Guyana

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2006

Bureau of Statistics

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MICS

Guyana

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The Guyana Multiple Indicator Cluster Survey (MICS) was carried out by the Bureau of Statistics in collaboration with the United Nations Children's Fund (UNICEF).

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

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Multiple Indicator Cluster Survey 2006

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Summary Table of Findings
Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Guyana, 2006

TOPIC	MICS INDICATOR NUMBER	MDG LINKAGE	INDICATOR	VALUE IN 2000	VALUE IN 2006	UNIT
CHILD MORTALITY						
Child mortality	1	13	Under-five mortality rate	72.0[1]	47.0	per thousand
	2	14	Infant mortality rate	54.0[1]	37.0	per thousand
NUTRITION						
Nutritional status	6	4	Underweight prevalence	13.6	12.4	percent
	7		Stunting prevalence	10.8	13.7	percent
	8		Wasting prevalence	10.6	7.6	percent
Breastfeeding	45		Timely initiation of breastfeeding (within 1 hour)	NA	43.1	percent
	15		Exclusive breastfeeding rate (under 6 months)	15.3[2]	21.4	percent
Low birth weight	9		Low birth weight infants	11.2	18.9	percent
CHILD HEALTH						
Immunization	25		Tuberculosis immunization coverage	97.3[3]	96.0	percent
	28	15	MMR immunization coverage	91.7[4]	89.7	percent
Care of illness	33		Use of oral rehydration therapy (ORT)	69.3[5]	51.7	percent
	23		Care seeking for suspected pneumonia	77.6	64.1	percent
Malaria	38		Under-fives sleeping under mosquito nets	6.5	69.7	percent
ENVIRONMENT						
Water and Sanitation	11	30	Use of improved drinking water sources	83.3	91.2	percent
	13		Water treatment	NA	49.8	percent
	12	31	Use of improved sanitation facilities	NA	97.5	percent
Solid fuel use	24	29	Wood and charcoal use	NA	10.6	percent
REPRODUCTIVE HEALTH						
Contraception and unmet need	21	19c	Prevalence of contraceptive use	37.5[6]	34.2	percent
	98		Unmet need for family planning	NA	32.4	percent
	99		Demand satisfied for family planning	NA	51.4	percent
Maternal and newborn health	20		Antenatal care (at least once)	80.9[7]	81.4	percent
	4	17	Skilled attendant at delivery	85.6[7]	83.3	percent
	5		Institutional deliveries	NA	82.6	percent

[1] This value was referenced to 1997
[2] The value in 2000 was for less than 4 months old
[3] This value was for children immunized before their 1st birthday at age 12-23 months in 2000 but for age 18-29 months in 2006
[4] This value was for children immunized by age 23 months in 2000 but for age 18-29 months immunized before age 18 months in 2006
[5] ORT and appropriate household solutions were recorded for 2000 while ORT and/or appropriate household solutions in 2006
[6] In 2000 this value was for women only while in 2006 it was for both the woman or her partner
[7] In 2000 this value was for women who had given birth within the last year while in 2006 it was for the past two years

TOPIC	MICS INDICATOR NUMBER	MDG LINKAGE	INDICATOR	VALUE IN 2000	VALUE IN 2006	UNIT
CHILD DEVELOPMENT						
Child development	46		Support for learning (4 or more activities)	NA	82.3	percent
	47		Father's support for learning	NA	51.2	percent
	48		Support for learning: children's books	NA	54.4	percent
	49		Support for learning: non-children's books	NA	55.4	percent
	50		Support for learning: materials for play	NA	40.0	percent
	51		Non-adult care (without adult supervision)	NA	11.3	percent
EDUCATION[9]						
Education	52		Pre-school enrolment	35.1	49.2	percent
	53		School readiness	NA	65.0	percent
	54		Net intake rate in primary education	NA	78.7	percent
	55	6	Net primary school enrolment rate	97.7	96.2	percent
	56		Net secondary school enrolment rate	NA	69.4	percent
	57	7	Children reaching grade five	97.0	96.8	percent
	58		Transition rate to secondary school	NA	67.0	percent
	59	7b	Primary completion rate	NA	71.4	percent
	61	9	Gender parity index			
			primary school	1.1	1.0	ratio
			secondary school	NA	1.1	ratio
CHILD PROTECTION						
Birth registration	62		Birth registration	96.5	93.3	percent
Child labour	71		Child labour	27.0	16.4	percent
Child discipline	74		Any psychological/physical punishment	NA	73.8	percent
Support to orphaned children	75		Prevalence of orphans	5.1	5.9	percent
	78		Children living without a biological parent	8.5	10.2	percent
Early marriage	68		Young women aged 15-19 currently married/ in union	NA	14.4	percent
Domestic violence	100		Attitudes of acceptance towards domestic violence	NA	17.9	percent
HIV/AIDS						
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people (15-24 years)	53.1	50.3	percent
	89		Knowledge of mother-to-child transmission of HIV	42.3	57.7	percent
	86		Non-discriminatory attitude towards people with HIV/AIDS	39.2	35.8	percent
	87		Women who know where to be tested for HIV	69.0	80.6	percent
	88		Women who have been tested for HIV	15.7	31.8	percent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	NA	67.0	percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	NA	55.8	percent

