Suriname
Multiple Indicator Cluster Survey
2006

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MICS

Suriname

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2006

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MICS

Contributors to the report:
Government of Suriname
United Nations Children's Fund

The Suriname Multiple Indicator Cluster Survey (MICS) was carried out by the General Bureau of Statistics in collaboration with the Ministries of Social Affairs and Housing and Planning and Development Cooperation, with financial support from the Ministry of Planning and Development Cooperation ('Voorbereidingsfonds'), the General Bureau of Statistics, the Ministry of Social Affairs and Housing, and the United Nations Children's Fund (UNICEF). Technical support was provided by UNICEF.

The survey has been conducted as part of the third round of MICS surveys (MICS3), carried out around the world in more than 50 countries, in 2005-2006, following the first two rounds of MICS surveys that were conducted in 1995 and the year 2000. Survey tools are based on the models and standards developed by the global MICS project, designed to collect information on the situation of children and women in countries around the world. Additional information on the global MICS project may be obtained from www.childinfo.org.

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For MICS3 report online including tables, appendices, and the questionnaires go to: www.childinfo.org.

Summary Table of Findings

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

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	Unit
NUTRITION					
Nutritional status	6	4	Underweight prevalence	9.9	percent
	7		Stunting prevalence	7.7	percent
	8		Wasting prevalence	4.9	percent
Breastfeeding	45		Timely initiation of breastfeeding	34.4	percent
	15		Exclusive breastfeeding rate	2.2	percent
	16		Continued breastfeeding rate at 12-15 months at 20-23 months	 38.7 14.9	 percent percent
	17		Timely complementary feeding rate	34.2	Percent
	18		Frequency of complementary feeding	12.3	percent
	19		Adequately fed infants	7.8	percent
Low birth weight	9		Low birth weight infants	10.9	percent
	10		Infants weighed at birth	73.7	percent
CHILD HEALTH					
Immunization	26		Polio 3 immunization coverage	87.6	percent
	27		DPT 3 immunization coverage	86.1	percent
	28	15	Measles immunization coverage (MMR)	79.5	percent
	31		Fully immunized children aged 12-23 months	68.5	percent
	29		Hepatitis B immunization coverage aged 12-23 months[1]	3.2	percent
	30		Yellow fever immunization coverage aged 12-23 months before their first birthday[2]	18.1	percent
Tetanus toxoid	32		Neonatal tetanus protection[3]	37.3	percent
Care of illness	33		Use of oral rehydration therapy (ORT)	43.6	percent
	34		Home management of diarrhoea	17.6	percent
	35		Received ORT or increased fluids, and continued feeding	27.7	percent
	23		Care seeking for suspected pneumonia	2.1	percent
	22		Antibiotic treatment of suspected pneumonia	-	percent
Solid fuel use	24	29	Solid fuels	14.9	percent
Malaria	36		Household availability of insecticide-treated nets (ITNs)	55.3	percent
	37	22	Under-fives sleeping under insecticide-treated nets	48.2	percent
	38		Under-fives sleeping under mosquito nets	58.5	percent
	39	22	Antimalarial treatment (under-fives)	1.9	percent
	40		Intermittent preventive malaria treatment (pregnant women)	-	percent

[1] The low value of this indicator can be explained by the fact that the HEp vaccination was only introduced in 2005. When the MICS research took place in 2006, some children were still vaccinated according to the old vaccination schedule.

[2] According to the figures however, yellow fever vaccination for children living in the interior is 73,7%.

[3] Neonatal tetanus was introduced in June 2005.

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	Unit
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	91.7	percent
	13		Water treatment	22 .6	percent
	12	31	Use of improved sanitation facilities	89.8	percent
	14		Disposal of child's faeces	33 .1	percent
REPRODUCTIVE HEALTH					
Contraception and unmet need	21	19c	Contraceptive prevalence	45 .6	percent
	98		Unmet need for family planning	18.4	percent
	99		Demand satisfied for family planning	71.3	percent
Maternal and newborn health	20		Antenatal care	89.9	Percent
	44		Content of antenatal care		
			Blood sample taken Blood pressure measured Urine specimen taken Weight measure	96.2 98.2 96.1 97.9	percent percent percent percent
	4	17	Skilled attendant at delivery	89.8	percent
	5		Institutional deliveries	88.3	percent
CHILD DEVELOPMENT					
Child development	46		Support for learning	70.4	percent
	47		Father's support for learning	33.4	percent
	48		Support for learning: children's books	45.2	percent
	49		Support for learning: non-children's books	59.9	percent
	50		Support for learning: materials for play	37.2	percent
	51		Non-adult care	7.0	percent
EDUCATION					
Education	52		Pre-school attendance	38.5	percent
	53		School readiness	88.4	percent
	54		Net intake rate in primary education	86.9	percent
	55	6	Net primary school attendance rate	94.5	percent
	56		Net secondary school attendance rate	61.4	percent
	57	7	Children reaching grade five	93.7	percent
	58		Transition rate to secondary school	77.4	percent
	59	7b	Primary completion rate	45.7	percent
	61	9	Gender parity index primary school secondary school	 1.0 1.2	 ratio ratio
Literacy	60	8	Adult literacy rate	91.9	percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	Unit
CHILD PROTECTION					
Birth registration	62		Birth registration	96.6	percent
Child labour	71		Child labour	6.0	percent
	72		Labourer students	87.7	percent
	73		Student labourers	5.6	percent
Child discipline	74		Child discipline Any psychological/physical punishment	84.4	percent
Early marriage	67		Marriage before age 15 Marriage before age 18	3.7 22.5	percent percent
	68		Young women aged 15-19 currently married/in union	10.9	percent
	69		Spousal age difference Women aged 15-19 Women aged 20-24	 19.5 22.6	 percent percent
Domestic violence	100		Attitudes towards domestic violence	13.2	percent
Disability	101		Child disability	23.7	percent
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	39.3	percent
	89		Knowledge of mother- to-child transmission of HIV	57.9	percent
	86		Attitude towards people with HIV/AIDS	36.1	percent
	87		Women who know where to be tested for HIV	80.4	percent
	88		Women who have been tested for HIV	33.3	percent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	67.3	percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	72.4	percent
Sexual behaviour	84		Age at first sex among young people[4]	9.2	percent
	92		Age-mixing among sexual partners[5]	18.6	percent
	83	19a	Condom use with non-regular partners	48.9	percent
	85		Higher risk sex in the last year	62.9	percent
Support to orphaned and vulnerable children	75		Prevalence of orphans	5.1	percent
	78		Children's living arrangements	9.3	percent

[4] Please note that this figure represents a percentage, not an age

[5] Please note that this figure represents a percentage, not an age

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AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CAREC	Caribbean Epidemiology Centre
CDC	Centre for Disease Control and Prevention
CEDAW	Convention on the Elimination of all forms of discrimination against women
CRC	Convention on the Rights of the Child
CSPro	Census and Survey Processing
DPT	Diphtheria Pertussis Tetanus
EA	Enumeration Area
EPI	Expanded Programme on Immunization
GBS	General Bureau of Statistics
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IMR	Infant Mortality Rate
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
IUD	Intrauterine Device
IQ	Intelligence Quotient
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Measles, Mumps and Rubella
NCHS	National Centres for Health Statistics
ORT	Oral Rehydration Treatment
ORS	Oral Rehydration Salts
PAHO	Pan American Health Organisation
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
U5MR	Under five mortality rate
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit For Children
WHO	World Health Organization

ACKNOWLEDGEMENTS

The Multiple Indicators Cluster Survey (MICS) report is the product of an effort made by both governmental and non governmental organisations. UNICEF proposed the MICS as a vital tool to assess the situation of women and children. The financial resources for the implementation of the Suriname MICS 2006 came from:

- Ministry of Planning and Development Cooperation ("Voorbereidingsfonds");
- Ministry of Social Affairs and Housing;
- General Bureau of Statistics (GBS);
- UNICEF

For the implementation of the MICS, a Technical Committee was established, which was led by the Director of the General Bureau of Statistics, Mr. I. Sno, who was assigned as the MICS Coordinator. Other members of the Technical Committee were:

- Ms. E. Groenfelt, Survey Coordinator, General Bureau of Statistics
- Ms. S. Caffe, HIV Focal Point, CAREC, PAHO/WHO
- Ms. I. Krishnadath, Lecturer, Anton de Kom University
- Ms. M. van Kats, Head of Medical Pedagogical Bureau, Ministry of Health
- Ms. S. Soekhoe, Policy Specialist, Ministry of Justice and Police
- Ms. C. Hammen, Project Officer Health and Nutrition, UNICEF
- Mr. R. van Dongen , Child Protection Specialist, UNICEF

Administrative support to the MICS Technical Committee was provided by Ms. F. Pahalwankhan, Ms. S. Soemoardjo and Mr. S. Powel, all policy officers of the Ministry of Social Affairs and Housing. A MICS steering committee was also established with representatives from different ministries and non governmental organisations, in order to review the report and provide feedback.

The design of the paper and pencil questionnaires is based on the Multiple Indicator Cluster Survey design of UNICEF and was adjusted for the situation in Suriname. The questionnaires were translated into Dutch, while training of interviewers who are fluent in other languages spoken in Suriname ensured that translations did not change the meaning of the questions asked.

Special thanks must also go out to the team of fieldworkers, data entry personnel and administrative staff involved in the project. We also want to thank the respondents who were open to answer the questions and were willing to spend their valuable time to reach this milestone for the country. The efforts from staff from the Ministries of Planning and Development Cooperation and Social Affairs and Housing, the General Bureau of Statistics and the UNICEF office in Suriname were eminent for the preparation and implementation of the MICS. Substantial support was also received by staff from UNICEF New York, the UNICEF Regional Office in Panama and UNICEF Guyana.

Executive Summary

The Suriname 2006 Multiple Indicator Cluster Survey (MICS3) is a nationally representative survey of households, women aged 15–49 and children, based on the results obtained from 5,746 responding households out of a total of 6,536 sampled households. The main objectives of the survey are: (a) to provide up-to-date information for assessing the mid-decade situation of women and children in Suriname, (b) to provide high quality data needed for monitoring progress towards goals established by the Millennium Summit of 2000, the World Summit for Children in 2002, and other internationally agreed upon goals, as a basis for further action and (c) to contribute to the improvement of data and monitoring systems in Suriname and to strengthen technical expertise in the design, implementation and analysis of such systems.

Fieldwork for the MICS took place between April and October 2006. Fieldwork in the interior was disrupted by heavy rains followed by severe flooding in May 2006, displacing over 20,000 people in the interior of Suriname. When interpreting the data of this MICS, one should keep in mind possible unforeseen effects of the flooding and its aftermath on survey results for the rural interior areas.

The results of this MICS often reveal striking differences between the Rural Interior region (mainly populated by maroons and indigenous people), and the Urban and Rural Coastal Region. For most if not all of the indicators the Urban Region yields the most favorable scores.

Child Mortality

The infant mortality rate (IMR) in Suriname is estimated at 33 per thousand, while the probability of dying under five years of age (U5MR) is 38 per thousand. Infant mortality rates are slightly lower (by one percentage point) in Paramaribo, Wanica and Para when compared with the other districts, while under five mortality rates are the same for both regions. IMR and U5MR are at least twice as high where the mother's education is lower than 'secondary plus'.

The infant and under mortality figures as provided by the Government of Suriname and as calculated by the MICS 2000 and 2006 survey show a steady downward trend. However, the MICS estimates are considerably higher than the official U1 and U5 estimates as provided by the BOG and the Government of Suriname. The exact cause of this rather large difference is not known, but might be (partly) due to the fact that the Brass method of estimation, which was used in this MICS survey to calculate mortality figures, overestimates the mortality figures in relatively small sample sizes, such as the ones used in the Suriname MICS.

Nutritional Status

Of all children under the age of five in Suriname, 9.9 percent is moderately underweight and 0.8 percent are classified as severely underweight, 7.7 percent are moderately stunted (too short for their age) and 4.9 percent are moderately wasted (too thin for their height). Children in Nickerie, Coronie and Saramacca are more likely to be moderately underweight, and stunted than other children, whereas those in Wanica and Para are more likely to be moderately wasted. When looking at severely stunted children, the percentage is highest in Brokopondo and Sipaliwini (2.8 percent as compared to 1.4 percent nationwide). Those children whose mothers have tertiary education are the least likely to be moderately underweight, stunted or wasted compared to children of mothers with no education.

Breastfeeding

In Suriname, 2.2 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. Girls were more likely to be exclusively breastfed than boys, while girls and boys had similar levels for timely complementary feeding. With regard to infants aged 6-8 months, less than 10 percent are adequately fed, and among the children aged 9-11 months this percentage is 15.5. Adequate feeding among all infants (aged 0-11 months) is 7.8 percent. Appropriate feeding is the highest in the urban area and lowest in the rural coastal areas. Interestingly, appropriate feeding is much higher among mothers with no education compared to mothers with primary, secondary or tertiary education levels. Appropriate feeding is the highest in the urban area and lowest in the rural coastal areas.

Low Birth Weight

Overall, 73.7 percent of children were weighed at birth and 10.9 percent of infants are estimated to weigh less than 2500 grams at birth. The highest percentage of live births below 2500 grams was measured in the districts of Wanica and Para (13.1 percent). The percentage of low birth weight varies by mother's education, with mother's who have no education at all being more likely (12.3 percent) to have children with a birth weight below 2500 gram.

Immunization

By their first birthday 86.1 percent of the children had received all three DPT doses, and 87.6 percent all three polio doses. By age 18 months almost 80 percent had received their measles vaccination. The first dose of DPT was given to 94.8 percent before the first birthday. The percentage declines for subsequent doses of DPT to 92.2 percent for the second dose, and 86.1 percent for the third dose (Figure CH1). Similarly, 97.1 percent of children received Polio 1 by age 12 months and this declines to 87.6 percent by the third dose. According to the national vaccination schedule, the measles vaccine is administered after the first birthday. The percentage of children that received the measles vaccine at any time before the survey and before 18 months of age is 79.5 percent. By age 29 months 90.8 percent of children received three DPT doses and 92.4 percent received three polio doses. Measles coverage remained the lowest at 29 months, with 81.0 percent coverage. The percentage of children who received all recommended vaccinations by their 29th month is 75.3 percent for the entire country with the highest percentage in the interior (78.0 percent). Nationwide, around 18 percent of children received Yellow fever. However, Yellow Fever vaccination is only provided to children living in the interior, where the coverage was 73.7%

Tetanus Toxoid

According to the results, 37.3 percent of mothers with a birth in the last 24 months reported to be protected against neonatal tetanus. It needs to be noted that neonatal tetanus was introduced in June 2005.

Oral Rehydration Treatment

Overall, 10.6 percent of under five children in Suriname had diarrhea in the two weeks preceding the survey. Diarrhea prevalence was almost double in the rural interior (20.6 percent). Only 27.7 percent of children either received ORT or the fluid intake was increased, and at the same time, feeding was continued, as is the recommendation.

Care Seeking and Antibiotic Treatment of Pneumonia

In Suriname, 2.1 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Overall, 14.8 percent of women know of the two danger signs of pneumonia, but in the rural interior, only 4.3 percent of the mother recognized these two danger signs of pneumonia.

Solid Fuel Use

Overall, 14.9 percent of all households in Suriname are using solid fuels for cooking. Use of solid fuels is relatively low in urban areas (8.5 percent) and very high in rural interior areas, where 54.6 percent of households are using solid fuels. Considering the total number of households using solid fuels for cooking in Suriname, the majority uses the more harmful type - an open stove or fire with no chimney or hood (46.6 percent in urban areas, 53.4 percent of the users in rural coastal areas and 91.8 percent of the users in rural interior areas).

Malaria

The number of diagnosed malaria cases in children aged 0 to 5 years has decreased considerably since 2001. Malaria was a problem in the interior districts of Brokopondo and Sipaliwini. Results indicate that 55.3 percent of the households in Brokopondo and Sipaliwini had at least one insecticide treated net (ITN). The presence of insecticide treated nets was much lower (36.2 percent) in households where the head was not educated. The large majority of children under the age of five (58.5 percent) slept under a mosquito net the night prior to the survey and 48.2 percent slept under an insecticide treated net, with no differences between boys and girls.

A small percentage of children (2.6 percent) with fever in the last two weeks in the districts of Brokopondo and Sipaliwini were treated with an 'appropriate' anti-malarial drug and 1.9 percent received anti-malarial drugs within 24 hours of onset of symptoms. In Suriname a person is only treated for malaria after diagnoses either with a smear under the microscope or with the dipstick method. Therefore, a low percentage of children with fever who were treated with an 'appropriate' anti-malarial drug is a positive health indicator, since it means that malaria is not prevalent amongst young children.

Data on intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey show that 64.0 percent of women aged 15-49 years with a birth in the two years preceding the survey received intermittent preventive therapy (IPT) for malaria during pregnancy.

Water and Sanitation

Although 91.7 percent of the population in Suriname has access to improved drinking water sources, the geographical differences are distinct: 97.1 percent in urban areas, 97.9 percent in rural coastal and 44.8 percent in the rural interior areas (Brokopondo and Sipaliwini). In Paramaribo, 77.6 percent of the population uses drinking water that is piped into their dwelling or into their yard or plot. In contrast, only 25.0 percent of the households in Commewijne and Marowijne and 1.8 percent of the households in Brokopondo and Sipaliwini have access to piped water into their dwelling.

In Brokopondo and Sipaliwini, the main source of drinking water for 54.2 percent of the households is surface water (rivers and ponds), which is generally considered an unsafe source. Overall, 22.6 percent of households used an appropriate water treatment method, with percentages being lowest for Brokopondo and Sipaliwini (11.2 percent).

For 9.1 percent of all households, it takes less than 30 minutes to get to the water source and bring water, while 1 percent of households spend more than 1 hour for this purpose. For the rural interior, these percentages are 46.4 and 5.6 percent respectively. For the majority of households, both adult women and adult men are usually the person collecting the water, when the source of drinking water is not on the premises. Only in the rural interior the differences in percentage of households where adult women are collecting the drinking water compared to the percentage of households where the adult men are collecting is large: 80.7 percent versus 15.7 percent. Boys and girls under 15 only collect drinking water in a small number of households (about 1.5 percent each).

Overall, 89.8 percent of the households use improved sanitation facilities in Suriname. The regional differences are distinct: 97.9 percent of the households in urban areas use improved facilities, 91.6 percent in rural coastal areas and 33.0 percent in rural interior areas. The majority of the households in the rural interior areas uses rivers, bush, fields, or have no facilities. The main sanitary means of excreta disposal in the interior are pit latrines whereas in the urban and rural coastal areas these are flush toilets with connection to a sewage system or septic tank.

Safe disposal of a child's faeces is whether the last stool by the child was disposed of by use of a toilet or rinsed into a toilet or latrine. Overall, stools of 33.1 percent of children aged 0-2 are disposed safely. Percentages are highest for the rural coastal areas (43.3percent) and lowest for the rural interior areas (21.7 percent)

Contraception

In Suriname, current use of contraception was reported by 45.6 percent of women currently married or in union. The most popular method is the pill which is used by one in four married women in Suriname. Contraceptive prevalence is highest in the rural coastal region at 49.6 percent, almost as high in the urban region (at 47.6 percent) and lowest in the rural interior: (14.6 percent). Adolescents aged 15 – 19 are slightly less likely to use contraception than older women. Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 14.3 percent among those with no education to 38.4 percent among women with primary education to 51.0 and 56.0 percent among women with secondary education or tertiary education respectively.

Contraception - Unmet Need

In Suriname, the satisfied demand for contraception is 71.3 percent. The total unmet need for contraception is 18.4 percent (33.2 percent for women aged 15-49 years in the rural interior). The unmet need for contraception to limit or stop childbearing is 12.5 percent (with no stark regional differences), and the unmet need for contraception for spacing is 5.8 percent (20.8 percent for the rural interior). The unmet need is highest among women with no or primary education.

Antenatal Care

Coverage of antenatal care (by a doctor, nurse, or midwife) is high in Suriname with 99.4 percent of women receiving antenatal care at least once during the pregnancy. The person providing antenatal care to women aged 15-49 years who gave birth in the two years preceding was a medical doctor in 63.6 percent of the cases (20.2 percent in the rural interior) and a nurse/midwife in 25.0 percent of the cases (41.1 percent in the rural interior). Community health workers provide antenatal care to 36.5 percent of the women in Brokopondo and Sipaliwini.

Assistance at Delivery

A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife. In Suriname 89.8 percent of births occurring in the two years prior to the MICS survey were delivered by skilled personnel. This percentage is highest in Wanica and Para at 95.2 percent and lowest in Brokopondo and Sipaliwini at 71.5 percent and with women who had no education (74.8 percent). Community health workers[6] assisted in 3.6 percent of the births in Suriname, and in 13.0 percent in women with no education.

[6] The term community health workers refer to health assistants of the organization Primary Health Care Medical Mission. They have had 3 years of training in curative and preventive health care. Amongst others they are trained to independently provide antenatal care and to assist in deliveries in the interior of Suriname, hence they can be seen as "skilled birth attendants".

Of all the births in the two years prior to the MICS survey the large majority (60.7 percent) were delivered with assistance of a nurse/midwife. Doctors assisted with the delivery of 25.8 percent of births. Overall, about 5.9 percent of births were delivered by unskilled attendants (TBA, relative/friend, other). For the rural interior, this was 8.9 percent, mainly because of the relatively high number of women who were assisted by a traditional birth attendant (6.7 percent), in particular women aged 45-49.

In total, 88.3 percent of all women aged 15-49 with a birth in two years preceding the survey delivered in a health facility. Poor women, women with no education, women aged between 40 and 49 years and women living in Brokopondo and Sipaliwini are more likely than other groups to deliver outside a health facility.

Child Development:

For 70.4 percent of under-five children in Suriname, an adult engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey. Father's involvement with one or more activities was only 33.4 percent. Adult engagement in activities with children was greatest in the Nickerie, Coronie and Saramacca district cluster (81.7 percent) and lowest in the Brokopondo Sipaliwini district cluster (44.7 percent), while the proportion was 89.2 percent for children living in the richest households, as opposed to those living in the poorest households (56.5 percent).

The proportion of under-5 children who have 3 or more children's books is 54.1 percent in urban areas and 46.4 in rural coastal areas, compared to 14.2 percent in rural interior areas. The percentage of children aged 0-59 months who had 3 or more plaything to play with in their homes was 37.2 percent.

In Suriname, 7.0 percent of children were left with inadequate care during the week preceding the survey. In urban and rural coastal areas the percentage of children that was left with inadequate care was 3.9 and 5.8 percent respectively, whereas in rural interior areas the figure was 18.8 percent. Leaving a child alone with inadequate care was also more prevalent with mothers who had no education (13.4 percent of children aged 0-59 months).

Pre-School Attendance and School Readiness

Overall, 38.5 percent of children aged 36-59 months are attending pre-school[7]. Urban, rural and interior differentials are significant – the figure is as high as 49.4 percent in urban areas, compared to 29.5 percent in rural coastal areas and 7.3 percent in rural interior areas. Overall, 88.4 percent of children who are currently in the first grade of primary school were attending pre-school the previous year.

Primary and Secondary School Participation

Out of all the children who are of primary school entry age (age 6) in Suriname, 86.9 percent are attending the first grade of primary school, with slightly more boys (87.6 percent) than girls (86.2 percent) attending. In the rural interior districts, however, almost 1 out of 3 of all the children aged 6, are not in school.

The large majority of children of primary school age are attending school (94.5 percent) with no significant difference between boys and girls. In the rural interior areas, however, more than 17 percent of the children are not in school with a considerable difference between boys and girls (around 20 percent of the girls are not in school as compared to 15 percent of the boys). Nationwide, 61.4 percent of all secondary school aged children were attending secondary school (55.6 percent of boys and 67.2 percent of girls). For the rural interior districts, this is as low as 7.6 percent. One in five (21.1 percent) of the children of secondary school age are attending primary school when they should be attending secondary school, with significant disparities between urban areas (17.4 percent), rural coastal areas (21.9 percent) and rural interior districts (47.7 percent).

[7] The Surinamese government supports a pre-primary school programme for 4 and 5 year old children. According to the Ministry of Education, the average percentage attendance for this age group varies between 80-94 percent and is thus higher than the attendance rate for the pre-school.

Nationwide, 18 percent of secondary school age children (aged 12-17 years) are not in school (boys 20 percent; girls 15 percent). In the rural interior districts, however, 44 percent of all secondary school age children are out of school, with little difference between boys and girls.

Of all children starting grade one, the majority of them (93.7 percent) will eventually reach grade five. More girls (96.6 percent) than boys (91.1 percent) eventually reach grade 5 and more children in urban areas reach grade 5 (94.9 percent) as compared to children in rural coastal areas (93.0 percent) and rural interior areas (87.0 percent).

At the moment of the survey, only 45.7 percent of the children of primary completion age (11 years) were attending the last grade of primary education. More girls (53.0 percent) than boys (39.1 percent) had completed primary school within the set amount of time. Low primary school completion rates are often an indication of low internal efficiency of the educational system.

The national gender parity index (GPI) for primary school is 1.0, indicating no difference in the attendance of girls and boys to primary school. However, the indicator increases to 1.0 in rural coastal regions, indicating a disadvantage for boys (which reflects the situation in the wider Caribbean where boys education is a problem) and drops to 0.9 in rural interior areas, indicating a disadvantage for girls in these districts. The gender parity indicator increases to 1.2 for secondary education. The disadvantage of boys is particularly pronounced in the rural interior district (1.9), as well as among children living in the poorest households (1.4) and again reflects the situation in the wider Caribbean where boys discontinue their education at an early age.

Adult Literacy

The percentage of women aged 15-24 years that are literate is 91.9, with considerable disparities between the urban and rural coastal areas (96.2 percent and 94.2 percent respectively) and the rural interior area (45.0 percent).

Birth Registration

The births of 96.6 percent of children under five years in Suriname have been registered, with no significant variations in birth registration across sex, age or education categories. Children in the rural interior area are somewhat less likely to have their births registered (93.3 percent) than children in the rural coastal (96.7 percent) and urban areas (97.6 percent), but this appears to be due primarily to a relatively large proportion of mothers who do not know if their child's birth was registered.

Child Labour

The total percentage of children aged 5-14 years who are involved in child labour activities is 6.0 percent (6.5 percent boys and 5.4 percent girls). Differences between urban, rural coastal and rural interior areas are considerable, with 3.0, 6.5 and 17.8 percent respectively. As can be expected, child labour in the poorest households is more prevalent at 12.8 percent. The large majority of the 6 percent of the children classified as child labourers are attending school: 87.7 percent nationwide and 77.5 percent in rural interior areas.

Child Discipline

A very large majority of children aged 2-14 years in Suriname (84.4 percent) were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. This figure was 92.5 percent for the rural interior area. Approximately 1 out of 10 children aged 2-14 years was subjected to severe physical punishment. Male children were subjected more to both minor and severe physical discipline (58.9 and 10.2 percent) than female children (54.3 and 6.2 percent). Differentials with respect to many of the background variables were relatively small.

Early Marriage

A relatively small proportion of women aged 15-49 years (3.7 percent) were married before age 15 but almost one in four of the same age group was married before age 18. Regional disparities are distinct: more than 1 out of 10 women in the rural interior districts was married or in union before age 15 and more than half was married or in union before age 18. One out of five of the women aged 15-19 years currently married or in union have a husband that is 10 years older or more.

Domestic Violence

In Suriname, 13.2 percent of the women aged 15-49 years believe a husband/partner is justified in beating his wife/partner for any of the reasons mentioned in the MICS study. Neglect of children was the most common reason why women believed a husband is justified in beating his wife/partner (10.6 percent). Differentials by mother tongue group were distinct: 24.4 percent (Marroon languages), 19.4 percent (Indigenous languages) and 18.6 percent (Sranami Hindi).

Child Disability

The percentage of children 2-9 years of age with at least one reported disability is 23.7 percent with little differentiation between urban, rural coastal and rural interior areas and between mother's level of education or the level of household wealth index.

Knowledge of HIV Transmission and Condom Use

The percentage of women who aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission (identify 2 prevention methods and 3 misconceptions) was 39.3 percent. Overall, 67.3 percent of women report knowing two prevention methods, while in urban areas 69.4 percent of women identified both methods and in the interior, 55.0 percent of women identified both methods. As expected, the percent of women who know two prevention methods increases with the woman's education level. The comprehensive knowledge was highest in the urban areas (43.3 percent) and lowest in the rural interior areas (17.3 percent).

The percentage of women who know all three ways of mother-to-child transmission is 57.9, with the highest percentage for the rural interior districts (70.6 percent). About 5 percent of women did not know of any specific way. There are no major knowledge differences between women with different education levels. With regard to attitudes toward people living with HIV, 36.1 percent of the women aged 15-49 years agreed with none of the discriminatory statements posed to them. This percentage was highest in the urban areas (39.8 percent) and lowest in the rural interior areas (13.6 percent).

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Overall 80.4 percent of women know where to be tested, while 33.3 percent have actually been tested. Of these, a large proportion has been told the result (90.6 percent). In the urban area, 83.8 percent of the women know a place to get tested, and 33.4 percent of them have been tested. In the rural interior 69.0 percent of women know a place to get tested, and 49.0 percent of them have been tested.

Sexual Behaviour Related to HIV Transmission

In total 9.2 percent of the women aged 15-19 had sex before the age of 15, and 40.9 percent of the women aged 20-24 had sex before the age of 18. These percentages were considerably higher for the rural interior areas: 43.6 percent and 78.3 percent respectively. Almost 19 percent had sex with a man ten or more years older, in the twelve months preceding the survey.

Two-thirds of women 15-24 years report having sex with a non-regular partner in the 12 months prior to the MICS. Of those women, almost half report using a condom when they had sex with the high risk partner. About 17 percent of women with incomplete primary education used a condom during higher risk sex in the year before the MICS while around 54 percent of women with secondary or more education used a condom with such a partner.

Orphans and Vulnerable Children

The percentage of children aged 0-17 years who are not living with their biological parents is 9.3 percent with a considerably higher value for the rural interior (18.4 percent). A little more than half of the number of children aged 0-17 years (57.3 percent) live with both parents. Nationwide, 5.1 percent of the children aged 0-17 have lost one or both parents, with little differentiation between urban, rural coastal and rural interior areas.

I. Introduction

BACKGROUND

This report is based on the Suriname Multiple Indicator Cluster Survey, conducted in 2006 by the General Bureau of Statistics, in collaboration with the Ministry of Social Affairs and Housing and the Ministry of Planning and Development Cooperation. The survey provides valuable information on the situation of children and women in Suriname, and was based, in large part, on the needs to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

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

A Commitment to Action: National and International Reporting Responsibilities

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

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

"…We will conduct periodic reviews at the national and 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."

After ratification of the Convention on the Rights of the Child (CRC) in March 1993, the Government of Suriname has put a lot of effort in the implementation of the commitments of the CRC. To strengthen the process of policy development and implementation, the Government established a 5-year programme in cooperation with UNICEF in 1998. The priorities were social investment, planning, monitoring and evaluation, basic life skills, child rights promotion and education. At the end of the first cooperation programme, a second programme was established for the period 2003–2007. The priorities of this programme are early childhood development, adolescent and life skills and social investment for child protection. Through the first programme of cooperation, a policy document for children for the period 2002–2006 was formulated. To monitor this plan, a interdepartmental commission was established which reports every year to the Council of Ministers on the progress made.

The MICS of 2000 enabled Suriname to present data on the different goals and objectives that were set in the international and regional action plans. These data were used for the end decade report in 2000. Suriname participated at the Millennium Summit of 2000 and the Special Session for Children in 2002 and adopted the outcome documents of both meetings. In 2005, a baseline report was drafted to report on the progress made in regard to the implementation of the Millennium Development Goals (MDGs). For the monitoring of the MDGs, a national MDG commission, chaired by the General Bureau of Statistics, has been established to ensure that the country meets its reporting obligations. Other projects aiming at strengthening the data gathering are the Child Indicators Monitoring System and the data gathering on Children in Need of Special Protection. In order to monitor the situation of children, efforts are being made to strengthen the monitoring and evaluation capacity at various levels of implementation. So far, a statistical yearbook with basic data is published every year.

To date, Suriname submitted two country reports on progress made towards the implementation of the CRC and CEDAW (Convention on the Elimination of all forms of Discrimination Against Women) frameworks. The recommendations of the UN committees are taken into consideration when drafting policy interventions. The policy plan for the period 2002-2006 will be evaluated and a new policy plan for children will be formulated. Other policy documents that are produced by the Government are: the multi annual development plan 2006–2010, the Government Declaration 2006–2010 and policy documents for the different sectors such as health and education.

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

Survey Objectives

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

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

II. Sample and Survey Methodology

Sample Design

The sample for the Suriname Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level and for urban, rural coastal and rural interior areas.

Suriname is divided into 10 districts and 62 'ressorten' by law. The 'ressorten' are subdivisions at the district level. For purposes of conducting the fieldwork during the Seventh Population and Housing Census the General Bureau of Statistics subdivided each ressort in the coastal area (lowland and savannah) into 'telblokken'. A 'telblok' was considered to be the manageable workload for a Census enumerator for the fieldwork period of two weeks and would ideally have between 100 and 150 households. In the interior (rainforest) a somewhat different fieldwork approach was used, whereby teams consisting of 5-7 fieldworkers canvassed clusters of villages. These clusters were called 'telgebieden' and were expected to have approximately 500 households, or the workload of 5 interviewers.

As the last Census was completed relatively recently (August, 2004) and results provide a basis for provisional estimates on the number of households, the 'telblokken' and 'telgebieden' were considered the best currently available subdivisions by the General Bureau of Statistics. Therefore they form the basis for the MICS 2006 sample design.

According to settlement types, three strata can be distinguished across the ten districts of Suriname:

- An urban stratum
- A rural stratum in the coastal area
- A rural stratum in the interior

Table 1: Stratification of the population in Suriname in 2004 by strata

STRATA		Total Population (Seventh Population and Housing Census)	Non-institutional Population (Seventh Population and Housing Census)
URBAN	URBAN (Paramaribo, Wanica, Nickerie (Nw.Nickerie), Commewijne (Meerzorg & Tamanredjo)	356,399	350,966
RURAL	RURAL COASTAL (remainder of Nickerie, remainder of Commewijne, Coronie, Saramacca, Para, Marowijne)	88,079	87,601
	RURAL INTERIOR (Brokopondo and Sipaliwini)	48,351	48,340
TOTAL		**492,829**	**486,907**

The three strata were identified as the main sampling domains and the sample was selected in two stages. Within each stratum, census enumeration areas were selected with probability proportional to size. Selected enumeration areas were divided into segments of an estimated number of households of 25, based on their estimated Measures of Size. Out of each selected enumeration area, one segment was selected as a MICS cluster. The borders of MICS cluster were clearly defined in the field.

Prior to the start of the MICS3 fieldwork, cartography personnel of the GBS (General Bureau of Statistics) undertook fieldwork activities, to establish as much as possible (with the exception of the interior stratum) the landmarks and boundaries of each selected MICS-cluster, in order to facilitate the interview teams in the field with maps and clearly defined boundaries. The interview teams then received the instruction to gather information on each household encountered within the boundaries of the MICS-clusters. For the Interior Stratum, where it is relatively difficult to geographically divide each Enumeration Area (EA) into clusters of households, names of heads of households were drawn within the selected EAs. Interview teams had to identify those households within the selected EAs and received special instructions in that regard.

The sample 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, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years; and 3) an under-five questionnaire, administered to mothers or caretakers of all children under five living in the household. The household questionnaire that was used for the MICS in Suriname included the following modules:

- Household listing
- Education
- Water and sanitation
- Household characteristics
- Insecticide treated nets (for the districts of Brokopondo and Sipaliwini only)
- Child labour
- Child discipline
- Disability

The questionnaire for individual women that was used in Suriname was administered to all women aged 15-49 years living in the households, and included the following modules:

- Child mortality
- Tetanus toxoid
- Maternal and newborn health (with questions on intermittent preventive treatment for pregnant women in Brokopondo and Sipaliwini)
- Marriage/Union
- Contraception and unmet need
- Attitudes toward domestic violence
- Sexual behaviour
- HIV/AIDS

The questionnaire for children under five was administered to mothers or caretakers of children under five years of age[8] living in the households. In most cases, the questionnaire was administered to mothers of under five children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed.

[8] The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.

The questionnaire for children under five included the following modules:

- Birth registration and Early learning
- Child development
- Breastfeeding
- Care of illness and Source and cost of supply of ORS and antibiotics
- Malaria and Source and cost of supply of antimalarials (in Brokopondo and Sipaliwini only)
- Immunization
- Anthropometry

The questionnaires are based on the MICS3 model questionnaire[9], which were translated into Dutch and were evaluated during the training of fieldworkers in March 2006. Based on the results of the evaluation and discussions during the training, modifications were made to the wording and translation of the questionnaires. A copy of the Suriname MICS3 report including the questionnaires is available on www.childinfo.org

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

Training and Fieldwork

Training for the fieldwork was conducted for 7 days from 27 March until 3 April, 2006. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. The data were collected by 9 teams comprising of 4 interviewers, 1 driver, 1 editor/measurer and 1 supervisor. Fieldwork began in April, 2006 and was concluded in May, 2006 for the urban and rural coastal strata. As for the rural interior the fieldwork was planned to commence on May 8, 2006. However, in the weekend prior to that date, torrential rains in the interior caused massive flooding of parts of the interior[10]. By the evening of May 8, several parts of the interior had been declared disaster areas[11], with at least 150 villages flooded and over 15,000 persons displaced. The flooding continued for several weeks and travel into the interior by air and road became very difficult. As a result, the fieldwork in the interior was suspended.

After discussions with the UNICEF Regional Office in Panama and UNICEF Headquarters in New York, the survey period was extended by 4 months, in order to gather MICS data in the districts of Brokopondo and Sipaliwini. Brokopondo was surveyed in August, 2006 and Sipaliwini was surveyed in September and October, 2006.

It should be noted that when interpreting results of the interior stratum, one should keep in mind possible unforeseen effects of the flooding and its aftermath on survey results for the interior.

[9] The model MICS3 questionnaire can be found at www.childinfo.org, or in UNICEF, 2006.

[10] See PAHO Situation Report 10 May, 2006 on http://www.paho.org/English/DD/PED/ suriname_floods0506.htm#10May

[11] See article by Ivan Cairo on *caribbeannetnews.com/cgi-script/csArticles/articles/000015/001532.htm*

Data Processing

Data were entered using the CSPro software. The data were entered at the General Bureau of Statistics (GBS) on approximately 20 microcomputers. Ten of those computers were designated MICS data entry computers for hired MICS-data entry personnel at least 8 hours per day, while the other computers were available for MICS data entry by GBS-personnel after regular working hours. Data entry was carried out by 10 full-time and 20 part-time data entry operators with 3 data entry supervisors. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed.

Standard procedures and programs developed under the global MICS3 project and adapted to the Suriname questionnaire were used throughout. Data entry began in July, 2006 and was completed in August, 2006 for the urban and rural coastal strata. Data entry for the interior stratum started in August, 2006 and was completed in October, 2006, after the questionnaires of the last clusters were received from the field. Data editing and data analysis lasted from September, 2006 to May, 2007. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

The minimum number of households to be selected for the MICS was calculated to be 6,223 households (sample size). Due to over-sampling in clusters in the interior stratum and the fact that the construction of MICS-clusters was based on estimated measures of size rather than exact measures of size, 6,593 households were sampled during the actual fieldwork. Of these households, 6,536 were found to be occupied.

Of the occupied 6,536 households, 5,746 were successfully interviewed for a household response rate of 87.9 percent. In the interviewed households, 5,959 women (age 15-49) were identified. Of these, 5,283 were successfully interviewed, yielding a response rate of 88.7 percent. In addition, 2,354 children under age five were listed in the household questionnaire. Questionnaires were completed for 2,257 of these children, which corresponds to a response rate of 95.9 percent. Overall response rates of 77.9 and 84.3 are calculated for the women's and under-five's interviews respectively (Table HH.1).

Household response rates in the urban and rural coastal stratum do not differ much (89.5 percent and 90.8 percent respectively). Household response rates are lower in the interior stratum (78.6 percent). A possible explanation for the lower response rates in the interior is that it was impossible to do recall-visits of non-responding households in much of the interior strata, because of logistics and high costs.

The difference between sampled and occupied households in the urban and rural coastal strata (0 cases), when compared to the difference between sampled and occupied households in the interior has to do with the different household sampling approaches in the interior stratum versus the rest of the country. For the urban and rural coastal strata, blocks of approximately 25 households (so called MICS-clusters) were selected, with the instruction that fieldworkers would have to visit all of the households within a block. All occupied households within a block automatically became part of the sample.

In the interior stratum another approach was used, namely the selection of heads of households within a MICS-cluster. This approach was used, because it would otherwise have been costly to do listing and design blocks of dwellings in the interior, prior to or even during the fieldwork phase. Also, it might prove difficult in practice to divide villages or communities in blocks, due to the geographical location of dwellings and infrastructure.

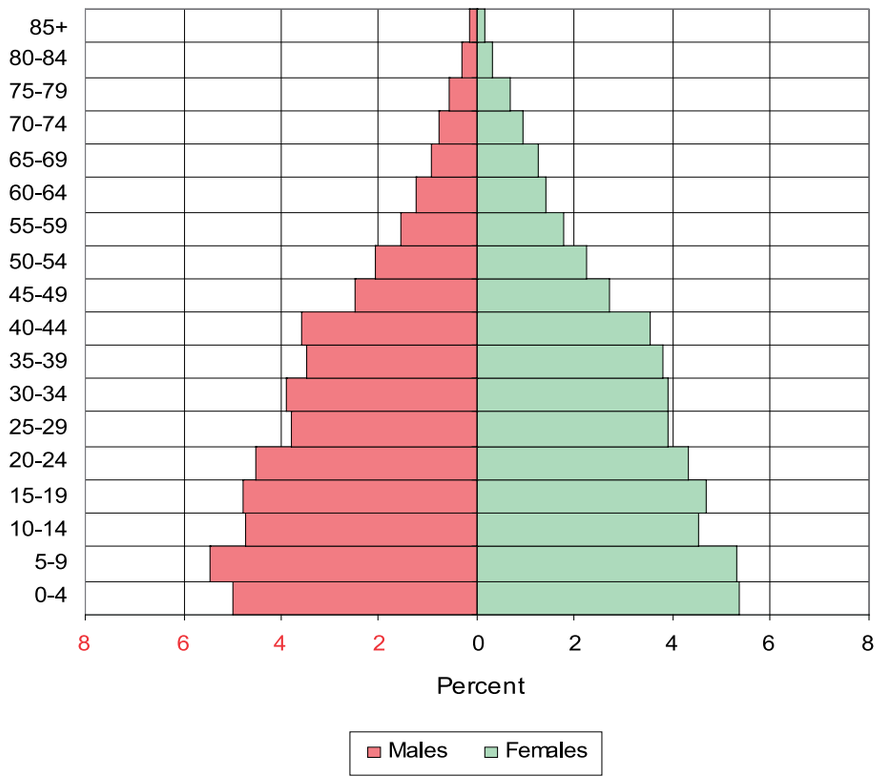
The heads of households were selected out of the sampling frame of the Seventh Housing and Population Census, which was held in August, 2004. Drawn households that were not encountered during the MICS fieldwork, make up the difference between "sampled" and "occupied" in the interior stratum.

Within interviewed households, response rates for women and children did not differ much between the 3 strata.

CHARACTERISTICS OF HOUSEHOLDS

The age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1.

Figure HH.1: Age and sex distribution of household population, Suriname, 2006



In the 5,746 households successfully interviewed in the survey, 22,418 household members were listed. Of these, 11,013 were males, and 11,405 were females. These figures also indicate that the survey estimated the average household size at 3.90. Comparison between the age distribution from the MICS and that of the non-institutional population of the Seventh Housing and Population Census (August, 2004) shows no striking differences. The age group '< 15 years' is 29.8 percent according to the Census, compared to 30.1 percent in the MICS. The figures are for the age group 15-64 years respectively 63.5 percent (Census) and 63.2 percent (MICS). For the age group '65+' the percentages are respectively 5.7 (Census) and 6.0 (MICS). Ages were missing in the MICS for 164 persons, or 0.7 percent; the percentage of missing ages in the Census is 0.9 percent. There are no differences either in broad age groups of men and women, when comparing the MICS with the Census. Household members with ages 0 through 17 make up 35.9 percent in the MICS, versus 35.3 percent in the 2004 Census.

Although the single age distributions (see Figure HH.2 and HH.3 below) and the computations of certain indices reveal some age-heaping for certain ages, the distribution by broad categories agrees well with the figures of the 2004 Population and Housing Census (General Bureau of Statistics, August 2005).

Figure HH.2: MICS 2006 and Census 2004 Single Age distribution for males

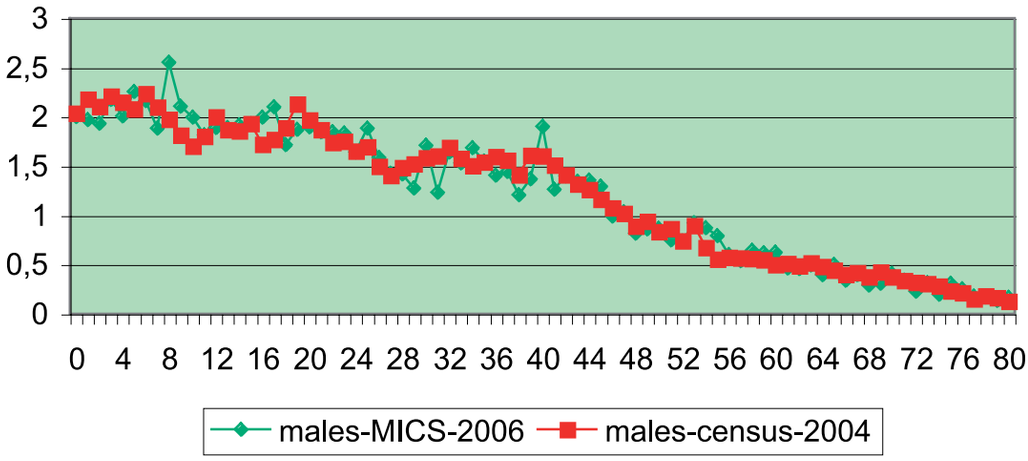


Figure HH.3: MICS 2006 and Census 2004 single age distribution for females

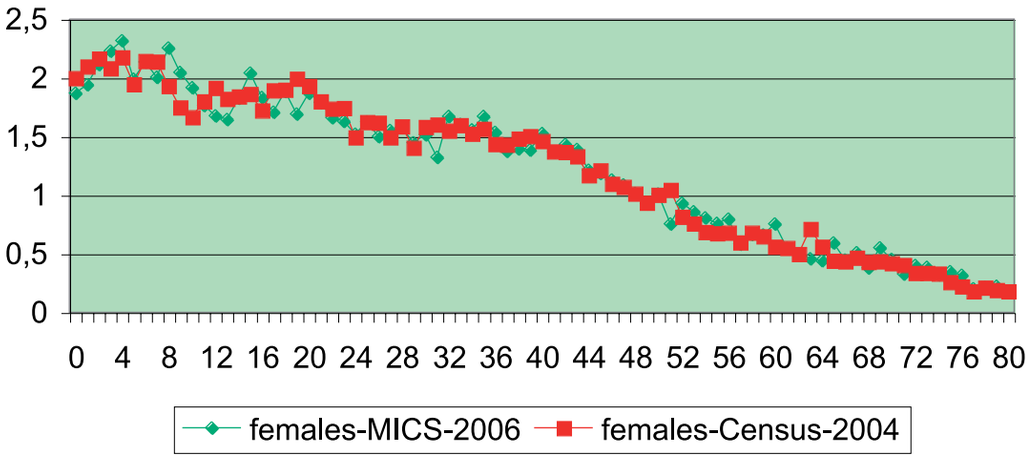


Table HH.3 provides basic background information on the households. Within households, the sex of the household head, region, urban/rural coastal/rural interior status, number of household members, and mother tongue[12] of the household head are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The weighted and unweighted numbers of households are equal, since sample weights were normalized (see Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under five, and at least one eligible woman age 15-49 were found. Almost two-thirds of households (64 percent) are headed by a male. With regard to mother tongue of the head of the household, 30.2 percent of the heads reported Dutch as the mother tongue, 22.5 percent Sarnami Hindi, 13.2 percent Javanese, 11.1 percent Saramaccaans and 6.8 percent Aucaans. Sranan Tongo - the 'Lingua Franca' in Suriname - was reported by 7.9 percent of all heads of households as their mother tongue.

With regard to household composition, the table also shows that 61.2 percent of households had at least one child under the age of 18 years, while 29.1 percent had at least one child under the age of five. In all interviewed households, 73.5 percent had at least one woman in the age range of 15 through 49 years.

[12] This was determined by asking what was the mother tongue of the head of the household.

Characteristics of Respondents

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

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to region, urban -rural coastal - rural interior areas, age, marital status, motherhood status, education[13], wealth index quintiles[14], and mother tongue of the head of the household. Of all women who responded, 54.9 percent was married or living in union at the time of the survey, 31.3 percent had never married or lived in a union, while 13.8 percent was formerly married or had lived in a union. With regard to childbirth, 33.5 percent of interviewed women had never given birth. If the wealth index is taken into consideration, 17.0 percent of the women live in households belonging to the poorest quintile and 19.4 percent in the second poorest quintile.

Some background characteristics of children under five are presented in Table HH.5. These include distribution of children by several attributes: sex, region and area of residence, age in months, mother's or caretaker's education, wealth, and mother tongue of the head of the household. With regard to sex, 47.8 percent of children under five years were male, versus 52.2 percent female children. The mother's or caretaker's education level was secondary education in 51.0 percent of the cases; 29.7 percent had attended only primary education and 13 percent had not received formal education. Almost one third of the children are categorized as belonging to households in the poorest quintile and 21.7 percent as belonging to the second poorest quintile.

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

[14] Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (the assets used in these calculations were as follows: persons per sleeping room, type of floor, type of roof, type of wall, type of cooking fuel, other household assets namely: electricity, radio, television, mobile telephone, non-mobile phone, refrigerator, computer, washing machine, ownership of a watch, bicycle, motorcycle/scooter, car/truck, boat with motor, source of drinking water and type of sanitary facility). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

IV. Child Mortality

One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods[15] developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

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

The Brass method for indirect estimation of infant and under five mortality is applicable in Suriname and yields plausible results as can be seen from a comparison of indirect estimates obtained from the 7th Population Census with direct estimates from the Bureau for Public Health, BOG (General Bureau of Statistics, November 2006 and Figure CM. 1a).

Table CM.1 and Figure CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. The infant mortality rate is estimated at 33 per thousand, while the probability of dying under five years of age (U5MR) is 38 per thousand. The probability of dying before the age of one year as well as the probability of dying before the age of five years is higher in males than in females (data not shown). However, the difference in probabilities of dying between the two sexes is to such an extent that it would need further investigation. The difference might suggest errors in the data collection phase such as selective non-response and selective omissions and is therefore not reported, as the IMR and U5MR outcomes based on sex might be unreliable. Due to small sample size, some categories for region, education levels of mothers and wealth index were combined in table CM.1 in order to facilitate reliable analyses of child mortality. Infant mortality rates are slightly lower (by one percentage point) in the combined category of Paramaribo, Wanica and Para regions when compared with the other districts, while under five mortality rates are the same for both groups of regions. IMR and U5MR are at least twice as high where the mother's education is lower than 'secondary plus'.

[15] Although these methods are quite robust, they may also suffer when certain assumptions (e.g. constant fertility in the recent past, good age reporting, high coverage rates and high response rates, reasonably complete responses) do not hold. Additionally it is often necessary to disregard the results based on the age groups 15-19 and 20-24 years and thus one obtains estimates further away from the time of the survey.

Figure CM.1 Under-5 mortality rates by background characteristics, Suriname, 2006

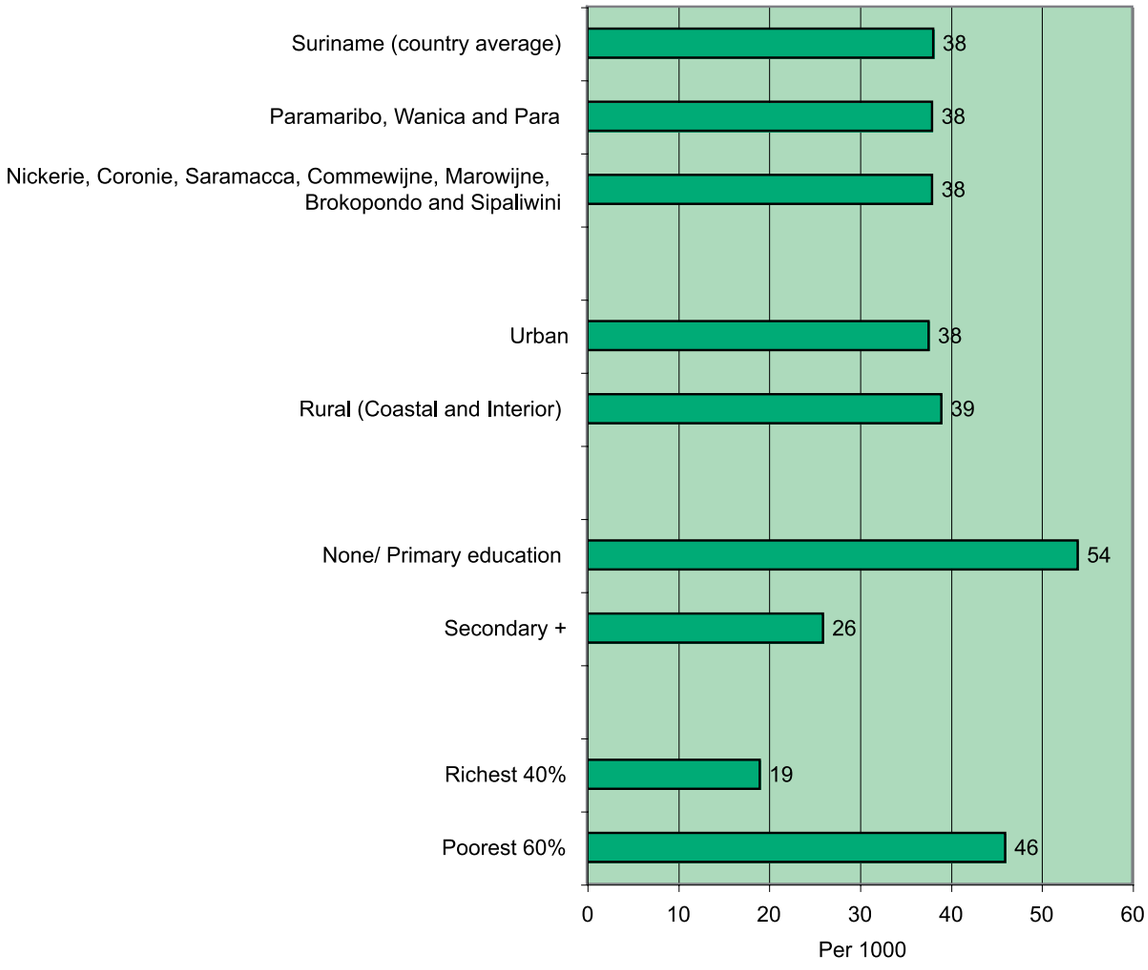
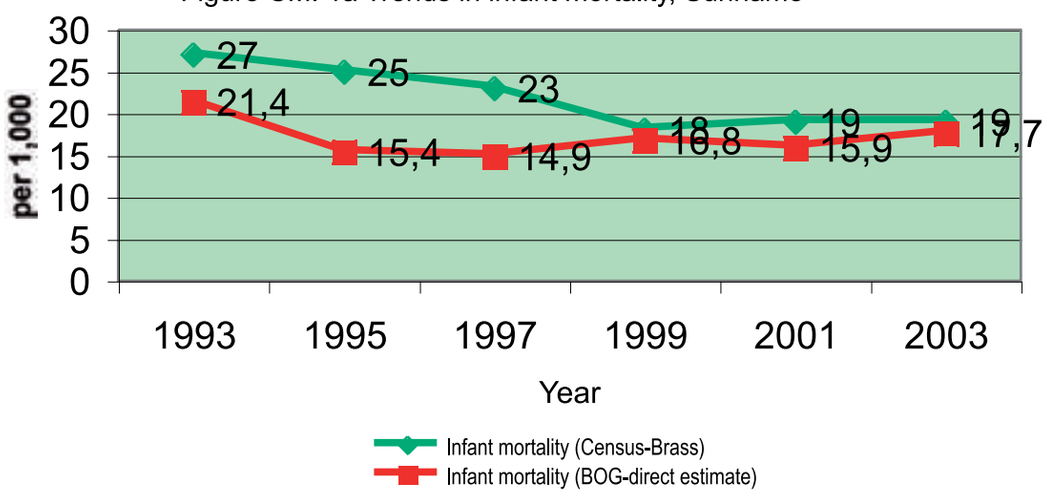


Figure CM. 1a Trends in infant mortality, Suriname



From Figure CM 1a, it can be seen that the direct estimates of the Bureau for Public Health (BOG) are all lower than the indirect estimates obtained from the Seventh Population Census, but both series exhibit a downward trend. It is suspected that the direct estimates suffer from a downward bias because of the well-known "still-births" problem in Suriname. If an infant dies before its birth is registered it is excluded from both live births statistics and infant death statistics. Another reason might be that it seems that the Brass method provides rather accurate estimates of child mortality figures when the sample size is large (e.g. when used with census data) but seems to overestimate the mortality figures in relatively small sample sizes, such as the ones used in the Suriname MICS.

Infant mortality rates and under five mortality rates (U5MR) obtained from applying the Brass method to the data obtained from the MICS3 survey are plotted in Figure CM.2 The most recent, suitable estimates are for the year 2002. In the present application of the Brass method, an approach is adopted to use the average of the results of the 25-29 and 30-34 age groups, thus pushing the reported estimate a bit further back in time.

Figure CM.2 Indirect Estimates of infant and under-five mortality (Suriname 2006)

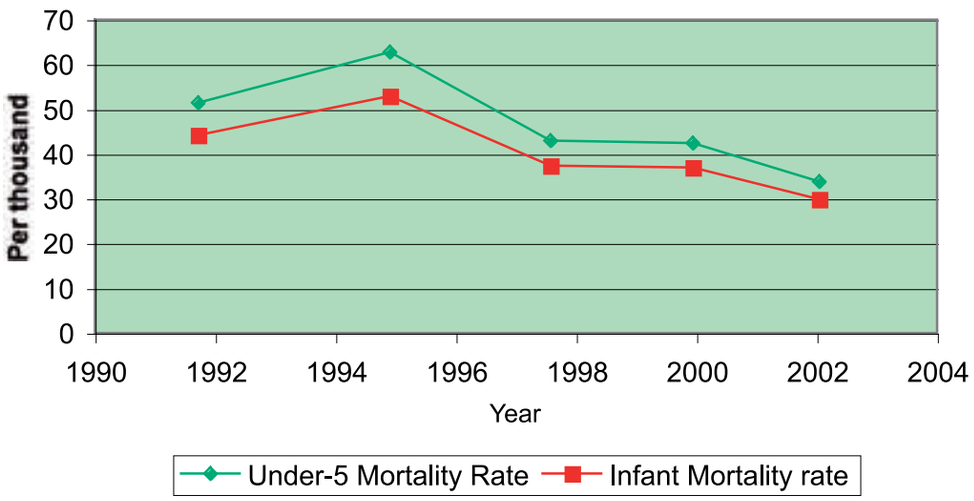


Figure CM.3: Trends in under-5 mortality rates, Suriname, 2006

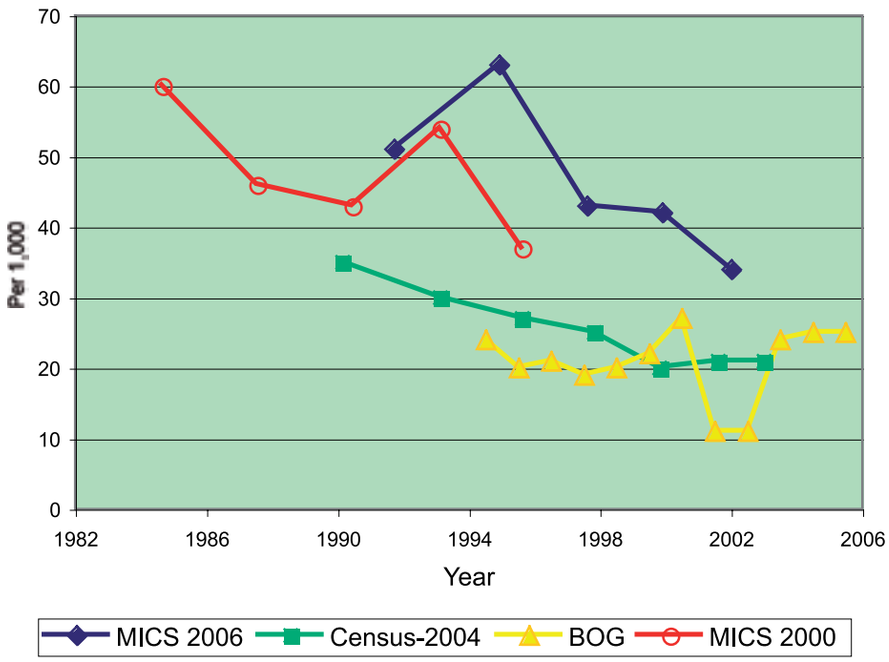


Figure CM.3 shows, in addition to Census and BOG estimates, the series of U5MR estimates of the survey, based on responses of women in different age groups, and referring to various points in time, thus showing the estimated trend in U5MR based on the survey. The MICS estimates indicate a decline in mortality during the 9 years, between 1994 and 2003.

The most recently calculated U5MR estimate (42 per thousand live births) from MICS is not depicted in Figure CM. 2 , but is included in Figure CM. 3 and is about 75 percent higher than the estimate (24 per thousand live births) from the Bureau for Public Health for the same year, i.e. 2003, (BOG, Doodsoorzaken/Causes of Death), while the downward trend indicated by the survey results are in broad agreement with those estimated in 2000, in the previous MICS survey. The mortality trend depicted by the Seventh Population and Housing Census (General Bureau of Statistics - GBS, November 2006) is also a declining one; however, MICS results are considerably higher than those indicated by the Seventh Population and Housing Census (GBS, November 2006). Further qualification of these apparent declines and differences as well as its determinants should be taken up in a more detailed and separate analysis.

