Sao Tome and Principe

Final Report

Multiple Indicator Cluster Survey 2014

MICS

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The Sao Tome and Principe Multiple Indicator Cluster Survey (MICS) was carried out in 2014 by the National Institute of Statistics (INE) in collaboration with the National Centre for Endemic Diseases (CNE) and the UNDP/Global Fund project, as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF) and ICF International. UNICEF, the Global Fund and the Government of the Democratic Republic of Sao Tome and Principe provided financial and logistical support.

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to support countries in the collection of internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

Summary Table of Survey Implementation and the Survey Population, Sao Tome and Principe, 2014

Survey implementation			
Sample frame	2012 General Population and Habitat Census	**Questionnaires**	Household Women (age 15-49) Men (age 15-49) Children under five
- Updated	January 2014		
Interviewer training	March 2014	**Fieldwork**	April to June 2014
Survey sample			
Households		Children under five	
- Sampled	3,930	- Eligible	2,062
- Occupied	3,625	- Mothers/caretakers interviewed	2,030
- Interviewed	3,492	- Response rate (Per cent)	98.4
- Response rate (Per cent)	96.3		
Women		Men	
- Eligible for interviews	3,101	- Eligible for interviews	2,772
- Interviewed	2,935	- Interviewed	2,267
- Response rate (Per cent)	94.6	- Response rate (Per cent)	81.8

Survey population			
Average household size	3.9	**Percentage of population living in**	
		- Urban areas	66.6
Percentage of population under:		- Rural areas	33.4
- Age 5	14.9		
- Age 18	50.8	- Region Centre East	65.4
		- Region North West	18.7
Percentage of women age 15-49 years with at least one live birth in the last 2 years	25.7	- Region South East	12.3
		- Autonomous Region of Principe	3.7

Housing characteristics			Household or personal assets	
Percentage of households with			**Percentage of households that own**	
- Electricity	68.6		- A television	68.3
- Finished floor	36.4		- A refrigerator/freezer	42.8
- Finished roofing	99.8		- Agricultural land	25.8
- Finished walls	98.1		- Farm animals/livestock	40.6
Mean number of persons per room used for sleeping	2.18		**Percentage of households where at least a member has or owns a**	
			- Mobile phone	82.2
			- Car or truck	9.7

Summary Table of Findings[i]

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Sao Tome and Principe, 2014

CHILD MORTALITY

Early childhood mortality[a]

MICS Indicator		Indicator	Description	Value
1.1		Neonatal mortality rate	Probability of dying within the first month of life	22
1.2	**MDG 4.2**	Infant mortality rate	Probability of dying between birth and the first birthday	38
1.3		Post-neonatal mortality rate	Difference between infant and neonatal mortality rates	16
1.4		Child mortality rate	Probability of dying between the first and the fifth birthdays	7
1.5	**MDG 4.1**	Under-five mortality rate	Probability of dying between birth and the fifth birthday	45
[a] Rates refer to the 5-year period preceding the survey.				

NUTRITION

Nutritional status

MICS Indicator		Indicator	Description	Value
2.1a 2.1b	**MDG 1.8**	Underweight prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	8.8 1.8
2.2a 2.2b		Stunting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	17.2 4.5
2.3a 2.3b		Wasting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	4.0 0.8
2.4		Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	2.4

Breastfeeding and infant feeding

MICS Indicator		Indicator	Description	Value
2.5		Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	97.4
2.6		Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	38.3
2.7		Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed	73.8
2.8		Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day	85.1
2.9		Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	85.9
2.10		Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	24.1

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[i] See Appendix E for a detailed description of MICS indicators

2.11	Median duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	17.0
2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed during the previous day	62.3
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	74.1
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	26.4
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times or more during the previous day	58.2
2.16	Minimum dietary diversity	Percentage of children age 6–23 months who received foods from 4 or more food groups during the previous day	46.8
2.17a	Minimum acceptable diet	(a) Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day	28.5
2.17b		(b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	10.9
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	15.3

| **Salt iodization** | | | |
| 2.19 | Iodized salt consumption | Percentage of households with salt testing 15 parts per million or more of iodine | 88.1 |

Low-birthweight			
2.20	Low-birthweight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	8.4
2.21	Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	94.0

CHILD HEALTH			
Vaccinations			
MICS Indicator	**Indicator**	**Description**	**Value**
3.1	Tuberculosis immunization coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	97.3
3.2	Polio immunization coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	88.8
3.3, 3.5, 3.6	Diphtheria, pertussis, tetanus, hepatitis B and Haemophilus influenzae type B (penta) immunization coverage	Percentage of children age 12-23 months who received the third dose of diphtheria, pertussis, tetanus, hepatitis B and Haemophilus influenzae type B (penta3) by their first birthday	93.0
3.S1[i]	Pneumococcal conjugate vaccine (PCV)	Percentage of children age 12-23 months who received the third dose of PCV vaccine (PCV3) by their first birthday	82.0
3.4 **MDG 4.3**	Measles immunization coverage	Percentage of children age 12-23 months who received measles vaccine by their first birthday	89.0
3.7	Yellow fever immunization coverage	Percentage of children age 12-23 months who received yellow fever vaccine by their first birthday	89.3
3.8[ii]	Full immunization coverage	Percentage of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday	65.8

[i] Specific indicator for Sao Tome and Principe
[ii] Includes BCG, OPV3, penta3, PCV3, yellow fever and measles

Tetanus toxoid

3.9	Neonatal tetanus protection	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	72.1

Diarrhoea

-	Children with diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	17.7
3.10	Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	54.2
3.S2[i]	Diarrhoea treatment with oral rehydration salts (ORS)	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS	49.1
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	61.7

Acute Respiratory Infection (ARI) symptoms

-	Children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	7.1
3.13	Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	68.9
3.14	Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	47.6

Solid fuel use

3.15	Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	41.8

Malaria / Fever

MICS Indicator		Indicator	Description	Value
-		Children with fever	Percentage of children under age 5 with fever in the last 2 weeks	26.3
3.16a		Household availability of insecticide-treated nets (ITNs)	Percentage of households with (a) at least one ITN	77.8
3.16b			(b) at least one ITN for every two people	55.1
3.17a		Household vector control	Percentage of households (a) with at least one ITN or that have been sprayed by IRS in the last 12 months	96.7
3.17b			(b) with at least one ITN for every two people or that have been sprayed by IRS in the last 12 months	94.8
3.18	MDG 6.7	Children under age 5 who slept under an ITN	Percentage of children under age 5 who slept under an ITN the previous night	61.1
3.19		Population that slept under an ITN	Percentage of household members who slept under an ITN the previous night	56.1
3.20		Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	65.8
3.21		Malaria diagnostics usage	Percentage of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	42.0
3.22	MDG 6.8	Anti-malarial treatment of children under age 5	Percentage of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	1.4

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[i] Specific indicator for Sao Tome and Principe

3.23		Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	Percentage of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	(*)
3.24		Pregnant women who slept under an ITN	Percentage of pregnant women who slept under an ITN the previous night	60.9
3.25		Intermittent preventive treatment for malaria during pregnancy	Percentage of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	12.3

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

WATER AND SANITATION

MICS Indicator		Indicator	Description	Value
4.1	**MDG 7.8**	Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	93.9
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	9.1
4.3	**MDG 7.9**	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	40.9
4.4		Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	28.9
4.5		Place for handwashing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	40.5
4.6		Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	76.5

REPRODUCTIVE HEALTH

Contraception and unmet need

MICS Indicator		Indicator	Description	Value
-		Total fertility rate	Total fertility rate for women age 15-49 years	4.4
5.1	**MDG 5.4**	Adolescent birth rate	Age-specific fertility rate for women age 15-19 years	92
5.2		Early childbearing	Percentage of women age 20-24 years who had at least one live birth before age 18	27.3
5.3	**MDG 5.3**	Contraceptive prevalence rate	Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	40.6
5.4	**MDG 5.6**	Unmet need	Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	32.7

Maternal and newborn health

		Antenatal care coverage	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth	
5.5a	**MDG 5.5**		(a) at least once by skilled health personnel	97.5
5.5b	" "		(b) at least four times by any provider	83.6

5.6		Content of antenatal care	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	94.2
5.7	**MDG 5.2**	Skilled attendant at delivery	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	92.5
5.8		Institutional deliveries	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	91.0
5.9		Caesarean section	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	5.6
Post-natal health checks				
5.10		Post-partum stay in health facility	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	98.8
5.11		Post-natal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	90.7
5.12		Post-natal health check for the mother	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	86.8
Maternal mortality				
5.13	**MDG 5.1**	Maternal mortality ratio	Deaths during pregnancy, childbirth, or within two months after delivery or termination of pregnancy, per 100,000 births within the 7-year period preceding the survey	(74)
( ) Unreliable estimate due to small sample size				

CHILD DEVELOPMENT			
MICS Indicator	**Indicator**	**Description**	**Value**
6.1	Attendance to early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	36.4
6.2	Support for learning	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	62.7
6.3	Father's support for learning	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	3.0
6.4	Mother's support for learning	Percentage of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	15.7
6.5	Availability of children's books	Percentage of children under age 5 who have three or more children's books	5.8
6.6	Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	64.7
6.7	Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	15.5
6.8	Early child development index	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	54.5

LITERACY AND EDUCATION

MICS Indicator		Indicator	Description	Value
7.1 " "	MDG 2.3 " "	Literacy rate among young people	Percentage of young people age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education (a) women (b) men	 89.6 87.5
7.2		School readiness	Percentage of children in first grade of primary school who attended pre-school during the previous school year	57.9
7.3		Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	77.1
7.4	MDG 2.1	Primary school net attendance ratio (adjusted)	Percentage of children of primary school age currently attending primary or secondary school	94.1
7.5		Secondary school net attendance ratio (adjusted)	Percentage of children of secondary school age currently attending secondary school or higher	60.4
7.6	MDG 2.2	Children reaching last grade of primary	Percentage of children entering the first grade of primary school who eventually reach last grade	91.6
7.7		Primary completion rate	Number of children attending the last grade of primary school (excluding repeaters) divided by number of children of primary school completion age (age appropriate to final grade of primary school)	111.9
7.8		Transition rate to secondary school	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	53.7
7.9	MDG 3.1	Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	1.00
7.10	MDG 3.1	Gender parity index (secondary school)	Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	1.18

CHILD PROTECTION

Birth registration

MICS Indicator		Indicator	Description	Value
8.1		Birth registration	Percentage of children under age 5 whose births are reported registered	95.2

Child labour

8.2		Child labour	Percentage of children age 5-17 years who are involved in child labour	26.0

Child discipline

8.3		Violent discipline	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	79.6

Early marriage and polygyny

8.4 " "		Marriage before age 15	Percentage of people age 15-49 years who were first married or in union before age 15 (a) Women (b) Men	 5.1 1.4

8.5 ""	Marriage before age 18	Percentage of people age 20-49 years who were first married or in union before age 18 (a) Women (b) Men	32.2 7.5
8.6 ""	Young people age 15-19 years currently married or in union	Percentage of young people age 15-19 years who are married or in union (a) Women (b) Men	15.3 1.3
8.7 ""	Polygyny	Percentage of people age 15-49 years who are in a polygynous union (a) Women (b) Men	22.4 13.0
8.8a 8.8b	Spousal age difference	Percentage of young women who are married or in union and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	23.1 17.3

Attitudes towards domestic violence

8.12 ""	Attitudes towards domestic violence	Percentage of people age 15-49 years who state that a husband 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 (a) Women (b) Men	19.1 13.8

Children's living arrangements

8.13	Children's living arrangements	Percentage of children age 0-17 years living with neither biological parent	14.7
8.14	Prevalence of children with one or both parents dead	Percentage of children age 0-17 years with one or both biological parents dead	5.4
8.15	Children with at least one parent living abroad	Percentage of children 0-17 years with at least one biological parent living abroad	15.7

HIV/AIDS AND SEXUAL BEHAVIOUR

HIV/AIDS knowledge and attitudes

MICS Indicator	Indicator	Description	Value
- -	Have heard of AIDS	Percentage of people age 15-49 years who have heard of AIDS (a) Women (b) Men	99.2 99.5
9.1 "" MDG 6.3 ""	Knowledge about HIV prevention among young people	Percentage of young people age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission (a) Women (b) Men	42.2 43.2
9.2 ""	Knowledge of mother-to-child transmission of HIV	Percentage of people age 15-49 years who correctly identify all three means of mother-to-child transmission of HIV (a) Women (b) Men	47.1 39.9
9.3 ""	Accepting attitudes towards people living with HIV	Percentage of people age 15-49 years expressing accepting attitudes on all four questions toward people living with HIV (a) Women (b) Men	13.4 22.5

HIV testing

9.4 " "	People who know where to be tested for HIV	Percentage of people age 15-49 years who state knowledge of a place to be tested for HIV (a) Women (b) Men		92.3 89.9
9.5 " "	People who have been tested for HIV and know the results	Percentage of people age 15-49 years who have been tested for HIV in the last 12 months and who know their results (a) Women (b) Men		38.5 27.3
9.6 " "	Sexually active young people who have been tested for HIV and know the results	Percentage of young people age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results (a) Women (b) Men		48.0 21.6
9.7	HIV counselling during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care		77.2
9.8	HIV testing during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results		86.1

Sexual behaviour

9.9 " "	Young people who have never had sex	Percentage of never married young people age 15-24 years who have never had sex (a) Women (b) Men		58.2 41.2
9.10 " "	Sex before age 15 among young people	Percentage of young people age 15-24 years who had sexual intercourse before age 15 (a) Women (b) Men		9.2 18.2
9.11	Age-mixing among sexual partners	Percentage of women age 15-24 years who had sex in the last 12 months with a partner who was 10 or more years older		17.6
9.12 " "	Multiple sexual partnerships	Percentage of people age 15-49 years who had sexual intercourse with more than one partner in the last 12 months (a) Women (b) Men		2.9 29.1
9.13 " "	Condom use at last sex among people with multiple sexual partnerships	Percentage of people age 15-49 years who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex (a) Women (b) Men		46.0 49.0
9.14 " "	Sex with non-regular partners	Percentage of sexually active young people age 15-24 years who had sex with a non-marital, non-cohabiting partner in the last 12 months (a) Women (b) Men		24.7 46.9
9.15 " "	MDG 6.2 " "	Condom use with non-regular partners	Percentage of young people age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months (a) Women (b) Men	65.2 82.5

Orphans

9.16	**MDG 6.4**	Ratio of school attendance of orphans to school attendance of non-orphans	Proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	(*)
Male circumcision				
9.17		Male circumcision	Percentage of men age 15-49 years who report having been circumcised	3.2
(*) Figures that are based on fewer than 25 unweighted cases				

ACCESS TO MASS MEDIA AND ICT

Access to mass media

MICS Indicator	Indicator	Description	Value
	Exposure to mass media	Percentage of people age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	
10.1		(a) Women	15.9
" "		(b) Men	28.4
Use of information/communication technology			
	Use of computers	Percentage of young people age 15-24 years who used a computer during the last 12 months	
10.2		(a) Women	37.2
" "		(b) Men	48.3
	Use of internet	Percentage of young people age 15-24 years who used the internet during the last 12 months	
10.3		(a) Women	32.3
" "		(b) Men	42.9

SUBJECTIVE WELL-BEING

MICS Indicator	Indicator	Description	Value
	Life satisfaction	Percentage of young people age 15-24 years who are very or somewhat satisfied with their life, overall	
11.1		(a) Women	75.6
" "		(b) Men	84.2
	Happiness	Percentage of young people age 15-24 years who are very or somewhat happy	
11.2		(a) Women	74.4
" "		(b) Men	77.3
	Perception of a better life	Percentage of young people age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	
11.3		(a) Women	59.4
" "		(b) Men	63.4

TOBACCO AND ALCOHOL USE

Tobacco use

MICS Indicator	Indicator	Description	Value
	Tobacco use	Percentage of people age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	
12.1		(a) Women	1.1
" "		(b) Men	8.9

	Smoking before age 15	Percentage of people age 15-49 years who smoked a whole cigarette before age 15	
12.2		(a) Women	0.4
" "		(b) Men	1.4

Alcohol use

	Use of alcohol	Percentage of people age 15-49 years who had at least one alcoholic drink at any time during the last one month	
12.3		(a) Women	53.2
" "		(b) Men	67.1
	Use of alcohol before age 15	Percentage of people age 15-49 years who had at least one alcoholic drink before age 15	
12.4		(a) Women	7.5
" "		(b) Men	11.9

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AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCG	Bacillus Calmette-Guérin (Tuberculosis)
CNE	Centro Nacional de Endemias (National Centre for Endemic Diseases)
CRC	Convention on the Rights of the Child
CSPro	Census and Survey Processing System
DHS	Demographic and Health Survey
DPT	Diphtheria Pertussis Tetanus
ECDI	Early Child Development Index
EPI	Expanded Programme on Immunization
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
ICF	ICF International
IDD	Iodine Deficiency Disorders
INE	Instituto Nacional de Estatísticas (National Institute of Statistics)
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
IUD	Intrauterine Device
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MICS5	Fifth global round of Multiple Indicator Clusters Surveys programme
NAR	Net Attendance Rate
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Treatment
PCV	Pneumococcal Conjugate Vaccine
Penta	Pentavalent vaccine, which includes antigens for diphtheria, pertussis, tetanus, hepatitis B and Haemophilus influenzae type B
RDT	Rapid Diagnostic Test
RHF	Recommended Home Fluid
ppm	Parts Per Million
SPSS	Statistical Package for Social Sciences
UNDP	United Nations Development Programme
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

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MICS5 is an instrument of utmost importance for the monitoring of programmes in Sao Tome and Principe as it gives access to the country to statistical information to orient policies and programmes implemented by the Government as well as other international commitments.

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to support countries in the collection of internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

Beside the estimation of socio-demographic and health variables, this survey also helps to shed some light on the social phenomenon of domestic violence against women or children.

MICS revealed that the percentage of registered children below five years of age passed from 68.8 percent in 2006 to 95.2 percent in 2014.

Infant mortality rates decreased from 45 per 1000 in 2006 to 36 per 1000 in 2014, and maternal mortality ratio from 267 per 100,000 to 74 per 100,000.

An Ethics Committee was put in place to oversee ethical aspects that such a survey entails and to ensure the preservation of the rights of the users of this research. The Ethics Committee is an independent and multisectoral entity that was charged to preserve and guarantee the dignity of the rights, security and well-being of the survey participants who tested for HIV.

The National Institute of Statistics expresses its sincere thanks to the Government of the Democratic Republic of Sao Tome and Principe, to UNICEF and to the UNDP/Global Fund. It is also grateful to the technicians of the National Institute of Statistics and of the Ministry of Health, as well as to the supervisors, editors, data typists and families who contributed towards the realization of this work.

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ELSA MARIA CARDOSO
(General Director)

Executive Summary

This report is based on the Sao Tome and Principe Multiple Indicator Cluster Survey (MICS), conducted in 2014 by the National Institute of Statistics. The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments. Among these global commitments are those emanating from the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS, the Education for All Declaration and the Millennium Development Goals (MDGs).

The objective of the 2014 MICS is to update some of the results of previous surveys, to evaluate the progress made with the various programmes of cooperation, and to identify remaining challenges. The survey also permitted to get an update on the sero-prevalence of HIV among men and women, anaemia among children and women, and malaria among children, measurements that were added to the standard MICS.

Methodology

The sample was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for four regions of the country later on recast into: Region Centre East, Region North West, Region South East, and Autonomous Region of Principe.

Five sets of questionnaires were used in the survey. The Household Questionnaire included the following modules:
- o List of Household Members
- o Education
- o Child Labour
- o Child Discipline
- o Household Characteristics
- o Insecticide Treated Nets
- o Indoor Residual Spraying
- o Water and Sanitation
- o Handwashing
- o Salt Iodization

The Questionnaire for Individual Women was administered to all women age 15-49 years living in the households, and included the following modules:
- o Woman's Background
- o Access to Mass Media and Use of Information/Communication Technology
- o Fertility/Birth History
- o Desire for Last Birth
- o Maternal and Newborn Health
- o Post-natal Health Checks
- o Illness Symptoms
- o Contraception

- o Unmet Need
- o Attitudes Toward Domestic Violence
- o Marriage/Union
- o Sexual Behaviour
- o HIV/AIDS
- o Maternal Mortality
- o Tobacco and Alcohol Use
- o Life Satisfaction

The Questionnaire for Individual Men was administered to all men age 15-49 years living in the households, and included the following modules:
- o Man's Background
- o Access to Mass Media and Use of Information/Communication Technology
- o Fertility
- o Attitudes Toward Domestic Violence
- o Marriage/Union
- o Sexual Behaviour
- o HIV/AIDS
- o Circumcision
- o Tobacco and Alcohol Use
- o Life Satisfaction

The Questionnaire for Children Under Five was administered to mothers (or caretakers) of children under 5 years of age living in the households, and included the following modules:
- o Age
- o Birth Registration
- o Early Childhood Development
- o Breastfeeding and Dietary Intake
- o Immunization
- o Care of Illness
- o Anthropometry

The Blood Test Questionnaire was administered to all households and included the following modules:
- o Anaemia and malaria test for children age 6-59 months
- o Anaemia and HIV test for women age 15-49 years
- o HIV test for men age 15-49 years

The implementation of blood testing in this survey provided a public health opportunity for the provision of information on malaria symptoms to mothers of young children, including sensitisation on the need to take the child to the nearest health facility in case of symptoms. Further, referral cards to Voluntary Counselling and Testing services were handed-over to all respondents, including those who refused to be tested for HIV.

The protocol for HIV anonymous testing was approved by the International Review Board of ICF International as well as the MICS Ethics Committee. Analysis of the HIV blood samples-related data was only carried out once the MICS data had been "scrambled" and anonymized.

Sample coverage and characteristics of households and respondents

Of the 3,930 households selected for the sample, 3,625 were found to be occupied. Of these, 3,492 were successfully interviewed which leads to a household response rate of 96 percent. The women's response rate was 95 percent, the men's response rate 82 percent, and the children's response rate 98 percent.

According to the results of this survey, children and youth less than 18 years of age constitute over half of the population of Sao Tome and Principe (51 percent), while 44 percent are below 15 and only 4 percent 65 or older, characterizing the nation's population as predominantly young. These results are nearly identical to those of the 2012 census.

Two-thirds of households (66 percent) are found in urban areas; one third (35 percent) are female headed. The mean household size is 3.9. The majority (56 percent) of women age 15-49 years are currently married or in union, but a notable proportion (18 percent) are separated. Nearly three-quarters (73 percent) of women in this age group have started child bearing, and 48 percent gave birth in the last two years. Nearly half (48 percent) of men age 15-49 years are currently married or in union, while 10 percent are separated. Overall, 93 percent of children below five years of age live with their biological mother.

Over three-quarters of households (76 percent) have electricity in urban areas, compared with 55 percent in rural areas. Finished roofing (mostly corrugated iron) and walls (mostly wood planks) are nearly universal in Sao Tome and Principe. However, a majority of households (57 percent) have a floor made of rudimentary material (mostly wood planks).

Mobile phones are very common in both urban (82 percent) and rural (78 percent) households. On the other hand, ownership of computers is still relatively rare even in urban households (15 percent). About two rural households in five (42 percent) own agricultural land.

Child mortality

For the most recent 5-year period neonatal mortality is estimated at 22 per 1,000 live births, post-neonatal mortality at 16 per 1,000 live births, infant mortality at 38 per 1,000 live births, and under-five mortality at 45 deaths per 1,000 live births. Comparing these findings with those of previous surveys (2000 MICS, 2006 MICS and 2008-2009 DHS), a smooth declining trend is observed over the last 15 to 20 years with a tendency to stabilize in most recent years.

Nutrition

Low birth weight
Overall, 94 percent of newborns were weighed at birth and approximately 8 percent of infants are estimated to weigh less than 2,500 grams at birth (low birth weight). There is no evidence of meaningful differences in the prevalence of low birth weight by region, urban and rural areas or by mother's education.

Malnutrition

It is estimated that 9 percent of children under age five in Sao Tome and Principe are underweight (2 percent are severely so), while 17 percent are stunted or too short for their age (5 percent are severely so). In addition, 4 percent are moderately or severely wasted or too thin for their height. A small proportion (2 percent) of children are overweight or too heavy for their height. There are no meaningful differences between urban and rural areas. Regions are also fairly similar with respect to these four indicators, except for stunting where the differences are larger, ranging from 11 percent in Region Autónoma de Principe to 23 percent in Region South East.

Breastfeeding

While 97 percent of children born in the last two years were breastfed, only 38 percent of babies are breastfed for the first time within one hour of birth, and 86 percent of newborns start breastfeeding within one day. Approximately three-quarters (74 percent) of children age less than six months are exclusively breastfed, while 85 percent are predominantly breastfed. At age 12-15 months, 86 percent of children are still being breastfed, which is remarkable, but breastfeeding drops drastically from that point to a mere 24 percent by age 20-23 months. As a result of feeding patterns, only 59 percent of children age 6-23 months are considered as being appropriately breastfed. Age-appropriate breastfeeding among all children age 0-23 months is of 62 percent, with a declining trend from the poorest quintile (71 percent) to the richest (58 percent).

Feeding frequency and dietary diversity

Overall, 74 percent of infants age 6-8 months received solid, semi-solid, or soft foods at least once the previous day, while 58 percent of the children age 6-23 months did so the minimum number of times. The proportion of children receiving the minimum dietary diversity, or foods from at least 4 food groups, is 47 percent, suggesting the need to focus on improving diet quality and nutrient intake. The overall assessment using the indicator of minimum acceptable diet reveals that only 22 percent of children age 6-23 months are benefitting from a diet sufficient in both diversity and frequency.

Bottle-feeding

The continued practice of bottle-feeding is a concern because of the possible contamination due to unsafe water and lack of hygiene in preparation. Of the children under 6 months, 10 percent are fed using a bottle with a nipple, but the proportion rises to 21 percent among children age 6-11 months. The prevalence is much higher in the children of mothers with secondary or higher education (25 percent) than with no formal or only primary education (10 percent), and in the wealthiest (32 percent) than the poorest (9 percent) households.

Salt iodization

In 88 percent of households, salt was found to contain 15 parts per million or more of iodine, the recommended proportion. Use of iodized salt ranges from 82 percent in Region South East to 93 percent in Autonomous Region of Principe. The difference between the richest (95 percent) and poorest (81 percent) households is significant.

Child health

Immunization
The vaccination schedule followed by the Sao Tome and Principe's National Immunization Programme includes birth doses of BCG and Polio, three doses of the Pentavalent vaccine , four doses of Polio vaccine, three doses of the Pneumococcal vaccine, two doses of the measles vaccine, and one dose of vaccine against yellow fever. All vaccinations should be received during the first year of life except the fourth dose of Polio (one year after the third dose) and the second dose of measles (between 18 and 23 months). The estimates for full immunization coverage are based on children age 12-23 months and exclude the fourth dose of Polio and the second dose of measles.

Approximately 97 percent of children age 12-23 months received a BCG vaccination by the age of 12 months. The first dose of Penta was given to 95 percent and the third to 93 percent. For polio, the difference between the first and third dose is somewhat larger (95 and 89 percent respectively). As the pneumococcal conjugate vaccine (PCV), coverage for the first dose by the age of 12 months is notably lower at 87 percent and declines further to 82 percent for the third dose. The coverage is of 89 percent for both yellow fever and measles. There is a rather large gap between the antigen with the lowest coverage (82 percent for PCV3) and the percentage of children who had all the recommended vaccinations by their first birthday which is only 66 percent. This suggests that for a notable proportion of children there are one or several missed immunization opportunities before the age of 12 months. A total of 72 percent women who have had a live birth within the last 2 years and their newborns were protected against tetanus.

Diarrhoea
The percentage of children with diarrhoea in the two weeks preceding the survey is 18 percent. A health facility or provider was seen in 54 percent of cases. Advice or treatment was sought for a higher proportion of rural (64 percent) than urban (46 percent) children. As for drinking and feeding practices during diarrhoea, 42 percent of under five children with diarrhoea were given more to drink than usual while 56 percent were given the same quantity or less. The majority (87 percent) were given somewhat less, the same or more to eat (continued feeding), while 13 percent were given much less or almost nothing. Half of the children (49 percent) who had an episode of diarrhoea in the two weeks preceding the survey received fluids from ORS packets and one quarter (25 percent) of them received recommended homemade fluids (a water, sugar and salt mixture, and/or rice water). Overall, 73 percent of children with diarrhoea received oral rehydration therapy (ORT) (ORS or recommended homemade fluids or increased fluids). It is observed that 62 percent of children received ORT and, at the same time, feeding was continued, as is the recommendation.

Acute respiratory infections (ARI)
Overall, 69 percent of children age 0-59 months with symptoms of ARI in the two weeks preceding the survey were taken to a qualified provider and 48 percent received antibiotics. It appears that the use of antibiotics in such circumstances is more prevalent in rural (68 percent) than in urban (38 percent) areas.

Overall, 33 percent of women know at least one of the two danger signs of pneumonia – fast and/or difficult breathing. This ranges from 28 percent in Region South East to 55 percent in Autonomous Region of Principe, but is otherwise fairly uniform among urban and rural, more or less educated, and poorer and wealthier mothers.

Solid fuel use

Overall, 42 percent of the household population in Sao Tome and Principe uses solid fuels for cooking, consisting mainly of wood (33 percent). Use of solid fuels is substantial even in urban areas (33 percent), and predominant in rural areas, where they are used by 59 percent of household members. The findings show that use of solid fuels ranges from 27 percent in Region Centre East to 76 percent in Autonomous Region of Principe.

Malaria and fever

The results indicate that 78 percent of households have at least one insecticide treated net (ITN), and 55 percent at least one ITN for every two household members. Overall, 91 percent of households received indoor residual spraying during the last 12 months. Urban areas have higher coverage of ITN than their rural counterparts (82 and 69 percent respectively), and so do wealthiest households in relation to poorest ones (87 versus 65 percent respectively). Coverage of ITN by region ranges from 70 percent in Region South East to 86 percent in Autonomous Region of Principe.

Overall, 31 percent of individuals are estimated to have access to ITNs, i.e. they could sleep under an ITN if each ITN in the household was used by two people. Access is higher in urban (34 percent) than in rural (24 percent) areas. Access decreases with poverty and ranges from 45 percent among the wealthiest to 20 percent among the poorest.

Overall, 70 percent of ITNs were used during the night preceding the survey. As for children under the age of five years, 61 percent slept under an ITN the night preceding the survey. Of note is the very high proportion (96 percent) of children under five who the previous night slept either under an ITN or in a house that had indoor residual spraying (IRS) in the last 12 months.

In terms of care-seeking behaviour during an episode of fever in the past two weeks, advice was sought from a health facility or a qualified health care provider for 66 percent of children with fever. However, no advice or treatment was sought in 33 percent of the cases. Figures also indicate that seeking advice in the case of fever is more likely for children of a younger age than older ones (73 and 62 percent respectively), and for children living in the wealthiest than in the poorest households (77 and 59 percent respectively).

Overall, 42 percent of children with a fever in the previous two weeks had blood taken from a finger or heel for testing. Further, 0.2 percent of children with fever in the last two weeks were treated with an artemisinin-based combination therapy (ACT) and 1.4 percent received an antimalarial. Interpretation of these results must take into consideration the low prevalence of malaria in Sao Tome and Principe.

The proportion of pregnant women who slept under a mosquito net during the previous night is 62 percent. It varies from 45 percent in Region South East to 65 percent in Region Centre East. It tends to be higher in urban (66 percent) than in rural (50 percent) areas. Of note is the very high proportion (94 percent) of pregnant women who the previous night slept either under an ITN or in a house that had indoor residual spraying (IRS) in the last 12 months. Overall, 90 percent of pregnant women who had a live birth in the two years preceding the survey, and who received antenatal care, took medicine at least once to prevent malaria at any of ANC visit; however, only 12 percent took medicine three or more times as recommended.

The results of blood tests show a low prevalence of malaria in children. Only 0.5 percent of the rapid diagnostic test (RDT) and 0.2 percent of the thick blood smears implemented in children gave positive results, which leads to the conclusion that the prevalence of malaria was extremely low in Sao Tome and Principe during the time of the survey (mid-2014).

Anaemia in children
Blood was also collected for the haemoglobin test from children age 6-59 months. Over six children in ten (67 percent) in the 6-59 months age group suffer from anaemia: light anaemia in 33 percent of cases, moderate in another 33 percent and severe in 1 percent. In the 6-23 months age group, over four children in five suffer from anaemia. The Region South East and Autonomous Region of Principe have a somewhat higher prevalence (74 and 72 percent respectively) than the rest of the country. With respect to the wealth quintiles, it can be seen that the lowest prevalence is in children from the wealthiest households. The prevalence of severe anaemia in children is low (1 percent).

Water and sanitation

Water
Improved sources of drinking water include: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection. Overall, 94 percent of the population uses an improved source of drinking water—98 percent in urban areas and 86 percent in rural areas. While such results are admirable, some areas require additional efforts, such as Autonomous Region of Principe where the indicator is considerably lower (74 percent). Countrywide, the indicator ranges from 91 percent among the poorest to nearly 100 percent among the wealthiest.

The source of drinking water for the population varies strongly by region. Access to drinking water that is piped into the yard or dwelling ranges from 33 percent in Region Centre East to 13 percent in Region South East. Accessing drinking water through public taps ranges from 71 percent in Region South East to 39 percent in Autonomous Region of Principe. Drinking water mainly from rivers and streams (an unimproved source) is still prevalent in some regions, notably Autonomous Region of Principe (12 percent) and Region North West (8 percent), while unprotected springs are commonly used in Autonomous Region of Principe (13 percent).

For 42 percent of the household population, the drinking water source is on premises. While 92 percent of the wealthiest have water on premises, only 10 percent of the poorest have this benefit. For nearly a quarter of the household population (23 percent), it takes the household more than 30 minutes to get to the water source and bring water. One finding of note is the comparatively high percentage of household members in Region South East (28 percent), who live in households spending 30 minutes or more to go to source of drinking water. For over two-thirds of households (69 percent), an adult female usually collects drinking water when the source is not on the premises. Adult men collect water in only 19 percent of cases, while for the rest of the households, female or male children under age 15 collect water (11 percent).

Sanitation

Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or pit latrine; ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet.

Nearly half of the population (47 percent) lives in households using improved sanitation facilities, 53 percent in urban and 36 percent in rural areas. Residents of Region North West are less likely than others to use improved facilities (27 percent). Open defecation is prevalent, and is used by 61 percent of the rural and 42 percent of the urban population. After that, improved latrines with toilets are the most common sanitation facilities, used by 27 percent of the urban and 23 percent of the rural population. Modern bathrooms are used by 17 percent of the population, mostly in urban areas.

The expression "use of improved sanitation" is used to refer to improved sanitation facilities, which are not public or shared. The survey found that 41 percent of the household population is using an improved sanitation facility, ranging from 25 percent in Region North West to 51 percent in Autonomous Region of Principe, and from 8 percent among the poorest to 89 percent among the wealthiest.

Jointly, 40 percent of the household population has access to both improved drinking water and improved sanitation, 46 percent in urban and 27 percent in rural areas, and 89 percent of the wealthiest but only 7 percent of the poorest.

Safe disposal of a child's faeces is disposing of the stool, by the child using a toilet or by rinsing the stool into a toilet or latrine. Overall, only 29 percent of last stools of children age 0-2 years were disposed safely according to the current criteria.

Handwashing

In Sao Tome and Principe, a specific place for handwashing was observed in about half of the households (51 percent). Overall, 40 percent of households[i] had a specific place for handwashing supplied with water and soap (or another cleansing agent). Soap or another cleansing agen could be observed anywhere in the dwelling In 76 percent of households. The percentage was similar in urban and rural areas, but ranged from 55 to 94 percent between the poorest and wealthiest households. The differences between regions were also substantial, ranging from 57 percent in Region South East to 88 percent in Autonomous Region of Principe.

Reproductive health

Fertility

Age-specific fertility rates (ASFRs), expressed as the number of births per 1,000 women in a specified age group, show the age pattern of fertility. The total fertility rate (TFR) is a synthetic measure that denotes the number of live births a woman would have if she were subject to the current age-specific fertility rates throughout her reproductive years (15-49 years).

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[i] Households with a specific place for handwashing that was not observed by the interviewers are not included in the denominator.

The overall age pattern of fertility, as reflected in the ASFRs, indicates that childbearing begins early in Sao Tome and Principe. Fertility is low among adolescents, increases to a peak of 221 births per 1,000 among women age 20-24, and declines thereafter. The adolescent birth rate (age-specific fertility rate for women age 15-19) is estimated at 92 and shows a large variation between the wealth quintiles, from 29 among the wealthiest to 154 among the poorest. A similar trend is seen in the total fertility rate which ranges from 3.7 among the wealthiest to 5.3 among the poorest, from 2.5 among women with higher education to 7.1 among women with no formal education.

It is estimated that 16 percent of women age 15-19 have already had a birth, 5 percent are pregnant with their first child, and nearly 1 percent has had a live birth before age 15. The latter cases are almost exclusively seen among the 40 percent poorest. Results indicate that 27 percent of women age 20-24 have had a live birth before age 18. Here again, the poorest are more affected (35 percent) than the wealthiest (12 percent), as are those with no formal education or only primary level (42 percent) compared with those with secondary or higher education (18 percent).

Contraception
Current use of contraception was reported by 41 percent of women currently married (or in union). The most popular method is the pill which is used by 15 percent of married women. The next most popular method is injectables, used by 12 percent of married women, while male condom is used by 5 percent of them. Any of the other methods accounts for less than 3 percent individually. Contraceptive prevalence ranges from 38 percent in Region Centre East to 57 percent in Autonomous Region of Principe. About 46 percent of married women in urban and 38 percent in rural areas use a method of contraception. Women's education level is strongly associated with contraceptive prevalence. The percentage of married women using any method of contraception rises from 25 percent among those with no education, to 39 percent among those with primary education, 43 percent among those with secondary education, and then 59 percent among those with higher education.

Unmet need
Unmet need for contraception refers to fecund women who are married or in union and are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Unmet need for contraception stands at 33 percent overall, and ranges from 21 percent in Autonomous Region of Principe to 36 percent in Region Centre East. There are no marked differences between women living in urban or rural areas, and the levels are roughly comparable as well between those of different education or wealth levels.

Met need for limiting includes women married or in union who are using (or whose partner is using) a contraceptive method, and who want no more children, are using male or female sterilization, or declare themselves as infecund. Met need for spacing includes women who are using (or whose partner is using) a contraceptive method, and who want to have another child, or are undecided whether to have another child. The total of met need is estimated at 41 percent countrywide, with differences between regions ranging from 38 percent in Region Centre East to 57 percent in Autonomous Region of Principe.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied can be estimated. The total demand for contraception is estimated to be around 55 percent

countrywide, and ranges from 51 percent in Region Centre East to 73 percent in Autonomous Region of Principe.

Antenatal care

Antenatal care coverage indicators (at least one visit with a skilled provider and 4 or more visits with any providers) are used to track progress toward the Millennium Development Goal 5 of improving maternal health. Only a small percentage (2 percent) of women do not receive antenatal care in Sao Tome and Principe. The majority of antenatal care services are provided by nurses and midwives while a minority of women receive care from a medical doctor, both in urban and rural areas.

Over nine in ten mothers (91 percent) received antenatal care more than once and 84 percent of mothers received antenatal care at least four times. Mothers from the poorest households and those with primary education are less likely than more advantaged mothers to receive antenatal care four or more times. For example, 73 percent of the women living in poorest households reported four or more antenatal care visits compared with 93 percent among those living in richest households. For 67 percent of women with a live birth in the last two years, their first antenatal care visit was during the first trimester of their last pregnancy. A larger proportion of women from wealthiest households had their first antenatal care visit during the first trimester than those from the poorest households (84 and 52 percent respectively).

Assistance at delivery

About 92 percent of births occurring in the two years preceding the MICS survey were delivered by skilled personnel. This percentage is fairly constant across regions except Region South East estimated at 82 percent; this is also the only region with a substantial proportion of deliveries assisted by traditional birth attendants (13 percent). The likelihood to be delivered by a skilled attendant increases with education and wealth, and is higher in the urban (95 percent) than in the rural (88 percent) areas. Deliveries are predominantly assisted by midwives and nurses (81 percent) and a much smaller proportion (12 percent) by medical doctors.

Place of delivery

About 91 percent of births are delivered in a health facility, nearly all of which are in public sector facilities. Home deliveries account for about 8 percent. The proportion of institutional deliveries is above 90 percent in all regions except Region South East where it is estimated at 77 percent and where 21 percent of deliveries take place at home. The proportion of births occurring in a health facility increases steadily with wealth, from 82 percent in the lowest wealth quintile to nearly 100 percent in the highest.

Post-natal health checks

Overall, 99 percent of women who gave birth in a health facility stay 12 hours or more in the facility after delivery. Three-quarters of women stay three days or more, and in Region North West this value increases to 88 percent.

Overall, 89 percent of <u>newborns</u> receive a health check following birth while in a facility or at home. With regards to post-natal care visits (PNC), these predominantly occur after the first week following birth (60 percent). These results must be interpreted in the context of an environment in which three-quarters of the mothers stay 3 or more days at the health facility with their babies after

delivery. Eventually, a total of 91 percent of all newborns receive a post-natal health check. Health checks following birth occur mainly in health facility deliveries (93 percent).

It is estimated that 85 percent of <u>mothers</u> receive a health check following birth while in a facility or at home, not dissimilar to the 89 percent registered for newborns. With regards to PNC visits, they mostly occur after the first week following birth (44 percent), even though a small proportion occurs at different times over the first week. Overall, a total of 87 percent of all mothers receive a post-natal health check. With respect to the proportion of mothers and newborns who do <u>not</u> receive a PNC visit, the percentage is more than twice as high for mothers (46 percent) as for newborns (20 percent).

Adult mortality rates
Adult mortality rates are based on information collected in the Maternal Mortality module in the Women's Questionnaire. Overall mortality rates for adults age 15-49 years are estimated at 1.32 per 1,000 population in the case of males, and 1.35 per 1,000 population in the case of females. The probability of dying between exact ages 15 and 50 is estimated at 52 per 1,000 person-years in the case of males, and 49 per 1,000 person-years in the case of females.

Maternal mortality
The 2014 Sao Tome and Principe MICS asked women age 15-49 a series of questions designed with the explicit purpose of providing the necessary information to make direct estimates of maternal mortality. This estimation of maternal mortality is done using the direct sisterhood method.

The maternal mortality <u>ratio</u> for Sao Tome and Principe for the 7-year period preceding the survey is estimated at 74 maternal deaths per 100,000 live births, while the maternal mortality <u>rate</u> is estimated at 0.11 per 1000 women-years of exposure. It must be taken into consideration however that in the 2014 MICS sample, only 3 cases of maternal deaths were identified in nearly 38,000 women-years of exposure. While the small number of maternal deaths is an encouraging finding, a larger number of cases would have been necessary for the calculation of reliable maternal mortality estimates. It is thus recommended that the estimates arrived at in this survey be considered only as indicative.

Prevalence of anaemia in women
Blood was collected for the haemoglobin test from women age 15-49 years living in the household who agreed voluntarily to the test. Results indicate that almost half of women (47 percent) are anaemic: light anaemia in 35 percent of cases, moderate in 10 percent, and severe in 1 percent. There is a higher prevalence of anaemia in pregnant (61 percent) than in non-pregnant women (46 percent). Over three pregnant women in ten (32 percent) have moderate anaemia, as compared with 8 percent in non-pregnant women.

The prevalence of anaemia differs between age groups. In the 15-19 years group 55 percent are anaemic, as compared with 44 percent in the 40-49 years group. Between regions, prevalence ranges from 42 percent in Autonomous Region of Principe to 51 percent in Region North West. There are large differentials between educational levels, with a prevalence of 57 percent among those without formal education and of 32 percent among those with secondary education. Finally, anaemia ranges from 45 percent in women belonging to the poorest wealth quintile to 51 percent in the wealthiest.

Early childhood development

Early childhood care and education
Overall, 36 percent of children age 36-59 months are attending an organised early childhood education programme. Boys and girls have similar opportunities, and the level of attendance is comparable in urban and rural areas. There are, however, large differences between children of wealthiest and poorest households (63 and 21 percent respectively), and those whose mothers have secondary education or higher as compared with their less privileged counterparts (52 and 29 percent respectively). Attendance between regions ranges from 34 percent in Region Centre East to 53 percent in Autonomous Region of Principe.

Quality of care
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 almost two-thirds (63 percent) of children age 36-59 months, an adult household member engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey. The mean number of activities that adults engage with children is 4. Father's involvement in four or more activities is merely 3 percent. Only a little over half (56 percent) of children age 36-59 months live with their biological father. Adult engagement in activities with children ranges from 78 percent in Autonomous Region of Principe to 56 percent in Region North West, while the proportion is 74 percent for children living in the richest households, against 48 percent for those living in the poorest.

Only 6 percent of children age 0-59 months live in households where at least 3 children's books are present for the child. The proportion of children with 10 or more books declines to less than 1 percent. Urban and rural areas are comparable.

Further, 65 percent of children age 0-59 months have 2 or more types of playthings to play with in their homes. The types of playthings included in the questionnaires were homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves). It is interesting to note that the proportion of children who play with household objects (66 percent) is similar to that of those who play with toys that come from a store (70 percent), while 55 percent of them play with homemade toys. It appears that in terms of proportion of children with 2 or more types of playthings, those of rural areas are at a slight advantage compared to those of urban areas (70 and 62 percent respectively).

Overall, 13 percent of children age 0-59 months were left in the care of other children, while 7 percent were left alone during the week preceding the interview. Combining the two care indicators, it is estimated that a total of 16 percent of children were left with inadequate care during the past week, either by being left alone or in the care of another child. There are marked differences by socio-economic status as children from the poorest households are three times more exposed to inadequate care than those of the wealthiest households (26 and 8 percent respectively).

Developmental status of children
A 10-item module was used to calculate the Early Child Development Index (ECDI). The index is based on selected milestones that children are expected to achieve by ages 3 and 4. The results indicate that 55 percent of children age 36-59 months are developmentally on track. As expected, ECDI is substantially higher in the 48-59 months age group than in the younger children (61 and 48 percent respectively), since children mature more skills with increasing age. A higher ECDI of 64 percent is seen in children attending an early childhood education programme compared to 49 percent among those who are not attending. Children living in poorest households have a lower ECDI (51 percent) compared to children living in richest households (62 percent of children developmentally on track). The analysis shows that 94 percent of children are on track in the physical, 79 percent in the learning and 62 percent in the social-emotional domains. However, only 16 percent are on track in the literacy-numeracy domain.

Literacy and education

Literacy among young women and men
Results indicate that 90 percent of young women in Sao Tome and Principe are literate. Of women who stated that primary school was their highest level of education (and the very few who declared to never have attended school), only 64 percent were actually able to read the statement shown to them. The situation, however, appears to be improving since 92 percent of young women age 15-19 are literate against 86 percent of those age 20-24. The literacy profile of young men is very similar to that of young women.

School readiness
Overall, 58 percent of children who are currently attending the first grade of primary school were attending pre-school the previous year. There is no gender difference and children from urban and rural areas have similar values. Socioeconomic status is correlated with school readiness; while the indicator is only 37 percent among the poorest households, it increases to 82 percent among those children living in the richest households.

Primary and secondary school participation
Of children who are of primary school entry age (age 6), 77 percent are attending the first grade of primary school. Attendance levels of children of both sexes, as well as those from urban and rural areas, are similar. The great majority of children of primary school age are attending school (94 percent). The net attendance ratio is similar for children of urban and rural areas and of the various regions.

The secondary school net attendance ratio is only 60 percent. Of the remaining 40 percent, most are attending primary school, but 12 percent of children of secondary school age are completely out of school. The net attendance ratio for boys is lower (55 percent) than that of the girls (65 percent), mainly because a higher proportion of boys are still attending primary school.

The percentage of children entering first grade who eventually reach the last grade of primary school is 92 percent. The data suggest that boys drop out more from primary school than girls, since 87 percent of boys reach the last grade compared to 96 percent of girls. Similarly, a smaller proportion of children from rural areas reach grade 6 than their urban counterparts (87 and 94 percent respectively). Finally, only 85 percent of children from the poorest households reach grade 6

compared with 97 percent of those coming from the wealthiest households. The primary school completion rate is 112 percent.

Gender parity for primary school is exactly 1.00, indicating no difference in the attendance of girls and boys to primary school. However, the indicator increases to 1.18 for secondary education. Girls are generally at an advantage in urban areas, with a gender parity index (GPI) of 1.24, while rural areas are closer to gender parity, with a GPI of 1.04.

Child protection

Birth registration
The births of 95 percent of children under five years have been registered and less than one percent of children do not have a birth certificate. On the other hand, while virtually all children from wealthiest households are registered, that proportion goes down to 87 percent among the poorest.

Child labour
Nineteen percent of children age 5-11 years are engaged in any economic activities, while 6 percent of those age 12-14 years are engaged in such activities for at least 14 hours a week, and 3 percent of those age 15-17 years for at least 43 hours a week. With respect to household chores, girls are generally more likely to perform them than boys, and rural children tend to be more involved than their urban counterparts. Overall, 26 percent of children age 5-17 years are estimated to be in child labour, including 16 percent working in hazardous conditions. Rural children are more exposed to child labour (32 percent) than their urban counterparts (23 percent), and so are they to hazardous conditions of work (21 and 13 percent respectively). Child labour increases with age, from 24 percent in the 5-11 years to 32 percent in the 15-17 years; this last group also suffers the heaviest risk of exposure to hazardous conditions (30 percent).

Child discipline
For the most part, households employ a combination of violent disciplinary practices. While 64 percent of children experienced psychological aggression, more than 2 out of 3 (69 percent) experienced physical punishment during the past month. The most severe forms of physical punishment (hitting the child on the head, ears or face or hitting the child hard and repeatedly), if less common, are not rare: 10 percent of children were subjected to severe punishment the month prior to the survey. While violent methods are extremely common forms of discipline, only 6 percent of respondents believe that physical punishment is a necessary part of child-rearing.

Early marriage and polygyny
The percentage of women married before age 15 is 5 percent; among women age 20-49 years, about one third (32 percent) was married before age 18. Overall, 15 percent of young women age 15-19 years are currently married or in union. This proportion tends to be higher in rural (21 percent) than in urban (13 percent) areas, and is strongly related to the level of education and to the socio-economic status.

Among all women age 15-49 years who are in union, 22 percent are in polygynous union. This condition is somewhat more prevalent in urban (24 percent) than in rural (19 percent) areas, and is less likely among the poorest (13 percent) than the wealthiest (25 percent).

The percentage of <u>men</u> married before age 15 is only 1 percent (8 percent before age 18). Only 1 percent of young men age 15-19 years are currently married or in union.

Among currently married/in union women age 20-24 years, about 17 percent are married/in union with a man who is older by ten years or more. For currently married/in union women age 15-19 years, the corresponding figure is 23 percent.

Attitudes toward domestic violence
Overall, 19 percent of women in Sao Tome and Principe feel that a husband/partner is justified in hitting or beating his wife in at least one of the five situations presented: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses sex with him, or if she burns the food. Justification in any of the five situations is more present among those living in poorest households, and less educated. Men are less likely to justify violence than women. Overall, 14 percent of men justify wife-beating for any of the same five reasons. Men living in the poorest households are much more likely to agree with one of the five reasons (21 percent) than men living in the richest households (7 percent).

Children's living arrangements
Overall, 46 percent of children age 0-17 years in Sao Tome and Principe live with both their parents, while 34 percent live with mothers only and 4 percent live with fathers only; the rest live with neither biological parents. Very few children (0.4 percent) have lost both parents, while 4 percent of children have only their mother alive and 1 percent of children have only their father alive. Overall, 16 per cent of children age 0-17 have one or both parents living abroad. The percentage of at least one parent abroad varies between 7 percent in Region South East and 19 percent in Region Centre East. It is more likely for a child living in an urban area to have at least one parent living abroad than for one living in a rural area (17 and 13 percent respectively), and there is a large difference in this indicator between children from the poorest (8 percent) and the wealthiest households (22 percent).

HIV/AIDS and sexual behaviour

Knowledge about HIV transmission and misconception about HIV
Nearly all women and men age 15-49 years (over 99 percent) have heard of AIDS. However, the percentage of those who know of both main ways of preventing HIV transmission—having only one faithful uninfected partner and using a condom every time—is only 67percent for women and 73 percent for men.

Overall, 55 percent of women and 62 percent of men reject the two most common misconceptions (that HIV can be transmitted by sharing food with someone with HIV or through mosquito bites) and know that a healthy-looking person can be HIV-positive. Comprehensive knowledge of HIV prevention methods and transmission is fairly low. Overall, 41 percent of women and 47 percent of men were found to have comprehensive knowledge, with little differences between the urban and rural areas.

Overall, 91 percent of both women and men know that HIV can be transmitted from mother to child. The percentage of women and men who know all three ways of mother-to-child transmission is 47 percent and 40 percent, respectively, while 8 percent of women and men did not know of any specific way.

Accepting attitudes toward people living with HIV

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are considered low if respondents report an accepting attitude on the following four questions: 1) would care for a family member with AIDS in own home; 2) would buy fresh vegetables from a vendor who is HIV-positive; 3) thinks that a female teacher who is HIV-positive should be allowed to teach in school; and 4) would <u>not</u> want to keep it a secret if a family member is HIV-positive. Over 95 percent of women and men who have heard of AIDS agree with at least one accepting statement. The less commonly accepted attitude is buying fresh vegetables from a person who is HIV-positive (65 percent and 68 percent, respectively for women and men).

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

Overall, 92 percent of women and 90 percent of men knew where to be tested, while 74 percent and 52 percent, respectively, have actually been tested. Only 40 percent of women and 29 percent of men have been tested within the last 12 months. The highest proportion of tests is found in Autonomous Region of Principe.

Among women who had given birth within the two years preceding the survey, 77 percent received counselling during their last pregnancy and 89 percent were offered an HIV test and were tested. There is generally a correlation between these interventions, education and socio-economic status.

Sexual behaviour related to HIV transmission

Overall, 3 percent of women and 29 percent of men 15-49 years of age report having sex with more than one partner in the last 12 months. Of those, only 46 percent of women and 49 percent of men reported using a condom when they had sex the last time. Among men who had sex with more than one partner in the last 12 months, a larger proportion of younger men age 15-24 years reported using a condom last time they had sex (71 percent) than older men (32 to 41 percent), and a larger proportion of wealthiest (60 percent) than poorest men (44 percent).

HIV indicators for young women and young men

In young women and young men age 15-24, results with respect to comprehensive knowledge (42 percent of young women and 43 percent of young men), knowledge of mother-to-child transmission (46 percent of young women and 38 of young men), and knowledge of a place to get tested (88 percent of young women and 85 of young men) are generally similar to that of the population age 15-49 years as a whole. Accepting attitudes towards people living with HIV with respect to the same four indicators that were previously discussed are also comparable in this age group (13 percent of young women and 19 percent of young men). Overall, 48 percent of young women and 22 percent of young men in this age group, who are sexually active, have been tested for HIV in the last 12 months and know the result.

Overall, 65 percent of young women and 64 percent of young men age 15-24 years reported ever having sex; 9 percent and 18 percent, respectively, reported having sex for the first time before the age of 15. Further, 4 percent of young women and 22 percent of young men had sex with more than one partner in the last 12 months; of those approximately 58 percent of women and 71 percent of men reported using a condom the last time. On the other hand, 25 percent of the young women and 47 percent of the young men who had sex in the last 12 months reported that it involved a non-

marital non-cohabiting partner; of those 65 percent of women and 83 percent of men used a condom the last time. About 18 percent of women age 15-24 years had sex with a man 10 or more years older in the last 12 months.

Traditionally, circumcision does not form part of cultural practices in Sao Tome and Principe. However, an indicator on circumcision was introduced in the 2014 MICS as part of the CNE's interest in promoting safe male circumcision as an HIV prevention method. According to the results of this survey, only 3 percent of men age 15-49 are circumcised.

Prevalence of HIV in men and women
Blood samples were taken from all eligible men and women who voluntarily accepted to be tested for HIV, with an effective coverage of 80 percent: 89 percent among women and 70 percent among men. The results indicate that the prevalence of HIV infection in the 15-49 years population is 0.5 percent in both men and women. They suggest a slight upward trend from the youngest to the oldest in both sexes. With such low HIV prevalence in both men and women, the differentials between various background characteristics are generally small. There seems to be a slightly higher prevalence among divorced or separated individuals (1.5 percent), while it is of 0.4 percent among those who are married or in union, and 0.2 percent among those who are single. HIV prevalence in the 15-24 age group is only 0.1 percent.

Access to mass media and use of information/communication technology

Access to mass media
About 18 percent of <u>women</u> in Sao Tome and Principe read a newspaper or magazine, 77 percent listen to the radio, and 85 percent watch television at least once a week. Overall, 9 percent do not have regular exposure to any of the three media, while 91 percent are exposed to at least one and 16 to all the three types of media on a weekly basis.

<u>Men</u> age 15-49 years report a notably higher level of exposure to all types of media than women. At least once a week, 32 percent of men read a newspaper or magazine, 83 percent listen to the radio, and 90 percent watch television. About 5 percent do not have regular exposure to any of the three media, while 95 percent are exposed to at least one and 28 to all the three types of media on a weekly basis.

Use of information/communication technology
It is estimated that 48 percent of 15-24 year old <u>women</u> ever used a computer, 37 percent used a computer during the last year, and 27 percent used one at least once a week during the last month. Overall, 37 percent of women age 15-24 ever used the internet, while 32 percent used it during the last year. The proportion of young women who used the internet more frequently, at least once a week during the last month, is smaller, at 24 percent. As expected, both the computer and internet use during the last 12 months is more widespread among the 15-19 year old women, but not by much.

Higher utilisation of the internet last year is observed among young women in urban areas (36 percent) compared to those in rural areas (24 percent). The use of the internet during the last year ranges from 16 percent in Region North West to 39 percent in Region Centre East, while the

proportion is 64 percent for young women in the richest households, as opposed to 10 percent in those living in the poorest households.

It is estimated that 48 percent of 15-24 year old <u>men</u> used a computer during the last year while 43 percent used the internet in the same period. The differentials in terms of background characteristics generally go in the same direction as those observed among young women. For example, 12 percent of young men in the poorest households used the internet during the last year compared to 76 percent among the young men in the richest households.

Subjective well-being

Life satisfaction is a measure of an individual's perceived level of well-being. Understanding young women and young men's satisfaction in different areas of their lives can help to gain a comprehensive picture of young people's life situations.

Of the different domains, young women are the most satisfied with their look (82 percent), their family life (80 percent), and their friendships (79 percent). The results for young men are somewhat higher; they are the most satisfied with the way they look (89 percent,) their health (86 percent) and their friendships and family life (both 84 percent). Among the domains, both young women and young men are the least satisfied with their current income, with 71 percent of young women and 46 percent of young men not having an income at all.

Overall, 76 percent of 15-24 year old women are satisfied with their life overall; the figures are remarkably similar between the various categories of wealth, but vary between regions from 73 percent, for Region Centre East, to 85 percent in Region North West. Urban and rural areas are similar. Young men are somewhat more satisfied with their life (84 percent) than young women (76 percent), and there is some evidence that life satisfaction is highest among the poorest (91 percent).

It is estimated that 74 percent of women and 77 percent of men age 15-24 years are very or somewhat happy. Differences by wealth quintiles can be observed for this indicator and favour the poorest. The proportion of women age 15-24 years who think that their lives improved during the last one year <u>and</u> who expect that their lives will get better after one year, is 59 percent. The corresponding indicator for men age 15-24 years is similar at 63 percent.

Tobacco and alcohol use

Tobacco use
In Sao Tome and Principe, ever and current use of tobacco products is more common among men than among women. Overall, 33 percent of men and 8 percent of women reported to have ever used a tobacco product, while 9 percent of men and only 1 percent of women smoked cigarettes, or used smoked or smokeless tobacco products on one or more days during the last one month. Results show that less than 1 percent of women and 1 percent of men 15-49 years old smoked a cigarette for the first time before age 15.

Alcohol use
Overall, 53 percent of women age 15-49 years had at least one drink of alcohol on one or more days during the last one month, 7 percent of women of the same age group first drank alcohol before the

age of 15, and 21 percent of women never had an alcoholic drink. Among the younger age groups, the proportion of women who had at least one drink of alcohol before age 15 is higher (15 percent) than among the older age groups.

The proportion of men that consume alcohol is considerably higher than that of women. Overall 67 percent of men 15-49 years old had at least one drink of alcohol on one or more days during the last one month. Use of alcohol before the age of 15 is also more common among men (12 percent) than among women (7 percent). As for young women, the proportion among young men who had at least one drink of alcohol before age 15 is higher among the younger age groups.

I. Introduction

Background

This report is based on the Sao Tome and Principe Multiple Indicator Cluster Survey (MICS), conducted in 2014 by the National Institute of Statistics. The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments. Among these global commitments are those emanating from the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS, the Education for All Declaration and the Millennium Development Goals (MDGs).

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, analyze 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 of the World Fit for Children (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."

The national statistical system experienced large reforms in the last decade with the adoption of the statutory law (law 5/98, decree 17/2001) of the National Institute of Statistics (INE). The implementation of the first Demographic and Health Survey (DHS) in 2008-2009 provided critical information to monitor and evaluate the impact of social programmes put into action by the government, including in the area of public health. In addition to measuring a range of socio-

demographic indicators, particularly those related to reproductive health and child survival, it provided the opportunity to measure the prevalence of anaemia, the sero-prevalence of HIV in the sexually active population, as well as the prevalence of the hepatitis B virus.

In addition to the DHS, the government of Sao Tome and Principe implemented, between 2009 and 2010, a national household survey to evaluate poverty (IOF), in view of a redefinition of the direction of its economic and social development policies, and to address existing constraints and challenges in terms of data availability. The results are being used to elaborate the report on the PRSP and the Millennium Development Goals (MDG). Statistics are available on a total of 51 indicators related to the National Strategy for the Reduction of Poverty and the MDG.

The objective of the 2014 MICS is to update some of the results of previous surveys, to evaluate the progress made with the various programmes of cooperation, and to identify remaining challenges. The survey also permitted to get an update on the sero-prevalence of HIV, anaemia and malaria, measurements that were added to the standard MICS.

The 2014 Sao Tome and Principe MICS is expected to contribute to the evidence base of several other important initiatives, including Committing to Child Survival: <u>A Promise Renewed</u>, a global movement to end child deaths from preventable causes, and the accountability framework proposed by the <u>Commission on Information and Accountability for the Global Strategy for Women's and Children's Health</u>. In relation to HIV and malaria, this report provides evidence to inform the country's efforts towards AIDS and malaria elimination. It also contains up-to-date data required to support the country's resource mobilization efforts vis-à-vis the Global Fund to fight AIDS, tuberculosis and malaria.

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

Survey Objectives

The 2014 Sao Tome and Principe MICS has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Sao Tome and Principe;

- To generate data for the critical assessment of the progress made in various areas, and to highlight the need for additional efforts in those areas that require more attention;

- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals, as a basis for future action;

- To collect disaggregated data for the identification of disparities, to allow for evidence based policy-making aimed at social inclusion of the most vulnerable;

- To contribute to the generation of baseline data for the post-2015 agenda;

- To validate data from other sources and the results of focused interventions.

II. Sample and Survey Methodology

Sample Design

The sample for the 2014 Sao Tome and Principe Multiple Indicator Cluster Survey was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for four regions: Água Grande, Mè Zochi, a southern region composed of the districts of Cantagalo and Cauée, and a northern region composed of the districts of Lembá and Lobata. The sampling frame was stratified by urban and rural areas within each region; a total of 13 strata were defined. The sample was selected in two stages. Within each stratum, a specified number of census enumeration areas were selected systematically with probability proportional to size. After a household listing was carried out within the selected enumeration areas, a systematic sample of 30 households was drawn in each sample enumeration area. All the selected enumeration areas were visited during the fieldwork period. The overall sampling probabilities vary by stratum, and the sample is not self-weighting. For reporting all survey results, sample weights are used. A more detailed description of the sample design can be found in Appendix A, Sample Design.

Questionnaires

Five sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect basic demographic information on all *de jure* household members (usual residents), the household, and the dwelling; 2) a questionnaire for individual women administered in each household to all women age 15-49 years; 3) a questionnaire for individual men administered in each household to all men age 15-49 years; 4) an under-5 questionnaire, administered to mothers (or caretakers) for all children under 5 living in the household; and 5) a blood test questionnaire used to collect information in each household on children, women and men eligible for blood testing. The questionnaires included the following modules:

The Household Questionnaire included the following modules:
- o List of Household Members
- o Education
- o Child Labour
- o Child Discipline
- o Household Characteristics
- o Insecticide Treated Nets
- o Indoor Residual Spraying
- o Water and Sanitation
- o Handwashing
- o Salt Iodization

The Questionnaire for Individual Women was administered to all women age 15-49 years living in the households, and included the following modules:
- o Woman's Background
- o Access to Mass Media and Use of Information/Communication Technology

- Fertility/Birth History
- Desire for Last Birth
- Maternal and Newborn Health
- Post-natal Health Checks
- Illness Symptoms
- Contraception
- Unmet Need
- Attitudes Toward Domestic Violence
- Marriage/Union
- Sexual Behaviour
- HIV/AIDS
- Maternal Mortality
- Tobacco and Alcohol Use
- Life Satisfaction

The Questionnaire for Individual Men was administered to all men age 15-49 years living in the households, and included the following modules:
- Man's Background
- Access to Mass Media and Use of Information/Communication Technology
- Fertility
- Attitudes Toward Domestic Violence
- Marriage/Union
- Sexual Behaviour
- HIV/AIDS
- Circumcision
- Tobacco and Alcohol Use
- Life Satisfaction

The Questionnaire for Children Under Five was administered to mothers (or caretakers) of children under 5 years of age[i] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:
- Age
- Birth Registration
- Early Childhood Development
- Breastfeeding and Dietary Intake
- Immunization
- Care of Illness
- Anthropometry

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

The Blood Test Questionnaire was administered to all households and included the following modules:

- o Anaemia and malaria test for children 6-59 months of age
- o Anaemia and HIV test for women age 15-49 years
- o HIV test for men age 15-49 years

All the questionnaires except that for the blood test are based on the MICS5 model questionnaire[i]. From the MICS5 model versions, the questionnaires were customised and translated into Portuguese and were pre-tested in the city of Sao Tome during December 2013. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the 2014 Sao Tome and Principe MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, observed the place for handwashing, measured the weights and heights of children age under 5 years, and took blood samples from children under 5 years, as well as women and men age 15-49 years .

Methodology and processes used when taking blood samples for anaemia, malaria and HIV testing

Fieldwork teams took blood samples for haemoglobin tests of anaemia from all women age 15-49 years old who voluntarily accepted to do the test, as well as from all children age 6-59 months who lived in the household surveyed. Teams registered the test value in the questionnaire and communicated the test result to the respondent or to the parent in case of minors. Respondents with low levels of anaemia were advised to seek medical attention.

Blood samples were also tested for malaria parasitaemia using both rapid diagnostic test (Paramax 3 test kit) and thick smear for laboratory-based microscopy. In the case of children testing positive with RDT and who were not presenting severe malaria symptoms, free ACT treatment was provided, according to the national treatment protocol. Mothers were provided information on malaria symptoms and were advised to go immediately to the nearest health facility in case of symptoms.

Field work teams collected blood samples for HIV testing from all eligible respondents who voluntarily accepted to take the test. All women and men aged 15-49 years old surveyed were eligible for the test. The HIV testing protocol was based on an anonymous protocol, approved by ICF International Ethics Committee and the MICS Ethics Committee. A reference card to Voluntary Counselling and Testing services was provided to all respondents, including those who refused to be tested for HIV. A consent form was signed by the eligible respondent once the fieldworker has explained the blood sampling process, and confirmed the confidentiality and anonymity of the HIV testing.

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[i] *The model MICS5 questionnaires can be found at http://www.mics.unicef.org/mics5_questionnaire.html*

Training and Fieldwork

Training for the fieldwork was conducted for 15 days between 3 and 21 March 2014. The training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. Towards the end of the training period, trainees spent 7 days practicing interviewing in the district of Água Grande and Mè Zochi. The training also provided guidelines for the field-level collection and analysis of blood samples and biomarkers data, using a specifically designed manual and questionnaire.

The data were collected by eight teams; each was comprised of four interviewers, two health technicians (for anthropometry and blood sample collection), one driver, one editor and a supervisor. Fieldwork began on 7 April 2014 and was concluded on 18 June of the same year.

Data Processing

Data were entered using the CSPro software, Version 5.0. The data were entered on ten desktop computers, procured specifically for the purposes of the 2014 MICS, and carried out by 20 data entry operators and two data entry supervisors working in two shifts (morning and afternoon). For quality assurance purposes, all questionnaires were double-entered and internal consistency checks were performed. Procedures and standard programmes developed under the global MICS programme and adapted to the 2014 Sao Tome and Principe questionnaires were used throughout. Data processing followed rapidly the start of data collection on 14 April and was completed on 28 June 2014. Data were analyzed using the Statistical Package for Social Sciences (SPSS) software, Version 21. Model syntax and tabulation plans developed by UNICEF were customized and used for this purpose.

The processing of the blood samples was conducted from August to September 2014 for the malaria samples and from January to February 2015 for the HIV samples. The processing of the HIV samples was initiated after the scrambling and anonymization of the MICS data collected through the questionnaires. Blood samples were analyzed at the Hospital Ayres de Menezes Laboratory in Sao Tome and Principe. For HIV testing in particular, Elisa (Vironostika® VIH Ag/Ab) was used for all samples as a first test. Negative samples from this first testing were classified as negative whereas positive samples were subjected to a second ELISA test (Enzygnost® VIH Integral II). Positive samples from this second test were classified as positive. Discordant cases between the first and second ELISA test were reanalyzed using the two tests. Discordant cases were analyzed once again using Western Blot 2.2. Ten percent of negative cases were also subjected to another ELISA test for quality control purposes. At the end of the process, 261 samples, including all positive cases, were sent to the Centre Pasteur in Cameroon for external quality control (EQC). The results of the EQC, communicated in May 2014, coincided with those obtained in Sao Tome and Principe.

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Of the 3,930 households selected for the sample, 3,625 were found to be occupied. Of these, 3,492 were successfully interviewed for a household response rate of 96 percent.

In the interviewed households, 3,101 women (age 15-49 years) were identified. Of these, 2,935 were successfully interviewed, yielding a response rate of 95 percent within the interviewed households.

The survey also sampled men (age 15-49). All men (age 15-49) in all selected households were identified. A total of 2,772 men (age 15-49 years) were listed in the household questionnaires. Questionnaires were completed for 2,267 men, which corresponds to a response rate of 82 percent within interviewed households.

There were 2,062 children under age five listed in the household questionnaires. Questionnaires were completed for 2,030 of these children, which corresponds to a response rate of 98 percent within interviewed households.

Overall response rates of 91, 79 and 95 percent are calculated for the individual interviews of women, men, and under-5s, respectively (Table HH.1).

Table HH.1: Results of household, women's, men's and under-5 interviews

Number of households, women, men, and children under 5 by interview results, and household, women's, men's and under-5's response rates, Sao Tome and Principe, 2014

		Area		Region			
	Total	Urban	Rural	Region Centre East	Region North West	Region South East	Autonomous Region of Principe
Households							
Sampled	3,930	2,340	1,590	1,800	900	900	330
Occupied	3,625	2,145	1,480	1,672	858	805	290
Interviewed	3,492	2,054	1,438	1,626	840	740	286
Household response rate	96.3	95.8	97.2	97.2	97.9	91.9	98.6
Women							
Eligible	3,101	1,895	1,206	1,482	774	636	209
Interviewed	2,935	1,810	1,125	1,389	756	582	208
Women's response rate	94.6	95.5	93.3	93.7	97.7	91.5	99.5
Women's overall response rate	91.2	91.5	90.6	91.1	95.6	84.1	98.1
Men							
Eligible	2,772	1,644	1,128	1,220	684	661	207
Interviewed	2,267	1,360	907	924	598	539	206
Men's response rate	81.8	82.7	80.4	75.7	87.4	81.5	99.5
Men's overall response rate	78.8	79.2	78.1	73.7	85.6	75.0	98.1
Children under 5							
Eligible	2,062	1,225	837	937	531	442	152
Mothers/caretakers interviewed	2,030	1,210	820	916	526	436	152
Under-5's response rate	98.4	98.8	98.0	97.8	99.1	98.6	100.0
Under-5's overall response rate	94.8	94.6	95.2	95.1	97.0	90.7	98.6

Coverage rates in urban and rural areas are very similar. Most response rates are above 90 percent, and several above 95 percent, which generally reassures us with respect to the representativeness of the results of this survey. The overall men's response rate, however, is 79 percent, and the reader should thus interpret men's statistics in this report with some degree of caution. Many household surveys have struggled to achieve higher response rates for this group because men tend to be absent from home more often than women.

It is noteworthy that the Autonomous Region of Principe managed coverage rates above 98 percent in all categories, including a surprising 100 percent for children under age five which may in part have to do with the relatively small sample for that region. Even with such high coverage, confidence intervals for the statistics of that region will tend to be wider than those for the other regions, given the smaller sample size, something that the reader will do well to keep in mind.

Characteristics of Households

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 3,492 households successfully interviewed in the survey, 13,455 household members were listed. Of these, 6,423 were males, and 7,032 were females.

Table HH.2: Age distribution of household population by sex

Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Sao Tome and Principe, 2014

	Total		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Total	13,455	100.0	6,423	100.0	7,032	100.0
Age						
0-4	2,010	14.9	1,010	15.7	1,001	14.2
5-9	2,151	16.0	1,111	17.3	1,040	14.8
10-14	1,815	13.5	859	13.4	956	13.6
15-19	1,382	10.3	641	10.0	741	10.5
20-24	947	7.0	456	7.1	491	7.0
25-29	953	7.1	435	6.8	518	7.4
30-34	898	6.7	423	6.6	475	6.8
35-39	721	5.4	343	5.3	378	5.4
40-44	545	4.1	235	3.7	310	4.4
45-49	410	3.0	199	3.1	211	3.0
50-54	501	3.7	220	3.4	281	4.0
55-59	325	2.4	131	2.0	194	2.8
60-64	257	1.9	130	2.0	127	1.8
65-69	155	1.1	66	1.0	89	1.3
70-74	130	1.0	56	0.9	74	1.1
75-79	147	1.1	64	1.0	83	1.2
80-84	63	0.5	28	0.4	35	0.5
85+	38	0.3	14	0.2	24	0.3
DK/Missing	6	0.0	3	0.0	3	0.0
Dependency age groups						
0-14	5,977	44.4	2,980	46.4	2,997	42.6
15-64	6,939	51.6	3,212	50.0	3,727	53.0
65+	533	4.0	228	3.6	305	4.3
DK/Missing	6	0.0	3	0.0	3	0.0
Child and adult populations						
Children age 0-17 years	6,838	50.8	3,370	52.5	3,469	49.3
Adults age 18+ years	6,610	49.1	3,051	47.5	3,559	50.6
DK/Missing	6	0.0	3	0.0	3	0.0

According to the results of this survey, children and youth less than 18 years of age constitute over half of the population of Sao Tome and Principe (51 percent), while 44 percent are below 15 and only 4 percent 65 or older, characterizing the nation's population as predominantly young. These results are nearly identical to those of the 2012 census.

On the other hand, the fact that the 5-9 years age group is somewhat larger than the youngest, contrary to census results, suggests that children under five years of age might be under-reported in our data. This pattern is not infrequent in surveys with large children's questionnaires and could be the result of out-transference of a number of eligible children to an older non-eligible age, potentially in addition to under-recording of very young children. Out-transference is also likely to be responsible for the steep downward step between age 14 and 15 observable in Table DQ.1 in

Appendix D, related this time to women's and men's questionnaires, and similarly at the upper end of age eligibility as seen in Figure HH.1, particularly for women.

Figure HH.1: Age and sex distribution of household population, Sao Tome and Principe, 2014
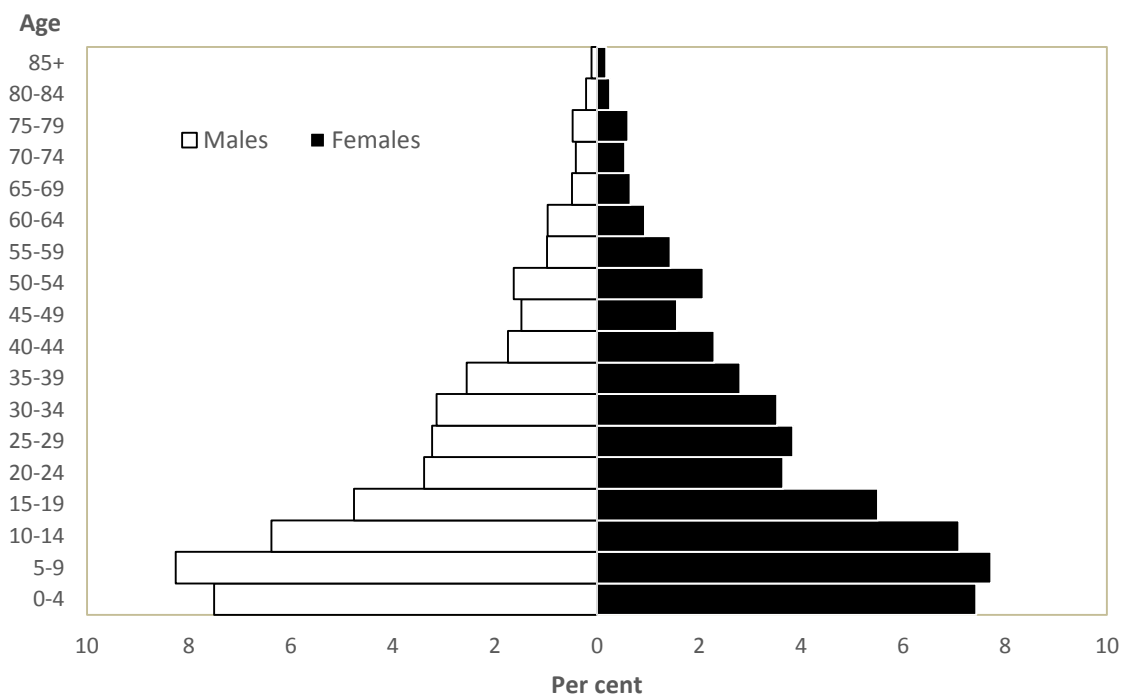
Note: 6 household members with missing age and/or sex are excluded

Tables HH.3, HH.4 and HH.5 provide basic information on the households, female respondents age 15-49, male respondents 15-49, and children under-5. Both unweighted and weighted numbers are presented. Such information is essential for the interpretation of findings presented later in the report and provides background information on the representativeness of the survey sample. The remaining tables in this report are presented only with weighted numbers.[i]

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

Table HH.3: Household composition

Percent and frequency distribution of households by selected characteristics, Sao Tome and Principe, 2014

	Weighted percent	Number of households	
		Weighted	Unweighted
Total	100.0	3,492	3,492
Sex of household head			
Male	65.2	2,278	2,362
Female	34.8	1,214	1,130
Region			
Centre East	66.2	2,311	1,626
North West	17.5	612	840
South East	11.9	417	740
Autonomous of Principe	4.3	152	286
Area			
Urban	66.0	2,306	2,054
Rural	34.0	1,186	1,438
Number of household members			
1	16.1	564	577
2	13.3	465	441
3	16.2	564	542
4	17.0	595	601
5	16.4	573	571
6	10.9	382	398
7	5.6	195	198
8	2.5	87	95
9	0.9	30	32
10+	1.0	36	37
Education of household head	9.1	319	344
None	9.1	319	344
Primary	54.1	1,891	1,981
Secondary	31.9	1,113	1,038
Higher	4.2	148	109
DK/Missing	0.6	21	20
Mean household size	3.9	3,492	3,492

The weighted and unweighted total number of households are equal, since sample weights were normalized.[i] The table also shows the weighted mean household size estimated by the survey. It can be seen that the less populous regions of the country were over-sampled in order to provide better precision for their estimates; even so, the sample size of Autonomous Region of Principe remains relatively small as previously noted.

Two-thirds of households (66 percent) are found in urban areas; one third (35 percent) are female headed. The mean household size is 3.9. The majority of household heads (54 percent) have only attended primary school, and merely 4 percent have higher education.

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[i] See Appendix A: Sample Design, for more details on sample weights.

Characteristics of Female and Male Respondents 15-49 Years of Age and Children Under-5

Tables HH.4, HH.4M and HH.5 provide information on the background characteristics of female and male respondents 15-49 years of age and of children under age 5. In all three tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized).[i] In addition to providing useful information on the background characteristics of women, men, and children under age five, 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, age 15-49 years. The table includes information on the distribution of women according to region, area, age, marital/union status, motherhood status, births in last two years, education[ii], and wealth index quintiles[iii, iv].

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[i] See Appendix A: Sample Design, for more details on sample weights.
[ii] Throughout this report, unless otherwise stated, "education" refers to highest educational level ever attended by the respondent when it is used as a background variable.
[iii] The wealth index is a composite indicator of wealth. To construct the wealth index, principal components analysis is performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth, to generate weights (factor scores) for each of the items used. First, initial factor scores are calculated for the total sample. Then, separate factor scores are calculated for households in urban and rural areas. Finally, the urban and rural factor scores are regressed on the initial factor scores to obtain the combined, final factor scores for the total sample. This is carried out to minimize the urban bias in the wealth index values.

Each household in the total sample is then assigned a wealth score based on the assets owned by that household and on the final factor scores obtained as described above. The survey household population is then ranked according to the wealth score of the household they are living in, and is finally divided into 5 equal parts (quintiles) from lowest (poorest) to highest (richest).

In the 2014 Sao Tome and Principe MICS, the following assets were used in these calculations: number of persons per sleeping room; main material of which the roof, walls and floor are made; main cooking fuel; household has electricity, a radio, a television, a non-mobile telephone, a refrigerator or a freezer, a computer, a satellite dish, air conditioning, a wooden bed with a mattress, a plastic chair; household member owns a watch, a mobile phone, a bicycle, a motorcycle, a car or a pick-up truck, a boat with a motor, a boat without a motor, agricultural land, cattle, goats, sheep, chicken, pigs, other farm animals, a bank account; main source of water for cooking; location of the main source of water; type of toilet facility; shared or unshared toilet facility; water at the place used for handwashing; soap for handwashing; a household member living abroad.

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. The wealth scores calculated are applicable for only the particular data set they are based on.

Further information on the construction of the wealth index can be found in Filmer, D and Pritchett, L. 2001. *Estimating wealth effects without expenditure data – or tears: An application to educational enrolments in states of India*. Demography 38(1): 115-132; Rutstein, SO and Johnson, K. 2004. *The DHS Wealth Index*. DHS Comparative Reports No. 6; and Rutstein, SO. 2008. *The DHS Wealth Index: Approaches for Rural and Urban Areas*. DHS Working Papers No. 60.

[iv] When describing survey results by wealth quintiles, appropriate terminology is used when referring to individual household members, such as for instance "women in the richest population quintile", which is used interchangeably with "women in the wealthiest survey population", "women living in households in the richest population wealth quintile", and similar.

Table HH.4: Women's background characteristics

Percent and frequency distribution of women age 15-49 years by selected background characteristics, Sao Tome and Principe, 2014

	Weighted percent	Number of women	
		Weighted	Unweighted
Total	100.0	2,935	2,935
Region			
Centre East	67.6	1,983	1,389
North West	17.8	524	756
South East	11.1	326	582
Autonomous of Principe	3.5	103	208
Area			
Urban	68.0	1,997	1,810
Rural	32.0	938	1,125
Age			
15-19	23.9	702	688
20-24	15.9	467	462
25-29	16.5	484	486
30-34	15.2	446	459
35-39	11.9	349	341
40-44	9.9	290	293
45-49	6.7	198	206
Marital/Union status			
Currently married/in union	55.5	1,629	1,671
Widowed	0.5	15	13
Divorced	0.1	3	4
Separated	17.7	518	513
Never married/in union	26.1	767	733
DK/Missing	0.1	2	1
Motherhood and recent births			
Never gave birth	26.7	783	746
Ever gave birth	73.3	2,152	2,189
Gave birth in last two years	25.7	756	758
No birth in last two years	47.6	1,398	1,432
Education			
None	3.1	91	110
Primary	48.6	1,426	1,520
Secondary	44.9	1,318	1,234
Higher	3.4	99	71
Wealth index quintile			
Poorest	17.8	524	637
Second	19.8	581	625
Middle	19.3	566	595
Fourth	20.4	598	558
Richest	22.7	666	520

The majority (56 percent) of women age 15-49 years are currently married or in union, but a notable proportion (18 percent) are separated. Nearly three-quarters (73 percent) of women in this age group have started child bearing, and 48 percent gave birth in the last two years. Education patterns are similar to those of the heads of households. Table HH.4 shows that in our sample of 2,935

women age 15-49, the education status of one of them is unknown; this "DK/Missing" category will generally be omitted from the relevant tables of this report.

Table HH.4M: Men's background characteristics

Percent and frequency distribution of men age 15-49 years by selected background characteristics, Sao Tome and Principe, 2014

	Weighted percent	Number of men	
		Weighted	Unweighted
Total	100.0	2,267	2,267
Region			
Centre East	63.9	1,449	924
North West	18.3	415	598
South East	13.6	309	539
Autonomous of Principe	4.1	93	206
Area			
Urban	66.5	1,508	1,360
Rural	33.5	759	907
Age			
15-19	26.0	588	563
20-24	16.7	378	382
25-29	15.6	354	339
30-34	14.4	327	353
35-39	12.5	284	283
40-44	7.7	175	186
45-49	7.1	161	161
Marital/Union status			
Currently married/in union	47.7	1,081	1,106
Widowed	0.1	2	3
Divorced	0.0	1	1
Separated	10.1	229	231
Never married/in union	42.0	953	925
DK/Missing	0.0	1	1
Fatherhood status			
Has at least one living child	53.7	1,217	1,247
Has no living children	45.5	1,031	1,003
DK/Missing	0.9	20	17
Education			
None	1.0	22	28
Primary	42.0	951	1,043
Secondary	52.5	1,189	1,123
Higher	4.6	105	73
Wealth index quintile			
Poorest	20.4	462	560
Second	20.2	458	503
Middle	19.2	435	456
Fourth	20.1	455	396
Richest	20.1	456	352

Similarly, Table HH.4M provides background characteristics of male respondents 15-49 years of age. The table shows information on the distribution of men according to region, area, age, marital status, fatherhood status, education, and wealth index quintiles.

Nearly half (48 percent) of men age 15-49 years are currently married or in union, while 10 percent are separated. Fifty-four percent have at least one living child; 57 percent have secondary or higher education.

Table HH.4M shows that in our sample of 2,267 men age 15-49, the marital status of one of them is unknown; this "DK/Missing" category will generally be omitted from the relevant tables of this report; the same will apply to the 3 cases of widowed men.

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

Overall, 93 percent of children below five years of age live with their biological mother. The average level of education of the mothers/caretakers of under-five children is lower than that of the overall population of women age 15-49 years (66 and 52 percent respectively with primary or no education), and there is some suggestion that a larger proportion of children may live in poorest as opposed to wealthiest households.

Table HH.5: Under-5's background characteristics

Percent and frequency distribution of children under five years of age by selected characteristics, Sao Tome and Principe, 2014

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Total	100.0	2,030	2,030
Sex			
Male	50.4	1,023	1,027
Female	49.6	1,007	1,003
Region			
Centre East	64.9	1,317	916
North West	19.0	386	526
South East	12.1	245	436
Autonomous of Principe	4.0	82	152
Area			
Urban	65.9	1,339	1,210
Rural	34.1	691	820
Age			
0-5 months	8.8	178	169
6-11 months	8.5	172	180
12-23 months	19.9	403	391
24-35 months	20.3	412	423
36-47 months	21.4	434	429
48-59 months	21.2	430	438
Respondent to the under-5 questionnaire			
Mother	93.2	1,893	1,893
Other primary caretaker	6.8	137	137
Mother's education[a]			
None	4.2	84	107
Primary	61.7	1,253	1,312
Secondary	31.9	647	578
Higher	2.2	46	33
Wealth index quintile			
Poorest	21.9	444	541
Second	21.1	428	462
Middle	20.3	411	404
Fourth	20.8	423	375
Richest	16.0	324	248

[a] In this table and throughout the report, mother's education refers to educational attainment of mothers as well as caretakers of children under 5, who are the respondents to the under-5 questionnaire if the mother is deceased or is living elsewhere.

Housing characteristics, asset ownership, and wealth quintiles

Tables HH.6, HH.7 and HH.8 provide further details on household level characteristics. HH.6 presents characteristics of housing, disaggregated by area and region, distributed by whether the dwelling has electricity, the main materials of the flooring, roof, and exterior walls, as well as the number of rooms used for sleeping.

Over three-quarters of households (76 percent) have electricity in urban areas, compared with 55 percent in rural areas. Finished roofing (mostly corrugated iron) and walls (mostly wood planks) are nearly universal in Sao Tome and Principe. However, a majority of households (57 percent) have a floor made of rudimentary material, more so urban (61 percent) than rural (49 percent) households. What is here referred to as rudimentary floor is mostly wood planks, the commonest floor material in urban areas, while finished floors are most often made of cement (data not shown).

Table HH.6: Housing characteristics							
Percent distribution of households by selected housing characteristics, according to area of residence and regions, Sao Tome and Principe, 2014							
		Area		Region			
	Total	Urban	Rural	Region Centre East	Region North West	Region South East	Autonomous Region of Principe
Electricity							
Yes	68.6	75.8	54.8	74.8	54.8	51.8	76.2
No	31.3	24.2	45.1	25.2	45.0	48.2	23.8
DK/Missing	0.0	0.0	0.1	0.0	0.2	0.0	0.0
Flooring							
Natural floor	0.8	0.2	2.0	0.2	0.4	4.1	1.4
Rudimentary floor	56.7	60.7	49.0	59.8	49.9	58.1	34.1
Finished floor	42.4	39.0	49.0	39.9	49.7	37.4	64.6
Other	0.1	0.1	0.0	0.1	0.0	0.1	0.0
DK/Missing	0.0	0.0	0.0	0.0	0.0	0.3	0.0
Roof							
Natural roofing	0.0	0.0	0.1	0.0	0.1	0.0	0.4
Rudimentary roofing	0.2	0.2	0.2	0.1	0.0	0.4	1.3
Finished roofing	99.7	99.7	99.6	99.9	99.9	98.8	98.3
Other	0.1	0.1	0.2	0.0	0.0	0.6	0.0
DK/Missing	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Exterior walls							
Rudimentary walls	1.5	1.8	1.0	1.6	2.0	0.5	1.5
Finished walls	98.1	97.7	98.7	98.0	97.9	99.3	95.7
Other	0.3	0.3	0.2	0.2	0.1	0.1	2.9
DK/Missing	0.1	0.2	0.0	0.2	0.0	0.1	0.0
Rooms used for sleeping							
1	35.0	32.3	40.3	34.1	38.7	32.3	42.1
2	38.4	37.9	39.4	38.0	38.2	41.1	38.7
3 or more	22.9	25.7	17.2	24.2	21.5	19.5	17.3
DK/Missing	3.7	4.0	3.1	3.7	1.7	7.0	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	3,492	2,306	1,186	2,311	612	417	152
Mean number of persons per room used for sleeping	2.18	2.14	2.26	2.13	2.38	2.25	2.01

In Table HH.7 households are distributed according to ownership of assets by households and by individual household members. This also includes ownership of dwelling.

Table HH.7 is a testimony of the phenomenal spread of mobile phones in both urban (82 percent) and rural (78 percent) households. One the other hand, ownership of computers is still relatively rare even in urban households (15 percent). About two rural households in five (42 percent) own agricultural land.

Table HH.7: Household and personal assets

Percentage of households by ownership of selected household and personal assets, and percent distribution by ownership of dwelling, according to area of residence and regions, Sao Tome and Principe, 2014

		Area		Region			
	Total	Urban	Rural	Region Centre East	Region North West	Region South East	Autonomous Region of Principe
Percentage of households that own a							
Radio	60.8	64.9	52.9	65.4	49.3	50.4	64.8
Television	68.3	73.2	58.6	74.4	55.5	52.5	69.7
Non-mobile telephone	7.3	9.9	2.2	9.4	2.5	3.4	5.4
Refrigerator/freezer	42.8	49.9	28.9	49.8	28.0	24.8	44.4
Computer	11.6	14.7	5.6	14.8	4.1	4.3	12.7
Satellite dish	25.8	30.8	16.1	29.7	14.9	15.7	37.9
Air conditioning	2.0	2.8	0.5	2.8	0.6	0.1	1.0
Wooden bed with a mattress	96.6	97.0	95.8	97.0	96.7	94.9	95.4
Dining table with wooden chairs	94.2	94.6	93.3	95.0	92.8	92.1	93.0
Plastic chair	10.6	12.6	6.7	12.1	8.8	6.3	7.4
Percentage of households that own							
Agricultural land	25.8	17.7	41.5	17.5	43.1	38.5	47.4
Farm animals/Livestock	40.6	36.9	47.9	34.9	48.9	52.6	61.3
Percentage of households where at least one member owns or has a							
Watch	36.1	39.0	30.5	38.7	28.7	34.1	31.7
Mobile telephone	82.2	84.4	77.8	87.8	69.7	69.5	82.7
Bicycle	8.6	10.0	6.0	10.3	4.6	5.5	7.0
Motorcycle	15.8	15.7	16.0	17.0	12.0	11.8	24.6
Animal-drawn cart	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Car or pick-up truck	9.7	11.4	6.3	12.1	6.4	3.6	3.1
Boat with a motor	1.7	2.0	0.9	0.5	4.2	3.0	5.0
Boat without a motor	3.1	3.6	2.2	0.4	11.3	4.8	6.5
Bank account	44.2	49.0	34.8	49.7	31.0	22.7	73.2
Ownership of dwelling							
Owned by a household member	76.5	73.9	81.6	72.2	87.1	84.7	76.1
Not owned	23.5	26.1	18.4	27.8	12.9	15.2	23.9
Rented	14.2	16.1	10.6	17.0	6.1	10.5	15.4
Other	9.3	10.0	7.8	10.8	6.7	4.6	8.5
DK/Missing	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	3,492	2,306	1,186	2,311	612	417	152

Table HH.8 shows how the household populations in areas and regions are distributed according to household wealth quintiles.

As expected, rural areas have a higher proportion of household members in the poorest quintile (27 percent) than the urban (17 percent). At the other end of the distribution, we find 26 percent of household members of urban areas in the richest quintile, but only 7 percent of those living in rural areas. At the regional level, the highest concentration of poorest population is found in Region North West and Region South East (37 percent each).

Table HH.8: Wealth quintiles

Percent distribution of the household population by wealth index quintile, according to area of residence and regions, Sao Tome and Principe, 2014

| | Wealth index quintile | | | | | Total | Number of household members |
	Poorest	Second	Middle	Fourth	Richest		
Total	20.0	20.0	20.0	20.0	20.0	100.0	13,455
Area							
Urban	16.6	16.5	18.9	21.6	26.4	100.0	8,960
Rural	26.8	26.9	22.2	16.8	7.3	100.0	4,495
Region							
Centre East	12.4	18.1	20.6	22.7	26.2	100.0	8,799
North West	37.0	24.4	17.4	14.0	7.2	100.0	2,510
South East	37.0	25.4	18.4	11.5	7.7	100.0	1,651
Autonomous of Principe	12.7	13.5	26.7	30.2	16.9	100.0	495

IV.   Child Mortality

One of the overarching goals of the Millennium Development Goals (MDGs) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction of under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective.

Mortality rates presented in this chapter are calculated from information collected in the birth histories of the Women's Questionnaires. All interviewed women were asked whether they had ever given birth, and if yes, they were asked to report the number of sons and daughters who live with them, the number of those who live elsewhere, and the number of those who have died. In addition, they were asked to provide a detailed birth history of live births of children in chronological order starting with the firstborn. Women were asked whether births were single or multiple, the sex of the children, the date of birth (month and year), and survival status. Further, for children still alive, they were asked the current age of the child and, if not alive, the age at death. Childhood mortality rates are expressed by conventional age categories and are defined as follows:

• Neonatal mortality (NN): probability of dying within the first month of life
• Post-neonatal mortality (PNN): difference between infant and neonatal mortality rates
• Infant mortality ($_1q_0$): probability of dying between birth and the first birthday
• Child mortality ($_4q_1$): probability of dying between the first and the fifth birthdays
• Under-five mortality ($_5q_0$): the probability of dying between birth and the fifth birthday

Rates are expressed as deaths per 1,000 live births, except in the case of child mortality, which is expressed as deaths per 1,000 children surviving to age one, and post-neonatal mortality, which is the difference between infant and neonatal mortality rates.

Table CM.1: Early childhood mortality rates				
Neonatal, post-neonatal, Infant, child and under-five mortality rates for five year periods preceding the survey, Sao Tome and Principe, 2014				
	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Years preceding the survey					
0-4	22	16	38	7	45
5-9	13	11	24	17	41
10-14	17	14	31	29	59
[1] **MICS indicator 1.1 - Neonatal mortality rate**					
[2] **MICS indicator 1.3 - Post-neonatal mortality rate**					
[3] **MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate**					
[4] **MICS indicator 1.4 - Child mortality rate**					
[5] **MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate**					
[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates					

Table CM.1 and Figure CM.1 present neonatal, post-neonatal, infant, child, and under-five mortality rates for the three most recent five-year periods before the survey. Neonatal mortality in the most recent 5-year period is estimated at 22 per 1,000 live births, while the post-neonatal mortality rate is estimated at 16 per 1,000 live births.

Figure CM.1: Early childhood mortality rates
Sao Tome and Principe, 2014

Note: Indicator values are per 1,000 live births
Whiskers represent confidence intervals (± standard error × 2)
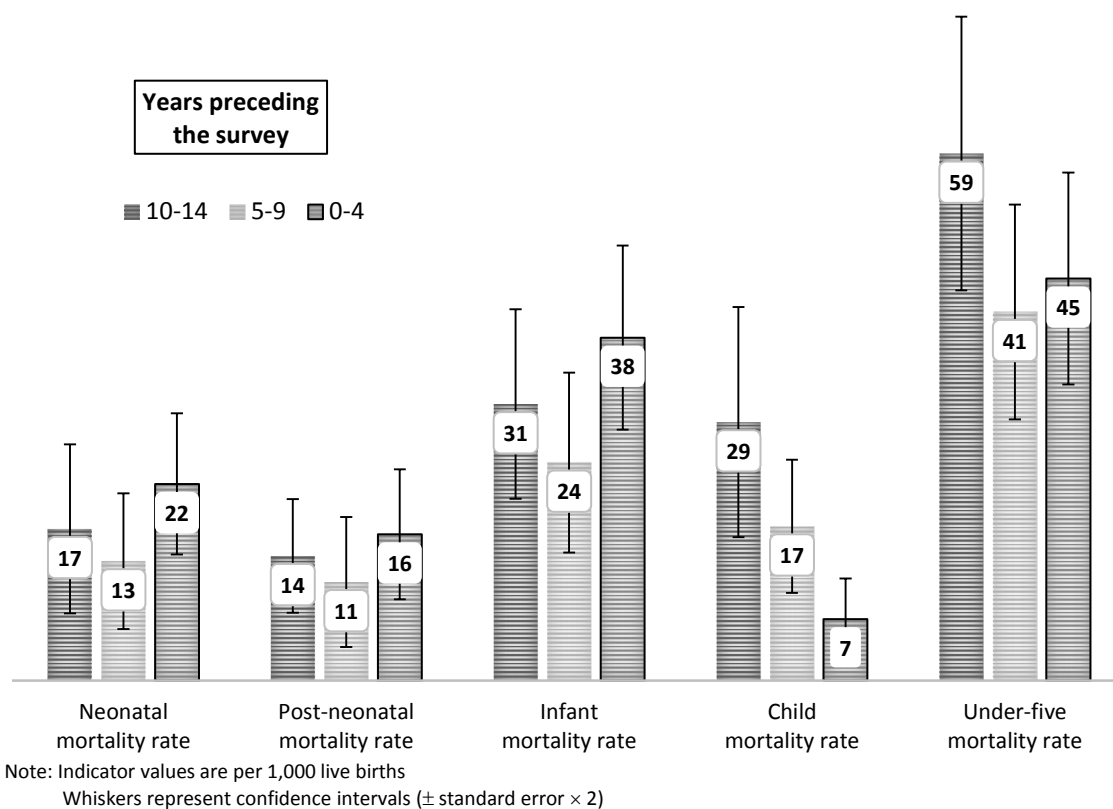
The infant mortality rate in the five years preceding the survey is 38 per 1,000 live births and under-five mortality is 45 deaths per 1,000 live births for the same period, indicating that 853 out of 1,000 under-five deaths are infant deaths.

The point estimate for under-five mortality is 59 per 1,000 live births during the 10-14 year period preceding the survey (centered on October 2001), which is 14 points higher than the estimate for the 0-4 year period preceding the survey (centered on October 2011). While this is reassuring, the width of the confidence intervals for these estimates does not allow us to categorically state that a decline in under-five mortality has actually taken place over that period. For a similar reason, it would be statistically incorrect, on the basis of the results of this survey alone, to speak of an increase in either neonatal or infant mortality. We can however be affirmative with respect to an actual decline in child mortality over the same period.

The fluctuations seen in these indicators, particularly those related to the first year of life, may be the reflection of actual fluctuations in mortality patterns in the population over the referred periods, sampling variations, and/or data quality issues such as the likely under-reporting of young children discussed in the previous chapter of this report. Another aspect of data quality relates to heaping of age at death reported as 1 year (see DQ.26 in Appendix D), a rather common problem in birth histories, which may affect to some extent post-neonatal, infant and child mortality estimates.

Table CM.2: Early childhood mortality rates by socioeconomic characteristics

Neonatal, post-neonatal, Infant, child and under-five mortality rates for the ten year period preceding the survey, by socioeconomic characteristics, Sao Tome and Principe, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Total	18	14	32	12	43
Region					
Centre East	15	14	30	11	41
North West	29	13	42	14	56
South East	10	15	25	11	36
Autonomous of Principe	(25)	6	31	4	35
Area					
Urban	17	15	32	10	42
Rural	19	11	30	15	44
Mother's education					
None/Primary	16	15	31	15	45
Secondary/Higher	23	11	33	3	37
Wealth index quintile					
60 percent poorest	18	16	35	15	50
40 percent richest	17	9	26	4	30

[1] MICS indicator 1.1 - Neonatal mortality rate

[2] MICS indicator 1.3 - Post-neonatal mortality rate

[3] MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate

[4] MICS indicator 1.4 - Child mortality rate

[5] MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates
( ) Figures that are based on 250-499 unweighted exposed persons

Table CM.3: Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, Infant, child and under-five mortality rates for the ten year period preceding the survey, by demographic characteristics, Sao Tome and Principe, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Total	18	14	32	12	43
Sex of child					
Male	23	13	36	14	50
Female	12	14	27	9	35
Mother's age at birth					
Less than 20	10	20	30	11	41
20-34	14	9	23	11	34
35-49	47	30	77	13	89
Birth order					
1	12	14	26	8	34
2-3	15	12	27	5	32
4+	26	16	42	24	64
Previous birth interval[b]					
< 2 years	20	19	39	17	55
2 years	25	15	40	10	50
3 years	6	8	14	6	19
4+ years	17	10	28	8	35

[1] **MICS indicator 1.1 - Neonatal mortality rate**

[2] **MICS indicator 1.3 - Post-neonatal mortality rate**

[3] **MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate**

[4] **MICS indicator 1.4 - Child mortality rate**

[5] **MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate**

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

[b] Excludes first order births

Tables CM.2 and CM.3 provide estimates of child mortality by socioeconomic and demographic characteristics. In order to improve the stability and precision of the estimates, these two tables have been produced for a 10-year period preceding the survey. Even so, as can be seen in Figure CM.2 which provides a graphical presentation of some of the results, the confidence intervals of these estimates are still relatively wide and interpretation of differences between point estimates should be cautious. Many of the differences seen in these tables are in the expected direction. Under-five mortality estimates are higher:

- for males (50) than for females (35) (not statistically significant)
- for children from mothers age 35-49 years (89) than 20-34 years (34) (statistically significant)
- for children from mothers with no more than primary education (45) than secondary or higher education (37) (not statistically significant)
- for birth intervals of less than 2 years (55) than of 3 years (19) (statistically significant)
- for children of a high birth order (64) than for second or third children (32) (statistically significant).

Figure CM.2: Under-5 mortality rates by area and regions, 10 year period preceding the survey, Sao Tome and Principe, 2014
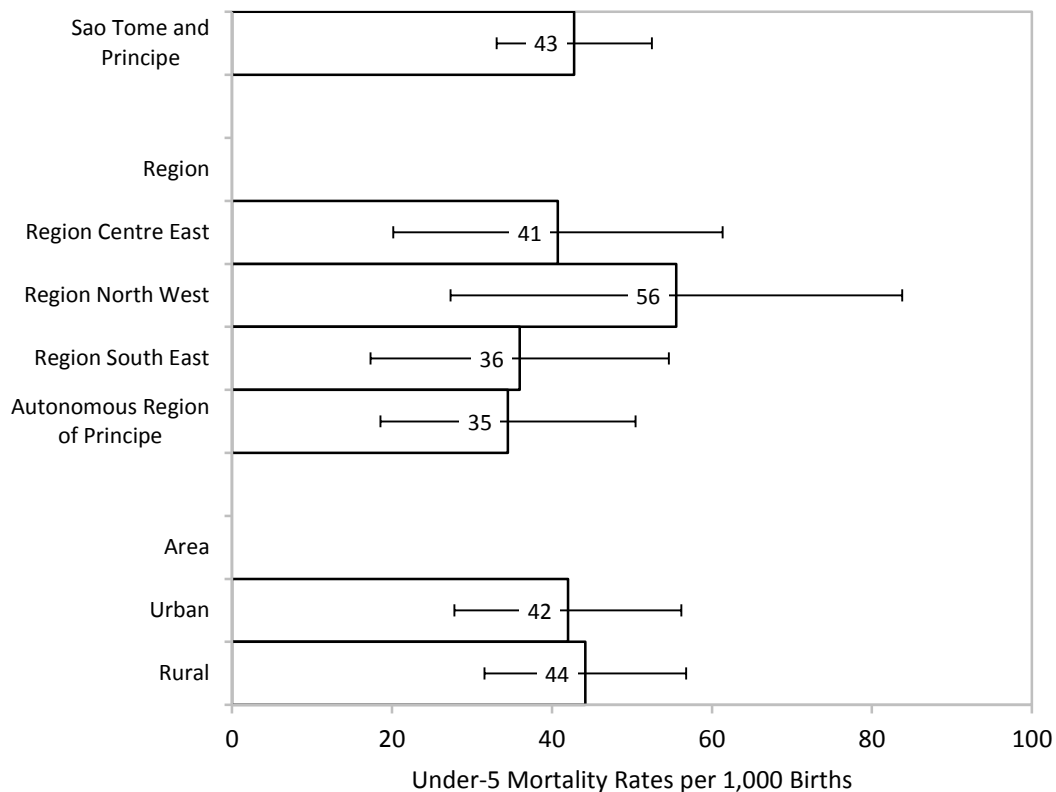
Note: Indicator values are per 1,000 live births

Whiskers represent confidence intervals (± standard error × 2)

Figure CM.3 compares the national under-five mortality rates presented above with those from other data sources: the 2000 MICS, the 2006 MICS and the 2008-2009 DHS for Sao Tome and Principe. The results from the three most recent surveys are in broad agreement in terms of trend, although the 2008-2009 DHS results are considerably higher than those of the 2006 and 2014 MICS for the same years. Overall, these results show a smooth declining trend over the last 15 to 20 years with a tendency to stabilize in most recent years. Further qualification of these apparent declines and differences as well as its determinants should be taken up in a separate, more detailed, analysis.

Figure CM.3: Trend in under-5 mortality rates
Sao Tome and Principe, 2014
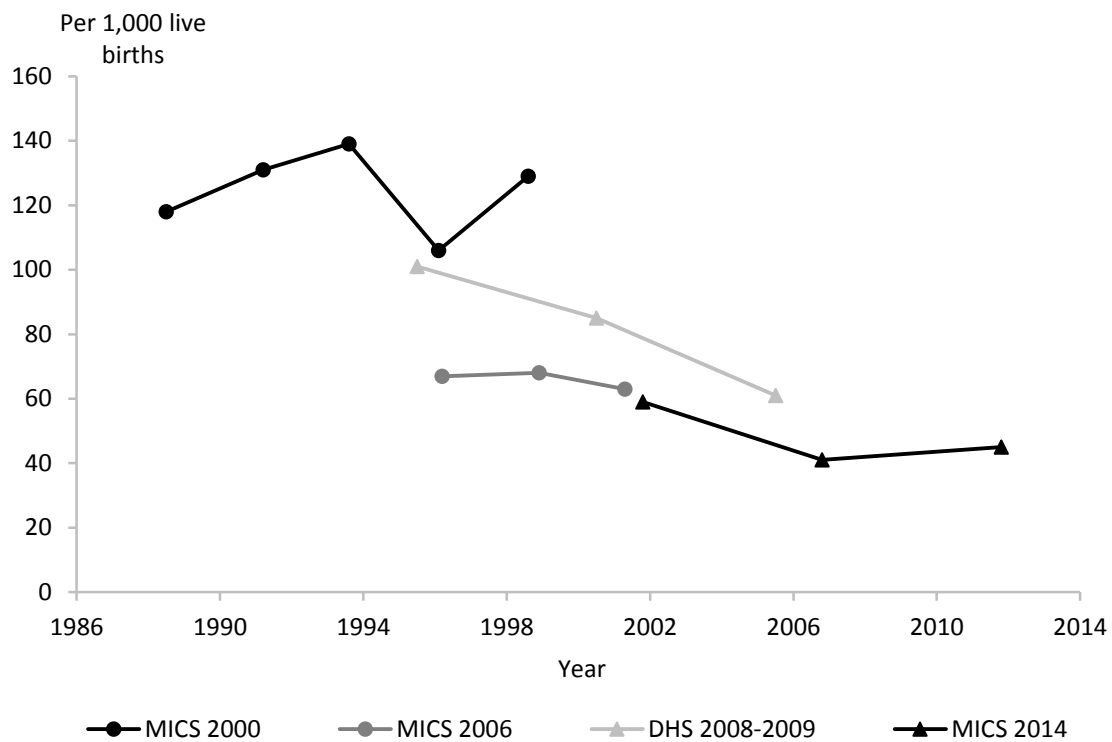
V.   Nutrition

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 (defined as 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 days, months and years. Those who survive may 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 with low birth weight also risk a lower intellectual quotient (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 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 a higher risk of bearing low birth weight babies.

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

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[i] For a detailed description of the methodology, see Boerma, JT et al. 1996. *Data on Birth Weight in Developing Countries: Can Surveys Help?* Bulletin of the World Health Organization 74(2): 209-16.

Table NU.1: Low birth weight infants

Percentage of last live-born children in the last two years that are estimated to have weighed below 2,500 grams at birth and percentage of live births weighed at birth, Sao Tome and Principe, 2014

	Percent distribution of births by mother's assessment of size at birth						Percentage of live births:		Number of last live-born children in the last two years
	Very small	Smaller than average	Average	Larger than average or very large	DK	Total	Below 2,500 grams[1]	Weighed at birth[2]	
Total	3.4	8.9	70.1	16.5	1.1	100.0	8.4	94.0	756
Mother's age at birth									
Less than 20 years	5.0	18.7	64.1	11.8	0.5	100.0	12.5	97.6	120
20-34 years	2.2	7.0	73.1	16.8	0.9	100.0	7.2	93.9	519
35-49 years	7.1	7.2	63.0	20.2	2.6	100.0	9.6	90.7	116
Birth order									
1	2.2	15.9	66.7	14.9	0.3	100.0	10.2	99.0	171
2-3	3.3	5.2	75.2	15.1	1.2	100.0	7.2	93.3	328
4-5	2.9	9.6	67.4	19.1	0.9	100.0	8.4	93.8	175
6+	7.2	7.4	63.0	20.3	2.2	100.0	9.8	86.6	82
Region									
Centre East	3.2	8.8	67.9	19.5	0.6	100.0	8.3	95.9	514
North West	2.3	7.8	81.5	7.7	0.6	100.0	7.8	91.3	131
South East	5.6	12.5	65.2	11.8	4.9	100.0	10.8	84.7	86
Aut. of Principe	(4.8)	(3.2)	(74.1)	(17.9)	(0.0)	100.0	(7.2)	(100.0)	25
Area									
Urban	3.7	8.6	67.8	19.3	0.6	100.0	8.4	94.9	496
Rural	2.8	9.4	74.6	11.2	2.0	100.0	8.5	92.2	260
Mother's education									
None/Primary	4.2	9.1	72.6	12.6	1.4	100.0	9.0	91.6	468
Secondary/Higher	2.0	8.5	66.1	22.9	0.5	100.0	7.5	97.9	288
Wealth index quintile									
Poorest	6.2	14.0	67.8	11.6	0.4	100.0	11.6	87.7	161
Second	1.2	7.4	73.2	15.0	3.4	100.0	6.9	93.0	158
Middle	3.7	9.3	73.9	12.0	1.1	100.0	8.8	93.9	149
Fourth	1.5	5.9	73.7	18.6	0.3	100.0	6.5	96.6	161
Richest	4.5	7.7	60.3	27.5	0.0	100.0	8.4	100.0	126

[1] **MICS indicator 2.20 - Low-birthweight infants**
[2] **MICS indicator 2.21 - Infants weighed at birth**
( ) Figures that are based on 25-49 unweighted cases

Overall, 94 percent of newborns were weighed at birth and approximately 8 percent of infants are estimated to weigh less than 2,500 grams at birth (Table NU.1). There is no evidence of meaningful differences in the prevalence of low birth weight by, region, urban and rural areas or by mother's education.

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.

Undernutrition is associated with more than half of all child 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 children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development Goal target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the WHO growth standards[i]. Each of the three nutritional status indicators – weight-for-age, height-for-age, and weight-for-height - 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.

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

Children whose weight-for-height is more than two standard deviations above the median reference population are classified as moderately or severely overweight.

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[i] http://www.who.int/childgrowth/standards/technical_report

Table NU.2: Nutritional status of children

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Sao Tome and Principe, 2014

	Weight for age			Number of children under age 5	Height for age			Number of children under age 5	Weight for height				Number of children under age 5
	Underweight				Stunted				Wasted		Overweight		
	Percent below		Mean Z-Score (SD)		Percent below		Mean Z-Score (SD)		Percent below		Percent above	Mean Z-Score (SD)	
	- 2 SD[1]	- 3 SD[2]			- 2 SD[3]	- 3 SD[4]			- 2 SD[5]	- 3 SD[6]	+ 2 SD[7]		
Total	8.8	1.8	-0.6	1,938	17.2	4.5	-0.9	1,929	4.0	0.8	2.4	-0.1	1,935
Sex													
Male	10.6	2.7	-0.6	963	20.5	6.1	-1.0	960	4.7	0.7	2.6	-0.1	962
Female	6.9	1.0	-0.5	976	13.9	3.0	-0.8	969	3.3	0.8	2.2	-0.1	973
Region													
Centre East	8.4	1.5	-0.5	1,245	15.6	3.4	-0.8	1,238	3.9	0.7	2.5	-0.1	1,242
North West	9.6	2.0	-0.6	380	20.0	7.0	-1.1	379	4.0	1.0	2.4	0.0	379
South East	9.7	2.8	-0.7	232	23.3	6.3	-1.2	232	5.4	1.0	2.4	-0.1	233
Aut. of Principe	7.5	2.7	-0.6	81	10.5	4.9	-0.8	80	1.2	0.0	0.9	-0.3	81
Area													
Urban	8.3	1.7	-0.6	1,269	16.3	4.1	-0.9	1,267	4.1	0.7	2.8	-0.1	1,270
Rural	9.6	2.0	-0.6	669	18.9	5.3	-1.0	662	3.9	0.9	1.7	-0.1	665
Age													
0-5 months	7.5	1.2	-0.1	163	13.8	2.2	-0.2	161	6.0	2.4	4.9	0.1	165
6-11 months	13.1	2.6	-0.6	168	13.8	1.5	-0.5	167	11.4	0.6	3.0	-0.4	169
12-17 months	14.5	2.8	-0.7	214	14.6	3.4	-0.9	213	5.3	1.9	2.5	-0.4	213
18-23 months	12.7	3.5	-0.6	170	24.2	11.3	-1.2	168	5.0	0.5	1.7	-0.1	168
24-35 months	8.9	1.9	-0.7	400	24.7	7.6	-1.3	396	1.6	0.4	3.1	0.0	396
36-47 months	6.8	1.0	-0.5	411	15.9	4.5	-0.9	411	2.4	0.0	2.0	0.1	411
48-59 months	4.8	1.2	-0.6	413	12.3	1.6	-0.8	413	3.0	0.9	1.2	-0.2	413
Mother's education													
None	7.8	1.8	-0.7	83	18.1	2.0	-1.0	83	5.5	1.0	3.5	-0.2	83
Primary	9.7	1.9	-0.7	1,191	19.5	5.3	-1.0	1,184	4.1	0.8	1.6	-0.1	1,186
Secondary/Higher	7.2	1.6	-0.4	664	12.9	3.5	-0.7	662	3.6	0.7	3.7	-0.1	666
Wealth index quintile													
Poorest	12.6	2.7	-0.9	429	25.5	7.0	-1.3	428	5.8	1.5	1.9	-0.2	429
Second	9.4	1.5	-0.7	405	20.2	4.0	-1.1	404	3.0	0.6	1.8	-0.1	405
Middle	7.5	2.1	-0.5	397	18.3	6.8	-0.9	392	2.3	0.7	2.5	0.0	392
Fourth	5.9	1.1	-0.4	403	12.0	2.0	-0.7	401	4.1	0.4	3.4	0.0	403
Richest	8.0	1.5	-0.4	304	6.8	2.1	-0.4	303	4.9	0.6	2.4	-0.2	305

[1] **MICS indicator 2.1a and MDG indicator 1.8 - Underweight prevalence (moderate and severe)**
[2] **MICS indicator 2.1b - Underweight prevalence (severe)**
[3] **MICS indicator 2.2a - Stunting prevalence (moderate and severe)**
[4] **MICS indicator 2.2b - Stunting prevalence (severe)**
[5] **MICS indicator 2.3a - Wasting prevalence (moderate and severe)**
[6] **MICS indicator 2.3b - Wasting prevalence (severe)**
[7] **MICS indicator 2.4 - Overweight prevalence**

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

Table NU.2 shows percentages of children classified into each of the above described categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes mean z-scores for all three anthropometric indicators.

