HIV counselling during antenatal care	HA	Number of women aged 15–49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they received counselling on HIV during antenatal care	Total number of women aged 15–49 years who gave birth in the 2 years preceding the survey	
9.9	HIV testing during antenatal care	HA	Number of women aged 15–49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women aged 15–49 years who gave birth in the 2 years preceding the survey	

10 Transmission during pregnancy, during delivery and through breastfeeding.

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

9.10	Young women who have never had sex	SB	Number of never married women aged 15–24 years who have never had sex	Total number of never married women aged 15–24 years	
9.11	Sex before age 15 among young women	SB	Number of women aged 15–24 years who have had sexual intercourse before age 15	Total number of women aged 15–24 years	
9.12	Age-mixing among sexual partners	SB	Number of women aged 15–24 years who had sex in the 12 months preceding the survey with a partner who was 10 or more years older	Total number of women aged 15–24 years who have had sex in the 12 months preceding the survey	
9.13	Sex with multiple partners	SB	Number of women aged 15–49 years who have had sexual intercourse with more than one partner in the 12 months preceding the survey	Total number of women aged 15–49 years	
9.14	Condom use during sex with multiple partners	SB	Number of women aged 15–49 years who report having had more than one sexual partner in the 12 months preceding the survey who also reported that a condom was used the last time they had sex	Total number of women aged 15–49 years who reported having had more than one sexual partner in the 12 months preceding the survey	
9.15	Sex with non-regular partners	SB	Number of sexually active women aged 15–24 years who have had sex with a non-marital, non-cohabitating partner in the 12 months preceding the survey	Total number of women aged 15–24 years who have had sex in the 12 months preceding the survey	
9.16	Condom use with non-regular partners	SB	Number of women aged 15–24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabitating sex partner in the 12 months preceding the survey	Total number of women aged 15–24 years who had a non-marital, non-cohabitating partner in the 12 months preceding the survey	MDG 6.2
9.17	Children's living arrangements	HL	Number of children aged 0–17 years not living with a biological parent	Total number of children aged 0–17 years	
9.18	Prevalence of children with one or both parents dead	HL	Number of children aged 0–17 years with one or both parents dead	Total number of children aged 0–17 years	
9.20	School attendance of non-orphans	HL - ED	Number of children aged 10–14 years, whose parents are alive, who are living with one or both parents, and who are attending school	Total number of children aged 10–14 years, whose parents are alive, and who are living with one or both parents	MDG 6.4

10. ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					
MT.1	Exposure to mass media	MT	Number of women aged 15–49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women aged 15–49 years	
MT.2	Use of computers	MT	Number of young women aged 15–24 years who used a computer during the last 12 months	Total number of women aged 15–24 years	
MT.3	Use of Internet	MT	Number of young women aged 15–24 who used the Internet during the last 12 months	Total number of women aged 15–24 years	
12. ALCOHOL USE					
TA.3	Alcohol use	TA	Number of women aged 15–49 years who had at least one alcoholic drink on one or more days during the last one month	Total number of women aged 15–49 years	
TA.4	Use of alcohol before age 15	TA	Number of women aged 15–49 years who had at least one alcoholic drink before age 15	Total number of women aged 15–49 years	



F

APPENDIX

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / _____	HH6. AREA: Urban..... 1 Rural..... 2	

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

MAY I START NOW?

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

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

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

HH18.
Record the
time.
Hour
Minutes

HOUSEHOLD LISTING FORM

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

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

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

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

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

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





HL1 Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSE-HOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line no. if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? Record line no. of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? Record line no. of father or 00 for "No"
Line	Name	Relation *	M	F	Month	Year	Age	Mother	Mother	Y	N	DK	Father
08			1	2			15-49			1	2	8	
09			1	2			08			1	2	8	
10			1	2			09			1	2	8	
11			1	2			10			1	2	8	
12			1	2			11			1	2	8	
13			1	2			12			1	2	8	
14			1	2			13			1	2	8	
15			1	2			14			1	2	8	
15			1	2			15			1	2	8	

Tick here if additional questionnaire used

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

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

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

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

EDUCATION

ED

Table1: Grade conversion table for Primary and Secondary education in Saint Lucia

- o Use this table to assist you with the conversion of grades in the questions ED4B, ED6 and ED8. The conversion should be done from the old education grade system (till 1996/1997 school year) or current education grade system (from 1997/1998 school onwards) to the MICS grade (codes). The MICS grade equivalent should be recorded in the space provided.