V. Nutrition

Nutritional Status

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

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

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

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

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

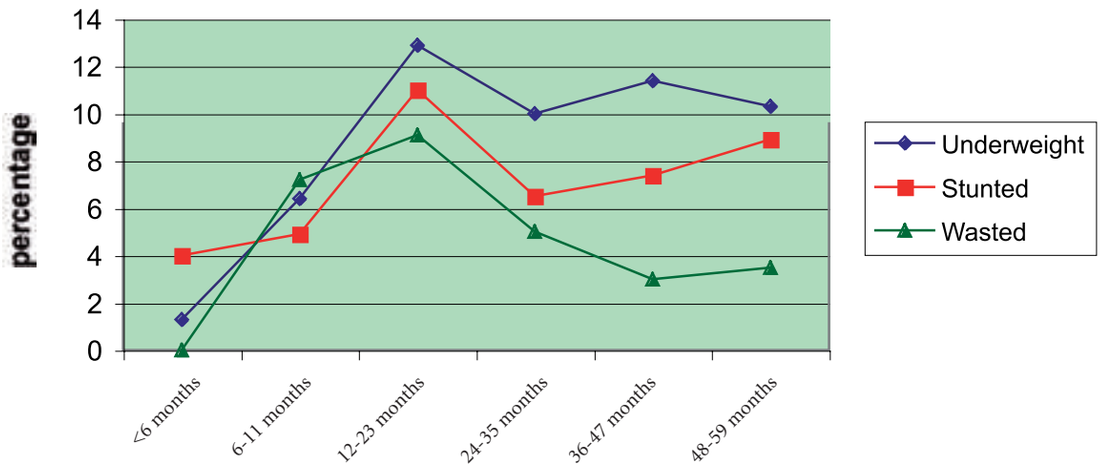
Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted*, while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of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

In MICS, weights and heights of all children under five years of age were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements.

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

In Table NU.1, children who were not weighed and measured (approximately 14.2 percent of children) and those whose measurements are outside a plausible range are excluded. In addition, a small number of children whose birth dates are not known are excluded.

Figure NU.1: Percentage of children under 5 who are undernourished, Suriname, 2006.



Of children under the age of five in Suriname, 9.9 percent is moderately or severely underweight and 0.8 percent are classified as severely underweight (Table NU.1). Less than 10 percent of children (7.7 percent) are moderately stunted or too short for their age and 4.9 percent are moderately wasted or too thin for their height.

Children in Nickerie, Coronie and Saramacca are more likely to be moderately or severely underweight, and stunted than other children, whereas those in Wanica and Para are more likeky to be moderately or severely wasted. When looking at severely stunted children, the percentage is highest in Brokopondo and Sipaliwini (2.8 percent as compared to 1.4 percent nationwide).

Those children whose mothers have tertiary education are the least likely to be moderately or severely underweight, stunted or wasted compared to children of mothers with no education (16.6, 15.3 and 5.6 percent respectively). Girls appear to be slightly more likely to be stunted than boys. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished according to all three indices in comparison to children who are younger and older (Figure NU.1). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

Girls under five are slightly more frequently overweight (3.3 percent percent compared to 2.4 percent above +2 SD) than boys. The highest percentages are presented by children in the districts of Nickerie, Coronie and Saramacca (5.1 percent), followed by those in Wanica and Para (4.0 percent). Children whose mothers have tertiary education (7.5) or belong to the richest wealth index quintiles (4.8) also show the highest percentages of overweight.

BREASTFEEDING

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

WHO/UNICEF have the following feeding recommendations:

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

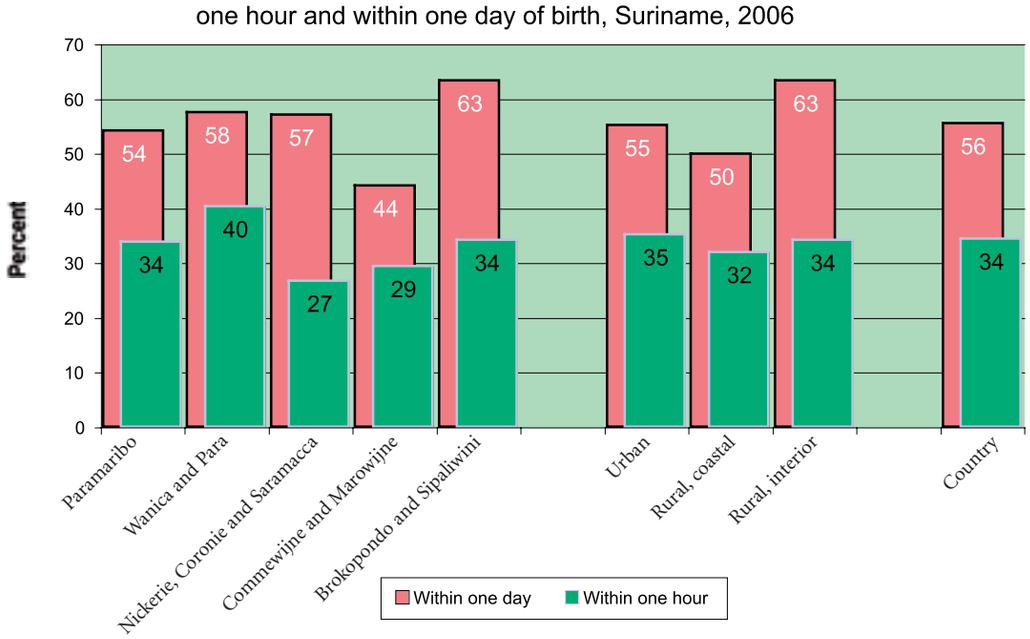
It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

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

Table NU.2 and Figure NU.2 provide information on the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). Approximately 34.4 percent of all women started breastfeeding within the one hour of birth, and 55.5 percent within one day of birth. The table shows slight differences between geographical strata and education levels of the mothers with regard to initiation of breastfeeding.

Figure NU.2 Percentage of mothers who started breastfeeding within one hour and within one day of birth, Suriname, 2006

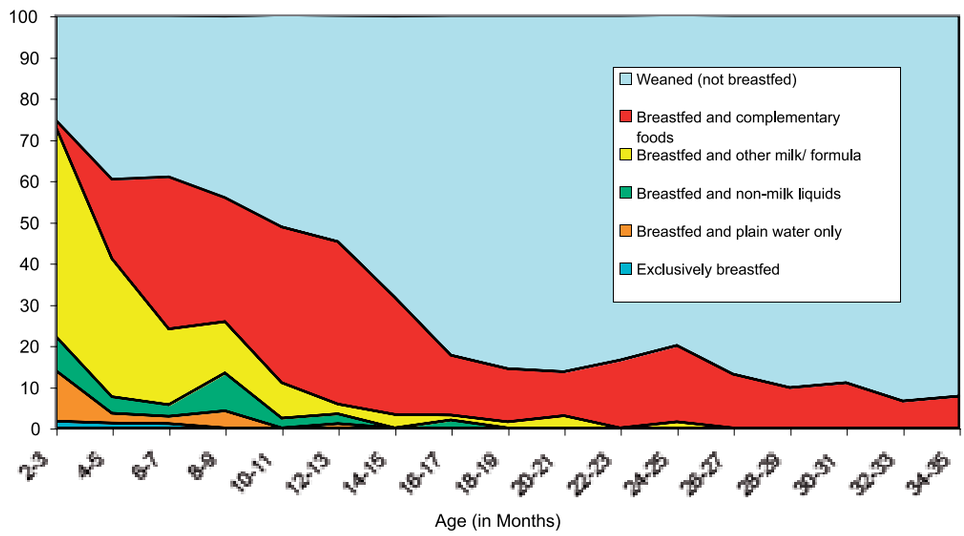


In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows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

2.2 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 34.2 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 38.7 percent of children are still being breastfed and by age 20-23 months, 14.9 percent are still breastfed. Girls were more likely to be exclusively breastfed than boys, while girls and boys had similar levels for timely complementary feeding.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. By the sixth month, the percentage of children exclusively breastfed is about 2 percent. Only about 14.9 percent of children are receiving breast milk after 2 years.

Figure NU.3 Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group, Suriname, 2006



The adequacy of infant feeding in children under 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day.

With regard to children aged 0-5 months, approximately 2.2 percent are adequately fed through exclusive breastfeeding. With regard to infants aged 6-8 months, less than 10 percent are adequately fed, and among the 9-11 months 15.5 percent. As a result of these feeding patterns, only 12.3 percent of children aged 6-11 months are being adequately fed. Adequate feeding among all infants (aged 0-11 months), drops to 7.8 percent. Appropriate feeding is the highest in the urban area and lowest in the rural coastal areas. At 14 percent, appropriate feeding is much higher among mothers with no education compared to mothers with primary, secondary or tertiary education levels (6.7, 7.3 and 4.1 percent respectively).

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years.

Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life.

Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

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

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

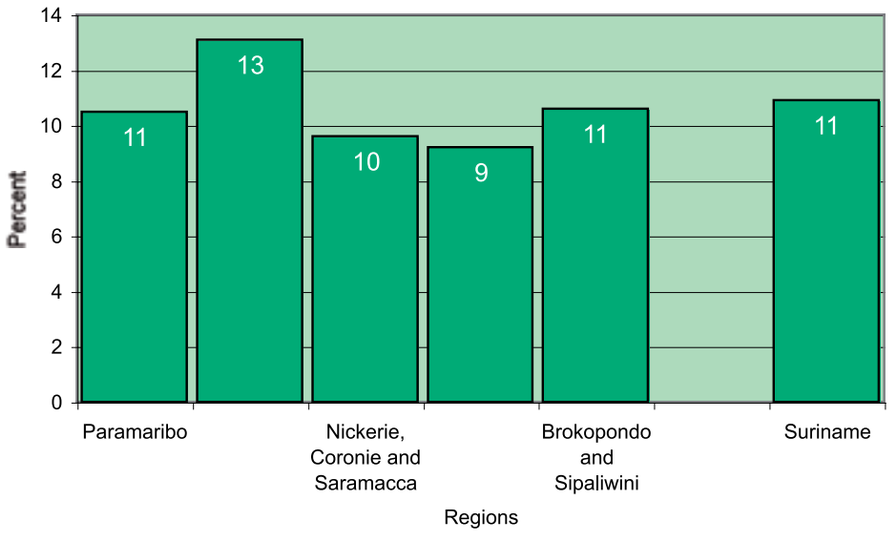
One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates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

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from

two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the **weight** as recorded on a health card if the child was weighed at birth[16].

Overall, 73.7 percent of children were weighed at birth and 10.9 percent of infants are estimated to weigh less than 2500 grams at birth (Table NU.5 and Figure NU.4). There was no striking variation by region (urban 11.2 percent, rural coastal 10.1 percent and the rural interior 10.6 percent) of children born weighing less than 2500 grams, although the districts of Wanica and Para show the highest percentage: 13.1 percent. The percentage of low birth weight varies by mother's education, with mother's who have no education at all being more likely (12.3 percent) to have children with a birth weight below 2500 gram.

Figure NU.4 Percentage of Infants Weighing Less Than 2500 Grams at Birth, Suriname, 2006



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

VI. Child Health

IMMUNIZATION

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year. A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

According to the national vaccination schedule, a child should receive one dose of hepatitis vaccine at birth, three doses of Pentavalent to protect against diphtheria, pertussis, tetanus, haemophilias influenza type b and hepatitis b, and three doses of polio vaccine by six months. After their first birthday a child should receive one dose of MMR to protect against Measles, Mumps and Rubella, and a Yellow Fever vaccination for children living in the interior. By the age of 18 months a child should receive a 4th dose of DPT and polio vaccine.

Important note: with regard to the indicators used, it should be noted that those mentioned in the annex, namely 26 and 31 have been adapted for Suriname. Thus, meaning that measles has been calculated as having received by the child before the age of 18 months.

With regard to the calculations for children that had been fully immunized, it must be noted that only children that have actually received 6 immunisations ("all recommended" vaccina-tions DPT 1 – 3 and Polio 1 – 3) before their 1st birthday and measles before the age of 18 months contribute to this percentage (68,5%).

Children having received two Pentavalent and two Polio vaccinations before the age of 12 months and have received their Measles immunization before the age of 18 months, do contribute to the high percentages of Pentavalent 1 and 2 and Polio 1 and 2, but do not count in the calculations for fully immunized children as they have not received their third Pentavalent and/or polio before their 1st birthday. Vaccine shortages on national or local level, drop out of the child or illness, causing the parent to keep the child from Under Five clinic visits can all contribute to these gaps in vaccinations.

In the same way as described above children contribute to the percentage of 75.3% only if the have received all the 9 immunizations before the age of 30 months. HepB and HIB are not included for the calculation of fully immunised children.

Table 2: Vaccination schedule Suriname

Age in months	Vaccine	Vaccine
0	Hepatitis B	---
2	Pentavalent 1	Oral Polio Vaccine 1
4	Pentavalent 2	Oral Polio Vaccine 2
6	Pentavalent 3	Oral Polio Vaccine 3
12	MMR	Yellow Fever
18	DPT	Oral Polio Vaccine 4

Pentavalent includes:	1). Diphtheria
	2). Pertussis
	3). Tetanus
	4). Haemophilus Influenzae type b
	5). Hepatitis B
MMR includes:	1). Measles
	2). Mumps
	3). Rubella
DPT includes:	1). Diphtheria
	2). Pertussis
	3). Tetanus

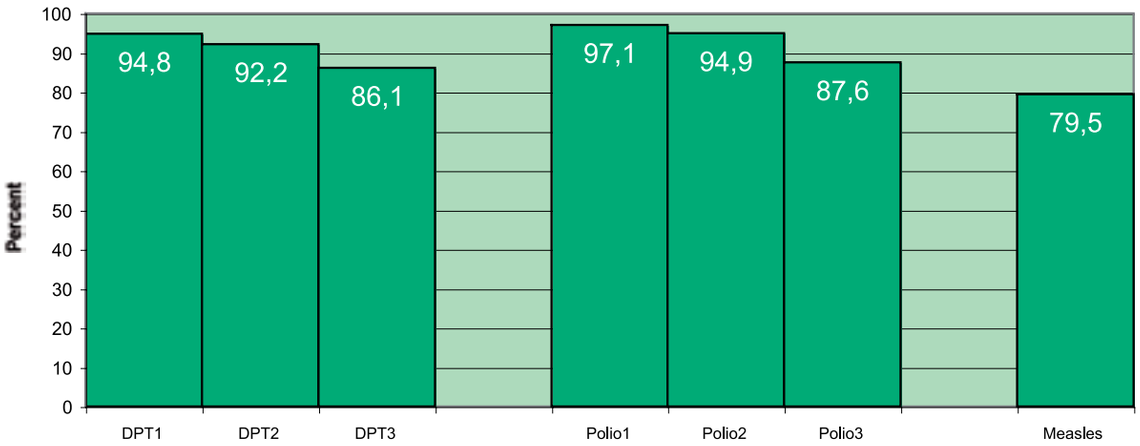
Mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS3 questionnaire.

In total, 76 percent of the children had health cards that were seen and 18 percent had health cards that were not seen. Therefore, 76 percent of the children had health cards. If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times. The percentage of children aged 18-29 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 18-29 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Table CH.1 and Figure CH.1 provide an overview of children 18-29 months of age immunized against childhood diseases any time before the survey and before their first birthday, for measles before the age of 18 months. By their first birthday 86.1 percent of the children had received all three DPT doses, and 87.6 percent all three polio doses. By age 18 months almost 80 percent had received their measles vaccination.

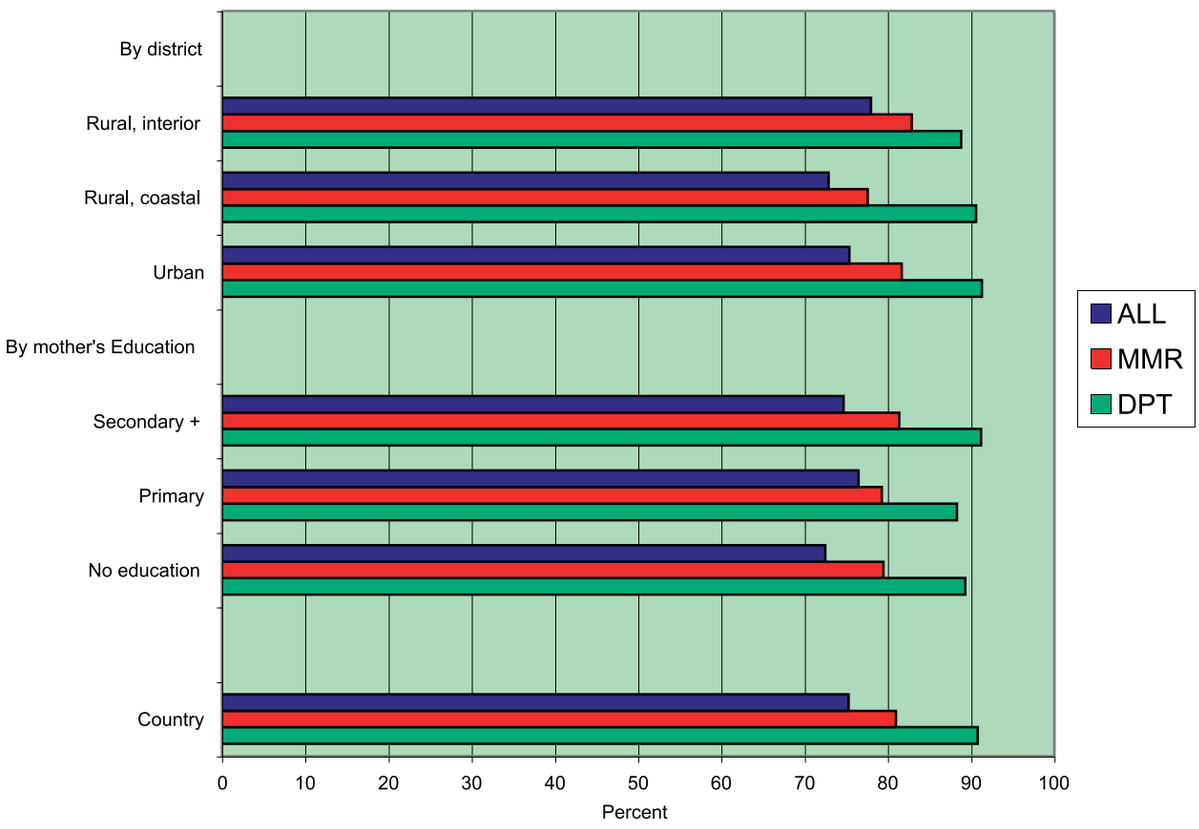
The first dose of DPT was given to 94.8 percent before the first birthday. The percentage declines for subsequent doses of DPT to 92.2 percent for the second dose, and 86.1 percent for the third dose (Figure 3). Similarly, 97.1 percent of children received Polio 1 by age 12 months and this declines to 87.6 percent by the third dose. According to the national vaccination schedule, measles vaccine is administered after the first birthday. The percentage of children that received the measles vaccine at any time before the survey and before 18 months of age is 79.5 percent.

Figure CH.1 Percentage of children aged 18-29 months who received the recommneded vaccinations by 12 months (18 months for Measles), Suriname, 2006



Tables CH.2 and CH.2c and Figure CH.2 show vaccination coverage rates among children 18-29 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/ caretakers' reports. By age 29 months 90.8 percent of children received three DPT doses and 92.4 percent received three polio doses. Measles coverage remained the lowest at 29 months, with 81.0 percent coverage. The percentage of children who received all recommended vaccinations by their 29th month is 75.3 percent for the entire country with the highest percentage in the interior (78.0 percent). Around 18 percent of children received yellow fever, which is only provided to children living in the interior.

Figure CH.2 Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Suriname, 2006



Tetanus Toxoid

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1,000 live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005. According to Table CH.3, 37.3 percent of mothers with a birth in the last 24 months reported to be protected against neonatal tetanus.

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five 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 - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

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

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- (ORT or increased fluids) and continued feeding

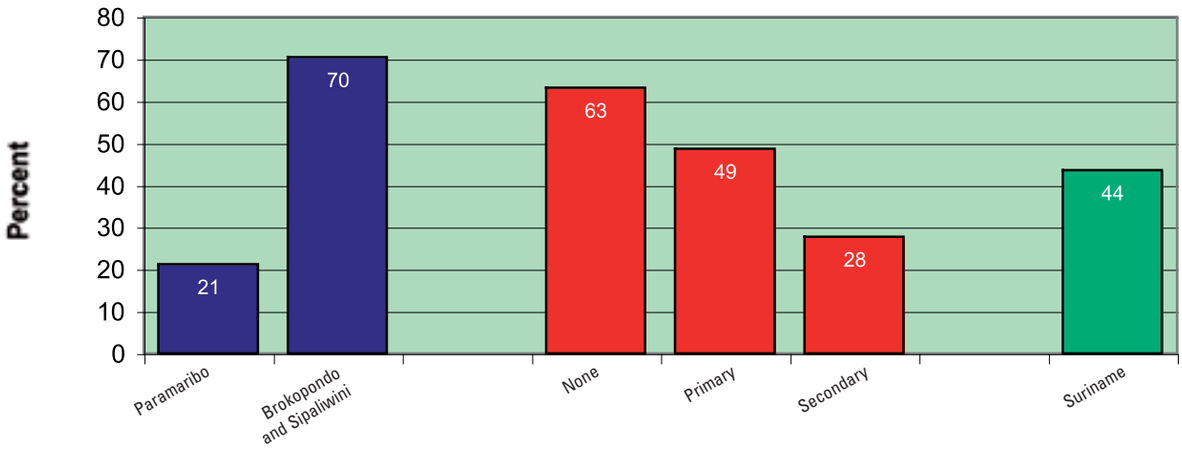
In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the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

Overall, 10.6 percent of under five children had diarrhoea in the two weeks preceding the survey (Table CH.4). Diarrhoea prevalence was almost double in the rural interior (20.6 percent). The peak of diarrhoea prevalence occurs in the weaning period, among children age 6-23 months.

Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. About 43.6 percent received fluids from ORS packets while 6.4 percent received no treatment. Children of mothers with secondary education and higher education are less likely to receive oral rehydration treatment than other children.

According to Figure CH 3, the percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT) was 21.1 percent for Paramaribo and 70.4 percent for Brokopondo and Sipaliwini. According to Table CH.5, less than half (40.8 percent) of under five children with diarrhoea drank more than usual while 56.7 percent drank the same or less. Almost half (48.5 percent) of children aged 0-59 months ate somewhat less, same or more (continued feeding), but 49.8 percent ate much less or ate almost none. Only 27.7 percent of children either received ORT or fluid intake was increased, while at the same time feeding was continued, as is the recommendation.

Figure CH.3 Percentage of children aged 0-59 months with diarrhoea who received oral rehydration treatment, Suriname, 2006



Care Seeking and Antibiotic Treatment of Pneumonia

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

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

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

According to Table CH.6, which presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care, 2.1 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Estimates of the percentage of children with suspected pneumonia that were taken to an appropriate provider could not be made, due to limited number of cases.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.7A. Obviously, mother's knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 14.8 percent of women know of the two danger signs of pneumonia – fast and difficult breathing. In the rural interior, only 4.3 percent percent of the mother recognised these two danger signs of pneumonia. The most commonly identified symptom for taking a child to a health facility were 'develops a fever' (65.6 percent of mothers), 'difficult breathing' (20.1 percent of mothers) and 'fast breathing' (16.7 percent of mothers).

Solid Fuel Use

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

Overall, 14.9 percent of all households in Suriname are using solid fuels for cooking (Table CH.8). Use of solid fuels is relatively low in urban areas (8.5 percent), higher in rural coastal areas (13.6 percent) and very high in rural interior areas, where more than half of the households (54.6 percent) are using solid fuels. Differentials with respect to household wealth and the educational level of the household head are also evident. The findings show that use of solid fuels is very uncommon among households in Paramaribo, and among the richer households. The table also clearly shows that the overall percentage is high due to high level of use of wood for cooking purposes.

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels. The type of stove used with a solid fuel is depicted in Table CH.9. Considering the total number of households using solid fuels for cooking in Suriname, the majority uses the more harmful type - an open stove or fire with no chimney or hood (46.6 percent in urban areas, 53.4 percent of the users in rural coastal areas and 91.8 percent of the users in rural interior areas).

Further analysis of solid fuel use and type of chimney by cooking location however, reveals less indoor pollution than Table CH.9 alone would suggest. Of those households using an open stove without a chimney, 51.4 percent cooks in a structure (or building) seperate from the dwelling, while 42.7 percent cooks outdoors (data table not shown). In cases where open stoves are used in a separate building, there would still be some adverse effects, albeit on those involved in cooking, and not necessarily on all household members.

Malaria

Malaria was a problem in the interior districts of Brokopondo and Sipaliwini. According to Table 3, the number of diagnosed malaria cases in children in the interior districts aged 0 to 5 years has decreased considerably since 2001 from 3393 to as low as 48 in 2008.

Table 3: Number of diagnosed malaria cases in children aged 0-5 (2001-2006)

Year	Number of cases
2001	3393
2002	2617
2003	3024
2004	1713
2005	1792
2006	564
2007	57
2008	48

Source: data base of the Global Fund malaria project in Suriname
"Decreasing the Incidence of Malaria in the Populations of the Interior of Suriname"

As a disease, malaria can result in death; can contribute to anaemia in children. Lessons learned in the past shows that malaria can re-emerge if control measures are not kept in place. Therefore preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can keep malaria mortality and morbidity rates low among children. In areas where malaria is common, children are evaluated with rapid tests and treated immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and should continue breastfeeding.

The questionnaire on Malaria incorporates questions on the availability and use of bed nets, both at household level and among children under five years of age, as well as anti-malarial treatment, and intermittent preventive therapy for malaria. In Suriname's endemic areas, the districts of Brokopondo and Sipaliwini, the MICS3 results indicate that 55.3 percent of the households had at least one insecticide treated net (ITN). The presence of insecticide treated nets was much lower (36.2 percent) in households where the head was not educated (Table CH.10).

Results indicate that 58.5 percent of children under the age of five slept under any mosquito net the night prior to the survey and 48.2 percent slept under an insecticide treated net, with no differences between boys and girls, and declined steadily with age (Table CH.11).

Questions on the prevalence and treatment of fever were asked for all children under age five. Almost one in three (30.6 percent) of under five children were ill with fever in the two weeks prior to the MICS3 (Table CH.12). Fever prevalence declined with age and peaked at 0-11 months (38.1 percent).

Mothers were asked to report all the medicines given to a child to treat the fever, including any medicine given at home and medicines given or prescribed at a health facility. Overall, 2.6 percent of children with fever in the last two weeks were treated with an 'appropriate' anti-malarial drug (boys: 4.3 percent and girls: 1.1 percent) and 1.9 percent received anti-malarial drugs within 24 hours of onset of symptoms (boys: 4.3 percent and girls: 0 percent).
In Suriname a person is only treated for malaria after diagnoses either with a smear under the microscope or with dipstick method. Therefore, a low percentage of children with fever who were treated with an 'appropriate' anti-malarial drug is a positive health indicator, since it means that malaria is not prevalent amongst young children.

'Appropriate' anti-malarial drugs include chloroquin, quinine and artimisine combination drugs. In Suriname, 1.9 percent of children with fever were given chloroquine. A large percentage of children (22.6 percent) were given other types of medicines that are not anti-malarials, including anti-pyretics such as paracetemol, aspirin or ibuprofen. In Suriname a person is only treated for malaria after diagnoses either with a smear under the microscope or with dipstick method.

Pregnant women living in places where malaria is highly prevalent are four times more likely than other adults to get malaria and twice as likely to die of the disease. Once infected, pregnant women risk anemia, premature delivery and stillbirth. Their babies are likely to be of low birth weight, which makes them unlikely to survive their first year of life. For this reason, steps are taken to protect pregnant women by distributing insecticide-treated mosquito nets and treatment during antenatal check-ups with drugs that prevent malaria infection (intermittent preventive treatment or IPT). In Suriname MICS, women were asked of the medicines they had received in their last pregnancy during the 2 years preceding the survey. Women are considered to have received intermittent preventive therapy if they have received at least one doses of chloroquine once a week during the pregnancy. For pregnant women traveling to the endemic area it is advised to use mefloquine 250 mg from one week before entering the area until 4 weeks after return.

In endemic areas the practice of early diagnosis and treatment is promoted and of every pregnant woman is tested for malaria and treated when diagnosed positive. Intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey is presented in Table CH.13. This table shows that 64.0 percent of women aged 15-49 years with a birth in the two years preceding the survey received intermittent preventive therapy (IPT) for malaria during pregnancy. Data from Table CH.15, with information on the source and cost of supplies for antimalarials could not be used since the number of cases was too low.

VII. Environment

Water and Sanitation

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

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

Water

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

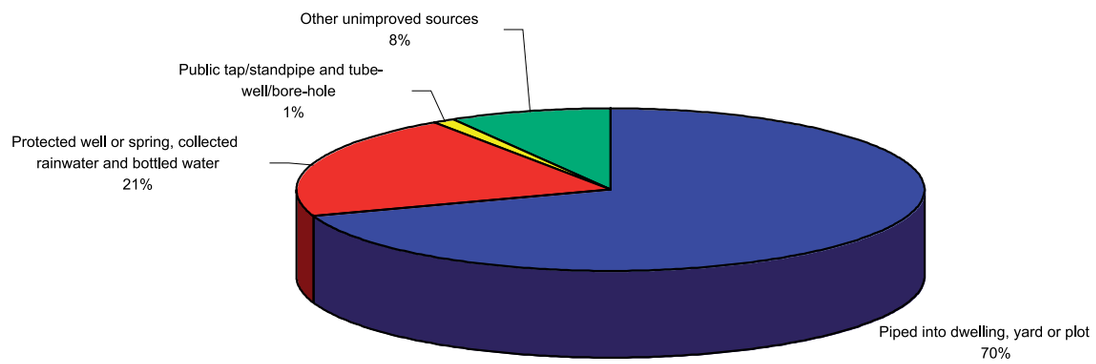
Sanitation

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

The distribution of the population by source of drinking water is shown in Table EN.1. The population using *improved drinking water sources* are those who use any of the following types of supply: piped water, public tap, borehole/tubewell, protected well, protected spring or rainwater.

Overall, 91.7 percent of the population in Suriname has access to improved drinking water sources – 97.1 percent in urban areas, 97.9 percent in rural coastal and only 44.8 percent in the rural interior areas (Brokopondo and Sipaliwini).

Figure EN.1 Percentage distribution of household members by source of drinking water, Suriname, 2006



The source of drinking water for the population varies strongly by region (Table EN.1). In Paramaribo, 77.6 percent of the population uses drinking water that is piped into their dwelling or into their yard or plot. For Wanica and Para this is 53.8 percent, in Nickerie, Coronie and Saramacca this is 66.4 percent. In contrast, only 25.0 percent of the households in Commewijne and Marowijne and 1.8 percent of the households in Brokopondo and Sipaliwini have access to piped water into their dwelling.

The second most important source of drinking water is rainwater collection. In Commewijne and Marowijne, 52.8 percent of the households use rainwater and 26.7 percent of the households in Brokopondo and Sipaliwini use rainwater. In Brokopondo and Sipaliwini, the main source of drinking water for 54.2 percent of the households is surface water (rivers and ponds), which is generally considered an unsafe source.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink. Boiling the water, adding bleach or chlorine, using a water filter were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources. Overall, 22.6 percent of households used an appropriate water treatment method, with percentages being lowest for Brokopondo and Sipaliwini (11.2 percent).

The amount of time it takes to obtain water is presented in Table EN.3 and the person who usually collected the water in Table EN.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 EN.3 shows that for 85.4 percent of households, the drinking water source is on the premises. For 9.1 percent of all households, it takes less than 30 minutes to get to the water source and bring water, while 1 percent of households spend more than 1 hour for this purpose. For the rural interior, these percentages are 46.4 percent and 5.6 percent respectively. Excluding those households with water on the premises, the average time to the source of drinking water is 19.7 minutes.

Table EN.4 shows that for the majority of households, both adult women and adult men are usually the person collecting the water, when the source of drinking water is not on the premises. Only in the rural interior the differences in percentage of households where adult women are collecting the drinking compared to the percentage of households where the adult men are collecting is large: 80.7 percent versus 15.7 percent. Boys and girls under 15 only collect drinking water in a small number of households (about 1.5 percent each).

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. *Improved sanitation facilities* include: flush toilets connected to sewage systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with slabs and composting toilets.

In Suriname, 89.8 percent of the households use improved sanitation facilities (Table EN.5). This percentage is 97.9 in urban areas and in rural coastal and rural interior areas the percentages are respectively, 91.6 and 33.0 percent. Residents of Brokopondo and Sipaliwini are much less likely than others to use improved facilities. The majority of the households in these districts use rivers, bush, fields, or have no facilities. The main sanitary means of excreta disposal in the interior are pit latrines whereas in the urban and rural coastal areas these are flush toilets with connection to a sewage system or septic tank.

Safe disposal of a child's faeces is the last stool by the child disposed of by use of a toilet or rinsed into toilet or latrine. Disposal of faeces of children 0-2 years of age is presented in Table EN.6. Overall, stools of 33.1 percent of children aged 0-2 are disposed safely. Percentages are highest for the rural coastal areas (43.3 percent) and lowest for the rural interior areas (21.7 percent).

An overview of the percentage of households with improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. This table shows that overall 86.8 percent of all households are using both improved drinking water sources and sanitary means of excreta disposal. The lowest percentages were reported in the rural interior areas (24.6 percent) and amongst households in the poorest quintile (48.5 percent).

VIII. Reproductive Health

Contraception

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

Current use of contraception was reported by 45.6 percent of women currently married or in union (Table RH.1). The most popular method is the pill which is used by one in four married women in Suriname. The next most popular method is female sterilization, which accounts for 9.1 percent of married women. Between one and four percent of women reported use of the IUD, injectables, and the condom. Less than one percent use periodic abstinence, withdrawal, male sterilization, or other methods.

Contraceptive prevalence is highest in the rural coastal region at 49.6 percent, almost as high in the urban region (at 47.6 percent) and lowest in the rural interior: (14.6 percent). The lowest contraceptive prevalence is amongst women aged 15-19 (about 39 percent) whereas the highest contraceptive prevalence was measured amongst women aged 35-39 (about 51 percent).

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 14.3 percent among those with no education to 38.4 percent among women with primary education to 51.0 and 56.0 percent among women with secondary education or tertiary education respectively.

In addition to differences in prevalence, the method mix varies with education. The large majority (85.7 percent) of non-educated women are using no method of contraception. Female sterilization is most common amongst women with primary education (and prevalence decreases with higher levels of education), use of the pill is most prevalent amongst women with secondary education and use of a condom is most prevalent amongst women with tertiary education and decreases with lower levels of education.

Unmet Need

Unmet need[17] for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

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

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

Women in unmet need for limiting are those women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to limit their births. The latter group includes women who are currently pregnant but had not wanted the pregnancy at all, and women who are not currently pregnant but do not want to have a(nother) child.

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

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. Percentage of demand for contraception satisfied is defined as the proportion of women currently married or in union who are currently using contraception, of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception.

Table RH.2 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied. According to this table the satisfied demand for contraception is 71.3 percent. The total unmet need for contraception is 18.4 percent (33.2 percent for women aged 15-49 years in the rural interior). The unmet need for contraception to limit or stop childbearing is 12.5 percent (with no stark regional differences), and the unmet need for contraception for spacing is 5.8 percent (20.8 percent for the rural interior). The unmet need is highest among women with no or primary education.

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

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

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

Coverage of antenatal care (by a doctor, nurse, or midwife) is high in Suriname with 99.4 percent of women receiving antenatal care at least once during the pregnancy (Table RH.4). The person providing antenatal care to women aged 15-49 years who gave birth in the two years preceding was a medical doctor in 63.6 percent of the cases (20.2 percent in the rural interior) and a nurse/midwife in 25.0 percent of the cases (41.1 percent in the rural interior) (Table RH.3). Community health workers provide antenatal care to 36.5 percent of the women in Brokopondo and Sipaliwini. Women with no education, those in the age group 45 -49 years and those in the poorest wealth index quintile are more likely than other women to receive antenatal care from a nurse/midwife or community health worker.

More than 96 percent of all women receiving antenatal care have blood and urine samples taken for examination and their blood pressure and weight measured, with little difference in these percentages between the regions (Table RH.4). Although these data give the impression of a high quality of antenatal care, the actual number of visits by pregnant women to a clinic or hospital is unknown.

Assistance at Delivery

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

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. *A skilled attendant* includes a doctor, nurse, midwife or auxiliary midwife. In Suriname 89.8 percent of births occurring in the two years prior to the MICS survey were delivered by skilled personnel. (Table RH.5). This percentage is highest in Wanica and Para at 95.2 percent and lowest in Brokopondo and Sipaliwini at 71.5 percent and with women who had no education (74.8 percent). Community health workers[18] assisted in 3.6 percent of the births in Suriname, and in 13.0 percent in women with no education (Table RH.5).

Of all the births in the two years prior to the MICS survey the large majority (60.7 percent) were delivered with assistance of a nurse/midwife. Doctors assisted with the delivery of 25.8 percent of births. In the districts of Brokopondo and Sipaliwini, 19.1 percent of births are delivered by community health workers. In the districts of Brokopondo and Sipaliwini, 19.1 percent of births are delivered by community health workers.

[18] The term "community health workers" refers to health assistants of the organization Primary Health Care Medical Mission. They have had 3 years of training in curative and preventive health care. Amongst others they are trained to independently provide antenatal care and to assist in deliveries in the interior of Suriname, hence they can be seen as "skilled birth attendants".

Overall, about 5.9 percent of births were delivered by unskilled attendants (TBA, relative/friend, other). For the rural interior, this was 8.9 percent, mainly because of the relatively high number of women who were assisted by a traditional birth attendant (6.7 percent), in particular women aged 45-49.

In total, 88.3 percent of all women aged 15-49 with a birth in two years preceding the survey delivered in a health facility. Poor women, women with no education, women aged between 40 and 49 years and women living in Brokopondo and Sipaliwini are more likely than other groups to deliver outside a health facility.

IX. Child Development

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

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

For 70.4 percent of under-five children, an adult engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.1). The average number of activities that adults engaged with children was 4.3. The table also indicates that the father's involvement in such activities was somewhat limited. Father's involvement with one or more activities was only 33.4 percent. Children were living in a household without their natural fathers in 34.4 percent of the cases.

There are no gender differentials in terms of adult activities with children; fathers engaged in activities with male children (33.9 percent) equally frequent as with female children (32.9 percent). Larger percentages of adults in urban areas (78.2 percent) engaged in learning and school readiness activities with children, than in rural coastal areas (69.9 percent) and rural interior areas (44.7 percent). Strong differentials by districts and socio-economic status are also observed: Adult engagement in activities with children was greatest in the Nickerie, Coronie and Saramacca district cluster (81.7 percent) and lowest in the Brokopondo-Sipaliwini district cluster (44.7 percent), while the proportion was 89.2 percent for children living in the richest households, as opposed to those living in the poorest households (56.5 percent). Father's involvement showed a similar pattern in terms of adults' engagement in such activities. The more educated mothers and fathers engaged more frequently (of those with secondary (around 80 percent) or tertiary (around 88 percent)) in such activities with children than those with less education (38.6 percent of mothers and 46.7 percent of fathers with no education).

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

In Suriname, 59.9 percent of children under-five are living in households where at least 3 non-children's books are present (Table CD.2). However, only 45.2 percent of children aged 0-59 months have three or more children's books. Both the median number of non-children's books and children's books are low (6 and 2 books). While no gender differentials are observed, urban and rural coastal children appear to have far more access to both types of books than those living in rural interior households. In urban and rural coastal areas, 68.5 percent and 67.8 percent respectively of under-5 children live in households with more than 3 non children's books, whereas the percentages for the rural interior is 22.5 percent.

The proportion of under-5 children who have 3 or more children's books is 54.1 percent in urban areas and 46.4 in rural coastal areas, compared to 14.2 percent in rural interior areas. In the homes of 57.9 percent of children aged 0-23 and 61 percent of children aged 24 -59 months, there are a median number of 6 non-children's books. In 40.2 percent of household with children aged 0-23 months there is only 1 children's book and only 2 children's books were present in 48.1 percent of households with children aged 24 -59 months.

Table CD.2 also shows that 37.2 percent of children aged 0-59 months had 3 or more playthings to play with in their homes, with no differences between boys and girls. The playthings in MICS included household objects, homemade toys, toys that came from a store, and objects and materials found outside

the home. It is interesting to note that 85.4 percent of children play with toys that come from a store; however, the percentages for other types of toys is 29.5 for homemade toys, 40.1 for household objects and 52.1 percent for objects and materials found outside the home (72.0 percent in the rural interior). Only slight urban-rural and no remarkable differentials are observed with regard to mother's education or socio – economic status of the household. The only other background variable which appears to have a strong correlation with the number of playthings children have is the age of the child.

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

Table CD.3 shows that 6.4 percent of children aged 0-59 months were left in the care of other children under ten years of age, while 2.0 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 7.0 percent of children were left with inadequate care during the week preceding the survey. Slight differences were observed by the sex of the child (slightly more girls than boys were left alone), whereas there are prominent differences between the different areas. In urban and rural coastal areas the percentage of children that was left with inadequate care was 3.9 and 5.8 percent respectively, whereas in rural interior areas the figure was 18.8 percent. Leaving a child alone with inadequate care was also more prevalent with mothers who had no education (13.4 percent of children aged 0-59 months).

Children aged 24-59 months were left with inadequate care slightly more often (7.4 percent) than those who were aged 0-23 months (6.3 percent). Children from poor householders were also left alone without adequate care more often (13.1 percent of children aged 0-59 months) than children from the richest households (1.0 percent).

X. Education

Pre-School Attendance and School Readiness

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

Overall, 38.5 percent of children aged 36-59 months are attending pre-school (Table ED.1)[19]. Urban, rural and interior differentials are significant – the figure is as high as 49.4 percent in urban areas, compared to 29.5 percent in rural coastal areas and 7.3 percent in rural interior areas. No gender differential exists, but differentials by socioeconomic status are significant: 63.1 percent of children living in rich households attend pre-school, while the figure drops to 17.4 percent in poor households. It is interesting to note that the proportions of children attending pre-school at ages 36-47 months and 48-59 months differ considerably: 17.8 percent of children aged 36-47 months and 58.3 percent of children aged 48-59 months.

The table also shows the proportion of children in the first grade of primary school who attended pre-school the previous year (Table ED.1), an important indicator of school readiness. Overall, 88.4 percent of children who are currently in the first grade of primary school were attending pre-school the previous year. The proportion among females is higher (90.1 percent) than males (86.4 percent).

Primary and Secondary School Participation

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

The indicators for primary and secondary school attendance include:

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

The indicators of school progression include:

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

[19] The Surinamese government supports a pre-primary school programme for 4 and 5 year old children. According to the Ministry of Education, the average percentage of attendance for this age group varies between 80-94 percent and is thus higher than the attendance rate for the pre-school.

Of children who are of primary school entry age (age 6) in Suriname, 86.9 percent are attending the first grade of primary school (ED.2), with slightly more boys (87.6 percent) than girls (86.2 percent) attending. Significant regional disparities exist: children's participation to primary school is timelier in urban and rural coastal areas (89.8 and 89.9 percent respectively than in rural interior areas (69.3 percent). In other words, for the rural interior district, almost 1 out of 3 of all the children aged 6, are not in school. A positive correlation with mother's education and socioeconomic status is observed; for children age 6 whose mothers have at least secondary school education, 90.6 percent were attending the first grade, while for children age 6 whose mothers had no education, only 68.1 percent were attending first grade. In rich households, the proportion is around 93.5 percent, while it is 77.5 percent among children living in the poorest households.

Table ED.3 provides the percentage of children of primary school age attending primary or secondary school. The majority of children of primary school age are attending school (94.5 percent) with no significant difference between boys and girls. Significant disparities exist between the urban and rural coastal areas (where about 4 percent of the children is not in school) and the rural interior areas where more than 17 percent of the children is not in school (around 20 percent of the girls and 15 percent of the boys).

The secondary school net attendance ratio is presented in Table ED.4. Nationwide, 61.4 percent of all secondary school aged children were attending secondary school (55.6 percent of boys and 67.2 percent of girls). For the rural interior districts, this is as low as 7.6 percent. Of the remaining 39 percent of secondary school age children who are not in secondary school, a large percentage is either out of school or attending primary school (see below).

The primary school net attendance ratio of children of secondary school age is presented in Table ED.4W. One in five (21.1 percent) of the children of secondary school age are attending primary school when they should be attending secondary school, with significant disparities between urban areas (17.4 percent), rural coastal areas (21.9 percent) and rural interior districts (47.7 percent).

According to Table 4, 18 percent of secondary school age children (aged 12-17 years) are not in school (boys 20 percent; girls 15 percent). The disparities between the regions are considerable: in urban areas 14 percent of secondary school age children is out of school (boys 17 percent and girls 11 percent) while in rural coastal areas the figures are almost the same as the national figures. The situation is most extreme in the rural interior districts. Here, 44 percent of all secondary school age children are out of school.

Table 4: Situation secondary school age children (12–17) in Suriname (percent)

		in sec. school	in prim. school	out of school
National	Boys	56	24	20
	Girls	67	18	15
	All	**61**	**21**	**18**
Urban	Boys	63	20	17
	Girls	74	15	11
	All	**69**	**17**	**14**
Rural Coastal	Boys	53	24	23
	Girls	65	20	15
	All	**59**	**22**	**19**
Rural Interior	Boys	5	49	46
	Girls	10	46	44
	All	**8**	**48**	**44**

The percentage of children entering first grade who eventually reach grade 5 is presented in Table ED.5. Of all children starting grade one, the majority of them (93.7 percent) will eventually reach grade five. Notice that this number includes children that repeat grades and that eventually move up to reach grade five. More girls (96.6 percent) than boys (91.1 percent) eventually reach grade 5 and more children in urban areas reach grade 5 (94.9 percent) as compared to children in rural coastal areas (93.0 percent) and rural interior areas (87.0 percent).

The net primary school completion rate and transition rate to secondary education is presented in Table ED.6. At the moment of the survey, only 45.7 percent of the children of primary completion age (11 years) were attending the last grade of primary education. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary. More girls (53.0 percent) than boys (39.1 percent) had completed the primary school within the set amount of time. Low primary school completion rates are often an indication of low internal efficiency of the educational system. Disparities in net primary completion rates between the urban, rural coastal and rural interior areas are expected to be considerable, but the size of the sample in the interior was too low to make an accurate estimation.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The last ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that the national gender parity for primary school is 1.0, indicating no difference in the attendance of girls and boys to primary school. However, the indicator drops to 0.9 in rural interior areas, indicating a disadvantage for girls in these districts. The disadvantage for the girls in the interior districts might be linked to early marriage (see section on child protection).

The gender parity indicator increases to 1.2 for secondary education. The disadvantage of boys is particularly pronounced in the rural interior district (1.9), as well as among children living in the poorest households (1.4) and again reflects the situation in the wider Caribbean where boys discontinue their education at an early age.

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females aged 15-24. Literacy was assessed on the ability of women to read a short simple statement or on school attendance. The percent literate is presented in Table ED.8. The percentage of women aged 15-24 years that are literate is 91.9, with considerable disparities between the urban and rural coastal areas (96.2 percent and 94.2 percent respectively) and the rural interior area (45.0 percent).

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

The births of 96.6 percent of children under five years in Suriname have been registered (Table CP.1). There are no significant variations in birth registration across sex, age or education categories. Children in the rural interior area are somewhat less likely to have their births registered (93.3 percent) than children in the rural coastal (96.7 percent) and urban areas (97.6 percent), but this appears to be due primarily to a relatively large proportion of mothers who do not know if their child's birth was registered.

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:

- Ages 5-11: at least one hour of economic work or 28 hours of domestic work per week.
- Ages 12-14: at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiating child labour from child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained before. Table CP.2 presents the results of child labour by the type of work. The total percentage of children aged 5-14 years who are involved in child labour activities is 6.0 percent (6.5 percent boys and 5.4 percent girls). Differences between urban, rural coastal and rural interior areas are considerable, with 3.0, 6.5 and 17.8 percent respectively. As can be expected, child labour in the poorest households is more prevalent at 12.8 percent.

Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are the children attending school that were involved in child labour activities at the moment of the survey. More specifically, of the 94.0 percent of the children 5-14 years of age attending school, 5.6 percent are also involved in child labour activities (17.8 percent in rural interior areas). On the other hand, out of the 6 percent of the children classified as child labourers, the majority of them are also attending school (87.7 percent nationwide; 77.5 percent in rural interior areas).

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 Suriname MICS survey, mothers/caretakers of children age 2-14 years were asked a series of questions

on the ways parents tend to use to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, two indicators used to describe aspects of child discipline are: 1) the number of children 2-14 years that experience psychological aggression as punishment or minor physical punishment or severe physical punishment; and 2) the number of parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

In Suriname, 84.4 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members (Table CP.4). This figure was 92.5 percent for the rural interior area. Approximately 1 out of 10 children aged 2-14 years was subjected to severe physical punishment, which is in contrast with the 16.4 percent of mothers/caretakers (almost 1 in 5) who believe that children should be physically punished.

Male children were subjected more to both minor and severe physical discipline (58.9 and 10.2 percent) than female children (54.3 and 6.2 percent). Differentials with respect to many of the background variables were relatively small.

Early Marriage

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 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 that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still

children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls in far larger numbers and with more intensity. Cohabitation - when a couple lives together as if married - raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship - for example, inheritance, citizenship and social recognition - might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who married at younger ages were more likely to believe that it is sometimes acceptable for a husband to beat his wife and were more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

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. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected. The demand for this young wife to reproduce and the power imbalance resulting from the age differential lead to very low condom use among such couples. Two of the indicators are to estimate the percentage of women married before 15 years of age and percentage married before 18 years of age. The percentage of women married at various ages is provided in Table CP.5.

This table shows that nationwide 3.7 percent of women aged 15-49 were married before age 15 and 22.5 percent before age 18. Regional disparities are distinct, with 2.4 percent and 4.2 percent of women aged 15-49 in urban and rural coastal areas married or in union before age 15 as compared to 13.8 percent (nearly 1 in 7 girls) in rural interior areas. More than half of the women aged 15-45 (54.2 percent) in rural interior areas were married or in union before age 18, compared with 16.7 and 31.0 percent in urban and rural coastal areas respectively. The percentage of women aged 15-19 years married or in union at the moment is 10.9 percent nationwide, but highest in households where the mother tongue is Javanese (19.2 percent) or for women 15-19 years living in the rural interior districts (20.0 percent).

Another component is the spousal age difference with an indicator being the percentage of married/in union women with a difference of 10 or more years of age compared to their current spouse. Table CP.6 presents the results of the age difference between husbands and wives. This table shows that 19.5 percent of the women aged 15-19 years currently married or in union have a husband that is 10 years older or more. As for the women aged 20-24, 22.6 percent of this group is currently married or in union with a husband that is 10 years older or more.

Domestic Violence

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

situations described in reality tend to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.7.

Overall, 13.2 percent of the women aged 15-49 years believe a husband is justified in beating his wife/partner for any of the reasons mentioned in the MICS study. Neglect of children was the most common reason why women believed a husband is justified in beating his wife/partner. Other reasons frequently mentioned by the women were: 'when she goes out without telling him' and 'when she argues with him'.

Analysed by mother tongue of the head of household, the percentage of women aged 15-49 years who believed a husband is justified in beating his wife/partners was 24.4 percent (Maroon languages), 19.4 percent (Indigenous languages) and 18.6 percent (Sranami Hindi). The percentage scores for the rural interior were considerably higher (34.9 percent) for all the justifications used for husbands to beat their wife/partner.

Child Disability

One of the World Fit for Children goals is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities. For children age 2 through 9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach rests in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child (e.g. health, nutrition, education, etc.). Table CP.8 presents the results of these questions.

The percentage of children 2-9 years of age with at least one reported disability is 23.7 percent with little differentiation between urban, rural coastal and rural interior areas and between mother's level of education or the level of household wealth index. Nationwide a percentage of 4.1 of children, aged 2-9 are reported as having a delay in sitting, standing or walking; 4.4 percent as having difficulty in seeing, either in the daytime or at night; 3.9 percent appear to have difficulty hearing; 4.0 percent have no understanding of instructions; 2.7 percent have difficulty in walking, moving, moving arms or have weakness or stiffness of muscles; 3.0 percent of children, aged 2-9 are reported to have fits, become rigid or lose consciousness; 2.9 percent are not learning to do things like other children of their age; 3.9 percent are not speaking or cannot be understood in words and 6.3 percent appear to be mentally backward, dull or slow.

The speech of 23.7 percent of the children, aged 3-9 years, was reported not to be normal with a majority in the urban areas (28.6 percent), compared with 17.9 percent in the rural coastal areas and 11.3 percent in the rural interior areas. Of the children 2 years of age, 6.8 percent cannot name at least one object. Interestingly 16.3 percent of the children aged 2 in the rural coastal areas cannot do so, compared to 4.8 percent and 5.0 percent in the urban and rural interior areas respectively.

XII. HIV/AIDS, Sexual Behaviour, and Orphaned and Vulnerable Children

KNOWLEDGE OF HIV TRANSMISSION AND CONDOM USE

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

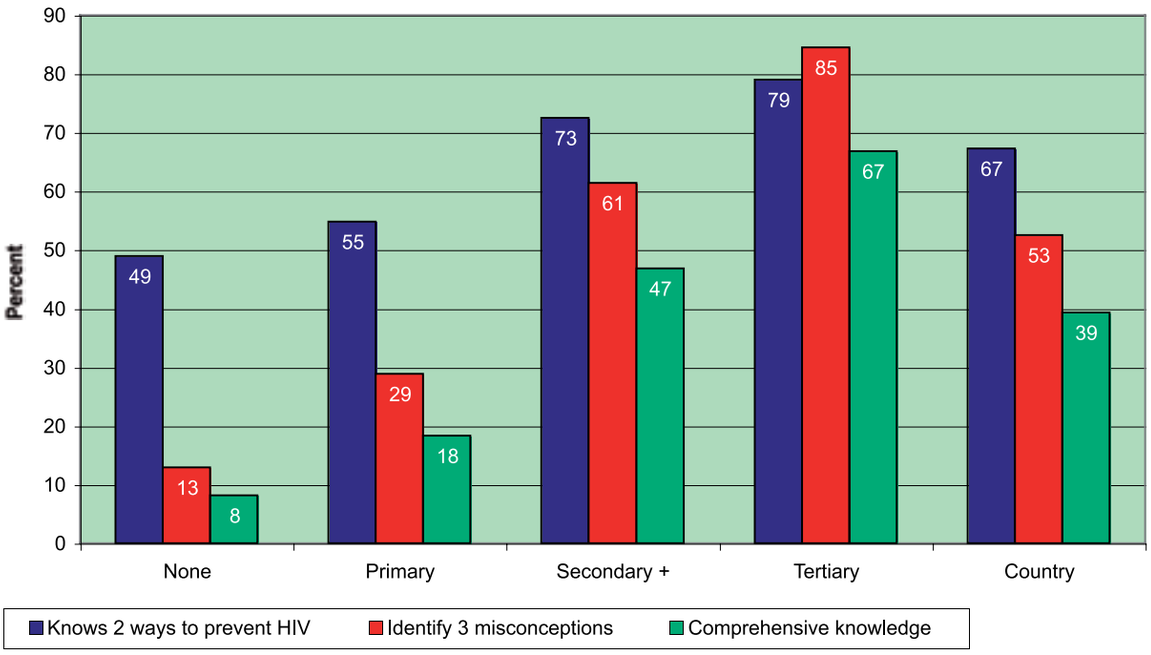
One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of prevention of HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1. In Suriname, almost all interviewed women (97.0 percent) have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission is only 46.5 percent. 79.3 percent of women know of having one faithful uninfected sex partner and 78.6 percent of using a condom every time, and 60.4 percent know of abstaining from sex as main ways of preventing HIV transmission. While 92.2 percent of women know at least one way, a small proportion of women (7.8 percent) do not know any of the three ways. Knowledge of at least one way of preventing HIV transmission is the highest in the urban area (93.6 percent) and the lowest in the rural interior area (84.9 percent). Women with secondary or tertiary education score high (95.8 and 98.9 percent respectively), while women with no education score the lowest (76.3 percent).

Table HA.2 presents the percent of women who can correctly identify misconceptions concerning HIV. The indicator is based on two well known misconceptions in Suriname, that HIV can be transmitted by supernatural means and mosquito bites. The table also provides information on whether women know that HIV cannot be transmitted by sharing food, and that HIV can be transmitted by sharing needles. Of the interviewed women, 52.5 percent reject the two most common misconceptions and know that a healthy-looking person can be infected. 78.6 percent of women know that HIV cannot be transmitted by supernatural means, and 66.9 percent of women know that HIV cannot be transmitted by mosquito bites, while 82.0 percent of women know that a healthy-looking person can be infected.

Table HA.3 presents the percentage of women 15-49 years who know 2 ways of preventing HIV transmission. Knowledge of HIV prevention methods is average although there are differences by residence. Overall, 67.3 percent of women report knowing two prevention methods, while in urban areas 69.4 percent of women identified both methods and in the interior, 55.0 percent of women identified both methods. As expected, the percent of women who know two prevention methods increases with the woman's education level.

A key indicator used to measure countries' responses to the HIV epidemic is the proportion of young people 15-24 years who have comprehensive knowledge of HIV/AIDS transmission (identify two prevention methods and 3 misconceptions). Among women aged 15-24, about 41 percent have comprehensive knowledge of HIV/AIDS transmission (39.3 percent for women aged 15-49 years). Among all women, in the urban and rural coastal areas 43.3 and 33.4 percent respectively have comprehensive correct knowledge of HIV. The figure is lowest for the rural interior areas: 17.3 percent. Education level and residence are highly associated with knowledge of HIV (see Figure HA.1).

Figure HA.1 Percent of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Suriname, 2006



Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery and through breastfeeding. The level of knowledge among women aged 15-49 years concerning mother-to-child transmission is presented in Table HA.4. Overall, 91.8 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 57.9, with the highest percentage for the rural interior districts (70.6 percent). 5.2 percent of women did not know of any specific way. There are no major knowledge differences between women with different education levels.

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

Table HA.5 presents the attitudes of women towards people living with HIV/AIDS. In total 63.9 percent of the surveyed women agreed with at least one discriminatory statement, with the highest percentage of women who agreed living in the rural interior districts (86.4 percent). The percentage of women who would not buy fresh vegetables from a person with HIV is 37.4 percent, while 32.0 percent would want to keep it a secret if a family member had HIV. One in four of the women believed a female teacher with HIV should not be allowed to work (almost half of the women in the rural interior believed that). Education level and residence are highly associated with stigma and discrimination. Respondents with lower education living in the rural interior had the highest levels of agreement with discriminatory statements

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6. Overall 80.4 percent of women know where to be tested, while 33.3 percent have actually been tested. Of these, a large proportion has been told the result (90.6 percent). In the urban area, 83.8 percent of the women know a place to get tested, and 33.4 of them have been tested. In the rural interior 69.0 percent of women know a place to get tested, and 49.0 percent of them have been tested. Awareness levels about facilities for HIV testing amongst women aged 15-49 years were lowest among women speaking Sarnami Hindi and indigenous languages.

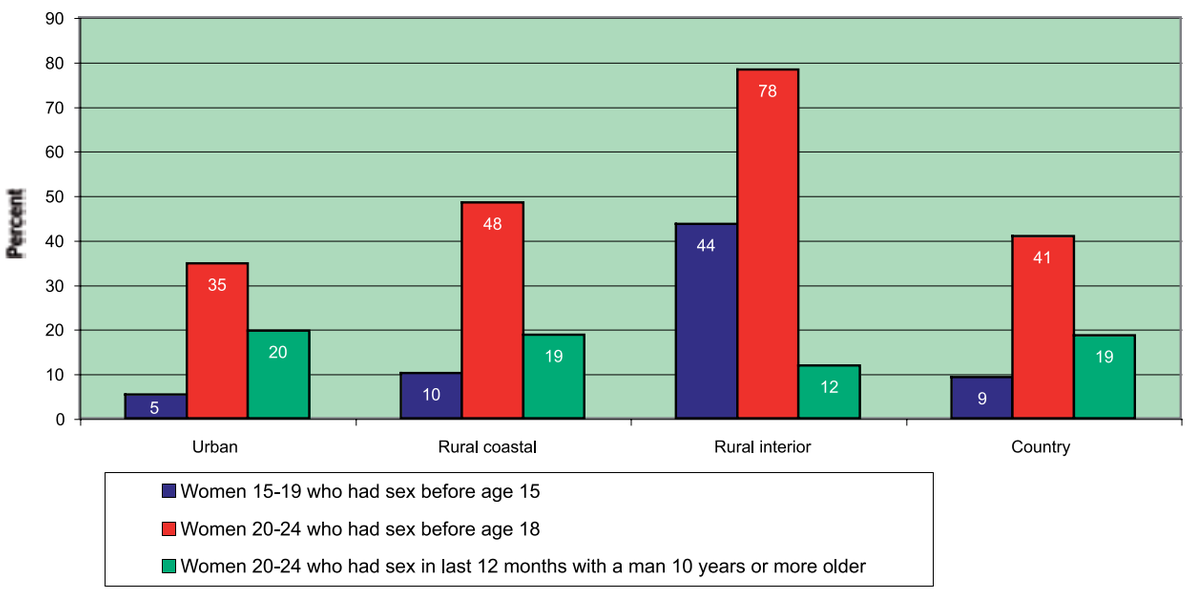
Among women who had given birth within the two years preceding the survey, the percent who received counselling and HIV testing during antenatal care is presented in Table HA.7.
A total of 79.0 percent of these women were tested for HIV at ANC sites and 72.4 received their test results. The percentage of women who were provided information about HIV prevention during ANC visits is lower at 67.3 percent.

Sexual Behaviour Related to HIV Transmission

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially with non-regular partners, is especially important for reducing the spread of HIV. In most countries over half of new HIV infections are among young people 15-24 years thus a change in behaviour among this age group will be especially important to reduce new infections. A module of questions was administered to women 15-24 years of age to assess their risk of HIV infection. Risk factors for HIV include sex at an early age, sex with older men, sex with a non-marital non-cohabitating partner, and failure to use a condom.

The frequency of sexual behaviours that increase the risk of HIV infection among women is presented in Table HA.8 and Figure HA.2. In total 9.2 percent of the women aged 15-19 had sex before the age of 15, and 40.9 percent of the women aged 20-24 had sex before the age of 18. These percentages were considerably higher for the rural interior areas: 43.6 percent and 78.3 percent respectively. Almost 19 percent had sex with a man ten or more years older, in the twelve months preceding the survey.