Children whose measurements are outside a plausible range are excluded from Table NU.2. Children are excluded from one or more of the anthropometric indicators when their weights and heights have not been measured, whichever applicable. For example, if a child has been weighed but his/her height has not been measured, the child is included in underweight calculations, but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality Tables DQ.12, DQ.13, and DQ.14 in Appendix D. The tables show that due to implausible measurements, and/or missing weight and/or height, 4 percent of children have been excluded from calculations of the weight-for-age, height-for-age and weight-for-height indicators. Further, Table DQ.15 shows that measurers had a tendency in some cases to round height measurements to the nearest centimetre (decimal 0) or half centimetre (decimal 5), but the extent to which this took place is unlikely to have had much impact on the quality of the results. We already referred in Chapter 3 to the issue of out-transference and the likely under-recording of young children which may affect to some extent the representativity of the anthropometric results.

Table NU.2 shows that 9 percent of children under age five in Sao Tome and Principe are underweight (2 percent are severely so), while 17 percent are stunted or too short for their age (5 percent are severely so). In addition, 4 percent are moderately or severely wasted or too thin for their height. A small proportion (2 percent) of children are overweight or too heavy for their height.

There are no meaningful differences between urban and rural areas, nor between various levels of education of the mother, except in the case of stunting where children of mothers having secondary or higher education tend to be less affected (13 percent) than those whose mothers have primary or no formal education (20 and 18 percent respectively). Regions are also fairly similar with respect to these four indicators, except once again for stunting where the differences are larger, ranging from 11 percent in Region Autónoma de Principe to 23 percent in Region South East.

Boys tend to suffer more from underweight and stunting (11 and 21 percent respectively) than girls (7 and 14 percent respectively). However, the widest differences are seen between wealth categories in relation to stunting which ranges from 7 percent among the wealthiest to 26 percent amongst the poorest.

The age pattern shows increasing levels of underweight becoming evident during the second half of the first year of life and then increasing levels of stunting manifesting themselves around 18 months of age. The same trends are visible in Figure NU.1. In addition, as will be seen later in Figure NU.3, for many infants complementary foods are initiated well before the recommended age of 6 months, and the proportion of weaned children increases rapidly after the age of 12 months. While it is not possible to demonstrate relationships of causality in such a study, it nonetheless seems plausible

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[i] See MICS Supply Procurement Instructions: http://www.mics.unicef.org/mics5_planning.html

that the increasing proportions of undernourished children at the two periods indicated above are at least partly related to those two sets of events: the premature initiation of complementary feeding, followed by weaning at a later stage. As children cease to be breastfeed, they tend to be exposed to contamination in water, food, and environment which can lead to undernutrition.

Figure NU.1: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe) Sao Tome and Principe, 2014
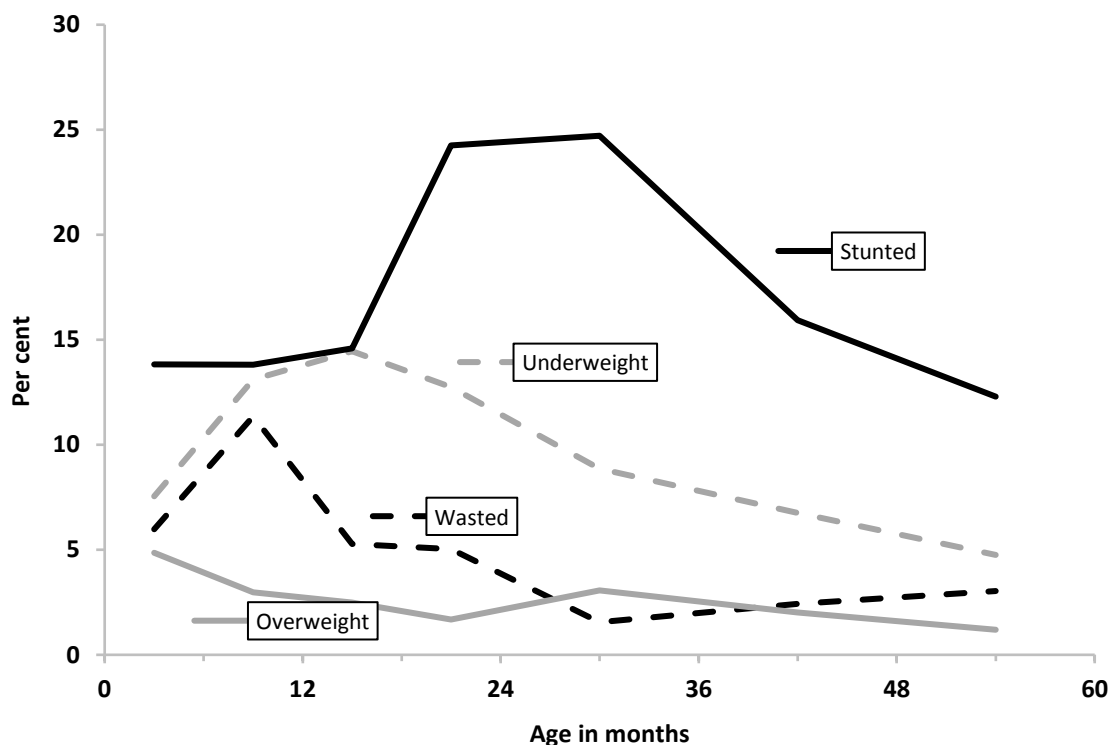
Breastfeeding and Infant and Young Child Feeding

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from birth to 2 years of age. 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 don't start to breastfeed early enough, do not breastfeed exclusively for the recommended 6 months or stop breastfeeding too soon. There are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and can be unsafe if hygienic conditions, including safe drinking water are not readily available. Studies have shown that, in addition to continued breastfeeding, consumption of appropriate, adequate and safe solid, semi-solid and soft foods from the age of 6 months onwards leads to better health and growth outcomes, with potential to reduce stunting during the first two years of life.[i]

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[i] Bhuta, Z. et al. 2013. *Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?* The Lancet June 6, 2013.

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond.[i] Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods.[ii] A summary of key guiding principles[iii, iv] for feeding 6-23 month olds is provided in the table below along with proximate measures for these guidelines collected in this survey.

The guiding principles for which proximate measures and indicators exist are:
(i)   continued breastfeeding;
(ii)   appropriate frequency of meals (but not energy density); and
(iii)   appropriate nutrient content of food.

Feeding frequency is used as proxy for energy intake, requiring children to receive a minimum number of meals/snacks (and milk feeds for non-breastfed children) for their age. Dietary diversity is used to ascertain the adequacy of the nutrient content of the food (not including iron) consumed. For dietary diversity, seven food groups were created for which a child consuming at least four of these is considered to have a better quality diet. In most populations, consumption of at least four food groups means that the child has a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable, in addition to a staple food (grain, root or tuber).[v]

These three dimensions of child feeding are combined into an assessment of the children who received appropriate feeding, using the indicator of "minimum acceptable diet". To have a minimum acceptable diet in the previous day, a child must have received:
(i)   the appropriate number of meals/snacks/milk feeds;
(ii)   food items from at least 4 food groups; and
(iii)   breastmilk or at least 2 milk feeds (for non-breastfed children).

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[i] WHO. 2003. *Implementing the Global Strategy for Infant and Young Child Feeding*. Meeting Report Geneva, 3-5 February, 2003.
[ii] WHO. 2003. *Global Strategy for Infant and Young Child Feeding*.
[iii] PAHO. 2003. *Guiding principles for complementary feeding of the breastfed child*.
[iv] WHO. 2005. *Guiding principles for feeding non-breastfed children 6-24 months of age*.
[v] WHO. 2008. *Indicators for assessing infant and young child feeding practices. Part 1: Definitions*.

Guiding Principle (age 6-23 months)	Proximate measures	Table
Continue frequent, on-demand breastfeeding for two years and beyond	Breastfed in the last 24 hours	NU.4
Appropriate frequency and energy density of meals	**Breastfed children** Depending on age, two or three meals/snacks provided in the last 24 hours **Non-breastfed children** Four meals/snacks <u>and/or milk feeds</u> provided in the last 24 hours	NU.6
Appropriate nutrient content of food	Four food groups[i] eaten in the last 24 hours	NU.6
Appropriate amount of food	No standard indicator exists	na
Appropriate consistency of food	No standard indicator exists	na
Use of vitamin-mineral supplements or fortified products for infant and mother	No standard indicator exists	na
Practice good hygiene and proper food handling	While it was not possible to develop indicators to fully capture programme guidance, one standard indicator does cover part of the principle: Not feeding with a bottle with a nipple	NU.9
Practice responsive feeding, applying the principles of psycho-social care	No standard indicator exists	na

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[i] Food groups used for assessment of this indicator are 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.

Table NU.3: Initial breastfeeding

Percentage of last live-born children in the last two years who were ever breastfed, breastfed within one hour of birth, and within one day of birth, and percentage who received a prelacteal feed, Sao Tome and Principe, 2014

| | Percentage who were ever breastfed[1] | Percentage who were first breastfed: | | Percentage who received a prelacteal feed | Number of last live-born children in the last two years |
		Within one hour of birth[2]	Within one day of birth		
Total	97.4	38.3	85.7	7.7	756
Region					
Centre East	97.8	35.3	85.1	7.4	514
North West	97.3	64.1	87.9	7.4	131
South East	97.1	10.4	84.7	12.4	86
Aut. of Principe	(91.8)	(58.6)	(89.3)	(0.0)	25
Area					
Urban	97.3	35.3	85.2	7.9	496
Rural	97.6	43.8	86.5	7.4	260
Months since last birth					
0-11 months	97.3	39.1	83.9	6.6	351
12-23 months	97.5	37.1	87.0	8.9	375
Assistance at delivery					
Skilled attendant	98.0	38.0	86.6	6.5	699
Traditional birth attendant	(94.5)	(41.7)	(75.9)	(26.0)	35
Other/DK/Missing	(83.6)	(42.3)	(70.9)	(16.5)	22
Place of delivery					
Home	96.8	50.1	80.1	21.1	60
Health facility[a]	98.0	37.5	86.5	6.7	687
Other/DK/Missing	(*)	(*)	(*)	(*)	8
Mother's education					
None/Primary	97.0	39.7	84.6	7.1	468
Secondary/Higher	98.2	35.8	87.4	8.8	288
Wealth index quintile					
Poorest	100.0	48.4	87.6	7.6	161
Second	96.9	35.6	83.8	8.7	158
Middle	97.3	38.7	87.1	5.7	149
Fourth	95.6	36.3	84.0	6.1	161
Richest	97.3	30.7	85.9	11.2	126

[1] MICS indicator 2.5 - Children ever breastfed

[2] MICS indicator 2.6 - Early initiation of breastfeeding

[a] Since only 1 case was from a private health facility, all health facilities have been merged into one single category
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table NU.3 is based on mothers' reports of what their last-born child, born in the last two years, was fed in the first few days of life. It indicates the proportion who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a prelacteal feed.[i] Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 38 percent of babies are breastfed for the first time within one hour of birth, while 86 percent of newborns in Sao Tome and Principe

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[i] Prelacteal feed refers to the provision any liquid or food, other than breastmilk, to a newborn during the period when breastmilk flow is generally being established (estimated here as the first 3 days of life).

start breastfeeding within one day of birth. The findings are presented in Figure NU.2 by region and area. Initiation of breastfeeding within one hour varies widely between regions, from 10 percent in Region South East to 64 percent in Region North West; it is higher among the poorest (48 percent) than the wealthiest (31 percent), among those giving birth at home (50 percent) than in a health facility (38 percent), and among rural dwellers (44 percent) than urban dwellers (35 percent). On the other hand, initiation with one day is nearly uniform throughout the country and the various groups.

About 8 percent of newborns receive a prelacteal feed; the practice appears to be more prevalent when the delivery occurs at home than in a health facility. Various fluids may be given to the newborn during the first three days, the most frequents being simple water, water mixed with sugar, water mixed with sugar and salt, herbal infusions, and the like (data not shown).

Figure NU.2: Initiation of breastfeeding
Sao Tome and Principe, 2014
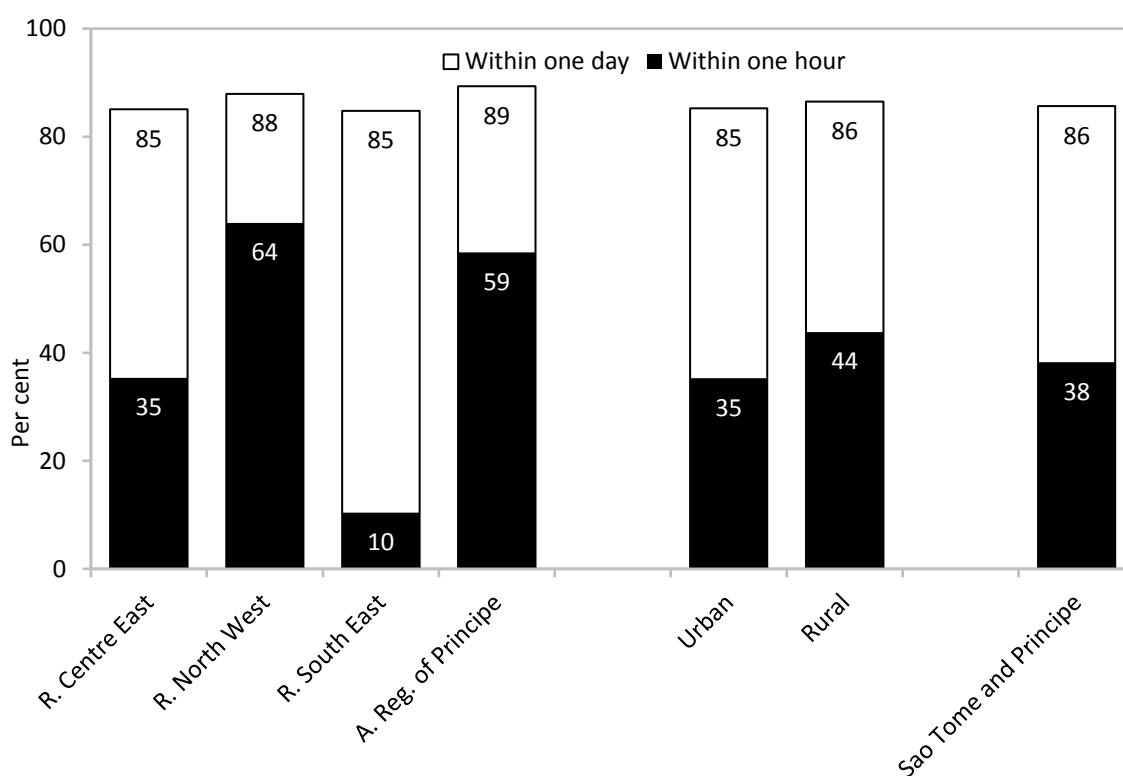
The set of Infant and Young Child Feeding indicators reported in tables NU.4 through NU.8 are based on the mother's report of consumption of food and fluids during the day or night prior to being interviewed. Data are subject to a number of limitations, some related to the respondent's ability to provide a full report on the child's liquid and food intake due to recall errors as well as lack of knowledge in cases where the child was fed by other individuals.

In Table NU.4, breastfeeding status is presented for both *Exclusively breastfed* and *Predominantly breastfed;* referring to infants age less than 6 months who are breastfed, distinguished by *the former* only allowing vitamins, mineral supplements, and medicine and *the latter* allowing also plain water

and non-milk liquids. The table also shows continued breastfeeding of children at 12-15 and 20-23 months of age.

Table NU.4: Breastfeeding						
Percentage of living children according to breastfeeding status at selected age groups, Sao Tome and Principe, 2014						
	Children age 0-5 months			Children age 12-15 months		Children age 20-23 months	
	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
Total	73.8	85.1	178	85.9	139	24.1	124
Sex							
Male	77.6	87.6	90	84.3	64	17.9	57
Female	70.1	82.6	89	87.2	75	29.3	67
Region							
Centre East	73.4	84.3	128	82.6	90	21.4	77
North West	(69.1)	(85.9)	29	(89.9)	31	(22.5)	20
South East	(82.2)	(90.4)	14	(96.3)	15	(35.7)	23
Aut. of Principe	(*)	(*)	6	(*)	3	(*)	4
Area							
Urban	76.3	88.8	112	85.1	98	27.8	83
Rural	69.7	78.9	66	(87.7)	41	(16.4)	41
Mother's education							
None/Primary	72.6	86.9	99	86.3	96	25.4	78
Second./Higher	75.3	82.8	79	(84.8)	44	(21.7)	46
Wealth index quintile							
60% poorest	71.2	83.2	119	94.9	82	22.9	73
40% richest	79.2	89.0	59	72.8	57	(25.8)	51
[1] **MICS indicator 2.7 - Exclusive breastfeeding under 6 months**							
[2] **MICS indicator 2.8 - Predominant breastfeeding under 6 months**							
[3] **MICS indicator 2.9 - Continued breastfeeding at 1 year**							
[4] **MICS indicator 2.10 - Continued breastfeeding at 2 years**							
( ) Figures that are based on 25-49 unweighted cases (*) Figures that are based on fewer than 25 unweighted cases							

Some caution is required when interpreting the results of Table NU.4 due to the generally small sample sizes. For this reason, we will focus only on the overall results. In Sao Tome and Principe, approximately three-quarters (74 percent) of children age less than six months are exclusively breastfed, while 85 percent are predominantly breastfed. At age 12-15 months, 86 percent of children are still being breastfed, which is remarkable, but breastfeeding drops drastically from that point to a mere 24 percent by age 20-23 months.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. One of the most salient features is the early initiation of complementary feeding, as commented earlier. At age 4-5 months, only about half of the children are exclusively breastfed and nearly 20 percent are already receiving complementary foods, while recommendations are for children to be exclusively breastfed until they reach 6 months of age.

Figure NU.3: Infant feeding patterns by age
Sao Tome and Principe, 2014
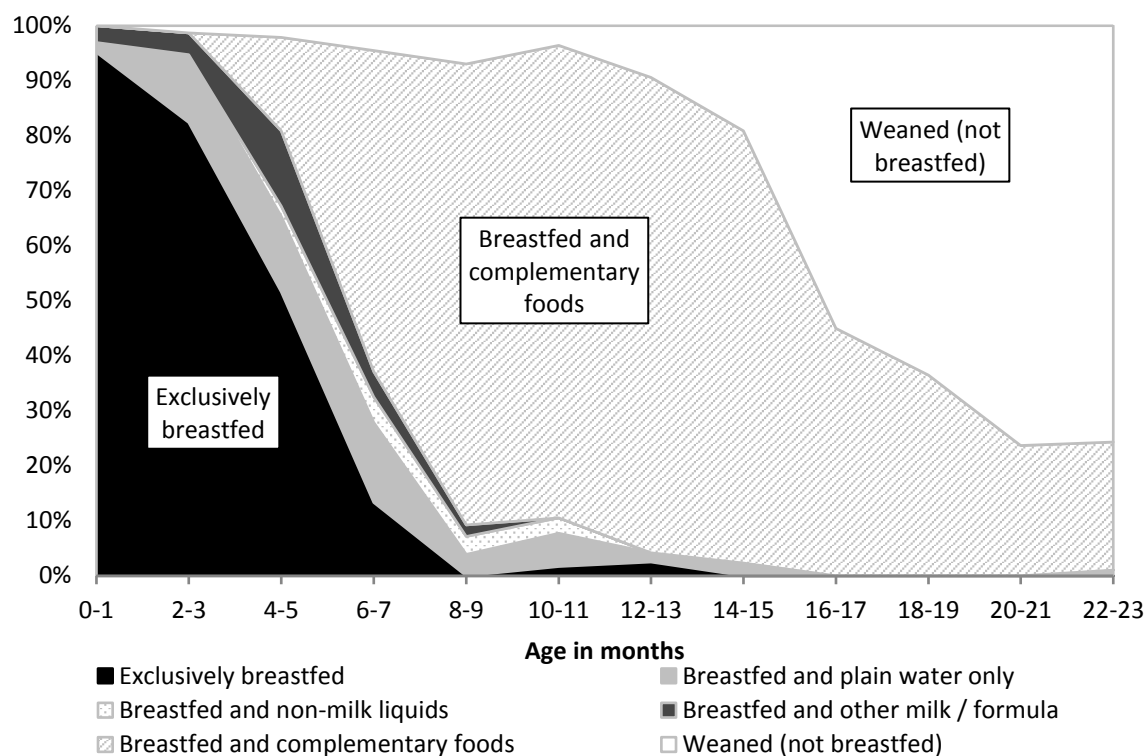
Table NU.5 shows the median duration of breastfeeding by selected background characteristics. Among children under age 3, the median duration is 17.0 months for any breastfeeding, 4.8 months for exclusive breastfeeding, and 5.7 months for predominant breastfeeding. Variations between the various background characteristics are generally small, but worthy of note is the gradual shortening of the duration of any breastfeeding from the poorest quintile (18.1 months) to the wealthiest (14.7 months).

Table NU.5: Duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Sao Tome and Principe, 2014

	Median duration (in months) of:			Number of children age 0-35 months
	Any breastfeeding[1]	Exclusive breastfeeding	Predominant breastfeeding	
Median	17.0	4.8	5.7	1,166
Sex				
Male	16.5	5.0	6.0	588
Female	17.7	4.6	5.4	578
Region				
Centre East	16.2	4.9	5.8	762
North West	18.0	4.1	5.3	222
South East	19.2	5.0	5.9	135
Autonomous of Principe	17.9	5.0	5.7	47
Area				
Urban	17.0	4.7	5.6	765
Rural	17.0	4.8	5.9	401
Mother's education				
None/Primary	17.4	4.2	5.5	736
Secondary/Higher	16.4	5.5	6.1	430
Wealth index quintile				
Poorest	18.1	4.3	5.1	258
Second	18.6	4.8	6.8	245
Middle	16.4	4.8	5.6	227
Fourth	16.9	4.9	5.9	236
Richest	14.7	5.0	5.0	201
Mean	17.6	4.6	5.9	1,166
[1] **MICS indicator 2.11 - Duration of breastfeeding**				

The age-appropriateness of breastfeeding of children under age 24 months is provided in Table NU.6. Different criteria of feeding are used depending on the age of the child. For infants age 0-5 months, exclusive breastfeeding is considered as age-appropriate feeding, while children age 6-23 months are considered to be appropriately fed if they are receiving breastmilk and solid, semi-solid or soft food. As a result of feeding patterns, only 59 percent of children age 6-23 months are being appropriately breastfed. Age-appropriate breastfeeding among all children age 0-23 months is of 62 percent, with a declining trend from the poorest quintile (71 percent) to the richest (58 percent). Region Centre East, the most populous, is at the lowest end of the 59 to 70 percent range between the regions.

Table NU.6: Age-appropriate breastfeeding

Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Sao Tome and Principe, 2014

	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed[1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed[2]	Number of children
Total	73.8	178	58.8	576	62.3	754
Sex						
Male	77.6	90	55.7	277	61.1	366
Female	70.1	89	61.6	299	63.5	388
Region						
Centre East	73.4	128	54.6	383	59.3	512
North West	(69.1)	29	67.9	105	68.2	134
South East	(82.2)	14	67.9	67	70.4	82
Aut. of Principe	(*)	6	(58.8)	21	(65.2)	27
Area						
Urban	76.3	112	59.5	385	63.2	497
Rural	69.7	66	57.3	191	60.5	257
Mother's education						
None/Primary	72.6	99	61.6	375	63.9	473
Secondary/Higher	75.3	79	53.4	201	59.6	281
Wealth index quintile						
Poorest	(73.1)	34	69.8	132	70.5	166
Second	(66.3)	38	58.8	118	60.6	156
Middle	(73.7)	47	54.9	95	61.2	142
Fourth	(80.0)	38	53.8	119	60.1	156
Richest	(*)	22	54.1	112	58.0	134

[1] **MICS indicator 2.7 - Exclusive breastfeeding under 6 months**
[2] **MICS indicator 2.12 - Age-appropriate breastfeeding**
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Overall, 74 percent of infants age 6-8 months received solid, semi-solid, or soft foods at least once during the previous day (Table NU.7). Since only a very small proportion of children of this age group in Sao Tome and Principe are not breastfeeding, it is not meaningful in this case to present these results separately for breastfeeding and not breastfeeding children.

Table NU.7: Introduction of solid, semi-solid, or soft foods

Percentage of infants age 6-8 months who received solid, semi-solid, or soft foods during the previous day, Sao Tome and Principe

	All	
	Percent receiving solid, semi-solid or soft foods[1]	Number of children age 6-8 months
Total	74.1	81
Area		
Urban	74.6	55
Rural	(73.1)	26

[1] **MICS indicator 2.13 - Introduction of solid, semi-solid or soft foods**
( ) Figures that are based on 25-49 unweighted cases

As seen in Table NU.8, 58 percent of the children age 6-23 months are receiving solid, semi-solid and soft foods the minimum number of times. Children from wealthiest households are more likely to have the required number of daily meals than those from poorest households (67 and 53 percent respectively). The proportion of children receiving the minimum dietary diversity, or foods from at least 4 food groups, is 47 percent, somewhat lower than that for minimum meal frequency, indicating the need to focus on improving diet quality and nutrient intake among this vulnerable group. The proportion of children with minimum dietary diversity improves with age, passing from 17 percent in the 6-8 month old to 60 percent in the 18-23 month old; a similar trend is found among children from the poorest (38 percent) to the wealthiest (54 percent) households. The overall assessment using the indicator of minimum acceptable diet reveals that only 22 percent are benefitting from a diet sufficient in both diversity and frequency. While the tables provide information for both breastfeeding and not breastfeeding children, the sample size in the latter group is rather small and should lead to cautious interpretation. Statistics for all children are based on a larger sample and have thus a better precision.

Table NU.8: Infant and young child feeding (IYCF) practices by sex, age and area

Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Sao Tome and Principe, 2014

| | Currently breastfeeding | | | | Currently not breastfeeding | | | | | All | | | |
| | Percent of children who received: | | | Number of children age 6-23 months | Percent of children who received: | | | | Number of children age 6-23 months | Percent of children who received: | | | Number of children age 6-23 months |
	Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[1, c]		Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[2, c]	At least 2 milk feeds[3]		Minimum dietary diversity[4, a]	Minimum meal frequency[5, b]	Minimum acceptable diet[c]	
Total	40.4	60.6	28.5	372	60.7	53.5	10.9	26.4	195	46.8	58.2	22.5	576
Sex													
Male	40.1	55.8	25.8	174	55.3	54.5	10.8	24.2	98	44.9	55.3	20.4	277
Female	40.6	64.9	30.8	198	66.1	52.5	11.0	28.6	97	48.6	60.8	24.3	299
Age													
6-8 months	18.2	54.1	12.8	74	(*)	(*)	(*)	(*)	6	16.8	51.2	11.9	81
9-11 months	41.0	59.2	29.6	89	(*)	(*)	(*)	(*)	2	42.5	60.3	28.9	92
12-17 months	46.2	65.3	32.2	157	(58.9)	(59.9)	(9.8)	(31.3)	63	49.3	63.7	25.7	223
18-23 months	53.9	58.4	38.1	50	63.9	51.2	12.3	22.7	123	59.5	53.3	19.8	180
Area													
Urban	41.2	61.1	29.1	251	63.6	58.2	9.4	28.2	125	47.9	60.1	22.5	385
Rural	38.7	59.7	27.2	121	55.4	45.2	13.8	23.1	70	44.7	54.4	22.3	191

[1] **MICS indicator 2.17a - Minimum acceptable diet (breastfed)**

[2] **MICS indicator 2.17b - Minimum acceptable diet (non-breastfed)**

[3] **MICS indicator 2.14 - Milk feeding frequency for non-breastfed children**

[4] **MICS indicator 2.16 - Minimum dietary diversity**

[5] **MICS indicator 2.15 - Minimum meal frequency**

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

[a] Minimum dietary diversity is defined as receiving foods from at least 4 of 7 food groups: 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.

[b] Minimum meal frequency among currently breastfeeding children is defined as children who also received solid, semi-solid, or soft foods 2 times or more daily for children age 6-8 months and 3 times or more daily for children age 9-23 months. For non-breastfeeding children age 6-23 months it is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least 4 times.

[c] The minimum acceptable diet for breastfed children age 6-23 months is defined as receiving the minimum dietary diversity and the minimum meal frequency, while it for non-breastfed children further requires at least 2 milk feedings and that the minimum dietary diversity is achieved without counting milk feeds.

Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Sao Tome and Principe, 2014

| | Currently breastfeeding | | | | Currently not breastfeeding | | | | | All | | | |
| | Percent of children who received: | | | Number of children age 6-23 months | Percent of children who received: | | | | Number of children age 6-23 months | Percent of children who received: | | | |
	Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum accepta-ble diet[1, c]		Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[2, c]	At least 2 milk feeds[3]		Minimum dietary diversi-ty[4, a]	Minimum meal frequen-cy[5, b]	Minimum accepta-ble diet[c]	Number of children age 6-23 months
Total	40.4	60.6	28.5	372	60.7	53.5	10.9	26.4	195	46.8	58.2	22.5	576
Region													
Centre East	37.5	58.8	26.0	230	63.3	58.0	10.2	28.4	148	46.9	58.5	19.9	383
North West	47.1	68.6	35.4	78	(61.3)	(43.6)	(11.2)	(13.6)	26	50.3	62.3	29.4	105
South East	45.1	66.9	35.0	49	(40.1)	(39.0)	(15.8)	(29.3)	17	44.5	59.8	30.1	67
Aut. of Principe	(33.9)	(26.8)	(8.4)	15	(*)	(*)	(*)	(*)	4	(36.0)	(24.2)	(9.9)	21
Mother's education													
None/Primary	36.0	59.5	24.2	254	53.4	50.3	7.5	19.9	114	40.8	56.7	19.1	375
Secondary/Higher	49.8	63.1	37.7	118	70.9	58.0	15.7	35.4	81	58.1	61.0	28.7	201
Wealth index quintile													
Poorest	32.2	53.5	17.8	99	(55.6)	(49.7)	(4.6)	(6.7)	32	38.0	52.5	14.6	132
Second	39.8	56.2	35.3	84	(47.2)	(47.4)	(1.6)	(17.4)	33	41.4	53.7	25.8	118
Middle	38.5	65.6	26.7	56	(66.4)	(48.0)	(23.2)	(26.3)	39	50.0	58.4	25.3	95
Fourth	44.8	63.9	31.3	69	(69.8)	(54.4)	(9.2)	(18.3)	44	52.8	60.2	22.7	119
Richest	50.8	69.8	34.7	63	(60.2)	(64.2)	(13.3)	(53.8)	47	53.9	67.4	25.6	112

[1] **MICS indicator 2.17a - Minimum acceptable diet (breastfed)**

[2] **MICS indicator 2.17b - Minimum acceptable diet (non-breastfed)**

[3] **MICS indicator 2.14 - Milk feeding frequency for non-breastfed children**

[4] **MICS indicator 2.16 - Minimum dietary diversity**

[5] **MICS indicator 2.15 - Minimum meal frequency**

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

The continued practice of bottle-feeding is a concern because of the possible contamination due to unsafe water and lack of hygiene in preparation. Table NU.9 shows that bottle-feeding is not highly prevalent in Sao Tome and Principe. Of the children under 6 months, 10 percent are fed using a bottle with a nipple, but the proportion rises to 21 percent among children age 6-11 months. The prevalence is much higher in the children of mothers with secondary or higher education (25 percent) than with no formal or only primary education (10 percent), and in the wealthiest (32 percent) than the poorest (9 percent) households.

Table NU.9: Bottle feeding		
Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Sao Tome and Principe, 2014		
	Percentage of children age 0-23 months fed with a bottle with a nipple[1]	Number of children age 0-23 months
Total	15.3	754
Sex		
Male	12.9	366
Female	17.6	388
Age		
0-5 months	9.8	178
6-11 months	21.4	172
12-23 months	15.1	403
Region		
Centre East	16.6	512
North West	11.3	134
South East	9.3	82
Aut. of Principe	(28.0)	27
Area		
Urban	17.4	497
Rural	11.1	257
Mother's education		
None/Primary	9.7	473
Secondary/Higher	24.6	281
Wealth index quintile		
Poorest	8.8	166
Second	5.0	156
Middle	15.8	142
Fourth	17.6	156
Richest	32.2	134
[1] **MICS indicator 2.18 - Bottle feeding**		
( ) Figures that are based on 25-49 unweighted cases		

Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired

mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

The prevention of illnesses due to iodine deficiency through the consumption of iodized salt is implemented in Sao Tome and Principe by CONTIS (Comissão Nacional Técnica de Iodização do Sal). The organization was created in 1996 (law 55/96, despatch 4/97). It oversees the programme of prevention and eradication of iodine deficiencies, and promotes quality control of all salt for human and animal consumption. The problems linked to iodine deficiency in Sao Tome and Principe were characterized as follows in 2001:
  − prevalence of goitre in children: 63 percent (0.4 percent visible from a distance);
  − prevalence of children with a urinary iodine concentration below 20 mcg/dl: 44 percent;
  − median urinary iodine concentration: 22.7 mcg/dl;
  − population not using iodized salt: 26 percent (67 percent of the salt being iodized but with levels much below the norm).

In 2005-2006, the situation was considerably improved after a large advocacy campaign directed to the government and private businesses, and the availability of funds from UNICEF for the implementation of sentinel surveillance in ports and commercial networks.

Table NU.10: Iodized salt consumption

Percent distribution of households by consumption of iodized salt, Sao Tome and Principe, 2014

| | Percentage of households in which salt was tested | Number of households | Percent of households with: | | | | | Number of households in which salt was tested or with no salt |
| | | | | Salt test result | | | | |
			No salt	Not iodized 0 PPM	>0 and <15 PPM	15+ PPM[1]	Total	
Total	87.4	3,492	7.6	1.7	2.7	88.1	100.0	3,302
Region								
Centre East	90.4	2,311	6.4	2.2	3.2	88.3	100.0	2,232
North West	83.5	612	8.5	.3	1.6	89.5	100.0	558
South East	73.4	417	15.1	.8	1.7	82.4	100.0	361
Aut. of Principe	95.1	152	4.0	1.2	1.9	92.9	100.0	150
Area								
Urban	89.6	2,306	7.0	1.7	2.2	89.2	100.0	2,221
Rural	83.1	1,186	8.8	1.5	3.8	85.8	100.0	1,081
Wealth index quintile								
Poorest	76.7	806	15.9	.8	2.5	80.8	100.0	735
Second	87.4	719	7.8	1.1	3.7	87.4	100.0	682
Middle	88.4	676	6.9	2.8	2.6	87.8	100.0	642
Fourth	91.5	658	4.2	1.5	3.0	91.3	100.0	629
Richest	95.6	633	1.5	2.3	1.6	94.6	100.0	614
[1] **MICS indicator 2.19 - Iodized salt consumption**								

In 87 percent of households, salt used for cooking was tested for iodine content by using salt test kits. Table NU.10 shows that in 8 percent of households, there was no salt available. These households are included in the denominator of the indicator. In 88 percent of households, salt was found to contain 15 parts per million (ppm) or more of iodine. Use of iodized salt ranges from 82

percent in Region South East to 93 percent in Autonomous Region of Principe. The difference between the richest (95 percent) and poorest (81 percent) households in terms of iodized salt consumption is significant.

The consumption of adequately iodized salt is graphically presented in Figure NU.4 together with the percentage of salt containing less the 15 ppm.

Figure NU.4: Consumption of iodized salt
Sao Tome and Principe, 2014
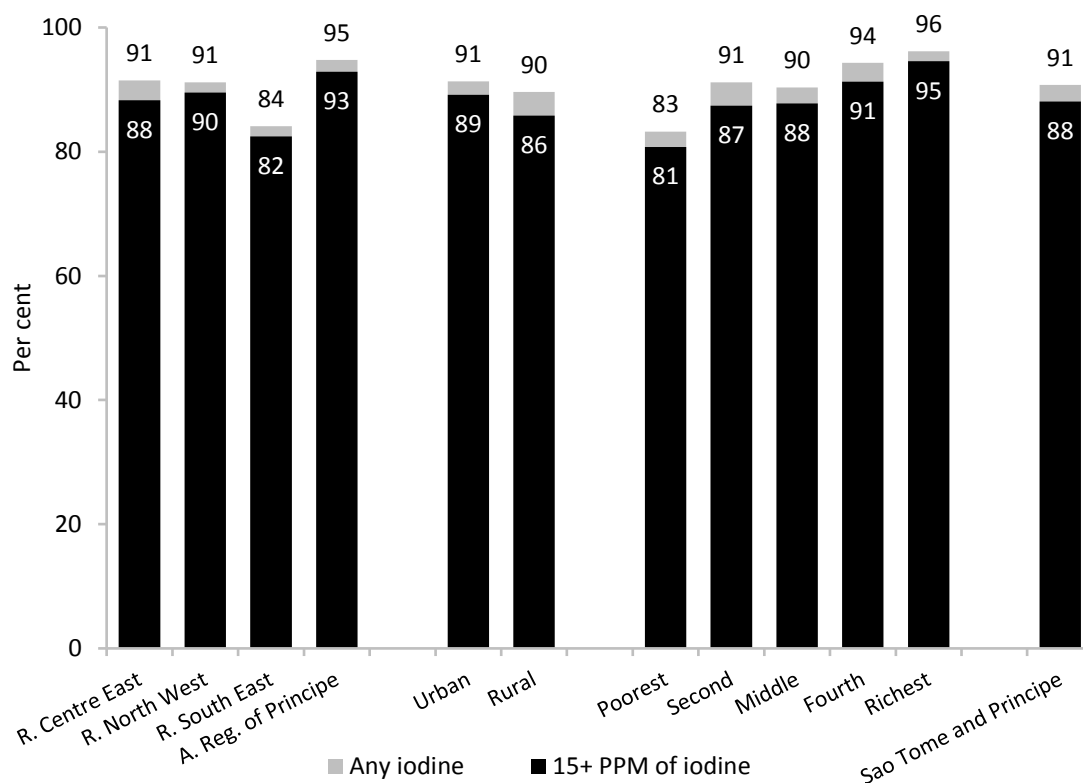
VI.   Child Health

Vaccinations

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. In addition, the Global Vaccine Action Plan (GVAP) was endorsed by the 194 Member States of the World Health Assembly in May 2012 to achieve the Decade of Vaccines vision by delivering universal access to immunization. Immunization has saved the lives of millions of children in the four decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still millions of children not reached by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

The WHO Recommended Routine Immunizations for Children[i] recommends all children to be vaccinated against tuberculosis, diphtheria, pertussis, tetanus, polio, measles, hepatitis B, haemophilus influenzae type b, pneumonia/meningitis, rotavirus, and rubella.

All doses in the primary series are recommended to be completed before the child's first birthday, although depending on the epidemiology of disease in a country, the first doses of measles and rubella containing vaccines may be recommended at 12 months or later. The recommended number and timing of most other doses also vary slightly with local epidemiology and may include booster doses later in childhood.

The vaccination schedule followed by the Sao Tome and Principe's National Immunization Programme provides some of the above mentioned vaccinations with birth doses of BCG and Polio (at birth or as early as possible); three doses of the Pentavalent vaccine containing DPT, Hepatitis B, and *Haemophilus influenzae* type b (Hib) antigens; four doses of Polio vaccine; three doses of the Pneumococcal vaccine (PCV-13); two doses of the measles vaccine (MCV); and one dose of vaccine against yellow fever. All vaccinations should be received during the first year of life except the fourth dose of Polio (one year after the third dose) and the second dose of measles (between 18 and 23 months). Taking into consideration this vaccination schedule, the estimates for full immunization coverage from the 2014 Sao Tome and Principe MICS are based on children age 12-23 months and exclude the fourth dose of Polio and the second dose of measles.

Information on vaccination coverage was collected for all children under three years of age. All mothers or caretakers were asked to provide vaccination cards. If the vaccination card for a child was available, interviewers copied vaccination information from the cards onto the MICS questionnaire. If no vaccination card was available for the child, the interviewer proceeded to ask the mother to recall whether or not the child had received each of the vaccinations and, for Polio, Pentavalent and PCV, how many doses were received. The final vaccination coverage estimates are

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[i] http://www.who.int/immunization/diseases/en. Table 2 includes recommendations for all children and additional antigens recommended only for children residing in certain regions of the world or living in certain high-risk population groups.

based on information obtained from the vaccination card and the mother's report of vaccinations received by the child.

Table CH.1: Vaccinations in the first years of life								
Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey and by their first birthday, Sao Tome and Principe, 2014								
	Children age 12-23 months:				Children age 24-35 months:			
	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age[a]	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age
	Vaccination card	Mother's report	Either		Vaccination card	Mother's report	Either	
Antigen								
BCG[1]	91.2	6.1	97.3	97.3	85.7	8.1	93.8	93.7
Polio								
At birth	91.5	5.6	97.2	97.2	85.1	7.3	92.4	92.2
1	90.7	5.1	95.8	95.3	85.0	7.1	92.1	92.0
2	90.5	4.4	94.8	94.4	84.1	6.0	90.1	88.7
3[2]	89.9	.4	90.4	88.8	82.9	1.1	84.0	81.0
Penta								
1	91.7	5.5	97.2	95.4	87.3	6.8	94.1	93.6
2	91.5	5.3	96.7	95.6	85.5	6.3	91.7	90.6
3[3,4,5]	90.5	4.0	94.5	93.0	83.7	4.9	88.5	85.8
PCV								
1	83.0	5.0	88.0	86.8	41.9	7.2	49.1	47.8
2	82.1	4.7	86.8	85.1	39.4	6.5	45.9	38.0
3	81.0	3.8	84.8	82.0	36.4	5.6	42.0	27.6
Yellow fever[6]	85.1	5.2	90.3	89.3	78.0	7.7	85.8	81.2
Measles (MCV1)[7]	88.1	4.9	93.0	89.0	84.5	7.5	92.0	86.1
Fully vaccinated[8, b]	73.9	0.0	73.9	65.8	33.2	0.6	33.9	14.6
No vaccinations	0.0	1.9	1.9	1.9	0.2	4.4	4.6	4.6
Number of children	403	403	403	403	412	412	412	412
[1] **MICS indicator 3.1 - Tuberculosis immunization coverage**								
[2] **MICS indicator 3.2 - Polio immunization coverage**								
[3] **MICS indicator 3.3 - Diphtheria, pertussis and tetanus (DPT) immunization coverage**								
[4] **MICS indicator 3.5 - Hepatitis B immunization coverage**								
[5] **MICS indicator 3.6 - Haemophilus influenzae type B (Hib) immunization coverage**								
[6] **MICS indicator 3.7 - Yellow fever immunization coverage**								
[7] **MICS indicator 3.4; MDG indicator 4.3 - Measles immunization coverage**								
[8] **MICS indicator 3.8 - Full immunization coverage**								
[a] All MICS indicators refer to results in this column								
[b] Includes: *BCG, Polio3, Penta3, PCV3, Measles (MCV1) and Yellow fever* as per the vaccination schedule in Sao Tome and Principe								

The percentage of children age 12-23 months and 24-35 months who have received each of the specific vaccinations by source of information (vaccination card and mother's recall) is shown in Table CH.1 and Figure CH.1. The denominators for the table are comprised of children age 12-23 months and 24-35 months so that only children who are old enough to be fully vaccinated are counted. In the first three columns in each panel of the table, the numerator includes all children in the respective age group who were vaccinated at any time before the survey according to the

vaccination card or the mother's report. In the last column in each panel, only those children who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 97 percent of children age 12-23 months received a BCG vaccination by the age of 12 months. The first dose of Penta was given to 95 percent and the third to 93 percent. For polio, the difference between the first and third dose is somewhat larger (95 and 89 percent respectively). As for PCV, coverage for the first dose by the age of 12 months is notably lower at 87 percent and declines further to 82 percent for the third dose. The coverage is of 89 percent for both yellow fever and measles. There is a rather large gap between the antigen with the lowest coverage (82 percent for PCV3) and the percentage of children who had all the recommended vaccinations by their first birthday which is only 66 percent. This suggests that for a notable proportion of children there are one or several missed immunization opportunities before the age of 12 months. The individual coverage figures for children age 24-35 months are generally slightly lower than those of age 12-23 months, except in the case of PCV for which they are much lower. This is explained by the more recent introduction of that antigen in November 2012. The overall picture suggests that immunization coverage has been improving in Sao Tome and Principe between 2013 and 2014.

Figure CH.1: Vaccinations by age 12 months
Sao Tome and Principe, 2014

Children Age 12-23 months

	Per cent
BCG	97
Polio at birth	97
Polio1	95
Polio2	94
Polio3	89
Penta1	95
Penta2	96
Penta3	93
PCV1	87
PCV2	85
PCV3	82
Yellow fever	89
Measles	89
Fully vaccinated	66
No vaccinations	2

Children Age 24-35 months

	Per cent
BCG	94
Polio at birth	92
Polio1	92
Polio2	89
Polio3	81
Penta1	94
Penta2	91
Penta3	86
PCV1	48
PCV2	38
PCV3	28
Yellow fever	81
Measles	86
Fully vaccinated	15
No vaccinations	5

Table CH.2 presents vaccination coverage estimates among children age 12-23 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. Vaccination cards have been seen by the interviewer for 92 percent of children age 12-23 months.

Table CH.2: Vaccinations by background characteristics

Percentage of children age 12-23 months currently vaccinated against vaccine preventable childhood diseases, Sao Tome and Principe, 2014

						Percentage of children who received:											Percentage with vaccination card seen	Number of children age 12-23 months
			Polio				Penta			PCV								
	BCG	At birth	1	2	3	1	2	3	1	2	3	Yellow fever	Measles (MCV1)	Full[a]	None		
Total	97.3	97.2	95.8	94.8	90.4	97.2	96.7	94.5	88.0	86.8	84.8	90.3	93.0	73.9	1.9	92.0	403
Sex																	
Male	97.7	97.3	97.6	96.2	91.2	98.1	97.3	96.0	87.6	86.0	83.2	89.9	93.5	73.0	1.3	92.2	190
Female	96.9	97.1	94.2	93.6	89.6	96.4	96.2	93.1	88.3	87.5	86.1	90.6	92.5	74.8	2.5	91.8	214
Region																	
Centre East	97.3	97.6	95.9	95.4	90.4	97.0	96.6	94.6	87.3	86.5	84.5	89.3	90.7	72.2	2.4	91.0	278
North West	98.6	97.2	95.6	93.8	92.0	99.0	99.0	96.8	93.6	91.3	89.3	90.4	99.0	83.4	1.0	94.9	67
South East	98.0	96.9	95.3	94.0	88.6	95.7	95.9	93.7	92.7	90.3	87.4	93.6	95.9	77.8	1.1	92.3	48
Aut. of Principe	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Area																	
Urban	99.1	98.7	96.7	96.5	92.6	97.9	98.0	96.2	89.9	88.5	86.4	90.9	92.9	75.2	0.7	93.5	271
Rural	93.6	94.2	94.1	91.4	85.9	95.6	94.2	90.9	84.2	83.3	81.3	89.0	93.1	71.3	4.4	89.0	132
Mother's education																	
None/Primary	96.3	96.1	94.2	93.3	90.3	96.1	95.4	92.1	86.4	84.8	81.8	87.9	91.9	71.3	2.8	92.2	258
Secondary/Higher	99.1	99.1	98.6	97.5	90.4	99.0	99.0	98.7	90.9	90.4	90.1	94.4	94.9	78.4	0.5	91.6	146
Wealth index quintile																	
Poorest	97.7	97.9	92.5	93.0	89.5	98.6	98.0	91.8	91.4	88.9	84.1	89.4	95.2	72.7	1.4	90.1	91
Second	96.8	96.5	96.4	95.2	93.2	96.6	95.4	96.0	88.4	87.2	84.2	90.9	93.4	75.9	2.8	95.7	77
Middle	97.7	97.7	96.2	92.0	84.1	98.4	99.3	94.6	77.2	74.8	73.0	87.5	94.4	58.1	0.0	91.1	67
Fourth	98.8	98.5	99.0	98.1	92.8	96.8	95.7	94.7	90.8	90.8	90.3	89.5	89.8	77.2	0.6	92.0	82
Richest	95.5	95.5	95.5	95.5	91.3	95.5	95.5	95.5	89.9	89.9	89.9	93.5	92.3	82.5	4.5	91.3	86

[a] Includes: *BCG, Polio3, Penta3, PCV3, Measles (MCV1) and Yellow fever* as per the vaccination schedule in Sao Tome and Principe
( ) Figures that are based on 25-49 unweighted cases

Table CH.2 generally shows much uniformity of immunization coverage against the various background characteristics. Nonetheless, full coverage is slightly higher in children whose mothers have secondary or higher education (78 percent) as compared with those with no formal education or primary level only (71 percent). Full coverage between regions ranges from 72 percent (Region Centre East) to 83 percent (Region North East). The results by wealth quintiles appear unstable due to a rather small sample size and should be interpreted with caution.

Neonatal Tetanus Protection

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. Following on the 42nd and 44th World Health Assembly calls for elimination of neonatal tetanus, the global community continues to work to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1,000 live births in every district by 2015.

The strategy for preventing maternal and neonatal tetanus is to ensure that all pregnant women receive at least two doses of tetanus toxoid vaccine. If a woman has not received at least two doses of tetanus toxoid during a particular pregnancy, she (and her newborn) are also considered to be protected against tetanus if the woman:
- Received at least two doses of tetanus toxoid vaccine, the last within the previous 3 years;
- Received at least 3 doses, the last within the previous 5 years;
- Received at least 4 doses, the last within the previous 10 years;
- Received 5 or more doses anytime during her life.[i]

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

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[i] Deming, M.S. et al. 2002. *Tetanus toxoid coverage as an indicator of serological protection against neonatal tetanus.* Bulletin of the World Health Organization 80(9):696-703

Table CH.3: Neonatal tetanus protection							
Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, Sao Tome and Principe, 2014							
	Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:				Protected against tetanus[1]	Number of women with a live birth in the last 2 years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime		
Total	55.0	16.2	0.4	0.6	0.0	72.1	756
Region							
Centre East	56.0	15.4	0.4	0.5	0.0	72.3	514
North West	48.1	19.0	0.5	0.6	0.0	68.3	131
South East	57.6	17.0	0.0	1.0	0.0	75.6	86
Aut. of Principe	(60.8)	(13.8)	(0.0)	(0.0)	(0.0)	(74.6)	25
Area							
Urban	54.4	16.5	0.1	0.7	0.0	71.7	496
Rural	56.2	15.5	0.8	0.4	0.0	72.9	260
Education							
None/Primary	49.9	16.7	0.6	0.9	0.0	68.1	468
Secondary/Higher	63.3	15.3	0.0	0.0	0.0	78.5	288
Wealth index quintile							
Poorest	57.1	11.4	0.4	1.0	0.0	70.0	161
Second	54.2	17.8	0.0	0.0	0.0	72.0	158
Middle	57.7	13.3	0.7	0.0	0.0	71.7	149
Fourth	53.8	17.2	0.0	0.6	0.0	71.6	161
Richest	51.6	22.3	0.8	1.3	0.0	76.0	126
[1] **MICS indicator 3.9 - Neonatal tetanus protection**							
( ) Figures that are based on 25-49 unweighted cases							

Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 2 years. Overall, 72 percent of these women and their newborns were protected against tetanus. The protection level of women with secondary or higher education is somewhat higher (79 percent) than that of those with less education (68 percent).

Care of Illness

A key strategy for accelerating progress toward MDG 4 is to tackle the diseases that are the leading killers of children under 5. Diarrhoea and pneumonia are two such diseases. The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) aims to end preventable pneumonia and diarrhoea death by reducing mortality from pneumonia to 3 deaths per 1000 live births and mortality from diarrhoea to 1 death per 1000 live births by 2025. Malaria is also a major killer of children under 5, killing about 1200 children every day, especially in sub-Saharan Africa. The Global Malaria Action Plan (GMAP) aims to reduce malaria deaths to near zero by 2015.

Table CH.4 presents the percentage of children under 5 years of age who were reported to have had an episode of diarrhoea, symptoms of acute respiratory infection (ARI), or fever during the 2 weeks

preceding the survey. These results are not measures of true prevalence, and should not be used as such, but rather indicate the period-prevalence of those illnesses over a two-week time window.

The definition of a case of diarrhoea or fever, in this survey, was the mother's (or caretaker's) report that the child had such symptoms over the specified period; no other evidence were sought beside the opinion of the mother. A child was considered to have had an episode of ARI if the mother or caretaker reported that the child had, over the specified period, an illness with a cough with rapid or difficult breathing, and whose symptoms were perceived to be due to a problem in the chest or both a problem in the chest and a blocked nose. While this approach is reasonable in the context of a MICS survey, these basically simple case definitions must be kept in mind when interpreting the results, as well as the potential for reporting and recall biases. Further, diarrhoea, fever and ARI are not only seasonal but are also characterized by the often rapid spread of localized outbreaks from one area to another at different points in time. The timing of the survey and the location of the teams might thus considerably affect the results, which must consequently be interpreted with caution. For these reasons, although the period-prevalence over a two-week time window is reported, these data should not be used to assess the epidemiological characteristics of these diseases, but are essentially employed here to obtain denominators for the indicators related to use of health services and treatment.

Overall, 22 percent of under five children were reported to have had diarrhoea in the two weeks preceding the survey, 7 percent symptoms of ARI, and 26 percent an episode of fever (Table CH.4). Between the regions, period-prevalence ranges from 17 to 21 percent in the case of diarrhoea, 6 to 13 percent in the case of ARI, and 17 to 34 percent in the case of fever. Children in the 12-23 month age group seem to have been more susceptible to these common illnesses during the period of the survey.

Table CH.4: Reported disease episodes

Percentage of children age 0-59 months for whom the mother/caretaker reported an episode of diarrhoea, symptoms of acute respiratory infection (ARI), and/or fever in the last two weeks, Sao Tome and Principe, 2014

	Percentage of children who in the last two weeks had:			Number of children age 0-59 months
	An episode of diarrhoea	Symptoms of ARI	An episode of fever	
Total	17.7	7.1	26.3	2030
Sex				
Male	21.7	7.9	28.6	1023
Female	13.7	6.1	24.0	1007
Region				
Centre East	16.9	6.6	27.6	1317
North West	18.2	6.5	19.1	386
South East	21.1	8.4	33.8	245
Autonomous of Principe	17.7	12.5	17.0	82
Area				
Urban	18.6	7.2	26.6	1339
Rural	15.9	6.7	25.6	691
Age				
0-11 months	20.0	5.1	26.7	351
12-23 months	26.5	6.3	33.9	403
24-35 months	17.6	7.5	26.1	412
36-47 months	12.3	8.8	22.9	434
48-59 months	13.1	7.2	22.4	430
Mother's education				
None/Primary	19.4	7.6	25.8	1337
Secondary/Higher	14.4	6.0	27.3	693
Wealth index quintile				
Poorest	19.9	7.3	27.2	444
Second	21.0	6.6	27.6	428
Middle	14.0	7.0	21.9	411
Fourth	21.8	7.4	29.6	423
Richest	9.8	6.9	24.7	324

Diarrhoea

Diarrhoea is a 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 (RHF) – can prevent many of these deaths. In addition, provision of zinc supplements has been shown to reduce the duration and severity of the illness as well as the risk of future episodes within the next two or three months; however, supplementation with zinc was not assessed in this survey. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

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

The overall period-prevalence of diarrhoea in children under 5 years of age is 18 percent (Table CH.4) and ranges from 17 percent in Region Centre East to 21 percent in Region South East. The highest period-prevalence is seen among children age 12-23 months which grossly corresponds to the weaning period.

Table CH.5 shows the percentage of children with diarrhoea in the two weeks preceding the survey for whom advice or treatment was sought and where. Overall, a health facility or provider was seen in 54 percent of cases, almost exclusively in the public sector (53 percent). Advice or treatment was sought for a higher proportion of male (59 percent) than female (47 percent), of rural (64 percent) than urban (46 percent) children. Between regions, the same indicator varies from 49 percent in Region Centre East to 70 percent in Region South East.

Table CH.5: Care-seeking during diarrhoea

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Sao Tome and Principe, 2014

	Percentage of children with diarrhoea for whom:						Number of children age 0-59 months with diarrhoea in the last two weeks
	Advice or treatment was sought from:					No advice or treatment sought	
	Health facilities or providers				A health facility or provider[1, b]		
	Public	Private	Community health provider[a]	Other source			
Total	53.1	1.2	0.9	4.4	54.2	41.4	359
Sex							
Male	57.2	1.4	0.8	4.1	58.7	37.2	222
Female	46.3	0.8	1.2	4.7	47.1	48.2	138
Region							
Centre East	47.8	1.3	0.4	4.6	49.1	46.3	223
North West	57.3	1.2	0.0	5.6	58.5	36.0	70
South East	69.5	0.9	0.0	0.5	70.5	29.0	52
Aut. of Principe	(54.5)	(0.0)	(17.7)	(8.4)	(54.5)	(37.1)	15
Area							
Urban	48.2	1.7	0.0	4.1	49.9	46.0	250
Rural	64.0	0.0	3.1	5.0	64.0	31.0	110
Age							
0-11 months	65.6	0.7	1.4	2.7	66.3	30.9	70
12-23 months	59.8	0.0	0.3	5.4	59.8	34.8	107
24-35 months	48.9	1.2	1.0	1.5	50.1	48.5	73
36-47 months	39.2	5.5	1.5	7.1	44.7	48.3	53
48-59 months	42.8	0.0	0.9	5.6	42.8	51.5	56
Mother's education							
None/Primary	53.1	1.3	1.3	4.1	54.4	41.5	260
Secondary/Higher	52.9	0.9	0.0	5.1	53.7	41.2	100
Wealth index quintile							
Poorest	50.7	1.8	0.0	6.3	52.5	41.2	88
Second	54.4	0.0	0.6	2.3	54.4	43.3	90
Middle	54.5	3.1	1.3	3.3	57.6	39.1	57
Fourth	55.2	0.9	2.3	4.5	56.1	39.4	92
Richest	(47.2)	(0.0)	(0.0)	(6.0)	(47.2)	(46.8)	32

[1] MICS indicator 3.10 - Care-seeking for diarrhoea

[a] Community health providers includes both public (*Community health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers, but excludes private pharmacy
( ) Figures that are based on 25-49 unweighted cases

Table CH.6 provides statistics on drinking and feeding practices during diarrhoea. Overall, 42 percent of under five children with diarrhoea were given more to drink than usual while 56 percent were given the same quantity or less. The majority (87 percent) were given somewhat less, the same or more to eat (continued feeding), while 13 percent were given much less or almost nothing. Several of the denominators related to background characteristics are rather small in this table, so that interpretation of apparent differences should be cautious.

Table CH.6: Feeding practices during diarrhoea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Sao Tome and Principe, 2014

| | Drinking practices during diarrhoea | | | | | | | Eating practices during diarrhoea | | | | | | | Number of children age 0-59 months with diarrhoea in the last two weeks |
| | Child was given to drink: | | | | | | | Child was given to eat: | | | | | | | |
	Much less	Somewhat less	About the same	More	Nothing	Missing/DK	Total	Much less	Somewhat less	About the same	More	Nothing	Missing/DK	Total	
Total	8.3	12.9	35.0	41.6	1.9	0.4	100.0	10.2	22.2	41.7	23.2	2.4	0.4	100.0	359
Sex															
Male	8.5	13.9	35.6	40.4	1.0	0.6	100.0	9.3	21.6	41.5	25.7	1.3	0.6	100.0	222
Female	8.1	11.2	34.0	43.3	3.3	0.0	100.0	11.6	23.3	42.0	19.1	4.1	0.0	100.0	138
Region															
Centre East	5.7	14.5	37.2	40.5	2.0	0.0	100.0	7.0	22.5	46.0	22.3	1.6	0.5	100.0	223
North West	7.0	1.2	28.8	60.1	1.9	1.0	100.0	17.0	21.0	28.7	30.1	3.1	0.0	100.0	70
South East	19.5	20.2	32.0	28.3	0.0	0.0	100.0	13.3	21.2	38.5	21.7	5.1	0.0	100.0	52
Aut. of Principe	(14.9)	(17.6)	(41.1)	(15.5)	(6.6)	(4.4)	100.0	(14.0)	(27.7)	(49.2)	(6.9)	(0.0)	(2.2)	100.0	15
Area															
Urban	8.4	11.4	37.3	40.7	1.9	0.3	100.0	9.1	20.4	43.5	25.0	2.0	0.0	100.0	250
Rural	8.1	16.4	29.6	43.6	1.8	0.6	100.0	12.7	26.4	37.7	18.9	3.1	1.2	100.0	110
Age															
0-11 months	8.2	15.2	36.5	40.1	0.0	0.0	100.0	5.2	9.4	50.0	30.1	5.2	0.0	100.0	70
12-23 months	8.1	15.9	29.5	45.0	0.9	0.6	100.0	11.8	21.0	37.0	27.4	2.5	0.3	100.0	107
24-35 months	6.3	5.5	38.1	44.5	4.6	1.0	100.0	12.3	23.3	43.6	20.1	0.7	0.0	100.0	73
36-47 months	7.4	16.7	34.1	39.0	2.8	0.0	100.0	11.6	26.3	39.7	20.4	2.0	0.0	100.0	53
48-59 months	12.5	10.3	40.0	35.3	1.8	0.0	100.0	9.2	35.4	39.6	13.0	0.9	1.8	100.0	56
Mother's education															
None/Primary	8.1	11.7	37.0	40.1	2.6	0.4	100.0	10.3	20.8	42.3	24.1	2.5	0.0	100.0	260
Secondary/Higher	9.1	15.8	29.5	45.2	0.0	0.3	100.0	9.9	25.8	40.2	20.8	1.9	1.3	100.0	100
Wealth index quintile															
Poorest	5.4	14.2	34.5	43.9	2.0	0.0	100.0	5.6	29.8	41.0	20.5	3.1	0.0	100.0	88
Second	5.0	14.2	30.5	48.8	0.6	0.8	100.0	7.6	21.5	39.9	28.4	2.6	0.0	100.0	90
Middle	12.5	17.3	40.0	25.4	4.2	0.6	100.0	15.8	23.1	40.5	20.6	0.0	0.0	100.0	57
Fourth	10.8	8.9	38.3	39.4	2.2	0.3	100.0	11.5	14.5	48.4	22.3	1.8	1.4	100.0	92
Richest	(11.3)	(9.1)	(29.9)	(49.8)	(0.0)	(0.0)	100.0	(16.4)	(23.9)	(31.5)	(22.9)	(5.3)	(0.0)	100.0	32

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

Table CH.7: Oral rehydration solutions, recommended homemade fluids, and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration salts (ORS), recommended homemade fluids, and zinc, Sao Tome and Principe, 2014

		Percentage of children with diarrhoea who received:				
		Recommended homemade fluids				
	Oral rehydration salts (ORS)[1]	Water, sugar and salt	Rice water	Any recommended homemade fluid	ORS or any recommended homemade fluid	Number of children age 0-59 months with diarrhoea in the last two weeks
Total	49.1	20.4	13.4	24.9	55.9	359
Sex						
Male	54.5	20.2	13.0	23.2	59.4	222
Female	40.6	20.9	14.0	27.5	50.4	138
Region						
Centre East	43.7	17.6	11.2	21.2	51.7	223
North West	46.4	23.1	16.1	27.2	51.2	70
South East	71.8	27.0	19.4	35.4	77.1	52
Aut. of Principe	(64.7)	(27.3)	(12.4)	(33.1)	(67.7)	15
Area						
Urban	45.7	21.0	14.3	26.0	54.2	250
Rural	56.9	19.2	11.3	22.3	60.0	110
Age						
0-11 months	52.4	13.5	12.5	16.3	57.2	70
12-23 months	60.3	25.0	11.0	29.7	66.3	107
24-35 months	43.3	20.5	14.5	24.1	48.0	73
36-47 months	44.7	20.0	16.4	27.6	58.1	53
48-59 months	35.6	20.8	14.7	24.8	42.8	56
Mother's education						
None/Primary	49.8	22.5	14.9	27.5	58.0	260
Secondary/Higher	47.5	15.1	9.5	18.0	50.5	100
Wealth index quintile						
Poorest	50.8	22.6	21.1	35.7	61.0	88
Second	49.5	24.7	13.4	28.6	57.9	90
Middle	47.6	17.7	8.8	18.7	51.2	57
Fourth	48.7	13.1	8.5	13.1	50.0	92
Richest	(47.6)	(28.6)	(14.2)	(29.5)	(61.9)	32

[1] **Indicator 3.S2 (country specific) - Diarrhoea treatment with oral rehydration salts (ORS)**
( ) Figures that are based on 25-49 unweighted cases

Table CH.7 shows the percentage of children receiving ORS and various types of recommended homemade fluids during the episode of diarrhoea. Since children may have been given more than one type of liquid, the percentages do not necessarily add to 100. Half of the children (49 percent) who had an episode of diarrhoea in the two weeks preceding the survey received fluids from ORS packets and one quarter (25 percent) of them received recommended homemade fluids (a water, sugar and salt mixture, and/or rice water). The use of ORS seems somewhat more predominant among male (54 percent) than female (41 percent) children. Since many of the denominators for the various background characteristics are small, interpretation of apparent differences should be cautious. The same applies to Figure CH.2.

Figure CH.2: Children under-5 with diarrhoea who received ORS or recommended homemade liquids, Sao Tome and Principe, 2014
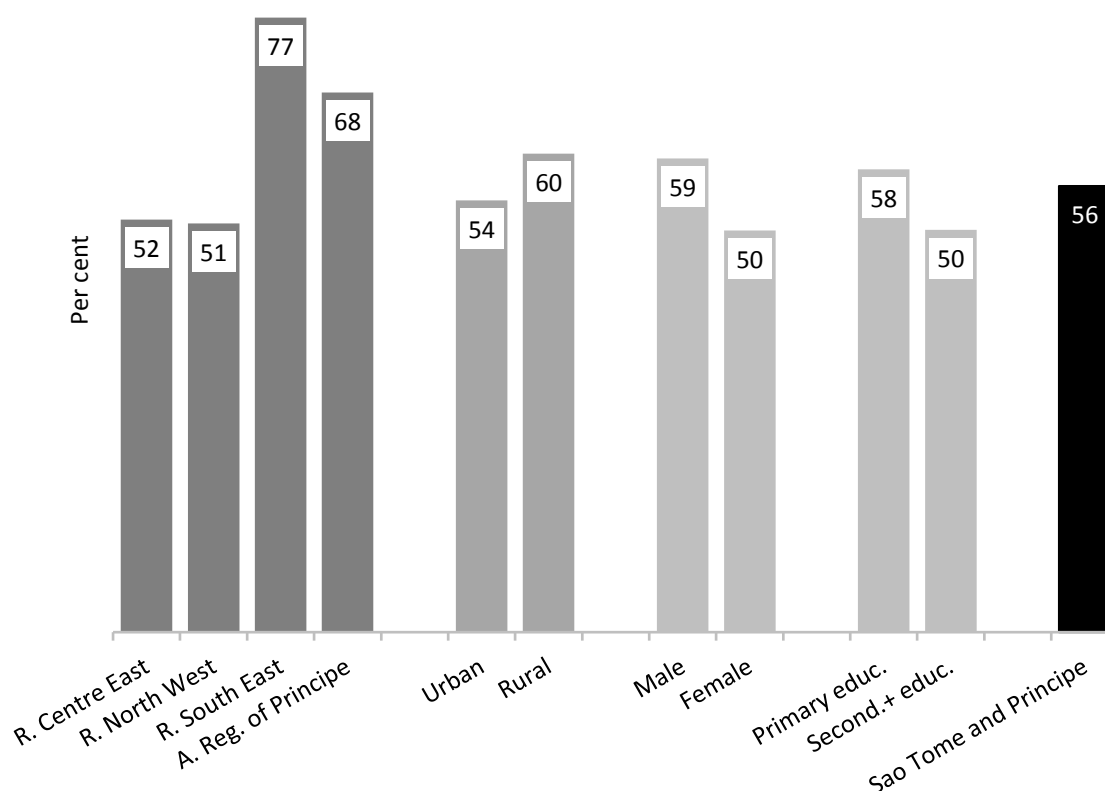
Table CH.8 provides the proportion of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and the percentage of children with diarrhoea who received other treatments. Overall, 70 percent of children with diarrhoea received ORS or increased fluids, 73 percent received ORT (ORS or recommended homemade fluids or increased fluids). Combining the information in Table CH.6 with that of Table CH.7 on oral rehydration therapy, it is observed that 62 percent of children received ORT and, at the same time, feeding was continued, as is the recommendation. Many of the numerators for the various background characteristics are relatively small, which should lead to caution in the interpretation of apparent differences. Table CH.8 also shows the percentage of children having had diarrhoea in the two weeks preceding the survey who were given various forms of treatment; 23 percent of them did not receive any treatment or drug. Part of the information in this table is reproduced in Figure CH.3.

Table CH.8: Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy with continued feeding and percentage who were given other treatments, Sao Tome and Principe, 2014

				Children with diarrhoea who were given:											Number of children age 0-59 months with diarrhoea in the last two weeks
								Other treatments							
				Pill or syrup				Injection							
	ORS or increased fluids	ORT (ORS or recommended homemade fluids or increased fluids)	ORT with continued feeding[1]	Anti-biotic	Anti-moti-lity	Other	Unknown	Anti-bio-tic	Non-anti-biotic	Unknown	Intra-venous	Home remedy, herbal medicine	Other	Not given any treatment or drug	
Total	70.3	73.1	61.7	9.7	0.0	0.2	4.0	0.4	0.0	0.0	0.0	14.1	6.7	23.1	359
Sex															
Male	72.3	74.6	64.5	9.9	0.0	0.0	3.2	0.4	0.0	0.0	0.0	17.0	6.0	21.2	222
Female	67.2	70.6	57.2	9.2	0.0	0.6	5.4	0.3	0.0	0.0	0.0	9.4	7.9	26.3	138
Region															
Centre East	64.6	68.2	60.8	11.5	0.0	0.0	2.0	0.4	0.0	0.0	0.0	11.9	7.4	28.6	223
North West	82.4	83.5	63.3	5.1	0.0	0.0	9.5	0.0	0.0	0.0	0.0	17.6	1.9	12.7	70
South East	80.2	81.4	64.0	7.4	0.0	1.6	4.6	0.8	0.0	0.0	0.0	20.3	10.8	12.3	52
Aut. of Principe	(64.7)	(67.7)	(60.2)	(11.2)	(0.0)	(0.0)	(6.8)	(0.0)	(0.0)	(0.0)	(0.0)	(9.6)	(3.9)	(28.4)	15
Area															
Urban	67.4	71.4	61.3	5.7	0.0	0.0	3.2	0.5	0.0	0.0	0.0	13.3	6.2	26.4	250
Rural	76.9	76.9	62.6	18.7	0.0	0.8	6.1	0.0	0.0	0.0	0.0	16.0	7.8	15.8	110
Age															
0-11 months	80.0	80.0	69.6	9.1	0.0	0.0	4.7	0.0	0.0	0.0	0.0	11.8	2.5	20.0	70
12-23 months	77.1	79.9	66.5	4.9	0.0	0.0	2.1	0.0	0.0	0.0	0.0	20.7	9.6	16.8	107
24-35 months	62.0	62.6	50.9	10.2	0.0	0.0	6.7	0.0	0.0	0.0	0.0	4.9	11.0	33.1	73
36-47 months	68.4	76.3	63.7	8.4	0.0	0.0	4.6	1.6	0.0	0.0	0.0	19.5	6.2	18.5	53
48-59 months	57.9	62.1	54.8	20.0	0.0	1.5	2.8	0.8	0.0	0.0	0.0	11.1	1.4	30.7	56
Mother's education															
None/Primary	70.3	74.1	62.0	8.9	0.0	0.3	3.7	0.2	0.0	0.0	0.0	16.1	6.2	21.8	260
Second./Higher	70.4	70.4	61.0	11.6	0.0	0.0	4.9	0.9	0.0	0.0	0.0	9.0	8.0	26.6	100
Wealth index quintile															
Poorest	72.0	75.2	66.4	9.5	0.0	0.9	4.5	0.0	0.0	0.0	0.0	22.1	2.3	18.8	88
Second	75.5	78.8	69.2	9.3	0.0	0.0	3.0	0.5	0.0	0.0	0.0	16.2	10.6	19.5	90
Middle	60.7	63.8	50.9	4.9	0.0	0.0	3.5	0.0	0.0	0.0	0.0	15.7	8.5	36.2	57
Fourth	68.5	68.5	56.3	13.0	0.0	0.0	4.9	0.0	0.0	0.0	0.0	7.8	5.7	26.0	92
Richest	(73.8)	(81.2)	(62.7)	(10.0)	(0.0)	(0.0)	(4.3)	(2.7)	(0.0)	(0.0)	(0.0)	(0.9)	(7.2)	(14.0)	32

[1] **MICS indicator 3.12 - Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding**

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

Figure CH.3: Children under-5 with diarrhoea receiving oral rehydration therapy (ORT) and continued feeding, Sao Tome and Principe, 2014
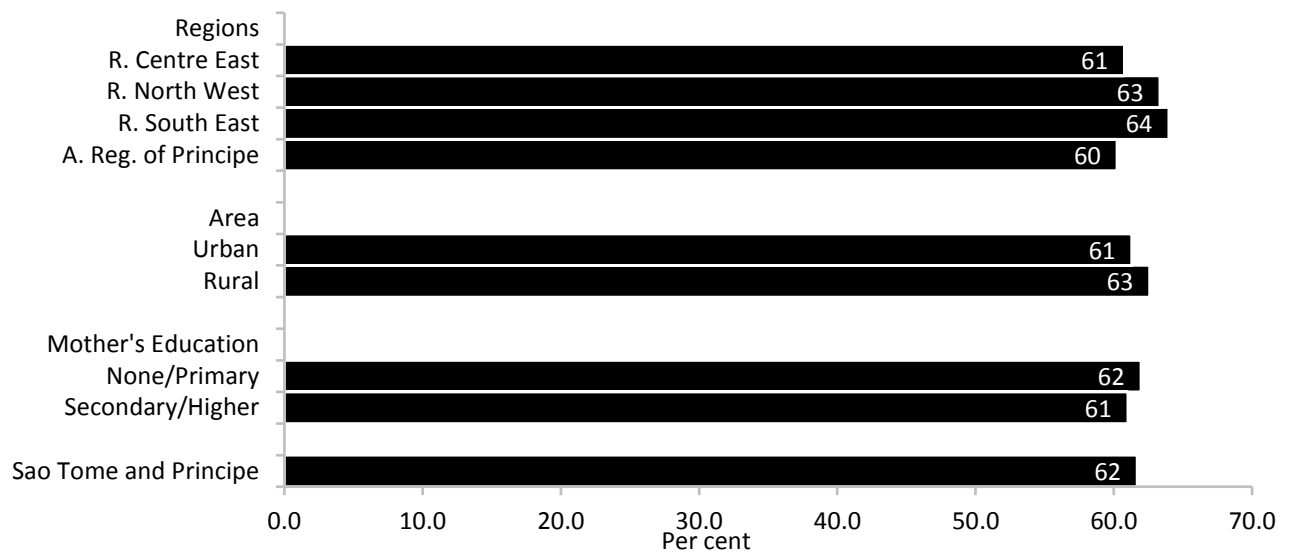
Table CH.9 provides information on the source of ORS for children who benefitted from these treatments. The main source of ORS is the public sector (89 percent). Several of the usual background characteristics are not presented in this table due to insufficient sample size.

Table CH.9: Source of ORS								

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given ORS, by the source of ORS, Sao Tome and Principe, 2014

	Percen-tage of childre n who were given ORS for diar-rhoea	Number of children age 0-59 months with diarrhoea in the last two weeks	Percentage of children for whom the source of ORS was:					Number of children age 0-59 months who were given ORS as treatment for diarrhoea in the last two weeks
			Health facilities or providers					
			Public	Private	Commu-nity health provider[a]	Other source	A health facility or provider[b]	
Total	49.1	359	88.9	4.5	1.2	6.5	93.5	177
Sex								
Male	54.5	222	89.7	3.4	.8	6.9	93.1	121
Female	40.6	138	87.3	7.0	1.9	5.8	94.2	56
Region								
Centre East	43.7	223	84.8	7.7	0.0	7.5	92.5	97
North West	46.4	70	(98.5)	(0.0)	(0.0)	(1.5)	(98.5)	33
South East	71.8	52	92.1	1.3	0.0	6.6	93.4	37
Aut. of Principe	(64.7)	15	(*)	(*)	(*)	(*)	(*)	9
Area								
Urban	45.7	250	89.6	3.0	0.0	7.4	92.6	114
Rural	56.9	110	87.7	7.3	3.3	4.9	95.1	63

[a] Community health provider includes both public (*Community health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities
[b] Includes all public and private health facilities and providers
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Acute Respiratory Infections

Symptoms of ARI are collected during the 2014 Sao Tome and Principe MICS to capture pneumonia, the leading cause of death in children under five. Once diagnosed, pneumonia is treated effectively with antibiotics. Studies have shown a limitation in the survey approach of measuring pneumonia because many of the suspected cases identified through surveys are in fact, not true pneumonia.[i] While this limitation does not affect the level and patterns of care-seeking for suspected pneumonia, it limits the validity of the level of treatment of pneumonia with antibiotics, as reported through household surveys. The treatment indicator described in this report must therefore be taken with caution, keeping in mind that the accurate level is likely higher.

Table CH.10 presents the percentage of children with symptoms of ARI in the two weeks preceding the survey for whom care was sought, by source of care and the percentage who received antibiotics. Overall, 69 percent of children age 0-59 months with symptoms of ARI in the two weeks preceding the survey were taken to a qualified provider and 48 percent received antibiotics. It appears that the use of antibiotics in such circumstances is more prevalent in rural (68 percent) than in urban (38 percent) areas. The source of the antibiotics is a health facility or provider in 83 percent of cases, of which 73 percent are public and 10 percent private (data not shown). Because of the relatively small number of cases of children with ARI symptoms in our sample, and the even smaller

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[i] Campbell, H. et al. 2013. *Measuring Coverage in MNCH: Challenges in Monitoring the Proportion of Young Children with Pneumonia Who Receive Antibiotic Treatment*. PLoS Med 10(5): e1001421. doi:10.1371/journal.pmed.1001421

number of those who received antibiotics, only a few background characteristics are presented in Table CH.10.

<table>
<tr><td colspan="9">Table CH.10: Care-seeking for and antibiotic treatment of symptoms of acute respiratory infection (ARI)</td></tr>
<tr><td colspan="9">Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Sao Tome and Principe, 2014</td></tr>
<tr><td></td><td colspan="6">Percentage of children with symptoms of ARI for whom:</td><td rowspan="4">Percentage of children with symptoms of ARI in the last two weeks who were given antibiotics[2]</td><td rowspan="4">Number of children age 0-59 months with symptoms of ARI in the last two weeks</td></tr>
<tr><td></td><td colspan="5">Advice or treatment was sought from:</td><td rowspan="3">No advice or treat-ment sought</td></tr>
<tr><td></td><td colspan="4">Health facilities or providers</td><td rowspan="2">A health facility or provi-der[1, b]</td></tr>
<tr><td></td><td>Public</td><td>Private</td><td>Commu-nity health provider[a]</td><td>Other source</td></tr>
<tr><td>Total</td><td>60.1</td><td>8.8</td><td>0.0</td><td>2.1</td><td>68.9</td><td>30.2</td><td>47.6</td><td>143</td></tr>
<tr><td>Sex</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Male</td><td>57.2</td><td>13.5</td><td>0.0</td><td>0.3</td><td>70.7</td><td>29.0</td><td>49.4</td><td>81</td></tr>
<tr><td>Female</td><td>63.8</td><td>2.6</td><td>0.0</td><td>4.3</td><td>66.4</td><td>31.9</td><td>45.2</td><td>62</td></tr>
<tr><td>Region</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Centre East</td><td>56.7</td><td>11.7</td><td>0.0</td><td>1.9</td><td>68.4</td><td>31.6</td><td>42.3</td><td>87</td></tr>
<tr><td>North West</td><td>(70.1)</td><td>(5.6)</td><td>(0.0)</td><td>(4.1)</td><td>(75.7)</td><td>(20.2)</td><td>(57.6)</td><td>25</td></tr>
<tr><td>South East</td><td>(62.7)</td><td>(0.0)</td><td>(0.0)</td><td>(0.0)</td><td>(62.7)</td><td>(37.3)</td><td>(55.4)</td><td>21</td></tr>
<tr><td>Aut. of Principe</td><td>(*)</td><td>(*)</td><td>(*)</td><td>(*)</td><td>(*)</td><td>(*)</td><td>(*)</td><td>10</td></tr>
<tr><td>Area</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Urban</td><td>56.4</td><td>10.3</td><td>0.0</td><td>2.0</td><td>66.6</td><td>33.1</td><td>37.8</td><td>97</td></tr>
<tr><td>Rural</td><td>67.9</td><td>5.6</td><td>0.0</td><td>2.2</td><td>73.5</td><td>24.3</td><td>68.0</td><td>46</td></tr>
<tr><td colspan="9">[1] MICS indicator 3.13 - Care-seeking for children with acute respiratory infection (ARI) symptoms</td></tr>
<tr><td colspan="9">[2] MICS indicator 3.14 - Antibiotic treatment for children with ARI symptoms</td></tr>
<tr><td colspan="9">[a] Community health providers includes both public (Community health worker and Mobile/Outreach clinic) and private (Mobile clinic) health facilities</td></tr>
<tr><td colspan="9">[b] Includes all public and private health facilities and providers, but excludes private pharmacy</td></tr>
<tr><td colspan="9">[c] Includes all public and private health facilities and providers</td></tr>
</table>

Mothers' knowledge of danger signs is an important determinant of care-seeking behaviour. In the MICS, mothers or caretakers were asked to report symptoms that would cause them to take a child under-five for care immediately at a health facility. Issues related to knowledge of danger signs of pneumonia are presented in Table CH.11. Overall, 33 percent of women know at least one of the two danger signs of pneumonia – fast and/or difficult breathing. This ranges from 28 percent in Region South East to 55 percent in Autonomous Region of Principe, but is otherwise fairly uniform among urban and rural, more or less educated, and poorer and wealthier mothers. The most commonly identified symptom for taking a child to a health facility is fever. Only 16 percent of mothers identified fast breathing and 25 percent difficult breathing as symptoms for taking children immediately to a health care provider.

Table CH.11: Knowledge of the two danger signs of pneumonia

Percentage of women age 15-49 years who are mothers or caretakers of children under age 5 by symptoms that would cause them to take a child under age 5 immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking care immediately, Sao Tome and Principe, 2014

	Percentage of mothers/caretakers of children age 0-59 months who think that a child should be taken immediately to a health facility if the child:									Mothers/caretakers who recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing)	Number of women age 15-49 years who are mothers/caretakers of children under age 5
	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 diarrhoea	Has other symptoms		
Total	10.1	17.6	79.3	16.0	25.0	14.5	6.2	73.5	44.7	33.4	1,454
Region											
Centre East	8.9	15.7	78.7	13.8	24.1	12.9	5.6	70.9	48.8	30.4	940
North West	10.7	23.2	81.7	21.6	32.4	16.7	9.9	76.2	30.7	42.9	266
South East	10.1	9.7	77.0	16.0	12.6	5.9	1.3	75.8	52.6	28.3	187
Aut. of Principe	27.2	47.8	84.7	27.2	46.3	56.4	15.7	96.1	18.0	55.3	60
Area											
Urban	9.2	15.1	81.2	16.3	24.2	13.1	6.0	71.6	46.2	32.5	953
Rural	11.9	22.5	75.6	15.7	26.6	17.1	6.6	77.3	41.9	35.2	501
Education											
None/Primary	9.1	17.4	78.7	15.6	25.4	13.6	5.9	74.0	45.2	34.5	933
Secondary/Higher	11.9	18.1	80.3	16.9	24.3	15.9	6.8	72.6	43.8	31.5	521
Wealth index quintile											
Poorest	8.6	17.6	75.6	15.6	22.1	11.0	4.7	74.3	39.8	33.2	300
Second	10.9	16.2	76.1	17.2	24.7	14.8	7.4	76.2	39.5	33.8	316
Middle	11.1	18.7	79.3	16.1	28.1	19.0	7.1	72.5	47.1	35.1	294
Fourth	11.7	18.5	85.1	16.2	25.6	15.5	6.6	75.2	47.5	33.1	298
Richest	7.8	17.2	80.8	14.9	24.7	11.4	5.1	68.3	51.3	31.6	245

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels, such as wood, charcoal, crops or other agricultural waste, dung, shrubs and straw, and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke which contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion, which produces toxic elements such as carbon monoxide, polyaromatic hydrocarbons, and sulphur dioxide (SO_2), among others. Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, asthma, or cataracts, and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, shown in Table CH.12.

Overall, 42 percent of the household population in Sao Tome and Principe uses solid fuels for cooking, consisting mainly of wood (33 percent). Use of solid fuels is substantial even in urban areas (33 percent), but predominant in rural areas, where they are used by 59 percent of household members. Differentials with respect to household wealth, the educational level of the household head and the regions are large. The findings show that use of solid fuels ranges from 27 percent in Region Centre East to 76 percent in Autonomous Region of Principe.

Table CH.12: Solid fuel use

Percent distribution of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking, Sao Tome and Principe, 2014

				Percentage of household members in households mainly using:								
					Solid fuels							
	Electricity	Liquefied Petroleum Gas (LPG)	Kerosene	Char-coal	Wood	Straw/ Shrubs/ Grass	Agricultural crop residue	Other fuel	No food cooked in the household	Total	Solid fuels for cooking[1]	Number of household members
Total	0.3	1.5	55.9	8.7	32.9	0.1	0.1	0.0	0.5	100.0	41.8	13,455
Region												
Centre East	0.4	2.1	70.0	5.5	21.5	0.0	0.2	0.0	0.3	100.0	27.3	8,799
North West	0.0	0.5	27.0	13.9	57.6	0.2	0.0	0.0	0.7	100.0	71.7	2,510
South East	0.1	0.1	35.6	8.4	55.2	0.0	0.0	0.0	0.7	100.0	63.6	1,651
Aut. of Principe	0.5	1.0	20.5	40.3	36.0	0.0	0.0	0.0	1.6	100.0	76.3	495
Area												
Urban	0.4	1.9	63.9	10.1	23.0	0.1	0.2	0.0	0.4	100.0	33.4	8,960
Rural	0.0	0.7	40.1	5.9	52.7	0.1	0.0	0.0	0.5	100.0	58.7	4,495
Education of household head												
None	0.0	0.0	41.1	6.8	51.6	0.0	0.0	0.0	0.4	100.0	58.4	1,056
Primary	0.3	0.4	49.1	9.7	39.8	0.1	0.1	0.0	0.5	100.0	49.7	7,461
Secondary	0.2	1.9	68.3	8.4	20.5	0.0	0.3	0.0	0.5	100.0	29.2	4,273
Higher	0.5	14.7	77.9	2.4	3.8	0.0	0.0	0.0	0.6	100.0	6.2	575
DK/Missing	0.8	10.9	70.1	1.9	16.3	0.0	0.0	0.0	0.0	100.0	18.2	90
Wealth index quintile												
Poorest	0.1	0.0	25.8	9.3	62.8	0.0	0.7	0.0	1.2	100.0	72.9	2,692
Second	0.0	0.0	41.3	11.1	47.0	0.2	0.0	0.0	0.4	100.0	58.3	2,691
Middle	0.4	0.7	56.8	9.2	32.4	0.1	0.0	0.0	0.4	100.0	41.7	2,691
Fourth	0.2	0.4	72.7	8.1	18.4	0.0	0.0	0.0	0.3	100.0	26.4	2,689
Richest	0.7	6.5	83.1	5.8	3.9	0.0	0.0	0.0	0.0	100.0	9.7	2,693

[1] **MICS indicator 3.15 - Use of solid fuels for cooking**

Table CH.13: Solid fuel use by place of cooking

Percent distribution of household members in households using solid fuels by place of cooking, Sao Tome and Principe, 2014

	Place of cooking:							Number of household members in households using solid fuels for cooking
	In the house							
	In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	Other place	Missing	Total	
Total	11.3	5.6	33.6	48.7	0.3	0.5	100.0	5,626
Region								
Centre East	8.6	5.2	27.7	57.5	0.1	0.8	100.0	2,398
North West	7.1	2.9	49.2	40.2	0.2	0.4	100.0	1,800
South East	18.3	9.7	17.3	53.9	0.8	0.0	100.0	1,050
Aut. of Principe	29.6	9.0	42.6	18.8	0.0	0.0	100.0	378
Area								
Urban	13.8	6.2	29.5	49.9	0.2	0.5	100.0	2,989
Rural	8.6	4.8	38.4	47.4	0.4	0.4	100.0	2,637
Education of household head[a]								
None	9.7	11.7	30.6	47.4	0.3	0.3	100.0	617
Primary	10.0	4.2	36.0	49.1	0.4	0.3	100.0	3,711
Secondary	16.4	6.8	28.4	47.4	0.0	1.0	100.0	1,246
Higher	(0.0)	(0.0)	(36.1)	(63.9)	(0.0)	(0.0)	100.0	36
Wealth index quintile								
Poorest	9.8	6.6	28.4	54.4	0.5	0.3	100.0	1,963
Second	9.4	4.4	33.2	52.4	0.1	0.4	100.0	1,568
Middle	12.1	8.0	38.1	41.5	0.3	0.0	100.0	1,122
Fourth	11.7	1.8	41.1	43.7	0.0	1.8	100.0	711
Richest	30.8	4.1	36.5	28.6	0.0	0.0	100.0	262

[a] 24 unweighted cases of DK/Missing not shown
(*) Figures that are based on fewer than 25 unweighted cases

Solid fuel use by place of cooking is depicted in Table CH.13. The presence and extent of indoor pollution are dependent on cooking practices, places used for cooking, as well as types of fuel used. According to the 2014 Sao Tome and Principe MICS, 11 percent of the population living in households using solid fuels for cooking, cook food in a separate room that is used as a kitchen. The percentage that have food cooked within the dwelling unit is higher in urban (20 percent) than in rural areas (13 percent), and among the wealthiest (31 percent) than the poorest (10 percent). It varies by region from 9 percent in Region Centre East to 30 percent in Autonomous Region of Principe.

Malaria/Fever

Malaria is a major cause of death of children under age five worldwide. In areas where malaria is common, WHO recommends indoor residual spraying (IRS), use of insecticide treated bednets (ITNs) and prompt treatment of cases with recommended anti-malarial drugs.

In 2010 the World Health Organization issued a recommendation for universal use of diagnostic testing to confirm malaria infection and apply appropriate treatment based on the results. According to the guidelines, treatment solely on the basis of clinical suspicion should only be considered when

a parasitological diagnosis is not accessible. This recommendation was based on studies that showed substantial reduction in the proportion of fever that are associated with malaria to a low level.[i] This recommendation implies that the indicator on proportion of children with fever that received antimalarial treatment is no longer an acceptable indicator of the level of treatment of malaria in the population of children under age five. However, as it remains the MDG indicator and for purposes of comparisons, as well assessment of patterns across socio-demographic characteristics, the indicator remains a standard MICS indicator.

Children with severe malaria symptoms, such as fever and convulsions, should be taken to a health facility. Further, children recovering from malaria should be given extra liquids and food, and younger children should continue breastfeeding.

Insecticide-treated mosquito nets, or ITNs, if used properly, are very effective in offering protection against mosquitoes and other insects. The use of ITNs is one of the main health interventions implemented to reduce malaria transmission in Sao Tome and Principe. The questionnaire incorporates questions on the availability and use of bed nets, both at household level and among children under five years of age and pregnant women. In addition, all households in the 2014 Sao Tome and Principe MICS were asked whether the interior dwelling walls were sprayed with an insecticide to kill mosquitoes that spread malaria during the 12 months preceding the survey.

Malaria still presents great challenges to the national health system in Sao Tome and Principe, where the disease has been targeted for elimination since the XV century. The national malaria programme demonstrate the engagement of the government, assisted by various technical and financial partners, towards the integration of various measures of prevention (vector control), treatment, diagnostic, communication for behavioural change, institutional capacity building, environmental control, monitoring and evaluation, which have succeeded in recent years to lower the epidemiological levels of the illness.

Over the last decade, the Government of Sao Tome and Principe and its partners have carried out a comprehensive range of malaria control interventions. Among these feature universal diagnosis and case management; community education; health systems strengthening; vector control through mass and routine distribution of long-lasting insecticide nets coupled with indoor residual spraying (IRS). Since 2009, IRS campaigns have been conducted under the UNDP/Global Fund Project once a year, with a coverage of 75 to 84 percent in the last 4 years. Vector control measures may have played a critical role in securing the positive impact data reported through this report.

Malaria transmission takes place all year long in Sao Tome and Principe, with peak incidence between November and January, and from May to June. From 2001 to 2010, a 90 percent reduction in the number of reported cases was registered (from 43,493 to 3,340), and in the number of deaths (from 254 to 14). In the last five years, there was a reduction in the reported number of malaria cases (from 6,182 in 2009 to 1,754 in 2014), bringing mortality rate down to 0.14/1000 in 2009 to 0/1000 in 2014.

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[i] D'Acremont, V et al. 2010. *Reduction in the proportion of fevers associated with Plasmodium falciparum parasitaemia in Africa: a systematic review*. Malaria Journal 9(240).

Table CH.14: Household availability of insecticide treated nets and protection by a vector control method

Percentage of households with at least one mosquito net, one insecticide treated net (ITN), and one long-lasting treated net, percentage of households with at least one mosquito net, one insecticide treated net (ITN) per two people, and one long-lasting treated net, percentage of households with at least one ITN and/or indoor residual spraying (IRS) in the last 12 months, and percentage of households with at least one ITN per two people and/or with indoor residual spraying (IRS) in the last 12 months, Sao Tome and Principe, 2014

	Percentage of households with at least one mosquito net:			Percentage of households with at least one net for every two persons[a]:			Percentage of households with IRS in the past 12 months	Percentage of households with at least one ITN and/or IRS during the last 12 months[3]	Percentage of households with at least one ITN for every 2 persons and/or IRS during the last 12 months[4]	Number of households
	Any mosquito net	Insecticide treated mosquito net (ITN)[1]	Long-lasting insecticidal treated net (LLIN)	Any mosquito net	Insecticide treated mosquito net (ITN)[2]	Long-lasting insecticidal treated net (LLIN)				
Total	78.5	77.7	77.8	56.0	55.1	55.2	90.9	96.7	94.8	3,492
Region										
Centre East	79.8	79.4	79.4	58.7	57.9	58.0	89.4	96.2	94.0	2,311
North West	76.1	74.8	74.8	47.0	46.2	46.2	94.2	97.7	96.6	612
South East	71.2	69.5	70.1	49.8	48.2	48.5	93.8	96.6	95.3	417
Aut. of Principe	86.8	86.2	86.2	67.2	67.0	67.0	92.4	99.1	98.0	152
Area										
Urban	83.1	82.3	82.4	60.5	59.5	59.6	91.0	97.3	95.3	2,306
Rural	69.5	68.7	68.7	47.2	46.5	46.6	90.8	95.5	94.0	1,186
Education of household head[b]										
None	71.8	71.5	71.5	58.2	57.9	57.9	94.3	96.6	95.7	319
Primary	75.6	74.8	74.9	50.9	50.0	50.0	91.6	96.7	95.1	1,891
Secondary	84.3	83.4	83.4	62.0	61.1	61.2	89.6	96.5	94.0	1,113
Higher	85.5	85.2	85.2	68.6	68.3	68.3	87.4	98.2	96.3	148
Wealth index quintile										
Poorest	65.8	65.1	65.2	44.5	43.9	43.9	89.2	95.0	92.8	806
Second	74.3	73.7	73.7	48.4	47.6	47.6	90.9	96.1	94.8	719
Middle	80.6	79.8	79.8	53.6	52.9	52.9	91.7	97.4	95.3	676
Fourth	88.2	86.7	86.7	67.1	65.8	65.8	92.5	97.8	96.5	658
Richest	86.9	86.6	86.8	70.2	69.2	69.5	90.7	97.6	95.2	633

[1] **MICS indicator 3.16a - Household availability of insecticide-treated nets (ITNs) - One+**

[2] **MICS indicator 3.16b - Household availability of insecticide-treated nets (ITNs) - One+ per 2 people**

[3] **MICS indicator 3.17a - Households covered by vector control - One+ ITNs**

[4] **MICS indicator 3.17b - Households covered by vector control - One+ ITNs per 2 people**

[a] The numerators are based on number of usual (de jure) household members and does not take into account whether household members stayed in the household last night. MICS does not collect information on visitors to the household
[b] 20 unweighted cases of DK/Missing not shown

Table CH.15: Access to an insecticide treated net (ITN) - number of household members

Percentage of household population with access to an ITN in the household, Sao Tome and Principe, 2014

	Number of ITNs owned by household:										Percentage with access to an ITN[a]	Number of household members[b]
	0	1	2	3	4	5	6	7	8 or more	Total		
Total	22.2	20.8	29.5	22.8	2.9	1.1	0.6	0.0	0.0	100.0	30.7	13,455
Number of household members												
1	35.3	47.4	13.1	3.8	0.3	0.1	0.0	0.0	0.0	100.0	64.7	564
2	22.1	33.1	35.7	8.8	0.4	0.0	0.0	0.0	0.0	100.0	44.8	929
3	17.8	25.1	37.6	18.2	1.0	0.2	0.1	0.0	0.0	100.0	57.0	1,693
4	19.0	12.8	41.0	25.0	1.9	0.3	0.0	0.0	0.0	100.0	27.2	2,381
5	17.5	9.2	31.5	34.3	5.8	1.8	0.0	0.0	0.0	100.0	41.9	2,867
6	21.9	4.5	25.0	38.4	6.3	2.0	1.8	0.0	0.0	100.0	10.2	2,291
7	21.3	4.1	20.0	43.6	3.5	5.2	2.2	0.0	0.0	100.0	10.9	1,368
8 or more	23.2	6.3	13.4	34.5	10.6	5.4	5.7	0.0	1.0	100.0	11.2	1,361

[a] Percentage of household population who could sleep under an ITN if each ITN in the household were used by up to two people

[b] The denominator is number of usual (de jure) household members and does not take into account whether household members stayed in the household last night. MICS does not collect information on visitors to the household

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Table CH.16: Access to an insecticide treated net (ITN) - background characteristics

Percentage of household population with access to an ITN in the household, Sao Tome and Principe, 2014

	Percentage with access to an ITN[a]	Number of household members[b]
Total	30.7	13,455
Regions		
Centre East	33.2	8,799
North West	22.6	2,510
South East	27.1	1,651
Autonomous of Principe	39.8	495
Area		
Urban	33.8	8,960
Rural	24.4	4,495
Wealth index quintile		
Poorest	19.6	2,692
Second	20.6	2,691
Middle	28.7	2,691
Fourth	40.0	2,689
Richest	44.6	2,693

[a] Percentage of household population who could sleep under an ITN if each ITN in the household were used by up to two people

[b] The denominator is number of usual (de jure) household members and does not take into account whether household members stayed in the household last night. MICS does not collect information on visitors to the household

The 2014 Sao Tome and Principe MICS results indicate that 78 percent of households have at least one insecticide treated net (Table CH.14), and 55 percent at least one ITN for every two household members. Overall, 91 percent of households received indoor residual spraying during the last 12 months, with little variation between background characteristics. Urban areas have higher coverage of ITN than their rural counterparts (82 and 69 percent respectively), and so do wealthiest households in relation to poorest ones (87 versus 65 percent respectively). The other indicators follow a similar trend. Coverage of ITN by region ranges from 70 percent in Region South East to 86 percent in Autonomous Region of Principe.

Tables CH.15 and CH.16 provide further insight on access to ITNs. Overall, 31 percent of individuals are estimated to have access to ITNs, i.e. they could sleep under an ITN if each ITN in the household was used by two people. Access varies from 23 percent in Region North West to 40 percent in Autonomous Region of Principe, and is higher in urban (34 percent) than in rural (24 percent) areas. Access decreases with poverty and ranges from 45 percent among the wealthiest to 20 percent among the poorest. Similarly, access to ITN tends to decrease as household size increases. Selected results are shown in Figure CH.4.

Figure CH.4: Percentage of household population with access to an ITN in the household, Sao Tome and Principe, 2014
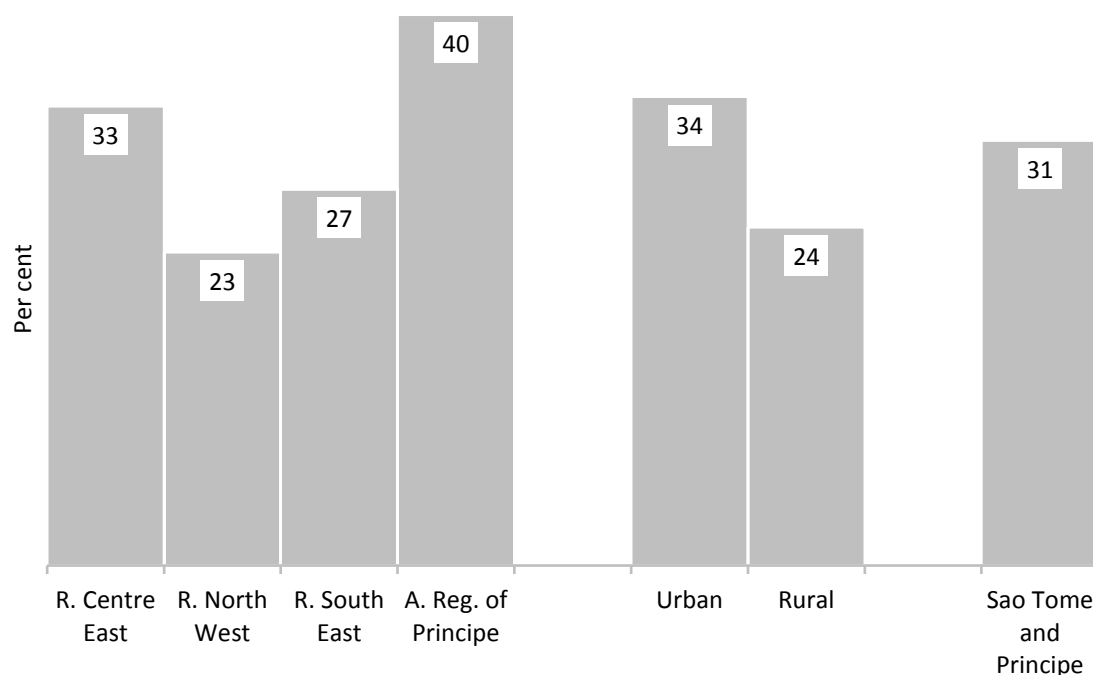
Overall, 70 percent of ITNs were used during the night preceding the survey, ranging from 57 percent in Region South East to 72 percent in Region Centre East. Use of ITN is higher in urban (74 percent) than in rural (61 percent) areas, and amongst the wealthiest (74 percent) than the poorest (63 percent).

Table CH.17: Use of ITNs

Percentage of insecticide treated nets (ITNs) that were used by anyone last night, Sao Tome and Principe, 2014

	Percentage of ITNs used last night	Number of ITNs
Total	70.0	5,914
Region		
Centre East	72.3	3,977
North West	70.4	982
South East	57.5	680
Aut. of Principe	67.1	275
Area		
Urban	73.8	4,201
Rural	60.8	1,712
Wealth index quintile		
Poorest	63.3	951
Second	65.9	1,044
Middle	72.0	1,162
Fourth	72.2	1,347
Richest	74.1	1,409

As for children under the age of five years, 61 percent slept under an ITN the night preceding the survey as shown in Table CH.18. This figure rises to 76 percent considering only children living in a household with at least one ITN. There are no meaningful gender disparities in ITN use among children under five. However, the proportion of those sleeping under an ITN the night preceding the survey is higher in urban than rural areas (68 and 48 percent respectively), among the wealthiest than the poorest (74 and 50 percent respectively), and among those whose mother has secondary education (64 percent) than no formal education (43 percent). Of note is the very high proportion (96 percent) of children under five who the previous night slept either under an ITN or in a house that had indoor residual spraying (IRS) in the last 12 months.

Table CH.18: Children sleeping under mosquito nets

Percentage of children age 0-59 months who slept under a mosquito net last night, by type of net, Sao Tome and Principe, 2014

	Percentage of children age 0-59 who spent last night in the interviewed households	Number of children age 0-59 months	Percentage of children under age five who the previous night slept under:				Number of children age 0-59 months who spent last night in the interviewed households	Percentage of children who slept under an ITN last night in households with at least one ITN	Number of children age 0-59 living in households with at least one ITN
			Any mosquito net	An insecticide treated net (ITN)[1]	A Long-lasting insecticidal treated net (LLIN)	An ITN or in a dwelling which had IRS in the past 12 months			
Total	98.3	2,030	61.9	61.1	61.0	95.6	1,996	75.6	1,613
Sex									
Male	97.7	1,023	61.6	60.7	60.6	94.5	1,000	73.9	821
Female	98.9	1,007	62.3	61.5	61.5	96.8	996	77.3	792
Region									
Centre East	98.0	1,317	64.0	63.5	63.4	94.8	1,291	78.7	1,041
North West	98.6	386	62.4	60.5	60.5	97.9	380	72.2	319
South East	99.4	245	46.9	45.9	45.9	95.6	244	62.7	178
Aut. of Principe	98.4	82	71.7	71.7	71.7	97.6	81	77.0	75
Area									
Urban	98.6	1,339	68.3	67.6	67.5	96.3	1,320	79.3	1,126
Rural	97.8	691	49.5	48.4	48.4	94.4	676	67.1	488
Age									
0-11 months	98.0	351	68.3	67.3	67.3	96.3	344	81.5	284
12-23 months	98.9	403	62.2	61.6	61.6	96.0	399	74.7	329
24-35 months	98.3	412	60.8	60.3	60.0	96.3	405	76.3	321
36-47 months	98.0	434	56.8	55.3	55.3	93.9	425	71.0	331
48-59 months	98.4	430	62.7	62.3	62.3	95.8	423	75.4	349
Mother's education									
None	99.4	84	43.6	43.4	43.4	94.9	84	59.2	62
Primary	98.4	1,253	61.4	60.5	60.5	95.6	1,232	75.1	992
Secondary	98.0	647	64.3	63.6	63.4	95.5	634	78.0	517
Higher	(100.0)	46	(76.4)	(76.4)	(76.4)	(100.0)	46	(80.4)	43
Wealth index quintile									
Poorest	97.6	444	50.3	50.2	50.2	91.5	434	71.6	304
Second	98.3	428	56.6	55.3	55.3	94.4	421	69.4	335
Middle	99.4	411	62.1	61.0	61.0	97.1	409	75.4	331
Fourth	97.7	423	69.8	68.4	68.4	96.9	413	78.4	360
Richest	98.7	324	74.4	74.4	74.0	99.2	320	83.8	284

[1] MICS indicator 3.18; MDG indicator 6.7 - Children under age 5 sleeping under insecticide-treated nets (ITNs)

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

Table CH.19: Use of mosquito nets by the household population

Percentage of household members who slept under a mosquito net last night, by type of net, Sao Tome and Principe, 2014

	Percentage of household members who the previous night slept under:				Number of household members who spent the previous night in the interviewed households	Percentage who the previous night slept under an ITN in households with at least one ITN	Number of household members in households with at least one ITN
	Any mosquito net	An insecticide treated net (ITN)[1]	A Long-lasting insecticidal treated net (LLIN)	An ITN or in a dwelling which had IRS in the past 12 months			
Total	56.7	56.1	56.1	95.9	13,205	70.7	10,484
Sex							
Male	54.8	54.1	54.1	95.2	6,266	68.8	4,932
Female	58.4	57.9	57.9	96.4	6,939	72.4	5,553
Region							
Centre East	58.3	57.9	57.8	95.0	8,630	72.6	6,883
North West	56.4	55.3	55.3	98.1	2,458	69.8	1,947
South East	46.1	45.4	45.1	96.8	1,628	61.2	1,209
Aut. of Principe	65.1	65.1	65.1	96.7	489	71.5	445
Area							
Urban	62.7	62.2	62.1	96.2	8,790	74.5	7,340
Rural	44.7	44.0	44.0	95.1	4,415	61.8	3,144
Age[a]							
0-4[b]	61.8	60.9	60.9	95.7	1,974	75.3	1,598
5-14	53.8	53.3	53.3	96.2	3,931	67.1	3,126
15-34	54.8	54.1	54.1	95.3	4,089	67.9	3,260
35-49	61.2	60.6	60.5	95.7	1,632	77.5	1,276
50+	57.9	57.5	57.5	96.9	1,574	74.3	1,220
Education of household head							
None	42.2	42.0	42.0	97.6	1,049	56.5	780
Primary	55.3	54.8	54.7	96.0	7,302	70.8	5,649
Secondary	61.9	61.0	61.0	95.1	4,199	72.9	3,514
Higher	63.3	63.0	63.0	97.5	567	75.4	473
DK/Missing	55.7	55.7	55.7	86.4	89	72.9	68
Wealth index quintile							
Poorest	44.9	44.6	44.5	93.9	2,638	66.2	1,779
Second	50.8	49.9	49.9	95.1	2,635	65.6	2,006
Middle	58.6	57.8	57.8	97.0	2,652	71.4	2,148
Fourth	64.8	64.1	64.1	96.5	2,648	74.2	2,285
Richest	64.5	64.2	64.0	96.8	2,632	74.5	2,267

[1] MICS indicator 3.19 - Population that slept under an ITN
[a] 6 unweighted cases with missing age not shown
[b] The results of the age group 0-4 years do not match those in Table CH.18, which is based on completed under-5 interviews only. The two tables are computed with different sample weights

Table CH.19 gives further insight into the use of mosquito nets by household members of any age, 56 percent of whom slept under an ITN the night prior to the survey. This figure rises to 71 percent considering only household members living in a household with at least one ITN. Overall, 92 percent of household members slept under an ITN the previous night or in a dwelling which had IRS in the past 12 months. There are some regional differences, with 55 percent of the household members of Region South East having slept under an ITN the night prior to the survey, against 65 percent for Autonomous Region of Principe. The same indicator evaluates at 62 percent in urban areas against

44 percent in rural areas, and 45 percent among the poorest against 64 percent among the wealthiest. Of note is the very high proportion (96 percent) of household members who the previous night slept either under an ITN or in a house that had indoor residual spraying (IRS) in the last 12 months.

Table CH.20: Care-seeking during fever

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Sao Tome and Principe, 2014

	Percentage of children for whom:						
	Advice or treatment was sought from:						
	Health facilities or providers				A health facility or provider[1,][b]	No advice or treatment sought	Number of children with fever in last two weeks
	Public	Private	Community health provider[a]	Other source			
Total	58.9	5.9	1.9	2.6	65.8	33.2	534
Sex							
Male	61.3	5.7	1.7	1.8	67.8	31.5	293
Female	56.0	6.0	2.2	3.7	63.4	35.2	241
Region							
Centre East	54.7	7.9	2.2	2.3	63.6	35.9	363
North West	65.4	2.0	1.6	4.9	68.7	27.7	74
South East	70.6	1.3	0.0	1.3	72.5	26.8	83
Aut. of Principe	(64.4)	(0.0)	(8.7)	(6.2)	(68.5)	(29.5)	14
Area							
Urban	60.1	5.3	2.0	2.3	66.6	32.7	357
Rural	56.6	6.9	1.7	3.3	64.4	34.1	177
Age							
0-11 months	69.5	1.9	0.0	1.9	73.3	26.7	94
12-23 months	64.4	4.2	1.0	3.6	69.9	29.5	137
24-35 months	58.0	9.4	4.8	1.6	68.0	31.8	108
36-47 months	45.3	8.6	1.5	3.8	54.9	42.3	99
48-59 months	55.8	5.3	2.3	2.0	61.6	36.9	96
Mother's education							
None/Primary	59.9	3.8	2.4	3.1	65.0	33.7	345
Secondary/Higher	57.2	9.7	1.1	1.8	67.4	32.2	189
Wealth index quintile							
Poorest	55.3	2.9	1.4	1.6	58.7	40.2	121
Second	55.5	8.8	0.5	4.5	67.0	31.2	118
Middle	58.0	2.9	3.0	4.7	62.9	37.1	90
Fourth	60.1	6.6	2.6	1.5	66.6	31.9	125
Richest	68.8	8.2	2.6	0.8	76.9	23.1	80

[1] MICS indicator 3.20 - Care-seeking for fever

[a] Community health providers include both public (*Community health worker* and *Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers as well as shops
( ) Figures that are based on 25-49 unweighted cases

Table CH.20 provides information on care-seeking behaviour during an episode of fever in the past two weeks. As shown in Table CH.20, advice was sought from a health facility or a qualified health care provider for 66 percent of children with fever; these services were provided mainly by the

public sector (59 percent). However, no advice or treatment was sought in 33 percent of the cases. Figures also indicate that seeking advice in the case of fever is more likely for children of a younger age than older ones (73 and 62 percent respectively), and for children living in the wealthiest than in the poorest households (77 and 59 percent respectively).

Mothers were asked to report all of the medicines given to a child to treat the fever, including both medicines given at home and medicines given or prescribed at a health facility. Artemisinin-based Combination therapy (ACT) is the first line antimalarial recommended by the World Health Organization and used in the country. In addition, confirmation is done on all fever cases suspected to be malaria through rapid diagnostic test.

As seen in Table CH.21, 0.2 percent of children with fever in the last two weeks were treated with an artemisinin-based combination therapy (ACT) and 1.4 percent received an antimalarial. Interpretation of the results of this table must take into consideration the low prevalence of malaria in Sao Tome and Principe.

Overall, 42 percent of children with a fever in the previous two weeks had blood taken from a finger or heel for testing. This indicator ranges from 36 percent in Region North West to 54 percent in Region South East. The results also suggest that blood testing is more likely to be implemented in children issued from the wealthiest households (51 percent) than the poorest (39 percent).

The proportion of children treated with an ACT the same day the fever started or the next is of 0.1 percent. Such a low percentage should be interpreted in the context of the low prevalence of malaria in Sao Tome and Principe. Because of the very small number of children in our sample who were treated for malaria (9), Table CH.22 doesn't show statistics related to the proportion of children treated with anti-malarial who received an ACT (2 out of 9). For the same reason, the standard MICS table on the source of anti-malarials is not shown in this report.