Old Grade System (till 1996/1997)		Current Grade System (from 1997/1998)		MICS Grade	
Level	Grade	Level	Grade	Level	Grade
Infant	Stage 1	Infant	Grade K	Infant/Primary	01
	Stage 2		Grade 1		02
	Stage 3		Grade 2		03
Primary	Standard 1	Primary	Grade 3		04
	Standard 2		Grade 4		05
	Standard 3		Grade 5		06
	Standard 4		Grade 6		07
	Standard 5				08
	Standard 6				09
	Standard 7				10
Senior Primary	Year 1			01	
	Year 2			02	
	Year 3			03	
Secondary	Form 1	Secondary	Form 1	Secondary	01
	Form 2		Form 2		02
	Form 3		Form 3		03
	Form 4		Form 4		04
	Form 5		Form 5		05

WATER AND SANITATION		W
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 31⇨WS3 32⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 61⇨WS3 81⇨WS3 96⇨WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ___ ___ DK 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)1 Adult man (age 15+ years)2 Female child (under 15)3 Male child (under 15).....4 DK8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes1 No2 DK8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, Brita, etc.)..... D Solar disinfection E Let it stand and settle F</p> <p>Other (<i>specify</i>) _____ X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank..... 12 Flush to pit (latrine)..... 13 Flush to unknown place / Not sure / DK where 15</p> <p>Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab.....22 Pit latrine without slab / Open pit.....23</p> <p>Bucket41</p> <p>No facility, Bush, Field95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes1 No2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public).....1 Public facility.....2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ___ Ten or more households 10 DK98</p>	

HOUSEHOLD CHARACTERISTICS		
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Roman Catholic 1 Seventh Day Adventist 2 Pentecostal 3 Other Christian (<i>specify</i>) _____ 4 Other religion (<i>specify</i>) _____ 6 No religion..... 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	African descent (Negro/Black) 1 Mixed descent..... 2 East Indian..... 3 Other ethnic group (<i>specify</i>) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth/Sand (Dirt) 11 Rudimentary floor Wood planks 21 Plywood 23 Finished floor Parquet or polished wood 31 Vinyl tiles 32 Ceramic tiles 33 Concrete 34 Carpet 35 Marley/ linoleum..... 36 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch / Coconut leaf 12 Rudimentary Roofing Wood planks 23 Finished roofing Metal (Galvanized iron/Aluzinc) 31 Clay tiles 34 Concrete 35 Roofing shingles 36 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls Dirt 13 Rudimentary walls Plywood 24 Cardboard 25 Galvanized iron/Aluzinc 27 Finished walls Concrete 31 Stone with mortar 32 Bricks 33 Concrete blocks 34 Wood (e.g. cedar) 36 Hollow clay blocks 37 Plastered concrete blocks 38 Other (<i>specify</i>) 96</p>																																											
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Agricultural crop residue 11 No food cooked in household 95 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 04⇒HC8 05⇒HC8 95⇒HC8</p>																																										
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (<i>specify</i>) 6</p>																																											
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE/ FIXED LINE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A TABLE?</p> <p>[G] A BED?</p> <p>[H] A SOFA?</p> <p>[I] A STOVE?</p> <p>[J] A WASHING MACHINE?</p> <p>[K] INTERNET SERVICE?</p> <p>[L] AN AIR CONDITION UNIT?</p> <p>[M] CABLE/ SATELLITE TV?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile/ fixed line telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Table</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sofa</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Stove</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Internet service</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air condition unit</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cable/ satellite TV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile/ fixed line telephone	1	2	Refrigerator.....	1	2	Table	1	2	Bed	1	2	Sofa	1	2	Stove	1	2	Washing machine	1	2	Internet service	1	2	Air condition unit	1	2	Cable/ satellite TV	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[B] A MOBILE/CELLULAR PHONE?</p> <p>[F] A CAR/TRUCK?</p> <p>[G] A BOAT FOR LIVELIHOOD?</p> <p>[H] A COMPUTER?</p> <p>[I] A STEREO OR CD PLAYER?</p> <p>[J] A BOAT FOR PLEASURE (YACHT)?</p> <p>[K] A PORTABLE AUDIO DEVICE (IPOD/MP3)?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Mobile/cellular phone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car/ truck</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat for livelihood</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Stereo or CD player</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat for pleasure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Portable Audio Device</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Mobile/cellular phone	1	2	Car/ truck	1	2	Boat for livelihood	1	2	Computer	1	2	Stereo or CD player	1	2	Boat for pleasure.....	1	2	Portable Audio Device	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own.....1</p> <p>Rent2</p> <p>Other (Not owned or rented)6</p>																									
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒HC13																								
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record “00”. If 95 or more, record ‘95’. If unknown, record ‘98’.</i></p>	<p>Acres.....__ __</p>																									
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒HC15																								
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p><i>If none, record ‘00’.</i></p> <p><i>If 95 or more, record ‘95’.</i></p> <p><i>If unknown, record ‘98’.</i></p>	<p>Cattle, milk cows, or bulls__ __</p> <p>Horses, donkeys, or mules__ __</p> <p>Goats__ __</p> <p>Sheep.....__ __</p> <p>Chickens__ __</p> <p>Pigs__ __</p>																									
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT OR CREDIT UNION ACCOUNT?</p>	<p>Yes.....1</p> <p>No2</p>																									