Figure HA.2 Sexual behaviour that increases risk of HIV infection, Suriname, 2006



Condom use during sex with men other than husbands or live-in partners (non-marital, non-cohabiting) was assessed in women 15-24 years of age who had sex with such a partner in the previous year (Table HA.9). Over 60 percent of women 15-24 years report having sex with a non-regular partner in the 12 months prior to the MICS. Of those women, almost half report using a condom when they had sex with the high risk partner. About 17 percent of women with incomplete primary education used a condom during higher risk sex in the year before the MICS while around 54 percent of women with secondary or more education used a condom with such a partner.

Orphans and Vulnerable Children

As the HIV epidemic progresses, more and more children are becoming orphaned and vulnerable because of AIDS. Children who are orphaned or in vulnerable households may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

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

The frequency of children living with neither parent, mother only, and father only is presented in Table HA.10. The percentage of children aged 0-17 years who are not living with their biological parents is 9.3 percent with a considerably higher value for the rural interior (18.4 percent). A little more than half of the number of children aged 0-17 years (57.3 percent) live with both parents. Nationwide, 5.1 percent of the children aged 0-17 have lost one or both parents, with little differentiation between urban, rural coastal and rural interior areas.

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Table HH.1: Results of household and individual interviews

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

	Stratum			Region					Total
	Urban	Rural Coastal	Rural Interior	Paramaribo	Wanica and Para	Nickerie, Coronie and Saramacca	Commewijne and Marowijne	Brokopondo and Sipaliwini	
Number of households									
Sampled	4350	1115	1128	2777	1366	747	575	1128	6593
Occupied	4350	1115	1071	2777	1366	747	575	1071	6536
Interviewed	3892	1012	842	2468	1245	665	526	842	5746
Response rate	89,5	90,8	78,6	88,9	91,1	89	91,5	78,6	87,9
Number of women									
Eligible	4270	1061	628	2651	1473	653	554	628	5959
Interviewed	3772	946	565	2313	1310	599	496	565	5283
Response rate	88,3	89,2	90	87,3	88,9	91,7	89,5	90	88,7
Overall response rate	79	80,9	70,7	77,5	81,1	81,7	81,9	70,7	77,9
Number of children under 5									
Eligible	1382	443	529	854	535	198	238	529	2354
Mother/Caretaker interviewed	1329	423	505	812	520	191	229	505	2257
Response rate	96,2	95,5	95,5	95,1	97,2	96,5	96,2	95,5	95,9
Overall response rate	86	86,7	75,1	84,5	88,6	85,9	88	75,1	84,3

Table HH.2: Household age distribution by sex

Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Suriname, 2006

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age						
0-4	1112	10,1	1194	10,5	2305	10,3
5-9	1208	11	1190	10,4	2398	10,7
10-14	1047	9,5	1007	8,8	2054	9,2
15-19	1058	9,6	1045	9,2	2103	9,4
20-24	999	9,1	967	8,5	1966	8,8
25-29	836	7,6	878	7,7	1714	7,6
30-34	860	7,8	875	7,7	1735	7,7
35-39	768	7	840	7,4	1608	7,2
40-44	801	7,3	790	6,9	1591	7,1
45-49	551	5	611	5,4	1162	5,2
50-54	457	4,1	498	4,4	955	4,3
55-59	352	3,2	395	3,5	747	3,3
60-64	268	2,4	308	2,7	576	2,6
65-69	202	1,8	283	2,5	486	2,2
70+	371	3,4	482	4,2	853	3,8
Missing / Don't know	122	1,1	42	0,4	164	0,7
Dependency age groups						
< 15	3367	30,6	3391	29,7	6758	30,1
15-64	6950	63,1	7207	63,2	14158	63,2
65 +	573	5,2	765	6,7	1338	6
Missing/ Don't know	122	1,1	42	0,4	164	0,7
Children aged 0-17	4030	36,6	4028	35,3	8058	35,9
Adults 18+/Missing/ Don't know	6983	63,4	7377	64,7	14360	64,1
Total	11013	100	11405	100	22418	100

Table HH.3: Household composition

Percent distribution of households by selected characteristics, Suriname, 2006

	Weighted percent	Number of households	
		Weighted	Unweighted
Sex of household head			
Male	64	3680	3641
Female	36	2066	2105
Region			
Paramaribo	44,9	2578	2468
Wanica and Para	21,5	1237	1245
Nickerie, Coronie and Saramacca	12,2	699	665
Commewijne and Marowijne	9,6	552	526
Brokopondo and Sipaliwini	11,8	680	842
Stratum			
Urban	69,7	4006	3892
Rural, coastal	18,4	1060	1012
Rural, interior	11,8	680	842
Number of household members			
1	13,3	764	788
2-3	33,8	1941	1930
4-5	33,5	1924	1906
6-7	13,1	752	755
8-9	4,1	236	237
10+	2,3	130	130
Mother tongue of head **			
Dutch	30,2	1734	1675
Sranan Tongo	7,9	454	446
Sarnami Hindi	22,5	1296	1257
Javanese	13,2	760	730
Indigenous language	1,6	90	91
Maroon language	18,3	1050	1181
Other language	6,1	350	354
Total	100	5746	5746
At least one child aged < 18 years	61,2	5746	5746
At least one child aged < 5 years	29,1	5746	5746
At least one woman aged 15-49 years	73,5	5746	5746

** 12 cases with "Missing/ Don't know" not shown.

Table HH.4: Women's background characteristics

Percent distribution of women aged 15-49 years by background characteristics, Suriname, 2006

	Weighted percent	Number of women	
		Weighted	Unweighted
Region			
Paramaribo	46,1	2436,0	2313,0
Wanica and Para	24,4	1288,0	1310,0
Nickerie, Coronie and Saramacca	11,4	602,0	599,0
Commewijne and Marowijne	9,7	512,0	496,0
Brokopondo and Sipaliwini	8,4	446,0	565,0
Stratum			
Urban	73,2	3865,0	3772,0
Rural, coastal	18,4	972,0	946,0
Rural, interior	8,4	446,0	565,0
Age			
15-19	17,6	927,0	925,0
20-24	15,4	812,0	811,0
25-29	14,4	761,0	763,0
30-34	15,1	795,0	794,0
35-39	14,4	758,0	759,0
40-44	13,2	696,0	696,0
45-49	10,1	534,0	535,0
Marital/Union status			
Currently married/in union	54,9	2901,0	2899,0
Formerly married/in union	13,8	728,0	752,0
Never married/in union	31,3	1654,0	1632,0
Motherhood status			
Ever gave birth	66,5	3515,0	3537,0
Never gave birth	33,5	1768,0	1746,0
Education			
None	6,2	326,0	380,0
Primary	22,6	1194,0	1221,0
Secondary	63,5	3352,0	3285,0
Tertiary	7,0	370,0	357,0
Non-standard curriculum	(0,6)	30,0	29,0
Missing/Don't know	(*)	11,0	11,0
Wealth index quintiles			
Poorest	17	897	999
Second	19,4	1024	1015
Middle	20,6	1090	1064
Fourth	21,2	1122	1093
Richest	21,8	1149	1112
Mother tongue of head			
Dutch	31	1636	1580
Sranan Tongo	6,7	355	349
Sarnami Hindi	24,9	1314	1299
Javanese	12,3	652	635
Indigenous language	1,7	87	87
Maroon language	17,6	929	1022
Other language	5,6	298	300
Don't know	(*)	8	8
Missing	(*)	3	3
Total	100	5283	5283

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

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

Table HH.5: Children's background characteristics

Percent distribution of children under five years of age by background characteristics, Suriname, 2006

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Sex			
Male	47,8	1078,0	1082,0
Female	52,2	1179,0	1175,0
Region			
Paramaribo	38,7	873,0	812,0
Wanica and Para	22,9	518,0	520,0
Nickerie, Coronie and Saramacca	9,0	203,0	191,0
Commewijne and Marowijne	10,8	245,0	229,0
Brokopondo and Sipaliwini	18,5	418,0	505,0
Stratum			
Urban	61,7	1392,0	1329,0
Rural, coastal	19,8	447,0	423,0
Rural, interior	18,5	418,0	505,0
Age			
< 6 months	8,1	183,0	182,0
6-11 months	9,9	224,0	225,0
12-23 months	19,2	433,0	434,0
24-35 months	19,7	445,0	445,0
36-47 months	21,2	478,0	478,0
48-59 months	21,9	494,0	493,0
Mother's education			
None	13,0	292,0	333,0
Primary	29,7	670,0	681,0
Secondary	51,0	1150,0	1106,0
Tertiary	5,4	122,0	115,0
Non-standard curriculum	(*)	8,0	8,0
Missing/Don't know	(*)	15,0	14,0
Wealth index quintiles			
Poorest	31,6	713,0	782,0
Second	21,7	490,0	475,0
Middle	16,4	370,0	352,0
Fourth	15,6	351,0	333,0
Richest	14,7	333,0	315,0
Mother tongue of head			
Dutch	25,3	571,0	541,0
Sranan Tongo	6,3	143,0	139,0
Sarnami Hindi	16,4	370,0	354,0
Javanese	10,3	233,0	220,0
Indigenous language	(2,1)	48,0	48,0
Maroon language	33,8	763,0	825,0
Other language	5,4	123,0	123,0
Don't know	(*)	5,0	5,0
Missing	(*)	2,0	2,0
Total	100,0	2257,0	2257,0

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

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

Table CM.1: Child mortality

Infant and under-five mortality rates by background and demographic characteristics [BASED ON EAST], Suriname, 2006

	Infant mortality rate*	Under-five mortality rate**
Region		
Paramaribo, Wanica and Para	33	38
Nickerie, Coronie, Saramacca, Commewijne, Marowijne, Brokopondo and Sipaliwini	34	38
Stratum		
Urban	33	38
Rural (Coastal and Interior)	34	39
Women's education		
None/Primary	46	54
Secondary +	23	26
Wealth index quintiles		
Poorest 60%	40	46
Richest 40%	18	19
Total	33	38

*** MICS indicator 2; MDG indicator 14**

**** MICS indicator 1; MDG indicator 13**

Table CM.2: Children ever born and proportion dead

Mean number of children ever born, children surviving and proportion dead by age of women, Suriname, 2006

	Mean number of children ever born	Mean number of children surviving	Proportion dead	Number of women
Age				
15-19	0,137	0,129	0,057	927
20-24	0,756	0,723	0,043	812
25-29	1,674	1,62	0,032	761
30-34	2,267	2,172	0,042	795
35-39	2,868	2,742	0,044	758
40-44	3,339	3,112	0,068	696
45-49	3,664	3,442	0,061	534
Total	1,944	1,845	0,051	5283

Table NU.1: Child malnourishment

Percentage of children aged 0-59 months who are severely or moderately malnourished, Suriname, 2006

	Weight for age		Height for age		Weight for height			Number of children aged 0-59 months
	% below - 2 SD*	% below - 3 SD	% below - 2 SD**	% below - 3 SD	% below - 2 SD***	% below - 3 SD	% above + 2 SD	
Sex								
Male	9.9	0.4	7.5	1.1	5.3	0.3	2.4	920
Female	9.9	1.2	8.0	1.6	4.4	0.5	3.3	967
Region								
Paramaribo	8.4	0.7	5.3	1.0	3.6	0.4	2.6	752
Wanica and Para	11.4	1.0	7.8	1.4	7.9	0.7	4.0	419
Nickerie, Coronie and Saramacca	13.9	1.5	13.4	1.3	5.5	0.0	5.1	163
Commewijne and Marowijne	6.1	0.0	4.4	0.0	3.2	0.0	2.9	194
Brokopondo and Sipaliwini	11.3	0.9	12.0	2.8	4.6	0.5	0.9	360
Stratum								
Urban	9.2	0.8	5.9	1.1	5.0	0.5	3.1	1165
Rural, coastal	10.5	0.7	9.3	0.9	4.7	0.0	3.8	362
Rural, interior	11.3	0.9	12.0	2.8	4.6	0.5	0.9	360
Age								
< 6 months	1.3	0.7	4.0	1.3	0.0	0.0	9.1	150
6-11 months	6.4	0.0	4.9	0.0	7.2	0.0	4.0	193
12-23 months	12.9	0.7	11.0	1.3	9.1	1.0	2.6	366
24-35 months	10.0	1.4	6.5	1.5	5.0	0.3	0.5	355
36-47 months	11.4	0.3	7.4	2.0	3.0	0.5	1.3	395
48-59 months	10.3	1.3	8.9	1.4	3.5	0.3	3.6	428
Mother's education								
None	16.6	1.3	15.3	3.7	5.6	1.1	0.3	250
Primary	10.4	0.8	9.0	1.5	4.6	0.4	1.9	558
Secondary	8.3	0.6	5.4	0.8	5.0	0.3	3.6	960
Tertiary	7.5	2.1	4.3	1.0	4.2	0.0	7.5	99
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Wealth index quintiles								
Poorest	12.1	0.9	12.2	2.7	3.8	0.5	2.0	608
Second	8.0	0.5	7.0	1.1	4.5	0.3	2.3	400
Middle	9.8	1.0	5.4	0.7	5.6	0.6	2.3	311
Fourth	9.6	1.1	5.6	1.0	5.6	0.3	4.1	304
Richest	8.0	0.4	3.7	0.0	5.9	0.4	4.8	264
Mother tongue of head								
Dutch	7.2	0.2	4.4	0.4	4.3	0.0	4.2	480
Sranan Tongo	11.1	0.8	8.6	2.6	5.1	0.8	1.7	121
Sarnami Hindi	15.1	2.4	7.1	2.4	10.0	1.4	2.6	308
Javanese	11.3	0.7	11.3	0.6	4.2	0.0	4.8	181
Indigenous language	(11.6)	(0.0)	(14.1)	(2.3)	(0.0)	(0.0)	(0.0)	42
Maroon language	8.5	0.5	8.4	1.3	3.6	0.4	1.5	642
Other language	11.3	1.0	11.7	2.6	3.1	0.0	4.7	106
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Total	9.9	0.8	7.7	1.4	4.9	0.4	2.8	1887

*** MICS indicator 6; MDG indicator 4**

**** MICS indicator 7**

***** MICS indicator 8**

The percent 'below –2 standard deviations' includes those who fall -3 standard deviations below the median.

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

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

Table NU.2: Initial breastfeeding

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

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth**	Number of women with a live birth in the two years preceding the survey
Region			
Paramaribo	33,8	54,2	299
Wanica and Para	40,3	57,5	183
Nickerie, Coronie and Saramacca	26,7	57,1	53
Commewijne and Marowijne	29,4	44,1	101
Brokopondo and Sipaliwini	34,2	63,3	141
Stratum			
Urban	35,2	55,1	480
Rural, coastal	31,9	49,9	156
Rural, interior	34,2	63,3	141
Months since birth			
< 6 months	38,4	60,7	185
6-11 months	29,6	50,7	205
12-23 months	35,0	55,6	386
Mother's education			
None	30,1	54,8	97
Primary	31,7	50,8	215
Secondary	36,5	57,2	413
Tertiary	(37,2)	(65,3)	44
Non-standard curriculum	(*)	(*)	4
Missing/Don't know	(*)	(*)	2
Wealth index quintiles			
Poorest	34,2	57,8	253
Second	36,2	51,4	154
Middle	32,7	53,3	125
Fourth	33,3	53,2	124
Richest	35,1	60,7	121
Total	34,4	55,5	776

*** MICS indicator 45**

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

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

Table NU.3: Breastfeeding

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

	Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed*	Number of children	Percent receiving breastmilk and solid/ mushy food**	Number of children	Percent breastfed ***	Number of children	Percent breastfed ***	Number of children
Sex										
Male	0,0	58,0	0,9	92,0	33,2	74,0	42,0	58,0	16,7	68,0
Female	5,6	56,0	3,5	92,0	35,2	80,0	36,3	78,0	13,3	74,0
Region										
Paramaribo	(4,3)	49,0	2,9	75,0	36,5	56,0	30,8	56,0	(20,5)	47,0
Wanica and Para	0,0	26,0	0,0	44,0	(38,3)	39,0	(44,3)	27,0	(17,5)	34,0
Saramacca	(*)	7,0	(*)	12,0	(*)	10,0	(*)	9,0	(*)	16,0
Commewijne and Marowijne	(*)	12,0	(*)	21,0	(*)	21,0	(*)	18,0	(*)	14,0
Brokopondo and Sipaliwini	(*)	21,0	(2,7)	31,0	(24,4)	27,0	(56,4)	27,0	(5,2)	31,0
Stratum										
Urban	4,4	72,0	2,7	116,0	38,6	97,0	32,8	80,0	20,2	82,0
Rural, coastal	(*)	22,0	0,0	37,0	(28,9)	29,0	(38,9)	30,0	(10,5)	29,0
Rural, interior	(*)	21,0	(2,7)	31,0	(24,4)	27,0	(56,4)	27,0	(5,2)	31,0
Mother's education										
None	(*)	13,0	(*)	17,0	(*)	13,0	(*)	19,0	(6,3)	26,0
Primary	0,0	25,0	1,6	53,0	(29,6)	47,0	(49,2)	42,0	(12,2)	33,0
Secondary	4,6	68,0	3,2	99,0	35,5	76,0	22,4	66,0	19,9	79,0
Tertiary	(*)	8,0	(*)	11,0	(*)	13,0	(*)	6,0	(*)	5,0
Non-standard curriculum	(*)	0,0	(*)	0,0	(*)	2,0	(*)	2,0	(*)	0,0
Missing/Don't know	(*)	0,0	(*)	2,0	(*)	3,0	(*)	1,0	(*)	0,0

Wealth index quintiles										
Poorest	0,0	36,0	1,6	52,0	33,2	51,0	(52,3)	45,0	(9,6)	47,0
Second	(*)	20,0	0,0	38,0	(28,9)	28,0	(38,9)	32,0	(*)	24,0
Middle	(*)	16,0	(*)	24,0	(27,8)	26,0	(*)	23,0	(11,3)	28,0
Fourth	(8,2)	26,0	(5,4)	38,0	(*)	22,0	(*)	19,0	(*)	23,0
Richest	(*)	17,0	(3,5)	31,0	(50,1)	25,0	(*)	17,0	(*)	20,0
Mother tongue of head										
Dutch	(5,8)	37,0	4,2	51,0	(44,0)	34,0	(33,5)	40,0	(19,2)	33,0
Sranan Tongo	(*)	5,0	(*)	8,0	(*)	7,0	(*)	6,0	(*)	5,0
Sarnami Hindi	(*)	13,0	0,0	26,0	(*)	24,0	(*)	20,0	(*)	22,0
Javanese	(*)	11,0	(*)	21,0	(*)	16,0	(*)	11,0	(*)	20,0
Indigenous language	(*)	2,0	(*)	4,0	(*)	0,0	(*)	3,0	(*)	2,0
Maroon language	0,0	36,0	1,5	56,0	24,4	61,0	31,4	45,0	6,8	56,0
Other language	(*)	11,0	(*)	17,0	(*)	9,0	(*)	12,0	(*)	5,0
Don't know	(*)	0,0	(*)	0,0	(*)	1,0	(*)	0,0	(*)	0,0
Missing	(*)	0,0	(*)	0,0	(*)	1,0	(*)	0,0	(*)	0,0
Total	2,8	114,0	2,2	183,0	34,2	153,0	38,7	137,0	14,9	143,0

*** MICS indicator 15**

**** MICS indicator 17**

***** MICS indicator 16**

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

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

Table NU.4: Adequately fed infants

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

	Percent of infants				
	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex					
Male	(11,9)	15,3	13,3	(7,7)	203
Female	(7,2)	15,6	11,4	(7,8)	204
Region					
Paramaribo	(8,7)	12,5	10,3	(6,8)	159
Wanica and Para	(10,6)	20,2	15,1	(8,3)	97
Nickerie, Coronie and Saramacca	(10,5)	0,0	8,7	(4,5)	25
Commewijne and Marowijne	(13,5)	14,8	14,1	(10,1)	51
Brokopondo and Sipaliwini	(8,1)	16,6	12,7	(8,7)	76
Stratum					
Urban	(10,2)	16,8	12,9	(8,2)	253
Rural, coastal	(9,6)	10,4	10,0	(5,3)	78
Rural, interior	(8,1)	16,6	12,7	(8,7)	76

Mother's education					
None	(19,7)	24,6	23,0	(14,0)	44
Primary	(8,5)	13,9	10,9	(6,7)	119
Secondary	(9,7)	12,5	10,9	(7,3)	211
Tertiary	(10,1)	0,0	7,2	(4,1)	26
Non-standard curriculum	0,0	0,0	0,0	0,0	2
Missing/Don't know	0,0	100,0	34,1	(20,5)	5
Wealth index quintiles					
Poorest	(9,0)	17,5	12,9	(8,4)	129
Second	(13,8)	23,6	18,6	(9,9)	82
Middle	(4,9)	14,4	8,8	(5,3)	60
Fourth	(6,4)	6,4	6,4	(5,9)	71
Richest	(13,9)	8,7	12,2	(8,1)	65
Mother tongue of head					
Dutch	(15,3)	13,7	14,5	(9,3)	101
Sranan Tongo	0,0	32,8	11,1	(6,0)	17
Sarnami Hindi	(16,6)	7,4	12,8	(7,0)	59
Javanese	(22,7)	0,0	13,3	(6,9)	45
Indigenous language	0,0	0,0	0,0	0,0	4
Maroon language	(3,2)	20,7	11,4	(7,8)	152
Other language	0,0	20,5	10,5	(7,8)	27
Don't know	0,0	0,0	0,0	0,0	1
Missing	0,0	0,0	0,0	0,0	1
Total	9,7	15,5	12,3	7,8	407

*** MICS indicator 18**

**** MICS indicator 19**

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

Table NU.5: Low birth weight infants

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

	Percent of live births:		
	Below 2500 grams*	Weighed at birth**	Number of live births
Region			
Paramaribo	10,5	73,2	299
Wanica and Para	13,1	79,1	183
Nickerie, Coronie and Saramacca	9,6	71,1	53
Commewijne and Marowijne	9,2	79,7	101
Brokopondo and Sipaliwini	10,6	64,6	141
Stratum			
Urban	11,2	76,8	480
Rural, coastal	10,1	72,7	156
Rural, interior	10,6	64,6	141
Mother's education			
None	12,3	64,2	97
Primary	11,1	61,9	215
Secondary	10,6	80,2	413
Tertiary	(10,8)	(92,9)	44
Non-standard curriculum	(*)	(*)	4
Missing/Don't know	(*)	(*)	2
Wealth index quintiles			
Poorest	11,5	64,1	253
Second	10,4	75,5	154
Middle	10,2	77,9	125
Fourth	11,9	84,1	124
Richest	9,9	76,9	121
Mother tongue of head			
Dutch	10,1	74,1	195
Sranan Tongo	(11,8)	(61,4)	37
Sarnami Hindi	12,1	79,0	122
Javanese	6,7	88,1	88
Indigenous language	(*)	(*)	14
Maroon language	11,9	71,1	271
Other language	(11,2)	(63,1)	47
Don't know	(*)	(*)	1
Missing	(*)	(*)	1
Total	10,9	73,7	776

*** MICS indicator 9**

**** MICS indicator 10**

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

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

Table CH.1: Vaccinations in first year of life
Percentage of children aged 18-29 months immunized against childhood diseases at any time

		DPT 1	DPT 2	DPT 3**	Polio 1	Polio 2	Polio 3****	Measles ****	All *****	None	Number of children aged 18-29 months
VACC	Vaccination card	83,7	84,9	83,7	83,5	84,5	83,3	65,7	71,3	0,3	412
	Mother's report	12,0	9,0	7,1	14,2	12,2	9,1	15,4	4,0	1,7	412
	Either	95,6	94,0	90,8	97,7	96,7	92,4	81,0	75,3	2,0	412
	Vaccinated by 12 months of age	94,8	92,2	86,1	97,1	94,9	87,6	79,5	68,5	2,3	412

** MICS Indicator 26
*** MICS Indicator 27
**** MICS Indicator 28; MDG Indicator 15
***** MICS Indicator 31

Note regarding indicator "Vaccinated by 12 months of age": except by 18 months for Measles

Table CH. 1c Vaccinations in first year of life (continued)
Percentage of children aged 18-29 months immunized against childhood diseases at any time

		HepB1	HepB2	HepB3*	Hib1	Hib2	Hib3	Yellow Fever **	Number of children aged 18-29 months
VACC	Vaccination card	9,3	7,6	6,0	4,5	3,5	3,1	11,9	412
	Mother's report	.0	.0	.0	.0	.0	.0	7,4	412
	Either	9,3	7,6	6,0	4,5	3,5	3,1	19,3	412
	Vaccinated by 12 months of age	8,6	6,4	3,2	4,3	3,5	2,7	18,1	412

* MICS Indicator 29
** MICS Indicator 30

Note regarding indicator "Vaccinated by 12 months of age": except by 18 months for Yellow fever

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Suriname, 2006

	Percentage of children who received:												
	DPT1	DPT2	DPT3	DPT4	Polio1	Polio2	Polio3	Polio4	Measles (MMR)	All	None	Percent with health card	Number of children aged 18-29 months
Sex													
Male	95,1	93,2	90,5	74,6	97,3	96,1	92,3	76,6	81,8	74,6	2,2	79,4	193
Female	96,1	94,6	91,0	77,5	98,1	97,2	92,5	78,6	80,4	76,0	1,8	82,8	220
Region													
Paramaribo	94,9	93,0	89,9	77,5	97,1	96,3	90,3	79,1	78,3	70,2	2,8	76,6	156
Wanica and Para	94,9	93,0	92,0	81,0	98,0	96,9	94,9	81,8	84,1	78,8	1,0	86,5	103
Nickerie, Coronie and Saramacca	(94,7)	(94,7)	(92,1)	(81,8)	(100,0)	(100,0)	(100,0)	(91,7)	(87,1)	(81,3)	0,0	(82,4)	41
Commewijne and Marowijne	(97,5)	(94,9)	(92,4)	(61,9)	(97,5)	(95,1)	(92,6)	(60,3)	(75,1)	(74,5)	(2,5)	(90,1)	42
Brokopondo and Sipaliwini	97,5	96,3	88,8	71,3	97,5	96,3	88,8	71,3	82,9	78,0	2,5	77,7	70
Stratum													
Urban	95,0	93,5	91,3	80,1	97,5	96,6	92,3	80,9	81,7	75,4	2,1	81,1	262
Rural, coastal	95,9	93,3	90,6	67,8	98,6	97,2	95,8	72,4	77,6	72,9	1,3	84,6	80
Rural, interior	97,5	96,3	88,8	71,3	97,5	96,3	88,8	71,3	82,9	78,0	2,5	77,7	70
Mother's education													
None	100,0	100,0	89,3	64,4	100,0	100,0	89,7	63,6	79,5	72,5	0,0	82,0	54
Primary	93,7	91,0	88,3	69,2	95,6	93,7	90,9	70,6	79,3	76,5	4,4	79,8	111
Secondary	95,0	93,3	91,2	80,4	98,0	97,0	93,3	82,2	81,4	74,7	1,5	83,2	214
Tertiary	(100,0)	(100,0)	(100,0)	(91,2)	(100,0)	(100,0)	(95,6)	(95,6)	(88,3)	(82,3)	0,0	(73,9)	29
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	4

Wealth index quintiles													
Poorest	97,7	95,1	88,9	65,6	97,7	96,0	88,9	65,8	73,2	68,0	2,3	79,3	121
Second	96,9	93,8	89,2	72,8	98,5	97,0	92,3	74,4	79,9	76,8	1,5	86,9	72
Middle	95,5	95,4	93,9	81,8	97,0	96,9	96,9	84,7	86,7	82,9	3,0	85,7	73
Fourth	91,0	90,4	88,7	79,0	96,9	96,8	90,6	79,9	83,3	74,6	3,1	78,6	69
Richest	95,7	94,0	94,0	88,0	98,7	97,0	95,5	91,0	86,0	79,0	0,0	76,9	77
Mother tongue of head													
Dutch	98,9	97,6	95,2	87,1	98,9	97,7	93,1	86,4	84,6	78,0	0,0	82,6	98
Sranan Tongo	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	24
Sarnami Hindi	90,9	90,8	90,8	82,9	98,4	98,4	96,8	90,5	84,8	79,5	1,5	83,5	70
Javanese	98,1	98,1	98,1	96,1	100,0	100,0	100,0	98,0	92,4	90,5	0,0	96,5	58
Indigenous language	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Maroon language	94,5	91,8	84,3	58,2	96,2	94,5	86,3	58,9	74,3	66,5	3,8	74,8	133
Other language	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	23
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Total	95,6	94,0	90,8	76,1	97,7	96,7	92,4	77,6	81,0	75,3	2,0	81,2	412

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

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

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

	Percentage of children who received:							Percent with health card	Number of children aged 18-29 months
	HepB1	HepB2	HepB3	Hib1	Hib2	Hib3	Yellow Fever		
Sex									
Male	7,7	6,7	5,0	3,3	2,4	2,0	21,4	79,4	193
Female	10,7	8,4	6,8	5,6	4,5	4,1	17,3	82,8	220
Region									
Paramaribo	2,8	2,1	2,1	2,8	2,8	2,8	8,9	76,6	156
Wanica and Para	2,8	2,8	1,0	0,9	0,0	0,0	8,9	86,5	103
Nickerie, Coronie and Saramacca	0,0	0,0	0,0	0,0	0,0	0,0	(9,7)	(82,4)	41
Commewijne and Marowijne	(4,9)	(4,9)	(4,9)	(2,5)	(2,5)	(2,5)	(7,6)	(90,1)	42
Brokopondo and Sipaliwini	41,3	33,0	26,0	17,7	12,9	10,6	73,7	77,7	70
Stratum									
Urban	2,0	1,6	1,6	1,6	1,6	1,6	8,4	81,1	262
Rural, coastal	5,0	5,0	2,6	2,5	1,3	1,3	10,3	84,6	80
Rural, interior	41,3	33,0	26,0	17,7	12,9	10,6	73,7	77,7	70
Mother's education									
None	38,8	32,6	28,1	15,3	13,7	12,2	44,6	82,0	54
Primary	6,9	4,7	1,5	4,6	1,5	0,7	27,5	79,8	111
Secondary	4,5	4,0	3,6	2,0	2,0	2,0	9,6	83,2	214
Tertiary	0,0	0,0	0,0	(3,8)	(3,8)	(3,8)	(8,1)	(73,9)	29
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	4
Wealth index quintiles									
Poorest	24,2	19,4	14,4	10,4	6,8	5,5	43,5	79,3	121
Second	3,7	3,7	2,6	1,1	1,1	1,1	13,0	86,9	72
Middle	5,9	4,4	4,4	1,4	1,4	1,4	5,6	85,7	73
Fourth	0,0	0,0	0,0	1,6	1,6	1,6	8,0	78,6	69
Richest	2,7	2,7	2,7	4,2	4,2	4,2	12,5	76,9	77
Mother tongue of head									
Dutch	4,3	3,2	3,2	3,3	3,3	3,3	11,0	82,6	98
Sranan Tongo	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	24
Sarnami Hindi	0,0	0,0	0,0	1,5	1,5	1,5	4,4	83,5	70
Javanese	0,0	0,0	0,0	0,0	0,0	0,0	3,5	96,5	58
Indigenous language	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Maroon language	22,3	18,5	14,8	8,8	7,6	6,4	40,1	74,8	133
Other language	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	23
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Total	9,3	7,6	6,0	4,5	3,5	3,1	19,3	81,2	412

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

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

Table CH.3: Neonatal tetanus protection

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

	Percent of mothers with a birth in the last 24 months who:			
	Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Protected against tetanus*	Number of mothers
Region				
Paramaribo	25,7	6,7	32,4	299
Wanica and Para	29,1	5,4	34,4	183
Nickerie, Coronie and Saramacca	56,1	5,6	61,7	53
Commewijne and Marowijne	32,0	8,3	40,3	101
Brokopondo and Sipaliwini	33,7	6,2	39,9	141
Stratum				
Urban	28,5	6,4	34,9	480
Rural, coastal	35,4	6,7	42,1	156
Rural, interior	33,7	6,2	39,9	141
Age				
15-19	36,4	5,1	41,5	81
20-24	36,6	8,3	45,0	189
25-29	28,8	8,0	36,8	205
30-34	23,7	5,4	29,0	160
35-39	31,1	4,5	35,6	111
40-44	(34,1)	0,0	(34,1)	26
45-49	(*)	(*)	(*)	3
Education				
None	29,4	5,7	35,1	97
Primary	40,9	5,4	46,4	215
Secondary	27,4	7,7	35,1	413
Tertiary	(13,9)	(2,2)	(16,2)	44
Non-standard curriculum	(*)	(*)	(*)	4
Missing/Don't know	(*)	(*)	(*)	2
Wealth index quintiles				
Poorest	36,3	5,4	41,6	253
Second	34,4	6,7	41,1	154
Middle	26,2	5,8	32,0	125
Fourth	29,4	5,0	34,4	124
Richest	21,1	10,3	31,5	121
Mother tongue of head				
Dutch	26,3	5,8	32,0	195
Sranan Tongo	(16,7)	(19,2)	(35,9)	37
Sarnami Hindi	38,1	6,0	44,1	122
Javanese	29,1	5,8	35,0	88
Indigenous language	(*)	(*)	(*)	14
Maroon language	32,4	4,9	37,3	271
Other language	35,4	10,1	45,6	47
Don't know	(100,0)	0,0	(100,0)	1
Missing	(100,0)	0,0	(100,0)	1
Total	30,8	6,4	37,3	776

*** MICS indicator 32**

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

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

Table CH.4: Oral rehydration treatment

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

			Children with diarrhoea who received:			
	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Fluid from ORS packet	No treatment	ORT Use Rate *	Number of children aged 0-59 months with diarrhoea
Sex						
Male	10,1	1078,0	45,4	54,6	45,4	109
Female	11,1	1179,0	42,0	58,0	42,0	131
Region						
Paramaribo	8,1	873,0	21,2	78,8	21,2	71
Wanica and Para	8,1	518,0	(28,6)	(71,4)	(28,6)	42
Nickerie, Coronie and Saramacca	3,1	203,0	(*)	(*)	(*)	6
Commewijne and Marowijne	14,2	245,0	(45,5)	(54,5)	(45,5)	35
Brokopondo and Sipaliwini	20,6	418,0	70,4	29,6	70,4	86
Stratum						
Urban	7,8	1392,0	23,9	76,1	23,9	109
Rural, coastal	10,0	447,0	(39,8)	(60,2)	(39,8)	45
Rural, interior	20,6	418,0	70,4	29,6	70,4	86
Age						
< 6 months	6,1	183,0	(*)	(*)	(*)	11
6-11 months	16,1	224,0	(61,9)	(38,1)	(61,9)	36
12-23 months	16,8	433,0	49,2	50,8	49,2	73
24-35 months	10,4	445,0	(23,1)	(76,9)	(23,1)	46
36-47 months	7,8	478,0	(52,4)	(47,6)	(52,4)	38
48-59 months	7,4	494,0	(29,5)	(70,5)	(29,5)	37
Mother's education						
None	19,2	292,0	63,1	36,9	63,1	56
Primary	12,7	670,0	48,7	51,3	48,7	85
Secondary	7,1	1150,0	27,8	72,2	27,8	81
Tertiary	10,4	122,0	(*)	(*)	(*)	13
Non-standard curriculum	(*)	8,0	(*)	(*)	(*)	2
Missing/Don't know	(*)	15,0	(*)	(*)	(*)	3
Wealth index quintiles						
Poorest	15,8	713,0	57,5	42,5	57,5	112
Second	9,3	490,0	(32,4)	(67,6)	(32,4)	46
Middle	8,5	370,0	(42,9)	(57,1)	(42,9)	31
Fourth	7,5	351,0	(16,0)	(84,0)	(16,0)	26
Richest	7,3	333,0	(*)	(*)	(*)	24
Mother tongue of head						
Dutch	7,6	571,0	(24,4)	(75,6)	(24,4)	43
Sranan Tongo	11,4	143,0	(*)	(*)	(*)	16
Sarnami Hindi	6,7	370,0	(38,2)	(61,8)	(38,2)	25
Javanese	5,4	233,0	(*)	(*)	(*)	13
Indigenous language	(19,2)	48,0	(*)	(*)	(*)	9
Maroon language	15,6	763,0	56,1	43,9	56,1	119
Other language	11,6	123,0	(*)	(*)	(*)	14
Don't know	(*)	5,0	(*)	(*)	(*)	1
Missing	(*)	2,0	(*)	(*)	(*)	0
Total	10,6	2257,0	43,6	56,4	43,6	240

*** MICS indicator 33**

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

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

Table CH.5: Home management of diarrhoea

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

			Children with diarrhoea who:						
	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none	Home manage-ment of diarrhoea*	Received ORT or increased fluids AND continued feeding**	Number of children aged 0-59 months with diarrhoea
Sex									
Male	10,1	1078,0	34,3	64,8	49,7	50,3	12,6	25,1	109
Female	11,1	1179,0	46,3	49,9	47,5	49,5	21,8	29,9	131
Region									
Paramaribo	8,1	873,0	42,4	57,6	57,6	42,4	18,2	25,8	71
Wanica and Para	8,1	518,0	(47,5)	(43,2)	(54,8)	(38,2)	(23,6)	(28,4)	42
Nickerie, Coronie and Saramacca	3,1	203,0	(*)	(*)	(*)	(*)	(*)	(*)	6
Commewijne and Marowijne	14,2	245,0	(39,0)	(55,1)	(64,2)	(32,8)	(27,1)	(39,6)	35
Brokopondo and Sipaliwini	20,6	418,0	36,4	63,6	31,8	68,2	10,6	25,1	86
Stratum									
Urban	7,8	1392,0	42,3	54,9	57,7	41,4	18,2	25,9	109
Rural, coastal	10,0	447,0	(45,8)	(47,6)	(58,6)	(34,8)	(29,6)	(37,2)	45
Rural, interior	20,6	418,0	36,4	63,6	31,8	68,2	10,6	25,1	86
Age									
0-11 months	11,6	407,0	(26,8)	(73,2)	(60,6)	(39,4)	(14,7)	(32,4)	47
12-23 months	16,8	433,0	45,9	52,7	49,5	49,1	22,1	33,8	73
24-35 months	10,4	445,0	(41,3)	(56,5)	(52,0)	(48,0)	(20,6)	(26,0)	46
36-47 months	7,8	478,0	(55,5)	(42,0)	(34,4)	(63,0)	(18,4)	(26,5)	38
48-59 months	7,4	494,0	(33,2)	(58,6)	(41,1)	(53,4)	(7,8)	(13,0)	37

Mother's education									
None	19,2	292,0	46,0	52,2	36,3	63,7	15,8	23,2	56
Primary	12,7	670,0	36,3	62,5	38,4	60,4	10,1	20,4	85
Secondary	7,1	1150,0	44,6	53,0	62,7	34,9	25,5	36,8	81
Tertiary	10,4	122,0	(*)	(*)	(*)	(*)	(*)	(*)	13
Non-standard curriculum	(*)	8,0	(*)	(*)	(*)	(*)	(*)	(*)	2
Missing/Don't know	(*)	15,0	(*)	(*)	(*)	(*)	(*)	(*)	3
Wealth index quintiles									
Poorest	15,8	713,0	34,0	66,0	40,2	59,8	11,7	23,0	112
Second	9,3	490,0	(53,0)	(40,4)	(51,8)	(43,8)	(22,2)	(31,1)	46
Middle	8,5	370,0	(43,1)	(53,7)	(60,2)	(36,6)	(23,5)	(36,7)	31
Fourth	7,5	351,0	(52,0)	(48,0)	(60,4)	(39,6)	(28,0)	(28,0)	26
Richest	7,3	333,0	(*)	(*)	(*)	(*)	(*)	(*)	24
Mother tongue of head									
Dutch	7,6	571,0	(39,0)	(61,0)	(65,9)	(34,1)	(19,5)	(29,3)	43
Sranan Tongo	11,4	143,0	(*)	(*)	(*)	(*)	(*)	(*)	16
Sarnami Hindi	6,7	370,0	(32,9)	(63,1)	(46,3)	(49,6)	(8,4)	(21,7)	25
Javanese	5,4	233,0	(*)	(*)	(*)	(*)	(*)	(*)	13
Indigenous language	(19,2)	48,0	(*)	(*)	(*)	(*)	(*)	(*)	9
Maroon language	15,6	763,0	42,2	56,2	44,0	55,2	16,6	27,7	119
Other language	11,6	123,0	(*)	(*)	(*)	(*)	(*)	(*)	14
Don't know	(*)	5,0	(*)	(*)	(*)	(*)	(*)	(*)	1
Missing	(*)	2,0	(*)	(*)	(*)	(*)	(*)	(*)	0
Total	10,6	2257,0	40,8	56,7	48,5	49,8	17,6	27,7	240

*** MICS indicator 34**

**** MICS indicator 35**

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

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

Table CH.6: Care seeking for suspected pneumonia

Percentage of children aged 0-59 months with suspected pneumonia in the last two weeks taken to a health provider, Suriname, 2006

	Had acute respiratory infection	Number of children aged 0-59 months
Sex		
Male	2,7	1078
Female	1,5	1179
Region		
Paramaribo	2,8	873
Wanica and Para	1,6	518
Nickerie, Coronie and Saramacca	1,5	203
Commewijne and Marowijne	1,3	245
Brokopondo and Sipaliwini	2	418
Stratum		
Urban	2,4	1392
Rural, coastal	1,2	447
Rural, interior	2	418
Age		
0-11 months	2	407
12-23 months	2,9	433
24-35 months	2,8	445
36-47 months	1,1	478
48-59 months	1,8	494
Mother's education		
None	2,4	292
Primary	1,2	670
Secondary	2,7	1150
Tertiary	0,9	122
Non-standard curriculum	(*)	8
Missing/Don't know	(*)	15
Wealth index quintiles		
Poorest	2,5	713
Second	1,5	490
Middle	2,2	370
Fourth	1,8	351
Richest	2,2	333
Mother tongue of head		
Dutch	2,6	571
Sranan Tongo	2,8	143
Sarnami Hindi	1,4	370
Javanese	0,9	233
Indigenous language	3,9	48
Maroon language	2,2	763
Other language	1,7	123
Don't know	(*)	5
Missing	(*)	2
Total	2,1	2257

Data table not shown due to total number of unweighted cases below 50.

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

Table CH.7A: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Suriname, 2006

	Percentage of mothers/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:									
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Has other symptoms	Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers / caretakers of children aged 0-59 months
Region										
Paramaribo	10,8	34,7	61,5	21,2	25,6	23,4	9,4	48,6	18,2	873
Wanica and Para	8,7	34,0	65,5	14,7	18,4	15,7	7,4	50,2	13,2	518
Nickerie, Coronie and Saramacca	13,6	32,6	73,4	28,9	30,0	30,4	16,2	43,0	27,8	203
Commewijne and Marowijne	7,7	17,6	54,6	13,7	17,1	11,1	5,2	65,0	13,3	245
Brokopondo and Sipaliwini	2,6	18,8	77,2	5,7	7,5	6,8	3,3	56,8	4,3	418
Stratum										
Urban	11,1	35,4	63,6	20,5	24,5	22,2	9,6	46,8	18,2	1392
Rural, coastal	7,1	21,4	61,1	15,2	18,0	14,5	7,1	62,6	14,1	447
Rural, interior	2,6	18,8	77,2	5,7	7,5	6,8	3,3	56,8	4,3	418
Mother's education										
None	3,1	20,2	76,3	7,0	7,4	5,4	4,9	52,7	4,8	292
Primary	6,9	27,7	69,0	15,8	17,8	16,6	7,3	49,5	14,9	670
Secondary	10,5	32,9	61,6	18,7	23,4	20,7	8,6	52,7	16,3	1150
Tertiary	12,3	27,9	55,7	22,6	27,0	24,4	9,7	54,0	20,8	122
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15

Wealth index quintiles										
Poorest	5,7	23,7	73,6	10,4	12,5	10,8	5,4	56,3	9,3	713
Second	8,0	29,6	61,4	16,1	19,5	16,3	9,3	52,5	14,0	490
Middle	13,9	30,5	64,9	20,5	25,1	22,3	12,0	52,7	19,4	370
Fourth	11,5	36,0	59,6	22,1	28,3	25,4	8,2	45,0	20,5	351
Richest	7,6	34,3	62,0	21,4	22,7	22,4	6,7	47,5	16,9	333
Mother tongue of head										
Dutch	12,4	33,6	59,1	22,2	27,1	24,9	9,5	48,4	18,8	571
Sranan Tongo	1,4	21,6	52,9	13,4	18,9	14,4	2,8	59,6	12,2	143
Sarnami Hindi	13,0	36,7	72,8	24,9	26,1	26,1	11,2	45,5	22,9	370
Javanese	7,5	31,5	67,5	16,3	16,7	14,4	8,5	49,8	14,5	233
Indigenous language	0,0	(27,0)	(54,1)	(4,0)	(17,9)	(5,7)	(3,9)	(75,4)	(4,0)	48
Maroon language	6,2	23,0	68,7	9,0	12,4	10,3	5,5	58,1	7,8	763
Other language	8,6	36,6	72,3	24,5	26,0	23,0	12,7	33,7	23,6	123
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Total	8,7	29,6	65,6	16,7	20,1	17,9	8,0	51,8	14,8	2257

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

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

Table CH.8: Solid fuel use

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

	Percentage of households using:											
	Electricity	Liquified Petroleum Gas (LPG)	Biogas	Kerosene	Charcoal	Wood	HH does not cook	Other	Missing	Total	Solid fuels for cooking*	Number of households
Region												
Paramaribo	1,5	94,2	0,0	0,1	0,6	2,7	0,5	0,3	0,0	100,0	3,3	2578
Wanica and Para	0,6	79,5	0,0	0,2	2,1	16,5	0,6	0,3	0,2	100,0	18,6	1237
Nickerie, Coronie and Saramacca	1,3	78,8	0,0	0,4	0,6	17,0	0,9	0,4	0,4	100,0	17,6	699
Commewijne and Marowijne	1,3	89,2	0,0	0,4	1,3	6,8	0,0	0,8	0,2	100,0	8,1	552
Brokopondo and Sipaliwini	0,1	42,3	0,2	0,0	0,2	54,4	2,4	0,1	0,2	100,0	54,6	680
Stratum												
Urban	1,1	89,3	0,0	0,2	1,2	7,3	0,5	0,3	0,1	100,0	8,5	4006
Rural, coastal	1,6	82,9	0,0	0,4	0,6	13,0	0,5	0,7	0,3	100,0	13,6	1060
Rural, interior	0,1	42,3	0,2	0,0	0,2	54,4	2,4	0,1	0,2	100,0	54,6	680
Education of household head												
None	0,1	50,6	0,0	0,0	0,8	45,6	2,6	0,3	0,0	100,0	46,5	685
Primary	0,6	78,3	0,1	0,2	1,4	18,1	0,5	0,6	0,2	100,0	19,5	1882
Secondary	1,2	91,9	0,0	0,3	0,8	5,0	0,5	0,2	0,2	100,0	5,8	2519
Tertiary	4,7	95,0	0,0	0,0	0,3	0,0	0,0	0,0	0,0	100,0	0,3	324
Non-standard curriculum	(5,3)	(92,3)	0,0	0,0	0,0	(2,3)	0,0	0,0	0,0	(100,0)	(2,3)	39
Missing/Don't know	1,4	89,4	0,0	0,0	0,7	7,0	1,1	0,4	0,0	100,0	7,7	298
Wealth index quintiles												
Poorest	0,7	49,5	0,1	0,9	1,0	44,0	2,5	1,1	0,2	100,0	45,0	1214
Second	1,2	79,8	0,1	0,0	1,9	15,4	0,9	0,4	0,2	100,0	17,4	1110
Middle	1,3	88,9	0,0	0,0	1,7	7,6	0,2	0,2	0,1	100,0	9,3	1140
Fourth	1,6	97,4	0,0	0,0	0,0	0,7	0,0	0,0	0,3	100,0	0,7	1152
Richest	0,6	99,2	0,0	0,0	0,1	0,0	0,0	0,1	0,0	100,0	0,1	1131

Mother tongue of head												
Dutch	2,0	95,0	0,0	0,1	0,4	1,5	0,6	0,1	0,2	100,0	1,9	1734
Sranan Tongo	0,9	90,6	0,2	0,7	0,4	5,1	0,7	1,4	0,0	100,0	5,5	454
Sarnami Hindi	0,8	70,2	0,0	0,1	2,9	25,1	0,5	0,3	0,1	100,0	28,0	1296
Javanese	0,7	95,1	0,0	0,0	0,5	3,0	0,4	0,3	0,0	100,0	3,5	760
Indigenous language	0,0	81,2	0,0	1,0	1,0	14,6	0,0	1,0	1,1	100,0	15,6	90
Maroon language	0,5	65,3	0,0	0,1	0,3	31,6	1,7	0,3	0,3	100,0	31,9	1050
Other language	1,2	81,0	0,0	0,6	0,0	16,3	0,6	0,3	0,0	100,0	16,3	350
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	9
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	3
Total	1,1	82,5	0,0	0,2	1,0	13,9	0,8	0,4	0,2	100,0	14,9	5746

*** MICS indicator 24; MDG Indicator 29**

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

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

Table CH.9: Solid fuel use by type of stove or fire

Percentage of households using solid fuels for cooking by type of stove or fire, Suriname, 2006

	Percentage of households using solid fuels for cooking:						
	Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	Other stove	Don't know stove type / missing	Total	Number of households using solid fuels for cooking
Region							
Paramaribo	11,1	34,6	40,7	8,6	4,9	100	85
Wanica and Para	6,6	33,2	52,5	5,6	2,2	100	231
Nickerie, Coronie and Saramacca	1,7	43,0	52,8	0,8	1,7	100	123
Commewijne and Marowijne	(2,3)	(31,8)	(32,2)	(33,8)	0,0	100	45
Brokopondo and Sipaliwini	0,7	6,5	91,8	0,0	1,1	100	371
Stratum							
Urban	7,5	32,7	46,6	10,2	3,0	100	339
Rural, coastal	1,5	43,1	53,4	1,3	0,7	100	144
Rural, interior	0,7	6,5	91,8	0,0	1,1	100	371
Education of household head							
None	0,8	10,4	86,9	0,3	1,6	100	318
Primary	5,3	30,8	57,6	5,0	1,4	100	366
Secondary	4,9	32,6	49,9	9,0	3,6	100	145
Tertiary	(*)	(*)	(*)	(*)	(*)	100	1
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	100	1
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	100	23
Wealth index quintiles							
Poorest	1,0	15,3	79,8	2,2	1,7	100	547
Second	7,4	37,9	46,2	5,8	2,7	100	193
Middle	9,7	34,2	44,5	10,7	0,9	100	105
Fourth	(*)	(*)	(*)	(*)	(*)	100	8
Richest	(*)	(*)	(*)	(*)	(*)	100	1
Mother tongue of head							
Dutch	(6,0)	(30,7)	(54,2)	(9,1)	0,0	100	33
Sranan Tongo	0,0	(46,2)	(49,6)	0,0	(4,2)	100	25
Sarnami Hindi	7,1	36,6	45,4	8,4	2,5	100	363
Javanese	0,0	(42,5)	(57,5)	0,0	0,0	100	27
Indigenous language	(*)	(*)	(*)	(*)	(*)	100	14
Maroon language	0,7	7,6	90,2	0,0	1,5	100	335
Other language	0,0	1,4	96,8	1,8	0,0	100	57
Total	3,5	23,1	67,4	4,3	1,8	100	854

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

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

Table CH.10: Availability of insecticide treated nets

Percentage of households with at least one insecticide treated net (ITN), Interior stratum of Suriname, 2006

	Percentage of households with at least one mosquito net	Percentage of households with at least one insecticide treated net (ITN)*	Number of households
Region			
Brokopondo and Sipaliwini	63	55,3	680
Stratum			
Rural, interior	63	55,3	680
Education of household head			
None	45,3	36,2	381
Primary	85,7	79,8	221
Secondary	87,2	83,4	63
Tertiary	(*)	(*)	1
Non-standard curriculum	(*)	(*)	1
Missing/Don't know	(*)	(*)	13
Wealth index quintiles			
Poorest	60,3	52,1	621
Second	92,6	91,1	54
Middle	(*)	(*)	3
Fourth	(*)	(*)	2
Mother tongue of head			
Maroon language	58,8	50	597
All other languages	93,2	93,2	84
Total	63	55,3	680

***MICS indicator 36**

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

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

Table CH.11: Children sleeping under bednets

Percentage of children aged 0-59 months who slept under an insecticide treated net during the previous night, Interior stratum of Suriname, 2006

	Percentage of children who:						
	Slept under a bednet*	Slept under an insecticide treated net**	Slept under an untreated net	Slept under a net but don't know if	Don't know if slept under a net	Did not sleep under a bednet	Number of children aged 0-59 months
Sex							
Male	58,9	48,3	9,0	1,5	4,4	36,7	210
Female	58,1	48,1	8,0	2,0	3,6	38,3	208
Region							
Brokopondo and Sipaliwini	58,5	48,2	8,5	1,8	4,0	37,5	418
Stratum							
Rural, interior	58,5	48,2	8,5	1,8	4,0	37,5	418
Age							
0-11 months	69,4	56,4	12,0	1,1	3,3	27,3	76
12-23 months	60,5	50,9	9,6	0,0	2,9	36,6	86
24-35 months	53,8	45,2	5,4	3,2	2,1	44,1	77
36-47 months	53,1	44,7	8,4	0,0	5,6	41,2	89
48-59 months	56,7	44,8	7,3	4,5	5,6	37,8	90
Wealth index quintiles							
Poorest	58,4	47,6	8,9	1,9	4,3	37,2	384
Second	(61,3)	(56,2)	(5,1)	0,0	0,0	(38,7)	32
Middle	(*)	(*)	(*)	(*)	(*)	(*)	2
Mother tongue of head							
Maroon language	54,0	43,3	8,8	2,0	4,4	41,6	377
All other languages	(100,0)	(93,9)	(6,1)	0,0	0,0	0,0	41
Total	58,5	48,2	8,5	1,8	4,0	37,5	418

*** MICS indicator 38**

**** MICS indicator 37; MDG indicator 22**

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

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

Table CH.12: Treatment of children with anti-malarial drugs

Percentage of children aged 0-59 months who were ill with fever in the last two weeks who received anti-malarial drugs, Interior stratum of Suriname, 2006

			Children with a fever in the last two weeks who were treated with:							
			Anti-malarials:			Other medications:				
	Had a fever in last two weeks	Number of children aged 0-59 months	Chloroquine	Mefloquinine and Artesunaat	Any approp-riate anti-malarial drug	Paracetamol/ Panadol/ Acetamin-ophan	Other	Don't know	Any appropriate anti-malarial drug within 24 hours of onset of symptoms*	Number of children with fever in last two weeks
Sex										
Male	27,4	210,0	2,8	1,4	4,3	17,1	2,8	0,0	4,3	58
Female	33,9	208,0	1,1	0,0	1,1	27,0	4,7	1,2	0,0	70
Region										
Brokopondo and Sipaliwini	30,6	418,0	1,9	0,7	2,6	22,6	3,9	0,7	1,9	128
Stratum										
Rural, interior	30,6	418,0	1,9	0,7	2,6	22,6	3,9	0,7	1,9	128
Age										
0-11 months	38,1	76,0	0,0	0,0	0,0	(22,8)	(5,7)	(2,9)	0,0	29
12-23 months	35,5	86,0	(5,4)	0,0	(5,4)	(24,1)	(2,6)	0,0	(2,7)	31
24-35 months	31,1	77,0	0,0	0,0	0,0	(13,9)	(7,0)	0,0	0,0	24
36-47 months	30,8	89,0	0,0	(3,1)	(3,1)	(33,3)	(3,1)	0,0	(3,1)	27
48-59 months	19,2	90,0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	17
Mother's education										
None	29,9	213,0	3,8	0,0	3,8	22,1	0,0	0,0	2,6	64
Primary	34,5	163,0	0,0	1,5	1,5	23,4	5,9	1,5	1,5	56
Secondary	(18,0)	41,0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Non-standard curriculum	(*)	1,0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1

Wealth index quintiles										
Poorest	30,4	384,0	2,1	0,7	2,8	22,0	4,3	0,7	2,1	117
Second	(33,0)	32,0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Middle	(*)	2,0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Mother tongue of head										
Maroon language	30,0	377,0	2,2	0,7	2,9	24,8	2,9	0,0	2,2	113
All other languages	(36,8)	41,0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15
Total	30,6	418,0	1,9	0,7	2,6	22,6	3,9	0,7	1,9	128

*** MICS indicator 39; MDG indicator 22**

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

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

Table CH.13: Intermittent preventive treatment for malaria

Percent distribution of women aged 15-49 years with a birth in two years preceding the survey who received intermittent preventive therapy (IPT) for malaria during pregnancy, Interior stratum of Suriname, 2006

	Percentage of pregnant women who took:					
	Medicine to prevent malaria during pregnancy	Chloroquine only one time	Mefloquine	Other medicines	Don't know medicine	Number of women who gave birth in the preceding two years
Region						
Brokopondo and Sipaliwini	64	7,9	5	9,1	1,7	141
Stratum						
Rural, interior	64	7,9	5	9,1	1,7	141
Education						
None	59,5	6,8	5,6	4,5	1,1	71
Primary	73,3	11,3	5,6	17	2,8	56
Secondary	(*)	(*)	(*)	(*)	(*)	14
wealth index quintiles						
Poorest	63,3	8,3	5,3	9,5	1,8	134
Second	(*)	(*)	(*)	(*)	(*)	7
Mother tongue of head						
Maroon language	62,1	8,7	5,6	3,1	1,9	127
All other languages	(*)	(*)	(*)	(*)	(*)	13
Total	64	7,9	5	9,1	1,7	141

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

Table CH.14: Source and cost of supplies for oral rehydration salts

Percent distribution of children aged 0-59 months with diarrhoea during the two weeks preceding the survey by source of oral rehydration salts for treatment of diarrhoea, percentage of children aged 0-59 months with diarrhoea during the two weeks preceding the survey for whom oral rehydration salts were obtained for free, and median cost of oral rehydration salts for those paying for the oral rehydration salts, by type of source of oral rehydration salts, Suriname, 2006

	Source of oral rehydration salts					Percentage free			Median cost for those not free	
	Public*	Private	Other	Total	Number of children with diarrhoea in prior 2 weeks who received oral rehydration salts	Public	Private		Public**	Private**
Sex										
Male	52,30	27,60	20,10	100,00	50,00	0,00	0,00		100,00	100,00
Female	58,80	22,10	19,10	100,00	55,00	0,00	8,80		100,00	100,00
Stratum										
Urban	(31,60)	(43,70)	(24,70)	100,00	26,00	0,00	(9,40)		(25,30)	(100,00)
Rural, coastal	(*)	(*)	(*)	100,00	18,00	(*)	(*)		(*)	(*)
Rural, interior	67,00	20,60	12,40	100,00	61,00	0,00	0,00		100,00	100,00
Mother's education										
None	(71,70)	(16,50)	(11,80)	100,00	35,00	0,00	0,00		(100,00)	(100,00)
Primary	(60,00)	(19,20)	(20,80)	100,00	41,00	0,00	0,00		(100,00)	(100,00)
Secondary	(*)	(*)	(*)	100,00	23,00	(*)	(*)		(*)	(*)
Tertiary	(*)	(*)	(*)	100,00	3,00	(*)	(*)		(*)	(*)
Non-standard curriculum	(*)	(*)	(*)	100,00	1,00	(*)	(*)		(*)	(*)
Missing/Don't know	(*)	(*)	(*)	100,00	1,00	(*)	(*)		(*)	(*)
Total	55,80	24,70	19,60	100,00	105,00	0,00	4,20		100,00	100,00

*** MICS indicator 96**

**** MICS indicator 97**

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

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

Table EN.1: Use of improved water sources

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

	Main source of drinking water							
	Improved sources							
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Protected well	Protected spring	Rainwater	Bottled water [1]
Region								
Paramaribo	77,6	10,1	1,1	0,2	0,4	0,0	6,8	1,6
Wanica and Para	53,8	16,5	0,5	0,0	1,4	2,8	20,0	1,0
Nickerie, Coronie and Saramacca	66,4	18,6	0,0	0,0	0,0	0,0	11,1	1,1
Commewijne and Marowijne	25,0	9,8	0,8	3,5	4,6	0,8	52,8	1,2
Brokopondo and Sipaliwini	1,8	7,5	1,5	0,0	1,4	5,9	26,7	0,1
Stratum								
Urban	68,4	11,3	0,8	0,1	0,8	0,1	14,0	1,5
Rural, coastal	47,5	18,4	0,4	1,8	2,2	3,4	23,5	0,6
Rural, interior	1,8	7,5	1,5	0,0	1,4	5,9	26,7	0,1
Education of household head								
None	27,0	10,9	1,0	0,0	1,5	2,4	19,4	0,2
Primary	49,7	16,2	1,1	0,5	1,1	1,8	21,7	0,5
Secondary	68,0	10,4	0,7	0,6	1,0	0,9	14,5	1,4
Tertiary	83,9	2,5	0,4	0,0	0,4	0,0	6,5	5,4
Non-standard curriculum	73,1	2,7	0,0	0,0	0,0	0,0	19,9	4,3
Missing/Don't know	57,7	13,8	0,7	0,3	1,7	2,1	15,6	2,1
Wealth index quintiles								
Poorest	7,1	23,9	2,4	1,1	2,5	5,4	24,1	0,1
Second	34,5	27,3	1,0	0,6	1,8	1,3	28,5	0,7
Middle	69,1	7,4	0,5	0,1	0,6	0,0	18,5	1,3
Fourth	82,3	2,2	0,1	0,4	0,5	0,1	11,4	2,1
Richest	93,5	0,5	0,1	0,0	0,1	0,0	3,4	1,8

Mother tongue of head								
Dutch	80,3	7,2	0,8	0,3	0,5	0,2	7,3	1,3
Sranan Tongo	60,2	16,5	1,4	0,1	0,9	2,5	14,7	0,7
Sarnami Hindi	65,4	14,2	0,1	0,1	0,7	0,1	15,4	1,5
Javanese	51,0	9,0	0,0	0,0	1,7	0,6	34,6	1,6
Indigenous language	23,1	16,8	3,2	15,2	10,6	20,8	5,8	0,0
Maroon language	24,8	17,6	1,8	0,0	1,1	3,1	22,8	0,1
Other language	48,4	11,4	0,7	0,5	1,2	0,0	22,1	3,9
Don't know	(86,1)	0,0	0,0	0,0	0,0	0,0	(13,9)	0,0
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Total	57,3	12,3	0,8	0,4	1,1	1,4	17,2	1,2