Table CH.21: Treatment of children with fever

Percentage of children age 0-59 months who had a fever in the last two weeks, by type of medicine given for the illness, Sao Tome and Principe, 2014

| | Children with a fever in the last two weeks who were given: | | | | | | | | | | | | Number of children with fever in last two weeks |
| | Anti-malarials | | | | | Other medications | | | | | | | |
	SP/ Fansidar	Amodia-quine	Quinine	Artemisinin-based Combination Therapy (ACT)	Other anti-malarial	Antibiotic pill or syrup	Antibiotic injection	Paracetamol/ Panadol/ Acetaminophen	Aspirin	Ibuprofen	Other	Missing/DK	
Total	0.3	0.3	0.5	0.2	0.0	37.6	1.6	43.0	1.6	0.7	20.7	3.8	534
Sex													
Male	0.6	0.2	0.0	0.2	0.0	39.8	2.1	42.6	1.7	1.2	21.4	5.2	293
Female	0.0	0.5	1.1	0.2	0.0	34.9	0.9	43.6	1.4	0.0	19.8	2.1	241
Region													
Centre East	0.5	0.0	0.0	0.0	0.0	36.3	1.6	40.3	1.6	0.5	22.4	5.0	363
North West	0.0	1.1	3.5	1.4	0.0	41.2	0.8	45.1	2.3	2.0	20.9	1.9	74
South East	0.0	1.2	0.0	0.0	0.0	41.8	1.8	49.2	0.0	0.0	15.2	1.0	83
Aut. of Principe	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(27.3)	(4.1)	(66.0)	(6.9)	(0.0)	(6.4)	(0.0)	14
Area													
Urban	0.5	0.5	0.7	0.0	0.0	33.0	1.2	44.2	1.0	1.0	21.7	4.9	357
Rural	0.0	0.0	0.0	0.6	0.0	46.8	2.2	40.6	2.6	0.0	18.6	1.7	177
Age													
0-11 months	0.0	0.0	0.0	0.6	0.0	30.2	3.6	39.5	2.2	0.0	24.5	5.0	94
12-23 months	0.0	0.4	1.9	0.0	0.0	41.1	1.7	34.1	1.3	0.0	18.5	5.6	137
24-35 months	0.0	0.0	0.0	0.0	0.0	41.5	1.6	50.6	0.8	0.9	20.2	1.0	108
36-47 months	1.9	0.8	0.0	0.5	0.0	36.1	0.4	46.4	2.6	2.6	17.2	4.9	99
48-59 months	0.0	0.5	0.0	0.0	0.0	36.9	0.5	47.1	1.2	0.0	24.2	2.0	96
Mother's education													
None/Primary	0.5	0.5	0.7	0.0	0.0	37.0	1.4	44.1	2.2	0.7	18.0	5.1	345
Secondary/Higher	0.0	0.0	0.0	0.6	0.0	38.7	1.8	41.0	0.5	0.5	25.5	1.5	189
Wealth index quintile													
Poorest	0.0	1.5	2.1	0.9	0.0	32.6	0.5	37.7	3.1	0.0	20.5	2.2	121
Second	0.0	0.0	0.0	0.0	0.0	28.8	5.2	49.7	0.7	0.5	19.2	5.9	118
Middle	2.1	0.0	0.0	0.0	0.0	44.2	1.1	50.3	4.3	0.0	10.8	5.0	90
Fourth	0.0	0.0	0.0	0.0	0.0	43.6	0.5	40.5	0.0	0.8	16.9	2.1	125
Richest	0.0	0.0	0.0	0.0	0.0	41.1	0.0	36.8	0.0	2.5	40.2	4.3	80

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

Table CH.22: Diagnostics and anti-malarial treatment of children

Percentage of children age 0-59 months who had a fever in the last two weeks who had a finger or heel stick for malaria testing, who were given Artemisinin-combination Treatment (ACT) and any anti-malarial drugs, and percentage who were given ACT among those who were given anti-malarial drugs, Sao Tome and Principe, 2014

	Percentage of children who:					Number of children age 0-59 months with fever in the last two weeks
	Had blood taken from a finger or heel for testing[1]	Were given:				
		Artemisinin-combination Treatment (ACT)	ACT the same or next day	Any antimalarial drugs[2]	Any antimalarial drugs same or next day	
Total	42.0	0.2	0.1	1.4	1.1	534
Sex						
Male	42.5	0.2	0.2	1.0	1.0	293
Female	41.5	0.2	0.0	1.8	1.3	241
Region						
Centre East	40.7	0.0	0.0	0.5	0.5	363
North West	35.9	1.4	0.7	6.0	4.2	74
South East	54.1	0.0	0.0	1.2	1.2	83
Aut. of Principe	(36.4)	(0.0)	(0.0)	(0.0)	(0.0)	14
Area						
Urban	42.3	0.0	0.0	1.8	1.5	357
Rural	41.3	0.6	0.3	0.6	0.3	177
Age						
0-11 months	43.6	0.6	0.6	0.6	0.6	94
12-23 months	46.0	0.0	0.0	2.2	2.2	137
24-35 months	37.2	0.0	0.0	0.0	0.0	108
36-47 months	41.6	0.5	0.0	3.2	1.9	99
48-59 months	40.6	0.0	0.0	0.5	0.5	96
Mother's education						
None/Primary	41.0	0.0	0.0	1.8	1.6	345
Second./Higher	43.8	0.6	0.3	0.6	0.3	189
Wealth index quintile						
Poorest	39.2	0.9	0.4	4.5	3.4	121
Second	43.3	0.0	0.0	0.0	0.0	118
Middle	31.4	0.0	0.0	2.1	2.1	90
Fourth	45.4	0.0	0.0	0.0	0.0	125
Richest	51.0	0.0	0.0	0.0	0.0	80

[1] **MICS indicator 3.21 - Malaria diagnostics usage**

[2] **MICS indicator 3.22; MDG indicator 6.8 - Anti-malarial treatment of children under age 5**

[3] **MICS indicator 3.23 - Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment (see text for details)**

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

Table CH.23: Pregnant women sleeping under mosquito nets

Percentage of pregnant women age 15-49 years who slept under a mosquito net last night, by type of net, Sao Tome and Principe, 2014

	Percentage of pregnant women who spent last night in the interviewed households	Number of pregnant women age 15-49 years	Percentage of pregnant women age 15-49 years who the previous night slept under:				Number of pregnant women who spent last night in the interviewed households	Percentage of pregnant women who slept under an ITN last night in households with at least one ITN	Number of pregnant women age 15-49 years living in households with at least one ITN
			Any mosquito net	An insecticide treated net (ITN)[1]	A Long-lasting insecticidal treated net (LLIN)	An ITN or in a dwelling sprayed with IRS in the past 12 months			
Total	98.4	235	61.9	60.9	60.9	94.4	231	79.2	178
Region									
Centre East	98.7	151	65.2	64.6	64.6	93.1	149	82.1	117
North West	98.2	45	61.3	59.5	59.5	98.7	44	(78.5)	34
South East	98.6	33	46.2	44.5	44.5	93.9	32	(64.8)	22
Aut. of Principe	(*)	6	(*)	(*)	(*)	(*)	5	(*)	4
Area									
Urban	99.2	154	67.3	66.4	66.4	94.7	153	84.2	120
Rural	96.8	81	51.3	50.2	50.2	93.8	78	68.5	57
Age									
15-19	97.2	53	(44.7)	(44.7)	(44.7)	(93.2)	52	(60.1)	39
20-24	100.0	50	59.0	57.3	57.3	92.0	50	(78.6)	36
25-29	98.1	68	70.6	69.4	69.4	96.6	66	(83.6)	55
30-39	98.1	56	71.5	70.6	70.6	97.6	55	(89.0)	44
40-49	(*)	8	(*)	(*)	(*)	(*)	8	(*)	4
Education									
None/Primary	97.5	136	62.4	60.8	60.8	93.6	132	81.9	98
Secondary/Higher	99.5	99	61.1	61.1	61.1	95.5	98	75.7	80
Wealth index quintile									
60% poorest	97.8	157	59.0	58.2	58.2	94.2	154	78.5	114
40% richest	99.4	78	67.5	66.4	66.4	94.8	77	80.4	64

[1] MICS indicator 3.24 - Pregnant women who slept under an insecticide treated net (ITN)
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Pregnant women living in places where malaria is highly prevalent are highly vulnerable to malaria. Once infected, pregnant women risk anaemia, premature delivery and stillbirth. Their babies are at increased risk of low birth weight, which carries an increased risk to die in infancy.[i] 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). WHO recommends that in areas of moderate-to-high malaria transmission, all pregnant women be provided an intermittent preventive treatment with Sulfadoxine-Pyrimethamine (SP) at every scheduled antenatal care visit. In the 2014 Sao Tome and Principe MICS, women were asked about the medicines they had received to prevent malaria 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 3 doses of SP/Fansidar during the pregnancy, at least one of which was taken during antenatal care.

Table CH.23 presents the proportion of pregnant women who slept under a mosquito net during the previous night. Overall, 62 percent of pregnant women slept under any mosquito net the night prior to the survey and nearly all of these (61 percent) slept under an insecticide treated net. This figure rises to 79 percent if we only consider those living in a household with at least one ITN. The proportion of pregnant women who slept under an ITN the night prior to the survey varies from 45 percent in Region South East to 65 percent in Region Centre East. It tends to be higher in urban (66 percent) than in rural (50 percent) areas. The apparent differences by background characteristics in Table CH.23 must be interpreted with caution given that many of the denominators are relatively small. Of note is the very high proportion (94 percent) of pregnant women who the previous night slept either under an ITN or in a house that had indoor residual spraying (IRS) in the last 12 months.

Intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey is presented in Table CH.24. Overall, 90 percent of pregnant women who had a live birth in the two years preceding the survey, and who received antenatal care, took medicine at least once to prevent malaria at any of ANC visit; however, only 12 percent took medicine three or more times. This indicator varies from 7 percent in Region South East to 14 percent in Region North West. It is higher amongst women with secondary or higher education (16 percent) than among those with less education (10 percent). It is also higher among the wealthiest (16 percent) than the poorest (9 percent). However, it is important to keep in mind that the current malaria epidemiological profile in Sao Tome and Principe is in a low transmission stage.

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[i] Shulman, CE and Dorman, EK. 2003. *Importance and prevention of malaria in pregnancy*. Trans R Soc Trop Med Hyg 97(1): 30–55.

Table CH.24: Intermittent preventive treatment for malaria

Percentage of women age 15-49 years who had a live birth during the two years preceding the survey and who received intermittent preventive treatment (IPT) for malaria during pregnancy at any antenatal care visit, Sao Tome and Principe, 2014

| | Percentage of women who received antenatal care (ANC) | Number of women with a live birth in the last two years | Who took any medicine to prevent malaria at any ANC visit during pregnancy | Percentage of pregnant women: who took SP/Fansidar at least once during an ANC visit and in total took: | | | | Number of women with a live birth in the last two years and who received antenatal care |
				At least once	Two or more times	Three or more times[1]	Four or more times	
Total	97.5	756	89.8	88.4	58.2	12.3	2.0	736
Region								
Centre East	97.7	514	90.3	88.8	59.7	13.1	2.3	502
North West	97.7	131	85.2	85.2	50.1	14.1	1.7	128
South East	95.0	86	92.6	89.7	57.9	6.6	0.6	81
Aut. of Principe	(100.0)	25	(92.3)	(92.3)	(71.3)	(6.4)	(0.0)	25
Area								
Urban	97.9	496	90.4	89.5	58.1	12.9	1.9	485
Rural	96.6	260	88.5	86.2	58.4	11.3	2.0	251
Education								
None/Primary	96.1	468	88.4	87.1	53.4	9.8	2.4	449
Secondary/Higher	99.6	288	91.9	90.3	65.8	16.3	1.2	287
Wealth index quintile								
Poorest	94.8	161	86.1	83.8	46.1	9.5	3.2	152
Second	97.5	158	87.4	86.6	54.0	12.2	2.8	154
Middle	97.1	149	90.8	89.5	66.8	10.1	0.5	145
Fourth	98.4	161	89.9	88.8	64.9	14.7	1.8	159
Richest	100.0	126	95.8	94.3	59.8	15.5	1.4	126

[1] **MICS indicator 3.25 - Intermittent preventive treatment for malaria**
( ) Figures that are based on 25-49 unweighted cases

Prevalence of malaria in children

Malaria tests were implemented in children age 6 to 59 months using a Rapid Diagnostic Test (RDT), as well as thick blood smear slides that were read microscopically in laboratory. The RDT used a test kit known as Paramax-3. This kit distinguishes three malaria types by detection of malaria antibodies in drops of capillary blood. The three malaria types detected by the kit are: *Plasmodium* (Pan) which is found in several species, specific typing for *Plasmodium falciparum* (Pf), and specific typing as well for *Plasmodium vivax* (Pv).

The health technician field teams, which were responsible to implement the malaria tests and to collect and prepare the blood smears, also offered free artemisinin-combination treatment (ACT) to the mothers of the children needing treatment, when the malaria test result was positive. ACT is an artemisinin treatment for malaria which contains 25/50 mg of artemisinin and 67.5/135 mg of amodiaquine. The malaria test and the treatment protocol were approved by the MICS Ethics Committee.

The mothers received information on the potential complication and side effects related to the use of ACT and were given the option to refuse the treatment.

Further, all households received a pamphlet on anaemia and malaria on which were recorded all the relevant results of the anaemia and malaria tests in selected children, as well as the anaemia tests results in women.

Malaria tests had a relatively high response rate of 96 percent in children age 6 to 59 months who had a RDT, and of 94 percent in those who had a thick smear for laboratory analysis. As can be seen in Table CH.24, there are no large differences in response rates as per the various socio-demographic characteristics, with the exception of the small number of children with a thick smear in Autonomous Region of Principe which has only 68 percent.

Table CH.25: Coverage of testing for malaria in children (unweighted)

Percentage of eligible children age 6-59 months who had a Rapid Diagnostic Test and thick blood smear for the detection of malaria, by background characteristics (unweighted), Sao Tome and Principe, 2014

	Percentage of children who had:		Number of children age 0-59 months (unweighted)
	Malaria RDT	Thick blood smear	
Total	96.3	94.0	1,861
Sex			
Male	95.4	93.1	945
Female	97.2	95.0	916
Region			
Centre East	95.6	95.5	827
North West	97.5	97.5	485
South East	95.8	95.8	408
Aut. of Principe	97.2	68.1	141
Area			
Urban	95.3	93.1	1,117
Rural	97.7	95.4	744
Age			
6-11 months	91.7	86.7	180
12-23 months	96.9	95.4	391
24-35 months	97.2	94.8	423
36-47 months	97.0	94.6	429
48-59 months	96.1	94.5	438
Wealth index quintile			
Poorest	96.8	96.5	344
Second	96.0	95.5	401
Middle	96.6	94.0	384
Fourth	96.5	92.7	397
Richest	95.5	91.3	335

The results of the two tests show a low prevalence of malaria in children (Table CH.25). Only 0.5 percent of the RDT and 0.2 percent of the thick blood smears implemented in children gave positive

results. This corresponds to only 7 unweighted cases of malaria in children, detected through the RDT, and 2 cases detected through the laboratory analysis of the blood smears.

While it is possible to speculate on the different results given by the thick smears and the RDT, the number of positive cases is so low that doing so would not seem to be a fruitful exercise and would not permit any lesson to be drawn. The final conclusion is that the prevalence of malaria was extremely low in Sao Tome and Principe during the time of the survey (mid-2014), with a possible "maximum" of 0.5 percent of positive cases among children age 6 to 59 months. In fact, feedback during the testing period indicated that a very low prevalence was to be expected given the recent progress made in controlling malaria in Sao Tome and Principe. The 7 unweighted cases of malaria, as per the RDT, included 3 cases of *Falciparum* and 4 cases of mixed infections.

Given the very low absolute number of malaria cases, apparent differences along socio-demographic characteristics are very small and should not be over-interpreted.

Table CH.26: Results of the Rapid Diagnostic Test (RDT) and thick smear for the detection of malaria in children				
Percentage of eligible children age 6-59 months with positive RDT and thick smear results, by background characteristics (unweighted), Sao Tome and Principe, 2014				
	Rapid Diagnostic Test (RDT)		Thick smear	
	Percent of children testing positive	Number of children tested	Percent of children testing positive	Number of children tested
Total	0.5	1,776	0.2	1,750
Sex				
Male	0.2	888	0.3	874
Female	0.7	888	0.0	876
Region				
Centre East	0.5	1,133	0.2	1,132
North West	0.3	347	0.0	347
South East	0.1	222	0.1	222
Autonomous of Principe	1.5	74	0.0	49
Area				
Urban	0.6	1,167	0.2	1,155
Rural	0.2	609	0.0	594
Age				
6-11 months	0.1	157	0.1	151
12-23 months	0.5	388	0.0	386
24-35 months	0.2	402	0.0	395
36-47 months	0.8	417	0.0	411
48-59 months	0.5	411	0.6	407
Wealth index quintile				
Poorest	0.1	282	0.1	281
Second	0.2	328	0.0	326
Middle	0.7	361	0.0	353
Fourth	1.1	398	0.0	391
Richest	0.1	407	0.7	399

Since there are so few malaria cases in the survey, additional tables on the prevalence and determinants of malaria were not produced. Besides, data on important determinants of the prevalence of malaria, such as the use of bednets, must always be interpreted with caution, since it is possible that a "cause effect" relationship may be absent between the actual use of bednets and the prevalence of malaria. It was decided that to produce additional tables based the very few malaria cases that were detected in the survey would not be productive and would not permit any particular conclusion to be drawn.

Prevalence of anaemia in children

Blood was collected for the haemoglobin test from children age 6-59 months living in the household whose caretakers agreed voluntarily to the test. The blood was collected in the following way: a) capillary blood was obtained from a finger prick (or a heel prick in the case of children age 6-11 months) using a small self-retractable lancet; b) a small drop of blood was placed in a microcuvette which was then inserted in a portable haemoglobinometer (HemoCue®), an instrument capable of measuring accurately haemoglobin levels in grams per decilitres of blood; and c) the value was recorded on the questionnaire and the result of the test communicated immediately to the caretaker of the child.

Anaemia in children age 6-59 months can be classified in three categories according to the haemoglobin concentration in the blood. The anaemia is considered severe if haemoglobin is less than 7.0 grams per decilitre (g/dl), moderate if between 7.0 and 9.9 g/dl, and light if between 10.0 and 10.9 g/dl.

Table CH.27 shows that over six children in ten (67 percent) in the 6-59 months age group in Sao Tome and Principe suffer from anaemia: light anaemia in 33 percent of cases, moderate in another 33 percent and severe in 1 percent.

In the 6-23 months age group, over four children in five suffer from anaemia. The prevalence decreases from age 24 months and above, down to 52 percent in the 36-59 months age group. Anaemia is slightly more prevalent among boys than girls (69 and 65 percent respectively). There are no notable differences between areas of residence. The Region South East and Autonomous Region of Principe have a somewhat higher prevalence (74 and 72 percent respectively) than the rest of the country. With respect to the wealth quintiles, it can be seen that the lowest prevalence is in children from the wealthiest households.

The prevalence of severe anaemia is low (1 percent) and no substantial differences are observed between the various population subgroups.

Table CH.27: Prevalence of anaemia in children

Percentage of children age 6-59 months with anaemia, Sao Tome and Principe, 2014

	Anaemia according to haemoglobin level				Number of children age 6-59 months
	Any level of anaemia (<11.0 g/dl)	Light anaemia (10.0-10.9 g/dl)	Moderate anaemia (7.0-9.9 g/dl)	Severe anaemia (<7.0 g/dl)	
Total	67.5	33.0	33.3	1.2	1773
Sex					
Male	69.5	30.9	37.5	1.1	886
Female	65.5	35.2	29.0	1.3	887
Region					
Centre East	66.4	31.9	33.2	1.2	1132
North West	66.1	34.9	30.8	0.4	347
South East	74.0	33.8	37.7	2.4	221
Autonomous of Principe	71.6	39.0	32.2	0.4	74
Area					
Urban	67.6	31.9	34.4	1.2	1167
Rural	67.2	35.1	31.0	1.1	606
Age					
6-11 months	89.1	40.9	48.2	0.0	157
12-23 months	87.8	28.5	57.3	2.1	388
24-35 months	69.8	31.7	37.0	1.1	402
36-47 months	52.9	32.5	19.4	1.0	415
48-59 months	52.5	36.1	15.3	1.0	410
Wealth index quintile					
Poorest	69.0	35.8	31.7	1.5	280
Second	71.1	32.8	37.5	0.8	328
Middle	66.2	28.8	36.8	0.5	360
Fourth	69.0	35.9	30.7	2.4	398
Richest	63.2	32.2	30.3	0.6	406

VII.   Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health. In addition to preventing disease, improved 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.[i]

Inadequate disposal of human excreta and personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio and are important determinants of stunting. Improved sanitation can reduce diarrhoeal disease by more than a third[ii], and can substantially lessen the adverse health impacts of other disorders among millions of children in many countries.

The MDG target (7, C) is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

For more details on water and sanitation and to access some reference documents, please visit data.unicef.org[iii] or the website of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation[iv].

Use of Improved Water Sources

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

Overall, 94 percent of the population uses an improved source of drinking water——98 percent in urban areas and 86 percent in rural areas. While such results are admirable, some areas require additional efforts, such as Autonomous Region of Principe where the indicator is considerably lower (74 percent). Countrywide, the indicator ranges from 91 percent among the poorest to nearly 100 percent among the wealthiest.

[i] WHO/UNICEF. 2012. *Progress on Drinking water and Sanitation: 2012 update*.

[ii] Cairncross, S et al. 2010. *Water, sanitation and hygiene for the prevention of diarrhoea*. International Journal of Epidemiology 39: i193-i205.

[iii] http://data.unicef.org/water-sanitation

[iv] http:// www.wssinfo.org

Table WS.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, Sao Tome and Principe, 2014

	Main source of drinking water																		
	Improved sources									Unimproved sources									
	Piped water																		
	Into dwel-ling	Into yard/plot	To neigh-bour	Public tap/stand-pipe	Tube-well/bore-hole	Pro-tected well	Pro-tected spring	Rain-water collection	Bottled water[a]	Unpro-tected well	Unpro-tected spring	Tanker truck	Cart with tank/drum	Surface water	Bottled water[a]	Other	Total	Percentage using improved sources of drinking water[1]	Number of household members
Total	5.1	21.7	11.2	52.9	0.1	0.3	2.6	0.0	0.1	0.2	2.1	0.0	0.0	3.6	0.0	0.2	100	93.9	13,455
Region																			
Centre East	6.4	26.3	13.5	46.3	0.0	0.2	3.0	0.0	0.1	0.1	2.0	0.0	0.0	1.8	0.0	0.2	100	95.8	8,799
North West	1.3	15.1	6.7	66.5	0.1	0.0	0.7	0.0	0.1	0.1	1.2	0.2	0.0	7.8	0.0	0.0	100	90.7	2,510
South East	3.4	10.0	8.3	71.2	0.1	0.3	1.1	0.0	0.0	0.4	0.6	0.0	0.0	4.0	0.1	0.4	100	94.5	1,651
A. of Principe	5.9	11.4	3.3	39.4	1.1	1.5	11.3	0.0	0.0	1.2	12.8	0.0	0.0	12.2	0.0	0.0	100	73.9	495
Area																			
Urban	6.9	26.7	14.4	48.5	0.1	0.2	1.1	0.0	0.1	0.1	0.3	0.0	0.0	1.6	0.0	0.0	100	98.0	8,960
Rural	1.4	11.7	4.7	61.7	0.1	0.4	5.7	0.0	0.1	0.3	5.6	0.1	0.0	7.6	0.0	0.5	100	85.8	4,495
Education of household head																			
None	0.8	10.1	14.6	63.5	0.2	0.4	2.0	0.0	0.0	0.1	2.5	0.0	0.1	5.7	0.0	0.1	100	91.6	1,056
Primary	1.3	19.0	10.2	58.5	0.1	0.3	3.1	0.0	0.0	0.2	2.4	0.1	0.0	4.5	0.0	0.3	100	92.6	7,461
Second.	9.5	25.9	12.8	45.3	0.0	0.2	2.2	0.0	0.1	0.2	1.7	0.0	0.0	1.9	0.1	0.1	100	96.0	4,273
Higher	26.9	48.0	7.2	15.6	0.0	0.0	0.7	0.0	0.5	0.0	0.0	0.0	0.0	1.0	0.2	0.0	100	98.9	575
DK/Miss.	15.9	7.1	9.9	63.9	0.0	0.0	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	100.0	90
Wealth index quintile																			
Poorest	0.0	1.1	1.6	84.8	0.1	0.6	2.6	0.0	0.0	0.2	2.0	0.2	0.0	6.5	0.0	0.2	100	90.9	2,692
Second	0.0	4.0	10.0	74.4	0.1	0.3	3.2	0.0	0.1	0.1	2.4	0.0	0.0	5.0	0.0	0.5	100	92.0	2,691
Middle	0.5	13.3	14.9	57.4	0.1	0.3	5.1	0.0	0.0	0.0	4.1	0.0	0.0	4.1	0.0	0.2	100	91.6	2,691
Fourth	1.7	32.2	19.1	40.6	0.2	0.0	1.5	0.0	0.1	0.5	1.7	0.0	0.0	2.4	0.0	0.1	100	95.3	2,689
Richest	23.2	57.7	10.5	7.3	0.0	0.1	0.7	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.1	0.0	100	99.7	2,693

[1] MICS indicator 4.1; MDG indicator 7.8 - Use of improved drinking water sources

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

The source of drinking water for the population varies strongly by region (Table WS.1). Access to drinking water that is piped into the yard or dwelling ranges from 33 percent in Region Centre East to 13 percent in Region South East. Accessing drinking water through public taps ranges from 71 percent in Region South East to 39 percent in Autonomous Region of Principe. Drinking water mainly from rivers and streams (an unimproved source) is still prevalent in some regions, notably Autonomous Region of Principe (12 percent) and Region North West (8 percent), while unprotected springs are commonly used in Autonomous Region of Principe (13 percent).

Figure WS.1: Percent distribution of household members by source of drinking water, Sao Tome and Principe, 2014
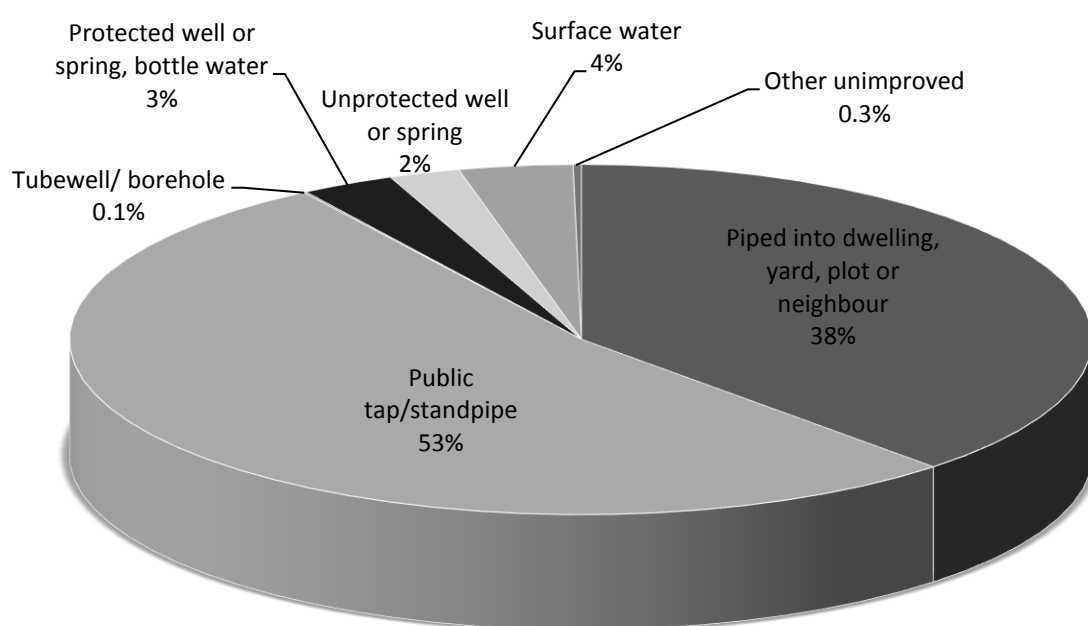
Use of household water treatment is presented in Table WS.2. Households were asked about ways they may be treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter, and using solar disinfection are considered as effective treatment of drinking water. The table shows water treatment by all household members and the percentage of those living in households using unimproved water sources but using appropriate water treatment methods. Overall, 93 percent of household members drink water without treating it. This must be interpreted in the context of previous results indicating that 94 percent of household members drink water from an improved source. Only 9 percent of households' members who are using water from an unimproved source drink water that is appropriately treated. Chlorine is the preferred treatment method (4 percent), followed by boiling (2 percent).

Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Sao Tome and Principe, 2014

	Water treatment method used in the household										Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method[1]	Number of household members in households using 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	Missing/DK	Number of household members		
Total	93.0	1.7	4.4	0.7	0.1	0.0	0.5	0.1	0.0	13,455	9.1	820
Region												
Centre East	92.3	2.3	4.5	0.7	0.1	0.0	0.7	0.0	0.0	8,799	10.1	366
North West	95.0	0.4	4.0	0.4	0.2	0.0	0.0	0.3	0.0	2,510	12.4	235
South East	92.3	0.3	5.7	1.3	0.2	0.0	0.2	0.0	0.0	1,651	5.3	91
Aut. of Principe	97.4	0.6	1.6	0.6	0.0	0.0	0.3	0.0	0.0	495	3.3	129
Area												
Urban	93.9	2.2	3.3	0.5	0.1	0.0	0.4	0.0	0.0	8,960	8.1	182
Rural	91.2	0.5	6.7	1.3	0.0	0.0	0.7	0.1	0.0	4,495	9.4	638
Main source of drinking water												
Improved	93.4	1.7	4.2	0.7	0.1	0.0	0.3	0.0	0.0	12,635	na	na
Unimproved	86.7	0.5	8.6	1.7	0.0	0.0	2.8	0.8	0.0	820	9.1	820
Education of household head												
None	94.6	1.0	4.0	0.4	0.0	0.0	0.4	0.0	0.0	1,056	16.4	89
Primary	94.2	0.8	4.3	0.8	0.0	0.0	0.1	0.1	0.0	7,461	5.6	555
Secondary	92.4	2.0	4.2	0.5	0.1	0.0	1.0	0.0	0.0	4,273	17.1	170
Higher	78.9	11.8	8.4	2.5	1.3	0.0	1.5	0.4	0.0	575	(*)	7
DK/Missing	90.8	1.7	7.5	0.0	0.0	0.0	0.0	0.0	0.0	90	-	-
Wealth index quintile												
Poorest	94.7	0.5	3.5	0.7	0.1	0.0	0.5	0.0	0.0	2,692	4.0	245
Second	94.4	0.6	4.4	0.5	0.0	0.0	0.4	0.2	0.0	2,691	13.9	215
Middle	94.7	1.1	3.9	0.4	0.0	0.0	0.2	0.0	0.0	2,691	14.4	227
Fourth	93.1	1.2	4.4	1.3	0.1	0.0	0.2	0.0	0.0	2,689	2.2	126
Richest	88.0	5.0	5.9	0.7	0.4	0.0	1.1	0.1	0.0	2,693	(*)	7

[1] **MICS indicator 4.2 - Water treatment**

na: not applicable
(*) Figures that are based on fewer than 25 unweighted cases

The amount of time it takes to obtain water is presented in Table WS.3 and the person who usually collects the water in Table WS.4. Note that for Table WS.3, household members using water on premises are also shown in this table and for others, the results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected.

Table WS.3 shows that for 42 percent of the household population, the drinking water source is on premises. While 92 percent of the wealthiest have water on premises, only 10 percent of the poorest have this benefit. The availability of water on premises is associated with greater use, better family hygiene and better health outcomes. For a water collection round trip of 30 minutes or more it has been observed that households carry progressively less water and are likely to compromise on the minimal basic drinking water needs of the household.[i] For nearly a quarter of the household population (23 percent), it takes the household more than 30 minutes to get to the water source and bring water; this is the case for 20 percent of those using an improved drinking water source. In rural areas a higher percentage of household members live in households that spend time in collecting water compared to those in urban areas. One finding of note is the comparatively high percentage of household members in Region South East (28 percent), who live in households spending 30 minutes or more to get water from an improved source of drinking water, while nearly one in three household members (31 percent) of the population of Autonomous Region of Principe spend as much time to get drinking water from any type of source.

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[i] Cairncross, S and Cliff, JL. 1987. *Water use and Health in Mueda, Mozambique*. Transactions of the Royal Society of Tropical Medicine and Hygiene 81: 51-4.

Table WS.3: Time to source of drinking water

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Sao Tome and Principe, 2014

| | Time to source of drinking water | | | | | | | | | |
| | Users of improved drinking water sources | | | | Users of unimproved drinking water sources | | | | | |
	Water on premises	Less than 30 minutes	30 minutes or more	Mis-sing/ DK	Water on premises	Less than 30 minutes	30 minutes or more	Mis-sing/ DK	Total	Number of household members
Total	41.2	31.0	19.6	2.1	0.3	2.4	3.4	0.1	100.0	13,455
Region										
Centre East	47.2	27.6	18.6	2.5	0.1	1.3	2.6	0.1	100.0	8,799
North West	30.3	40.9	18.2	1.3	0.2	4.6	4.5	0.1	100.0	2,510
South East	29.3	35.4	28.0	1.8	0.1	2.8	2.4	0.2	100.0	1,651
Aut. of Principe	30.4	26.3	16.6	0.5	3.5	7.3	14.9	0.4	100.0	495
Area										
Urban	48.7	27.4	19.5	2.4	0.0	1.5	0.5	0.0	100.0	8,960
Rural	26.3	38.1	19.8	1.6	0.8	4.1	9.1	0.2	100.0	4,495
Education of household head										
None	26.3	39.2	23.6	2.4	0.1	2.4	5.8	0.1	100.0	1,056
Primary	34.8	34.0	21.4	2.3	0.4	2.8	4.1	0.1	100.0	7,461
Secondary	50.6	26.7	16.7	2.0	0.2	1.7	1.9	0.2	100.0	4,273
Higher	83.1	8.5	7.3	0.0	0.0	1.0	0.2	0.0	100.0	575
DK/Missing	32.9	26.7	40.4	0.0	0.0	0.0	0.0	0.0	100.0	90
Wealth index quintile										
Poorest	9.4	50.6	27.9	3.1	0.4	4.1	4.4	0.2	100.0	2,692
Second	18.4	45.7	23.5	4.3	0.4	3.2	4.2	0.2	100.0	2,691
Middle	32.3	33.9	24.1	1.2	0.4	2.7	5.3	0.1	100.0	2,691
Fourth	54.2	22.1	16.9	2.0	0.2	1.8	2.7	0.0	100.0	2,689
Richest	91.6	2.5	5.5	0.1	0.1	0.0	0.2	0.0	100.0	2,693

Table WS.4 shows that for over two-thirds of households (69 percent), an adult female usually collects drinking water when the source is not on the premises. Adult men collect water in only 19 percent of cases, while for the rest of the households, female or male children under age 15 collect water (11 percent). These trends are fairly constant over the various background characteristics, although it is interesting to note that in Autonomous Region of Principe adult men collect water in 31 percent of households where the source is not on premises.

Table WS.4: Person collecting water

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Sao Tome and Principe, 2014

	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water						Number of households without drinking water on premises
			Adult woman	Adult man	Female child under age 15	Male child under age 15	Missing / DK	Total	
Total	58.6	3,492	69.3	18.5	8.3	3.2	0.7	100.0	2,046
Region									
Centre East	52.5	2,311	71.8	17.9	6.9	2.7	0.7	100.0	1,214
North West	70.7	612	67.4	14.9	12.2	4.6	0.9	100.0	433
South East	71.5	417	67.9	21.6	6.6	3.1	0.8	100.0	298
Aut. of Principe	66.6	152	51.5	31.4	13.5	3.6	0.0	100.0	101
Area									
Urban	50.6	2,306	70.1	18.0	7.9	3.2	0.8	100.0	1,168
Rural	74.1	1,186	68.2	19.2	8.8	3.2	0.7	100.0	879
Education of household head									
None	70.5	319	70.8	13.4	9.3	5.0	1.6	100.0	225
Primary	65.7	1,891	67.8	19.4	8.2	3.8	0.9	100.0	1,242
Secondary	48.1	1,113	72.3	17.9	8.2	1.5	0.1	100.0	535
Higher	19.5	148	(66.4)	(25.5)	(8.1)	(0.0)	(0.0)	100.0	29
DK/Missing	(*)	21	(*)	(*)	(*)	(*)	(*)	100.0	15
Wealth index quintile									
Poorest	89.0	806	66.0	22.0	6.8	3.8	1.3	100.0	717
Second	78.7	719	72.5	16.9	7.4	2.8	0.3	100.0	566
Middle	65.8	676	71.5	15.9	8.7	3.5	0.5	100.0	445
Fourth	41.0	658	68.9	14.1	13.7	2.7	0.6	100.0	270
Richest	7.7	633	61.5	32.9	5.6	0.0	0.0	100.0	49

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

Use of Improved Sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or pit latrine; ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet. The data on the use of improved sanitation facilities in Sao Tome and Principe are provided in Table WS.5.

Nearly half of the population (47 percent) lives in households using improved sanitation facilities (Table WS.5), 53 percent in urban and 36 percent in rural areas. Residents of Region North West are

less likely than others to use improved facilities (27 percent). The table indicates that the use of improved sanitation facilities is strongly correlated with wealth. While there are important differences between urban and rural areas, open defecation remains the most common method, used by 61 percent of the rural and 42 percent of the urban population. After that, covered pit latrines with flushing toilets are the most common sanitation facilities, used by 27 percent of the urban and 23 percent of the rural population. Modern bathrooms are used by 17 percent of the population, mostly in urban areas.

Table WS.5: Types of sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, Sao Tome and Principe, 2014

| | Type of toilet facility used by household | | | | | | | | | |
| | Improved sanitation facility connected to sewer, septic tank or pit | | | Unimproved sanitation facility | | | | | | |
	Modern bathroom with flushing toilet	Covered pit latrine with flushing toilet	Covered pit latrine without toilet (septic tank)	Dry pit without toilet/ open pit	Bucket	Other	Missing	Open defecation (no facility, bush, field)	Total	Number of household members
Total	17.5	26.0	3.9	3.2	0.2	0.3	0.6	48.4	100.0	13,455
Region										
Centre East	22.3	28.5	4.0	2.8	0.2	0.2	0.7	41.2	100.0	8,799
North West	7.6	15.0	4.7	5.9	0.1	0.7	0.6	65.5	100.0	2,510
South East	6.6	25.4	3.1	1.5	0.0	0.1	0.0	63.2	100.0	1,651
Autonomous of Principe	17.4	38.1	0.7	1.5	1.6	0.3	0.0	40.5	100.0	495
Area										
Urban	21.4	27.3	4.4	3.9	0.3	0.2	0.6	41.9	100.0	8,960
Rural	9.6	23.3	2.8	1.9	0.2	0.5	0.5	61.3	100.0	4,495
Education of household head										
None	6.5	30.0	3.4	3.8	0.3	0.3	0.0	55.8	100.0	1,056
Primary	10.2	24.2	4.3	2.9	0.3	0.5	0.8	56.8	100.0	7,461
Secondary	26.7	28.6	3.2	3.8	0.1	0.0	0.1	37.5	100.0	4,273
Higher	63.2	23.7	2.5	2.5	0.0	0.0	3.0	5.1	100.0	575
DK/Missing	17.7	12.5	11.2	0.0	0.0	0.0	0.0	58.5	100.0	90
Wealth index quintile										
Poorest	1.6	7.3	2.8	1.8	0.6	0.7	0.9	84.4	100.0	2,692
Second	2.3	15.7	4.1	2.6	0.3	0.3	0.4	74.4	100.0	2,691
Middle	3.8	28.6	6.2	5.4	0.0	0.4	0.6	55.0	100.0	2,691
Fourth	18.2	47.1	5.2	5.7	0.3	0.1	0.5	22.9	100.0	2,689
Richest	61.3	31.2	1.1	0.5	0.0	0.1	0.7	5.2	100.0	2,693

Table WS.6: Use and sharing of sanitation facilities

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Sao Tome and Principe, 2014

| | Users of improved sanitation facilities | | | | | Users of unimproved sanitation facilities | | | | | Open defecation (no facility, bush, field) | Total | Number of household members |
| | | | Shared by | | | | | Shared by | | | | | |
	Not shared[1]	Public facility	5 households or less	More than 5 households	Missing/DK	Not shared	Public facility	5 households or less	More than 5 households	Missing/DK			
Total	40.9	0.8	4.8	0.5	0.4	3.7	0.1	0.5	0.0	0.0	48.4	100.0	13,455
Region													
Centre East	46.5	0.6	6.6	0.6	0.6	3.3	0.0	0.6	0.0	0.0	41.2	100.0	8,799
North West	25.2	0.8	1.3	0.0	0.0	6.4	0.3	0.6	0.0	0.1	65.5	100.0	2,510
South East	31.6	1.5	1.3	0.7	0.0	1.7	0.0	0.0	0.0	0.0	63.2	100.0	1,651
Aut. of Principe	51.1	1.7	2.3	1.2	0.0	3.0	0.3	0.0	0.0	0.0	40.5	100.0	495
Area													
Urban	46.2	0.1	5.9	0.6	0.4	4.2	0.0	0.7	0.0	0.0	41.9	100.0	8,960
Rural	30.2	2.1	2.6	0.3	0.3	2.7	0.1	0.2	0.0	0.0	61.3	100.0	4,495
Education of household head													
None	30.0	0.7	7.7	1.5	0.0	3.1	0.3	0.7	0.3	0.0	55.8	100.0	1,056
Primary	33.0	1.0	3.8	0.3	0.6	4.2	0.0	0.2	0.0	0.0	56.8	100.0	7,461
Secondary	51.4	0.5	5.8	0.6	0.2	2.9	0.1	1.0	0.0	0.0	37.5	100.0	4,273
Higher	84.7	0.0	4.7	0.0	0.0	4.5	0.0	1.0	0.0	0.0	5.1	100.0	575
DK/Missing	41.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	58.5	100.0	90
Wealth index quintile													
Poorest	7.5	1.5	2.1	0.3	0.2	3.4	0.2	0.3	0.0	0.0	84.4	100.0	2,692
Second	18.1	1.3	2.0	0.4	0.3	3.1	0.0	0.4	0.0	0.1	74.4	100.0	2,691
Middle	31.1	0.0	6.6	0.3	0.5	5.1	0.1	1.0	0.1	0.1	55.0	100.0	2,691
Fourth	58.6	0.6	9.4	1.2	0.7	5.7	0.0	0.9	0.0	0.0	22.9	100.0	2,689
Richest	89.0	0.5	3.7	0.2	0.1	1.2	0.1	0.0	0.0	0.0	5.2	100.0	2,693

[1] **MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation**

The MDGs and the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify otherwise acceptable sanitation facilities which are public or shared between two or more households as unimproved. Therefore, "use of improved sanitation" is used both in the context of this report and as an MDG indicator to refer to improved sanitation facilities, which are not public or shared. Data on the use of improved sanitation are presented in Tables WS.6 and WS.7.

As shown in Table WS.6, 41 percent of the household population is using an improved sanitation facility, ranging from 25 percent in Region North West to 51 percent in Autonomous Region of Principe, and from 8 percent among the poorest to 89 percent among the wealthiest. Only 1 percent of households use an improved toilet facility that is public or shared with other households. Shared toilet facilities of an improved type are mostly found in rural areas. Figure WS.2 presents the distribution of the survey population by use and sharing of sanitation facilities.

Figure WS.2: Percent distribution of household members by use and sharing of sanitation facilities, Sao Tome and Principe, 2014
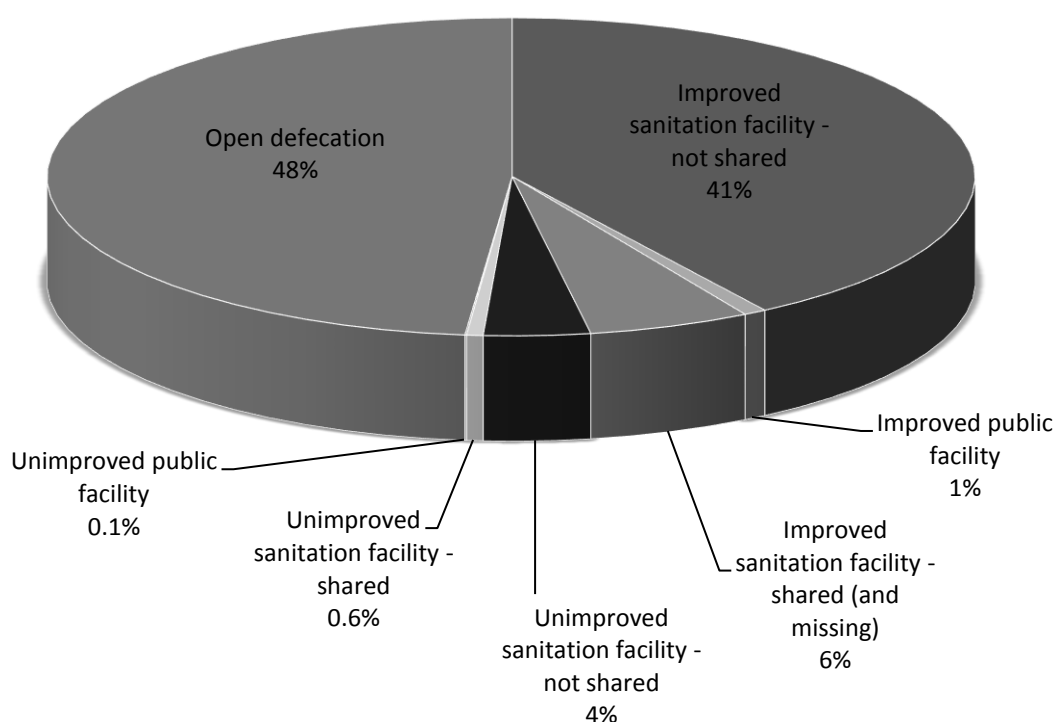
Having access to both an improved drinking water source and an improved sanitation facility brings the largest public health benefits to a household.[i] In its 2008 report[ii], the JMP developed a new way of presenting the access figures, by disaggregating and refining the data on drinking-water and sanitation and reflecting them in "ladder" format. This ladder allows a disaggregated analysis of

[i] Wolf, J et al. 2014. *Systematic review: Assessing the impact of drinking water and sanitation on diarrhoeal disease in low- and middle-income settings: systematic review and meta-regression*. Tropical Medicine and International Health 2014. DfID. 2013. *Water, Sanitation and Hygiene: Evidence Paper*. DfID: http://r4d.dfid.gov.uk/pdf/outputs/sanitation/WASH-evidence-paper-april2013.pdf

[ii] WHO/UNICEF JMP. 2008. *MDG assessment report*. http://www.wssinfo.org/fileadmin/user_upload/resources/1251794333-JMP_08_en.pdf

trends in a three rung ladder for drinking-water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion of population with no sanitation facilities at all – who revert to open defecation, of those reliant on technologies defined by JMP as "unimproved," of those sharing sanitation facilities of otherwise acceptable technology, and those using "improved" sanitation facilities.

Table WS.7 presents the percentages of household population by these drinking water and sanitation ladders. The table also shows the percentage of household members using both improved sources of drinking water[i] and an improved sanitary means of excreta disposal. In terms of improved drinking water, 94 percent of the household members have access to drinking water that is piped into the dwelling, plot or yard, or is otherwise improved; on the other hand, only 41 percent of the same population has access to improved (not shared) sanitation. Jointly, 40 percent of the household population has access to both improved drinking water and improved sanitation, 46 percent in urban and 27 percent in rural areas, and 89 percent of the wealthiest but only 7 percent of the poorest (see Figure WS.3).

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[i] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.

Table WS.7: Drinking water and sanitation ladders

Percentage of household population by drinking water and sanitation ladders, Sao Tome and Principe, 2014

	Percentage of household population using:										
	Improved drinking water[1, a]					Unimproved sanitation				Improved drinking water sources and improved sanitation	Number of household members
	Piped into dwelling, plot or yard	Other improved	Unimproved drinking water	Total	Improved sanitation[2]	Shared improved facilities	Unimproved facilities	Open defecation	Total		
Total	26.8	67.1	6.1	100.0	40.9	6.4	4.3	48.4	100.0	39.8	13,455
Region											
Centre East	32.8	63.1	4.2	100.0	46.5	8.3	4.0	41.2	100.0	45.8	8,799
North West	16.6	74.0	9.3	100.0	25.2	2.1	7.3	65.5	100.0	24.5	2,510
South East	13.4	81.1	5.5	100.0	31.6	3.5	1.7	63.2	100.0	31.1	1,651
Autonomous of Principe	17.3	56.6	26.1	100.0	51.1	5.1	3.3	40.5	100.0	39.3	495
Area											
Urban	33.7	64.3	2.0	100.0	46.2	6.9	4.9	41.9	100.0	46.0	8,960
Rural	13.1	72.7	14.2	100.0	30.2	5.4	3.1	61.3	100.0	27.4	4,495
Education of household head											
None	10.8	80.8	8.4	100.0	30.0	9.9	4.4	55.8	100.0	29.0	1,056
Primary	20.4	72.2	7.4	100.0	33.0	5.8	4.4	56.8	100.0	31.7	7,461
Secondary	35.5	60.5	4.0	100.0	51.4	7.1	4.1	37.5	100.0	50.4	4,273
Higher	75.4	23.4	1.1	100.0	84.7	4.7	5.5	5.1	100.0	84.6	575
DK/Missing	23.0	77.0	0.0	100.0	41.5	0.0	0.0	58.5	100.0	41.5	90
Wealth index quintile											
Poorest	1.1	89.8	9.1	100.0	7.5	4.2	3.9	84.4	100.0	7.3	2,692
Second	4.0	88.0	8.0	100.0	18.1	4.0	3.5	74.4	100.0	17.3	2,691
Middle	13.8	77.8	8.4	100.0	31.1	7.5	6.4	55.0	100.0	29.3	2,691
Fourth	34.0	61.4	4.7	100.0	58.6	11.9	6.6	22.9	100.0	56.1	2,689
Richest	81.1	18.6	0.3	100.0	89.0	4.6	1.2	5.2	100.0	88.7	2,693

[1] **MICS indicator 4.1; MDG indicator 7.8 - Use of improved drinking water sources**

[2] **MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation**

[a] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.

Figure WS.3: Use of improved drinking water sources and improved sanitation facilities by household members, Sao Tome and Principe, 2014
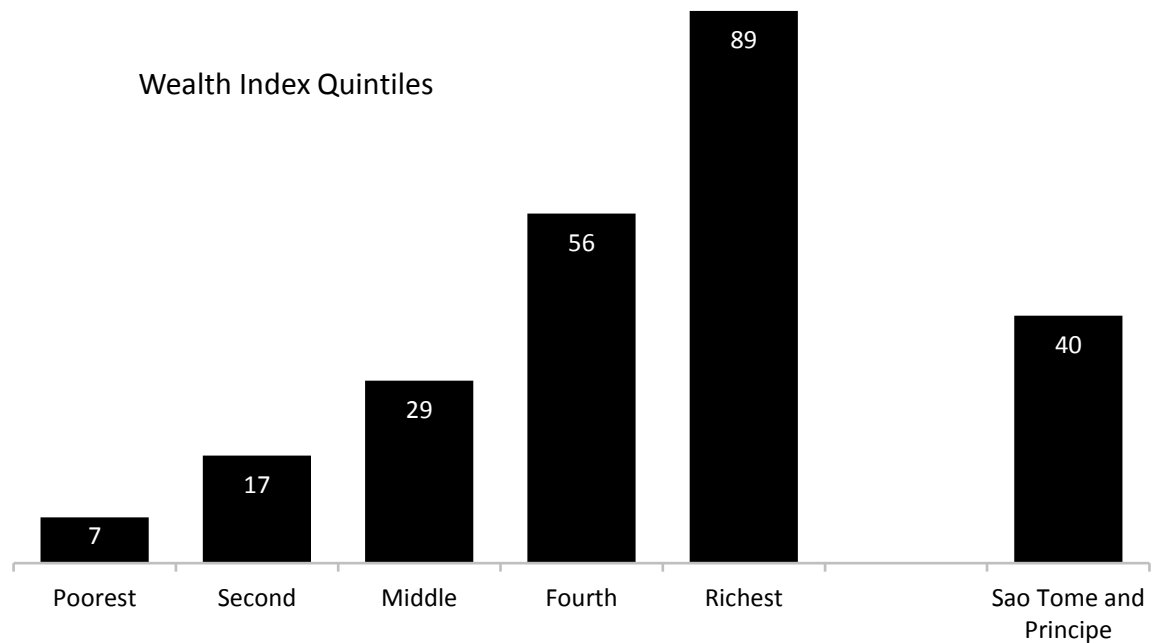
Safe disposal of a child's faeces is disposing of the stool, by the child using a toilet or by rinsing the stool into a toilet or latrine. Putting disposable diapers with solid waste, a very common practice throughout the world has thus far been classified as an inadequate means of disposal of child faeces for concerns about poor disposal of solid waste itself. This classification is currently under review. Disposal of faeces of children 0-2 years of age is presented in Table WS.8. Overall, only 29 percent of last stools of children age 0-2 years were disposed safely according to the current criteria.

Table WS.8: Disposal of child's faeces

Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, Sao Tome and Principe, 2014

			Place of disposal of child's faeces							Percentage of children whose last stools were disposed of safely[1]	Number of children age 0-2 years
	Child used toilet/latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Missing/DK	Total		
Total	8.2	20.7	20.7	22.6	6.0	19.1	2.0	0.7	100.0	28.9	1183
Type of sanitation facility used by household members											
Improved	18.6	41.4	12.0	16.1	4.2	6.8	0.8	0.1	100.0	60.1	511
Unimproved	3.1	17.6	23.2	44.2	6.1	5.7	0.0	0.0	100.0	20.8	42
Open defecation	0.1	4.1	27.5	26.4	7.4	30.0	3.1	1.3	100.0	4.2	630
Region											
Centre East	9.9	26.6	17.6	22.1	5.5	15.7	1.8	0.7	100.0	36.5	773
North West	4.4	6.6	40.1	22.5	9.2	15.8	1.0	0.4	100.0	11.0	225
South East	5.5	8.1	8.9	26.4	1.1	43.0	5.4	1.6	100.0	13.6	138
Aut. of Principe	7.3	27.8	12.1	18.9	12.8	21.1	0.0	0.0	100.0	35.1	47
Area											
Urban	9.5	24.5	15.8	24.1	4.6	18.3	2.5	0.7	100.0	34.0	777
Rural	5.7	13.4	29.9	19.6	8.7	20.8	1.0	0.8	100.0	19.1	406
Mother's education											
None/Primary	5.4	14.8	22.9	24.4	6.7	22.3	2.5	1.0	100.0	20.2	746
Secondary/Higher	13.0	30.7	16.8	19.5	4.9	13.7	1.1	0.2	100.0	43.7	437
Wealth index quintile											
Poorest	1.4	3.8	28.4	25.9	5.7	30.1	3.7	1.1	100.0	5.2	261
Second	3.8	9.8	25.0	27.5	5.1	23.7	4.3	0.8	100.0	13.6	249
Middle	4.4	15.9	25.1	21.0	9.7	22.6	1.0	0.2	100.0	20.3	232
Fourth	14.6	35.5	13.7	14.7	7.2	12.7	0.4	1.1	100.0	50.1	236
Richest	19.3	43.8	8.5	23.2	1.9	3.0	0.0	0.3	100.0	63.1	204

[1] **MICS indicator 4.4 - Safe disposal of child's faeces**

Handwashing

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

In Sao Tome and Principe, a specific place for handwashing was observed in about half of the households (51 percent), while 44 percent of households could not indicate a specific place where household members usually wash their hands and 5 percent did not give permission to see the place used for handwashing (Table WS.9). Overall, 40 percent of households[iii] had a specific place for handwashing supplied with water and soap (or another cleansing agent). In 2 percent of the households only water was available at the specific place, while in 8 percent of the households the place had soap but no water. The remaining 3 percent of households had neither water nor soap available at the specific place for handwashing.

Overall, 8 percent of the households were not able or refused to show any soap present in the household, whereas 15 percent did not have any soap in the households, leaving the remaining 76 percent of households in which either the soap was observed or shown to the interviewer (Table WS.10). The percentage of households with soap or cleansing agent anywhere in the dwelling was similar in urban and rural areas, but ranged from 55 to 94 percent between the poorest and wealthiest households. The differences between regions were also substantial, ranging from 57 percent in Region South East to 88 percent in Autonomous Region of Principe.

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[i] Cairncross, S and Valdmanis, V. 2006. *Water supply, sanitation and hygiene promotion* Chapter 41 in *Disease Control Priorities in Developing Countries*. 2nd Edition, Edt. Jameson et al. The World Bank.
[ii] Ram, P et al. editors. 2008. *Use of a novel method to detect reactivity to structured observation for measurement of handwashing behavior*. American Society of Tropical Medicine and Hygiene.
[iii] Households with a specific place for handwashing that was not observed by the interviewers are not included in the denominator.

Table WS.9: Water and soap at place for handwashing

Percentage of households where place for handwashing was observed, percentage with no specific place for handwashing, and percent distribution of households by availability of water and soap at specific place for handwashing, Sao Tome and Principe, 2014

	Percentage of households:			Place for handwashing observed								Percentage of households with a specific place for handwashing where water and soap or other cleansing agent are present[1]	Number of households where place for handwashing was observed or with no specific place for handwashing in the dwelling, yard, or plot
				Water is available and:			Water is not available and:			No specific place for hand-washing in the dwelling, yard, or plot			
					No soap:			No soap:					
	Where place for hand-washing was observed	With no specific place for hand-washing in the dwelling, yard, or plot	Number of house-holds	Soap present	Ash, mud, or sand pre-sent	No other clean-sing agent present	Soap pre-sent	Ash, mud, or sand present	No other clean-sing agent present		Total		
Total	51.4	43.6	3,492	40.3	0.2	2.3	8.0	0.1	3.3	45.9	100.0	40.5	3,316
Region													
Centre East	49.2	49.4	2,311	37.0	0.1	2.2	6.9	0.0	3.6	50.1	100.0	37.2	2,279
North West	65.0	28.6	612	49.0	0.2	2.0	15.3	0.2	2.8	30.6	100.0	49.2	573
South East	47.9	38.0	417	45.1	0.4	3.1	4.3	0.0	2.8	44.3	100.0	45.5	359
Aut. of Principe	39.6	30.1	152	47.3	0.0	4.2	4.8	0.0	0.5	43.2	100.0	47.3	106
Area													
Urban	48.6	48.1	2,306	38.3	0.1	1.9	7.7	0.1	2.1	49.8	100.0	38.4	2,228
Rural	57.0	34.7	1,186	44.4	0.3	3.1	8.6	0.0	5.8	37.9	100.0	44.7	1,087
Education of household head													
None	39.0	54.9	319	24.6	0.0	3.6	8.6	0.3	4.5	58.5	100.0	24.6	300
Primary	48.4	46.2	1,891	36.3	0.3	2.1	8.6	0.1	3.9	48.8	100.0	36.6	1,789
Secondary	57.3	38.1	1,113	48.0	0.0	2.4	7.5	0.0	2.2	39.9	100.0	48.0	1,062
Higher	68.8	28.8	148	66.9	0.0	0.0	3.6	0.0	0.0	29.5	100.0	66.9	144
DK/Missing	(*)	(*)	21	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	21
Wealth index quintile													
Poorest	38.0	52.2	806	21.1	0.2	3.3	11.0	0.1	6.5	57.8	100.0	21.3	727
Second	43.9	50.8	719	29.4	0.5	2.2	9.8	0.1	4.3	53.7	100.0	29.9	681
Middle	45.6	50.6	676	34.4	0.1	2.3	8.1	0.0	2.5	52.6	100.0	34.5	650
Fourth	56.2	40.4	658	48.0	0.0	1.8	6.5	0.0	1.8	41.9	100.0	48.0	636
Richest	78.2	20.1	633	73.0	0.0	1.6	4.0	0.0	1.0	20.4	100.0	73.0	622

[1] MICS indicator 4.5 - Place for handwashing

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

Table WS.10: Availability of soap or other cleansing agent

Percent distribution of households by availability of soap or other cleansing agent in the dwelling, Sao Tome and Principe, 2014

| | Place for handwashing observed | | | | | Place for handwashing not observed | | | | | | |
| | | Soap or other cleansing agent not observed at place for handwashing | | | | | | Not able/Does not want to show soap or other cleansing agent | | | Percentage of households with soap or other cleansing agent anywhere in the dwelling[1] | Number of households |
	Soap or other cleansing agent observed	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing	Total		
Total	46.1	3.1	1.6	0.6	0.1	27.3	13.5	7.7	0.1	100.0	76.5	3,492
Region												
Centre East	43.5	4.3	0.7	0.6	0.2	32.7	12.6	5.5	0.1	100.0	80.5	2,311
North West	60.5	0.5	3.1	0.8	0.1	11.2	13.0	10.7	0.2	100.0	72.2	612
South East	42.8	0.7	4.2	0.3	0.0	13.1	23.2	15.4	0.4	100.0	56.6	417
Aut. of Principe	36.3	2.1	0.7	0.5	0.0	49.1	2.4	8.8	0.0	100.0	87.5	152
Area												
Urban	44.7	2.1	1.2	0.4	0.1	29.3	15.0	7.0	0.1	100.0	76.1	2,306
Rural	48.9	4.9	2.2	0.8	0.1	23.3	10.4	9.1	0.2	100.0	77.1	1,186
Education of household head												
None	31.4	3.2	3.4	0.7	0.4	29.9	22.6	8.5	0.0	100.0	64.5	319
Primary	42.8	3.1	1.7	0.8	0.1	27.6	15.6	8.4	0.1	100.0	73.4	1,891
Secondary	52.9	3.1	0.9	0.3	0.1	27.7	8.4	6.3	0.2	100.0	83.7	1,113
Higher	68.8	0.0	0.0	0.0	0.0	16.0	6.6	8.6	0.0	100.0	84.8	148
DK/Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	21
Wealth index quintile												
Poorest	29.2	2.7	4.2	1.6	0.2	23.5	26.5	11.7	0.3	100.0	55.4	806
Second	37.7	4.4	1.2	0.4	0.1	30.9	16.6	8.5	0.1	100.0	73.0	719
Middle	41.0	3.9	0.4	0.4	0.0	36.0	11.4	7.0	0.0	100.0	81.0	676
Fourth	52.6	2.5	0.8	0.2	0.0	29.0	8.0	6.9	0.0	100.0	84.1	658
Richest	75.7	1.7	0.6	0.0	0.3	17.1	1.3	3.4	0.1	100.0	94.5	633

[1] **MICS indicator 4.6 - Availability of soap or other cleansing agent**

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

VIII.   Reproductive Health

Fertility

Measures of current fertility are presented in Table RH.1 for the three-year period preceding the survey. A three-year period was chosen for calculating these rates to provide the most current information while also allowing the rates to be calculated for a sufficient number of cases so as not to compromise the statistical precision of the estimates. Age-specific fertility rates (ASFRs), expressed as the number of births per 1,000 women in a specified age group, show the age pattern of fertility. Numerators for ASFRs are calculated by identifying live births that occurred in the three-year period preceding the survey classified according to the age of the mother (in five-year age groups) at the time of the child's birth. The denominators of the rates represent the number of woman-years lived by the survey respondents in each of the five-year age groups during the specified period. The total fertility rate (TFR) is a synthetic measure that denotes the number of live births a woman would have if she were subject to the current age-specific fertility rates throughout her reproductive years (15-49 years). The general fertility rate (GFR) is the number of live births occurring during the specified period per 1,000 women age 15-49.The crude birth rate (CBR) is the number of live births per 1,000 population during the specified period.

Table RH.1: Fertility rates			
Adolescent birth rate, age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three-year period preceding the survey, by area, Sao Tome and Principe, 2014			
	Urban	**Rural**	**Total**
Age			
15-19[1]	80	116	92
20-24	209	249	221
25-29	213	204	210
30-34	152	193	167
35-39	132	108	124
40-44	57	73	61
45-49	16	5	13
TFR[a]	4.3	4.7	4.4
GFR[b]	137.0	156.2	143.2
CBR[c]	31.4	33.8	32.2
[1] **MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate**			
[a] TFR: Total fertility rate expressed per woman age 15-49 years			
[b] GFR: General fertility rate expressed per 1,000 women age 15-49 years			
[c] CBR: Crude birth rate expressed per 1,000 population			

Table RH.1 shows current fertility in Sao Tome and Principe at the national level and by urban-rural area. The TFR for the three years preceding the 2014 Sao Tome and Principe MICS is 4.4 births per woman. Fertility is somewhat higher in rural than in urban areas (4.7 and 4.3 births per woman respectively). These results are shown in Figure RH.1 as well. It can be observed that point estimates of ASFRs are not consistently higher in rural areas for all age groups as might have been expected.

Besides issues related to a relatively small sample size of less than three thousand women of reproductive age in this survey, which can account for sizeable sampling variation in the age-specific estimates, there are also potential data quality issues, in particular with respect to the difficulty to obtain precise information on the date of birth of children who have passed away, as can be verified in Table DQ.24 of Appendix D. An irregular pattern was also found in the ASFRs of the 2008 Sao Tome and Principe DHS possibly for similar reasons.

Figure RH.1: Age-specific fertility rates by area, Sao Tome and Principe, 2014
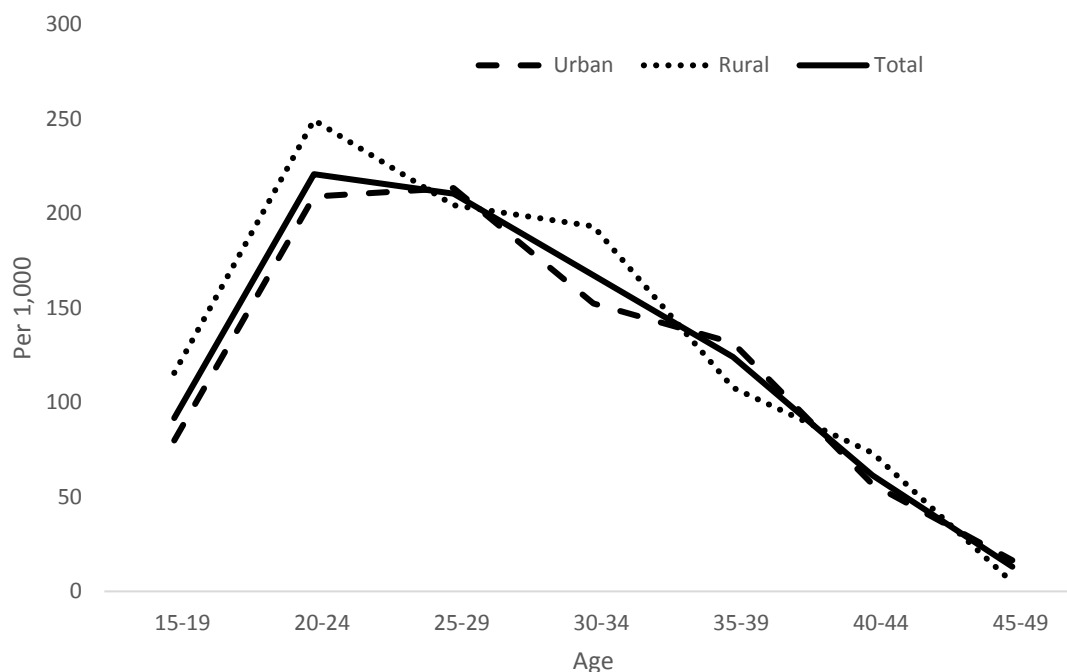
Rates refer to the three years period preceding the survey

The overall age pattern of fertility, as reflected in the ASFRs, indicates that childbearing begins early. Fertility is low among adolescents, increases to a peak of 221 births per 1,000 among women age 20-24, and declines thereafter.

Table RH.2 shows adolescent birth rates and total fertility rates. The adolescent birth rate (age-specific fertility rate for women age 15-19) is defined as the number of births to women age 15-19 years during the three year period preceding the survey, divided by the average number of women age 15-19 (number of women-years lived between ages 15 through 19, inclusive) during the same period, expressed per 1,000 women. The adolescent birth rate is estimated at 92 and shows a large variation between the wealth quintiles, from 29 among the wealthiest to 154 among the poorest. A similar trend is seen in the total fertility rate which range from 3.7 among the wealthiest to 5.3 among the poorest, from 2.5 among women with higher education to 7.1 among women with no formal education. Differences between regions are less accentuated.

Table RH.2: Adolescent birth rate and total fertility rate

Adolescent birth rates and total fertility rates for the three-year period preceding the survey, Sao Tome and Principe, 2014

	Adolescent birth rate[1] (Age-specific fertility rate for women age 15-19 years)	Total fertility rate
Total	92	4.4
Region		
Centre East	86	4.3
North West	102	4.6
South East	(98)	4.8
Aut. of Principe	(*)	4.6
Education		
None	(*)	7.1
Primary	193	5.2
Secondary	59	3.9
Higher	(*)	2.5
Wealth index quintile		
Poorest	154	5.3
Second	123	4.8
Middle	92	4.4
Fourth	87	4.1
Richest	29	3.7

[1] **MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate**
( ) Figures that are based on 125-249 unweighted exposed persons-years
(*) Figures that are based on fewer than 125 unweighted exposed persons-years

Table RH.3 presents some early childbearing[i] indicators for women age 15-19 and 20-24 while Table RH.4 presents the trends for early childbearing.

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[i] Childbearing is the process of giving birth to children. While early childbearing is defined as having had live births before specific young ages, for the purposes of Table RH.3, women age 15-19 years who have <u>begun</u> childbearing includes those who have had a live birth as well as those who have not had a live birth but are pregnant with their first child.

Table RH.3: Early childbearing

Percentage of women age 15-19 years who have had a live birth, are pregnant with the first child, have begun childbearing, and who have had a live birth before age 15, and percentage of women age 20-24 years who have had a live birth before age 18, Sao Tome and Principe, 2014

	Percentage of women age 15-19 years who:				Number of women age 15-19 years	Percentage of women age 20-24 years who have had a live birth before age 18[1]	Number of women age 20-24 years
	Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15			
Total	16.0	4.5	20.6	0.7	702	27.3	467
Region							
Centre East	14.5	4.9	19.3	0.0	491	24.1	318
North West	18.4	2.9	21.3	1.6	123	32.0	82
South East	21.3	5.7	27.0	3.9	70	34.4	49
Aut. of Principe	(20.8)	(3.0)	(23.7)	(0.0)	18	(41.9)	18
Area							
Urban	14.0	4.0	18.0	0.5	478	26.4	326
Rural	20.3	5.6	26.0	0.9	224	29.2	141
Education							
None/Primary	41.4	7.2	48.6	1.7	145	41.6	188
Secondary/Higher	9.4	3.9	13.3	0.4	557	17.6	279
Wealth index quintile							
Poorest	30.7	8.2	38.9	2.8	107	35.0	71
Second	20.0	7.6	27.6	1.1	147	31.7	101
Middle	17.6	3.3	20.9	0.0	137	34.4	87
Fourth	14.3	3.6	17.9	0.0	133	25.4	118
Richest	4.0	1.6	5.5	0.0	178	11.9	91

[1] **MICS indicator 5.2 - Early childbearing**
( ) Figures that are based on 25-49 unweighted cases

As shown in Table RH.3, 16 percent of women age 15-19 have already had a birth, 5 percent are pregnant with their first child, and nearly 1 percent has had a live birth before age 15. The latter cases are almost exclusively seen among the 40 percent poorest. The table also indicates that 27 percent of women age 20-24 have had a live birth before age 18. Here again, the poorest are more affected (35 percent) than the wealthiest (12 percent), as are those with no formal education or only primary level (42 percent) compared with those with secondary or higher education (18 percent).

Table RH.4 shows fluctuations in early childbearing over the past decades, with a suggestion that a downward trend in live births before age 18 some twenty years ago may have given place to an upward trend in the last ten years or so. However, a closer analysis of the data from this survey and other sources would be required to validate this proposition.

Table RH.4: Trends in early childbearing

Percentage of women who have had a live birth, by age 15 and 18, by area and age group, Sao Tome and Principe, 2014

	Urban				Rural				All			
	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years
Total	1.7	1,997	23.0	1,519	2.2	938	28.2	714	1.9	2,935	24.6	2,233
Age												
15-19	0.5	478	na	na	0.9	224	na	na	0.7	702	na	na
20-24	3.1	326	26.4	326	2.3	141	29.2	141	2.9	467	27.3	467
25-29	1.7	329	24.1	329	0.6	155	29.8	155	1.3	484	25.9	484
30-34	1.4	283	18.5	283	2.0	163	20.2	163	1.6	446	19.1	446
35-39	1.0	236	18.7	236	2.7	113	26.6	113	1.6	349	21.2	349
40-44	2.7	207	21.9	207	4.3	83	29.3	83	3.2	290	24.0	290
45-49	3.4	138	30.4	138	8.2	60	44.6	60	4.9	198	34.7	198
na: not applicable												

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 total number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical.

Current use of contraception was reported by 41 percent of women currently married or in union[i] (Table RH.5). The most popular method is the pill which is used by 15 percent of married women in Sao Tome and Principe. The next most popular method is injectables, used by 12 percent of married women, while male condom is used by 5 percent of them. Any of the other methods accounts for less than 3 percent individually.

Contraceptive prevalence ranges from 38 percent in Region Centre East to 57 percent in Autonomous Region of Principe. About 46 percent of married women in urban and 38 percent in rural areas use a method of contraception. The findings by region and area are depicted in Figure RH.2. Adolescents are less likely to use contraception than older women. About 30 percent of women age 15-19 married or in union currently use a method of contraception, while 39 to 45 percent of women age 20-44 use them.

Women's education level is strongly associated with contraceptive prevalence. The percentage of married women using any method of contraception rises from 25 percent among those with no education, to 39 percent among those with primary education, 43 percent among those with secondary education, and then 59 percent among those with higher education. In addition to differences in overall prevalence, the pattern of use by specific methods also varies with the level of education. Women with no formal education give preference to injectables (17 percent), those with secondary education prefer the pill (15 percent), while both methods are similarly prevalent among those with primary education. On the other hand, the male condom rises in popularity as the level of education of the woman (and presumably of the male partner as well) increases.

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[i] All references to "married women" in this chapter include women in marital union as well.

Table RH.5: Use of contraception

Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, São Tomé e Príncipe, 2014

	Percent of women currently married or in union who are using (or whose partner is using):																	Number of women age 15-49 years currently married or in union
	No method	Female sterili-zation	Male sterili-zation	IUD	Injec-tables	Im-plants	Pill	Male condom	Female condom	Dia-phragm /Foam /Jelly	Periodic absti-nence	With-drawal	Other	Missing	Any modern method	Any tradi-tional method	Any method[1]	
Total	59.4	0.6	0.1	2.1	11.6	2.5	14.8	5.1	0.6	0.0	1.9	0.1	1.1	0.1	37.4	3.1	40.6	1629
Region																		
Centre Este	62.4	0.5	0.0	2.3	7.9	2.6	13.1	6.7	1.0	0.0	2.3	0.0	1.0	0.1	34.2	3.3	37.6	1048
North Oeste	54.5	0.4	0.2	2.2	16.5	1.4	20.0	3.0	0.0	0.0	1.1	0.4	0.4	0.0	43.7	1.9	45.5	298
South Este	57.4	0.9	0.3	0.9	20.9	2.7	12.9	0.2	0.0	0.0	0.7	0.3	2.8	0.0	38.9	3.7	42.6	213
A. of Príncipe	42.6	0.4	0.0	1.0	18.5	6.1	23.6	4.7	0.0	0.0	3.1	0.0	0.0	0.0	54.4	3.1	57.4	70
Area																		
Urban	62.0	0.6	0.0	2.2	9.7	2.7	13.2	5.7	0.8	0.0	2.3	0.0	0.7	0.1	34.8	3.1	38.0	1092
Rural	54.2	0.6	0.1	1.8	15.5	2.3	18.1	3.9	0.3	0.0	1.1	0.2	1.8	0.0	42.6	3.2	45.8	537
Age																		
15-19	70.0	0.0	0.0	0.9	8.7	2.1	14.1	1.8	0.0	0.0	0.0	0.0	2.4	0.0	27.6	2.4	30.0	107
20-24	57.4	0.4	0.0	1.7	15.2	3.3	13.5	6.7	0.0	0.0	0.5	0.0	1.2	0.0	40.9	1.7	42.6	267
25-29	55.2	0.3	0.2	1.4	14.7	3.3	13.5	7.8	0.8	0.0	2.5	0.2	0.1	0.0	42.0	2.8	44.8	337
30-34	55.0	0.0	0.0	2.3	8.6	4.2	18.1	5.5	1.2	0.0	3.5	0.0	1.7	0.0	39.8	5.1	45.0	331
35-39	57.5	1.3	0.2	1.7	11.4	1.1	15.8	4.6	1.0	0.0	3.1	0.4	1.3	0.6	37.1	4.8	42.5	259
40-44	60.5	1.2	0.0	5.2	11.1	1.1	16.1	3.2	0.5	0.0	0.0	0.0	1.1	0.0	38.4	1.1	39.5	206
45-49	80.6	1.0	0.0	0.7	7.5	0.0	8.5	0.0	0.0	0.0	1.2	0.0	0.6	0.0	17.7	1.7	19.4	122
Number of living children																		
0	94.1	0.0	0.0	0.0	0.7	0.0	1.3	3.9	0.0	0.0	0.0	0.0	0.0	0.0	5.9	0.0	5.9	79
1	60.2	0.4	0.0	1.3	7.5	1.8	15.5	8.6	0.3	0.0	2.7	0.0	1.8	0.0	35.3	4.5	39.8	270
2	56.3	0.3	0.2	1.8	12.9	3.8	17.0	5.0	1.2	0.0	1.5	0.0	0.2	0.0	42.0	1.7	43.7	338
3	56.3	0.1	0.0	1.9	12.1	3.5	14.3	7.1	0.2	0.0	2.9	0.0	1.3	0.4	39.2	4.2	43.7	391
4+	58.2	1.3	0.1	3.1	14.2	1.8	15.4	2.2	0.8	0.0	1.3	0.3	1.3	0.0	38.9	2.9	41.8	551
Education																		
None	74.7	1.6	0.0	0.0	17.3	0.0	4.4	0.0	0.0	0.0	1.1	0.0	1.1	0.0	23.2	2.1	25.3	64
Primary	61.0	0.7	0.0	1.8	13.5	2.0	15.4	3.5	0.0	0.0	1.0	0.2	0.9	0.0	36.9	2.1	39.0	963
Secondary	56.9	0.3	0.1	2.5	8.6	4.0	14.7	7.4	1.2	0.0	2.5	0.0	1.6	0.3	38.7	4.1	43.1	542
Higher	(40.7)	(0.0)	(1.0)	(5.0)	(2.0)	(1.0)	(17.5)	(15.8)	(6.5)	(0.0)	(10.4)	(0.0)	(0.0)	(0.0)	(48.8)	(10.4)	(59.3)	59
Wealth index quintile																		
Poorest	63.2	1.0	0.0	0.4	18.0	1.9	12.6	1.3	0.0	0.0	0.2	0.0	1.4	0.0	35.2	1.6	36.8	289
Second	61.3	0.6	0.0	1.9	14.5	0.7	16.2	2.6	0.3	0.0	0.8	0.0	1.1	0.0	36.8	1.9	38.7	328
Middle	57.2	0.0	0.0	2.6	12.2	4.2	16.9	4.1	0.3	0.0	1.2	0.5	0.9	0.0	40.2	2.6	42.8	313
Fourth	56.0	0.3	0.2	2.0	10.5	2.3	15.9	7.9	0.6	0.0	2.1	0.0	1.8	0.4	39.6	4.0	44.0	335
Richest	59.8	1.0	0.2	3.2	4.6	3.6	12.5	8.6	1.8	0.0	4.5	0.0	0.4	0.0	35.2	5.0	40.2	364

[1] **MICS indicator 5.3; MDG indicator 5.3 - Contraceptive prevalence rate** ( ) Figures that are based on 25-49 unweighted cases

Figure RH.2: Differentials in contraceptive use, Sao Tome and Principe, 2014
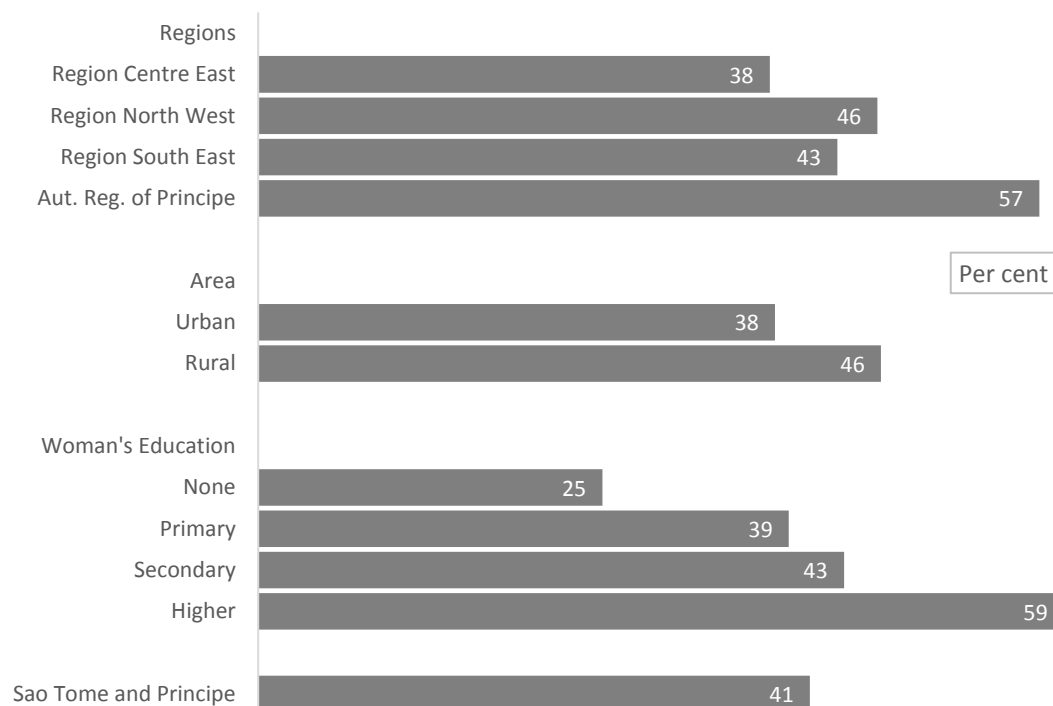
Unmet Need

Unmet need for contraception refers to fecund women who are married or in union and are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). 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.

Table RH.6 shows the levels of met need for contraception, unmet need, and the demand for contraception satisfied.

Unmet need for spacing is defined as the percentage of women who are married or in union and are not using a method of contraception AND
- are not pregnant, and not postpartum amenorrheic[i], and are fecund[ii], and say they want to wait two or more years for their next birth OR
- are not pregnant, and not postpartum amenorrheic, and are fecund, and unsure whether they want another child OR

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[i] A woman is postpartum amenorrheic if she had a birth in last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child

[ii] A woman is considered infecund if she is neither pregnant nor postpartum amenorrheic, and

(1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy OR

(2) She declares that she has had hysterectomy, or that she has never menstruated, or that she is menopausal, or that she has been trying to get pregnant for 2 or more years without result in response to questions on why she thinks she is not

- are pregnant, and say that pregnancy was mistimed: would have wanted to wait OR
- are postpartum amenorrheic, and say that the birth was mistimed: would have wanted to wait.

Unmet need for limiting is defined as percentage of women who are married or in union and are not using a method of contraception AND
- are not pregnant, and not postpartum amenorrheic, and are fecund, and say they do <u>not</u> want any more children OR
- are pregnant, and say they did <u>not</u> want to have a child OR
- are postpartum amenorrheic, and say that they did <u>not</u> want the birth.

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting. This indicator is also known as unmet need for family planning and is one of the indicators used to track progress toward the Millennium Development Goal 5 of improving maternal health. As shown in Table RH.6, unmet need for contraception stands at 33 percent overall in Sao Tome and Principe, and ranged from 21 percent in Autonomous Region of Principe to 36 percent in Region Centre East. There are no marked differences between women living in urban or rural areas, and the levels are roughly comparable as well between those of different education or wealth levels.

Met need for limiting includes women married or in union who are using (or whose partner is using) a contraceptive method[i], and who want no more children, are using male or female sterilization, or declare themselves as infecund. Met need for spacing includes women who are using (or whose partner is using) a contraceptive method, and who want to have another child, or are undecided whether to have another child. The total of met need for spacing and limiting adds up to the total met need for contraception, which is estimated at 41 percent countrywide, with differences between regions ranging from 38 percent in Region Centre East to 57 percent in Autonomous Region of Principe. The total met need is thus slightly higher than the total unmet need.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. The percentage of demand satisfied is defined as the proportion of women currently married or in union who are currently using contraception, over 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. It is estimated to be around 55 percent countrywide, and ranges from 51 percent in Region Centre East to 73 percent in Autonomous Region of Principe. It appears to be strongly linked neither to the area of residence, nor to the education or wealth levels.

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physically able to get pregnant at the time of survey OR
(3) She declares she cannot get pregnant when asked about desire for future birth OR
(4) She has not had a birth in the preceding 5 years, is currently not using contraception and is currently married and was continuously married during the last 5 years preceding the survey.
[i] In this chapter, whenever reference is made to the use of a contraceptive by a woman, this may refer to her partner using a contraceptive method (such as male condom).

Table RH.6: Unmet need for contraception

Percentage of women age 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, Sao Tome and Principe, 2014

	Met need for contraception			Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraception satisfied	Number of women currently married or in union with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total[1]			
Total	20.1	20.5	40.6	17.1	15.6	32.7	1,629	55.4	1,193
Region									
Centre East	19.0	18.7	37.6	18.1	17.7	35.8	1,048	51.3	769
North West	22.0	23.5	45.5	15.2	12.5	27.8	298	62.1	218
South East	17.1	25.5	42.6	16.3	11.8	28.0	213	60.3	150
A. of Principe	37.9	19.5	57.4	12.3	8.9	21.3	70	73.0	55
Area									
Urban	19.0	19.0	38.0	18.0	16.0	34.0	1,092	52.8	787
Rural	22.2	23.6	45.8	15.1	14.9	30.0	537	60.4	407
Age									
15-19	25.0	5.0	30.0	40.0	2.2	42.2	107	41.5	77
20-24	32.8	9.8	42.6	26.7	5.6	32.3	267	56.8	200
25-29	31.0	13.8	44.8	25.0	11.6	36.6	337	55.1	274
30-34	22.3	22.7	45.0	18.1	14.4	32.5	331	58.0	257
35-39	11.5	31.1	42.5	6.1	23.8	30.0	259	58.7	188
40-44	2.1	37.4	39.5	1.9	24.7	26.6	206	59.8	136
45-49	0.6	18.8	19.4	0.0	30.6	30.6	122	38.8	61
Education									
None/Primary	16.2	21.9	38.2	15.5	17.8	33.3	1,028	53.4	734
Second./High.	26.6	18.0	44.7	19.7	11.9	31.6	601	58.6	459
Wealth index quintile									
Poorest	16.7	20.1	36.8	17.2	16.4	33.6	289	52.3	204
Second	18.2	20.5	38.7	16.8	15.8	32.6	328	54.3	234
Middle	22.0	20.8	42.8	17.8	13.2	31.0	313	58.0	231
Fourth	24.7	19.2	44.0	18.1	14.2	32.3	335	57.6	256
Richest	18.5	21.7	40.2	15.6	18.1	33.7	364	54.4	269

[1] **MICS indicator 5.4; MDG indicator 5.6 - Unmet need**

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, antenatal care can be used to inform women and families about risks and symptoms in pregnancy and about the risks of labour and delivery, and therefore it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. Antenatal visits also provide 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 the infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal care as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:
- Blood pressure measurement
- Urine testing for bacteriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional).

It is of crucial importance for pregnant women to start attending antenatal care visits as early in pregnancy as possible in order to prevent and detect pregnancy conditions that could affect both the woman and her baby. Antenatal care should continue throughout the entire pregnancy.

Antenatal care coverage indicators (at least one visit with a skilled provider and 4 or more visits with any providers) are used to track progress toward the Millennium Development Goal 5 of improving maternal health.

Table RH.7: Antenatal care coverage

Percent distribution of women age 15-49 years with a live birth in the last two years by antenatal care provider during the pregnancy for the last birth, Sao Tome and Principe, 2014

| | Provider of antenatal care[a] | | | | | | Any skilled provider[1,b] | Number of women with a live birth in the last two years |
	Medical doctor	Nurse/ Midwife	Traditional birth attendant	Other /Missing	No antenatal care	Total		
Total	7.3	90.2	0.0	0.2	2.3	100.0	97.5	756
Region								
Centre East	7.4	90.3	0.0	0.3	2.0	100.0	97.7	514
North West	4.1	93.5	0.2	0.0	2.1	100.0	97.7	131
South East	10.3	84.6	0.0	0.0	5.0	100.0	95.0	86
Aut. of Principe	(10.5)	(89.5)	(0.0)	(0.0)	(0.0)	100.0	(100.0)	25
Area								
Urban	7.9	90.0	0.0	0.3	1.8	100.0	97.9	496
Rural	6.1	90.4	0.1	0.0	3.3	100.0	96.6	260
Mother's age at birth								
Less than 20	11.4	88.6	0.0	0.0	0.0	100.0	100.0	120
20-34	6.6	91.5	0.1	0.3	1.4	100.0	98.2	519
35-49	5.8	85.7	0.0	0.0	8.5	100.0	91.5	116
Education								
None/Primary	5.6	90.5	0.1	0.4	3.5	100.0	96.1	468
Secondary/Higher	10.0	89.6	0.0	0.0	0.4	100.0	99.6	288
Wealth index quintile								
Poorest	5.5	89.3	0.0	1.0	4.2	100.0	94.8	161
Second	5.0	92.5	0.0	0.0	2.5	100.0	97.5	158
Middle	10.1	87.1	0.2	0.0	2.7	100.0	97.1	149
Fourth	5.5	92.9	0.0	0.0	1.6	100.0	98.4	161
Richest	11.4	88.6	0.0	0.0	0.0	100.0	100.0	126

[1] **MICS indicator 5.5a; MDG indicator 5.5 - Antenatal care coverage**

[a] Only the most qualified provider is considered in cases where more than one provider was reported.

[b] Skilled providers include *Medical doctor* and *Nurse/Midwife*.

The type of personnel providing antenatal care to women age 15-49 years who gave birth in the two years preceding is presented in Table RH.7. The results show that only a small percentage (2 percent) of women do not receive antenatal care. In Sao Tome and Principe, the majority of antenatal care is provided by nurses and midwives while a minority of women receive care from a medical doctor, both in urban and rural areas.

Table RH.8: Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 years with a live birth in the last two years by number of antenatal care visits by any provider and by the timing of first antenatal care visits, Sao Tome and Principe, 2014

	Percent distribution of women who had:							Percent distribution of women by number of months pregnant at the time of first antenatal care visit							Number of women with a live birth in the last two years	Median months pregnant at first ANC visit	Number of women with a live birth in the last two years who had at least one ANC visit
	No ante-natal care visits	One visit	Two visits	Three visits	4 or more visits[1]	DK /Mis-sing	Total	No ante-natal care visits	First trimes-ter	4-5 months	6-7 months	8+ months	DK /Mis-sing	Total			
Total	2.3	1.5	2.0	5.7	83.6	4.8	100.0	2.3	67.0	20.4	7.4	1.0	1.9	100.0	756	3.0	724
Region																	
Centre East	2.0	1.8	1.4	3.9	84.5	6.3	100.0	2.0	70.0	19.1	5.4	0.9	2.6	100.0	514	3.0	491
North West	2.1	1.0	4.6	9.6	82.0	0.7	100.0	2.1	57.7	24.1	13.7	1.6	0.8	100.0	131	3.0	127
South East	5.0	0.5	1.7	12.0	80.8	0.0	100.0	5.0	59.6	24.9	9.8	0.7	0.0	100.0	86	3.0	81
A. Principe	(0.0)	(0.0)	(2.5)	(1.2)	(84.4)	(12.0)	100.0	(0.0)	(78.1)	(13.0)	(8.9)	(0.0)	(0.0)	100.0	25	(3.0)	25
Area																	
Urban	1.8	1.6	1.9	6.0	83.6	5.1	100.0	1.8	68.3	20.4	7.0	0.6	1.9	100.0	496	3.0	477
Rural	3.3	1.1	2.2	5.3	83.8	4.2	100.0	3.3	64.4	20.4	8.3	1.6	2.0	100.0	260	3.0	246
Mother's age at birth																	
< 20	0.0	2.0	4.2	7.6	81.6	4.8	100.0	0.0	72.0	20.5	5.9	1.6	0.0	100.0	120	3.0	120
20-34	1.4	1.3	1.6	4.6	86.2	4.9	100.0	1.4	69.2	19.8	6.4	1.0	2.1	100.0	519	3.0	501
35-49	8.5	1.5	1.9	9.0	74.3	4.7	100.0	8.5	51.6	23.2	13.5	0.2	3.0	100.0	116	3.0	102
Education																	
None	(0.0)	(0.0)	(6.9)	(20.3)	(72.8)	(0.0)	100.0	(0.0)	(66.9)	(13.1)	(20.0)	(0.0)	(0.0)	100.0	25	(3.0)	25
Primary	3.7	2.2	2.4	7.1	79.0	5.7	100.0	3.7	59.0	24.3	8.8	1.6	2.6	100.0	443	3.0	415
Secondary	0.4	0.5	1.1	2.7	91.1	4.2	100.0	0.4	77.6	16.2	4.5	0.1	1.2	100.0	268	3.0	263
Higher	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	20	(*)	20
Wealth index quintile																	
Poorest	4.2	2.3	5.4	9.8	73.2	5.2	100.0	4.2	51.8	23.2	16.7	2.1	2.0	100.0	161	3.0	151
Second	2.5	2.4	2.2	7.3	81.9	3.6	100.0	2.5	65.8	21.1	6.5	0.9	3.2	100.0	158	3.0	149
Middle	2.7	2.4	1.3	6.9	83.5	3.1	100.0	2.7	67.9	20.8	6.4	1.7	0.5	100.0	149	3.0	144
Fourth	1.6	0.0	0.7	2.7	88.7	6.3	100.0	1.6	69.1	21.5	5.5	0.0	2.3	100.0	161	3.0	155
Richest	0.0	0.0	0.0	1.1	92.8	6.1	100.0	0.0	83.8	14.3	0.4	0.0	1.4	100.0	126	3.0	125

[1] **MICS indicator 5.5b; MDG indicator 5.5 - Antenatal care coverage**

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

Table RH.8 shows the number of antenatal care visits during the latest pregnancy that took place within the two years preceding the survey, regardless of provider, by selected characteristics. Over nine in ten mothers (91 percent) received antenatal care more than once and 84 percent of mothers received antenatal care at least four times. Mothers from the poorest households and those with primary education are less likely than more advantaged mothers to receive antenatal care four or more times. For example, 73 percent of the women living in poorest households reported four or more antenatal care visits compared with 93 percent among those living in richest households. Nonetheless, mothers from rural areas are as likely to receive antenatal care four or more times as their urban counterparts.

Table RH.8 also provides information about the timing of the first antenatal care visit. Overall, 67 percent of women with a live birth in the last two years had their first antenatal care visit during the first trimester of their last pregnancy, with a median of 3 months of pregnancy at the first visit among those who received antenatal care. A larger proportion of women from wealthiest households had their first antenatal care visit during the first trimester than those from the poorest households (84 and 52 percent respectively).

Table RH.9: Content of antenatal care

Percentage of women age 15-49 years with a live birth in the last two years who, at least once, had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, during the pregnancy for the last birth, Sao Tome and Principe, 2014

	Percentage of women who, during the pregnancy of their last birth, had:				Number of women with a live birth in the last two years
	Blood pressure measured	Urine sample taken	Blood sample taken	Blood pressure measured, urine and blood sample taken[1]	
Total	97.1	96.0	95.6	94.2	756
Region					
Centre East	97.7	97.1	96.6	95.6	514
North West	97.3	95.2	94.7	93.2	131
South East	92.6	89.5	90.7	86.8	86
Aut. of Principe	(100.0)	(100.0)	(96.4)	(96.4)	25
Area					
Urban	97.8	97.1	97.2	95.7	496
Rural	95.8	94.0	92.5	91.3	260
Mother's age at birth					
Less than 20	98.3	95.9	93.8	91.1	120
20-34	98.1	97.6	97.3	96.0	519
35-49	91.5	89.1	89.8	89.1	116
Education					
None/Primary	95.7	94.0	93.8	91.9	468
Secondary/Higher	99.3	99.3	98.5	97.9	288
Wealth index quintile					
Poorest	94.1	90.7	91.5	87.5	161
Second	97.0	95.7	92.9	92.1	158
Middle	96.6	96.2	97.3	95.5	149
Fourth	98.4	98.4	97.1	97.1	161
Richest	100.0	100.0	100.0	100.0	126
[1] MICS indicator 5.6 - Content of antenatal care					

The coverage of key services that pregnant women are expected to receive during antenatal care are shown in Table RH.9. Among those women who had a live birth during the two years preceding the survey, 96 percent reported that a blood sample was taken during antenatal care visits, 97 percent that their blood pressure was checked, and 96 percent that urine specimen was taken. At such a high level of coverage, differences between the various background characteristics are relatively small but in the expected direction.

Assistance at Delivery

About three quarters of all maternal deaths occur due to direct obstetric causes.[i] The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth, and in case of emergency that transport is available to a

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[i] Say, L et al. 2014. ***Global causes of maternal death: a WHO systematic analysis***. *The Lancet Global Health* 2(6): e323-33. DOI: 10.1016/S2214-109X(14)70227-X

referral facility for obstetric care. The skilled attendant at delivery indicator is used to track progress toward the Millennium Development Goal 5 of improving maternal health.

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, or midwife.

About 92 percent of births occurring in the two years preceding the MICS survey were delivered by skilled personnel (Table RH.10). This percentage is fairly constant across regions except Region South East estimated at 82 percent; this is also the only region with a substantial proportion of deliveries assisted by traditional birth attendants (13 percent). The likelihood to be delivered by a skilled attendant increases with education and wealth, and is somewhat higher in the urban (95 percent) than in the rural (88 percent) areas.

Deliveries are predominantly assisted by midwives and nurses (81 percent) and a much smaller proportion (12 percent) by medical doctors (see Figure RH.3). Only Region South East has a substantial proportion of deliveries attended by traditional birth attendants.

Table RH.10 also shows information on women who delivered by caesarian section (C-section) and provides additional information on the timing of the decision to conduct a C-section (before labour pains began or after) in order to better assess if such decisions are mostly driven by medical or non–medical reasons.

Overall, 6 percent of women who delivered in the last two years had a C-section; for 2 percent of women, the decision was taken before the onset of labour pains and for 4 percent after. C-sections tend to be more prevalent among older women (10 percent) and the wealthiest (12 percent).

Table RH.10: Assistance during delivery and caesarian section

Percent distribution of women age 15-49 years with a live birth in the last two years by person providing assistance at delivery, and percentage of births delivered by C-section, Sao Tome and Principe, 2014

| | **Person assisting at delivery** | | | | | | | | Delivery assisted by any skilled attendant[1,a] | **Percent delivered by C-section** | | | Number of women who had a live birth in the last two years |
	Medical doctor	Nurse/ Midwife	Traditional birth attendant	Community health worker	Relative/Friend	Other	No attendant	Total		Decided before onset of labour pains	Decided after onset of labour pains	Total[2]	
Total	11.6	80.9	4.7	0.3	1.3	0.9	0.3	100.0	92.5	2.1	3.5	5.6	756
Region													
Centre East	11.9	81.9	3.4	0.5	1.3	0.9	0.2	100.0	93.8	1.7	3.8	5.5	514
North West	11.9	81.4	4.8	0.0	1.3	0.6	0.0	100.0	93.3	2.6	1.9	4.4	131
South East	10.9	71.5	12.9	0.0	1.7	1.9	1.1	100.0	82.4	3.7	4.1	7.8	86
Autonomous of Principe	(5.3)	(90.6)	(2.0)	(0.0)	(2.1)	(0.0)	(0.0)	100.0	(95.9)	(1.2)	(3.6)	(4.8)	25
Area													
Urban	12.4	82.2	4.4	0.0	0.5	0.5	0.0	100.0	94.7	2.6	4.3	6.9	496
Rural	9.9	78.4	5.2	1.0	3.0	1.8	0.7	100.0	88.3	1.1	2.0	3.1	260
Mother's age at birth													
Less than 20	15.2	79.3	4.5	0.0	1.1	0.0	0.0	100.0	94.5	0.5	1.8	2.3	120
20-34	10.0	83.4	3.8	0.5	1.4	0.8	0.2	100.0	93.4	1.9	3.4	5.3	519
35-49	14.8	71.3	8.9	0.0	1.5	2.6	0.8	100.0	86.1	4.3	5.9	10.2	116
Place of delivery[b]													
Home	0.0	18.8	54.3	4.2	15.3	4.2	3.2	100.0	18.8	0.0	0.0	0.0	60
Health facility[c]	12.7	86.8	0.4	0.0	0.0	0.1	0.0	100.0	99.5	2.3	3.9	6.1	687
Education													
None/Primary	10.1	79.3	6.7	0.5	1.9	1.0	0.4	100.0	89.5	2.4	2.0	4.3	468
Secondary/Higher	13.9	83.4	1.4	0.0	0.4	0.9	0.0	100.0	97.3	1.6	6.0	7.6	288
Wealth index quintile													
Poorest	7.4	77.5	10.5	0.8	3.1	0.0	0.6	100.0	85.0	2.4	1.7	4.1	161
Second	7.3	85.2	3.2	0.8	2.2	1.3	0.0	100.0	92.5	1.3	1.7	3.0	158
Middle	9.8	82.4	5.3	0.0	1.1	0.7	0.7	100.0	92.2	1.1	1.0	2.1	149
Fourth	13.2	82.9	2.0	0.0	0.0	1.9	0.0	100.0	96.2	1.4	6.1	7.5	161
Richest	22.1	75.4	1.7	0.0	0.0	0.8	0.0	100.0	97.5	4.4	7.7	12.2	126

[1] **MICS indicator 5.7; MDG indicator 5.2 - Skilled attendant at delivery**

[2] **MICS indicator 5.9 - Caesarean section**

[a] Skilled attendants include *Medical doctor* and *Nurse/Midwife*.
[b] 8 unweighted "other/DK/missing" cases excluded

^c All cases are in public health facilities except one recorded as private.
( ) Figures that are based on 25-49 unweighted cases

Figure RH.3: Person assisting at delivery, Sao Tome and Principe, 2014
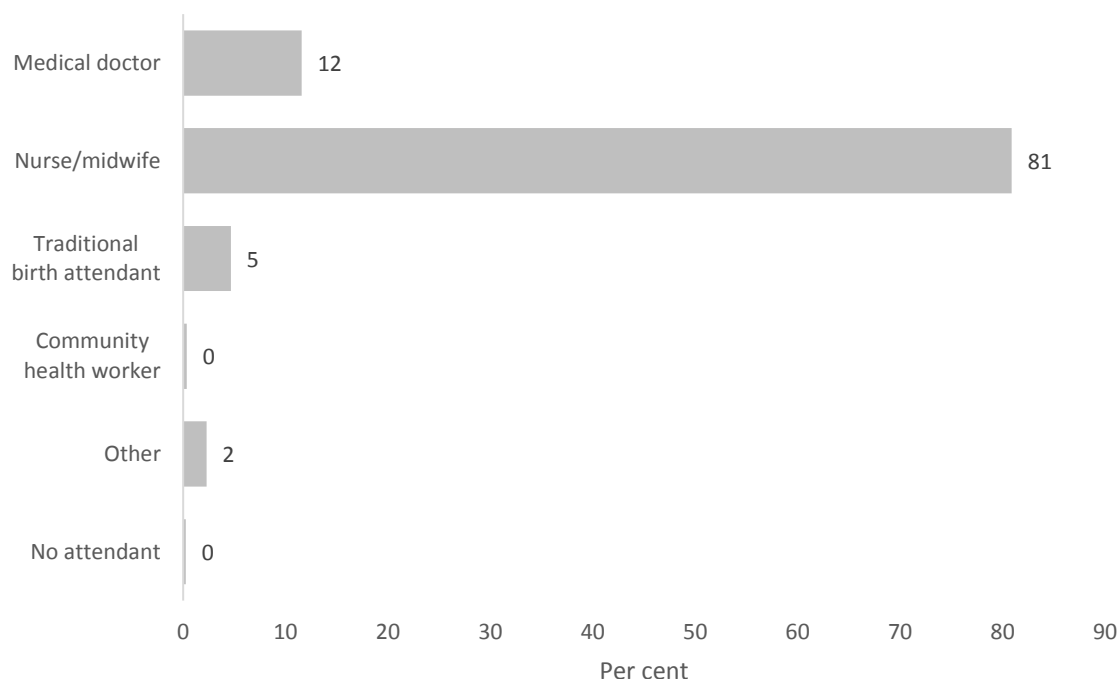
Place of Delivery

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Table RH.11 presents the percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by place of delivery, and the percentage of births delivered in a health facility, according to background characteristics.

About 91 percent of births in Sao Tome and Principe are delivered in a health facility, nearly all of which are in public sector facilities. Home deliveries account for about 8 percent. Women in the 35-49 year age group are somewhat less likely to deliver in a health facility (85 percent) than younger ones, and so are women in rural areas as compared to their urban counterparts (85 and 94 percent respectively). The proportion of institutional deliveries is above 90 percent in all regions except Region South East where it is estimated at 77 percent and where 21 percent of deliveries take place at home. Women with higher levels of educational attainment are more likely to deliver in a health facility than women with less education or no formal education (96 and 88 percent respectively). The proportion of births occurring in a health facility increases steadily with wealth, from 82 percent in the lowest wealth quintile to nearly 100 percent in the highest.

Table RH.11: Place of delivery

Percent distribution of women age 15-49 years with a live birth in the last two years by place of delivery of their last birth, Sao Tome and Principe, 2014

	Place of delivery						Delivered in health facility[1]	Number of women with a live birth in the last two years
	Health facility							
	Public sector	Private sector	Home	Other	Missing	Total		
Total	90.9	0.1	8.0	0.6	0.5	100.0	91.0	756
Region								
Centre East	93.0	0.2	5.8	0.8	0.2	100.0	93.2	514
North West	90.9	0.0	8.5	0.0	0.6	100.0	90.9	131
South East	76.8	0.0	21.3	0.0	1.9	100.0	76.8	86
Aut. of Principe	(94.7)	(0.0)	(4.1)	(1.2)	(0.0)	100.0	(94.7)	25
Area								
Urban	93.9	0.2	5.2	0.4	0.3	100.0	94.1	496
Rural	85.1	0.0	13.2	0.8	0.9	100.0	85.1	260
Mother's age at birth								
Less than 20	93.7	0.0	6.3	0.0	0.0	100.0	93.7	120
20-34	91.5	0.2	7.6	0.4	0.3	100.0	91.7	519
35-49	84.9	0.0	11.5	1.9	1.7	100.0	84.9	116
Number of antenatal care visits								
None	(*)	(*)	(*)	(*)	(*)	100.0	(*)	17
1-3 visits	83.4	0.0	16.6	0.0	0.0	100.0	83.4	70
4+ visits	93.1	0.1	6.1	0.7	0.0	100.0	93.2	632
DK/Missing	(93.0)	(0.0)	(7.0)	(0.0)	(0.0)	100.0	(93.0)	37
Education								
None/Primary	87.6	0.0	11.4	0.4	0.5	100.0	87.6	468
Secondary/Higher	96.1	0.3	2.4	0.8	0.4	100.0	96.4	288
Wealth index quintile								
Poorest	81.9	0.0	17.6	0.6	0.0	100.0	81.9	161
Second	90.0	0.0	8.7	0.0	1.3	100.0	90.0	158
Middle	91.3	0.0	7.8	0.2	0.7	100.0	91.3	149
Fourth	93.5	0.5	3.8	1.9	0.3	100.0	94.0	161
Richest	99.6	0.0	0.4	0.0	0.0	100.0	99.6	126

[1] **MICS indicator 5.8 - Institutional deliveries**
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Post-natal Health Checks

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

Despite the importance of the first few days following birth, large-scale, nationally representative

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[i] UN Interagency Group for Child Mortality Estimation. 2013. *Levels and Trends in Child Mortality: Report 2013*
[ii] Lawn, JE et al. 2005. *4 million neonatal deaths: When? Where? Why?* Lancet 2005; 365:891–900.
[iii] WHO, UNICEF, UNFPA, The World Bank. 2012. *Trends in Maternal Mortality: 1990-2010.* World Health Organization.

household survey programmes have not systematically included questions on the post-natal period and care for the mother and newborn. In 2008, the Countdown to 2015 initiative, which monitors progress on maternal, newborn and child health interventions, highlighted this data gap, and called not only for post-natal care (PNC) programmes to be strengthened, but also for better data availability and quality[i].

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

Following the Cairo Conference on Population and Development, which reprioritized and redefined reproductive health, the government of Sao Tome and Principe took essential steps to reinforce reproductive health services through the creation in 1995 of a National Reproductive Health Programme (PNSR), introducing in all health units a minimum reproductive health package directed to the mother, the newborn and the adolescent in a continuum of care. A National Health Development Programme (PNDS) was elaborated and adopted for the 2001-2005 period and is currently under review. It comprises a number of sub-programmes targeting different age groups: children under five years of age, children age 5-14 years, adolescents, and women of reproductive age. Health services are essentially public in Sao Tome and Principe, and under the supervision of the Ministry of Health.

Table RH.12 presents the percent distribution of women age 15-49 who gave birth in a health facility in the two years preceding the survey by duration of stay in the facility following the delivery, according to background characteristics.

Overall, 99 percent of women who gave birth in a health facility stay 12 hours or more in the facility after delivery with negligible differences across the various background characteristics. Three-quarters of women stay three days or more, and in Region North West this value increases to 88 percent.

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[i] HMN, UNICEF, WHO. 2008. *Countdown to 2015: Tracking Progress in Maternal, Newborn & Child Survival, The 2008 Report*. UNICEF.

Table RH.12: Post-partum stay in health facility

Percent distribution of women age 15-49 years with a live birth in the last two years who had their last birth delivered in a health facility by duration of stay in health facility, Sao Tome and Principe, 2014

	Duration of stay in health facility								Number of women who had their last birth delivered in a health facility in the last 2 years
	Less than 6 hours	6-11 hours	12-23 hours	1-2 days	3 days or more	DK/ Missing	Total	12 hours or more[1]	
Total	0.7	0.1	0.1	23.3	75.3	0.4	100.0	98.8	687
Region									
Centre East	0.7	0.2	0.2	27.6	71.1	0.3	100.0	98.8	479
North West	0.0	0.0	0.0	11.1	87.6	1.3	100.0	98.7	119
South East	1.6	0.0	0.0	21.3	77.1	0.0	100.0	98.4	66
Aut. of Principe	(1.2)	(0.0)	(0.0)	(5.2)	(93.6)	(0.0)	100.0	(98.8)	24
Area									
Urban	0.7	0.2	0.2	27.3	70.9	0.7	100.0	98.4	466
Rural	0.5	0.0	0.0	14.9	84.6	0.0	100.0	99.5	221
Mother's age at birth									
Less than 20	0.3	0.0	0.0	19.7	80.1	0.0	100.0	99.7	113
20-34	0.9	0.2	0.2	24.7	73.9	0.2	100.0	98.8	476
35-49	0.0	0.0	0.0	20.9	76.7	2.4	100.0	97.6	98
Type of delivery									
Vaginal birth	0.7	0.1	0.2	24.7	73.9	0.5	100.0	98.7	645
C-section	(0.0)	(0.0)	(0.0)	(2.9)	(97.1)	(0.0)	100.0	(100.0)	42
Education									
None/Primary	0.9	0.0	0.2	19.6	78.6	0.7	100.0	98.4	410
Secondary/Higher	0.4	0.3	0.0	28.9	70.5	0.0	100.0	99.3	278
Wealth index quintile									
Poorest	0.0	0.0	0.8	18.7	79.3	1.2	100.0	98.8	132
Second	0.5	0.0	0.0	20.6	77.9	1.1	100.0	98.4	142
Middle	0.6	0.0	0.0	19.3	80.2	0.0	100.0	99.4	136
Fourth	1.0	0.6	0.0	25.2	73.2	0.0	100.0	98.5	151
Richest	1.3	0.0	0.0	33.4	65.3	0.0	100.0	98.7	126

[1] **MICS indicator 5.10 - Post-partum stay in health facility**
( ) Figures that are based on 25-49 unweighted cases

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

Table RH.13 shows the percentage of newborns born in the last two years who received health checks and post-natal care visits from any health provider after birth. Please note that *health checks following birth* while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas *post-natal care visits* refer to <u>a separate visit</u> to check on the health of the newborn and provide preventive care services and therefore <u>do not</u> include *health checks following birth* while in facility or at home. The indicator *Post-natal health checks* includes any health check after birth received while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Table RH.13: Post-natal health checks for newborns

Percentage of women age 15-49 years with a live birth in the last two years whose last live birth received health checks while in facility or at home following birth, percent distribution whose last live birth received post-natal care (PNC) visits from any health provider after birth, by timing of visit, and percentage who received post natal health checks, Sao Tome and Principe, 2014

	Health check following birth while in facility or at home[a]	PNC visit for newborns[b]								Post-natal health check for the newborn[1, c]	Number of last live births in the last two years
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	DK/Missing	Total		
Total	88.9	7.4	3.6	1.8	5.5	60.3	20.4	1.0	100.0	90.7	756
Region											
Centre East	89.5	5.5	1.8	1.0	5.4	64.2	21.1	1.0	100.0	91.0	514
North West	93.0	15.6	5.5	3.0	7.3	49.9	17.8	.9	100.0	95.0	131
South East	80.4	6.6	5.5	4.0	3.9	56.6	22.7	.6	100.0	84.2	86
Autonomous of Principe	(85.2)	(8.8)	(22.0)	(2.8)	(3.2)	(46.9)	(11.6)	(4.8)	100.0	(85.2)	25
Area											
Urban	90.4	7.2	3.3	1.6	4.5	58.9	23.1	1.3	100.0	91.8	496
Rural	86.2	7.9	3.9	2.1	7.4	62.9	15.2	.6	100.0	88.7	260
Mother's age at birth											
Less than 20	91.4	4.7	2.2	1.3	4.7	68.6	17.5	1.0	100.0	91.7	120
20-34	88.8	8.3	3.7	1.9	5.2	61.0	19.3	.6	100.0	90.6	519
35-49	86.9	6.5	4.3	1.8	7.7	48.2	28.3	3.2	100.0	90.1	116
Place of delivery[d]											
Home	49.3	18.9	6.3	6.5	14.6	28.5	23.3	2.0	100.0	66.7	60
Health facility[e]	93.4	6.2	3.4	1.4	4.8	63.6	19.7	1.0	100.0	93.5	687
Education											
None/Primary	85.4	7.7	4.1	1.4	5.7	57.9	22.1	1.2	100.0	87.4	468
Secondary/Higher	94.7	7.1	2.6	2.4	5.1	64.1	17.7	.9	100.0	96.2	288
Wealth index quintile											
Poorest	87.8	5.7	4.2	2.0	9.3	61.7	15.5	1.6	100.0	89.6	161
Second	84.0	9.2	2.7	2.3	6.1	58.1	21.0	.6	100.0	86.1	158
Middle	91.9	8.8	3.7	.9	4.2	62.8	18.4	1.3	100.0	93.0	149
Fourth	88.1	8.2	4.6	1.2	4.3	52.9	28.8	0.0	100.0	91.6	161
Richest	94.2	4.9	2.3	2.7	3.2	67.4	17.6	2.0	100.0	94.2	126

[1] **MICS indicator 5.11 - Post-natal health check for the newborn**

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Post-natal care visits (PNC) refer to a separate visit by any health provider to check on the health of the newborn and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note [a] above).

[c] Post-natal health checks include health checks performed while in the health facility or at home following birth (see note [a] above), as well as PNC visits (see note [b] above) within 2 days of delivery.

[d] 8 unweighted "other/DK/missing" cases excluded

[e] All cases are in public health facilities except one recorded as private.

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

Overall, 89 percent of newborns receive a health check following birth while in a facility or at home. With regards to PNC visits, these predominantly occur after the first week following birth (60 percent), although a small proportion occur either on the same day after the delivery or the following day (7 percent and 4 percent, respectively). These results must be interpreted in the context of an environment in which three-quarters of the mothers stay 3 or more days at the health facility with their babies after delivery. Eventually, a total of 91 percent of all newborns receive a post-natal health check. This percentage varies from 84 percent in Region South East to 95 percent in Region North West. There are no large differences between urban and rural areas, or between wealth categories; newborns of 96 percent of women with secondary or higher education have a post-natal health check, as compared with 87 percent for their less privileged counterparts.

Health checks following birth occur mainly in health facility deliveries (93 percent), whereas for newborns delivered at home the figure is much lower (49 percent). Looking only at those newborns that did not receive a PNC visit, it can be seen that this problem is somewhat more prevalent in urban (23 percent) than rural (15 percent) areas, as well as among older women (28 percent) than among their younger counterparts (17-19 percent).