[9] Enrolment includes attendance at least once in the previous year
[10] In 2000 child labour was defined as working 4 or more hours while in 2006 it was defined as 28 hours of domestic work or at least one hour of economic work for those aged 5-11 or 14 hours of economic work for those aged 12-14
[11] In 2000 comprehensive knowledge referred to knowing 3 ways to prevent HIV transmission and to be able to correctly identify 3 misconceptions about HIV transmission while in 2006 it was to identify 2 ways of preventing HIV transmission and reject three common misconceptions about HIV transmission

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Executive Summary

The Guyana Multiple Indicator Survey 2006 (MICS3) is the second of its kind in Guyana; the first being in 2000. It is a nationally representative sample survey of households and was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas as well as interior and coastal areas.

The objectives of the survey were as follows:

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

The survey targeted 5,280 households of which 5,229 were found to be occupied. Of those occupied, 5,008 were successfully interviewed resulting in a response rate of 96 percent. The response rates of women and children were 96 and 98 percent respectively.

The main findings of the Guyana MICS3 are as follows:

Household Composition

Although children under 5 years of age are equally spread out in coastal (1,269) and interior (1,231) areas yet 85 percent reside in rural Guyana (Table HH.1). This survey established the average household size as 4.05 with equal gender distribution (10,088 males and 10,176 females). Almost one half (42 percent) of the population is below 18 years of age (Table HH.2) and 70 percent of the sampled households are headed by males (Table HH.3). Almost one third (29 percent) of all children under 5 years are living in a household without their biological father (Table CD.1). One in three children (30 percent) comes from the poorest quintile whereas one in eight (13 percent) comes from the richest quintile.

Infant and Under-Five Mortality Rates

Using the WEST method the probability for a child to die before its first birthday or infant mortality rate (IMR) was estimated at 37 per thousand live births, while the probability of dying before teaching its fifth birthday or under-5 mortality rate (U5MR) was 47 per thousand live births. Infant and under-5 mortality rates were lowest in Regions 2 and 3 and highest in the hinterland regions such as Regions 1, 7, 8 and 9 (Table CM.2). These estimates of child mortality are lower than earlier estimates and highlight the change in a positive direction. For example IMR and U5MR fell by 17 and 25 percentage points between 2000 and 2006.

Child Malnutrition

Results indicate that 12 percent of children under age five-years were underweight or too thin for their age and 14 percent were stunted or too short for their age (Table NU.1). Approximately twice as many children from the interior areas (21 percent) are stunted compared with children from the coastal (12 percent) areas. Children under the age of 6 months were least likely to be undernourished than older children (6-59 months). When compared to the survey results of 2000 no large differences were observed in 2006.

Breastfeeding

Over two in five women (43 percent) started breastfeeding within the recommended period of one hour of birth while three out of every four (75 percent) started within one day (Table NU.2). However only one of every five children under six-months of age were exclusively breastfed while the percentage of those under three months of age were higher with roughly one in three children exclusively breastfed. Breastfeeding is maintained throughout early childhood as noted by 20 percent of children aged 6-11 months receiving breast milk and complementary food with the value increasing to every other child (48 percent) receiving breastmilk and appropriate food at the 20-23 month age range.