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

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

Table EN.1: Use of improved water sources

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

	Main source of drinking water											
	Unimproved sources											
Region	Cutpipe	Unprotected well	Unprotected spring	Tankertruck	Cart with small tank/ drum	Surface water	Bottled water	Other	Missing	Total	Improved source of drinking water*	Number of house-hold members
Paramaribo	0.9	0.2	0.0	0.0	0.0	0.0	0.1	1.1	0.1	100.0	97.7	9934
Wanica and Para	0.9	0.3	0.0	0.1	0.0	0.0	0.4	2.2	0.1	100.0	96.0	5215
Nickerie, Coronie and Saramacca	0.0	0.0	0.0	0.2	0.0	0.0	0.0	2.6	0.1	100.0	97.1	2575
Commewijne and Marowijne	0.0	0.2	0.2	0.0	0.0	0.3	0.2	0.5	0.0	100.0	98.6	2314
Brokopondo and Sipaliwini	0.0	0.4	0.0	0.0	0.1	54.2	0.0	0.5	0.0	100.0	44.8	2380
Stratum												
Urban	0.9	0.2	0.0	0.0	0.0	0.0	0.2	1.5	0.1	100.0	97.1	15698
Rural, coastal	0.0	0.1	0.1	0.1	0.0	0.1	0.1	1.4	0.1	100.0	97.9	4339
Rural, interior	0.0	0.4	0.0	0.0	0.1	54.2	0.0	0.5	0.0	100.0	44.8	2380
Education of household head												
None	1.0	0.8	0.0	0.0	0.0	34.2	0.0	1.4	0.0	100.0	62.5	2507
Primary	0.8	0.2	0.0	0.0	0.0	4.7	0.1	1.5	0.1	100.0	92.6	7614
Secondary	0.3	0.0	0.0	0.1	0.0	0.5	0.2	1.3	0.1	100.0	97.5	9643
Tertiary	0.4	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	100.0	99.0	1029
Non-standard curriculum	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	118
Missing/Don't know	1.1	0.3	0.2	0.0	0.0	2.3	0.0	2.1	0.0	100.0	94.0	1508
Wealth index quintiles												
Poorest	0.7	0.7	0.0	0.0	0.1	28.8	0.0	3.1	0.0	100.0	66.6	4484
Second	1.3	0.3	0.1	0.1	0.0	0.1	0.0	2.2	0.1	100.0	95.8	4485
Middle	0.9	0.0	0.0	0.1	0.0	0.0	0.2	1.1	0.1	100.0	97.6	4484
Fourth	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.5	0.1	100.0	99.2	4479
Richest	0.2	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.0	100.0	99.4	4486

Mother tongue of head												
Dutch	0.3	0.0	0.0	0.1	0.0	0.0	0.3	1.4	0.1	100.0	97.9	6406
Sranan Tongo	0.6	0.1	0.0	0.0	0.0	0.8	0.0	1.3	0.0	100.0	97.2	1654
Sarnami Hindi	0.3	0.0	0.0	0.1	0.0	0.0	0.1	2.0	0.1	100.0	97.5	5122
Javanese	0.4	0.1	0.1	0.0	0.0	0.0	0.0	1.0	0.0	100.0	98.4	2863
Indigenous language	1.6	1.2	0.7	0.0	0.0	0.9	0.0	0.0	0.0	100.0	95.6	445
Maroon language	1.5	0.7	0.0	0.0	0.0	25.1	0.1	1.2	0.0	100.0	71.3	4625
Other language	0.5	0.0	0.0	0.0	0.2	9.3	0.3	1.5	0.0	100.0	88.2	1256
Don't know	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	(100.0)	38
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	10
Total	0.6	0.2	0.0	0.0	0.0	5.8	0.1	1.4	0.1	100.0	91.7	22418

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

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

*** MICS indicator 11; MDG indicator 30**

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

Table EN.2: Household water treatment

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

	Water treatment method used in the household									All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Don't know	Appropriate water treatment method*	Number of household members	Appropriate water treatment method	Number of house-hold members	Appropriate water treatment method	Number of household members
Region															
Paramaribo	67,40	18,20	0,40	8,30	3,80	0,00	1,90	0,50	0,40	22,00	9934,00	22,20	9708,00	12,90	227,00
Wanica and Para	67,60	22,60	0,30	5,60	1,40	0,20	1,90	0,80	0,20	24,40	5215,00	24,40	5008,00	23,00	206,00
Nickerie, Coronie and Saramacca	78,40	17,00	0,00	2,50	0,60	0,00	0,80	0,30	0,20	17,60	2575,00	18,10	2501,00	0,00	73,00
Commewijne and Marowijne	52,60	37,30	1,20	5,00	0,20	0,00	2,20	1,00	0,20	38,70	2314,00	38,90	2281,00	(22,30)	32,00
Brokopondo and Sipaliwini	77,70	9,20	2,00	5,40	0,00	0,00	3,20	1,90	0,60	11,20	2380,00	9,80	1065,00	12,30	1315,00
Stratum															
Urban	67,00	20,30	0,50	7,40	2,90	0,00	1,90	0,60	0,30	23,40	15698,00	23,60	15249,00	17,10	449,00
Rural, coastal	67,70	25,40	0,10	3,20	0,50	0,10	1,70	0,80	0,10	26,00	4339,00	26,40	4250,00	8,00	90,00
Rural, interior	77,70	9,20	2,00	5,40	0,00	0,00	3,20	1,90	0,60	11,20	2380,00	9,80	1065,00	12,30	1315,00
Education of household head															
None	77,00	13,10	1,40	3,70	0,00	0,40	3,10	0,60	0,40	14,90	2507,00	17,80	1567,00	10,10	941,00
Primary	69,40	20,60	0,60	5,50	0,60	0,00	2,00	1,10	0,40	21,70	7614,00	22,20	7047,00	15,70	566,00
Secondary	65,20	21,80	0,40	8,00	2,90	0,00	1,70	0,70	0,20	24,80	9643,00	25,00	9397,00	19,90	246,00
Tertiary	65,30	17,80	1,30	4,20	10,60	0,00	0,80	0,50	0,50	28,80	1029,00	29,10	1018,00	(*)	10,00
Non-standard curriculum	69,50	20,80	0,00	3,50	6,20	0,00	0,00	0,00	0,00	27,00	118,00	27,00	118,00	(*)	0,00
Missing/Don't know	69,80	19,70	0,00	6,70	1,90	0,00	2,20	0,00	0,30	21,50	1508,00	22,00	1418,00	14,50	90,00
Wealth index quintiles															
Poorest	75,40	13,70	1,20	4,50	0,10	0,20	3,20	1,40	0,30	15,30	4484,00	16,90	2989,00	11,90	1496,00
Second	66,30	21,90	0,70	6,90	0,30	0,00	3,20	0,40	0,30	22,80	4485,00	23,20	4297,00	12,00	188,00
Middle	65,40	22,60	0,50	8,20	1,40	0,00	1,60	0,30	0,20	24,10	4484,00	24,10	4378,00	25,10	106,00
Fourth	68,00	22,20	0,20	6,90	2,50	0,00	0,40	0,90	0,60	24,70	4479,00	24,50	4441,00	(40,40)	38,00
Richest	66,30	20,10	0,20	5,50	6,30	0,00	1,40	0,80	0,20	26,30	4486,00	26,40	4460,00	(11,90)	25,00
Mother tongue of head															
Dutch	66,20	19,20	0,20	8,50	4,90	0,00	1,30	0,80	0,10	23,90	6406,00	24,10	6270,00	14,60	136,00
Sranan Tongo	75,50	11,30	0,90	9,60	1,00	0,00	1,40	0,20	0,30	12,90	1654,00	13,00	1608,00	(11,00)	46,00
Sarnami Hindi	76,60	15,30	0,20	4,20	1,80	0,00	1,40	0,50	0,00	17,40	5122,00	17,60	4993,00	9,70	129,00
Javanese	42,10	50,60	0,50	5,30	0,30	0,00	0,60	0,90	0,60	51,30	2863,00	51,40	2817,00	(39,80)	46,00
Indigenous language	61,50	28,70	1,20	6,80	0,00	0,60	0,00	1,20	0,00	30,50	445,00	29,00	425,00	(*)	20,00
Maroon language	79,00	7,50	1,20	5,40	0,20	0,10	4,40	1,30	0,70	8,90	4625,00	8,40	3300,00	10,30	1325,00
Other language	58,40	28,80	1,20	6,00	2,70	0,00	3,00	0,00	0,80	31,80	1256,00	32,40	1107,00	27,80	148,00
Don't know	(55,60)	(44,40)	0,00	0,00	0,00	0,00	0,00	0,00	0,00	(44,40)	38,00	(44,40)	38,00	(.)	0,00
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10,00	(*)	7,00	(*)	3,00
Total	68,30	20,10	0,60	6,40	2,10	0,00	2,00	0,80	0,30	22,60	22418,00	23,50	20564,00	13,30	1853,00

MICS indicator 13

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

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

Table EN.3: Time to source of water

Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Suriname, 2006

	Time to source of drinking water									
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Missing	Total	Mean time to source of drinking water (excluding those on premises)	Number of households
Region										
Paramaribo	96,1	1,2	0,3	0,4	0,5	0,6	0,8	100,0	30,6	2578
Wanica and Para	91,0	5,1	0,9	0,5	0,6	0,6	1,2	100,0	18,2	1237
Nickerie, Coronie and Saramacca	96,0	1,4	0,7	0,3	0,0	1,1	0,5	100,0	11,9	699
Commewijne and Marowijne	83,4	12,0	1,0	0,6	0,2	1,7	1,1	100,0	7,3	552
Brokopondo and Sipaliwini	26,0	28,4	18,0	20,2	5,6	1,7	0,1	100,0	20,8	680
Stratum										
Urban	94,7	2,3	0,5	0,4	0,5	0,7	0,9	100,0	23,6	4006
Rural, coastal	89,0	7,4	0,8	0,6	0,1	1,2	0,8	100,0	8,0	1060
Rural, interior	26,0	28,4	18,0	20,2	5,6	1,7	0,1	100,0	20,8	680
Education of household head										
None	47,1	17,3	12,2	16,8	4,1	1,6	0,9	100,0	21,5	685
Primary	86,2	7,6	2,1	1,5	0,9	1,0	0,8	100,0	17,1	1882
Secondary	93,5	3,4	0,7	0,5	0,4	0,6	0,8	100,0	18,1	2519
Tertiary	96,4	1,9	0,0	0,4	0,0	1,4	0,0	100,0	9,9	324
Non-standard curriculum	(92,3)	0,0	0,0	(2,1)	0,0	(2,8)	(2,8)	100,0	(30,0)	39
Missing/Don't know	88,3	3,7	3,8	0,3	1,7	1,1	1,1	100,0	28,7	298
Wealth index quintiles										
Poorest	51,8	19,5	10,4	11,7	4,0	1,7	0,9	100,0	20,8	1214
Second	88,2	6,5	1,0	0,9	0,6	1,5	1,3	100,0	19,0	1110
Middle	93,7	3,2	1,0	0,4	0,2	0,4	1,2	100,0	13,8	1140
Fourth	97,4	1,2	0,2	0,2	0,2	0,5	0,4	100,0	12,8	1152
Richest	98,8	0,4	0,0	0,1	0,0	0,5	0,3	100,0	9,7	1131
Mother tongue of head										
Dutch	96,5	1,2	0,3	0,5	0,4	0,7	0,5	100,0	27,1	1734
Sranan Tongo	93,0	4,5	0,4	0,2	0,5	1,2	0,2	100,0	14,3	454
Sarnami Hindi	92,5	3,6	0,7	0,2	0,7	0,9	1,4	100,0	21,9	1296
Javanese	93,3	4,6	0,6	0,1	0,1	0,7	0,6	100,0	7,1	760
Indigenous language	71,8	21,4	2,3	2,3	0,0	1,0	1,1	100,0	9,4	90
Maroon language	53,0	15,9	11,5	13,4	3,8	1,5	1,0	100,0	22,1	1050
Other language	78,9	16,2	2,3	0,8	0,5	0,6	0,6	100,0	10,1	350
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	9
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	3
Total	85,4	6,4	2,7	2,8	1,0	0,9	0,8	100,0	19,7	5746

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

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

Table EN.4: Person collecting water

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

	Person collecting drinking water							
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Don't know	Missing	Total	Number of households
Region								
Paramaribo	33,3	31,2	2,2	4,3	5,4	23,7	100	97
Wanica and Para	43,6	30,9	0,9	3,6	1,8	19,1	100	110
Nickerie, Coronie and Saramacca	(46,8)	(37,9)	0,0	(3,9)	0,0	(11,4)	100	27
Commewijne and Marowijne	43,2	45,1	1,1	0,0	1,3	9,3	100	90
Brokopondo and Sipaliwini	80,7	15,7	1,5	0,6	0,0	1,4	100	503
Stratum								
Urban	36,6	33,1	1,5	3,4	3,4	22,0	100	210
Rural, coastal	48,3	39,9	0,9	1,7	1,0	8,2	100	115
Rural, interior	80,7	15,7	1,5	0,6	0,0	1,4	100	503
Education of household head								
None	83,9	11,4	0,9	0,8	0,0	3,0	100	362
Primary	58,1	30,8	2,3	1,2	0,4	7,1	100	258
Secondary	39,3	37,5	0,7	3,4	2,6	16,5	100	160
Tertiary	(*)	(*)	(*)	(*)	(*)	(*)	100	11
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	100	3
Missing/Don't know	(47,7)	(25,8)	(3,0)	(2,9)	(6,1)	(14,5)	100	34
Wealth index quintiles								
Poorest	75,3	19,2	1,1	1,1	0,5	2,8	100	585
Second	42,4	35,4	1,4	3,1	2,5	15,2	100	129
Middle	44,5	26,6	4,4	2,9	0,0	21,7	100	71
Fourth	(32,4)	(42,6)	0,0	0,0	0,0	(24,9)	100	29
Richest	(*)	(*)	(*)	(*)	(*)	(*)	100	14
Mother tongue of head								
Dutch	25,3	34,6	4,8	6,4	6,9	22,1	100	60
Sranan Tongo	(38,3)	(51,6)	0,0	0,0	0,0	(10,0)	100	32
Sarnami Hindi	49,6	27,9	0,0	2,2	0,0	20,3	100	96
Javanese	39,9	45,2	0,0	0,0	4,3	10,5	100	50
Indigenous language	(63,5)	(32,5)	0,0	0,0	0,0	(4,1)	100	25
Maroon language	77,1	16,6	1,6	1,0	0,2	3,5	100	493
Other language	66,9	25,3	1,1	2,3	1,5	2,9	100	71
Missing	(*)	(*)	(*)	(*)	(*)	(*)	100	1
Total	65,0	23,5	1,4	1,5	1,0	7,6	100	828

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

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

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

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

Region	Type of toilet facility used by household														Percentage of population using sanitary means of excreta	Number of household members
	Improved sanitation facility						Unimproved sanitation facility						Missing	Total		
	Flush/pour flush to:															
	Piped sewer system	Septic tank	Pit latrine	Ventilated improved pit latrine	Pit latrine with slab	Composting toilet	Flush/ pour flush to some-where else	Flush/pour flush to unknown place/not sure/don't know	Pit latrine without slab/ open pit	Hanging toilet/ hanging latrine	No facilities or bush or field	Other				
Region																
Paramaribo	0,6	89,3	1,2	2,2	5,3	0,0	0,0	0,0	0,8	0,0	0,1	0,3	0,1	100,0	98,6	9934
Wanica and Para	0,7	73,4	3,6	4,9	12,4	0,0	0,0	0,1	4,3	0,0	0,3	0,1	0,2	100,0	94,9	5215
Nickerie, Coronie and Saramacca	0,2	81,5	4,9	4,1	5,9	0,0	0,0	0,0	2,4	0,0	0,6	0,1	0,3	100,0	96,7	2575
Commewijne and Marowijne	0,3	58,8	8,9	12,0	11,6	0,0	0,0	0,1	7,1	0,0	0,9	0,5	0,0	100,0	91,5	2314
Brokopondo and Sipaliwini	1,1	4,8	1,8	2,2	22,2	1,0	0,3	0,0	5,9	1,0	57,1	2,7	0,0	100,0	33,0	2380
Stratum																
Urban	0,6	85,3	2,3	3,6	6,1	0,0	0,0	0,0	1,4	0,0	0,2	0,2	0,2	100,0	97,9	15698
Rural, coastal	0,3	63,7	6,5	6,4	14,8	0,0	0,0	0,0	7,0	0,0	0,8	0,4	0,1	100,0	91,6	4339
Rural, interior	1,1	4,8	1,8	2,2	22,2	1,0	0,3	0,0	5,9	1,0	57,1	2,7	0,0	100,0	33,0	2380
Education of household head																
None	0,3	32,6	5,3	3,6	12,7	0,1	0,0	0,0	4,7	0,8	38,4	1,4	0,1	100,0	54,5	2507
Primary	0,6	66,5	4,1	5,2	13,4	0,2	0,1	0,1	4,3	0,0	4,7	0,7	0,1	100,0	90,0	7614
Secondary	0,5	84,9	1,5	3,3	7,0	0,0	0,0	0,0	1,5	0,0	0,7	0,2	0,2	100,0	97,3	9643
Tertiary	1,7	96,4	0,0	1,4	0,0	0,0	0,0	0,2	0,3	0,0	0,0	0,0	0,0	100,0	99,5	1029
Non-standard curriculum	3,5	92,9	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	3,5	0,0	0,0	100,0	96,5	118
Missing/Don't know	0,3	73,1	6,5	5,3	7,4	0,3	0,0	0,0	4,8	0,0	2,1	0,1	0,0	100,0	93,0	1508
Wealth index quintiles																
Poorest	0,9	11,4	7,5	8,2	27,8	0,5	0,2	0,2	9,6	0,5	31,3	1,7	0,1	100,0	56,4	4484
Second	0,7	58,7	6,2	10,1	17,8	0,0	0,0	0,0	5,1	0,0	0,4	0,7	0,1	100,0	93,5	4485
Middle	0,6	94,5	1,3	1,5	1,7	0,0	0,0	0,0	0,3	0,0	0,0	0,0	0,3	100,0	99,5	4484
Fourth	0,6	98,4	0,3	0,3	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,2	100,0	99,8	4479
Richest	0,1	99,9	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100,0	100,0	4486

Mother tongue of head																	
Dutch	0,5	90,7	1,3	2,0	4,3	0,0		0,1	0,0	0,7	0,0	0,0	0,3	0,1	100,0	98,7	6406
Sranan Tongo	1,7	71,1	3,5	5,3	12,9	0,0		0,0	0,4	3,9	0,0	0,3	0,7	0,2	100,0	94,5	1654
Sarnami Hindi	0,1	88,8	2,1	2,4	3,9	0,0		0,0	0,0	2,2	0,0	0,1	0,2	0,1	100,0	97,4	5122
Javanese	0,2	73,1	4,6	10,8	7,0	0,0		0,0	0,0	3,7	0,0	0,5	0,0	0,2	100,0	95,6	2863
Indigenous language	0,0	33,7	0,6	13,8	41,1	0,0		0,0	0,0	6,6	0,0	2,7	1,4	0,0	100,0	89,3	445
Maroon language	1,1	35,7	5,1	3,0	18,3	0,5		0,0	0,0	5,2	0,5	29,4	1,1	0,0	100,0	63,8	4625
Other language	0,6	64,5	5,2	4,7	15,4	0,0		0,5	0,0	6,0	0,0	1,9	1,3	0,0	100,0	90,3	1256
Don't know	(0,0)	(100,0)	(0,0)	(0,0)	(0,0)	(0,0)		(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	100,0	(100,0)	38
Missing	(*)	(*)	(*)	(*)	(*)	(*)		(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	10
Total	0,6	72,6	3,1	4,0	9,5	0,1		0,1	0,0	3,0	0,1	6,3	0,5	0,1	100,0	89,8	22418

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

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

*** MICS indicator 12; MDG indicator 31**

Table EN.5w: Shared use of improved sanitation facilities (working table)

Percent distribution of household population using improved sanitation facilities by the number of households using the facility, Suriname, 2006

	Number of households using the improved sanitation facility											Missing	Total	Number of household members using improved sanitation facilities
	1	2	3	4	5	6	7	8	9	10 or more	Don't know			
Type of facility														
Flush/pour flush to piped sewer system	83,2	7,0	4,4	0,0	0,0	0,0	0,0	0,0	0,0	3,1	0,0	2,4	100	133
Flush/pour flush to septic tank	94,2	3,7	0,6	0,3	0,2	0,0	0,1	0,1	0,1	0,4	0,2	0,2	100	16270
Flush/pour flush to pit latrine	79,3	10,7	0,9	1,1	2,0	0,3	0,0	0,0	0,0	4,5	1,2	0,0	100	684
Ventilated improved pit latrine	75,8	13,5	5,5	0,0	0,1	0,0	0,0	0,0	0,0	2,9	1,6	0,6	100	904
Pit latrine with slab	70,1	16,6	3,0	2,5	2,6	0,4	0,2	0,0	0,0	3,9	0,8	0,0	100	2123
Composting toilet	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	23
Region														
Paramaribo	90,3	6,1	1,0	0,2	0,6	0,0	0,1	0,1	0,0	0,7	0,5	0,3	100	9794
Wanica and Para	92,9	4,5	0,7	0,4	0,1	0,2	0,2	0,0	0,3	0,4	0,3	0,1	100	4951
Nickerie, Coronie and Saramacca	93,8	3,7	0,6	0,2	0,6	0,0	0,0	0,3	0,0	0,2	0,4	0,2	100	2489
Commewijne and Marowijne	90,7	6,3	1,6	0,3	0,0	0,0	0,0	0,0	0,0	0,5	0,0	0,6	100	2117
Brokopondo and Sipaliwini	59,1	14,0	4,2	6,1	2,8	0,0	0,5	0,0	0,0	13,4	0,0	0,0	100	786
Stratum														
Urban	91,6	5,1	0,9	0,3	0,4	0,1	0,1	0,1	0,1	0,6	0,4	0,2	100	15376
Rural, coastal	90,8	6,7	1,0	0,2	0,3	0,0	0,0	0,0	0,0	0,4	0,3	0,3	100	3975
Rural, interior	59,1	14,0	4,2	6,1	2,8	0,0	0,5	0,0	0,0	13,4	0,0	0,0	100	786

Education of household head														
None	84,3	6,2	1,8	0,8	1,4	0,0	0,7	0,0	0,0	3,0	1,0	0,8	100	1367
Primary	87,3	7,4	1,1	0,9	0,6	0,1	0,1	0,0	0,2	1,7	0,6	0,1	100	6849
Secondary	91,9	5,2	1,1	0,3	0,4	0,1	0,0	0,1	0,0	0,4	0,2	0,3	100	9382
Tertiary	98,9	0,6	0,0	0,0	0,0	0,0	0,0	0,4	0,0	0,1	0,0	0,0	100	1024
Non-standard curriculum	100,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100	114
Missing/Don't know	91,0	5,2	1,2	0,3	0,0	0,0	0,2	0,3	0,0	1,4	0,0	0,4	100	1402
Wealth index quintiles														
Poorest	68,7	15,3	3,7	2,7	2,5	0,1	0,4	0,2	0,2	4,9	1,1	0,2	100	2528
Second	85,5	8,0	1,9	0,7	0,5	0,2	0,2	0,1	0,1	1,8	0,8	0,1	100	4195
Middle	92,2	5,7	0,9	0,1	0,2	0,0	0,1	0,0	0,1	0,3	0,2	0,3	100	4460
Fourth	96,9	2,6	0,0	0,0	0,0	0,0	0,1	0,0	0,1	0,0	0,0	0,2	100	4470
Richest	97,8	1,4	0,1	0,0	0,0	0,0	0,0	0,2	0,0	0,0	0,1	0,3	100	4486
Mother tongue of head														
Dutch	93,4	4,1	1,0	0,1	0,3	0,0	0,0	0,2	0,0	0,3	0,2	0,3	100	6326
Sranan Tongo	83,0	9,8	3,2	0,8	0,3	0,3	0,0	0,0	0,6	1,4	0,5	0,0	100	1563
Sarnami Hindi	95,5	2,5	0,7	0,5	0,2	0,0	0,0	0,1	0,1	0,2	0,4	0,0	100	4986
Javanese	92,7	5,2	0,5	0,0	0,2	0,0	0,3	0,0	0,0	0,0	0,4	0,6	100	2737
Indigenous language	89,2	10,6	0,3	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100	397
Maroon language	76,5	12,6	1,4	1,5	1,6	0,1	0,5	0,0	0,0	4,7	0,9	0,1	100	2950
Other language	88,4	5,4	1,0	1,4	0,6	0,3	0,0	0,2	0,0	2,3	0,0	0,6	100	1134
Don't know	(100,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	(0,0)	100	38
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	7
Total	90,2	5,7	1,1	0,5	0,5	0,1	0,1	0,1	0,1	1,1	0,4	0,2	100	20137

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

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

Table EN.6: Disposal of child's faeces

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

	Place of disposal of child's faeces											
	Child used toilet	Put/ rinsed into toilet or latrine	Put/ rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Don't know	Missing		Proportion of children whose stools are disposed of safely*	Number of children aged 0-2 years
Region												
Paramaribo	11,9	17,9	1,5	62,5	0,4	0,0	2,4	1,7	1,7	100	29,7	499
Wanica and Para	11,7	30,3	2,6	39,4	4,6	0,3	7,8	0,3	3,0	100	42,0	307
Nickerie, Coronie and Saramacca	21,9	23,3	8,9	35,0	2,0	0,0	4,0	1,9	2,9	100	45,2	108
Commewijne and Marowijne	14,7	21,2	1,5	53,0	4,5	0,0	3,8	0,0	1,4	100	35,8	146
Brokopondo and Sipaliwini	3,7	18,0	3,0	6,1	26,8	0,3	38,2	1,7	2,0	100	21,7	242
Stratum												
Urban	12,6	20,8	2,2	54,4	2,0	0,1	4,2	1,3	2,4	100	33,4	813
Rural, coastal	15,4	28,0	3,9	42,8	3,5	0,0	4,8	0,4	1,3	100	43,3	247
Rural, interior	3,7	18,0	3,0	6,1	26,8	0,3	38,2	1,7	2,0	100	21,7	242
Mother's education												
None	3,1	14,2	4,5	11,8	23,4	0,0	39,7	1,2	2,2	100	17,3	164
Primary	10,6	29,4	3,1	31,0	8,9	0,2	12,8	1,5	2,5	100	39,9	369
Secondary	13,7	20,6	2,2	54,9	2,4	0,1	3,2	1,1	1,8	100	34,3	675
Tertiary	13,5	12,1	1,3	62,3	2,5	0,0	2,8	1,3	4,1	100	25,7	78
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	(*)	5
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	(*)	10
Wealth index quintiles												
Poorest	6,7	27,6	3,3	16,7	16,9	0,2	24,8	1,5	2,3	100	34,3	410
Second	12,7	26,4	4,0	42,9	3,4	0,0	7,5	1,2	1,9	100	39,0	263
Middle	14,3	18,1	2,9	57,2	2,4	0,5	1,9	1,0	1,8	100	32,4	219
Fourth	12,1	15,9	2,0	59,0	1,0	0,0	5,5	2,0	2,5	100	28,0	210
Richest	15,8	13,2	0,0	66,4	2,0	0,0	0,5	0,0	2,1	100	29,0	200
Mother tongue of head												
Dutch	12,2	20,0	0,3	60,8	2,5	0,0	1,6	1,0	1,6	100	32,1	324
Sranan Tongo	15,9	25,3	1,5	46,8	3,8	0,0	3,9	0,0	2,9	100	41,2	72
Sarnami Hindi	15,5	17,7	6,5	48,6	1,4	0,5	4,9	1,5	3,4	100	33,2	211
Javanese	16,5	18,1	3,5	45,8	5,9	0,0	8,0	0,0	2,1	100	34,6	145
Indigenous language												
Maroon language	6,8	24,0	2,8	27,0	11,9	0,2	23,7	1,6	1,9	100	30,9	448
Other language	5,3	20,1	1,6	50,0	17,5	0,0	0,0	2,9	2,6	100	25,4	73
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	(*)	5
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	(*)	10
Total	11,5	21,7	2,7	43,2	6,9	0,1	10,6	1,2	2,1	100	33,1	1301

*** MICS indicator 14**

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

Table EN.7: Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Suriname, 2006

	Percentage of household population:			
	Using improved sources of drinking water*	Using sanitary means of excreta disposal**	Using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Region				
Paramaribo	97,7	98,6	96,5	9934
Wanica and Para	96,0	94,9	91,4	5215
Nickerie, Coronie and Saramacca	97,1	96,7	94,8	2575
Commewijne and Marowijne	98,6	91,5	90,2	2314
Brokopondo and Sipaliwini	44,8	33,0	24,6	2380
Stratum				
Urban	97,1	97,9	95,4	15698
Rural, coastal	97,9	91,6	90,0	4339
Rural, interior	44,8	33,0	24,6	2380
Education of household head				
None	62,5	54,5	49,4	2507
Primary	92,6	90,0	86,4	7614
Secondary	97,5	97,3	95,2	9643
Tertiary	99,0	99,5	98,5	1029
Non-standard curriculum	100,0	96,5	96,5	118
Missing/Don't know	94,0	93,0	88,7	1508
Wealth index quintiles				
Poorest	66,6	56,4	48,5	4484
Second	95,8	93,5	90,0	4485
Middle	97,6	99,5	97,2	4484
Fourth	99,2	99,8	99,1	4479
Richest	99,4	100,0	99,4	4486
Mother tongue of head				
Dutch	97,9	98,7	96,8	6406
Sranan Tongo	97,2	94,5	92,3	1654
Sarnami Hindi	97,5	97,4	95,4	5122
Javanese	98,4	95,6	94,5	2863
Indigenous language	95,6	89,3	84,9	445
Maroon language	71,3	63,8	58,0	4625
Other language	88,2	90,3	83,3	1256
Don't know	(100,0)	(100,0)	(100,0)	38
Missing	(*)	(*)	(*)	10
Total	91,7	89,8	86,8	22418

*** MICS indicator 11; MDG indicator 30**

**** MICS indicator 12; MDG indicator 31**

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

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

Table RH.1: Use of contraception

Percent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged
Percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Suriname, 2006

		Percent of women (currently married or in union) who are using:													
	Not using any method	Female sterilization	Male sterilization	Pill	IUD	Injections	Condom	Periodic abstinence	Withdrawal	Other	Total	Any modern method	Any traditional method	Any method *	Number of women currently married or in union
Region															
Paramaribo	54,0	7,5	0,2	28,0	1,9	2,6	4,9	0,5	0,1	0,4	100,0	45,1	0,9	46,0	1153
Wanica and Para	51,3	13,2	0,0	27,7	1,6	2,6	3,3	0,5	0,0	0,0	100,0	48,2	0,5	48,7	807
Nickerie, Coronie and Saramacca	46,7	8,7	0,0	32,7	1,0	6,4	4,3	0,2	0,0	0,0	100,0	53,1	0,2	53,3	394
Commewijne and Marowijne	52,8	8,2	0,0	30,9	1,5	3,1	3,1	0,0	0,0	0,3	100,0	46,9	0,3	47,2	339
Brokopondo and Sipaliwini	85,4	4,1	0,0	6,4	0,0	2,6	0,8	0,0	0,8	0,0	100,0	13,9	0,8	14,6	209
Stratum															
Urban	52,4	9,4	0,1	28,6	1,6	3,0	4,1	0,5	0,1	0,2	100,0	46,8	0,7	47,6	2065
Rural, coastal	50,4	9,6	0,0	30,2	1,6	3,9	4,2	0,0	0,0	0,2	100,0	49,5	0,2	49,6	628
Rural, interior	85,4	4,1	0,0	6,4	0,0	2,6	0,8	0,0	0,8	0,0	100,0	13,9	0,8	14,6	209
Age															
15-19	61,3	0,0	0,0	33,6	0,0	1,0	3,1	0,0	0,0	1,0	100,0	37,7	1,0	38,7	101
20-24	60,5	0,0	0,0	30,7	0,6	2,4	5,6	0,0	0,2	0,0	100,0	39,3	0,2	39,5	350
25-29	53,1	1,7	0,0	35,3	0,8	3,4	5,0	0,2	0,2	0,2	100,0	46,2	0,6	46,9	484
30-34	50,8	5,5	0,2	32,5	1,8	3,6	5,2	0,2	0,1	0,2	100,0	48,7	0,5	49,2	571
35-39	48,7	13,7	0,0	27,5	2,4	3,4	3,5	0,7	0,0	0,0	100,0	50,6	0,7	51,3	561
40-44	50,5	17,3	0,0	22,1	2,2	4,9	2,1	0,6	0,0	0,2	100,0	48,6	0,9	49,5	478
45-49	67,6	18,0	0,3	10,1	1,2	0,6	1,7	0,3	0,0	0,3	100,0	31,8	0,6	32,4	357

Number of living children**															
0	77,4	0,7	0,0	18,7	0,0	0,5	2,4	0,0	0,0	0,3	100,0	22,4	0,3	22,6	385
1	60,5	0,7	0,0	30,4	0,9	2,5	5,0	0,0	0,0	0,0	100,0	39,5	0,0	39,5	573
2	42,8	5,3	0,0	37,8	2,8	4,3	6,0	0,5	0,2	0,3	100,0	56,1	1,1	57,2	757
3	43,8	17,5	0,4	28,1	1,9	3,5	3,9	0,8	0,0	0,2	100,0	55,2	0,9	56,2	551
4+	57,8	19,0	0,0	16,6	1,1	3,6	1,2	0,3	0,1	0,2	100,0	41,6	0,6	42,2	634
Education															
None	85,7	3,6	0,0	7,4	0,0	2,6	0,0	0,0	0,7	0,0	100,0	13,6	0,7	14,3	146
Primary	61,6	12,4	0,1	19,5	0,7	3,2	2,0	0,0	0,2	0,1	100,0	38,0	0,3	38,4	827
Secondary	49,0	8,4	0,1	33,0	1,7	3,3	4,0	0,4	0,0	0,1	100,0	50,5	0,5	51,0	1719
Tertiary	44,0	5,4	0,0	27,6	4,4	2,2	13,7	1,6	0,0	1,1	100,0	53,3	2,7	56,0	189
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	(*)	(*)	13
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	(*)	(*)	13
Wealth index quintiles															
Poorest	70,6	5,7	0,2	18,5	0,2	2,6	1,8	0,0	0,3	0,0	100,0	29,1	0,3	29,4	477
Second	56,0	9,4	0,0	26,6	1,2	2,9	3,3	0,0	0,0	0,5	100,0	43,5	0,5	44,0	585
Middle	50,8	9,0	0,0	31,8	0,5	4,2	3,6	0,0	0,0	0,0	100,0	49,2	0,0	49,2	592
Fourth	51,2	8,9	0,2	28,8	2,1	3,7	4,7	0,3	0,2	0,0	100,0	48,3	0,5	48,8	607
Richest	47,1	11,5	0,0	29,1	3,2	2,3	5,3	1,3	0,0	0,3	100,0	51,3	1,6	52,9	639
Mother tongue of head															
Dutch	49,4	6,6	0,0	32,3	2,1	3,7	5,1	0,7	0,0	0,1	100,0	49,8	0,8	50,6	742
Sranan Tongo	57,3	8,8	0,0	27,2	0,6	3,1	3,0	0,0	0,0	0,0	100,0	42,7	0,0	42,7	163
Sarnami Hindi	51,3	13,4	0,0	26,8	1,9	3,1	3,2	0,3	0,0	0,0	100,0	48,4	0,3	48,7	889
Javanese	44,8	9,7	0,0	36,1	0,6	3,5	4,6	0,4	0,0	0,2	100,0	54,6	0,7	55,2	479
Indigenous language	(43,8)	(15,2)	0,0	(36,7)	(2,1)	0,0	(2,2)	0,0	0,0	0,0	100,0	(56,2)	0,0	(56,2)	46
Maroon language	77,3	4,1	0,3	13,0	0,8	2,2	2,1	0,0	0,0	0,3	100,0	22,4	0,3	22,7	386
Other language	65,6	6,0	0,5	15,7	1,6	3,3	4,9	0,0	1,4	1,1	100,0	31,9	2,5	34,4	192
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	(*)	(*)	4
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	(*)	(*)	1
Total	54,4	9,1	0,1	27,3	1,5	3,1	3,9	0,3	0,1	0,2	100,0	45,0	0,6	45,6	2901

*** MICS indicator 21; MDG indicator 19C**

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

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

Table RH.2: Unmet need for contraception

Percentage of women aged 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, Suriname, 2006

	Current use of contra-ception*	Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraceptio n satisfied***	Number of women currently married or in union with need for contraception
		For spacing	For limiting	Total**			
Region							
Paramaribo	46,0	4,8	12,4	17,3	1153	72,7	730
Wanica and Para	48,7	5,6	11,3	16,9	807	74,2	530
Nickerie, Coronie and Saramacca	53,3	2,2	15,0	17,2	394	75,6	278
Commewijne and Marowijne	47,2	4,6	13,0	17,6	339	72,8	219
Brokopondo and Sipaliwini	14,6	20,8	12,4	33,2	209	30,6	100
Stratum							
Urban	47,6	4,8	12,1	16,9	2065	73,7	1332
Rural, coastal	49,6	4,2	13,9	18,1	628	73,3	425
Rural, interior	14,6	20,8	12,4	33,2	209	30,6	100
Age							
15-19	38,7	17,2	5,1	22,3	101	63,5	62
20-24	39,5	16,8	6,8	23,6	350	62,6	221
25-29	46,9	10,4	8,4	18,9	484	71,3	318
30-34	49,2	4,3	11,0	15,3	571	76,3	368
35-39	51,3	2,1	16,5	18,5	561	73,5	392
40-44	49,5	1,2	16,6	17,8	478	73,5	321
45-49	32,4	0,2	16,6	16,8	357	65,8	176
Education							
None	14,3	13,1	14,5	27,6	146	34,1	61
Primary	38,4	6,5	15,9	22,4	827	63,1	503
Secondary	51,0	5,3	11,0	16,3	1719	75,8	1158
Tertiary	56,0	2,2	9,4	11,6	189	82,9	128
Non-standard curriculum	(*)	(*)	(*)	(*)	13	(*)	4
Missing/Don't know	(*)	(*)	(*)	(*)	7	(*)	3
Wealth index quintiles							
Poorest	29,4	14,9	13,0	28,0	477	51,3	274
Second	44,0	4,4	16,5	20,9	585	67,8	380
Middle	49,2	3,6	11,9	15,5	592	76,0	383
Fourth	48,8	4,6	12,0	16,5	607	74,7	397
Richest	52,9	3,5	9,7	13,2	639	80,1	423
Mother tongue of head							
Dutch	50,6	3,7	11,1	14,8	742	77,4	486
Sranan Tongo	42,7	6,0	13,5	19,5	163	68,7	101
Sarnami Hindi	48,7	4,0	12,4	16,4	889	74,8	579
Javanese	55,2	4,9	10,8	15,6	479	77,9	339
Indigenous language	(56,2)	(4,5)	(10,9)	(15,4)	(46)	(78,5)	33
Maroon language	22,7	14,6	15,7	30,3	386	42,8	204
Other language	34,4	7,4	16,1	23,6	192	59,3	111
Don't know	(*)	(*)	(*)	(*)	4	(*)	3
Missing	(*)	(*)	(*)	(*)	1	(*)	0
Total	45,6	5,8	12,5	18,4	2901	71,3	1857

*** MICS indicator 21; MDG indicator 19C**

**** MICS indicator 98**

***** MICS indicator 99**

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

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

Table RH.3: Antenatal care provider

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

	Person providing antenatal care**								
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Community health worker	Other/ missing	No antenatal care received	Total	Any skilled personnel*	Number of women who gave birth in the preceding two years
Region									
Paramaribo	76,4	17,6	1,8	0,4	3,2	0,7	100,0	95,8	299
Wanica and Para	69,9	23,6	1,6	2,2	2,7	0,0	100,0	95,2	183
Nickerie, Coronie and Saramacca	67,8	28,3	1,9	0,0	1,9	0,0	100,0	98,1	53
Commewijne and Marowijne	72,5	25,5	0,0	0,0	1,0	1,0	100,0	98,0	101
Brokopondo and Sipaliwini	20,2	41,1	0,6	36,5	0,6	1,1	100,0	61,8	141
Stratum									
Urban	74,9	19,1	1,5	1,0	3,0	0,4	100,0	95,5	480
Rural, coastal	68,1	28,7	1,3	0,0	1,3	0,7	100,0	98,1	156
Rural, interior	20,2	41,1	0,6	36,5	0,6	1,1	100,0	61,8	141
Age									
15-19	51,0	34,2	2,6	11,0	1,3	0,0	100,0	87,7	81
20-24	63,2	26,4	2,6	4,8	3,1	0,0	100,0	92,1	189
25-29	66,3	23,0	0,0	8,2	2,5	0,0	100,0	89,3	205
30-34	70,3	20,3	1,3	5,1	1,2	1,8	100,0	91,9	160
35-39	64,7	24,4	0,9	6,4	1,9	1,7	100,0	90,0	111
40-44	(47,7)	(30,1)	(0,0)	(18,3)	(3,9)	(0,0)	100,0	(77,9)	26
45-49	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	3
Education									
None	25,9	39,7	0,0	28,7	4,1	1,6	100,0	65,6	97
Primary	53,4	32,3	1,3	12,0	0,5	0,5	100,0	87,1	215
Secondary	74,6	19,8	1,7	0,6	2,7	0,5	100,0	96,1	413
Tertiary	90,9	6,9	0,0	0,0	2,2	0,0	100,0	97,8	44
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	4
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	2
Wealth index quintiles									
Poorest	37,6	37,8	1,1	20,8	1,5	1,0	100,0	76,6	253
Second	71,2	22,5	2,0	2,3	2,0	0,0	100,0	95,7	154
Middle	76,1	18,9	0,8	0,0	3,3	0,8	100,0	95,9	125
Fourth	74,9	20,9	1,6	0,0	1,7	0,9	100,0	97,4	124
Richest	84,0	11,9	0,8	0,0	3,4	0,0	100,0	96,6	121
Mother tongue of head									
Dutch	75,9	19,9	1,0	0,0	2,7	0,5	100,0	96,8	195
Sranan Tongo	(64,2)	(30,1)	(2,8)	(2,8)	(0,0)	(0,0)	100,0	(97,2)	37
Sarnami Hindi	76,8	19,9	0,8	0,8	1,7	0,0	100,0	97,5	122
Javanese	79,2	14,0	2,3	0,0	4,5	0,0	100,0	95,5	88
Indigenous language	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	14
Maroon language	44,5	34,1	1,4	18,0	1,5	0,6	100,0	80,0	271
Other language	59,5	24,4	0,0	11,7	2,2	2,2	100,0	83,8	47
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	1
Missing	(*)	(*)	(*)	(*)	(*)	(*)	100,0	(*)	1
Total	63,6	25,0	1,3	7,3	2,2	0,6	100,0	89,9	776

*** MICS indicator 20**

** If the respondent mentioned more than one provider, only the most qualified provider is considered

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

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

Table RH.4: Antenatal care

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

		Percent of pregnant women who had:				
	Percent of pregnant women receiving ANC one or more times during pregnancy	Blood test taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*	Number of women who gave birth in two years preceding survey
Region						
Paramaribo	99,3	95,8	97,5	95,1	97,2	299
Wanica and Para	100,0	97,3	99,5	98,4	99,5	183
Nickerie, Coronie and Saramacca	100,0	94,0	98,1	98,1	98,1	53
Commewijne and Marowijne	99,0	94,0	98,0	94,0	96,0	101
Brokopondo and Sipaliwini	98,9	98,3	98,3	96,0	98,9	141
Stratum						
Urban	99,6	95,9	98,1	96,1	97,8	480
Rural, coastal	99,3	95,3	98,7	96,1	97,4	156
Rural, interior	98,9	98,3	98,3	96,0	98,9	141
Age						
15-19	100,0	96,2	100,0	98,0	100,0	81
20-24	100,0	97,9	99,5	95,9	98,9	189
25-29	100,0	96,0	98,5	96,6	97,9	205
30-34	98,2	95,7	97,6	95,7	97,0	160
35-39	98,3	95,5	96,4	95,5	96,4	111
40-44	(100,0)	(92,3)	(96,1)	(92,3)	(96,1)	26
45-49	(*)	(*)	(*)	(*)	(*)	3
Education						
None	98,4	94,3	93,2	94,3	94,0	97
Primary	99,5	96,7	99,5	97,0	98,6	215
Secondary	99,5	96,5	98,5	96,1	98,3	413
Tertiary	100,0	95,6	100,0	95,4	100,0	44
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	4
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	2
Wealth index quintiles						
Poorest	99,0	95,8	97,8	95,8	97,7	253
Second	100,0	96,0	98,7	96,7	97,3	154
Middle	99,2	97,5	98,4	95,8	98,4	125
Fourth	99,1	96,5	97,4	96,6	97,4	124
Richest	100,0	95,8	99,2	95,8	99,2	121
Mother tongue of head						
Dutch	99,5	96,9	99,5	94,7	99,5	195
Sranan Tongo	(100,0)	(91,6)	(100,0)	(100,0)	(100,0)	37
Sarnami Hindi	100,0	96,7	100,0	100,0	100,0	122
Javanese	100,0	95,3	96,6	95,4	96,6	88
Indigenous language	(*)	(*)	(*)	(*)	(*)	14
Maroon language	99,4	97,6	98,0	95,9	97,1	271
Other language	(97,8)	(93,4)	(93,3)	(92,2)	(93,3)	47
Don't know	(*)	(*)	(*)	(*)	(*)	1
Missing	(*)	(*)	(*)	(*)	(*)	1
Total	99,4	96,2	98,2	96,1	97,9	776

MICS indicator 44

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

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

Table RH.5: Assistance during delivery

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

	Person assisting at delivery							
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Traditional birth attendant	Community health worker	Relative/ friend	Other/ missing	No attendant
Region								
Paramaribo	26,1	63,0	4,6	0,0	0,0	1,4	4,2	0,7
Wanica and Para	32,3	60,2	2,7	0,0	0,5	1,1	2,1	1,1
Nickerie, Coronie and Saramacca	9,8	80,2	1,9	0,0	0,0	2,2	5,7	0,0
Commewijne and Marowijne	31,4	58,6	3,0	0,0	0,0	3,0	4,0	0,0
Brokopondo and Sipaliwini	18,6	50,6	2,3	6,7	19,1	2,2	0,0	0,6
Stratum								
Urban	28,5	62,6	3,7	0,0	0,2	1,3	3,2	0,4
Rural, coastal	23,7	64,0	3,2	0,0	0,0	2,7	5,1	1,2
Rural, interior	18,6	50,6	2,3	6,7	19,1	2,2	0,0	0,6
Age								
15-19	21,8	65,4	3,5	2,0	4,9	0,0	2,5	0,0
20-24	21,2	70,1	1,5	1,2	1,7	2,2	2,1	0,0
25-29	23,3	62,9	3,9	0,8	4,6	0,4	4,0	0,0
30-34	30,8	54,5	4,3	0,5	3,1	4,2	1,9	0,6
35-39	34,4	49,0	3,7	1,4	3,6	0,7	4,6	2,6
40-44	(21,6)	(53,8)	(3,8)	(3,1)	(6,1)	(4,1)	(3.90	(3,7)
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Education								
None	18,7	53,4	2,7	5,7	13,0	2,4	3,3	0,8
Primary	20,9	62,6	2,7	1,5	5,9	2,8	3,3	0,5
Secondary	28,9	61,9	3,7	0,2	0,4	1,2	3,2	0,5
Tertiary	(30,1)	(60,7)	(4,6)	(0,0)	(2,2)	(0,0)	(0,0)	(2,4)
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Wealth index quintiles								
Poorest	20,7	57,1	3,2	3,4	10,0	2,9	2,0	0,7
Second	26,6	61,1	3,4	0,5	1,0	1,5	5,3	0,6
Middle	26,9	69,0	1,7	0,0	0,0	0,0	1,6	0,8
Fourth	25,6	61,9	5,0	0,0	0,8	3,3	3,4	0,0
Richest	34,2	58,0	3,5	0,0	0,0	0,0	3,4	0,9
Mother tongue of head								
Dutch	25,4	66,7	3,1	0,0	0,0	1,1	2,6	1,0
Sranan Tongo	(21,3)	(62,2)	(8,2)	(0,0)	(0,0)	(2,8)	(2,6)	(2,8)
Sarnami Hindi	34,2	60,7	1,7	0,0	0,8	0,0	2,6	0,0
Javanese	21,3	63,6	4,7	0,0	0,0	4,8	5,7	0,0
Indigenous language	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Maroon language	22,6	58,7	2,7	3,5	8,7	1,2	2,3	0,3
Other language	(38,4)	(44,4)	(4,4)	(0,0)	(6,7)	(1,7)	(4,4)	(0,0)
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Total	25,8	60,7	3,3	1,2	3,6	1,7	3,0	0,6

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

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

Table RH.5: Assistance during delivery

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

	Person assisting at delivery			
	Total	Any skilled personnel *	Delivered in health facility**	Number of women who gave birth in preceding two years
Region				
Paramaribo	100,0	93,7	94,0	299
Wanica and Para	100,0	95,2	94,6	183
Nickerie, Coronie and Saramacca	100,0	92,0	75,3	53
Commewijne and Marowijne	100,0	93,0	87,9	101
Brokopondo and Sipaliwini	100,0	71,4	73,0	141
Stratum				
Urban	100,0	94,8	93,4	480
Rural, coastal	100,0	90,9	86,2	156
Rural, interior	100,0	71,4	73,0	141
Age				
15-19	100,0	90,6	89,7	81
20-24	100,0	92,8	92,0	189
25-29	100,0	90,2	88,6	205
30-34	100,0	89,7	88,1	160
35-39	100,0	87,1	83,2	111
40-44	100,0	(79,1)	(78,4)	26
45-49	100,0	(*)	(*)	3
Education				
None	100,0	74,8	72,8	97
Primary	100,0	86,1	81,1	215
Secondary	100,0	94,5	94,5	413
Tertiary	100,0	(95,4)	(97,6)	44
Non-standard curriculum	100,0	(*)	(*)	4
Missing/Don't know	100,0	(*)	(*)	2
Wealth index quintiles				
Poorest	100,0	81,0	77,8	253
Second	100,0	91,1	89,5	154
Middle	100,0	97,6	96,7	125
Fourth	100,0	92,5	94,1	124
Richest	100,0	95,7	94,1	121
Mother tongue of head				
Dutch	100,0	95,3	94,9	195
Sranan Tongo	100,0	(91,7)	(86,1)	37
Sarnami Hindi	100,0	96,6	94,3	122
Javanese	100,0	89,5	89,5	88
Indigenous language	100,0	(*)	(*)	14
Maroon language	100,0	83,9	83,8	271
Other language	100,0	(87,3)	(75,4)	47
Don't know	100,0	(*)	(*)	1
Missing	100,0	(*)	(*)	1
Total	100,0	89,8	88,3	776

*** MICS indicator 4; MDG indicator 17**

**** MICS indicator 5**

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

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

Table CD.1: Family support for learning

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

	Percentage of children aged 0-59 months					
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Sex						
Male	70,2	4,3	33,9	1,1	33,4	1078
Female	70,5	4,3	32,9	1,1	35,3	1179
Region						
Paramaribo	77,8	4,6	34,1	1,1	39,9	873
Wanica and Para	75,1	4,4	39,8	1,4	27,0	518
Nickerie, Coronie and Saramacca	81,7	4,8	43,9	1,6	12,8	203
Commewijne and Marowijne	68,1	4,1	40,5	1,0	18,3	245
Brokopondo and Sipaliwini	44,7	3,4	14,5	0,4	52,0	418
Stratum						
Urban	78,2	4,5	37,2	1,3	33,6	1392
Rural, coastal	69,9	4,3	39,2	1,1	20,6	447
Rural, interior	44,7	3,4	14,5	0,4	52,0	418
Age						
0-23 months	61,5	3,9	36,2	1,1	31,1	840
24-59 months	75,6	4,5	31,7	1,0	36,4	1417
Mother's education						
None	38,6	3,2	16,6	0,4	57,7	292
Primary	65,3	4,0	27,0	0,8	30,3	670
Secondary	79,6	4,6	39,7	1,3	31,8	1150
Tertiary	88,1	5,0	52,3	1,7	21,6	122
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	8
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	15
Father's education						
None	46,7	3,4	38,8	1,0	0,0	84
Primary	70,8	4,3	39,6	1,3	0,0	426
Secondary	79,5	4,6	54,8	1,8	0,0	746
Tertiary	88,4	4,9	62,3	2,1	0,0	73
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	8
Father not in household	64,5	4,1	na	na	100,0	776
Missing/Don't know	58,1	3,7	na	na	0,0	143
Wealth index quintiles						
Poorest	56,5	3,8	23,5	0,7	43,2	713
Second	66,0	4,1	29,3	0,9	33,0	490
Middle	74,9	4,4	32,2	1,1	29,2	370
Fourth	81,9	4,7	45,7	1,6	29,0	351
Richest	89,2	5,0	48,6	1,7	29,0	333
Mother tongue of head						
Dutch	83,3	4,8	40,5	1,4	36,8	571
Sranan Tongo	71,9	4,4	29,0	0,9	36,7	143
Sarnami Hindi	83,3	4,7	46,3	1,5	12,5	370
Javanese	81,0	4,7	47,4	1,8	11,1	233
Indigenous language	(65,8)	(4,3)	(34,1)	(1,1)	(18,3)	48
Maroon language	50,6	3,5	16,5	0,4	53,1	763
Other language	73,3	4,4	41,1	1,3	21,2	123
Don't know	(*)	(*)	(*)	(*)	(*)	5
Missing	(*)	(*)	(*)	(*)	(*)	2
Total	70,4	4,3	33,4	1,1	34,4	2257

*** MICS indicator 46**

**** MICS Indicator 47**

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

Table CD.2: Learning materials

Percentage of children aged 0-59 months living in households containing learning materials, Suriname, 2006

	households with:		Child has:		Child plays with:						
	3 or more non-children's books*	Median number of non-children's books	3 or more children's books**	Median number of children's books	household objects	Objects and materials found outside the home	Home-made toys	Toys that came from a store	No play-things mentioned	3 or more types of playthings ***	Number of children aged 0-59 months
Sex											
Male	59,6	6,0	45,4	2,0	36,3	53,8	30,8	85,0	4,7	37,1	1078
Female	60,1	6,0	44,9	2,0	43,5	50,6	28,4	85,8	5,2	37,3	1179
Region											
Paramaribo	73,8	10,0	57,9	4,0	37,9	43,5	26,8	88,9	5,5	33,7	873
Wanica and Para	63,5	8,0	48,0	2,0	45,2	51,8	31,3	90,2	4,4	42,2	518
Nickerie, Coronie and Saramacca	56,2	4,0	40,5	2,0	48,7	51,0	42,4	91,8	4,7	45,0	203
Commewijne and Marowijne	69,4	10,0	50,7	3,0	35,9	50,7	22,5	93,0	4,0	34,8	245
Brokopondo and Sipaliwini	22,5	0,0	14,2	0,0	36,5	72,0	30,9	64,8	5,1	36,1	418
Stratum											
Urban	68,5	10,0	54,1	3,0	40,9	45,6	28,2	89,4	5,1	36,3	1392
Rural, coastal	67,8	7,0	46,4	2,0	40,8	54,0	32,5	92,5	4,3	41,3	447
Rural, interior	22,5	0,0	14,2	0,0	36,5	72,0	30,9	64,8	5,1	36,1	418
Age											
0-23 months	57,9	6,0	40,2	1,0	35,5	34,7	21,0	79,9	11,3	27,1	840
24-59 months	61,0	6,0	48,1	2,0	42,8	62,4	34,6	88,7	1,2	43,2	1417
Mother's education											
None	20,1	0,0	13,4	0,0	44,6	75,6	29,2	62,2	5,2	38,6	292
Primary	48,7	2,0	30,3	0,0	35,3	51,0	30,3	84,9	5,3	34,5	670
Secondary	73,1	10,0	58,2	4,0	41,8	47,6	30,1	91,0	4,8	38,7	1150
Tertiary	92,3	10,0	83,0	10,0	43,5	48,7	21,6	92,1	3,4	39,1	122
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15

Wealth index quintiles											
Poorest	34,8	0,0	20,2	0,0	38,4	64,3	30,6	74,6	5,0	37,3	713
Second	61,7	7,0	41,2	1,0	36,3	45,5	29,0	87,6	4,9	34,2	490
Middle	71,6	10,0	55,3	4,0	44,3	47,2	31,9	93,2	4,3	41,1	370
Fourth	75,3	10,0	62,2	5,0	43,6	47,4	28,2	88,8	6,4	37,5	351
Richest	81,4	10,0	75,1	10,0	40,8	46,4	26,8	93,4	4,4	36,9	333
Mother tongue of head											
Dutch	79,0	10,0	71,0	7,0	43,9	48,7	31,0	90,1	5,9	38,3	571
Sranan Tongo	64,1	10,0	48,5	2,0	37,2	58,2	35,0	89,9	2,2	43,0	143
Sarnami Hindi	56,4	4,0	42,4	2,0	50,9	47,7	31,2	91,8	4,3	42,9	370
Javanese	65,3	6,0	48,6	2,0	44,4	52,1	23,0	90,9	5,0	38,4	233
Indigenous language	(73,8)	(5,0)	(60,5)	(4,0)	(33,8)	(61,0)	(31,9)	(91,2)	(4,4)	(41,9)	48
Maroon language	43,2	0,0	24,5	0,0	34,8	58,4	28,1	76,7	4,4	34,6	763
Other language	62,5	10,0	46,0	2,0	22,2	33,6	32,2	79,9	9,5	21,4	123
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Total	59,9	6,0	45,2	2,0	40,1	52,1	29,5	85,4	5,0	37,2	2257

*** MICS indicator 49**

**** MICS indicator 48**

***** MICS indicator 50**

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

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

Table CD.3: Children left alone or with other children

Percentage of children aged 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Suriname, 2006

	Percentage of children aged 0-59 months			
	Left in the care of children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week*	Number of children aged 0-59 months
Sex				
Male	5,8	1,6	6,3	1078
Female	6,9	2,4	7,7	1179
Region				
Paramaribo	4,2	1,1	4,6	873
Wanica and Para	4,0	1,0	4,2	518
Nickerie, Coronie and Saramacca	2,1	0,0	2,1	203
Commewijne and Marowijne	5,2	0,4	5,7	245
Brokopondo and Sipaliwini	16,6	7,1	18,8	418
Stratum				
Urban	3,6	1,1	3,9	1392
Rural, coastal	5,5	0,2	5,8	447
Rural, interior	16,6	7,1	18,8	418
Age				
0-23 months	5,4	2,0	6,3	840
24-59 months	7,0	2,0	7,4	1417
Mother's education				
None	12,0	5,7	13,4	292
Primary	9,1	2,8	10,1	670
Secondary	3,8	0,8	4,1	1150
Tertiary	1,8	0,9	1,8	122
Non-standard curriculum	(*)	(*)	(*)	8
Missing/Don't know	(*)	(*)	(*)	15
Wealth index quintiles				
Poorest	12,0	4,4	13,1	713
Second	6,1	2,1	7,0	490
Middle	3,1	0,3	3,4	370
Fourth	3,9	0,9	4,2	351
Richest	1,0	0,0	1,0	333
Mother tongue of head				
Dutch	4,7	0,8	5,1	571
Sranan Tongo	7,9	2,2	9,3	143
Sarnami Hindi	1,9	0,8	1,9	370
Javanese	0,4	0,0	0,4	233
Indigenous language	(10,1)	0,0	(10,1)	48
Maroon language	11,7	4,5	13,0	763
Other language	3,0	0,7	3,0	123
Don't know	(*)	(*)	(*)	5
Missing	(*)	(*)	(*)	2
Total	6,4	2,0	7,0	2257

*** MICS indicator 51**

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

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

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders who attended pre-school, Suriname, 2006

	children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex				
Male	37,0	434,0	86,4	117
Female	39,7	506,0	90,1	135
Region				
Paramaribo	53,1	381,0	95,8	125
Wanica and Para	36,2	213,0	76,6	65
Nickerie, Coronie and Saramacca	47,8	99,0	(*)	25
Commewijne and Marowijne	24,3	101,0	(*)	25
Brokopondo and Sipaliwini	7,3	146,0	(*)	13
Stratum				
Urban	49,4	587,0	89,8	199
Rural, coastal	29,5	206,0	(89,9)	41
Rural, interior	7,3	146,0	(*)	13
Age of child				
36-47 months	17,8	460,0	.	0
48-59 months	58,3	479,0	.	0
6 years***	.	0,0	88,4	253
Mother's education				
None	11,7	105,0	(*)	19
Primary	29,3	298,0	84,1	71
Secondary	46,6	485,0	90,2	145
Tertiary	(73,8)	44,0	(*)	13
Non-standard curriculum	(*)	3,0	(*)	2
Missing/Don't know	(*)	4,0	(*)	2
Wealth index quintiles				
Poorest	17,4	275,0	(83,1)	47
Second	35,2	227,0	90,7	55
Middle	46,7	154,0	86,7	62
Fourth	51,6	146,0	88,2	52
Richest	63,1	137,0	(94,6)	37
Mother tongue of head				
Dutch	59,3	251,0	96,2	82
Sranan Tongo	39,9	73,0	(*)	18
Sarnami Hindi	41,3	159,0	(87,5)	48
Javanese	37,2	90,0	(89,8)	30
Indigenous language	(12,6)	25,0	(*)	6
Maroon language	23,2	287,0	79,1	57
Other language	24,3	51,0	(*)	11
Don't know	(*)	2,0	.	0
Missing	(*)	1,0	.	0
Total	38,5	939,0	88,4	253

*** MICS indicator 52**

**** MICS indicator 53**

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

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

Table ED.2: Primary school entry[1]

Percentage of children of primary school entry age attending grade 1*, Suriname, 2006

	Percentage of children of primary school entry age currently attending grade 1*	Number of children of primary school entry age**
Sex		
Male	87,6	204
Female	86,2	221
Region		
Paramaribo	91,8	179
Wanica and Para	86,8	91
Nickerie, Coronie and Saramacca	(86,9)	50
Commewijne and Marowijne	(90,9)	45
Brokopondo and Sipaliwini	69,3	60
Stratum		
Urban	89,8	280
Rural, coastal	89,9	84
Rural, interior	69,3	60
Age at beginning of school year		
6	86,9	424
Mother's education		
None	(68,1)	37
Primary	83,6	127
Secondary	90,6	232
Tertiary	(*)	19
Non-standard curriculum	(*)	1
Missing/Don't know	(*)	7
wealth index quintiles		
Poorest	77,5	115
Second	91,1	104
Middle	86,6	85
Fourth	91,5	70
Richest	(93,5)	51
Mother tongue of head		
Dutch	90,1	116
Sranan Tongo	(91,0)	34
Sarnami Hindi	87,3	81
Javanese	92,4	53
Indigenous language	(*)	10
Maroon language	80,8	106
Other language	(*)	24
Total	86,9	424