Table RH.14: Post-natal care visits for newborns within one week of birth							
Percent distribution of women age 15-49 years with a live birth in the last two years whose last live birth received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Sao Tome and Principe, 2014							
	Location of first PNC visit for newborns			Provider of first PNC visit for newborns			Number of last live births in the last two years with a PNC visit within the first week of life
	Home	Public health facility	Total	Doctor/ nurse/ midwife	Traditional birth attendant	Other /Missing	Total	
Total	8.9	91.1	100.0	92.6	5.1	2.3	100.0	138
Region								
Centre East	6.0	94.0	100.0	94.0	6.0	0.0	100.0	71
North West	2.6	97.4	100.0	98.7	0.0	1.3	100.0	41
South East	(28.0)	(72.0)	100.0	(80.9)	(16.7)	(2.4)	100.0	17
Aut. of Principe	(*)	(*)	100.0	(*)	(*)	(*)	100.0	9
Area								
Urban	7.9	92.1	100.0	92.8	6.2	1.0	100.0	83
Rural	10.3	89.7	100.0	92.3	3.4	4.3	100.0	55
Mother's age at birth								
Less than 20	(*)	(*)	100.0	(*)	(*)	(*)	100.0	16
20-34	8.2	91.8	100.0	92.3	6.7	1.0	100.0	99
35-49	(9.6)	(90.4)	100.0	(94.4)	(0.0)	(5.6)	100.0	24
Place of delivery								
Home	(32.2)	(67.8)	100.0	(71.2)	(25.4)	(3.5)	100.0	28
Health facility	3.0	97.0	100.0	98.0	0.0	2.0	100.0	108
Education								
None/Primary	11.1	88.9	100.0	90.5	6.3	3.1	100.0	88
Second./Higher	4.9	95.1	100.0	96.2	3.0	0.8	100.0	50
Wealth index quintile								
Poorest 60%	11.3	88.7	100.0	90.9	5.6	3.4	100.0	92
Richest 40%	(4.1)	(95.9)	100.0	(95.9)	(4.1)	(0.0)	100.0	46

In Table RH.14, the percentage of newborns who received the first PNC visit within one week of birth is shown by location and type of provider of service. As defined above, a visit does not include a check in the facility or at home following birth. The table shows that the first PNC visits for newborns occurs mainly in public health facilities (91 percent) and are mostly attended by a doctor, nurse or midwife (93 percent). Because many of the statistics by background characteristics have small denominators, interpretation of apparent differences must be cautious.

Tables RH.15 and RH.16 present information collected on post-natal health checks and visits of the mother and are identical to Tables RH.13 and RH.14 that presented the data collected for newborns.

Table RH.15 presents a pattern somewhat similar to Table RH.13, but with some important differences. Overall, 85 percent of mothers receive a health check following birth while in a facility or at home, not dissimilar to the 89 percent registered for newborns. With regards to PNC visits, they mostly occur after the first week following birth (44 percent), even though a small proportion occurs at different times over the first week. These results must be interpreted in the context of an environment in which three-quarters of the mothers stay 3 or more days at the health facility after delivery. Overall, a total of 87 percent of all mothers receive a post-natal health check, all regions being within the 80-88 percent range, with little difference between urban (88 percent) and rural (84 percent) dwellers. There is again a clear correlation with both education and household wealth, with the percentage of post-natal health checks of mothers increasing with education and wealth. Health checks following birth occur mainly in health facility deliveries (91 percent), whereas for mothers delivering at home the figure is very low (37 percent). The main difference between the table for newborns and the table for mothers is with respect to health checks, particularly post-natal care visits. Studying only those that did not receive a PNC visit, the percentage is more than twice as high for mothers (46 percent) as for newborns (20 percent).

Table RH.15: Post-natal health checks for mothers

Percentage of women age 15-49 years with a live birth in the last two years who received health checks while in facility or at home following birth, percent distribution who received post-natal care (PNC) visits from any health provider after birth at the time of last birth, by timing of visit, and percentage who received post natal health checks, Sao Tome and Principe, 2014

| | Health check following birth while in facility or at home[a] | PNC visit for mothers[b] | | | | | | | | Post-natal health check for the mother[1,][c] | Number of women with a live birth in the last two years |
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	DK/Missing	Total		
Total	85.4	2.1	1.9	1.0	3.3	44.0	46.2	1.6	100.0	86.8	756
Region											
Centre East	86.8	1.4	1.4	0.6	3.1	44.5	47.8	1.2	100.0	88.3	514
North West	85.9	1.8	0.9	0.7	3.5	50.5	40.4	2.2	100.0	85.9	131
South East	77.2	4.0	4.3	2.3	3.3	35.1	50.4	0.6	100.0	80.4	86
Autonomous of Principe	82.5	10.0	7.4	7.2	4.9	30.6	30.2	9.6	100.0	83.5	25
Area											
Urban	86.6	1.6	1.7	1.0	3.2	44.9	46.9	0.7	100.0	88.2	496
Rural	83.1	3.0	2.1	1.0	3.4	42.3	45.0	3.2	100.0	84.2	260
Mother's age at birth											
Less than 20	83.1	1.8	0.9	0.5	4.9	36.0	54.5	1.3	100.0	83.3	120
20-34	86.7	2.0	2.0	1.1	3.3	47.1	43.0	1.5	100.0	88.3	519
35-49	81.9	2.6	2.3	1.1	1.4	38.3	51.9	2.4	100.0	83.9	116
Place of delivery[d]											
Home	37.0	11.9	7.6	2.4	5.7	13.1	57.4	1.8	100.0	50.0	60
Health facility[e]	90.6	0.9	1.4	0.9	3.1	47.1	45.1	1.6	100.0	90.7	687
Type of delivery											
Vaginal birth	84.7	1.9	1.7	1.1	3.5	43.2	47.1	1.5	100.0	86.2	714
C-section	97.1	4.6	3.8	0.0	0.0	58.5	30.7	2.5	100.0	97.1	42
Education											
None/Primary	82.2	2.3	2.0	1.0	2.3	42.1	48.4	1.8	100.0	84.0	468
Secondary/Higher	90.7	1.6	1.6	1.0	4.8	47.1	42.7	1.2	100.0	91.5	288
Wealth index quintile											
Poorest	80.9	3.4	2.1	0.3	3.0	40.8	49.3	1.1	100.0	81.7	161
Second	83.1	1.2	1.6	1.6	2.0	38.9	53.3	1.3	100.0	84.5	158
Middle	86.7	2.1	3.7	1.0	2.2	42.8	45.6	2.5	100.0	87.7	149
Fourth	85.2	3.2	1.4	1.9	5.3	42.7	43.1	2.4	100.0	88.7	161
Richest	92.8	0.0	0.2	0.0	3.8	57.5	38.0	0.4	100.0	93.0	126

[1] **MICS indicator 5.12 - Post-natal health check for the mother**

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Post-natal care visits (PNC) refer to a separate visit by any health provider to check on the health of the mother and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note [a] above).

[c] Post-natal health checks include any health check performed while in the health facility or at home following birth (see note [a] above), as well as PNC visits (see note [b] above) within two days of delivery.

[d] 8 unweighted "other/DK/missing" cases excluded

[e] All cases are in public health facilities except one recorded as private.

Table RH.16: Post-natal care visits for mothers within one week of birth

Percent distribution of women age 15-49 years with a live birth in the last two years who received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Sao Tome and Principe, 2014

| | Location of first PNC visit for mothers | | | Provider of first PNC visit for mothers | | | | | Number of women with a live birth in the last two years who received a PNC visit within one week of birth |
	Home	Public health facility	Total	Doctor/ nurse/ midwife	Commu-nity health worker	Traditio-nal birth atten-dant	Other /Missing	Total	
Total	23.6	76.4	100.0	81.3	0.9	8.8	9.0	100.0	62

Table RH.16 matches Table RH.14, but now deals with PNC visits for mothers by location and type of provider. As defined above, a visit does not include a check in the facility or at home following birth.

Overall, 76 percent of the first PNC visits occur in a public facility and most (81 percent) are attended by a doctor, a nurse or a midwife. Given the small size of the denominator in this table⸺which relates to the small proportion of women who receive a PNC visit within one week of birth⸺no statistics are presented by background characteristics in this case.

Table RH.17 presents the distribution of women with a live birth in the two years preceding the survey by receipt of health checks or PNC visits within 2 days of birth for the mother and the newborn, thus combining the indicators presented in Tables RH.13 and RH.15.

The 2014 Sao Tome and Principe MICS shows that for 83 percent of live births, both the mothers and their newborns receive either a health check following birth or a timely PNC visit, whereas for 5 percent of births neither receive health checks or timely visits. While there are some differences across background characteristics, most of these are not large. Urban and rural births have comparable results. Noteworthy differences include those between institutional and home deliveries (87 and 46 percent respectively), and between mothers with secondary or higher education and their less privileged counterparts (89 and 79 percent respectively). While there is a gradient across wealth quintiles, it is not pronounced. As expected, the opposite is true for births without health checks or timely visits. The picture is less clear when it comes to patterns on health checks or timely visits for either the mother or the newborn alone, although there is generally a higher level of coverage for newborns.

Table RH.17: Post-natal health checks for mothers and newborns

Percent distribution of women age 15-49 years with a live birth in the last two years by post-natal health checks for the mother and newborn, within two days of the most recent birth, Sao Tome and Principe, 2014

	Post-natal health checks within two days of birth for:						Number of women with a live birth in the last two years
	Both mothers and newborns	Mothers only	Newborns only	Neither mother nor newborn	DK/Missing	Total	
Total	82.7	3.9	7.8	5.4	0.2	100.0	756
Region							
Centre East	83.5	4.8	7.5	4.2	0.0	100.0	514
North West	84.9	1.0	10.0	4.0	0.0	100.0	131
South East	77.6	2.1	5.9	13.7	0.6	100.0	86
Aut. of Principe	(72.8)	(5.8)	(7.5)	(9.0)	(4.8)	100.0	25
Area							
Urban	84.0	4.1	7.7	4.1	0.1	100.0	496
Rural	80.3	3.4	7.9	7.9	0.5	100.0	260
Mother's age at birth							
Less than 20	79.6	3.8	12.2	4.5	0.0	100.0	120
20-34	84.2	4.0	6.4	5.3	0.1	100.0	519
35-49	79.7	3.2	9.4	6.7	1.1	100.0	116
Place of delivery[a]							
Home	46.0	4.0	20.7	29.3	0.0	100.0	60
Health facility[b]	86.5	3.9	6.7	2.6	0.3	100.0	687
Type of delivery							
Vaginal birth	82.4	3.7	8.0	5.7	0.2	100.0	714
C-section	(89.2)	(6.6)	(2.9)	(0.0)	(1.3)	100.0	42
Education							
None/Primary	78.6	5.1	8.5	7.5	0.3	100.0	468
Secondary/Higher	89.4	1.9	6.5	1.9	0.2	100.0	288
Wealth index quintile							
Poorest	80.0	1.7	9.6	8.8	0.0	100.0	161
Second	78.6	5.6	7.2	8.4	0.3	100.0	158
Middle	83.5	3.8	9.0	3.3	0.5	100.0	149
Fourth	84.7	4.1	7.0	4.3	0.0	100.0	161
Richest	88.0	4.5	5.8	1.3	0.4	100.0	126

[a] 8 unweighted "other/DK/missing" cases excluded
[b] All cases are in public health facilities except one recorded as private.
( ) Figures that are based on 25-49 unweighted cases

Adult Mortality Rates

Table RH.18 on adult mortality rates is based on information collected in the Maternal Mortality module in the Women's Questionnaire. Reported ages at death and years since death of the respondents' brothers and sisters are used to construct the numerators (number of deaths). The total number of years lived by all surviving and deceased brothers and sisters (that is, exposure years) during the 7 years preceding the survey are calculated to form the denominators for each age interval. The number of years lived by the respondents in the last 7 years is also taken into account. Mortality rates are expressed per 1,000 population.

Table RH.18: Adult mortality rates

Direct estimates of female and male mortality rates for the seven years preceding the survey, by five-year age groups, Sao Tome and Principe, 2014

	Female			Male		
	Number of Deaths	Exposure years	Mortality rates[a]	Number of Deaths	Exposure years	Mortality rates[a]
Total 15-49	49	37,964	1.32[b]	50	36,366	1.35[b]
Age						
15-19	8	5,969	1.27	4	5,773	0.76
20-24	5	7,332	0.72	7	7,273	0.96
25-29	5	7,414	0.66	10	7,160	1.41
30-34	13	6,360	2.03	8	6,220	1.24
35-39	8	4,978	1.56	9	4,517	2.01
40-44	4	3,494	1.13	6	3,103	2.06
45-49	7	2,417	2.77	5	2,321	2.32

[a] Expressed per 1,000 population
[b] Age-adjusted (standardized) rate

Overall mortality rates for adults age 15-49 years are estimated at 1.32 per 1,000 population in the case of females, and 1.35 per 1,000 population in the case of males. In both cases mortality rates tend to increase with age, even though the increase is markedly irregular in the case of females; this may in part be attributed to the small sample size in this survey for this type of estimates.

Age-specific mortality rates shown in Table RH.18 are used to generate the probabilities of dying between exact ages 15 and 50 years, separately for males and females which are presented in Table RH.19. Synthetic period probabilities are calculated by assuming that a hypothetical cohort would be subject to the mortality rates at each age shown in Table RH.18. The probability of dying between exact ages 15 and 50 is estimated at 52 per 1,000 person-years in the case of males, and 49 per 1,000 person-years in the case of females.

Table RH.19: Adult mortality probabilities

The probability of dying between the ages of 15 and 50 for women and men for the seven years preceding the survey, Sao Tome and Principe, 2014

	Women $_{35}q_{15}$ [a]	Men $_{35}q_{15}$ [a]
Sao Tome and Principe, 2014	49	52

[a] The probability of dying between exact ages 15 and 50 per 1,000

Maternal Mortality

The 2014 Sao Tome and Principe MICS asked women age 15-49 a series of questions designed with the explicit purpose of providing the necessary information to make direct estimates of maternal

mortality. This estimation of maternal mortality is done using the direct sisterhood method[i] and requires reasonably accurate reporting of the number of sisters the respondent ever had, the number who have died, and the number who died during pregnancy, childbirth, or within 2 months after the end of a pregnancy or childbirth.

Each female respondent was asked to report all children born to her biological mother, including herself, in chronological order, starting with the first born. Information was then obtained on the survivorship of each of the siblings, the ages of surviving siblings, years since death of deceased siblings, and the age at death of deceased siblings. For each sister who died at age 12 or above, the respondent was asked additional questions to determine whether the death was maternity related, that is, whether the sister was pregnant when she died, whether the sister died during childbirth, or whether the sister died within two months of the termination of a pregnancy or childbirth. Listing all siblings in chronological order of their birth is done with the intention of improving the completeness of reporting.

Direct estimates of maternal mortality are generally estimated for the seven year period prior to the survey. This period of time is chosen to reduce possible heaping of reported years since death on five-year intervals. Age-specific mortality rates are calculated by dividing the number of pregnancy-related deaths by years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility is 49 years), the overall rate for women age 15-49 is standardized by the age distribution of the survey respondents. Pregnancy-related deaths are defined as any death[ii] that occurred during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.

As can be seen in Table RH.20, the maternal mortality <u>ratio</u> for Sao Tome and Principe for the 7-year period preceding the survey is estimated at 74 maternal deaths per 100,000 live births, while the maternal mortality <u>rate</u> is estimated at 0.11 per 1000 women-years of exposure. It must be taken into consideration however that in the 2014 MICS sample, as shown in Table RH.20, <u>only 3 cases of maternal deaths were identified</u> in nearly 38,000 women-years of exposure. While the small number of maternal deaths is an encouraging finding, a larger number of cases would have been necessary for the calculation of a reliable maternal mortality estimate. In other words, the level of maternal mortality currently experienced in Sao Tome and Principe <u>requires a larger sample size than that used in this survey</u> in order to be measured reliably through the direct sisterhood method. In conclusion, given the <u>unreliability of the maternal mortality estimates</u> at such a sample size, it is recommended that they be considered only as indicative and to avoid quoting them in official publications until more reliable estimates are produced.

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[i] Rutenberg, N and Sullivan, JM. 1991. *Direct and indirect estimates of maternal mortality from the sisterhood method*. Demographic and Health Surveys World Conference Proceedings, August 5–7, 1991 Washington, DC. Volume III: 1669–96.
[ii] This time-specific definition includes all deaths that occurred during pregnancy and two months after pregnancy even if the death is due to causes that are not pregnancy related. However, this definition is unlikely to result in over-reporting of maternal deaths because most deaths to women in the specified period are due to maternal causes, and maternal deaths in general are more likely to be underreported than over-reported.

Table RH.20: Maternal mortality

Direct estimates of maternal mortality rates for the 7 years preceding the survey, by five-year age groups, Sao Tome and Principe, 2014

	Percentage of female deaths that are maternal	Maternal Deaths	Exposure (Years)	Maternal mortality rates[a]
Total 15-49	6.7	3	37,964	(0.11)
Age				
15-19	25.9	2	5,969	(0.33)
20-24	0.0	0	7,332	(0.00)
25-29	26.8	1	7,414	(0.18)
30-34	0.0	0	6,360	(0.00)
35-39	0.0	0	4,978	(0.00)
40-44	0.0	0	3,494	(0.00)
45-49	0.0	0	2,417	(0.00)
General fertility rate[c]		146[b]		
Maternal mortality ratio[1, d]		(74)		
Lifetime risk of maternal death[e]	(0.003)			

[1] MICS indicator 5.13; MDG indicator 5.1 - Maternal mortality ratio

[a] Expressed per 1,000 woman-years of exposure

[b] Age-adjusted rate

[c] Expressed per 1,000 women age 15-49

[d] Calculated as the maternal mortality rate divided by the general fertility rate, expressed per 100,000 live births

[e] Calculated as $1-(1-MMR)^{TFR}$ where MMR is the maternal mortality ratio, and TFR represents the total fertility rate for the seven years preceding the survey
( ) Unreliable estimates due to small sample size

Prevalence of anaemia in women

Blood was collected for the haemoglobin test from women age 15-49 years living in the household who agreed voluntarily to the test. The blood was collected in the following way: a) capillary blood was obtained from a finger prick using a small self-retractable lancet; b) a small drop of blood was placed in a microcuvette which was then inserted in a portable haemoglobinometer (HemoCue®), an instrument capable of measuring accurately haemoglobin levels in grams per decilitres of blood; and c) the value was recorded on the questionnaire and the result of the test communicated immediately to the woman.

Anaemia in women age 15-49 years can be classified in three categories according to the haemoglobin concentration in the blood. The anaemia is considered severe if haemoglobin is less than 7.0 grams per decilitre (g/dl), moderate if between 7.0 and 9.9 g/dl, and light if between 10.0 and 11.9 g/dl, except for pregnant women in which case it is between 10.0 and 10.9 g/dl.

Table RH.21: Prevalence of anaemia in women

Percentage of women age 15-49 years with anaemia, Sao Tome and Principe, 2014

	Anaemia according to haemoglobin level				Number of women age 15-49 years
	Any level of anaemia	Light anaemia (10.0-11.9 g/dl)[a]	Moderate anaemia (7.0-9.9 g/dl)	Severe anaemia (<7.0 g/dl)	
Total	47.0	35.4	10.4	1.2	2754
Region					
Centre East	46.1	33.6	11.2	1.3	1832
North West	51.4	41.9	8.4	1.0	511
South East	47.1	36.4	10.2	0.5	312
Autonomous of Principe	41.7	32.5	8.3	0.9	98
Area					
Urban	49.0	36.7	11.0	1.4	1872
Rural	42.8	32.7	9.4	0.8	882
Age					
15-19 years	54.6	39.5	14.0	1.1	651
20-29 years	46.7	34.9	10.9	1.0	910
30-39 years	42.6	33.2	8.5	0.9	739
40-49 years	44.0	34.1	7.6	2.3	454
Education					
None	56.7	44.2	10.9	1.6	86
Primary	45.8	35.7	8.7	1.3	1348
Secondary	48.8	35.2	12.7	0.9	1228
Higher	32.4	25.7	4.6	2.1	92
Parity					
0 child	55.3	39.3	14.7	1.3	718
1 child	50.3	36.6	12.5	1.1	376
2-3 children	40.5	31.6	7.6	1.4	889
4-5 children	46.2	36.4	8.7	1.0	479
6+ children	43.7	34.2	8.9	0.6	292
Pregnancy status					
Pregnant	61.4	28.5	32.6	0.3	228
Not pregnant	45.7	36.0	8.4	1.3	2526
Use of IUD[b]					
Yes	(41.7)	(30.3)	(11.4)	(0.0)	37
No	47.1	35.5	10.4	1.2	2717
Tobacco use					
Yes (smokes/uses tobacco)	(*)	(*)	(*)	(*)	6
No	47.1	35.4	10.5	1.2	2745
Missing	(*)	(*)	(*)	(*)	2
Wealth index quintile					
Poorest	51.1	38.0	9.9	3.1	342
Second	46.1	33.7	12.2	0.2	460
Middle	48.6	35.5	12.3	0.7	516
Fourth	47.3	37.4	9.4	0.5	596
Richest	44.7	33.8	9.3	1.7	840

[a] If the woman is pregnant, the range is 10.0-10.9 g/dl
[b] Intrauterine device
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table RH.21 shows the anaemia results in women. Almost half of women (47 percent) are anaemic: light anaemia in 35 percent of cases, moderate in 10 percent, and severe in 1 percent. There are important differences between the socio-demographic groups. There is a higher prevalence of anaemia in pregnant (61 percent) than in non-pregnant women (46 percent). Over three pregnant women in ten (32 percent) have moderate anaemia, as compared with 8 percent in non-pregnant women.

The prevalence of anaemia differs between age groups. In the 15-19 years group 55 percent are anaemic, as compared with 44 percent in the 40-49 years group. Prevalence tends to decrease with parity, from 55 percent in women without children to 44 percent in women with 6 or more children. Between regions, prevalence ranges from 42 percent in Autonomous Region of Principe to 51 percent in Region North West. It is of 49 percent in urban areas and 43 percent in rural areas. There are large differentials between educational levels, with a prevalence of 57 percent among those without formal education and of 32 percent among those with secondary education. Finally, anaemia ranges from 45 percent in women belonging to the poorest wealth quintile to 51 percent in the wealthiest.

A similar pattern is generally observed within each category of anaemia.

IX.   Early Childhood Development

Early Childhood Care and Education

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

The law in Sao Tome and Principe makes preschool optional for children under the age of 7 years. However, new orientations in the educational policies point at the possibility of eventually making preschool free, universal and compulsory. Currently, access for the younger children age 0-3 years is very limited, while it is reasonably good for children age 3-5 years, both in the public and private sectors. However, the content of the preschool programme varies widely, as well as the modalities in which the preschools function and are financed. In 2012, the government made attendance to a preschool educational programme compulsory for children completing 4 years of age by 31st December. In the same year, curricular references were elaborated in conjunction with the Universidade Católica of Rio de Janeiro and UNICEF, while the basic national curriculum for children age 4 and 5 years, with its manuals and guidelines, is currently being tested. In order to improve services, 3 new kindergartens have been built, as well as tens of class rooms. New initiatives have also multiplied through the private sector, NGOs, religious entities, as well as the local and regional authorities.

Overall, 36 percent of children age 36-59 months are attending an organised early childhood education programme (Table CD.1). Boys and girls have similar opportunities, and the level of attendance is comparable in urban and rural areas. There are, however, large differences between children of wealthiest and poorest households (63 and 21 percent respectively), and those whose mothers have secondary education or higher as compared with their less privileged counterparts (52 and 29 percent respectively). Attendance between regions ranges from 34 percent in Region Centre East to 53 percent in Autonomous Region of Principe. Children in the 48-59 month age group are more likely to attend an early childhood education programme than younger ones (47 and 28 percent respectively).

Table CD.1: Early childhood education

Percentage of children age 36-59 months who are attending an organized early childhood education programme, Sao Tome and Principe, 2014

	Percentage of children age 36-59 months attending early childhood education[1]	Number of children age 36-59 months
Total	36.4	864
Sex		
Male	34.2	435
Female	38.6	429
Region		
Centre East	34.3	555
North West	36.2	164
South East	41.9	110
Aut. of Principe	53.5	35
Area		
Urban	36.6	574
Rural	36.0	290
Age of child		
36-47 months	28.2	434
48-59 months	44.6	430
Mother's education		
None/Primary	29.4	601
Secondary/Higher	52.3	263
Wealth index quintile		
Poorest	20.6	186
Second	24.9	183
Middle	29.8	184
Fourth	52.1	187
Richest	63.2	123

[1] **MICS indicator 6.1 - Attendance to early childhood education**

Quality of Care

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 a major determinant of the child's development during this period.[i] In this context, engagement of adults in activities with children, presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. As set out in *A World Fit for Children*, "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."[ii]

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

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[i] Grantham-McGregor, S et al. 2007. *Developmental Potential in the First 5 Years for Children in Developing Countries*. The Lancet 369: 60–70

Belsky, J et al. 2006. *Socioeconomic Risk, Parenting During the Preschool Years and Child Health Age 6 Years*. European Journal of Public Health 17(5): 511–2.

[ii] UNICEF. 2002. *A World Fit For Children* adopted by the UN General Assembly at the 27th Special Session, 10 May 2002: 2.

at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

For almost two-thirds (63 percent) of children age 36-59 months, an adult household member engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.2). The mean number of activities that adults engage with children is 4.0. The table also indicates that the father's involvement in such activities is very limited. Father's involvement in four or more activities is merely 3 percent. Only a little over half (56 percent) of children age 36-59 months live with their biological father.

There are no gender differentials in terms of engagement of adults in activities with children, and values are similar for urban and rural areas as well. Notable differences by region and socio-economic status are observed: adult engagement in activities with children ranges from 78 percent in Autonomous Region of Principe to 56 percent in Region North West, while the proportion is 74 percent for children living in the richest households, against 48 percent for those living in the poorest. There is a slight tendency to engage more with children of the 48-59 months age group (67 percent) than with those who are younger (58 percent).

Percentage of children age 36-59 months with whom adult household members engaged in activities that promote learning and school readiness during the last three days, and engagement in such activities by biological fathers and mothers, Sao Tome and Principe, 2014

	Percentage of children with whom adult household members have engaged in four or more activities[1]	Mean number of activities with adult household members	Percentage of children living with their: Biological father	Biological mother	Number of children age 36-59 months	Percentage of children with whom biological fathers have engaged in four or more activities[2]	Mean number of activities with biological fathers	Number of children age 36-59 months living with their biological fathers	Percentage of children with whom biological mothers have engaged in four or more activities[3]	Mean number of activities with biological mothers	Number of children age 36-59 months living with their biological mothers
Total	62.7	4.0	55.8	87.9	864	3.0	0.5	482	15.7	1.5	759
Sex											
Male	62.7	4.0	56.0	88.7	435	2.8	0.4	244	16.8	1.6	386
Female	62.7	3.9	55.5	87.2	429	3.1	0.5	238	14.5	1.5	374
Region											
Centre East	62.7	4.0	54.0	86.8	555	2.2	0.4	300	17.4	1.7	482
North West	55.8	3.5	55.1	88.3	164	4.5	0.4	90	9.2	1.1	145
South East	68.2	4.4	63.7	89.8	110	4.2	0.6	70	11.0	1.2	99
Autonomous of Principe	77.8	4.6	61.2	97.5	35	(4.9)	(0.6)	21	33.1	2.4	34
Area											
Urban	63.6	4.0	54.9	86.6	574	3.1	0.5	315	17.3	1.6	497
Rural	61.0	3.9	57.5	90.6	290	2.8	0.4	167	12.5	1.4	263

[1] **MICS indicator 6.2 - Support for learning**

[2] **MICS Indicator 6.3 - Father's support for learning**

[3] **MICS Indicator 6.4 - Mother's support for learning**

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

Table CD.2 (second part): Support for learning, by age, mother's education, father's education and wealth index

Percentage of children age 36-59 months with whom adult household members engaged in activities that promote learning and school readiness during the last three days, and engagement in such activities by biological fathers and mothers, Sao Tome and Principe, 2014

	Percentage of children with whom adult household members have engaged in four or more activities[1]	Mean number of activities with adult household members	Percentage of children living with their:		Number of children age 36-59 months	Percentage of children with whom biological fathers have engaged in four or more activities[2]	Mean number of activities with biological fathers	Number of children age 36-59 months living with their biological fathers	Percentage of children with whom biological mothers have engaged in four or more activities[3]	Mean number of activities with biological mothers	Number of children age 36-59 months living with their biological mothers
			Biological father	Biological mother							
Total	62.7	4.0	55.8	87.9	864	3.0	0.5	482	15.7	1.5	759
Age											
36-47 months	58.4	3.7	56.0	90.6	434	2.6	0.5	243	15.7	1.6	393
48-59 months	67.0	4.2	55.6	85.3	430	3.4	0.5	239	15.6	1.5	367
Mother's education[a]											
None/Primary	60.7	3.9	55.9	87.8	601	2.4	0.4	336	13.1	1.4	528
Secondary/Higher	67.2	4.2	55.5	88.1	263	5.3	0.6	146	22.1	2.0	232
Father's education[b]											
Secondary/Higher	59.4	3.8	100.0	94.9	264	3.1	0.5	264	14.2	1.5	251
Higher	66.3	4.2	100.0	93.2	212	8.3	1.0	212	20.3	1.9	198
Father not in household	62.7	3.9	na	80.0	382	na	na	na	13.9	1.4	306
Wealth index quintile											
Poorest	47.9	3.3	55.7	87.8	186	1.4	0.2	104	5.8	1.0	163
Second	61.0	3.9	58.7	91.2	183	2.7	0.5	107	10.8	1.3	167
Middle	61.8	3.9	48.7	87.2	184	2.8	0.5	90	19.2	1.7	161
Fourth	72.6	4.3	52.4	87.5	187	2.6	0.3	98	20.9	1.8	163
Richest	73.8	4.7	67.3	85.0	123	6.6	0.9	83	24.5	2.1	105

[1] MICS indicator 6.2 - Support for learning

[2] MICS Indicator 6.3 - Father's support for learning

[3] MICS Indicator 6.4 - Mother's support for learning

na: not applicable

[a] The background characteristic "Mother's education" refers to the education level of the respondent to the Questionnaire for Children Under Five, and covers both mothers and primary caretakers, who are interviewed when the mother is not listed in the same household. Since indicator 6.4 reports on the biological mother's support for learning, this background characteristic refers to only the educational levels of biological mothers when calculated for the indicator in question.

[b] 4 unweighted "DK/Missing" cases not shown

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. The mothers/caretakers of all children under 5 were asked about number of children's books or picture books they have for the child, and the types of playthings that are available at home.

In Sao Tome and Principe, only 6 percent of children age 0-59 months live in households where at least 3 children's books are present for the child (Table CD.3). The proportion of children with 10 or more books declines to less than 1 percent. No gender differentials are observed, and urban and rural areas are comparable. The presence of children's books tends to increase with the child's age; in the homes of 7 percent of children age 24-59 months, there are 3 or more children's books, compared with 3 percent for children age 0-23 months.

Table CD.3: Learning materials

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, Sao Tome and Principe, 2014

	Percentage of children living in households that have for the child:		Percentage of children who play with:				
	3 or more children's books[1]	10 or more children's books	Home-made toys	Toys from a shop /manufac-tured toys	Household objects /objects found outside	2 or more types of play-things[2]	Number of children under age 5
Total	5.8	0.6	55.2	70.4	66.4	64.7	2,030
Sex							
Male	5.7	0.3	56.2	69.9	68.1	65.3	1,023
Female	6.0	0.8	54.1	71.0	64.7	64.1	1,007
Region							
Centre East	6.4	0.8	51.0	70.4	59.6	59.2	1,317
North West	3.8	0.2	63.1	74.4	86.1	78.0	386
South East	4.2	0.2	57.5	65.3	77.4	69.3	245
Aut. of Principe	10.9	0.0	77.8	67.4	50.2	76.5	82
Area							
Urban	6.7	0.5	52.8	70.4	63.2	62.0	1,339
Rural	4.0	0.6	59.7	70.4	72.6	69.8	691
Age							
0-23 months	3.0	0.1	41.4	62.8	44.5	48.3	754
24-59 months	7.5	0.9	63.3	74.9	79.4	74.4	1,276
Mother's education							
None	0.7	0.0	55.3	54.5	69.2	56.7	84
Primary	2.6	0.2	56.1	66.7	70.9	66.1	1,253
Secondary	10.2	0.9	53.4	78.4	58.5	63.4	647
Higher	(41.2)	(6.7)	(54.1)	(90.3)	(50.2)	(59.1)	46
Wealth index quintile							
Poorest	0.9	0.0	57.3	59.9	74.8	65.0	444
Second	3.7	0.0	58.1	67.6	71.8	66.1	428
Middle	1.2	0.2	55.8	69.7	67.7	67.6	411
Fourth	6.6	0.0	54.7	75.2	65.4	66.1	423
Richest	20.1	3.3	48.3	83.3	47.5	56.8	324

[1] **MICS indicator 6.5 - Availability of children's books**
[2] **MICS indicator 6.6 - Availability of playthings**
( ) Figures that are based on 25-49 unweighted cases

Table CD.3 also shows that 65 percent of children age 0-59 months had 2 or more **types of** playthings to play with in their homes. The **types of** playthings included in the questionnaires were homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves). It is interesting to note that the proportion of children who play with household objects (66 percent) is similar to that of those who play with toys that come from a store (70 percent), while 55 percent of them play with homemade toys. There are no gender differences in terms of proportion of children with 2 or more **types of** playthings, and it appears that children from rural areas are at a slight advantage compared to those of urban areas (70 and 62 percent respectively). Values between regions range from 59 percent in Region Centre East to 78 percent in Region North West. Children from the wealthiest households more frequently have toys that come from a shop (83 percent) than those from the poorest households (60 percent), but these wealthier children also tend to have less diversity in the **types of** playthings then their poorer counterparts.

Leaving children alone or in the presence of other young children is known to increase the risk of injuries.[i] In MICS, two questions were asked to find out whether children age 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.4 shows that 13 percent of children age 0-59 months were left in the care of other children, while 7 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that a total of 16 percent of children were left with inadequate care during the past week, either by being left alone or in the care of another child. No meaningful differences are observed by the sex of the child or between urban and rural areas. On the other hand, inadequate care is less prevalent among children whose mothers have secondary education (12 percent), as opposed to children whose mothers have primary education (18 percent). Children age 24-59 months are somewhat more likely to be left with inadequate care (18 percent) than those who age 0-23 months (12 percent). There are marked differences by socioeconomic status as children from the poorest households are three times more exposed to inadequate care than those of the wealthiest households (26 and 8 percent respectively).

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[i] Grossman, DC. 2000. *The History of Injury Control and the Epidemiology of Child and Adolescent Injuries.* The Future of Children, 10(1): 23-52.

Table CD.4: Inadequate care

Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week, Sao Tome and Principe, 2014

	Percentage of children under age 5:			
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week[1]	Number of children under age 5
Total	6.7	13.4	15.5	2,030
Sex				
Male	6.7	14.7	16.9	1,023
Female	6.7	12.0	14.1	1,007
Region				
Centre East	4.3	10.3	11.2	1,317
North West	11.2	18.5	23.9	386
South East	9.7	18.8	21.5	245
Aut. of Principe	14.3	22.8	27.7	82
Area				
Urban	6.9	13.3	15.0	1,339
Rural	6.3	13.6	16.4	691
Age				
0-23 months	4.3	10.8	11.9	754
24-59 months	8.1	14.9	17.7	1,276
Mother's education				
None	3.5	13.6	14.6	84
Primary	7.6	15.1	17.9	1,253
Secondary	5.3	10.6	11.6	647
Higher	(6.7)	(6.7)	(6.7)	46
Wealth index quintile				
Poorest	10.8	22.5	26.1	444
Second	7.2	12.7	15.8	428
Middle	6.2	13.3	14.7	411
Fourth	5.5	9.4	11.1	423
Richest	2.6	7.2	7.5	324

[1] **MICS indicator 6.7 - Inadequate care**
( ) Figures that are based on 25-49 unweighted cases

Developmental Status of Children

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

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[i] Shonkoff, J and Phillips, D (eds). 2000. *From neurons to neighborhoods: the science of early childhood development*. Committee on Integrating the Science of Early Childhood Development, National Research Council, 2000.

A 10-item module was used to calculate the Early Child Development Index (ECDI). The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in Sao Tome and Principe. The index is based on selected milestones that children are expected to achieve by ages 3 and 4. The 10 items are used to determine if children are developmentally on track in four domains:

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

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

The results are presented in Table CD.5. In Sao Tome and Principe, 55 percent of children age 36-59 months are developmentally on track. ECDI is similar between boys and girls. As expected, ECDI is substantially higher in the 48-59 months age group than in the younger children (61 and 48 percent respectively), since children mature more skills with increasing age. A higher ECDI of 64 percent is seen in children attending an early childhood education programme compared to 49 percent among those who are not attending. Children living in poorest households have a lower ECDI (51 percent) compared to children living in richest households (62 percent of children developmentally on track). The analysis of the four domains of child development shows that 94 percent of children are on track in the physical, 79 percent in the learning and 62 percent in the social-emotional domains. However, only 16 percent are on track in the literacy-numeracy domain. In each individual domain the higher score is associated with children living in richest households, except for the physical domain where results are comparable. Children attending an early childhood education programme tend to do better in each individual domain than those who don't, and a similar observation can be made for older children in comparison with the younger ones.

Table CD.5: Early child development index

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, Sao Tome and Principe, 2014

	Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score[1]	Number of children age 36-59 months
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Total	16.5	94.0	62.4	79.1	54.5	864
Sex						
Male	15.8	93.7	63.4	76.4	53.7	435
Female	17.1	94.3	61.5	81.9	55.4	429
Region						
Centre East	16.7	94.2	63.5	78.4	56.0	555
North West	10.7	91.4	51.0	78.8	42.9	164
South East	23.8	95.8	71.1	81.9	62.5	110
Aut. of Principe	15.8	95.8	72.3	82.7	60.4	35
Area						
Urban	19.1	94.1	59.7	79.0	53.5	574
Rural	11.3	93.8	67.9	79.3	56.6	290
Age						
36-47 months	10.3	91.4	61.9	74.2	48.2	434
48-59 months	22.7	96.5	63.0	84.1	60.9	430
Attendance to early childhood education						
Attending	26.9	97.1	69.4	85.3	64.0	314
Not attending	10.5	92.2	58.4	75.6	49.2	549
Mother's education						
None/Primary	14.7	93.9	59.2	79.0	52.6	601
Secondary/Higher	20.6	94.2	69.8	79.5	59.1	263
Wealth index quintile						
Poorest	12.6	93.3	64.4	74.4	51.2	186
Second	16.2	94.5	60.6	82.9	56.2	183
Middle	17.0	92.2	54.8	78.2	52.1	184
Fourth	16.9	94.7	64.8	78.1	53.9	187
Richest	21.2	95.7	70.0	83.6	61.9	123
[1] **MICS indicator 6.8 - Early child development index**						

X.   Literacy and Education

Literacy among Young Women and Men

The Youth Literacy Rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. Literacy is assessed on the ability of the respondent to read a short simple statement or based on school attendance.

The percentage literate is presented in Table ED.1 and ED.1M. Table ED.1 indicates that 90 percent of young women in Sao Tome and Principe are literate and that literacy status varies moderately by area. Of women who stated that primary school was their highest level of education (and the very few who declared to never have attended school), only 64 percent were actually able to read the statement shown to them. The situation, however, appears to be improving since 92 percent of young women age 15-19 are literate against 86 percent of those age 20-24. The literacy profile of young men is very similar to that of young women.

Table ED.1: Literacy (young women)			
Percentage of women age 15-24 years who are literate, Sao Tome and Principe, 2014			
	Percentage literate[1]	Percentage not known	Number of women age 15-24 years
Total	89.6	0.2	1,169
Region			
Centre East	92.1	0.2	809
North West	84.1	0.0	205
South East	81.2	0.0	118
Autonomous of Principe	92.4	0.0	36
Area			
Urban	89.9	0.2	804
Rural	89.0	0.0	365
Education			
None/Primary	63.6	0.5	333
Secondary/Higher	100.0	0.0	836
Age			
15-19	92.3	0.3	702
20-24	85.6	0.0	467
Wealth index quintile			
Poorest	78.6	0.0	177
Second	84.9	0.0	248
Middle	90.3	0.8	224
Fourth	93.3	0.0	250
Richest	97.2	0.0	269
[1] MICS indicator 7.1; MDG indicator 2.3 - Literacy rate among young women			

Table ED.1M: Literacy (young men)			
Percentage of men age 15-24 years who are literate, Sao Tome and Principe, 2014			
	Percentage literate[1]	Percentage not known	Number of men age 15-24 years
Total	87.5	1.0	966
Region			
Centre East	89.4	1.3	636
North West	80.7	0.9	170
South East	84.7	0.4	129
Autonomous of Principe	98.0	0.0	31
Area			
Urban	89.4	1.0	653
Rural	83.6	1.1	314
Education			
None/Primary	60.8	3.3	309
Secondary/Higher	100.0	0.0	657
Age			
15-19	90.9	1.4	588
20-24	82.2	0.5	378
Wealth index quintile			
Poorest	76.4	0.5	180
Second	81.2	1.1	201
Middle	88.7	0.5	184
Fourth	94.7	1.1	206
Richest	95.4	1.8	195
[1] MICS indicator 7.1; MDG indicator 2.3 - Literacy rate among young men[M]			

School Readiness

Attendance to pre-school education is important for the readiness of children to school. Table ED.2 shows the proportion of children in the first grade of primary school (regardless of age) who attended pre-school the previous year[i]. Overall, 58 percent of children who are currently attending the first grade of primary school were attending pre-school the previous year. There is no gender difference and children from urban and rural areas have similar values. Regional differentials appear to exist but interpretation should be cautious given the relatively small sample size outside Region Centre East. Socioeconomic status is correlated with school readiness; while the indicator is only 37 percent among the poorest households, it increases to 82 percent among those children living in the richest households.

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[i] The computation of the indicator does not exclude repeaters, and therefore is inclusive of both children who are attending primary school for the first time, as well as those who were in the first grade of primary school the previous school year and are repeating. Children repeating may have attended pre-school prior to the school year during which they attended the first grade of primary school for the first time; these children are not captured in the numerator of the indicator

Table ED.2: School readiness

Percentage of children attending first grade of primary school who attended pre-school the previous year, Sao Tome and Principe, 2014

	Percentage of children attending first grade who attended preschool in previous year[1]	Number of children attending first grade of primary school
Total	57.9	378
Sex		
Male	58.7	196
Female	57.1	182
Region		
Centre East	60.8	232
North West	48.5	87
South East	50.0	43
Aut. of Principe	(89.7)	16
Area		
Urban	57.3	260
Rural	59.2	118
Mother's education		
None/Primary	52.6	271
Secondary/Higher	71.3	107
Wealth index quintile		
Poorest	37.1	81
Second	47.5	68
Middle	56.4	80
Fourth	66.9	73
Richest	82.2	77

[1] **MICS indicator 7.2 - School readiness**
( ) Figures that are based on 25-49 unweighted cases

Primary and Secondary School Participation

Universal access to basic education and the completion of primary education by the world's children is one of the Millennium Development Goals. 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.

In Sao Tome and Principe, children enter primary school at age 6 and enter secondary school at age 12. There are 6 grades in primary school and 6 grades in secondary school. In primary school, grades are referred to as year 1 to year 6, or first to sixth grade. For secondary school, grades are referred to as seventh to twelfth grade. The school year typically runs from September of one year to July of the following year.

Of children who are of primary school entry age (age 6) in Sao Tome and Principe, 77 percent are attending the first grade of primary school (Table ED.3). Attendance levels of children of both sexes, as well as those from urban and rural areas, are similar. While there are apparent differences between

regions and socioeconomic status, these should be interpreted with caution given the relatively small size of several of the denominators.

Table ED.3: Primary school entry		
Percentage of children of primary school entry age entering grade 1 (net intake rate), Sao Tome and Principe, 2014		
	Percentage of children of primary school entry age entering grade 1[1]	Number of children of primary school entry age
Total	77.1	453
Sex		
Male	80.1	221
Female	74.2	232
Region		
Centre East	75.5	300
North West	83.8	89
South East	70.3	46
Aut. of Principe	(86.8)	18
Area		
Urban	74.7	314
Rural	82.4	139
Mother's education		
None/Primary	78.7	313
Secondary/Higher	74.6	137
Wealth index quintile		
Poorest	70.3	83
Second	77.1	87
Middle	82.8	86
Fourth	71.0	98
Richest	83.6	100
[1] MICS indicator 7.3 - Net intake rate in primary education		
( ) Figures that are based on 25-49 unweighted cases		

Table ED.4 provides the percentage of children of primary school age 6 to 11 years who are attending primary or secondary school[i] and those who are out of school. The great majority of children of primary school age are attending school (94 percent). However, 6 percent of the children are out of school, though primarily due to the lower attendance rate (81 percent) for children age 6, who appear to be starting late in school, as seen by a relatively high percentage attending pre-school. The net attendance ratio is similar for children of urban and rural areas and of the various regions.

The secondary school net attendance ratio is presented in Table ED.5[ii]. More dramatic than in primary school, only 60 percent of the children are attending secondary school. Of the remaining 40 percent, most are attending primary school, but 12 percent of children of secondary school age are

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[i] Ratios presented in this table are "adjusted" since they include not only primary school attendance, but also secondary school attendance in the numerator.
[ii] Ratios presented in this table are "adjusted" since they include not only secondary school attendance, but also attendance to higher levels in the numerator.

completely out of school. The net attendance ratio for boys is lower (55 percent) than that of the girls (65 percent), mainly because a higher proportion of boys are still attending primary school.

Table ED.4: Primary school attendance and out of school children

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Sao Tome and Principe, 2014

	Male					Female					Total				
	Net atten-dance ratio (adjus-ted)	Percentage of children:			Num-ber of chil-dren	Net atten-dance ratio (adjus-ted)	Percentage of children:			Num-ber of chil-dren	Net atten-dance ratio (adjust-ted)[1]	Percentage of children:			Num-ber of chil-dren
		Not atten-ding school or preschool	Atten-ding pre-school	Out of school [a]			Not atten-ding school or preschool	Atten-ding pre-school	Out of school [a]			Not atten-ding school or preschool	Atten-ding pre-school	Out of school [a]	
Total	94.1	3.8	1.9	5.7	1,179	94.1	3.1	2.7	5.8	1,175	94.1	3.5	2.3	5.8	2,355
Region															
Centre East	93.8	4.1	1.8	5.9	726	93.8	3.4	2.7	6.1	773	93.8	3.7	2.3	6.0	1,499
North West	95.1	2.9	1.7	4.6	257	94.9	2.9	2.2	5.1	220	95.0	2.9	1.9	4.8	477
South East	92.6	4.8	2.6	7.4	148	94.3	2.1	3.6	5.7	138	93.4	3.5	3.1	6.6	286
Aut. of Principe	96.3	1.1	2.6	3.7	48	95.0	2.4	2.6	5.0	44	95.7	1.7	2.6	4.3	92
Area															
Urban	94.8	2.8	2.0	4.9	761	93.9	3.4	2.6	6.0	781	94.3	3.1	2.3	5.4	1,542
Rural	92.7	5.6	1.7	7.3	418	94.5	2.6	3.0	5.5	395	93.6	4.1	2.3	6.4	813
Age at beginning of school year															
6	85.3	6.1	8.2	14.3	221	77.0	10.1	12.9	23.0	232	81.0	8.2	10.6	18.8	453
7	97.7	1.0	1.0	1.9	228	96.9	1.5	1.1	2.6	198	97.3	1.2	1.0	2.3	426
8	96.6	2.9	0.4	3.4	204	99.9	0.1	0.0	0.1	218	98.3	1.5	0.2	1.7	422
9	97.1	1.8	0.7	2.5	205	98.6	1.4	0.0	1.4	185	97.8	1.6	0.4	2.0	389
10	94.2	5.8	0.0	5.8	156	98.8	1.2	0.0	1.2	163	96.5	3.5	0.0	3.5	319
11	93.8	6.2	0.0	6.2	166	97.1	2.9	0.0	2.9	180	95.5	4.5	0.0	4.5	346
Mother's education[b]															
None	94.5	3.8	1.6	5.5	87	90.1	4.0	5.9	9.9	88	92.3	3.9	3.8	7.7	175
Primary	94.1	4.8	1.1	5.9	795	95.3	3.0	1.7	4.7	754	94.7	3.9	1.4	5.3	1,549
Second./Higher	94.2	0.7	4.3	4.9	293	92.7	3.4	3.6	7.0	317	93.4	2.1	3.9	6.0	609
Wealth index quintile															
Poorest	90.7	7.0	2.3	9.3	245	92.6	2.5	4.9	7.4	222	91.6	4.9	3.5	8.4	467
Second	93.5	5.1	1.4	6.5	247	93.8	4.7	1.5	6.2	225	93.7	4.9	1.4	6.3	472
Middle	93.9	2.9	2.4	5.3	233	95.4	3.3	0.9	4.2	249	94.7	3.1	1.6	4.7	481
Fourth	94.2	3.4	2.5	5.8	236	94.4	3.2	2.4	5.6	247	94.3	3.3	2.4	5.7	484
Richest	98.4	0.3	0.9	1.2	218	94.0	1.8	4.2	6.0	233	96.2	1.0	2.6	3.7	451

[1] **MICS indicator 7.4; MDG indicator 2.1 - Primary school net attendance ratio (adjusted)**

[a] The percentage of children of primary school age out of school are those not attending school and those attending preschool

[b] 4 unweighted missing cases not shown

Table ED.5: Secondary school attendance and out of school children

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Sao Tome and Principe, 2014

	Male				Female				Total			
	Net atten-dance ratio (adjusted)	Percentage of children:		Number of children	Net atten-dance ratio (adjusted)	Percentage of children:		Number of children	Net atten-dance ratio (adjusted)[1]	Percentage of children:		Number of children
		Attending primary school	Out of school[a]			Attending primary school	Out of school[a]			Attending primary school	Out of school[a]	
Total	55.0	32.4	12.6	758	65.0	24.2	10.7	896	60.4	28.0	11.6	1,653
Region												
Centre East	55.6	31.7	12.8	490	69.4	21.6	8.9	604	63.2	26.1	10.6	1,094
North West	50.8	36.2	13.0	139	64.4	21.0	14.6	163	58.2	28.0	13.9	302
South East	58.7	28.8	12.4	103	44.9	38.7	16.4	107	51.7	33.9	14.5	209
Autonomous of Principe	(53.2)	(38.9)	(7.9)	26	(45.7)	(50.0)	(4.3)	22	(49.7)	(44.1)	(6.2)	48
Area												
Urban	55.1	33.6	11.3	503	68.3	22.5	9.2	626	62.5	27.4	10.1	1,129
Rural	54.8	30.0	15.2	255	57.2	28.3	14.2	270	56.0	29.1	14.7	525
Age at beginning of school year												
12	26.4	66.6	7.1	179	33.9	61.0	5.1	195	30.3	63.7	6.0	374
13	52.9	39.5	7.6	180	64.1	28.4	7.5	194	58.7	33.8	7.6	375
14	63.7	23.5	12.8	138	73.5	17.2	9.3	176	69.2	20.0	10.8	314
15	67.0	12.1	20.9	137	80.3	5.7	13.5	167	74.3	8.6	16.8	303
16	77.0	4.5	18.5	123	78.3	1.9	19.8	163	77.8	3.0	19.3	287
Mother's education[b]												
None	40.1	39.5	20.5	81	49.8	35.5	14.7	80	44.9	37.5	17.6	161
Primary	51.3	35.6	13.1	486	63.2	26.3	10.6	551	57.6	30.6	11.8	1,037
Secondary/Higher	72.6	21.3	6.1	181	74.6	17.4	7.7	253	73.8	19.0	7.0	433
Cannot be determined[c]	(*)	(*)	(*)	7	(*)	(*)	(*)	10	(*)	(*)	(*)	16
Wealth index quintile												
Poorest	40.0	38.3	21.7	139	44.3	32.3	23.4	148	42.2	35.2	22.6	287
Second	44.5	37.4	18.1	157	48.5	37.7	13.8	164	46.5	37.6	15.9	321
Middle	47.6	38.4	14.0	161	64.1	28.1	7.8	178	56.3	33.0	10.8	340
Fourth	66.7	28.8	4.5	136	70.1	20.0	9.9	184	68.7	23.7	7.6	319
Richest	75.6	19.5	4.9	164	87.4	9.3	2.9	222	82.4	13.6	3.7	386

[1] **MICS indicator 7.5 - Secondary school net attendance ratio (adjusted)**

[a] The percentage of children of secondary school age out of school are those who are not attending primary, secondary, or higher education
[b] 4 unweighted missing cases not shown. ( ) Figures that are based on 25-49 unweighted cases. (*) Figures that are based on fewer than 25 unweighted cases
[c] Children age 15 or higher at the time of the interview whose mothers were not living in the household

Lowe attendance to secondary school for children of the poorest households is striking; the poorest children are six times more likely to be out of school (23 percent) compared to their richest counterparts (3 percent).

The percentage of children entering first grade who eventually reach the last grade of primary school is presented in Table ED.6. Of all children starting grade one, the overwhelming majority (92 percent) eventually reaches grade 6. The MICS included only questions on school attendance in the current and previous year. Thus, the indicator is calculated synthetically by computing the cumulative probability of survival from the first to the last grade of primary school, as opposed to calculating the indicator for a real cohort which would need to be followed from the time a cohort of children entered primary school, up to the time they reached the last grade of primary school. Repeaters are excluded from the calculation of the indicator, because it is not known whether they will eventually graduate. As an example, the probability that a child will move from the first grade to the second grade is computed by dividing the number of children who moved from the first grade to the second grade (during the two consecutive school years covered by the survey) by the number of children who have moved from the first to the second grade plus the number of children who were in the first grade the previous school year, but dropped out. Both the numerator and denominator exclude children who repeated during the two school years under consideration.

Table ED.6 suggests that boys drop out more from primary school than girls, since 87 percent of boys reach the last grade compared to 96 percent of girls. Similarly, a smaller proportion of children from rural areas reach grade 6 than their urban counterparts (87 and 94 percent respectively). Finally, only 85 percent of children from the poorest households reach grade 6 compared with 97 percent of those coming from the wealthiest households.

Table ED.6: Children reaching last grade of primary school

Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Sao Tome and Principe, 2014

	Percent attending grade 1 last school year who are in grade 2 this school year	Percent attending grade 2 last school year who are attending grade 3 this school year	Percent attending grade 3 last school year who are attending grade 4 this school year	Percent attending grade 4 last school year who are attending grade 5 this school year	Percent attending grade 5 last school year who are attending grade 6 this school year	Percent who reach grade 6 of those who enter grade 1[1]
Total	99.7	98.0	99.2	96.2	98.2	91.6
Sex						
Male	99.5	96.7	98.2	94.8	97.2	87.1
Female	100.0	99.4	100.0	97.7	99.1	96.3
Region						
Centre East	100.0	97.5	98.7	95.2	98.5	90.2
North West	100.0	99.0	100.0	100.0	97.4	96.4
South East	97.9	97.8	100.0	95.5	97.5	89.1
A. of Principe	(100.0)	(100.0)	(100.0)	(93.5)	(100.0)	(93.5)
Area						
Urban	99.8	99.4	99.7	96.4	98.7	94.1
Rural	99.6	95.6	98.2	95.7	97.2	87.1
Mother's education[a]						
None	97.8	95.2	100.0	86.3	98.2	78.9
Primary	99.9	97.6	98.8	98.1	99.2	93.7
Sec./Higher	100.0	100.0	100.0	100.0	99.2	99.2
Wealth index quintile						
Poorest	98.9	96.7	98.4	89.7	100.0	84.5
Second	100.0	98.9	99.2	96.9	96.6	91.8
Middle	100.0	95.0	98.6	96.1	97.9	88.1
Fourth	100.0	100.0	100.0	100.0	98.1	98.1
Richest	100.0	100.0	100.0	98.4	98.7	97.1

[1] MICS indicator 7.6; MDG indicator 2.2 - Children reaching last grade of primary
[a] 1 unweighted case where the mother does not live in the household, plus 3 missing cases not shown
( ) Figures that are based on 25-49 unweighted cases

The primary school completion rate and transition rate to secondary education are presented in Table ED.7. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year.

Table ED.7 shows that the primary school completion rate is 112 percent. Primary school completion rates may go well above 100 percent, as in this case, when there are many over-aged children in the last grade of primary school. Unfortunately, only 54 percent of the children who were attending the last grade of primary school in the previous school year were found to be attending the first grade of secondary school in the school year of the survey. The table also provides "effective" transition rate which takes account of the presence of repeaters in the final grade of primary school. This indicator better reflects situations in which pupils repeat the last grade of primary education but eventually make the transition to the secondary level. The simple transition rate tends to underestimate pupils' progression to secondary school as it assumes that the repeaters never reach secondary school. The table shows that in total 91 percent of the children in the last grade of primary school are expected

to move on to secondary school. The large difference between transition rate and effective transition rate suggests that there are lots of repeaters in the last grade of primary school (32 percent according to calculations; data not shown). Urban and rural areas show similar rates. Interpretation of apparent differences along other background characteristics should be cautious as many of the denominators are relatively small.

Table ED.7: Primary school completion and transition to secondary school					
Primary school completion rates and transition and effective transition rates to secondary school, Sao Tome and Principe, 2014					
	Primary school completion rate[1]	Number of children of primary school completion age	Transition rate to secondary school[2]	Number of children who were in the last grade of primary school the previous year	Effective transition rate to secondary school	Number of children who were in the last grade of primary school the previous year and are not repeating that grade in the current school year
Total	111.9	346	53.7	435	91.3	256
Sex						
Male	114.6	166	54.0	218	90.8	130
Female	109.3	180	53.4	217	91.7	126
Region						
Centre East	109.6	220	50.1	284	87.9	162
North West	104.2	70	72.9	82	100.0	60
South East	143.4	39	45.8	57	90.5	29
Aut. of Principe	(99.6)	16	(47.7)	13	(*)	6
Area						
Urban	116.1	220	53.9	290	90.8	172
Rural	104.4	126	53.4	145	92.3	84
Mother's education[a]						
None/Primary	108.6	249	52.0	295	92.1	167
Secondary/Higher	114.6	95	65.4	112	95.3	77
Wealth index quintile						
Poorest	116.5	63	54.0	57	(93.6)	33
Second	109.0	68	46.2	90	89.5	47
Middle	156.6	55	52.3	86	91.9	49
Fourth	105.1	84	51.6	94	(91.2)	53
Richest	85.5	76	62.9	108	91.0	75
[1] **MICS indicator 7.7 - Primary completion rate** [2] **MICS indicator 7.8 - Transition rate to secondary school** [a] 1 unweighted case of mother not living in the household not shown ( ) Figures that are based on 25-49 unweighted cases (*) Figures that are based on fewer than 25 unweighted cases					

The ratio of girls to boys attending primary and secondary education is provided in Table ED.8. 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 latter provide an erroneous description of the GPI mainly because, in most cases, the majority of over-age children attending primary education tend to be boys.

The table shows that gender parity for primary school is exactly 1.00, indicating no difference in the attendance of girls and boys to primary school. However, the indicator increases to 1.18 for secondary education. The advantage of girls is particularly pronounced in Region Centre East and

Region North West, while in the two other regions the opposite situation is found and girls are at a disadvantage. Girls are generally at an advantage in urban areas, with a GPI of 1.24, while rural areas are closer to gender parity, with a GPI of 1.04.

Table ED.8: Education gender parity						
Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Sao Tome and Principe, 2014						
	Primary school			**Secondary school**		
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR[1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR[2]
Total	94.1	94.1	1.00	65.0	55.0	1.18
Region						
Centre East	93.8	93.8	1.00	69.4	55.6	1.25
North West	94.9	95.1	1.00	64.4	50.8	1.27
South East	94.3	92.6	1.02	44.9	58.7	.76
Autonomous of Principe	95.0	96.3	.99	45.7	53.2	.86
Area						
Urban	93.9	94.8	.99	68.3	55.1	1.24
Rural	94.5	92.7	1.02	57.2	54.8	1.04
Mother's education						
None	90.1	94.5	.95	49.8	40.1	1.24
Primary	95.3	94.1	1.01	63.2	51.3	1.23
Secondary/Higher	92.7	94.2	.98	74.6	72.6	1.03
Cannot be determined[a]	na	na	na	(*)	(*)	(*)
Wealth index quintile						
Poorest	92.6	90.7	1.02	44.3	40.0	1.11
Second	93.8	93.5	1.00	48.5	44.5	1.09
Middle	95.4	93.9	1.02	64.1	47.6	1.35
Fourth	94.4	94.2	1.00	70.1	66.7	1.05
Richest	94.0	98.4	.96	87.4	75.6	1.16
[1] **MICS indicator 7.9; MDG indicator 3.1 - Gender parity index (primary school)**						
[2] **MICS indicator 7.10; MDG indicator 3.1 - Gender parity index (secondary school)**						
[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household						
na: not applicable						
(*) Figures that are based on fewer than 25 unweighted cases						

The percentage of girls in the total out of school population, in both primary and secondary school, are provided in Table ED.9. The table shows that, at the primary as at secondary levels, girls account for 50 percent of the out-of-school population. Interpretation of out of school gender parity results by background characteristics is problematical due to the generally small sample sizes.

Table ED.9: Out of school gender parity

Percentage of girls in the total out of school population, in primary and secondary school, Sao Tome and Principe, 2014

	Primary school				Secondary school			
	Percentage of out of school children	Number of children of primary school age	Percentage of girls in the total out of school population of primary school age	Number of children of primary school age out of school	Percentage of out of school children	Number of children of secondary school age	Percentage of girls in the total out of school population of secondary school age	Number of children of secondary school age out of school
Total	5.8	2,355	50.4	136	11.6	1,653	50.1	191
Region								
Centre East	6.0	1,499	52.5	90	10.6	1,094	46.1	116
North West	4.8	477	(48.7)	23	13.9	302	56.8	42
South East	6.6	286	(41.8)	19	14.5	209	(57.8)	30
Autonomous of Principe	4.3	92	(*)	4	6.2	48	(*)	3
Area								
Urban	5.4	1,542	55.8	84	10.1	1,129	50.2	114
Rural	6.4	813	41.9	52	14.7	525	49.8	77
Mother's education								
None/Primary	5.6	1724	45.8	96	12.6	1198	46.6	150
Secondary/Higher	6.0	609	(60.7)	37	7.0	433	(63.7)	30
Cannot be determined[a]	na	na	na	na	(*)	16	(*)	10
Wealth index quintile								
Poorest	8.4	467	(41.9)	39	22.6	287	53.3	65
Second	6.3	472	(46.7)	30	15.9	321	44.3	51
Middle	4.7	481	(45.9)	23	10.8	340	(38.1)	37
Fourth	5.7	484	(*)	28	7.6	319	(*)	24
Richest	3.7	451	(*)	16	3.7	386	(*)	14

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

na: not applicable

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

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

Figure ED.1 brings together all of the attendance and progression related education indicators covered in this chapter, by sex. Information on attendance to early childhood education is also included, which was covered in Chapter 9, in Table CD.1.

Figure ED.1: Education indicators by sex, Sao Tome and Principe, 2014

School readiness			
59 57			

Net intake rate in primary education	**Primary school completion rate**	**Transition rate to secondary school**
80 74	**115** 109	**54** 53

Attendance to early childhood education	**Primary school attendance**	**Secondary school attendance**
34 39	**94** 94	**55** 65

Children reaching last grade of primary	
87 96	**Boys** Girls
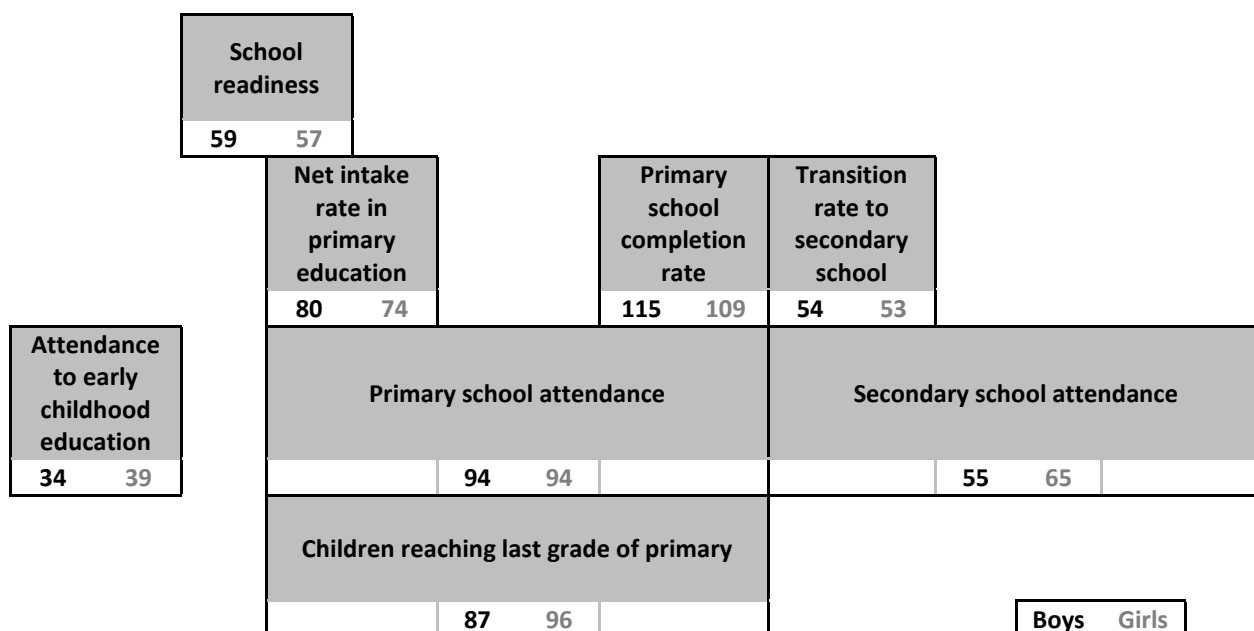
Note: All indicator values are in per cent

XI. Child Protection

Birth Registration

A name and nationality is every child's right, enshrined in the Convention on the Rights of the Child (CRC) and other international treaties. Yet the births of around one in four children under the age of five worldwide have never been recorded.[i] This lack of formal recognition by the State usually means that a child is unable to obtain a birth certificate. As a result, he or she may be denied health care or education. Later in life, the lack of official identification documents can mean that a child may enter into marriage or the labour market, or be conscripted into the armed forces, before the legal age. In adulthood, birth certificates may be required to obtain social assistance or a job in the formal sector, to buy or prove the right to inherit property, to vote and to obtain a passport. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed.[ii]

In 2006-2007, the government of Sao Tome and Principe implemented, with the support of UNICEF, a national birth registration campaign for all children age 0 to 5 years. This campaign was a demonstration of the importance given by the government of Sao Tome and Principe to birth registration as the first fundamental individual right following birth. The government, in collaboration with UNICEF, launched in 2011 a campaign in maternities for birth registration immediately after birth, with the objective of reducing the number of small children without birth registration in the country.

The country adopted a Permanent Birth Registration Strategy in 2010, providing a direct link between the Civil Registration directorate and the maternity ward and clinics. The government has committed to reaching 100 per cent birth registration by 2015. Barriers to birth registration include: babies born on weekends, formal and informal fees for birth registration and fines for late registration, as well as doubts regarding paternity on the part of the male.

The births of 95 percent of children under five years in Sao Tome and Principe have been registered (Table CP.1) and less than one percent of children do not have a birth certificate. Registration takes place early as there are no meaningful differences in the percentage of registrations by age groups. On the other hand, while virtually all children from wealthiest households are registered, that proportion goes down to 87 percent among the poorest. Columns presenting disaggregated statistics for children that have not been registered have been suppressed in Table CP.1 due to the relatively small number of cases in this survey.

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[i] UNICEF. 2014. *The State of the World's Children 2015*. UNICEF.
[ii] UNICEF. 2013. *Every Child's Birth Right: Inequities and trends in birth registration*. UNICEF.

Table CP.1: Birth registration

Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caretakers know how to register birth, Sao Tome and Principe, 2014

	Children under age 5 whose birth is registered with civil authorities				Number of children under age 5
	Has birth certificate		No birth certificate	Total registered[1]	
	Seen	Not seen			
Total	85.0	9.7	0.5	95.2	2,030
Sex					
Male	85.5	9.5	0.5	95.5	1,023
Female	84.4	10.0	0.6	94.9	1,007
Region					
Centre East	86.3	9.1	0.7	96.0	1,317
North West	80.5	11.7	0.2	92.4	386
South East	86.3	7.6	0.4	94.3	245
Aut. of Principe	80.9	17.6	0.0	98.5	82
Area					
Urban	86.8	9.2	0.4	96.4	1,339
Rural	81.4	10.8	0.8	93.0	691
Age					
0-11 months	86.5	8.1	0.0	94.5	351
12-23 months	86.0	8.7	0.2	94.9	403
24-35 months	84.7	10.2	0.4	95.4	412
36-47 months	83.8	10.8	1.4	95.9	434
48-59 months	84.1	10.6	0.5	95.2	430
Mother's education					
None	77.1	13.4	0.0	90.5	84
Primary	84.5	9.0	0.6	94.2	1,253
Secondary	86.8	10.3	0.4	97.4	647
Higher	(85.1)	(14.9)	(0.0)	(100.0)	46
Wealth index quintile					
Poorest	74.1	12.9	0.5	87.5	444
Second	84.1	9.6	1.0	94.6	428
Middle	88.9	8.0	0.5	97.3	411
Fourth	87.2	10.5	0.5	98.2	423
Richest	93.2	6.8	0.0	100.0	324

[1] **MICS indicator 8.1 - Birth registration**
( ) Figures that are based on 25-49 unweighted cases

Child Labour

Children around the world are routinely engaged in paid and unpaid forms of work that are not harmful to them. However, they are classified as child labourers when they are either too young to work or are involved in hazardous activities that may compromise their physical, mental, social or educational development. Article 32 (1) 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".

There is currently no specific definition of child labour in the law of Sao Tome and Principe. However, the law prohibits employment of children below the age of 14 years. Since the law defines all individuals below the age of 18 years as minor, it results that child labour can be regarded as the employment of any individual between the age of 14 and 17 years. The law also prohibits any individual below the age of 18 years to be involved in any work considered heavy, unhealthy or dangerous. It is also unlawful to employ a minor in night work, although individuals above the age of 16 are authorized to be involved in such work as long as it does not affect the physical and psychological development of the minor.

At the international level, the government of Sao Tome and Principe has ratified the main conventions and protocols in the area of Protection and Promotion of the Right of the Child—such as the Convention on the Right of the Child—and has made efforts to implement the principles delineated in these instruments. Finally, the government of Sao Tome and Principe became member of the International Labour Organization (ILO) in 1982 and ratified three conventions of this organization related to forced labour, minimum working age and prohibition of the worst forms of child labour.

The child labour module was administered for children age 5-17 and includes questions on the type of work a child does and the number of hours he or she is engaged in it. Data are collected on both economic activities (paid or unpaid work for someone who is not a member of the household, work for a family farm or business) and domestic work (household chores such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water). The module also collects information on hazardous working conditions.[i, ii]

Table CP.2 presents children's involvement in economic activities. The methodology of the MICS Indicator on Child Labour uses three age-specific thresholds for the number of hours a child can perform economic activity without it being classified as in child labour. A child that performed economic activities during the last week for more than the age-specific number of hours is classified as in child labour:
  i.   age 5-11: 1 hour or more
  ii.   age 12-14: 14 hours or more
  iii. age 15-17: 43 hours or more

Nineteen percent of children age 5-11 years are engaged in any economic activities, while 6 percent of those age 12-14 years are engaged in such activities for at least 14 hours a week, and 3 percent of those age 15-17 years for at least 43 hours a week.

The involvement in economic activities for any period of time changes markedly with age: 19 percent for children age 5-11 years, 44 percent for children age 12-14 years, and 61 percent for children age 15-17 years. However, only 6 percent of children 12-14 years and 3 percent of children

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[i] UNICEF. 2012. *How Sensitive Are Estimates of Child Labour to Definitions?* MICS Methodological Paper No. 1. UNICEF.
[ii] The Child Labour module and the Child Discipline module were administered using random selection of a single child in all households with one or more children age 1-17 (See Appendix F: Questionnaires). The Child Labour module was administered if the selected child was age 5-17 and the Child Discipline module if the child was age 1-14 years old. To account for the random selection, the household sample weight is multiplied by the total number of children age 1-17 in each household.

15-17 years are performing such tasks for long hours. There are some urban/rural differentials but they are not large. The trends by socio-economic groups are not linear.

Table CP.2: Children's involvement in economic activities								
Percentage of children by involvement in economic activities during the last week, according to age groups, Sao Tome and Principe, 2014								
	Percentage of children age 5-11 years involved in economic activity for at least one hour	Number of children age 5-11 years	**Percentage of children age 12-14 years involved in:**		Number of children age 12-14 years	**Percentage of children age 15-17 years involved in:**		Number of children age 15-17 years
			Economic activity less than 14 hours	Economic activity for 14 hours or more		Economic activity less than 43 hours	Economic activity for 43 hours or more	
Total	18.6	2,847	38.3	6.1	1,144	57.5	3.2	892
Sex								
Male	16.9	1,437	39.3	4.1	550	52.0	5.9	413
Female	20.2	1,411	37.4	8.1	594	62.2	0.9	480
Region								
Centre East	16.1	1,866	33.1	4.7	713	55.9	3.1	539
North West	19.2	521	38.3	10.8	248	55.0	1.2	197
South East	26.4	357	59.5	7.0	139	66.3	7.4	125
Autonomous of Principe	31.6	103	(55.3)	(0.0)	43	(64.5)	(0.0)	31
Area								
Urban	17.1	1,926	36.1	6.1	754	57.6	4.6	589
Rural	21.6	922	42.6	6.2	390	57.3	0.4	303
School attendance								
Yes	20.0	2,478	37.1	6.2	1,066	56.6	2.3	722
No	8.8	369	54.4	5.9	78	61.2	6.9	171
Mother's education								
None	20.7	184	51.8	6.0	103	62.8	2.6	105
Primary	21.1	1,820	41.2	5.6	742	56.3	3.9	590
Secondary	12.7	773	24.1	4.1	244	57.9	0.9	175
Higher	10.4	60	(29.0)	(20.8)	43	(*)	(*)	11
Cannot be determined[a]	na	na	na	na	na	(*)	(*)	7
Missing	(*)	5	(*)	(*)	2	(*)	(*)	3
Wealth index quintile								
Poorest	18.8	562	40.1	3.8	233	52.8	0.5	125
Second	17.1	541	47.1	4.8	194	49.4	4.8	233
Middle	20.4	660	44.8	3.7	212	53.9	5.4	155
Fourth	25.5	553	35.2	6.9	213	67.8	2.3	181
Richest	10.3	531	28.6	10.1	292	63.3	2.1	198

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household
na: not applicable
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table CP.3 presents children's involvement in household chores. As for economic activity above, the methodology also uses age-specific thresholds for the number of hours a child can perform household chores without it being classified as child labour. A child that performed household chores during the last week for more than the age-specific number of hours is classified as in child

labour:

i.   age 5-11: 28 hours or more
ii. age 12-14: 28 hours or more
iii. age 15-17: 43 hours or more

Girls are generally more likely to perform household chores than boys, and rural children tend to be more involved than their urban counterparts. Differences by socio-economic groups are not clearly demarcated, except in the case of children in the wealthiest households who are less likely to perform household chores or do so for shorter periods of time.

Table CP.3: Children's involvement in household chores

Percentage of children by involvement in household chores during the last week, according to age groups, Sao Tome and Principe, 2014

	Percentage of children age 5-11 years involved in:		Number of children age 5-11 years	Percentage of children age 12-14 years involved in:		Number of children age 12-14 years	Percentage of children age 15-17 years involved in:		Number of children age 15-17 years
	Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 43 hours	Household chores for 43 hours or more	
Total	69.1	4.4	2,847	83.4	9.2	1,144	90.6	4.4	892
Sex									
Male	68.2	4.3	1,437	82.3	5.7	550	85.4	4.8	413
Female	70.0	4.5	1,411	84.4	12.4	594	95.2	4.0	480
Region									
Centre East	66.8	2.6	1,866	81.4	8.6	713	90.8	2.3	539
North West	70.3	11.5	521	82.5	14.1	248	88.3	10.3	197
South East	75.5	4.0	357	90.4	5.6	139	91.3	5.3	125
Autonomous of Principe	83.2	2.6	103	(98.2)	(1.8)	43	(100.0)	(0.0)	31
Area									
Urban	66.5	3.6	1,926	81.5	9.2	754	90.7	4.3	589
Rural	74.5	6.1	922	87.1	9.1	390	90.6	4.6	303
School attendance									
Yes	72.8	4.7	2,478	83.7	9.2	1,066	89.9	4.9	722
No	44.5	2.4	369	78.8	9.5	78	93.9	2.1	171
Mother's education									
None	73.0	5.1	184	79.5	8.1	103	91.7	3.6	105
Primary	72.0	5.6	1,820	81.9	11.6	742	91.9	5.2	590
Secondary	65.7	1.0	773	87.5	4.2	244	89.9	1.8	175
Higher	20.0	5.6	60	(89.9)	(0.0)	43	(*)	(*)	11
Cannot be determined[a]	na	na	na	na	na	0	(*)	(*)	7
Missing	(*)	(*)	5	(*)	(*)	2	(*)	(*)	3
Wealth index quintile									
Poorest	72.8	6.3	562	87.0	8.7	233	88.4	5.8	125
Second	72.7	6.1	541	86.4	9.2	194	91.4	6.7	233
Middle	69.7	4.6	660	83.6	11.4	212	90.8	2.7	155
Fourth	72.5	2.8	553	85.8	13.7	213	91.3	5.9	181
Richest	57.1	2.0	531	76.5	4.7	292	90.4	0.8	198

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

na: not applicable

Table CP.4: Child labour

Percentage of children age 5-17 years by involvement in economic activities or household chores during the last week, percentage working under hazardous conditions during the last week, and percentage engaged in child labour during the last week, Sao Tome and Principe, 2014

	Children involved in economic activities for a total number of hours during last week:		Children involved in household chores for a total number of hours during last week:		Children working under hazardous conditions	Total child labour[1]	Number of children age 5-17 years
	Below the age specific threshold	At or above the age specific threshold	Below the age specific threshold	At or above the age specific threshold			
Total	26.0	12.8	76.4	5.5	16.0	26.0	4,883
Sex							
Male	24.4	12.1	74.4	4.7	16.2	24.6	2,399
Female	27.6	13.6	78.3	6.3	15.9	27.5	2,484
Region							
Centre East	24.0	11.3	74.3	3.9	12.9	21.3	3,117
North West	24.0	13.4	77.1	11.9	16.9	30.6	966
South East	36.5	18.2	82.0	4.6	22.5	36.3	622
Autonomous of Principe	35.7	18.4	89.8	1.9	43.2	48.3	178
Area							
Urban	24.7	12.3	74.3	5.0	13.3	23.3	3,269
Rural	28.5	13.9	80.5	6.5	21.5	31.6	1,614
Age							
5-11	11.2	18.6	69.1	4.4	10.9	23.9	2,847
12-14	38.3	6.1	83.4	9.2	18.1	26.4	1,144
15-17	57.5	3.2	90.6	4.4	29.6	32.3	892
School attendance							
Yes	25.9	13.6	78.4	5.9	15.3	26.2	4,266
No	26.7	7.9	62.5	3.2	21.3	25.2	617
Mother's education							
None	33.6	12.0	79.7	5.5	21.1	27.9	392
Primary	26.6	14.2	78.0	7.0	18.3	29.4	3,152
Secondary	22.2	9.2	73.7	1.8	9.4	16.8	1,191
Higher	20.8	13.3	47.6	3.0	2.9	19.2	114
Cannot be determined[a]	(*)	(*)	(*)	(*)	(*)	(*)	7
Missing	(*)	(*)	(*)	(*)	(*)	(*)	10
Wealth index quintile							
Poorest	23.7	12.5	78.5	6.8	15.9	27.1	920
Second	26.8	11.7	80.0	6.8	17.0	24.7	968
Middle	24.4	14.7	75.8	5.7	17.2	29.4	1,027
Fourth	27.2	16.9	79.1	5.8	20.5	31.3	947
Richest	27.8	8.6	69.1	2.6	10.0	18.0	1,021

[1] **MICS indicator 8.2 - Child labour**

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

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

Table CP.4 combines the children working and performing household chores at or above and below the age-specific thresholds as detailed in the previous tables, as well as those children reported

working under hazardous conditions, into the total child labour indicator. Overall, 26 percent of children age 5-17 years are estimated to be in child labour, including 16 percent working in hazardous conditions. Gender differentials are small. Rural children are more exposed to child labour (32 percent) than their urban counterparts (23 percent), and so are they to hazardous conditions of work (21 and 13 percent respectively). Child labour ranges from 21 percent in Region Centre East to 48 percent in Autonomous Region of Principe. It increases with age, from 24 percent in the 5-11 years to 32 percent in the 15-17 years; this last group also suffers the heaviest risk of exposure to hazardous conditions (30 percent). In terms of socio-economic groups, children from the wealthiest households show less likelihood of being involved in child labour and/or to work under hazardous conditions than the other categories. There is a clear tendency for the risk of exposure to hazardous working conditions to increase as the level of education of the mother decreases.

Child Discipline

Teaching children self-control and acceptable behavior is an integral part of child discipline in all cultures. Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgment and responsibility and preserve children's self-esteem, physical and psychological integrity and dignity. Too often however, children are raised through the use of punitive methods that rely on the use of physical force or verbal intimidation to obtain desired behaviors. Studies[i] have found that exposing children to violent discipline have harmful consequences, which range from immediate impacts to long-term harm that children carry forward into adult life. Violence hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and depression; and, at times, it leads to risk taking and self-harm.

In the MICS, respondents to the household questionnaire were asked a series of questions on the methods adults in the household used to discipline a selected child during the past month.[ii]

In the 2014 Sao Tome and Principe MICS, 80 percent of children age 1-14 years were subjected to at least one form of psychological or physical punishment by household members during the past month.

For the most part, households employ a combination of violent disciplinary practices. While 64 percent of children experienced psychological aggression, more than 2 out of 3 (69 percent) experienced physical punishment. The most severe forms of physical punishment (hitting the child on the head, ears or face or hitting the child hard and repeatedly), if less common, are not rare: 10 percent of children were subjected to severe punishment.

Gender differentials are small, and differences between regions are relatively modest. Exposure to violent disciplinary practices is similar for boys and girls, and for urban and rural children. Younger

[i] Straus, MA and Paschall MJ. 2009. *Corporal Punishment by Mothers and Development of Children's Cognitive Ability: A longitudinal study of two nationally representative age cohorts*. Journal of Aggression, Maltreatment & Trauma 18(5): 459-83.
Erickson, MF and Egeland, B. 1987. *A Developmental View of the Psychological Consequences of Maltreatment*. School Psychology Review 16: 156-68.
Schneider, MW et al. 2005. *Do Allegations of Emotional Maltreatment Predict Developmental Outcomes Beyond that of Other Forms of Maltreatment?*. Child Abuse & Neglect 29(5): 513–32.

children, age 1-2 years, tend to be less severely disciplined then older ones; so are those living in the wealthiest households as compared with other socio-economic categories, and those whose household head has higher education as compared with lower levels.

Table CP.5: Child discipline

Percentage of children age 1-14 years by child disciplining methods experienced during the last one month, Sao Tome and Principe, 2014

	Percentage of children age 1-14 years who experienced:					Number of children age 1-14 years
	Only non-violent discipline	Psychological aggression	**Physical punishment**		Any violent discipline method[1]	
			Any	Severe		
Total	9.6	63.9	68.5	10.0	79.6	5,700
Sex						
Male	10.1	66.5	68.6	11.7	79.9	2,889
Female	9.1	61.2	68.5	8.2	79.3	2,810
Region						
Centre East	10.6	62.3	66.3	8.6	77.8	3,720
North West	5.7	69.8	73.8	12.6	85.9	1,078
South East	9.2	67.2	73.5	12.9	81.4	696
Aut. of Principe	13.3	49.8	65.3	11.0	73.5	206
Area						
Urban	8.9	64.1	68.7	9.3	79.2	3,792
Rural	11.0	63.4	68.3	11.3	80.5	1,907
Age						
1-2	7.5	40.2	64.4	4.0	67.9	866
3-4	9.0	61.1	75.4	7.9	82.0	843
5-9	8.4	69.5	74.7	12.4	84.4	2,144
10-14	12.3	69.8	60.2	10.9	78.5	1,846
Education of household head						
None	5.1	65.1	70.3	12.7	81.8	382
Primary	10.0	65.2	69.0	11.2	80.7	3,237
Secondary	9.5	61.3	69.1	8.5	78.3	1,822
Higher	14.1	64.3	57.1	0.9	72.1	226
Missing	(5.2)	(62.2)	(51.8)	(0.0)	(80.4)	33
Wealth index quintile						
Poorest	6.7	62.5	72.0	13.1	81.7	1,176
Second	9.6	63.7	68.5	11.8	81.3	1,095
Middle	9.2	65.9	70.0	11.9	80.4	1,205
Fourth	9.0	62.9	71.4	9.0	80.0	1,130
Richest	14.0	64.4	60.4	3.6	74.7	1,094

[1] **MICS indicator 8.3 - Violent discipline**
( ) Figures that are based on 25-49 unweighted cases

Figure CP.1: Child disciplining methods, children age 1-14 years, Sao Tome and Principe, 2014
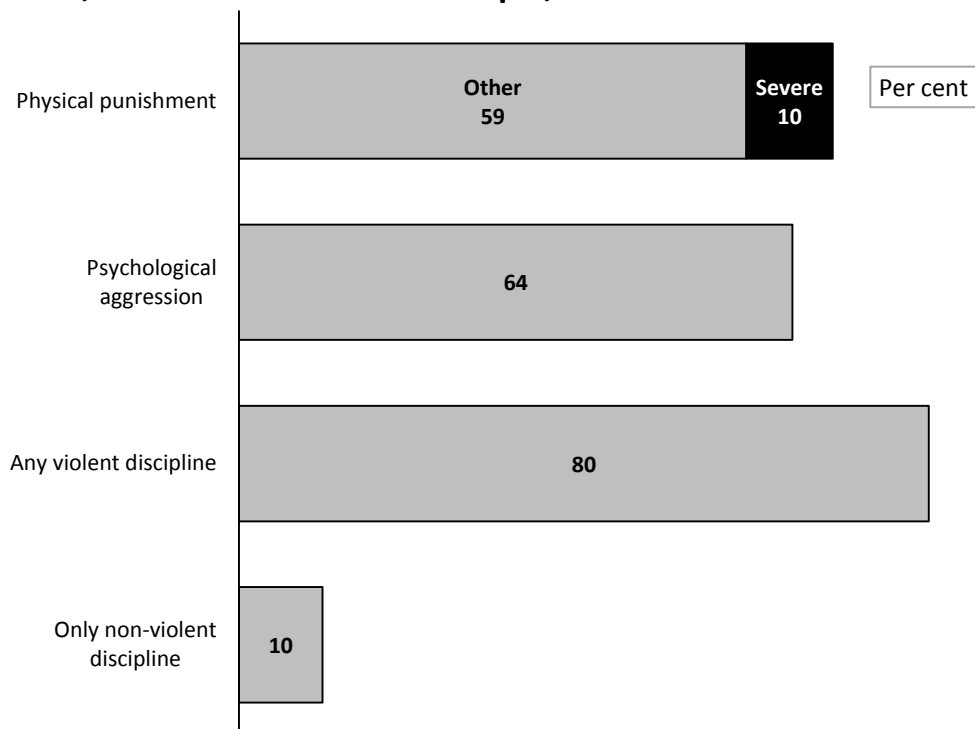
While violent methods are extremely common forms of discipline, Table CP.6 reveals that only 6 percent of respondents believe that physical punishment is a necessary part of child-rearing. Differentials across background variables of respondents are either irrelevant or small.

Table CP.6: Attitudes toward physical punishment

Percentage of respondents to the child discipline module who believe that physical punishment is needed to bring up, raise, or educate a child properly, Sao Tome and Principe, 2014

	Respondent believes that a child needs to be physically punished	Number of respondents to the child discipline module
Total	6.2	2197
Sex		
Male	5.3	599
Female	6.5	1599
Region		
Centre East	6.0	1465
North West	4.4	394
South East	11.2	253
Autonomous of Principe	3.2	86
Area		
Urban	6.8	1470
Rural	4.9	727
Age		
<25	4.8	381
25-39	5.6	1102
40-59	8.4	554
60+	6.2	160
Respondent's relationship to selected child		
Mother	6.3	1198
Father	5.8	405
Other	6.2	594
Respondent's education		
None	6.8	142
Primary	7.7	1239
Secondary	3.7	748
Higher	5.2	69
Wealth index quintile		
Poorest	7.7	443
Second	5.2	428
Middle	5.5	464
Fourth	6.0	447
Richest	6.7	416

Early Marriage and Polygyny

Marriage[i] before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and

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[i] All references to marriage in this chapter include marital union as well.

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

The percentage of women married before ages 15 and 18 years are provided in Table CP.7. Among women age 15-49 years, 5 percent were married before age 15; among women age 20-49 years, about one third (32 percent) was married before age 18.

Overall, 15 percent of young women age 15-19 years are currently married or in union. This proportion tends to be higher in rural (21 percent) than in urban (13 percent) areas, and is strongly related to the level of education and to the socio-economic status. The percentage of women in a polygynous union[iii] is also provided in Table CP.7. Among all women age 15-49 years who are in union, 22 percent are in polygynous union. This condition is somewhat more prevalent in urban (24 percent) than in rural (19 percent) areas, and is less likely among the poorest (13 percent) than the wealthiest (25 percent).

The percentage of men married before ages 15 and 18 years are provided in Table CP.7M. Among men age 15-49 years, only 1 percent were married before age 15 and, among men age 20-49 years, 8 percent were married before age 18.

Only 1 percent of young men age 15-19 years are currently married or in union. Among all men age 15-49 years who are in union, 13 percent are in polygynous union, with similar results for rural and urban areas. The observable differences in this indicator between the various background characteristics are mostly related to the fact that older men are more likely to be in polygynous unions than younger men and boys.

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[i] Bajracharya, A ND Amin, S. 2010. *Poverty, marriage timing, and transitions to adulthood in Nepal: A longitudinal analysis using the Nepal living standards survey.* Poverty, Gender, and Youth Working Paper No. 19. Population Council. Godha, D et al. 2011. *The influence of child marriage on fertility, fertility-control, and maternal health care utilization.* MEASURE/Evaluation PRH Project Working paper 11-124.
[ii] Clark, S et al. 2006. *Protecting young women from HIV/AIDS: the case against child and adolescent marriage. International Family Planning Perspectives* 32(2): 79-88.
Raj, A et al. 2009. *Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young women in India: a cross-sectional, observational study*. The Lancet 373(9678): 1883–9.
[iii] In the MICS, the expression "polygynous union" refers to a woman who is married or in union with a man who is himself married or in union with more than one woman.

Table CP.7: Early marriage and polygyny (women)

Percentage of women age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of women age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women age 15-19 years currently married or in union, and the percentage of women who are in a polygynous marriage or union, Sao Tome and Principe, 2014

	Women age 15-49 years		Women age 20-49 years			Women age 15-19 years		Women age 15-49 years	
	Percentage married before age 15[1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of women age 20-49 years	Percentage currently married/in union[3]	Number of women age 15-19 years	Percentage in polygynous marriage/union[4]	Number of women age 15-49 years currently married/in union
Total	5.1	2,935	5.8	32.2	2,233	15.3	702	22.4	1,629
Region									
Centre East	3.9	1,983	4.4	27.7	1,491	13.6	491	25.5	1,048
North West	6.6	524	7.5	40.4	401	16.3	123	17.2	298
South East	8.7	326	9.5	41.8	256	25.0	70	14.6	213
Aut. of Principe	7.6	103	9.3	43.1	85	(16.6)	18	21.6	70
Area									
Urban	4.5	1,997	5.1	29.7	1,519	12.9	478	24.1	1,092
Rural	6.3	938	7.1	37.5	714	20.5	224	19.0	537
Age									
15-19	2.9	702	na	na	na	15.3	702	3.8	107
20-24	7.9	467	7.9	35.4	467	na	na	14.5	267
25-29	6.3	484	6.3	32.1	484	na	na	16.9	337
30-34	4.1	446	4.1	33.2	446	na	na	23.7	331
35-39	3.8	349	3.8	28.9	349	na	na	35.9	259
40-44	5.1	290	5.1	26.2	290	na	na	26.5	206
45-49	7.4	198	7.4	36.9	198	na	na	32.6	122
Education									
None	11.6	91	11.9	45.8	89	(*)	2	12.4	64
Primary	7.2	1,426	7.2	40.5	1,283	37.0	143	22.0	963
Secondary	2.7	1,318	3.4	20.0	764	9.8	554	26.4	542
Higher	0.0	99	0.0	5.8	97	(*)	3	(4.2)	59
Wealth index quintile									
Poorest	8.8	524	8.9	43.8	417	35.8	107	13.3	289
Second	7.7	581	8.7	41.1	434	17.7	147	21.6	328
Middle	4.7	566	5.6	35.2	429	15.8	137	21.6	313
Fourth	3.6	598	4.2	27.7	465	10.9	133	29.2	335
Richest	1.4	666	1.9	15.9	488	4.0	178	24.9	364

[1] **MICS indicator 8.4 - Marriage before age 15**
[2] **MICS indicator 8.5 - Marriage before age 18**
[3] **MICS indicator 8.6 - Young women age 15-19 years currently married or in union**
[4] **MICS indicator 8.7 – Polygyny**

na: not applicable
( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on fewer than 25 unweighted cases

Table CP.7M: Early marriage and polygyny (men)

Percentage of men age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of men age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of men age 15-19 years currently married or in union, and the percentage of men who are in a polygynous marriage or union, Sao Tome and Principe, 2014

	Men age 15-49 years		Men age 20-49 years			Men age 15-19 years		Men age 15-49 years	
	Percentage married before age 15[1]	Number of men age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of men age 20-49 years	Percentage currently married/in union[3]	Number of men age 15-19 years	Percentage in polygynous marriage/ union[4]	Number of men age 15-49 years currently married/in union
Total	1.4	2,267	1.8	7.5	1,679	1.3	588	13.0	1,081
Region									
Centre East	1.1	1,449	1.3	6.3	1,045	1.7	404	13.6	664
North West	1.6	415	2.0	9.6	318	0.6	97	12.7	216
South East	2.8	309	3.6	9.7	240	0.0	69	11.5	151
Aut. of Principe	1.8	93	2.2	9.5	75	(0.0)	18	12.5	50
Area									
Urban	1.3	1,508	1.6	6.9	1,100	0.9	408	13.0	713
Rural	1.7	759	2.3	8.8	579	2.0	181	13.1	368
Age									
15-19	0.4	588	na	na	na	1.3	588	(*)	7
20-24	0.6	378	0.6	3.2	378	na	na	7.5	86
25-29	0.9	354	0.9	7.8	354	na	na	5.7	234
30-34	4.6	327	4.6	10.9	327	na	na	9.1	273
35-39	1.9	284	1.9	7.7	284	na	na	17.1	213
40-44	2.4	175	2.4	13.8	175	na	na	20.4	147
45-49	0.2	161	0.2	3.2	161	na	na	24.6	121
Education									
None	(2.2)	22	(2.4)	24.3	20	(*)	2	(*)	10
Primary	1.9	951	2.3	8.6	798	1.6	153	10.9	514
Secondary	1.1	1,189	1.3	6.8	760	1.2	429	17.5	482
Higher	1.1	105	1.2	1.2	101	(*)	4	0.0	74
Wealth index quintile									
Poorest	2.5	462	3.1	11.2	368	3.4	95	15.2	224
Second	1.1	458	1.5	8.3	345	0.0	114	10.4	219
Middle	1.2	435	1.6	6.1	323	2.1	112	12.9	215
Fourth	1.9	455	2.0	7.6	318	1.4	136	13.4	205
Richest	0.5	456	0.7	3.9	325	0.0	132	13.3	218

[1] **MICS indicator 8.4 - Marriage before age 15**
[2] **MICS indicator 8.5 - Marriage before age 18**
[3] **MICS indicator 8.6 - Young men age 15-19 years currently married or in union**
[4] **MICS indicator 8.7 – Polygyny**

na: not applicable
( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on fewer than 25 unweighted cases

Table CP.8: Trends in early marriage (women)

Percentage of women who were first married or entered into a marital union before age 15 and 18, by area and age groups, Sao Tome and Principe, 2014

| | Urban | | | | Rural | | | | All | | | |
	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years
Total	4.5	1,997	29.7	1,519	6.3	938	37.5	714	5.1	2,935	32.2	2,233
Age												
15-19	2.5	478	na	na	3.7	224	na	na	2.9	702	na	na
20-24	7.5	326	33.4	326	8.9	141	40.2	141	7.9	467	35.4	467
25-29	5.6	329	28.5	329	7.9	155	39.7	155	6.3	484	32.1	484
30-34	3.3	283	30.8	283	5.3	163	37.5	163	4.1	446	33.2	446
35-39	2.4	236	24.9	236	6.8	113	37.3	113	3.8	349	28.9	349
40-44	4.9	207	26.8	207	5.6	83	24.7	83	5.1	290	26.2	290
45-49	7.1	138	33.9	138	8.1	60	43.7	60	7.4	198	36.9	198

na: not applicable

Table CP.8M: Trends in early marriage (men)

Percentage of men who were first married or entered into a marital union before age 15 and 18, by area and age groups, Sao Tome and Principe, 2014

| | Urban | | | | Rural | | | | All | | | |
	Percentage of men married before age 15	Number of men age 15-49 years	Percentage of men married before age 18	Number of men age 20-49 years	Percentage of men married before age 15	Number of men age 15-49 years	Percentage of men married before age 18	Number of men age 20-49 years	Percentage of men married before age 15	Number of men age 15-49 years	Percentage of men married before age 18	Number of men age 20-49 years
Total	1.3	1,508	6.9	1,100	1.7	759	8.8	579	1.4	2,267	7.5	1,679
Age												
15-19	0.6	408	na	na	0.0	181	na	na	0.4	588	na	na
20-24	0.3	245	3.4	245	1.2	133	2.7	133	0.6	378	3.2	378
25-29	1.0	229	6.8	229	0.9	126	9.5	126	0.9	354	7.8	354
30-34	3.5	208	9.6	208	6.5	120	13.3	120	4.6	327	10.9	327
35-39	2.3	193	6.4	193	1.0	91	10.3	91	1.9	284	7.7	284
40-44	2.3	113	13.7	113	2.6	62	14.1	62	2.4	175	13.8	175
45-49	0.0	113	3.4	113	0.6	47	2.9	47	0.2	161	3.2	161

na: not applicable

Tables CP.8 and CP8.M present respectively the proportion of women and men who were first married or entered into a marital union before age 15 and 18 by area and age groups. Examining the percentages married before age 15 and 18 by different age groups allow for trends to be observed in early marriage over time. The data suggests the possibility of a slightly declining trend in recent years in the marriage of girls before age 15, although this is not apparent for marriages before age 18. For men it is unclear if there is a definite declining trend in early marriages.

Another component is the spousal age difference with the indicator being the percentage of married/in union women 10 or more years younger than their current spouse. Table CP.9 presents the results of the age difference between husbands and wives. The results show that there are some important spousal age differences in Sao Tome and Principe. Among currently married/in union women age 20-24 years, about 17 percent are married/in union with a man who is older by ten years or more. For currently married/in union women age 15-19 years, the corresponding figure is 23 percent. Apparent differences by background characteristics should be interpreted with caution due the relatively small denominators.

Table CP.9: Spousal age difference

Percent distribution of women currently married/in union age 15-19 and 20-24 years according to the age difference with their husband or partner, Sao Tome and Principe, 2014

	Percentage of currently married/in union women age 15-19 years whose husband or partner is:						Number of women age 15-19 years currently married/ in union	Percentage of currently married/in union women age 20-24 years whose husband or partner is:						Number of women age 20-24 years currently married/ in union
	Younger	0-4 years older	5-9 years older	10+ years older[1]	Husband/ Partner's age unknown	Total		Youn-ger	0-4 years older	5-9 years older	10+ years older[2]	Husband/ Partner's age unknown	Total	
Total	1.6	33.0	37.9	23.1	4.4	100.0	107	3.5	41.7	35.8	17.3	1.7	100.0	267
Area														
Urban	2.8	32.8	32.4	28.4	3.6	100.0	61	3.6	37.6	36.8	20.2	1.8	100.0	178
Rural	0.0	33.3	45.2	16.0	5.6	100.0	46	3.3	50.0	33.7	11.4	1.5	100.0	88
Age														
15-19	1.6	33.0	37.9	23.1	4.4	100.0	107	na	na	na	na	na	na	na
20-24	na	na	na	na	na	na	na	3.5	41.7	35.8	17.3	1.7	100.0	267
Education[a]														
Primary	3.3	26.3	47.3	19.5	3.7	100.0	53	2.4	39.4	38.5	16.9	2.7	100.0	134
Secondary	0.0	39.8	28.9	26.2	5.2	100.0	54	4.3	43.8	33.2	18.4	0.2	100.0	127

[1] **MICS indicator 8.8a - Spousal age difference (among women age 15-19)**

[2] **MICS indicator 8.8b - Spousal age difference (among women age 20-24)**

na: not applicable

[a] 3 unweighted cases without education and 4 with higher education in the 20-24 years age group not shown

Attitudes toward Domestic Violence

MICS assessed the attitudes of women and men age 15-49 years towards wife/partner beating by asking the respondents whether they think that husbands/partners are justified to hit or beat their wives/partners in a variety of situations. The purpose of these questions are to capture the social justification of violence (in contexts where women have a lower status in society) as a disciplinary action when a woman does not comply with certain expected gender roles.

The responses to these questions can be found in Table CP.10 for women and in Table CP.10M for men. Overall, 19 percent of women in Sao Tome and Principe feel that a husband/partner is justified in hitting or beating his wife in at least one of the five situations (excluding unfaithfulness to her husband). Besides unfaithfulness, women who justify a husband's violence, agree and justify violence mostly in instances when a wife neglects the children (10 percent), if she argues with her husband (10 percent), or is she demonstrates her autonomy, exemplified by going out without telling her husband (7 percent). Justification in any of the five situations is more present among those living in poorest households, and less educated. The inter-regional range is 14 percent (Region Centre East) to 31 percent (Region North West).

As shown in Table CP.10M, men are less likely to justify violence than women. Overall, 14 percent of men justify wife-beating for any of the five reasons (excluding unfaithfulness to her husband), as compared 19 percent of women. Besides unfaithfulness, the most frequently cited reason for which men justify wife-beating if a wife argues with him (8 percent), or is she neglects the children (5 percent). Men living in the poorest households are much more likely to agree with one of the five reasons (21 percent) than men living in the richest households (7 percent). The inter-regional range is 11 percent (Region Centre East) to 23 percent (Region North West).

Table CP.10: Attitudes toward domestic violence (women)

Percentage of women age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Sao Tome and Principe, 2014

	Percentage of women age 15-49 years who believe a husband is justified in beating his wife:							Number of women age 15-49 years
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these five reasons[1]	If she is unfaithful to her husband	
Total	6.6	9.9	9.8	3.4	4.8	19.1	30.3	2,935
Region								
Centre East	4.1	7.2	6.4	2.5	2.4	14.0	24.2	1,983
North West	13.7	17.9	20.2	6.2	9.7	31.2	43.3	524
South East	9.8	11.5	13.6	4.7	12.0	29.4	45.6	326
Autonomous of Principe	7.8	14.6	10.9	4.7	4.6	22.2	34.7	103
Area								
Urban	6.8	9.8	10.0	3.8	4.6	19.0	29.4	1,997
Rural	6.2	10.0	9.3	2.8	5.4	19.2	32.3	938
Age								
15-19	7.2	13.2	11.9	2.5	8.2	24.0	31.9	702
20-24	6.3	10.0	9.6	2.4	4.3	19.0	32.9	467
25-29	5.5	8.3	11.5	3.3	3.6	18.8	30.2	484
30-34	7.2	10.6	10.0	4.9	4.1	18.4	28.8	446
35-39	5.7	6.2	8.2	3.7	3.8	14.3	29.9	349
40-44	6.0	7.0	5.5	3.5	2.1	14.9	24.0	290
45-49	8.9	10.5	7.4	5.7	4.6	18.5	32.6	198
Marital/Union status								
Currently married/in union	6.9	9.3	9.8	3.6	4.3	18.3	31.4	1,629
Formerly married/in union	6.5	10.5	9.9	4.6	4.3	21.0	32.2	539
Never married/in union	6.0	10.6	9.7	2.4	6.4	19.4	26.8	767
Education								
None	12.3	11.3	15.5	5.9	9.0	26.4	39.9	91
Primary	8.6	11.4	11.9	4.6	5.1	22.6	35.9	1,426
Secondary	4.5	8.6	7.9	2.2	4.6	15.9	25.5	1,318
Higher	0.0	2.9	0.0	0.7	0.0	2.9	4.7	99
Wealth index quintile								
Poorest	11.3	13.3	18.7	6.8	10.4	29.8	40.2	524
Second	8.4	11.1	11.8	3.6	4.9	21.5	33.9	581
Middle	6.5	10.2	9.1	3.0	4.4	19.5	34.0	566
Fourth	5.7	9.5	7.8	3.0	3.7	18.2	29.1	598
Richest	2.2	6.1	3.5	1.4	1.8	8.9	17.5	666

[1] **MICS indicator 8.12 - Attitudes towards domestic violence**

Table CP.10M: Attitudes toward domestic violence (men)

Percentage of men age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Sao Tome and Principe, 2014

	Percentage of men age 15-49 years who believe a husband is justified in beating his wife:							Number of men age 15-49 years
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these five reasons[1]	If she is unfaithful to her husband	
Total	3.4	5.3	8.1	2.8	2.9	13.8	21.1	2,267
Region								
Centre East	3.0	4.3	5.7	2.7	2.1	10.8	17.6	1,449
North West	5.0	9.6	15.5	3.6	4.3	23.2	28.7	415
South East	3.5	4.2	9.4	2.5	4.3	16.0	26.6	309
Autonomous of Principe	2.7	6.0	8.0	2.3	3.8	12.2	24.9	93
Area								
Urban	3.4	5.6	8.3	2.8	2.6	13.7	20.7	1,508
Rural	3.4	4.8	7.8	2.7	3.5	14.0	22.0	759
Age								
15-19	4.9	8.6	10.6	2.9	4.7	18.7	24.0	588
20-24	3.8	6.6	9.5	4.0	4.1	15.1	23.8	378
25-29	2.0	4.6	7.2	3.8	0.9	13.6	21.2	354
30-34	3.1	3.1	7.1	1.2	2.5	9.8	17.3	327
35-39	3.4	3.4	7.0	1.5	2.6	12.5	19.0	284
40-44	2.2	3.5	4.9	3.6	1.8	10.9	22.2	175
45-49	2.4	2.2	5.1	2.4	0.7	7.0	15.2	161
Marital/Union status								
Currently married/in union	3.3	3.7	6.6	3.2	1.9	11.4	18.9	1,081
Formerly married/in union	1.7	4.7	7.4	1.7	2.7	12.7	19.6	234
Never married/in union	3.9	7.4	10.0	2.6	4.1	16.8	24.0	953
Education								
None	(7.1)	(7.1)	(3.9)	(0.0)	(4.9)	(7.7)	(35.3)	22
Primary	4.2	5.1	9.7	4.4	4.1	16.1	24.6	951
Secondary	3.0	5.9	7.6	1.8	2.2	13.2	19.2	1,189
Higher	0.0	0.0	0.8	0.0	0.0	0.8	9.5	105
Wealth index quintile								
Poorest	4.6	6.7	12.3	4.5	5.2	20.9	28.3	462
Second	4.6	5.5	9.8	5.0	4.6	17.3	26.4	458
Middle	2.9	5.6	7.8	1.9	2.0	13.0	16.5	435
Fourth	3.6	5.4	6.6	1.8	1.1	11.0	17.6	455
Richest	1.4	3.4	3.8	0.7	1.6	6.7	16.6	456

[1] **MICS indicator 8.12 - Attitudes towards domestic violence**
( ) Figures that are based on 25-49 unweighted cases

Children's Living Arrangements

The CRC recognizes that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding". Millions of children around the world grow up without the care of their parents for several reasons, including due to the premature death of the parents or their migration for work. In most cases, these children are cared for by members of their extended families, while in others, children may be living in households other than their own, as live-in domestic workers for instance. Understanding the children's living arrangements, including the composition of the households where they live and the relationships with their primary caregivers, is key to design targeted interventions aimed at promoting child's care and wellbeing.

Table CP.11 presents information on the living arrangements and orphanhood status of children under age 18. Overall, 46 percent of children age 0-17 years in Sao Tome and Principe live with both their parents, while 34 percent live with mothers only and 4 percent live with fathers only, and 13 percent of children live with neither of their biological parents while both of them are alive. Finally, 31 percent live with mothers only while the biological father is alive.

Very few children (0.4 percent) have lost both parents, while 4 percent of children have only their mother alive and 1 percent of children have only their father alive.

As expected, older children are less likely than younger children to live with both parents and slightly more likely than younger children to have lost one or both parents. Table CP.14 also shows that the percentage of children living with their mother only while their father is alive is higher in the poorest households (33 percent) as compared with the wealthiest (21 percent). The reverse situation is found with respect to children living with neither biological parent, which is 11 percent among the poorest and 20 percent among the wealthiest.

There are no meaningful differences between urban and rural areas or among the regions in terms of orphanhood.

Table CP.11: Children's living arrangements and orphanhood

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years not living with a biological parent and percentage of children who have one or both parents dead, Sao Tome and Principe, 2014

| | Living with both parents | Living with neither biological parent | | | | Living with mother only | | Living with father only | | Missing information on father/ mother | Total | Living with neither biological parent[1] | One or both parents dead[2] | Number of children age 0-17 years |
		Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead					
Total	46.2	0.8	0.9	12.7	0.4	31.3	2.9	3.7	0.4	0.7	100.0	14.7	5.4	6,838
Sex														
Male	46.5	0.8	0.8	12.1	0.4	31.3	3.1	4.4	0.2	0.5	100.0	14.0	5.3	3,370
Female	45.9	0.7	1.0	13.3	0.4	31.4	2.6	2.9	0.7	1.0	100.0	15.5	5.5	3,469
Region														
Centre East	43.0	0.7	0.8	13.4	0.4	33.8	2.8	3.9	0.4	0.9	100.0	15.2	5.1	4,425
North West	50.7	1.0	1.0	11.4	0.4	28.2	2.8	3.2	0.6	0.6	100.0	13.8	5.8	1,322
South East	56.4	0.8	1.4	12.9	0.6	21.1	3.1	3.0	0.3	0.4	100.0	15.6	6.1	842
Aut. of Principe	45.0	1.1	0.0	6.6	0.5	38.2	3.5	4.6	0.6	0.0	100.0	8.1	5.6	250
Area														
Urban	45.3	0.7	1.0	13.4	0.4	31.2	2.8	3.8	0.5	0.8	100.0	15.5	5.4	4,540
Rural	47.9	0.9	0.6	11.3	0.4	31.6	3.0	3.4	0.4	0.6	100.0	13.2	5.3	2,298
Age														
0-4	59.5	0.4	0.2	4.8	0.0	32.3	1.1	1.5	0.0	0.2	100.0	5.5	1.7	2,010
5-9	45.2	0.4	0.3	13.9	0.2	32.7	2.5	3.7	0.4	0.8	100.0	14.8	3.8	2,151
10-14	39.0	0.9	1.7	16.3	0.8	30.3	4.3	5.2	0.8	0.9	100.0	19.6	8.5	1,815
15-17	32.8	2.1	2.4	20.7	1.0	27.9	5.3	5.4	0.8	1.6	100.0	26.1	11.6	861
Wealth index quintile														
Poorest	46.6	0.5	0.5	9.1	0.7	32.8	4.3	3.3	0.9	1.3	100.0	10.8	6.9	1,358
Second	46.5	0.6	1.1	11.4	0.4	33.8	3.2	2.3	0.5	0.2	100.0	13.6	5.9	1,386
Middle	44.0	0.6	1.2	10.2	0.1	38.0	2.1	3.4	0.3	0.3	100.0	12.0	4.1	1,412
Fourth	45.2	1.2	0.4	15.6	0.2	30.6	2.1	3.7	0.2	0.8	100.0	17.4	4.2	1,362
Richest	48.9	0.9	1.2	17.5	0.7	20.8	2.7	5.9	0.4	1.0	100.0	20.3	6.0	1,321

[1] **MICS indicator 8.13 - Children's living arrangements**

[2] **MICS indicator 8.14 - Prevalence of children with one or both parents dead**

The 2014 Sao Tome and Principe MICS included a simple measure of one particular aspect of migration related to what is termed children left behind, i.e. for whom one or both parents have moved abroad. While the amount of literature is growing, the long-term effects of the benefits of remittances versus the potential adverse psycho-social effects are not yet conclusive, as there is somewhat conflicting evidence available as to the effects on children.

Besides presenting simple prevalence rates, the results of the 2014 Sao Tome and Principe MICS given in Table CP.12 will greatly help fill the data gap on the topic of migration. Overall, 16 per cent of children age 0-17 have one or both parents living abroad. There are notable differences between groups of children, as the percentage of at least one parent abroad varies between 7 percent in Region South East and 19 percent in Region Centre East. It is more likely for a child living in an urban area to have at least one parent living abroad than for one living in a rural area (17 and 13 percent respectively), and there is a large difference in this indicator between children from the poorest (8 percent) and the wealthiest households (22 percent).

Table CP.12: Children with parents living abroad

Percent distribution of children age 0-17 years by residence of parents in another country, Sao Tome and Principe, 2014

	Percent distribution of children age 0-17 years:					Percentage of children age 0-17 years with at least one parent living abroad[1]	Number of children age 0-17 years
	With at least one parent living abroad			With neither parent living abroad	Total		
	Only mother abroad	Only father abroad	Both mother and father abroad				
Total	2.5	10.6	2.5	84.3	100.0	15.7	6,838
Sex							
Male	2.8	10.2	2.7	84.3	100.0	15.7	3,370
Female	2.3	11.1	2.4	84.3	100.0	15.7	3,469
Region							
Centre East	3.0	12.6	3.1	81.3	100.0	18.7	4,425
North West	2.0	7.5	1.7	88.8	100.0	11.2	1,322
South East	0.4	4.9	1.6	93.0	100.0	7.0	842
Aut. of Principe	3.6	11.3	0.6	84.5	100.0	15.5	250
Area							
Urban	2.9	11.3	3.0	82.9	100.0	17.1	4,540
Rural	1.8	9.3	1.7	87.1	100.0	12.9	2,298
Age group							
0-4	0.7	9.5	0.8	89.0	100.0	11.0	2,010
5-9	2.4	10.4	3.6	83.6	100.0	16.4	2,151
10-14	3.9	11.5	3.1	81.5	100.0	18.5	1,815
15-17	4.5	11.9	2.6	81.1	100.0	18.9	861
Wealth index quintile							
Poorest	1.1	6.8	0.6	91.6	100.0	8.4	1,358
Second	1.2	8.9	1.7	88.2	100.0	11.8	1,386
Middle	2.0	11.6	2.3	84.1	100.0	15.9	1,412
Fourth	2.2	14.1	4.1	79.6	100.0	20.4	1,362
Richest	6.4	11.7	4.1	77.9	100.0	22.1	1,321
[1] MICS indicator 8.15 - Children with at least one parent living abroad							

XII. HIV/AIDS and Sexual Behaviour

Knowledge about HIV Transmission and Misconceptions about HIV

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 towards raising awareness and giving adolescents and young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse adolescents and young people and hinder prevention efforts. 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. HIV module(s) were administered to women and men 15-49 years of age. Please note that the questions in this module often refer to "the AIDS virus". This terminology is used strictly as a method of data collection to aid respondents, preferred over the correct terminology of "HIV" that is used here in reporting the results, where appropriate.