Low Birth weight

Birth weight was estimated as low for every fifth infant (19 percent) on average with the interior area having a slightly higher figure of 24 percent (Table NU.5). There is little or no variation within the coastal areas. This survey has recorded an increase of 7 percentage points compared to the 2000 survey.

Immunization Coverage

Approximately 96 percent of children aged 18-29 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 95 percent with 90 percent and 74 percent receiving the subsequent doses respectively (Table CH.1). In Guyana protection against measles is provided by the MMR (Measles, Mumps and Rubella) vaccine. Guyana's immunization schedule indicates that children should be given the MMR and yellow fever vaccinations at age 12 months. The survey indicates that approximately 90 percent of the children aged 18-29 months received the MMR vaccine by age 18 months and just over 88 percent received the yellow fever vaccine. There is little difference in the vaccination coverage by any of the background variables collected in the survey and 75 percent of the children reportedly had a health card. According to the data collected 44 percent of mothers with at least one birth within the 24 months prior to the survey were protected against tetanus.

Diarrhoea

Approximately half (52 percent) of the children with diarrhoea received one or more of the recommended treatments such as ORS or the recommended homemade fluid while only 6 percent of children received increased fluids and continued eating as recommended (Table CH.4). The value is higher for those under-five years old that were reported to have had diarrhoea in the two weeks preceding the interview with 28 percent increasing ORT or increased fluids and continued feeding/eating once contracting diarrhoea.

Acute Respiratory Infection/pneumonia

Some 6 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey (Table CH.6). Overall, 64 percent were taken to an appropriate health provider. One in five mothers (19 percent) was aware of at least two of the danger signs of pneumonia. Women who reside in the interior regions of Guyana are five times less likely to have knowledge of two of the danger signs of pneumonia than other women.

Solid Fuel

While only 10 percent of the households surveyed across the country used solid fuel for cooking, approximately half (48 percent) of the households in the interior areas utilise this source of energy (Table CH.8).

Malaria

In Guyana, the coastal areas are considered to be malaria free while the interior areas are considered to be high-risk malaria areas. As such, the MICS3 measured malaria related indicators only in the interior areas and found that approximately 70 percent of children under the age of 5 years slept under a mosquito net, a large increase from only 11 percent in 2000 (Table CH.9).

Water and Sanitation

Overall access to improved water sources increased between 2000 and 2006 from 83 percent to 91 percent. However important regional differences remain with only 52 percent of the population in the interior accessing similar sources (Table EN.1). According to international standards/MICS rain water collection is considered to be an improved drinking water source and 22 percent employ this method in Guyana. Only 29 percent of households that use unimproved sources of drinking water use an appropriate water treatment method with this practice least prevalent in the interior. Sanitary means of excreta disposal is almost universal (98 percent) and 53 percent using traditional pit latrines as well as 40 percent employing septic tanks. Pit latrines are considered to be a sanitary means of excreta disposal according to international standards/MICS.

Contraception

Current use of contraception was reported by a third (34 percent) of married or in union women (Table RH.1). The most common method used was the pill (13 percent) with condoms and inter-uterine devices at 6 percent each. Just over half (51 percent) of women aged 15-49 years who were currently married or were in a union, reported that their demand for contraception was satisfied.

Prenatal Care

Four fifths (81 percent) of women in Guyana who had at least one birth in the 24 months prior to the survey received some type of antenatal care from skilled personnel (doctor, nurse/midwife, auxiliary midwife, medex) (Table RH.3). However, the proportion of women who had their antenatal care delivered by skilled personnel was not uniform among the strata of society. Women from the coastal areas had substantially higher proportions (87 percent) attended to by skilled personnel compared with women from the interior regions (57 percent).

Assistance at Delivery

Skilled personnel (doctor, nurse/midwife, auxiliary midwife, medex) delivered 83 percent of births that occurred in the two years prior to the MICS survey (Table RH.5). Again, the proportions were lower in the interior (56 percent) compared with the coast (89 percent). More than eighty percent (83 percent) of the births that occurred within the 2 years preceding the survey were delivered in a health facility.

Child Development

In Guyana, over 82 percent of the children under the age of 5 years reside in households in which the adult household members are engaged in at least four activities that promote learning and school readiness (Table CD.1). This proportion was found to be 20 percentage points lower in the interior (66 percent) than in the other areas of Guyana. The father's involvement with their under-5 children in at least one activity that promotes learning and school readiness was found to be limited to every other child (51 percent).