*** MICS indicator 54**

** Primary school entry age defined at the country level (usually based on UNESCO's ISCED1 classification).

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

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

[1] Table based on estimated age as of beginning of the school year

Table ED.3: Primary school net attendance ratio[2]

Percentage of children of primary school age** attending primary or secondary school (NAR),Suriname, 2006

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net Attendance ratio*	Number of children
Region						
Paramaribo	96,2	526	96,8	517	96,5	1043
Wanica and Para	95,3	314	95,9	321	95,6	635
Nickerie, Coronie and Saramacca	97,3	159	95,7	147	96,6	307
Commewijne and Marowijne	95,7	143	96,3	139	96,0	282
Brokopondo and Sipaliwini	85,0	178	80,2	160	82,8	337
Stratum						
Urban	96,1	860	96,1	861	96,1	1722
Rural Coastal	96,0	283	97,2	263	96,6	546
Rural Interior	85,0	178	80,2	160	82,8	337
Age **						
6	89,0	204	88,8	221	88,9	424
7	94,8	276	93,4	248	94,1	524
8	94,4	230	97,6	228	96,0	457
9	95,3	214	96,6	212	96,0	426
10	96,8	198	92,3	191	94,6	388
11	96,9	201	97,7	184	97,3	385
Mother's education						
None	89,6	133	74,2	123	82,2	256
Primary	92,9	403	94,8	393	93,9	797
Secondary	96,4	721	97,1	686	96,7	1407
Tertiary	(100,0)	39	(100,0)	49	100,0	88
Non-standard curriculum	(*)	3	(*)	3	(*)	6
Missing/Don't know	(*)	22	(100,0)	30	93,9	51
Wealth index quintiles						
Poorest	88,7	324	86,2	324	87,5	648
Second	95,3	318	95,6	278	95,4	596
Middle	95,6	261	97,7	272	96,7	533
Fourth	97,1	206	97,6	217	97,4	423
Richest	98,5	213	97,7	192	98,2	405
Mother tongue of head						
Dutch	95,7	363	95,4	356	95,6	719
Sranan Tongo	98,9	94	97,0	105	97,9	199
Sarnami Hindi	96,4	288	97,8	269	97,1	557
Javanese	100,0	126	98,6	139	99,2	265
Indigenous language	(93,2)	44	(100,0)	29	95,9	73
Maroon language	90,1	337	87,5	328	88,8	665
Other language	87,4	68	93,0	56	89,9	125
Don't know	(*)	1	(*)	1	(*)	2
Missing	(*)	1	.	0	(*)	1
Total	94,6	1322	94,3	1284	94,5	2605

*** MICS indicator 55; MDG indicator 6**

[2] Table based on estimated age as of beginning of the school year

Table ED.4: Secondary school net attendance ratio[3]

Percentage of children of primary school entry age attending grade 1*, Suriname, 2006

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Region						
Paramaribo	66,3	567	75,0	527	70,5	1095
Wanica and Para	55,3	286	68,6	301	62,2	587
Nickerie, Coronie and Saramacca	67,5	155	73,1	152	70,3	307
Commewijne and Marowijne	40,4	122	69,0	146	55,9	268
Brokopondo and Sipaliwini	5,4	118	10,3	100	7,6	218
Stratum						
Urban	63,2	866	74,4	860	68,8	1726
Rural, coastal	53,2	265	65,4	267	59,4	531
Rural, interior	5,4	118	10,3	100	7,6	218
Age at beginning of school year						
12	31,9	204	41,1	185	36,3	389
13	44,9	206	59,0	203	51,9	408
14	64,3	207	73,7	229	69,2	436
15	68,4	217	77,4	208	72,8	426
16	64,5	226	79,2	190	71,2	416
17	58,1	189	70,3	210	64,6	399
Mother's education						
None	18,8	77	25,1	81	22,0	158
Primary	34,8	319	56,7	295	45,3	615
Secondary	70,0	479	78,3	448	74,0	926
Tertiary	(89,6)	30	(97,2)	37	93,8	68
Non-standard curriculum	(*)	4	(*)	2	(*)	6
Mother not in household	62,8	132	66,7	136	64,8	268
Missing/Don't know	(*)	18	(*)	16	(55,2)	34
Wealth index quintiles						
Poorest	19,4	240	28,1	203	23,4	443
Second	46,2	254	61,2	274	54,0	528
Middle	60,5	242	72,9	264	67,0	505
Fourth	68,0	260	80,7	247	74,2	507
Richest	82,1	253	87,4	238	84,7	491
Mother tongue of head						
Dutch	69,9	347	80,9	356	75,5	703
Sranan Tongo	52,4	101	67,6	94	59,7	195
Sarnami Hindi	63,4	286	74,3	256	68,5	543
Javanese	64,3	125	79,4	158	72,7	283
Indigenous language	(*)	24	(54,3)	25	45,5	49
Maroon language	31,0	261	40,5	268	35,8	529
Other language	44,6	100	50,7	67	47,1	167
Don't know	(*)	3	(*)	1	(*)	4
Missing	(*)	1	(*)	1	(*)	2
Total	55,6	1248	67,2	1226	61,4	2474

*** MICS indicator 56**

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

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

[3] Table based on estimated age as of beginning of the school year

Table ED.4w: Secondary school age children attending primary school[4]

Percentage of children of primary school age** attending primary or secondary school (NAR),Suriname, 2006

	Male		Female		Total	
	Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
Region						
Paramaribo	19,7	567	16,4	527	18,1	1095
Wanica and Para	23,6	286	15,0	301	19,2	587
Nickerie, Coronie and Saramacca	14,2	155	11,9	152	13,1	307
Commewijne and Marowijne	29,9	122	20,2	146	24,6	268
Brokopondo and Sipaliwini	49,3	118	45,9	100	47,7	218
Stratum						
Urban	20,2	866	14,6	860	17,4	1726
Rural, coastal	23,7	265	20,1	267	21,9	531
Rural, interior	49,3	118	45,9	100	47,7	218
Age at beginning of school year						
13	47,9	206	36,2	203	42,1	408
14	19,9	207	17,2	229	18,5	436
15	7,4	217	5,6	208	6,5	426
16	4,2	226	1,4	190	2,9	416
17	3,0	189	1,9	210	2,4	399
Mother's education						
None	54,7	77	43,2	81	48,8	158
Primary	38,7	319	32,8	295	35,9	615
Secondary	22,1	479	17,0	448	19,7	926
Tertiary	10,4	30	(2,8)	37	6,2	68
Non-standard curriculum	(*)	4	(*)	2	(*)	6
Mother not in household	8,5	132	5,9	136	7,2	268
Missing/Don't know	(*)	18	(*)	16	(23,8)	34
Wealth index quintiles						
Poorest	40,1	240	36,1	203	38,3	443
Second	26,9	254	20,9	274	23,8	528
Middle	22,6	242	16,1	264	19,2	505
Fourth	19,2	260	12,2	247	15,8	507
Richest	10,5	253	9,2	238	9,9	491
Mother tongue of head						
Dutch	19,1	347	13,4	356	16,2	703
Sranan Tongo	32,7	101	25,9	94	29,4	195
Sarnami Hindi	14,4	286	10,0	256	12,3	543
Javanese	15,2	125	9,5	158	12,0	283
Indigenous language	(39,5)	24	(30,6)	25	35,0	49
Maroon language	40,4	261	33,3	268	36,8	529
Other language	21,3	100	(21,7)	67	21,5	167
Don't know	(*)	3	(*)	1	(*)	4
Missing	(*)	1	(*)	1	(*)	2
Total	23,7	1248	18,4	1226	21,1	2474

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

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

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

[4] Table based on estimated age as of beginning of the school year

Table ED.5: Children reaching grade 5

Percentage of children entering first grade of primary school who eventually reach grade 5, Suriname, 2006

	Percent attending 2nd grade who were in 1st grade last	Percent attending 3rd grade who were in 2nd grade last	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last	Percent who reach grade 5 of those who enter 1st grade*
Sex					
Male	98,6	97,7	97,0	97,5	91,1
Female	99,6	99,2	97,7	100,0	96,6
Region					
Paramaribo	100,0	99,0	98,4	99,3	96,7
Wanica and Para	98,4	97,7	95,2	99,2	90,7
Nickerie, Coronie and Saramacca	100,0	100,0	96,1	100,0	96,1
Commewijne and Marowijne	98,1	97,8	98,0	98,0	92,1
Brokopondo and Sipaliwini	97,6	97,4	98,3	93,0	87,0
Stratum					
Urban	99,1	98,5	97,6	99,6	94,9
Rural, coastal	100,0	98,8	96,0	98,0	93,0
Rural, interior	97,6	97,4	98,3	93,0	87,0
Mother's education					
None	98,4	98,6	92,5	95,1	85,4
Primary	98,8	98,7	98,4	98,6	94,7
Secondary	99,2	98,9	98,8	100,0	96,9
Tertiary	100,0	100,0	100,0	100,0	100,0
Non-standard curriculum	100,0	.	100,0	100,0	.
Mother not in household	100,0	100,0	.	49,5	.
Missing/Don't know	100,0	100,0	100,0	100,0	100,0
Wealth index quintiles					
Poorest	98,2	97,1	95,9	96,4	88,1
Second	99,2	99,0	96,8	99,1	94,2
Middle	99,0	97,1	98,1	98,8	93,1
Fourth	100,0	100,0	96,3	100,0	96,3
Richest	100,0	100,0	100,0	100,0	100,0
Mother tongue of head					
Dutch	99,2	98,6	96,9	99,2	94,1
Sranan Tongo	100,0	100,0	97,5	97,3	94,9
Sarnami Hindi	98,0	99,0	95,3	100,0	92,5
Javanese	100,0	98,1	100,0	100,0	98,1
Indigenous language	100,0	93,1	100,0	100,0	93,1
Maroon language	99,4	98,5	97,5	97,3	92,8
Other language	96,1	97,1	100,0	96,0	89,6
Don't know	.	100,0	.	.	.
Missing	100,0	.	.	.	.
Total	99,1	98,4	97,3	98,6	93,7

*** MICS indicator 57; MDG indicator 7**

Table ED.6: Primary school completion and transition to secondary education[5]

Primary school completion rate and transition rate to secondary education, Suriname, 2006

	Net primary school completion rate*	Number of children of primary school completion age	Transition rate to secondary education**	Number of children who were in the last grade of primary school the previous year
Sex				
Male	39,1	201,0	78,7	205
Female	53,0	184,0	76,3	221
Region				
Paramaribo	53,7	140,0	79,4	203
Wanica and Para	45,0	109,0	76,1	129
Nickerie, Coronie and Saramacca	50,8	54,0	(88,5)	38
Commewijne and Marowijne	(48,9)	45,0	(73,0)	47
Brokopondo and Sipaliwini	(6,5)	37,0	(*)	10
Stratum				
Urban	54,6	255,0	78,1	337
Rural, coastal	37,0	92,0	80,1	80
Rural, interior	(6,5)	37,0	(*)	10
Mother's education				
None	(15,9)	36,0	(*)	15
Primary	28,0	122,0	73,1	121
Secondary	61,0	202,0	80,4	225
Tertiary	(*)	17,0	(*)	14
Non-standard curriculum	(*)	1,0	(*)	4
Mother not in household	(*)	0,0	(88,4)	29
Missing/Don't know	(*)	6,0	(*)	5
Wealth index quintiles				
Poorest	18,6	78,0	78,4	52
Second	31,8	85,0	74,4	107
Middle	51,3	93,0	81,2	105
Fourth	64,6	57,0	77,7	82
Richest	69,7	71,0	75,7	80
Mother tongue of head				
Dutch	58,0	100,0	80,2	136
Sranan Tongo	(48,7)	32,0	(85,0)	41
Sarnami Hindi	55,8	96,0	76,5	113
Javanese	(77,7)	37,0	(80,8)	39
Indigenous language	(*)	10,0	(*)	9
Maroon language	13,6	95,0	68,9	71
Other language	(*)	16,0	(*)	17
Don't know	(*)	1,0	(*)	1
Missing	.	0,0	.	0
Total	45,7	385,0	77,4	426

*** MICS indicator 59; MDG indicator 7b**

**** MICS indicator 58**

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

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

[5] Table based on estimated age as of beginning of the school year

Table ED.7: Education gender parity[6]

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

	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
Region						
Paramaribo	96,8	96,2	1,0	75,0	66,3	1,1
Wanica and Para	95,9	95,3	1,0	68,6	55,3	1,2
Nickerie, Coronie and Saramacca	95,7	97,3	1,0	73,1	67,5	1,1
Commewijne and Marowijne	96,3	95,7	1,0	69,0	40,4	1,7
Brokopondo and Sipaliwini	80,2	85,0	0,9	10,3	5,4	1,9
Stratum						
Urban	96,1	96,1	1,0	74,4	63,2	1,2
Rural, coastal	97,2	96,0	1,0	65,4	53,2	1,2
Rural, interior	80,2	85,0	0,9	10,3	5,4	1,9
Mother's education						
None	74,2	89,6	0,8	25,1	18,8	1,3
Primary	94,8	92,9	1,0	56,7	34,8	1,6
Secondary	97,1	96,4	1,0	78,3	70,0	1,1
Tertiary	100,0	100,0	1,0	97,2	89,6	1,1
Non-standard curriculum	66,7	100,0	0,7	100,0	100,0	1,0
Mother not in household	.	.	.	66,7	62,8	1,1
Missing/Don't know	100,0	85,6	1,2	57,2	53,4	1,1
Wealth index quintiles						
Poorest	86,2	88,7	1,0	28,1	19,4	1,4
Second	95,6	95,3	1,0	61,2	46,2	1,3
Middle	97,7	95,6	1,0	72,9	60,5	1,2
Fourth	97,6	97,1	1,0	80,7	68,0	1,2
Richest	97,7	98,5	1,0	87,4	82,1	1,1
Mother tongue of head						
Dutch	95,4	95,7	1,0	80,9	69,9	1,2
Sranan Tongo	97,0	98,9	1,0	67,6	52,4	1,3
Sarnami Hindi	97,8	96,4	1,0	74,3	63,4	1,2
Javanese	98,6	100,0	1,0	79,4	64,3	1,2
Indigenous language	100,0	93,2	1,1	54,3	36,4	1,5
Maroon language	87,5	90,1	1,0	40,5	31,0	1,3
Other language	93,0	87,4	1,1	50,7	44,6	1,1
Don't know	100,0	100,0	1,0	100,0	100,0	1,0
Missing	.	100,0	.	0,0	0,0	.
Total	94,3	94,6	1,0	67,2	55,6	1,2

*** MICS indicator 61; MDG indicator 9**

[6] Table based on estimated age as of beginning of the school year

Table ED.8: Adult literacy

Percentage of women aged 15-24 years that are literate, Suriname, 2006

	Percentage literate*	Percentage not known	Number of women aged 15-24 years
Region			
Paramaribo	96,2	0,4	784
Wanica and Para	95,4	0,7	431
Nickerie, Coronie and Saramacca	96,1	1,0	205
Commewijne and Marowijne	93,8	0,0	185
Brokopondo and Sipaliwini	45,0	0,6	133
Stratum			
Urban	96,2	0,5	1257
Rural, coastal	94,2	0,6	350
Rural, interior	45,0	0,6	133
Education			
None	1,6	1,7	60
Primary	75,2	2,8	277
Secondary	100,0	0,0	1304
Tertiary	100,0	0,0	84
Non-standard curriculum	(*)	(*)	10
Missing/Don't know	(*)	(*)	3
Age			
15-19	93,4	0,4	927
20-24	90,1	0,6	812
Wealth index quintiles			
Poorest	67,3	0,9	287
Second	95,1	0,3	354
Middle	95,9	1,1	376
Fourth	97,2	0,3	367
Richest	98,8	0,0	354
Mother tongue of head			
Dutch	98,2	0,0	521
Sranan Tongo	96,9	0,8	125
Sarnami Hindi	96,6	0,0	423
Javanese	99,4	0,0	197
Indigenous language	(92,1)	(2,6)	37
Maroon language	72,4	1,1	345
Other language	84,4	3,4	88
Don't know	(*)	(*)	2
Missing	(*)	(*)	1
Total	91,9	0,5	1739

*** MICS indicator 60; MDG indicator 8**

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

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

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Suriname, 2006

	Birth is registered*	Don't know if birth is registered	TOTAL	Number of children aged 0-59 months without birth registration
Sex				
Male	97,4	0,6	1078	22
Female	95,8	1,5	1179	31
Region				
Paramaribo	97,5	0,9	873	14
Wanica and Para	97,7	0,4	518	10
Nickerie, Coronie and Saramacca	100,0	0,0	203	0
Commewijne and Marowijne	94,0	1,3	245	12
Brokopondo and Sipaliwini	93,3	2,6	418	17
Stratum				
Urban	97,6	0,7	1392	24
Rural, coastal	96,7	0,7	447	12
Rural, interior	93,3	2,6	418	17
Age				
0-11 months	96,2	0,5	407	13
12-23 months	95,7	0,7	433	16
24-35 months	96,9	1,6	445	7
36-47 months	97,4	1,2	478	7
48-59 months	96,7	1,2	494	10
Mother's education				
None	94,6	2,6	292	8
Primary	94,1	1,9	670	27
Secondary	98,5	0,3	1150	14
Tertiary	98,3	0,0	122	2
Non-standard curriculum	(*)	(*)	8	0
Missing/Don't know	(*)	(*)	15	2
Wealth index quintiles				
Poorest	93,7	1,9	713	31
Second	97,2	1,1	490	8
Middle	98,3	0,6	370	4
Fourth	98,5	0,3	351	4
Richest	98,1	0,3	333	5
Mother tongue of head				
Dutch	98,3	0,6	571	6
Sranan Tongo	98,6	0,0	143	2
Sarnami Hindi	99,7	0,0	370	1
Javanese	99,6	0,0	233	1
Indigenous language	89,1	0,0	48	5
Maroon language	93,8	2,5	763	28
Other language	91,6	0,7	123	9
Don't know	(*)	(*)	5	0
Missing	(*)	(*)	2	0
Total	96,6	1,0	2257	53

*** MICS indicator 62**

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

Table CP.2: Child labour

Percentage of children aged 5-14 years who are involved in child labour activities by type of work, Suriname, 2006

	Working outside household					
	Paid work	Unpaid work	Household chores for 28+ hours/ week	Working for family business	Total child labour*	Number of children aged 5-14 years
Sex						
Male	1,6	2,8	0,3	2,2	6,5	2255
Female	0,8	2,7	0,7	2	5,4	2197
Region						
Paramaribo	0,7	1,7	0,1	0,9	3,2	1778
Wanica and Para	0,8	1	0,2	1	2,7	1038
Nickerie, Coronie and Saramacca	1,7	0,4	0,6	0,7	3,3	481
Commewijne and Marowijne	2,7	3,8	0,4	4	9,1	467
Brokopondo and Sipaliwini	2	9,1	1,8	6,7	17,8	689
Stratum						
Urban	0,8	1,4	0,2	0,9	3	2875
Rural, coastal	2	2,3	0,5	2,7	6,5	888
Rural, interior	2	9,1	1,8	6,7	17,8	689
Age						
5-11 years	1,5	3,7	0,3	2,8	7,4	3238
12-14 years	0,6	0,2	1	0,3	2,3	1215
School participation						
Yes	1,1	2,7	0,3	2	5,6	4187
No	3,1	3,4	3,2	3,8	12,4	265
Mother's education						
None	0,8	6,8	2,1	6,2	14,5	556
Primary	2,2	3,9	0,4	2,6	8,2	1364
Secondary	0,9	1,3	0,2	1	3,1	2289
Tertiary	0,7	0,7	0	0,7	2	152
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	13
Missing/Don't know	0	0	0	1	1	78
Wealth index quintiles						
Poorest	1,7	6,6	1,1	5	12,8	1208
Second	1,6	2,6	0,2	1,9	5,7	979
Middle	1,1	0,8	0,4	0,7	2,7	870
Fourth	0,9	0,7	0,1	0,6	2,1	729
Richest	0,6	0,8	0,3	0,8	2,5	667
Mother tongue of head						
Dutch	1	1,7	0,1	1,4	3,8	1211
Sranan Tongo	1,5	0,7	0	0	2,2	341
Sarnami Hindi	1,2	0,8	0,3	0,8	2,9	877
Javanese	0,5	0,5	0,7	0	1,7	432
Indigenous language	0	12,2	0	8,7	18,3	117
Maroon language	1,5	5	1,1	4,4	10,6	1250
Other language	2,8	6,1	0	3,1	11,7	217
Don't know	(*)	(*)	(*)	(*)	(*)	5
Missing	(*)	(*)	(*)	(*)	(*)	2
Total	1,2	2,8	0,5	2,1	6	4452

*** MICS indicator 71**

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

Table CP.3: Labourer students and student labourers

Percentage of children aged 5-14 years who are labourer students and student labourers, Suriname, 2006

	Percentage of children in child labour	Percentage of children attending school	Number of children 5-14 years of age	Percentage of child labourers who are also attending school*	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour**	Number of students aged 5-14
Sex							
Male	6,5	94,5	2255	91,3	147	6,3	2131
Female	5,4	93,6	2197	83,3	119	4,8	2056
Region							
Paramaribo	3,2	97,4	1778	100,0	57	3,3	1732
Wanica and Para	2,7	96,1	1038	(96,4)	28	2,7	997
Nickerie, Coronie and Saramacca	3,3	97,6	481	(*)	16	3,1	469
Commewijne and Marowijne	9,1	97,1	467	(92,7)	42	8,7	453
Brokopondo and Sipaliwini	17,8	77,8	689	77,5	123	17,8	536
Stratum							
Urban	3,0	97,0	2875	98,8	86	3,0	2788
Rural, coastal	6,5	97,2	888	92,8	58	6,2	863
Rural, interior	17,8	77,8	689	77,5	123	17,8	536
Age							
5-9 years	7,4	94,0	3238	90,6	239	7,1	3042
10-14 years	2,3	94,3	1215	(62,2)	28	1,5	1145
Mother's education							
None	14,5	75,7	556	73,2	80	14,0	421
Primary	8,2	94,8	1364	90,6	111	7,8	1294
Secondary	3,1	97,6	2289	98,8	71	3,1	2235
Tertiary	2,0	100,0	152	(*)	3	2,0	152
Non-standard curriculum	(*)	(*)	13	(*)	0	(*)	13
Missing/Don't know	1,0	93,3	78	(*)	1	1,1	73
Wealth index quintiles							
Poorest	12,8	84,5	1208	81,8	154	12,3	1021
Second	5,7	95,9	979	93,5	56	5,6	939
Middle	2,7	97,7	870	(*)	24	2,8	850
Fourth	2,1	97,9	729	(*)	16	2,0	713
Richest	2,5	99,5	667	(*)	16	2,5	664
Mother tongue of head							
Dutch	3,8	97,5	1211	(100,0)	46	3,9	1181
Sranan Tongo	2,2	97,7	341	(*)	8	1,7	333
Sarnami Hindi	2,9	97,4	877	(91,9)	26	2,8	854
Javanese	1,7	99,0	432	(*)	7	1,7	428
Indigenous language	18,3	99,2	117	(*)	21	18,5	116
Maroon language	10,6	85,6	1250	81,3	133	10,1	1070
Other language	11,7	91,5	217	(83,9)	25	10,7	198
Don't know	(*)	(*)	5	(*)	0	(*)	5
Missing	(*)	(*)	2	(*)	0	(*)	2
Total	6,0	94,0	4452	87,7	266	5,6	4187

*** MICS indicator 72**

**** MICS indicator 73**

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

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

Table CP.4: Child discipline

Percentage of children aged 2-14 years according to method of disciplining the child, Suriname, 2006

	Percentage of children 2-14 years of age who experience:								
	Only non-violent discipline	Psycho-logical punish-ment	Minor physical punishment	Severe physical punishment	Any psycho-logical or physical punish-ment*	No discipline or punishment	Missing	caretaker believes that the child needs to be physically punished	Number of children aged 2-14 years**
Sex									
Male	10,8	80,6	58,9	10,2	85,9	2,0	1,3	16,9	1356
Female	12,6	77,9	54,3	6,2	83,0	2,4	2,0	15,9	1406
Region									
Paramaribo	12,9	75,7	55,2	8,4	82,4	2,4	2,3	16,1	1128
Wanica and Para	12,0	79,7	55,3	7,2	83,9	1,7	2,4	17,2	654
Nickerie, Coronie and Saramacca	13,7	79,8	54,8	6,3	83,6	2,1	0,6	19,0	347
Commewijne and Marowijne	12,4	79,8	44,7	5,5	84,5	2,3	0,8	7,8	281
Brokopondo and Sipaliwini	5,0	88,6	74,3	12,8	92,5	2,5	0,0	20,2	351
Stratum									
Urban	12,7	77,2	53,6	7,6	83,0	2,1	2,2	15,8	1861
Rural, coastal	12,6	80,3	54,9	6,9	84,1	2,3	0,9	16,1	549
Rural, interior	5,0	88,6	74,3	12,8	92,5	2,5	0,0	20,2	351
Age									
2-4 years	9,1	79,4	68,3	6,9	87,4	2,5	1,1	17,5	662
5-9 years	11,8	79,5	60,4	9,1	84,6	2,3	1,2	17,5	1066
10-14 years	13,3	78,9	45,0	7,9	82,3	1,9	2,5	14,6	1034
Mother's education									
None	6,4	85,5	69,5	12,4	89,7	3,5	0,4	23,6	291
Primary	10,0	80,7	62,0	11,5	87,1	2,2	0,7	18,8	765
Secondary	12,5	78,4	52,6	6,2	83,3	2,0	2,2	13,9	1515
Tertiary	18,7	72,7	45,2	3,9	75,8	2,3	3,1	13,4	132
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Missing/Don't know	(24,4)	(62,3)	(45,9)	(2,2)	(68,9)	(0,0)	(6,6)	(21,0)	47
Wealth index quintiles									
Poorest	6,8	86,9	70,9	12,1	90,9	2,0	0,3	22,3	626
Second	12,2	79,2	55,2	9,1	84,5	2,1	1,2	15,1	589
Middle	10,3	78,9	53,9	5,4	85,5	2,7	1,6	18,3	534
Fourth	12,2	77,1	53,8	6,1	82,6	2,7	2,6	12,8	507
Richest	18,3	72,3	45,7	7,1	77,0	1,7	3,1	12,3	505
Mother tongue of head									
Dutch	13,3	75,8	55,0	6,8	82,1	2,4	2,2	15,9	791
Sranan Tongo	8,6	83,0	58,2	6,3	87,0	2,9	1,5	17,3	202
Sarnami Hindi	13,4	78,7	53,3	9,1	83,2	2,4	1,0	15,7	613
Javanese	18,7	73,6	34,3	1,8	76,3	2,1	2,9	10,0	349
Indigenous language	13,0	70,1	66,7	7,3	85,0	0,0	2,0	27,8	53
Maroon language	5,2	87,4	73,5	13,3	92,8	1,5	0,5	20,2	599
Other language	9,3	78,4	55,7	8,1	83,5	3,6	3,6	16,7	146
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Total	11,7	79,2	56,5	8,1	84,4	2,2	1,7	16,4	2761

*** MICS indicator 74**

** Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) for whom the questions on child discipline were administered.

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

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

Table CP.5: Early marriage

Percentage of women aged 15-49 years in marriage or union before their 15th birthday, percentage of women aged 20-49 years in marriage or union before their 18th birthday, percentage of women aged 15-19 years currently married or in union, Suriname, 2006

	Percentage married before age 15*	Number of women aged 15-49 years	Percentage married before age 18*	Number of women aged 20-49 years	Percentage of women 15-19 married/in union**	Number of women aged 15-19 years
Region						
Paramaribo	1,9	2436	12,5	2017	8,1	418
Wanica and Para	3,4	1288	24,2	1066	10,2	222
Nickerie, Coronie and Saramacca	4,2	602	31,4	483	13,4	119
Commewijne and Marowijne	3,4	512	27,4	411	15,3	101
Brokopondo and Sipaliwini	13,8	446	54,2	379	20,0	67
Stratum						
Urban	2,4	3865	16,7	3201	9,4	664
Rural, coastal	4,2	972	31,0	776	13,1	197
Rural, interior	13,8	446	54,2	379	20,0	67
Age						
15-19	3,1	927	na	na	10,9	927
20-24	3,0	812	19,1	812	(*)	0
25-29	3,2	761	22,6	761	(*)	0
30-34	3,9	795	21,0	795	(*)	0
35-39	3,8	758	23,4	758	(*)	0
40-44	4,8	696	25,2	696	(*)	0
45-49	4,5	534	24,8	534	na	na
Education						
None	14,9	326	54,9	299	(25,0)	27
Primary	8,7	1194	43,5	1070	22,0	124
Secondary	1,3	3352	13,3	2588	8,5	764
Tertiary	0,0	370	1,1	362	(*)	8
Non-standard curriculum	(0,0)	30	(3,9)	27	(*)	3
Missing/Don't know	(*)	11	(*)	10	(*)	1
Wealth index quintiles						
Poorest	9,0	897	44,5	753	15,7	144
Second	4,0	1024	26,9	829	16,1	195
Middle	3,4	1090	20,9	878	13,1	212
Fourth	2,2	1122	14,4	931	5,9	191
Richest	1,0	1149	10,8	964	4,4	185
Mother tongue of head						
Dutch	1,2	1636	8,7	1357	3,7	279
Sranan Tongo	2,6	355	17,2	285	10,0	70
Sarnami Hindi	3,2	1314	26,9	1109	13,4	205
Javanese	4,2	652	24,6	540	19,2	112
Indigenous language	7,8	87	33,7	67	(*)	20
Maroon language	8,5	929	39,9	739	12,7	190
Other language	3,7	298	24,3	248	17,6	51
Don't know	(*)	8	(*)	8	(*)	0
Missing	(*)	3	(*)	2	(*)	1
Total	3,7	5283	22,5	4356	10,9	927

*** MICS indicator 67**

**** MICS indicator 68**

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

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

Table CP.6: Spousal age difference

Percent distribution of currently married/in union women aged 15-19 and 20-24 years according to the age difference with their husband or partner, Suriname, 2006

	Percentage of currently married/in union women aged 15-19 years whose husband or partner is:						Percentage of currently married/in union women aged 20-24 years whose husband or partner is:						
	0-4 years older	5-9 years older	10+ years older*	Husband/ partner's age unknown	Total	Number of women aged 15-19 years currently married/ in	Younger	0-4 years older	5-9 years older	10+ years older*	Husband / partners age unknown	Total	Number of women aged 20-24 years current-ly married/ in union
Region													
Paramaribo	(12,5)	(56,3)	(31,3)	(0,0)	100	34	3,7	40,2	26,2	28,0	1,9	100	113
Wanica and Para	(*)	(*)	(*)	(*)	100	23	4,6	40,7	36,1	14,8	3,7	100	106
Nickerie, Coronie and Saramacca	(*)	(*)	(*)	(*)	100	16	3,9	24,2	45,1	26,8	0,0	100	50
Commewijne and Marowijne	(*)	(*)	(*)	(*)	100	15	5,9	32,2	35,3	26,6	0,0	100	51
Brokopondo and Sipaliwini	(*)	(*)	(*)	(*)	100	13	(0,0)	(40,8)	(32,4)	(16,0)	(10,8)	100	29
Stratum													
Urban	17,8	55,8	26,4	0,0	100	62	4,4	39,9	32,2	20,9	2,6	100	231
Rural, coastal	(11,7)	(84,3)	(4,0)	(0,0)	100	26	4,6	27,9	38,2	29,4	0,0	100	89
Rural, interior	(*)	(*)	(*)	(*)	100	13	(0,0)	(40,8)	(32,4)	(16,0)	(10,8)	100	29
Education													
None	(*)	(*)	(*)	(*)	100	7	(*)	(*)	(*)	(*)	(*)	100	13
Primary	(12,5)	(43,9)	(34,9)	(8,7)	100	27	3,1	30,3	43,4	21,4	1,8	100	98
Secondary	20,1	67,4	12,5	0,0	100	65	3,6	41,0	30,5	23,9	0,9	100	222
Tertiary	(*)	(*)	(*)	(*)	100	1	(*)	(*)	(*)	(*)	(*)	100	13
Non-standard curriculum	(*)	(*)	(*)	(*)	0	0	(*)	(*)	(*)	(*)	(*)	100	3
Missing/Don't know	(*)	(*)	(*)	(*)	100	1	(*)	(*)	(*)	(*)	(*)	100	1
Wealth index quintiles													
Poorest	(*)	(*)	(*)	(*)	100	23	0,0	38,2	32,8	21,0	8,0	100	77
Second	(9,5)	(81,0)	(9,5)	0,0	100	31	5,0	38,4	29,6	24,4	2,5	100	78
Middle	(21,9)	(44,7)	(33,3)	0,0	100	28	6,9	37,2	37,5	18,4	0,0	100	74
Fourth	(*)	(*)	(*)	(*)	100	11	3,0	30,2	39,0	26,2	1,6	100	68
Richest	(*)	(*)	(*)	(*)	100	8	5,9	41,2	29,3	23,6	0,0	100	52
Mother tongue of head													
Dutch	(*)	(*)	(*)	(*)	100	10	5,6	35,4	22,3	36,6	0,0	100	73
Sranan Tongo	(*)	(*)	(*)	(*)	100	7	(*)	(*)	(*)	(*)	(*)	100	21
Sarnami Hindi	(18,3)	(66,7)	(15,0)	(0,0)	100	27	3,3	35,3	41,1	19,5	0,8	100	120
Javanese	(*)	(*)	(*)	(*)	100	21	1,9	32,1	40,0	26,0	0,0	100	54
Indigenous language	(*)	(*)	(*)	(*)	100	2	(*)	(*)	(*)	(*)	(*)	100	8
Maroon language	(*)	(*)	(*)	(*)	100	24	3,6	37,4	33,5	10,9	14,6	100	56
Other language	(*)	(*)	(*)	(*)	100	9	(*)	(*)	(*)	(*)	(*)	100	16
Don't know	(*)	(*)	(*)	(*)	0	0	(*)	(*)	(*)	(*)	(*)	100	1
Total	17,0	59,5	19,5	3,9	100	101	4,0	36,9	33,8	22,6	2,6	100	350

*** MICS indicator 69**

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

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

Table CP.7: Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Suriname, 2006

	Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner:						
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	Number of women aged 15-49 years
Region							
Paramaribo	2,2	8,0	2,2	1,0	1,1	10,0	2436
Wanica and Para	3,0	9,4	2,6	1,3	1,8	12,8	1288
Nickerie, Coronie and Saramacca	4,5	11,3	3,0	1,3	1,0	15,0	602
Commewijne and Marowijne	2,8	7,3	1,8	0,4	1,0	8,7	512
Brokopondo and Sipaliwini	16,9	30,8	11,2	5,9	9,2	34,9	446
Stratum							
Urban	2,4	8,5	2,1	1,0	1,2	10,8	3865
Rural, coastal	4,0	9,5	3,1	1,1	1,5	13,0	972
Rural, interior	16,9	30,8	11,2	5,9	9,2	34,9	446
Age							
15-19	4,2	16,2	2,8	1,6	2,4	18,7	927
20-24	3,4	10,6	3,7	0,9	1,5	14,0	812
25-29	4,4	10,8	2,9	1,3	2,7	13,0	761
30-34	3,4	8,7	2,5	1,7	1,4	10,1	795
35-39	4,7	9,9	3,5	1,2	2,0	12,8	758
40-44	4,0	8,0	3,0	1,6	1,8	11,6	696
45-49	3,3	7,5	3,4	2,0	1,4	10,3	534
Marital/Union status							
Currently married/in union	3,9	9,9	3,1	1,6	1,9	12,7	2901
Formerly married/in union	6,5	13,8	4,9	2,4	3,4	17,1	728
Never married/in union	2,8	10,3	2,4	0,8	1,4	12,5	1654

Education							
None	19,2	26,0	12,2	6,4	11,3	32,7	326
Primary	6,3	15,0	5,7	2,7	2,7	20,4	1194
Secondary	2,1	8,5	1,6	0,7	1,0	10,1	3352
Tertiary	0,0	1,1	0,6	0,3	0,0	1,6	370
Non-standard curriculum	(0,0)	(10,6)	(3,5)	(0,0)	(0,0)	(10,6)	30
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	11
Wealth index quintiles							
Poorest	11,5	22,3	7,5	3,7	5,8	26,7	897
Second	4,1	11,5	3,1	1,4	1,8	14,4	1024
Middle	2,8	10,0	2,0	1,3	0,9	12,8	1090
Fourth	1,3	6,0	2,2	1,1	1,3	8,4	1122
Richest	1,5	5,5	1,5	0,3	0,6	6,8	1149
Mother tongue of head							
Dutch	0,9	5,0	0,9	0,4	0,5	6,2	1636
Sranan Tongo	3,1	7,9	2,8	0,8	1,1	11,7	355
Sarnami Hindi	5,1	14,7	3,5	1,9	2,1	18,6	1314
Javanese	1,4	4,6	1,4	0,8	0,8	6,1	652
Indigenous language	5,7	9,2	10,2	2,3	3,4	19,4	87
Maroon language	10,0	21,3	6,8	3,3	5,6	24,4	929
Other language	2,6	5,7	3,3	1,3	1,0	8,8	298
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing	(*)	(*)	(*)	(*)	(*)	(*)	3
Total	3,9	10,6	3,1	1,5	1,9	13,2	5283

MICS indicator 100

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

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

Table CP.8: Child disability

Percentage of children aged 2-9 years with disability reported by their mother or caretaker according to the type of disability, Suriname, 2006

	Percentage of children aged 2-9 years with reported disability by type of disability									Percentage of children aged 2-9 years with at least one reported disability*	Number of children aged 2-9 years	3-9 years Speech is not normal	Number of children aged 3-9 years	2 years Cannot name at least one object	Number of children aged 2 years
	Delay in sitting, standing or walking	Difficulty seeing, either in the daytime or at night	Appears to have difficulty hearing	No under-standing of instr-uctions	Difficulty in walking, moving arms, weakness or stiffness	Have fits, become rigid, lose conciousness	Not learning to do things like other children his/her age	No speak-ing / cannot be under-stood in words	Appears mentally backward, dull, or slow						
Region															
Paramaribo	4,0	6,3	6,1	5,0	2,9	3,2	3,6	3,6	6,5	25,9	1531	37,9	1354	5,3	178
Wanica and Para	3,1	3,3	2,0	4,5	2,0	2,1	3,1	5,0	6,8	23,1	887	15,9	775	6,0	112
Nickerie, Coronie and Saramacca	1,3	1,3	0,3	3,4	4,5	0,8	1,5	4,8	4,0	18,3	395	18,0	348	(7,0)	47
Commewijne and Marowijne	4,2	4,2	4,0	4,2	1,7	1,1	3,6	2,0	7,1	20,5	372	10,9	334	(19,6)	38
Brokopondo and Sipaliwini	7,4	3,1	3,4	1,4	2,9	6,4	1,1	3,7	6,4	24,7	646	11,3	566	5,0	81
Stratum															
Urban	3,4	5,0	4,4	4,2	2,6	2,5	3,4	4,1	6,2	23,8	2457	28,6	2159	4,8	298
Rural, coastal	3,7	3,5	2,4	5,9	3,0	1,7	2,6	3,6	6,6	22,5	728	17,9	652	16,3	76
Rural, interior	7,4	3,1	3,4	1,4	2,9	6,4	1,1	3,7	6,4	24,7	646	11,3	566	5,0	81
Age of child															
2-4	4,4	4,0	3,8	4,1	3,2	4,3	2,6	6,0	5,8	24,3	1433	27,4	979	6,8	454
5-6	3,7	3,5	3,1	3,5	2,5	2,4	2,8	2,5	5,4	20,7	957	22,0	957	(*)	0
7-9	4,0	5,4	4,4	4,4	2,4	2,3	3,2	2,8	7,5	25,2	1441	22,2	1441	(*)	0
Mother's education															
None	7,9	3,4	2,4	2,9	2,3	5,5	1,9	3,7	6,4	25,4	488	12,8	429	9,7	59
Primary	4,4	4,8	4,8	3,6	2,6	3,0	2,4	5,0	7,6	25,0	1156	22,4	1025	6,9	131
Secondary	3,1	4,1	3,7	4,6	3,0	2,3	3,4	3,4	6,0	22,9	1982	27,0	1754	7,0	228
Tertiary	3,4	6,8	3,4	4,1	2,0	4,1	2,1	2,7	1,4	19,1	152	29,1	121	(0,0)	31
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11	(*)	10	(*)	1
Missing/Don't know	(2,5)	(7,5)	(5,0)	(2,5)	(2,6)	(5,0)	(5,0)	(0,0)	(7,4)	(25,0)	42	(13,1)	38	(*)	4

Wealth index quintiles															
Poorest	6,4	5,0	3,6	3,8	3,3	4,6	2,1	4,4	6,6	26,6	1140	13,6	1006	6,9	134
Second	4,2	5,2	5,6	4,6	2,1	2,5	2,8	3,7	9,3	26,0	859	26,6	764	11,8	95
Middle	2,6	3,6	3,1	3,5	2,9	2,6	3,5	4,6	5,6	21,8	712	25,4	630	6,3	82
Fourth	2,6	4,0	2,2	4,8	2,4	1,2	2,6	4,2	4,5	20,0	603	31,7	531	2,9	72
Richest	2,8	3,2	4,6	3,5	2,6	3,2	4,0	2,0	4,0	20,6	517	29,3	445	4,5	71
Mother tongue of head															
Dutch	2,5	3,9	3,9	5,0	2,9	2,4	3,6	2,4	4,2	21,6	1008	28,3	899	4,7	109
Sranan Tongo	4,2	3,6	4,2	4,7	3,3	2,5	2,5	5,7	8,9	24,3	287	27,5	248	(7,8)	38
Sarnami Hindi	2,9	3,6	2,8	4,0	4,0	2,1	3,2	5,6	6,9	25,4	702	22,6	619	6,4	83
Javanese	2,8	3,1	1,9	3,3	1,4	1,1	2,7	2,7	8,3	20,1	373	21,4	324	(10,8)	49
Indigenous language	11,0	8,0	6,1	10,6	2,0	2,8	4,9	3,5	11,1	39,5	101	13,1	90	(*)	11
Maroon language	6,0	4,9	4,4	3,1	2,0	4,6	1,8	4,5	6,6	24,6	1165	20,3	1024	8,0	141
Other language	4,4	8,3	6,8	1,5	3,8	3,4	3,9	2,5	4,0	21,6	186	28,9	164	(*)	22
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7	(*)	5	(*)	2
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3	(*)	3	(*)	0
Total	4,1	4,4	3,9	4,0	2,7	3,0	2,9	3,9	6,3	23,7	3831	23,7	3377	6,8	454

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

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

Table HA.1: Knowledge of preventing HIV transmission

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

	Heard of AIDS	Percentage who know transmission can be prevented by:			Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
Region								
Paramaribo	98,4	82,0	82,7	62,5	49,2	95,1	4,9	2436
Wanica and Para	96,8	78,8	76,4	56,9	42,2	91,1	8,9	1288
Nickerie, Coronie and Saramacca	94,2	72,7	74,9	57,6	45,1	87,0	13,0	602
Commewijne and Marowijne	97,8	83,7	78,7	63,6	50,4	93,7	6,3	512
Brokopondo and Sipaliwini	92,0	69,8	67,0	59,2	41,5	84,9	15,1	446
Stratum								
Urban	97,8	80,8	80,7	60,8	47,0	93,6	6,4	3865
Rural, coastal	96,0	77,5	75,5	59,4	46,5	89,7	10,3	972
Rural, interior	92,0	69,8	67,0	59,2	41,5	84,9	15,1	446
Age								
15-19	97,7	79,1	76,8	62,0	46,0	92,3	7,7	927
20-24	98,2	78,4	81,2	60,4	46,4	93,3	6,7	812
25-29	97,3	79,3	79,6	59,8	46,0	93,5	6,5	761
30-34	97,1	80,8	80,1	59,3	46,5	93,0	7,0	795
35-39	95,1	81,4	77,3	60,9	47,6	92,0	8,0	758
40-44	96,1	78,6	77,9	59,5	47,0	90,7	9,3	696
45-49	96,7	76,7	76,5	60,8	46,1	89,4	10,6	534
Education								
None	86,2	62,9	59,9	49,6	33,9	76,3	23,7	326
Primary	93,3	69,9	67,6	54,6	38,4	84,9	15,1	1194
Secondary	99,2	84,0	82,9	62,3	49,4	95,8	4,2	3352
Tertiary	100,0	84,0	93,0	73,4	58,9	98,9	1,1	370
Non-standard curriculum	(86,0)	(61,9)	(72,1)	(47,4)	(33,6)	(86,0)	(14,0)	30
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Wealth index quintiles								
Poorest	92,8	68,8	66,5	53,7	37,2	84,3	15,7	897
Second	96,8	79,0	74,9	56,4	43,2	91,3	8,7	1024
Middle	97,1	79,5	80,0	59,2	45,4	92,3	7,7	1090
Fourth	97,8	81,9	82,0	63,7	50,9	93,8	6,2	1122
Richest	99,3	85,0	86,6	67,2	53,3	97,4	2,6	1149
Mother tongue of head								
Dutch	99,2	83,2	85,6	66,3	52,0	96,6	3,4	1636
Sranan Tongo	97,7	84,4	81,0	64,1	51,6	94,9	5,1	355
Sarnami Hindi	96,4	76,7	74,1	53,1	39,3	89,5	10,5	1314
Javanese	98,1	82,1	80,1	61,4	49,4	93,3	6,7	652
Indigenous language	96,6	66,9	69,8	49,3	31,2	88,4	11,6	87
Maroon language	95,7	77,9	75,3	60,3	46,4	90,2	9,8	929
Other language	88,0	65,6	66,6	57,1	40,7	81,7	18,3	298
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3
Total	97,0	79,3	78,6	60,4	46,5	92,2	7,8	5283

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

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

Table HA.2: Identifying misconceptions about HIV/AIDS

Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Suriname, 2006

	Percent who know that:				Percent who know that:		
	HIV cannot be transmitted by:						
	Supernatural means	Mosquito bites	A healthy looking person can be infected	Reject two most common misconceptions and know a healthy-looking person can be infected	HIV cannot be transmitted by sharing food	HIV can be transmitted by sharing needles	Number of women
Region							
Paramaribo	84,1	76,6	88,3	64,3	85,5	92,0	2436
Wanica and Para	77,6	61,5	78,7	45,2	79,2	88,2	1288
Nickerie, Coronie and Saramacca	72,2	59,4	73,1	41,5	72,9	81,2	602
Commewijne and Marowijne	80,3	65,8	79,2	51,2	81,4	86,9	512
Brokopondo and Sipaliwini	58,3	40,9	71,6	25,7	56,5	77,1	446
Stratum							
Urban	81,6	71,3	84,9	57,7	83,5	90,4	3865
Rural, coastal	76,2	61,4	74,9	44,1	75,4	83,8	972
Rural, interior	58,3	40,9	71,6	25,7	56,5	77,1	446
Age							
15-19	80,9	68,8	83,0	53,7	83,2	90,0	927
20-24	81,2	70,0	82,8	55,6	83,8	90,6	812
25-29	78,7	67,7	82,7	52,2	82,8	88,9	761
30-34	83,1	68,6	82,9	56,4	79,6	88,3	795
35-39	74,1	64,7	81,4	49,5	75,1	85,1	758
40-44	77,1	65,5	80,3	50,7	77,2	87,9	696
45-49	72,5	60,2	79,3	47,1	73,0	83,7	534
Education							
None	48,0	24,6	60,2	12,9	43,9	65,4	326
Primary	64,3	46,9	67,1	28,9	64,4	77,3	1194
Secondary	85,2	75,5	87,8	61,4	87,5	93,3	3352
Tertiary	95,0	91,1	97,2	84,5	91,9	97,5	370
Non-standard curriculum	(58,0)	(69,7)	(78,9)	(48,8)	(71,8)	(79,3)	30
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	11
Wealth index quintiles							
Poorest	61,9	44,4	70,3	29,4	61,3	77,9	897
Second	75,6	60,6	76,6	44,0	79,2	86,2	1024
Middle	79,1	69,8	81,1	52,9	80,4	87,8	1090
Fourth	83,8	73,9	87,9	61,4	85,6	91,1	1122
Richest	88,9	80,5	90,8	69,2	88,1	95,0	1149
Mother tongue of head							
Dutch	88,9	82,5	91,7	71,8	90,8	94,7	1636
Sranan Tongo	77,6	68,2	83,6	53,9	82,0	90,9	355
Sarnami Hindi	73,9	56,8	76,7	40,4	72,9	84,7	1314
Javanese	81,6	71,9	79,3	54,5	80,5	88,0	652
Indigenous language	78,1	65,8	70,0	41,4	72,8	87,3	87
Maroon language	68,8	53,1	78,7	38,7	72,1	85,1	929
Other language	67,9	57,0	69,3	40,6	70,5	73,6	298
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing	(*)	(*)	(*)	(*)	(*)	(*)	3
Total	78,6	66,9	82,0	52,5	79,7	88,1	5283

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

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

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission

Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Suriname, 2006

	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women
Region				
Paramaribo	70,9	64,3	47,9	2436
Wanica and Para	66,1	45,2	34,6	1288
Nickerie, Coronie and Saramacca	62,6	41,5	30,8	602
Commewijne and Marowijne	69,3	51,2	39,0	512
Brokopondo and Sipaliwini	55,0	25,7	17,3	446
Stratum				
Urban	69,4	57,7	43,3	3865
Rural, coastal	64,6	44,1	33,4	972
Rural, interior	55,0	25,7	17,3	446
Age				
15-19	65,5	53,7	40,5	927
20-24	68,2	55,6	41,6	812
15-24	66,8	54,6	41,0	1739
25-29	67,3	52,2	37,5	761
30-34	69,0	56,4	42,4	795
35-39	68,3	49,5	36,7	758
40-44	67,4	50,7	39,1	696
45-49	65,0	47,1	35,1	534
Education				
None	48,9	12,9	8,2	326
Primary	54,8	28,9	18,3	1194
Secondary	72,5	61,4	46,8	3352
Tertiary	79,0	84,5	66,8	370
Non-standard curriculum	(51,3)	(48,8)	(31,5)	30
Missing/Don't know	(*)	(*)	(*)	11
Wealth index quintiles				
Poorest	54,2	29,4	19,3	897
Second	64,0	44,0	32,4	1024
Middle	68,4	52,9	39,1	1090
Fourth	71,4	61,4	46,3	1122
Richest	75,4	69,2	54,2	1149
Mother tongue of head				
Dutch	73,2	71,8	54,7	1636
Sranan Tongo	72,2	53,9	42,6	355
Sarnami Hindi	63,1	40,4	28,9	1314
Javanese	70,4	54,5	41,9	652
Indigenous language	51,8	41,4	23,1	87
Maroon language	65,1	38,7	28,9	929
Other language	53,5	40,6	26,8	298
Don't know	(*)	(*)	(*)	8
Missing	(*)	(*)	(*)	3
Total	67,3	52,5	39,3	5283

MICS indicator 82; MDG indicator 19b

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

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

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

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

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted: During pregnancy	At delivery	Through breastmilk	All three ways*	Did not know any specific way	Number of women
Region							
Paramaribo	94,8	87,2	74,7	69,7	54,4	3,6	2436
Wanica and Para	91,9	86,6	75,0	71,2	58,9	4,9	1288
Nickerie, Coronie and Saramacca	85,5	82,8	68,8	69,9	59,9	8,7	602
Commewijne and Marowijne	90,8	85,7	71,2	73,3	58,6	7,1	512
Brokopondo and Sipaliwini	84,5	75,0	76,8	82,8	70,6	7,4	446
Stratum							
Urban	93,6	87,2	74,8	70,4	56,7	4,1	3865
Rural, coastal	87,7	82,8	69,3	71,1	57,0	8,3	972
Rural, interior	84,5	75,0	76,8	82,8	70,6	7,4	446
Age							
15-19	93,4	85,8	73,0	74,3	58,8	4,4	927
20-24	93,0	84,1	74,3	73,7	57,8	5,2	812
25-29	92,0	85,1	73,6	69,8	57,5	5,3	761
30-34	92,3	86,7	78,0	70,3	57,9	4,8	795
35-39	89,9	83,7	71,2	69,6	56,1	5,1	758
40-44	91,3	86,8	74,2	71,1	58,5	4,8	696
45-49	89,5	85,6	73,2	71,3	58,9	7,3	534
Education							
None	76,9	71,1	67,8	73,5	63,7	9,3	326
Primary	83,7	77,7	71,5	73,3	61,9	9,6	1194
Secondary	95,6	89,3	75,1	72,0	57,1	3,6	3352
Tertiary	98,9	89,1	80,1	62,0	49,0	1,1	370
Non-standard curriculum	(82,4)	(78,9)	(50,6)	(64,9)	(40,1)	(3,5)	30
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	11
Wealth index quintiles							
Poorest	85,2	78,6	73,9	76,5	65,5	7,6	897
Second	90,3	83,6	72,0	73,4	58,9	6,4	1024
Middle	92,3	86,8	74,9	72,8	59,2	4,9	1090
Fourth	94,2	87,7	73,8	70,0	55,4	3,6	1122
Richest	95,4	88,6	75,0	66,3	52,3	3,9	1149
Mother tongue of head							
Dutch	96,5	89,3	75,7	70,5	54,5	2,7	1636
Sranan Tongo	95,7	90,2	79,6	80,7	68,1	2,0	355
Sarnami Hindi	89,5	85,5	69,3	64,2	52,6	6,9	1314
Javanese	92,2	88,0	75,2	73,6	61,7	5,9	652
Indigenous language	89,6	89,6	74,4	73,4	66,3	7,0	87
Maroon language	91,0	79,9	78,0	84,3	68,0	4,7	929
Other language	73,5	68,5	63,4	54,7	46,2	14,5	298
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing	(*)	(*)	(*)	(*)	(*)	(*)	3
Total	91,8	85,4	74,0	71,6	57,9	5,2	5283

*** MICS indicator 89**

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

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

Table HA.5: Attitudes toward people living with HIV/AIDS

Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Suriname, 2006

	Percent of women who:						
	Would not care for a family member who was sick with	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to	Would not buy food from a person with HIV/AIDS	Agree with at least one discrimi-natory statement	Agree with none of the discrimi-natory statements*	Number of women who have heard of AIDS
Region							
Paramaribo	10,5	33,9	16,4	29,1	57,7	42,3	2398
Wanica and Para	20,1	27,4	29,3	40,6	64,4	35,6	1246
Nickerie, Coronie and Saramacca	21,7	30,9	32,3	41,5	68,2	31,8	567
Commewijne and Marowijne	16,6	32,0	32,2	41,6	68,9	31,1	501
Brokopondo and Sipaliwini	30,1	36,9	47,2	64,9	86,4	13,6	410
Stratum							
Urban	13,8	31,7	20,8	32,9	60,2	39,8	3778
Rural, coastal	20,2	31,3	34,0	43,2	68,7	31,3	934
Rural, interior	30,1	36,9	47,2	64,9	86,4	13,6	410
Age							
15-19	14,4	39,6	23,3	36,7	69,2	30,8	906
20-24	16,9	36,8	25,0	36,8	66,7	33,3	797
25-29	17,8	32,8	25,7	36,0	62,7	37,3	740
30-34	15,7	31,7	24,3	34,9	62,4	37,6	772
35-39	15,5	26,3	27,0	37,6	59,2	40,8	721
40-44	17,6	27,2	24,3	38,6	61,4	38,6	669
45-49	16,4	25,1	29,0	43,2	63,9	36,1	516
Education							
None	32,7	34,8	47,8	72,8	87,8	12,2	281
Primary	30,7	33,1	46,7	56,3	80,1	19,9	1114
Secondary	11,6	32,1	18,5	30,6	59,2	40,8	3326
Tertiary	3,6	24,9	5,8	14,3	38,9	61,1	370
Non-standard curriculum	0,0	(39,2)	(7,1)	(31,2)	(59,3)	(40,7)	26
Missing/Don't know	(*)	(*)	(*)	(*)	(*)	(*)	5
Wealth index quintiles							
Poorest	29,9	34,9	45,8	60,9	82,3	17,7	833
Second	19,3	33,9	29,5	41,7	69,3	30,7	991
Middle	15,8	30,0	27,0	36,1	63,9	36,1	1058
Fourth	11,4	31,3	18,3	29,5	57,1	42,9	1098
Richest	8,8	30,9	11,9	25,3	52,3	47,7	1141
Mother tongue of head							
Dutch	8,1	30,5	12,8	23,8	51,6	48,4	1623
Sranan Tongo	12,1	30,2	22,4	34,3	59,3	40,7	347
Sarnami Hindi	25,8	28,9	36,7	46,2	71,1	28,9	1267
Javanese	13,2	29,5	21,1	35,2	61,1	38,9	640
Indigenous language	21,1	21,4	35,3	43,7	61,6	38,4	84
Maroon language	20,2	41,2	35,6	50,4	78,1	21,9	889
Other language	18,2	38,1	24,6	41,8	70,6	29,4	262
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	8
Missing	(*)	(*)	(*)	(*)	(*)	(*)	1
Total	16,3	32,0	25,3	37,4	63,9	36,1	5122

MICS indicator 86

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

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

Table HA.6: Knowledge of a facility for HIV testing

Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Suriname, 2006

	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Region					
Paramaribo	88,5	37,6	2436	90,3	916
Wanica and Para	76,0	27,3	1288	91,1	352
Nickerie, Coronie and Saramacca	67,6	18,7	602	92,8	113
Commewijne and Marowijne	77,8	31,8	512	90,0	163
Brokopondo and Sipaliwini	69,0	49,0	446	89,9	218
Stratum					
Urban	83,8	33,4	3865	91,0	1290
Rural, coastal	72,2	26,0	972	88,8	253
Rural, interior	69,0	49,0	446	89,9	218
Age					
15-19	77,6	16,4	927	90,7	152
20-24	85,3	42,1	812	94,2	342
25-29	85,3	47,4	761	87,5	360
30-34	85,0	44,7	795	89,7	356
35-39	77,8	34,1	758	90,1	259
40-44	76,3	24,6	696	91,6	172
45-49	72,9	22,8	534	91,1	121
Education					
None	54,0	37,8	326	85,6	123
Primary	64,4	30,3	1194	89,8	362
Secondary	86,9	32,5	3352	91,2	1088
Tertiary	97,8	47,3	370	92,3	175
Non-standard curriculum	(79,0)	(37,5)	30	(*)	11
Missing/Don't know	(*)	(*)	11	(*)	2
Wealth index quintiles					
Poorest	67,1	40,2	897	87,9	361
Second	75,2	30,8	1024	88,9	316
Middle	81,2	29,3	1090	90,7	319
Fourth	86,0	33,7	1122	92,6	378
Richest	89,1	33,7	1149	92,3	388
Mother tongue of head					
Dutch	93,5	40,8	1636	92,5	668
Sranan Tongo	84,8	34,9	355	84,0	124
Sarnami Hindi	69,3	19,2	1314	89,9	252
Javanese	81,1	25,9	652	91,6	169
Indigenous language	64,7	23,0	87	(*)	20
Maroon language	75,5	45,4	929	90,1	422
Other language	70,9	34,6	298	87,2	103
Don't know	(*)	(*)	8	(*)	2
Missing	(*)	(*)	3	(*)	1
Total	80,4	33,3	5283	90,6	1761

*** MICS indicator 87**

**** MICS indicator 88**

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

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

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

Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Suriname, 2006

	Percent of women who:				
	Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**	Number of women who gave birth in the 2 years preceding the survey
Region					
Paramaribo	95,8	67,6	82,4	76,1	299
Wanica and Para	95,2	66,1	81,7	74,8	183
Nickerie, Coronie and Saramacca	98,1	57,5	67,1	67,1	53
Commewijne and Marowijne	98,0	68,3	77,8	69,8	101
Brokopondo and Sipaliwini	61,8	71,3	73,6	65,2	141
Stratum					
Urban	95,5	66,3	82,5	76,1	480
Rural, coastal	98,1	66,9	73,2	67,4	156
Rural, interior	61,8	71,3	73,6	65,2	141
Age					
15-19	87,7	73,8	83,5	76,3	81
20-24	92,1	71,4	81,2	78,3	189
25-29	89,3	63,7	78,3	70,5	205
30-34	91,9	66,6	76,9	68,0	160
35-49	86,9	64,3	76,8	69,7	140
Education					
None	65,6	68,0	65,0	54,6	97
Primary	87,1	65,1	70,9	64,0	215
Secondary	96,1	69,8	84,7	79,0	413
Tertiary	(97,8)	(53,5)	(97,8)	(93,2)	44
Non-standard curriculum	(*)	(*)	(*)	(*)	4
Missing/Don't know	(*)	(*)	(*)	(*)	2
Wealth index quintiles					
Poorest	76,6	72,2	71,8	64,5	253
Second	95,7	62,3	77,4	67,9	154
Middle	95,9	63,3	77,9	72,9	125
Fourth	97,4	65,1	86,5	82,3	124
Richest	96,6	69,9	89,7	83,7	121
Mother tongue of head					
Dutch	96,8	70,9	92,7	88,4	195
Sranan Tongo	(97,2)	(70,4)	(66,9)	(56,7)	37
Sarnami Hindi	97,5	63,3	78,4	73,4	122
Javanese	95,5	61,4	76,5	69,6	88
Indigenous language	(*)	(*)	(*)	(*)	14
Maroon language	80,0	69,5	75,7	67,5	271
Other language	(83,8)	(62,6)	(64,7)	(55,8)	47
Don't know	(*)	(*)	(*)	(*)	1
Missing	(*)	(*)	(*)	(*)	1
Total	89,9	67,3	79,0	72,4	776

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

Percentage of young women aged 15-19 years who had sex before age 15, percentage of young women aged 20-24 who had sex before age 18, and percentage of young women aged 15-24 who had sex with a man 10 or more years older, Suriname, 2006