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (women)

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Sao Tome and Principe, 2014

| | Percentage who have heard of AIDS | Percentage who know transmission can be prevented by: | | | Percentage who know that a healthy looking person can be HIV-positive | Percentage who know that HIV cannot be transmitted by: | | | Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive | Percentage with compre-hensive knowledge[1] | Number of women age 15-49 |
		Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Total	99.2	78.5	79.4	66.7	79.5	79.5	85.4	77.9	54.7	40.7	2,935
Region											
Centre East	99.2	74.6	77.3	61.6	81.9	80.5	86.4	77.4	55.9	38.9	1,983
North West	98.5	89.5	85.2	79.9	80.9	76.3	84.8	81.5	56.2	48.0	524
South East	99.5	78.5	78.1	68.4	61.0	75.3	81.2	72.4	41.7	32.9	326
Aut. of Principe	100.0	97.5	94.2	92.8	84.9	88.4	81.6	88.3	66.2	62.6	103
Area											
Urban	99.0	77.8	79.2	65.8	80.5	81.2	87.3	79.7	57.7	42.2	1,997
Rural	99.5	80.0	79.9	68.7	77.4	75.7	81.2	74.3	48.4	37.4	938
Age											
15-24[1]	99.1	78.6	80.1	67.5	79.2	82.7	85.9	79.9	57.1	42.2	1,169
15-19	98.9	78.0	81.7	68.1	78.3	82.7	85.9	79.5	55.1	40.5	702
20-24	99.4	79.5	77.6	66.6	80.5	82.7	85.9	80.6	60.1	44.8	467
25-29	99.7	84.8	79.0	69.7	80.9	81.3	88.6	80.3	57.4	41.9	484
30-39	99.5	78.9	80.6	67.8	82.2	80.3	86.3	77.3	55.3	41.7	795
40-49	98.2	71.6	76.2	60.3	74.4	68.5	79.4	71.8	45.4	34.2	488
Marital status											
Ever married/in union	99.3	77.8	78.4	65.6	78.7	77.8	84.5	76.5	53.4	40.0	2,168
Never married/in union	98.9	80.5	82.3	69.9	81.7	84.1	87.8	82.0	58.5	42.5	767
Education											
None	94.1	62.0	67.7	54.2	56.0	53.3	68.3	61.9	31.5	23.3	91
Primary	99.1	75.3	75.8	62.7	74.9	72.2	81.4	73.7	46.0	33.8	1,426
Secondary	99.5	82.7	83.1	71.1	84.7	88.2	89.9	83.3	64.3	48.1	1,318
Higher	100.0	84.3	91.5	77.9	97.6	92.9	97.4	82.8	73.2	57.4	99
Wealth index quintile											
Poorest	98.1	74.9	72.6	61.9	66.2	71.6	80.1	70.5	42.4	32.2	524
Second	98.7	76.1	76.0	62.4	74.1	75.1	81.0	72.7	47.4	32.1	581
Middle	99.2	78.2	79.4	66.5	80.0	75.9	83.9	81.1	53.1	39.2	566
Fourth	99.8	80.4	81.2	69.1	83.7	84.5	86.7	83.0	62.4	46.6	598
Richest	99.7	82.1	86.1	72.4	90.3	88.0	93.4	81.1	65.2	50.8	666

[1]MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women

Table HA.1M: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (men)

Percentage of men age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Sao Tome and Principe, 2014

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:			Percentage who know that a healthy looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with compre-hensive knowledge[1]	Number of men age 15-49
		Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Total	99.5	81.8	84.0	72.6	82.6	82.6	91.0	85.8	61.8	47.3	2,267
Region											
Centre East	99.9	77.5	82.1	67.7	86.0	83.7	91.2	85.8	64.5	45.5	1,449
North West	99.4	91.7	87.6	82.4	76.8	79.4	90.5	86.1	56.0	49.3	415
South East	97.6	83.8	84.3	75.8	71.4	79.8	89.8	82.2	51.9	44.0	309
Aut. of Principe	100.0	98.4	95.5	94.8	91.8	89.9	92.8	95.9	80.0	76.1	93
Area											
Urban	99.5	79.7	82.3	69.9	84.5	83.0	92.2	85.9	63.2	46.1	1,508
Rural	99.5	85.9	87.2	78.1	78.7	81.8	88.5	85.5	59.2	49.5	759
Age											
15-24[1]	99.7	80.4	83.7	70.6	78.6	83.9	92.0	84.4	57.6	43.2	966
15-19	99.6	79.3	83.5	70.5	76.8	84.0	91.5	82.5	54.9	42.0	588
20-24	99.8	82.1	83.9	70.7	81.4	83.7	92.9	87.4	62.0	45.1	378
25-29	99.4	82.9	82.7	73.7	85.0	84.7	90.1	87.2	67.9	52.1	354
30-39	99.5	83.7	85.7	74.7	84.9	81.3	91.2	89.5	64.5	49.8	611
40-49	99.1	81.3	83.1	73.5	87.3	79.0	88.4	81.3	62.8	49.1	335
Marital status											
Ever married/in union	99.7	83.5	85.5	75.1	85.5	81.5	90.6	87.1	64.5	50.0	1,314
Never married/in union	99.3	79.4	81.9	69.1	78.6	84.1	91.5	84.0	58.2	43.5	953
Education											
None	(93.3)	(82.5)	(72.0)	(72.0)	(61.1)	(50.5)	(68.2)	(65.3)	(30.4)	(25.5)	22
Primary	99.2	80.4	81.5	70.7	75.5	76.1	87.7	81.1	50.8	39.2	951
Secondary	99.9	82.5	86.3	73.8	87.6	87.5	93.8	89.0	69.2	52.6	1,189
Higher	99.3	86.0	83.0	76.2	95.4	92.9	92.7	94.6	85.1	64.5	105
Wealth index quintile											
Poorest	98.8	78.7	81.6	70.3	70.2	73.6	85.0	80.8	47.0	36.8	462
Second	99.5	81.0	83.3	71.5	78.4	79.7	90.8	81.5	54.6	42.3	458
Middle	99.9	85.4	84.3	75.3	81.9	81.5	92.5	89.0	61.0	46.6	435
Fourth	99.8	82.8	83.7	73.0	90.4	90.5	93.6	86.7	71.5	53.9	455
Richest	99.6	81.3	87.0	73.3	92.2	87.8	93.1	91.0	75.3	56.8	456

[1]MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young men

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

One indicator which is both an MDG and the Global AIDS Response Progress Reporting (GARPR; formerly UNGASS) indicator is the percentage of young people who have comprehensive and correct knowledge of HIV prevention and transmission. This is defined as 1) knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, 2) knowing that a healthy-looking person can have HIV, and 3) rejecting the two most common local misconceptions about transmission/prevention of HIV. In the 2014 Sao Tome and Principe MICS all women and men who have heard of AIDS were asked questions on all three components and the results are detailed in Tables HA.1 and HA.1M.

In Sao Tome and Principe, nearly all women and men age 15-49 years (over 99 percent) have heard of AIDS. However, the percentage of those who know of both main ways of preventing HIV transmission⸺having only one faithful uninfected partner and using a condom every time⸺is only 67percent for women and 73 percent for men. About 79 percent of women and 82 percent of men know of having one faithful uninfected sex partner and 79 percent of women and 84 percent of men know of using a condom every time as main ways of preventing HIV transmission.

Tables HA.1 and HA.1M also present the percentage of women and men who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Sao Tome and Principe, that HIV can be transmitted by sharing food with someone with HIV or through mosquito bites. The tables also provide information on whether women and men know that HIV cannot be transmitted by supernatural means. Overall, 55 percent of women and 62 percent of men reject the two most common misconceptions and know that a healthy-looking person can be HIV-positive. About 78 percent of women and 86 percent of men know that sharing food with someone with HIV, and 79 percent of women and 83 percent of men know that mosquito bites cannot transmit HIV, while 79 percent of women and 83 percent of men know that a healthy-looking person can be HIV-positive. There are meaningful differences between regions, with Autonomous Region of Principe generally being better informed than the others. Not surprisingly, there is also a correlation between correct knowledge, education and wealth.

Figure HA.1: Women and men with comprehensive knowledge of HIV transmission, Sao Tome and Principe, 2014
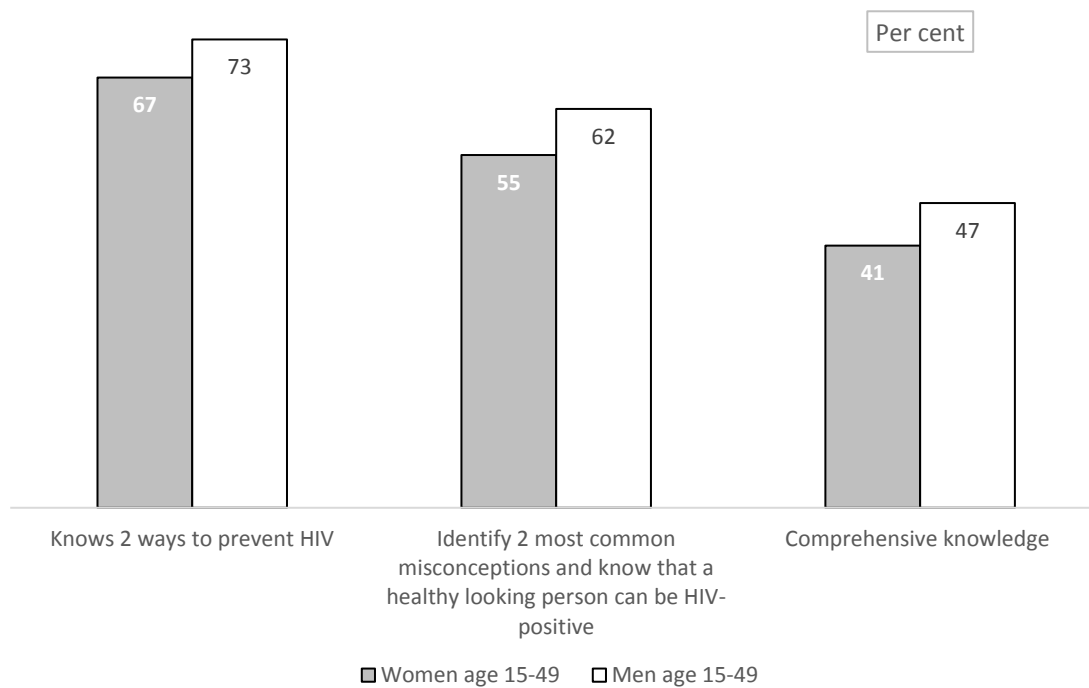
People who have comprehensive knowledge about HIV prevention includes those who know of the two main ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission is fairly low. Overall, 41 percent of women and 47 percent of men were found to have comprehensive knowledge, with little differences between the urban and rural areas. As expected, the percentage of women and men with comprehensive knowledge increases with their education level and socio-economic status.

Table HA.2: Knowledge of mother-to-child HIV transmission (women)

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, Sao Tome and Principe, 2014

	Percentage of women age 15-49 who have heard of AIDS and:						Number of women age 15-49
	Know HIV can be transmitted from mother to child:					Do not know any of the specific means of HIV transmission from mother to child	
	During pregnancy	During delivery	By breast-feeding	By at least one of the three means	By all three means [1]		
Total	58.9	70.8	84.1	91.1	47.1	8.1	2,935
Region							
Centre East	62.4	72.2	85.2	93.0	49.3	6.2	1,983
North West	55.6	67.4	82.6	87.1	46.5	11.4	524
South East	47.1	61.4	76.7	84.6	36.2	14.8	326
Autonomous of Principe	46.3	89.9	93.5	95.6	42.4	4.4	103
Area							
Urban	59.5	69.5	84.5	91.3	46.8	7.7	1,997
Rural	57.5	73.4	83.1	90.7	47.8	8.8	938
Age group							
15-24	59.4	67.3	84.9	91.8	45.5	7.3	1,169
15-19	58.7	64.8	81.9	91.1	42.1	7.8	702
20-24	60.5	71.1	89.4	92.9	50.6	6.5	467
25-29	58.4	74.3	86.8	92.1	49.6	7.6	484
30-39	56.4	72.7	85.1	92.3	45.4	7.2	795
40-49	62.2	72.4	77.6	86.5	51.1	11.7	488
Marital status							
Ever married/in union	58.7	72.0	83.9	90.7	48.1	8.6	2,168
Never married/in union	59.5	67.5	84.5	92.4	44.2	6.5	767
Education							
None	55.2	68.4	69.1	78.0	43.1	16.2	91
Primary	57.6	69.5	81.4	88.5	47.6	10.6	1,426
Secondary	59.9	71.2	87.5	94.4	45.9	5.1	1,318
Higher	66.9	85.0	91.4	97.7	59.3	2.3	99
Wealth index quintile							
Poorest	52.9	62.9	77.7	84.5	43.5	13.6	524
Second	55.3	66.3	79.8	87.5	44.0	11.3	581
Middle	60.3	73.1	84.3	92.5	47.0	6.7	566
Fourth	60.9	74.7	89.6	93.9	50.6	5.9	598
Richest	63.8	75.4	87.6	95.7	49.6	4.0	666
[1] **MICS indicator 9.2 - Knowledge of mother-to-child transmission of HIV**							

Table HA.2M: Knowledge of mother-to-child HIV transmission (men)

Percentage of men age 15-49 years who correctly identify means of HIV transmission from mother to child, Sao Tome and Principe, 2014

	Percentage of men age 15-49 who have heard of AIDS and:						Number of men age 15-49
	Know HIV can be transmitted from mother to child:					Do not know any of the specific means of HIV transmission from mother to child	
	During pregnancy	During delivery	By breast-feeding	By at least one of the three means	By all three means [1]		
Total	54.9	66.1	80.6	91.1	39.9	8.4	2,267
Region							
Centre East	57.4	67.4	81.2	92.8	41.8	7.1	1,449
North West	55.5	64.1	77.5	86.2	42.9	13.1	415
South East	45.6	57.2	77.3	87.9	27.4	9.7	309
Autonomous of Principe	44.8	82.9	95.1	97.7	38.4	2.3	93
Area							
Urban	55.3	66.2	80.3	90.9	40.3	8.6	1,508
Rural	54.2	65.8	81.2	91.4	39.1	8.0	759
Age group							
15-24	56.5	61.5	79.8	91.0	38.4	8.7	966
15-19	58.6	61.6	78.2	90.6	38.4	9.0	588
20-24	53.4	61.4	82.4	91.5	38.4	8.4	378
25-29	41.7	65.9	79.6	92.2	29.3	7.3	354
30-39	53.8	68.8	83.8	91.2	41.3	8.4	611
40-49	66.4	74.5	78.0	90.4	52.5	8.7	335
Marital status							
Ever married/in union	53.5	68.5	82.1	91.3	41.0	8.4	1,314
Never married/in union	56.9	62.8	78.5	90.8	38.3	8.5	953
Education							
None	(42.8)	(60.9)	(66.7)	(72.6)	(34.4)	(20.8)	22
Primary	52.4	60.8	78.3	87.7	38.1	11.5	951
Secondary	56.9	68.8	82.2	94.0	40.1	5.9	1,189
Higher	58.0	84.5	86.2	93.6	53.8	5.7	105
Wealth index quintile							
Poorest	51.3	58.2	71.6	82.5	33.9	16.3	462
Second	51.3	63.8	80.7	90.7	37.6	8.9	458
Middle	54.9	67.7	84.3	92.4	42.6	7.5	435
Fourth	58.3	67.9	81.3	95.9	39.4	3.9	455
Richest	58.9	73.0	85.2	94.4	46.0	5.2	456

[1] **MICS indicator 9.2 - Knowledge of mother-to-child transmission of HIV**
( ) Figures that are based on 25-49 unweighted cases

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 and men should know that HIV can be transmitted during pregnancy, during delivery, and through breastfeeding. The level of knowledge among women and men age 15-49 years concerning mother-to-child transmission is presented in Tables HA.2 and HA.2M. Overall, 91 percent of both women and men know that HIV can be transmitted from mother to child. The percentage of women and men who know all three ways of mother-to-child transmission is 47 percent and 40 percent, respectively, while 8 percent of women and men did not know of any specific way. Here again, Autonomous Region of Principe appears to be better informed, and there is a clear positive relationship between knowledge of mother-to-child transmission, education and socio-economic status.

Accepting Attitudes toward People Living with HIV

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

Table HA.3: Accepting attitudes toward people living with HIV (women)

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Sao Tome and Principe, 2014

	Percentage of women who:						Num-ber of women age 15-49 who have heard of AIDS
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accep-ting attitude	Express accep-ting attitudes on all four indica-tors[1]	
Total	76.1	65.4	77.6	33.2	96.3	13.4	2,910
Region							
Centre East	77.0	68.3	80.7	32.1	97.3	13.6	1,968
North West	77.0	60.2	73.6	31.2	95.2	10.0	516
South East	65.7	50.7	64.0	38.1	92.4	11.5	324
Aut. of Principe	87.0	81.3	81.5	50.5	96.9	31.0	103
Area							
Urban	74.8	66.6	79.2	32.6	96.4	12.9	1,977
Rural	78.8	62.7	74.2	34.7	96.3	14.4	933
Age							
15-24	78.7	63.5	78.8	33.5	97.2	12.9	1,158
15-19	81.1	61.0	77.3	34.2	96.9	13.0	694
20-24	75.3	67.2	81.0	32.4	97.6	12.8	464
25-29	73.7	68.1	78.1	30.5	95.6	13.5	482
30-39	74.3	69.5	79.0	34.2	97.0	15.0	790
40-49	75.0	60.2	71.8	33.8	94.0	11.6	479
Marital status							
Ever married/in union	74.2	65.6	75.9	33.1	96.0	13.1	2,152
Never married/in union	81.5	64.7	82.4	33.6	97.3	14.3	759
Education							
None	60.9	42.9	57.2	29.4	89.0	7.1	86
Primary	69.8	58.7	70.7	36.3	94.6	11.3	1,413
Secondary	83.2	72.3	84.9	31.2	98.4	15.9	1,312
Higher	84.1	87.9	96.8	20.0	100.0	15.4	99
Wealth index quintile							
Poorest	63.8	51.4	63.3	37.4	91.6	10.5	514
Second	73.3	58.2	71.5	35.4	95.9	9.5	573
Middle	75.2	66.3	77.0	34.7	96.8	14.0	562
Fourth	80.8	70.7	83.5	35.7	98.6	18.0	597
Richest	84.4	76.7	89.0	24.7	98.0	14.3	665

[1] **MICS indicator 9.3 - Accepting attitudes towards people living with HIV**

Table HA.3M: Accepting attitudes toward people living with HIV (men)

Percentage of men age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Sao Tome and Principe, 2014

	Percentage of women who:						Num-ber of men age 15-49 who have heard of AIDS
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accep-ting attitude	Express accep-ting attitudes on all four indica-tors[1]	
Total	83.7	67.6	79.7	41.4	97.2	22.5	2,256
Region							
Centre East	86.4	69.4	83.7	41.0	98.1	24.1	1,448
North West	77.0	61.6	72.4	39.7	95.4	16.6	413
South East	78.8	64.2	73.2	40.0	96.1	18.1	302
Aut. of Principe	88.7	77.3	70.7	59.4	93.8	39.0	93
Area							
Urban	82.7	69.2	82.6	40.3	97.4	22.5	1,501
Rural	85.8	64.3	74.1	43.6	96.7	22.5	755
Age							
15-24	83.7	64.5	76.5	37.7	97.4	19.5	963
15-19	84.1	59.1	73.7	37.8	97.5	17.1	586
20-24	83.2	72.9	80.9	37.5	97.2	23.3	377
25-29	81.7	68.8	83.6	42.3	96.3	24.7	352
30-39	83.4	71.4	82.6	44.0	97.0	24.6	608
40-49	86.6	68.3	79.6	46.2	97.7	25.2	332
Marital status							
Ever married/in union	83.1	70.8	81.5	44.2	97.0	25.4	1,310
Never married/in union	84.7	63.1	77.2	37.4	97.4	18.6	946
Education							
None	(56.9)	(57.5)	(49.8)	(52.9)	(85.6)	(18.0)	20
Primary	77.5	58.0	70.6	41.5	95.3	17.5	944
Secondary	88.7	74.3	85.8	41.9	98.6	26.8	1,188
Higher	89.2	80.2	98.9	32.1	100.0	20.0	104
Wealth index quintile							
Poorest	73.4	56.7	66.0	45.8	95.1	16.5	457
Second	80.7	59.7	74.1	42.0	95.3	19.6	456
Middle	84.8	70.6	81.2	40.3	98.8	23.3	435
Fourth	91.1	73.8	85.5	42.3	97.3	29.4	454
Richest	88.8	77.3	91.8	36.4	99.6	23.8	455

[1] **MICS indicator 9.3 - Accepting attitudes towards people living with HIV**
( ) Figures that are based on 25-49 unweighted cases

Figure HA.2: Accepting attitudes toward people living with HIV/AIDS, Sao Tome and Principe, 2014
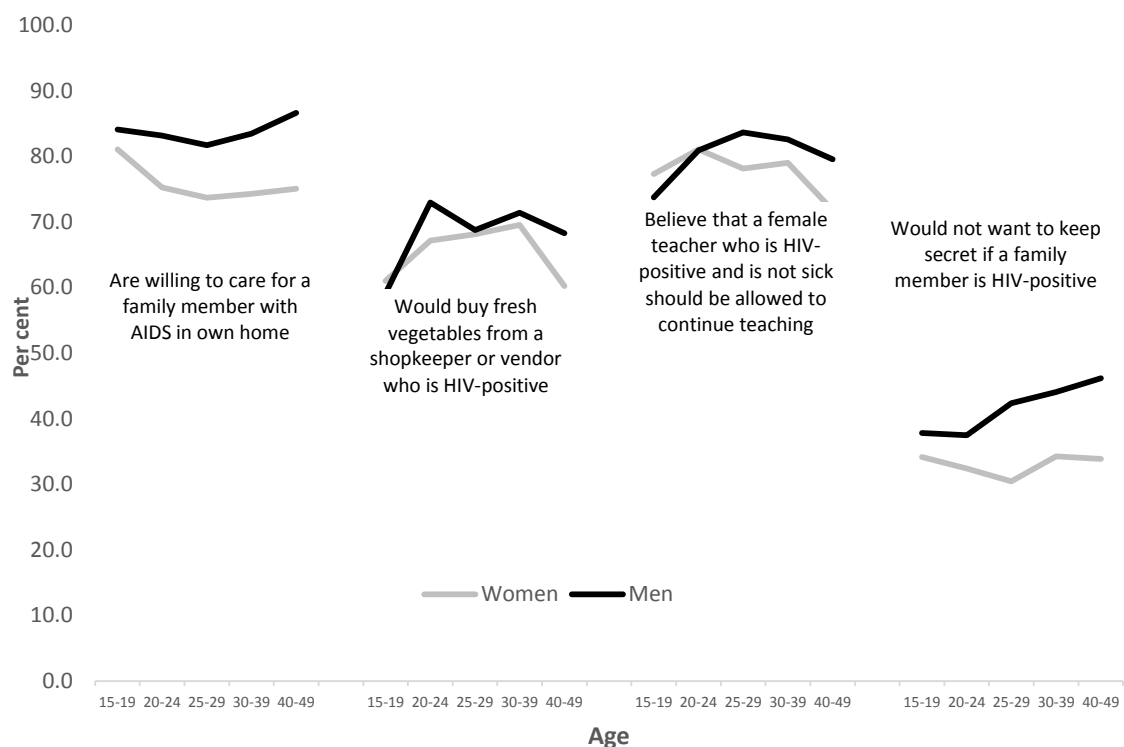
Tables HA.3 and HA.3M present the attitudes of women and men towards people living with HIV. In Sao Tome and Principe, over 95 percent of women and men who have heard of AIDS agree with at least one accepting statement. The less commonly accepted attitude is buying fresh vegetables from a person who is HIV-positive (65 percent and 68 percent, respectively for women and men). More educated individuals and those from richest households have a somewhat more accepting attitude than the ones with lower education and a poorer wealth status, but the differences are not large. Here again, Autonomous Region of Principe appears to be in the forefront in terms of accepting attitude towards people living with HIV.

Knowledge of a Place for HIV Testing, Counselling and Testing during Antenatal Care

Another important indicator is the knowledge of where to be tested for HIV and use of such services. In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of own status is also a critical factor in the decision to seek treatment.

Questions related to knowledge of a facility for HIV testing and whether a person has ever been tested are presented in Tables HA.4 and HA.4M. Overall, 92 percent of women and 90 percent of men knew where to be tested, while 74 percent and 52 percent, respectively, have actually been tested. Fewer, 71 percent of women and 48 percent of men, know the result of their most recent test.

Table HA.4: Knowledge of a place for HIV testing (women)

Percentage of women age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Sao Tome and Principe, 2014

	Percentage of women who:					Number of women age 15-49
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2, 3]	
Total	92.3	73.6	70.5	39.6	38.5	2,935
Region						
Centre East	93.3	73.9	70.9	40.2	39.2	1,983
North West	88.9	70.8	68.8	31.3	30.9	524
South East	90.8	72.3	67.5	41.1	39.1	326
Autonomous of Principe	94.3	88.0	82.0	66.0	61.3	103
Area						
Urban	91.7	72.5	69.3	39.3	38.1	1,997
Rural	93.6	76.1	73.1	40.4	39.3	938
Age						
15-24	88.2	51.6	49.5	33.3	32.3	1,169
15-19	82.8	32.3	30.4	23.2	22.1	702
20-24	96.4	80.7	78.1	48.6	47.6	467
25-29	97.0	93.7	89.1	53.3	51.9	484
30-39	96.2	91.5	87.7	46.5	45.0	795
40-49	91.0	77.4	74.5	30.0	29.4	488
Age and sexual activity in the last 12 months						
Sexually active	94.6	84.8	81.4	46.6	45.3	2,294
15-24[3]	93.2	75.1	72.2	49.3	48.0	689
15-19	88.5	61.9	59.0	45.1	43.7	288
20-24	96.6	84.5	81.7	52.4	51.1	401
25-49	95.2	88.9	85.3	45.4	44.2	1,604
Sexually inactive	84.0	33.9	31.8	14.8	14.0	641
Marital status						
Ever married/in union	95.3	89.2	85.4	46.9	45.5	2,168
Never married/in union	83.9	29.6	28.5	19.2	18.5	767
Education						
None	79.6	64.5	60.7	30.0	29.0	91
Primary	92.7	83.0	78.4	42.0	40.5	1,426
Secondary	92.2	63.1	61.6	37.1	36.3	1,318
Higher	99.3	87.1	84.9	47.4	47.4	99
Wealth index quintile						
Poorest	88.1	74.4	70.2	39.7	38.1	524
Second	91.3	73.3	69.8	38.4	37.6	581
Middle	93.4	75.9	73.0	38.0	37.0	566
Fourth	92.8	74.1	71.2	41.7	40.5	598
Richest	95.1	71.0	68.7	40.2	38.9	666

[1] MICS indicator 9.4 - Women who know where to be tested for HIV

[2] MICS indicator 9.5 - Women who have been tested for HIV and know the results

[3] MICS indicator 9.6 - Sexually active young women who have been tested for HIV and know the results

Table HA.4M: Knowledge of a place for HIV testing (men)

Percentage of men age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Sao Tome and Principe, 2014

	Percentage of men who:					Number of men age 15-49
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2,3]	
Total	89.9	52.0	48.4	29.1	27.3	2,267
Region						
Centre East	91.3	51.9	48.7	29.2	27.5	1,449
North West	84.7	49.9	45.8	25.9	24.6	415
South East	87.7	49.5	44.3	26.1	23.7	309
Autonomous of Principe	98.5	72.6	70.1	49.9	47.9	93
Area						
Urban	90.6	51.8	48.0	29.0	27.1	1,508
Rural	88.5	52.6	49.3	29.2	27.6	759
Age						
15-24	85.3	27.4	24.3	15.5	14.0	966
15-19	79.2	14.6	12.0	9.5	8.0	588
20-24	94.9	47.2	43.4	24.9	23.4	378
25-29	93.8	68.3	64.0	37.4	35.4	354
30-39	94.2	72.8	69.0	39.6	38.3	611
40-49	90.9	68.1	64.2	40.1	36.7	335
Age and sexual activity in the last 12 months						
Sexually active	92.8	61.1	57.4	34.5	32.7	1,778
15-24[3]	91.0	38.1	34.9	22.9	21.6	520
15-19	83.5	20.7	18.6	15.1	14.4	212
20-24	96.2	49.9	46.1	28.3	26.6	308
25-49	93.6	70.6	66.7	39.2	37.3	1,258
Sexually inactive	79.1	19.0	15.8	9.4	7.6	489
Marital status						
Ever married/in union	94.0	69.2	65.2	38.6	36.5	1,314
Never married/in union	84.1	28.4	25.3	15.9	14.6	953
Education						
None	(75.6)	(40.2)	(36.5)	(15.4)	(15.4)	22
Primary	85.6	50.5	45.9	24.3	22.3	951
Secondary	92.7	50.6	47.5	31.0	29.1	1,189
Higher	99.3	85.4	84.8	53.1	53.1	105
Wealth index quintile						
Poorest	81.8	49.2	44.7	26.4	24.7	462
Second	85.9	45.4	40.7	23.7	21.2	458
Middle	94.8	51.4	47.6	28.6	26.7	435
Fourth	92.4	54.0	50.2	30.5	28.3	455
Richest	94.8	60.2	59.0	36.1	35.5	456

[1] **MICS indicator 9.4 - Men who know where to be tested for HIV**

[2] **MICS indicator 9.5 - Men who have been tested for HIV and know the results**

[3] **MICS indicator 9.6 - Sexually active young men who have been tested for HIV and know the results**

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

Only 40 percent of women and 29 percent of men have been tested within the last 12 months, and most of them (38 and 27 percent respectively) have been tested within the last 12 months and know the result. The highest proportion of tests is found in Autonomous Region of Principe.

	Percentage of women who:					
	Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care[1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results[2]	Received HIV counselling, were offered an HIV test, accepted and received the results	Number of women age 15-49 with a live birth in the last 2 years
Total	97.5	77.2	89.0	86.1	72.1	756
Region						
Centre East	97.7	78.2	89.5	87.3	73.2	514
North West	97.7	80.7	88.3	86.5	76.9	131
South East	95.0	62.6	83.6	77.7	56.6	86
Autonomous of Principe	(100.0)	(88.1)	(100.0)	(89.5)	(77.5)	25
Area						
Urban	97.9	77.7	89.3	86.4	72.3	496
Rural	96.6	76.2	88.4	85.5	71.7	260
Age						
15-24	98.8	76.2	90.9	88.0	72.2	265
15-19	100.0	76.4	89.1	85.6	72.8	94
20-24	98.1	76.1	91.9	89.4	71.9	171
25-29	97.8	78.4	92.8	90.8	75.4	187
30-39	98.0	78.7	87.3	83.3	71.2	255
40-49	86.0	69.2	72.7	72.7	62.8	48
Marital status						
Ever married/in union	97.3	77.0	89.4	86.4	72.3	723
Never married/in union	(100.0)	(82.1)	(79.2)	(79.2)	(68.0)	32
Education						
None/Primary	96.1	74.5	86.0	82.0	67.5	468
Secondary/Higher	99.6	81.6	93.8	92.7	79.5	288
Wealth index quintile						
Poorest	94.8	71.3	82.6	79.8	65.1	161
Second	97.5	76.0	86.6	84.3	69.2	158
Middle	97.1	76.9	91.8	88.3	73.8	149
Fourth	98.4	82.2	90.7	87.8	76.0	161
Richest	100.0	80.1	94.5	91.8	77.6	126

Table HA.5: HIV counselling and testing during antenatal care

Percentage of women age 15-49 with a live birth in the last 2 years who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and tested for HIV, percentage who were offered, tested and received the results of the HIV test, and percentage who received counselling and were offered, accepted and received the results of the HIV test, Sao Tome and Principe, 2014

[1] **MICS indicator 9.7 - HIV counselling during antenatal care**
[2] **MICS indicator 9.8 - HIV testing during antenatal care**
( ) Figures that are based on 25-49 unweighted cases

Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.5. Overall, 77 percent of women received counselling during their last pregnancy and 89 percent were offered an

HIV test and were tested; while 72 percent benefitted from both interventions. There is generally a correlation between these interventions, education and socio-economic status.

Sexual Behaviour Related to HIV Transmission

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially when non-regular or multiple partners are involved, is particularly important for reducing the spread of HIV. A set of questions was administered to all women and men 15-49 years of age to assess their risk of HIV infection.

Table HA.6: Sex with multiple partners (women)

Percentage of women age 15-49 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, and mean number of sexual partners in lifetime for women who have ever had sex, Sao Tome and Principe, 2014

	Percentage of women who:			Number of women age 15-49 years	Mean number of sexual partners in lifetime	Number of women age 15-49 years who have ever had sex
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]			
Total	86.0	78.1	2.9	2935	2	2,524
Region						
Centre East	85.4	76.6	3.3	1983	2	1,692
North West	85.7	80.0	1.5	524	2	449
South East	88.8	82.8	2.1	326	2	289
Aut. of Principe	90.7	84.6	4.2	103	2	93
Area						
Urban	85.8	77.8	3.4	1997	2	1,714
Rural	86.4	78.8	1.8	938	2	810
Age						
15-24	64.9	59.0	4.0	1169	2	758
15-19	46.0	41.0	3.6	702	1	323
20-24	93.2	85.9	4.5	467	2	435
25-29	99.9	94.0	2.9	484	2	483
30-39	100.0	92.0	1.4	795	2	795
40-49	100.0	85.8	2.5	488	2	488
Marital status						
Ever married/in union	99.9	91.9	2.2	2168	2	2,165
Never married/in union	46.8	39.3	4.7	767	2	359
Education						
None	97.3	82.1	1.1	91	2	89
Primary	96.6	88.3	2.9	1426	2	1,377
Secondary	73.3	66.2	3.0	1318	2	966
Higher	92.0	86.9	2.2	99	2	91
Wealth index quintile						
Poorest	90.6	81.1	2.9	524	2	475
Second	87.7	78.2	2.5	581	2	509
Middle	86.4	80.1	4.1	566	2	489
Fourth	87.8	80.4	3.9	598	2	525
Richest	78.9	72.1	1.2	666	2	526
[1] MICS indicator 9.12 - Multiple sexual partnerships						
[2] MICS indicator 9.13 - Condom use at last sex among people with multiple sexual partnerships (see text)						

Table HA.6M: Sex with multiple partners (men)

Percentage of men age 15-49 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, mean number of sexual partners in lifetime for men who have ever had sex, and among those who had sex with multiple partners in the last 12 months, the percentage who used a condom at last sex, Sao Tome and Principe, 2014

| | **Percentage of men who:** | | | | | | | |
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of men age 15-49 years	Mean number of sexual partners in lifetime	Number of men age 15-49 years who have ever had sex	Percentage of men who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex[2]	Number of men age 15-49 years who had more than one sexual partner in the last 12 months
Total	84.5	78.4	29.1	2,267	8	1,915	49.0	660
Region								
Centre East	84.0	77.9	30.8	1,449	9	1,218	51.1	447
North West	85.4	79.6	24.0	415	7	355	43.3	100
South East	84.0	78.2	28.3	309	7	260	41.9	88
Aut. of Principe	88.6	82.8	27.8	93	6	82	58.2	26
Area								
Urban	84.5	78.6	30.6	1,508	9	1,275	51.5	462
Rural	84.3	78.0	26.0	759	7	640	43.1	198
Age								
15-24	64.3	53.8	22.5	966	5	621	71.5	217
15-19	47.0	36.0	12.0	588	3	276	78.5	70
20-24	91.1	81.5	38.8	378	6	345	68.1	147
25-29	98.6	96.2	35.0	354	9	349	41.2	124
30-39	99.7	97.7	34.5	611	10	609	38.9	211
40-49	100.0	95.6	32.1	335	11	335	32.2	108
Marital status								
Ever married/in union	100.0	97.8	34.1	1,314	10	1,314	35.4	448
Never married/in union	63.1	51.7	22.2	953	5	601	77.7	211
Education								
None	(90.3)	(90.3)	(22.4)	22	(*)	20	(*)	5
Primary	88.7	83.2	25.9	951	7	844	42.5	246
Secondary	79.7	72.9	31.3	1,189	9	948	52.4	372
Higher	98.9	95.0	34.9	105	7	104	(62.5)	37
Wealth index quintile								
Poorest	86.3	79.4	22.4	462	7	399	44.4	104
Second	84.5	77.4	26.2	458	7	387	34.5	120
Middle	79.7	76.8	28.0	435	7	347	47.9	122
Fourth	83.8	76.5	30.9	455	9	381	52.0	141
Richest	87.9	82.0	38.0	456	10	401	60.0	173

[1] **MICS indicator 9.12 - Multiple sexual partnerships[M]**
[2] **MICS indicator 9.13 - Condom use at last sex among people with multiple sexual partnerships[M]**
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

As shown in Tables HA.6 and HA.6M, 3 percent of women and 29 percent of men 15-49 years of age report having sex with more than one partner in the last 12 months. Of those, only 46 percent of women (data not shown) and 49 percent of men reported using a condom when they had sex the last time. Because of the small sample size of women who had sex with more than one partner in the last 12 months, the last two columns shown in HA.6M are not shown in HA.6. Among men who

had sex with more than one partner in the last 12 months, a larger proportion of younger men age 15-24 years reported using a condom last time they had sex (71 percent) than older men (32 to 41 percent), and a larger proportion of wealthiest (60 percent) than poorest men (44 percent).

HIV Indicators for Young Women and Young Men

In many countries, over half of new adult HIV infections are among young people age 15-24 years thus a change in behaviour among members of this age group is especially important to reduce new infections. The next tables present specific information on this age group.

Tables HA.7 and HA.7M summarize information on key HIV indicators for young women and young men. Results with respect to comprehensive knowledge (42 percent of young women and 43 percent of young men), knowledge of mother to child transmission (46 percent of young women and 38 of young men), and knowledge of a place to get tested (88 percent of young women and 85 of young men) are generally similar in this age group to that of the population age 15-49 years as a whole. Accepting attitudes towards people living with HIV with respect to the same four indicators that were previously discussed are also comparable in this age group (13 percent of young women and 19 percent of young men). Overall, 48 percent of young women and 22 percent of young men in this age group, who are sexually active, have been tested for HIV in the last 12 months and know the result. Trends by background characteristics are similar in this age group as those of the 15-49 years population as a whole.

Table HA.7: Key HIV and AIDS indicators (young women)

Percentage of women age 15-24 years by key HIV and AIDS indicators, Sao Tome and Principe, 2014

	Percentage of women age 15-24 years who:						Number of wo-men age 15-24 years	Percentage of sexually active young women who have been tested for HIV in the last 12 months and know the result[2]	Number of women age 15-24 years who had sex in the last 12 months	Percentage who express accepting attitudes towards people living with HIV on all four indicators[a]	Number of women age 15-24 years who have heard of AIDS
	Have compre-hensive know-ledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested for HIV in the last 12 months and know the result	Had sex in the last 12 months					
Total	42.2	45.5	88.2	49.5	32.3	59.0	1,169	48.0	689	12.9	1,158
Region											
Centre East	40.3	47.7	88.8	48.7	33.0	57.6	809	49.5	466	12.9	803
North West	50.8	43.8	86.5	49.5	26.8	58.9	205	41.7	121	11.9	202
South East	34.2	35.2	87.6	49.7	33.8	66.4	118	48.3	79	11.0	118
Autonomous of Principe	63.8	41.0	87.1	65.7	42.2	64.7	36	(51.4)	23	25.1	36
Area											
Urban	43.2	45.3	87.2	47.1	31.9	58.4	804	47.3	470	12.9	797
Rural	40.2	46.1	90.6	54.6	33.2	60.1	365	49.6	219	12.9	361
Age											
15-19	40.5	42.1	82.8	30.4	22.1	41.0	702	43.7	288	13.0	694
15-17	37.8	41.4	77.5	15.9	10.9	26.1	441	30.6	115	12.1	435
18-19	45.1	43.5	91.9	55.0	41.1	66.3	260	52.4	173	14.6	259
20-24	44.8	50.6	96.4	78.1	47.6	85.9	467	51.1	401	12.8	464
20-22	44.7	49.5	96.1	74.8	45.4	80.7	291	50.6	235	12.8	290
23-24	45.0	52.4	97.0	83.8	51.2	94.5	176	51.9	166	12.8	174
Marital status											
Ever married/in union	40.9	47.1	96.8	87.2	55.6	93.4	468	56.1	437	11.1	466
Never married/in union	43.1	44.5	82.5	24.3	16.7	36.0	701	34.0	252	14.2	692
Education											
None/Primary	29.3	42.4	87.0	66.0	41.7	78.9	333	48.8	263	7.9	327
Secondary/Higher	47.4	46.8	88.7	42.9	28.5	51.0	836	47.6	427	14.9	831
Wealth index quintile											
Poorest	39.0	38.9	83.5	56.7	37.5	68.3	177	51.2	121	8.4	173
Second	35.7	44.1	89.3	56.2	33.7	62.7	248	48.0	155	9.8	245
Middle	36.5	43.7	90.8	53.9	34.3	59.9	224	49.0	134	15.8	222
Fourth	46.8	52.4	87.3	50.8	35.2	64.3	250	49.5	161	14.9	250
Richest	51.0	46.3	89.1	33.6	23.1	43.6	269	41.6	118	14.6	268

[1] **MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women**
[2] **MICS indicator 9.6 - Sexually active young women who have been tested for HIV and know the results**
[a] Refer to Table HA.3 for the four indicators. ( ) Figures that are based on 25-49 unweighted cases

Table HA.7M: Key HIV and AIDS indicators (young men)

Percentage of men age 15-24 years by key HIV and AIDS indicators, Sao Tome and Principe, 2014

| | Percentage of men age 15-24 years who: | | | | | | Number of wo-men age 15-24 years | Percentage of sexually active young women who have been tested for HIV in the last 12 months and know the result[2] | Number of men age 15-24 years who had sex in the last 12 months | Percentage who express accepting attitudes towards people living with HIV on all four indicators[a] | Number of men age 15-24 years who have heard of AIDS |
	Have compre-hensive know-ledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested for HIV in the last 12 months and know the result	Had sex in the last 12 months					
Total	43.2	38.4	85.3	24.3	14.0	53.8	966	21.6	520	19.5	963
Region											
Centre East	40.6	41.0	86.4	22.4	13.3	52.6	636	20.8	335	21.4	636
North West	50.0	39.4	80.7	27.0	14.0	58.4	170	21.0	100	15.7	170
South East	38.5	25.0	83.5	25.2	14.4	52.7	129	21.9	68	11.2	127
Autonomous of Principe	80.0	36.5	95.5	42.8	26.6	56.3	31	(38.1)	18	35.0	31
Area											
Urban	42.0	39.3	86.4	22.9	13.0	53.6	653	20.6	349	19.5	650
Rural	45.8	36.5	83.1	27.1	16.2	54.2	314	23.6	170	19.4	313
Age											
15-19	42.0	38.4	79.2	12.0	8.0	36.0	588	14.4	212	17.1	586
15-17	41.4	37.1	74.9	8.1	4.2	24.9	363	5.9	90	17.4	361
18-19	43.0	40.7	86.0	18.2	14.0	53.9	225	20.7	121	16.5	225
20-24	45.1	38.4	94.9	43.4	23.4	81.5	378	26.6	308	23.3	377
20-22	42.0	35.9	94.2	38.9	20.4	78.8	231	23.9	182	21.1	230
23-24	50.1	42.5	96.0	50.4	28.2	85.7	147	30.4	126	26.7	147
Marital status											
Ever married/in union	47.7	37.7	96.1	42.4	23.0	98.6	128	22.0	126	24.6	128
Never married/in union	42.6	38.6	83.7	21.5	12.6	46.9	838	21.5	393	18.7	835
Education											
None/Primary	32.1	35.3	78.3	21.6	13.2	56.5	309	18.5	174	13.9	306
Secondary/Higher	48.5	39.9	88.6	25.5	14.4	52.5	657	23.2	345	22.1	657
Wealth index quintile											
Poorest	37.6	32.2	79.0	27.5	15.8	57.3	180	24.4	103	13.4	178
Second	36.4	35.0	79.8	19.7	11.0	51.3	201	15.4	103	16.3	199
Middle	39.2	38.5	91.6	21.4	11.9	46.6	184	20.5	86	16.9	184
Fourth	46.9	40.2	87.0	27.9	18.5	51.0	206	28.9	105	28.4	206
Richest	55.5	45.8	89.2	24.9	12.9	62.7	195	18.9	123	21.3	195

[1] MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young men
[2] MICS indicator 9.6 - Sexually active young men who have been tested for HIV and know the results
[a] Refer to Table HA.3 for the four indicators. ( ) Figures that are based on 25-49 unweighted cases

Table HA.8: Key sexual behaviour indicators (young women)

Percentage of women age 15-24 years by key sexual behaviour indicators, Sao Tome and Principe, 2014

| | Percentage of women age 15-24 years who: | | | Number of women age 15-24 years | Percentage of women who never had sex[2] | Number of never-married women age 15-24 years | Percentage of women age 15-24 years who in the last 12 months had sex with: | | Number of women age 15-24 years who had sex in the last 12 months | Percentage reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months[5] | Number of women age 15-24 years who had sex with a non-marital, non-cohabiting partner in last 12 months |
	Had sex before age 15[1]	Ever had sex	Had sex with more than one partner in last 12 months				A man 10 or more years older[3]	A non-marital, non-cohabiting partner[4]			
Total	9.2	64.9	4.0	1,169	58.2	701	17.6	24.7	689	65.2	289
Region											
Centre East	8.0	64.1	4.5	809	57.0	505	18.7	25.5	466	69.1	207
North West	9.0	63.8	2.6	205	63.5	117	14.4	24.0	121	58.8	49
South East	16.6	69.2	3.0	118	57.7	63	12.8	21.2	79	48.5	25
Autonomous of Principe	14.4	73.1	3.6	36	(58.7)	16	(30.2)	(21.3)	23	(*)	8
Area											
Urban	8.9	64.8	4.7	804	55.7	505	19.1	26.8	470	66.0	215
Rural	10.0	65.1	2.3	365	64.6	196	14.6	20.1	219	63.0	73
Age											
15-19	10.1	46.0	3.6	702	65.9	570	16.7	24.6	288	68.8	172
15-17	10.3	29.4	2.6	441	76.6	405	10.1	18.8	115	67.0	83
18-19	9.8	74.2	5.3	260	39.9	165	21.0	34.3	173	70.4	89
20-24	7.9	93.2	4.5	467	24.4	131	18.3	24.9	401	60.0	116
20-22	7.7	89.9	5.4	291	27.8	106	17.8	30.2	235	66.5	88
23-24	8.2	98.6	3.0	176	(*)	25	19.1	16.1	166	(39.8)	28
Marital status											
Ever married/in union	14.8	99.4	3.0	468	na	na	19.3	8.3	437	(48.2)	39
Never married/in union	5.5	41.8	4.6	701	58.2	701	14.7	35.6	252	67.9	250
Education											
None/Primary	19.1	84.7	4.7	333	50.7	100	17.9	17.4	263	53.3	58
Secondary/Higher	5.3	57.0	3.7	836	59.4	601	17.4	27.8	427	68.2	230
Wealth index quintile											
Poorest	16.3	72.2	3.2	177	63.4	78	16.0	20.0	121	45.1	35
Second	11.8	71.2	2.5	248	55.7	125	16.0	22.4	155	54.1	56
Middle	9.5	65.9	5.3	224	59.5	128	19.9	23.5	134	66.3	53
Fourth	6.3	71.0	7.3	250	48.5	148	21.0	29.4	161	77.0	73
Richest	4.8	47.7	1.8	269	63.5	222	14.3	26.5	118	70.9	72

[1] MICS indicator 9.10 - Sex before age 15 among young women
[2] MICS indicator 9.9 - Young women who have never had sex
[3] MICS indicator 9.11 - Age-mixing among sexual partners
[4] MICS indicator 9.14 - Sex with non-regular partners
[5] MICS indicator 9.15; MDG indicator 6.2 - Condom use with non-regular partners

na: not applicable; ( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on fewer than 25 unweighted cases

Table HA.8M: Key sexual behaviour indicators (young men)

Percentage of men age 15-24 years by key sexual behaviour indicators, Sao Tome and Principe, 2014

	Percentage of men age 15-24 years who:			Num-ber of men age 15-24 years	Percen-tage of men who never had sex[2]	Number of never-married men age 15-24 years	Percentage who in the last 12 months had sex with a non-marital, non-cohabiting partner[3]	Number of men age 15-24 years who had sex in the last 12 months	Percentage reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months[4]	Number of men age 15-24 years who had sex with a non-marital, non-cohabiting partner in last 12 months	Percentage reporting that a condom was used the last time they had sex	Number of men age 15-24 years who had sex with more than one partner in the last 12 months
	Had sex before age 15[1]	Ever had sex	Had sex with more than one partner in last 12 months									
Total	18.2	64.3	22.5	966	41.2	838	46.9	520	82.5	453	71.5	217
Region												
Centre East	18.3	63.9	23.7	636	40.4	569	47.8	335	86.2	304	71.4	150
North West	21.0	65.5	21.6	170	42.9	137	46.1	100	74.0	79	71.2	37
South East	14.6	63.3	18.2	129	44.1	107	43.5	68	74.5	56	72.5	24
Autonomous of Principe	14.5	69.2	21.2	31	38.8	25	(44.8)	18	(83.6)	14	(*)	7
Area												
Urban	21.4	64.7	25.1	653	39.6	581	48.4	349	84.0	316	75.0	164
Rural	11.5	63.3	17.1	314	44.8	257	43.6	170	79.1	137	60.7	54
Age												
15-19	17.6	47.0	12.0	588	54.0	578	35.1	212	79.2	207	78.5	70
15-17	18.3	34.6	6.1	363	65.4	363	24.9	90	78.7	90	(*)	22
18-19	16.5	66.9	21.5	225	34.7	215	51.7	121	79.6	116	(74.6)	48
20-24	19.0	91.1	38.8	378	12.9	260	65.1	308	85.3	246	68.1	147
20-22	19.6	89.9	39.2	231	13.6	172	66.7	182	84.1	154	64.9	90
23-24	18.0	93.1	38.3	147	11.5	88	62.6	126	87.3	92	73.1	56
Marital status												
Ever married/in union	20.1	100.0	40.1	128	na	na	47.2	126	73.8	61	41.5	51
Never married/in union	17.9	58.8	19.8	838	41.2	838	46.8	393	83.9	392	80.7	166
Education												
None/Primary	14.7	66.0	22.4	309	42.8	246	45.2	174	71.9	139	59.9	69
Secondary/Higher	19.8	63.5	22.5	657	40.6	592	48.1	345	87.3	313	76.8	148
Wealth index quintile												
Poorest	16.3	65.9	20.1	180	46.1	133	42.3	103	72.8	76	(59.6)	36
Second	17.3	65.2	19.6	201	42.0	166	41.4	103	82.9	83	(53.1)	39
Middle	13.9	52.4	20.4	184	52.4	168	43.6	86	77.9	80	(74.6)	38
Fourth	19.7	64.6	21.5	206	38.8	188	45.4	105	92.1	94	(79.0)	44
Richest	23.1	72.5	30.6	195	29.2	184	61.2	123	84.0	120	(83.2)	60

[1] MICS indicator 9.10 - Sex before age 15 among young men[M]
[2] MICS indicator 9.9 - Young men who have never had sex[M]
[3] MICS indicator 9.14 - Sex with non-regular partners[M]
[4] MICS indicator 9.15; MDG indicator 6.2 - Condom use with non-regular partners[M]

na: not applicable; ( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on fewer than 25 unweighted cases

Certain behaviour may create, increase, or perpetuate risk of exposure to HIV. For this young age group, such behaviour includes sex at an early age and women having sex with older men. Overall, 65 percent of young women and 64 percent of young men age 15-24 years reported ever having sex; 9 percent and 18 percent, respectively, reported having sex for the first time before the age of 15. Further, 4 percent of young women and 22 percent of young men had sex with more than one partner in the last 12 months; of those approximately 58 percent of women (data not shown due to small sample size) and 71 percent of men reported using a condom the last time. On the other hand, 25 percent of the young women and 47 percent of the young men who had sex in the last 12 months reported that it involved a non-marital non-cohabiting partner; of those 65 percent of women and 83 percent of men used a condom the last time. The use of condom under these circumstances tends to increase with education and socio-economic status. About 18 percent of women age 15-24 years had sex with a man 10 or more years older in the last 12 months.

Figure HA.3 brings together two critical behaviours that are known to increase the risk of HIV infection, sex before age 15, and sex with multiple partners, from tables HA.8 and HA.6. It demonstrate that young men have more risky behaviours than young women, more so those of urban than rural areas.

Figure HA.3: Sexual behaviour that increases the risk of HIV infection, young people age 15-24, Sao Tome and Principe, 2014
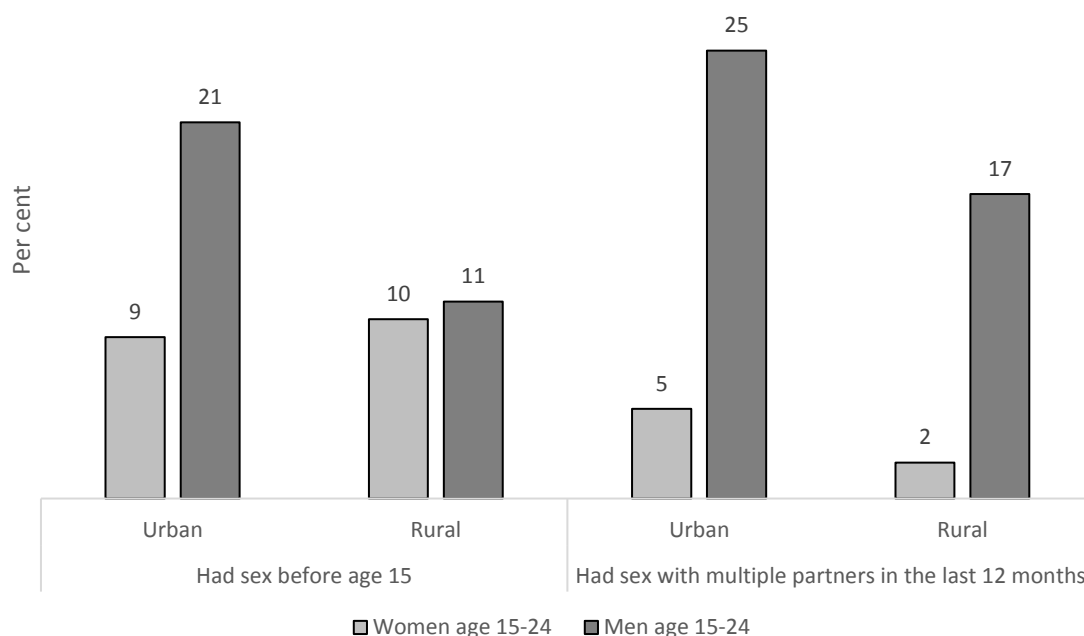
Orphans

While the number of children orphaned due to AIDS has stabilized globally since 2009, efforts to mitigate the impact of AIDS on households, communities, and children continues to be intensified by

national programmes and global partners. Children who are orphaned may be at increased risk of neglect or exploitation when the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs. Fortunately, in Sao Tome and Principe the number of children orphaned due to AIDS is very small and Table HA.9 should be interpreted in the context of orphans in general without emphasis on children orphaned due to AIDS. Please refer to Table CP.11 on page 180 for detailed information on living conditions of children and overall prevalence of orphanhood.

Table HA.9: School attendance of orphans and non-orphans							
School attendance of children age 10-14 years by orphanhood, Sao Tome and Principe, 2014							
	Percen-tage of children whose mother and father have died (orphans)	Percentage of children whose parents are still alive and who are living with at least one parent (non-orphans)	Num-ber of child-ren age 10-14 years	Percentage of children whose mother and father have died (orphans) and are attending school	Total numbe r of orphan child-ren age 10-14 years	Percentage of children whose parents are still alive, who are living with at least one parent (non-orphans), and who are attending school	Total number of non-orphan childre n age 10-14 years	Orphans to non-orphans school atten-dance ratio[1]
Total	0.8	74.5	1,815	(*)	14	94.7	1,353	(*)
Sex								
Male	0.8	74.1	859	(*)	7	94.0	636	(*)
Female	0.8	74.9	956	(*)	7	95.4	716	(*)
Area								
Urban	0.8	73.4	1,192	(*)	9	96.0	875	(*)
Rural	0.8	76.7	623	(*)	5	92.4	478	(*)
[1] MICS indicator 9.16; MDG indicator 6.4 - Ratio of school attendance of orphans to school attendance of non-orphans								
See Table CP.14 for further overall results related to children's living arrangements and orphanhood								
(*) Figures that are based on fewer than 25 unweighted cases								

Table HA.9 presents information on the orphanhood status of children age 10-14 years, and their school attendance. Overall, less than 1 percent of children age 10-14 years in Sao Tome and Principe are orphans and no reliable estimates can be produced with respect to the proportion that is attending school. Statistics in this table should be considered as only indicative due to insufficient sample size.

Male circumcision

Evidence has shown that male circumcision (the complete removal of the foreskin of the penis) reduces the risk of heterosexually acquired HIV infection in men by approximately 60 percent[i] and is safe when performed by well-trained health professionals in properly equipped settings. In countries and regions with heterosexual epidemics and high HIV and low male circumcision prevalence, male circumcision is being included in comprehensive HIV prevention packages. Alone, male circumcision is only partially protective, however, when combined with HIV testing and counselling services, condoms, safer sexual practices and treatment of sexually transmitted infections, it is highly effective. It may already be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life.

Table HA.10: Male circumcision		
Percentage of men age 15-49 years who report having been circumcised, Sao Tome and Principe, 2014		
	Percent circumcised[1]	Number of men age 15-49 years
Total	3.2	2,267
Region		
Centre East	3.6	1,449
North West	2.4	415
South East	2.8	309
Autonomous of Principe	1.0	93
Area		
Urban	3.6	1,508
Rural	2.3	759
Age		
15-24	3.0	966
15-19	3.6	588
20-24	2.2	378
25-29	2.7	354
30-39	4.0	611
40-49	2.4	335
Education		
None	3.6	22
Primary	2.6	951
Secondary	3.0	1,189
Higher	9.8	105
Wealth index quintile		
Poorest	1.8	462
Second	4.5	458
Middle	1.3	435
Fourth	2.7	455
Richest	5.4	456
[1] MICS indicator 9.17 - Male circumcision		

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[i] See for example: Bailey, RC et al. 2007. *Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial*. The Lancet 369: 643–56.

The prevalence of male circumcision is presented in Table HA.10. Only 3 percent of men age 15-49 are circumcised and there are no major differences by background characteristics. Given the small sample size of circumcised men in our sample, more detailed statistics are not being presented in this report.

Prevalence of HIV in men and women

Introduction

This section reports on the coverage of the HIV test, on HIV prevalence, as well as on factors associated with the infection. The reader who is interested in a more detailed analysis, including comparison with the results of the 2008-2009 Sao Tome and Principe DHS, is referred to the separate biomarker report already published by UNDP. The objective of HIV testing was to estimate the prevalence for the general population age 15-49 years. All men and women age 15-49 years in all sampled households were eligible for the test.

Blood samples were taken from all eligible men and women who voluntarily accepted to be tested. The protocol for HIV detection is anonymous and was approved by the International Review Board of ICF International and by the Ethics Committee of the MICS. In line with the protocol, blood samples must be completely anonymous, to the effect that no name or other personal or geographical characteristic could lead to the identification of an individual from whom a blood sample was taken. The Ethics Committee approved the specific 2014 Sao Tome and Principe MICS anonymous protocol, as well as the final version of the statement for informed consent and voluntary test.

Since HIV tests are anonymous, it was not possible to inform the participants about the result of their test. A card referring to a nearby voluntary counselling centre was given to all eligible individuals, whether they accepted or not to be submitted to the test, so that they could access counselling and free testing if they wished to do so.

Each field team comprised at least one interviewer/health agent specifically designated for blood collection and HIV, malaria and anaemia testing. These health technicians received a special training on all aspects of the protocols for anaemia, malaria and HIV testing. The technician sought prior informed consent from each eligible individual after having explained the blood collection procedures, as well as the confidentiality and anonymous nature of the test.

Operations for the extraction and analysis of blood samples in laboratory were implemented about eight months after the end of fieldwork. It was then necessary to wait for the cleaned dataset, before going ahead with the scrambling of the data and the destruction of the paper questionnaires, in order to guarantee the anonymity of the HIV tests results. The scrambling of the data was done by ICF International and concluded in January 2015. This involved suppressing district level geographical identifiers (enumerating district) from the informatics files, as well as any other information that could potentially be used to identify individuals. The blood samples were kept in laboratory at minus 20 degree Celsius. Anti-HIV antibody testing and result outputs were done by LHAR, the HIV reference laboratory in Sao Tome and Principe. Laboratory tests took place between 18 and 31 January 2015.

Detection and confirmation

The protocol specified the use of ELISA (Vironostika® VIH Ag/Ab) as the first test for in laboratory detection of HIV. All dry blood spot samples received in the laboratory were tested in this manner. All negative ELISA tests were classified as "negative". All positive cases were submitted to a second ELISA test (Enzygnost® VIH Integral II). Further, 10 percent of the negative tests were submitted to yet another ELISA test for quality control. The samples with a positive second ELISA test were classified "positive". All discordant results between the first and second ELISA tests were reanalyzed using both ELISA tests. Discordant results from this double set of procedures were analyzed with Western Blot 2.2. At the end of the process, 261 samples, including all positive samples, were sent to Centre Pasteur in Yaoundé, Cameroon, for external quality control. The results of the Centre Pasteur confirmed 100 percent of the results obtained in Sao Tome and Principe.

Table HA.11: Coverage of HIV test by area and region

Percent distribution of men and women age 15-49 eligible for HIV testing, by testing status, Sao Tome and Principe, 2014

	Blood sample collected		Refused test		Absent for blood collection		Other/ Missing			Number of eligible men and women age 15-49 years
	Surveyed		Surveyed		Surveyed		Surveyed			
	Yes	No	Yes	No	Yes	No	Yes	No	Total	
OVERALL										
Total	80.4	0.5	6.0	4.0	1.6	5.7	0.6	1.2	100.0	5,873
Region										
Centre East	75.6	0.5	6.8	3.9	2.6	9.0	0.6	1.0	100.0	2,702
North West	88.4	0.4	3.2	2.1	0.8	3.4	0.5	1.2	100.0	1,458
South East	78.6	0.9	6.6	7.2	0.9	3.3	0.3	2.1	100.0	1,297
Aut. of Principe	88.7	0.0	8.7	0.5	0.0	0.0	2.2	0.0	100.0	416
Area										
Urban	81.1	0.6	5.7	4.6	2.1	4.3	0.6	0.8	100.0	3,539
Rural	79.2	0.4	6.5	2.9	0.8	7.9	0.6	1.8	100.0	2,334
WOMEN										
Total	89.3	0.5	3.9	1.8	0.9	2.0	0.5	1.0	100.0	3,101
Region										
Centre East	86.2	0.3	5.5	2.0	1.6	3.2	0.5	0.8	100.0	1,482
North West	95.5	0.4	1.6	0.4	0.4	0.8	0.3	0.8	100.0	774
South East	88.1	1.1	2.8	3.8	0.5	1.4	0.2	2.2	100.0	636
Aut. of Principe	92.3	0.0	4.8	0.5	0.0	0.0	2.4	0.0	100.0	209
Area										
Urban	90.0	0.6	3.9	2.0	1.2	1.2	0.5	0.7	100.0	1,895
Rural	88.2	0.2	4.0	1.6	0.6	3.3	0.5	1.6	100.0	1,206
MEN										
Total	70.3	0.6	8.4	6.3	2.3	9.9	0.7	1.4	100.0	2,772
Region										
Centre East	62.6	0.7	8.5	6.3	3.9	16.1	0.7	1.1	100.0	1,220
North West	80.4	0.4	5.1	3.9	1.2	6.4	0.7	1.8	100.0	684
South East	69.4	0.8	10.3	10.6	1.4	5.1	0.5	2.0	100.0	661
Aut. of Principe	85.0	0.0	12.6	0.5	0.0	0.0	1.9	0.0	100.0	207
Area										
Urban	70.9	0.6	7.9	7.7	3.2	8.0	0.7	1.0	100.0	1,644
Rural	69.5	0.5	9.1	4.3	1.1	12.8	0.7	2.0	100.0	1,128

[a] Includes all dry blood spot samples tested in laboratory for which result is available, be it positive, negative or indeterminate. Indeterminate means that all tests were done on the sample in line with the algorithm, but the final result was inconclusive.
[b] Includes: 1) other blood collection results (e.g. technical problems in the field), 2) lost samples, 3) unmatched bar codes, e 4) other laboratory results, e.g. blood not tested for technical reasons, blood sample too small to complete the algorithm, etc.

A computer programme in CSPro, developed by ICF International and adapted to the specific algorithm used in this survey, was provided to LHAR to process the test results. Each blood sample submitted to LHAR was identified by a bar code. This was the only code inputted in CSPro that was directly related to the tests. This confidential file remained under the responsibility of LHAR until all blood analyzes had been completed. It was then merged with the survey file, through the bar codes, in order to permit the analysis of the prevalence data jointly with other information collected during the survey. As was previously stated, all individual identification variables had previously been scrambled in the survey file in order to preserve the complete anonymity of the survey results.

Coverage of the HIV test

Table HA.11 shows the coverage of the HIV tests in men and women age 15-49 years, by area of residence, and shows as well the reasons why blood collection was not done in some eligible individuals.

Overall, 80 percent of individuals eligible for HIV testing were surveyed and their blood analyzed to determine the presence of HIV. This coverage figure is mostly related to the response rate of the survey. There were various reasons for not being able to obtain a blood sample: refusal (10 percent), absence at the time of blood collection (7 percent), as well as logistical and technical issues at the time of blood collection or testing (2 percent).

There is a large difference in the coverage of the test between women (89 percent) and men (70 percent), as is typical of such surveys. The lowest coverage figures are seen in Region Centre East, for both women and men (86 and 63 percent respectively).

Table HA.12: Coverage of HIV test by socio-demographic characteristics

Percent distribution of men and women age 15-49 eligible for HIV testing, by testing status, Sao Tome and Principe, 2014

	Blood sample collected		Refused test		Absent for blood collection		Other/ Missing		Total	Number of eligible men and women age 15-49 years
	Surveyed		Surveyed		Surveyed		Surveyed			
	Yes	No	Yes	No	Yes	No	Yes	No		
WOMEN										
Total	89.3	0.5	3.9	1.8	0.9	2.0	0.5	1.0	100.0	3,101
Age										
15-19 years	88.1	0.7	3.6	1.6	1.5	1.9	0.8	1.8	100.0	732
20-24 years	90.5	0.4	3.3	1.2	0.6	1.9	0.6	1.4	100.0	486
25-29 years	90.3	0.6	2.9	2.9	1.2	1.4	0.4	0.4	100.0	513
30-34 years	89.4	0.4	5.2	1.5	0.8	1.9	0.0	0.8	100.0	481
35-39 years	88.2	0.6	4.7	1.4	0.8	3.0	0.3	1.1	100.0	363
40-44 years	89.0	0.3	4.9	1.6	0.3	2.9	0.6	0.3	100.0	309
45-49 years	90.8	0.0	3.2	3.2	0.5	1.4	0.5	0.5	100.0	217
Education										
None	82.7	3.1	3.1	1.6	0.8	0.8	0.0	7.9	100.0	127
Primary	90.4	0.3	3.4	2.4	0.8	1.5	0.5	0.8	100.0	1,600
Secondary	89.0	0.5	4.5	1.2	1.2	2.5	0.5	0.7	100.0	1,297
Higher	84.4	0.0	6.5	2.6	0.0	5.2	1.3	0.0	100.0	77
Missing	-	-	-	-	-	-	-	-	0.0	0
Wealth quintiles										
Poorest	92.4	0.2	2.2	1.8	0.4	1.3	0.0	1.6	100.0	450
Second	90.2	0.3	4.1	1.7	0.5	1.5	0.5	1.0	100.0	581
Middle	89.0	0.3	4.0	1.8	1.3	1.9	0.6	1.0	100.0	620
Fourth	88.6	0.7	4.5	2.1	0.7	1.9	0.7	0.7	100.0	674
Richest	87.8	0.6	4.1	1.8	1.4	2.8	0.4	1.0	100.0	776
MEN										
Total	70.3	0.6	8.4	6.3	2.3	9.9	0.7	1.4	100.0	2,772
Age										
15-19 years	78.3	0.5	7.4	3.6	2.2	5.2	0.8	2.0	100.0	635
20-24 years	68.9	0.4	8.0	6.6	3.0	9.7	0.8	2.5	100.0	473
25-29 years	67.5	0.2	9.4	6.4	1.9	12.7	0.9	0.9	100.0	425
30-34 years	66.9	0.9	8.4	8.4	2.7	11.1	0.4	1.1	100.0	450
35-39 years	69.1	1.2	10.4	6.1	2.0	10.4	0.3	0.6	100.0	346
40-44 years	65.6	0.4	8.7	7.9	2.1	14.1	0.8	0.4	100.0	241
45-49 years	69.8	0.5	6.4	7.9	2.5	10.9	1.0	1.0	100.0	202
Education										
None	40.7	1.9	7.4	14.8	1.9	20.4	1.9	11.1	100.0	54
Primary	70.7	0.5	8.2	7.0	2.4	9.6	0.6	1.1	100.0	1,275
Secondary	72.7	0.5	8.7	4.7	2.4	8.7	0.8	1.4	100.0	1,327
Higher	61.6	1.0	10.1	8.1	2.0	17.2	0.0	0.0	100.0	99
Missing	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	17
Wealth quintiles										
Poorest	75.6	0.7	7.8	6.2	1.1	5.8	0.7	2.2	100.0	451
Second	72.4	0.0	7.2	5.9	2.4	10.1	0.2	1.8	100.0	543
Middle	69.5	0.4	9.7	6.6	2.2	9.7	1.1	0.7	100.0	544
Fourth	69.2	1.0	7.7	5.5	2.8	11.9	1.2	0.7	100.0	597
Richest	66.6	0.8	9.4	7.2	2.8	11.0	0.5	1.7	100.0	637

[a] Includes all dry blood spot samples tested in laboratory for which result is available, be it positive, negative or indeterminate. Indeterminate means that all tests were done on the sample in line with the algorithm, but the final result was inconclusive.
[b] Includes: 1) other blood collection results (e.g. technical problems in the field), 2) lost samples, 3) unmatched bar codes, e 4) other laboratory results, e.g. blood not tested for technical reasons, blood sample too small to complete the algorithm, etc.
(*) Figures that are based on fewer than 25 unweighted cases

As shown in Table HA.12, differentials in test coverage figures between the various socio-demographic characteristics are not large. Among women, there appears to be a slightly declining

trend in participation as wealth increases. Among men, there was a notably higher participation among the 15-19 years age group than in any others, and a clearer declining trend in participation as wealth increases than that seen among women.

HIV prevalence

The results of the 2014 MICS indicate that the prevalence of HIV infection in the 15-49 years population is 0.5 percent (see Table HA.13) in both men and women. The effect of non-response were taken into account and incorporated in the prevalence estimate.

With such low HIV prevalence in both men and women, the differentials by age groups are generally small. Nonetheless, the results suggest a slight upward trend from the youngest to the oldest in both sexes. The apparent lower prevalence in men age 40-44 years is probably a simple manifestation of sampling variation and should not be over-interpreted.

Table HA.13: Prevalence of HIV by age						
Percentage of women and men age 15-49 years who were surveyed, had a HIV test and whose results were positive, Sao Tome and Principe, 2014						
	Women		Men		Overall	
	Percent HIV positive	Number of women age 15-49 years	Percent HIV positive	Number of men age 15-49 years	Percent HIV positive	Number of individuals age 15-49 years
Total	0.5	2518	0.5	2201	0.5	4719
Age						
15-19 years	0.0	595	0.0	577	0.0	1172
20-24 years	0.3	408	0.0	356	0.1	764
25-29 years	0.5	422	0.2	342	0.4	765
30-34 years	0.4	379	0.5	327	0.4	705
35-39 years	0.4	296	1.2	271	0.8	567
40-44 years	1.2	247	0.3	170	0.8	417
45-49 years	1.7	171	3.0	158	2.3	330

Table HA.14 presents HIV prevalence by some socio-economic characteristics. Once again, at such a low prevalence, differentials are generally small and interpretation of such small differences should be cautious. The results suggest a slight upward trend in prevalence from the wealthiest to the poorest.

Table HA.14: Prevalence of HIV by socio-economic characteristics

Percentage of women and men age 15-49 years who were surveyed, had a HIV test and whose results were positive, Sao Tome and Principe, 2014

	Women		Men		Overall	
	Percent HIV positive	Number of women age 15-49 years	Percent HIV positive	Number of men age 15-49 years	Percent HIV positive	Number of individuals age 15-49 years
Total	0.5	2518	0.5	2201	0.5	4719
Area						
Urban	0.3	1727	0.4	1482	0.3	3209
Rural	0.8	791	0.7	719	0.8	1510
Region						
Centre East	0.4	1668	0.3	1312	0.3	2980
North West	0.6	482	0.7	473	0.6	955
South East	0.6	275	0.2	305	0.4	580
Autonomous of Principe	0.6	92	2.7	112	1.7	204
Education						
None	0.0	79	(*)	18	1.5	97
Primary	0.9	1230	0.5	929	0.7	2159
Secondary	0.0	1125	0.4	1155	0.2	2280
Higher	0.0	84	0.0	99	0.0	183
Wealth quintiles						
Poorest	2.0	313	1.0	323	1.5	635
Second	0.5	418	0.2	389	0.3	807
Middle	0.6	470	0.8	392	0.7	862
Fourth	0.1	545	0.6	491	0.3	1037
Richest	0.0	772	0.1	605	0.1	1378

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

HIV prevalence by socio-demographic characteristics is presented in Table HA.15. The results suggest some variations by marital status, with a slightly higher prevalence among divorced or separated individuals (1.5 percent), while it is of 0.4 percent among those who are married or in union, and 0.2 percent among those who are single. Interpretation must be cautious with respect to other apparent small differences, many of which may result from sampling variation.

Table HA.15: Prevalence of HIV by socio-demographic characteristics

Percentage of women and men age 15-49 years who were surveyed, had a HIV test and whose results were positive, Sao Tome and Principe, 2014

	Women		Men		Overall	
	Percent HIV positive	Number of women age 15-49 years	Percent HIV positive	Number of men age 15-49 years	Percent HIV positive	Number of individuals age 15-49 years
Total	0.5	2518	0.5	2201	0.5	4719
Marital status						
Single	0.0	646	0.3	919	0.2	1565
Has had sexual intercourse	0.0	301	0.3	569	0.2	869
Never had sexual intercourse	0.0	345	0.2	350	0.1	695
Married/in union	0.4	1411	0.4	1055	0.4	2466
Divorced/separated	1.3	450	1.8	225	1.5	675
Widowed	(*)	11	(*)	3	(*)	13
Type of union						
Polygynous	0.2	289	0.0	131	0.1	420
Monogamous	0.5	1098	0.5	922	0.5	2020
Not in union	0.5	1106	0.6	1146	0.5	2253
Missing	(*)	25	(*)	1	(*)	27
Pregnancy status						
Pregnant	0.0	208	na	na	na	na
Not pregnant/DK	0.5	2287	na	na	na	na
Missing	(1.8)	23	na	na	na	na
Male circumcision status						
Circumcised	na	na	0.0	72	na	na
Not circumcised	na	na	0.5	2128	na	na
Missing	na	na	(*)	1	na	na

na: not applicable
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Certain sexual behaviours increase the risk of HIV infection. Table HA.16 shows HIV prevalence by a number of sexual behaviour characteristics and according to having or not done an HIV test prior to the survey. However, it is important to remember that questions related to sexual behaviour are very sensitive and it is quite possible that some risky behaviours were not reported during the interview. Further, the majority of the information that was recorded refers to practices over the 12-month period preceding the survey and may not reflect prior sexual behaviours. Consequently, interpretation of the results must be cautious.

Overall, HIV prevalence among individuals who previously had sexual intercourse is 0.5 percent for both men and women. Age at first sex appears to be an important characteristic in women since women who had first sex before age 16 present a prevalence of 1.5 percent which is higher than those who had first sex at a later age; the same doesn't appear to apply to men. With respect to the use of condom at the last sexual intercourse, the differences are small and do not allow to reach a specific conclusion. On the other hand, the results suggest a slight upward trend in prevalence as the number of lifetime sexual partners increase.

Individuals who had an HIV test prior to the survey show an HIV prevalence of 0.6 percent, while it is 0.3 percent among those who did not do such a test.

Table HA.16: Prevalence of HIV by sexual behaviour and prior HIV test

Percentage of women and men age 15-49 years who had prior sexual intercourse, who had a HIV test and whose results were positive, Sao Tome and Principe, 2014

	Women		Men		Overall	
	Percent HIV positive	Number of women age 15-49 years	Percent HIV positive	Number of men age 15-49 years	Percent HIV positive	Number of individuals age 15-49 years
Total	0.5	2169	0.5	1851	0.5	4020
Age at first sex						
<16 years	1.5	496	0.4	580	0.9	1077
16-17 years	0.2	743	0.5	600	0.3	1342
18-19 years	0.5	640	0.7	401	0.6	1040
>20 years	0.0	291	0.8	270	0.4	561
Use of condom at last sexual intercourse in last 12 months						
Used a condom	0.8	426	0.8	649	0.8	1075
Did not use a condom	0.5	1553	0.5	1002	0.5	2555
No sex in last 12 months	0.4	183	0.0	121	0.2	304
DK/Missing	(*)	7	0.0	79	0.0	86
Number of lifetime sexual partners						
1	0.1	899	0.0	226	0.1	1125
2	0.7	668	0.3	232	0.6	900
3-4	0.8	507	0.2	416	0.5	923
5-9	3.2	80	0.4	418	0.8	498
>10	(*)	4	1.2	430	1.2	434
DK/Missing	(*)	11	1.3	129	1.2	140
HIV test prior to the survey						
Tested	0.6	1819	0.7	1114	0.6	2934
Knew the result	0.5	1770	0.5	1041	0.5	2811
Did not know the result	4.5	49	2.9	73	3.5	122
Never tested	0.4	323	0.3	735	0.3	1058
Missing	(0.0)	27	(*)	1	(0.0)	28

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

HIV prevalence among youth age 15-24 years is an indirect indicator of recent infections in countries where the epidemic is generalized and sexual transmission dominates, which of course is not the situation of Sao Tome and Principe. According to this survey, HIV prevalence in this age group is only 0.1 percent (data not shown). The differentials between various background characteristics are small and not meaningful. This includes a prevalence of 0.3 and 0.2 percent in young women and young men respectively who did not use a condom at the last sexual intercourse in the previous 12 months, as compared with a prevalence of 0.0 percent among those who did. While the difference in the point estimates is in the expected direction, it is too small to be meaningfully interpreted at this sample size.

XIII. Access to Mass Media and Use of Information/Communication Technology

The 2014 Sao Tome and Principe MICS collected information on exposure to mass media and the use of computers and the internet. Information was collected on exposure to newspapers/magazines, radio and television among women and men age 15-49 years, while the questions on the use of computers and the use of the internet was asked to 15-24 year-olds.

Access to Mass Media

The proportion of women who read a newspaper or magazine, listen to the radio and watch television at least once a week is shown in table MT.1.

About 18 percent of women in Sao Tome and Principe read a newspaper or magazine, 77 percent listen to the radio, and 85 percent watch television at least once a week. Overall, 9 percent do not have regular exposure to any of the three media, while 91 percent are exposed to at least one and 16 to all the three types of media on a weekly basis.

Table MT.1: Exposure to mass media (women)

Percentage of women age 15-49 years who are exposed to specific mass media on a weekly basis, Sao Tome and Principe, 2014

	Percentage of women age 15-49 years who:			All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of women age 15-49 years
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week				
Total	18.3	76.9	85.3	15.9	90.7	9.0	2,935
Age							
15-19	24.3	85.4	93.6	22.4	97.0	3.0	702
20-24	18.8	76.0	87.5	16.1	92.4	7.4	467
25-29	15.1	73.0	83.6	13.2	88.3	11.4	484
30-34	14.8	73.0	83.2	12.6	88.0	11.6	446
35-39	17.6	76.1	85.0	14.9	91.4	8.3	349
40-44	17.3	75.0	79.1	14.1	86.6	12.6	290
45-49	14.4	71.8	69.1	10.7	81.7	17.9	198
Region							
Centre East	15.2	76.6	87.8	13.1	91.9	7.8	1,983
North West	24.5	76.4	79.5	20.5	88.4	11.2	524
South East	17.6	74.5	76.3	16.0	84.6	15.1	326
Autonomous of Principe	48.9	94.0	95.7	45.9	99.2	0.8	103
Area							
Urban	17.8	77.1	87.5	15.6	91.6	8.1	1,997
Rural	19.4	76.6	80.6	16.5	88.9	10.7	938
Education							
None	0.9	62.0	57.0	0.9	71.7	26.6	91
Primary	11.0	71.3	78.7	8.9	86.1	13.6	1,426
Secondary	25.7	83.6	93.5	23.2	96.4	3.4	1,318
Higher	40.8	83.9	96.6	33.8	100.0	0.0	99
Wealth index quintile							
Poorest	12.5	59.3	54.1	8.1	70.5	29.1	524
Second	14.5	72.0	81.1	12.4	88.0	11.6	581
Middle	17.9	78.2	92.1	15.5	94.9	4.9	566
Fourth	18.2	83.8	95.1	17.1	97.2	2.3	598
Richest	26.5	87.9	98.9	24.3	99.6	0.2	666
[1] MICS indicator 10.1 - Exposure to mass media							

Women under age 20 are slightly more likely than older women to report exposure to all three types of mass media. Strong differentials by region, education and socio-economic status are observed for exposure to all types of media.

About 34 percent of women with higher education are exposed to all three types of media, as compared with 9 percent of women with primary education. Similarly, 24 percent of women in the richest households are exposed to all the three media forms, while the corresponding proportion of women in the poorest households is only 8 percent. On the other hand, the differentials between urban and rural areas are small. Exposure of women to all the three mass media ranges from 13 percent in Region Centre East to 46 percent in Autonomous Region of Principe.

Men age 15-49 years report a notably higher level of exposure to all types of media than women as shown in Table MT.1M. At least once a week, 32 percent of men read a newspaper or magazine, 83 percent listen to the radio, and 90 percent watch television. About 5 percent do not have regular exposure to any of the three media, while 95 percent are exposed to at least one and 28 to all the three types of media on a weekly basis.

The table shows that, for men, the relationships between exposure to mass media and background characteristics are generally similar to those observed among women. However, interestingly, men have a different pattern of media exposure by age than women. While younger women are more likely than older women to report exposure to all three types of media on a weekly basis, younger men are generally less likely than older men to be exposed to all three media, particularly because they are less likely to read a newspaper/magazine on a weekly basis.

Table MT.1M: Exposure to mass media (men)

Percentage of men age 15-49 years who are exposed to specific mass media on a weekly basis, Sao Tome and Principe, 2014

	Percentage of men age 15-49 years who:			All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of men age 15-49 years
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week				
Total	32.0	83.3	90.2	28.4	95.0	5.0	2,267
Age							
15-19	28.1	82.6	93.8	25.5	96.7	3.2	588
20-24	27.5	84.8	91.2	25.8	95.9	4.1	378
25-29	32.0	79.9	88.0	28.0	92.9	7.1	354
30-34	35.9	85.7	93.0	32.1	95.9	3.7	327
35-39	32.8	84.0	88.3	29.1	94.7	5.3	284
40-44	35.8	82.4	82.1	26.5	92.0	8.0	175
45-49	43.7	85.3	86.2	38.9	92.7	7.3	161
Region							
Centre East	30.0	82.7	92.2	26.8	95.2	4.8	1,449
North West	33.4	83.4	88.1	28.4	94.8	4.7	415
South East	33.6	82.7	82.2	28.8	93.0	7.0	309
Autonomous of Principe	52.1	94.4	95.9	50.9	98.2	1.8	93
Area							
Urban	33.8	83.9	92.7	30.2	96.1	3.9	1,508
Rural	28.4	82.2	85.2	24.6	92.6	7.2	759
Education							
None	(0.0)	(56.2)	(66.5)	(0.0)	(77.1)	(22.9)	22
Primary	22.6	79.3	84.3	18.9	91.6	8.3	951
Secondary	37.3	86.7	94.7	33.8	97.7	2.2	1,189
Higher	63.8	88.0	97.5	58.5	97.5	2.5	105
Wealth index quintile							
Poorest	24.0	68.7	74.0	17.5	85.2	14.4	462
Second	26.4	84.6	87.5	22.8	94.6	5.4	458
Middle	31.6	88.7	95.9	29.6	98.4	1.6	435
Fourth	37.0	87.2	96.7	35.7	97.6	2.4	455
Richest	41.2	88.0	97.6	36.5	99.4	0.6	456
[1] MICS indicator 10.1 - Exposure to mass media[M]							

Use of Information/Communication Technology

The questions on computer and internet use were asked only to 15-24 year old women and men.

As shown in Table MT.2, 48 percent of 15-24 year old women ever used a computer, 37 percent used a computer during the last year, and 27 percent used one at least once a week during the last month. Overall, 37 percent of women age 15-24 ever used the internet, while 32 percent used it during the last year. The proportion of young women who used the internet more frequently, at least once a week during the last month, is smaller, at 24 percent.

As expected, both the computer and internet use during the last 12 months is more widespread among the 15-19 year old women, but not by much. Use of a computer and the internet is strongly associated with education and wealth.

Only 7 percent of women with primary education (or no formal education) report using a computer during the last year, while nearly half (49 percent) of those with secondary or higher education used a computer. Similarly higher utilisation of the internet last year is observed among young women in urban areas (36 percent) compared to those in rural areas (24 percent). The use of the internet during the last year ranges from 16 percent in Region North West to 39 percent in Region Centre East, while the proportion is 64 percent for young women in the richest households, as opposed to 10 percent in those living in the poorest households.

Table MT.2: Use of computers and internet (women)

Percentage of young women age 15-24 years who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Sao Tome and Principe, 2014

	Percentage of women age 15-24 years who have:						
	Ever used a computer	Used a computer during the last 12 months[1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months[2]	Used the internet at least once a week during the last one month	Number of women age 15-24 years
Total	47.9	37.2	27.1	36.9	32.3	24.3	1,169
Age							
15-19	52.4	40.1	29.3	39.6	34.7	25.4	702
20-24	41.3	32.7	23.9	32.8	28.8	22.7	467
Region							
Centre East	54.3	43.3	32.2	43.2	39.1	29.7	809
North West	32.6	23.4	15.5	20.5	16.6	11.2	205
South East	32.5	21.3	14.2	22.1	15.9	11.3	118
Aut. of Principe	43.4	29.2	23.2	39.1	24.2	20.5	36
Area							
Urban	50.8	40.1	29.4	40.3	36.1	27.0	804
Rural	41.5	30.7	22.3	29.6	23.8	18.5	365
Education							
None/Primary	15.1	6.9	3.0	7.7	4.7	2.4	320
Secondary/Higher	61.0	49.2	36.8	48.6	43.3	33.1	780
Wealth index quintile							
Poorest	22.8	14.1	8.1	13.7	9.8	6.2	177
Second	29.9	20.0	11.9	19.2	13.6	9.3	248
Middle	43.1	29.3	21.1	27.0	22.2	17.5	224
Fourth	60.1	47.7	36.5	47.3	42.0	32.9	250
Richest	73.7	64.8	50.0	67.1	63.7	47.7	269
[1] **MICS indicator 10.2 - Use of computers**							
[2] **MICS indicator 10.3 - Use of internet**							

Young men are more common users of computers and internet during the last year than young women. As shown in Table MT.2M, 48 percent of 15-24 year old men used a computer during the last year while 43 percent used the internet in the same period.

As displayed in the table, for young men, the differentials in terms of background characteristics generally go in the same direction as those observed among young women. For example, 12 percent of young men in the poorest households used the internet during the last year compared to 76 percent among the young men in the richest households.

Table MT.2M: Use of computers and internet (men)

Percentage of young men age 15-24 years who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Sao Tome and Principe, 2014

	Percentage of men age 15-24 years who have:						
	Ever used a computer	Used a computer during the last 12 months[1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months[2]	Used the internet at least once a week during the last one month	Number of men age 15-24 years
Total	60.2	48.3	34.8	51.0	42.9	34.1	966
Age							
15-19	61.3	48.1	33.3	50.4	42.0	33.6	588
20-24	58.4	48.7	37.0	51.9	44.2	34.9	378
Region							
Centre East	67.3	56.1	41.5	60.3	51.6	41.8	636
North West	43.1	32.4	20.5	31.6	24.8	17.9	170
South East	46.4	32.5	20.0	30.8	25.0	17.9	129
Aut. of Principe	64.5	42.8	35.7	51.7	37.5	33.4	31
Area							
Urban	67.8	55.9	40.4	59.3	50.0	40.5	653
Rural	44.3	32.7	23.1	33.9	27.9	20.9	314
Education							
None/Primary	22.0	15.2	7.8	14.8	10.5	6.6	301
Secondary/Higher	78.1	63.9	47.4	68.0	58.0	47.0	618
Wealth index quintile							
Poorest	27.5	16.8	7.5	18.8	12.3	8.9	180
Second	40.0	28.4	15.3	27.9	21.4	13.0	201
Middle	57.2	41.3	26.9	48.9	40.1	30.8	184
Fourth	86.1	71.0	53.0	71.9	61.7	49.6	206
Richest	86.3	80.6	68.1	84.3	75.7	65.8	195
[1] **MICS indicator 10.2 - Use of computers**							
[2] **MICS indicator 10.3 - Use of internet**							

XIV. Subjective well-being

Subjective perceptions of individuals of their incomes, health, living environments and the like, play a significant role in their lives and can impact their perception of well-being, irrespective of objective conditions such as actual income and physical health status[i]. In the MICS, a set of questions were asked to women and men age 15-24 years to understand how satisfied this group of young people is in different areas of their lives, such as their family life, friendships, school, current job, health, where they live, how they are treated by others, how they look, and their current income.

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

To assist respondents in answering the set of questions on happiness and life satisfaction they were shown a card with smiling faces (and not so smiling faces) that corresponded to the response categories (see the Questionnaires in Appendix F) 'very satisfied', 'somewhat satisfied', 'neither satisfied nor unsatisfied', 'somewhat unsatisfied' and 'very unsatisfied'. For the question on happiness, the same scale was used, this time ranging from 'very happy' to 'very unhappy', in the same fashion.

Respectively, Tables SW.1 and SW.1M show the proportion of young women and young men age 15-24 years, who are very or somewhat satisfied in selected domains. Note that for three domains, satisfaction with school, job and income, the denominators are confined to those who are currently attending school, have a job, and have an income. Of the different domains, young women are the most satisfied with their look (82 percent), their family life (80 percent), and their friendships (79 percent). The results for young men are somewhat higher; they are the most satisfied with the way they look (89 percent,) their health (86 percent) and their friendships and family life (both 84 percent). Among the domains, both young women and young men are the least satisfied with their current income, with 71 percent of young women and 46 percent of young men not having an income at all. Findings are generally quite similar by region, area, level of education, and even remarkably so by socio-economic level (for results with sufficiently large sample sizes).

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[i] OECD. 2013. *OECD Guidelines on Measuring Subjective Well Being*. OECD. http://dx.doi.org/10.1787/9789264191655-en

Table SW.1: Domains of life satisfaction (women)

Percentage of women age 15-24 years who are very or somewhat satisfied in selected domains of satisfaction, Sao Tome and Principe, 2014

	Percentage of women age 15-24 years who are very or somewhat satisfied in selected domains:						Percentage of women age 15-24 years who:			Number of women age 15-24 years	Percentage of women age 15-24 years who are very or somewhat satisfied with school	Number of women age 15-24 years attending school	Percentage of women age 15-24 years who are very or somewhat satisfied with their job	Number of women age 15-24 years who have a job	Percentage of women age 15-24 years who are very or somewhat satisfied with their income	Number of women age 15-24 years who have an income
	Family life	Friend-ships	Health	Living environment	Treatment by others	The way they look	Are attending school	Have a job	Have an income							
Total	79.7	78.9	75.1	68.8	65.2	81.7	55.0	20.2	28.9	1,169	75.5	643	71.4	237	51.2	337
Age																
15-19	78.9	79.6	77.7	71.1	65.5	83.1	71.7	8.2	17.3	702	75.0	503	71.9	58	54.2	121
20-24	80.8	77.7	71.1	65.4	64.6	79.6	29.9	38.3	46.2	467	77.1	139	71.2	179	49.5	216
Region																
Centre East	76.0	77.1	72.4	64.3	62.4	79.3	57.5	20.8	30.7	809	72.6	465	70.5	169	48.1	249
North West	88.1	82.3	81.1	81.7	71.1	89.7	49.0	18.4	20.1	205	77.5	101	71.1	38	55.1	41
South East	88.1	85.6	78.1	77.5	70.7	83.1	48.5	16.1	26.5	118	93.2	57	74.7	19	71.3	31
Aut. of Principe	86.8	75.4	90.1	69.2	75.4	84.1	55.2	31.7	45.2	36	(81.2)	20	(*)	11	(49.9)	16
Area																
Urban	78.5	79.4	76.0	66.6	63.3	82.0	57.0	21.2	30.6	804	73.1	458	73.2	171	51.0	246
Rural	82.2	77.7	72.9	73.7	69.3	81.0	50.6	18.0	25.1	365	81.3	184	66.7	66	51.7	92
Marital Status																
Ever married[a]	80.2	77.8	76.4	64.6	65.4	80.7	14.2	34.2	43.9	468	82.7	67	74.1	160	50.5	205
Never married	79.3	79.6	74.2	71.7	65.0	82.3	82.2	10.9	18.8	701	74.6	576	65.8	76	52.2	132
Education																
None/Primary	81.9	78.3	76.3	67.3	65.9	82.1	9.4	29.1	38.8	333	(90.8)	31	74.1	97	49.7	129
Secondary/Higher	78.8	79.1	74.6	69.4	64.9	81.5	73.1	16.7	24.9	836	74.7	611	69.5	140	52.1	208
Wealth index quintile																
Poorest	84.6	76.4	79.5	65.3	69.3	84.0	32.0	27.2	32.1	177	87.9	57	72.7	48	44.4	57
Second	84.4	79.7	77.7	71.6	66.5	82.0	43.4	19.0	27.2	248	80.8	108	78.6	47	64.8	67
Middle	76.0	77.8	74.1	63.5	64.7	76.5	51.9	20.6	32.9	224	80.2	116	(61.1)	46	40.7	74
Fourth	74.6	79.5	74.5	68.7	57.1	82.5	59.3	21.1	30.3	250	70.2	149	(66.8)	53	47.0	76
Richest	79.7	80.0	71.1	73.3	69.1	83.3	79.3	15.6	23.6	269	70.6	214	(78.9)	42	60.0	63

[a] Married or in union
( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on fewer than 25 unweighted cases

Table SW.1M: Domains of life satisfaction (men)

Percentage of men age 15-24 years who are very or somewhat satisfied in selected domains of satisfaction, Sao Tome and Principe, 2014

	Percentage of women age 15-24 years who are very or somewhat satisfied in selected domains:						Percentage of women age 15-24 years who:			Number of men age 15-24 years	Percentage of men age 15-24 years who are very or somewhat satisfied with school	Number of men age 15-24 years attending school	Percentage of men age 15-24 years who are very or somewhat satisfied with their job	Number of men age 15-24 years who have a job	Percentage of men age 15-24 years who are very or somewhat satisfied with their income	Number of men age 15-24 years who have an income
	Family life	Friend-ships	Health	Living environment	Treatment by others	The way they look	Are attending school	Have a job	Have an income							
Total	83.7	84.0	86.0	81.1	77.2	89.0	58.2	48.1	54.3	966	78.3	563	79.9	465	64.0	525
Age																
15-19	82.5	84.1	86.0	83.1	75.6	89.0	72.9	29.7	37.1	588	79.2	429	82.2	175	70.8	218
20-24	85.5	83.7	85.8	78.0	79.6	88.9	35.4	76.9	81.1	378	75.4	134	78.6	291	59.1	306
Region																
Centre East	80.9	82.5	84.1	77.8	75.3	88.8	62.0	42.9	50.1	636	77.5	394	74.9	273	59.4	319
North West	90.6	84.9	88.8	85.7	79.5	87.2	46.7	62.3	65.4	170	69.6	80	82.6	106	73.5	111
South East	86.4	88.8	89.3	89.8	81.4	90.9	55.3	53.0	56.9	129	90.3	71	93.3	68	70.7	73
Aut. of Principe	91.7	88.6	94.5	86.7	83.6	94.0	56.5	56.8	67.3	31	(85.9)	18	(89.6)	18	(59.8)	21
Area																
Urban	81.9	83.0	85.6	79.7	75.8	89.6	62.3	46.7	55.0	653	75.9	407	78.2	305	59.8	359
Rural	87.4	85.9	86.6	83.9	79.9	87.6	49.7	51.1	52.9	314	84.3	156	83.2	160	72.9	166
Marital Status																
Ever married[a]	87.4	81.2	87.1	73.3	70.0	84.6	12.5	92.0	93.4	128	(*)	16	75.5	118	64.5	120
Never married	83.1	84.4	85.8	82.3	78.3	89.6	65.2	41.4	48.3	838	78.1	546	81.4	347	63.8	405
Education																
None/Primary	88.4	83.9	85.3	79.5	75.5	88.7	17.2	74.0	75.1	309	85.8	53	83.1	228	65.8	232
Secondary/Higher	81.5	84.0	86.3	81.8	78.0	89.1	77.5	36.0	44.5	657	77.5	509	76.9	237	62.5	293
Wealth index quintile																
Poorest	87.7	84.3	86.6	79.9	74.1	90.3	32.0	66.9	69.4	180	89.2	58	85.0	121	68.0	125
Second	88.1	85.1	86.4	78.8	76.5	84.8	43.1	54.9	57.5	201	78.1	87	80.9	110	68.5	115
Middle	80.4	83.6	86.4	83.4	77.4	88.4	59.1	48.4	54.9	184	79.7	109	75.7	89	59.6	101
Fourth	81.0	85.8	85.2	78.0	74.9	91.2	74.1	40.0	49.4	206	77.6	153	80.6	82	69.0	102
Richest	81.4	80.8	85.3	85.6	82.9	90.2	80.3	32.3	41.6	195	74.0	157	73.8	63	50.6	81

[a] Married or in union

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

In Tables SW.2 and SW.2M, proportions of women and men age 15-24 years with overall life satisfaction are shown. "Life satisfaction" is defined as those who are very or somewhat satisfied with their life overall, and is based on a single question which was asked after the life satisfaction questions on all of the above-mentioned domains, with the exception of the question on satisfaction with income, which was asked later. Overall, 76 percent of 15-24 year old women are satisfied with their life overall; the figures are remarkably similar between the various categories of wealth, but vary between regions from 73 percent, for Region Centre East, to 85 percent in Region North West. Urban and rural areas are similar, while life satisfaction among young women appears to be slightly higher than their older counterparts. Young men are somewhat more satisfied with their life (84 percent) than young women (76 percent), and there is some evidence that life satisfaction is highest among the poorest (91 percent).

As a summary measure, the average life satisfaction score is also calculated and presented in Tables SW.2 and SW.2M. The score is simply calculated by averaging the responses to the question on overall life satisfaction, ranging from very satisfied (1) to very unsatisfied (5) (see questionnaires in Appendix F). Therefore, the lower the average score, the higher the life satisfaction levels. There is little variation in average life satisfaction score between the various background characteristics. The apparent larger variation by region must be interpreted cautiously due to the small sample size of Autonomous Region of Principe.

The tables also show that 74 percent of women and 77 percent of men age 15-24 years are very or somewhat happy. Differences by wealth quintiles can be observed for this indicator and favour the poorest. Region Centre East shows the lowest value for this indicator both among young women and young men.

Table SW.2: Overall life satisfaction and happiness (women)

Percentage of women age 15-24 years who are very or somewhat satisfied with their life overall, the average overall life satisfaction score, and percentage of women age 15-24 years who are very or somewhat happy, Sao Tome and Principe, 2014

	Percentage of women with overall life satisfaction[1]	Average life satisfaction score	Percentage of women who are very or somewhat happy [2]	Number of women age 15-24 years
Total	75.6	1.8	74.4	1,169
Age				
15-19	78.0	1.8	74.4	702
20-24	71.9	1.9	74.3	467
Region				
Centre East	72.7	1.9	69.4	809
North West	84.9	1.7	86.2	205
South East	76.5	1.9	85.2	118
Autonomous of Principe	84.3	1.6	82.1	36
Area				
Urban	75.1	1.8	73.1	804
Rural	76.7	1.8	77.2	365
Marital Status				
Ever married/in union	71.5	1.9	77.5	468
Never married/in union	78.3	1.8	72.3	701
Education				
None/Primary	75.0	1.9	77.9	333
Secondary/Higher	75.8	1.8	72.9	836
Wealth index quintile				
Poorest	76.6	1.8	83.6	177
Second	73.4	1.9	77.0	248
Middle	75.3	1.9	71.2	224
Fourth	74.7	1.9	66.8	250
Richest	78.0	1.7	75.5	269
[1] MICS Indicator 11.1 - Life satisfaction				
[2] MICS indicator 11.2 – Happiness				

Table SW.2M: Overall life satisfaction and happiness (men)

Percentage of men age 15-24 years who are very or somewhat satisfied with their life overall, the average overall life satisfaction score, and percentage of men age 15-24 years who are very or somewhat happy, Sao Tome and Principe, 2014

	Percentage of men with overall life satisfaction[1]	Average life satisfaction score	Percentage of men who are very or somewhat happy [2]	Number of men age 15-24 years
Total	84.2	1.7	77.3	966
Age				
15-19	85.3	1.7	76.1	588
20-24	82.4	1.8	79.3	378
Region				
Centre East	81.1	1.8	73.4	636
North West	89.4	1.7	84.3	170
South East	90.5	1.6	84.2	129
Autonomous of Principe	91.7	1.4	89.6	31
Area				
Urban	83.6	1.7	75.8	653
Rural	85.2	1.7	80.5	314
Marital Status				
Ever married/in union	81.6	1.8	81.3	128
Never married/in union	84.5	1.7	76.7	838
Education				
None/Primary	82.2	1.8	78.7	309
Secondary/Higher	85.1	1.7	76.7	657
Wealth index quintile				
Poorest	90.9	1.7	84.2	180
Second	82.2	1.8	82.6	201
Middle	78.3	1.9	74.4	184
Fourth	84.9	1.7	70.9	206
Richest	84.7	1.6	75.0	195
[1] MICS Indicator 11.1 - Life satisfaction[M]				
[2] MICS indicator 11.2 - Happiness[M]				

In addition to the series of questions on life satisfaction and happiness, respondents were also asked two simple questions on whether they think their life improved during the last one year, and whether they think their life will be better in one year's time. Such information may contribute to our understanding of desperation that may exist among young people, as well as hopelessness and hopes for the future. Specific combinations of the perceptions during the last one year and expectations for the next one year may be valuable information to understand the general sense of well-being among young people.

In Tables SW.3 and SW.3M, women's and men's perceptions of a better life are shown. The proportion of women age 15-24 years who think that their lives improved during the last one year and who expect that their lives will get better after one year, is 59 percent. The corresponding indicator for men age 15-24 years is similar at 63 percent. Differences in the perception of a better life among young women are generally small between the various background characteristics, except regions where variations may be somewhat larger but the small sample size of Autonomous

Region of Principe must be taken into account. As for young men, 55 percent of those living in households in the poorest wealth quintile think that their lives improved during the last one year and expect that it will get better after one year, while the corresponding proportion is 72 percent for those living in households in the richest wealth quintile. The same indicator varies between regions from 59 percent in Region North West to 86 in Autonomous Region of Principe, although interpretation must be cautious in the latter due to small sample size.

Table SW.3: Perception of a better life (women)				
Percentage of women age 15-24 years who think that their lives improved during the last one year and those who expect that their lives will get better after one year, Sao Tome and Principe, 2014				
	Percentage of women who think that their life			Number of women age 15-24 years
	Improved during the last one year	Will get better after one year	Both[1]	
Total	60.8	95.3	59.4	1,169
Age				
15-19	58.7	94.7	56.7	702
20-24	64.0	96.2	63.5	467
Region				
Centre East	58.8	95.9	57.5	809
North West	61.9	94.9	60.8	205
South East	69.4	91.6	66.8	118
Autonomous of Principe	70.2	96.4	70.2	36
Area				
Urban	61.3	95.1	59.8	804
Rural	59.7	95.6	58.5	365
Marital Status				
Ever married/in union	61.1	95.1	59.9	468
Never married/in union	60.6	95.4	59.1	701
Education				
None/Primary	57.8	92.0	55.9	333
Secondary/Higher	62.0	96.6	60.8	836
Wealth index quintile				
Poorest	56.2	93.6	55.2	177
Second	63.0	94.5	61.1	248
Middle	56.2	95.1	55.2	224
Fourth	62.3	96.7	61.6	250
Richest	64.1	96.0	62.1	269
[1] MICS indicator 11.3 - Perception of a better life				

Table SW.3M: Perception of a better life (men)

Percentage of men age 15-24 years who think that their lives improved during the last one year and those who expect that their lives will get better after one year, Sao Tome and Principe, 2014

	Percentage of men who think that their life			Number of men age 15-24 years
	Improved during the last one year	Will get better after one year	Both[1]	
Total	64.7	95.6	63.4	966
Age				
15-19	66.0	94.9	64.6	588
20-24	62.7	96.7	61.6	378
Region				
Centre East	62.3	96.2	61.3	636
North West	61.1	94.6	59.1	170
South East	75.7	94.4	74.0	129
Aut. of Principe	86.1	93.7	86.1	31
Area				
Urban	65.7	95.9	64.3	653
Rural	62.5	94.9	61.5	314
Marital Status				
Ever married/in union	61.4	94.2	59.2	128
Never married/in union	65.2	95.8	64.1	838
Education				
None/Primary	63.0	95.1	61.7	309
Secondary/Higher	65.5	95.8	64.2	657
Wealth index quintile				
Poorest	56.5	94.2	54.6	180
Second	61.1	95.7	60.5	201
Middle	63.7	96.8	63.2	184
Fourth	67.9	93.9	66.2	206
Richest	73.4	97.4	71.8	195

[1] **MICS indicator 11.3 - Perception of a better life[M]**

XV.   Tobacco and Alcohol Use

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed, or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases.[i]

The consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties. In addition to the chronic diseases that may develop in those who drink large amounts of alcohol over a number of years, alcohol use is also associated with an increased risk of acute health conditions, such as injuries, including from traffic accidents.[ii] Alcohol use also causes harm far beyond the physical and psychological health of the drinker. It harms the well-being and health of people around the drinker. An intoxicated person can harm others or put them at risk of traffic accidents or violent behaviour, or negatively affect co-workers, relatives, friends or strangers. Thus, the impact of the harmful use of alcohol reaches deep into society.[iii]

The 2014 Sao Tome and Principe MICS collected information on ever and current use of tobacco and alcohol and intensity of use among women and men age 15-49 years. This section presents the main results.

Tobacco Use

Table TA.1 presents the current and ever use of tobacco products by women age 15-49 years, and Table TA.1M presents the corresponding information for men of the same age group.

In Sao Tome and Principe, ever and current use of tobacco products is more common among men than among women. Overall, 33 percent of men and 8 percent of women reported to have ever used a tobacco product, while 9 percent of men and only 1 percent of women smoked cigarettes, or used smoked or smokeless tobacco products on one or more days during the last one month.

At such low levels of use among women, differences between background characteristics are small. As for men, current use of tobacco produce increase with age from 2 percent in the 15-19 years group to 20 percent in the 45-49 group, but with much variation in between. There are also notable differences in the current use of tobacco products between levels of education, with 12 percent for men with primary education, down to 2 percent for men with higher education. Similarly, the level of current consumption is 15 percent among the poorest as compared with 5 percent among the wealthiest.

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[i] WHO. http://www.who.int/topics/tobacco/en/
[ii] WHO. http://www.who.int/topics/alcohol_drinking/en/
[iii] WHO. http://www.who.int/mediacentre/factsheets/fs349/en/

Table TA.1: Current and ever use of tobacco (women)

Percentage of women age 15-49 years by pattern of use of tobacco, Sao Tome and Principe, 2014

	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of women age 15-49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	
Total	92.3	2.1	0.5	4.8	7.4	0.2	0.1	0.9	1.1	2,935
Age										
15-19	91.6	1.2	0.5	5.9	7.5	0.0	0.0	1.0	1.0	702
20-24	91.7	3.2	0.6	4.5	8.3	0.0	0.4	0.4	0.8	467
25-29	93.3	0.8	0.8	5.1	6.7	0.2	0.0	0.6	0.8	484
30-34	91.0	2.6	1.0	5.1	8.7	0.0	0.0	1.8	1.8	446
35-39	95.0	2.3	0.0	2.8	5.0	0.0	0.0	0.6	0.6	349
40-44	92.6	3.9	0.0	3.5	7.4	0.2	0.0	0.9	1.1	290
45-49	92.1	1.7	0.4	5.5	7.6	1.5	0.0	1.3	2.8	198
Region										
Centre East	91.9	2.5	0.5	4.7	7.7	0.1	0.1	0.6	0.8	1,983
North West	92.2	0.7	0.7	6.2	7.7	0.4	0.0	2.1	2.5	524
South East	95.0	1.8	0.2	2.8	4.8	0.3	0.0	0.7	0.9	326
Autonomous of Principe	92.6	2.3	0.0	5.1	7.4	0.0	0.0	2.1	2.1	103
Area										
Urban	92.9	2.5	0.5	3.8	6.9	0.1	0.1	0.8	1.0	1,997
Rural	91.2	1.1	0.5	6.8	8.5	0.3	0.0	1.2	1.5	938
Education										
None	87.9	2.2	0.0	8.8	11.0	2.2	0.0	2.3	4.5	91
Primary	92.3	1.7	0.8	5.1	7.6	0.2	0.0	1.0	1.2	1,426
Secondary	92.5	2.3	0.3	4.6	7.1	0.0	0.1	0.8	0.9	1,318
Higher	95.8	4.2	0.0	0.0	4.2	0.0	0.0	0.0	0.0	99
Under-5s in the same household										
At least one	92.0	1.9	0.5	5.3	7.7	0.2	0.0	1.0	1.2	1,798
None	92.8	2.4	0.5	4.0	6.9	0.1	0.1	0.8	1.1	1,137
Wealth index quintile										
Poorest	92.8	1.2	1.0	4.7	6.9	0.4	0.0	1.5	2.0	524
Second	92.6	0.7	0.0	6.5	7.2	0.1	0.0	1.5	1.6	581
Middle	90.6	3.1	0.9	5.3	9.4	0.0	0.3	0.4	0.7	566
Fourth	92.6	1.7	0.5	5.0	7.3	0.0	0.0	1.1	1.1	598
Richest	93.0	3.5	0.2	2.7	6.4	0.2	0.0	0.2	0.5	666
[1] **MICS indicator 12.1 - Tobacco use**										

Table TA.1M: Current and ever use of tobacco (men)

Percentage of men age 15-49 years by pattern of use of tobacco, Sao Tome and Principe, 2014

	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of men age 15-49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	
Total	67.2	15.3	8.8	8.3	32.4	4.4	0.6	3.9	8.9	2,267
Age										
15-19	85.3	4.4	1.0	8.8	14.2	0.2	0.0	1.9	2.1	588
20-24	66.4	16.4	8.6	8.1	33.1	3.2	0.5	3.5	7.2	378
25-29	57.7	19.4	13.5	8.9	41.8	7.0	2.3	4.3	13.6	354
30-34	59.2	16.8	13.5	10.5	40.8	2.8	0.2	5.2	8.2	327
35-39	61.1	20.7	9.1	8.6	38.4	8.9	0.2	4.8	14.0	284
40-44	62.8	21.1	9.9	6.2	37.2	3.6	0.5	4.5	8.6	175
45-49	55.8	23.9	16.1	3.1	43.0	13.0	1.3	6.1	20.5	161
Region										
Centre East	68.9	15.3	8.5	6.8	30.5	4.4	0.6	3.1	8.2	1,449
North West	60.8	12.1	11.9	15.3	39.2	4.1	0.8	8.3	13.2	415
South East	66.6	19.4	7.0	6.8	33.2	3.8	0.3	2.3	6.4	309
Autonomous of Principe	72.5	15.6	6.6	5.2	27.5	7.5	0.5	1.0	9.0	93
Area										
Urban	67.7	15.7	9.0	7.1	31.9	4.7	0.7	2.6	8.0	1,508
Rural	66.2	14.3	8.4	10.7	33.4	3.8	0.5	6.4	10.7	759
Education										
None	(61.2)	(28.3)	(3.7)	(6.9)	(38.8)	(17.0)	(0.0)	(6.9)	(24.0)	22
Primary	61.5	16.4	11.1	10.6	38.1	5.4	0.9	5.2	11.5	951
Secondary	71.6	13.8	7.2	6.8	27.8	3.6	0.5	3.0	7.1	1,189
Higher	70.1	18.4	7.1	4.4	29.9	1.8	0.0	0.6	2.4	105
Under-5s in the same household										
At least one	65.1	15.4	9.7	9.4	34.6	3.3	0.7	4.9	8.8	1,045
None	69.1	15.1	8.0	7.4	30.5	5.4	0.5	3.1	9.0	1,222
Wealth index quintile										
Poorest	58.2	18.7	11.4	11.4	41.5	7.3	1.1	6.3	14.6	462
Second	64.9	15.3	9.2	10.2	34.7	5.4	0.2	4.0	9.5	458
Middle	67.6	13.8	9.3	9.3	32.4	3.8	1.1	4.7	9.6	435
Fourth	72.0	13.3	8.0	5.9	27.2	2.9	0.4	3.0	6.3	455
Richest	73.5	15.0	6.1	4.8	25.8	2.7	0.4	1.5	4.5	456

[1] MICS indicator 12.1 - Tobacco use

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

Figure TA.1: Ever and current smokers, Sao Tome and Principe, 2014
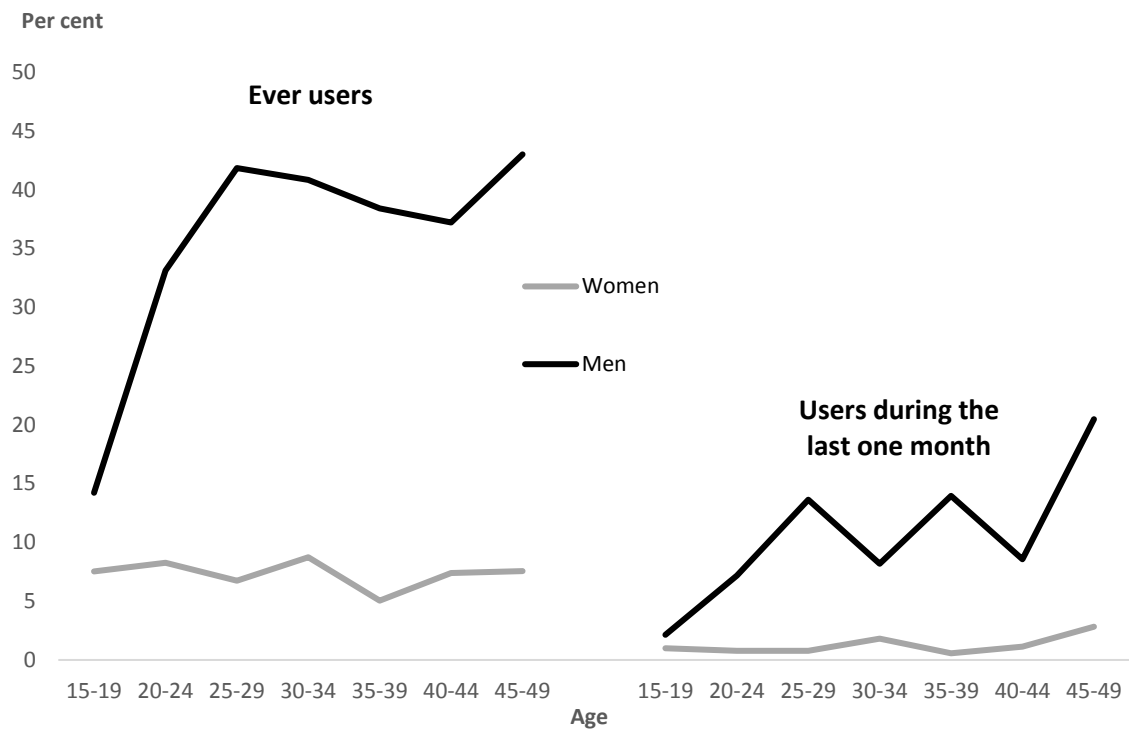
Per cent

Tables TA.2 and TA.2M present results on age at first use of cigarettes, for women and men respectively. The results show that less than 1 percent of women and 1 percent of men 15-49 years old smoked a cigarette for the first time before age 15. There is little variation by background characteristics.