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

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

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

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

Table 2: Selection of Random Child for Child Discipline Questions

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

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

CD8. Record the rank number of the selected child.....

<p>CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12. EXPLAINED WHY <i>(name)</i>'S BEHAVIOR WAS WRONG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know / No opinion..... 8</p>	

HANDWASHING		HW
NOW I WOULD LIKE TO COLLECT INFORMATION ABOUT HANDWASHING FACILITIES AND THE PRESENCE OF SOAP AND WATER IN YOUR HOUSEHOLD. SOME INFORMATION REQUIRES MY OBSERVATION.		
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed..... 1 Not observed Not in dwelling / plot / yard 2 No permission to see..... 3 Other reason 6	2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i> <i>Circle all that apply.</i> <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Local cleansing agent (specify) _____ D None Y	A ⇨ HH19 B ⇨ HH19 C ⇨ HH19 D ⇨ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes 1 No 2	2 ⇨ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Local cleansing agent (specify) _____ D Not able / Does not want to show Y	

HH19. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house 6 Salt not tested 7	

<p>HH20. <i>Thank the respondent for his/her cooperation and check the Household Listing Form:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>A separate Questionnaire for Individual Women has been issued for each woman age 15–49 years in the household list (HL7)</i> <input type="checkbox"/> <i>A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)</i> <p><i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: ____ _	WM2. Household number: ____ _	
WM3. Woman's name: Name _____	WM4. Woman's line number: ____ _	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / _____	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE CENTRAL STATISTICAL OFFICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.</p>
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- MAY I START NOW?
- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.*
 - No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
---	--

WM10. <i>Record the time.</i>	Hour and minutes : ____
-------------------------------	-------------------------------

Table1: Grade conversion table for Primary and Secondary education in Saint Lucia

- Use the table below to assist you with the conversion of grades in the question WB5. The conversion should be done from the old education grade system (till 1996/1997 school year) or current education grade system (from 1997/1998 school onwards) to the MICS grade (codes). The MICS grade equivalent should be recorded in the space provided.

Old Grade System (till 1996/1997)		Current Grade System (from 1997/1998)		MICS Grade	
Level	Grade	Level	Grade	Level	Grade
Infant	Stage 1	Infant	Grade K	Infant/Primary	01
	Stage 2		Grade 1		02
	Stage 3		Grade 2		03
Primary	Standard 1	Primary	Grade 3		04
	Standard 2		Grade 4		05
	Standard 3		Grade 5		06
	Standard 4		Grade 6		07
	Standard 5		08		
	Standard 6		09		
	Standard 7		10		
Senior Primary	Year 1			Senior Primary	01
	Year 2				02
	Year 3				03
Secondary	Form 1	Secondary	Form 1	Secondary	01
	Form 2		Form 2		02
	Form 3		Form 3		03
	Form 4		Form 4		04
	Form 5		Form 5		05