	Percentage of women aged 15-19 who had sex before age 15*	Number of women aged 15-19 years	Percentage of women aged 20-24 who had sex before age 18	Number of women aged 20-24 years	Percentage who had sex in the 12 months preceding the survey with a man 10 or more years older**	Number of women who had sex in the 12 months preceding the survey
Region						
Paramaribo	4,8	418,0	36,8	366,0	22,6	387
Wanica and Para	10,6	222,0	33,8	209,0	15,0	216
Nickerie, Coronie and Saramacca	3,4	119,0	36,9	86,0	20,8	88
Commewijne and Marowijne	8,2	101,0	51,4	84,0	16,3	102
Brokopondo and Sipaliwini	43,6	67,0	78,3	66,0	11,8	100
Stratum						
Urban	5,4	664,0	34,8	593,0	19,7	612
Rural, coastal	10,2	197,0	48,4	153,0	18,7	182
Rural, interior	43,6	67,0	78,3	66,0	11,8	100
Age						
15-19	9,2	927,0	(*)	0,0	15,3	319
20-24	(*)	0,0	40,9	812,0	20,5	575
Education						
None	(35,9)	27,0	(76,4)	33,0	(16,5)	43
Primary	28,6	124,0	63,8	154,0	19,3	184
Secondary	5,2	764,0	36,3	540,0	18,6	628
Tertiary	(*)	8,0	13,9	75,0	(8,9)	34
Non-standard curriculum	(*)	3,0	(*)	7,0	(*)	4
Missing/Don't know	(*)	1,0	(*)	2,0	(*)	2
Wealth index quintiles						
Poorest	26,8	144,0	76,7	143,0	15,7	205
Second	9,6	195,0	36,1	159,0	20,1	169
Middle	5,3	212,0	36,5	164,0	21,4	184
Fourth	3,8	191,0	31,1	176,0	19,1	181
Richest	5,0	185,0	29,4	169,0	17,1	156
Mother tongue of head						
Dutch	2,5	279,0	37,3	242,0	23,2	254
Sranan Tongo	10,2	70,0	50,2	55,0	21,3	77
Sarnami Hindi	4,4	205,0	19,9	217,0	18,3	157
Javanese	10,9	112,0	42,4	86,0	18,2	125
Indigenous language	(*)	20,0	(*)	17,0	(*)	21
Maroon language	22,3	190,0	70,4	155,0	11,2	223
Other language	6,3	51,0	(40,6)	37,0	(18,7)	35
Don't know	(*)	0,0	(*)	2,0	(*)	2
Missing	(*)	1,0	(*)	0,0	(*)	0
Total	9,2	927,0	40,9	812,0	18,6	894

*** MICS indicator 84**

**** MICS indicator 92**

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

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

Table HA.9: Condom use at last high-risk sex

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

	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months	Number of women aged 15-24 years	Percent who had sex with non-marital, non-cohabiting partner*	Number of women aged 15-24 years who had sex in last 12 months	Percent who used a condom at last sex with a non-marital, non-cohabiting partner**	Number of women aged 15-24 years who had sex in last 12 months with a non-marital, non-cohabiting partner
Region								
Paramaribo	57,9	49,4	5,0	784	72,3	387	57,5	280
Wanica and Para	58,3	50,1	1,8	431	57,2	216	42,8	124
Nickerie, Coronie and Saramacca	48,4	42,9	0,5	205	39,8	88	(38,9)	35
Commewijne and Marowijne	61,9	55,2	4,4	185	52,1	102	47,6	53
Brokopondo and Sipaliwini	90,0	75,6	2,9	133	70,1	100	31,3	70
Stratum								
Urban	56,3	48,7	3,6	1257	64,0	612	53,6	392
Rural, coastal	60,4	52,0	2,9	350	55,1	182	43,0	100
Rural, interior	90,0	75,6	2,9	133	70,1	100	31,3	70
Age								
15-19	40,1	34,4	3,0	927	76,7	319	56,2	245
20-24	82,1	70,8	4,0	812	55,2	575	43,3	317
Education								
None	88,8	70,9	0,0	60	(64,0)	43	(17,3)	27
Primary	75,2	66,2	3,4	277	46,0	184	31,1	85
Secondary	55,6	48,1	3,7	1304	67,3	628	54,3	422
Tertiary	51,9	40,6	2,5	84	(73,5)	34	(54,4)	25
Non-standard curriculum	(*)	(*)	(*)	10	(*)	4	(*)	2
Missing/Don't know	(*)	(*)	(*)	3	(*)	2	(*)	1
Wealth index quintiles								
Poorest	80,2	71,2	3,2	287	60,4	205	37,6	124
Second	58,6	47,6	1,7	354	53,2	169	41,7	90
Middle	55,2	48,9	3,6	376	60,5	184	46,4	111
Fourth	55,8	49,3	5,0	367	67,2	181	62,5	122
Richest	53,1	44,1	3,6	354	74,4	156	54,7	116
Mother tongue of head								
Dutch	56,0	48,8	5,0	521	79,0	254	58,9	201
Sranan Tongo	65,8	61,9	8,2	125	72,7	77	49,1	56
Sarnami Hindi	43,0	37,0	0,2	423	23,1	157	(22,6)	36
Javanese	69,7	63,5	1,0	197	60,5	125	40,1	76
Indigenous language	(67,8)	(57,3)	(0,0)	37	(*)	21	(*)	15
Maroon language	79,5	64,6	5,1	345	71,9	223	45,2	160
Other language	49,4	39,3	3,3	88	(49,1)	35	(*)	17
Don't know	(*)	(*)	(*)	2	(*)	2	(*)	1
Missing	(*)	(*)	(*)	1	(*)	0	(*)	0
Total	59,7	51,4	3,4	1739	62,9	894	48,9	562

*** MICS indicator 85**

**** MICS indicator 83; MDG indicator 19a**

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

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

Table HA.10: Children's living arrangements and orphanhood

Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Suriname, 2006

		Living with neither parent				Living with mother only	
	Living with both parents	Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead
Sex							
Male	58,5	0,9	0,6	7	0,1	25	3,2
Female	56,2	0,6	0,5	8,6	0,3	25,4	3,4
Region							
Paramaribo	51,5	0,8	0,5	6,6	0,2	30	4
Wanica and Para	65,5	0,8	0,6	5	0,3	20,3	2,9
Nickerie, Coronie and Saramacca	72,8	0,9	0,8	6,6	0,1	12,2	2,6
Commewijne and Marowijne	66,5	0,4	0,5	6,8	0	20,2	1,4
Brokopondo and Sipaliwini	43,4	0,6	0,5	16,9	0,4	32,7	3,8
Stratum							
Urban	57,5	0,8	0,5	6	0,2	25,8	3,5
Rural, coastal	67,6	0,8	0,9	6,8	0,1	17,5	2,1
Rural, interior	43,4	0,6	0,5	16,9	0,4	32,7	3,8
Age							
0-4 years	63,5	0,2	0,2	5,1	0,1	27	1,1
5-9 years	58	0,6	0,3	8,7	0,1	25,6	2,9
10-14 years	54,6	1,4	0,8	8,5	0,3	24,6	4,6
15-17 years	49,7	0,9	1,2	9,8	0,5	22,4	5,8
Wealth index quintiles							
Poorest	49	0,5	0,6	11,2	0,2	32,5	3,5
Second	56,8	1	0,3	7,8	0,2	23,9	4,1
Middle	58,7	0,5	0,8	7,2	0,3	23	4
Fourth	60,9	1,2	0,5	6,3	0,2	22,9	2,6
Richest	67	0,5	0,6	4,5	0,1	19,8	1,6
Mother tongue of head							
Dutch	51	0,7	0,4	6,1	0,3	32,7	3,9
Sranan Tongo	47,2	1,4	0,7	8,4	0,2	29,9	5,4
Sarnami Hindi	81,1	0,3	0,2	2,2	0,1	9,5	2
Javanese	76,3	0,4	0,2	6,6	0,3	10,2	1
Indigenous language	68,2	0,5	1	3,2	0	21,9	0
Maroon language	41,1	1	0,8	13,7	0,3	35	4,1
Other language	64,2	0,7	1,2	8,8	0,2	15	3,3
Don't know	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Total	57,3	0,7	0,5	7,8	0,2	25,2	3,3

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

Table HA.10: Children's living arrangements and orphanhood (Continued)

Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Suriname, 2006

	Living with father only						
	Mother alive	Mother dead	Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
Sex							
Male	2,4	0,4	2,0	100	8,6	5,1	4030
Female	1,4	0,3	3,3	100	10,1	5,1	4028
Region							
Paramaribo	2,8	0,4	3,3	100	8,1	5,9	3249
Wanica and Para	1,4	0,4	3,0	100	6,6	4,9	1868
Nickerie, Coronie and Saramacca	2,1	0,4	1,5	100	8,5	4,8	864
Commewijne and Marowijne	1,5	0,1	2,6	100	7,7	2,4	847
Brokopondo and Sipaliwini	0,5	0,3	1,1	100	18,4	5,6	1230
Stratum							
Urban	2,3	0,4	3,1	100	7,4	5,3	5212
Rural, coastal	1,6	0,2	2,4	100	8,6	4,2	1616
Rural, interior	0,5	0,3	1,1	100	18,4	5,6	1230
Age							
0-4 years	1,3	0,1	1,5	100	5,6	1,6	2305
5-9 years	1,8	0,2	1,8	100	9,8	4,2	2398
10-14 years	2,0	0,6	2,6	100	11,0	7,8	2054
15-17 years	3,0	0,5	6,2	100	12,4	8,9	1300
Wealth index quintiles							
Poorest	1,0	0,1	1,3	100	12,6	5,0	2156
Second	1,8	0,5	3,8	100	9,2	6,0	1766
Middle	2,5	0,1	2,8	100	8,9	5,8	1525
Fourth	2,4	0,2	2,9	100	8,2	4,7	1350
Richest	2,2	0,8	2,8	100	5,6	3,7	1260
Mother tongue of head							
Dutch	2,5	0,3	2,0	100	7,5	5,7	2150
Sranan Tongo	2,6	0,4	3,9	100	10,6	8,0	585
Sarnami Hindi	1,5	0,4	2,6	100	2,8	3,0	1544
Javanese	1,8	0,6	2,5	100	7,5	2,7	823
Indigenous language	3,6	0,0	1,5	100	4,8	1,6	188
Maroon language	1,1	0,2	2,8	100	15,8	6,4	2313
Other language	2,7	0,2	3,6	100	10,9	5,7	436
Don't know	(*)	(*)	(*)	100	(*)	(*)	13
Missing	(*)	(*)	(*)	100	(*)	(*)	6
Total	1,9	0,3	2,6	100	9,3	5,1	8058

MICS indicator 78

**** MICS indicator 75**

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

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

APPENDIX A. SAMPLE DESIGN

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

The sample for the Suriname Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level and for urban, rural coastal and rural interior areas.

Suriname is divided into 10 districts and 62 'ressorten' by law. The 'ressorten' are subdivisions at the district level. For purposes of conducting the fieldwork during the Seventh Population and Housing Census the General Bureau of Statistics subdivided each ressort in the coastal area (lowland and savannah) into 'telblokken'. A 'telblok' was considered to be the manageable workload for a Census enumerator for the fieldwork period of two weeks and would ideally have between 100 and 150 households. In the interior (rainforest) a somewhat different fieldwork approach was used whereby teams consisting of 5-7 fieldworkers canvassed clusters of villages. These clusters were called 'telgebieden' and were expected to have approximately 500 households or the workload of 5 interviewers.

As the Census is relatively recent (August 2004) and results provide a basis for provisional estimates on the number of households, the 'telblokken' and 'telgebieden' were considered the best currently available subdivisions by the General Bureau of Statistics. They form the basis for the MICS 2006 sample design.

According to settlement types, three strata can be distinguished across the ten districts of Suriname:

- An urban stratum
- A rural stratum in the coastal area
- A rural stratum in the interior

Stratification of the population in Suriname in 2004 by strata

STRATA		Population (Seventh Population and Housing Census)
URBAN	URBAN (Paramaribo, Wanica, NW Nickerie, Meerzorg, Tamanredjo)	356,399
RURAL	RURAL COASTAL (remainder of Nickerie, remainder of Commewijne, Coronie, Saramacca, Para, Marowijne)	88,079
	RURAL INTERIOR (Brokopondo and Sipaliwini)	48,351
TOTAL		492,829

The three strata were identified as the main sampling domains and the sample was selected in two stages. Within each stratum, census enumeration areas were selected with probability proportional to size. Selected enumeration areas were divided into segments of an estimated number of households of 25, based on their estimated Measures of Size. Out of each selected enumeration area, one segment was selected as a MICS cluster. The borders of MICS cluster were clearly defined in the field.

Sample Size and Sample Allocation

The target sample size for the Suriname MICS was calculated as 6223 households. For the calculation of the sample size, the number of children younger than 5 years of age who had had diarrhoea in the past two weeks before the survey, was considered as the key indicator. For the estimate the figures of the last MICS survey (held in 1999/2000) were used.

The following formula was used to estimate the required sample size for these indicators:

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

where

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 per cent level of confidence
- r is the predicted or anticipated prevalence (coverage rate) of the indicator
- *1.1* is the factor necessary to raise the sample size by 10 per cent for non-response
- f is the shortened symbol for deff (design effect)
- *0.12r* is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative sampling error of r)
- p is the proportion of the total population upon which the indicator, r, is based
- n_h is the average household size.

For the calculation the following assumptions were made:

- % children < 5 yrs with diarrhoea past 2 weeks is estimated at 14.8% (MICS 2000)
- The design effect is estimated at 1.5 (guidelines of the MICS3).
- The targeted population of children < 5 yrs constitutes 10.6% of the total population (Population Census 2004)
- The mean household size in Suriname is 4 persons (MICS2 and Census 2004 provisional estimates).

The resulting number of households from this exercise was 6,223 households in total. The average cluster size in the Suriname MICS was determined as 25 households based on a number of considerations including the budget available and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster it was calculated that the selection of a total number of 249 clusters would be needed.

The selection of the 249 'telblokken' and 'telgebieden' was done with a probability proportional to the estimated size of the EAs, with implicit stratification by district and 'ressort'. The last step was to divide the 249 selected EAs in segments of approximately 25 households after which out of each EA 1 segment of approximately 25 households was selected at random to be surveyed during the fieldwork. This segment was classified as a MICS-cluster.

The clusters (primary sampling units) were distributed to urban, rural coastal and rural interior domains, proportional to the size of urban, rural coastal and rural interior populations in that region. The table below shows the allocation of clusters to the sampling domains.

Table SD.1: Allocation of MICS Sample Clusters to Sampling Domains

STRATA	DOMAINS FOR SUBNATIONAL ANALYSIS	Estimated number of households	nr of MICS clusters (=25 hh per cluster)	MICS sample of Households with Probabilities Proportional to Size (PPS)	Sample of MICS clusters (of 25 hh) with PPS
Urban	Paramaribo, Wanica, NW Nickerie, Meerzorg, Tamanredjo	90,986	3,639	4,583	183
Rural coastal	Remainder of Nickerie, remainder of Commewijne, Coronie, Saramacca, Para, Marowijne	21,096	844	1,063	43
Rural interior	Brokopondo	2,642	106	133	5
	Boven Suriname, Bov-Saramacca, Bov-Coppename, Kabalebo, Coeroeni	5,821	233	293	12
	Tapanahony	3,000	120	151	6
TOTAL		123,546		6,223	249

Sampling Frame and Selection of Clusters

The 2004 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs) and were selected from each of the sampling domains by using systematic pps (probability proportional to size) sampling procedures based on the estimated sizes of the enumeration areas from the 2004 Population Census. The first stage of sampling was thus completed by selecting the required number of enumeration areas by urban, rural coastal and rural interior areas separately.

Basic Listing Activities and Selection of Households

Prior to the start of the MICS3 fieldwork, cartography personnel of the GBS (General Bureau of Statistics) undertook fieldwork activities to establish as much as possible (with the exception of the interior stratum) the landmarks and boundaries of each selected MICS-cluster in order to facilitate the interview teams in the field with maps and clearly defined boundaries. The interview teams then received the instruction to gather information on each household encountered within the boundaries of the MICS-clusters.

For the Interior Stratum, where it is relatively difficult to geographically divide EAs into clusters of households, names of heads of households were drawn within the selected EAs. Interview teams had to identify those households within the selected EAs and received special instructions in that regard.

Calculation of Sample Weights

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

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling domain:

$W_h = 1 / f_h$

The term f_h, the sampling fraction at the *h-th* stratum, is the product of probabilities of selection at every stage in each sampling domain:

$f_h = P_{1h} * P_{2h} * P_{3h}$

where P_{ih} is the probability of selection of the sampling unit in the *i-th* stage for the *h-th* sampling domain.

Since the estimated numbers of households per enumeration area prior to the first stage selection (selection of primary sampling units) and the updated number of households per enumeration area were different, individual sampling fractions for households in each enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the probability of selection of the enumeration area in that particular sampling domain and the probability of selection of a household in the sample enumeration area (cluster).

A second component which has to be taken into account in the calculation of sample weights is 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 = Number of interviewed households / Number of occupied households listed

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in the Suriname Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

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

RR = Completed women's (or under-5's) questionnaires / Eligible women (or under-5s)

Numbers of eligible women and under-5 children were obtained from the household listing in the Household Questionnaire in households where interviews were completed.

The unadjusted 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 sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) weights varied between 0.786664 and 1.244118 in the 249 enumeration areas (clusters).

Stratum	District	HH weight
Urban	Paramaribo	1.04441
	Wanica	1.006942
	Nickerie	0.97352
	Commewijne	1.011179
Rural, coastal	Nickerie	1.06983
	Commewijne	1.132857
	Coronie	1.244118
	Saramacca	1.059273
	Marowijne	1.025991
	Para	0.92006
Rural, interior	Brokopondo	0.786664
	Sipaliwini	0.813431

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

Appendix B. List of Personnel Involved in the Survey

MICS Technical Committee

Member's name	Area of specialization
Caffé, Sonia	PHD/MPH: health promotion & disease prevention; maternal & child health
van Dongen, René	Drs. Physical Geography, Post Graduate in Bilingual education
Groenfelt, Eartha	Drs. Sociology
Hammen, Claudine	MD: Specialization in Social Medicine and Youth Health Care
Krishnadath, Ingrid	MD/MPH: epidemiology; biostatistics
Mac Nack, Marian	MD: Early Childhood Development and Disabilities
Sno, Iwan	Drs. Sociology, M.Sc. Demography, Diploma Mathematics
Soekhoe, Sandhya	LLM.

MICS Coördination General Bureau of Statistics

Name	Function
Drs. Iwan Sno, M. Sc.	MICS Coordinator
Drs. Eartha Groenfelt	MICS Survey Coordinator/Data processing
Ms. Jacquelina Sontohartono	MICS Assistant Coordinator Coastal
Drs. Guillano Koornaar	MICS Assistant Coordinator Interior
Ms. Astrid Hunte	Assistant Logistics
Ms. Miriam Ramdhari	Assistant Data entry
Ms. Edith Ritfeld	Assistant Data entry (part time)

MICS Fieldworkers

No	Name	First Name	Primary Function	Other Function as fielwork progressed
1	Adely	Irene M.	Interviewer	
2	Aminta	Marlene	Interviewer	
3	Aminta	Wendy	Interviewer	
4	Axwijk	Deborah E.	Interviewer	
5	Badal	Avia F.	Editor	
6	Baina-Towo	Georgine R.	Interviewer	
7	Berghout	Karina	Supervisor	
8	Binda-Hindori	Selita S.	Interviewer	
9	Bonté	Benita E.	Interviewer	
10	Bottse	Maureen	Supervisor	
11	Cerson	Charissa E.	Supervisor	Editor/Supervisor Interior
12	Dipotaroeno	Virginia	Supervisor	
13	Eduards	Regina H.	Interviewer	
14	Eersteling	Mitzy P	Interviewer	
15	Enthing	Melvin S.	Editor	
16	Gregor	Rehana E.	Interviewer	
17	Jahangir	Farzia F.	Interviewer	
18	Klimsop	Marilva M.	Interviewer	
19	Lalmohamed-v.Dijk	Adelien	Interviewer	
20	Landolf	Ileen E.	Supervisor	Editor/Supervisor Interior
21	Laurens	Hellen L.	Interviewer	

MICS Fieldworkers

No	Name	First Name	Primary Function	Other Function as fielwork progressed
22	Leung	Chui Yee	Interviewer	
23	Matawi	Marsja M.	Interviewer	
24	Menig	Dyorn M.	Interviewer	
25	Mohamedradja	Safioen	Interviewer	
26	Pahalwankhan	Urley S.	Supervisor	
27	Pansa	Tirza C.	Interviewer	
28	Parbhoe	Sashiekala	Interviewer	
29	Pawirodinomo	Lorette C.	Editor	
30	Plet	Odessa M	Supervisor	Editor/Supervisor Interior
31	Podrono	Pamela D.	Interviewer	
32	Rahman	Waheeda Sh.	Interviewer	
33	Ramdat	Leatitia	Supervisor	Editor/Supervisor Interior
34	Ritfeld	Edith J.	Editor	
35	Rozenstein	Mangali M.	Interviewer	
36	Sanches	Maisy	Interviewer	
37	Schuls	Nita W.	Editor	Editor/Supervisor Interior
38	Sjahkit-Wagiman	Denise	Editor	
39	Starke	Henna M.	Interviewer	
40	Terlaan	Lilian J.	Supervisor	
41	Tjon	Faith S.	Editor	Editor/Supervisor Interior
42	Vliet	Natasha O.	Interviewer	
43	Vrede	Sharon M.	Interviewer	
44	Wajwakana	Anusca R.	Editor	Editor/Supervisor Interior
45	Wazirali	Natascha R	Interviewer	
46	Wijnhard	Naomi	Interviewer	
47	Wijnstein	Cherida A.	Interviewer	Supervisor
48	Wisch	Winifred	Editor	Editor/Supervisor Interior
49	Wolf	Miquellia B	Interviewer	
50	Wongsodikromo-Katjoeng	Rowendi P	Interviewer	
51	Young A Fat	Presella M.	Interviewer	

MICS Steering Committee

Name	Function
1. Ms. Carola Veenman	Medical Mission
2. Ms. Malti Mohan – Algoe	Ministry of Health
3. Ms. Maltie Mohammed Ashim – Sardjoe	Regional Health Services
4. Ms. Naomi Friperson	Ministry of Labour, Technological development and Environment
5. Ms. Rangini Nandelall/Ms. Presella Young a Fat	Ministry of Planning and Development Cooperation
6. Ms. Jennifer Randjitsingh – Karnawi	Ministry of Justice and Police
7. Ms. Sylvie Majana – Zamuel	Federation for Private Social Institutions
8. Ms. Gladys Kloof	Ministry of Regional Development
9. Ms. Priya Hirasingh	Ministry of Education and Community Development
10. Ms. Faranaaz Pahalwankhan	Ministry Social Affairs and Housing

MICS Editorial Support: Cairan O'Tool

APPENDIX C. ESTIMATES OF SAMPLING ERRORS

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

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

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

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

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban and rural areas. Two of the selected indicators are based on households, 7 are based on household members, 11 are based on women, and 14 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.10 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

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

MICS Indicator		Base Population
	HOUSEHOLDS	
30	Household availability of insecticide treated nets	All households in the districts of Brokopondo and Sipaliwini
74	Child discipline	14
	HOUSEHOLD MEMBERS	
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
75	Prevalence of orphans	Children aged under 18
	WOMEN	
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
60	Adult literacy	Women aged 15-24 years
67	Marriage before age 18	Women aged 20-49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
83	Condom use with non-regular partners	Women aged 15-24 years that had a non-marital, non-cohabiting partner in the lat 12 months
84	Age at first sex among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
	UNDER-5s	
6	Underweight prevalence	Children under age 5
	Polio immunization coverage	Children aged 12-23 months
	Immunization coverage for DPT	Children aged 12-23 months
	Measles immunization coverage	Children aged 12-23 months
	Fully immunized children	Children aged 18-29 months
	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
37	Under-fives sleeping under insecticide treated nets	Children under age 5 in the districts of Brokopondo and Sipaliwini
	Fever in last two weeks	Children under age 5
39	Antimalarial treatment	Children under age 5 with fever in the last 2 weeks in the districts of Brokopondo and Sipaliwini
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

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,

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.553	0.047	0.085	7.583	2.754	680	842	0.459	0.647
Child discipline	CP.4	0.844	0.008	0.009	1.346	1.160	2761	2773	0.828	0.860
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.917	0.005	0.006	2.264	1.505	22418	5746	0.906	0.928
Use of improved sanitation facilities	EN.5	0.898	0.007	0.008	2.963	1.721	22418	5746	0.885	0.912
Net primary school attendance rate	ED.3	0.945	0.006	0.006	1.808	1.345	2605	2621	0.932	0.957
Net secondary school attendance rate	ED.4	0.614	0.012	0.020	1.573	1.254	2474	2459	0.589	0.639
Primary completion rate	ED.6	0.457	0.025	0.055	0.974	0.987	385	384	0.407	0.508
Child labour	CP.2	0.060	0.006	0.098	2.758	1.661	4452	4510	0.048	0.071
Prevalence of orphans	HA.10	0.051	0.004	0.073	2.366	1.538	8058	8153	0.044	0.059
WOMEN										
Skilled attendant at delivery	RH.5	0.898	0.010	0.011	0.854	0.924	776	798	0.878	0.918
Antenatal care	RH.3	0.899	0.009	0.010	0.674	0.821	776	798	0.882	0.917
Contraceptive prevalence	RH.1	0.456	0.009	0.020	0.980	0.990	2901	2899	0.438	0.475
Adult literacy	ED.8	0.919	0.008	0.009	1.591	1.261	1739	1736	0.902	0.935
Marriage before age 18	CP.5	0.225	0.008	0.034	1.484	1.218	4356	4358	0.210	0.240
Comprehensive knowledge about HIV prevention among young people	HA.3	0.393	0.009	0.022	1.680	1.296	5283	5283	0.375	0.410
Condom use with non-regular partners	HA.9	0.489	0.023	0.047	1.219	1.104	562	568	0.443	0.535
Age at first sex among young people	HA.8	0.092	0.009	0.103	0.984	0.992	927	925	0.073	0.111
Attitude towards people with HIV/AIDS	HA.5	0.361	0.008	0.021	1.300	1.140	5122	5114	0.346	0.376
Women who have been tested for HIV	HA.6	0.333	0.008	0.025	1.630	1.277	5283	5283	0.317	0.350
Knowledge of mother- to-child transmission of HIV	HA.4	0.579	0.010	0.017	2.003	1.415	5283	5283	0.560	0.598
UNDER-5s										
Underweight prevalence	NU.1	0.099	0.008	0.078	1.272	1.128	1887	1890	0.083	0.114
Polio immunization coverage	CH.2	0.924	0.012	0.013	0.764	0.874	389	389	0.901	0.948
Immunization coverage for DPT	CH.2	0.908	0.014	0.015	0.900	0.948	387	387	0.880	0.936
Measles immunization coverage	CH.2	0.810	0.017	0.021	0.762	0.873	394	393	0.776	0.845
Fully immunized children	CH.2	0.753	0.022	0.029	1.012	1.006	385	384	0.709	0.798
Acute respiratory infection in last two weeks	CH.6	0.021	0.004	0.167	1.347	1.161	2257	2257	0.014	0.028
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	47	47	*	*
Diarrhoea in last two weeks	CH.4	0.106	0.008	0.076	1.543	1.242	2257	2257	0.090	0.123
Received ORT or increased fluids and continued feeding	CH.5	0.277	0.025	0.091	0.798	0.893	240	251	0.227	0.328
Under-fives sleeping under insecticide treated nets	CH.11	0.482	0.056	0.117	6.424	2.535	418	505	0.369	0.595
Fever in last two weeks	CH.12	0.306	0.036	0.117	3.031	1.741	418	505	0.235	0.378
Antimalarial treatment	CH.12	0.019	0.010	0.517	0.810	0.900	128	155	-0.001	0.039
Support for learning	CD.1	0.704	0.013	0.018	1.796	1.340	2257	2257	0.678	0.729
Birth registration	CP.1	0.966	0.004	0.004	1.121	1.059	2257	2257	0.958	0.974

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, Suriname, 2006

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	.	.	.	.	.	.	0	.	.
Child discipline	CP.4	0.830	0.011	0.013	1.477	1.215	1861	1811	0.808	0.851
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.971	0.005	0.005	3.043	1.744	15698	3892	0.962	0.981
Use of improved sanitation facilities	EN.5	0.979	0.003	0.003	2.128	1.459	15698	3892	0.973	0.986
Net primary school attendance rate	ED.3	0.961	0.006	0.006	1.704	1.305	1722	1675	0.948	0.973
Net secondary school attendance rate	ED.4	0.688	0.015	0.022	1.819	1.349	1726	1677	0.657	0.718
Primary completion rate	ED.6	0.546	0.029	0.053	0.830	0.911	255	249	0.488	0.604
Child labour	CP.2	0.030	0.004	0.128	1.409	1.187	2875	2796	0.022	0.037
Prevalence of orphans	HA.10	0.053	0.004	0.080	1.812	1.346	5212	5067	0.045	0.062
WOMEN										
Skilled attendant at delivery	RH.5	0.948	0.010	0.010	0.881	0.939	480	468	0.929	0.967
Antenatal care	RH.3	0.955	0.009	0.009	0.816	0.903	480	468	0.938	0.972
Contraceptive prevalence	RH.1	0.476	0.012	0.024	1.084	1.041	2065	2026	0.453	0.499
Adult literacy	ED.8	0.962	0.007	0.008	1.809	1.345	1257	1227	0.947	0.976
Marriage before age 18	CP.5	0.167	0.008	0.049	1.499	1.224	3201	3124	0.150	0.183
Comprehensive knowledge about HIV prevention among young people	HA.3	0.433	0.010	0.024	1.667	1.291	3865	3772	0.412	0.453
Condom use with non-regular partners	HA.9	0.536	0.028	0.052	1.198	1.094	392	380	0.480	0.592
Age at first sex among young people	HA.8	0.054	0.009	0.174	1.116	1.057	664	648	0.035	0.073
Attitude towards people with HIV/AIDS	HA.5	0.398	0.009	0.022	1.219	1.104	3778	3686	0.380	0.415
Women who have been tested for HIV	HA.6	0.334	0.010	0.030	1.675	1.294	3865	3772	0.314	0.354
Knowledge of mother- to-child transmission of HIV	HA.4	0.567	0.012	0.021	2.133	1.460	3865	3772	0.543	0.590
UNDER-5s										
Underweight prevalence	NU.1	0.092	0.009	0.102	1.185	1.089	1165	1111	0.073	0.111
Polio immunization coverage	CH.2	0.923	0.013	0.014	0.522	0.722	247	237	0.898	0.948
Immunization coverage for DPT	CH.2	0.913	0.015	0.017	0.688	0.829	243	233	0.883	0.944
Measles immunization coverage	CH.2	0.817	0.022	0.027	0.790	0.889	253	242	0.772	0.861
Fully immunized children	CH.2	0.754	0.029	0.038	1.040	1.020	244	234	0.697	0.812
Acute respiratory infection in last two weeks	CH.6	0.024	0.005	0.206	1.401	1.184	1392	1329	0.014	0.034
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	34	32	*	*
Diarrhoea in last two weeks	CH.4	0.078	0.008	0.101	1.155	1.075	1392	1329	0.063	0.094
Received ORT or increased fluids and continued feeding	CH.5	0.259	0.019	0.074	0.196	0.443	109	104	0.221	0.298
Under-fives sleeping under insecticide treated nets	CH.11	.	.	.	.	.	.	0	.	.
Fever in last two weeks	CH.12	.	.	.	.	.	.	0	.	.
Antimalarial treatment	CH.12	.	.	.	.	.	.	0	.	.
Support for learning	CD.1	0.782	0.015	0.019	1.694	1.302	1392	1329	0.753	0.812
Birth registration	CP.1	0.976	0.004	0.004	0.970	0.985	1392	1329	0.968	0.984

Table SE.4: Sampling errors: Rural Coastal areas

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

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	.	.	.	.	.	.	0	.	.
Child discipline	CP.4	0.841	0.017	0.020	1.075	1.037	549	527	0.808	0.874
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.979	0.004	0.004	0.922	0.960	4339	1012	0.971	0.988
Use of improved sanitation facilities	EN.5	0.916	0.013	0.014	2.070	1.439	4339	1012	0.891	0.941
Net primary school attendance rate	ED.3	0.966	0.006	0.006	0.520	0.721	546	527	0.954	0.977
Net secondary school attendance rate	ED.4	0.594	0.025	0.042	1.316	1.147	531	512	0.544	0.644
Primary completion rate	ED.6	0.370	0.061	0.164	1.388	1.178	92	89	0.249	0.491
Child labour	CP.2	0.065	0.018	0.283	4.773	2.185	888	860	0.028	0.102
Prevalence of orphans	HA.10	0.042	0.006	0.145	1.427	1.195	1616	1562	0.030	0.054
WOMEN										
Skilled attendant at delivery	RH.5	0.909	0.025	0.028	1.177	1.085	156	152	0.858	0.960
Antenatal care	RH.3	0.981	0.011	0.011	0.961	0.980	156	152	0.959	1.003
Contraceptive prevalence	RH.1	0.496	0.015	0.030	0.536	0.732	628	608	0.466	0.526
Adult literacy	ED.8	0.942	0.015	0.016	1.394	1.181	350	341	0.912	0.972
Marriage before age 18	CP.5	0.310	0.019	0.062	1.299	1.140	776	754	0.272	0.348
Comprehensive knowledge about HIV prevention among young people	HA.3	0.334	0.018	0.054	1.403	1.184	972	946	0.298	0.371
Condom use with non-regular partners	HA.9	0.430	0.048	0.113	0.936	0.968	100	99	0.333	0.526
Age at first sex among young people	HA.8	0.102	0.019	0.184	0.738	0.859	197	192	0.064	0.140
Attitude towards people with HIV/AIDS	HA.5	0.313	0.018	0.058	1.375	1.173	934	908	0.277	0.349
Women who have been tested for HIV	HA.6	0.260	0.017	0.066	1.450	1.204	972	946	0.226	0.295
Knowledge of mother- to-child transmission of HIV	HA.4	0.570	0.022	0.039	1.916	1.384	972	946	0.525	0.614
UNDER-5s										
Underweight prevalence	NU.1	0.105	0.016	0.150	0.907	0.952	362	344	0.073	0.136
Polio immunization coverage	CH.2	0.958	0.030	0.031	1.568	1.252	76	72	0.899	1.018
Immunization coverage for DPT	CH.2	0.906	0.039	0.043	1.303	1.141	78	74	0.828	0.984
Measles immunization coverage	CH.2	0.776	0.033	0.043	0.474	0.689	79	75	0.709	0.843
Fully immunized children	CH.2	0.729	0.042	0.058	0.641	0.801	77	73	0.645	0.813
Acute respiratory infection in last two weeks	CH.6	0.012	0.005	0.443	0.998	0.999	447	423	0.001	0.022
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	5	5	*	*
Diarrhoea in last two weeks	CH.4	0.100	0.017	0.169	1.339	1.157	447	423	0.066	0.134
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	45	43	*	*
Under-fives sleeping under insecticide treated nets	CH.11	.	.	.	.	.	.	0	.	.
Fever in last two weeks	CH.12	.	.	.	.	.	.	0	.	.
Antimalarial treatment	CH.12	.	.	.	.	.	.	0	.	.
Support for learning	CD.1	0.699	0.028	0.040	1.570	1.253	447	423	0.643	0.755
Birth registration	CP.1	0.967	0.010	0.011	1.442	1.201	447	423	0.946	0.988

Table SE.5: Sampling errors: Rural Interior areas

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

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.553	0.047	0.085	7.583	2.754	680	842	0.459	0.647
Child discipline	CP.4	0.925	0.010	0.011	0.600	0.775	351	435	0.905	0.944
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.448	0.041	0.092	5.752	2.398	2380	842	0.365	0.530
Use of improved sanitation facilities	EN.5	0.330	0.052	0.158	10.377	3.221	2380	842	0.226	0.435
Net primary school attendance rate	ED.3	0.828	0.036	0.043	3.728	1.931	337	419	0.756	0.899
Net secondary school attendance rate	ED.4	0.076	0.012	0.164	0.595	0.771	218	270	0.051	0.101
Primary completion rate	ED.6	*	*	*	*	*	37	46	*	*
Child labour	CP.2	0.178	0.025	0.141	3.697	1.923	689	854	0.128	0.229
Prevalence of orphans	HA.10	0.056	0.015	0.259	6.058	2.461	1230	1524	0.027	0.085
WOMEN										
Skilled attendant at delivery	RH.5	0.714	0.032	0.045	0.904	0.951	141	178	0.649	0.778
Antenatal care	RH.3	0.618	0.029	0.046	0.610	0.781	141	178	0.561	0.675
Contraceptive prevalence	RH.1	0.146	0.012	0.082	0.307	0.554	209	265	0.122	0.171
Adult literacy	ED.8	0.450	0.053	0.118	1.911	1.383	133	168	0.344	0.557
Marriage before age 18	CP.5	0.542	0.025	0.046	1.205	1.098	379	480	0.492	0.592
Comprehensive knowledge about HIV prevention among young people	HA.3	0.173	0.022	0.126	1.865	1.366	446	565	0.129	0.216
Condom use with non-regular partners	HA.9	0.313	0.055	0.177	1.259	1.122	70	89	0.202	0.424
Age at first sex among young people	HA.8	0.436	0.043	0.098	0.629	0.793	67	85	0.350	0.522
Attitude towards people with HIV/AIDS	HA.5	0.136	0.019	0.139	1.588	1.260	410	520	0.098	0.174
Women who have been tested for HIV	HA.6	0.490	0.018	0.036	0.707	0.841	446	565	0.455	0.525
Knowledge of mother- to-child transmission of HIV	HA.4	0.706	0.021	0.030	1.241	1.114	446	565	0.663	0.749
UNDER-5s										
Underweight prevalence	NU.1	0.113	0.021	0.188	1.954	1.398	360	435	0.071	0.156
Polio immunization coverage	CH.2	0.888	0.038	0.042	1.128	1.062	66	80	0.813	0.963
Immunization coverage for DPT	CH.2	0.888	0.037	0.042	1.112	1.054	66	80	0.813	0.963
Measles immunization coverage	CH.2	0.829	0.044	0.053	1.032	1.016	63	76	0.741	0.917
Fully immunized children	CH.2	0.780	0.056	0.071	1.368	1.170	64	77	0.668	0.891
Acute respiratory infection in last two weeks	CH.6	0.020	0.007	0.333	1.126	1.061	418	505	0.007	0.033
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	8	10	*	*
Diarrhoea in last two weeks	CH.4	0.206	0.026	0.126	2.088	1.445	418	505	0.154	0.259
Received ORT or increased fluids and continued feeding	CH.5	0.251	0.052	0.206	1.456	1.207	86	104	0.148	0.354
Under-fives sleeping under insecticide treated nets	CH.11	0.482	0.056	0.117	6.424	2.535	418	505	0.369	0.595
Fever in last two weeks	CH.12	0.306	0.036	0.117	3.031	1.741	418	505	0.235	0.378
Antimalarial treatment	CH.12	0.019	0.010	0.517	0.810	0.900	128	155	-0.001	0.039
Support for learning	CD.1	0.447	0.039	0.087	3.099	1.760	418	505	0.369	0.525
Birth registration	CP.1	0.933	0.013	0.014	1.333	1.155	418	505	0.907	0.958

Table SE.6: Sampling errors: Paramaribo

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

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	.	.	.	.	.	.	0	.	.
Child discipline	CP.4	0.824	0.015	0.019	1.735	1.317	1128	1080	0.794	0.855
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.977	0.006	0.006	3.776	1.943	9934	2468	0.966	0.989
Use of improved sanitation facilities	EN.5	0.986	0.004	0.004	3.429	1.852	9934	2468	0.977	0.995
Net primary school attendance rate	ED.3	0.965	0.007	0.008	1.560	1.249	1043	999	0.950	0.980
Net secondary school attendance rate	ED.4	0.705	0.020	0.028	1.946	1.395	1095	1048	0.666	0.744
Primary completion rate	ED.6	0.537	0.036	0.067	0.689	0.830	140	134	0.466	0.609
Child labour	CP.2	0.032	0.005	0.165	1.550	1.245	1778	1702	0.022	0.043
Prevalence of orphans	HA.10	0.059	0.005	0.093	1.664	1.290	3249	3111	0.048	0.070
WOMEN										
Skilled attendant at delivery	RH.5	0.937	0.013	0.014	0.838	0.916	299	284	0.910	0.963
Antenatal care	RH.3	0.958	0.010	0.011	0.734	0.857	299	284	0.937	0.978
Contraceptive prevalence	RH.1	0.460	0.016	0.035	1.124	1.060	1153	1095	0.428	0.492
Adult literacy	ED.8	0.962	0.010	0.011	2.143	1.464	784	745	0.942	0.983
Marriage before age 18	CP.5	0.125	0.010	0.078	1.654	1.286	2017	1916	0.106	0.145
Comprehensive knowledge about HIV prevention among young people	HA.3	0.479	0.014	0.029	1.789	1.338	2436	2313	0.451	0.506
Condom use with non-regular partners	HA.9	0.575	0.036	0.062	1.385	1.177	280	266	0.504	0.647
Age at first sex among young people	HA.8	0.048	0.011	0.226	1.013	1.006	418	397	0.026	0.069
Attitude towards people with HIV/AIDS	HA.5	0.423	0.009	0.022	0.801	0.895	2398	2277	0.404	0.441
Women who have been tested for HIV	HA.6	0.376	0.011	0.029	1.147	1.071	2436	2313	0.355	0.398
Knowledge of mother- to-child transmission of HIV	HA.4	0.544	0.015	0.027	1.991	1.411	2436	2313	0.515	0.573
UNDER-5s										
Underweight prevalence	NU.1	0.084	0.012	0.143	1.314	1.146	752	699	0.060	0.109
Polio immunization coverage	CH.2	0.903	0.019	0.021	0.552	0.743	144	134	0.865	0.941
Immunization coverage for DPT	CH.2	0.899	0.020	0.022	0.564	0.751	139	129	0.859	0.939
Measles immunization coverage	CH.2	0.783	0.030	0.038	0.710	0.843	148	138	0.723	0.842
Fully immunized children	CH.2	0.702	0.040	0.058	1.018	1.009	141	131	0.621	0.783
Acute respiratory infection in last two weeks	CH.6	0.028	0.007	0.242	1.387	1.178	873	812	0.015	0.042
Antibiotic treatment of suspected pneumonia	CH.7	0.435	*	*	*	*	25	23	*	*
Diarrhoea in last two weeks	CH.4	0.081	0.011	0.131	1.238	1.113	873	812	0.060	0.103
Received ORT or increased fluids and continued feeding	CH.5	0.258	0.018	0.069	0.107	0.327	71	66	0.222	0.293
Under-fives sleeping under insecticide treated nets	CH.11	.	.	.	.	.	.	0	.	.
Fever in last two weeks	CH.12	.	.	.	.	.	.	0	.	.
Antimalarial treatment	CH.12	.	.	.	.	.	.	0	.	.
Support for learning	CD.1	0.778	0.020	0.025	1.828	1.352	873	812	0.739	0.818
Birth registration	CP.1	0.975	0.005	0.005	0.837	0.915	873	812	0.965	0.985

Table SE.7: Sampling errors: Wanica and Para

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

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	.	.	.	.	.	.	0	.	.
Child discipline	CP.4	0.839	0.016	0.019	1.302	1.141	654	660	0.806	0.872
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.960	0.009	0.009	2.401	1.549	5215	1245	0.943	0.978
Use of improved sanitation facilities	EN.5	0.949	0.008	0.009	1.742	1.320	5215	1245	0.933	0.966
Net primary school attendance rate	ED.3	0.956	0.012	0.012	2.076	1.441	635	642	0.933	0.979
Net secondary school attendance rate	ED.4	0.622	0.026	0.043	1.766	1.329	587	594	0.569	0.674
Primary completion rate	ED.6	0.450	0.048	0.106	1.006	1.003	109	110	0.354	0.546
Child labour	CP.2	0.027	0.005	0.184	0.974	0.987	1038	1050	0.017	0.036
Prevalence of orphans	HA.10	0.049	0.007	0.138	1.842	1.357	1868	1889	0.035	0.062
WOMEN										
Skilled attendant at delivery	RH.5	0.952	0.017	0.018	1.137	1.066	183	186	0.918	0.985
Antenatal care	RH.3	0.952	0.015	0.016	0.923	0.961	183	186	0.921	0.982
Contraceptive prevalence	RH.1	0.487	0.018	0.036	1.023	1.011	807	821	0.452	0.523
Adult literacy	ED.8	0.954	0.013	0.013	1.646	1.283	431	439	0.929	0.980
Marriage before age 18	CP.5	0.242	0.017	0.069	1.665	1.290	1066	1084	0.208	0.275
Comprehensive knowledge about HIV prevention among young people	HA.3	0.346	0.016	0.046	1.437	1.199	1288	1310	0.315	0.378
Condom use with non-regular partners	HA.9	0.428	0.030	0.070	0.461	0.679	124	126	0.368	0.488
Age at first sex among young people	HA.8	0.106	0.022	0.209	1.160	1.077	222	226	0.062	0.150
Attitude towards people with HIV/AIDS	HA.5	0.356	0.019	0.053	1.940	1.393	1246	1268	0.319	0.394
Women who have been tested for HIV	HA.6	0.273	0.020	0.072	2.528	1.590	1288	1310	0.234	0.312
Knowledge of mother- to-child transmission of HIV	HA.4	0.589	0.022	0.037	2.629	1.622	1288	1310	0.545	0.633
UNDER-5s										
Underweight prevalence	NU.1	0.114	0.015	0.134	0.968	0.984	419	421	0.083	0.144
Polio immunization coverage	CH.2	0.949	0.013	0.014	0.351	0.592	99	99	0.923	0.975
Immunization coverage for DPT	CH.2	0.920	0.025	0.027	0.852	0.923	100	100	0.869	0.970
Measles immunization coverage	CH.2	0.841	0.034	0.041	0.865	0.930	100	100	0.772	0.909
Fully immunized children	CH.2	0.788	0.041	0.052	0.991	0.996	99	99	0.706	0.871
Acute respiratory infection in last two weeks	CH.6	0.016	0.006	0.415	1.413	1.189	518	520	0.003	0.028
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	8	8	*	*
Diarrhoea in last two weeks	CH.4	0.081	0.012	0.154	1.072	1.036	518	520	0.056	0.105
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	42	42	*	*
Under-fives sleeping under insecticide treated nets	CH.11	.	.	.	.	.	.	0	.	.
Fever in last two weeks	CH.12	.	.	.	.	.	.	0	.	.
Antimalarial treatment	CH.12	.	.	.	.	.	.	0	.	.
Support for learning	CD.1	0.751	0.020	0.026	1.076	1.037	518	520	0.712	0.791
Birth registration	CP.1	0.977	0.007	0.008	1.242	1.114	518	520	0.962	0.991

Table SE.8: Sampling errors: Nickerie, Coronie and Saramacca

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

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	.	.	.	.	.	.	0	.	.
Child discipline	CP.4	0.836	0.015	0.018	0.556	0.746	347	331	0.806	0.866
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.971	0.007	0.007	1.022	1.011	2575	665	0.958	0.985
Use of improved sanitation facilities	EN.5	0.967	0.007	0.008	1.142	1.069	2575	665	0.952	0.982
Net primary school attendance rate	ED.3	0.966	0.011	0.011	1.029	1.014	307	292	0.944	0.987
Net secondary school attendance rate	ED.4	0.703	0.039	0.055	2.085	1.444	307	292	0.625	0.780
Primary completion rate	ED.6	0.508	0.091	0.179	1.646	1.283	54	51	0.326	0.689
Child labour	CP.2	0.033	0.007	0.223	0.763	0.874	481	458	0.018	0.047
Prevalence of orphans	HA.10	0.048	0.010	0.215	1.907	1.381	864	822	0.027	0.068
WOMEN										
Skilled attendant at delivery	RH.5	0.920	0.029	0.031	0.568	0.754	53	52	0.863	0.977
Antenatal care	RH.3	0.981	0.019	0.020	1.010	1.005	53	52	0.942	1.019
Contraceptive prevalence	RH.1	0.533	0.018	0.034	0.527	0.726	394	391	0.496	0.570
Adult literacy	ED.8	0.961	0.015	0.016	1.259	1.122	205	204	0.931	0.992
Marriage before age 18	CP.5	0.314	0.024	0.077	1.312	1.146	483	480	0.266	0.363
Comprehensive knowledge about HIV prevention among young people	HA.3	0.308	0.022	0.072	1.384	1.176	602	599	0.264	0.353
Condom use with non-regular partners	HA.9	*	*	*	*	*	35	35	*	*
Age at first sex among young people	HA.8	0.034	0.018	0.532	1.180	1.086	119	119	-0.002	0.071
Attitude towards people with HIV/AIDS	HA.5	0.318	0.028	0.089	2.084	1.444	567	564	0.261	0.374
Women who have been tested for HIV	HA.6	0.187	0.018	0.099	1.338	1.157	602	599	0.150	0.224
Knowledge of mother- to-child transmission of HIV	HA.4	0.599	0.030	0.050	2.221	1.490	602	599	0.539	0.659
UNDER-5s										
Underweight prevalence	NU.1	0.139	0.026	0.187	0.856	0.925	163	153	0.087	0.191
Polio immunization coverage	CH.2	*	*	*	*	*	38	36	*	*
Immunization coverage for DPT	CH.2	*	*	*	*	*	41	39	*	*
Measles immunization coverage	CH.2	*	*	*	*	*	41	39	*	*
Fully immunized children	CH.2	*	*	*	*	*	40	38	*	*
Acute respiratory infection in last two weeks	CH.6	0.015	0.008	0.549	0.899	0.948	203	191	-0.002	0.032
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	3	3	*	*
Diarrhoea in last two weeks	CH.4	0.031	0.017	0.555	1.869	1.367	203	191	-0.003	0.065
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	6	6	*	*
Under-fives sleeping under insecticide treated nets	CH.11	.	.	.	.	.	.	0	.	.
Fever in last two weeks	CH.12	.	.	.	.	.	.	0	.	.
Antimalarial treatment	CH.12	.	.	.	.	.	.	0	.	.
Support for learning	CD.1	0.817	0.041	0.050	2.100	1.449	203	191	0.736	0.899
Birth registration	CP.1	1.000	0.000	0.000	na	na	203	191	1.000	1.000

Table SE.9: Sampling errors: Commewijne and Marowijne

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

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	.	.	.	.	.	.	0	.	.
Child discipline	CP.4	0.845	0.024	0.028	1.180	1.086	281	267	0.797	0.893
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.986	0.006	0.006	1.225	1.107	2314	526	0.975	0.997
Use of improved sanitation facilities	EN.5	0.915	0.019	0.021	2.459	1.568	2314	526	0.877	0.953
Net primary school attendance rate	ED.3	0.960	0.004	0.004	0.121	0.349	282	269	0.952	0.968
Net secondary school attendance rate	ED.4	0.559	0.024	0.043	0.594	0.771	268	255	0.511	0.607
Primary completion rate	ED.6	*	*	*	*	*	45	43	*	*
Child labour	CP.2	0.091	0.034	0.376	6.284	2.507	467	446	0.022	0.159
Prevalence of orphans	HA.10	0.024	0.007	0.283	1.616	1.271	847	807	0.011	0.038
WOMEN										
Skilled attendant at delivery	RH.5	0.930	0.031	0.034	1.476	1.215	101	98	0.867	0.993
Antenatal care	RH.3	0.980	0.014	0.014	0.963	0.982	101	98	0.953	1.008
Contraceptive prevalence	RH.1	0.472	0.023	0.049	0.690	0.830	339	327	0.426	0.517
Adult literacy	ED.8	0.938	0.018	0.019	0.983	0.991	185	180	0.903	0.974
Marriage before age 18	CP.5	0.274	0.019	0.068	0.687	0.829	411	398	0.237	0.311
Comprehensive knowledge about HIV prevention among young people	HA.3	0.390	0.022	0.057	1.032	1.016	512	496	0.345	0.434
Condom use with non-regular partners	HA.9	0.476	0.096	0.202	1.882	1.372	53	52	0.284	0.668
Age at first sex among young people	HA.8	0.082	0.023	0.285	0.703	0.838	101	98	0.035	0.128
Attitude towards people with HIV/AIDS	HA.5	0.311	0.018	0.059	0.772	0.879	501	485	0.274	0.348
Women who have been tested for HIV	HA.6	0.318	0.029	0.092	1.940	1.393	512	496	0.259	0.376
Knowledge of mother- to-child transmission of HIV	HA.4	0.586	0.024	0.041	1.173	1.083	512	496	0.538	0.634
UNDER-5s										
Underweight prevalence	NU.1	0.061	0.017	0.286	0.963	0.981	194	182	0.026	0.096
Polio immunization coverage	CH.2	*	*	*	*	*	42	40	*	*
Immunization coverage for DPT	CH.2	*	*	*	*	*	41	39	*	*
Measles immunization coverage	CH.2	*	*	*	*	*	42	40	*	*
Fully immunized children	CH.2	*	*	*	*	*	41	39	*	*
Acute respiratory infection in last two weeks	CH.6	0.013	0.008	0.584	1.014	1.007	245	229	-0.002	0.028
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	3	3	*	*
Diarrhoea in last two weeks	CH.4	0.142	0.023	0.164	1.023	1.011	245	229	0.096	0.189
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	35	33	*	*
Under-fives sleeping under insecticide treated nets	CH.11	.	.	.	.	.	.	0	.	.
Fever in last two weeks	CH.12	.	.	.	.	.	.	0	.	.
Antimalarial treatment	CH.12	.	.	.	.	.	.	0	.	.
Support for learning	CD.1	0.681	0.041	0.060	1.751	1.323	245	229	0.599	0.762
Birth registration	CP.1	0.940	0.018	0.019	1.348	1.161	245	229	0.903	0.976

Table SE.10: Sampling errors: Brokopondo and Sipaliwini

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

	Table	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	Confidence limits r + 2se
HOUSEHOLDS										
Household availability of ITNs	CH.10	0.553	0.047	0.085	7.583	2.754	680	842	0.459	0.647
Child discipline	CP.4	0.925	0.010	0.011	0.600	0.775	351	435	0.905	0.944
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.448	0.041	0.092	5.752	2.398	2380	842	0.365	0.530
Use of improved sanitation facilities	EN.5	0.330	0.052	0.158	10.377	3.221	2380	842	0.226	0.435
Net primary school attendance rate	ED.3	0.828	0.036	0.043	3.728	1.931	337	419	0.756	0.899
Net secondary school attendance rate	ED.4	0.076	0.012	0.164	0.595	0.771	218	270	0.051	0.101
Primary completion rate	ED.6	*	*	*	*	*	37	46	*	*
Child labour	CP.2	0.178	0.025	0.141	3.697	1.923	689	854	0.128	0.229
Prevalence of orphans	HA.10	0.056	0.015	0.259	6.058	2.461	1230	1524	0.027	0.085
WOMEN										
Skilled attendant at delivery	RH.5	0.714	0.032	0.045	0.904	0.951	141	178	0.649	0.778
Antenatal care	RH.3	0.618	0.029	0.046	0.610	0.781	141	178	0.561	0.675
Contraceptive prevalence	RH.1	0.146	0.012	0.082	0.307	0.554	209	265	0.122	0.171
Adult literacy	ED.8	0.450	0.053	0.118	1.911	1.383	133	168	0.344	0.557
Marriage before age 18	CP.5	0.542	0.025	0.046	1.205	1.098	379	480	0.492	0.592
Comprehensive knowledge about HIV prevention among young people	HA.3	0.173	0.022	0.126	1.865	1.366	446	565	0.129	0.216
Condom use with non-regular partners	HA.9	0.313	0.055	0.177	1.259	1.122	70	89	0.202	0.424
Age at first sex among young people	HA.8	0.436	0.043	0.098	0.629	0.793	67	85	0.350	0.522
Attitude towards people with HIV/AIDS	HA.5	0.136	0.019	0.139	1.588	1.260	410	520	0.098	0.174
Women who have been tested for HIV	HA.6	0.490	0.018	0.036	0.707	0.841	446	565	0.455	0.525
Knowledge of mother- to-child transmission of HIV	HA.4	0.706	0.021	0.030	1.241	1.114	446	565	0.663	0.749
UNDER-5s										
Underweight prevalence	NU.1	0.113	0.021	0.188	1.954	1.398	360	435	0.071	0.156
Polio immunization coverage	CH.2	0.888	0.038	0.042	1.128	1.062	66	80	0.813	0.963
Immunization coverage for DPT	CH.2	0.888	0.037	0.042	1.112	1.054	66	80	0.813	0.963
Measles immunization coverage	CH.2	0.829	0.044	0.053	1.032	1.016	63	76	0.741	0.917
Fully immunized children	CH.2	0.780	0.056	0.071	1.368	1.170	64	77	0.668	0.891
Acute respiratory infection in last two weeks	CH.6	0.020	0.007	0.333	1.126	1.061	418	505	0.007	0.033
Antibiotic treatment of suspected pneumonia	CH.7	*	*	*	*	*	8	10	*	*
Diarrhoea in last two weeks	CH.4	0.206	0.026	0.126	2.088	1.445	418	505	0.154	0.259
Received ORT or increased fluids and continued feeding	CH.5	0.251	0.052	0.206	1.456	1.207	86	104	0.148	0.354
Under-fives sleeping under insecticide treated nets	CH.11	0.482	0.056	0.117	6.424	2.535	418	505	0.369	0.595
Fever in last two weeks	CH.12	0.306	0.036	0.117	3.031	1.741	418	505	0.235	0.378
Antimalarial treatment	CH.12	0.019	0.010	0.517	0.810	0.900	128	155	-0.001	0.039
Support for learning	CD.1	0.447	0.039	0.087	3.099	1.760	418	505	0.369	0.525
Birth registration	CP.1	0.933	0.013	0.014	1.333	1.155	418	505	0.907	0.958

APPENDIX D. DATA QUALITY TABLES

Table DQ.1: Age distribution of household population

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

	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	221	2	213	1,9	41	139	1,3	156	1,4
1	217	2	221	1,9	42	155	1,4	163	1,4
2	213	1,9	241	2,1	43	148	1,3	159	1,4
3	239	2,2	254	2,2	44	149	1,4	138	1,2
4	221	2	264	2,3	45	143	1,3	136	1,2
5	248	2,3	227	2	46	109	1	129	1,1
6	239	2,2	243	2,1	47	114	1	124	1,1
7	208	1,9	229	2	48	90	0,8	116	1
8	281	2,6	257	2,3	49	95	0,9	106	0,9
9	232	2,1	233	2	50	96	0,9	115	1
10	220	2	218	1,9	51	82	0,7	86	0,8
11	200	1,8	201	1,8	52	81	0,7	107	0,9
12	208	1,9	191	1,7	53	101	0,9	98	0,9
13	208	1,9	188	1,6	54	96	0,9	92	0,8
14	211	1,9	208	1,8	55	87	0,8	87	0,8
15	212	1,9	233	2	56	66	0,6	91	0,8
16	220	2	209	1,8	57	59	0,5	67	0,6
17	231	2,1	195	1,7	58	71	0,6	76	0,7
18	189	1,7	215	1,9	59	68	0,6	75	0,7
19	206	1,9	193	1,7	60	69	0,6	86	0,8
20	209	1,9	213	1,9	61	51	0,5	62	0,5
21	204	1,8	205	1,8	62	51	0,5	57	0,5
22	203	1,8	190	1,7	63	54	0,5	52	0,5
23	202	1,8	186	1,6	64	43	0,4	50	0,4
24	181	1,6	174	1,5	65	55	0,5	68	0,6
25	208	1,9	185	1,6	66	38	0,3	51	0,4
26	174	1,6	171	1,5	67	44	0,4	58	0,5
27	157	1,4	177	1,6	68	32	0,3	43	0,4
28	156	1,4	180	1,6	69	34	0,3	63	0,5
29	141	1,3	165	1,4	70	45	0,4	52	0,5
30	189	1,7	173	1,5	71	38	0,3	38	0,3
31	136	1,2	151	1,3	72	25	0,2	46	0,4
32	181	1,6	191	1,7	73	35	0,3	44	0,4
33	169	1,5	183	1,6	74	22	0,2	37	0,3
34	186	1,7	178	1,6	75	34	0,3	40	0,3
35	170	1,5	191	1,7	76	28	0,3	36	0,3
36	155	1,4	175	1,5	77	20	0,2	23	0,2
37	159	1,4	157	1,4	78	19	0,2	24	0,2
38	133	1,2	159	1,4	79	15	0,1	26	0,2
39	151	1,4	158	1,4	80+	90	0,8	117	1
40	210	1,9	174	1,5	DK/Missing	122	1,1	42	0,4
					Total	11013	100	11405	100

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

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

	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percent	
Age				
10-14	1007	na	na	na
15-19	1045	934	17,5	89,4
20-24	967	818	15,4	84,6
25-29	878	766	14,4	87,2
30-34	875	802	15,1	91,6
35-39	840	765	14,4	91
40-44	790	701	13,2	88,8
45-49	611	537	10,1	88
50-54	498	na	na	na
15-49	6006	5324	100	88,6

na: not applicable

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

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

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

	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percent	
Age				
0	443	424	18,8	95,7
1	448	433	19,2	96,7
2	464	445	19,7	95,9
3	504	485	21,5	96,2
4	495	470	20,8	94,9
5	486	na	na	na
6	488	na	na	na
7	442	na	na	na
0-4	2354	2257	100	95,9

na: not applicable

Note: Weights for both household population of children and interviewed children are household

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

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

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age in months						
0-2	37	3,5	39	3,4	77	3,4
3-5	54	5	52	4,4	106	4,7
6-8	67	6,2	57	4,8	124	5,5
9-11	45	4,2	56	4,7	101	4,5
12-14	47	4,3	57	4,8	104	4,6
15-17	69	6,4	52	4,4	121	5,4
18-20	47	4,4	53	4,5	100	4,4
21-23	52	4,9	56	4,8	108	4,8
24-26	50	4,6	51	4,3	101	4,5
27-29	42	3,9	59	5	100	4,4
30-32	67	6,2	65	5,5	132	5,8
33-35	55	5,1	57	4,8	112	4,9
36-38	54	5	65	5,5	119	5,3
39-41	66	6,1	66	5,6	132	5,9
42-44	59	5,4	64	5,4	123	5,4
45-47	47	4,3	58	4,9	104	4,6
48-50	54	5	59	5	112	5
51-53	49	4,6	72	6,1	121	5,4
54-56	64	5,9	67	5,7	130	5,8
57-59	55	5,1	74	6,3	129	5,7
Total	1078	100	1179	100	2257	100