Table TA.2: Age at first use of cigarettes and frequency of use

Percentage of women age 15-49 years who smoked a whole cigarette before age 15, Sao Tome and Principe, 2014

	Percentage of women who smoked a whole cigarette before age 15[1]	Number of women age 15-49 years
Total	0.4	2,935
Age		
15-19	0.7	702
20-24	0.0	467
25-29	0.0	484
30-34	0.7	446
35-39	0.0	349
40-44	1.0	290
45-49	0.2	198
Region		
Centre East	0.4	1,983
North West	0.3	524
South East	0.1	326
Autonomous of Principe	0.7	103
Area		
Urban	0.4	1,997
Rural	0.3	938
Education		
None	0.0	91
Primary	0.2	1,426
Secondary	0.4	1,318
Higher	2.2	99
Under-5s in the same household		
At least one	0.2	1,798
None	0.6	1,137
Wealth index quintile		
Poorest	0.3	524
Second	0.0	581
Middle	1.1	566
Fourth	0.0	598
Richest	0.4	666
[1] MICS indicator 12.2 - Smoking before age 15		

Table TA.2M: Age at first use of cigarettes and frequency of use		
Percentage of men age 15-49 years who smoked a whole cigarette before age 15, Sao Tome and Principe, 2014		
	Percentage of men who smoked a whole cigarette before age 15[2]	Number of men age 15-49 years
Total	1.4	2,267
Age		
15-19	0.8	588
20-24	1.4	378
25-29	0.4	354
30-34	2.1	327
35-39	1.2	284
40-44	2.7	175
45-49	3.2	161
Region		
Centre East	1.3	1,449
North West	1.6	415
South East	1.4	309
Autonomous of Principe	2.9	93
Area		
Urban	1.4	1,508
Rural	1.4	759
Education		
None	(0.0)	22
Primary	1.6	951
Secondary	1.1	1,189
Higher	3.1	105
Under-5s in the same household		
At least one	1.4	1,045
None	1.4	1,222
Wealth index quintile		
Poorest	2.2	462
Second	1.9	458
Middle	1.1	435
Fourth	0.2	455
Richest	1.7	456
[1] **MICS indicator 12.2 - Smoking before age 15**		
( ) Figures that are based on 25-49 unweighted cases		

Alcohol Use

Table TA.3 shows the use of alcohol among women. Overall, 53 percent of women age 15-49 years had at least one drink of alcohol on one or more days during the last one month, 7 percent of women of the same age group first drank alcohol before the age of 15, and 21 percent of women never had an alcoholic drink. Among the younger age groups, the proportion of women who had at least one drink of alcohol before age 15 is higher (15 percent) than among the older age groups.

The proportion of men that consume alcohol is considerably higher that of women (see Table TA.3M). Overall 67 percent of men 15-49 years old had at least one drink of alcohol on one or more days during the last one month. Use of alcohol before the age of 15 is also more common among men (12 percent) than among women (7 percent). As for young women, the proportion among young men who had at least one drink of alcohol before age 15 is higher among the younger age groups.

The use of alcohol varies somewhat by education level and wealth quintiles, with higher levels of consumption among those with primary than secondary education, both in men and women, and among the poorest in the case of men.

Table TA.3: Use of alcohol (women)

Percentage of women age 15-49 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of women who have had at least one alcoholic drink at any time during the last one month, Sao Tome and Principe, 2014

| | Percentage of women who: | | | |
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15[1]	Had at least one alcoholic drink at any time during the last one month[2]	Number of women age 15-49 years
Total	21.1	7.5	53.2	2,935
Age				
15-19	45.3	15.4	24.0	702
20-24	22.2	4.1	49.2	467
25-29	13.4	5.8	64.5	484
30-34	12.3	4.2	66.1	446
35-39	7.1	7.8	68.5	349
40-44	10.4	3.8	64.8	290
45-49	11.7	3.8	65.8	198
Region				
Centre East	19.4	7.4	52.4	1,983
North West	20.7	9.0	55.8	524
South East	31.1	7.1	51.9	326
Aut. of Principe	23.5	1.4	59.3	103
Area				
Urban	19.8	7.9	52.6	1,997
Rural	23.9	6.6	54.6	938
Education				
None	17.8	8.3	59.8	91
Primary	16.3	5.6	61.8	1,426
Secondary	27.2	9.7	43.3	1,318
Higher	12.2	4.5	56.0	99
Wealth index quintile				
Poorest	23.7	6.2	54.9	524
Second	23.1	10.0	55.9	581
Middle	19.5	7.7	54.2	566
Fourth	17.1	6.0	53.3	598
Richest	22.3	7.3	48.7	666
[1] MICS indicator 12.4 - Use of alcohol before age 15				
[2] MICS indicator 12.3 - Use of alcohol				

Table TA.3M: Use of alcohol (men)

Percentage of men age 15-49 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of men who have had at least one alcoholic drink at any time during the last one month, Sao Tome and Principe, 2014

	Percentage of men who:			
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15[1]	Had at least one alcoholic drink at any time during the last one month[2]	Number of men age 15-49 years
Total	12.2	11.9	67.1	2,267
Age				
15-19	36.2	17.7	29.5	588
20-24	8.1	11.0	65.5	378
25-29	4.4	11.3	80.3	354
30-34	1.9	8.4	89.8	327
35-39	2.4	11.0	81.5	284
40-44	0.8	9.8	87.8	175
45-49	1.5	5.7	86.0	161
Region				
Centre East	12.1	11.6	64.4	1,449
North West	8.8	16.2	73.3	415
South East	15.8	8.7	68.7	309
Aut. of Principe	16.3	7.8	76.5	93
Area				
Urban	11.9	11.9	66.2	1,508
Rural	12.8	12.0	69.1	759
Education				
None	7.6	19.5	(89.8)	22
Primary	9.2	13.7	73.8	951
Secondary	15.7	11.1	59.5	1,189
Higher	0.6	4.0	88.4	105
Wealth index quintile				
Poorest	9.6	13.9	74.1	462
Second	15.6	13.0	67.5	458
Middle	14.5	10.6	63.2	435
Fourth	11.7	11.2	63.4	455
Richest	9.6	10.8	67.2	456

[1] MICS indicator 12.4 - Use of alcohol before age 15[M]
[2] MICS indicator 12.3 - Use of alcohol[M]
( ) Figures that are based on 25-49 unweighted cases

Appendix A. Sample Design

The major features of the sample design are described in this appendix. Sample design features include sampling frame, domains of the study, strata, household sample size, the distribution of the sample at various levels, household listing in the selected primary sampling units, as well as the calculation of the household sample weights.

The MICS5 survey was implemented using a stratified two-stage sample design. The primary objective of the sample design was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, for the Southern and Northern regions, and each one of the two districts of Agua Grande and Me Zochi in the Central region.

Sampling frame, study domains and strata

The first stage statistical units, or primary sampling units, are the enumeration areas (EAs) designed during the cartographic operations of the 2012 General Census of Population and Housing (GCPH). The list of EAs constitutes the first stage sampling frame of primary sampling units.

A sample of EAs was drawn at the first stage within each stratum. The second stage sampling units are the households within the EAs drawn at the first stage. They define the secondary stage sampling frame.

A study domain is a portion of the national territory for which valid results are sought, in other words individual estimates of sufficient precision. The districts were not chosen as study domains given their small size. Beside the urban and rural areas, four other study domains were identified. These are the district of Agua Grande, the district of Me Zochi, the Southern region comprising the districts of Cantagalo and Caue, and the Northern region comprising the districts of Lemba and Lobata. The region of Principe, which has only 11 EAs, was not regarded as a study domain.

The stratification is defined as the urban/rural area of residence within each district, which led to 13 strata. Table SD.1 presents the strata as well as the four study domains.

Sample Size and Sample Allocation

The household sample size for the MICS5 survey was calculated as 3930 households. For the calculation of the sample size, the key indicator used was the immunization coverage of children age 12-23 months. The following formula was used to estimate the required sample size for this indicator in each study domain:

$$n = \frac{[4(r)(1-r)(deff)]}{[(0.12r)^2(pb)(AveSize)(RR)]}$$

where

- *n* is the required sample size, expressed as number of households
- *4* is a factor to achieve the 95 percent level of confidence

- *r* is the predicted or anticipated value of the indicator, expressed in the form of a proportion
- *deff* is the design effect for the indicator, estimated from a previous survey or using a default value of 1.5
- *0.12r* is the margin of error to be tolerated at the 95 percent level of confidence, defined as 12 per cent of *r* (relative margin of error of *r*)
- *pb* is the proportion of the total population upon which the indicator, *r*, is based
- *AveSize* is the average household size (number of persons per household)
- *RR* is the predicted response rate

The data from the most recent DHS survey of 2008 were used by the MICS5 National Technical Committee to calculate the household sample size. Table SD.2 shows the results obtained. Of the five immunization indicators, the full immunization coverage is the one that requires the largest sample, i.e. 804 households. This value of 804 households was taken as the minimum size required in each study domain. It was recommended to slightly increase the sample size to 900 households in each study domain in order to ensure that the desired precision of 12 percent relative margin of error is achieved.

In the region of Principe, not regarded as a study domain, each one of the 11 primary units were allocated a sample of 30 households, which resulted in a national sample of 3930 households.

Table SD.1: Definition of study domains and strata					
Study domain[1]	Stratum	Stratum code	Number of EAs	Number of households	Relative size of district in domain
Agua Grande	Agua Grande	1	**151**	**17, 494**	**1.00**
Me Zochi	Me Zochi Urban	2	33	3,725	0.42
	Me Zochi Rural	3	45	7,062	0.58
	Sub-total		**78**	**10,787**	**1.00**
Southern region	Cantagalo Urban	4	20	2,486	0.45
	Cantagalo Rural	5	9	1,872	0.20
	Caue Urban	6	9	827	0.20
	Caue Rural	7	6	614	0.14
	Sub-total		**44**	**5,799**	**1.00**
Northern region	Lemba Urban	8	17	2,299	0.31
	Lemba Rural	9	6	1,206	0.11
	Lobata Urban	10	15	1,871	0.28
	Lobata Rural	11	16	3,080	0.30
	Sub-total		**54**	**8,456**	**1.00**
Autonomous Region of Principe[1]	Principe Urban	12	5	695	0.45
	Principe Rural	13	6	1,304	0.55
	Sub-total		**11**	**1,999**	**1.00**
	Overall		**338**	**44,535**	

[1] Region Autonomous of Principe was not considered as a study domain

Table SD.2: Calculation of the minimum required size of the household sample per study domain					
Variable	Full immunization coverage	BCG	Polio 3	Measles	DPT
r	0.766	0.961	0.867	0.840	0.874
deff	1.636	1.020	1.182	1.208	1.129
RR	0.90	0.90	0.90	0.90	0.90
AveSize	5	5	5	5	5
pb	0.03	0.03	0.03	0.03	0.03
n	**876**	**85**	**373**	**473**	**335**

Formula:

$$n = \frac{[4(r)(1-r)(deff)]}{[(0.13r)^2 (pb)(AveSize)(RR)]}$$

Sample distribution of clusters and households

In order to estimate how many clusters or primary units would correspond to 900 households selected in each study domain, three options of cluster size were considered:
- 20 households per primary unit
- 25 households per primary unit
- 30 households per primary unit

It was found that the first two cluster size options of 20 or 25 households did not provide the required number of clusters in certain strata. On the other hand the option of 30 households per primary unit allowed drawing the EAs in all the strata.

In the Region Autonomous of Principe, which is not a study domain, all 11 EAs have been surveyed on the basis of 30 households each, giving a national sample of 3930 households. This results in a global sample of 131 primary sampling units or clusters, 30 per study domain and 11 for the region of Principe. Table SD.3 presents the repartition of the sampled clusters and households by study domain and stratum.

Table SD.4 presents the structure of the household sample. Comparing columns 3 and 6 of that table, one notes that Agua Grande is under-sampled while the study domains of the Southern and Northern regions are over-sampled, while Me Zochi has an average sampling rate. The region of Principe, which is not a study domain, also corresponds to an over-sampled sub-domain.

It is worth remembering that the structure defined by column 3 is the original distribution of the sampling frame. It is this distribution of frame, and not that of the sample, that will determine the relative weights of the data from each domain in the final weighted estimates.

Table SD.3 shows the distribution of the sample between the strata of each study domain. A representative stratified sample is drawn within each domain, which results in a sample of primary sampling units in each study domain that is proportional to the size of the strata in terms of households. Given that 30 household will be drawn in each primary sampling unit, the distribution of the sample in a study domain is also proportional to the size of the strata.

Table SD.3: Distribution of the sample by study domain and stratum

Study domain[1]	Stratum	Stratum code	Number of EAs	Number of households	Proportion of households within domain	Number of EAs to be drawn	Adjusted number of sample EAs	Number of households to be drawn
Agua Grande	Agua Grande	1	**151**	**17, 494**	**1.00**	**30**	**30**	**900**
Me Zochi	Me Zochi Urban	2	33	3,725	0.35	10.36	10	300
	Me Zochi Rural	3	45	7,062	0.65	19.64	20	600
	Sub-total		**78**	**10,787**	**1.00**	**30**	**30**	**900**
Southern region	Cantagalo Urban	4	20	2,486	0.43	12.86	13	390
	Cantagalo Rural	5	9	1,872	0.32	9.68	9	270
	Caue Urban	6	9	827	0.14	4.28	5	150
	Caue Rural	7	6	614	0.11	3.18	3	90
	Sub-total		**44**	**5,799**	**1.00**	**30**	**30**	**900**
Northern region	Lemba Urban	8	17	2,299	0.27	8.16	8	240
	Lemba Rural	9	6	1,206	0.14	4.28	4	120
	Lobata Urban	10	15	1,871	0.22	6.64	7	210
	Lobata Rural	11	16	3,080	0.36	10.93	11	330
	Sub-total		**54**	**8,456**	**1.00**	**30**	**30**	**900**
Autonomous Region of Principe[1]	Principe Urban	12	5	695	0.35	5	5	150
	Principe Rural	13	6	1,304	0.65	6	6	180
	Sub-total		**11**	**1,999**	**1.00**	**11**	**11**	**330**
	Overall		**338**	**44,535**	**-**	**131**	**131**	**3,930**

[1] Region Autonomous of Principe was not considered as a study domain

Table SD.4: Structure of the sampling frame and sample per study domain

Study domain[1]	Sampling frame		Sample			
	Number of households	Structure of the sampling frame	Number of EAs to be drawn	Number of households to be drawn	Structure of the sample	Overall sampling rate
Agua Grande	17,494	0.39	30	900	0.23	0.051
Me Zochi	10,787	0.24	30	900	0.23	0.083
Southern region	5,799	0.13	30	900	0.23	0.155
Northern region	8,456	0.19	30	900	0.23	0.106
Aut. Reg. of Principe[1]	1,999	0.04	11	330	0.08	0.165
Total	**44,535**	**1.00**	**131**	**3,930**	**1.00**	**0.088**

[1] Region Autonomous of Principe was not considered as a study domain

Sampling modalities

The sample selection is implemented independently within each stratum. The primary sampling units or clusters are drawn systematically with probability proportional to size. The probability of selection of a cluster is proportional to the size of the cluster, the size being here defined as the number of households in the cluster from the frame.

At the second sampling stage, i.e. the selection of the households, systematic sampling with equal probability is used. An equal number of households, 30 in this case, is drawn in each cluster selected at the first stage.

Sampling of clusters or primary units

The sampling of primary units is done independently one stratum at a time. As previously indicated, the EAs are drawn systematically with probability proportional to size.

The drawing of the primary units is implemented with a computer software called TIRAGE 2.1 specially designed for random sampling. In preparation for the draw, it was first verified if any of the 13 strata included atypical EAs, i.e. EAs with a selection probability greater than 1.

In order to do this, the selection probabilities π were calculated for each EA in each stratum. All satisfied the condition:

$$0 < \pi_r < 1 \qquad \forall r = 1, 2, \ldots\ldots, M_h$$

for the M_h primary units in each stratum h, with the exception of 6 strata comprising 11 EAs with a selection probability superior to 1 as shown in Table SD.5.

Table SD.5: List of EAs with a selection probability superior to 1					
Number	Stratum	Name of stratum	Sampling probability	ID_EA	Number of households
1	Stratum 3	Me Zochi Rural	1.02804	203000419	363
2	Stratum 3	Me Zochi Rural	1.04503	203000501	369
3	Stratum 4	Cantalago Urban	1.13476	105001001	217
4	Stratum 4	Cantalago Urban	1.00925	105001006	193
5	Stratum 4	Cantalago Urban	1.15567	105001011	221
6	Stratum 6	Caue Urban	1.17896	106001151	195
7	Stratum 7	Caue Rural	1.26059	206001109	258
8	Stratum 9	Lemba Rural	1.27695	202000865	385
9	Stratum 11	Lobata Rural	1.30357	201000659	365
10	Stratum 11	Lobata Rural	1.00357	201000809	281
11	Stratum 11	Lobata Rural	1.10714	201000810	310

Table SD.6: Distribution of EAs purposely selected and of remaining EAs to be selected by stratum				
Stratum	Name of stratum	Number of EAs purposely selected	Sample size of EAs	Number of EAs remaining to be selected
Stratum 3	Me Zochi Rural	2	20	18
Stratum 4	Cantalago Urban	3	13	10
Stratum 6	Caue Urban	1	5	4
Stratum 7	Caue Rural	1	3	2
Stratum 9	Lemba Rural	1	4	3
Stratum 11	Lobata Rural	3	11	8

In each stratum, the atypical EAs are purposely selected, i.e. they are selected with a probability equal to 1. The EAs remaining to be drawn are then drawn systematically with probability proportional to size. Table SD.6 presents, for each stratum, the number of atypical EAs purposely selected and the number of EAs remaining to be selected.

Cartographic operations and household listing

The objective of cartographic operations and household listing in the selected primary sampling units is to update the maps of the primary sampling units, as well as the listing and localization of the households in these primary units. The expected results from these two operations is a new map and a new list of residences (or living units) and households in each primary unit or EA. The final result is the creation of a new sampling frame of households for each EA.

Selection of households

The lists of households prepared by the listing teams in the field for each selected enumeration area or cluster constitute the second stage sampling frame. The selection of 30 households in each cluster was implemented through random systematic sampling with equal probability.

Selection probability and initial sample weights for the sampling units

The following notation is used in the formulae determining the selection probabilities and the sample weights of the sampling units for estimates within a stratum h.

- h represents the stratum in the study domain;

- m_h is the number of PSUs (primary sampling units) drawn in the stratum h;

- the stratum h is composed of M_h PSUs labeled 1, 2, …, M_h;
  the PSU i of stratum h is noted UP_{hi};

- N_{hi} represents the size of PSU UP_{hi} ;

- The size N_{hi} is from the sampling frame being used, the number of households in the PSU UP_{hi};

- N_h represents the sum of the sizes N_{hi} of the PSUs UP_{hi} and is defined by the relation

$$N_h = \sum_{i=1}^{M_h} N_{hi} \qquad (1)$$

- n is the fixed number of households selected at the 2nd stage of the PSU UP_{hi} in the stratum h.

At the 1st stage, m_h PSUs are drawn from stratum h systematically with probability proportional to size.

At the 2nd stage, a fixed number n of households are drawn in each sampled PSU in stratum h for the three questionnaires of the survey related to the household, the women and the children below the age of 5 years.

- P_{hi} represents the selection probability of the PSU UP_{hi} at the 1st stage;

- K_{hi} represents the number of households in PSU UP_{hi}, number obtained during the household listing operations of that PSU;

- $P_{j.hi}$ represents the selection probability of household j in PSU UP_{hi} ; $P_{j.hi}$ actually is the conditional probability of selection of household j if PSU hi is drawn; probability $P_{j.hi}$ can thus be equivalently defined by the relation

$$P_{j.hi} = P_{j/hi} \qquad (2)$$

- P_{hij} represents the selection probability of household j of PSU i in stratum h in the survey sample

It can be shown that the selection probability P_{hi} is defined as

$$P_{hi} = m_h \frac{N_{hi}}{N_h} \qquad (3)$$

It can further be shown that probabilities $P_{j.hi}$ and P_{hij} are respectively expressed as

$$P_{j.hi} = \frac{n}{K_{hi}} \qquad (4)$$

and

$$P_{hij} = P_{hi}P_{j.hi} \qquad (5)$$

Which results in

$$P_{hij} = m_h \frac{N_{hi}}{N_h} \frac{n}{K_{hi}} \qquad (6)$$

It follows that the sample weight W_{hij} of household *j* of PSU *i* of stratum *h*, is defined as the inverse of selection probability P_{hij}, which is

$$W_{hij} = \frac{N_h K_{hi}}{m_h n \, N_{hi}} \qquad (7)$$

Special case of strata including atypical clusters

Relation (3) is applicable only to clusters i of all strata h that do not include atypical clusters. It does not apply when stratum h includes atypical clusters. Two situations can be encountered.

a) If cluster i of stratum h is an atypical cluster, then the selection probability P_{hi} is expressed as

$$P_{hi} = 1 \qquad (8)$$

since it was purposively selected.

b) For all the other clusters in stratum h comprising at least one atypical cluster, the selection probability P_{hi} is expressed as

$$P_{hi} = (m_h - n_h) \frac{N_{hi}}{N_h - S_h} \qquad (9)$$

where n_h and S_h represent respectively the number of atypical clusters and the overall sum of the size of the atypical clusters of stratum h. It is noteworthy that relation (9) simplifies to relation (3) if $n_h = 0$ and $S_h = 0$, which is what is found in any stratum h that does not include an atypical cluster.

It follows that selection probability P_{hij} and sample weight W_{hij}, are expressed as follows.

a) In the case of an atypical cluster i in stratum h, we have :

$$P_{hij} = \frac{n}{K_{hi}} \qquad (10)$$

and

$$W_{hij} = \frac{K_{hi}}{n} \qquad (11)$$

b) In the case of a typical cluster i of stratum h (which comprises atypical clusters), we get from relation (9) :

$$P_{hij} = (m_h - n_h) \frac{N_{hi}}{N_h - S_h} \frac{n}{K_{hi}} \qquad (12)$$

and
$$W_{hij} = \frac{(N_h - S_h)}{(m_h - n_h)N_{hi}} \frac{K_{hi}}{n} \qquad (13)$$

Appendix B. List of Personnel Involved in the Survey

Overall Coordination

Elsa Maria Cardoso

Technical Coordination

Helder Salvaterra

Jeudíger Lima do Nascimento

Jedson Carvalho

Administrative and Financial Coordination

Mário Coelho

Ethics Committee

Fausto Matos   Dias Marques

Óscar Baia   Maria do Céu Espírito Santo

Data Processing Unit

Idálio Luís

Ivando de Ceita

Catography and Geo-Information Unit

N'Guaby Trindade

Constâncio

Advocacy/Communication Unit

Heng dos Santos

Administration and Logistics

Ketty Borges

Eugénia Fernandes

Amélia F. Viegas

Fieldwork Coordination and Supervision Team

Maria da Glória Ten Jua	Elminaide Moniz
Denise Gomes	Constâncio Neto
Adriana Carvalho	

Data Entry Team

Guilhermina Carvalho	Alex dos Anjos
Elsa Afonso do Rosario	Jorge Pereira
Essame Samara Ramos	Elisio dos Reis
Edilza Carvalho G Lima	Walker Bonfim
Joaquim Cardoso da Silva Lares	Elandley Matias
Sebastião de Ceita Pires	Maribela da Mata
Elsa Encarnação Julião	Nadia Kiss de Apresentação
Jackson R de Araújo Lima	Jedney António
Ulisses de Carvalho Espirito Santo Graça	Herman Nura D´Almeida
Abnildo Leite Almeida	Adelino Paquete
Heusinger S P Bonfim da Mata	Edson Quarresma
Odimilson da Mata dos Ramos	Clayton Ferreira
Wanderley Lima Paixão Pereira	Edmilson Varela
Isaú Jesus de Carvalho	

Laboratory Technicians for ELISA (HIV) Processing

José dos Santos M. Viega

Jorge Marçal

Cristiano d'Abreu

Suzete Carvalho

Laboratory Technicians

Cesaltina Fernandes

Lazismino Barbosa

Domingos Batista de Sousa

Lucrécia Afonso Lázaro

Gualmira Menezes

Elnaúria Choi

Nilza Sousa

Dionísia Viegas

Jorge Pedro de Sousa Pontes

Jerciley Cravid

Celmira Trindade

Igualter Daio

Amélia Nazaré Lima

Cicília Serina Barreto

Alda Maria Umbelina Ferreira

Hidalgo A. da Graça Afonso

Control Team

Jucilay Fernandes

Ekijercy d'A. Santiago

Bondevert Paquete

Damaide Tiny

Fernanda Costa Alegre

Erivalda Costa

Abiudy da Costa Mapagera

Anastácio A. P. Castilho Ramos

Supervisors

Fausmiro M. Bizarro Fernandes

Vinicius dos Anjos Cassandra

Guldylei do S. Conceição

Wilker Barroso

Danger Casimiro Lima

Danilton Semedo

Samila G. dos Santos Lima

João Paulo de A. Cardoso

Editors

Jucilay Fernandes

Ekijercy d'A. Santiago

Bondevert Paquete

Damaide Tiny

Fernanda Costa Alegre

Erivalda Costa

Abiudy da Costa Mapagera

Anastácio A. P. Castilho Ramos

Interviewers

Edmila da Conceição	Yolanda Celly Lima de Sousa
Célia Lima	Abdulay P. Monte Verde
Welinde Santana	Aida Pinho de Nazaré
Hotelo Bragança	Elideler A. P. dos Santos
Joacila da Silva Fernandes	Elísio Costa Alegre
Neya Pires Lima Amado	Julaique Ponces
Gil Quaresma de Castro	Gisela Amilcar
Ladesley d'Almeida Neto	Gercilene Lopes
Idalécio Monte Verde	Quett de Carvalho Lia
Selissiane Santos	Ana Maria Lima
Hernane Casimiro Tiny	Carlos Emanuel Lima Ceita
Avidozia Vaz P. Carvalho	Manuel Bento
Deignimarte Fernandes	Casimiro Lima Viana Andrade
Zenaide Bandeira	Orfeu Gabriel A. R. Aurora
Anatácio Castilio	Nilsa da Costa Loureiro
Equice Sousa Pontes	Maria M. dos Sanches

UNICEF Technical Assistance

Ainhoa Jaureguibeitia, Deputy Representative, Coordination (2015-2016)

Tanya Radosavljevic, Deputy Representative, Coordination (2013-2014)

Fortunat Diener, MICS UNICEF Consultant

Salif Ndiaye, Household Survey Expert

Julien Amegandjin, Sampling Expert

Martin Mba, Data Processing Expert

Biomarkers

UNDP – Global Fund Project team

Mamisoa Rangers, Project Manager

Dr. Kastytis Kaleda MD., MPH, Interim Project Manager (2013-2014)

Angela De Tommasi, Project Manager (until 2013)

Dr Vilfrido Gil, Technical Advisor, Malaria, TB & HIV

Sr. Agostinho Sousa, Monitoring & Evaluation Associate, Malaria

Teodora Sousa, Monitoring & Evaluation Associate, TB & HIV

Idalécio Aguiar, Financial Analyst

D'jawolmar Viana, Consultant, Finance Assistant

Wadson Cruz, Procurement Associate

UNDP Technical Assistance

Martin Vaessen, Senior Vice President, International Health and Development, ICF International

Harouna Koché, Consultor, ICF International

Oumar Sanou, Consultor, ICF International

Ministry of Health Focal Point

Maria da Conceição dos Reis Ferreira

IT Technician

José Duarte

Laboratory Technicians

João Alcântara

Adelino Botelho

Jorge Lima José da Costa

Simão do Rosário Montenegro

Appendix C. Estimates of Sampling Errors

The sample of respondents selected in the 2014 Sao Tome and Principe 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 the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

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

- *Standard error* (*se*): Standard error is the square root of the variance of the estimate. For survey indicators that are means, proportions or ratios, the Taylor series linearization method is used for the estimation of standard errors. For more complex statistics, such as fertility and mortality rates, the Jackknife repeated replication method is used for standard error estimation.
- *Coefficient of variation* (*se/r*) is the ratio of the standard error to the value (*r*) of the indicator, and is a measure of the relative sampling error.
- *Design effect* (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling based on the same sample size. The *square root of the design effect* (*deft*) is used to show the efficiency of the sample design in relation to the precision. A *deft* value of 1.0 indicates that the sample design of the survey is as efficient as a simple random sample for a particular indicator, while a *deft* value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.
- *Confidence limits* are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error (*r* + 2.*se* or *r* – 2.*se*) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, programs developed in CSPro Version 5.0, SPSS Version 21 Complex Samples module and CMRJack[i] have 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. Given the use of normalized weights, by comparing the weighted and unweighted counts it is possible to determine whether a particular domain has been under-sampled or over-sampled compared to the average sampling rate. If the weighted count is smaller than the unweighted count, this means that the particular domain had been over-sampled. As explained later in the footnote of Table SE.1, there is an exception in the case of indicators 4.1 and 4.3, for which the unweighted count represents the number of sample households, and the weighted counts reflect the total population.

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[i] CMRJack is a software developed by FAFO, an independent and multidisciplinary research foundation. CMRJack produces mortality estimates and standard errors for surveys with complete birth histories or summary birth histories. See http://www.fafo.no/ais/child_mortality/index.html

Sampling errors are calculated for indicators of primary interest, for the national level, for urban and rural areas, and for all regions. Three of the selected indicators are based on households members, 8 are based on women, and 3 are based on men. 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.17 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations	
List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Sao Tome and Principe, 2014	
MICS5 Indicator	**Base Population**
Household members	
4.1 Use of improved drinking water sources	All household members[a]
4.3 Use of improved sanitation	All household members[a]
7.4 Primary school net attendance ratio (adjusted)	Children of primary school age
Women	
5.3 Contraceptive prevalence rate	Women age 15-49 years who are currently married or in union
5.4 Unmet need	Women age 15-49 years who are currently married or in union
5.5a Antenatal care coverage (1+ times, skilled provider)	Women age 15-49 years with a live birth in the last 2 years
5.5b Antenatal care coverage (4+ times, any provider)	Women age 15-49 years with a live birth in the last 2 years
5.7 Skilled attendant at delivery	Women age 15-49 years with a live birth in the last 2 years
7.1 Literacy rate (young women)	Women age 15-24 years
9.1 Knowledge about HIV prevention (young women)	Women age 15-24 years
9.15 Condom use with non-regular partners	Women age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months
Men	
7.1 Literacy rate (young men)	Men age 15-24 years
9.1 Knowledge about HIV prevention (young men)	Men age 15-24 years
9.15 Condom use with non-regular partners	Men age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months
Under-5s	
2.1a Underweight prevalence (moderate and severe)	Children under age 5 years
2.1b Underweight prevalence (severe)	Children under age 5 years
3.18 Children under age 5 who slept under an ITN	Children under age 5 years who spent the previous night in the household
3.22 Anti-malarial treatment of children under age 5	Children under age 5 years with fever in the last 2 weeks
[a] To calculate the weighted results of MICS Indicators 4.1 and 4.3, the household weight is multiplied by the number of household members in each household. Therefore the unweighted base population presented in the SE tables reflect the unweighted number of households, whereas the weighted numbers reflect the household population.	

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, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.939	0.0147	0.016	13.089	3.618	13,455	3,492	0.910	0.968
Use of improved sanitation	4.3	7.9	0.409	0.0208	0.051	6.231	2.496	13,455	3,492	0.367	0.450
Primary school net attendance ratio (adjusted)	7.4	2.1	0.941	0.0066	0.007	1.874	1.369	2,355	2,418	0.928	0.954
Women											
Contraceptive prevalence rate	5.3	5.3	0.406	0.0156	0.038	1.689	1.300	1,629	1,671	0.375	0.437
Unmet need	5.4	5.6	0.327	0.0136	0.042	1.408	1.186	1,629	1,671	0.300	0.354
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.975	0.0062	0.006	1.169	1.081	756	758	0.962	0.987
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.836	0.0152	0.018	1.270	1.127	756	758	0.806	0.867
Skilled attendant at delivery	5.7	5.2	0.925	0.0111	0.012	1.333	1.154	756	758	0.902	0.947
Literacy rate (young women)	7.1	2.3	0.896	0.0106	0.012	1.378	1.174	1,169	1,150	0.875	0.917
Knowledge about HIV prevention (young women)	9.1	6.3	0.422	0.0197	0.047	1.823	1.350	1,169	1,150	0.383	0.462
Condom use with non-regular partners	9.15	6.2	0.652	0.0342	0.052	1.381	1.175	289	269	0.584	0.721
Men											
Literacy rate (young men)	7.1	2.3	0.875	0.0138	0.016	1.640	1.281	966	945	0.847	0.902
Knowledge about HIV prevention (young men)	9.1	6.3	0.432	0.0231	0.053	2.055	1.433	966	945	0.386	0.479
Condom use with non-regular partners	9.15	6.2	0.825	0.0206	0.025	1.278	1.130	453	436	0.784	0.866

Table SE.3: Sampling errors: Urban

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.980	0.0101	0.010	10.601	3.256	8,960	2,054	0.959	1.000
Use of improved sanitation	4.3	7.9	0.462	0.0250	0.054	5.173	2.274	8,960	2,054	0.412	0.512
Primary school net attendance ratio (adjusted)	7.4	2.1	0.943	0.0083	0.009	1.807	1.344	1,542	1,408	0.927	0.960
Women											
Contraceptive prevalence rate	5.3	5.3	0.380	0.0193	0.051	1.602	1.266	1,092	1,013	0.341	0.419
Unmet need	5.4	5.6	0.340	0.0178	0.052	1.425	1.194	1,092	1,013	0.304	0.375
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.979	0.0065	0.007	0.936	0.968	496	452	0.966	0.992
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.836	0.0191	0.023	1.203	1.097	496	452	0.797	0.874
Skilled attendant at delivery	5.7	5.2	0.947	0.0122	0.013	1.334	1.155	496	452	0.922	0.971
Literacy rate (young women)	7.1	2.3	0.899	0.0132	0.015	1.373	1.172	804	720	0.873	0.925
Knowledge about HIV prevention (young women)	9.1	6.3	0.432	0.0256	0.059	1.916	1.384	804	720	0.380	0.483
Condom use with non-regular partners	9.15	6.2	0.660	0.0409	0.062	1.382	1.176	215	186	0.578	0.742
Men											
Literacy rate (young men)	7.1	2.3	0.894	0.0149	0.017	1.358	1.165	653	584	0.864	0.923
Knowledge about HIV prevention (young men)	9.1	6.3	0.420	0.0306	0.073	2.247	1.499	653	584	0.359	0.481
Condom use with non-regular partners	9.15	6.2	0.840	0.0260	0.031	1.385	1.177	316	276	0.788	0.892

Table SE.4: Sampling errors: Rural

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Confidence limits Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.858	0.0347	0.040	14.183	3.766	4,495	1,438	0.789	0.927
Use of improved sanitation	4.3	7.9	0.302	0.0252	0.083	4.321	2.079	4,495	1,438	0.252	0.352
Primary school net attendance ratio (adjusted)	7.4	2.1	0.936	0.0107	0.011	1.911	1.382	813	1,010	0.914	0.957
Women											
Contraceptive prevalence rate	5.3	5.3	0.458	0.0241	0.053	1.542	1.242	537	658	0.410	0.506
Unmet need	5.4	5.6	0.300	0.0197	0.066	1.219	1.104	537	658	0.260	0.339
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.966	0.0127	0.013	1.488	1.220	260	306	0.940	0.991
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.838	0.0257	0.031	1.486	1.219	260	306	0.786	0.889
Skilled attendant at delivery	5.7	5.2	0.883	0.0210	0.024	1.298	1.139	260	306	0.841	0.925
Literacy rate (young women)	7.1	2.3	0.890	0.0187	0.021	1.532	1.238	365	430	0.853	0.927
Knowledge about HIV prevention (young women)	9.1	6.3	0.402	0.0311	0.077	1.726	1.314	365	430	0.340	0.464
Condom use with non-regular partners	9.15	6.2	0.630	0.0690	0.110	1.675	1.294	73	83	0.492	0.768
Men											
Literacy rate (young men)	7.1	2.3	0.836	0.0270	0.032	1.904	1.380	314	361	0.782	0.889
Knowledge about HIV prevention (young men)	9.1	6.3	0.458	0.0306	0.067	1.358	1.165	314	361	0.397	0.519
Condom use with non-regular partners	9.15	6.2	0.791	0.0294	0.037	0.832	0.912	137	160	0.733	0.850

Table SE.5: Sampling errors: Region Centre East

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Confidence limits Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.958	0.0161	0.017	10.605	3.256	8,799	1,626	0.926	0.991
Use of improved sanitation	4.3	7.9	0.465	0.0261	0.056	4.449	2.109	8,799	1,626	0.413	0.517
Primary school net attendance ratio (adjusted)	7.4	2.1	0.938	0.0094	0.010	1.625	1.275	1,499	1,062	0.919	0.957
Women											
Contraceptive prevalence rate	5.3	5.3	0.376	0.0208	0.055	1.341	1.158	1,048	731	0.335	0.418
Unmet need	5.4	5.6	0.358	0.0195	0.055	1.209	1.100	1,048	731	0.319	0.397
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.977	0.0082	0.008	1.096	1.047	514	367	0.960	0.993
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.845	0.0190	0.022	1.007	1.004	514	367	0.807	0.883
Skilled attendant at delivery	5.7	5.2	0.938	0.0137	0.015	1.178	1.085	514	367	0.910	0.965
Literacy rate (young women)	7.1	2.3	0.921	0.0104	0.011	0.850	0.922	809	572	0.901	0.942
Knowledge about HIV prevention (young women)	9.1	6.3	0.403	0.0255	0.063	1.547	1.244	809	572	0.352	0.454
Condom use with non-regular partners	9.15	6.2	0.691	0.0398	0.058	1.015	1.007	207	138	0.612	0.771
Men											
Literacy rate (young men)	7.1	2.3	0.894	0.0171	0.019	1.233	1.110	636	402	0.859	0.928
Knowledge about HIV prevention (young men)	9.1	6.3	0.406	0.0305	0.075	1.546	1.243	636	402	0.345	0.467
Condom use with non-regular partners	9.15	6.2	0.862	0.0254	0.029	1.045	1.022	304	195	0.811	0.912

Table SE.6: Sampling errors: Region North West

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Confidence limits Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.907	0.0487	0.054	23.512	4.849	2,510	840	0.809	1.000
Use of improved sanitation	4.3	7.9	0.252	0.0257	0.102	2.933	1.713	2,510	840	0.200	0.303
Primary school net attendance ratio (adjusted)	7.4	2.1	0.950	0.0106	0.011	1.541	1.241	477	650	0.929	0.971
Women											
Contraceptive prevalence rate	5.3	5.3	0.455	0.0298	0.066	1.532	1.238	298	428	0.396	0.515
Unmet need	5.4	5.6	0.278	0.0195	0.070	0.813	0.901	298	428	0.239	0.317
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.977	0.0056	0.006	0.261	0.511	131	191	0.966	0.988
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.820	0.0227	0.028	0.664	0.815	131	191	0.775	0.866
Skilled attendant at delivery	5.7	5.2	0.933	0.0163	0.017	0.807	0.899	131	191	0.900	0.965
Literacy rate (young women)	7.1	2.3	0.841	0.0323	0.038	2.318	1.522	205	297	0.777	0.906
Knowledge about HIV prevention (young women)	9.1	6.3	0.508	0.0485	0.095	2.782	1.668	205	297	0.411	0.604
Condom use with non-regular partners	9.15	6.2	0.588	0.0682	0.116	1.288	1.135	49	68	0.452	0.725
Men											
Literacy rate (young men)	7.1	2.3	0.807	0.0322	0.040	1.673	1.293	170	252	0.742	0.871
Knowledge about HIV prevention (young men)	9.1	6.3	0.500	0.0504	0.101	2.547	1.596	170	252	0.399	0.600
Condom use with non-regular partners	9.15	6.2	0.740	0.0362	0.049	0.784	0.885	79	116	0.667	0.812

Table SE.7: Sampling errors: Region South East

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Confidence limits Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.945	0.0193	0.020	5.299	2.302	1,651	740	0.907	0.984
Use of improved sanitation	4.3	7.9	0.316	0.0428	0.136	6.266	2.503	1,651	740	0.230	0.401
Primary school net attendance ratio (adjusted)	7.4	2.1	0.934	0.0134	0.014	1.564	1.251	286	533	0.907	0.961
Women											
Contraceptive prevalence rate	5.3	5.3	0.426	0.0230	0.054	0.813	0.902	213	377	0.380	0.472
Unmet need	5.4	5.6	0.280	0.0212	0.076	0.836	0.914	213	377	0.238	0.323
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.950	0.0196	0.021	1.222	1.105	86	153	0.910	0.989
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.808	0.0288	0.036	0.811	0.900	86	153	0.750	0.865
Skilled attendant at delivery	5.7	5.2	0.824	0.0365	0.044	1.390	1.179	86	153	0.751	0.896
Literacy rate (young women)	7.1	2.3	0.812	0.0299	0.037	1.212	1.101	118	208	0.752	0.872
Knowledge about HIV prevention (young women)	9.1	6.3	0.342	0.0324	0.095	0.966	0.983	118	208	0.277	0.406
Condom use with non-regular partners	9.15	6.2	(0.485)	(0.0915)	(0.189)	(1.473)	(1.214)	25	45	(0.302)	(0.667)
Men											
Literacy rate (young men)	7.1	2.3	0.847	0.0240	0.028	0.987	0.994	129	224	0.799	0.895
Knowledge about HIV prevention (young men)	9.1	6.3	0.385	0.0322	0.084	0.979	0.989	129	224	0.320	0.449
Condom use with non-regular partners	9.15	6.2	0.745	0.0442	0.059	0.968	0.984	56	95	0.657	0.834
( ) Figures that are based on 25-49 unweighted cases											

Table SE.8: Sampling errors: Autonomous Region of Principe

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.739	0.0862	0.117	10.964	3.311	495	286	0.566	0.911
Use of improved sanitation	4.3	7.9	0.511	0.0580	0.113	3.832	1.958	495	286	0.395	0.627
Primary school net attendance ratio (adjusted)	7.4	2.1	0.957	0.0127	0.013	0.673	0.820	92	173	0.931	0.982
Women											
Contraceptive prevalence rate	5.3	5.3	0.575	0.0527	0.092	1.522	1.234	70	135	0.469	0.680
Unmet need	5.4	5.6	0.213	0.0316	0.148	0.799	0.894	70	135	0.150	0.276
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	(1.000)	(0.0000)	(0.000)	na	na	25	47	na	na
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	(0.844)	(0.0323)	(0.038)	(0.365)	(0.604)	25	47	(0.779)	(0.908)
Skilled attendant at delivery	5.7	5.2	(0.959)	(0.0124)	(0.013)	(0.178)	(0.422)	25	47	(0.934)	(0.984)
Literacy rate (young women)	7.1	2.3	0.924	0.0300	0.032	0.929	0.964	36	73	0.864	0.984
Knowledge about HIV prevention (young women)	9.1	6.3	0.635	0.0236	0.037	0.174	0.417	36	73	0.588	0.682
Condom use with non-regular partners	9.15	6.2	(*)	(*)	(*)	(*)	(*)	8	18	(*)	(*)
Men											
Literacy rate (young men)	7.1	2.3	0.980	0.0179	0.018	1.071	1.035	31	67	0.944	1.000
Knowledge about HIV prevention (young men)	9.1	6.3	0.733	0.0262	0.036	0.232	0.482	31	67	0.681	0.786
Condom use with non-regular partners	9.15	6.2	(0.836)	(0.0402)	(0.048)	(0.342)	(0.585)	14	30	(0.755)	(0.916)

na: not applicable
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table SE.9: Sampling errors: Education of household head – None

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.916	0.0293	0.032	3.812	1.952	1,056	344	0.857	0.974
Use of improved sanitation	4.3	7.9	0.300	0.0362	0.121	2.140	1.463	1,056	344	0.228	0.373
Primary school net attendance ratio (adjusted)	7.4	2.1	0.906	0.0354	0.039	2.493	1.579	149	170	0.836	0.977

Table SE.10: Sampling errors: Education of household head – Primary

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.926	0.0175	0.019	8.784	2.964	7,461	1,981	0.891	0.961
Use of improved sanitation	4.3	7.9	0.330	0.0211	0.064	3.992	1.998	7,461	1,981	0.288	0.372
Primary school net attendance ratio (adjusted)	7.4	2.1	0.946	0.0082	0.009	1.978	1.406	1,403	1,493	0.929	0.962

Table SE.11: Sampling errors: Education of household head – Secondary

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.960	0.0114	0.012	3.544	1.883	4,273	1,038	0.937	0.983
Use of improved sanitation	4.3	7.9	0.514	0.0294	0.057	3.596	1.896	4,273	1,038	0.455	0.573
Primary school net attendance ratio (adjusted)	7.4	2.1	0.936	0.0119	0.013	1.639	1.280	713	686	0.913	0.960

Table SE.12: Sampling errors: Education of household head – Higher

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.989	0.0100	0.010	0.965	0.983	575	109	0.969	1.000
Use of improved sanitation	4.3	7.9	0.847	0.0421	0.050	1.483	1.218	575	109	0.763	0.932
Primary school net attendance ratio (adjusted)	7.4	2.1	0.952	0.0210	0.022	0.534	0.731	75	56	0.910	0.994

Table SE.13: Sampling errors: Poorest

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.909	0.0224	0.025	5.878	2.424	2,692	968	0.864	0.954
Use of improved sanitation	4.3	7.9	0.075	0.0141	0.187	2.748	1.658	2,692	968	0.047	0.104
Primary school net attendance ratio (adjusted)	7.4	2.1	0.916	0.0134	0.015	1.340	1.158	467	578	0.889	0.943
Women											
Contraceptive prevalence rate	5.3	5.3	0.368	0.0297	0.081	1.389	1.179	289	368	0.309	0.427
Unmet need	5.4	5.6	0.336	0.0300	0.089	1.476	1.215	289	368	0.276	0.396
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.948	0.0160	0.017	1.046	1.023	161	202	0.916	0.980
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.732	0.0317	0.043	1.031	1.015	161	202	0.668	0.795
Skilled attendant at delivery	5.7	5.2	0.850	0.0276	0.032	1.196	1.094	161	202	0.795	0.905
Literacy rate (young women)	7.1	2.3	0.786	0.0303	0.039	1.192	1.092	177	220	0.725	0.847
Knowledge about HIV prevention (young women)	9.1	6.3	0.390	0.0369	0.095	1.255	1.120	177	220	0.316	0.464
Condom use with non-regular partners	9.15	6.2	(0.451)	(0.0929)	(0.206)	(1.430)	(1.196)	35	42	(0.265)	(0.637)
Men											
Literacy rate (young men)	7.1	2.3	0.764	0.0388	0.051	1.793	1.339	180	216	0.687	0.842
Knowledge about HIV prevention (young men)	9.1	6.3	0.376	0.0379	0.101	1.313	1.146	180	216	0.300	0.452
Condom use with non-regular partners	9.15	6.2	0.728	0.0515	0.071	1.232	1.110	76	93	0.625	0.831
( ) Figures that are based on 25-49 unweighted cases											

Table SE.14: Sampling errors: Second wealth quintile

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Confidence limits Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.920	0.0221	0.024	5.106	2.260	2,691	768	0.876	0.964
Use of improved sanitation	4.3	7.9	0.181	0.0244	0.135	3.075	1.754	2,691	768	0.132	0.230
Primary school net attendance ratio (adjusted)	7.4	2.1	0.937	0.0151	0.016	2.060	1.435	472	540	0.906	0.967
Women											
Contraceptive prevalence rate	5.3	5.3	0.387	0.0390	0.101	2.338	1.529	328	366	0.309	0.465
Unmet need	5.4	5.6	0.326	0.0285	0.088	1.352	1.163	328	366	0.269	0.383
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.975	0.0126	0.013	1.057	1.028	158	165	0.950	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.819	0.0325	0.040	1.169	1.081	158	165	0.754	0.884
Skilled attendant at delivery	5.7	5.2	0.925	0.0218	0.024	1.124	1.060	158	165	0.881	0.969
Literacy rate (young women)	7.1	2.3	0.849	0.0266	0.031	1.417	1.190	248	257	0.796	0.903
Knowledge about HIV prevention (young women)	9.1	6.3	0.357	0.0384	0.108	1.646	1.283	248	257	0.280	0.433
Condom use with non-regular partners	9.15	6.2	0.541	0.0655	0.121	0.967	0.984	56	57	0.410	0.672
Men											
Literacy rate (young men)	7.1	2.3	0.813	0.0305	0.038	1.302	1.141	201	214	0.751	0.874
Knowledge about HIV prevention (young men)	9.1	6.3	0.364	0.0391	0.108	1.409	1.187	201	214	0.286	0.442
Condom use with non-regular partners	9.15	6.2	0.829	0.0500	0.060	1.571	1.253	83	90	0.729	0.929

Table SE.15: Sampling errors: Middle wealth quintile

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.916	0.0227	0.025	4.568	2.137	2,691	684	0.870	0.961
Use of improved sanitation	4.3	7.9	0.311	0.0273	0.088	2.367	1.539	2,691	684	0.257	0.366
Primary school net attendance ratio (adjusted)	7.4	2.1	0.947	0.0120	0.013	1.453	1.205	481	509	0.923	0.971
Women											
Contraceptive prevalence rate	5.3	5.3	0.428	0.0311	0.073	1.331	1.154	313	339	0.366	0.490
Unmet need	5.4	5.6	0.310	0.0284	0.092	1.277	1.130	313	339	0.253	0.367
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.971	0.0161	0.017	1.408	1.186	149	152	0.939	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.835	0.0393	0.047	1.695	1.302	149	152	0.757	0.914
Skilled attendant at delivery	5.7	5.2	0.922	0.0247	0.027	1.281	1.132	149	152	0.873	0.972
Literacy rate (young women)	7.1	2.3	0.903	0.0195	0.022	0.977	0.989	224	226	0.864	0.942
Knowledge about HIV prevention (young women)	9.1	6.3	0.365	0.0408	0.112	1.620	1.273	224	226	0.283	0.446
Condom use with non-regular partners	9.15	6.2	0.663	0.0786	0.118	1.437	1.199	53	53	0.506	0.820
Men											
Literacy rate (young men)	7.1	2.3	0.887	0.0238	0.027	1.069	1.034	184	191	0.839	0.934
Knowledge about HIV prevention (young men)	9.1	6.3	0.392	0.0376	0.096	1.130	1.063	184	191	0.317	0.467
Condom use with non-regular partners	9.15	6.2	0.779	0.0543	0.070	1.460	1.208	80	86	0.671	0.888

Table SE.16: Sampling errors: Fourth wealth quintile

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits Lower bound r - 2se	Confidence limits Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.953	0.0179	0.019	4.177	2.044	2,689	581	0.917	0.989
Use of improved sanitation	4.3	7.9	0.586	0.0268	0.046	1.719	1.311	2,689	581	0.532	0.640
Primary school net attendance ratio (adjusted)	7.4	2.1	0.943	0.0134	0.014	1.489	1.220	484	447	0.916	0.970
Women											
Contraceptive prevalence rate	5.3	5.3	0.440	0.0306	0.070	1.186	1.089	335	313	0.379	0.501
Unmet need	5.4	5.6	0.323	0.0259	0.080	0.957	0.978	335	313	0.272	0.375
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.984	0.0107	0.011	1.013	1.007	161	141	0.963	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.887	0.0262	0.030	0.961	0.981	161	141	0.835	0.939
Skilled attendant at delivery	5.7	5.2	0.962	0.0182	0.019	1.256	1.121	161	141	0.925	0.998
Literacy rate (young women)	7.1	2.3	0.933	0.0188	0.020	1.311	1.145	250	234	0.895	0.970
Knowledge about HIV prevention (young women)	9.1	6.3	0.163	0.0270	0.166	1.251	1.118	250	234	0.109	0.217
Condom use with non-regular partners	9.15	6.2	0.770	0.0531	0.069	1.020	1.010	73	65	0.664	0.876
Men											
Literacy rate (young men)	7.1	2.3	0.947	0.0208	0.022	1.499	1.224	206	174	0.905	0.989
Knowledge about HIV prevention (young men)	9.1	6.3	0.469	0.0401	0.086	1.118	1.058	206	174	0.389	0.549
Condom use with non-regular partners	9.15	6.2	0.921	0.0342	0.037	1.258	1.122	94	79	0.853	0.990

Table SE.17: Sampling errors: Wealthiest

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Sao Tome and Principe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.997	0.0019	0.002	0.645	0.803	2,693	491	0.994	1.000
Use of improved sanitation	4.3	7.9	0.890	0.0192	0.022	1.846	1.359	2,693	491	0.851	0.928
Primary school net attendance ratio (adjusted)	7.4	2.1	0.962	0.0093	0.010	0.809	0.900	451	344	0.943	0.980
Women											
Contraceptive prevalence rate	5.3	5.3	0.402	0.0249	0.062	0.732	0.855	364	285	0.352	0.452
Unmet need	5.4	5.6	0.338	0.0265	0.078	0.891	0.944	364	285	0.285	0.390
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	1.000	0.0000	0.000			126	98	1.000	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.928	0.0293	0.032	1.253	1.119	126	98	0.870	0.987
Skilled attendant at delivery	5.7	5.2	0.975	0.0156	0.016	0.971	0.985	126	98	0.944	1.000
Literacy rate (young women)	7.1	2.3	0.972	0.0111	0.011	0.968	0.984	269	213	0.950	0.995
Knowledge about HIV prevention (young women)	9.1	6.3	0.510	0.0360	0.071	1.100	1.049	269	213	0.438	0.582
Condom use with non-regular partners	9.15	6.2	0.709	0.0578	0.082	0.826	0.909	72	52	0.593	0.824
Men											
Literacy rate (young men)	7.1	2.3	0.954	0.0177	0.019	1.048	1.024	195	150	0.918	0.989
Knowledge about HIV prevention (young men)	9.1	6.3	0.555	0.0520	0.094	1.633	1.278	195	150	0.451	0.659
Condom use with non-regular partners	9.15	6.2	0.840	0.0352	0.042	0.799	0.894	120	88	0.769	0.910

Appendix D. Data Quality Tables

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex, Sao Tome and Principe, 2014

	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
Age					**Age**				
0	182	2.8	180	2.6	45	51	0.8	42	0.6
1	193	3.0	210	3.0	46	41s	0.6	36	0.5
2	215	3.3	192	2.7	47	33	0.5	45	0.6
3	218	3.4	213	3.0	48	43	0.7	45	0.6
4	202	3.1	205	2.9	49	30	0.5	44	0.6
5	224	3.5	208	3.0	50	60	0.9	68	1.0
6	229	3.6	230	3.3	51	42	0.7	59	0.8
7	224	3.5	214	3.0	52	40	0.6	61	0.9
8	211	3.3	220	3.1	53	42	0.6	44	0.6
9	223	3.5	169	2.4	54	36	0.6	48	0.7
10	176	2.7	203	2.9	55	25	0.4	34	0.5
11	149	2.3	168	2.4	56	29	0.4	34	0.5
12	189	2.9	186	2.6	57	22	0.3	46	0.7
13	180	2.8	190	2.7	58	32	0.5	44	0.6
14	166	2.6	210	3.0	59	22	0.3	37	0.5
15	134	2.1	143	2.0	60	42	0.7	39	0.6
16	131	2.0	165	2.3	61	21	0.3	25	0.4
17	124	1.9	163	2.3	62	22	0.3	14	0.2
18	141	2.2	141	2.0	63	27	0.4	32	0.5
19	110	1.7	128	1.8	64	18	0.3	16	0.2
20	103	1.6	100	1.4	65	19	0.3	16	0.2
21	93	1.4	112	1.6	66	13	0.2	19	0.3
22	81	1.3	94	1.3	67	16	0.3	21	0.3
23	93	1.4	89	1.3	68	11	0.2	19	0.3
24	86	1.3	96	1.4	69	6	0.1	13	0.2
25	98	1.5	98	1.4	70	11	0.2	21	0.3
26	80	1.3	95	1.3	71	8	0.1	10	0.1
27	67	1.0	102	1.5	72	14	0.2	18	0.2
28	108	1.7	110	1.6	73	11	0.2	11	0.2
29	81	1.3	113	1.6	74	12	0.2	15	0.2
30	80	1.2	103	1.5	75	20	0.3	15	0.2
31	81	1.3	101	1.4	76	12	0.2	15	0.2
32	101	1.6	111	1.6	77	15	0.2	21	0.3
33	76	1.2	87	1.2	78	11	0.2	23	0.3
34	84	1.3	72	1.0	79	6	0.1	9	0.1
35	70	1.1	71	1.0	80	9	0.1	14	0.2
36	68	1.1	67	1.0	81	8	0.1	7	0.1
37	79	1.2	90	1.3	82	6	0.1	4	0.1
38	63	1.0	89	1.3	83	2	0.0	5	0.1
39	63	1.0	60	0.9	84	4	0.1	5	0.1
40	33	0.5	71	1.0	85+	14	0.2	24	0.3
41	52	0.8	53	0.8					
42	54	0.8	78	1.1	DK/Missing	3	0.0	3	0.0
43	47	0.7	57	0.8					
44	49	0.8	51	0.7	Total	6423	100.0	7032	100.0

Figure DQ.1: Household population by single ages, Sao Tome and Principe, 2014
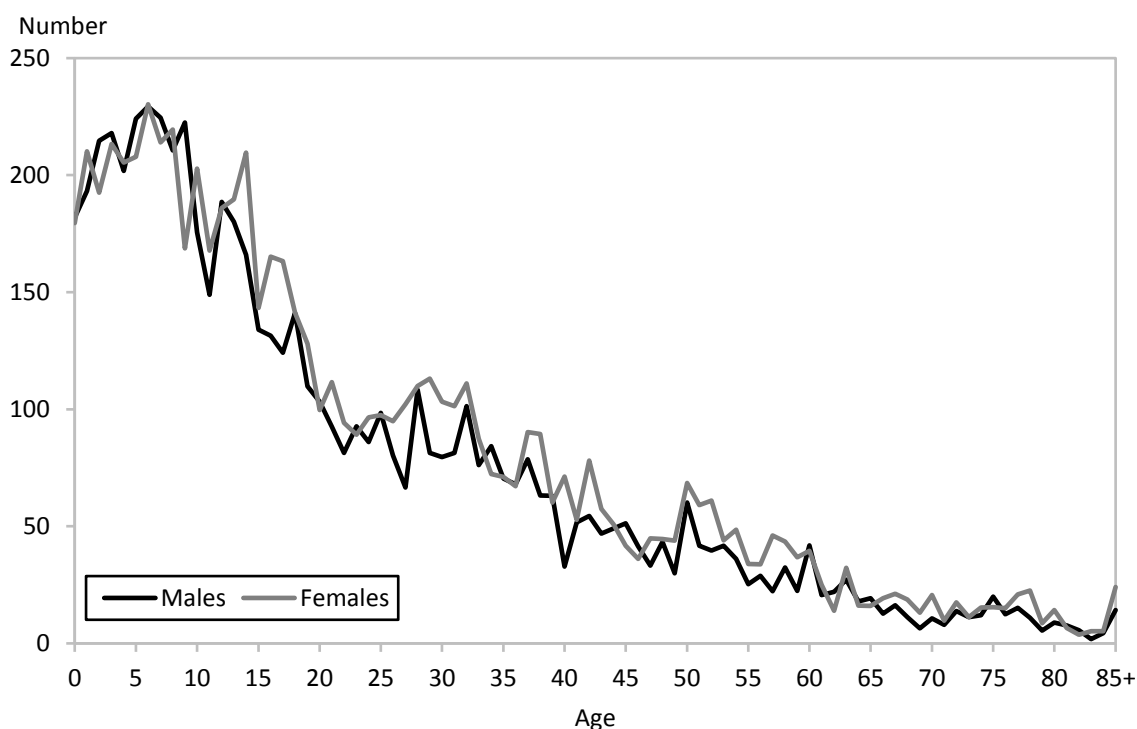
* The figure excludes 6 household members with unknown age and/or sex

Table DQ.2: Age distribution of eligible and interviewed women			
Household population of women age 10-54 years, interviewed women age 15-49 years, and percentage of eligible women who were interviewed, by five-year age groups, Sao Tome and Principe, 2014			
	Household population of women age 10-54 years	**Interviewed women age 15-49 years**	Percentage of eligible women interviewed (Completion rate)
	Number	Number	Percent	
Age				
10-14	956	na	na	na
15-19	741	706	23.9	95.3
20-24	491	471	15.9	95.9
25-29	518	487	16.5	94.1
30-34	475	448	15.2	94.3
35-39	378	351	11.9	92.8
40-44	310	291	9.9	93.9
45-49	211	200	6.8	94.7
50-54	281	na	na	na
Total (15-49)	3,125	2,954	100.0	94.5
Ratio of 50-54 to 45-49	1.33	na	na	na

Table DQ.3: Age distribution of eligible and interviewed men

Household population of men age 10-54 years, in all households and in households selected for men's interviews, interviewed men age 15-49 years, and percentage of eligible men who were interviewed, by five-year age groups, Sao Tome and Principe, 2014

	Household population of men age 10-54 years		Interviewed men age 15-49 years		Percentage of eligible men interviewed (Completion rate)
	All households	Selected households			
	Number	Number	Number	Percent	
Age					
10-14	859	859	na	na	na
15-19	641	641	564	25.7	88.0
20-24	456	456	366	16.7	80.2
25-29	435	435	340	15.5	78.2
30-34	423	423	322	14.7	76.1
35-39	343	343	275	12.5	80.1
40-44	235	235	171	7.8	72.6
45-49	199	199	157	7.1	78.6
50-54	220	220	na	na	na
Total (15-49)	2,732	2,732	2,194	100.0	80.3
Ratio of 50-54 to 45-49	1.10	1.10	na	na	na
na: not applicable					

Table DQ.4: Age distribution of children in household and under-5 questionnaires

Household population of children age 0-7 years, children age 0-4 years whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single years of age, Sao Tome and Principe, 2014

	Household population of children 0-7 years	Under-5s with completed interviews		Percentage of eligible under-5s with completed interviews (Completion rate)
	Number	Number	Percent	
Age				
0	361	356	18.0	98.4
1	403	400	20.2	99.1
2	407	396	20.0	97.2
3	431	422	21.4	97.8
4	407	403	20.4	98.9
5	432	na	na	na
6	460	na	na	na
7	438	na	na	na
Total (0-4)	2,010	1,976	100.0	98.3
Ratio of 5 to 4	1.06	na	na	na
na: not applicable				

Table DQ.5: Birth date reporting: Household population

Percent distribution of household population by completeness of date of birth information, Sao Tome and Principe, 2014

	Completeness of reporting of month and year of birth					Number of household members
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	
Total	97.6	1.6	0.2	0.6	100.0	13,567
Age						
0-4	99.8	0.1	0.0	0.1	100.0	2,062
5-14	97.5	1.7	0.1	0.7	100.0	4,041
15-24	98.8	0.6	0.0	0.6	100.0	2,326
25-49	98.3	0.9	0.2	0.5	100.0	3,547
50-64	92.7	5.1	1.1	1.1	100.0	1,047
65-84	91.4	7.7	0.2	0.8	100.0	509
85+	92.6	3.7	3.7	0.0	100.0	27
DK/Missing	na	na	0.0	100.0	100.0	8
Region						
R. Centre East	97.1	1.4	0.4	1.1	100.0	6,178
R. North West	99.1	0.8	0.0	0.1	100.0	3,457
R. South East	96.6	2.8	0.0	0.5	100.0	3,000
A. R. Principe	98.8	1.1	0.0	0.1	100.0	932
Area						
Urban	97.8	1.5	0.2	0.6	100.0	8,121
Rural	97.4	1.7	0.2	0.8	100.0	5,446
na: not applicable						

Table DQ.6: Birth date and age reporting: Women

Percent distribution of women age 15-49 years by completeness of date of birth/age information, Sao Tome and Principe, 2014

	Completeness of reporting of date of birth and age						Number of women age 15-49 years
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/Missing	Total	
Total	99.9	0.1	0.0	0.0	0.0	100.0	2,935
Region							
R. Centre East	99.9	0.1	0.0	0.0	0.0	100.0	1,389
R. North West	99.7	0.1	0.0	0.1	0.0	100.0	756
R. South East	99.8	0.2	0.0	0.0	0.0	100.0	582
A. R. Principe	100.0	0.0	0.0	0.0	0.0	100.0	208
Area							
Urban	99.8	0.1	0.0	0.1	0.0	100.0	1,810
Rural	99.9	0.1	0.0	0.0	0.0	100.0	1,125

Table DQ.7: Birth date and age reporting: Men

Percent distribution of men age 15-49 years by completeness of date of birth/age information, Sao Tome and Principe, 2014

	Completeness of reporting of date of birth and age						Number of men age 15-49 years
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/Missing	Total	
Total	99.6	0.3	0.0	0.0	0.0	100.0	2,267
Region							
R. Centre East	99.8	0.0	0.0	0.1	0.0	100.0	924
R. North West	100.0	0.0	0.0	0.0	0.0	100.0	598
R. South East	99.6	0.4	0.0	0.0	0.0	100.0	539
A. R. Principe	98.1	1.9	0.0	0.0	0.0	100.0	206
Area							
Urban	99.9	0.1	0.0	0.0	0.0	100.0	1,360
Rural	99.3	0.4	0.0	0.1	0.0	100.0	907

Table DQ.8: Birth date and age reporting: Under-5s

Percent distribution children under 5 by completeness of date of birth/age information, Sao Tome and Principe, 2014

	Completeness of reporting of date of birth and age						Number of under-5 children
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/Missing	Total	
Total	100.0	0.0	0.0	0.0	0.0	100.0	2,030
Region							
R. Centre East	100.0	0.0	0.0	0.0	0.0	100.0	916
R. North West	100.0	0.0	0.0	0.0	0.0	100.0	526
R. South East	100.0	0.0	0.0	0.0	0.0	100.0	436
A. R. Principe	100.0	0.0	0.0	0.0	0.0	100.0	152
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	1,210
Rural	100.0	0.0	0.0	0.0	0.0	100.0	820

Table DQ.9: Birth date reporting: Children, adolescents and young people

Percent distribution of children, adolescents and young people age 5-24 years by completeness of date of birth information, Sao Tome and Principe, 2014

| | Completeness of reporting of month and year of birth | | | | | Number of children, adolescents and young people age 5-24 years |
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	
Total	98.0	1.3	0.1	0.7	100.0	6,367
Region						
R. Centre East	97.4	1.2	0.1	1.3	100.0	2,867
R. North West	99.5	0.4	0.0	0.1	100.0	1,670
R. South East	96.8	2.9	0.0	0.3	100.0	1,425
A. R. Principe	99.5	0.5	0.0	0.0	100.0	405
Area						
Urban	98.2	1.3	0.1	0.5	100.0	3,813
Rural	97.7	1.3	0.1	0.9	100.0	2,554

Table DQ.10: Birth date reporting: First and last births

Percent distribution of first and last births to women age 15-49 years by completeness of date of birth, Sao Tome and Principe, 2014

| | Completeness of reporting of date of birth | | | | | | | | | | |
| | Date of first birth | | | | | | Date of last birth | | | | |
	Year and month of birth	Year of birth only	Completed years since first birth only	Other/DK/Missing	Total	Number of first births	Year and month of birth	Year of birth only	Other/DK/Missing	Total	Number of last births
Total	98.2	0.6	0.7	0.5	100.0	2,189	98.9	0.6	0.5	100.0	1,817
Region											
R. Centre East	98.5	0.3	0.6	0.6	100.0	993	99.0	0.4	0.6	100.0	807
R. North West	97.9	0.5	1.2	0.3	100.0	573	99.2	0.4	0.4	100.0	479
R. South East	97.3	1.5	0.4	0.7	100.0	452	98.2	1.3	0.5	100.0	393
A. R. Principe	99.4	0.6	0.0	0.0	100.0	171	99.3	0.7	0.0	100.0	138
Area											
Urban	98.1	0.8	0.5	0.6	100.0	1,325	98.9	0.7	0.4	100.0	1,092
Rural	98.3	0.3	1.0	0.3	100.0	864	98.9	0.4	0.7	100.0	725

Table DQ.11: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Sao Tome and Principe, 2014

Questionnaire and type of missing information	Reference group	Percent with missing/incomplete information[a]	Number of cases
Household			
Salt test result	All households interviewed that have salt	1.4	3,492
Starting time of interview	All households interviewed	0.7	3,492
Ending time of interview	All households interviewed	0.5	3,492
Women			
Date of first marriage/union	All ever married women age 15-49		
Only month		16.0	2,168
Both month and year		42.7	2,168
Age at first marriage/union	All ever married women age 15-49 with year of first marriage not known	7.3	2,168
Age at first intercourse	All women age 15-24 who have ever had sex	0.4	758
Time since last intercourse	All women age 15-24 who have ever had sex	0.7	758
Starting time of interview	All women interviewed	0.6	2,935
Ending time of interview	All women interviewed	0.3	2,935
Men			
Date of first marriage/union	All ever married men age 15-49		
Only month		25.1	1,314
Both month and year		26.9	1,314
Age at first marriage/union	All ever married men age 15-49 with year of first marriage not known	0.0	1,314
Age at first intercourse	All men age 15-24 who have ever had sex	0.0	621
Time since last intercourse	All men age 15-24 who have ever had sex	0.3	621
Starting time of interview	All men interviewed	1.0	2,267
Ending time of interview	All men interviewed	0.9	2,267
Under-5			
Starting time of interview	All under-5 children	1.4	2,030
Ending time of interview	All under-5 children	1.1	2,030

[a] Includes "Don't know" responses

Table DQ.12: Completeness of information for anthropometric indicators: Underweight

Percent distribution of children under 5 by completeness of information on date of birth and weight, Sao Tome and Principe, 2014

| | Valid weight and date of birth | Reason for exclusion from analysis | | | | Total | Percent of children excluded from analysis | Number of children under 5 |
		Weight not measured	Incomplete date of birth	Weight not measured and incomplete date of birth	Flagged cases (outliers)			
Total	96.1	3.7	0.0	0.0	0.2	100.0	3.9	2,030
Age								
<6 months	92.9	6.5	0.0	0.0	0.6	100.0	7.1	169
6-11 months	97.8	1.7	0.0	0.0	0.6	100.0	2.2	180
12-23 months	95.7	4.3	0.0	0.0	0.0	100.0	4.3	391
24-35 months	96.9	3.1	0.0	0.0	0.0	100.0	3.1	423
36-47 months	95.6	4.2	0.0	0.0	0.2	100.0	4.4	429
48-59 months	96.6	3.2	0.0	0.0	0.2	100.0	3.4	438

Table DQ.13: Completeness of information for anthropometric indicators: Stunting

Percent distribution of children under 5 by completeness of information on date of birth and length or height, Sao Tome and Principe, 2014

| | Valid length/height and date of birth | Reason for exclusion from analysis | | | | Total | Percent of children excluded from analysis | Number of children under 5 |
		Length/Height not measured	Incomplete date of birth	Length/Height not measured, incomplete date of birth	Flagged cases (outliers)			
Total	95.7	4.0	0.0	0.0	0.3	100.0	4.3	2,030
Age								
<6 months	91.7	6.5	0.0	0.0	1.8	100.0	8.3	169
6-11 months	97.2	1.7	0.0	0.0	1.1	100.0	2.8	180
12-23 months	95.1	4.9	0.0	0.0	0.0	100.0	4.9	391
24-35 months	96.0	4.0	0.0	0.0	0.0	100.0	4.0	423
36-47 months	95.8	4.0	0.0	0.0	0.2	100.0	4.2	429
48-59 months	96.6	3.2	0.0	0.0	0.2	100.0	3.4	438

Table DQ.14: Completeness of information for anthropometric indicators: Wasting

Percent distribution of children under 5 by completeness of information on weight and length or height, Sao Tome and Principe, 2014

	Valid weight and length/height	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
		Weight not measured	Length/Height not measured	Weight and length/height not measured	Flagged cases (outliers)			
Total	95.9	0.0	0.3	3.7	0.1	100.0	4.1	2,030
Age								
<6 months	92.3	0.0	0.0	6.5	1.2	100.0	7.7	169
6-11 months	98.3	0.0	0.0	1.7	0.0	100.0	1.7	180
12-23 months	95.1	0.0	0.5	4.3	0.0	100.0	4.9	391
24-35 months	96.0	0.0	0.9	3.1	0.0	100.0	4.0	423
36-47 months	95.8	0.2	0.0	4.0	0.0	100.0	4.2	429
48-59 months	96.8	0.0	0.0	3.2	0.0	100.0	3.2	438

Table DQ.15: Heaping in anthropometric measurements

Distribution of weight and height/length measurements by digits reported for the decimal points, Sao Tome and Principe, 2014

	Weight		Height or length	
	Number	Percent	Number	Percent
Total	1,954	100.0	1,955	100.0
Digits				
0	217	11.1	368	18.8
1	185	9.5	124	6.3
2	201	10.3	214	10.9
3	199	10.2	199	10.2
4	188	9.6	163	8.3
5	202	10.3	313	16.0
6	193	9.9	190	9.7
7	206	10.5	152	7.8
8	203	10.4	132	6.8
9	160	8.2	100	5.1
0 or 5	419	21.4	681	34.8

Figure DQ.2: Weight and height/length measurements by digits reported for the decimal points, Sao Tome and Principe, 2014
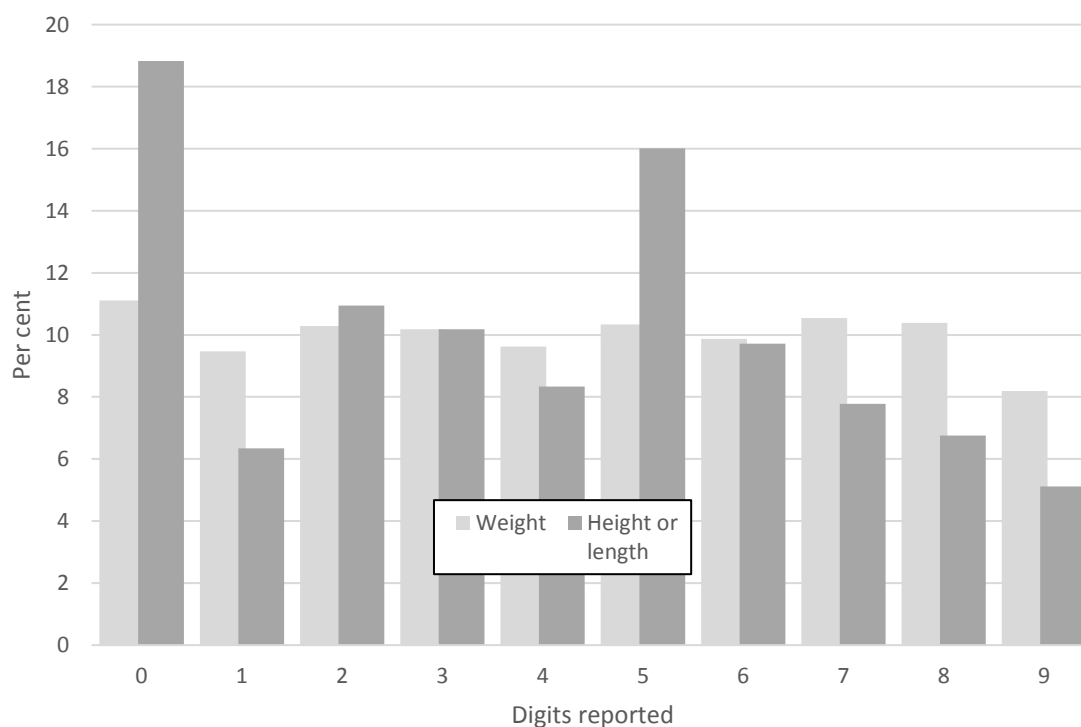
Table DQ.16: Observation of birth certificates

Percent distribution of children under 5 by presence of birth certificates,and percentage of birth certificates seen, Sao Tome and Principe, 2014

	Child has birth certificate					Percentage of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5
	Seen by the interviewer (1)	Not seen by the interviewer (2)	Child does not have birth certificate	DK/Missing	Total		
Total	83.4	10.6	6.0	0.0	100.0	88.7	2,030
Region							
R. Centre East	85.3	9.3	5.3	0.1	100.0	90.2	916
R. North West	79.1	12.5	8.4	0.0	100.0	86.3	526
R. South East	85.8	8.5	5.7	0.0	100.0	91.0	436
A. R. Principe	80.3	17.8	2.0	0.0	100.0	81.9	152
Area							
Urban	85.7	9.3	5.0	0.1	100.0	90.3	1,210
Rural	80.0	12.6	7.4	0.0	100.0	86.4	820
Child's age							
0-5 months	81.7	10.7	7.7	0.0	100.0	88.5	169
6-11 months	86.7	7.2	6.1	0.0	100.0	92.3	180
12-23 months	82.9	10.2	6.9	0.0	100.0	89.0	391
24-35 months	84.9	10.2	5.0	0.0	100.0	89.3	423
36-47 months	82.8	11.9	5.4	0.0	100.0	87.4	429
48-59 months	82.4	11.4	5.9	0.2	100.0	87.8	438

Table DQ.17: Observation of vaccination cards

Percent distribution of children age 0-35 months by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, Sao Tome and Principe, 2014

	Child does not have vaccination card		Child has vaccination card				Percentage of vaccination cards seen by the interviewer (1)/(1+2)*100	Number of children age 0-35 months
	Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/Missing	Total		
Total	0.5	0.7	90.6	8.0	0.2	100.0	91.9	1,163
Region								
R. C. East	0.9	0.2	88.2	10.5	0.2	100.0	89.4	534
R. N. West	0.0	0.7	93.4	5.6	0.3	100.0	94.4	304
R. S. East	0.0	1.2	92.9	5.8	0.0	100.0	94.1	241
A. R. Principe	1.2	2.4	89.3	7.1	0.0	100.0	92.6	84
Area								
Urban	0.6	0.6	91.8	7.0	0.0	100.0	92.9	696
Rural	0.4	0.9	88.9	9.4	0.4	100.0	90.4	467
Child's age								
0-5 months	0.6	1.8	91.1	6.5	0.0	100.0	93.3	169

6-11 months	0.0	1.1	94.4	4.4	0.0	100.0	95.5	180
12-23 months	0.5	0.3	91.3	7.9	0.0	100.0	92.0	391
24-35 months	0.7	0.5	88.2	10.2	0.5	100.0	89.7	423

Table DQ.18: Observation of women's health cards

Percent distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, Sao Tome and Principe, 2014

		Woman has health card					
	Woman does not have health card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/Missing	Total	Percent of health cards seen by the interviewer (1)/(1+2)*100	Number of women with a live birth in the last two years
Total	3.5	76.3	19.6	0.5	100.0	79.5	367
Region							
R. Centre East	4.2	73.8	20.9	1.0	100.0	77.9	191
R. North West	3.9	69.9	24.2	2.0	100.0	74.3	153
R. South East	0.0	80.9	19.1	0.0	100.0	80.9	47
A. R. Principe	4.4	75.7	18.8	1.1	100.0	80.1	452
Area							
Urban	2.3	73.2	23.9	0.7	100.0	75.4	306
Rural	7.4	66.3	25.2	1.0	100.0	72.4	202
Wealth index quintile							
Poorest	3.0	72.7	23.0	1.2	100.0	75.9	165
Second	2.6	80.3	15.8	1.3	100.0	83.6	152
Middle	1.4	77.3	20.6	0.7	100.0	79.0	141
Fourth	1.0	82.7	16.3	0.0	100.0	83.5	98
Richest	3.6	74.7	20.8	0.9	100.0	78.2	758

Table DQ.19: Observation of bednets and places for handwashing

Percentage of bednets in all households observed by the interviewers, and percent distribution of places for handwashing observed by the interviewers in all interviewed households, Sao Tome and Principe, 2014

			Place for handwashing					
				Not observed				
	Percentage of bednets observed by interviewer	Total number of bednets	Observed	Not in the dwelling, plot or yard	No permission to see	Other reason	Total	Number of households interviewed
Total	84.0	5,904	52.6	39.8	7.1	0.5	100.0	3,492
Region								
R. Centre East	79.1	2,725	50.8	47.8	1.2	0.2	100.0	1,626
R. North West	86.2	1,367	64.2	28.7	6.0	1.2	100.0	840
R. South East	91.7	1,283	48.1	38.6	12.6	0.7	100.0	740
A. R. Principe	85.3	529	40.2	29.7	30.1	0.0	100.0	286
Area								
Urban	83.9	3,813	50.0	44.4	5.0	0.6	100.0	2,054
Rural	84.3	2,091	56.2	33.3	10.1	0.4	100.0	1,438
Wealth index quintile								

Poorest	84.4	1,181	40.0	48.0	10.8	1.1	100.0	968
Second	84.3	1,172	48.2	43.6	7.6	0.7	100.0	768
Middle	86.8	1,198	52.2	42.5	5.3	0.0	100.0	684
Fourth	84.5	1,222	58.9	34.8	6.2	0.2	100.0	581
Richest	79.9	1,131	77.4	19.8	2.6	0.2	100.0	491

Table DQ.20: Respondent to the under-5 questionnaire

Distribution of children under five by respondent to the under-5 questionnaire, Sao Tome and Principe, 2014

	Mother in the household	Mother not in the household and primary caretaker identified:			Total	Number of children under 5
		Father	Other adult female	Other adult male		
Total	93.0	1.3	4.9	0.8	100.0	2,010
Age						
0	99.6	0.0	0.4	0.0	100.0	361
1	97.2	0.0	2.6	0.2	100.0	403
2	93.2	1.2	3.9	1.8	100.0	407
3	90.4	1.3	8.3	0.0	100.0	431
4	85.6	3.7	8.6	2.2	100.0	407

Table DQ.21: Selection of children age 1-17 years for the child labour and child discipline modules

Percent distribution of households by the number of children age 1-17 years, and the percentage of households with at least two children age 1-17 years where correct selection of one child for the child labour and child discipline modules was performed, Sao Tome and Principe, 2014

	Number of children age 1-17 years			Total	Number of households	Percentage of households where correct selection was performed	Number of households with 2 or more children age 1-17 years
	None	One	Two or more				
Total	26.8	18.1	55.1	100.0	3,492	96.4	1,925
Region							
R. Centre East	26.6	20.0	53.3	100.0	1,626	95.5	867
R. North West	25.1	16.5	58.3	100.0	840	96.9	490
R. South East	26.2	15.5	58.2	100.0	740	96.8	431
A. R. Principe	34.3	17.8	47.9	100.0	286	99.3	137
Area							
Urban	25.3	18.9	55.7	100.0	2,054	95.7	1,145
Rural	28.9	16.8	54.2	100.0	1,438	97.4	780
Wealth index quintile							
Poorest	38.0	15.2	46.8	100.0	968	96.5	453
Second	27.3	17.1	55.6	100.0	768	96.3	427
Middle	20.8	19.3	59.9	100.0	684	97.6	410
Fourth	19.4	20.8	59.7	100.0	581	96.5	347
Richest	21.0	20.4	58.7	100.0	491	94.8	288

Table DQ.22: School attendance by single age

Distribution of household population age 5-24 years by educational level and and grade attended in the current (or most recent) school year, Sao Tome and Principe, 2014

			Currently attending																								Num ber of house-hold mem bers
	Not atten-ding school	Pre-scho ol	Primary school Grade							Secondary 1 school Grade							Secondary 2 school Grade						Not able to deter-mine	To-tal	
			1	2	3	4	5	6	DK/mis.	7	8	9	10	11	12	DK/mis.	1	2	3	4	5	DK/mis.			
Age at beginning of school year																									
5	37.5	43.7	15.5	2.3	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	463
6	8.4	10.6	58.7	18.4	2.8	0.3	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	453
7	1.6	1.0	6.9	69.3	18.9	1.6	0.1	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	426
8	1.5	0.2	1.3	17.4	57.7	18.2	3.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	422
9	1.8	0.4	0.2	7.4	16.3	52.9	18.6	1.8	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	389
10	3.5	0.0	0.6	2.4	5.4	19.6	48.8	19.3	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	319
11	4.5	0.0	0.0	1.2	3.3	13.1	27.2	41.0	0.0	7.6	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	346
12	6.0	0.0	0.3	0.3	1.2	3.1	19.0	39.7	0.0	24.4	5.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	374
13	7.6	0.0	0.0	0.0	0.7	1.8	5.6	25.7	0.0	16.3	33.9	8.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	375
14	10.8	0.0	0.0	0.0	0.4	0.5	2.8	16.2	0.0	14.8	32.5	18.7	2.9	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	314
15	17.1	0.0	0.0	0.0	0.3	0.0	0.6	7.7	0.0	6.9	21.1	32.2	12.4	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	303
16	19.3	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	1.5	19.7	30.6	18.2	6.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	287
17	28.8	0.0	0.0	0.0	0.0	0.1	0.0	2.6	0.0	2.1	6.4	34.4	14.8	6.2	4.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	286
18	43.2	0.0	0.0	0.0	0.6	0.0	1.2	0.7	0.0	1.0	2.9	14.3	20.7	7.8	5.1	0.0	1.3	1.0	0.0	0.0	0.0	0.3	0.0	100.0	254
19	54.9	0.7	0.0	0.4	0.0	0.0	0.9	2.9	0.0	2.8	2.4	6.4	16.8	7.3	3.5	0.0	0.6	0.4	0.0	0.0	0.0	0.0	0.0	100.0	217
20	56.0	0.5	0.0	0.0	0.0	0.0	1.1	2.2	0.0	1.1	3.2	8.4	5.7	5.4	9.9	0.0	4.1	0.8	0.9	0.8	0.0	0.0	0.0	100.0	211
21	67.1	0.0	0.0	0.0	0.0	0.0	0.7	0.6	0.0	0.4	5.5	7.8	2.7	4.1	4.9	0.0	2.4	1.4	0.9	1.3	0.0	0.0	0.0	100.0	172
22	76.1	0.6	0.0	0.5	0.0	0.0	0.0	1.0	0.0	1.4	1.9	2.7	5.4	3.1	1.3	0.0	1.5	1.8	1.0	0.0	1.8	0.0	0.0	100.0	176
23	81.2	1.1	0.0	0.0	0.0	1.9	0.2	1.2	0.0	1.1	1.7	3.6	0.7	2.6	0.3	0.0	0.6	0.8	1.1	1.8	0.3	0.0	0.0	100.0	201
24[a]	32.2	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.1	1.1	3.0	0.3	0.8	0.0	0.0	0.0	1.7	0.0	0.0	58.9	100.0	186

[a] Those age 25 at the time of interview who were age 24 at beginning of school year are excluded as current attendance was only collected for those age 5-24 at the time of interview

Table DQ.23: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, Sao Tome and Principe, 2014

	Children Ever Born			Children Living			Children Deceased			Number of women
	Sons	Daughters	Sex ratio at birth	Sons	Daughters	Sex ratio	Sons	Daughters	Sex ratio	
Total	3,781	3,711	1.02	3,536	3,509	1.01	245	202	1.21	2,935
Age										
15-19	63	74	0.85	59	69	0.86	4	5	0.80	688
20-24	296	298	0.99	282	289	0.98	14	9	1.56	462
25-29	609	565	1.08	592	552	1.07	17	13	1.31	486
30-34	770	754	1.02	735	734	1.00	35	20	1.75	459
35-39	733	701	1.05	669	662	1.01	64	39	1.64	341
40-44	707	705	1.00	650	649	1.00	57	56	1.02	293
45-49	603	614	0.98	549	554	0.99	54	60	0.90	206

Table DQ.24: Births by periods preceding the survey

Number of births, sex ratio at birth, and period ratio by periods preceding the survey, according to living, deceased, and total children (imputed), as reported in the birth histories, Sao Tome and Principe, 2014

	Number of births			Percent with complete birth date[a]			Sex ratio at birth[b]			Period ratio[c]		
	Living	Deceased	Total	Living	Deceased	Total	Living	Deceased	Total	Living	Deceased	Total
Total	6,682	438	7,119	98.0	84.6	97.2	100.5	127.0	101.9	na	na	na
Years												
0	336	19	355	99.6	86.1	98.9	97.2	90.1	96.8	na	na	na
1	384	17	401	99.6	100.0	99.6	91.2	164.4	93.5	109.1	98.8	108.6
2	368	16	384	98.2	94.1	98.0	118.3	193.4	120.7	95.0	115.4	95.7
3	391	11	402	99.6	100.0	99.6	110.6	107.6	110.5	110.2	63.8	108.1
4	342	17	359	99.5	95.8	99.3	98.3	518.9	105.0	91.2	156.1	93.1
5	358	12	369	100.0	93.0	99.8	116.1	92.9	115.3	98.9	59.4	96.9
6	382	22	404	99.4	76.1	98.2	105.4	126.6	106.5	107.9	197.8	110.6
7	350	10	360	98.8	73.2	98.0	108.3	230.4	110.5	94.9	65.7	93.7
8	356	10	366	99.2	79.1	98.6	96.4	56.9	95.1	108.7	84.4	107.9
9	305	13	317	98.6	53.4	96.8	136.4	95.0	134.4	17.6	8.5	16.8
10+	3,109	292	3,401	96.6	84.0	95.6	93.8	121.5	95.9	na	na	na
Five-year periods												
0-4	1,822	80	1,902	99.3	94.6	99.1	102.8	169.0	104.9	na	na	na
5-9	1,750	66	1,816	99.2	74.7	98.3	111.0	110.1	111.0	na	na	na
10-14	1,313	82	1,394	98.1	88.3	97.5	93.2	141.0	95.5	na	na	na
15-19	896	98	994	96.5	82.5	95.1	95.6	104.3	96.5	na	na	na
20+	901	112	1,013	94.7	82.2	93.3	92.7	124.9	95.8	na	na	na

na: not applicable

[a] Both month and year of birth given. The inverse of the percent reported is the percent with incomplete and therefore imputed date of birth

[b] (B_m/B_f) x 100, where B_m and B_f are the numbers of male and female births, respectively

[c] $(2 \times B_t/(B_{t-1} + B_{t+1}))$ x 100, where B_t is the number of births in year t preceding the survey

Table DQ.25: Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0–6 days, by 5-year periods preceding the survey (imputed), Sao Tome and Principe, 2014

	Number of years preceding the survey				Total (0–19)
	0–4	5–9	10–14	15–19	
Age at death (days)					
0	2	4	4	4	13
1	16	13	7	3	39
2	0	2	1	1	4
3	5	0	1	1	6
4	0	1	0	0	1
5	1	1	0	1	2
6	0	0	0	0	0
7	1	0	0	1	2
8	5	1	2	0	8
9	0	0	0	0	0
10	0	0	0	0	0
11	0	0	0	0	0
12	1	0	0	0	1
13	0	0	0	0	0
14	1	0	1	0	2
15	0	0	0	1	1
16	0	0	0	0	0
17	0	0	0	0	0
18	0	1	0	0	1
19	0	0	0	0	0
20	2	1	2	0	5
21	0	0	0	0	0
22	0	0	0	0	0
23	0	0	1	0	1
24	0	0	0	0	0
25	0	0	1	0	1
26	0	2	0	0	2
27	0	0	0	0	0
28	2	0	0	0	2
29	0	0	0	0	0
30	0	0	0	0	0
Total 0–30 days	36	25	19	12	93
Percent early neonatal[a]	66.3	80.7	63.2	77.2	71.1

[a] Deaths during the first 7 days (0-6), divided by deaths during the first month (0-30 days)

Table DQ.26: Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for the 5-year periods of birth preceding the survey (imputed), Sao Tome and Principe, 2014

	Number of years preceding the survey				Total (0-19)
	0–4	5–9	10–14	15–19	
Age at death (months)					
0[a]	39	25	23	13	101
1	2	5	0	6	12
2	3	1	3	4	11
3	6	1	2	3	12
4	3	2	3	1	8
5	1	1	0	3	4
6	3	2	2	8	16
7	2	6	1	2	10
8	3	1	1	5	10
9	3	4	4	3	14
10	1	0	1	3	5
11	1	0	1	2	3
12	1	1	0	0	2
13	0	0	0	2	2
14	0	0	0	0	0
15	0	0	0	0	0
16	0	0	0	0	0
17	0	0	1	1	2
18	0	0	0	0	0
19	0	0	0	0	0
20	0	0	0	0	0
21	0	0	0	0	0
22	0	0	0	0	0
23	0	0	0	0	0
24	1	0	0	0	1
Reported as 1 year	3	3	11	9	26
Total 0–11 months	64	47	47	59	216
Percent neonatal[b]	59.2	53.2	55.8	24.9	48.6

[a] Includes deaths under one month reported in days

[b] Deaths under one month, divided by deaths under one year

Table DQ.27: Completeness of information on siblings

Completeness of information on the survival status of (all) siblings and age of living siblings reported by interviewed women, and age at death and years since death of siblings who have died (unweighted), *Country, Year*

	Sisters		Brothers		All siblings	
	Number	Percent	Number	Percent	Number	Percent
Survival status of siblings						
Living	7,345	93.2	7,099	92.1	14,444	92.7
Dead	523	6.6	595	7.7	1,118	7.2
DK/Missing	13	.2	14	.2	27	.2
Total	7,881	100.0	7,708	100.0	15,589	100.0
Age of living siblings						
Reported	7,322	99.7	7,072	99.6	14,394	99.7
DK/Missing	23	.3	27	.4	50	.3
Total	7,345	100.0	7,099	100.0	14,444	100.0
Age at death and years since death for siblings who have died						
Both reported	498	95.2	566	95.1	1,064	95.2
Only years since death reported	12	2.3	17	2.9	29	2.6
Only age at death reported	10	1.9	6	1.0	16	1.4
DK/Missing both	3	.6	6	1.0	9	.8
Total	523	100.0	595	100.0	1,118	100.0

Table DQ.28: Sibship size and sex ratio of siblings

Mean sibship size and sex ratio of siblings at birth, *Country, Year*

	Mean sibship size[a]	Sex ratio of siblings at birth[b]	Number of women age 15-49 years
Total	6.2	.97	2885
Age			
15-19	5.3	.92	693
20-24	5.9	.98	462
25-29	6.3	.93	472
30-34	6.5	1.00	438
35-39	6.9	1.04	342
40-44	7.3	1.01	285
45-49	6.6	.90	193

[a] Includes the respondent
[b] Excludes the respondent

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
MORTALITY [iii]					
1.1	Neonatal mortality rate	BH	Probability of dying within the first month of life		
1.2	Infant mortality rate	CM - BH	Probability of dying between birth and the first birthday		MDG 4.2
1.3	Post-neonatal mortality rate	BH	Difference between infant and neonatal mortality rates		
1.4	Child mortality rate	BH	Probability of dying between the first and the fifth birthdays		
1.5	Under-five mortality rate	CM - BH	Probability of dying between birth and the fifth birthday		MDG 4.1

NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) below minus three standard deviations (severe) of the median height for age of the WHO standard	Total number of children under age 5	

[M] The indicator is also calculated for men, for the same age group, in surveys where the Questionnaire for Individual Men has been included. Calculations are carried out by using modules in the Questionnaire for Individual Men

[i] Some indicators are constructed by using questions in several modules in the MICS questionnaires. In such cases, only the module(s) which contains most of the necessary information is indicated.

[ii] Millennium Development Goals (MDG) indicators, effective 15 January 2008 - http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm, accessed 10 June 2013.

[iii] The Birth History module is used, and the mortality indicators are calculated for the last 5-year period

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Overweight prevalence	AN	Number of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	Total number of children under age 5	
2.5	Children ever breastfed	MN	Number of women with a live birth in the last 2 years who breastfed their last live-born child at any time	Total number of women with a live birth in the last 2 years	
2.6	Early initiation of breastfeeding	MN	Number of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	Total number of women with a live birth in the last 2 years	
2.7	Exclusive breastfeeding under 6 months	BD	Number of infants under 6 months of age who are exclusively breastfed[i]	Total number of infants under 6 months of age	
2.8	Predominant breastfeeding under 6 months	BD	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment[ii] during the previous day	Total number of infants under 6 months of age	
2.9	Continued breastfeeding at 1 year	BD	Number of children age 12-15 months who received breast milk during the previous day	Total number of children age 12-15 months	
2.10	Continued breastfeeding at 2 years	BD	Number of children age 20-23 months who received breast milk during the previous day	Total number of children age 20-23 months	
2.11	Duration of breastfeeding	BD	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.12	Age-appropriate breastfeeding	BD	Number of children age 0-23 months appropriately fed[iii] during the previous day	Total number of children age 0-23 months	
2.13	Introduction of solid, semi-solid or soft foods	BD	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	

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

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

[iii] Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
2.14	Milk feeding frequency for non-breastfed children	BD	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.15	Minimum meal frequency	BD	Number of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times[i] or more during the previous day	Total number of children age 6-23 months	
2.16	Minimum dietary diversity	BD	Number of children age 6–23 months who received foods from 4 or more food groups[ii] during the previous day	Total number of children age 6–23 months	
2.17a 2.17b	Minimum acceptable diet	BD	(a) Number of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Number of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	(a) Number of breastfed children age 6–23 months (b) Number of non-breastfed children age 6–23 months	
2.18	Bottle feeding	BD	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.19	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide	Total number of households in which salt was tested or where there was no salt	
2.20	Low-birthweight infants	MN	Number of most recent live births in the last 2 years weighing below 2,500 grams at birth	Total number of most recent live births in the last 2 years	
2.21	Infants weighed at birth	MN	Number of most recent live births in the last 2 years who were weighed at birth	Total number of most recent live births in the last 2 years	

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[i] Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months
[ii] The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference[ii]
CHILD HEALTH					
3.1	Tuberculosis immunization coverage	IM	Number of children age 12-23 months who received BCG vaccine by their first birthday	Total number of children age 12-23 months	
3.S1[i]	Pneumococcal conjugate vaccine (PCV)	IM	Number of children age 12-23 months who received the third dose of PCV vaccine (PCV3) by their first birthday	Total number of children age 12-23 months	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	Total number of children age 12-23 months	
3.3	Diphtheria, pertussis and tetanus (DPT) immunization coverage	IM	Number of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	Total number of children age 12-23 months	
3.4	Measles immunization coverage	IM	Number of children age 12-23 months who received measles vaccine by their first birthday	Total number of children age 12-23 months	MDG 4.3
3.5	Hepatitis B immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	Total number of children age 12-23 months	
3.6	Haemophilus influenzae type B (Hib) immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	Total number of children age 12-23 months	
3.7	Yellow fever immunization coverage	IM	Number of children age 12-23 months who received yellow fever vaccine by their first birthday	Total number of children age 12-23 months	
3.8[ii]	Full immunization coverage	IM	Number of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday	Total number of children age 12-23 months	
3.9	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval[iii] prior to the most recent birth	Total number of women age 15-49 years with a live birth in the last 2 years	

[i] Specific indicator for Sao Tome and Principe

[ii] Includes BCG, OPV3, penta3, PCV3, yellow fever and measles

[iii] See the MICS tabulation plan for a detailed description

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
3.10	Care-seeking for diarrhoea	CA	Number of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.S2[i]	Diarrhoea treatment with oral rehydration salts (ORS)	CA	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.13	Care-seeking for children with acute respiratory infection (ARI) symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.14	Antibiotic treatment for children with ARI symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.15	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.16a 3.16b	Household availability of insecticide-treated nets (ITNs)[ii]	TN	Number of households with (a) at least one ITN (b) at least one ITN for every two people	Total number of households	
3.17a 3.17b	Household vector control[iii]	TN - IR	Number of households (a) with at least one ITN or that have been sprayed by IRS[iv] in the last 12 months (b) with at least one ITN for every two people or that have been sprayed by IRS in the last 12 months	Total number of households	

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[i] Specific indicator for Sao Tome and Principe

[ii] An ITN is (a) a conventionally treated net which has been soaked with an insecticide within the past 12 months, (b) factory treated net which does not require any treatment (LLIN), (c) a pretreated net obtained within the last 12 months, or (d) a net that has been soaked with or dipped in insecticide within the last 12 months

[iii] (a) Households covered by vector control, (b) Universal coverage of vector control

[iv] Indoor Residual Spraying

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
3.18	Children under age 5 who slept under an ITN	TN	Number of children under age 5 who slept under an ITN the previous night	Total number of children under age 5 who spent the previous night in the interviewed households	MDG 6.7
3.19	Population that slept under an ITN	TN	Number of household members who slept under an ITN the previous night	Total number of household members who spent the previous night in the interviewed households	
3.20	Care-seeking for fever	CA	Number of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with fever in the last 2 weeks	
3.21	Malaria diagnostics usage	CA	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	Total number of children under age 5 with fever in the last 2 weeks	
3.22	Anti-malarial treatment of children under age 5	CA	Number of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	Total number of children under age 5 with fever in the last 2 weeks	MDG 6.8
3.23	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	CA	Number of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	Total number of children under age 5 with fever in the last 2 weeks who received any anti-malarial drugs	
3.24	Pregnant women who slept under an ITN	TN – CP	Number of pregnant women who slept under an ITN the previous night	Total number of pregnant women	
3.25	Intermittent preventive treatment for malaria during pregnancy	MN	Number of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members in households using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose last stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a specific place for hand washing where water and soap or other cleansing agent are present	Total number of households	
4.6	Availability of soap or other cleansing agent	HW	Number of households with soap or other cleansing agent	Total number of households	
REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate[i]	CM - BH	Age-specific fertility rate for women age 15-19 years		MDG 5.4
5.2	Early childbearing	CM - BH	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married or in union	MDG 5.3
5.4	Unmet need[ii]	UN	Number of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently married or in union	MDG 5.6

[i] The Birth History module is used, and the indicator is calculated for the last 3-year period
[ii] See the MICS tabulation plan for a detailed description

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference[ii]
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	Total number of women age 15-49 years with a live birth in the last 2 years	
5.9	Caesarean section	MN	Number of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	Total number of women age 15-49 years with a live birth in the last 2 years	
5.10	Post-partum stay in health facility	PN	Number of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of last live births in the last 2 years	
5.12	Post-natal health check for the mother	PN	Number of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
5.13	Maternal mortality ratio	MM	Deaths during pregnancy, childbirth, or within two months after delivery or termination of pregnancy, per 100,000 births within the 7-year period preceding the survey		MDG 5.1

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
CHILD DEVELOPMENT					
6.1	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	
6.2	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.3	Father's support for learning	EC	Number of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.4	Mother's support for learning	EC	Number of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.5	Availability of children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.6	Availability of playthings	EC	Number of children under age 5 who play with two or more types of playthings	Total number of children under age 5	
6.7	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	Total number of children under age 5	
6.8	Early child development index	EC	Number of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	Total number of children age 36-59 months	
LITERACY AND EDUCATION					
7.1	Literacy rate among young women [M]	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1

CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2	Child labour	CL	Number of children age 5-17 years who are involved in child labour[i]	Total number of children age 5-17 years	
8.3	Violent discipline	CD	Number of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	Total number of children age 1-14 years	

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[i] Children involved in child labour are defined as children involved in economic activities above the age-specific thresholds, children involved in household chores above the age-specific thresholds, and children involved in hazardous work. See the MICS tabulation plan for more detailed information on thresholds and classifications

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
8.4	Marriage before age 15 [M]	MA	Number of women age 15-49 years who were first married or in union before age 15	Total number of women age 15-49 years	
8.5	Marriage before age 18 [M]	MA	Number of women age 20-49 years who were first married or in union before age 18	Total number of women age 20-49 years	
8.6	Young women age 15-19 years currently married or in union [M]	MA	Number of women age 15-19 years who are married or in union	Total number of women age 15-19 years	
8.7	Polygyny [M]	MA	Number of women age 15-49 years who are in a polygynous union	Total number of women age 15-49 years who are married or in union	
8.8a 8.8b	Spousal age difference	MA	Number of women who are married or in union and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	Total number of women who are married or in union (a) age 15-19 years, (b) age 20-24 years	
8.12	Attitudes towards domestic violence [M]	DV	Number of women who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	
8.13	Children's living arrangements	HL	Number of children age 0-17 years living with neither biological parent	Total number of children age 0-17 years	
8.14	Prevalence of children with one or both parents dead	HL	Number of children age 0-17 years with one or both biological parents dead	Total number of children age 0-17 years	
8.15	Children with at least one parent living abroad	HL	Number of children 0-17 years with at least one biological parent living abroad	Total number of children 0-17 years	

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
HIV/AIDS AND SEXUAL BEHAVIOUR					
9.1	Knowledge about HIV prevention among young women [M]	HA	Number of women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV[i], and who reject major misconceptions about HIV transmission	Total number of women age 15-24 years	MDG 6.3
9.2	Knowledge of mother-to-child transmission of HIV [M]	HA	Number of women age 15-49 years who correctly identify all three means[ii] of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.3	Accepting attitudes towards people living with HIV [M]	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions[iii] toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	
9.4	Women who know where to be tested for HIV [M]	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of women age 15-49 years	
9.5	Women who have been tested for HIV and know the results [M]	HA	Number of women age 15-49 years who have been tested for HIV in the last 12 months and who know their results	Total number of women age 15-49 years	
9.6	Sexually active young women who have been tested for HIV and know the results [M]	HA	Number of women age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results	Total number of women age 15-24 years who have had sex in the last 12 months	
9.7	HIV counselling during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	Total number of women age 15-49 years who had a live birth in the last 2 years	
9.8	HIV testing during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women age 15-49 years who had a live birth in the last 2 years	
9.9	Young women who have never had sex [M]	SB	Number of never married women age 15-24 years who have never had sex	Total number of never married women age 15-24 years	

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[i] Using condoms and limiting sex to one faithful, uninfected partner

[ii] Transmission during pregnancy, during delivery, and by breastfeeding

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

MICS INDICATOR [M]		Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
9.10	Sex before age 15 among young women [M]	SB	Number of women age 15-24 years who had sexual intercourse before age 15	Total number of women age 15-24 years	
9.11	Age-mixing among sexual partners	SB	Number of women age 15-24 years who had sex in the last 12 months with a partner who was 10 or more years older	Total number of women age 15-24 years who had sex in the last 12 months	
9.12	Multiple sexual partnerships [M]	SB	Number of women age 15-49 years who had sexual intercourse with more than one partner in the last 12 months	Total number of women age 15-49 years	
9.13	Condom use at last sex among people with multiple sexual partnerships[M]	SB	Number of women age 15-49 years who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	Total number of women age 15-49 years who reported having had more than one sexual partner in the last 12 months	
9.14	Sex with non-regular partners [M]	SB	Number of sexually active women age 15-24 years who had sex with a non-marital, non-cohabitating partner in the last 12 months	Total number of women age 15-24 years who had sex in the last 12 months	
9.15	Condom use with non-regular partners [M]	SB	Number of women age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months	Total number of women age 15-24 years who had sex with a non-marital, non-cohabiting partner in the last 12 months	MDG 6.2
9.16	Ratio of school attendance of orphans to school attendance of non-orphans	HL - ED	Proportion attending school among children age 10-14 years who have lost both parents	Proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	MDG 6.4
9.17	Male circumcision	MMC	Number of men age 15-49 years who report having been circumcised	Total number of men age 15-49 years	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					
10.1	Exposure to mass media [M]	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women age 15-49 years	
10.2	Use of computers [M]	MT	Number of young women age 15-24 years who used a computer during the last 12 months	Total number of women age 15-24 years	

MICS INDICATOR [M]	Module[i]	Numerator	Denominator	MDG Indicator Reference [ii]
10.3	Use of internet [M]	MT	Number of young women age 15-24 who used the internet during the last 12 months	Total number of women age 15-24 years	

SUBJECTIVE WELL-BEING				
11.1	Life satisfaction [M]	LS	Number of women age 15-24 years who are very or somewhat satisfied with their life, overall	Total number of women age 15-24 years	
11.2	Happiness [M]	LS	Number of women age 15-24 years who are very or somewhat happy	Total number of women age 15-24 years	
11.3	Perception of a better life [M]	LS	Number of women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women age 15-24 years	

TOBACCO AND ALCOHOL USE				
12.1	Tobacco use [M]	TA	Number of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	Total number of women age 15-49 years	
12.2	Smoking before age 15 [M]	TA	Number of women age 15-49 years who smoked a whole cigarette before age 15	Total number of women age 15-49 years	
12.3	Use of alcohol [M]	TA	Number of women age 15-49 years who had at least one alcoholic drink at any time during the last one month	Total number of women age 15-49 years	
12.4	Use of alcohol before age 15 [M]	TA	Number of women age 15-49 years who had at least one alcoholic drink before age 15	Total number of women age 15-49 years	

Appendix F. Sao Tome and Principe MICS Questionnaires

QUESTIONÁRIO AGREGADO FAMILIAR
São Tomé e Príncipe, MICS 5, 2014

MICS

PAINEL DE INFORMAÇÃO DO AGREGADO FAMILIAR	**HH**

HH1. Número AE selecionada: ___ ___ ___	**HH2**. Número do agregado familiar: ___ ___
HH3. Inquiridor/a (nome e número): Nome _____ No. ___ ___	**HH4**. Supervisor/a (nome e número) : Nome _____ No. ___ ___
HH5. Dia/mês/ano do inquérito: ___ ___ /___ ___ / 2 0 1 ___	**HH7**. REGIÃO: REGIÃO CENTRO ESTE .... 1 REGIÃO NORTE ESTE .... 2 REGIÃO SUL OESTE .... 3 REGIÃO AUTÓNOMA DO PRÍNCIPE 4
HH6. MEIO DE RESIDÊNCIA: Urbano .... 1 Rural 2	

NÓS FAZEMOS PARTE DO INSTITUTO NACIONAL DE ESTATÍSTICAS (INE). ESTAMOS A REALIZAR UM INQUÉRITO SOBRE À SITUAÇÃO DAS CRIANÇAS, DAS FAMÍLIAS E DOS AGREGADOS FAMILIARES. GOSTARÍAMOS DE FALAR CONSIGO SOBRE ESTES ASPECTOS. A NOSSA CONVERSA TOMARÁ APROXIMADAMENTE 30 MINUTOS DO SEU TEMPO. TODAS INFORMAÇÕES RECOLHIDAS SERÃO TRATADAS DE MANEIRA ESTRITAMENTE CONFIDENCIL E ANÔNIMA.

POSSO COMEÇAR AGORA ?

☐ *Sim, permissão concedida* ⇨ *Va à HH18 para registar a hora e começar a entrevista.*

☐ *Não, permissão não concedida* ⇨ *Circule 4 em HH9. Discuta este resultado com seu chefe de equipa.*

Depois de ter preenchido completamente o Questionário Agregado familiar, preencha as seguintes informações:

HH9. Resultado da entrevista do agregado familiar:

Completa 01
Não havia membros no agregado familiar com competência para responder ao questionário 02
Membros do agregado totalmente ausente por longa duração 03
Recusa 04
Alojamento vazio/endereço não é um alojamento 05
Alojamento destruído 06
Alojamento não encontrado 07

Outro *(especificar)* _____ 96

Uma vez que o Questionário Agregado familiar tiver completado, preencha as seguintes informações:

HH10. Quem respondeu ao questionário do agregado familiar? Nome _____Nº. de linha: ___ ___	
HH11. Nº total de membros no agregado familiar: ___ ___	*Uma vez que todos os questionários do agregado tiverem completados, preencha as seguintes informações:*
HH12. Nº de mulheres de 15-49 anos: ___ ___	**HH13**. Nº de questionários Mulher completos: ___ ___
HH13A. Nº de homens de 15-49 anos: ___ ___	**HH13B**. Nº de questionários Homem completos: ___ ___
HH14. Nº de crianças com menos de 5 anos: ___ ___	**HH15**. Nº de questionários Crianças menores de 5 anos completos: ___ ___

HH16. Controlador/a (nome e número): Nome: _____ No. __ __	**HH17**. Digitador/a (nome e número): Nome: _____ No. __ __

HH18. *Registe a hora:*

Hora: __ __ *Min.*__ __

LISTA DOS MEMBROS DO AGREGADO FAMILIAR | HL

ANTES DE COMEÇAR, DIGA-ME POR FAVOR O NOME DE CADA PESSOA QUE VIVE HABITUALMENTE AQUI, COMEÇANDO PELO CHEFE DO AGREGADO. *Registe o nome do chefe do agregado na linha 01. Registe todos os membros do agreado (HL2), suas relações com o chefe do agregado (HL3) e o seu sexo (HL4). Pergunte a seguir :* HÁ OUTRAS PESSOAS QUE VIVEM AQUI, QUE NÃO ESTÃO EM CASA NESTE MOMENTO? *Se sim, complete a lista para as questões HL2-HL4. Põe em seguida todas as questões pessoa por pessoa começando por HL5. Utilize um questionário suplementar se todas as linhas da folha do agregado familiar foram utilizadas.*

							Mulheres 15-49 *anos*	Homens 15-49 *anos*	Crianças 0-4 *anos*			*CRIANÇAS DE 0-17 ANOS*				
HL1. *No.de linha*	**HL2**. *Nome*	**HL3**. QUAL O GRAU DE PAREN-TESCO DE *(nome)* COM O CHEFE DO AGREGA-DO?	**HL4**. *(Nome)* É DO SEXO MASCULINO OU FEMININO ? 1 Masc. 2 Fem.	**HL5**. QUAL A DATA DE NASCIMENTO DE *(nome)?* 98 NS 9998 NS	**HL6**. QUAL A IDADE DE *(nome)?* *Registar em anos comple-tos. Se a idade é igual ou superior a 95, escreva '95'*	**HL6A**. O/A *(nome)* DORMIU AQUI NA NOITE PASSADA ? 1 Sim 2 Não	**HL7**. *Circule o número de linha se a mulher tem entre* **15-49 anos**	**HL7A**. *Circule o número de linha se o homem tem entre* **15-49 anos**	**HL7B**. *Circule o nº de linha se a criança tem entre* **0-4 anos**	**HL11**. A MÃE BIOLÓGICA DE *(nome)* ESTÁ VIVA *?* 1 Sim 2 Não↰ HL13 8 NS↰ HL13	**HL12**. A MÃE BIOLÓGICA DE *(nome)* VIVE NESTE AGREGADO ? *Se"sim", anote o no. de linha da mãe e siga para HL13. Se "não", anote "00".*	**HL12A**. ONDE A MÃE BIOLÓ-GICA DE *(nome)* VIVE? 1 Outro agrega-do neste país 2 Institui-ção no país 3 Estran-geiro 8 NS	**HL13**. O PAI BIOLÓGICO DE *(nome)* ESTÁ VIVO ? 1 Sim 2 Não↰ HL15 8 NS↰ HL15	**HL14**. O PAI BIOLÓGICO DE *(nome)* VIVE NESTE AGREGA-DO? *Se "sim", anote o no. de linha do pai e siga para HL15. Se "não", anote "00".*	**HL14A**. ONDE O PAI BIOLOGI CO DE *(nome)* VIVE? 1 Outro agrega-do neste país 2 Institui-ção no país 3 Estran-geiro 8 NS	**HL15**. *Registe o nº de linha da mãe conforme HL12. Se HL12 está em branco ou "00", pergunte:* QUEM É O/A ENCARREGA-DO/A PRINCIPAL DE *(nome)*?
Linha	Nome	Relação*	M F	Mês Ano	Idade	S N	15-49	15-49	0-4	S N NS	Mãe		S N NS	Pai		Mãe
01		**01**	1 2	__ __ __ __ __ __ __ __		1 2	01	01	01	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
02		__ __	1 2	__ __ __ __ __ __ __ __		1 2	02	02	02	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
03		__ __	1 2	__ __ __ __ __ __ __ __		1 2	03	03	03	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
04		__ __	1 2	__ __ __ __ __ __ __ __		1 2	04	04	04	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
05		__ __	1 2	__ __ __ __ __ __ __ __		1 2	05	05	05	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
06		__ __	1 2	__ __ __ __ __ __ __ __		1 2	06	06	06	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
07		__ __	1 2	__ __ __ __ __ __ __ __		1 2	07	07	07	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
08		__ __	1 2	__ __ __ __ __ __ __ __		1 2	08	08	08	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
09		__ __	1 2	__ __ __ __ __ __ __ __		1 2	09	09	09	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
10		__ __	1 2	__ __ __ __ __ __ __ __		1 2	10	10	10	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
11		__ __	1 2	__ __ __ __ __ __ __ __.		1 2	11	11	11	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
12		__ __	1 2	__ __ __ __ __ __ __ __		1 2	12	12	12	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___

								Mulheres 15-49 *anos*	Homens 15-49 *anos*	Crianças 0-4 *anos*	*CRIANÇAS DE 0-17 ANOS*						
HL1. *No.de linha*	**HL2**. *Nome*	**HL3**. QUAL O GRAU DE PAREN-TESCO DE *(nome)* COM O CHEFE DO AGREGA-DO?	**HL4**. *(Nome)* É DO SEXO MASCULINO OU FEMININO ? 1 Masc. 2 Fem.	**HL5**. QUAL A DATA DE NASCIMENTO DE *(nome)*? 98 NS 9998 NS	**HL6**. QUAL A IDADE DE *(nome)*? *Registar em anos comple-tos. Se a idade é igual ou superior a 95, escreva '95'*	**HL6A**. O/A *(nome)* DORMIU AQUI NA NOITE PASSADA ? 1 Sim 2 Não	**HL7**. *Circule o número de linha se a mulher tem entre* **15-49 anos**	**HL7A**. *Circule o número de linha se o homem tem entre* **15-49 anos**	**HL7B**. *Circule o nº de linha se a criança tem entre* **0-4 anos**	**HL11**. A MÃE BIOLÓGICA DE *(nome)* ESTÁ VIVA *?* 1 Sim 2 Não⇗ HL13 8 NS⇗ HL13	**HL12**. A MÃE BIOLÓGICA DE *(nome)* VIVE NESTE AGREGADO ? *Se"sim", anote o no. de linha da mãe e siga para HL13. Se "não", anote "00".*	**HL12A**. ONDE A MÃE BIOLÓ-GICA DE *(nome)* VIVE? 1 Outro agrega-do neste país 2 Institui-ção no país 3 Estran-geiro 8 NS	**HL13**. O PAI BIOLÓGICO DE *(nome)* ESTÁ VIVO ? 1 Sim 2 Não⇗ HL15 8 NS⇗ HL15	**HL14**. O PAI BIOLÓGICO DE *(nome)* VIVE NESTE AGREGA-DO? *Se "sim", anote o no. de linha do pai e siga para HL15. Se "não", anote "00".*	**HL14A**. ONDE O PAI BIOLOGI CO DE *(nome)* VIVE? 1 Outro agrega-do neste país 2 Institui-ção no país 3 Estran-geiro 8 NS	**HL15**. *Registe o nº de linha da mãe conforme HL12. Se HL12 está em branco ou "00", pergunte:* QUEM É O/A ENCARREGA-DO/A PRINCIPAL DE *(nome)*?
Linha	Nome	Relação*	M F	Mês Ano	Idade	S N	15-49	15-49	0-4	S N NS	Mãe		S N NS	Pai		Mãe
13		__ __	1 2	__ __ __ __ __ __ __ __	__ __	1 2	13	13	13	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
14		__ __	1 2	__ __ __ __ __ __ __ __	__ __	1 2	14	14	14	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
15		__ __	1 2	__ __ __ __ __ __ __ __	__ __	1 2	15	15	15	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __

Marque se tiver usado um questionário suplementar ☐

Insista para saber se não existem outros membros no agregado familiar. Especialmente, pergunte se não existem bebés/crianças jovens que não foram listados e outras pessoas que não são membros da familia (como empregados e amigos) mais que vivem habitualmente no agregado. Regista o nome dos membros adicionais na lista do agregado e complete a folha de forma apropriada.