Education

Half (49 percent) of children in Guyana aged 36-59 months were enrolled in some form of organized early childhood education programme in 2006 (Table ED.1). This is an improvement of 14 percentage points compared to 2000. There was little difference in the enrolment of boys and girls while marked differences existed by place of residence with coastal urban at 57 percent, coastal rural at 50 percent and interior areas at 37 percent. Two thirds (65 percent)

of children enrolled in first grade at primary school at the time of the survey had been enrolled in preschool programmes in the previous year. While the percentage of children of primary school age enrolled in school at the national level is very high (96 percent) only 69 percent of children of secondary school age are enrolled at secondary school. More females (73 percent) than males (66 percent) of secondary school age are enrolled in secondary or higher school at the national level. Approximately 97 percent of children who enter the first grade of primary school eventually reached grade five while 71 percent of 11 year olds (age appropriate to grade 6 at primary school) completed the primary level education and only 67 percent went on to secondary level education.

Birth Registration

The births of approximately 93 percent of children under-five years were reported as having been registered (Table CP.1). Of those births reported as not registered, the most common reason given for non-registration was distance to registration centre. Children born to mothers with no formal education had lower proportions registered as compared with those mothers with higher levels of education. Children from the interior also had somewhat lower proportions registered (86 percent) relative to children from the coast (95 percent).

Child Labour

In MICS3 a child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey they did 28 hours of domestic work or at least one hour of economic work for those aged 5-11 or 14 hours of economic work for those aged 12-14. It was found that over 16 percent of children aged 5-14 years are engaged in child labour activities (Table CP.2). The highest proportion (10 percent) did family work on farms or businesses. Unpaid work and paid work for a non-household member accounted for 5 percent and 2 percent respectively while those children who spend 28 or more hours per week doing household chores accounted for less than 1 percent. Children from the interior were more than 10 times and 4 times as likely as those from the urban coast and the rural coast respectively to have worked on family farms or businesses. It is important to note child labour activities were not found to impact school enrolment to a large extent.

Child Discipline

The percentage of children aged 2-14 years subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members is very high in Guyana (74 percent) (Table CP.4). Severe punishment, minor physical punishment, and psychological punishment accounted for 16 percent, 59 percent and 63 percent respectively with only 8 percent not being subjected to discipline or punishment at all.

ATTITUDES TOWARDS DOMESTIC VIOLENCE

Approximately one in every five women (18 percent) believed that a husband/partner is justified in beating his wife/partner (Table CP.8). This belief was most prevalent among women who reside in interior areas (39 percent) where the proportion with this belief was also double that on the rural coast (20 percent) and five times that in the urban coast (8 percent). Education and household wealth seem to influence women's attitude towards domestic violence. The richer the household and the more educated the woman, the less likely she is to agree that a husband is justified in beating his wife/partner.

HIV/AIDS

More than half (55%) of women aged 15-49 knew all three main ways to prevent HIV transmission (i.e. having only one uninfected sex partner, using a condom every time, and abstaining from sex) (Table HA.1). Similarly, 58 percent of those aged 15-49 years knew all three ways of preventing mother to child transmission. One third (36 percent) of women of child bearing age expressed no discriminatory attitude towards people living with HIV/AIDS with this accepting attitude increasing with women's education and household wealth. Two thirds (61 percent) of women correctly identified three misconceptions about HIV transmission (i.e. that HIV can be transmitted through sharing food, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected). Since 2000 there has been a 12 percentage point increase with 81 percent of women of reproductive age knowing where to get tested for HIV. Twice as many (32 percent compared to 16 percent) women in this age group have received testing in 2006 as compared to the 2000 survey. The percentage of women who have comprehensive knowledge of HIV transmission and who know where to get tested for HIV increase dramatically as women's education level increases.