WOMAN'S BACKGROUND		WB
<p>WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?</p>	<p>Date of birth Month__ __ DK month98</p> <p>Year__ __ DK year9998</p>	
<p>WB2. HOW OLD ARE YOU?</p> <p><i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i></p> <p><i>Compare and correct WB1 and/or WB2 if inconsistent</i></p>	<p>Age (in completed years)__ __</p>	
<p>WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?</p>	<p>Yes1 No.....2</p>	2⇒WB7
<p>WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?</p>	<p>Preschool0 Infant/ Primary1 Senior Primary2 Secondary3 Post-Secondary/Non-tertiary4 Tertiary/University5</p>	0⇒WB7
<p>WB5. WHAT IS THE HIGHEST STANDARD/GRADE/FORM YOU COMPLETED AT THAT LEVEL?</p> <p><i>If less than 1 standard/grade/form/year, enter "00".</i></p> <p><i>Use conversion table (Table 1).</i></p>	<p>Grade__ __</p>	
<p>WB6. Check WB4:</p> <p><input type="checkbox"/> Secondary or higher (codes 3, 4 or 5) ⇒ Go to Next Module</p> <p><input type="checkbox"/> Primary or Senior Primary (codes 1 or 2) ⇒ Continue with WB7</p>		
<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all1 Able to read only parts of sentence2 Able to read whole sentence3</p> <p>No sentence in required language _____4 <i>(specify language)</i></p> <p>Blind / mute, visually / speech impaired5</p>	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
<p>MT1. Check WB7:</p> <p><input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Able to read or no sentence in required language available (codes 2, 3 or 4) ⇒ Continue with MT2</p> <p><input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3</p>		
<p>MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
<p>MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
<p>MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
<p>MT5. Check WB2: Age of respondent 15–24 years?</p> <p><input type="checkbox"/> Yes, age 15–24 ⇒ Continue with MT6</p> <p><input type="checkbox"/> No, age 25–49 ⇒ Go to Next Module</p>		
<p>MT6. HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒MT9
<p>MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒MT9
<p>MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
<p>MT9. HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒Next Module
<p>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒ Next Module
<p>MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day..... 1</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2 ⇒ Contra-ception Module
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM12 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day __ __ DK day 98 Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒ CM12
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth __ __	
CM12. OF ALL THE BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Day __ __ DK day 98 Month __ __ Year __ __ __ __	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2010</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module.</i></p>		

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here</i></p> <p>_____.</p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months 1 __ __ Years 2 __ __ DK 998	

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM13 and record name of last-born child here

Use this child's name in the following questions, where indicated.

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN5</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse / Midwife B Other person Bush midwife/ traditional attendant F Community health worker/aid G Other (specify) X</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times..... _ _ DK 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample	1	2												
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1 Yes (card not seen) 2 No 3 DK..... 8</p>													
<p>MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒MN9 8⇒MN9</p>												
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times DK..... 8</p>	<p>8⇒MN9</p>												

MN8. How many tetanus injections during last pregnancy were reported in MN7?

- At least two tetanus injections during last pregnancy. ⇒ Go to MN17
- Only one tetanus injection during last pregnancy. ⇒ Continue with MN9

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒MN17 8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times DK..... 8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If less than 1 year, record '00'.</i></p>	<p>Years ago _ _</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional: Doctor A Nurse / Midwife B Other person Bush midwife/ traditional attendant F Community health worker/ aid G Relative / Friend H</p> <p>Other (<i>specify</i>) X No one Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home Your home 11 Other home 12</p> <p>Public sector Govt. hospital 21 Govt. clinic / health centre/ polyclinic 22 Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector Private hospital 31 Private clinic 32 Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20 12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1 No 2</p>	
<p>MN20. WHEN <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1 No 2</p> <p>DK 8</p>	<p>2⇒MN23 8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) ____ . ____</p> <p>From recall 2 (kg) ____ . ____</p> <p>From card 3 (lbs) ____ . ____</p> <p>From recall 4 (lbs) ____ . ____</p> <p>DK 9998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1 No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Don't know / remember 998</p>	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.

Check child mortality module CM13 and record name of last-born child here _____.

Use this child's name in the following questions, where indicated.

PN1. Check MN18: Was the child delivered in a health facility?

- Yes, the child was delivered in a health facility (MN18=21–26 or 31–36) ⇒ Continue with PN2*
- No, the child was not delivered in a health facility (MN18=11–12 or 96) ⇒ Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.
If less than one week, record days.
Otherwise, record weeks.*

Hours 1 __ __
Days 2 __ __
Weeks 3 __ __
Don't know / remember 998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.

BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes 1
No 2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?

Yes 1
No 2

PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).

DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?

Yes 1
No 2

1 ⇒ PN11
2 ⇒ PN16

PN6. Check MN17: Did a health professional, bush midwife/traditional attendant, or community health worker/aid assist with the delivery?