Table DQ.5: Heaping on ages and periods

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

	Age and period ratios*			Eligibility boundary	
	Males	Females	Total	(lower-upper)	Module or questionnaire
Age in household questionnaire					
1	1	0,98	0,99		
2	0,96	1,01	0,98	Lower	Child discipline and child disability
3	1,07	1	1,03		
4	0,94	1,06	1	Upper	Under-5 questionnaire
5	1,05	0,93	0,99	Lower	Child labour and education
6	1,03	1,04	1,04		
8	1,17	1,07	1,12		
9	0,95	0,99	0,97	Upper	Child disability
10	1,01	1	1,01		
13	1	0,96	0,98		
14	1	0,99	1	Upper	Child labour and child discipline
15	0,99	1,07	1,03	Lower	Women's questionnaire
16	0,99	0,99	0,99		
17	1,08	0,94	1,02	Upper	Orphaned and vulnerable children
18	1,11	0,97	1,04		
23	1,03	1,02	1,03		
24	0,92	0,96	0,94	Upper	Education
25	1,11	1,05	1,08		
48	0,9	1	0,95		
49	1,02	0,94	0,98	Upper	Women's questionnaire
50	1,05	1,13	1,09		
Age in women's questionnaire					
23	na	1	na		
24	na	0,96	na	Upper	Sexual behaviour
25	na	1,03	na		
Months since last birth in women's					
6-11	na	1,04	na		
12-17	na	1,07	na		
18-23	na	0,94	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	0,97	na		
30-35	na	1,04	na		

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

na: not applicable

Table DQ.6: Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), Suriname, 2006

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Women			
Date of Birth	All women age 15-49		
Month only		0,2	5283
Month and year missing		0	5283
Date of first birth	All women age 15-49 with at least one live birth		
Month only		0,6	3515
Month and year missing		2,4	3515
Completed years since first birth	All women age 15-49 with at least one live birth	6,9	103
Date of last birth	All women age 15-49 with at least one live birth		
Month only		0,4	3515
Month and year missing		1	3515
Date of first marriage/union	All ever married women age 15-49		
Month only		6,7	3629
Month and year missing		34,1	3629
Age at first marriage/union	All ever married women age 15-49	5,3	3629
Age at first intercourse	All women age 15-24 who have ever had sex	2,2	1739
Time since last intercourse	All women age 15-24 who have ever had sex	5,8	1039
Under-5			
Date of Birth	All under five children surveyed		
Month only			
Month and year missing		0,3	2257
Anthropometry	All under five children surveyed	0,4	2257
Height			
Weight		13,8	2257
Height or Weight		11,6	2257
		14,3	2257

* Includes "Don't know" responses

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

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

	The	Mother not in the household					
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Child (<15) interviewed	Total	Number of children aged 0-4 years
Age							
0	96,6	0,5	2,7	0	0,2	100	434
1	92,8	0,8	6,4	0	0	100	438
2	91,5	0,2	8,1	0,2	0	100	454
3	90,8	0,4	8,2	0,4	0,2	100	493
4	88,4	1,3	9	1,2	0,2	100	486
Total	91,9	0,6	6,9	0,4	0,1	100	2305

Table DQ.8: School attendance by single age

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

		Primary school								Secondary school												
	Preschool		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	DK		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	DK	Higher	Non-standard curriculum	Don't know	Not attending school	Total	Number
Age																						
5	93,3	0,5	2,6	0,7	0	0	0	0	0,4	0	0	0	0	0	0	0	0	0	0	2,5	100	476
6	37	0,2	56,3	3,2	0	0	0	0	0,5	0	0	0	0	0	0	0	0	0,2	0,9	1,7	100	482
7	7,7	0,2	42,3	46,1	1,8	0	0	0	0	0	0	0	0	0	0	0	0	0	0,2	1,6	100	436
8	3,3	0,2	13,3	41,3	38,5	0,7	0,2	0	0,3	0	0	0	0	0	0	0	0	0	0,3	1,8	100	539
9	0,4	0	5,8	19,7	37	32,8	1,3	0	0,4	0	0	0	0	0	0	0	0	0,5	0,4	1,8	100	466
10	0	0	1,8	9,6	23,2	35,9	24,6	1,9	0,6	0	0	0	0	0	0	0	0	0	0,2	2,2	100	438
11	0,3	0	0,2	2,5	15,7	21,5	30,3	24,9	0,4	0	0,5	0	0,3	0,3	0	0	0	0,3	0,2	2,7	100	402
12	0	0,3	2,5	1,2	6,8	15,1	20,5	32,1	0,5	0	17,6	1,1	0	0	0	0	0	0	0,2	2,1	100	400
13	0	0	0,3	1,6	3,3	13,4	17	21,5	0,5	0	20,4	15,5	0	0	0	0,3	0	0,2	0,5	5,6	100	396
14	0	0	1,5	0,6	1,7	6,2	16,4	17,2	0,3	0	22,5	15,4	13,3	0,2	0	0,2	0	0	0,3	4,2	100	419
15	0,2	0	0,5	1,4	0,4	1,4	5,7	9,8	0	0	19,6	23,7	17,9	8,1	0	0	0	0,2	0,5	10,5	100	445
16	0	0	0	0,9	0,2	0,2	1,6	3,6	0,5	0	20,2	21,1	18,8	13,7	0	0	0	0,5	0,9	17,9	100	429
17	0	0	0,8	0,5	0,5	0,4	0,2	0,4	0,2	0,5	19,1	18,6	19,4	13,8	0	0,2	0,3	0	0	25,1	100	426
18	0	0,3	0,3	0,5	0,7	0	0,2	0,5	0	0	10,4	12,2	18,8	22,7	0	0,3	0,8	0	0,5	31,8	100	404
19	0	0	0	0	0,2	0	0	0	0,3	0	12	11,7	13,1	13,1	0	0,6	3	0,3	0,8	44,9	100	400
20	0	0,3	0,2	0	0	0	0,3	0	0	0	9,2	8,5	5,8	10,4	0,3	0,3	6,3	0,5	0,5	57,6	100	422
21	0	0	0	0	0	0,3	0	0	0	0	5,5	8,8	9,6	4,1	0,3	0,3	5,2	0,5	0,5	64,9	100	408
22	0	0	0	0	0	0	0	0	0	0	3,5	4,3	4,3	4,7	0,3	0	8,8	0,3	0,3	73,6	100	393
23	0	0	0	0	0	0	0	0,8	0	0	3,3	3,6	5	3,3	0,3	0,5	6,1	0,3	0,6	76,3	100	388
24	0	0	0	0,3	0	0	0,3	0	0	0	0,3	1,5	4,8	2,7	0,3	0,3	9,6	0,3	0,3	79,3	100	355
Total	7,4	0,1	7	7,3	7,2	6,5	5,8	5,4	0,3	0	8,1	7,2	6,4	4,7	0,1	0,1	1,8	0,2	0,4	23,9	100	8522

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

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

	Children Ever Born			Children Living			Children deceased			
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	Number of women
Age										
15-19	69	58	1,2	63	57	1,1	6	1	8,08	927
20-24	304	310	0,98	286	301	0,95	17	9	1,95	812
25-29	626	648	0,97	595	637	0,93	30	10	2,91	761
30-34	923	881	1,05	878	850	1,03	44	31	1,44	795
35-39	1086	1088	1	1030	1049	0,98	56	39	1,43	758
40-44	1209	1114	1,09	1129	1037	1,09	81	77	1,05	696
45-49	1006	950	1,06	943	894	1,06	62	56	1,11	534
Total	5222	5048	1,03	4924	4825	1,02	298	223	1,33	5283

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

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

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

	Months since last birth				
	Number	Percent		Number	Percent
0	11	1	16	37	3,4
1	35	3,3	17	38	3,5
2	31	2,9	18	29	2,7
3	36	3,4	19	29	2,7
4	34	3,2	20	25	2,3
5	37	3,4	21	30	2,7
6	41	3,8	22	24	2,2
7	40	3,7	23	29	2,6
8	30	2,8	24	30	2,8
9	29	2,6	25	32	2,9
10	36	3,3	26	17	1,6
11	30	2,8	27	18	1,7
12	32	2,9	28	34	3,1
13	32	3	29	26	2,4
14	35	3,2	30	32	3
15	31	2,9			
			Total	1082	100

APPENDIX E. MICS INDICATORS: NUMERATORS AND DENOMINATORS

INDICATOR		NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birth weight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
29	Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
30	Yellow fever immunization coverage	Number of children aged 12-23 months immunized against yellow fever before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32	Neonatal tetanus protection	Number of mothers with live births in the last 2 years that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the last 2 years preceding the survey
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
36	Household availability of insecticide-treated nets (ITNs)	Number of households with at least one mosquito net, either permanently treated or treated within the previous year	Total number of households surveyed

INDICATOR		NUMERATOR	DENOMINATOR
37	Under-fives sleeping under insecticide - treated nets	Number of children aged 0-59 months that slept under an insecticide-treated mosquito net the previous night	Total number of children aged 0-59 months surveyed
38	Under-fives sleeping under mosquito nets	Number of children aged 0-59 months that slept under a mosquito net the previous night	Total number of children aged 0-59 months surveyed
39	Antimalarial treatment (under- fives)	Number of children aged 0-59 months reported to have had fever in the previous 2 weeks that were treated with an appropriate antimalarial within 24 hours of onset	Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks
40	Intermittent preventive malaria treatment (pregnant women)	Number of women receiving appropriate intermittent medication to prevent malaria (defined as at least 2 doses of SP/Fansidar) during the last pregnancy, leading to a live birth within the 2 years preceding the survey	Total number of women that have had a live birth within the 2 years preceding the survey
41	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
42	Vitamin A supplementation (under-fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed

INDICATOR		NUMERATOR	DENOMINATOR
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
63	Prevalence of female genital mutilation/cutting (FGM/C)	Number of women aged 15-49 years that reported undergoing any form of genital mutilation/cutting	Total number of women aged 15-49 years surveyed
64	Prevalence of extreme form of FGM/C	Number of women aged 15-49 years that reported undergoing an extreme form of genital mutilation/cutting (such as infibulation)	Total number of women aged 15-49 years surveyed
65	Prevalence of FGM/C among daughters	Number of women aged 15-49 years that reported that at least one daughter had undergone female genital mutilation/cutting	Total number of women aged 15-49 years surveyed that have at least one living daughter
67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
77	School attendance of orphans versus non-orphans	Proportion of double orphans (both mother and father dead) aged 10-14 years attending school	Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
79	Malnutrition among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned or vulnerable children under age five that are moderately or severely underweight, of all orphaned and vulnerable children under age five that are weighed	Proportion of children not classified as orphaned or vulnerable under age five that are moderately or severely underweight, of all children not classified as orphaned or vulnerable under age five that are weighed
80	Early sex among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned and vulnerable children aged 15-17 years that had sex before age 15, of all orphaned and vulnerable children aged 15-17 years surveyed	Proportion of children not classified as orphaned or vulnerable aged 15-17 years that had sex before age 15, of all children not classified as orphaned or vulnerable aged 15-17 years surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
83	Condom use with non-regular partners	Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months	Total number of women aged 15-24 years surveyed that had a non-marital, non-cohabiting partner in the previous 12 months

INDICATOR		NUMERATOR	DENOMINATOR
84	Age at first sex among young people	Number of women aged 15-24 years that have had sex before age 15	Total number of women aged 15-24 surveyed
85	Higher risk sex in the last year	Number of sexually active women aged 15-24 years that have had sex with a non-marital, non-cohabitating partner in the previous 12 months	Total number of women aged 15-24 that were sexually active in the previous 12 months
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
92	Age-mixing among sexual partners	Number of women aged 15-24 years that had sex in the past 12 months with a partner who was 10 or more years older than they were	Total number of sexually active women aged 15-24 years surveyed
93	Security of tenure	Number of household members living in urban households that lack formal documentation for their residence or that feel at risk of eviction	Number of urban household members in households surveyed
94	Durability of housing	Number of household members living in urban dwellings that are not considered durable	Number of urban household members in households surveyed
96	Source of supplies	Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials	Total number of children (or households) for whom supplies were obtained
97	Cost of supplies	Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials.	Total number of children (or households) for whom supplies were obtained
98	Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union
99	Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception
100	Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed
101	Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed

MICS SURINAME

HUISHOUD VRAGENLIJST

WIJ ZIJN VAN HET ABS. WE ZIJN BEZIG MET DE UITVOERING VAN EEN ONDERZOEK OVER GEZONDHEID EN ONDERWIJSNIVEAU VAN GEZINNEN EN HUISHOUDENS. IK ZOU HIEROVER MET U WILLEN PRATEN. HET INTERVIEW ZAL ONGEVEER (30) MINUTEN DUREN. ALLE INFORMATIE DIE WE VERZAMELEN ZAL STRIKT GEHEIM BLIJVEN EN UW ANTWOORDEN ZULLEN NOOIT HERKENBAAR ZIJN. IK WIL GRAAG PRATEN MET HET HOOFD VAN HET HUISHOUDEN EN ALLE MOEDERS OF VERZORGERS VAN KINDEREN IN DIT HUISHOUDEN. KAN IK MET DE VRAGEN BEGINNEN?

Als er toestemming wordt gegeven, begin met het interview.

HH1. Cluster nummer: ___ ___ ___

HH2. Huishoud nummer: ___ ___

HH3. Interviewer naam en nummer:

Naam_____ ___ ___

HH4. Supervisors naam en nummer:

Naam_____ ___ ___

HH5. Dag/Maand/Jaar van interview: ___ ___ / ___ ___ / ___ ___ ___ ___

HH6. Stratum:
- Urbaan 1
- Ruraal; kustvlakte 2
- Ruraal; binnenland 3

HH7. District:
- Paramaribo 1
- Wanica 2
- Nickerie 3
- Coronie 4
- Saramacca 5
- Commewijne 6
- Marowijne 7
- Para 8
- Brokopondo 9
- Sipaliwini 10

HH8A. Malaria module filter
Dit is :
een malaria geinfecteerd gebied 1
geen malaria geinfecteerd gebied 2

HH 8. Familienaam en voornaam van hoofd van het huishouden:

Vul de volgende informatie in, NADAT ALLE vragenlijsten van het huishouden zijn afgerond.

HH9. Resultaat van HH interview:
- Afgerond 1
- Niet thuis 2
- Weigering 3
- HH niet gevonden/huis verdwenen 4
- Anders (*specificeer*) _____ 6

HH10. Respondent van HH vragenlijst:

Naam:_____

Persoon No: ___ ___

HH11. Totaal aantal huishoudleden: ___ ___

HH12. Aantal vrouwen 15-49 jr in het huish.: ___ ___

HH13. Aantal afgeronde vrouwenvragenlijsten: ___ ___

HH14. Aantal kinderen jonger dan 5 jaar: ___ ___

HH15. Aantal afgeronde kindervragenlijsten: ___ ___

Interviewer/supervisor notities: *Gebruik deze ruimte voor notities (geschikte herbezoektijden, incomplete individuele vragenlijsten, aantal herbezoeken, etc).*

HH16. Data keyer: ___ ___

ALLEREERST, KUNT U DE NAMEN NOEMEN VAN HET HOOFD VAN HET HUISHOUDEN EN ALLE ANDERE PERSONEN DIE GEWOONLIJK TOT DIT HUISHOUDEN BEHOREN. *Noteer de naam van het hoofd van het huishouden op regel 01. Registreer alle huishoudleden (HL2),hun relatie tot het hoofd van het hh (HL3), en hun geslacht (HL4).*
Vraag daarna: ZIJN ER ANDEREN DIE TOT DIT HUISHOUDEN BEHOREN, OOK AL ZIJN ZE NU NIET THUIS? (BIJV. KINDEREN OP SCHOOL, OF WERKENDEN). *Indien JA, maak de registratie compleet*
Stel daarna de vragen vanaf HL5 voor 1 persoon per keer. Voeg een additioneel blad toe als er meer dan 15 huishoudleden zijn. Kruis dit hokje aan, als er een additioneel blad is gebruikt ☐

						Voor kinderen van 0-17 jaar *Stel vragen HL9 t/m HL12*			
	HL2. *Voornaam*	HL3. WAT IS DE RELATIE VAN (*vnaam*) TOT HET HOOFD VAN HET HUISHOUDEN?	HL4. IS (*vnaam*) EEN MAN OF EEN VROUW? 1 MAN 2 VROUW	HL5. HOE OUD IS (*vnaam*)? HOE OUD WAS (*vnaam*) OP ZIJN/HAAR LAATSTE VERJAARDAG? *Noteer in volledige jaren* 98=98+		HL9. IS (*vnaam*) ZIJN/HAAR NATUURLIJKE MOEDER NOG IN LEVEN? 1 JA 2 NEE⇒ HL11 8 WN⇒ HL11	HL10. *Indien in leven:* WOONT (*vnaam*) ZIJN/HAAR NATUURLIJKE MOEDER IN DIT HUISHOUDEN? NOTEER PERS.NR VAN MOEDER OF *00* VOOR 'NEE'	HL11. IS (*Vnaam*) ZIJN/HAAR NATUURLIJKE VADER IN LEVEN? 1 JA 2 NEE⇒ VOLGEND PERS.NR 8 WN⇒ VOLGEND PERS.NR	HL12. *Indien in leven:* WOONT (*vnaam*) ZIJN/HAAR NATUURLIJKE VADER IN DIT HUISHOUDEN? NOTEER PERS.NR VAN VADER OF *00* VOOR 'NEE'
01		0 1	1 2			1 2 8		1 2 8	
02			1 2			1 2 8		1 2 8	
03			1 2			1 2 8		1 2 8	
04			1 2			1 2 8		1 2 8	
05			1 2			1 2 8		1 2 8	
06			1 2			1 2 8		1 2 8	
07			1 2			1 2 8		1 2 8	
08			1 2			1 2 8		1 2 8	
09			1 2			1 2 8		1 2 8	
10			1 2			1 2 8		1 2 8	

	HL2 *Voornaam*	HL3. WAT IS DE **RELATIE** VAN (*vnaam*) TOT HET HOOFD VAN HET HUISHOUDEN?	HL4. Is (*vnaam*) EEN MAN OF EEN VROUW? 1 MAN 2 VROUW	HL5 HOE OUD IS (*vnaam*)? HOE OUD WAS (*vnaam*) OP ZIJN/HAAR LAATSTE VERJAARDAG? *Noteer in volledige jaren* 98=WN*	HL6	HL7	HL8	HL9. Is (*vnaam*) ZIJN/HAAR NATUURLIJKE MOEDER IN LEVEN? 1 JA 2 NEE⇨ HL11 8 WN⇨ HL11	HL10 *Indien in leven* WOONT (*vnaam*) ZIJN/HAAR NATUURLIJKE MOEDER IN DIT HUISHOUDEN? NOTEER PERS.NR VAN MOEDER OF *00* voor *'nee'*	HL11. Is (*vnaam*) ZIJN/HAAR NATUURLIJKE VADER IN LEVEN? 1 JA 2 NEE⇨ VOLGEND PERS.NR 8 WN⇨ VOLGEND PERS.NR	HL12. *Indien in leven:* WOONT (*vnaam*) ZIJN/HAAR NATUURLIJKE VADER IN DIT HUISHOUDEN? NOTEER PERS.NR VAN VADER OF *00* voor *'nee'*
1		__ __	1 2	__ __				1 2 8	__ __	1 2 8	__ __
2		__ __	1 2	__ __				1 2 8	__ __	1 2 8	__ __
3		__ __	1 2	__ __				1 2 8	__ __	1 2 8	__ __
4		__ __	1 2	__ __				1 2 8	__ __	1 2 8	__ __
5		__ __	1 2	__ __				1 2 8	__ __	1 2 8	__ __

WONEN ER ANDERE PERSONEN IN BIJ DIT HUISHOUDEN – OOK AL ZIJN ZE GEEN FAMILIELEDEN OF OOK AL BEHOREN HUN OUDERS NIET TOT HET HUISHOUDEN? INCLUSIEF KINDEREN DIE WERKEN OF OP SCHOOL ZITTEN? *Indien JA, voeg naam van de persoon/het kind toe en completeer het formulier.*
Vul daarna de totalen hieronder in.

Totaal			

** Zie instructies: alleen gebruiken voor bejaarde huishoudleden (code betekent "weet het niet/ouder dan 50 jaar").*
Voor elke vrouw van 15 t/m 49 jr: schrijf haar naam, persoonsnummer en andere identificatie informatie op het informatieblad van de Vrouwen vragenlijst
Voor elk kind beneden 5 jr: schrijf zijn/haar naam en persoonsnummer EN het persoonsnummer van de moeder/verzorger op het informatieblad van de kindervragenlijst.
U dient na deze handeling voor elke vrouw 15-49 jr en voor elk kind < 5 jr in het huishouden een aparte vragenlijst te hebben.

* *Codes voor HL3. Relatie tot hoofd van het huishouden:*

01 = Hoofd
02 = Echtgenot(a)(te)/Partner
03 = Zoon of dochter
04 = Schoonzoon of schoondochter
05 = Kleinkind
06 = Ouder
07 = Schoonouder
08 = Broer of zus
09 = Schoonbroer of Schoonzus
10 = Oom/tante
11 = Neef of nicht, door bloedverwantschap
12 = Aangetrouwde neef of nicht
13 = Ander familielid
14 = Adoptie/Pleeg/Stiefkind
15 = Geen familierelatie
98 = Weet niet

	Voor huishoudleden van 5 jr en ouder			*Voor huishoudleden van 5 - 24 jr*					
ED1 *Pers nr.*	ED1A. *Voornaam*	ED2. HEEFT (*vnaam*) OOIT DE SCHOOL OF KLEUTERSCHOOL BEZOCHT? 1 JA ⇨ ED3 2 NEE ⇨ VOLGENDE PERSOON	ED3. WAT IS DE HOOGST GENOTEN OPLEIDING VAN (*vnaam*)? WELKE IS DE HOOGSTE KLAS DIE (*vnaam*) HEEFT AFGEROND VAN DIE OPLEIDING? OPLEIDING: 0 KLEUTERSCHOOL 1 LAGERE SCHOOL 2 BASIS SPECIAAL ONDERWIJS (MLK,ZMLK,MYTHYL) 3 VOJ (MULO,LBGO,LTS) 4 VOS (HAVO, VWO, MEO, NATIN) 5 VOORTGEZET SPECIAAL OND. 6 HBO/UNIVERSITAIR 7 ANDERS, NIET-REGULIER 8 WN KLAS: 98 WN *Indien minder dan 1 klas, vul 00 in.*	ED4. TIJDENS DIT SCHOOL JAAR (*2005-2006*), HEEFT (*vnaam*) OOIT DE SCHOOL OF KLEUTER-SCHOOL BEZOCHT? 1 JA 2 NEE ⇨ ED7	ED5. SINDS VORIGE WEEK (*dag v/d week*), HOEVEEL DAGEN HEEFT (*vnaam*) DE SCHOOL BEZOCHT? *Vul aantal dagen in.*	ED6. OP WELKE OPLEIDING EN IN WELK LEERJAAR (KLAS) ZIT (ZAT) (*vnaam*) GEDURENDE DIT SCHOOLJAAR? OPLEIDING: 0 KLEUTERSCHOOL 1 LAGERE SCHOOL 2 BASIS SPECIAAL ONDERWIJS (MLK, ZMLK, MYTHYL) 3 VOJ (MULO,LBGO,LTS) 4 VOS (HAVO,VWO,MEO,NATIN) 5 VOORTGEZET SPECIAAL ONDERWIJS 6 HBO, UNIVERSITAIR 7 ANDERS, NIET-REGULIER 8 WN KLAS: 98 WN	ED7. HEEFT (*vnaam*) VORIG SCHOOLJAAR (*2004-2005*) OOIT DE SCHOOL OF DE KLEUTER-SCHOOL BEZOCHT ? 1 JA 2 NEE ⇨ VOLGENDE PERS 8 WN ⇨ VOLGENDE PERS	ED8. OP WELKE OPLEIDING EN EN WELKE KLAS ZAT (*vnaam*) TIJDENS HET VORIG SCHOOLJAAR ? OPLEIDING: 0 KLEUTERSCHOOL 1 LAGERE SCHOOL 2 BASIS SPECIAAL ONDERWIJS (MLK, ZMLK, MYTHYL) 3 VOJ (MULO,LBGO,LTS) 4 VOS (HAVO,VWO,MEO,NATIN) 5 VOORTGEZET SPECIAAL OND. 6 HBO, UNIVERSITAIR 7 ANDERS, N.ET-REGULIER 8 WN KLAS: 98 WN
01		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
02		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
03		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
04		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
05		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
06		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
07		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
08		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
09		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
10		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
11		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
12		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
13		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
14		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __
15		1 2⇨ VOLGENDE P	0 1 2 3 4 5 6 7 8 __ __	1 2	__	0 1 2 3 4 5 6 7 8 __ __	1 2 8	0 1 2 3 4 5 6 7 8 __ __

WS1. WAT IS DE BELANGRIJKSTE BRON VAN **DRINK WATER** VOOR PERSONEN VAN DIT HUISHOUDEN?	*Leidingwater* Leidingwater in huis (SWM / NH) ..... 11 Leidingwater op het erf ..... 12 Openbare kraan/standpijp ..... 13 Doorgesneden pijp ..... 14 Put/boorgat met pomp ..... 21 *Gegraven put* Beschermde put ..... 31 Onbeschermde put ..... 32 *Water uit een bron* Beschermde bron ..... 41 Onbeschermde bron ..... 42 Regenwater opgevangen ..... 51 Tanker-truck ..... 61 Kar met kleine tank/drum ..... 71 Oppervlakte water (rivier, stroom, dam, meer, vijver, kanaal, irrigatie goot) ..... 81 **Gebotteld water (in fles)** ..... **91** Anders (*specificeer*) _____ 96 Weet het niet 98	11⇨WS5 12⇨WS5 ⇨WS3 **91⇨WS2** 96⇨WS3 98⇨WS2
WS2. WAT IS DE BELANGRIJKSTE BRON VAN **WATER** DAT DIT HUISHOUDEN GEBRUIKT VOOR **ANDERE DOELEINDEN** BIJV. OM DE WAS TE DOEN?	*Leidingwater* Leidingwater in huis (SWM / NH) ..... 11 Leidingwater op het erf ..... 12 Openbare kraan/standpijp ..... 13 Doorgesneden pijp ..... 14 Put/boorgat met pomp ..... 21 *Gegraven put* Beschermde put ..... 31 Onbeschermde put ..... 32 *Water uit een bron* Beschermde bron ..... 41 Onbeschermde bron ..... 42 Regenwater verzameld ..... 51 Tanker-truck ..... 61 Kar met kleine tank/drum ..... 71 Oppervlakte water (rivier, stroom, dam, meer, vijver, kanaal, irrigatie goot) ..... 81 Anders (*specificeer*) _____ 96 Weet niet 98	11⇨WS5 12⇨WS5
WS3. HOE LANG DUURT HET OM WATER TE HALEN EN TERUG TE KEREN?	Aantal minuten ..... ___ Water op het erf ..... 995 WN 998	995⇨WS5
WS4. WIE GAAT GEWOONLIJK NAAR DE WATERBRON OM WATER TE HALEN VOOR HET HUISHOUDEN? *Vraag door:* IS DEZE PERSOON JONGER DAN 15? VAN WELK GESLACHT? *Omcirkel de code die bij de persoon past.*	Volwassen vrouw ..... 1 Volwassen man ..... 2 Meisje jonger dan 15 jaar ..... 3 Jongen jonger dan 15 jaar ..... 4 WN 8	
WS5. BEHANDELT U HET WATER OP EEN OF ANDERE MANIER OM HET VEILIGER TE MAKEN OM TE DRINKEN?	Ja ..... 1 Nee ..... 2 WN 8	2⇨WS7 8⇨WS7

WS6. WAT DOET U GEWOONLIJK OM HET WATER VEILIGER TE MAKEN OM TE DRINKEN? DOET U NOG IETS ANDERS? *Omcirkel alle genoemde items.*	Koken ..... A Bleekmiddel/chloor toevoegen ..... B Zeven met een sluk goed ..... C Gebruikt water filter (keramiek, zand, mengsel, etc.) ..... D Ontsmetting door de zon ..... E Laat het staan om te bezinken ..... F Anders (*specificeer*) _____ X WN ..... Z	
WS7. WAT VOOR SOORT TOILETVOORZIENING GEBRUIKEN LEDEN VAN DIT HUISHOUDEN GEWOONLIJK? *Indien "toilet" of "wc", vraag door:* WAAR SPOELT HET TOILET/DE WC NAAR TOE? *Indien nodig, vraag toestemming om de toiletvoorziening te zien.*	*Toilet/WC met waterspoeling* Spoeling naar rioleringssysteem ..... 11 Spoeling naar septic tank ..... 12 Spoeling naar plee/latrine/put ..... 13 Spoeling naar ergens anders ..... 14 Spoeling naar onbekende plek/niet zeker waar /WN waar ..... 15 Geventileerde plee (VIP) ..... 21 Plee met een (stenen) plaat ..... 22 Plee latrine zonder plaat / open put ..... 23 Composterend toilet ..... 31 Emmer ..... 41 Hangend toilet/hangende plee ..... 51 Geen toiletvoorziening, bos of veld ..... 95 Anders (*specificeer*) _____ 96	95⇨ WS10
WS8. MAKEN ANDERE HUISHOUDENS OOK GEBRUIK VAN UW TOILETVOORZIENING?	Ja ..... 1 Nee 2	1⇨ WS9 2⇨ WS10
WS9. HOEVEEL HUISHOUDENS MAKEN IN TOTAAL GEBRUIK VAN DEZE TOILETVOORZIENING?	Aantal huishoudens (als < 10) ..... 0 ___ Tien huishoudens of meer ..... 10 WN 98	
WS10. HOE SLAAT U UW HUISVUIL GEWOONLIJK OP?	Wordt opgeslagen in: Een emmer ..... 11 Een plastic zak ..... 12 Een doos ..... 13 Anders (*specificeer*) ..... 96 Weet niet 98	
WS11. HOE VERWIJDERT U UW HUISVUIL GEWOONLIJK?	Verwijdering door: Verbranden ..... 21 Begraven ..... 22 In de rivier gooien ..... 23 In het bos/ open perceel/ veld ..... 24 Composteren ..... 31 Recycling ..... 32 Hergebruik van afval ..... 33 Vuil wordt opgehaald ..... 41 Anders (*specificeer*) ..... 96 Weet niet 98	

HC1A. WAT IS DE **GODSDIENST** VAN HET HOOFD VAN DIT HUISHOUDEN?	Christendom ..... 1 Hindoeisme ..... 2 Islam ..... 3 Traditionele godsdienst ..... 4 Andere godsdienst (*specificeer*) _____ 6 Geen godsdienst ..... 7 Weet het niet 8	
HC1B. WAT IS DE **MOEDERTAAL** VAN HET HOOFD VAN DIT HUISHOUDEN? (MOEDERTAAL IS DE TAAL WAARIN HET HOOFD VAN HET HUISHOUDEN HEEFT LEREN PRATEN)	Nederlands ..... 1 Sranan Tongo ..... 2 Sarnami Hindi ..... 3 Javaans ..... 4 Arowak ..... 5 Cariib ..... 6 Saramaccaans ..... 7 Aucaans ..... 8 Paramaccaans ..... 9 Chinees ..... 10 Portugees ..... 11 Engels ..... 12 Frans ..... 13 Andere taal(*specificeer*) _____ 14 Weet het niet 98	
HC1C. TOT WELKE **ETHNISCHE GROEP** BEHOORT HET HOOFD VAN DIT HUISHOUDEN?	Inheems/Indiaan ..... 1 Marron/Bosland creool ..... 2 Creool ..... 3 Hindostaan ..... 4 Javaan ..... 5 Chinees ..... 6 Blank ..... 7 Gemengd ..... 8 Andere (*specificeer*) _____ 96 Weet niet 98	
HC2. HOEVEEL **KAMERS** WORDEN DOOR DIT **HUISHOUDEN GEBRUIKT OM TE SLAPEN**?	Aantal kamers ..... __ __	
HC3. Voornaamste **materiaal** van de **vloer** van de woning: *Noteer uw observatie.*	Natuurlijke vloer De grond/Zand/Klei ..... 11 Mest ..... 12 Rudimentaire vloer Houten planken ..... 21 Palm/bamboe ..... 22 Afgewerkte vloer Parket of gepolijst hout ..... 31 Vinyl of asfalt strips ..... 32 Keramiek tegels ..... 33 Cement ..... 34 Tapijt/Karpet ..... 35 Anders (*specificeer*) _____ 96	
HC4. Voornaamste **materiaal** van het **dak**. *Noteer uw observatie.*	Natuurlijke dakbedekking Geen dak ..... 11 Stro/palm bladeren ..... 12 Graszoden ..... 13 Rudimentaire Dakbedekking Mat van grof materiaal ..... 21 Palm/bamboe ..... 22 Houten planken ..... 23 Afgewerkte dakbedekking Metalen dak ..... 31 Houten dak 32	

	Keramiek tegels	34	
	Cement	35	
	Dakpannen / shingles	36	
	Anders (*specificeer*) _____	96	
HC5. Voornaamste **materiaal** van de **buitenmuren**. *Noteer uw observatie.* *(noot. steenklei = in de zon gedroogde kleistenen, geen bakstenen)*	Natuurlijke muren		
	Geen muren	11	
	Riet/palm/boomstammen	12	
	Muren van zand	13	
	Rudimentaire muren		
	Bamboe met klei	21	
	Stenen met klei	22	
	Onbedekte steenklei	23	
	Pakkistenhout	24	
	Karton	25	
	Hergebruikt hout	26	
	Afgewerkte muren		
	Cement	31	
	Steen met kalk/cement	32	
	Bakstenen	33	
	Cement blokken	34	
	Bedekte steenklei	35	
	houten planken/shingles	36	
	Anders (*specificeer*) _____	96	
HC6. WAT VOOR SOORT **BRANDSTOF** GEBRUIKT DIT HUISHOUDEN VOORNAMELIJK OM TE KOKEN?	Elektriciteit	01	01⇨HC8
	Kookgas / propaangas (LPG)	02	02⇨HC8
	Biogas	04	04⇨HC8
	Kerosine	05	
	Houtskool	07	
	hout	08	
	Stro/struiken/gras	09	
	Dierlijk mest	10	
	Resten van landbouwgewassen	11	
	Huishouden kookt niet	12	12⇨HC9
	Anders (*specificeer*) _____	96	
HC7. WORDT DOOR DIT HUISHOUDEN ETEN GEKOOKT OP EEN **OPEN VUUR**, EEN KOOLPOT/OPEN STOOF/PETROLEUMSTOOF OF EEN **FORNUIS/GESLOTEN STOOF**? *Vraag door naar het type.*	Open vuur (bijv. met stenen)	1	1⇨HC7A
	Koolpot/Open stoof/petroleumstoof	2	2⇨HC7A
	Gesloten stoof/fornuis	3	3⇨HC8
	Anders (*specificeer*) _____	6	6⇨HC8
HC7A. HEEFT HET OPEN VUUR OF DE STOOF EEN **SCHOORSTEEN** OF EEN KAP?	Ja	1	
	Nee	2	
HC8. WORDT ER **GEWOONLIJK GEKOOKT** IN HET HUIS, IN EEN APART GEBOUW OF BUITEN?	In het huis	1	
	In een apart gebouw	2	
	Buiten het huis	3	
	Anders (*specificeer*) _____	6	

HC9. HEEFT UW HUISHOUDEN:		Ja	Nee
ELEKTRICITEIT?	Elektriciteit	1	2
EEN RADIO?	Radio	1	2
EEN TELEVISIE?	Televisie	1	2
EEN MOBIELE TELEFOON?	Mobiele Telefoon (cell)	1	2
EEN VASTE TELEFOON?	Vaste telefoon	1	2
EEN IJSKAST/FREEZER?	Ijskast/freezer	1	2
EEN COMPUTER?	Computer	1	2
EEN WASMACHINE?	Wasmachine	1	2

HC10. BEZIT EEN VAN UW HUISHOUDLEDEN:		Ja	Nee
EEN HORLOGE?	Horloge	1	2
EEN FIETS (VOOR VOLWASSENEN)?	Fiets	1	2
EEN BROMFIETS, MOTORFIETS OF SCOOTER?	Bromfiets/Motorfiets/Scooter	1	2
EEN AUTO, BUS OF TRUCK?	Auto/bus/Truck	1	2
EEN BOOT MET EEN MOTOR?	Boot met motor	1	2

ALLEEN VOOR GEBIEDEN IN HET BINNENLAND, WAAR VAN TOEPASSING

TN1. HEEFT UW HUISHOUDEN KLAMBOES DIE GEBRUIKT KUNNEN WORDEN TIJDENS HET SLAPEN?	Ja ..... 1 Nee 2	2⇨VOLGEN DE MODULE
TN2. HOEVEEL KLAMBOES HEEFT UW HUISHOUDEN? *Indien 7 of meer klamboes, noteer '7'.*	Aantal klamboes ..... __	
TN3. IS DE KLAMBOE (IS EEN VAN DE KLAMBOES) VAN EEN VAN DE VOLGENDE MERKEN: *Neem elke merk naam, toon een kaart met foto's, en omcirkel de codes Ja of Neen voor het merk. Indien mogelijk, bekijk de klamboe om het merk na te gaan.*	J N WN	
LONG-LASTING KLAMBOES: TN3L1. PERMANET?	Long-lasting klamboes: Permanet 1 2 8	
ANDERE KLAMBOES: TN303. EEN ANDER MERK OF KLAMBOE SOORT?	Ander merk klamboe: (*specificeer merk*)_____ 1 2	
TN304 EEN ONBEKEND MERK (MERKLOZE) KLAMBOE?	Onbekend merk/merkloos 1 2	
TN5. TOEN U DE (MEEST RECENTE) KLAMBOE KOCHT/KREEG, WAS HET AL BEHANDELD MET EEN INSECTICIDE DIE MUSKIETEN DOODT OF AFWEERT?	Ja ..... 1 Nee ..... 2 Weet niet/niet zeker 8	
TN6. HOEVEEL MAANDEN GELEDEN WAS DE (MEEST RECENTE) KLAMBOE GEKOCHT/GEKREGEN? *Indien minder dan 1 maand geleden, noteer '00'.* *Indien antwoord is "12 maanden" of "1 jaar", doorvragen om na te gaan of het precies 12 maanden geleden was gekocht, eerder of later.*	Maanden geleden ..... __ Meer dan 24 maanden geleden ..... 95 Niet zeker 98	
TN7. VANAF U DE KLAMBOE(S) HEEFT, IS HET (IS EEN VAN ZE) OOIT GEWEEKT OF GEDOMPELD IN EEN VLOEISTOF DIE MUSKIETEN DOODT/AFWEERT?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨VOLGEN DE MODULE 8⇨VOLGEN DE MODULE
TN8. HOE LANG GELEDEN WAS EEN KLAMBOE VOOR HET LAATST GEDOMPELD OF GEWEEKT IN ZO'N VLOEISTOF? *Indien minder dan 1 maand geleden, noteer '00'.* *Indien antwoord is "12 maanden" of "1 jaar", doorvragen om na te gaan of de klamboe precies 12 maanden geleden was behandeld, eerder of later.*	Maanden geleden ..... __ Meer dan 24 maanden geleden ..... 95 Niet zeker 98	

Om te stellen aan moeder/verzorger van elk kind in het huishouden van 5 t/m 14 jaar. Voor huishoudleden beneden 5 jaar of boven 14 jaar, laat de rijen leeg.

NU ZOU IK U VRAGEN WILLEN STELLEN OVER WERK DAT KINDEREN IN DIT HUISHOUDEN MISSCHIEN DOEN.

CL1. *Pers. nr.*	CL2. *Voornaam*	CL3. TIJDENS DE AFGELOPEN WEEK, HEEFT (*vnaam*) EÉN OF ANDER WERK GEDAAN VOOR IEMAND DIE NIET TOT DIT HUISHOUDEN BEHOORT? *Indien JA*: TEGEN BETALING IN GELD OF GOEDEREN? 1 JA, TEGEN BETALING (GELD OF GOEDEREN) 2 JA, ONBETAALD 3 NEE ⇨NAAR CL5	CL4. *Indien JA:* SINDS VORIGE WEEK (*dag v/d week*), ONGEVEER HOEVEEL UREN HEEFT HIJ/ZIJ GEWERKT VOOR IEMAND DIE GEEN HUISHOUDLID IS? *Indien meer dan 1 jobs/bossel, tel alle uren van alle jobs/bossels op.* *Noteer antwoord en ga naar ⇨ CL6*	CL5. GEDURENDE HET AFGELOPEN JAAR HEEFT(*vnaam*) OOIT GEWERKT VOOR IEMAND DIE NIET TOT DIT HUISHOUDEN BEHOORT? *Indien JA*: TEGEN BETALING IN GELD OF GOEDEREN? 1 JA, TEGEN BETALING (GELD OF GOEDEREN) 2 JA, ONBETAALD 3 NEE	CL6. TIJDENS DE AFGELOPEN WEEK, HEEFT (*vnaam*) GEHOLPEN MET HUISHOUDELIJK WERK Z.A. INKOPEN DOEN, SCHOONMAKEN, ZORGEN VOOR KINDEREN, WATER HALEN, BRANDHOUT ZOEKEN? 1 JA 2 NEE ⇨ NAAR CL8	CL7 *Indien JA:* SINDS VORIGE WEEK (*dag v/d week*), ONGEVEER HOEVEEL UREN HEEFT HIJ/ZIJ BESTEED AAN DEZE WERKZAAMHEDEN ?	CL8. TIJDENS DE AFGELOPEN WEEK, HEEFT (*vnaam*) ANDER WERK VOOR DE FAMILIE GEDAAN (OP HET LAND, IN EEN BEDRIJF OF VERKOOP VAN SPULLEN LANGS DE STRAAT)? 1 JA 2 NEE ⇨ VOLGENDE REGEL	CL9 *Indien JA.* SINDS VORIGE WEEK (*dag v/d week*), ONGEVEER HOEVEEL UREN DEED HIJ/ZIJ DIT WERK?
01		1 2 3		1 2 3	1 2		1 2	
02		1 2 3		1 2 3	1 2		1 2	
03		1 2 3		1 2 3	1 2		1 2	
04		1 2 3		1 2 3	1 2		1 2	
05		1 2 3		1 2 3	1 2		1 2	
06		1 2 3		1 2 3	1 2		1 2	
07		1 2 3		1 2 3	1 2		1 2	
08		1 2 3		1 2 3	1 2		1 2	
09		1 2 3		1 2 3	1 2		1 2	
10		1 2 3		1 2 3	1 2		1 2	
11		1 2 3		1 2 3	1 2		1 2	
12		1 2 3		1 2 3	1 2		1 2	
13		1 2 3		1 2 3	1 2		1 2	
14		1 2 3		1 2 3	1 2		1 2	
15		1 2 3		1 2 3	1 2		1 2	

KINDER DISCIPLINE MODULE

TABEL 1: KINDEREN 0-14 JAAR KOMEN IN AANMERKING VOOR KINDER DISCIPLINE-VRAGEN

Bekijk het huishoudlistingformulier en noteer elk kind van 0 t/m 14 jaar in onderstaande tabel in volgorde van hun pers.nr (HL1). Noteer geen andere huishoudleden die buiten die leeftijdsgroep vallen. Noteer pers.nr, voornaam, geslacht, leeftijd en pers.nr van de moeder/verzorger van elk kind. Noteer daarna het totaal aantal kinderen 0-14 jaar in het daarvoor bestemde hokje (CD7).

CD1. *Rang Nr.*	CD2. *Pers nr. in HL1.*	CD3. *Voornaam in HL2.*	CD4. *Geslacht in HL4.*	CD5. *Leeftijd in HL5.*	CD6. *Pers nr. van moeder/verzorger in HL7 of HL8.*
01	__ __		1 2	__ __	__ __
02	__ __		1 2	__ __	__ __
03	__ __		1 2	__ __	__ __
04	__ __		1 2	__ __	__ __
05	__ __		1 2	__ __	__ __
06	__ __		1 2	__ __	__ __
07	__ __		1 2	__ __	__ __
08	__ __		1 2	__ __	__ __
09	__ __		1 2	__ __	__ __
10	__ __		1 2	__ __	__ __
CD7					__ __

***Als er slechts 1 kind in de leeftijdsgroep0-14 jaar** tot het huishouden behoort, sla tabel 2 over en ga naar CD9; noteer het rangnummer van het kind (=1) en ga verder met CD11*

TABEL 2: TOEVALLIGE SELECTIE VAN KIND VOOR KINDER DISCIPLINE VRAGEN

*Gebruik deze tabel om een kind te selecteren in de leeftijdsgroep 0 t/m 14 jaar, **als er meer dan 1 kind van 0-14 jaar** tot het huishouden behoort. Kijk naar het laatste cijfer van het huishoudnummer op het voorblad van de vragenlijst. Dit is het nummer van de regel waar u in onderstaande tabel naar toe moet gaan. Controleer het totaal aantal kinderen (0-14) in CD7 hierboven. Dit is het nummer van de kolom waar u naar toe moet gaan. Zoek het hokje op het kruispunt van de rij en de kolom en omcirkel het nummer dat in dat hokje staat. Dit is het rangnummer van het kind waarover vragen gesteld moeten worden. Noteer het rangnummer in CD9 hieronder. Tenslotte, noteer pers.nr en naam van het geselecteerde kind in CD11 op de volgende pagina. Zoek daarna de moeder of verzorger van dat kind op en stel de vragen beginnend met CD12.*

CD8.	TOTAAL AANTAL KINDEREN 0 T/M 14 JR IN HET HUISHOUDEN									
Laatste cijfer van het huishoudnummer	1	2	3	4	5	6	7	8	9	10+
0	1	2	2	4	3	6	5	4	4	8
1	1	1	3	1	4	1	6	5	5	9
2	1	2	1	2	5	2	7	6	6	10
3	1	1	2	3	1	3	1	7	7	1
4	1	2	3	4	2	4	2	8	8	2
5	1	1	1	1	3	5	3	1	9	3
6	1	2	2	2	4	6	4	2	1	4
7	1	1	3	3	5	1	5	3	2	5
8	1	2	1	4	1	2	6	4	3	6
9	1	1	2	1	2	3	7	5	4	7

Identificeer geselecteerd kind van 0 t/m 14 in het huishouden met behulp van de tabellen op de vorige pagina, volgens de instructies. Vraag om de moeder of verzorger van het geselecteerde kind te interviewen (geidentificeerd door het pers.nr in CD6).

CD12. Alle volwassenen hebben bepaalde manieren om kinderen het juiste gedrag aan te leren of om gedragsproblemen aan te pakken. Ik zal verschillende manieren opnoemen die gebruikt worden, en ik wil dat u mij zegt of u of iemand anders in uw huishouden die manier heeft gebruikt bij *(vnaam)* in de afgelopen maand.		
CD12A. VERBOOD IETS WAAR *(vnaam)* VAN HOUDT OF VERBOOD HEM/HAAR HET HUIS TE VERLATEN, STOPTE PRIVILEGES.	Ja ..... 1 Nee 2	
CD12B. LEGDE UIT WAAROM IETS (HET GEDRAG) VERKEERD WAS.	Ja ..... 1 Nee 2	
CD12C. SCHUDDE HEM/HAAR.	Ja ..... 1 Nee 2	
CD12D. GILDE OF SCHREEUWDE TEGEN HEM/HAAR.	Ja ..... 1 Nee 2	
CD12E. GAF HEM/HAAR IETS ANDERS OM TE DOEN (OM AF TE LEIDEN).	Ja ..... 1 Nee 2	
CD12F. SLOEG OF KLAPTE HEM/HAAR OP DE BIL MET DE HAND.	Ja ..... 1 Nee 2	
CD12G. SLOEG HEM/HAAR OP DE BIL OF ERGENS ANDERS OP HET LICHAAM MET IETS ALS EEN RIEM, HAARBOSTEL, STOK OF ANDER HARD VOORWERP.	Ja ..... 1 Nee 2	
CD12H. NOEMDE HEM/HAAR DOM, LUI OF IETS DERGELIJKS.	Ja ..... 1 Nee 2	
CD12I. SLOEG OF KLAPTE HEM/HAAR IN HET GEZICHT, AAN HET HOOFD OF DE OREN.	Ja ..... 1 Nee 2	
CD12J. SLOEG OF KLAPTE HEM/HAAR OP DE HAND, ARM, OF EEN BEEN.	Ja ..... 1 Nee 2	
CD12K. SLOEG HEM/HAAR MET EEN WERKTUIG/GEREEDSCHAP (MEERDERE MALEN, ZO HARD MOGELIJK).	Ja ..... 1 Nee 2	
CD13. GELOOFT U DAT OM *(vnaam)* GOED OP TE VOEDEN, U HEM/HAAR LICHAMELIJK MOET STRAFFEN?	Ja ..... 1 Nee ..... 2 Weet niet/geen mening 8	

Te stellen aan verzorgers van alle kinderen van 2 tot en met 9 jaar oud, die behoren tot dit huishouden. Bij hh-leden beneden 2 jaar of ouder dan 9 jaar, laat de rijen leeg.

IK ZOU WILLEN VRAGEN OF KINDEREN IN DIT HUISHOUDEN, VAN 2 T/M 9 JAAR EEN OF MEER VAN DE GEZONDHEIDSPROBLEMEN HEBBEN, DIE IK ZAL NOEMEN.

	DA2. *Voornaam van kind*	DA3. VERGELEKEN MET ANDERE KINDEREN, HEEFT OF HAD (*vnaam*) EEN ERNSTIGE ACHTERSTAND BIJ HET ZITTEN, STAAN, OF LOPEN?	DA4. VERGELEKEN MET ANDERE KINDEREN, HEEFT (*vnaam*) MOEITE MET ZIEN, OVERDAG OF S'AVONDS?	DA5. SCHIJNT (*vnaam*) MOEITE TE HEBBEN MET HOREN? (GEBRUIKT GEHOORAPPARAAT, HOORT MET MOEITE, IS VOLKOMEN DOOF?)	DA6. WANNEER U (*vnaam*) ZEGT OM IETS TE DOEN, LUKT HIJ/ZIJ TE BEGRIJPEN WAT U ZEGT?	DA7. HEEFT (*vnaam*) MOEITE MET LOPEN OF MET HET BEWEGEN VAN ZIJN/HAAR ARMEN, OF HEEFT HIJ/ZIJ ZWAKKE OF STIJVE ARMEN OF BENEN?	DA8 KRIJGT (*vnaam*) SOMS STUIPEN, WORDT HIJ/ZIJ STIJF OF RAAKT HIJ/ZIJ BEWUSTELOOS?	DA9. LEERT (*vnaam*) OM DEZELFDE DINGEN TE DOEN ALS KINDEREN VAN ZIJN/HAAR LEEFTIJD?	DA10. KAN (*vnaam*) PRATEN (KAN HIJ/ZIJ VERSTAANBARE WOORDEN UITSPREKEN?; KAN HIJ/ZIJ ZICH VERSTAANBAAR MAKEN MET WOORDEN?)	DA11. *(Voor 3-9 jarigen):* IS (*vnaam*)'S UITSPRAAK ANDERS DAN NORMAAL (NIET DUIDELIJK GENOEG OM VERSTAAN TE WORDEN DOOR ANDEREN DAN DE HH-LEDEN)?	DA12. *(Voor 2-jarigen):* KAN (*vnaam*) TENMINSTE 1 DING NOEMEN (BIJV. EEN DIER, EEN STUK SPEELGOED, EEN KAN, EEN LEPEL)?	DA13. VERGELEKEN MET ANDERE KINDEREN VAN DEZELFDE LEEFTIJD, LUKT (*vnaam*) MENTAAL ACHTER, SUF OF TRAAG?
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

MICS SURINAME  VRAGENLIJST VOOR KINDEREN < 5 JAAR

Deze vragenlijst is bestemd voor alle moeders of verzorgers (zie huishoudlisting, kolom HL8) die zorgen voor een kind dat met hen samenwoont en jonger dan 5 jaar is (zie huishoudlisting, kolom HL5).
Voor elk kind jonger dan 5 jaar moet er een aparte vragenlijst gebruikt worden. Vul in het clusternummer, het huishoudnummer, de namen en persoonsnummers van het kind en de moeder/verzorger in de onderstaande ruimten. Vul ook in uw eigen naam, interviewernummer en de datum van invulling van de kindervragenlijst.

UF1. Cluster nummer: ___ ___	UF2. Huishoudnummer: ___ ___
UF3. Voornaam van het kind: _____	UF4. Persoonsnummmer van het KIND: ___ ___
UF5. Voornaam van moeder/verzorger: _____	UF6. Persoonsnummer van de MOEDER/VERZORGER: ___ ___
UF7. Naam en nummer van de interviewer: _____ ___ ___	UF8. Dag/Maand/Jaar van het interview: ___ ___ / ___ ___ / ___ ___ ___ ___
UF9. Resultaat van het interview over het kind jonger dan 5 jaar: *(Codes verwijzen naar moeder/verzorger)*	Volledig ingevulde vragenlijst ..... 1 Niet thuis ..... 2 Weigering ..... 3 Deels ingevulde vragenlijst ..... 4 Niet in staat te antwoorden ..... 5 Anders (specificeer) _____ 6

Herhaal de introductie indien u die niet eerder heeft voorgelezen aan deze respondent:
WE ZIJN VAN HET ABS. WE ZIJN BEZIG MET DE UITVOERING VAN EEN ONDERZOEK NAAR DE GEZONDHEID EN ONDERWIJS VAN GEZINNEN EN HUISHOUDENS. IK ZOU HIEROVER MET U WILLEN PRATEN. HET INTERVIEW ZAL ONGEVEER (30) MINUTEN DUREN. ALLE INFORMATIE DIE WIJ VERZAMELEN ZAL STRIKT GEHEIM BLIJVEN EN UW ANTWOORDEN ZULLEN NOOIT OPENBAAR GEMAAKT WORDEN. U BENT OOK NIET VERPLICHT ANTWOORD OP EEN VRAAG TE GEVEN ALS U DAT NIET WILT, EN U MAG OP ELK MOMENT TIJDENS HET INTERVIEW STOPPEN MET HET VRAAGGESPREK. KAN IK MET DE VRAGEN BEGINNEN?

Als er toestemming is verleend, begin met het interview. Als de respondent niet door wil gaan, bedank hem/haar en ga door met het volgende interview. Bespreek het interviewresultaat met uw supervisor, voor een herbezoek.

UF10. NU ZOU IK U ENKELE VRAGEN WILLEN STELLEN OVER DE GEZONDHEID VAN ELK KIND JONGER DAN 5 JAAR, WAAR U VOOR ZORGT EN DAT NU MET U WOONT. NU GA IK VRAGEN STELLEN OVER (*vnaam*). IN WELKE **MAAND** EN IN **WELK JAAR** IS (*vnaam*) **GEBOREN**? *Vraag door.* WAT IS ZIJN/HAAR **GEBOORTEDATUM**? *Als de moeder/verzorger de exacte geboortedag kent, noteer ook de dag. Anders, omcirkel '98' bij 'dag'.*	Geboortedatum: Dag ..... ___ ___ Dag onbekend ..... 98 Maand ..... ___ ___ Jaar ..... ___ ___ ___ ___	
UF11. HOE OUD IS (*vnaam*) GEWORDEN OP ZIJN/HAAR LAATSTE VERJAARDAG? *Noteer de leeftijd in volledige jaren.*	Leeftijd in volledige jaren ..... ___	

BR1. HEEFT (*vnaam*) EEN **GEBOORTEBEWIJS**? MAG IK HET ZIEN?	Ja, gezien ..... 1 Ja, niet gezien ..... 2 Nee ..... 3 Weet niet 8	1⇨BR5
BR2. IS (*vnaam's*) **GEBOORTE AANGEGEVEN** (GEREGISTREERD) BIJ CBB (LANTI)?	Ja ..... 1 Nee ..... 2 Weet niet 8	1⇨BR5 8⇨BR4
BR3. **WAAROM** IS (*vnaam's*) GEBOORTE **NIET** AANGEGEVEN (GEREGISTREERD)?	Het kost teveel ..... 1 Moet te ver reizen ..... 2 Wist niet dat het aangegeven moet worden 3 Te laat en wilde geen boete betalen ..... 4 Weet niet waar aan te geven ..... 5 Anders (*specificeer*) _____ 6 Weet niet 8	
BR4. **WEET U HOE U DE GEBOORTE VAN UW KIND MOET AANGEVEN** (REGISTREREN)?	Ja ..... 1 Nee 2	
[illegible]	[illegible]	
BR6. BEZOEKT (*vnaam*) EEN PARTICULIERE OF OVERHEIDSCRECHE, **PEUTERSCHOOL** OF **KLEUTERSCHOOL**?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨BR8 8⇨BR8
BR8A **VANAF WELKE LEEFTIJD** BEZOEKT (VNAAM) DE PEUTERSCHOOL, KLEUTERSCHOOL, OF CRECHE?	..... __ __ Maanden	
BR7. **IN DE AFGELOPEN 7 DAGEN**, ONGEVEER HOEVEEL UREN HEEFT (*vnaam*) DE CRECHE , **PEUTERSCHOOL** OF KLEUTERSCHOOL **BEZOCHT**?	Aantal uren ..... __ __	
BR8. IN DE **AFGELOPEN 3 DAGEN**, HEEFT U OF EEN ANDER LID VAN DIT HUISHOUDEN **BOVEN 15 JAAR** OUD, EEN VAN DE VOLGENDE DINGEN GEDAAN **MET** (*vnaam*): *Als Ja, vraag:* **WIE** DEED DAT MET HET KIND – DE MOEDER, DE VADER OF EEN ANDER VOLWASSEN LID VAN HET HUISHOUDEN (INCLUSIEF DE VERZORGER/RESPONDENT)? *Omcirkel alle antwoorden die van toepassing zijn*		

		Moeder	Vader	Ander	Niemand	
BR8A. BOEKEN VOORGELEZEN OF MET (*vnaam*) GEKEKEN NAAR BOEKEN **MET** PLAATJES?	Boeken	A	B	X	Y	
BR8B. **VERHAALTJES** VERTELD **AAN** (*vnaam*)?	Verhalen	A	B	X	Y	
BR8C. LIEDJES **GEZONGEN MET** (*vnaam*)?	Liedjes	A	B	X	Y	
BR8D. (*Vnaam*) **NAAR BUITEN GEBRACHT**, BUITEN HET HUIS, HET ERF OF DE OMRASTERING?	Naar buiten gebracht	A	B	X	Y	
BR8E. **GESPEELD MET** (*vnaam*)?	Gespeeld	A	B	X	Y	
BR8F. **TIJD MET** (*vnaam*) **BESTEED AAN DINGEN NOEMEN, TELLEN**, EN/OF DINGEN **TEKENEN**?	Tijd doorgebracht	A	B	X	Y	

Vraag CE1 moet aan elke verzorger SLECHTS 1 keer gesteld worden.