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIS	AIDS Indicator survey
ANC	Antenatal Care
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CSPro	Census and Survey Processing System
CDC	Centre for Disease Control
DPT	Diphtheria Pertussis Tetanus
ED	Enumeration Districts
EPI	Expanded Programme on Immunization
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NCHS	National Centre for Health Statistics
ORT	Oral Rehydration Treatment
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of mother to child transmission
SPSS	Statistical Package for Social Sciences
U5MR	Under-Five Mortality Rate
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit for Children
WHO	World Health Organization

ACKNOWLEDGEMENTS

The Guyana 2006 Multiple Indicator Cluster Survey (MICS) was implemented by the Bureau of Statistics. This report describes the key findings and represents the combined efforts of many institutions and individuals without which the successful completion of the entire project would not have been possible.

It is important to acknowledge the training and technical support provided during this survey process by UNICEF staff from New York and Guyana as well as TACRO, the UNICEF Regional Office. The collaboration of multiple Ministries and Departments in Guyana is also deeply appreciated. Furthermore the invaluable assistance of consultants on this project is noted as was the decisive role in the adaptation of the MICS3 questionnaires and manuals by the members of the Technical Steering Committee. It is expected that this situation survey will pave the way for periodic monitoring of the situation of children and women living in Guyana.

I. Introduction

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The survey provides valuable information on the situation of children and women in Guyana.

Background

Guyana is situated on the north-eastern shoulder of South America and is bordered on the north by the Atlantic Ocean, on the east by Suriname, on the south by Brazil and on the west by Venezuela. With an area of 214,969 sq. kilometres and a population of 751,223 persons (Guyana Population & Housing Census 2001), the country has a population density of 3.5 persons per sq. km. Over 90 percent however, live on the narrow coastal plain, approximately 485 km long and on average approximately 13 km in depth.

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

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

A Commitment to Action: National and International Reporting Responsibilities

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

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

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

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

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

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

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

This final report presents the results of the indicators and topics covered in the survey.[1]

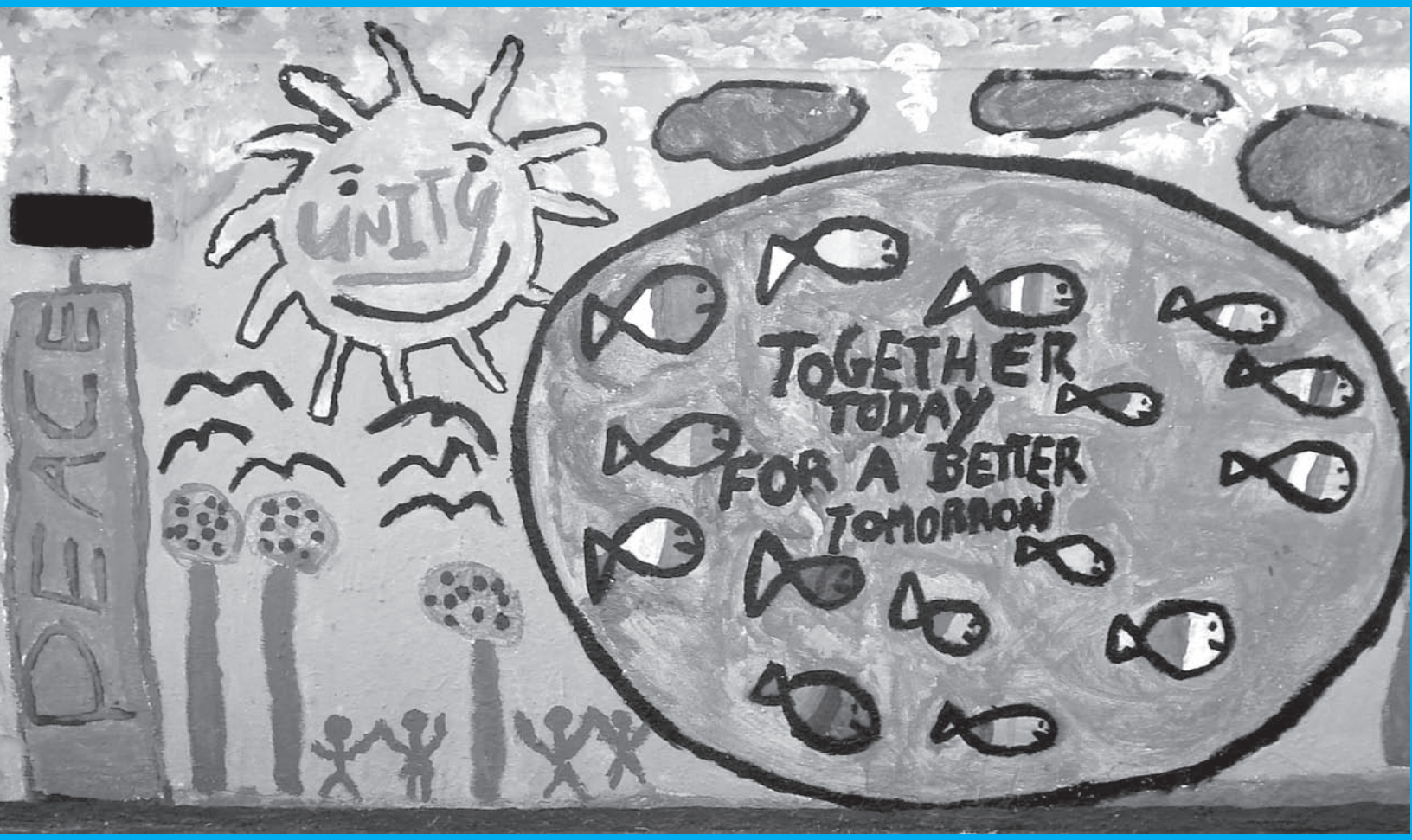
[1] For more information on the definitions, numerators, denominators and algorithms of Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) indicators covered in the survey: see Chapter 1, Appendix 1 and Appendix 7 of the MICS Manual – Multiple Indicator Cluster Survey Manual 2005: Monitoring the Situation of Children and Women, also available at www.childinfo.org