- Yes, delivery assisted by a health professional or other health worker (MN17=A–G) ⇒ Continue with PN7*
- No, delivery not assisted by a health professional or other health worker (A–G not circled in MN17) ⇒ Go to PN10*

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

<p>PN13. WHO CHECKED ON (<i>name</i>)’S HEALTH AT THAT TIME?</p>	<p>Health professional DoctorA Nurse / MidwifeB Other person Bush midwife/ traditional attendant F Community health worker/ aid G Relative / Friend H Other (<i>specify</i>) _____ X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home Your home 11 Other home 12</p> <p>Public sector Govt. hospital 21 Govt. clinic / health centre/ polyclinic 22 Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector Private hospital 31 Private clinic 32 Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>PN15. <i>Check MN18: Was the child delivered in a health facility?</i></p> <p><input type="checkbox"/> <i>Yes, the child was delivered in a health facility (MN18=21–26 or 31–36) ⇒ Continue with PN16</i></p> <p><input type="checkbox"/> <i>No, the child was not delivered in a health facility (MN18=11–12 or 96) ⇒ Go to PN17</i></p>		
<p>PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1 No 2</p>	<p>1⇒PN20 2⇒Next Module</p>
<p>PN17. <i>Check MN17: Did a health professional, bush midwife/traditional attendant, or community health worker/aid assist with the delivery?</i></p> <p><input type="checkbox"/> <i>Yes, delivery assisted by a health professional or other health worker (MN17=A–G) ⇒ Continue with PN18</i></p> <p><input type="checkbox"/> <i>No, delivery not assisted by a health professional or other health worker (A–G not circled in MN17) ⇒ Go to PN19</i></p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1 No 2</p>	<p>1⇒PN20 2⇒Next Module</p>

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

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence / Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CP4. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CP5. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p>Do not prompt. If more than one reason is mentioned, circle each one.</p>	<p>Not married A</p> <p>Fertility related reasons</p> <p> Want to get pregnant/ have child B</p> <p> Not having sex C</p> <p> Infrequent sex D</p> <p> Menopausal/hysterectomy E</p> <p> Can't get pregnant F</p> <p> Not menstruated since last birth J</p> <p> Breastfeeding H</p> <p> Up to God/ Fatalistic I</p> <p>Opposition to use</p> <p> Respondent opposed J</p> <p> Husband/partner opposed K</p> <p> Others opposed L</p> <p> Religious prohibition M</p> <p>Lack of knowledge</p> <p> Knows no method N</p> <p> Knows no source O</p> <p>Method-related reasons</p> <p> Side effects/ health concerns P</p> <p> Lack of access/ too far Q</p> <p> Costs too much R</p> <p> Preferred method not available S</p> <p> No method available T</p> <p> Inconvenient to use U</p> <p> Interferes with body's normal processes V</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK Z</p>	

UNMET NEED

UN

UN1. *Check CP1. Currently pregnant?*

- Yes, currently pregnant ⇒ Continue with UN2
- No, unsure or DK ⇒ Go to UN5

UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1	1⇒UN4
	No 2	
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1	
	No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1	1⇒UN7
	No more / None 2	2⇒UN13
	Undecided / Don't know 8	8⇒UN13

UN5. *Check CP3. Currently using "Female sterilization"?*

- Yes ⇒ Go to UN13
- No ⇒ Continue with UN6

UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1	
	No more / None 2	2⇒UN9
	Says she cannot get pregnant..... 3	3⇒UN11
	Undecided / Don't know..... 8	8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months 1 __ __	
	Years 2 __ __	
	Soon / Now 993	
	Says she cannot get pregnant..... 994	994⇒UN11
	After marriage 995	
	Other..... 996	
Don't know 998		

UN8. *Check CP1. Currently pregnant?*

- Yes, currently pregnant ⇒ Go to UN13
- No, unsure or DK ⇒ Continue with UN9

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1 ⇒UN13</p> <p>8 ⇒UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex A</p> <p>Menopausal B</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus)..... D</p> <p>Has been trying to get pregnant for 2 years or more without result E</p> <p>Postpartum amenorrhic..... F</p> <p>Breastfeeding G</p> <p>Too old H</p> <p>Fatalistic..... I</p> <p>Health reasons J</p> <p>Other (<i>specify</i>) _____ X</p> <p>Don't know Z</p>	
<p>UN12. Check UN11. “Never menstruated” mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago..... 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago 3 ___</p> <p>Years ago..... 4 ___</p> <p>In menopause / Has had hysterectomy 994 Before last birth..... 995 Never menstruated 996</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