CE1. HOEVEEL BOEKEN ZIJN ER IN UW HUISHOUDEN? TEL OOK MEE SCHOOLBOEKEN, MAAR PRENTENBOEKEN NIET *Indien 'geen' vul in 00*	Aantal boeken voor volwassenen ..... 0 __ Tien of meer boeken voor volwassenen .. 10	
CE2. HOEVEEL KINDER(VOOR)LEESBOEKEN OF PRENTENBOEKEN HEEFT U VOOR (*vnaam*)? *Indien 'geen' vul in 00*	Aantal kinderboeken..... .....0 __ Tien of meer kinderboeken 10	
CE3. IK BEN GEINTERESSEERD OM TE WETEN MET WELKE DINGEN (*vnaam*) SPEELT ALS HIJ/ZIJ THUIS IS. WAARMEE SPEELT (*vnaam*)? SPEELT HIJ/ZIJ MET HUISHOUDELIJKE SPULLEN, ZOALS KOMMEN, BORDEN, KANNETJES OF POTTEN? DINGEN OF MATERIALEN DIE HIJ/ZIJ BUITEN HET HUIS KAN VINDEN, ZOALS STOKKEN, STENEN, DIEREN, SCHELPEN, OF BLADEREN? ZELFGEMAAKT SPEELGOED, ZOALS POPPEN, AUTO'S EN ANDER SPEELGOED DAT THUIS WORDT GEMAAKT? SPEELGOED UIT DE WINKEL? *Als de respondent Ja antwoordt op 1 van de genoemde categorieen, vraag door om precies te achterhalen waarmee het kind speelt om de juiste categorie aan te kunnen kruisen.* *Omcirkel code Y, als het kind met geen van de genoemde dingen speelt*	Huishoudelijke spullen (kommen, borden, kannen, potten) .....A Dingen en materialen buiten het huis (stokken, stenen, dieren, schelpen, bladeren) .....B Zelfgemaakt speelgoed (poppen, auto's en ander speelgoed thuis gemaakt) ..... C Speelgoed uit de winkel ..... D Geen speelgoed genoemd.....Y	
CE4. SOMS MOETEN VOLWASSENEN DIE VOOR KINDEREN ZORGEN HET HUIS VERLATEN OM NAAR DE WINKEL TE GAAN, KLEREN TE WASSEN OF OM ANDERE REDENEN EN MOETEN ZE JONGE KINDEREN LATEN MET ANDEREN. VANAF AFGELOPEN (*dag van de week*) HOEVEEL KEREN WAS (*vnaam*) GELATEN MET EEN ANDER KIND DAT OP HEM/HAAR MOEST LETTEN (DAT IS, IEMAND JONGER DAN 10 JAAR OUD)? *Indien 'geen' vul in 00*	Aantal keren ..... __ __	
CE5. IN DE AFGELOPEN WEEK, HOEVEEL KEREN WAS (*vnaam*) HELEMAAL ALLEEN GELATEN? *Indien 'geen' vul in 00*	Aantal keren ..... __ __	

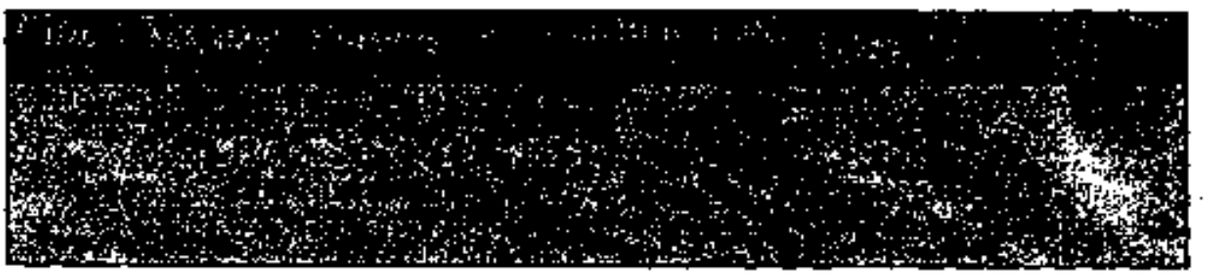
BF1. HEEFT (*vnaam*) OOIT BORSTVOEDING GEHAD?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨BF3 8⇨BF3
BF1A. HOEVEEL MAANDEN HEEFT *(vnaam)* UITSLUITEND BORSTVOEDING GEHAD?	..... __ __ maanden	
BF2. KRIJGT HIJ/ZIJ NOG STEEDS BORSTVOEDING?	Ja ..... 1 Nee ..... 2 Weet niet 8	
BF2A. HOEVEEL MAANDEN WAS (VNAAM) OUD TOEN HIJ/ZIJ ANDER ETEN BEGON TE KRIJGEN BEHALVE BORSTVOEDING?	..... __ __ maanden	
BF3. SINDS DEZE TIJD GISTEREN, HEEFT HIJ/ZIJ EEN VAN DE VOLGENDE PRODUCTEN GEHAD? *Lees elk product luidop en noteer het antwoord alvorens het volgende product op te noemen.*	J N WN	
BF3A. VITAMINEN, MINERAAL SUPPLEMENTEN OF MEDICIJN?	A. Vitamine supplementen 1 2 8	
BF3B. GEWOON WATER?	B. Gewoon water 1 2 8	
BF3C. SUIKERWATER, STROOP, VRUCHTENSAP OF THEE?	C. Suikerwater, stroop, sap 1 2 8	
BF3D. DIOSOL (ORS)?	D. ORS 1 2 8	
BF3E. BABY FORMULA (POEDERMELK)?	E. Baby formula 1 2 8	
BF3F. BLIKMELK, POEDERMELK OF VERSE MELK?	F. Blik-, poeder-, verse melk 1 2 8	
BF3G. ANDERE VLOEISTOF?	G. Andere vloeistof 1 2 8	
BF3H. VAST VOEDSEL OF HALFZACHT VOEDSEL (PUREE)?	H. Vast of halfzacht voedsel 1 2 8	
BF4. [illegible]	[illegible]	
BF5. SINDS DEZE TIJD GISTEREN, HOEVEEL KEER HEEFT (*vnaam*) VAST VOEDSEL, GEPUREERD ETEN OF ANDER ZACHT ETEN (MAAR NIET VLOEIBAAR) GEGETEN? *Indien 7 of meer keren, noteer '7'.*	Aantal keren ..... ___ Weet het niet 8	

CA1. HEEFT (*vnaam*) DIARREE GEHAD IN DE AFGELOPEN TWEE WEKEN, DUS SINDS (*dag van de week*) VAN EERVERLEDEN WEEK ? *Diarree wordt bepaald zoals de moeder of verzorger dit waarneemt, of als 3 keren of meer papperige of waterige ontlasting of bloed in de ontlasting).*	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨CA5 8⇨CA5
CA2. TIJDENS DEZE LAATSTE DIARREE EPISODE, HEEFT (*vnaam*) EEN VAN DE VOLGENDE DINGEN GEDRONKEN: *Lees elk product luidop en noteer het antwoord alvorens verder te gaan met het volgende product.* CA2A. EEN VLOEISTOF GEMAAKT VAN EEN SPECIAAL PAK, GENAAMD DIOSOL (*ORS*)? CA2D. BORSTVOEDING CA2E. PAP MET MELK CA2F. PAP ZONDER MELK CA2G. COCOSWATER CA2H. RIJSTWATER CA2I. HUISMIDDEL ZOALS.....	Ja Nee WN A. Vloeistof van ORS pak ..... 1 2 8 d. Borstvoeding ..... 1 2 8 e. Pap met melk ..... 1 2 8 f. Pap zonder melk ..... 1 2 8 g. Cocoswater ..... 1 2 8 h. Rijstwater ..... 1 2 8 i. Huismiddel 1 2 8	
CA3. TIJDENS (*vnaam's*) ZIEKTE, DRONK HIJ/ZIJ VEEL MINDER, ONGEVEER HETZELFDE OF VEEL MEER DAN GEWOONLIJK?	Veel minder of niet ..... 1 Ongeveer hetzelfde (of iets minder) ..... 2 Meer ..... 3 Weet niet 8	
CA4. TIJDENS (*vnaam's*) ZIEKTE, AT HIJ/ZIJ MINDER, ONGEVEER HETZELFDE OF MEER DAN GEWOONLIJK? *Indien "minder", vraag door:* VEEL MINDER OF EEN BEETJE MINDER?	At niet(s) ..... 1 At veel minder ..... 2 At een beetje minder ..... 3 At ongeveer hetzelfde ..... 4 At meer ..... 5 Weet niet 8	
CA4B. WAAR HEEFT U DE DIOSOL GEHAALD?	Overheidssector Overhelds hospitaal ..... 11 Overhelds gezondheid centrum ..... 12 Overhelds gezondheidspost ..... 13 Dorps Gezondheidwerker ..... 14 Mobiele/outreach kliniek (bus) ..... 15 Overheidsapotheek ..... 17 Andere overhelds medische faciliteit (*specificeer*)_____ ..... 16 Particuliere medische sector Particulier hospitaal/kliniek ..... 21 Particuliere arts ..... 22 Particuliere apotheek ..... 23 Particuliere mobiele kliniek (bus) ..... 24 Andere particuliere medische faciliteit (*specificeer*)_____ 26	

	Andere bron Familie of vrienden ..... 31 Winkel ..... 32 Traditionele genezer ..... 33 Anders (specificeer) _____ 96 Weet niet 98	
CA4C. HOEVEEL HEEFT U BETAALD VOOR DE DIOSOL?	SRD _ _ _ , _ _ Gratis ..... 9996 Weet niet 9998	
CA5. HEEFT (*vnaam*) ERGENS IN DE AFGELOPEN 2 WEKEN EEN ZIEKTE GEHAD MET HOEST (DUS SINDS (*dag van de week*) VAN EERVERLEDEN WEEK?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨CA12 8⇨CA12
CA6. TOEN (*vnaam*) EEN ZIEKTE MET HOEST HAD, ADEMDE HIJ/ZIJ SNELLER DAN GEWOONLIJK MET EEN KORTE, SNELLE ADEMHALING OF ADEMDE HIJ/ZIJ MET MOEITE ?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨CA12 8⇨CA12
CA7. WAREN DE SYMPTOMEN EEN GEVOLG VAN EEN PROBLEEM AAN DE BORSTKAS OF VAN EEN VERSTOPTE NEUS?	Problemen aan de borstkas ..... 1 Verstopte neus ..... 2 Beide ..... 3 Anders (*specificeer*) _____ 6 Weet niet 8	 2⇨CA12 6⇨CA12
CA8. HEEFT U VOOR DIE ZIEKTE BUITENSHUIS ADVIES OF BEHANDELING GEZOCHT?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨CA10 8⇨CA10
CA9. WAAR GING U VOOR BEHANDELING OF ADVIES? ERGENS ANDERS? *Omcirkel alle genoemde gezondheidszorg faciliteiten, maar doe zelf GEEN suggesties aan de respondent.* *Als de bron een hospitaal, gezondheidscentrum, of kliniek is,schrijf de naam van de plaats hieronder. Vraag daar om de precieze gezondheidszorg faciliteits te achterhalen en omcirkel de juiste code* _____ *(Naam van de plaats)*	Publieke sector Overheids hospitaal ..... A Overheids gezondheidscentrum ..... B Overheids gezondheidspost ..... C Dorps gezondheidswerker ..... D Mobiele/outreach kliniek (bus) ..... E Andere overheidsfacilitelt (*specificeer*) _____ H Particuliere medische sector Particulier hospitaal/kliniek ..... I Particuliere arts ..... J Particuliere apotheek ..... K Mobiele kliniek ..... L Andere particuliere medische facilitelt (*specificeer*) _____ O Andere bron Familie of vrienden ..... P Winkel ..... Q Traditionele genezer ..... R Ander (*specificeer*) _____ X	
CA10. HEEFT (*vnaam*) MEDICIJN GEHAD TEGEN DEZE ZIEKTE?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨CA12 8⇨CA12

CA11. WELKE MEDICIJN HEEFT (*vnaam*) GEHAD? *Omcirkel alle medicijnen die zijn gegeven*	Antibiotica ..... A Paracetamol/Panadol/Acetaminophen ..... P Aspirine ..... Q Ibupropfen (of bufen) ..... R Ander (*specificeer*) _____ X Weet niet ..... Z	
CA11B. WAAR HEEFT U DE **ANTIBIOTICA** GEHAALD?	Publieke sector Overheids hospitaal ..... 11 Overheids gezondsheidscentrum ..... 12 Overheids gezondheidspost ..... 13 Dorps gezondheidswerker ..... 14 Mobiele/outreach kliniek (bus) ..... 15 Overheidsapotheek ..... 17 Andere overheids medische faciliteit (*specificeer*) _____ 16 Particuliere medische sector Particulier hospitaal/kliniek ..... 21 Particuliere arts ..... 22 Particuliere apotheek ..... 23 Mobiele kliniek (bus) ..... 24 Andere particullere medische faciliteit (*specificeer*) _____ 26 Andere bron Familie of vrienden ..... 31 Winkel ..... 32 Traditionele genezer ..... 33 Ander (*specificeer*) _____ 96 Weet niet 98	
CA11C. HOEVEEL HEEFT U **BETAALD** VOOR DE **ANTIBIOTICA**?	SRD __ __, __ __ Gratis ..... 9996 Weet niet 9998	
CA13. DE LAATSTE KEER TOEN (*vnaam*) AFGING, HOE WAS ZIJN/HAAR **ONTLASTING VERWIJDERD**? *Noem geen opties*	Kind ging zelf naar toilet/plee ..... 01 Ontlasting was gegoold in toilet/plee ..... 02 Ontlasting gegoold in riool of goot ..... 03 In de vuilnlszak gegoold (solid waste) ..... 04 Begraven ..... 05 Open gelaten ..... 06 Anders (*specificeer*) _____ 96 Weet niet 98	

Stel de volgende vraag (CA14) SLECHTS 1 KEER aan elke moeder/verzorger. CA14. SOMS ZIJN KINDEREN ERNSTIG ZIEK EN MOETEN ZIJ DIRECT NAAR EEN POLI (ARTS, VERPLEEGSTER, GEZONDHEIDSASSISTENT) GEBRACHT WORDEN. BIJ **WELKE KLACHTEN** ZOU U UW KIND **DIRECT** NAAR **EEN POLI** BRENGEN? *Blijf vragen naar meer klachten of symptomen, totdat de moeder/verzorger geen andere symptomen meer kan noemen, maar DOE GEEN SUGGESTIES.*	Kind kan niet drinken of zuigen a/d borst....A Kind wordt zieker....B Kind krijgt koorts....C Kind ademt (te) snel....D Kind kan met moeite ademhalen....E Kind heeft bloed in de ontlasting....F Kind drinkt weinig....G Ander (*specificeer*) _____ X Ander (*specificeer*) _____ Y Ander (*specificeer*) _____ Z	



Voor geselecteerde gebieden in Suriname waar malaria heerst

ML1. IN DE AFGELOPEN 2 WEKEN, DUS SINDS (*dag van de week*) VAN EERVERLEDEN WEEK, HEEFT (*vnaam*) KOORTS GEHAD?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨ML10 8⇨ML10
ML2. IS (*vnaam*) NAAR EEN POLI / GEZONDHEIDSASSISTENT GEBRACHT TIJDENS DEZE ZIEKTE?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨ML6 8⇨ML6
ML3. HEEFT (*vnaam*) KOORTS OF MALARIA MEDICIJN INGENOMEN DIE WAS VOORGESCHREVEN OF AFGEGEVEN DOOR DE POLI/GEZONDHEIDSASSISTENT?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨ML5 8⇨ML5
ML4. WELKE MEDICIJN DIE DOOR DE POLI WAS GEGEVEN OF VOORGESCHREVEN, HEEFT (*vnaam*) INGENOMEN? *Omcirkel alle genoemde medicijnen*	Anti-malaria medicijn: Chloroquine ..... B Kinine ..... D Artemesin combinaties ..... E Kinine en Doxycicline ..... F Mefloquine en Artesunaat ..... G Halfan(Halofantrine) ..... I Coartem ..... J Chloroquine & Primaquine ..... K Andere anti-malaria medicijn (*specificeer*) _____ H Andere medicijnen: Paracetamol/Panadol/Acetaminophen ..... P Aspirine ..... Q Ibuprofen ..... R Ander (*specificeer*) _____ X Weet niet ..... Z	
ML5. HEEFT (*vnaam*) MEDICIJN GEHAD VOOR DE KOORTS OF MALARIA VOORDAT HIJ/ZIJ WERD GEBRACHT NAAR DE POLI ?	Ja ..... 1 Nee ..... 2 Weet niet 8	1⇨ML7 2⇨ML8 8⇨ML8
ML6. HEEFT (*vnaam*) MEDICIJN TEGEN KOORTS OF MALARIA GEHAD TIJDENS DEZE ZIEKTE?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨ML8 8⇨ML8
ML7. WELKE MEDICIJN HEEFT (*vnaam*) GEHAD? *Omcirkel alle toegediende medicijnen. Vraag om de medicijnen te zien, indien ze niet bekend zijn. Als het nog steeds niet duidelijk is toon een voorbeeld van antimalaria tabletten aan de respondent.*	Anti-malaria medicijn: Chloroquine ..... B Kinine ..... D Artemesin combinaties ..... E Kinine en Doxycicline ..... F Mefloquine en Artesunaat ..... G Halfan(Halofantrine) ..... I Coartem ..... J Chloroquine & Primaquine ..... K andere anti-malaria medicijn (*specificeer*) _____ H Andere medicijnen: Paracetamol/Panadol/Acetaminophen ..... P Aspirine ..... Q Ibuprofen ..... R Ander (*specificeer*) _____ X Weet niet ..... Z	

ML9. HOELANG NADAT DE KOORTS WAS BEGONNEN, HEEFT (*vnaam*) VOOR HET EERST (*naam van anti-malaria med. in ML4 of ML7*) INGENOMEN? *Als meerdere anti-malaria medicijnen door de respondent zijn genoemd in ML4 of ML7, noem alle anti-malaria medicijnen ook op.* *Noteer de code van de dag waarop de eerste anti-malaria medicijn was gegeven.*	Dezelfde dag ..... 0 Volgende dag ..... 1 2 dagen na de koorts ..... 2 3 dagen na de koorts ..... 3 4 of meer dagen na de koorts ..... 4 Weet niet 8	
ML9A. WAAR HEEFT U DE (*naam van anti-malaria medicijn in ML4 of ML7*) GEHAALD? *Als er meer dan 1 anti-malaria medicijn is genoemd in ML4 of ML7, vraag naar de eerste anti-malaria medicijn die is gegeven tegen de koorts (het anti-malaria middel gegeven op de dag die genoteerd is in ML9).* *Slechts 1 antwoordmogelijkheid aankruisen.* *Doe geen suggesties.*	Overheids sector Overheids hospitaal ..... 11 Overheids gezondheidscentrum ..... 12 Overheids gezondheidspost ..... 13 Dorps gezondheidswerker ..... 14 Mobiele/outreach kliniek (bus) ..... 15 Overheidsapotheek ..... 17 Andere overheidsfaciliteit (*specificeer*) _____ 16 Particuliere medische sector Particulier hospitaal/kliniek ..... 21 Particuliere arts ..... 22 Particuliere apotheek ..... 23 Mobiele kliniek (bus) ..... 24 Andere particuliere medische faciliteit (*specificeer*) _____ 26 Andere bron Familie of vrienden ..... 31 winkel ..... 32 Traditionele genezer ..... 33 Andere (*specificeer*) _____ 96 Weet niet 98	
ML9B. HOEVEEL HEEFT U BETAALD VOOR DE (*naam van anti-malaria medicijn in ML4 of ML7*)? *Verwijs naar dezelfde anti-malaria medicijn als in ML9A hierboven*	SRD ..... ___,___ Gratis ..... 9996 Weet niet 9998	
ML10. HEEFT (*vnaam*) GISTERAVOND ONDER EEN KLAMBOE GESLAPEN ?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇒VOLGENDE MODULE 8⇒VOLGENDE MODULE
ML11. HOELANG GELEDEN HEEFT UW HUISHOUDEN DE KLAMBOE GEKOCHT/GEHAD? *Indien minder dan 1 maand geleden, noteer '00'. Als antwoord is "12 maanden" of "1 jaar", vraag door om vast te stellen of de klamboe precies 12 maanden geleden was gekocht, eerder of later dan 12 mnd.*	Maanden geleden ..... __ Meer dan 24 maanden geleden ..... 95 Niet zeker hoelang geleden 98	

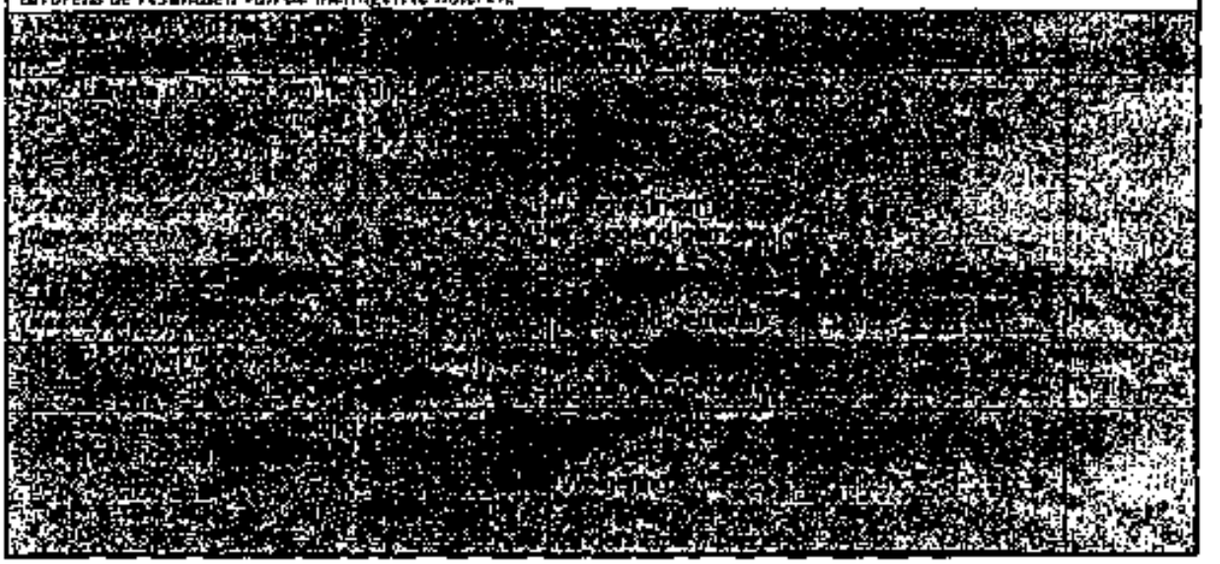
ML12. WAT IS HET MERK VAN DIE KLAMBOE? *Als de respondent het klamboemerk niet kent, toon tekeningen/plaatjes of indien mogelijk, bekijk de klamboe.* LONG LASTING KLAMBOE: *Permanet* ANDERE KLAMBOE:	Long lasting klamboe: Permanet ..... 11 Andere klamboe: Andere klamboe (*nl.*) _____ 36 Merk onbekend/merkloos 98	11⇨VOLGENDE MODULE
ML13. TOEN U DE KLAMBOE KOCHT/KREEG, WAS HET AL BEHANDELD MET EEN INSECTICIDE OM MUSKIETEN TE DODEN OF AF TE WEREN?	Ja ..... 1 Nee ..... 2 Weet niet/niet zeker 8	
ML14. SINDS U DE KLAMBOE HEEFT, IS HET OOIT GEWEEKT OF GEDOMPELD IN EEN VLOEISTOF DIE MUSKIETEN OF INSECTEN DOODT OF AFWEERT?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨ VOLGENDE MODULE 8⇨ VOLGENDE MODULE
ML15. HOELANG GELEDEN WAS DE KLAMBOE GEWEEKT OF GEDOMPELD IN ZO'N VLOEISTOF? *Indien minder dan 1 maand geleden, noteer '00'. Als het antwoord "12 maanden" of "1 jaar" is, vraag door om vast te stellen of de klamboe precies 12 maanden geleden, eerder dan 12 mnd. geleden of later behandeld was.*	Maanden geleden ..... __ Meer dan 24 maanden geleden ..... 95 Weet niet 98	

Als er een vaccinatie kaart beschikbaar/aanwezig is, noteer de data in IM3A-IM7 voor elk type vaccinatie of vitamine A dosering die genoteerd is op de kaart. IM10-IM18 zijn bestemd voor het noteren van vaccinaties die niet op de kaart geschreven staan. Vragen IM10-IM18 worden alleen gesteld wanneer er geen vaccinatie kaart beschikbaar/aanwezig is.

IM1. IS ER EEN **VACCINATIEKAART** VAN (*vnaam*)?	Ja, gezien ..... 1 Ja, niet gezien ..... 2 Nee 3		2⇨IM10 3⇨IM10
		Datum van vaccinatie	
		DAG | MAAND | JAAR	
IM3B. POLIO 1	OPV1		
IM3C. POLIO 2	OPV2		
IM3D. POLIO 3	OPV3		
IM3E. POLIO 4	OPV4		
IM4A. DKT1	DKT1		
IM4B. DKT2	DKT2		
IM4C. DKT3	DKT3		
IM4D. DKT4	DKT4		
IM5D. HEPB BIJ DE GEBOORTE	HEPB0		
IM5A. HEPB1 (OF DKTHEPB1)	(DKT)H1		
IM5B. HEPB2 (OF DKTHEPB2)	(DKT)H2		
IM5C. HEPB3 (OF DKTHEPB3)	(DKT)H3		
IM6. MMR 1	MMR1		
IM6A. MMR 2	MMR2		
IM6B. HIB1	HIB1		
IM6C. HIB2	HIB2		
IM6D. HIB3	HIB3		
IM7. GELE KOORTS	GK		
IM9. HEEFT (VNAAM) BEHALVE DE VACCINATIES OP DEZE KAART **NOG ANDERE VACCINATIES** GEHAD, INCLUSIEF VACCINATIES TIJDENS VACCINATIE CAMPAGNES? *Noteer alleen 'Ja' Als de respondent Polio (OPV 0-4), DKT 1-4, Hepatitis B 1-3, HIB, Mazelen of Gele koorts vaccinatie(s) noemt*	Ja ..... 1 *(Vraag door over de vaccinaties en schrijf '66' in de corresponderende " dag" kolom van IM3B t/m IM7)* Nee ..... 2 Weet niet 8		1⇨IM19 2⇨IM19 8⇨IM19

IM10 HEEFT (*vnaam*) OOIT VACCINATIES GEHAD OM TE VOORKOMEN DAT HIJ/ZIJ ZIEKTEN ZOU KRIJGEN, INCLUSIEF VACCINATIES TIJDENS EEN VACCINATIECAMPAGNE?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨IM19 8⇨IM19
IM12 HEEFT (*vnaam*) OOIT "VACCINATIE DRUPPELS" IN DE MOND GEHAD OM HEM/HAAR TE BESCHERMEN TEGEN ZIEKTEN – DUS POLIO DRUPPELS?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨IM15 8⇨IM15
IM13. HOE OUD WAS HIJ/ZIJ TOEN DE EERSTE DOSIS WERD GEGEVEN– VLAK NA DE GEBOORTE (BINNEN 2 WEKEN) OF LATER?	Vlak na geboorte (binnen 2 weken) ..... 1 Later 2	
IM14. HOEVEEL KEREN HEEFT HIJ/ZIJ DEZE DRUPPELS GEHAD?	Aantal keren ..... __ __	
IM15. HEEFT (*vnaam*) OOIT "DKT VACCINATIE INJECTIES" GEHAD– DUS EEN INJECTIE IN DE DIJ OF DE BIL – OM HEM/HAAR TE BESCHERMEN TEGEN TETANUS (KLEM), KINKHOEST, DIFTERIE? (SOMS SAMEN GEGEVEN MET POLIO DRUPPELS)	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨IM17 8⇨IM17
IM16. HOEVEEL KEREN?	Aantal keren ..... __ __	
IM17. HEEFT (*vnaam*) OOIT "MAZELEN VACCINATIE INJECTIES" OF MMR GEHAD – DUS, EEN SPUITJE IN DE ARM TOEN HET KIND 11 MAANDEN OF OUDER WAS,- OM HEM/HAAR TE BESCHERMEN TEGEN MAZELEN?	Ja ..... 1 Nee ..... 2 Weet niet 8	
IM18. HEEFT (*vnaam*) OOIT "GELE KOORTS VACCINATIE INJECTIES" GEHAD – DUS, EEN SPUITJE IN DE ARM TOEN HET KIND 11 MAANDEN OF OUDER WAS, OM HEM/HAAR TE BESCHERMEN TEGEN GELE KOORTS? (SOMS SAMEN GEGEVEN MET MAZELEN)	Ja ..... 1 Nee ..... 2 Weet niet 8	
IM19. HEEFT (*vnaam*) SPUITJES OF DRUPPELS GEHAD TIJDENS EEN VAN DE VOLGENDE VACCINATIE CAMPAGNES:	J N WN	
IM19A. *APRIL 2005, MMR (voor 1 t/m 5 jarigen)*	*April 2005, MMR* 1 2 8	
IM19B. APRIL 2006, MMR (voor 1 t/m 5 jarigen)	*April 2006, MMR* 1 2 8	

Nadat de vragenlijsten van alle kinderen zijn afgerond, wordt elk kind gewogen en gemeten
Noteer gewicht en lengte/hoogte hieronder en zorg ervoor dat lengte en gewicht van elk kind in de JUISTE kindervragenlijst genoteerd worden. Controleer de naam en het persoonsnummer van het kind in de huishoudlisting, alvorens de resultaten van de metingen te noteren.



MICS SURINAME VRAGENLIJST VOOR INDIVIDUELE VROUWEN

Deze module is bestemd voor alle vrouwen van 15 tot en met 49 jaar (zie kolom HL6 of HH listingformulier). Vul 1 formulier in voor elke vrouw van 15 t/m 49 jaar
Vul clusternummer, huishoudnummer, voornaam, en persoonsnummer van de vrouw in, in onderstaande ruimte. Vul ook uw naam, interviewernumer en de datum van dit interview in.

WM1. Cluster nummer: ___ ___ ___	WM2. Huishoudnummer: ___ ___ - ___
WM3. Voornaam van de vrouw: _____	WM4. Persoonsnr van deze vrouw: ___ ___
WM5. Naam en nummer van interviewer: _____ ___ ___	WM6. Dag/Maand/Jaar van het interview: ___ ___ / ___ ___ / ___ ___ ___ ___
WM7. Resultaat van het interview van deze vrouw:	Volledig ingevulde vragenlijst ..... 1 Niet thuis..... 2 Weigering ..... 3 Deels ingevulde vragenlijst..... 4 Niet in staat te antwoorden..... 5 **Anders** (*specificeer*) _____ **6**

Indien deze vrouw geen introductie heeft gehad, introduceer uzelf:

WE ZIJN VAN HET ABS. WE ZIJN BEZIG MET DE UITVOERING VAN EEN ONDERZOEK OVER GEZONDHEID EN ONDERWIJSNIVEAU VAN GEZINNEN EN HUISHOUDENS. IK ZOU HIEROVER MET U WILLEN PRATEN. HET INTERVIEW ZAL ONGEVEER (30) MINUTEN DUREN. ALLE INFORMATIE DIE WE VERZAMELEN ZAL STRIKT GEHEIM BLIJVEN EN UW ANTWOORDEN ZULLEN NOOIT HERKENBAAR ZIJN. U BENT NIET VERPLICHT OM ANTWOORD OP EEN VRAAG TE GEVEN, ALS U DAT NIET WILT. U MAG OP ELK MOMENT TIJDENS DIT INTERVIEW, STOPPEN MET HET VRAAGGESPREK. KAN IK MET DE VRAGEN BEGINNEN?

Als er toestemming wordt gegeven, begin met het interview. Als de vrouw niet geinterviewd wil worden, bedank haar, vul module WM7 in en ga verder met het volgende interview. Bespreek het resultaat (de weigering) met uw supervisor, voor een herbezoek.

WM8. IN WELKE MAAND EN IN WELK JAAR BENT U GEBOREN?	Geboortedatum: Geboortemaand..... ___ ___ Maand onbekend ..... 98 Geboortejaar ..... ___ ___ ___ ___ Jaar onbekend..... 9998	
WM9. HOE OUD BENT U GEWORDEN OP UW LAATSTE VERJAARDAG?	Leeftijd(in volledige jaren)..... ___ ___	

WM10. HEEFT U OOIT OP SCHOOL GEZETEN?	Ja .... 1 Nee 2	 2⇨WM14
WM11. WAT WAS HET HOOGSTE ONDERWIJSNIVEAU WAAR U OP ZAT: KLEUTERSCHOOL, LAGERE SCHOOL, VOJ, VOS, MIDDELBARE SCHOOL, OF HOGER?	Kleuterschool .... 0 Lagere school .... 1 Basis speciaal onderwijs (mlk,zmlk,mylbyl) .... 2 VOJ (mulo,lbgo,lts) .... 3 VOS (havo, vwo, imeo, natin) .... 4 Voortgezet speciaal ond. .... 5 HBO/Universitair .... 6 Anders .... 7 WN 8	
WM12. WAT IS DE HOOGSTE KLAS DIE U OP DAT NIVEAU HEEFT AFGEROND?	Klas (leerjaar)..........................	
[illegible] Anders (7): ⇨ Ga door met WM1[illegible]		
WM14. NU ZOU IK WILLEN DAT U DEZE ZIN LUIDOP LEEST. *Toon de zinnen aan de respondent.* *Als de respondent de hele zin niet kan lezen, vraag door:* KUNT U EEN STUK VAN DE ZIN VOOR ME LEZEN? *Voorbeeld zinnen voor alfabetisme test:* *1. Het kind leest een boek.* *2. De regentijd begint dit jaar laat.* *3. Ouders moeten voor hun kinderen zorgen.* *4. Landbouwers werken hard.*	Kan helemaal niet lezen................ 1 Kan slechts delen van de zin lezen. 2 Kan hele zin lezen........................ 3 **Er is geen zin in de taal van de respondent** _______________ **4** *(specificeer de taal)* Blind/stom, slecht gezichtsvermogen/spraakgebrek 5	

[illegible]		
Deze module is bestemd voor alle vrouwen van 15 tot en met 49 jaar. *Alle vragen hebben alleen betrekking op LEVEND geboorten.*		
CM1. NU WIL IK U VRAGEN NAAR ALLE BEVALLINGEN DIE U HEEFT GEHAD. BENT U OOIT BEVALLEN VAN EEN LEVENDGEBOREN KIND, OOK AL LEEFDE HET EEN PAAR MINUTEN OF UREN? *Indien "Nee" vraag door:* IK BEDOEL, VAN EEN KIND DAT OOIT ADEMDE OF HUILDE OF ANDERE TEKENEN VAN LEVEN VERTOONDE?	Ja .... 1 Nee 2	 2⇨ NAAR HUWELIJK/ RELATIE MODULE

CM2A. WAT WAS DE DATUM VAN UW EERSTE BEVALLING? IK BEDOEL DE ALLEREERSTE KEER TOEN U BENT BEVALLEN, OOK AL IS HET KIND NIET MEER IN LEVEN, OF OOK AL IS DE VADER NIET UW HUIDIGE PARTNER. *Ga naar CM3 als jaar van 1e geboorte is genoemd. Anders, ga verder met CM2B.*	Geboortedatum eerste kind Dag ..... __ __ Dag onbekend ..... 98 Maand ..... __ __ Maand onbekend ..... 98 Jaar ..... __ __ __ __ Jaar onbekend 9998	⇨CM3 0 CM2a
CM2B. HOEVEEL JAREN GELEDEN BENT U VOOR HET EERST VAN EEN KIND BEVALLEN?	Aantal volledige jaren sinds de eerste bevalling ..... __ __	
CM3. WONEN ER ZONEN OF DOCHTERS VAN WIE U BEVALLEN BENT, NU MET U?	Ja ..... 1 Nee 2	2⇨CM5
CM4. HOEVEEL ZONEN WONEN MET U? HOEVEEL DOCHTERS WONEN MET U?	Zonen die thuis wonen ..... __ __ Dochters die thuis wonen ..... __ __	
CM5. ZIJN ER ZONEN OF DOCHTERS VAN WIE U BEVALLEN BENT, DIE IN LEVEN ZIJN MAAR NIET MET U WONEN?	Ja ..... 1 Nee 2	2⇨CM7
CM6. HOEVEEL ZONEN ZIJN IN LEVEN, MAAR WONEN NIET MET U ? HOEVEEL DOCHTERS ZIJN IN LEVEN, MAAR WONEN NIET MET U?	Zonen die elders wonen ..... __ __ Dochters die elders wonen ..... __ __	
CM7. BENT U OOIT BEVALLEN VAN EEN LEVENDGEBOREN ZOON OF DOCHTER, DIE LATER IS GESTORVEN?	Ja ..... 1 Nee 2	2⇨CM9
CM8. HOEVEEL ZONEN ZIJN GESTORVEN? HOEVEEL DOCHTERS ZIJN GESTORVEN?	Overleden zonen ..... __ __ Overleden dochters ..... __ __	
CM9. *Tel de antwoorden van CM4, CM6, en CM8 op.*	Totaal ..... __ __	

CM10. OM ER ZEKER VAN TE ZIJN DAT IK DE JUISTE ANTWOORDEN HEB:
U BENT GEDURENDE UW LEVEN DUS IN TOTAAL VAN _____ KINDEREN BEVALLEN.
IS DIT JUIST?

☐ *Ja.* ⇨ *Ga naar CM11*

☐ *Nee.* ⇨ *Controleer de antwoorden, pleeg correcties en ga daarna verder met CM11*

CM11. VAN AL DEZE (*totaal aantal*) BEVALLINGEN, WANNEER **BENT** U VAN UW **LAATSTE KIND BEVALLEN** (OOK AL IS HIJ OF ZIJ LATER GESTORVEN)? *Als de dag niet bekend is, schrijf '98' in de daarvoor bestemde ruimte.*	Datum van de laatste bevalling Dag/Maand/Jaar__ __/__ __/__ __ __ __	
[redacted]		
CM13. TOEN U ZWANGER WAS VAN (*vnaam*), **WILDE U TOEN ZWANGER RAKEN**, WILDE U LATER ZWANGER RAKEN, OF WILDE U HELEMAAL GEEN KINDEREN (MEER)?	Wilde toen zwanger raken.....1 Wilde later zwanger raken.....2 Wilde geen kinderen (meer).....3	

Deze module is bestemd voor alle vrouwen met een levendgeboorte in de 2 jaren voorafgaand aan de interview datum.

TT1. HEEFT U EEN KAART OF ANDER DOCUMENT WAAROP UW EIGEN VACCINATIES VERMELD STAAN? *Indien er een kaart wordt getoond, gebruik deze als hulpmiddel bij beantwoording van de volgende vragen.*	Ja (kaart gezien) ..... 1 Ja (kaart niet gezien) ..... 2 Nee ..... 3 Weet niet 8	
TT2. TOEN U ZWANGER WAS VAN UW LAATSTE KIND, HEEFT U EEN INJECTIE GEHAD OM TE VOORKOMEN DAT HIJ/ZIJ KLEM (STUIPEN) ZOU KRIJGEN NA DE GEBOORTE (EEN ANTI-TETANUS SPUITJE, EEN INJECTIE BOVENAAN DE ARM)?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨TT5 8⇨TT5
TT3. *Als Ja:* HOEVEEL KEER KREEG U DEZE KLEM INJECTIE (OF ANTI-TETANUS-INJECTIE) TIJDENS UW LAATSTE ZWANGERSCHAP?	Aantal keren ..... __ __ Weet niet 98	 98⇨TT5
TT5. HEEFT U OOIT, VÓÓR UW LAATSTE ZWANGERSCHAP, EEN KLEM-INJECTIE (ANTI-TETANUS INJECTIE) GEHAD?	Ja ..... 1 Nee ..... 2 Weet niet 8	 2⇨VOLGENDE MODULE 8⇨VOLGENDE MODULE
TT6. HOEVEEL KEER HEEFT U EEN KLEM INJECTIE GEHAD?	Aantal keren ..... __ __	
TT7. IN WELKE MAAND EN WELK JAAR VÓÓR UW LAATSTE ZWANGERSCHAP, HEEFT U DE LAATSTE KLEM-INJECTIE (ANTI-TETANUS INJECTIE) GEHAD? *Ga naar alleen volgende module als het jaar van de injectie is genoemd. Zo niet, ga door met TT8.*	Maand ..... __ __ Maand onbekend ..... 98 Jaar ..... __ __ __ __ Jaar onbekend 9998	 ⇨VOLGENDE MODULE ⇩TT8
TT8. HOEVEEL JAAR GELEDEN VÓÓR UW LAATSTE ZWANGERSCHAP, KREEG U VOOR HET LAATST EEN KLEM-INJECTIE (ANTI-TETANUS INJECTIE)?	Jaar geleden ..... __ __	

[illegible]

Deze module is bestemd voor alle vrouwen die in de 2 jaren voorafgaand aan de datum van het interview, bevallen zijn van een levendgeboren kind.
Check Kindersterfte module CM12 en noteer de naam van het laatst geboren kind hier ______
Gebruik de naam van dit kind in de volgende vragen, waar dat is aangegeven.

MN1A. TIJDENS UW ZWANGERSCHAP VAN (*VNAAM*), KREEG U FOLIUM ZUUR (TABLETTEN)? *Toon (foto's van) foliumzuur*	Ja ... 1 Nee ... 2 Weet niet ... 8	
MN2. BENT U BIJ IEMAND GEWEEST VOOR ZWANGERSCHAPSZORG OF CONTROLE BIJ DIE ZWANGERSCHAP? Als Ja: BIJ WIE BENT U GEWEEST? EN NOG IEMAND ANDERS? *Vraag door over de soort (en) hulpverlener(s) en omcirkel alle antwoorden die de vrouw geeft.*	Gezondheidswerker: Arts/dokter ... A Verpleegster/vroedvrouw ... B Vroedvrouw/arts in opleiding ... C Andere persoon: Traditionele vroedvrouw ... F Gezondheidswerker binnenland/ gezondheidsassistent ... G Familie/vriend(in) ... H Anders (*specificeer*) ______ X Bij niemand ... Y	Y⇨MN6AFIL
MN3. BIJ UW ZWANGERSCHAPSZORG, IS EEN VAN DE VOLGENDE DINGEN TENMINSTE 1 KEER GEDAAN? MN3A. WAS U GEWOGEN? MN3B. WAS UW BLOEDDRUK GEMETEN? MN3C. HEEFT U URINE AFGESTAAN? MN3D. HEEFT U BLOED AFGESTAAN?	Ja / Nee Gewogen ... 1 / 2 Bloeddruk gemeten ... 1 / 2 Urine monster afgestaan ... 1 / 2 Bloed geprikt ... 1 / 2	
MN4. HEEFT U INFORMATIE OF EEN GESPREK GEHAD OVER AIDS EN HET AIDS VIRUS TIJDENS UW ZWANGERSCHAPSCONTROLES?	Ja ... 1 Nee ... 2 Weet niet ... 8 Geen antwoord ... 9	
MN5. IK WIL DE UITSLAG NIET WETEN, MAAR HEEFT U EEN HIV/AIDS TEST GEHAD ALS ONDERDEEL VAN UW ZWANGERSCHAPSCONTROLE?	Ja ... 1 Nee ... 2 Weet niet ... 8 Geen antwoord ... 9	2⇨MN6AFIL 8⇨MN6AFIL 9⇨MN6AFIL
MN6. IK WIL DE UITSLAG NIET WETEN, MAAR HEEFT U DE UITSLAG VAN DIE TEST GEHAD?	Ja ... 1 Nee ... 2 Weet niet ... 8	
MN6[illegible] huishoudvragenlijst HH6A: Woont [illegible] malaria geïnfecteerd gebied? [illegible]		
MN6A. TIJDENS DEZE ZWANGERSCHAP, HEEFT U MEDICIJNEN INGENOMEN OM GEEN MALARIA TE KRIJGEN?	Ja ... 1 Nee ... 2 Weet niet ... 8	2⇨MN7 8⇨MN7
MN6B. WELKE MEDICIJNEN HEEFT U INGENOMEN OM GEEN MALARIA TE KRIJGEN? *Omcirkel alle ingenomen medicijnen. Bij onduidelijkheid, toon anti-malaria medicijnen*	Chloroquine ... B Mefloquine ... C Ander (*specificeer*) ______ X Weet niet ... Z	
[illegible] medicijn [illegible] ⇨ Ga door met MN6D [illegible] ingenomen ⇨ Ga naar MN[illegible]		
MN6D. HOE VAAK TIJDENS DEZE ZWANGERSCHAP HEEFT U CHLOROQUINE INGENOMEN OM GEEN MALARIA TE KRIJGEN?	Eenmalig 1 ... 01 Aantal keren per week 2 ... __ __ Aantal keren per maand 3 ... __ __	

MN6E. HOEVEEL WEKEN (OF MAANDEN) TIJDENS DEZE ZWANGERSCHAP HEEFT U CHLOROQUINE INGENOMEN OM GEEN MALARIA TE KRIJGEN?	Aantal weken ..... __ __ Aantal maanden ..... __ __	
MN7. WIE HEEFT GEASSISTEERD BIJ DE BEVALLING VAN UW LAATSTE KIND (*of noem de naam van kind*)? NOG IEMAND ANDERS? *Vraag door omtrent de persoon (personen) die bij de bevalling heeft (hebben) geassisteerd en omcirkel alle antwoorden die worden gegeven.*	Gezondheidswerker: Arts/Dokter ..... A Verpleegster/vroedvrouw ..... B Vroedvrouw/arts in opleiding ..... C Andere persoon: Traditionele vroedvrouw ..... F Gezondheidswerker binnenland/ gezondheidsassistent ..... G Familielid/vriend(in) ..... H Anders (*specificeer*) _____ X Niemand ..... Y	
MN8. WAAR BENT U BEVALLEN VAN (*vnaam*)? *Als de plaats een hospitaal, gezondheidscentrum of kliniek is, schrijf de naam van de plaats hieronder. Vraag door om de soort locatie te identificeren en omcirkel de juiste code.* _____ *(Naam van de plaats)*	*Thuis* Uw huis ..... 11 Thuis bij iemand anders ..... 12 *Publieke medische sector* Overheidshospitaal ..... 21 Overheidskliniek/gezondheidscentrum 22 Andere publieke (*specificeer*) _____ 26 *Particuliere medische sector* Particulier hospitaal ..... 31 Particuliere kliniek ..... 32 Particuliere kraamkliniek ..... 33 Andere particuliere medische faciliteit (*specificeer*) _____ 36 Andere (*specificeer*) _____ 96	
MN9. TOEN UW LAATSTE KIND (*vnaam*) WAS GEBOREN, WAS HIJ/ZIJ ERG GROOT, GROTER DAN NORMAAL, VAN NORMALE GROOTTE, KLEINER DAN NORMAAL, OF ERG KLEIN?	Erg groot ..... 1 Groter dan normaal ..... 2 Van normale grootte ..... 3 Kleiner dan normaal ..... 4 Erg klein ..... 5 Weet niet 8	
MN10. WAS (*vnaam*) BIJ DE GEBOORTE GEWOGEN?	Ja ..... 1 Nee ..... 2 Weet niet 8	2⇨MN12 8⇨MN12
MN11. HOE ZWAAR WOOG (*vnaam*)? *Noteer het gewicht van de gezondheids (consultatie)kaart, indien beschikbaar.*	Van kaart ..... 1 (gram) __ __ . __ __ __ Uit het hoofd ..... 2 (gram) __ __ . __ __ __ Weet het niet 99998	
MN12. HEEFT U (*vnaam*) OOIT BORSTVOEDING GEGEVEN?	Ja ..... 1 Nee 2	2⇨ VOLGENDE MODULE
MN13. HOE SNEL NA DE GEBOORTE HEEFT U (*vnaam*) VOOR HET EERST BORSTVOEDING GEGEVEN? *Indien minder dan 1 uur na geboorte, vul in '00' uren.* *Indien minder dan 24 uren, vul het aantal uren in.* *In het andere geval, noteer het aantal dagen.*	Direct na de geboorte ..... 00 Uren ..... 1 __ __ *of* Dagen ..... 2 __ __ Weet niet/ weet niet meer 98	

MA1. BENT U MOMENTEEL GETROUWD OF WOONT U SAMEN MET EEN MAN IN CONCUBINAAT?	Ja, momenteel getrouwd .....1 Ja, woont samen met een man .....2 Nee, geen samenwoningsverband..3	3⇨MA3
MA2. HOE OUD IS UW ECHTGENOOT/ PARTNER GEWORDEN OP ZIJN LAATSTE VERJAARDAG?	Leeftijd in jaren .....__ __ Weet niet 98	⇨MA5 98⇨MA5
MA3. WAS U OOIT GETROUWD OF HEEFT U OOIT SAMEN GEWOOND MET EEN MAN?	Ja, vroeger getrouwd.....1 Ja, woonde vroeger samen met een man.....2 Nee.....3	3 ⇨VOLGENDE MODULE
MA4. WAT IS UW BURGELIJKE STAAT NU. BENT U WEDUWE, GESCHEIDEN OF GESCHEIDEN VAN TAFEL EN BED/UIT ELKAAR ?	Weduwe ..... 1 Gescheiden .....2 Gescheiden van tafel en bed/ uit elkaar.....3	
MA5. WAS U SLECHTS EEN KEER OF MEER DAN 1 KEER GETROUWD? WOONDE U SLECHTS 1 KEER OF MEER DAN 1 KEER SAMEN MET EEN MAN?	Slechts 1 keer .....1 Meer dan 1 keer 2	
MA6. IN WELKE MAAND EN WELK JAAR TROUWDE U VOOR HET EERST OF BEGON U VOOR HET EERST MET EEN MAN SAMEN TE WONEN IN CONCUBINAAT?	Maand .....__ __ Maand onbekend.....98 Jaar .....__ __ __ __ Jaar onbekend 9998	
MA7. [illegible]		
MA8. HOE OUD WAS U TOEN U MET UW EERSTE MAN/PARTNER GING SAMENWONEN?	Leeftijd in jaren .....__ __	

ANTICONCEPTIE GEBRUIK EN BEHOEFTE

CP1. IK ZOU OVER EEN ANDER ONDERWERP MET U WILLEN PRATEN – GEZINSPLANNING – EN UW REPRODUCTIEVE GEZONDHEID. BENT U NU ZWANGER?	Ja, momenteel zwanger ..... 1 Nee ..... 2 Twijfelt of weet niet 8	 2⇨CP2 8⇨CP2
CP1A. TOEN U ZWANGER WERD, WILDE U TOEN ZWANGER RAKEN, WILDE U WACHTEN TOT EEN LATER MOMENT, OF WILDE U GEEN KINDEREN (MEER)?	Wilde toen zwanger raken ..... 1 Wilde later zwanger raken ..... 2 Wilde geen kinderen (meer) 3	1⇨CP4B 2⇨CP4B 3⇨CP4B
CP2. SOMMIGE MENSEN GEBRUIKEN VERSCHILLENDE MANIEREN OM EEN ZWANGERSCHAP UIT TE STELLEN OF TE VOORKOMEN. DOET U MOMENTEEL IETS, OF GEBRUIKT U MOMENTEEL IETS OM ZWANGERSCHAP UIT TE STELLEN OF TE VOORKOMEN?	Ja ..... 1 Nee 2	 2⇨CP4A
CP3. WELKE METHODE GEBRUIKT U? *Som geen antwoordmogelijkheden op. Als er meer dan 1 methode wordt genoemd, omcirkel elke genoemde methode.*	Sterilisatie van de vrouw ..... A Sterilisatie van de man ..... B De Pil ..... C Spiraaltje/ IUD ..... D Prikpil/Injecties ..... E Hormoon implants ..... F Condoom ..... G Vrouwen condoom ..... H Diafragma (pessarium) ..... I Schuimtabletten/zaaddodend middel/pasta ..... J Borstvoedingsmethode (LAM) ..... K Periodieke onthouding/ kalender/ fluoronderzoek ..... L Terugtrekken ..... M Andere (*specificeer*) _____ X	
CP4A. NU ZOU IK EEN PAAR VRAGEN WILLEN STELLEN OVER KINDEREN IN DE TOEKOMST. ZOU U NOG EENS ZWANGER WILLEN RAKEN, OF WILT U LIEVER GEEN KINDEREN (MEER) KRIJGEN? CP4B. *Indien nu zwanger:* NU ZOU IK ENKELE VRAGEN WILLEN STELLEN OVER KINDEREN IN DE TOEKOMST. NA HET KIND DAT U NU VERWACHT, ZOU U NOG EEN KEER ZWANGER WILLEN RAKEN, OF WILT U LIEVER GEEN KINDEREN (MEER) KRIJGEN?	Wil (nog) een kind ..... 1 Wil geen kinderen (meer) ..... 2 Ze kan niet zwanger raken ..... 3 Besluiteloos/weet het niet 8	 2⇨CP4D 3⇨VOLGENDE MODULE 8⇨CP4D

CP4C. (U BENT NU ZWANGER). HOELANG ZOU U WILLEN WACHTEN VOORDAT U VAN (NOG) EEN KIND BEVALT?	Maanden ..... 1 __ __ Jaren ..... 2 __ __ Gauw/binnenkort/nu ..... 993 Zegt dat ze niet zwanger kan raken ..... 994 Na het huwelijk ..... 995 Anders ..... 996 Weet het niet 998	994⇨VOLGENDE MOD.
CP4E. DENKT U DAT U LICHAMELIJK IN STAAT BENT OM OP DIT MOMENT ZWANGER TE RAKEN?	Ja ..... 1 Nee ..... 2 Weet niet 8	
AB1A. SOMS KIEZEN VROUWEN VOOR ANDERE MANIEREN VAN GEZINSPLANNING, BIJV. DOOR EEN ABORTUS. WEET U WAT EEN ABORTUS IS?	Ja ..... 1 Nee ..... 2 Geen antwoord 9	
AB1B. HEEFT U OOIT EEN ZWANGERSCHAP LATEN VERWIJDEREN OF LATEN ONDERBREKEN (BENT U BIJV. NAAR EEN ARTS GEWEEST VOOR EEN ABORTUS)?	Ja ..... 1 Nee ..... 2 Geen antwoord 9	2⇨VOLGENDE MODULE 9⇨VOLGENDE MODULE
AB1C. HOEVEEL KEREN HEEFT U EEN ABORTUS GEPLEEGD OM EEN ZWANGERSCHAP TE VERWIJDEREN?	1 Keer ..... 1 2 Keren ..... 2 Meer dan 2 keren ..... 3 Weet niet ..... 8 Geen antwoord 9	8⇨VOLGENDE MODULE 9⇨VOLGENDE MODULE
AB1D. WIE HEEFT UW (LAATSTE) ABORTUS VERRICHT?	Arts/dokter ..... 1 Verpleegster/vroedvrouw Gezondheidswerker ..... 2 Traditionele medicijnman/vrouw ..... 3 Familielid of vriend(in) ..... 4 De vrouw zelf ..... 5 Weet het niet ..... 8 Geen antwoord 9	

HOUDING TEGENOVER HUISELIJK GEWELD

DV1. SOMS WORDT EEN ECHTGENOOT/MAN GEIRRITEERD OF BOOS DOOR DINGEN DIE ZIJN VROUW DOET. NAAR UW MENING, HEEFT EEN ECHTGENOOT HET RECHT OM ZIJN VROUW TE SLAAN OF TE RAMMELEN IN DE VOLGENDE SITUATIES:	Ja Nee WN		
DV1A. ALS ZE UITGAAT ZONDER HEM TE MELDEN?	Uitgaan zonder te melden 1 2 8		
DV1B. ALS ZE DE KINDEREN VERWAARLOOST?	Kinderen verwaarlozen......1 2 8		
DV1C. ALS ZE RUZIE MET HEM MAAKT?	Ruzie maken 1 2 8		
DV1D. ALS ZE WEIGERT OM MET HEM NAAR BED TE GAAN?	Sex weigeren 1 2 8		
DV1E. ALS ZE HET ETEN AANBRANDT?	Eten aanbranden...............1 2 8		
DV2. NAAR UW MENING, ALS EEN ECHTGENOOT BOOS OF GEIRRITEERD IS, HEEFT HIJ HET RECHT OM ZIJN VROUW TE STRAFFEN DOOR:	Ja Nee WN		
DV2A. TEGEN HAAR TE SCHREEUWEN?	Schreeuwen 1 2 8		
DV2B. DOOR HAAR GELD TE WEIGEREN?	Geld weigeren 1 2 8		
DV3C. DOOR HAAR GEESTELIJK TE MISHANDELEN OP EEN ANDERE MANIER?	Andere geestelijke mish ..1 2 8		

[illegible]

CONTROLEER OF ER ANDEREN AANWEZIG ZIJN. VOORDAT U DOORGAAT, VERZEKERT U ZICH VAN PRIVACY VOOR U EN DE RESPONDENT.

SB0 [illegible]

SB1. NU MOET IK U ENKELE VRAGEN STELLEN OVER SEKSUELE ACTIVITEIT, OM ZO BETER INZICHT TE KRIJGEN IN BEPAALDE ZAKEN VAN GEZINSLEVEN. DE INFORMATIE DIE U VERSCHAFT ZAL STRIKT GEHEIM BLIJVEN. HOE OUD WAS U TOEN U VOOR HET EERST SEKSUELE GEMEENSCHAP HAD MET EEN MAN (INDIEN U DAT OOIT HEEFT GEHAD)?	Nooit seksuele gemeenschap gehad ....00 Leeftijd in jaren ....__ __ Eerste keer toen ze begon samen te wonen met (eerste) echtgenoot/partner 95	00⇨VOLGENDE MODULE
SB2. WANNEER HEEFT U VOOR HET LAATST SEKSUELE GEMEENSCHAP GEHAD MET EEN MAN? *Noteer alleen 'jaren geleden' als de laatste seksuele gemeenschap 1 of meerdere jaren geleden was. Indien 12 maanden of meer, dan dient het antwoord in jaren te worden genoteerd.*	Dagen geleden ....1 __ __ Weken geleden ....2 __ __ Maanden geleden ....3 __ __ Jaren geleden..................................4 __ __	4⇨VOLGENDE MODULE

SB3. IS EEN CONDOOM GEBRUIKT BIJ UW LAATSTE SEKSUELE GEMEENSCHAP?	Ja ..... 1 Nee 2	
SB4. WAT IS UW RELATIE MET DE MAN MET WIE U VOOR HET LAATST SEKSUELE GEMEENSCHAP HEEFT GEHAD? *Indien de man 'vriend' of 'verloofde' is, vraag:* WOONDE UW VRIEND/VERLOOFDE MET U TOEN U VOOR HET LAATST GEMEENSCHAP HAD? *Indien 'Ja', omcirkel 1. Indien 'Nee', omcirkel 2.*	Echtgenoot / samenwonende partner ..... 1 Man is vriend / verloofde ..... 2 Andere vriend ..... 3 Een oppervlakkige kennis ..... 4 Ander (*specificeer*) _____ 6	1⇨SB8
SB5. HOE OUD IS DEZE PERSOON? *Als respons "Weet niet" is, vraag door:* ONGEVEER HOE OUD IS DEZE PERSOON?	Leeftijd van de seksuele partner ..... __ __ Weet niet 98	
SB6. HEEFT U DE AFGELOPEN 12 MAANDEN SEKSUELE GEMEENSCHAP GEHAD MET EEN ANDERE MAN?	Ja ..... 1 Nee 2	2⇨SB12
SB7. DE LAATSTE KEER DAT U SEKSUELE GEMEENSCHAP HAD MET DEZE *(2e)* MAN, IS ER EEN CONDOOM GEBRUIKT?	Ja ..... 1 Nee 2	
SB8. WAT IS UW RELATIE MET DEZE *(2e)* MAN? *Indien de man 'vriend' of 'verloofde' is, vraag:* WOONDE UW VRIEND/VERLOOFDE MET U SAMEN TOEN U VOOR HET LAATST SEKSUELE GEMEENSCHAP HAD? *Indien 'Ja', omcirkel 1. Indien 'nee', omcirkel 2.*	Echtgenoot/samenwonende partner ..... 1 Man is vriend / verloofde ..... 2 Andere vriend ..... 3 Een oppervlakkige kennis ..... 4 Ander (*specificeer*) _____ 6	1⇨SB10
SB9. HOE OUD IS DEZE *(2e)* PERSOON? *Als het antwoord "Weet niet" is, vraag door:* ONGEVEER HOE OUD IS DEZE PERSOON?	Leeftijd van de seksuele partner ..... __ __ Weet niet 98	
SB10. BEHALVE DEZE TWEE MANNEN, HEEFT U DE AFGELOPEN 12 MAANDEN SEKSUELE GEMEENSCHAP GEHAD MET EEN ANDERE MAN?	Ja ..... 1 Nee 2	2⇨SB12
SB11. IN TOTAAL, MET HOEVEEL VERSCHILLENDE MANNEN HEEFT U SEKSUELE GEMEENSCHAP GEHAD IN DE AFGELOPEN 12 MAANDEN?	Aantal partners ..... __ __	
SB12. HEEFT U IN DE AFGELOPEN 12 MAANDEN, SEKSUELE GEMEENSCHAP GEHAD IN RUIL VOOR GOEDEREN OF GELD?	Ja ..... 1 Nee ..... 2 Weet het niet ..... 8 Geen antwoord 9	2,8,9⇨ VOLGENDE MODULE
SB13. IN DE AFGELOPEN 12 MAANDEN, MET HOEVEEL PARTNERS HEEFT U SEKSUELE GEMEENSCHAP GEHAD IN RUIL VOOR GOEDEREN OF GELD?	1 Partner ..... 1 Meer dan 1 partner ..... 2 Weet niet ..... 8 Geen antwoord 9	

HIV/AIDS-MODULE		
HA1. NU ZOU IK OVER IETS ANDERS MET U WILLEN PRATEN. HEEFT U OOIT GEHOORD VAN HET HIV VIRUS OF VAN EEN ZIEKTE GENAAMD AIDS?	Ja ..... 1 Nee 2	2⇨ VOLGENDE VRAGENLIJST
HA2. KUNNEN MENSEN ZICHZELF BESCHERMEN TEGEN BESMETTING MET HET AIDS VIRUS DOOR SLECHTS 1 SEKSUELE PARTNER TE HEBBEN DIE NIET BESMET IS, EN DIE OOK GEEN ANDERE PARTNERS HEEFT?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA3. KUNNEN MENSEN BESMET WORDEN MET HET AIDS VIRUS DOOR HEKSERIJ/TOVENARIJ OF ANDERE BOVENNATUURLIJKE OORZAKEN?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA4. KUNNEN MENSEN DE KANS OM HET AIDS VIRUS TE KRIJGEN, VERMINDEREN DOOR ELKE KEER WANNEER ZIJ SEKSUELE OMGANG HEBBEN, EEN CONDOOM TE GEBRUIKEN?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA5. KUNNEN MENSEN HET AIDS VIRUS KRIJGEN DOOR MUSKIETENBETEN?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA6. KUNNEN MENSEN DE KANS OP BESMETTING HET AIDS VIRUS VERKLEINEN DOOR HELEMAAL GEEN SEKSUELE GEMEENSCHAP TE HEBBEN?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA7. KUNNEN MENSEN HET AIDS VIRUS KRIJGEN DOOR ETEN TE DELEN MET EEN PERSOON DIE AIDS HEEFT?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA7A. KUNNEN MENSEN HIV KRIJGEN DOOR INJECTIES MET EEN NAALD DIE AL EERDER GEBRUIKT WAS DOOR IEMAND ANDERS?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA8. IS HET MOGELIJK DAT EEN GEZOND UITZIENDE PERSOON HET AIDS VIRUS HEEFT?	Ja ..... 1 Nee ..... 2 Weet niet 8	
HA9. KAN HET AIDS VIRUS OVERGEBRACHT WORDEN VAN EEN MOEDER OP HAAR BABY:	Ja Nee WN	
HA9A. TIJDENS DE ZWANGERSCHAP?	Tijdens zwangerschap 1 2 8	
HA9B. TIJDENS DE BEVALLING?	Tijdens bevalling 1 2 8	
HA9C. DOOR BORSTVOEDING?	Door borstvoeding 1 2 8	

HA10. ALS EEN **ONDERWIJZERES** HET AIDS VIRUS HEEFT MAAR NIET ZIEK IS, MOET HET **TOEGELATEN** WORDEN DAT ZIJ **DOOR LES BLIJFT GEVEN** OP SCHOOL?	Ja ..... 1 Nee ..... 2 Weet niet/niet zeker/hangt ervan af 8	
HA11. ZOU U **VERSE GROENTEN** KOPEN VAN EEN WINKELIER OF VERKOPER ALS U WIST DAT DIE PERSOON HET AIDS VIRUS HAD?	Ja ..... 1 Nee ..... 2 Weet niet/niet zeker/hangt ervan af 8	
HA12. ALS EEN LID **VAN UW GEZIN/FAMILIE BESMET** WERD MET HET AIDS VIRUS, ZOU U WILLEN DAT HET **EEN GEHEIM BLEEF**?	Ja ..... 1 Nee ..... 2 Weet niet/niet zeker/hangt ervan af 8	
HA13. ALS EEN FAMILIELID ZIEK WERD DOOR HET AIDS VIRUS, ZOU U **BEREID** ZIJN VOOR HEM OF HAAR TE **ZORGEN** IN UW HUIS(HOUDEN)?	Ja ..... 1 Nee ..... 2 Weet niet/niet zeker/hangt ervan af 8	
[redacted]		
HA15. IK WIL DE UITSLAG NIET WETEN, MAAR **BENT U OOIT GETEST** OM TE ZIEN OF U HIV HAD, HET VIRUS DAT AIDS VEROORZAAKT?	Ja ..... 1 Nee 2	2⇨HA18
HA16. IK WIL DE UITSLAG VAN DE TEST NIET WETEN, MAAR WAS DE **UITSLAG** AAN U **VERTELD**?	Ja ..... 1 Nee 2	
HA17. HAD U **ZELF GEVRAAGD** OM DE **TEST** TE DOEN, WAS HET AANGEBODEN WAARNA U TOESTEMDE, OF WAS DE TEST VERPLICHT?	Zelf gevraagd om de test ..... 1 Werd aangeboden en geaccepteerd. ..... 2 Verplicht 3	1⇨VOLGENDE VRAGENLIJST 2⇨VOLGENDE VRAGENLIJST 3⇨VOLGENDE VRAGENLIJST
HA18. OP DIT MOMENT, **KENT U EEN PLAATS WAAR U EEN TEST** KUNT DOEN OM NA TE GAAN OF U HET AIDS VIRUS HEEFT? HA18A. *Indien getest op HIV tijdens zwangerschapscontrole:* BEHALVE BIJ HET CONSULTATIEBUREAU, KENT U EEN ANDERE PLAATS WAAR U KUNT GAAN TESTEN OM TE ZIEN OF U HET AIDS VIRUS HEEFT?	Ja ..... 1 Nee 2	

Volg de instructies in de Interviewers Manual.