Agora registe separadamente, para cada mulher de 15-49 anos, o seu nome, seu número de linha e outras informações de identificação dentro do painel de informação de um questionário individual Mulher. Para cada homem de 15-49 anos, registe separadamente o seu nome, seu número de linha e outras informações de identificação no painel de informação do questionário individual Homem. Para cada criança com menos de 5 anos, registe separadamente o seu nome, seu número de linha E o número de linha da sua mãe ou encarregado principal no painel de informação do questionário para crianças de menos de 5 anos. Agora deverá ter um questionário separado para cada mulher eligível, para cada homem eligível e para cada criança com menos de 5 anos do agregado.

* *Códigos para HL3*: *relação com o chefe do agregado:*	01 Chefe do agregado 02 Cônjuge 03 Filho/Filha	04 Genro/Nora 05 Neto/Neta 06 Mãe/Pai 07 Sogro/Sogra	08 Irmão/Irmã 09 Cunhado/Cunhada 10 Tio/Tia	11 Sobrinho/Sobrinha 12 Outro parente 13 Criança adotada/confiada/enteado(a)	14 Doméstica (se vive no agregado) 96 Outro (sem grau de parentesco) 98 NS

EDUCAÇÃO					ED				ED
			Para membros do agregado de 5 anos e mais			*Para membros do agregado de 5-24 anos*			
ED1. *No. de linha*	**ED2**. *Nome e idade* *Copiar de HL2 e HL6*		**ED3**. (*Nome*) JÁ FREQUENTOU ALGUMA VEZ UMA ESCOLA OU INSTITUIÇÃO PRÉ-ESCOLAR ? 1 Sim 2 Não ↰ linha seguinte	**ED4A**. QUAL O NÍVEL MAIS ELEVADO QUE (*nome*) ATINGIU? Nível : 0 Pré-escolar 1 Básico 2 Secundário 3 Superior 8 NS *Se nível = 0, passar a ED5*	**ED4B**. QUAL FOI A ÚLTIMA CLASSE QUE (*nome*) CONCLUIU NESTE NÍVEL ? Classe: 98 NS *Se a 1ª classe a este nível não foi concluída, anotar "00".*	**ED5**. DURANTE ESTE ANO LETIVO 2013-2014, (*nome*) FREQUENTOU EM ALGUM MOMENTO UMA ESCOLA OU INSTITUIÇÃO PRÉ-ESCOLAR ? 1 Sim 2 Não ↰ ED7	**ED6**. DURANTE ESTE ANO LETIVO QUAL É O NÍVEL E A CLASSE QUE (*nome*) ESTÁ FREQUENTANDO OU FREQUENTOU? Nível : 0 Pré-escolar 1 Básico 2 Secundário 3 Superior 8 NS *Se nível= 0, passar à ED7* / Classe: 98 NS	**ED7**. DURANTE O ANO LETIVO ANTERIOR 2012-2013, (*nome*) FREQUENTOU EM ALGUM MOMENTO UMA ESCOLA OU INSTI-TUIÇÃO PRÉ-ESCOLAR? 1 Sim 2 Não ↰ linha seguinte 8 NS ↰ linha seguinte	**ED8**. DURANTE O ANO LETIVO ANTERIOR 2012-2013, QUAL É O NÍVEL E A CLASSE QUE (*nome*) FREQUENTOU? Nível: 0 Pré-escolar 1 Básico 2 Secundário 3 Superior 8 NS *Se nível= 0, vá para a linha seguinte.* / Classe: 98 NS
Linha	Nome	Idade	Sim Não	Nível	Classe	Sim Não	Nível Classe	Sim Não NS	Nível Classe
01		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
02		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
03		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
04		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
05		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
06		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
07		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
08		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
09		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
10		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
11		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
12		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
13		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
14		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___
15		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8 ___ ___	1 2 8	0 1 2 3 8 ___ ___

SELEÇÃO DE UMA CRIANÇA PARA TRABALHO INFANTIL/DISCIPLINA INFANTIL	SL

SL1. *Verifique HL6 na lista dos membros do agregado familiar e escreva o número total de crianças de 1-17 anos.*	Número total: .... _____

SL2. *Verifique o número total de crianças de 1-17anos em SL1:*

☐ *Zero ⇨ Siga para o módulo CARACTERISTICAS DOS AGREGADOS*

☐ *Um ⇨ Vá a SL9 e registe o número de classificação como "1", entre o número de linha, o nome da criança e a sua idade*

☐ *Dois ou mais ⇨ Continue com SL2A*

SL2A. *Registe abaixo cada criança de 1-17 anos conforme a ordem na folha de registo do agregado familiar. Não <u>inclua nenhum membro do agregado com idade fora desse intervalo.</u> Registe na tabela o número de linha, o nome, o sexo e a idade para cada criança.*

SL3. *Nº de classificação*	SL4. *Número de linha HL1.*	SL5. *Nome de HL2.*	SL6. *Sexo de HL4.*		SL7. *Idade de HL6.*
classificação	linha	nome	M	F	idade
1	__ __		1	2	___ ___
2	__ __		1	2	___ ___
3	__ __		1	2	___ ___
4	__ __		1	2	___ ___
5	__ __		1	2	___ ___
6	__ __		1	2	___ ___
7	__ __		1	2	___ ___
8	__ __		1	2	___ ___

SL8. *Confira o útimo dígito do número do agregado (HH2) que figura na página de cobertura. Este é o número de linha que deve percorrer na tabela abaixo.*

Verifique o número total de crianças de 1-17 anos na SL1 acima. Este é o número da coluna que deve seguir.

Encontre o quadradinho onde a linha e a coluna se encontram e circule o número que aparece neste quadradinho. Este é o <u>número de classificação</u> da criança selecionada <u>em SL3</u> que devera ser entrevistada.

Último dígito do número do agregado (HH2)	Número total de crianças elegíveis no agregado familiar (de SL1)						
	2	*3*	*4*	*5*	*6*	*7*	*8+*
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. *Registe o número de classificação (SL3), o número da linha (SL4), o nome (SL5) e a idade (SL7) da criança selecionada.*	Número de classificação ....__ Número de linha ....__ __ Nome_____ Idade ....__ __

TRABALHO INFANTIL		CL

CL1.*Verifique a idade da criança seleccionada em SL9 :*

☐ *1-4 anos* ⇨ *Vá ao módulo seguinte*

☐ *5-17 anos* ⇨ *Continue com CL2*

CL2. AGORA GOSTARIA DE FALAR SOBRE TODOS TRABALHOS QUE AS CRIANÇAS DESTE AGREGADO PODEM FAZER.

DESDE A ÚLTIMA (*dia da semana*), (*nome*) FEZ ALGUMAS DAS SEGUINTES ACTIVIDADES, MESMO QUE FOSSE POR APENAS UMA HORA:

[A] (*Nome*) FEZ ALGUM TRABALHO NO LOTE/QUINTAL/GLEBA/JARDIM/QUINTA DO AGREGADO OU CUIDOU DOS ANIMAIS? POR EXEMPLO: CULTIVOU OU COLHEU PRODUTOS, ALIMENTOU ANIMAIS, LEVOU-OS AO PASTO OU ORDENOU-OS, ETC.?

                                  S   N

Trabalhou no lote/quintal/gleba/jardim ou cuidou dos animais 1   2

[B] (*Nome*) AJUDOU NOS NEGÓCIOS DO AGREGADO OU DE OUTRES PARENTES, COM OU SEM PAGAMENTO, OU TRABALHOU NO SEU PRÓPRIO NEGÓCIO?

Ajudou no negócio do agregado/outro parente/cuidou do próprio Negócio 1   2

[C] (*Nome*) PRODUZIU OU VENDEU PRODUTOS, ARTESANATO, ROUPA, COMIDA OU PRODUTOS AGRÍCOLAS?

Produziu/vendeu artesanatos / roupas/ comida ou produtos agrícolas 1   2

[D] DESDE A ÚLTIMA (*dia da semana*), (*nome*) EXERCEU QUALQUER OUTRA ATIVIDADE, EM TROCA DE RENDA EM DINHEIRO OU EM ESPÉCIE, MESMO QUE FOSSE POR APENAS UMA HORA?

Qualquer outra atividade 1   2

Se "não", insista:
POR FAVOR, INCLUA QUALQUER ATIVIDADE REALIZADA POR (*nome*) COMO EMPREGADO REGULAR OU OCASIONAL, POR CONTA PRÓPRIA OU COMO EMPREGADOR, OU COMO TRABALHADOR FAMILIAR NÃO REMUNERADO AFIM DE AJUDAR NO NEGÓCIO FAMILIAR OU NO LOTE.

CL3. *Verifique CL2, A até D:*

    ☐ *Se houver pelo menos um 'Sim'* ⇨ *Continue com CL4*

    ☐ *Todas respostas são 'Não'* ⇨ *Siga para CL8*

CL4. DESDE A ÚLTIMA (*dia da semana*), APROXIMADAMENTE QUANTAS HORAS (*nome*) TRABALHOU NO TOTAL NESTA(S) ATIVIDADE(S)? *Se menos de uma hora, anote "00".*	Número de horas........................__ __	
CL5. ESTA(S) ATIVIDADE(S) IMPLICAM A NECESSIDADE DE TRANSPORTAR CARGAS PESADAS ?	Sim..1 Não 2	1⇨ CL8
CL6. ESTA(S) ATIVIDADE(S) REQUEREM TRABALHOS COM INSTRUMENTOS PERIGOSOS (FACAS, ETC.), OU IMPLICAM OPERAR MÁQUINAS PESADAS?	Sim..1 Não 2	1⇨ CL8

CL7. COMO DESCREVERIA O AMBIENTE DE TRABALHO DE (*nome*):		
[A] O/A (*nome*) ESTÁ EXPOSTO/A À POEIRA, FUMAÇA OU GÁS?	Sim..1 Não 2	
[B] O/A (*nome*) ESTÁ EXPOSTO/A À FRIO, CALOR OU HUMIDADE EXTREMA?	Sim..1 Não 2	
[C] O/A (*nome*) ESTÁ EXPOSTO/A À BARULHO OU VIBRAÇÃO INTENSA?	Sim..1 Não 2	
[D] O/A (*nome*) TEM NECESSIDADE DE TRABALHAR EM GRANDES ALTURAS?	Sim..1 Não 2	
[E] O/A (*nome*) ESTÁ EXPOSTO/A À PRODUTOS QUÍMICOS (PESTICIDAS, RATICIDAS, COLAS, ETC.) OU EXPLOSIVOS?	Sim..1 Não 2	
[F] O/A (*nome*) ESTÁ EXPOSTO/A A OUTROS TIPOS DE SITUAÇÕES, PROCESSOS OU CONDIÇÕES PREJUDICIAIS A SUA SAÚDE OU SUA SEGURANÇA ?	Sim..1 Não 2	
CL8. DESDE A ÚLTIMA (*dia da semana*), O/A (*nome*) APANHOU ÁGUA OU ARRANJOU LENHA PARA O AGREGADO?	Sim..1 Não 2	2⇨ CL10
CL9. QUANTAS HORAS NO TOTAL O/A (*nome*) GASTOU PARA APANHAR ÁGUA OU ARRANJAR LENHA PARA O AGREGADO DESDE A ÚLTIMA (*dia da semana*)? *Se menos que uma hora, marque "00"*	Número de horas.........................__ __	
CL10. DESDE A ÚLTIMA (*dia da semana*), (*nome*) REALIZOU UMA DAS SEGUINTES TAREFAS PARA O AGREGADO:	Sim Não	
[A] FEZ COMPRAS PARA O AGREGADO?	Compras para o agregado......1 2	
[B] REPAROU EQUIPAMENTOS DO AGREGADO?	Reparar equipamentos 1 2	
[C] COZINHOU, LAVOU LOIÇA OU LIMPOU A CASA?	Cozinhar/limpar loiça/casa 1 2	
[D] LAVOU ROUPAS?	Lavar roupas.........................1 2	
[E] CUIDOU DE CRIANÇAS?	Cuidar de crianças.................1 2	
[F] CUIDOU DE IDOSOS OU DOENTES?	Cuidar de idosos/doentes.......1 2	
[G] OUTRAS TAREFAS DOMÉSTICAS?	Outras tarefas domésticas......1 2	
CL11. *Verifique CL10, A até G:* ☐ *Se houver pelo menos um 'Sim' ⇨ Continue com CL12* ☐ *Todas as respostas são 'Não' ⇨ Siga para o módulo seguinte*		
CL12. DESDE A ÚLTIMA (*dia da semana*), QUANTAS HORAS O/A (*nome*) TRABALHOU NESTA(S) ATIVIDADE(S)? *Se menos de uma hora, anote "00".*	Número de horas.........................__ __	

DISCIPLINA INFANTIL	CD

CD1. *Verifique a idade da criança selecionada em SL9:*

☐ *1-14 anos ⇨ Continue com CD2*

☐ *15-17 anos ⇨ Siga para o próximo módulo*

CD2. *Registe o número da linha e o nome da criança de SL9.*

Número de linha ....__ __

Nome _____

CD3. ADULTOS USAM CERTOS MÉTODOS PARA ENSINAR ÀS CRIANÇAS A SE COMPORTAREM BEM OU PARA RESOLVER PROBLEMAS DE COMPORTAMENTO.

VOU LER UMA LISTA DE MÉTODOS QUE SÃO UTILIZADOS E GOSTARIA QUE ME DISSESSE <u>SE O/A SENHOR/A OU ALGUM OUTRO MEMBRO DO SEU AGREGADO</u> UTILIZOU UM DESTES MÉTODOS COM O/A (*nome*) <u>DURANTE O MÊS PASSADO</u>:

	S	N
[A] RETIROU-LHE OS PRIVILÉGIOS, INTERDITOU QUALQUER COISA QUE O/A (*nome*) GOSTA DE FAZER OU NÃO LHE PERMITIU SAIR DE CASA?	Retirou-lhe os privilégios 1	2
[B] EXPLICOU AO (*nome*) PORQUE SEU COMPORTAMENTO NÃO É ACEITAVEL?	Explicou mau comportamento . 1	2
[C] SACUDIU-O/A?	Sacudiu-o/a 1	2
[D] GRITOU OU BERROU COM A ELE/A?	Gritou	
[E] ATRIBUIU-LHE OUTRA TAREFA PARA DISTRAI-LO/A?	Atribuiu outra tarefa.................. 1	2
[F] DEU UMA PALMADA, BATEU NO RABO COM AS MÃOS?	Deu uma palmada 1	2
[G] BATEU-LHE NO RABO OU OUTRA PARTE DO CORPO COM UM CINTO, CHICOTE, VARAPAU OU OUTRO OBJECTO DURO?	Bateu-lhe com cinto, varapau ou outro objecto duro.............................. 1	2
[H] CHAMOU-LHE DE IDIOTA, PARVO, PREGUIÇOSO OU DE UM OUTRO NOME PARECIDO?	Chamou-lhe de idiota, preguiçoso ou outro nome 1	2
[I] BATEU-LHE OU DEU-LHE CHAPADA NO ROSTO, NA CABEÇA OU NAS ORELHAS?	Bateu-lhe no rosto, cabeça ou nas orelhas..................................... 1	2
[J] BATEU-LHE NAS MÃOS, BRAÇOS OU PERNAS?	Bateu mão, braço ou pernas.... 1	2
[K] BATEU REPETITIVAMENTE E TÃO FORTE QUÃO POSSÍVEL?	Bateu repetitivamente e fortemente 1	2
[L] TRANCOU-O NO QUARTO?	Trancou-o no quarto 1	2

CD4. ACREDITA QUE, PARA EDUCAR UMA CRIANÇA DEVIDAMENTE, ELA PRECISA SER CASTIGADA FÍSICAMENTE?

Sim 1
Não 2

NS/sem opinião 8

CARACTERISTICAS DOS AGREGADOS FAMILIARES		HC
HC1A. QUAL É A RELIGIÃO DO RESPONSÁVEL DO AGREGADO FAMILIAR?	Católica...1 Nova apostólica ....2 Adventista ....3 Outra religião (*especificar*) _____ 6 Sem religião...7	
HC1B. QUAL É A LÍNGUA MATERNA DO RESPONSÁVEL DO AGREGADO FAMILIAR?	Português ....1 Forro ....2 Angolar ....3 Linguie ....4 Cabo-verdiano ....5 Outra língua (*especificar*) _____ 6	
HC2. NESSE AGREGADO FAMILIAR, QUANTOS COMPARTIMENTOS SÃO UTILIZADOS PARA DORMIR?	Número de compartimentos ....__ __	

HC3. *Material predominante do piso no alojamento*?
 	
Registe a observação.
	Material natural:
	   Terra batida/areia 11
	Material rudimentar:
	   Tábuas de madeira...............................21
	
	   Pedra (calçada) 23
	Material acabado:
	   Soalho ou madeira polida 31
	   Mosaicos..33
	   Cimento 34
	   Carpete (de tecido)..............................35
	   Tapete (de plástico)............................36
	
	Outro (*especificar*) _____ 96	

HC4. *Material predominante da cobertura externa do alojamento?*
 	
Registe a observação.
	Material natural:
	   Pavo (folhas de palmeira ou coqueiro)..12
	Material rudimentar:
	   Bambú 22
	
	   Plástico 25
	Material acabado:
	   Chapas de zinco..................................31
	
	   Fibra de cimento/Lusalite 33
	   Cimento/betão armado.........................35
	   Telha..36
	
	Outro (*especificar*) _____ 96	

HC5. *Material predominante <u>das paredes</u> externas do alojamento.*
 	
Registe a observação.
	Material rudimentar:
	    Bambú 21
	    Madeira recuperada 26
	    Andala/pavo (folhas de palemeira ou
	    coqueiro) 27
	Material acabado:
	    Cimento 31
	    Pedra com cimento.............................32
	    Tijolos 33
	    Blocos de cimento 34
	    Tábuas de madeira............................36
	    Mosaicos 37
	    Chapas de zinco.............................38
	    Tijolos de barro..............................39
	
	Outro (*especificar*) _____ 96	

HC6. QUAL É O <u>PRINCIPAL</u> TIPO DE COMBUSTÍVEL UTILIZADO NO SEU AGREGADO PARA COZINHAR?	Electricitdade ....01 Gas em botija ....02 Petróleo/querosene ....05 Carvão vegetal ....07 Lenha...08 Palha/ramos/relva.....................................09 Resíduos agrícolas (casca de côco, caroço, etc ....11 Serradura...12 Não se cozinha no agregado ....95 Outro (*especificar*) _____ 96	01⇨HC8 02⇨HC8 05⇨HC8 95⇨HC8

HC7. A COMIDA USUALMENTE É PREPARADA DENTRO DE CASA, NUMA CONSTRUÇÃO SEPARADA OU FORA DE CASA (NO EXTERIOR)?
 	
Se "dentro da casa", insistir:
É FEITA NUM QUARTO SEPARADO USADO COMO COZINHA?
	Dentro de casa:
	    Quarto separado usado como cozinha ...1
	    Outro lugar da casa 2
	Numa construção separada 3
	Fora de casa (no exterior) 4
	
	Outro (*especificar*) _____ 6	

HC8. O SEU AGREGADO FAMILIAR TEM:
 	
  [A] ELECTRICIDADE?
 	
  [B] RÁDIO?
 	
  [C] TELEVISÃO?
 	
  [D] TELEFONE FIXO?
 	
  [E] GELEIRA/ARCA?
 	
  [F] COMPUTADOR/LAPTOP?
 	
  [G] PARABÓLICA?
 	
  [H] AR CONDICIONADO?
 	
  [I] CAMA DE MADEIRA COM COLCHÃO?
 	
  [J] MESA COM CADEIRAS EM MADEIRA?
 	
  [K] CADEIRAS DE PLÁSTICO?
	Sim Não
	Electricidade 1 2
	Rádio 1 2
	Televisão 1 2
	Telefone fixo 1 2
	Geleira ou arca 1 2
	Computador/laptop 1 2
	Parabólica..1 2
	Ar condicionado................................1 2
	Cama de madeira com colchão........1 2
	Mesa e cadeiras em madeira 1 2
	Cadeiras de plástico.........................1 2	

HC9. UM DOS MEMBROS DO AGREGADO FAMILIAR POSSUI:	Sim Não	
[A] RELÓGIO DE PULSO?	Relógio de pulso 1 2	
[B] TELEMÓVEL?	Telemóvel 1 2	
[C] BICICLETA?	Bicicleta 1 2	
[D] MOTORIZADA?	Motorizada 1 2	
[E] CARROÇA PUXADA POR UM ANIMAL?	Carroça puxada por um animal 1 2	
[F] CARRO OU CARRINHA?	Carro ou carrinha.............................1 2	
[G] BARCO/CANOA A MOTOR?	Barco/canoa a motor 1 2	
[H] BARCO/CANOA SEM MOTOR?	Barco/canoa sem motor 1 2	
HC10. O/A SENHOR/A, OU ALGUM OUTRO MEMBRO QUE VIVE NESTE AGREGADO, É O PROPRIETÁRIO DESTE ALOJAMENTO? *Se "Não", perguntar :* ALUGARAM ESTE ALOJAMENTO DE UMA OUTRA PESSOA QUE NÃO VIVE AQUI NESTE AGREGADO? *Se "Alugou de uma outra pessoa", circule "2". Para as outras respostas circule "6".*	Propriétario ....1 Alugado ....2 Outro (*especificar*) _____ 6	
HC11. ALGUM MEMBRO DESTE AGREGADO POSSUI TERRA QUE PODE SER USADA PARA AGRICULTURA?	Sim ....1 Não 2	2⇨HC13
HC12. QUANTOS HECTARES DE TERRA AGRÍCOLA OS MEMBROS DESTE AGREGADO POSSUEM? (1 LOTE = 1 HECTAR E MEIO) *Se menos que 1, marque "00". Se 95 ou mais, marque'95'. Se não sabe, marque '98'.*	Hectares .... ___ ___	
HC13. ESTE AGREGADO POSSUI GADO, CABRAS, PORCOS, GALINHAS OU OUTROS ANIMAIS DE CRIAÇÃO?	Sim ....1 Não 2	2⇨HC15
HC14. QUANTOS DOS ABAIXO DESCRIMINADOS ANIMAIS O AGREGADO POSSUI :		
[A] GADO, VACA LEITEIRA OU TOURO?	Gado, vaca leiteira ou touro ....___ ___	
[B] CAVALOS, BURROS OU MULAS?	Cavalos, burros ou mulas.................___ ___	
[C] CABRAS OU CABRITOS?	Cabras ou cabritos ....___ ___	
[D] OVELHAS?	Ovelhas ....___ ___	
[E] GALINHAS, PATOS, PERÚS?	Galinhas, patos, perús ....___ ___	
[F] PORCOS?	Porcos ....___ ___	
[G] OUTROS ANIMAIS DE CRIAÇÃO?	Outros (*especificar* _____ ___ ___	
Se nenhum, marque '00'. Se 95 ou mais, marque '95'. Se não sabe,marque '98'.		
HC15 ALGUM MEMBRO DO AGREGADO FAMILIAR TEM CONTA BANCÁRIA?	Sim ....1 Não 2	

MOSQUITEIROS IMPREGNADOS			TN

TN1. TEM EM SUA CASA MOSQUITEIROS QUE PODEM SER UTILIZADOS PARA DORMIR?
Sim 1
Não.. 2 — 2⇨ Módulo seguinte

TN2. QUANTOS MOSQUITEIROS EXISTEM EM SUA CASA?
Número de mosquiteiros .... ___ ___

TN3. *Peça ao inquirido para vos mostrar os mosquiteiros do agegado familiar. Se houver mais do que 3, utilize um ou mais questionários suplementares.*

	1º Mosquiteiro	2º Mosquiteiro	3º Mosquiteiro
TN4. *Mosquiteiro foi observado?*	Observado .... 1 Não observado 2	Observado..................... 1 Não observado 2	Observado .... 1 Não observado 2
TN5. *Observar ou solicitar a marca/tipo do mosquiteiro.* *A cor indicada aqui ao lado da marca, refere-se a embalagem e não ao mosquiteiro.* *Se a marca não é conhecida e o inquiridor não pode observar o mosquiteiro, mostre ao inquirido as fotos com as marcas/tipos correntes de mosquiteiros.*	Mosquiteiro impregnado de longa duração: Olyset (laranja)................. 11 Interceptor (verde e branca) 12 Permanet 2 (brance e azul) 13 Dawa + (laranja/azul/branco) 14 Outro (especificar) _____ 16 NS a marca .... 18 Outro mosquiteiro (especificar) _____ 36 NS marca/tipo 98	Mosquiteiro impregnado de longa duração: Olyset (laranja)................. 11 Interceptor (verde e branca) 12 Permanet 2 (brance e azul) 13 Dawa + (laranja/azul/branco) 14 Outro (especificar) _____ 16 NS a marca .... 18 Outro mosquiteiro (especificar) _____ 36 NS marca/tipo 98	Mosquiteiro impregnado de longa duração: Olyset (laranja) .... 11 Interceptor (verde e branca) 12 Permanet 2 (brance e azul) 13 Dawa + (laranja/azul/branco) 14 Outro (especificar)_____ 16 NS a marca.................. 18 Outro mosquiteiro (especificar) _____ 36 NS marca/tipo............... 98
TN6. HÁ QUANTO TEMPO O AGREGADO FAMILIAR TEM ESTE MOSQUITEIRO? *Se menos que um mês, registe "00"*	Mês .... ___ ___ Mais de 36 meses......... 95 NS/não tem certeza 98	Mês .... ___ ___ Mais de 36 meses .... 95 NS/não tem certeza....... 98	Mês..................... ___ ___ Mais de 36 meses .... 95 NS/não tem certeza...... 98
TN7. *Verifique o tipo do mosquiteiro em TN5*	☐ *Impregrando de longa duração (11-18) ⇨ TN11* ☐ *Outro (36) ou NS (98) ⇨ Continue*	☐ *Impregrando de longa duração (11-18) ⇨ TN11* ☐ *Outro (36) ou NS (98) ⇨ Continue*	☐ *Impregrando de longa duração (11-18) ⇨ TN11* ☐ *Outro (36) ou NS (98) ⇨ Continue*
TN8. QUANDO OBTEVE O MOSQUITEIRO, ELE JÁ HAVIA SIDO TRATADO COM UM INSECTICIDA PARA MATAR OU AFUGENTAR MOSQUITOS?	Sim.................................. 1 Não .... 2 NS/não tem certeza 8	Sim.................................. 1 Não................................. 2 NS/não tem certeza......... 8	Sim .... 1 Não.................................. 2 NS/não tem certeza........ 8
TN9. DEPOIS QUE OBTEVE ESTE MOSQUITEIRO, FOI TRATADO COM UM LÍQUIDO QUE MATA OU AFUGENTA OS MOSQUITOS ?	Sim.................................. 1 Não .... 2 ⇨TN11 NS/não estou seguro ..... 8 ⇨ TN11	Sim.................................. 1 Não................................. 2 ⇨ TN11 NS/não estou seguro.......8 ⇨ TN11	Sim .... 1 Não.................................. 2 ⇨ TN11 NS/não estou seguro...... 8 ⇨ TN11

TN10. QUANTOS MESES PASSARAM DESDE QUE O MOSQUITEIRO FOI TRATADO PELA ÚLTIMA VEZ? *Si menos de um mês, marcar '00'.*	Meses .... ___ ___ Mais de 24 meses........ 95 NS/não seguro 98	Meses.................. ___ ___ Mais de 24 meses ....95 NS/não seguro 98	Meses ....___ ___ Mais de 24 meses .... 95 NS/não seguro............. 98
TN11. NA NOITE PASSADA, ALGUÉM DORMIU DEBAIXO DESTE MOSQUITEIRO?	Sim................................1 Não ....2 ⇨ TN13 NS/não tem certeza ....8 ⇨ TN13	Sim...................................1 Não..............................2 ⇨ TN13 NS/não tem certeza.........8 ⇨ TN13	Sim .... 1 Não............................... 2 ⇨ TN13 NS/não tem certeza .... 8 ⇨ TN13
TN12. QUEM DORMIU DEBAIXO DESTE MOSQUITEIRO NA NOITE PASSADA? *Registe o número de linha da pessoa a partir da lista de registo dos membros do agregado familiar.* *Se alguma pessoa que não consta na lista dos membros do agregado familiar dormiu debaixo do mosquiteiro, regite "00".*	Nome _____ Número de linha... ___ ___ Nome _____ Número de linha... ___ ___ Nome _____ Número de linha... ___ ___ Nome _____ Número de linha... ___ ___	Nome_____ Número de linha... ___ ___ Nome_____ Número de linha... ___ ___ Nome_____ Número de linha... ___ ___ Nome_____ Número de linha... ___ ___	Nome _____ Número de linha ...___ ___ Nome_____ Número de linha ...___ ___ Nome_____ Número de linha ...___ ___ Nome_____ Número de linha ...___ ___
TN13.	*Retorne a TN4 para o próximo mosquiteiro. Se não houver mais mosquiteiros, siga para o módulo seguinte.*	*Retorne a TN4 para o próximo mosquiteiro. Se não houver mais mosquiteiros, siga para o módulo seguinte.*	*Retorne a TN4 da primeira coluna de um novo questionário para o próximo mosquiteiro. Se não houver mais mosquiteiros, siga para o módulo seguinte.*
			Marque aqui se for usado um questionário adicional ☐

PULVERISAÇÃO INTRA-DOMICILIAR		IR
IR1. NOS ÚLTIMOS 12 MESES FOI FEITA A PULVERIZAÇÃO INTRA-DOMICILIAR NESTE ALOJAMENTO?	Sim .... 1 Não .... 2 NS 8	
IR1A. NOS ÚLTIMOS 6 MESES FOI FEITA A PULVERIZAÇÃO INTRA-DOMICILIAR NESTE ALOJAMENTO?	Sim .... 1 Não .... 2 NS 8	1 ⇨Módulo seguinte 8⇨ Módulo seguinte
IR1B. QUAL É A PRINCIPAL RAZÃO PORQUE NÃO FOI FEITA A PULVERIZAÇÃO NO SEU ALOJAMENTO?	Não foi informado/não tinha ninguém em casa .... 1 Não deixou/não quis fazer .... 2 Não houve pulverização nesta área .... 3 Outro (*especificar*) _____ 6 NS 8	1 ⇨ Módulo seguinte 3 ⇨ Módulo seguinte 6 ⇨ Módulo seguinte 8 ⇨ Módulo seguinte
IR1C. POR QUE MOTIVO NÃO DEIXOU OU NÃO QUIS FAZER A PULVERIZAÇÃO? *Registar todos os itens mencionados.*	Provoca alergias ....A Faz mal à saúde..B Suja a parede/casa .... C Não serve para nada.................................... D Dá trabalho na arrumação da casa..............E Outro (*especificar* _____ .X	

ÁGUA E SANEAMENTO		WS
WS1. DE ONDE PROVÉM <u>PRINCIPALMENTE</u> A ÁGUA <u>PARA BEBER</u> UTILIZADA PELOS MEMBROS DO AGREGADO FAMILIAR ?	Água da torneira: 　No alojamento .... 11 　No quintal .... 12 　No vizinho.. 13 　Do chafariz público................................ 14	11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3
	Poço protegido 21	21⇨WS3
	Água perfurada: 　Poço protegido .... 31 　Poço desprotegido 32	31⇨WS3 32⇨WS3
	Água da nascente: 　Nascente protegida .... 41 　Nascente desprotegida.......................... 42	41⇨WS3 42⇨WS3
	Água da chuva 51	51⇨WS3
	Caminhão cisterna 61	61⇨WS3
	Carro com pequeno tanque/tambor 71	71⇨WS3
	Água de superfície (ribeira/rio/ barragem/lago/maré/canal/irrigação) 81	81⇨WS3
	Água engarrafada 91	
	Outro (*especificar*) _____ 96	96⇨WS3
WS2. DE ONDE PROVÉM <u>PRINCIPALMENTE</u> A ÁGUA UTILIZADA PELOS MEMBROS DO AGREGADO FAMILIAR PARA OUTROS FINS, TAIS COMO COZINHAR E LAVAR AS MÃOS?	Água da torneira: 　No alojamento .... 11 　No quintal .... 12 　Na torneira do vizinho .... 13 　Do chafariz público/hidrante.................. 14	11⇨WS6 12⇨WS6 13⇨WS6
	Poço protegido, perfuração....................... 21	
	Água perfurada: 　Poço protegido .... 31 　Poço desprotegido 32	
	Água da nascente: 　Nascente protegida .... 41 　Nascente desprotegida.......................... 42	
	Água da chuva 51	
	Caminhão cisterna 61	
	Carro com pequeno tanque/tambor 71	
	Água de superfície (ribeira/rio/ barragem/lago/maré/canal/irigação) 81	
	Outro (*especificar*) _____ 96	
WS3. ONDE FICA LOCALIZADA ESTA FONTE DE ÁGUA?	No alojamento .... 1 No quintal/terreno.. 2 Em outro lugar 3	1⇨WS6 2⇨WS6
WS4. QUANTO TEMPO PRECISA PARA CHEGAR À FONTE DA ÁGUA, APANHAR A ÁGUA E VOLTAR AO ALOJAMENTO?	Número de minutos......................... __ __ __ NS 998	

WS5. QUEM SE DESLOCA HABITUALMENTE PARA A FONTE DE APROVISIONAMENTO PARA IR BUSCAR ÁGUA? *Insista:* ESTA PESSOA TEM MENOS DE 15 ANOS DE IDADE? QUAL É O SEXO DESTA PESSOA?	Uma mulher adulta (de 15 anos ou mais) ... 1 Um homem adulto (de 15 anos ou mais) .... 2 Uma jovem (menos de 15 anos) .... 3 Um jovem (menos de 15 anos) .... 4 NS.. 8	
WS6. FAZ ALGUM TRATAMENTO NA ÁGUA ANTES DE BEBÊ-LA?	Sim .... 1 Não .... 2 NS.. 8	2⇨WS8 8⇨WS8
WS7. O QUE FAZ HABITUALMENTE PARA TORNAR A ÁGUA QUE BEBE POTÁVEL? *Insistir:* MAIS ALGUMA COISA? *Registar todos os itens mencionados.*	Ferver .... A Adicionar lixivia ou pastilha de cloro .... B Filtrar com pano .... C Usar filtro (cerâmica, areia, composto) ...... D Desinfecção solar..................................... E Deixar repousar.......................................F Outro (*especificar*) _____ X NS...Z	
WS8. QUE TIPO DE CASA DE BANHO É UTILIZADA HABITUALMENTE PELOS MEMBROS DO AGREGADO FAMILIAR? *Se não for possível determinar o tipo de casa de banho, peça permissão para ve-la.*	Casa de banho (estilo "europeu", com fossa sceptica, sanita e descarga manual ou automática): .... 11 Latrina melhorada (com sanita e fossa coberta)... 21 Latina com fossa sceptica (com fossa sceptica coberta mas sem sanita) .... 22 Latrina com fossa seca (buraco sem esgoto ou fossa sceptica)................................ 23 Balde (usados em casa)............................ 41 Não tem casa de banho/mato/praia .... 95 Outro (*especificar*) 96	95⇨Módulo seguinte
WS9. ESTA INSTALAÇÃO SANITÁRIA É COMPARTILHADA COM OUTRAS PESSOAS QUE NÃO FAZEM PARTE DESTE AGREGADO FAMILIAR?	Sim .... 1 Não.. 2	2⇨Módulo seguinte
WS10. COMPARTILHA ESTA INSTALAÇÃO SANITÁRIA SOMENTE COM MEMBROS DE OUTROS AGREGADOS FAMILIARES QUE CONHECE OU A UTILIZAÇÃO É DE DOMÍNIO PÚBLICO?	Somente outro agregado (não publico)....... 1 Casa de banho pública............................. 2	2⇨Módulo seguinte
WS11. AO TOTAL, INCLUINDO O SEU, QUANTOS AGREGADOS FAMILIARES UTILIZAM ESTA INSTALAÇÃO SANITÁRIA?	No. de agregados (se menos que 10)......0__ 10 agregados ou mais................................ 10 NS...98	

LAVAGEM DAS MÃOS		HW

HW1. GOSTARIA DE SABER QUAIS SÃO OS LUGARES QUE OS MEMBROS DO AGREGADO FAMILIAR UTILIZAM PARA LAVAR AS SUAS MÃOS.
 	
PODERIA MOSTRAR-ME POR FAVOR ONDE OS MEMBROS DO VOSSO AGREGADO FAMILIAR HABITUALMENTE LAVAM AS MÃOS ?
	Observado..1
	
	Não observado:
	   Não existente na casa, no quintal ou na propriedade 2
	   Sem permissão de ver 3
	   Outra razão (*especificar*) _____ 6
		
		2 ⇨HW4
		3 ⇨HW4
		6 ⇨HW4

HW2. *Observa a presença de água no local específico de lavagem das mãos.* *Verifique se tem água na torneira, bomba, bacia, balde, recipiente de água ou objetos semelhantes.*	Água disponível...1 Água não disponível....................................2	
HW3A. *Há sabonete, sabão, detergente ou cinza/ areia presente no lugar de lavagem das mãos ?*	Sim, existe ....1 Não, não existe 2	 2⇨HW4
HW3B. *Registe o observado.* *Circule tudo que se aplica.*	Sabonete/Barra de sabão .... A Detergente (pó/líquido/pasta).....................B Sabão líquido ....C Cinza/ areia ....D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. TEM SABONETE, SABÃO, DETERGENTE OU CINZA/AREIA NO VOSSO ALOJAMENTO PARA LAVAREM AS MÃOS?	Sim ....1 Não...2	 2⇨HH19
HW5A. PODE MOSTRAR-ME POR FAVOR?	Sim, mostrou ....1 Não, não mostrou..2	 2⇨HH19
HW5B. *Registe o observado.* *Circule tudo que se aplica.*	Sabonete/Barra de sabão .... A Detergente (pó/líquido/pasta).....................B Sabão líquido ....C Cinza/ areia ....D	

| **HH19**. *Registe a hora.* | Hora e minutos ....__ __ : __ __ | |

IODIZAÇÃO DO SAL		**SI**
SI1. GOSTARÍAMOS DE VERIFICAR SE O SAL UTILIZADO NO SEU AGREGADO FAMILIAR TEM IODO. POSSO OBTER UM POUCO DO SAL UTILIZADO PARA A PREPARAÇÃO DAS REFEIÇÕES DOS MEMBROS DO SEU AGREGADO FAMILIAR? *Uma vez o sal testado, circule o número correspondente ao resultado do teste.*	Não iodizado - 0 PPM ....1 Mais que 0 PPM mas menos que 15 PPM .2 15 PPM ou mais ....3 Não tem sal em casa...................................4 Sal não foi testado (*especificar a razão*) _____5	

HH20. *Agradeça o/a entrevistado/a pela sua colaboração e verifique a lista dos membros do agregado familiar:*

☐ *Foi preenchido um QUESTIONÁRIO MULHER separado para cada mulher de 15-49 anos incluídas na lista dos membros do agregado familiar (HL7).*

☐ *Foi preenchido um QUESTIONÁRIO HOMEN separado para cada homem de 15-49 incluído na lista dos membros do agregado familiar (HL7A).*

☐ *Foi preenchido um QUESTIONÁRIO CRIANÇA COM MENOS DE 5 ANOS separado para cada criança com menos de cinco anos de idade incluída na lista dos membros do agregado familiar (HL7B).*

Volte para a página de cobertura e confirme que o resultado do inquérito do agregado (HH9), o nome e o número de linha do respondente ao questionário do agregado (HH10) e o número de mulheres elegíveis (HH12), de homens elegíveis (HH13A) e de crianças com menos de 5 anos (HH14) são registados.

Tome as providencias necesárias para a administração do restante dos questionários a fazer neste agregado familiar.

Observações do/a inquiridor/a

Observações do/a controlador/a

Observações do/a supervisor/a

▎▎MICS

QUESTIONÁRIO INDIVIDUAL MULHER
São Tomé e Príncipe, MICS 5, 2014

PAINEL DE INFORMAÇÃO SOBRE A MULHER	WM

Este questionário deve ser aplicado a todas as mulheres com idade compreendida entre 15 a 49 anos (ver coluna HL7 da lista de membros do agregado do Questionário Agregado familiar). Um questionário separado deve ser usado para cada mulher elegivel.

WM1. Número AE selecionada: ___ ___ ___	**WM2**. Número do agregado familiar: ___ ___
WM3. Nome da mulher: _____	**WM4**. Número de linha da mulher: ___ ___
WM5. Inquiridor/a (nome e número): Nome _____ No. ___ ___	**WM6**. Dia/mês/ano da entrevista : ___ ___ /___ ___ / 2 0 1 ___

Se ainda não se apresentou, apresente-se à entrevistada: NOS FAZEMOS PARTE DO INSTITUTO NACIONAL DE ESTATÍSTICAS (INE) E ESTAMOS A TRABALHAR NUM PROJECTO RELACIONADO COM A SAÚDE DA FAMÍLIA E A EDUCAÇÃO. GOSTARIA DE FALAR CONSIGO SOBRE ISSO. A ENTREVISTA LEVARÁ CERCA DE 20 MINUTOS. TODAS AS INFORMAÇÕES RECOLHIDAS FICARÃO ESTRITAMENTE CONFIDENCIAIS E ANÔNIMAS.	*Se a apresentação a esta entrevistada já foi feita durante o Questionário Agregado familiar, leia a seguinte frase :* AGORA, GOSTARIA DE FALAR SOBRE A SUA SAÚDE E OUTROS TÓPICOS. A ENTREVISTA DURARÁ CERCA DE 20 MINUTOS. MAIS UMA VEZ, TODAS AS INFORMAÇÕES RECOLHIDAS FICARÃO ESTRITAMENTE CONFIDENCIAIS E ANÔNIMAS.

POSSO COMEÇAR AGORA ?

☐ *Sim, permissão concedida ⇨ Passar para WM10 para registar a hora e começar a entrevista*

☐ *Não, permissão não concedida ⇨ Circule'03'em WM7. Discuta este resultado com o chefe de equipa.*

Depois de ter preenchido completamente o Questionário individual Mulher, preencha as seguintes informações:

WM7. Resultado do Questionário Mulher:	Preenchido ....01 Ausente ....02 Recusa ....03 Parcialmente preenchido.....................................04 Pessoa sem capacidade de responder ....05 Outro (*especificar*)..96

WM8. Controlador/a (nome e número): Nome: _____ No. ___ ___	**WM9**. Digitador/a (nome e número): Nome: _____ No. ___ ___

WM10. *Registe a hora*	Hora e minutos	__ __ : __ __

CARACTERÍSTICAS DA MULHER		**WB**
WB1. EM QUE MÊS E ANO NASCEU?	Data de nascimento : Mês.. __ __ Não sabe mês ....98 Ano ....__ __ __ __ Não sabe ano 9998	
WB2. QUANTOS ANOS TEM? *Insista :* QUE IDADE TINHA NO SEU ÚLTIMO ANIVERSÁRIO? *Compare e corrija WB1 e/ou WB2 se houver incoerências*	Idade (em anos completos).................. __ __	
WB3. JÁ FREQUENTOU ALGUMA VEZ UMA ESCOLA OU JARDIM DE INFÂNCIA/CRÊCHE?	Sim ....1 Não 2	2⇨WB7
WB4. QUAL É O SEU NÍVEL ESCOLAR MAIS ALTO FREQUENTADO?	Pré-escolar ....0 Básico..1 Secundário ....2 Superior 3	0⇨WB7
WB5. QUAL É A ÚLTIMA CLASSE QUE TERMINOU NESTE NÍVEL? *Se a 1ª classe deste nível não foi concluida, regista "00"*	Classe ....__ __	
WB6. *Verificar WB4:* ☐ *Secundário ou superior (WB4 = 2 ou 3)*⇨ *Passar ao módulo seguinte* ☐ *Básico (WB4 = 1)* ⇨ *Continuar com WB7*		
WB7. AGORA, GOSTARIA QUE ME LÊSSE ESSA FRASE. *Mostrar a frase da carta do inquérito para a entrevistada. Se a entrevistada não consegue ler a frase inteira, insista:* PODE LER CERTAS PARTES DA FRASE?	Não pode ler nada.......................................1 Pode ler certas partes ....2 Pode ler a frase inteira ....3 Não tem nenhuma frase na língua da entrevistada _____ 4 *(especificar a língua)* Cega/muda, problema de visão..... 5	

ACESSO À MÍDIA E UTILIZAÇÃO DAS TECNOLOGIAS DE INFORMAÇÕES/COMUNICAÇÃO		MT
MT1. *Verifique WB7:* ☐ *Questão deixada em branco (a entrevistada fez estudos secundários ou superiores) ⇨ Continue com MT2* ☐ *É capaz de ler a frase inteira ou parcialmente na língua solicitada (WB7 = 2 ou 3) ou não se apresentou frase na língua da entrevistada (WB7 = 4) ⇨ Continue com MT2* ☐ *Não consegue ler nada ou é cega (WB7 =1 ou 5) ⇨ Vá à MT3*		
MT2. COM QUE FREQUÊNCIA LÊ UM JORNAL OU UMA REVISTA: QUASE TODOS OS DIAS, PELO MENOS UMA VEZ POR SEMANA, MENOS DE UMA VEZ POR SEMANA OU NUNCA LÊ?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana................. 3 Nunca 4	
MT3. COM QUE FREQUÊNCIA ESCUTA RÁDIO: QUASE TODOS OS DIAS, PELO MENOS UMA VEZ POR SEMANA, MENOS DE UMA VEZ POR SEMANA OU NUNCA ESCUTA?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana................. 3 Nunca 4	
MT4 COM QUE FREQUÊNCIA VÊ TELEVISÃO: QUASE TODOS OS DIAS, PELO MENOS UMA VEZ POR SEMANA, MENOS DE UMA VEZ POR SEMANA OU NUNCA VÊ?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana................. 3 Nunca 4	
MT5. *Verifique WB2: idade da entrevistada?* ☐ *15-24 anos ⇨ Continue com MT6* ☐ *25-49 anos ⇨ Vá para o módulo seguinte*		
MT6. JÁ UTILIZOU ALGUMA VEZ UM COMPUTADOR?	Sim .... 1 Não... 2	2⇨MT9
MT7. INDEPENDENTEMENTE DO LOCAL, JÁ UTILIZOU UM COMPUTADOR NOS ÚLTIMOS 12 MESES?	Sim .... 1 Não... 2	2⇨MT9
MT8. DURANTE O ÚLTIMO MÊS, COM QUE FREQUÊNCIA USOU UM COMPUTADOR: QUASE TODOS OS DIAS, UMA VEZ POR SEMANA, MENOS DE UMA VEZ POR SEMANA OU NUNCA?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana................. 3 Nunca 4	
MT9. JÁ UTILIZOU INTERNET ALGUMA VEZ?	Sim .... 1 Não... 2	2⇨Módulo seguinte
MT10. NOS ÚLTIMOS 12 MESES, UTILIZOU INTERNET ALGUMA VEZ? *Se necessário, insista para saber a utilização independentemente do local e do aparelho.*	Sim .... 1 Não... 2	2⇨Módulo seguinte
MT11. NO ÚLTIMO MÊS, COM QUE FREQUÊNCIA UTILIZOU A INTERNET: QUASE TODOS OS DIAS, PELO MENOS UMA VEZ POR SEMANA, MENOS DE UMA VEZ POR SEMANA OU NENHUMA VEZ?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana................. 3 Nunca 4	

FECUNDIDADE/HISTÓRICO DOS NASCIMENTOS		CM
CM1. AGORA, GOSTARIA DE LHE PERGUNTAR SOBRE TODOS OS PARTOS QUE TEVE AO LONGO DA SUA VIDA. ALGUMA VEZ PARIU?	Sim .... 1 Não... 2	2⇨CM8
CM4. TEM FILHOS E/OU FILHAS QUE PARIU E QUE ATUALMENTE VIVEM CONSIGO?	Sim .... 1 Não... 2	2⇨CM6
CM5. QUANTOS FILHOS SEUS VIVEM CONSIGO? QUANTAS FILHAS SUAS VIVEM CONSIGO? *Se nenhum(a), registe '00'.*	Filhos em casa .... __ __ Filhas em casa .... __ __	
CM6. TEM ALGUM FILHO OU FILHA QUE PARIU E QUE ESTÁ VIVO/A, MAS QUE ACTUALMENTE NÃO VIVE CONSIGO?	Sim .... 1 Não... 2	2⇨CM8
CM7. QUANTOS FILHOS SEUS ESTÃO VIVOS MAS NÃO VIVEM CONSIGO? QUANTAS FILHAS SUAS ESTÃO VIVAS MAS NÃO VIVEM CONSIGO? *Se nenhum, regista '00'.*	Filhos fora de casa .... __ __ Filhas fora de casa .... __ __	
CM8. TEVE ALGUM FILHO OU FILHA QUE NASCEU VIVO/A MAS QUE MORREU EM SEGUIDA? *Se "Não", insista em perguntar:* QUERO DIZER UMA CRIANÇA QUE RESPIROU, CHOROU OU MOSTROU OUTROS SINAIS DE VIDA, MESMO QUE VIVEU SOMENTE POR ALGUNS MINUTOS OU ALGUMAS HORAS?	Sim .... 1 Não... 2	2⇨CM10
CM9. QUANTOS FILHOS SEUS FALECERAM? QUANTAS FILHAS SUAS FALECERAM? *Se nenhum(a), regista '00'.*	Filhos falecidos .... __ __ Filhas falecidas .... __ __	
CM10. *Some as respostas de CM5, CM7 e CM9.*	Soma.. __ __	

CM11. DEIXA VER SE COMPREENDI BEM: TEVE NO TOTAL (*número total de CM10*) CRIANÇAS SUAS QUE NASCERAM VIVAS DURANTE TODA A SUA VIDA. ESTÁ CORRECTO?

☐ *Sim ⇨ Verifique abaixo:*

    ☐ *Nenhum nascimento vivo ⇨ Vá para o módulo SINTÓMAS DE DOENÇAS (IS)*

    ☐ *Um ou mais nascimentos vivos ⇨ Continue com o módulo HISTÓRICO DOS NASCIMENTOS (BH)*

    ☐ *Não ⇨ Verifique as respostas das questões CM1-CM10 e faça as correcções necessárias antes de continuar ou com o módulo SINTOMAS DE DOENÇAS (IS) ou com o módulo HISTÓRICO DOS NASCIMENTOS (BH), dependendo da resposta.*

HISTÓRICO DOS NASCIMENTOS · BH

AGORA, GOSTARIA DE OBTER A LISTA DETALHADA DE TODAS AS CRIANÇAS SUAS QUE NASCERAM VIVAS, MESMO QUE AS CRIANÇAS JÁ NÃO ESTÃO MAIS VIVAS AGORA, COMEÇANDO PELO/A PRIMEIRO/A FILHO/A. *Registe o nome de todos os filhos/as em BH1. Registe os gémeos/trigémeos em linhas separadas. Se mais de 13 partos, utilize um outro questionário.*

BH NO. DE LINHA	**BH1.** QUE NOME DEU AO SEU (*primeiro/a ou próximo/a*) FILHO/A?	**BH2.** O PARTO FOI SIMPLES OU MÚLTIPLO? 1 Simples 2 Múltiplo	**BH3.** (*Nome*) É UM RAPAZ OU UMA MENINA? 1 Rapaz 2 Menina	**BH4.** EM QUE MÊS E ANO (*nome*) NASCEU? *Insistir:* QUAL É A DATA DE NASCIMENTO*?*	**BH5.** (*Nome*) AINDA ESTÁ VIVO/A? 1 Sim 2 Não	**BH6.** QUANTOS ANOS (*nome*) FEZ NO ÚLTIMO ANIVER-SÁRIO? *Registar idade em anos completos*	**BH7.** (*Nome*) VIVE CON-SIGO? 1 Sim 2 Não	**BH8.** *Registar o número de linha da criança (de HL1)* *Anote "00" se a criança não consta na lista do agregado*	**BH9**. *Se falecido :* QUANTOS ANOS TINHA (*nome*) QUANDO FALECEU? *Se "1 ano", insistir :* QUAL IDADE TINHA O/A (*nome*) EM MESES? *Anote em dias, se menos de 1 mês. Anote em meses se menos de 2 anos. Caso contrário anote em anos.*		**BH10**. HOUVE OUTROS NASCIMENTOS VIVOS ENTRE O NASCIMENTO DE (*nome do/a filho/a anterior*) E (*nome*), *INCLUINDO CRIANÇAS QUE FALECERAM LOGO APÓS O NASCIMENTO*? 1 Sim 2 Não
Linha	Nome	S M	R M	Mês Ano	S N	Idade	S N	Nº de linha	Unidade	Número	S N
01		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	⇨ Linha seguinte	Dia…..........1 Mês… ....2 Ano.. 3	___ ___	
02		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	⇨ BH10	Dia…..........1 Mês… ....2 Ano.. 3	___ ___	1 2 Acrescentar Nascimento nascimento seguinte
03		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	⇨ BH10	Dia…..........1 Mês… ....2 Ano. 3	___ ___	1 2 Acrescentar Nascimento nascimento seguinte
04		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	⇨ BH10	Dia…..........1 Mês… ....2 Ano.. 3	___ ___	1 2 Acrescentar Nascimento nascimento seguinte
05		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	⇨ BH10	Dia…..........1 Mês… ....2 Ano.. 3	___ ___	1 2 Acrescentar Nascimento nascimento seguinte
06		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	⇨ BH10	Dia…..........1 Mês… ....2 Ano.. 3	___ ___	1 2 Acrescentar Nascimento nascimento seguinte
07		1 2	1 2	___ ___ ___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	⇨ BH10	Dia…..........1 Mês… ....2 Ano.. 3	___ ___	1 2 Acrescentar Nascimento nascimento seguinte

BH NO. DE LINHA	BH1. QUE NOME DEU AO SEU (*primeiro/a ou próximo/a*) FILHO/A?	BH2. O PARTO FOI SIMPLES OU MÚLTIPLO? 1 Simples 2 Múltiplo		BH3. (*Nome*) É UM RAPAZ OU UMA MENINA? 1 Rapaz 2 Menina		BH4. EM QUE MÊS E ANO (*nome*) NASCEU? *Insistir:* QUAL É A DATA DE NASCIMENTO?		BH5. (*Nome*) AINDA ESTÁ VIVO/A? 1 Sim 2 Não		BH6. QUANTOS ANOS (*nome*) FEZ NO ÚLTIMO ANIVER-SÁRIO? *Registar idade em anos completos*	BH7. (*Nome*) VIVE CON-SIGO? 1 Sim 2 Não		BH8. *Registar o número de linha da criança (de HL1) Anote "00" se a criança não consta na lista do agregado*	BH9. *Se falecido :* QUANTOS ANOS TINHA (*nome*) QUANDO FALECEU? *Se "1 ano", insistir :* QUAL IDADE TINHA O/A (*nome*) EM MESES? *Anote em dias, se menos de 1 mês. Anote em meses se menos de 2 anos. Caso contrário anote em anos.*		BH10. HOUVE OUTROS NASCIMENTOS VIVOS ENTRE O NASCIMENTO DE (*nome do/a filho/a anterior*) E (*nome*), *INCLUINDO CRIANÇAS QUE FALECERAM LOGO APÓS O NASCIMENTO*? 1 Sim 2 Não	
Linha	Nome	S	M	R	M	Mês	Ano	S	N	Idade	S	N	Nº de linha	Unidade	Número		S	N
																	1	2
08		1	2	1	2	___ ___	___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Dia….........1 Mês… ....2 Ano.. 3	___ ___		Acrescentar nascimento .	Nascimento seguinte
																	1	2
09		1	2	1	2	___ ___	___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Dia….........1 Mês… ....2 Ano.. 3	___ ___		Acrescentar nascimento .	Nascimento seguinte
																	1	2
10		1	2	1	2	___ ___	___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	⇨ BH10	Dia….........1 Mês… ....2 Ano. 3	___ ___		Acrescentar nascimento	Nascimento seguinte
																	1	2
11		1	2	1	2	___ ___	___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Dia….........1 Mês… ....2 Ano.. 3	___ ___		Acrescentar nascimento	Nascimento seguinte
																	1	2
12		1	2	1	2	___ ___	___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Dia….........1 Mês… ....2 Ano. 3	___ ___		Acrescentar nascimento	Nascimento seguinte
																	1	2
13		1	2	1	2	___ ___	___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Dia….........1 Mês… ....2 Ano.. 3	___ ___		Acrescentar nascimento	Nascimento seguinte

BH11. TEVE OUTROS/AS FILHOS/AS QUE NASCERAM VIVOS/AS DEPOIS DO NASCIMENTO DE (*nome do/a último/a filho/a que consta na tabela do histórico de nascimentos*)?	Sim ....1 Não..2	1⇨ Registar no histórico

CM12A. *Compare o número em CM10 com o número de filhos registados no módulo* HISTÓRICO DOS NASCIMENTOS *acima e verifique:*

☐ *Os números são iguais* ⇨ *Continue com CM13*

☐ *Os números são diferentes*⇨ *Insista e corrija*

CM13. *Verifique se o último parto com nascido vivo aconteceu durante os últimos 2 anos, quer dizer a partir de (**mês de entrevista**) **2012** (se o mês da entrevista e do parto são os mesmos e o ano do parto for **2012** por favor considerar como um parto que ocorreu ao longo dos últimos dois anos.)*

☐ *Nenhum nascido vivo ao longo dos 2 últimos anos.* ⇨ *Vá para o módulo SINTÓMAS DE DOENÇAS (IS).*

☐ *Um ou mais nascidos vivos ao longo dos 2 últimos anos.* ⇨ *Registe o nome do/a filho/a do último parto com nascido vivo e siga com o próximo módulo.*

Nome do/a filho/a do último parto com nascido vivo_____

Se a criança morreu, faz prova de tacto quando se referir a esta criança nos seguintes módulos.

DESEJO DO ÚLTIMO NASCIMENTO		**DB**
Este módulo deve ser administrado a todas as mulheres que tiveram filhos/as nascidos/as vivos/as nos últimos dois anos que antecederam a data da entrevista. Registar o nome da última criança nascida viva (CM13) aqui: _____ Utilizar o nome desta criança nas perguntas seguintes no lugar indicado.		
DB1. QUANDO ENGRAVIDOU DE (*nome*), QUERIA FICAR GRÁVIDA NAQUELE MOMENTO?	Sim ....1 Não..2	1⇨Módulo seguinte
DB2. QUERIA ESPERAR MAIS OU NÃO QUERIA (MAIS) FICAR GRÁVIDA DE MANEIRA NENHUMA?	Mais tarde ....1 Não queria (mais) engravidar 2	2⇨ Módulo seguinte
DB3. QUANTO TEMPO GOSTARIA DE TER ESPERADO PARA ENGRAVIDAR? *Nota a resposta tal como é dada pela entrevistada*	Mês .... 1 __ __ Ano .... 2 __ __ NS 998	

SAÚDE MATERNA E INFANTIL		MN

Este módulo deve ser administrado a todas as mulheres que tiveram filhos/as nascidos/as vivos/as nos últimos dois anos antecedentes a data da entrevista. Registar o nome da última criança nascida viva aqui: _____.

Utilizar o nome desta criança nas perguntas seguintes no lugar indicado.

MN1. DURANTE A GRAVIDEZ DE (*nome*), CONSULTOU QUALQUER PESSOA PARA CUIDADOS PRÉ-NATAIS?	Sim .... 1 Não 2	2⇨MN5

MN2. QUEM CONSULTOU?
 	
 Insistir :
 ALGUÉM MAIS?
 	
 Insistir para conhecer o tipo de pessoa consultada e registar todas as respostas dadas.
	Profissional da saúde:
	    Médico... A
	    AEnfermeira/parteira .... B
	
	 Outra pessoa:
	    Parteira tradicional ....F
	    Agente de saúde comunitária ....G
	
	 Outro (*especificar*) X	

MN2A. QUANDO FEZ A PRIMEIRA CONSULTA PRÉ-NATAL, DE QUANTAS SEMANAS OU MESES ESTAVA GRÁVIDA? *Registe a resposta tal como dada pela entrevistada.*	Semanas ....1 __ __ Meses..2 __ __ NS 998	
MN3. QUANTAS VEZES TEVE CONSULTAS PRÉ-NATAIS DURANTE ESTA GRAVIDEZ?	Número de vezes.................................. __ NSP 98	
MN4. NO QUADRO DOS CUIDADOS PRÉ-NATAIAS DESTA GRAVIDEZ, EFECTUOU ALGUM DOS SEGUINTES EXAMES PELO MENOS UMA VEZ: [A] MEDIU A TENSÃO ? [B] FEZ EXAME DE URINA? [C] FEZ EXAME DO SANGUE ?	Sim Não Tensão .... 1........2 Urina .... 1........2 Sangue .... 1........2	
MN5. POSSUI UM CARTÃO DE VACINA OU UM OUTRO DOCUMENTO ONDE ESTÃO LISTADAS TODAS AS VACINAS ? POSSO VER, POR FAVOR ? *Se um documento é apresentado, utilize-o para responder as questões seguintes.*	Sim (viu o documento .... 1 Sim (não viu o documento .... 2 Não... 3 NS 8	
MN6. DURANTE A GRAVIDEZ DE (*nome*), TOMOU ALGUMA INJEÇÃO NO BRAÇO PARA PREVENIR O BEBÉ CONTRA O TÉTANO, OU SEJA CONVULSÕES APÓS O NASCIMENTO?	Sim ....1 Não...2 NS...8	2⇨MN9 8⇨MN9
MN7. DURANTE A GRAVIDEZ DE (*nome*), QUANTAS INJEÇÕES CONTRA O TÉTANO RECEBEU? *Se for 7 vezes ou mais, registar '7'.*	Número de vezes..................................___ NS 8	8⇨MN9

MN8. *Quantas injeções contra o tétano foram declaradas em MN7 para a última gravidez ?* ☐ *Pelo menos duas injeções contra o tétano durante a última gravidez ⇨ Passar à MN12* ☐ *Apenas uma injeção contra o tétano durante a última gravidez ⇨ Continuar com MN9*		
MN9 A QUALQUER MOMENTO ANTES DA GRAVIDEZ DE (*nome*), RECEBEU ALGUMA INJEÇÃO CONTRA TÉTANO, QUER PARA PROTEGER A SI MESMA, QUER PARA PROTEGER OUTRO BEBÉ?	Sim .... 1 Não.. 2 NS... 8	 2⇨MN12 8⇨MN12
MN10. ANTES DA GRAVIDEZ DE (*nome*), QUANTAS VEZES RECEBEU UMA INJEÇÃO CONTRA O TÉTANO? *Se for 7 vezes ou mais, registar '7'.*	Número de vezes .... __ NS... 8	 8⇨MN12
MN11. QUANTOS ANOS ANTES DA GRAVIDEZ DE (*nome*) RECEBEU ESTA ÚLTIMA INJEÇÃO CONTRA TÉTANO? *Se há menos de um ano, registar '00'.*	Número de anos ....__ __	
MN12. *Verifique MN1 para ver se a mulher recebeu cuidados pré-natais durante esta gravidez:* ☐ *Sim, recebeu cuidados pré-natais ⇨ Continue com MN13* ☐ *Não recebeu cuidados pré-natais ⇨ Vá para MN17*		
MN13. DURANTE ALGUMA DESTAS VISITAS DE CUIDADOS PRÉ-NATAIS PARA A GRAVIDEZ DE (*nome*), TOMOU ALGUM MEDICAMENTO PARA <u>EVITAR</u> O PALUDISMO?	Sim ....1 Não..2 NS...8	 2⇨MN17 8⇨MN17
MN14. QUAL FOI O MEDICAMENTO QUE TOMOU PARA EVITAR O PALUDISMO? *Registe todos medicamentos mencionados. Se o tipo de medicamento não pode ser determinado, mostre à inquirida os antipalúdicos comuns.*	SP/Fansidar... A Outro (*especificar*)... X NS...Z	
MN15. *Verificar MN14 para o tipo de medicamento tomado :* ☐ *Tomou SP/Fansidar. ⇨ Continue com MN16* ☐ *Não tomou SP/Fansidar ⇨ Vá à MN17*		
MN16. DURANTE A GRAVIDEZ DE (*nome*), QUANTAS VEZES NO TOTAL TOMOU SP/FANSIDAR? POR FAVOR INCLUI TUDO QUE RECEBEU DURANTE AS VISITAS PRÉ-NATAIS, DURANTE VISITAS A UM CENTRO DE SAÚDE OU QUALQUER OUTRO LUGAR.	Número de vezes .... __ __ NS... 98	

MN17. QUEM LHE ASSISTIU DURANTE O PARTO DE (*nome*) ?
 	
 Insistir :
 ALGUÉM MAIS AJUDOU ?
 Insistir para obter o tipo de pessoa que assistiu o parto. Registar todas as respostas mencionadas. Se a inquirida disser que ninguém a assistiu, insista para determinar se nenhum adulto esteve presente no parto.
	Profissional de saúde:
	    Médico .... A
	    Enfermeira/parteira .... B
	
	 Outra pessoa:
	    Parteira tradicional ....F
	    Agente de saúde comunitária..................G
	    Parente/amigo(a)....................................H
	
	 Outro (*especificar*) _____ X
	
	 Ninguém .... Y	

MN18. ONDE TEVE O PARTO DE (*nome*) ?
 	
Insistir para determinar o tipo de lugar.
 	
Se não for possível determinar se o lugar é um estabelecimento público ou privado, inscreva o nome do lugar.
 	
_____
(Nome do lugar)
	Casa:
	    Em casa da inquirida 11
	    Em outra casa 12
	
	Sector público:
	    Hospital governamental...........................21
	    Clínica/centro de saúde govern...............22
	    Posto de saúde governamental...............23
	    Outro público (*especificar*)........................26
	
	Sector médico privado:
	    Hospital privado......................................31
	    Clínica privada..32
	    Maternidade privada...............................33
	    Outro privado (*especificar*) 36
	
	Outro (*especificar*) _____ 96
		11⇨MN20
		12⇨MN20
		
		96⇨MN20

MN19. O PARTO DE (*nome*) FOI ATRAVÉS DE CESARIANA, ISTO É DE OPERAÇÃO NO VENTRE?	Sim ....1 Não 2	 2 ⇨MN20
MN19A. QUANDO A DECISÃO DE FAZER A CESARIANA FOI TOMADA: FOI ANTES OU DEPOIS QUE COMEÇARAM AS CONTRAÇÕES DO PARTO?	Antes ....1 Depois 2	
MN20. QUANDO (*nome*) NASCEU, ERA MUITO GORDO/A, MAIS GORDO/A DO QUE A MÉDIA, NA MÉDIA, MENOR DO QUE A MÉDIA OU MUITO PEQUENO/A?	Muito gordo/a ....1 Mais gordo/a do que a média.....................2 Na média ....3 Menor que a média ....4 Muito pequeno/a.......................................5 NS..8	
MN21. (*Nome*) FOI PESADO AO NASCER ?	Sim ....1 Não ....2 NS..8	 2⇨MN23 8⇨MN23
MN22. QUANTO PESAVA (*nome*)? *Registar o peso que está na ficha de saúde, se estiver disponível.*	Da ficha de saúde ....1 (kg) __ , __ __ __ De memória....................2 (kg) __ , __ __ __ NS...99998	
MN23. SUA MENSTRUAÇÃO REGRESSOU DEPOIS DO NASCIMENTO DE (*nome*)?	Sim ....1 Não 2	
MN24. AMAMENTOU O/A (*nome*)?	Sim ....1 Não 2	 2⇨ Módulo seguinte
MN25 QUANTO TEMPO DEPOIS DE NASCER, DEU DE MAMAR A (*nome*) PELA PRIMEIRA VEZ? *Se menos de uma hora, marcar '00' hora.* *Se menos de 24 horas, marcar a hora exacta.* *Senão marcar em dias.*	Imediatamente...000 Horas...1 __ __ Dias ....2 __ __ NS/não se lembra.....................................998	
MN26. DURANTE OS TRÊS DIAS QUE SE SEGUIRAM O NASCIMENTO, FOI DADO A (*nome*) A BEBER OUTRA COISA QUE NÃO FOSSE LEITE MATERNO?	Sim ....1 Não 2	 2⇨ Módulo seguinte

MN27. O QUE FOI DADO DE BEBER A (*nome*) ? *Insistir:* DEU LHE MAIS ALGUMA COISA ?	Leite fresco/de pacote (não materno) ....A Água ....B Água açucarada ....C Calmante para cólicas...............................D Solução (salgada /açucarada) ....E Sumo de frutas .... F Leite em pó para bebé .... G Chá/infusão ....H Mel.. I Outro (*especificar*) _____ X	

EXAMES DE SAÚDE PÓS-NATAL		PN

Este módulo deve ser administrado a todas as mulheres que tiveram filhos/as nascidos/as vivos/as nos dois anos anteriores à data da entrevista. Regista o nome do último recém-nascido de CM13 aqui _____. Utilise o nome desta criança nas seguintes perguntas, no lugar indicado.

PN1. *Verifique MN18: a criança nasceu numa estrutura de saúde?*

☐ *Sim, a criança nasceu numa estrutura de saúde (MN18=21-26 ou 31-36) ⇨ Continue com PN2*

☐ *Não, a criança não nasceu numa estrutura de saúde (MN18=11-12 ou 96) ⇨ Vá para PN6*

PN2. AGORA, GOSTARIA DE LHE FAZER ALGUMAS PERGUNTAS SOBRE O QUE ACONTECEU NAS HORAS E DIAS APÓS O NASCIMENTO DE (*nome).* DISSE QUE TEVE O PARTO EM (*nome ou tipo de estrutura sanitária em MN18*). QUANTO TEMPO APÓS O PARTO DE (*nome*) FICOU AÍ? *Se for menos de um dia, registe em horas.* *Se for menos de uma semana, anote em dias.* *Caso contrário, anote em semanas.*	Horas ....1 __ __ Dias ....2 __ __ Semanas ....3 __ __ NS/não lembra.....................................998	
PN3. GOSTARIA DE LHE FALAR SOBRE OS EXAMES DE SAÚDE APÓS O PARTO DE (*nome*), POR EXEMPLO, SE ALGUM PROFISSIONAL DE SAÚDE EXAMINOU O/A (*nome*), VERIFICOU O SEU CORDÃO UMBILICAL OU VIU SE O/A (*nome*) ESTAVA BEM: ANTES DE SAIR DE (*nome ou tipo da estrutura sanitária de MN18*), ALGUM PROFISSIONAL DE SAÚDE EXAMINOU O/A (*nome*)?	Sim ....1 Não 2	
PN4. E EM RELAÇÃO AO EXAME DA <u>SUA</u> SAUDE? ALGUÉM FEZ O BALANÇO DO SEU ESTADO DE SAÚDE, POR EXEMPLO PONDO QUESTÕES SOBRE A SUA SAÚDE OU LHE EXAMINANDO? ALGUÉM CONTROLOU O <u>SEU</u> ESTADO DE SAÚDE ANTES DE SAIR DE (*nome ou tipo da estrutura sanitária de MN18*)?	Sim ....1 Não 2	
PN5. AGORA, GOSTARIA DE FALAR SOBRE O QUE ACONTECEU QUANDO SAIU DE (*nome ou tipo da estrutura sanitária de MN18*): ALGUÉM TESTOU O ESTADO DE SAÚDE DE (*nome*) DEPOIS QUE SAIU DE (*nome ou tipo da estrutura sanitária de MN18*)?	Sim ....1 Não 2	1⇨PN11 2⇨PN16

PN6. *Verificar MN17: um profissional de saúde, parteira tradicional ou agente de saúde comunitária assistiu o parto?*

☐ *Sim, parto assistido por profissional de saúde, parteira tradicional ou agente de saúde comunitária (MN17=A-G) ⇨ Continue com PN7*

☐ *Não, parto não assistido por profissional de saúde, parteira tradicional ou agente de saúde comunitária (A-G sem resposta na questão MN17) ⇨ Vá para PN10*

PN7. JÁ DISSE QUE (*a ou as pessoa(s) em MN17*) ASSISTIU NO SEU PARTO. AGORA, GOSTARIA DE FALAR SOBRE OS EXAMES DE SAÚDE PÓS-PARTO DE (*nome*), POR EXEMPLO SE EXAMINARAM (*nome*), VERIFICARAM O SEU CORDÃO UMBILICAL OU SE VERIFICARAM SE (*nome*) ESTAVA BEM: DEPOIS DO PARTO E ANTES QUE (*a ou as pessoa(s) em MN17*) SAISSE, ESTA(S) PESSOA(S) CONTROLOU/ARAM A SAÚDE DE (*nome*) ?	Sim ....1 Não 2	
PN8. O(S) (*a ou as pessoa(s) em MN17*) CONTROLOU TAMBÉM A <u>SUA</u> SAÚDE ANTES DE PARTIR? POR CONTROLAR A SUA SAÚDE, QUERO DIZER FAZER UM BALANÇO DA SUA SAÚDE, POR EXEMPLO PÔR QUESTÕES SOBRE A SUA SAÚDE OU FAZER EXAMES.	Sim ....1 Não 2	
PN9. DEPOIS DA PARTIDA DE (*a ou as pessoa(s) da em MN17*), UMA OUTRA PESSOA CONTROLOU A SAÚDE DE (*nome*)?	Sim ....1 Não 2	1⇨PN11 2⇨PN18
PN10. GOSTARIA DE FALAR SOBRE OS EXAMES DE SAÚDE PÓS-PARTO DE (*nome*), POR EXEMPLO SE EXAMINARAM (*nome*), VERIFICARAM O SEU CORDÃO UMBILICAL OU SE VERIFICARAM SE (*nome*) ESTAVA BEM: DEPOIS DO NASCIMENTO DE (*nome*), ALGUÉM CONTROLOU A SAÚDE DELE/A?	Sim ....1 Não 2	2⇨PN19
PN11. ESTE CONTROLO FOI REALIZADO SÓ UMA VEZ OU MAIS DE UMA VEZ?	Uma só vez..1 Mais de uma vez 2	1⇨PN12A 2⇨PN12B
PN12A. QUANTO TEMPO DEPOIS DO PARTO ESSE CONTROLO FOI REALIZADO? **PN12B**. QUANTO TEMPO DEPOIS DO PARTO FOI REALIZADO O <u>PRIMEIRO</u> DESTES CONTROLOS? *Se for menos do que um dia, registe em horas. Se for menos de uma semana, registe em dias. Caso contrario, registe em semanas.*	Horas ....1 __ __ Dias ....2 __ __ Semanas ....3 __ __ NS/não lembra......................... 998	

PN13. QUEM CONTROLOU A SAUDE DE (*nome*) NAQUELE MOMENTO?	Profissional de saúde:
	  Médico .... A
	  AEnfermeira/parteira .... B
	
	Outra pessoa:
	  Parteira tradicional...............................F
	  Agente de saúde comunitária............. G
	  Parente/amigo .... H
	
	Outro (*especificar*) _____ X	

PN14. ONDE FOI REALIZADO ESSE CONTROLO? *Insistir para determinar o tipo de lugar.* *Se não for possível determinar se é lugar público ou privado, registar o nome do lugar.* _____ *(Nome do lugar)*	Casa:
	    Em casa da inquirida 11
	    Em outra casa 12
	
	Sector público:
	    Hospital governamental 21
	    Clínica/centro de saúde govern 22
	    Posto de saúde governamental 23
	    Outro público *(especificar)* _____ 26
	
	Sector médico privado:
	    Hospital privado 31
	    Clínica privada 32
	    Maternidade privada 33
	    Outro privado *(especificar)* _____ 36
	
	Outro *(especificar)* _____ 96	

PN15. *Verificar MN18: a criança nasceu em uma unidade de saúde?* ☐ *Sim, a criança nasceu em uma unidade de saúde (MN18=21-26 ou 31-36)* ⇨ *Continuar com PN16* ☐ *Não, a criança não nasceu em uma unidade de saúde (MN18=11-12 ou 96)* ⇨ *Passar para PN17*		
PN16. DEPOIS DE TER DEIXADO (*nome ou tipo de estrutura sanitária em MN18*), ALGUÉM EXAMINOU A <u>SUA</u> SAÚDE?	Sim .... 1 Não 2	1⇨ PN20 2⇨Módulo seguinte
PN17. *Verificar MN17: algum profissional de saúde, parteira tradicional ou agente de saúde comunitária assistiu o parto ?* ☐ *Sim, parto assistido por profissional de saúde, parteira tradicional ou agente de saúde comunitária (MN17=A-G)* ⇨ *Continuar com PN18* ☐ *Não, parto não assistido por profissional de saúde, parteira tradicional ou agente de saúde comunitária (A-G sem resposta na questão MN17)* ⇨ *Passar para PN19*		
PN18. DEPOIS DO PARTO E ANTES DA PARTIDA DE (*a ou as pessoa(s) em MN17*), ALGUÉM EXAMINOU A <u>SUA</u> SAUDE ?	Sim .... 1 Não 2	1⇨PN20 2⇨Módulo seguinte
PN19. DEPOIS DO NASCIMENTO DE (*nome*), ALGUÉM CONTROLOU A <u>SUA</u> SAÚDE? POR CONTROLAR A SUA SAÚDE, QUERO DIZER FAZER UM BALANÇO DA SUA SAÚDE, POR EXEMPLO PÔR QUESTÕES SOBRE A SUA SAÚDE OU FAZER EXAMES.	Sim .... 1 Não 2	2⇨Módulo seguinte
PN20. ESTES CONTROLOS FORAM REALIZADOS APENAS UMA VEZ OU MAIS DE UMA VEZ?	Uma só vez .... 1 Mais de uma vez 2	1⇨PN21A 2⇨PN21B
PN21A. QUANTO TEMPO DEPOIS DO PARTO ESSE CONTROLO FOI REALIZADO? **PN21B.** QUANTO TEMPO DEPOIS DO PARTO FOI REALIZADO O <u>PRIMEIRO</u> DESTES CONTROLOS? *Se for menos do que um dia, registe em horas. Se for menos de uma semana, registe em dias. Caso contrario, registe em semanas.*	Horas ....1 __ __ Dias ....2 __ __ Semanas ....3 __ __ NSP/não lembra 998	

PN22. QUEM CONTROLOU A <u>SUA</u> SAÚDE NAQUELE MOMENTO?	Profissional de saúde:
	   Médico .... A
	   Enfermeira/parteira .... B
	
	Outra pessoa:
	   Parteira tradicional .... F
	   Agente de saúde comunitária .... G
	   Parente/amigo .... H
	
	Outro (*especificar*) _____ X	

PN23. ONDE TEVE LUGAR ESSE EXAME ?
 	
Insistir para determinar o tipo de o lugar.
 	
Se for impossível de determinar se é lugar público ou privado, escreva o nome do lugar.
 	
_____
   (Nome do lugar)
	Casa:
	   Em casa da inquirida 11
	   Em outra casa 12
	
	Sector público:
	   Hospital governamental 21
	   Clínica/centro de saúde govern 22
	   Posto de saúde governamental 23
	   Outro público (*especificar*) _____ 26
	
	Sector médico privado:
	   Hospital privado 31
	   Clínica privada 32
	   Maternidade privada 33
	   Outro privado (*especificar*) _____ 36
	
	Outro (*especificar*) _____ 96	

SINTOMAS DE DOENÇAS		IS
IS1. *Verificar a lista dos membros do agregado familiar, colunas HL7B e HL15: a entrevistada é a mãe ou a responsável da criança com menos de 5 anos ?* ☐ Sim ⇨ Continuar com IS2. ☐ Não ⇨ Passar ao módulo seguinte.		
IS2. ÀS VEZES ACONTECE QUE UMA CRIANÇA ADOECE GRAVEMENTE E DEVE SER LEVADA IMEDIATAMENTE A UM ESTABELECIMENTO DE SAÚDE. QUE TIPO DE SINTOMAS FARIA COM QUE LEVARIA UMA CRIANÇA DE MENOS DE 5 ANOS IMEDIATAMENTE A UM ESTABELECIMENTO DE SAÚDE? *Insistir :* MAIS ALGUM SINTOMA ? Insistir para recolher outros sinais ou sintomas até que a mãe ou a responsável não pode mais citar outros sinais ou sintomas. Circule todos os sintomas mencionados, mas <u>não</u> sugere respostas.	Criança incapaz de beber ou mamar.............A Condição da criança piora ....B Criança torna-se febril.................................. C Criança respira muito rápido........................ D Criança tem dificuldade em respirar ....E Criança tem sangue nas fezes ....F Criança bebe dificilmente .... G Criança com diarréia................................... H Outro (*especificar*)..X Outro (*especificar*)..Y Outro (*especificar*)..Z	

CONTRACEPÇÃO		CP
CP1. GOSTARIA DE LHE FALAR DE UM OUTRO ASSUNTO, O PLANEAMENTO FAMILIAR . ESTÁ GRÁVIDA NESTE MOMENTO ?	Sim, actualmente grávida ....1 Não ....2 Não tem certeza ou NS 8	1⇨ CP2A
CP2. ALGUNS CASAIS UTILIZAM DIFERENTES MEIOS OU MÉTODOS PARA RETARDAREM E EVITAREM A GRAVIDEZ. NESSE MOMENTO, FAZ ALGUMA COISA OU UTILIZA ALGUM MÉTODO PARA RETARDAR OU EVITAR UMA GRAVIDEZ?	Sim ....1 Não 2	1⇨ CP3
CP2A. JÁ FEZ ALGUMA COISA OU UTILIZOU ALGUM MÉTODO PARA RETARDAR OU EVITAR QUE FICASSE GRAVIDA?	Sim ....1 Não 2	1⇨ Módulo seguinte 2⇨ Módulo seguinte
CP3. O QUE FAZ ACTUALMENTE PARA RETARDAR OU EVITAR UMA GRAVIDEZ? Não sugere nenhuma resposta. Se mais de um método for mencionado, circule todos.	Esterilização feminina ....A Esterilização masculina ....B DIU...C Injecções...D Implantes ....E Pílulas ....F Preservativo masculino...........................G Preservativo feminino ....H Diafragma .... I Espermicidas ....J Abstinência periódica/tabelas....................L Coito interrompido ....M Outro (*especificar*) _____ X	

NECESSIDADES NÃO-SATISFEITAS		UN
UN1. *Verifique CP1: actualmente está grávida?* ☐ Sim, actualmente está grávida ⇨ Continue com UN2 ☐ Não, não está seguroa ou não sabe ⇨ Vá à UN5		
UN2. AGORA, GOSTARIA DE FALAR SOBRE A SUA GRAVIDEZ ACTUAL: QUANDO ENGRAVIDOU, QUERIA FICAR GRÁVIDA NAQUELE MOMENTO?	Sim .... 1 Não.. 2	1⇨UN4
UN3. PREFERIA TER ESPERADO MAIS ALGUM TEMPO OU GOSTARIA DE NÃO TER TIDO (MAIS) FILHO(S)?	Mais tarde .... 1 Não queria filhos 2	
UN4. AGORA, TENHO ALGUMAS PERGUNTAS SOBRE O FUTURO: DEPOIS DESTE FILHO, GOSTARIA DE TER OUTRO FILHO OU GOSTARIA DE NÃO TER MAIS FILHOS?	Ter outro filho .... 1 Não ter mais filhos .... 2 Não tem certeza/NS 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5. *Verifique CP3: utiliza a esterilização feminina ?* ☐ Sim ⇨ Vá para UN13 ☐ Não ⇨ Continue com UN6		
UN6. AGORA TENHO ALGUMAS PERGUNTAS SOBRE O FUTURO: GOSTARIA DE TER UM (OUTRO) FILHO OU PREFERIA NÃO TER (MAIS) FILHO(S)?	Ter outro filho .... 1 Não ter (outro) filho(s) .... 2 Diz que não consegue ficar grávida .... 3 Indecisa/NS 8	2⇨UN9 3⇨UN11 8⇨UN9
UN7. QUANTO TEMPO GOSTARIA DE ESPERAR ANTES DO NASCIMENTO DE UM (OUTRO) FILHO ?	Mês.................................... 1 __ __ Anos .... 2 __ __ Agora.. 993 Diz que não consegue ficar grávida......... 994 Depois do casamento .... 995 Outro .... 996 NS 998	994⇨UN11
UN8. *Verificar CP1: actualmente está grávida ?* ☐ Sim, actualmente está grávida ⇨ Vá para UN13 ☐ Não, não tem certeza ou não sabe ⇨ Continue com UN9		
UN9. *Verifique CP2: utiliza um método actualmente ?* ☐ Sim ⇨ Vá para UN13 ☐ Não⇨ Continue com UN10		

UN10. ACHA QUE ESTÁ FÍSICAMENTE APTA PARA FICAR GRÁVIDA NESSE MOMENTO ?	Sim 1	1 ⇨UN13
	Não.. 2	
	NS 8	8 ⇨UN13
UN11. PORQUE ACHA QUE NÃO ESTÁ APTA FÍSICAMENTE PARA FICAR GRÁVIDA NESSE MOMENTO ?	Não tem relações sexuais/relações sexuais pouco frequentes ....A Menopausa ....B Nunca teve menstruação ....C Histerectomia (útero removido)....................D Há dois anos ou mais que tenta engravidar mas não consegue...............E Amenorreia pós-parto ....F Amamenta.. G Demasiada velha ....H Destino/vontade divina ....I Outro (especificar) ....X NS ....Z	
UN12. *Verifique UN11: "Nunca teve menstruação" mencionado?* ☐ Sim ⇨ Vá para o módulo seguinte ☐ Não ⇨ Continue com UN13		
UN13. QUANDO COMEÇOU A SUA ÚLTIMA MENSTRUAÇÃO? *Registe a informação utilizando as unidades de tempo dadas pela inquirida.*	Dias .... 1 __ __ Semanas .... 2 __ __ Meses... 3 __ __ Anos .... 4 __ __ Menopausa/teve uma histerectomia........ 994 Antes do último parto .... 995 Nunca teve menstruação 996	

ATITUDES EM RELAÇÃO À VIOLENCIA DOMÉSTICA				DV

DV1. AS VEZES UM MARIDO FICA CHATEADO OU COM RAIVA POR CAUSA DE ALGUMAS ACÇÕES DA SUA ESPOSA. NA SUA OPINIÃO, ISTO JUSTIFICA QUE O MARIDO BATA OU ESPANCA A MULHER, EM ALGUMAS DAS SEGUINTES SITUAÇÕES:

	Sim	Não	NS
[A] SE ELA SAIR SEM O AVISAR?	Sai sem o avisar 1	2	8
[B] SE ELA NEGLIGENCIAR AS CRIANÇAS?	Negligencia as crianças 1	2	8
[C] SE ELA DISCUTIR COM ELE?	Discute 1	2	8
[D] SE ELA RECUSAR A TER RELAÇÕES SEXUAIS?	Recusa sexo 1	2	8
[E] SE ELA QUEIMAR A COMIDA?	Queima a comida 1	2	8
[F] SE ELA O TRAIR COM OUTRO HOMEM?	Trai marido 1	2	8

CASAMENTO/UNIÃO DE FACTO		MA
MA1. ACTUALMENTE É CASADA OU VIVE COM UM HOMEM COMO SE FOSSEM CASADOS (UNIÃO DE FACTO)?	Sim, actualmente casada .... 1 Sim, vive com um homem .... 2 Não vive em união 3	3⇨MA5
MA2. QUANTOS ANOS TEM O SEU MARIDO/COMPANHEIRO? *Insistir:* QUANTOS ANOS COMPLETOU O SEU MARIDO/COMPANHEIRO NO SEU ÚLTIMO ANIVERSÁRIO?	Idade completa .... __ __ NS 98	
MA3. PARA ALÉM DE SI, O SEU MARIDO/PARCEIRO TEM OUTRAS ESPOSAS OU VIVE COM OUTRAS MULHERES COMO SE FOSSEM CASADOS (UNIÃO DE FACTO)?	Sim .... 1 Não 2	2⇨MA7
MA4. QUANTAS OUTRAS ESPOSAS OU COMPANHEIRAS ELE TEM ALÉM DE SI?	Número .... __ __ NS 98	⇨MA7 98⇨MA7
MA5. JÁ FOI CASADA OU JÁ VIVEU COM UM HOMEM COMO SE FOSSE CASADA (UNIÃO DE FACTO)?	Sim, já foi casada .... 1 Sim, já viveu com um homem .... 2 Não 3	3⇨Módulo seguinte
MA6. QUAL É A SUA SITUAÇÃO MATRIMONIAL ACTUAL: É VIÚVA, DIVORCIADA OU SEPARADA?	Viúva .... 1 Divorciada .... 2 Separada 3	
MA7. JÁ FOI, UMA OU MAIS DE UMA VEZ, CASADA OU VIVEU COM UM HOMEM COMO SE FOSSEM CASADOS?	Uma vez .... 1 Mais de uma vez 2	1⇨MA8A 2⇨MA8B
MA8A. EM QUE MÊS E ANO CASOU OU COMEÇOU A VIVER COM UM HOMEM COMO SE FOSSEM CASADOS (UNIÃO DE FACTO)? **MA8B**. EM QUE MÊS E ANO CASOU PELA <u>PRIMEIRA</u> VEZ OU COMEÇOU A VIVER <u>PRIMEIRA</u> VEZ COM UM HOMEM COMO SE FOSSEM CASADOS (UNIÃO DE FACTO)?	Data do (primeiro) casamento/união: Mês .... __ __ NS mês .... 98 Ano .... __ __ __ __ NS ano 9998	⇨ Módulo seguinte
MA9. QUANTOS ANOS TINHA QUANDO COMEÇOU A VIVER COM O SEU PRIMEIRO MARIDO/PARCEIRO?	Idade em anos .... __ __	

COMPORTAMENTO SEXUAL		SB

SB1. AGORA, GOSTARIA DE FAZER ALGUMAS PERGUNTAS SOBRE A SUA VIDA SEXUAL, PARA ENTENDER MELHOR ALGUMAS QUESTÕES IMPORTANTES DA VIDA. AS INFORMAÇÕES QUE FORNECERÁ SERÃO MANTIDAS EM ESTRITA CONFIDENCIALIDADE: QUANTOS ANOS TINHA QUANDO TEVE A SUA PRIMEIRA RELAÇÃO SEXUAL?	Nunca teve relação sexual ....00 Idade em anos ....__ __ Primeira vez começando a viver com 1º marido/parceiro...95	00⇨Módulo seguinte
SB2. A PRIMEIRA VEZ QUE TEVE RELAÇÕES SEXUAIS, USOU UM PRESERVATIVO ?	Sim..1 Não ....2 NS/não lembra..8	
SB3. QUANDO TEVE RELAÇÕES SEXUAIS PELA ÚLTIMA VEZ? *Registar a resposta em número de dias, semanas ou meses, se menos de 12 meses (1 ano). Se 12 meses (1 ano) ou mais, a resposta será registado em anos.*	Há … dias...1 __ __ Há … semanas..................................2 __ __ Há … meses.....................................3 __ __ Há …anos..4 __ __	4⇨SB15
SB4. A ÚLTIMA VEZ QUE TEVE RELAÇÕES SEXUAIS, USOU UM PRESERVATIVO?	Sim..1 Não 2	
SB5 QUAL ERA O SEU RELACIONAMENTO COM A PESSOA COM QUEM TEVE A SUA ÚLTIMA RELAÇÃO SEXUAL? *Insista para assegurar que a resposta refere-se ao tipo de relacionamento no momento da relação sexual.* *Se 'namorado', pergunte:* VIVIAM JUNTOS COMO SE FOSSEM CASADOS? *Se sim, circule '2'. Se 'não', circule '3 '.*	Marido...1 Parceiro de coabitação ....2 Namorado...3 Encontro casual ....4 Outros (*especificar*) _____6	3⇨SB7 4⇨SB7 6⇨SB7

SB7. QUAL É A IDADE DESTA PESSOA? *Se não sabe, insistir:* QUAL É A IDADE APROXIMADA DESTA PESSOA?	Idade do parceiro.................................__ __ NS..98	
SB8. TEVE RELAÇÕES SEXUAIS COM OUTRA PESSOA NOS ÚLTIMOS 12 MESES ?	Sim..1 Não 2	2⇨SB15
SB9 A ÚLTIMA VEZ QUE TEVE RELAÇÕES SEXUAIS COM ESTA OUTRA PESSOA, USOU UM PRESERVATIVO?	Sim..1 Não 2	

SB10. QUAL É O SEU RELACIONAMENTO COM ESSA PESSOA? *Certifique que a resposta refere-se ao tipo de relacionamento no momento da relação sexual.* *Se é o 'namorado', pergunte:* VIVIAM JUNTOS COMO SE FOSSEM CASADOS? *Se sim, circule '2'. Se 'não', circule '3'.*	Marido ....1 Parceiro de coabitação ....2 Namorado..3 Encontro casual ....4 Outro (*especificar*) _____ 6	3⇨SB12 4⇨SB12 6⇨SB12
SB11. *Verifique MA1 e MA7:* ☐ *Actualmente casada ou vive com um homem em união (MA1 = 1 ou 2) **E** já foi casada ou viveu com um homem em união somente uma vez (MA7 = 1) ⇨ Vá para SB13* ☐ *Senão ⇨ Continue com SB12*		
SB12. QUE IDADE TEM ESTA PESSOA? *Se não sabe, insistir :* QUAL É A IDADE APROXIMADA DESTA PESSOA?	Idade do parceiro...................................__ __ NS...98	
SB13. ALÉM DESTAS DUAS PESSOAS, TEVE RELAÇÕES SEXUAIS COM UMA OUTRA PESSOA NOS ÚLTIMOS 12 MESES?	Sim...1 Não 2	2⇨SB15
SB14. NO TOTAL, COM QUANTAS PESSOAS DIFERENTES TEVE RELAÇÕES SEXUAIS NOS ÚLTIMOS 12 MESES?	Número de parceiros ....__ __	
SB15. NO TOTAL, COM QUANTAS PESSOAS DIFERENTES TEVE RELAÇÕES SEXUAIS DURANTE TODA A SUA VIDA? *Em caso de resposta não numérica, insista para obter uma estimativa.* *Se o número de parceiros sexuais é 95 ou mais, introduzir '95'.*	Número de parceiros durante a vida ...__ __ NS...98	

VIH/SIDA		HA
HA1. AGORA, GOSTARIA DE FALAR SOBRE OUTRO ASSUNTO: JÁ OUVIU FALAR DE UMA DOENÇA CHAMADA SIDA?	Sim...1 Não 2	2⇨Módulo seguinte
HA2. AS PESSOAS PODEM DIMINUIR O RISCO DE CONTRAIR O VÍRUS DO SIDA TENDO APENAS UM PARCEIRO SEXUAL QUE NÃO ESTÁ INFECTADO E QUE TAMBÉM NÃO TEM NENHUMA OUTRA PARCEIRA SEXUAL?	Sim...1 Não ....2 NS..8	
HA3. AS PESSOAS PODEM CONTRAIR O VÍRUS DO SIDA POR FEITIÇARIA OU OUTROS MEIOS SOBRENATURAIS?	Sim...1 Não ....2 NS..8	
HA4. AS PESSOAS PODEM REDUZIR O RISCO DE CONTRAIR O VÍRUS DO SIDA UTILIZANDO PRESERVATIVOS TODA VEZ QUE TEM RELAÇÕES SEXUAIS ?	Sim...1 Não ....2 NS..8	
HA5. AS PESSOAS PODEM CONTRAIR O VÍRUS DO SIDA POR PICADAS DE MOSQUITO?	Sim...1 Não ....2 NS..8	
HA6. AS PESSOAS PODEM CONTRAIR O VÍRUS DO SIDA POR PARTILHAREM ALIMENTOS COM PESSOAS CONTAMINADAS COM O VÍRUS DO SIDA?	Sim...1 Não ....2 NS..8	
HA7. É POSSÍVEL QUE UMA PESSOA QUE APARENTA TER BOA SAÚDE TENHA O VÍRUS DO SIDA?	Sim...1 Não ....2 NS..8	
HA8. O VÍRUS DO SIDA PODE SER TRANSMITIDO DA MÃE PARA SEU BEBÉ : [A] DURANTE A GRAVIDEZ ? [B] DURANTE O PARTO ? [C] DURANTE O ALEITAMENTO ?	Sim Não NS Durante a gravidez .... 1 2 8 Durante o parto......................... 1 2 8 Durante o aleitamento 1 2 8	
HA9. NA SUA OPINIÃO, SE UMA PROFESSORA TEM O VÍRUS DO SIDA MAS NÃO ESTÁ DOENTE DEVERIA SER AUTORIZADA A CONTINUAR A ENSINAR NA ESCOLA?	Sim...1 Não ....2 NS/não tem certeza/depende.....................8	
HA10 COMPRARIA LEGUMES FRESCOS DE UM COMERCIANTE OU DE UM VENDEDOR SE SOUBESSE QUE ELE/A TEM O VÍRUS DO SIDA?	Sim...1 Não ....2 NS/não tem certeza/depende.....................8	
HA11. SE UM MEMBRO DA SUA FAMÍLIA FOR INFECTADO PELO VÍRUS DO SIDA, GOSTARIA QUE ESTE FACTO PERMANECESSE SEGREDO?	Sim...1 Não ....2 NS/não tem certeza/depende.....................8	
HA12. SE UM MEMBRO DA SUA FAMÍLIA FOR INFECTADO PELO VÍRUS DO SIDA, ESTARIA PRONTA PARA CUIDAR DELE/A NA SUA PRÓPRIA CASA?	Sim...1 Não ....2 NS/não tem certeza/depende.....................8	

HA13. *Verifique CM13: uma criança nascida viva nos últimos dois anos ?*
 	
    ☐ *Não, nenhuma criança nascida viva nos últimos dois anos (CM13= 'Não' ou em branco). ⇨ Vá para HA24.*
 	
    ☐ *Uma ou mais crianças nascidas vivas nos últimos dois anos ⇨ Continue com HA14*		

HA14. *Verifique MN1: fez consultas pré-natais ?*
 	
    ☐ *Sim, fez consultas pré-natais ⇨ Continue com HA15*
 	
    ☐ *Não, não fez consultas pré-natais ⇨ Vá para à HA24*		

		S	N	NS	
HA15. EM UMA DAS CONSULTAS PRÉ-NATAIS DURANTE A GRAVIDEZ DE (*nome*), RECEBEU INFORMAÇÕES SOBRE :					
[A] BEBÉS QUE CONTRAEM O VÍRUS DO SIDA PELA MÃE?	SIDA através da mãe	1	2	8	
[B] AS MEDIDAS QUE SE PODE TOMAR PARA NÃO CONTRAIR O VÍRUS DO SIDA?	Medidas a tomar	1	2	8	
[C] A POSSIBLIDADE DE FAZER UM TESTE PARA DETECTAR O VÍRUS DO SIDA?	Possibilidade do teste do SIDA	1	2	8	
[D] LHE PROPUSERAM DE FAZER O TESTE DO SIDA?	Propuseram um teste	1	2	8	

HA16. NÃO QUERO SABER O RESULTADO, MAS FEZ UM TESTA DO SIDA NO QUADRO DO SEUS CUIDADOS PRÉ-NATAIS?	Sim...1 Não ....2 NS...8	2⇨HA19 8⇨HA19
HA17. NÃO QUERO SABER O RESULTADO, MAS RECEBEU O RESULTADO DO TESTE?	Sim...1 Não ....2 NS...8	2⇨HA22 8⇨HA22
HA18. QUALQUER QUE SEJA O RESULTADO DO TESTE, TODAS AS MULHERES QUE FAZEM O TESTE DO SIDA DEVERIAM RECEBER CONSELHOS DEPOIS DE TER RECEBIDO O RESULTADO. DEPOIS DE SER TESTADA, RECEBEU ALGUM CONSELHO?	Sim...1 Não ....2 NS...8	1⇨HA22 2⇨HA22 8⇨HA22

HA19. *Verifique MN17: parto por um profissional de saúde (A ouB)?*

   ☐ *Sim, parto por um profissional de saúde ⇨ Continue com HA20*

   ☐ *Não, nenhum profissional de saúde assistiu o parto ⇨ Vá para HA24*

HA20. NÃO QUERO SABER O RESULTADO DO TESTE, MAS FEZ O TESTE DO SIDA ENTRE O MOMENTO DA ENTRADA PARA O PARTO E ANTES DO NASCIMENTO DO BEBE?	Sim...1 Não 2	2⇨HA24
HA21. NÃO QUERO SABER O RESULTADO DO TESTE, MAS OBTEVE O RESULTADO DO TESTE ?	Sim...1 Não 2	
HA22. EFECTUOU OUTRO TESTE DO VIH/SIDA DESDE QUE FOI TESTADA DURANTE A SUA GRAVIDEZ?	Sim...1 Não 2	1⇨HA25
HA23. QUANDO EFECTUOU O TESTE DO VIH/SIDA PELA ÚLTIMA VEZ ?	Há menos de 12 meses................................1 Há 12-23 meses ....2 Há 2 anos ou mais 3	1⇨ Módulo seguinte 2⇨ Módulo seguinte 3⇨ Módulo seguinte
HA24. NÃO QUERO SABER O RESULTADO, MAS JÁ FEZ ALGUMA VEZ O TESTE PARA SABER SE TEM O VÍRUS DO SIDA?	Sim...1 Não 2	2⇨HA27
HA25. QUANDO FEZ O TESTE DO SIDA PELA ÚLTIMA VEZ?	Há menos de 12 meses................................1 Há 12-23 meses ....2 Há 24 meses (2 anos) ou mais 3	
HA26. NÃO QUERO SABER O RESULTADO, MAS OBTEVE O RESULTADO DO TESTE?	Sim...1 Não ....2 NS...8	1⇨ Módulo seguinte 2⇨ Módulo seguinte 8⇨ Módulo seguinte

| **HA27**. CONHECE ALGUM LUGAR ONDE AS PESSOAS PODEM FAZER O TESTE DO SIDA? | Sim..1
Não ....2 | |

MORTALIDADE MATERNA		**MM**

AGORA, GOSTARIA DE LHE FAZER ALGUMAS PERGUNTAS SOBRE OS SEUS IRMÃOS E IRMÃS, OU SEJA , SOBRE TODOS OS FILHOS E FILHAS <u>DA SUA MÃE BIOLÓGICA</u>, INCLUINDO TODOS OS IRMÃOS E IRMÃS QUE MORAM CONSIGO, QUE MORAM EM OUTRO LUGAR E OS QUE MORRERAM.

MM1. A QUANTAS CRIANÇAS, INCLUINDO A SI MESMA, SUA MÃE DEU A LUZ?	No. de nascimentos da mãe biológica: ___ ___

MM2. *Verifique MM1:*

☐ *Dois ou mais nascimentos* ⇨ *Continue com MM3*

☐ *Apenas um nascimento (a própria inquirida)* ⇨ *Vá para o módulo seguinte*

MM3. QUANTOS DESTES FILHOS E DESTAS FILHAS DA SUA MÃE BIOLÓGICA NASCERAM ANTES DE SI?	No. de nascimentos precedentes: ___ ___

	[S1] Mais velho	[S2] Seguinte	[S3] Seguinte	[S4] Seguinte
MM4. QUAL É O NOME DO SEU (SEGUINTE) IRMÃO OU IRMÁ MAIS VELHO/A?	_____	_____	_____	Sim..............1 Não 2
MM5. (*Nome*) É HOMEM OU MULHER?	Homem........1 Mulher 2	Homem........1 Mulher 2	Homem....... 1 Mulher......... 2	Homem ....1 Mulher 2
MM6. (*Nome*) AINDA ESTÁ VIVO/A?	Sim ....1 Não.............2 ⇨MM8 NS ....8 ⇨[S2]	Sim.............1 Não ....2 ⇨MM8 NS ....8 ⇨[S3]	Sim .... 1 Não............ 2 ⇨MM8 NS ....8 ⇨[S4]	Sim.............1 Não ....2 ⇨MM8 NS ....8 ⇨[S5]
MM7. QUAL É A IDADE DE (*nome*)?	___ ___ ⇨ Vá para [S2]	___ ___ ⇨ Vá para [S3]	___ ___ ⇨ Vá para [S4]	___ ___ ⇨ Vá para [S5]
MM8. HÁ QUANTOS ANOS O/A (*nome*) FALECEU?	___ ___	___ ___	___ ___	___ ___
MM9. QUE IDADE TINHA (*nome*) QUANDO FALECEU?	___ ___	___ ___	___ ___	___ ___
MM9A. *Verifique MM5 e MM9: Trata-se de um irmão? Ou trata-se de uma irmã que faleceu antes dos 12 anos de idade?*	☐ *Sim ⇨ Vá para [S2]* ☐ *Não ⇨ Continue com MM10*	☐ *Sim ⇨ Vá para [S3]* ☐ *Não ⇨ Continue com MM10*	*Sim ⇨ Vá para [S4]* ☐ *Não ⇨ Continue com MM10*	☐ *Sim ⇨ Vá para [S5]* ☐ *Não ⇨ Continue com MM10*
MM10. (*Nome*) ESTAVA GRÁVIDA QUANDO FALECEU?	Sim ....1 ⇨MM13 Não.............2	Sim.............1 ⇨MM13 Não 2	Sim .... 1 ⇨MM13 Não............ 2	Sim.............1 ⇨MM13 Não 2
MM11. (*Nome*) FALECEU DURANTE O PARTO ?	Sim ....1 ⇨MM13 Não.............2	Sim.............1 ⇨MM13 Não 2	Sim .... 1 ⇨MM13 Não............ 2	Sim.............1 ⇨MM13 Não 2
MM12. (*Nome*) FALECEU NOS DOIS MESES SEGUINTES AO FIM DA GRAVIDEZ OU DO PARTO ?	Sim ....1 Não.............2	Sim.............1 Não 2	Sim .... 1 Não............ 2	Sim.............1 Não 2
MM13. QUANTOS FILHOS E FILHAS NASCIDOS VIVOS (*nome*) TEVE DURANTE TODA SUA VIDA?	___ ___	___ ___	___ ___	___ ___
MM14.	*Sem mais irmãos/irmãs, vá ao módulo seguinte*	*Sem mais irmãos/irmãs, vá ao módulo seguinte*	*Sem mais irmãos/irmãs, vá ao módulo seguinte*	*Sem mais irmãos/irmãs, vá ao módulo seguinte*

	[S5] Seguinte	[S6] Seguinte	[S7] Seguinte	[S8] Seguinte
MM4. QUAL É O NOME DO SEU (SEGUINTE) IRMÃO OU IRMÃ MAIS VELHO/A?	_____	_____	_____	_____
MM5. (*Nome*) É HOMEM OU MULHER?	Homem........1 Mulher 2	Homem........1 Mulher 2	Homem....... 1 Mulher......... 2	Homem .... 1 Mulher 2
MM6. (*Nome*) AINDA ESTÁ VIVO/A?	Sim ....1 Não.............2 ⇨MM8 NS ....8 ⇨[S6]	Sim.............1 Não ....2 ⇨MM8 NS ....8 ⇨[S7]	Sim .... 1 Não............. 2 ⇨MM8 NS ....8 ⇨[S8]	Sim.............1 Não ....2 ⇨MM8 NS ....8 ⇨ [S9]
MM7. QUAL É A IDADE DE (*nome*)?	___ ___ ⇨ Vá para [S6]	___ ___ ⇨ Vá para [S7]	___ ___ ⇨ Vá para [S8]	___ ___ ⇨ Vá para [S9]
MM8. HÁ QUANTOS ANOS O/A (*nome*) FALECEU?	___ ___	___ ___	___ ___	___ ___
MM9. QUE IDADE TINHA (*nome*) QUANDO FALECEU?	___ ___	___ ___	___ ___	___ ___
MM9A. *Verifique MM5 e MM9: Trata-se de um irmão? Ou trata-se de uma irmã que faleceu antes dos 12 anos de idade?*	☐ *Sim ⇨* *Vá para [S6]* ☐ *Não ⇨* *Continue com MM10*	☐ *Sim ⇨* *Vá para [S7]* ☐ *Não ⇨* *Continue com MM10*	*Sim ⇨* *Vá para [S8]* ☐ *Não ⇨* *Continue com MM10*	☐ *Sim ⇨* *Vá para [S9]* ☐ *Não ⇨* *Continue com MM10*
MM10. (*Nome*) ESTAVA GRÁVIDA QUANDO FALECEU?	Sim ....1 ⇨MM13 Não.............2	Sim.............1 ⇨MM13 Não 2	Sim .... 1 ⇨MM13 Não............. 2	Sim.............1 ⇨MM13 Não 2
MM11. (*Nome*) FALECEU DURANTE O PARTO?	Sim ....1 ⇨MM13 Não.............2	Sim.............1 ⇨MM13 Não 2	Sim .... 1 ⇨MM13 Não............. 2	Sim.............1 Sim.............1 Não ....2 Não 2
MM12. (*Nome*) FALECEU NOS DOIS MESES SEGUINTES À GRAVIDEZ OU O PARTO?	Sim ....1 Não.............2	Sim.............1 Não 2	Sim .... 1 Não............. 2	Sim.............1 Não 2
MM13. QUANTOS FILHOS/AS VIVOS/AS (*nome*) TEVE DURANTE TODA SUA VIDA?	___ ___	___ ___	___ ___	___ ___
MM14.	*Sem mais irmãos/irmãs, vá ao módulo seguinte*	*Sem mais irmãos/irmãs, vá ao módulo seguinte*	*Sem mais irmãos/irmãs, vá ao módulo seguinte*	*Sem mais irmãos/irmãs, vá ao módulo seguinte*
	Coloque uma cruz aqui se outro questionário foi utilizado ☐			

CONSUMO DE TABACO E ÁLCOOL		TA
TA1. JÁ EXPERIMENTOU FUMAR CIGARROS, MESMO UM OU DOIS SOPROS?	Sim ....1 Não 2	2⇨TA6
TA2. QUANTOS ANOS TINHA QUANDO FUMOU UM CIGARRO INTEIRO PELA PRIMEIRA VEZ?	Nunca fumou um cigarro inteiro ....00 Idade...___ ___	00⇨TA6
TA3. ACTUALMENTE, FUMA CIGARROS?	Sim ....1 Não 2	2⇨TA6
TA4. DURANTE AS ÚLTIMAS 24 HORAS, QUANTOS CIGARROS FUMOU ?	Número de cigarros ....___ ___	
TA5. DURANTE O ÚLTIMO MÊS, POR QUANTOS DIAS FUMOU CIGARROS? *Se menos de 10 dias, anote o número de dias. Se 10 dias ou mais, mas menos de um mês, círculo "10". Se "todos os dias" ou "quase todos os dias," círculo "30"*	Número de dias .... 0 ___ 10 dias ou mais, mas menos de um mês...10 Diáriamente/quase todos os dias 30	
TA6. JÁ TENTOU FUMAR OUTROS PRODUTOS DE TABACO QUE NÃO SEJAM CIGARROS, TAIS COMO CHARUTOS, CACHIMBO, CIGARRILHAS?	Sim ....1 Não 2	2⇨TA10
TA7. NO ÚLTIMO MÊS, CONSUMIU ALGUM DESSES PRODUTOS DE TABACO A FUMAR ?	Sim ....1 Não 2	2⇨TA10
TA8. QUE TIPO DE PRODUTOS DE TABACO A FUMAR CONSUMIU NO ÚLTIMO MÊS? *Circule tudo que for mencionado.*	Charutos .... A Cigarrilha .... C Cachimbo .... D Outros (*especificar*).................................... X	
TA9. DURANTE O ÚLTIMO MÊS, POR QUANTOS DIAS FEZ USO DE PRODUTOS DE TABACO PARA FUMAR? *Se menos de 10 dias, anote o número de dias. Se 10 dias ou mais, mas menos de um mês, círculo "10". Se "todos os dias" ou "quase todos os dias," círculo "30".*	Número de dias .... 0 ___ 10 dias ou mais, mas menos de um mês...10 Diáriamente/quase todos os dias 30	
TA10. JÁ TENTOU PRODUTOS DERIVADOS DO TABACO QUE NÃO SE FUMAM, TAIS COMO TABACO A MASCAR OU TABACO PARA CHEIRAR (CANCAN)?	Sim ....1 Não 2	2 ⇨TA14
TA11. DURANTE O ÚLTIMO MÊS, CONSUMIU PRODUTOS DE TABACO QUE NÃO SE FUMAM?	Sim ....1 Não 2	2 ⇨TA14
TA12. QUE TIPO DE PRODUTOS DE TABACO QUE NÃO SE FUMAM CONSUMIU DURANTE O ÚLTIMO MÊS? *Circule tudo o que for mencionado.*	Tabaco de mascar...................................... A Tabaco de cheirar (cancan) .... B Outro (*especificar*) X	
TA13. DURANTE O ÚLTIMO MÊS, POR QUANTOS DIAS FEZ USO DE PRODUTOS DE TABACO QUE NÃO SE FUMAM? *Se menos de 10 dias, anote o número de dias. Se 10 dias ou mais, mas menos de um mês, círculo "10". Se "todos os dias" ou "quase todos os dias," círculo "30".*	Número de dias ....0 ___ 10 dias ou mais, mas menos de um mês...10 Diáriamente/quase todos dias....................30	

TA14. AGORA, GOSTARIA DE LHE COLOCAR ALGUMAS QUESTÕES SOBRE O CONSUMO DE ÁLCOOL: JÁ BEBEU BEBIDAS ALCOÓLICAS?	Sim ....1 Não 2	2⇨Módulo seguinte
TA15. CONTAMOS COMO UMA DOSE DE ÁLCOOL UMA LATA OU GARRAFA DE CERVEJA, UM COPO DE VINHO, UMA DOSE DE AGUARDENTE, CONHAQUE, VODKA, WHISKEY OU RUM. QUANTOS ANOS TINHA QUANDO INGERIU ÁLCOOL PELA PRIMEIRA VEZ, MAIS QUE SIMPLESMENTE ALGUNS GOLES?	Nunca bebeu álcool....................................00 Idade...____ ____	00⇨ Módulo seguinte
TA16. DURANTE O ÚLTIMO MÊS, POR QUANTOS DIAS BEBEU PELO MENOS UMA DOSE DE ÁLCOOL? *Se o entrevistado não ingere bebidas com álcool circule "00". Se menos de 10 dias, anotar o número de dias. Se 10 dias ou mais, mais menos de um mês, circule "10". Se "cada dia" ou "quase todos os dias", circule "30"*	Não bebeu durante o mês passado ....00 Número de dias ....0 ___ 10 dias ou mais, masmenos de um mês....10 Diáriamente/quase todos os dias 30	00⇨ Módulo seguinte
TA17. DURANTE O MÊS PASSADO, NOS DIAS EM QUE BEBEU BEBIDAS ALCOÓLICAS, QUANTAS DOSES TOMOU?	Número de doses ....____ ____	

SATISFAÇÃO NA VIDA		LS

LS1. *Verifique WB2: idade da entrevistada entre 15 e 24 anos?*

☐ *Idade 25 - 49 anos ⇨ Vá a WM11*

☐ *Idade 15 - 24 anos ⇨ Continue com LS2*

LS2. AGORA GOSTARIA DE COLOCAR ALGUMAS QUESTÕES SIMPLES SOBRE FELICIDADE E A SATISFAÇÃO. PRIMEIRAMENTE, NESTE MOMENTO DIRIA QUE DE MANEIRA GERAL ESTÁ MUITO FELIZ, BASTANTE FELIZ, NEM FELIZ NEM INFELIZ, BASTANTE INFELIZ OU MUITO INFELIZ ? PODE OLHAR PARA ESTAS IMAGENS PARA AUXILIÁ-LA NA SUA RESPOSTA. *Mostre a lado 1 da carta resposta e explique o que representa cada símbolo. Circule a resposta mostrada pela entrevistada.*	Muito feliz ....1 Bastante feliz..2 Nem feliz, nem infeliz ....3 Bastante infeliz ....4 Muito infeliz 5	
LS3. AGORA, GOSTARIA DE LHE FAZER ALGUMAS PERGUNTAS SOBRE O SEU NÍVEL DE SATISFAÇÃO EM VÁRIOS DOMÍNIOS. PARA CADA CASO, HÁ CINCO RESPOSTAS: DIGA-ME, POR FAVOR, PARA CADA QUESTÃO SE ESTÁ MUITO SATISFEITA, BASTANTE SATISFEITA, NEM SATISFEITA NEM INSATISFEITA, BASTANTE INSATISFEITA OU MUITO INSATISFEITA. TAMBÉM PODE OLHAR PARA ESTAS IMAGENS PARA AUXILIÁ-LA NAS SUAS RESPOSTAS. *Mostrar o lado 2 do cartão de resposta e explique o que cada símbolo representa. Circule a resposta mostrada pela entrevistada para perguntas LS3 a LS13.* EM QUE MEDIDA ESTÁ SATISFEITA COM A SUA VIDA FAMILIAR?	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita....................3 Bastante insatisfeita ....4 Muito insatisfeita...5	
LS4. EM QUE MEDIDA ESTÁ SATISFEITA COM OS SEUS AMIGOS OU SUAS AMIGAS?	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita....................3 Bastante insatisfeita ....4 Muito insatisfeita...5	
LS5. DURANTE O PRESENTE ANO LECTIVO (2013-2014),TEM IDO À ESCOLA?	Sim ....1 Não 2	2⇨LS7
LS6. EM QUE MEDIDA ESTÁ SATISFEITA COM A SUA ESCOLA?	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita....................3 Bastante insatisfeita ....4 Muito insatisfeita...5	
LS7 EM QUE MEDIDA ESTÁ SATISFEITA COM O SEU TRABALHO ACTUAL?	Não tem trabalho..0 Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita....................3 Bastante insatisfeita ....4 Muito insatisfeita...5	

LS8. EM QUE MEDIDA ESTÁ SATISFEITA COM A SUA SAÚDE?	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita...................3 Bastante insatisfeita ....4 Muito insatisfeita..5
LS9. EM QUE MEDIDA ESTÁ SATISFEITA COM O LUGAR ONDE VIVE? *Explique que a questão faz referência ao meio onde ele vive, principalmente ou bairro ou a comunidade.*	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita...................3 Bastante insatisfeita ....4 Muito insatisfeita..5
LS10. EM QUE MEDIDA ESTÁ SATISFEITA COM A FORMA COMO AS PESSOAS A SUA VOLTA A TRATAM?	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita...................3 Bastante insatisfeita ....4 Muito insatisfeita..5
LS11. EM QUE MEDIDA ESTÁ SATISFEITA COM A SUA APARÊNCIA FÍSICA?	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita...................3 Bastante insatisfeita ....4 Muito insatisfeita..5
LS12. EM QUE MEDIDA ESTÁ SATISFEITA COM A SUA VIDA DE FORMA GERAL?	Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita...................3 Bastante insatisfeita ....4 Muito insatisfeita..5
LS13. EM QUE MEDIDA ESTÁ SATISFEITA COM SEU RENDIMENTO ACTUAL? *Se a entrevistada responder que não tem rendimento circule o código "0"e vá a questão seguinte. Não insista em saber como ela sente com relação ao facto que ela não tem rendimento, ao menos que ela o diga dela mesma.*	Não tem rendimento.....................................0 Muito satisfeita ....1 Bastante satisfeita ....2 Nem satisfeita, nem insatisfeita...................3 Bastante insatisfeita ....4 Muito insatisfeita..5
LS14. COMPARADO COM O ANO PASSADO, NA MESMA ÉPOCA, DIRIA QUE, DE MANEIRA GERAL, A SUA VIDA MELHOROU, PERMANECEU MAIS OU MENOS A MESMA OU PIOROU?	Melhorou ....1 Mais ou menos a mesma ....2 Piorou 3
LS15. E DENTRO DE UM ANO A PARTIR DESTE MOMENTO, PENSA QUE DE MANEIRA GERAL A SUA VIDA SERÁ MELHOR, CONTINUARÁ NA MESMA OU SERÁ PIOR?	Melhorará ....1 Continuará na mesma ....2 Piorará 3

WM11. *Registe a hora*	Horas e minutos ....__ __ : __ __

WM12. *Confira a lista dos membros do agregado familiar, colunas HL7B e HL15: a entrevistada é a mãe ou a responsável que cuida de uma criança de 0-4 anos no agregado?*

☐ *Sim* ⇨ *Completar o resultado deste Questionário MULHER na página de cobertura (WM7) e depois vá para o QUESTIONÁRIO CRIANÇA COM MENOS DE 5 ANOS para esta criança e comece a entrevista deste questionário com a respondente.*

☐ *Não* ⇨ *Termine a entrevista com a entrevistada com este respondente e agradece-lhe pela sua cooperação e complete o resultado do Questionário MULHER na página de cobertura (WM7).*

Avisa a inquirida que faremos mais tarde os testes de sangue para avaliar o nível de anemia e de VIH/SIDA na população de São Tomé e Príncipe. Explica também que mais tarde será explicado mais em detalhes e será peddio o seu consentimento para cada teste.