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

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him.....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8
[F] IF SHE IS UNFAITHFUL?	Unfaithful	1	2	8
[G] IF SHE TRIES TO END THE RELATIONSHIP?	End the relationship	1	2	8
[H] IF SHE SPENDS MONEY IRRATIONALLY?	Spends money irrationally.....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED, LIVING TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, currently married1 Yes, living with a man.....2 Yes, in a visiting relationship0 No, not in union3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years__ __ DK98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes1 No.....2	2⇒MA7
MA4. HOW MANY OTHER PARTNERS DOES HE HAVE?	Number.....__ __ DK98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED, LIVED TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, formerly married1 Yes, formerly lived with a man2 Yes, formerly in a visiting relationship0 No.....3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATIONSHIP?	Widowed.....1 Divorced2 Separated.....3 No longer in a visiting relationship.....4	
MA7. HAVE YOU BEEN MARRIED, LIVED WITH A MAN, OR IN A VISITING RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY, START LIVING WITH A MAN AS IF MARRIED, OR START THE VISITING RELATIONSHIP?	Date of first marriage/ visiting relationship Month__ __ DK month98 Year.....__ __ __ __ DK year9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER, OR STARTED YOUR FIRST VISITING RELATIONSHIP?	Age in years__ __	

SEXUAL BEHAVIOUR

SB

Check for the presence of others. Before continuing, ensure privacy.

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) husband/partner 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago..... 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Friend 5</p> <p>Visiting partner..... 7</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>5⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> <i>Currently married or living with a man or in a visiting relationship (MA1 = 1, 2 or 0)</i> ⇒ Go to SB8</p> <p><input type="checkbox"/> <i>Not married / Not in union / Not in a visiting relationship (MA1 = 3)</i> ⇒ Continue with SB7</p>		
<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner _ _</p> <p>DK..... 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Friend 5 Visiting partner..... 7</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒SB12 4⇒SB12 5⇒SB12 6⇒SB12</p>
<p>SB11. <i>Check MA1 and MA7:</i></p> <p><input type="checkbox"/> <i>Currently married or living with a man or in a visiting relationship (MA1 = 1, 2 or 0) AND Married only once or lived with a man only once or in a visiting relationship only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ___</p> <p>DK..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... ___</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ___</p> <p>DK..... 98</p>	

HIV AND AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK 8	2⇒Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8																	

<p>HA13. Check CMI3: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do	1	2	8	Tested for AIDS.....	1	2	8	Offered a test	1	2	8	
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<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A or B)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>																						
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes1</p> <p>No.....2</p>	<p>2⇒HA24</p>																				

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No.....2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No.....2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12–23 months ago..... 2 2 or more years ago 3	1⇒TA14 2⇒TA14 3⇒TA14
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes1 No.....2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12–23 months ago.....2 2 or more years ago3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No.....2 DK8	1⇒TA14 2⇒TA14 8⇒TA14
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes1 No.....2	

ALCOHOL USE		TA
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒WM11
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR SHANDY, ONE GLASS OF WINE OR ALCOHOLIC PUNCH, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00</p> <p>Age..... _ _</p>	00⇒WM11
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "everyday" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month.. 00</p> <p>Number of days..... 0 _</p> <p>10 days or more but less than a month..... 10</p> <p>Everyday / Almost every day..... 30</p>	00⇒WM11
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?</p>	<p>Number of drinks..... _ _</p>	

WM11. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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<p>WM12. <i>Check Household Listing Form, column HL9.</i> <i>Is the respondent the mother or caretaker of any child age 0–4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or child under-5 in the household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

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

Repeat greeting if not already read to this respondent:

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

WE ARE FROM CENTRAL STATISTICAL OFFICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Completed</td><td style="text-align: right;">01</td></tr> <tr><td>Not at home</td><td style="text-align: right;">02</td></tr> <tr><td>Refused</td><td style="text-align: right;">03</td></tr> <tr><td>Partly completed</td><td style="text-align: right;">04</td></tr> <tr><td>Incapacitated</td><td style="text-align: right;">05</td></tr> <tr><td>Other (<i>specify</i>) _____</td><td style="text-align: right;">96</td></tr> </table>	Completed	01	Not at home	02	Refused	03	Partly completed	04	Incapacitated	05	Other (<i>specify</i>) _____	96
Completed	01												
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Refused	03												
Partly completed	04												
Incapacitated	05												
Other (<i>specify</i>) _____	96												