Observações do/a inquiridor/a

Observações do/a controlador/a

Observações do/a supervisor/a

CARTA DE RESPOSTAS PARA O MÓDULO SOBRE SATISFAÇÃO NA VIDA

LADO 1: FELICIDADE

Muito feliz	Feliz	Nem feliz, nem infeliz	Infeliz	Muito infeliz

LADO 2: SATISFAÇÃO

Muito satisfeito	Satisfeito	Nem satisfeito, nem insatisfeito	Insatisfeito	Muito insatisfeito

MICS

QUESTIONÁRIO INDIVIDUAL HOMEM
São Tomé e Príncipe, MICS 5, 2014

PAINEL DE INFORMAÇÃO SOBRE O HOMEM	MWM

Este questionário deve ser administrado a todos os homens com idade entre 15 e 49 anos (veja a coluna HL7A da lista dos membros do agregado no Questionário Agregado familiar). Um questionário separado deve ser usado para cada homem elegível.

MWM1. Número AE selecionada: ___ ___ ___	**MWM2**. Número do agregado familiar: ___ ___
MWM3. Nome do homem: _____	**MWM4**. Número de linha do homem: ___ ___
MWM5. Inquiridor/a (nome e número) : Nome _____ No. ___ ___	**MWM6**. Dia/mês/ano da entrevista : ___ ___ /___ ___ / 2 0 1 ___
Se ainda não se apresentou, apresente-se ao entrevistado : NÓS FAZEMOS PARTE DO INSTITUTO NACIONAL DE ESTATÍSTICAS (INE). ESTAMOS A TRABALHAR PARA UM INQUÉRITO SOBRE A SAÚDE FAMILIAR E A EDUCAÇÃO. GOSTARIA DE FALAR CONSIGO SOBRE ESTES ASSUNTOS. A ENTREVISTA DURARÁ APROXIMADAMENTE 10 MINUTOS. TODAS INFORMAÇÕES RECOLHIDAS FICARÃO ESTRITAMENTE CONFIDENCIAIS E ANÔNIMAS.	*Se a apresentação a este entrevistado já foi feita durante o Questionário Agregado familiar, leia a seguinte frase:* AGORA, GOSTARIA DE FALAR SOBRE A SUA SAÚDE E OUTROS ASSUNTOS. A ENTREVISTA DURARÁ APROXIMADAMENTE 10 MINUTOS. TODAS AS INFORMAÇÕES RECOLHIDAS FICARÃO ESTRITAMENTE CONFIDENCIAIS E ANÔNIMAS.

POSSO COMEÇAR AGORA?

☐ *Sim, permissão concedida* ⇨ *Vá a MWM10 para registar a hora e começar a entrevista.*

☐ *Não, permissão não concedida* ⇨ *Circule '03' em WM7. Discuta este resultado com o seu chefe de equipa.*

Depois de ter prenchido completamente o Questionário individual Homen, preencha as seguintes informações:

MWM7. Resultado do Questionário Homem:	Preenchido..01 Ausente...02 Recusa..03 Parcialmente preenchido..................................04 Pessoa sem capacidade de responder.............05 Outro (*especificar*) _____ 96

MWM8. Controlador/a (nome e número): Nome_____ No. __ __	**MWM9**. Digitador/a (nome e número): Nome_____ No. __ __

| **MWM10**. *Registe a hora* | Hora e minutos: ___ ___ : ___ ___ | |

CARACTERÍSTICAS DO HOMEM		**MWB**
MWB1. EM QUE MÊS E ANO NASCEU?	Data de nascimento: Mês .... ___ ___ NS mês .... 98 Ano .... ___ ___ ___ ___ NS ano 9998	
MWB2. QUAL É A SUA IDADE? *Insista:* QUE IDADE TINHA NO ÚLTIMO ANIVERSÁRIO? *Compare e corrija MWB1 e/ou MWB2 se houver incoerências*	Idade (em anos completos) .... ___ ___	
MWB3. JÁ FREQUENTOU ALGUMA ESCOLA OU JARDIM DE INFÂNCIA/CRÊCHE?	Sim .... 1 Não 2	2⇨MWB7
MWB4. QUAL É O SEU NÍVEL ESCOLAR MAIS ALTO FREQUENTADO?	Pré-escolar .... 0 Básico .... 1 Secundário .... 2 Superior 3	0⇨MWB7
MWB5. QUAL É A ÚLTIMA CLASSE QUE CONCLUI NESTE NÍVEL? *Se o 1º ano deste nível não foi concluído, regista "00".*	Classe .... ___ ___	
MWB6. *Verifique MWB4:* ☐ *Secundário ou superior (MWB4 = 2 ou 3)* ⇨ *Vá ao próximo módulo* ☐ *Básico (MWB4 = 1)* ⇨ *Continue com MWB7*		
MWB7. AGORA, GOSTARIA QUE ME LÊSSE ESTA FRASE. *Mostrar a frase da carta para o entrevistado. Se o entrevistado não consegue ler a frase inteira, insista:* PODE LER CERTAS PARTES DA FRASE?	Não pode ler nada .... 1 Pode ler certas partes .... 2 Pode ler a frase inteira .... 3 Não tem frase na língua do entrevistado *(especificar a língua)* .... 4 Cego/mudo/problema de vista 5	

ACESSO À MÍDIA E UTILIZAÇÃO DAS TECNOLOGIAS DE INFORMAÇÃO/COMUNICAÇÃO · MMT

MMT1. *Verifique MWB7:*

☐ *Questão deixada em branco (o entrevistado fez estudos secundários ou superiores)* ⇨ *Continue com MMT2.*

  ☐ *É capaz de ler a frase inteira ou parcial na língua solicitada (WB7 = 2 ou 3) ou não se apresentou frase na língua do entrevistado (WB7 = 4)* ⇨ *Continue com MMT2*

☐ *Não consegue ler nada ou é cego (WB7 =1 ou 5)* ⇨ *Vá à MMT3*

MMT2. Com que frequência lê um jornal ou uma revista: quase todos os dias, pelo menos uma vez por semana, menos de uma vez por semana ou nunca lê?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana .... 3 Nunca... 4	
MMT3. Com que frequência escuta rádio: quase todos os dias, pelo menos uma vez por semana, menos de uma vez por semana ou nunca escuta?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana .... 3 Nunca... 4	
MMT4. Com que frequência vê televisão: quase todos os dias, pelo menos uma vez por semana, menos de uma vez por semana ou nunca vê?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana .... 3 Nunca... 4	

MMT5. *Verifique MWB2: idade do entrevistado?*

  ☐ *Idade 15-24 anos* ⇨ *Continue com MMT6*

☐ *Idade 25-49 anos* ⇨ *Vá para módulo seguinte*

MMT6. Já utilizou alguma vez um computador?	Sim .... 1 Não... 2	2⇨MMT9
MMT7. Nos últimos 12 meses, utilizou alguma vez um computador, independentemente do local?	Sim .... 1 Não... 2	2⇨MMT9
MMT8. Durante o último mês, quantas vezes usou um computador: quase todos os dias, pelo menos uma vez por semana, menos de uma vez por semana ou nunca usou?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana .... 3 Nunca... 4	
MMT9. Já utilizou a internet alguma vez?	Sim .... 1 Não... 2	2⇨ Módulo seguinte
MMT10. Nos últimos 12 meses, utilizou a internet alguma vez? *Se necessário, insista para saber a utilização da internet, independemente do local ou aparelho usado.*	Sim .... 1 Não... 2	2⇨ Módulo seguinte
MMT11. Durante o último mês, com que frequência utilizou a internet: quase todos os dias, pelo menos uma vez por semana, menos de uma vez por semana ou nunca usou?	Quase todos os dias .... 1 Pelo menos uma vez por semana .... 2 Menos de uma vez por semana .... 3 Nunca... 4	

FECUNDIDADE		MCM
MCM1. AGORA, GOSTARIA DE FAZER ALGUMAS PERGUNTAS SOBRE TODOS OS FILHOS NASCIDOS VIVOS DURANTE TODA A SUA VIDA. ESTOU INTERESSADO EM TODAS AS CRIANÇAS QUE SÃO SUAS BIOLOGICAMENTE, MESMO QUE LEGALMENTE NÃO SÃO SUAS OU QUE NÃO TÊM SEU SOBRENOME. JÁ TEVE FILHOS OU FILHAS?	Sim .... 1 Não.. 2 NS 8	2⇨MCM8 8⇨MCM8
MCM3. QUANTOS ANOS TEVE QUANDO NASCEU SEU PRIMEIRO FILHO OU FILHA?	Anos completos .... __ __	
MCM4. ALGUM FILHO OU FILHA BIOLÓGICO/A SEU/SUA VIVE ACTUALMENTE CONSIGO?	Sim .... 1 Não.. 2	2⇨MCM6
MCM5.QUANTOS FILHOS BIOLÓGICOS SEUS VIVEM CONSIGO ? QUANTAS FILHAS BIOLÓGICAS SUAS VIVEM CONSIGO ? *Se nenhum/a, registe '00'.*	Filhos biológicos em casa.................... __ __ Filhas biológicas em casa.................... __ __	
MCM6. TEM ALGUM FILHO OU FILHA BIOLÓGICO/A SEU/SUA VIVO/A, MAS QUE NÃO VIVE ACTUALMENTE CONSIGO?	Sim .... 1 Não.. 2	2⇨MCM8
MCM7. QUANTOS FILHOS BIOLÓGICOS SEUS ESTÃO VIVOS MAS NÃO VIVEM CONSIGO ? QUANTAS FILHAS BIOLÓGICAS SUAS ESTÃO VIVAS MAS NÃO VIVEM CONSIGO ? *Se nenhum/a, registe '00'.*	Filhos biológicos fora de casa .... __ __ Filhas biológicas fora de casa .... __ __	
MCM8. TEVE ALGUM FILHO OU FILHA BIOLÓGICO/A SEU/SUA QUE NASCEU VIVO/A MAS QUE DEPOIS MORREU ? *Se "não" insista em perguntar:* QUERO DIZER UMA CRIANÇA QUE RESPIROU, CHOROU OU MOSTROU OUTROS SINAIS DE VIDA, MESMO QUE VIVEU SOMENTE POR ALGUNS MINUTOS OU ALGUMAS HORAS?	Sim .... 1 Não.. 2	2⇨MCM10
MCM9. QUANTOS FILHOS BIOLÓGICOS SEUS FALECERAM? QUANTAS FILHAS BIOLÓGICAS SUAS FALECERAM? *Se nenhuma, registe '00'.*	Filhos biológicos falecidos .... __ __ Filhas biológicas falecidas .... __ __	
MCM10. *Some as respostas de MCM5, MCM7 e MCM9.*	Soma.. __ __	

MCM11. DEIXA VER SE COMPREENDI BEM: TEVE NO TOTAL (*número total de MCM10*) FILHOS/AS BIOLÓGICOS/AS DURANTE TODA SUA VIDA. ESTÁ CORRETO ?
 	
☐ *Sim ⇨ Verifique abaixo:*
 	
    ☐ *Nenhum filho/a ⇨ Vá para o módulo seguinte*
    ☐ *Um/a ou mais filho/a ⇨ Continue com MCM11A*
 	
☐ *Não ⇨ Verifique as respostas das questões MCM1-MCM10 e faça as correcções necessárias*		

MCM11A. TODAS AS CRIANÇAS QUE SÃO SEUS FILHOS OU SUAS FILHAS BIOLÓGICOS/AS TÊM A MESMA MÃE?	Sim ....1 Não...2	1⇨MCM12
MCM11B. NO TOTAL, COM QUANTAS MULHERES TEVE FILHOS/AS ?	Número de mulheres .... ___ ___	
MCM12. QUANDO NASCEU A ÚLTIMA DAS (*número total em MCM10*) CRIANÇAS DAS QUAIS É O PAI BIOLÓGICO (MESMO SE A CRIANÇA JÁ FALECEU)? O mês e o ano devem ser registados.	Data de nascimento do último filho/a biológico/a: Mês .... ___ ___ Ano................................. ___ ___ ___ ___	

ATITUDES EM RELAÇÃO À VIOLÊNCIA DOMÉSTICA				MDV
MDV1. AS VEZES, O MARIDO FICA CHATEADO OU COM RAIVA POR CAUSA DE ALGUMAS ACÇÕES DA SUA ESPOSA. NA SUA OPINIÃO, ISTO JUSTIFICA QUE O MARIDO BATA OU ESPANCA A MULHER EM ALGUMA DAS SEGUINTES SITUAÇÕES:		Sim	Não	NS
[A] SE ELA SAI SEM O AVISAR ?	Sai sem o avisar 1		2	8
[B] SE ELA NEGLIGENCIA AS CRIANÇAS?	Negligencia as crianças............ 1		2	8
[C] SE ELA DISCUTE COM ELE ?	Se discute................................. 1		2	8
[D] SE ELA RECUSAR A TER RELAÇÕES SEXUAIS?	Recusa sexo............................. 1		2	8
[E] SE ELA QUEIMA A COMIDA?	Queima a comida 1		2	8
[F] SE ELA O TRAI COM OUTRO HOMEM?	Trai marido 1		2	8

CASAMENTO/UNIÃO DE FACTO		MMA
MMA1. ACTUALMENTE É CASADO OU VIVE COM UMA MULHER COMO SE FOSSEM CASADOS (UNIÃO DE FACTO)?	Sim, actualmente casado ....1 Sim, vive com uma mulher ....2 Não, não vive em união..............................3	3⇨MMA5
MMA3. VIVE COM OUTRAS ESPOSAS OU VIVE COM OUTRAS MULHERES COMO SE ESTIVESSEM CASADOS?	Sim (mais de uma esposa).........................1 Não (somente uma esposa) 2	2⇨MMA7
MMA4. COM QUANTAS ESPOSAS/MULHERES VIVE COMO SE ESTIVESSE CASADO ?	Número .... __ __	⇨MMA8B
MMA5. JÁ FOI CASADO OU JÁ VIVEU COM UMA MULHER COMO SE FOSSEM CASADOS (UNIÃO DE FACTO)?	Sim, já foi casado ....1 Sim, já viveu com uma mulher ....2 Não 3	3 ⇨ Módulo seguinte
MMA6. QUAL É A SUA SITUAÇÃO MATRIMONIAL ACTUAL: VIÚVO, DIVORCIADO OU SEPARADO?	Viúvo..1 Divorciado..2 Separado 3	
MMA7. JÁ FOI CASADO OU JÁ VIVEU COM UMA MULHER, UMA VEZ OU MAIS DE UMA VEZ?	Uma única vez...1 Mais de uma vez 2	1⇨MMA8A 2⇨MMA8B
MMA8A EM QUE MÊS E ANO CASOU OU COMEÇOU A VIVER COM UMA MULHER COMO SE ESTIVESSEM CASADOS? **MMA8B** EM QUE ANO CASOU PELA <u>PRIMEIRA VEZ</u> OU COMEÇOU A VIVER PELA <u>PRIMEIRA VEZ</u> COM UMA MULHER COMO SE ESTIVESSEM CASADOS?	Data do primeiro casamento: Mês .... __ __ NS mês ....98 Ano .... __ __ __ __ NS ano...9998	⇨ Módulo seguinte
MMA9. QUANTOS ANOS TINHA QUANDO COMEÇOU A VIVER COM A SUA PRIMEIRA ESPOSA/PARCEIRA?	Idade em anos...................................... __ __	

COMPORTEMENTO SEXUAL		MSB

Verifique que não há presença de outras pessoas. Antes de continuar a entrevista, faça o possível para estar em privado com o entrevistado.

MSB1. AGORA, GOSTARIA DE LHE FAZER ALGUMAS PERGUNTAS SOBRE A SUA VIDA SEXUAL PARA MELHOR ENTENDER ALGUMAS QUESTÕES IMPORTANTES DA VIDA. AS INFORMAÇÕES QUE NOS FORNECERÁ SERÃO MANTIDAS EM ESTRITA CONFIDENCIALIDADE. QUANTOS ANOS TINHA QUANDO TEVE A SUA PRIMEIRA RELAÇÃO SEXUAL?	Nunca teve relações sexuais ....00 Idade em anos...__ __ Primeira vez quando começou a viver com 1ª esposa/parceira 95	00⇨ Módulo seguinte
MSB2. A PRIMEIRA VEZ QUE TEVE RELAÇÕES SEXUAIS, USOU UM PRESERVATIVO?	Sim...1 Não ....2 NS/não lembra.......................................8	
MSB3. QUANDO TEVE RELAÇÕES SEXUAIS PELA ÚLTIMA VEZ? *Registar a resposta em número de dias, semanas ou meses, se for menos de 12 meses. Se 12 meses (1 ano) ou mais, a resposta será registado em anos.*	Há … dias .... 1 __ __ Há … semanas .... 2 __ __ Há … meses .... 3 __ __ Há … anos .... 4 __ __	4⇨MSB15
MSB4. A ÚLTIMA VEZ QUE TEVE RELAÇÕES SEXUAIS, USOU UM PRESERVATIVO ?	Sim...1 Não 2	
MSB5. QUAL ERA O SEU RELACIONAMENTO COM A PESSOA COM QUEM TEVE A SUA ÚLTIMA RELAÇÃO SEXUAL? *Insista para assegurar que a resposta se refere ao tipo de relacionamento no momento da relação sexual.* *Se é a 'namorada', pergunte:* VIVIAM JUNTOS, COMO SE FOSSEM CASADOS? *Se 'sim', circule '2'. Se 'não', circule '3'.*	**Esposa**……………….......………....... **1** Parceira de coabitação ....2 **Namorada** …………………………………**3** **Encontro casual**…………………………**4** **Prostituta**………………………………….. **5** **Outro (***especificar*) _____**6**	
MSB8. TEVE RELAÇÕES SEXUAIS COM OUTRA PESSOA NOS ÚLTIMOS 12 MESES ?	Sim...1 Não 2	2⇨MSB15
MSB9. A ÚLTIMA VEZ QUE TEVE RELAÇÕES SEXUAIS COM ESTA OUTRA PESSOA, USOU UM PRESERVATIVO?	Sim...1 Não 2	
MSB10. QUAL ERA O SEU RELACIONAMENTO COM ESTA PESSOA? *Certifique que a resposta se refere ao tipo de relacionamento no momento da relação sexual.* *Se a 'namorada', pergunte:* VIVIAM COMO SE FOSSEM CASADOS? *Se 'sim', circule '2'. Se 'não', circule '3'.*	**Esposa** ....1 **Parceira de coabitação** ....2 **Namorada** ....3 **Encontro casual**.......................................4 **Prostituta** ....5 **Outro (***especificar* _____**6**	

MSB13 ALÉM DESTAS DUAS PESSOAS, TEVE RELAÇÕES SEXUAIS COM OUTRA(S) PESSOA(S) NOS ÚLTIMOS 12 MESES?	Sim...1 Não 2	2⇨MSB15
MSB14. NO TOTAL, COM QUANTAS PESSOAS DIFERENTES TEVE RELAÇÕES SEXUAIS NOS ÚLTIMOS 12 MESES?	Número de pessoas............................. __ __	
MSB15. NO TOTAL, COM QUANTAS PESSOAS DIFERENTES TEVE RELAÇÕES SEXUAIS DURANTE TODA A SUA VIDA? *Em caso de resposta não numérica, insista para obter uma estimativa.* *Se o número de parceiros é igual a 95 ou mais, introduzir '95'.*	Número de pessoas durante a vida ..... __ __ NS..98	

VIH/SIDA		MHA
MHA1. AGORA, GOSTARIA DE FALAR SOBRE OUTRO ASSUNTO: JÁ OUVIU FALAR DE UMA DOENÇA CHAMADA SIDA?	Sim .... 1 Não 2	2⇨ Módulo seguinte
MHA2. AS PESSOAS PODEM DIMINUIR O RISCO DE CONTRAIR O VÍRUS DO SIDA TENDO APENAS UMA PARCEIRA SEXUAL QUE NÃO ESTÁ INFECTADO E QUE TAMBÉM NÃO TEM NENHUM OUTRO PARCEIRO?	Sim .... 1 Não .... 2 NS 8	
MHA3. AS PESSOAS PODEM CONTRAIR O VÍRUS DO SIDA POR FEITIÇARIAS OU OUTROS MEIOS SOBRENATURAIS?	Sim .... 1 Não .... 2 NS 8	
MHA4. AS PESSOAS PODEM REDUZIR O RISCO DE CONTRAIR O VÍRUS DO SIDA UTILIZANDO UM PRESERVATIVO TODA VEZ QUE TEM RELAÇÕES SEXUAIS?	Sim .... 1 Não .... 2 NS 8	
MHA5. AS PESSOAS PODEM CONTRAIR O VÍRUS DO SIDA POR PICADAS DE MOSQUITO?	Sim .... 1 Não .... 2 NS 8	
MHA6. AS PESSOAS PODEM CONTRAIR O VÍRUS DO SIDA PARTILHANDO ALIMENTOS COM UMA PESSOA CONTAMINADA COM O SIDA?	Sim .... 1 Não .... 2 NS 8	
MHA7. É POSSÍVEL QUE UMA PESSOA QUE APARENTA TER BOA SAÚDE TENHA O VÍRUS DO SIDA?	Sim .... 1 Não .... 2 NS 8	
MHA8. O VÍRUS DO SIDA PODE SER TRANSMITIDO DA MÃE PARA O SEU BEBÉ: [A] DURANTE A GRAVIDEZ ? [B] DURANTE O PARTO ? [C] DURANTE O ALEITAMENTO ?	S N NS Durante a gravidez....................1 2 8 Durante o parto ....1 2 8 Durante o aleitamento 1 2 8	
MHA9. NA SUA OPINIÃO, SE UMA PROFESSORA TEM O VÍRUS DO SIDA MAS NÃO ESTÁ DOENTE, DEVERIA SER AUTORIZADA A CONTINUAR A ENSINAR NA ESCOLA?	Sim .... 1 Não .... 2 NS/não tem certeza/depende 8	
MHA10. COMPRARIA LEGUMES FRESCOS DE UM COMERCIANTE OU UM VENDEDOR SE SOUBESSE QUE ELE TEM O VÍRUS DO SIDA?	Sim .... 1 Não .... 2 NS/não tem certeza/depende 8	
MHA11. SE UM MEMBRO DA SUA FAMÍLIA FOR INFECTADO PELO VÍRUS DO SIDA, GOSTARIA QUE O SEU ESTADO PERMANECESSE SEGREDO?	Sim .... 1 Não .... 2 NS/não tem certeza/depende 8	
MHA12. SE UM MEMBRO DA SUA FAMÍLIA FOR INFECTADO PELO VÍRUS DO SIDA, ESTARIA PRONTO PARA DE CUIDAR DELE/A NA SUA PRÓPRIA CASA?	Sim .... 1 Não .... 2 NS/não tem certeza/depende 8	
MHA24. NÃO QUERO SABER O RESULTADO, MAS JÁ FEZ ALGUMA VEZ O TESTE PARA SABER SE TEM O VÍRUS DO SIDA?	Sim .... 1 Não 2	2⇨MHA27

MHA25. QUANDO FEZ O TESTE DO SIDA PELA ÚLTIMA VEZ?	Há menos de 12 meses .... 1 Há 12 – 23 meses .... 2 Há 2 anos ou mais 3	
MHA26. NÃO QUERO SABER O RESULTADO, MAS OBTEVE O RESULTADO DO TESTE?	Sim .... 1 Não .... 2 NS 8	1⇨ Módulo seguinte 2⇨ Módulo seguinte 8⇨ Módulo seguinte
MHA27. CONHECE ALGUM LUGAR ONDE AS PESSOAS PODEM SE DIRIGIR PARA FAZER O TESTE DO SIDA?	Sim .... 1 Não 2	

CIRCUNCISÃO		MMC
MMC1. ALGUNS HOMENS SÃO CIRCUNCIDADOS, QUER DIZER QUE SEU PREPÚCIO FOI COMPLETAMENTE REMOVIDO DA GLANDE. O SENHOR FOI CIRCUNCIDADO?	Sim .... 1 Não.. 2	2⇨ Módulo seguinte
MMC2. QUANTOS ANOS TINHA QUANDO FOI CIRCUNCIDADO?	Idade em anos completos .... __ __ NS 98	
MMC3. QUEM FEZ A SUA CIRCUNCISÃO?	Curandeiro/familiar/amigo............................ 1 Agente de saúde/profissional de saúde....... 2 Outro (*especificar*).. 6 NS 8	
MMC4. ONDE FOI FEITO A CIRCUNCISÃO?	Hospital/estrutura de saúde .... 1 Casa do agente de saúde/profissional .... 2 Circuncisão feita em casa............................ 3 Local de ritual.. 4 Outro (*especificar*).. 6 NS 8	

CONSUMO DE TABACO E DE ÁLCOOL		MTA
MTA1. JÁ EXPERIMENTOU FUMAR CIGARRO, MESMO QUE SÓ UM OU DOIS SOPROS?	Sim .... 1 Não 2	2⇨MTA6
MTA2. QUANTOS ANOS TINHA QUANDO FUMOU UM CIGARRO INTEIRO PELA PRIMEIRA VEZ?	Nunca fumou um cigarro inteiro................ 00 Idade .... ___ ___	00⇨MTA6
MTA3. ACTUALMENTE FUMA CIGARROS?	Sim .... 1 Não 2	2⇨MTA6
MTA4. DURANTE AS ÚLTIMAS 24 HORAS, QUANTOS CIGARROS FUMOU ?	Número de cigarros .... ___ ___	
MTA5. DURANTE O ÚLTIMO MÊS, POR QUANTOS DIAS FUMOU CIGARROS? *Se menos de 10 dias, anote o número de dias. Se 10 dias ou mais, mas menos de um mês, círcule "10". Se "todos os dias" ou "quase todos os dias," círcule "30".*	Número de dias .... 0 ___ 10 dias ou mais, mas menos de um mês .. 10 Diáriamente/quase todos os dias 30	
MTA6. JÁ TENTOU FUMAR OUTROS PRODUTOS DE TABACO QUE NÃO SEJAM CIGARROS, TAIS COMO CHARUTOS, CACHIMBO, CIGARRILHAS?	Sim .... 1 Não 2	2⇨MTA10
MTA7. DURANTE O ÚLTIMO MÊS, CONSUMIU ALGUM DESSES PRODUTOS DE TABACO PARA FUMAR ?	Sim .... 1 Não 2	2⇨MTA10
MTA8. QUE TIPO DE PRODUTO DE TABACO PARA FUMAR CONSUMIU DURANTE O ÚLTIMO MÊS? *Circule tudo que for mencionado.*	Charutos ....A Cigarrilha..C Cachimbo..D Outros (*especificar*) X	
MTA9. NO ÚLTIMO MÊS, DURANTE QUANTOS DIAS FEZ USO DE PRODUTOS DE TABACO PARA FUMAR? *Se menos de 10 dias, anote o número de dias. Se 10 dias ou mais, mas menos de um mês, círcule "10". Se "todos os dias" ou "quase todos os dias," círcule "30".*	Número de dias .... 0 ___ 10 dias ou mais, mas menos de um mês .. 10 Diáriamente/quase todos os dias 30	
MTA10. JÁ USOU PRODUTOS DE TABACO QUE NÃO SE FUMAM, COMO TABACO A MASCAR OU TABACO PARA CHEIRAR (CANCAN)?	Sim .... 1 Não 2	2 ⇨MTA14
MTA11. DURANTE O ÚLTIMO MÊS, CONSUMIU ALGUM PRODUTO DE TABACO QUE NÃO SE FUMA?	Sim .... 1 Não 2	2 ⇨MTA14
MTA12. QUE TIPO DE PRODUTO DE TABACO QUE NÃO SE FUMA CONSUMIU DURANTE O ÚLTIMO MÊS? *Circule tudo o que for mencionado*	Tabaco de mascar .... A Tabaco de cheirar (cancan)........................... B Outro (*especificar*) X	

MTA13. DURANTE O ÚLTIMO MÊS, DURANTE QUANTOS DIAS FEZ USO DE PRODUTOS DE TABACO QUE NÃO SE FUMAM? *Se menos de 10 dias, anote o número de dias. Se 10 dias ou mais, mas menos de um mês, círcule "10". Se "todos os dias" ou "quase todos os dias," círcule "30"*	Número de dias.................................... 0 ___ 10 dias ou mais, masmenos que um mês . 10 Diáriamente/quase todos os dias 30	
MTA14. AGORA, GOSTARIA DE FAZER ALGUMAS PERGUNTAS SOBRE O CONSUMO DE ÁLCOOL. JÁ BEBEU BEBIDAS ALCOÓLICAS ALGUMA VEZ?	Sim... 1 Não 2	2⇨Módulo seguinte
MTA15. CONTAMOS COMO UMA DOSE DE ÁLCOOL UMA GARRAFA OU LATA DE CERVEJA, UM COPO DE VINHO, UMA DOSE DE COGNAC, VODKA, WHISKEY OU RHUM. QUANTOS ANOS TINHA QUANDO INGERIU ÁLCOOL PELA PRIMEIRA VEZ SENDO MAIS DO QUE SIMPLESMENTE ALGUNS GOLES?	Nunca bebeu álcool .... 00 Idade .... ___ ___	00⇨ Módulo seguinte
MTA16. NO ÚLTIMO MÊS, DURANTE QUANTOS DIAS BEBEU PELO MENOS UMA DOSE DE ÁLCOOL? *Se o entrevistado não ingere bebidas com álcool circule "00". Se menos de 10 dias, anotar o número de dias. Se 10 dias ou mais, mais menos de um mês , circule "10". Se "cada dia" ou "quase todos os dias", circule "30"*	Não bebeu durante o mês passado........... 00 Número de dias.................................... 0 ___ 10 dias ou mais, mas menos que um mês 10 Diáriamente/quase todos os dias 30	00⇨ Módulo seguinte
MTA17. DURANTE O MÊS PASSADO, NOS DIAS EM QUE BEBEU BEBIDAS ALCOÓLICAS, QUANTAS DOSES TOMOU?	Número de doses.............................. ___ ___	

SATISFAÇÃO NA VIDA		MLS
MLS1. *Verifique WMB2: idade do entrevistado entre 15 e 24 ?* ☐ *Idade 25- 49 ⇨ Vá a MWM11* ☐ *Idade 15- 24 ⇨ Continue com MLS2*		
MLS2. Agora, gostaria de fazer algumas perguntas simples sobre felicidade e a satisfação. Primeiramente, neste momento diria que está muito feliz, bastante feliz, nem feliz nem infeliz, bastante infeliz, muito infeliz ? Pode olhar também para estas imagens para auxiliá-lo na sua resposta. *Mostre o lado 1 da carta de respostas e explique o que representa cada símbolo. Circule a resposta mostrada pelo entrevistado.*	Muito feliz ....1 Bastante feliz...2 Nem feliz, nem infeliz ....3 Bastante infeliz ....4 Muito infeliz 5	
MLS3. Agora, gostaria de lhe fazer algumas perguntas sobre o seu nível de satisfação em vários domínios. Para cada caso, há cinco respostas possíveis: diga-me, por favor, para cada questão se está muito satisfeito, bastante satisfeito, nem satisfeito nem insatisfeito, bastante insatisfeito ou muito insatisfeito. Também pode olhar para estas imagens para auxiliá-lo nas suas respostas. *Mostrar o lado 2 do cartão de respostas e explique o que cada símbolo representa. Circule a resposta mostrada pelo entrevistado para perguntas MLS3 para MLS13.* Em que medida está satisfeito com a sua vida familiar?	Muito satisfeito ....1 Bastante satisfeito.......................................2 Nem satisfeito, nem insatisfeito ....3 Bastante insatisfeito ....4 Muito insatisfeito..5	
MLS4. Em que medida está satisfeito com seus amigos?	Muito satisfeito ....1 Bastante satisfeito.......................................2 Nem satisfeito, nem insatisfeito ....3 Bastante insatisfeito ....4 Muito insatisfeito..5	
MLS5. Durante o presente ano lectivo (2013-2014), tem ido a escola ?	Sim ....1 Não...2	2⇨MLS7
MLS6. Em que medida está/estava satisfeito com a sua escola?	Muito satisfeito ....1 Bastante satisfeito.......................................2 Nem satisfeito, nem insatisfeito ....3 Bastante insatisfeito ....4 Muito insatisfeito..5	

MLS7. EM QUE MEDIDA ESTÁ SATISFEITO COM SEU TRABALHO ACTUAL?	Não tem trabalho..0 Muito satisfeito ....1 Bastante satisfeito...2 Nem satisfeito, nem insatisfeito ....3 Bastante insatisfeito ....4 Muito insatisfeito...5	
MLS8 EM QUE MEDIDA ESTÁ SATISFEITO COM A SUA SAÚDE ?	Muito satisfeito ....1 Bastante satisfeito...2 Nem satisfeito, nem insatisfeito ....3 Bastante insatisfeito ....4 Muito insatisfeito...5	
MLS9. EM QUE MEDIDA ESTÁ SATISFEITO COM A LUGAR ONDE VIVE? *Explique que a questão faz referência ao ambiente onde ele vive, principalmente o bairro e a comunidade.*	Muito satisfeito ....1 Bastante satisfeito...2 Nem satisfeito, nem insatisfeito ....3 Bastante insatisfeito ....4 Muito insatisfeito...5	
MLS10. EM QUE MEDIDA ESTÁ SATISFEITO COM A FORMA COMO AS PESSOAS A SUA VOLTA O TRATAM?	Muito satisfeito ....1 Bastante satisfeito...2 Nem satisfeito, nem insatisfeito ....3 Bastante insatisfeito ....4 Muito insatisfeito...5	
MLS11. EM QUE MEDIDA ESTÁ SATISFEITO COM A SUA APARÊNCIA FÍSICA?	Muito satisfeito ....1 Satisfeito..2 Nem satisfeito, nem insatisfeito ....3 Insatisfeito ....4 Muito insatisfeito...5	
MLS12. EM QUE MEDIDA ESTÁ SATISFEITO COM A SUA VIDA DE FORMA GERAL?	Muito satisfeito ....1 Satisfeito..2 Nem satisfeito, nem insatisfeito ....3 Insatisfeito ....4 Muito insatisfeito...5	
MLS13. EM QUE MEDIDA ESTÁ SATISFEITO COM SEU RENDIMENTO ACTUAL? *Se o entrevistado responder que não tem rendimento, circule o código "0" e vá a questão seguinte. Não insista em saber como ele sente com relação ao facto de não ter rendimento, ao menos que ele o diga ele mesmo.*	Não tem rendimento....................................0 Muito satisfeito ....1 Satisfeito..2 Nem satisfeito, nem insatisfeito ....3 Insatisfeito ....4 Muito insatisfeito...5	
MLS14. COMPARADO COM O ANO PASSADO, NA MESMA ÉPOCA, DIRIA QUE EM GERAL A SUA VIDA MELHOROU, PERMANECEU MAIS OU MENOS A MESMA OU PIOROU?	Melhorou ....1 Continuou na mesma ....2 Piorou 3	
MLS15. DENTRO DE UM ANO, A PARTIR DESTE MOMENTO, PENSA QUE DE MANEIRA GERAL SUA VIDA SERÁ MELHOR, CONTINUARÁ NA MESMA OU SERÁ PIOR ?	Melhorará ....1 Continuará na mesma...................................2 Piorará..3	

MWM11. *Registe a hora*	Hora e minuto __ __ : __ __

MWM12. *Verifique a lista dos membros do agregado, coluna HL9: o entrevistado é responsável por alguma criança de 0-4 anos que vive neste agregado ?*

☐ *Sim ⇨ Completar o resultado deste Questionário Homen na página de cobertura (MWM7) e depois vá para o Questionário Crianças menores de 5 anos para esta criança e comece a entrevista com este entrevistado.*

☐ *Não ⇨ Termine a entrevista com este entrevistado, agradeça por sua colaboração e complete o resultado do Questionário Homen na página de cobertura (MWM7).*

Avisa o inquirido que faremos mais tarde os testes de sangue para avaliar o nível de VIH/SIDA na população de São Tomé e Príncipe. Explica também que mais tarde será explicado mais em detalhes e será peddio o seu consentimento para cada teste.

Observações do/a inquiridor/a

Observações do/a controlador/a

Observações do/a supervisor/a

▄▄■ MICS

QUESTIONÁRIO CRIANÇAS MENORES DE 5 ANOS
SÃO TOMÉ E PRÍNCIPE, MICS 5, 2014

PAINEL DE INFORMAÇÃO SOBRE A CRIANÇA MENOR DE 5 ANOS DE IDADE	UF

Este questionário deve ser administrado a todas as mães ou responsáveis (veja coluna HL15 da lista de membros do agregado do Questionário Agregado familiar) que cuidam de crianças menores de 5 anos que vivem com eles/as (veja coluna HL7B da lista de membros do agregado familiar). Um questionário separado deve ser usado para cada criança elegível.

UF1. Número AE selecionada: ___ ___ ___

UF2. Número do agregado familiar: ___ ___

UF3. Nome da criança: _____

UF4. Número de linha da criança: ___ ___

UF5. Nome da mãe/encarregado/a: _____

UF6. No. de linha da mãe/encarregado/a: __ __

UF7. Inquiridor/a (nome e número) :

Nome _____ No. ___ ___

UF8. Dia/mês/ano da entrevista:

___ ___ /___ ___ / 2 0 1 ___

Se ainda não se apresentou, apresente-se ao ou à entrevistado/a :

NÓS FAZEMOS PARTE DO INSTITUTO NACIONAL DE ESTATÍSTICAS (INE). ESTAMOS A TRABALHAR PARA UM INQUÉRITO SOBRE A SAÚDE FAMILIAR E A EDUCAÇÃO. GOSTARIA DE FALAR CONSIGO SOBRE A SAÚDE E O BEM-ESTAR DE *(nome da criança em UF3)*. A ENTREVISTA DURARÁ APROXIMADAMENTE 20 MINUTOS. TODAS INFORMAÇÕES QUE NOS FORNECER FICARÃO ESTRITAMENTE CONFIDENCIAIS E ANÔNIMAS.

Se a apresentação já foi feita a este/a entrevistado/a durante o Questionário Agregado familiar, leia a seguinte frase:

AGORA, GOSTARIA DE FALAR SOBRE A SAÚDE E O BEM-ESTAR DE *(nome da criança em UF3)*. A ENTREVISTA DURARÁ APROXIMADAMENTE 20 MINUTOS. TODAS AS INFORMAÇÕES QUE FORNECER FICARÃO ESTRITAMENTE CONFIDENCIAIS E ANÔNIMAS.

POSSO COMEÇAR A ENTREVISTA AGORA?

☐ *Sim, permissão concedida ⇨ Siga para UF12 para registar a hora e e comece a entrevista.*
☐ *Não, permissão negada ⇨ Circule '03' em UF9. Discuta esse resultado com seu chefe de equipa.*

Depois de ter preenchido completamente o Questionário Crianças menores de 5 anos, preencha as seguintes informações:

UF9. Resultado da entrevista com a criança menor de 5 anos:

Os códigos referem-se a mãe/encarregado/a da criança.

Preenchido.. 01
Ausente 02
Recusa.. 03
Parcialmente preenchido 04
Pessoa sem capacidade de responder 05

Outro (*especificar*) _____ 96

UF10. Controlador/a (nome e número):

Nome_____ No. __ __

UF11. Digitador/a (nome e número):

Nome_____ No. ___ __

UF12. *Registe a hora.*	Hora e minutos __ __ : __ __

IDADE		**AG**
AG1. AGORA, GOSTARIA FAZER ALGUMAS PERGUNTAS SOBRE O DESENVOLVIMENTO E A SAÚDE DE (*nome*). EM QUE DIA, MÊS E ANO (*nome*) NASCEU? *Insista:* QUAL É A DATA DE NASCIMENTO DE (*nome*)? Se a mãe/encarregado/a da criança sabe a data de nascimento exacta, introduzir também o dia, caso contrário, círculo 98 para o dia. O mês e o ano devem ser registrados obrigatoriamente.	Data de nascimento: Dia .... __ __ Não sabe dia..98 Mês .... __ __ Ano ....2 0 __ __	
AG2. QUANTOS ANOS O/A (*nome*) TEM? *Insista*: QUANTOS ANOS (*nome*) TINHA NO SEU ÚLTIMO ANIVERSÁRIO? Marque a idade em anos completos. Marque '0' se menor que 1 ano. Compare e corrija AG1 e/ou AG2 se houver inconsistência.	Idade (em anos completos).........................__	

REGISTO DE NASCIMENTO		BR
BR1. O/A *(nome)* TEM CÉDULA PESSOAL? *Se sim, pergunte:* POSSO VÊ-LA?	Sim, vi.. 1 Sim, não vi... 2 Não .... 3 NS.. 8	1⇨Módulo seguinte 2⇨Módulo seguinte
BR2. O/A *(nome)* FOI REGISTADO/A NO REGISTO CIVIL?	Sim .... 1 Não... 2 NS.. 8	1⇨ Módulo seguinte
BR3. SABE COMO FAZER PARA REGISTAR O NASCIMENTO DE *(nome)*?	Sim .... 1 Não... 2	

DESENVOLVIMENTO NA PRIMEIRA INFÂNCIA		EC
EC1. QUANTOS LIVROS INFANTIS OU LIVROS DE DESENHOS TEM PARA (*nome*)? *Não inclui livros ou cadernos escolares.*	Nenhum ....00 Número de livros infantis ....0 __ Dez ou mais livros 10	
EC2. GOSTARIA DE SABER COM QUE OBJETOS O/A (*nome*) BRINCA QUANDO ELE/A ESTÁ EM CASA. ELE/A BRINCA COM: [A] BRINQUEDOS CASEIROS (TAIS COMO BONECAS, CARROS OU OUTROS BRINQUEDOS FEITOS EM CASA)? [B] BRINQUEDOS INDUSTRIALIZADOS COMPRADOS NA LOJA OU EM OUTRO LUGAR? [C] OBJECTOS DE CASA (TAIS COMO TIGELAS OU VASOS) OU OBJECTOS ENCONTRADOS NA RUA (TAIS COMO PAUS, PEDRAS, ANIMAIS, CONCHAS OU FOLHAS)? Se o/a entrevistado/a diz "sim" às categorias mencionadas acima, então insista para saber especificamente com o que a criança brinca para ter certeza.	S N NS Brinquedos caseiros .... 1 2 8 Brinquedos industrializados .... 1 2 8 Objectos de casa ou da rua 1 2 8	
EC3. ÀS VEZES, OS ADULTOS QUE CUIDAM DAS CRIANÇAS TÊM QUE SAIR PARA FAZER COMPRAS, LAVAR ROUPA OU POR OUTRAS RAZÕES E TÊM QUE DEIXAR CRIANÇAS MENORES SOZINHAS. DURANTE A SEMANA PASSADA, POR QUANTOS DIAS (*nome*) FOI: [A] DEIXADO SOZINHO/A POR MAIS DE UMA HORA? [B] DEIXADO AOS CUIDADOS DE OUTRA CRIANÇA MENOR DE 10 ANOS DE IDADE POR MAIS DE UMA HORA? Se 'nunca' marque' 0'. Se não sabe, marque'8'.	Número de dias deixada sozinha por mais de uma hora.. __ Número de dias deixada aos cuidados de outro menor por mais de uma hora ....__	
EC4. *Verifique AG2: idade da criança?* ☐ *Idade da criança 0, 1 ou 2 anos* ⇨ *Vá ao módulo seguinte* ☐ *Idade da criança 3 ou 4 anos* ⇨ *Continue com EC5*		
EC5. O/A (*nome*) ESTÁ NUM PROGRAMA DE APRENDIZAGEM EDUCATIVO, TAL COMO NUM ESTABELECIMENTO DE ENSINO PÚBLICO OU PRIVADO, INLUINDO JARDIM DE INFÂNCIA OU CENTRO COMUNITÁRIO ?	Sim..1 Não ....2 NS 8	

EC7. DURANTE OS ÚLTIMOS TRÊS DIAS, O/A SENHOR/A OU OUTRO MEMBRO DO AGREGADO COM 15 ANOS OU MAIS PARTICIPOU COM (*nome*) EM UMA DAS SEGUINTES ACTIVIDADES: *Se sim, perguntar:* QUEM PARTICIPOU NESTA ACTIVIDADE COM (*nome*)? *Circule tudo que for mencionado.*		Mãe	Pai	Outro	Nin-guém
[A] LER LIVROS OU VER LIVROS ILUSTRADOS COM (*nome*)?	Livros	A	B	X	Y
[B] CONTAR HISTÓRIAS A (*nome*)?	Histórias	A	B	X	Y
[C] CANTAR CANÇÕES COM (*nome*) OU PARA (*nome*), INCLUSÍVE CANÇÕES DE EMBALAR?	Cantar	A	B	X	Y
[D] PASSEAR COM (*nome*) FORA DE CASA OU DO RECINTO DO QUINTAL?	Passear fora de casa	A	B	X	Y
[E] BRINCAR COM (*nome*)?	Brincar	A	B	X	Y
[F] NOMEAR, CONTAR OU DESENHAR COISAS COM (*nome*) OU PARA (*nome*)?	Nomear/ contar/ desenhar	A	B	X	Y

EC8. AGORA, GOSTARIA DE LHE FAZER ALGUMAS PERGUNTAS SOBRE A SAÚDE E DESENVOLVIMENTO DE (*nome*). AS CRIANÇAS NÃO SE DESENVOLVEM TODAS DA MESMA MANEIRA, NEM APRENDEM NA MESMA VELOCIDADE. CERTAS, POR EXEMPLO, COMEÇAM A CAMINHAR MAIS CEDO QUE OUTRAS. AS QUESTÕES QUE SEGUEM TRATAM DOS DIVERSOS ASPECTOS DO DESENVOLVIMENTO DA (S) SUA(S) CRIANÇA(S): O/A (*nome*) CONHECE OU PODE CITAR PELO MENOS DEZ LETRAS DO ALFABETO?	Sim..1 Não ....2 NS 8
EC9. O/A (*nome*) CONSEGUE LER PELO MENOS QUATRO PALAVRAS SIMPLES, COMUNS?	Sim..1 Não ....2 NS 8
EC10. O/A (*nome*) SABE O NOME E RECONHECE TODOS OS NÚMEROS DE 1 A 10?	Sim..1 Não ....2 NS 8
EC11. O/A (*nome*) PODE APANHAR NO CHÃO UM PEQUENO OBJECTO COM DOIS DEDOS, COMO POR EXEMPLO UM PEDAÇO DE PAU OU UMA PEDRA?	Sim..1 Não ....2 NS 8
EC12. O/A (*nome*) POR VEZES ESTÁ DEMASIADO DOENTE PARA BRINCAR?	Sim..1 Não ....2 NS 8
EC13. O/A (*nome*) CONSEGUE SEGUIR ORIENTAÇÕES SIMPLES SOBRE COMO FAZER ALGO CORRECTAMENTE?	Sim..1 Não ....2 NS 8

EC14. QUANDO É DADO ALGO PARA FAZER A (*nome*), ELE/A É CAPAZ DE FAZE-LO INDEPENDENTEMENTE?	Sim ....1 Não ....2 NS 8
EC15 O/A (*nome*) DÁ-SE BEM COM OUTRAS CRIANÇAS?	Sim ....1 Não ....2 NS 8
EC16. O/A (*nome*) CHUTA, BATE OU MORDE OUTRAS CRIANÇAS OU ADULTOS?	Sim ....1 Não ....2 NS 8
EC17. O/A (*nome*) SE DISTRAI FACILMENTE?	Sim ....1 Não ....2 NS 8

ALEITAMENTO MATERNO E ALIMENTAÇÃO		BD
BD1. *Verifique AG2: idade da criança?* ☐ *Idade da criança 0, 1 ou 2 anos* ⇨ *Continue com BD2* ☐ *Idade da criança 3 ou 4 anos* ⇨ *Vá para o módulo TRATAMENTO DE DOENÇAS (CA)*		
BD2. AMAMENTOU O/A (*nome*)?	Sim .... 1 Não... 2 NS 8	2⇨BD4 8⇨BD4
BD3. AINDA AMAMENTA O/A (*nome*)?	Sim .... 1 Não... 2 NS 8	
BD4. ONTEM, DURANTE O DIA OU NOITE, O/A (*nome*) BEBEU ALGO NUM BIBERON?	Sim .... 1 Não... 2 NS 8	
BD5. ONTEM, DURANTE O DIA OU NOITE, O/A (*nome*) BEBEU ALGUMA SRO (SOLUÇÃO DE REHIDRATAÇÃO ORAL)?	Sim .... 1 Não... 2 NS 8	
BD6. ONTEM, DURANTE O DIA OU A NOITE, O/A (*nome*) TOMOU VITAMINAS, SUPLEMENTOS MINERAIS OU QUAISQUER MEDICAMENTOS?	Sim .... 1 Não... 2 NS 8	
BD7. AGORA, GOSTARIA DE FAZER PERGUNTAS SOBRE OS (OUTROS) <u>LÍQUIDOS</u> QUE O/A (*nome*) PODERIA TER TOMADO ONTEM DURANTE O DIA OU A NOITE. GOSTARIA DE SABER SE O/A (*nome*) RECEBEU ESTES LÍQUIDOS MESMO QUE COMBINADOS COM OUTROS ALIMENTOS. POR FAVOR, INCLUA TAMBÉM TODOS OS LÍQUIDOS CONSUMIDOS FORA DE CASA.		

ONTEM, DURANTE O DIA OU A NOITE DE, O/A (*nome*) BEBEU:		S	N	NS
[A] ÁGUA SIMPLES?	Água	1	2	8
[B] SUMOS NATURAIS OU OUTRAS BEBIDAS A BASE DE FRUTOS (P.EX. ÁGUA DE CÔCO)?	Sumos naturais	1	2	8
[C] CANJA (CALDOS OU SOPAS A BASE DE ÁGUA, SEM SER ENGROSSADO E SEM PEDAÇOS SÓLIDOS)	Canja	1	2	8
[D] LEITE DE PACOTE, LEITE EM PÓ OU LEITE FRESCO DO ANIMAL?	Leite	1	2	8

		S	N	NS
Se sim: QUANTAS VEZES (*nome*) BEBEU LEITE? *Se 7 ou mais vezes, marque '7'. Se não sabe, marque '8'.*	Número de vezes que bebeu leite			
[E] LEITE EM PÓ PARA BEBÉ (FORTIFICADO OU NÃO, MAS NÃO INCLUI FÓRMULAS A BASE DE SOJA)?	Leite em pó para bebé	1	2	8
Se sim: QUANTAS VEZES (*nome*) BEBEU A PREPARAÇÃO PARA BEBÉ? *Se 7 ou mais vezes, marque '7'. Se não sabe, marque '8'.*	Número de vezes que bebeu preparação			—
[E1] CHÁ?	Chá	1	2	8
[E2] CAFÉ?	Café	1	2	8
[E3] VUMBADA?	Vumbada	1	2	8
[F] QUAISQUER OUTROS LÍQUIDOS? *(especificar)_____*	Outros líquidos	1	2	8

BD8. AGORA, GOSTARIA DE FAZER PERGUNTAS SOBRE OS (OUTROS) <u>ALIMENTOS</u> QUE O/A (*nome*) PODERIA TER INGERIDO ONTEM, DURANTE O DIA OU A NOITE. NOVAMENTE, GOSTARIA DE SABER SE O/A (*nome*) INGERIU ESTES ALIMENTOS MESMO COMBINADO COM OUTROS ALIMENTOS. POR FAVOR, INCLUA TAMBÉM TODOS ALIMENTOS INGERIDOS FORA DE CASA.

ONTEM, DURANTE O DIA OU NOITE, O/A (*nome*) COMEU:		S	N	NS
[A] IOGURTE ?	Iogurte	1	2	8
Se sim: QUANTAS VEZES (*nome*) BEBEU OU COMEU IOGURTE? *Se 7 vezes ou mais, marque '7'. Se não sabe, marque '8'.*	Número de vezes que bebeu/comeu iogurte			—
[B] QUALQUER ALIMENTO FORTIFICADO, TAL COMO CERELAC, NAN, NESTUM, ETC.?	Cerelac, Nan, Nestum	1	2	8
[C] PÃO, ARROZ, MACARRÃO/ESPARGUETE, PAPA OU OUTROS ALIMENTOS A BASE DE GRÃOS?	Alimentos feitos com grãos	1	2	8
[D] ABÓBORA, CENOURA, BATATA DOCE OU OUTROS LEGUMES DE COR AMARELA OU LARANJA POR DENTRO?	Abobora, cenoura, etc.	1	2	8
[E] INHAME, MATABALA, MANDIOCA OU OUTROS ALIMENTOS FEITOS COM TUBÉRCULOS?	Batata, inhame, mandioca, etc.	1	2	8
[F] QUALQUER LEGUME COM FOLHAS DE COR VERDE ESCURA (ALFACE, AGRIÃO, COUVE, REPOLHO, ETC.)?	Couves, repolhos, alface, agrião	1	2	8

[G] MANGA MADURA, MAMÃO, PAPAIA, CAJAMANGA, SAPE-SAPE, JACA, ANANÁS/ABACAXÍ, ÚNTUE, GOIABA, PÊSSEGO?	Manga, mamão, papaia, etc.	1	2	8
[H] OUTROS FRUTOS OU LEGUMES? (SAFÚ, BANANA, FRUTA-PÃO, CACAU, ABACATE, ETC.)	Outros frutos ou legumes	1	2	8
[I] FIGADO, RIM, CORAÇÃO OU OUTRAS VÍSCERAS ?	Figado, rim, coração, etc. .	1	2	8
[J] CARNE DE BOI/VACA, DE PORCO, DE CORDEIRO OU CABRITO, DE GALINHA OU PATO OU CARNE DE CAÇA?	Carne de boi/vaca, porco, etc.	1	2	8
[K] OVOS?	Ovos	1	2	8
[L] PEIXE FRESCO OU SECO/SALGADO/DEFUMADO OU FRUTOS DO MAR (P.EX. BÚZIOS DO MAR), OU ESTES PRODUTOS ENLATADOS?	Peixe ou frutos do mar	1	2	8
[M] QUALQUER ALIMENTO A BASE DE FEIJÃO, LENTILHAS, ERVILHAS OU NOZES?	Alimentos feitos com feijão, etc.	1	2	8
[N] QUEIJO OU OUTROS ALIMENTOS A BASE DE LEITE (NÃO INCLUI PRODUTOS A BASE DE SOJA)?	Queijo, etc.	1	2	8
[N1] COMIDAS A BASE DE ÓLEA DE PALMA (P.EX. CALULÚ, PEIXE COM BANANA, PIRÃO, ETC.)?	Comida a base de óleo de palma	1	2	8
[N2] BÚZIOS DO MATO, CARACÓIS, ETC.?	Búzios do mato, caracóis	1	2	8
[O] QUALQUER OUTRO ALIMENTO SÓLIDO, SEMI-SÓLIDO OU MOLE QUE NÃO FOI MENCIONADO? *(especificar)_____*	Outros alimentos não mencionados	1	2	8

BD9. *Verifique BD8 (categorias "A" a "O"):*

☐ *Pelo menos um "Sim" ou todos "NS" ⇨ Vá para BD11*

☐ *Senão ⇨ Continue com BD10*

BD10. *Insista para determinar se a criança comeu alimentos sólidos, semi-sólidos ou moles ontem, durante o dia ou noite?*

☐ *A criança não comeu nada ou a entrevistada não sabe responder ⇨ Vá para o módulo seguinte*

☐ *A criança comeu pelo menos um alimento solido, semi-sólido ou mole conforme mencionado pelo entrevistado ⇨ Volte a BD8 para registar o alimento ingerido ontem [A - O]. Assim que terminar, continue com BD11.*

BD11. QUANTAS VEZES (*nome*) COMEU ALIMENTOS SÓLIDOS, SEMI-SÓLIDOS OU MOLES ONTEM, DURANTE O DIA OU A NOITE? *Se 7 ou mais vezes, marque '7'.*	Número de vezes.................. __ NS 8

VACINAÇÃO		IM

Se existir um cartão de vacina disponível, copie as datas marcadas no cartão em IM3 para cada tipo de vacina e vitamina A. As perguntas de IM6-IM17 são feitas somente quando não existe um cartão disponível.

IM1. EXISTE UM CARTÃO DE VACINAS ONDE ESTÃO REGISTADAS AS VACINAS DE (*nome*)? *Se sim:* POSSO VER O CARTÃO POR FAVOR?	Sim, cartão visto ....1 Sim, cartão não visto ....2 Não tem cartão 3	1⇨IM3 2⇨IM6
IM2. JÁ TEVEA ALGUMA VEZ UM CARTÃO DE VACINA PARA (*nome*) ?	Sim...1 Não 2	1⇨IM6 2⇨IM6

IM3. (a) Copiar as datas para cada vacina a partir do cartão ou ficha. (b) Escreva '44' na coluna 'dia' se o cartão indicar que a vacina foi feita mas que a data não foi marcada.		Data da vacinação			
		Dia	Mês	Ano	
BCG	BCG				
PÓLIO 0 (AO NASCER)	OPV0				
PÓLIO 1	OPV1				
PÓLIO 2	OPV2				
PÓLIO 3	OPV3				
PENTA 1	PENTA 1				
PENTA 2	PENTA 2				
PENTA 3	PENTA 3				
PCV 1	PCV 1				
PCV 2	PCV 2				
PCV 3	PCV 3				
SARAMPO	SARAMPO				
FEBRE AMARELA	FA				
VITAMINA A (PRIMEIRA DOSE)	VITA1				
VITAMINA A (SEGUNDA DOSE)	VITA2				

IM4. *Verifique IM3: todas as vacinas (de **BCG à febre amarela**) foram registadas ?*

☐ *Sim ⇨ vá para IM19*

☐ *Não ⇨ Continue com IM5*

IM5. ALÉM DESTAS VACINAS REGISTADAS NO CARTÃO, O/A (*nome*) RECEBEU OUTRAS VACINAS, INCLUINDO VACINAS DURANTE AS CAMPANHAS DE VACINAÇÃO?

☐ *Sim ⇨ Volte para IM3 e insista sobre o tipo de vacina e escreva '66' na coluna correspondente à cada vacina mencionada. Quando terminar siga para IM19.*

☐ *Não/NS ⇨ Siga para IM19.*

IM6. O/A (*nome*) JÁ RECEBEU ALGUMA VEZ VACINAS QUE EVITAM A CONTAMINAÇÃO DE DOENÇAS, INCLUINDO VACINAS RECEBIDAS DURANTE CAMPANHAS NACIONAIS DE VACINAÇÃO?	Sim...1 Não ....2 NS...8	 2⇨IM19 8⇨IM19

IM7. O/A (*nome*) JÁ RECEBEU ALGUMA VEZ A VACINA DO BCG CONTRA A TUBERCULOSE, QUER DIZER UMA INJECÇÃO NO BRAÇO QUE GERALMENTE DEIXA UMA CICATRIZ?	Sim...1 Não ....2 NS...8	
IM8. O/A (*nome*) RECEBEU ALGUMA VEZ UMA VACINA EM FORMA DE GOTAS NA BOCA PARA PROTEGE-LO/LA CONTRA A PÓLIO?	Sim...1 Não ....2 NS...8	2⇨IM11A 8⇨IM11A
IM9. O/A (*nome*) RECEBEU A PRIMEIRA DOSE CONTRA A PÓLIO NAS DUAS PRIMEIRAS SEMANAS APÓS O NASCIMENTO?	Sim...1 Não 2	
IM10. QUANTAS VEZES O/A (*nome*) RECEBEU A VACINA CONTRA A PÓLIO?	Número de vezes............................	
IM11A. O/A (*nome*) RECEBEU ALGUMA VEZ A VACINA DO PENTA, QUER DIZER UMA INJECÇÃO NA COXA PARA EVITAR DE CONTRAIR O TÉTANO, A COQUELUCHE, A DIFTERIA, A HEPATITE B E A HAEMOPHILUS INFLUENZA DE TIPO B? *Insista precisando que a vacina do Penta é administrada muitas vezes ao mesmo tempo que a da pólio.*	Sim. ....1 Não ....2 NS...8	2⇨IM13A 8⇨IM13A
IM12A. QUANTAS VEZES O/A (*nome*) RECEBEU A VACINA DO PENTA?	Número de vezes......................___	
IM13A. O/A (*nome*) JÁ RECEBEU ALGUMA VEZ A VACINA DE PCV, QUER DIZER UMA INJECÇÃO NA COXA ESQUERDA PARA EVITAR DE CONTRAIR PNEUMONIA? *Insista precisando que a vacina de PCV é muitas vezes dada ao mesmo tempo que a do Penta.*	Sim...1 Não ....2 NS...8	2⇨IM16 8⇨IM16
IM14A. QUANTAS VEZES O/A (*nome*) RECEBEU A VACINA DO PCV?	Número de vezes......................___	
IM16. O/A (*nome*) JÁ RECEBEU ALGUMA VEZ A VACINA CONTRA SARAMPO, QUER DIZER UMA INJECÇÃO NO BRAÇO NA IDADE DE 9 MESES OU MAIS PARA EVITAR APANHAR O SARAMPO?	Sim...1 Não ....2 NS...8	
IM17. O/A (*nome*) JÁ RECEBEU ALGUMA VEZ A VACINA CONTRA A FEBRE AMARELA, QUER DIZER UMA INJECÇÃO NO BRAÇO NA IDADE DE 9 MESES OU MAIS PARA PREVENIR CONTRA FEBRE AMARELA? *Insista precisando que a vacina contra a febre amarela é dada algumas vezes ao mesmo tempo que a vacina do sarampo.*	Sim................................... ....1 Não ....2 NS...8	
IM19. O/A (*nome*) PARTICIPOU NUMA DAS SEGUINTES CAMPANHAS DE VACINAÇÃO E/OU JORNADAS DE VACINAÇÃO: [A] *CAMPANHA CONTRA SARAMPO DO 23-27 DE JULHO 2012*?	S N NS Campanha sarampo 2012 1 2 8	

TRATAMENTO DE DOENÇAS		CA
CA1. O/A (*nome*) TEVE DIARRÉIA NAS ÚLTIMAS DUAS SEMANAS?	Sim 1	
	Não.. 2	2⇨CA6A
	NS 8	8⇨CA6A
CA2. GOSTARIA DE SABER A QUANTIDADE DE LÍQUIDOS QUE FOI DADA A (*nome*) PARA BEBER DURANTE O PERÍODO DE DIARRÉIA (INCLUINDO O LEITE MATERNO): DURANTE O PERÍODO EM QUE (*nome*) TEVE DIARRÉIA, FOI DADO A ELE/ELA PARA BEBER MENOS QUE O HABITUAL, A MESMA QUANTIDADE OU MAIS QUE O HABITUAL? *Se 'menos', insista*: FOI DADO A ELE/A MUITO MENOS OU UM POUCO MENOS A BEBER DO QUE HABITUALMENTE?	Muito menos.. 1 Pouco menos .... 2 A mesma quantidade .... 3 Mais.. 4 Não foi dado nada para beber .... 5 NS 8	
CA3. DURANTE O PERÍODO QUE (*nome*) TEVE DIARRÉIA, FOI DADO A ELE/A PARA COMER MENOS, A MESMA QUANTIDADE OU MAIS QUE O HABITUAL, OU NÃO FOI DADO NADA PARA COMER? Se 'menos', insista: FOI DADO A ELE/A MUITO MENOS OU POUCO MENOS A COMER DO QUE HABITUALMENTE?	Muito menos.. 1 Pouco menos .... 2 A mesma quantidade .... 3 Mais.. 4 Parou a alimentação .... 5 Nunca recebeu alimento .... 6 NS 8	
CA3A. PROCUROU ACONSELHAMENTOS OU TRATAMENTO PARA DIARREIA?	Sim 1	
	Não.. 2	2⇨CA4
	NS 8	8⇨CA4

CA3B. ONDE PROCUROU ACONSELHAMENTOS OU TRATAMENTO?
 	
 Insista:
 ALGUM OUTRO LUGAR?
 	
 Circule todos os lugares mencionados, mas NÃO sugira respostas.
 	
 Insista para identificar cada tipo de lugar. Se não for possível identificar se o lugar pertence ao sector público ou privado, escreva o nome do lugar.
 	
 _____
 (*Nome do lugar*)
	Sector público:
	   Hospital central ....A
	   Centro de saúde.....................................B
	   Posto de saúde C
	   Agente de saúde comunitária ....D
	   Outro público (*especificar*)..........................H
	
	 Sector de saúde privado:
	   Clínica privada I
	   Médico privado..J
	   Farmácia privadas ....K
	   Outro privado (*especificar*) .... O
	
	 Outra fonte:
	   Parente/amigo...P
	   Lojas ....Q
	   Curandeiros ....R
	
	 Outro (*especificar*) X	

CA4. DURANTE O PERÍODO QUE (*nome*) TEVE DIARRÉIA, FOI DADO A ELE/A PARA BEBER UM LÍQUIDO PREPARADO A PARTIR DE UM PACOTE ESPECIAL CHAMADO SORO ORAL (OU SORO DE REHIDRATAÇÃO ORAL, SRO)?	Sim 1	1⇨CA4B
	Não.. 2	2⇨CA4C
	NS 8	2⇨CA4C

CA4B. ONDE ADQUIRIU O SRO? *Insista para identificar o tipo de lugar. Se não for possível identificar se o lugar pertence ao sector público ou privado, escreva o nome do lugar.* _____ (*Nome do lugar*)	Sector público: Hospital central .... 11 Centro de saúde........................... 12 Posto de saúde .... 13 Agente de saúde comunitária .... 14 Outro público (*especificar*)...................... 16 Sector privado: Clínica privada .... 21 Médico privado........................... 22 Farmácia privada .... 23 Outro privado (*especificar*) .... 26 Outras fontes: Parente/amigo........................... 31 Lojas .... 32 Curandeiro .... 33 Já tinha em casa........................40 Outro (*especificar*) 96
CA4F. DURANTE O PERÍODO QUE (*nome*) TEVE DIARRÉIA, FOI DADO A ELE/A PARA BEBER ALGUM DOS SEGUINTES PRODUTOS: *Leia cada item claramente para a entrevistada e marque a resposta antes de seguir a próxima questão.* [A] SORO CASEIRO (ÁGUA COM SAL E AÇUCAR)? [B] ÁGUA DE ARROZ (ARROZ FERVIDO E ESCOADO)?	 S N NS Soro caseiro .... 1 2 8 Água de arroz................................... 1 2 8
CA5. FOI DADO ALGO MAIS PARA TRATAR A DIARRÉIA?	Sim .... 1 Não.. 2 2⇨CA6A NS .... 8 8⇨CA6A
CA6. O QUE FOI DADO A MAIS PARA TRATAR A DIARRÉIA? *Insista*: ALGO MAIS? *Registe todos os tratamentos dados. Escreva a marca de todos os medicamentos mencionados.* _____ (*Nome de todos medicamentos mencionados*)	Comprimido ou xarope: Antibiótico.................................A Antimotílico ....B Outro (não antibióticos, antimotílicos)..... G Comprimidos ou xarope desconhecidos..H Injecção: Antibiótico.................................L Não antibiótico .... M Injecção desconhecida............................N Intravenosa .... O Remédio caseiro/ervas medicinais .... Q Outro (*especificar*) X
CA6A. NAS ÚLTIMAS DUAS SEMANAS, O/A (*nome*) ESTEVE COM FEBRE EM ALGUM MOMENTO?	Sim .... 1 Não.. 2 2⇨CA7 NS .... 8 8⇨CA7
CA6B. DURANTE O PERÍODO QUE ESTEVE DOENTE, O/A (*nome*) TEVE UMA AMOSTRA DE SANGUE TIRADO DO SEU DEDO OU CALCANHAR PARA EFECTUAR UM TESTE?	Sim .... 1 Não.. 2 NSP.. 8

CA7. NAS ÚLTIMAS DUAS SEMANAS, O/A (*nome*) ESTEVE DOENTE COM TOSSE?	Sim .... 1 Não.. 2 NS 8	 2⇨CA9A 8⇨CA9A
CA8. QUANDO O/A (*nome*) TEVE DOENTE COM TOSSE, RESPIROU MAIS RÁPIDO QUE O HABITUAL E COM A RESPIRAÇÃO CURTA E RÁPIDA, OU TEVE DIFICULDADES PARA RESPIRAR?	Sim .... 1 Não.. 2 NS 8	 2⇨CA10 8⇨CA10
CA9. ESTAS DIFICULDADES RESPIRATÓRIAS FORAM DEVIDAS A UM PROBLEMA DENTRO DO PEITO, OU A UM NARIZ ENTUPIDO OU QUE ESCORRIA?	Problemas dentro do peito.......................... 1 Nariz entupido/obstruído............................ 2 Ambos .... 3 Outro (*especificar*) _____ 6 NS 8	1⇨CA10 2⇨CA10 3⇨CA10 6⇨CA10 8⇨CA10
CA9A. *Verifique CA6A : teve febre?* ☐ *A criança teve febre ⇨ Continue com CA10* ☐ *A criança não teve febre ⇨ Vá para CA14*		
CA10. BUSCOU ACONSELHAMENTOS OU TRATAMENTO PARA A DOENÇA EM ALGUM LUGAR?	Sim .... 1 Não.. 2 NS 8	 2⇨CA12 8⇨CA12

CA11. ONDE BUSCOU ACONSELHAMENTOS OU TRATAMENTO?
 	
Insista:
ALGUM LUGAR MAIS?
 	
Circule todos lugares mencionados, mas NÃO sugere as respostas.
 	
Insista para identificar cada tipo de lugar. Se não for possível identificar se o lugar pertence ao sector público ou privado, escreva o nome do lugar.
 	
_____
(*Nome do lugar*)
	Sector público:
	    Hospital central ....A
	    Centro de saúde.......................................B
	    Posto de saúde C
	    Agente de saúde comunitária ....D
	    Outro público (*especificar*).........................H
	
	Sector privado:
	    Clínica privada I
	    Médico privado.. J
	    Farmácia privada ....K
	    Outro privado (*especificar*) .... O
	
	Outras fontes:
	    Parente/amigo...P
	    Lojas .... Q
	    Curandeiro ....R
	
	Outro (*especificar*) _____ X	

CA12. EM ALGUM MOMENTO DURANTE O PERÍODO EM QUE ESTEVE DOENTE, O/A (*nome*) RECEBEU ALGUM MEDICAMENTO PARA TRATAR ESTA DOENÇA?	Sim .... 1 Não.. 2 NS 8	 2⇨CA14 8⇨CA14

CA13. QUE MEDICAMENTO FOI DADO A (*nome*)?	Anti-palúdicos:	
Insista: ALGUM OUTRO MEDICAMENTO? *Marque todos os medicamentos recebidos. Escreva o nome da marca de todos os medicamentos mencionados.* _____ *(Nomes de todos medicamentos mencionados)*	SP/Fansidar (Sulfadoxina + Perimela) ....A Artesunate Amodiaquina..........................C Quinino ....D Coartem (Artemether/Lumefantrine) ....E Outro antipalúdico (*especificar*) _____ H Antibióticos: Comprimidos/xaropes ....I Injecção .... J Outro antibiótico (*especificar*) _____ K Desparasitantes: Mebendazol... L Albendazol .... M Metronidazol...N Zentel .... O Outros medicamentos: Paracetamol/Panadol/Acetaminophen.....P Aspirina .... Q Ibuprofeno ....R Outro (*especificar*) ....X NS ....Z	
CA13A. Verifique CA13 : antibiótico mencionado (códigos I a K)? ☐ *Sim ⇨ Continue com CA13B* ☐ *Não ⇨ Vá para CA13C*		
CA13B. ONDE CONSEGUIU *(nome do remédio de CA13)*? Insista para identificar o tipo de lugar. Se não for possivel identificar se o lugar pertence ao setor público ou privado, escreva o nome do lugar. _____ *(Nome do lugar)*	Sector público: Hospital central..11 Centro de saúde ....12 Posto de saúde...13 Agente de saúde comunitária...................14 Outro público (*especificar*) ....16 Sector privado: Clínica privada...21 Médico privado ....22 Farmácia privada ....23 Outro privado (*especificar*)........................26 Outras fontes: Parente/amigo ....31 Lojas. ....32 Curandeiro ....33 Já tinha em casa ....40 Outro (*especificar*) 96	
CA13C. Verifique CA13 : antipalúdicos mencionados (códigos A à H)? ☐ *Sim ⇨ Continue com CA13D* ☐ *Não ⇨ Vá para CA14*		

CA13D. Onde conseguiu *(nome do remédio de CA13)*? Insista para identificar o tipo de lugar. Se não for possível identificar se o lugar pertence ao sector público ou privado, escreva o nome do lugar. _____ *(Nome do lugar)*	**Sector público:** Hospital central .... 11 Centro de saúde .... 12 Posto de saúde.. 13 Agente de saúde comunitária.................. 14 Outro público *(especificar)* .... 16 **Sector privado:** Clínica privada.. 21 Médico privado .... 22 Farmácia privada .... 23 Outro privado *(especificar)*........................ 26 **Outras fontes:** Parente/amigo .... 31 Lojas. .... 32 Curandeiro .... 33 Já tinha em casa .... 40 Outro *(especificar)* 96	
CA13E. Quanto tempo depois de ter começado a febre de *(nome)*, ele/a tomou pela primeira vez *(nome do antipalúdico declarado em CA13)*? *Se mais de um antipalúdico foi mencionado em CA13, nomeie todos os medicamentos antipalúdicos mencionados e anote o tempo em que foi tomado o primeiro medicamento.*	No mesmo dia .... 0 No dia seguinte .... 1 2 dias depois do início da febre .... 2 3 dias depois do início da febre .... 3 4 ou mais dias depois do inicio da febre........ 4 NS 8	
CA14. Verifique AG2 : idade da criança? ☐ Criança com idade de 0, 1 ou 2 anos ⇨ Continue com CA15 ☐ *Criança com idade de 3 ou 4 anos ⇨ Vá a UF13*		
CA15. A última vez que *(nome)* defecou, o que foi feito para se desfazer dos excrementos?	Criança utilizou casa de banho/latrinas .... 01 Jogado/lavado na casa de banho/latrina ..... 02 Jogado/lavado no esgoto/vala...................... 03 Jogado no lixo (resíduos sólidos)................. 04 Enterrado.. 05 Deixado ao ar livre....................................... 06 Outro *(especificar)* .... 96 NS... 98	

| **UF13.** *Registe a hora.* | Hora e minutos .... __ __ : __ __ | |

UF14. *Verifique colunas HL7B e H15 da lista dos membros do agregado no Questionário Agregado familiar: a entrevistada é a mãe ou a encarregado/a de uma outra criança com idade de 0-4 anos que vive neste agregado?*

☐ *Sim* ⇨ *Diga a entrevistada que irá medir o peso e a altura da criança mais tarde. Vá para o próximo Questionário Crianças menores de 5 anos que deve ser administrado a mesma entrevistada.*

☐ *Não* ⇨ *Terminar a entrevista agradecendo o/a entrevistado/a pela sua colaboração e lhe diga que vai agora medir o peso e a altura da criança antes de se ir embora do agregado.*

Verifique se existe uma outra mulher, outro homem ou uma outra criança de menos de 5 anos a quem deve ser administrado um questionário neste agregado.

Avisa a inquirida que faremos mais tarde os testes de sangue de todas as crianças menores de 5 anos do agregado familiar para avaliar o nível de anemia e de paludismo na população de São Tomé e Príncipe. Explica também que mais tarde será explicado mais em detalhes e será peddio o seu consentimento para cada teste.

ANTROPOMETRIA		AN
Depois que o questionário foi preenchido para todas as crianças do agregado familiar, o técnico responsável pela medição deve medir e pesar todas as crianças do agregado, tomando o cuidado de marcar as medidas antromoétricas no bom questionário para cada criança. Verificar o nome e o número de linha da criança na na lista dos membros do agregado familiar antes de registar as medidas antropométricas.		
AN1. *Nome e código do técnico :*	Nome_____ ___ ___	
AN2. *Resultado da medição do tamanho em posição em pé/deitado e do peso.*	Uma ou as duas medidas .... 1 Criança não está presente .... 2 Criança ou a mãe/ encarregado/a negou .... 3 Outro (*especificar*) 6	 2⇨AN6 3⇨AN6 6⇨AN6
AN3. *Peso da criança:*	Quilogramas (kg)............................ __ __ , __ Peso não medido 99,9	
AN3A. *A criança foi despida ao mínimo?*	Sim .... 1 Não... 2	
AN3B. *Verifique a idade da criança em AG2:* ☐ *A criança tem menos de 2 anos* ⇨ *Medir o comprimento (a criança deve estar deitada).* ☐ *Criança tem 2 anos e mais* ⇨ *Medir a altura (a criança deve estar em pé).*		
AN4.*Comprimento ou altura da criança:*	Comprimento/altura (cm) .... __ __ __ __ Comprimento/altura não medidas.........999,9	 ⇨ AN6
AN4A. *A criança foi medida deitada ou em pé?*	Deitada .... 1 Em pé.. 2	

AN6. Existe outra criança no agregado eligível para as medições antropométricas ?

☐ *Sim* ⇨ *Registe as medidas para a criança seguinte.*

☐ *Não* ⇨ *Verifique se existe algum outro questionário individual a ser administrado neste agregado.*

Observações do/a inquiridor/a

Observações do/a controlador/a

Observações do/a supervisor/a

Observações do/a medidor/a

 MICS

PAINEL DE INFORMAÇÃO DO AGREGADO FAMILIAR PARA TESTES DE SANGUE	BT

500A. Número AE selecionada: ___ ___ ___

500B. Número do agregado familiar: ___ ___

500C. Técnico/a de saúde (nome e número):

Nome _____ No. ___ ___

500D. Supervisor/a (nome e número):

Nome _____ No. ___ ___

500E. Dia/mês/ano do inquérito:

___ ___ / ___ ___ / 2014

500F. Região:

Região Centro Este...1
Região Norte Este...2
Região Sul Oeste..3
Região Autónoma do Príncipe........................4

TESTE DE ANEMIA E PALUDISMO PARA CRIANÇAS DE 0-4 ANOS

501. *Verifique a lista dos membros do agregado familiar (HL) do Questionário Agregado familiar. Registe primeiro o nome e número de linha de todas as crianças elegíveis (0-4 anos) em 502. Se houver mais de 3 crianças, utilize um questionário suplementar. Depois registe a mãe, o pai ou encarregado principal de todas as criança em 510. Para cada criança, entrevista unicamente a mãe, o pai ou encarregado principal desta criança. Só testar crianças com mais de 5 meses. Se não tiver crianças menores de 5 anos, por favor passar diretamente ao teste de anemia e VIH para as mulheres de 15-49 anos em 515.*

	Criança 1	Criança 2	Criança 3
502. *Copiar o nome da criança de HL2 do Questionário Agregado familiar:*	Nome: _____	Nome: _____	Nome: _____
Copiar o número de linha da criança de HL7B do Questionário Agregado familiar:	No. de linha: ....___ ___	No. de linha: ...___ ___	No. de linha: ....___ ___
503. *Copiar a data de nascimento da criança de AG1 do Questionário Crianças menores de 5 Anos:*	Mês: ....___ ___ Ano: ...___ ___ ___ ___	Mês: ....___ ___ Ano: ...___ ___ ___ ___	Mês: ....___ ___ Ano: ....___ ___ ___ ___
509. *Verifique 503: criança tem entre 0-5 meses, ou seja nasceu durante o mês da entrevista ou nos 5 meses anteriores?*	0-5 Meses .... 1 ⇨ *ir a 503 na coluna seguinte ou, quando não tiver mais crianças, ir a 515.* Idade maior 2	0-5 Meses .... 1 ⇨ *ir a 503 na coluna seguinte ou, quando não tiver mais crianças, ir a 515.* Idade maior 2	0-5 Meses .... 1 ⇨ *ir a 503 na coluna seguinte ou, quando não tiver mais crianças, ir a 515.* Idade maior 2
510. *Copiar o número de linha da pessoa que vai dar o consentimento (ou a mãe em HL12 ou o pai em HL14 ou o encarregado principal da criança em HL15 do Questionário Agregado familiar):*	No. de linha: ___ ___	No. de linha: ......___ ___	No. de linha: ....___ ___

MICS.BT.1

	Criança 1	Criança 2	Criança 3
511A. *Pedido de consentimento: leia em voz alta à mãe, ao pai ou ao encarregado principal o consentimento para o teste de anemia abaixo.*			
NESTE INQUÉRITO PEDIMOS ÀS PESSOAS EM TODO O PAÍS DE PARTICIPAR AO **TESTE DE ANEMIA**. A ANEMIA É UM PROBLEMA DE SAÚDE QUE RESULTA DE UMA ALIMENTAÇÃO POBRE, DE INFECÇÕES OU DE DOENÇA CRÓNICA. OS RESULTADOS DESTE INQUÉRITO VÃO PERMITIR AO GOVERNO DE IMPLEMENTAR PROGRAMAS PARA A PREVENÇÃO E O TRATAMENTO DA ANEMIA. PARA ESTE TESTE DE ANEMIA, SOLICITAMOS A PARTICIPAÇÃO DE TODAS AS CRIANÇAS DE 6-59 MESES, DANDO ALGUMAS GOTAS DE SANGUE RECOLHIDAS ATRAVÉS DE PICADA NA PONTA DO DEDO OU NO CALCANHAR DA CRIANÇA. PARA O EFEITO, UTILIZA-SE UM EQUIPAMENTO NOVO, ESTERILIZADO E ABSOLUTAMENTE SEM RISCO. OS EQUIPAMENTOS SÃO DE UTILIZAÇÃO ÚNICA E INDIVIDUAL E SERÃO DESCARTADOS IMEDIATAMENTE APÓS USO, DE MODO A NÃO CAUSAR NENHUM RISCO À SAÚDE. O SANGUE É TESTADO IMEDIATAMENTE PARA A ANEMIA E O RESULTADO É DADO AOS INQUIRIDOS, MAS SÃO TOTALMENTE CONFIDENCIAIS. TEM ALGUMA PERGUNTA? PODE DECIDIR SIM OU NÃO PARA O TESTE DE ANEMIA: A DECISÃO É SUA. DÁ CONSENTIMENTO PARA QUE *(nome da criança)* PARTICIPE AO TESTE DE ANEMIA?			
511B. *Circule o código e assine em ambos os casos.*	Acordado.....................1 Recusa........................2 Assinatura: _____	Acordado.................... 1 Recusa .... 2 Assinatura: _____	Acordado ....1 Recusa ....2 Assinatura: _____
511C. *Pedido de consentimento: leia em voz alta à mãe, ao pai ou ao encarregado principal o consentimento para o teste de paludismo abaixo.*			
COMO PARTE DESTE INQUÉRITO, SOLICITAMOS ÀS CRIANCAS EM TODO O PAÍS PARA FAZEREM UM **TESTE DE PALUDISMO**. O PALUDISMO É UMA DOENÇA GRAVE CAUSADA POR PARASITAS TRANSMITIDAS POR PICADAS DE MOSQUITOS. ESTE INQUÉRITO VAI APOIAR O GOVERNO PARA DESENVOLVER PROGRAMAS DE PREVENÇÃO E TRATAMENTO DO PALUDISMO. PEDIMOS QUE TODAS AS CRIANÇAS DE 6-59 MESES PARTICIPEM NA TESTAGEM DO PALUDISMO, DANDO UMA AMOSTRA DE SANGUE COLETADA NO DEDO OU NO CALCANHAR DA CRIANÇA. O EQUIPAMENTO USADO PARA COLECTA DO SANGUE É LIMPO E COMPLETAMENTE SEGURO. NUNCA FOI USADO ANTES E SERÁ DEITADO FORA DEPOIS DE CADA TESTE. O SANGUE SERÁ USADO IMEDIATAMENTE PARA TESTAR O PALUDISMO E O RESULTADO LHE SERÁ COMUNICADO NA HORA. O RESULTADO É ESTRITAMENTE CONFIDENCIAL E NÃO SERÁ COMPARTILHADO COM MAIS NINGUÉM FORA DA EQUIPE DO INQUÉRITO. TEM ALGUMA PERGUNTA? PODE DECIDIR SIM OU NÃO PARA O TESTE DE PALUDISMO. A DECISÃO É SUA. DÁ CONSENTIMENTO PARA QUE *(nome da criança)* PARTICIPE AO TESTE DO PALUDISMO?			
511D. *Circule o código e assine em ambos os casos.*	Acordado.....................1 Recusa........................2 Assinatura: _____	Acordado....................1 Recusa ....2 Assinatura: _____	Acordado ....1 Recusa ....2 Assinatura: _____
511E. *Verifique 511B e 511D e prepare os instrumentos necessários para os testes para os quais o consentimento foi obtido. Faça os testes para os quais o consentimento foi obtido em 511B e 511D e prossiga com 512.*			
512. Resultado da participação ao teste de <u>anemia</u>:	Testado ....1 Ausente.....................2 ⇨ *ir a 513B* Recusou.....................3 ⇨ *ir a 513B* Outro ....6 ⇨ *ir a 513B*	Testado ....1 Ausente ....2 ⇨ *ir a 513B* Recusou.....................3 ⇨ *ir a 513B* Outro ....6 ⇨ *ir a 513B*	Testado............................1 Ausente............................2 ⇨ *ir a 513B* Recusou ....3 ⇨ *ir a 513B* Outro.................................6 ⇨ *ir a 513B*
513A. Nível de hemoglobina: *Registe também na Brochura sobre anemia e malária.*	G/DL.........___ ___ , ___	G/DL......... ___ ___ , ___	G/DL.................___ ___ , ___

MICS.BT.2

	Criança 1	Criança 2	Criança 3
513B. Resultado da participação ao teste de <u>paludismo</u>:	Testado .... 1 Ausente .... 2 ⇨ *ir a 513F* Recusou .... 3 ⇨ *ir a 513F* Outro .... 6 ⇨ *ir a 513F*	Testado .... 1 Ausente .... 2 ⇨ *ir a 513F* Recusou .... 3 ⇨ *ir a 513F* Outro .... 6 ⇨ *ir a 513F*	Testado .... 1 Ausente .... 2 ⇨ *ir a 513F* Recusou .... 3 ⇨ *ir a 513F* Outro .... 6 ⇨ *ir a 513F*
513C. *Cole a etiqueta de código de barra do teste de paludismo aqui, sobre o dispositivo TRD, sobre a lâmina e sobre a Ficha de transmissão de amostras:*	Colar etiqueta aqui.	Colar etiqueta aqui.	Colar etiqueta aqui.
513D. Resultado clínico do teste de <u>paludismo</u>: *Registe também na Brochura sobre Anemia e Malária.*	Positivo...................... 1 Negativo .... 2 ⇨ *ir a 513F* Outro .... 6 ⇨ *ir a 513F*	Positivo...................... 1 Negativo .... 2 ⇨ *ir a 513F* Outro .... 6 ⇨ *ir a 513F*	Positivo...................... 1 Negativo .... 2 ⇨ *ir a 513F* Outro .... 6 ⇨ *ir a 513F*
513E. Clasificação do resultado clínico positivo do teste de <u>paludismo</u>:	Falciparium .... 1 ⇨ *ir a 513H* Outro .... 2 ⇨ *ir a 513H* Mixto......................... 3 ⇨ *ir a 513H*	Falciparium................. 1 ⇨ *ir a 513H* Outro .... 2 ⇨ *ir a 513H* Mixto......................... 3 ⇨ *ir a 513H*	Falciparium.................. 1 ⇨ *ir a 513H* Outro .... 2 ⇨ *ir a 513H* Mixto......................... 3 ⇨ *ir a 513H*
513F. Nível de hemoglobina: *Copiar o nível de hemoglobina de 513A e o resultado da participação ao teste de paludismo de 513B.*	Nível inferior a 7.0 g/dl (anemia severa) .... 1 7.0 g/dl o mais............ 2 ⇨ *ir a 514* Ausente .... 3 ⇨ *ir a 514* Recusou .... 4 ⇨ *ir a 514* Outro .... 6 ⇨ *ir a 514*	Nível inferior a 7.0 g/dl (anemia severa) .... 1 7.0 g/dl o mais............. 2 ⇨ *ir a 514* Ausente .... 3 ⇨ *ir a 514* Recusou .... 4 ⇨ *ir a 514* Outro .... 6 ⇨ *ir a 514*	Nível inferior a 7.0 g/dl (anemia severa) ....1 7.0 g/dl o mais............. 2 ⇨ *ir a 514* Ausente .... 3 ⇨ *ir a 514* Recusou .... 4 ⇨ *ir a 514* Outro .... 6 ⇨ *ir a 514*
513G. *Em <u>caso de anemia severa</u>, lê o texto abaixo sobre a necessidade de tratamento da criança, e depois vá a 514.*			
O TESTE MOSTRA QUE (*nome da criança*) ESTÁ COM **ANEMIA SEVERA** E DEVE SER LEVADA AO PRÓXIMO POSTO DE SAÚDE OU HOSPITAL IMEDATAMENTE.			

MICS.BT.3

	Criança 1	Criança 2	Criança 3
513H. O/A (*nome da criança*) SOFRE DE ALGUM DOS SINTOMAS ABAIXO?: [A] FRAQUEZA EXTREMA? [B] INCAPACIDADE DE BEBER OU DE MAMAR? [C] VOMITO? [D] PERCA DE CONSCIENCIA? [E] DIFICULDADES RESPIRATÓRIAS? [F] CONVULSÕES MÚLTIPLAS? [G] SANGRAMENTO ESPONTÂNEO? [H] PELE AMARELA OU PALIDEZ? [I] FEBRE? *Se nenhum dos sintomas, circule Y.*	Fraqueza extrema...... A Incapacidade de beber ou de mamar............ B Vomito.......................C Perca de consciencia..D Difíc. respiratórias...... E Convulsões.................F Sangramento.............. G Pele amarela.............. H Febre.............. I Nenhum sintoma........ Y	Fraqueza extrema...... A Incapacidade de beber ou de mamar............ B Vomito.......................C Perca de consciencia..D Difíc. respiratórias...... E Convulsões.................F Sangramento.............. G Pele amarela.............. H Febre.............. I Nenhum sintoma........ Y	Fraqueza extrema...... A Incapacidade de beber ou de mamar............. B Vomito.......................C Perca de consciencia..D Difíc. respiratórias...... E Convulsões.................F Sangramento.............. G Pele amarela.............. H Febre.............. I Nenhum sintoma........ Y
513I. *Verifique 513H: algum código está marcado?* **513J.** *Verifique 513A: nível de hemoglobina?*	Código Y marcado ......1 Qualquer código de A a I marcado...............2 ⇨ *ir a 513L* Abaixo de 7,0 g/dl (anemia severa).........1 ⇨ *ir a 513L* 7,0 g/dl ou mais..........2 Ausente ....3 Recusou....................4 Outro 6	Código Y marcado ......1 Qualquer código de A a I marcado...............2 ⇨ *ir a 513L* Abaixo de 7,0 g/dl (anemia severa) ....1 ⇨ *ir a 513L* 7,0 g/dl ou mais...........2 Ausente ....3 Recusou ....4 Outro 6	Código Y marcado ......1 Qualquer código de A a I marcado...............2 ⇨ *ir a 513L* Abaixo de 7,0 g/dl (anemia severa) .... 1 ⇨ *ir a 513L* 7,0 g/dl ou mais.............2 Ausente ....3 Recusou ....4 Outro 6
513K. DURANTE AS DUAS ÚLTIMAS SEMANAS, O/A (*nome da criança*) TOMOU OU ESTÁ TOMANDO UMA TERAPIA DE COMBINAÇÃO A BASE DE ARTEMISININA (TCA) RECEITADO POR UM MÉDICO OU POSTO DE SAÚDE PARA TRATAR PALUDISMO? *Verifique pedindo ver o medicamento.*	Sim ....1 ⇨ *ir a 513M* Não................................2 ⇨ *ir a 513N*	Sim ....1 ⇨ *ir a 513M* Não................................2 ⇨ *ir a 513N*	Sim ....1 ⇨ *ir a 513M* Não................................2 ⇨ *ir a 513N*

513L. *Em caso de paludismo severo, lê o texto abaixo sobre a necessidade de tratamento da criança, e depois vá a 513P.*

O TESTE MOSTRA QUE (*nome da criança*) ESTÁ COM **PALUDISMO SEVERO** E DEVE SER LEVADA AO PRÓXIMO POSTO DE SAÚDE OU HOSPITAL IMEDATAMENTE. PODEMOS LHE DAR UM MEDICAMENTO GRATUITO, CHAMADO TERAPIA DE COMBINAÇÃO A BASE DE ARTEMISININA (TCA). ESTE MEDICAMENTO É MUITO EFICAZ E EM POUCOS DIAS ELIMINA A FEBRE E OUTROS SINTOMAS. PORTANTO, NÃO É OBRIGADO A DAR O MEDICAMENTO A CRIANÇA, ISTO DEPENDE DE SI. POR FAVOR ME DIGA SE ACEITA OU NÃO O MEDICAMENTO?

MICS.BT.4

	Criança 1	Criança 2	Criança 3
513M. *No caso da criança já estar tomando uma TCA, lê o texto abaixo e **depois vá a 513P**:*			
NOS INFORMOU QUE (*nome da criança*) JÁ ESTÁ TOMANDO UMA TERAPIA DE COMBINAÇÃO A BASE DE ARTEMISININA (TCA). CONTUDO, O TESTE MOSTRA QUE ELE/A ESTÁ COM PALUDISMO. SE A SUA CRIANÇA TIVER FEBRE POR QUATRO DIAS APÓS A ÚLTIMA DOSE DE TCA, DEVERIA LEVA-LO/A PARA O PRÓXIMO POSTO DE SAÚDE PARA FAZER UM TESTE.			
513N. *Lê o consentimento abaixo sobre o <u>recepção de tratamento contra paludismo</u> para a pessoa responsável da criança:*			
O TESTE DE PALUDISMO MOSTRA QUE (*nome da criança*) ESTÁ COM PALUDISMO. NOS PODEMOS LHE FORNECER UM REMÉDIO GRATUITO CHAMADO TERAPIA DE COMBINAÇÃO A BASE DE ARTEMISININA (TCA). ESTE REMÉDIO É MUITO EFICAZ E EM ALGUNS DIAS DEVERIA ELIMINAR A FEBRE E OUTROS SINTOMAS. TCA TAMBÉM É MUITO SEGURO. PORTANTO, COMO TODOS OS REMÉDIOS, PODE TER EFEITOS COLATERIAS, TAIS COMO TONTURA, FRAQUEZA, FALTA DE APETITE OU BATIMENTOS CARDÍACOS ACELERADOS. NÃO É OBRIGADA DE DAR O REMÉDIO A (*nome da criança*), A ESCOLHA É SUA. POR FAVOR ME DIGA SE ACEITA O REMÉDIO OU NÃO.			
513O. *Circule o código apropriado e assine em ambos os casos.*	Aceitou remédio .... 1 Recusou remédio .... 2 Assinatura: _____ Outro 6	Aceitou remédio ....1 Recusou remédio ....2 Assinatura: _____ Outro 6	Aceitou remédio .... 1 Recusou remédio .... 2 Assinatura: _____ Outro 6
513P. *Registe o código do resultado do encaminhamento e do tratamento de paludismo:*	Remédio dado............. 1 Remédio recusado ..... 2 Encaminhamento paludismo severo .... 3 Encaminhamento já tomou remédio .... 4 Outro 6	Remédio dado..............1 Remédio recusado ....2 Encaminhamento paludismo severo ....3 Encaminhamento já tomou remédio ....4 Outro 6	Remédio dado.............. 1 Remédio recusado ....2 Encaminhamento paludismo severo ....3 Encaminhamento já tomou remédio ....4 Outro 6
514. *Vá para 503 na coluna (criança) seguinte ou para a 1ª coluna do questionário suplementar. Quando não houver mais crianças, vá para 515.*			

Marque aqui se for usado um questionário adicional ☐

MICS.BT.5

TESTE DE ANEMIA E VIH PARA MULHERES DE 15-49 ANOS

515. *Verifique a lista dos membros do agregado familiar (HL) do Questionário Agregado familiar. Registe o número de linha e o nome de todas as mulheres de 15-49 anos em 516. Se houver mais de 3 mulheres, utilize um questionário suplementar. O resultado final para o teste de anemia deve ser registado em 528 e em 529 deve ser registado se a pessoa fez o teste do VIH. Se não tiver mulheres de 15-49 anos neste agregado familiar, por favor passar diretamente aos homens de 15-49 anos.*

	Mulher 1	Mulher 2	Mulher 3
516. *Copiar nome da mulher em HL2 do Questionário Agregado familiar:* *Copiar o número de linha da mulher de HL7 do Questionário Agregado familiar:*	Nome: _____ No. de linha: ....___ ___	Nome: _____ No. de linha: .... ___ ___	Nome: _____ No. de linha: ....___ ___
520. *Verifique a idade da mulher em HL6:*	15-17 anos ....1 18-49 anos ....2 ⇨ ir a 523	15-17 anos .... 1 18-49 anos.................. 2 ⇨ ir a 523	15-17 anos .... 1 18-49 anos .... 2 ⇨ ir a 523
521. *Verifique o estado matrimonial da mulher em MA1 do Questionário individual Mulher:*	Não casada ou em união (código 3)...........1 Casada ou em união (código 1 ou 2) ....2 ⇨ ir a 523	Não casada ou em união (código 3) .... 1 Casada ou em união (código 1 ou 2)............ 2 ⇨ ir a 523	Não casada ou em união (código 3) .... 1 Casada ou em união (código 1 ou 2) .... 2 ⇨ ir a 523
522. *Registe o número de linha em HL15 do Questionário Agregado familiar do adulto responsável da adolescente.*	No. de linha do adulto responsável da adolescente ......___ ___	No. de linha do adulto responsável da adolescente ..... ___ ___	No. de linha do adulto responsável da adolescente ....___ ___
523. *Leia o consentimento abaixo para o teste de anemia:* *Para as mulheres de 15-17 anos que não são casadas ou em união, pede o consentimento do adulto responsável identificado em 522 antes de o pedir da inquirida. Deve ter o consentimento de ambos.* *Assine em todos os casos.*	Consentimento acordado por ambos .... 1 Adulto responsável recusou ....2 Inquirida recusou ....3 Assinatura: _____	Consentimento acordado por ambos....1 Adulto responsável recusou ....2 Inquirida recusou ....3 Assinatura: _____	Consentimento acordado por ambos ..... 1 Adulto responsável recusou .... 2 Inquirida recusou .... 3 Assinatura: _____

MICS.BT.6

	Mulher 1	Mulher 2	Mulher 3

Pedido de consentimento para o teste de anemia a ser lido em voz alta. Leia o consentimento a cada inquirida. Circule o código "1" em 523 se a inquirida aceitar o teste de anemia e o código "3" se ela recusar. Para as mulheres de 15-17 anos que não são casadas ou não vivem em união, pede o consentimento ao adulto responável identificado em 522, antes de pedir o consentimento da própria adolescente. Circule o código "2" em 523 se o adulto responsável recusar. Fazer o teste somente se tiver os dois consentimentos: o do adulto responsável e o da adolescente.

NESTE INQUÉRITO PEDIMOS ÀS PESSOAS EM TODO O PAÍS DE PARTICIPAR AO **TESTE DE ANEMIA**. A ANEMIA É UM PROBLEMA DE SAÚDE QUE RESULTA DE UMA ALIMENTAÇÃO POBRE, DE INFECÇÕES OU DE DOENÇA CRÓNICA. OS RESULTADOS DESTE INQUÉRITO VÃO PERMITIR AO GOVERNO DE IMPLEMENTAR PROGRAMAS PARA A PREVENÇÃO E O TRATAMENTO DA ANEMIA. PARA ESTE TESTE DE ANEMIA, SOLICITAMOS A PARTICIPAÇÃO DE TODAS AS MULHERES COM 15-49 ANOS, DANDO ALGUMAS GOTAS DE SANGUE, RECOLHIDAS ATRAVÉS DE PICADA NA PONTA DO DEDO. PARA O EFEITO, UTILIZA-SE UM EQUIPAMENTO NOVO, ESTERILIZADO E ABSOLUTAMENTE SEM RISCO. OS EQUIPAMENTOS SÃO DE UTILIZAÇÃO ÚNICA E INDIVIDUAL E SERÃO DESCARTADOS IMEDIATAMENTE APÓS USO, DE MODO A NÃO CAUSAR NENHUM RISCO À SAÚDE. O SANGUE É TESTADO PARA A ANEMIA IMEDIATAMENTE E O RESULTADO É DADO A INQUIRIDA. PORTANTO OS RESULTADOS SÃO CONFIDENCIAIS.
TEM ALGUMA PERGUNTA? PODE DECIDIR SIM OU NÃO PARA O TESTE DE ANEMIA: A DECISÃO É SUA.
DÁ CONSENTIMENTO PARA QUE *(nome da adolescente)* PARTICIPE AO TESTE DE ANEMIA?

524. *Verifique em CP1 do Questionário individual Mulher se a mulher está grávida:*	Sim ....1 Não ....2 Não sabe 8	Sim...........................1 Não .... 2 Não sabe 8	Sim.............................1 Não........................... 2 Não sabe...................... 8
525. *Leia o consentimento abaixo para o teste de VIH:* *Para as mulheres de 15-17 anos que não são casadas ou em união, pede o consentimento do adulto responsável identificado em 522 antes de o pedir da inquirida. Deve ter o consentimento de ambos.* *Assine em todos os casos.*	Consentimento acordado por ambos .... 1 Adulto responsável recusou ....2 Inquirida recusou ....3 Assinatura: _____	Consentimento acordado por ambos....1 Adulto responsável recusou .... 2 Inquirida recusou .... 3 Assinatura: _____	Consentimento acordado por ambos ..... 1 Adulto responsável recusou .... 2 Inquirida recusou .... 3 Assinatura: _____

Pedido de consentimento para o teste do VIH a ser lido em voz alta. Leia o consentimento a cada inquirida. Circule o código "1" em 525 se a inquirida aceitar o teste de VIH e o código "3" se ela recusar. Para as mulheres de 15-17 anos que não são casadas ou em união, pede o consentimento ao adulto responsável identificado em 522, antes de pedir o consentimento da própria adolescente. Circule o código "2" em 525 se o adulto responsável recusar. Fazer o teste somente se tiver os dois consentimentos: o do adulto responsável e o da adolescente.

NESTE INQUÉRITO PEDIMOS ÀS PESSOAS EM TODO O PAÍS DE PARTICIPAR AO **TESTE DO VIH**. O VIH É O VÍRUS QUE CAUSA A SIDA, UMA DOENÇA MUITO GRAVE. O TESTE DO VIH É EFECTUADO NESTE INQUÉRITO PARA MEDIR A GRAVIDADE DO PROBLEMA DA SIDA EM SÃO TOMÉ E PRÍNCIPE. PARA O TESTE DO VIH, SOLICITAMOS ALGUMAS GOTAS DE SANGUE, RECOLHIDAS ATRAVÉS DE PICADA NA PONTA DO DEDO. PARA O EFEITO, UTILIZA-SE UM EQUIPAMENTO NOVO, ESTERILIZADO E ABSOLUTAMENTE SEM RISCO. OS EQUIPAMENTOS SÃO DE UTILIZAÇÃO ÚNICA E INDIVIDUAL E SERÃO DESCARTADOS IMEDIATAMENTE APÓS USO, DE MODO A NÃO CAUSAR NENHUM RISCO À SAÚDE. NENHUM NOME SERÁ LIGADO À AMOSTRA DE SANGUE E NÃO PODEREMOS LHE DAR O RESULTADO DO TESTE E NENHUMA OUTRA PESSOA PODERÁ SABER O SEU RESULTADO. SE QUISER SABER SE TEM O VIH OU NÃO, POSSO LHE FORNECER UMA LISTA DO CENTROS MAIS PRÓXIMOS QUE FORNECEM SERVIÇOS DE TESTE E DE ACONSELHAMENTO SOBRE O VIH. TAMBÉM POSSO DAR UMA FICHA PARA BENEFICIAR DE SERVIÇO GRATUITO NESTES CENTROS, PARA SI E PARA O SEU PARCEIRO SE QUISER.
TEM ALGUMA PERGUNTA? PODE DECIDIR SIM OU NÃO PARA O TESTE DO VIH: A DECISÃO É SUA.
DÁ CONSENTIMENTO PARA QUE *(nome da adolescente)* PARTICIPA NO TESTE DE VIH?

526. *Verifique 523 e 525 e prepare os instrumentos necessários para os testes para os quais o consentimento foi obtido. De seguida, proceda aos testes para cada mulher elegível. O código do resultado do teste de anemia deve ser registado em 527 e do teste de VIH em 529, mesmo se a mulher não estava presente, recusou ou não podia ser testada por outras razões.*

MICS.BT.7

	Mulher 1	Mulher 2	Mulher 3
527. Resultado da participação ao teste de <u>anemia</u>:	Testado .... 1 Ausente .... 2 ⇨ *ir a 529* Recusou .... 3 ⇨ *ir a 529* Outro......................... 6 ⇨ *ir a 529*	Testado...................1 Ausente....................2 ⇨ *ir a 529* Recusou....................3 ⇨ *ir a 529* Outro..........................6 ⇨ *ir a 529*	Testado .... 1 Ausente .... 2 ⇨ *ir a 529* Recusou .... 3 ⇨ *ir a 529* Outro .... 6 ⇨ *ir a 529*
528. Nível de hemoglobina: *Registe também na Brochura sobre anemia e malária.*	G/DL ....___ ___ , ___	G/DL .... ___ ___ , ___	G/DL ....___ ___ , ___
529. Resultado da participação ao teste de <u>VIH</u>:	Testado .... 1 Ausente .... 2 Recusou .... 3 Outro.......................... 6	Testado...................1 Ausente....................2 Recusou....................3 Outro..........................6	Testado .... 1 Ausente .... 2 Recusou .... 3 Outro 6
530. *Cole o código de barra:* *(Cole o 1° código de barra aqui ao lado. Cole o 2° sobre o papel filtro da inquirida e o 3° sobre a Ficha de transmissão das amostras.)*	1° código de barra	1° código de barra	1° código de barra
531. *Volte a 520 da coluna seguinte deste questionário ou a primeira coluna do questionário suplementar. Se não tiver mais nenhuma mulher, vá a 532.*			

Marque aqui se for usado um questionário adicional ☐

MICS.BT.8

TESTE DE VIH PARA HOMENS DE 15-49 ANOS

532. *Verifique pergunta HL7 da lista dos membros do agregado familiar do Questionário Agregado familiar. Registe o número de linha e o nome de todos os homens de 15-49 anos em 533. Se houver mais de 3 homens, utilize um questionário suplementar. Em 539 deve ser registado se a pessoa fez o teste do VIH.*

	Homen 1	Homen 2	Homen 3
533. *Copiar o nome do homem em HL2 do Questionário Agregado familiar:* *Copiar o número de linha do homem em HL7 do Questionário Agregado familiar:*	Nome: _____ No. de linha: ....___ ___	Nome: _____ No. de linha: .... ___ ___	Nome: _____ No. de linha: ....___ ___
534. *Verifique a idade do homem em HL6:*	15-17 anos ....1 18-49 anos ....2 ⇨ *ir a 537*	15-17 anos...................1 18-49 anos...................2 ⇨ *ir a 537*	15-17 anos ....1 18-49 anos ....2 ⇨ *ir a 537*
535. *Verifique o estado matrimonial do homem em MMA1 do Questionário individual Homem:*	Não casado ou em união (código 3)...........1 Casado ou em união (código 1 ou 2) ....2 ⇨ *ir a 537*	Não casado ou em união (código 3)...........1 Casado ou em união (código 1 ou 2)............2 ⇨ *ir a 537*	Não casado ou em união (código 3) ....1 Casado ou em união (código 1 ou 2) ....2 ⇨ *ir a 537*
536. *Registe o número de linha em HL15 do Questionário Agregado familiar, do adulto responsável da adolescente.*	No. de linha do adulto responsável do adolescente ......___ ___	No. de linha do adulto responsável do adolescente .....___ ___	No. de linha do adulto responsável do adolescente..........___ ___
537. *Leia o consentimento abaixo para o teste de VIH:* *Para os homens de 15-17 anos que não são casados ou em união, pede o consentimento do adulto responsável identificado em 536 antes de o pedir do inquirido. Dever ter o consentimento de ambos.* *Assine em todos os casos.*	Consentimento acordado por ambos ....1 Adulto responsável recusou.........................2 Inquirido recusou.........3 Assinatura: _____	Consentimento acordado por ambos....1 Adulto responsável recusou ....2 Inquirido recusou ....3 Assinatura: _____	Consentimento acordado por ambos ......1 Adulto responsável recusou ....2 Inquirido recusou ....3 Assinatura: _____

MICS.BT.9

	Homen 1	Homen 2	Homen 3
Pedido de consentimento para o teste de <u>VIH</u> a ser lido em voz alta. Leia o consentimento a cada inquirido. Circule o código "1" em 537 se o inquirido aceitar o teste de VIH e o código "3" se ele recusar. Para os homens de 15-17 anos que não são casados ou em união, pede o consentimento ao adulto responsável identificado em 536, antes de pedir o consentimento do próprio adolescente. Circule o código "2" em 537 se o adulto responsável recusar. Fazer o teste somente se tiver os dois consentimentos: o do adulto responsável e o do adolescente.			

NESTE INQUÉRITO PEDIMOS ÀS PESSOAS EM TODO O PAÍS DE PARTICIPAR AO **TESTE DO VIH**. O VIH É O VÍRUS QUE CAUSA A SIDA, UMA DOENÇA MUITO GRAVE. O TESTE DO VIH É EFECTUADO NESTE INQUÉRITO PARA MEDIR A GRAVIDADE DO PROBLEMA DA SIDA EM SÃO TOMÉ E PRÍNCIPE. PARA O TESTE DO VIH, SOLICITAMOS ALGUMAS GOTAS DE SANGUE, RECOLHIDAS ATRAVÉS DE PICADA NA PONTA DO DEDO. PARA O EFEITO, UTILIZA-SE UM EQUIPAMENTO NOVO, ESTERILIZADO E ABSOLUTAMENTE SEM RISCO. OS EQUIPAMENTOS SÃO DE UTILIZAÇÃO ÚNICA E INDIVIDUAL E SERÃO DESCARTADOS IMEDIATAMENTE APÓS USO, DE MODO A NÃO CAUSAR NENHUM RISCO À SAÚDE. NENHUM NOME SERÁ LIGADO À AMOSTRA DE SANGUE E NÃO PODEREMOS LHE DAR O RESULTADO DO TESTE E NENHUMA OUTRA PESSOA PODERÁ SABER O SEU RESULTADO. SE QUISER SABER SE TEM O VIH, POSSO LHE FORNECER UMA LISTA DO CENTROS MAIS PRÓXIMOS QUE FORNECEM SERVIÇOS DE TESTE E DE ACONSELHAMENTO SOBRE O VIH. TAMBÉM POSSO DAR UMA FICHA PARA BENEFICIAR DE SERVIÇO GRATUITO NESTES CENTROS, PARA SI E PARA A SUA PARCEIRA SE QUISER.

TEM ALGUMA PERGUNTA? PODE DECIDIR SIM OU NÃO PARA O TESTE DO VIH: A DECISÃO É SUA.

DÁ CONSENTIMENTO PARA QUE *(nome do adolescente)* PARTICIPA NO TESTE DE VIH?

538. *Verifique 537 e prepare os instrumentos necessários para os testes para os quais o consentimento foi obtido. De seguida, proceda aos testes para cada homem elegível. Se a pessoa fez o teste de HIV deve ser registado em 539, mesmo se o homem não estava presente, recusou ou não podia ser testado por outras razões.*			
539. Resultado da participação ao teste de <u>VIH</u>:	Testado .... 1 Austente .... 2 Recusou .... 3 Outro 6	Testado .... 1 Austente .... 2 Recusou .... 3 Outro 6	Testado .... 1 Austente .... 2 Recusou .... 3 Outro 6
539A. *Cole o código de barra:* *(Cole o 1° código de barra aqui ao lado. Cole o 2° sobre o papel filtro da inquirido e o 3° sobre a Ficha de transmissão das amostras.)*	1° código de barra	1° código de barra	1° código de barra
540. *Volte a 533 da coluna seguinte deste questionário ou a primeira coluna do questionário suplementar. Se não tiver mais nenhum homem, termine a entrevista.*			
			Marque aqui se for usado um questionário adicional ☐

MICS.BT.10

Observações do/a técnico/a de saúde

Observações do/a supervisor/a

MICS.BT.11

Sao Tome and Principe
Multiple Indicator Cluster Survey 2014