UF10. Field edited by (Name and number): Name _____ ___ ___	UF11. Data entry clerk (Name and number): Name _____ ___ ___
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UF12. Record the time.	Hour and minutes..... ____ : ____	
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AGE	AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day.....98</p> <p>Month ____</p> <p>Year..... ____</p>
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) ____</p>

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen1	1⇒Next Module
	Yes, not seen2	
	No3	2⇒Next Module
	DK8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE REGISTRY?	Yes1	1⇒Next Module
	No2	
	DK8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes1	
	No2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p> <p>None.....00</p> <p>Number of children’s books.....0__</p> <p>Ten or more books10</p>		
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<p>Y N DK</p> <p>Homemade toys1 2 8</p> <p>Toys from a shop1 2 8</p> <p>Household objects or outside objects1 2 8</p>	
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p>If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’</p>	<p>Number of days left alone for more than an hour.....__</p> <p>Number of days left with other child for more than an hour__</p>	
<p>EC4. <i>Check AG2: Age of child</i></p> <p><input type="checkbox"/> <i>Child age 3 or 4 ⇒ Continue with EC5</i></p> <p><input type="checkbox"/> <i>Child age 0, 1 or 2 ⇒ Go to Next Module</i></p>		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING PRESCHOOL, KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>

<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours _ _</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, COMMON/ POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER <i>(name)</i> HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID <i>(name)</i> DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF4. DID <i>(name)</i> DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID <i>(name)</i> DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF7A 8⇒BF7A
BF7. HOW MANY TIMES DID <i>(name)</i> DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF7A. DID <i>(name)</i> DRINK SOYA MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF8 8⇒BF8
BF7B. HOW MANY TIMES DID <i>(name)</i> DRINK SOYA MILK?	Number of times _ _	
BF8. DID <i>(name)</i> DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	

BF9. DID (<i>name</i>) DRINK CLEAR SOUP OR CLEAR BROTH YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No..... 2 DK 8	
BF10. DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No..... 2 DK 8	
BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No..... 2 DK 8	
BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No..... 2 DK 8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No..... 2 DK 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times __ __	
BF15. DID (<i>name</i>) <u>EAT THIN/ WATERY PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No..... 2 DK 8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No..... 2 DK 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Number of times __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes 1 No..... 2 DK 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No..... 2 DK 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If “less”, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SALT (ORS)? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] SALT, SUGAR AND WATER WITH OR WITHOUT FRESH FRUIT JUICE?	Y N DK Fluid from ORS packet..... 1 2 8 Pre-packaged ORS fluid 1 2 8 Salt, sugar and water (w/o juice)..... 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No..... 2 DK 8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic..... A</p> <p>Antimotility B</p> <p>Zinc..... C</p> <p>Other pill (Not antibiotic, antimotility or zinc)..... G</p> <p>Unknown pill or syrup..... H</p> <p>Injection</p> <p>Antibiotic..... L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only..... 1</p> <p>Blocked or runny nose only..... 2</p> <p>Both..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre/ polyclinic B</p> <p>Community health aids..... F</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic..... I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	

<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic Pill / Syrup A Injection B</p> <p>Paracetamol / Panadol / Acetaminophen... P Aspirin Q Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X DK Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to UF13</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06</p> <p>Other (<i>specify</i>) _____ 96 DK 98</p>	

UF13. Record the time.	Hour and minutes..... ____ : ____	
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UF14. *Is the respondent the mother or caretaker of another child age 0–4 living in this household?*

Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent

No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child

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

Move to another woman’s or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY		AN
<p>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.</p>		
AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement</i>	Either or both measured..... 1	
	Child not present..... 2	2⇒AN6
	Child or caretaker refused..... 3	3⇒AN6
	Other (<i>specify</i>) _____ 6	6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg)..... _ . _	
	Weight not measured99.9	
AN4. <i>Child's length or height</i>		
Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).	Length (cm) Lying down 1 _ . _	
<input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Height (cm) Standing up 2 _ . _	
	Length / Height not measured9999.9	

AN6. Is there another child in the household who is eligible for measurement?

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