Survey Objectives

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

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

II. Sample and Survey Methodology



This survey is designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and interior and coastal areas.

Sample Design

The sample for the Guyana Multiple Indicator Cluster Survey (MICS3) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and interior and coastal areas. In considering the urban/rural distinction, it should be borne in mind that all the urban areas of the country are located within the coastal region and the entire interior region is considered to be rural.

Coastal and interior areas were identified as the main sampling domains and the sample was selected in two stages. Within the coastal and interior areas, 160 and 60 census enumeration district areas respectively were selected with probability proportional to size. After a household listing was carried out within the selected enumeration areas, a circular systematic sample of twenty- four (24) households was drawn. All of the selected enumeration areas were visited during the fieldwork period. The sample was stratified by urban and rural area and is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

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

The Household Questionnaire included the following modules:

- Household (Extended) Listing[2]
- Education
- Water and Sanitation
- Household Characteristics
- Insecticide Treated Nets *(administered only in the high-risk malaria areas i.e. interior of Guyana)*
- Child Labour
- Child Discipline

[2] Unlike in the case of the standard MICS3 Extended Household Listing module, where the ethnicities and the religious denominations of only the household heads were collected, the Guyana MICS3 Household (extended) listing module included the ethnicities and the religious denominations of all the household members.

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

- Child Mortality
- Diphtheria Tetanus *(administered to women who had at least one live birth within the 2 years prior to interview)*
- Maternal and Newborn Health *(administered to women who had at least one live birth within the 2 years prior to interview)*
- Marriage/Union Status
- Contraception and Unmet Needs
- Attitudes Towards Domestic Violence
- HIV/AIDS Knowledge and Awareness

The Questionnaire for Children Under Five was administered to mothers or caretakers of children under 5 years of age[3] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Birth Registration and Early Learning
- Child Development
- Breastfeeding
- Care of Illness
- Malaria *(administered only in the high-risk malaria areas i.e. interior of Guyana)*
- Immunization
- Anthropometry

The Guyana MICS3 questionnaires are based on the English version of the MICS3 model questionnaire[4]. These model questionnaires were adapted and modified, with consultation with the Guyana MICS3 Technical Steering Committee, to reflect national situations. The modified version of the questionnaires was pre-tested in six clusters in both urban and rural areas during February, 2006. However, malaria related modules were not tested since the pre-test focused on the coast of Guyana where malaria is largely considered non-existent. Based on the results of the pre-test further modifications were made to the wording and the response categories of the questionnaires. A copy of the Guyana MICS questionnaires is provided in Appendix F.

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

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

Training and Fieldwork

Training for the fieldwork was conducted for 10 days in March, 2006. Training included instruction on interviewing techniques, the administration of the questionnaires and the listing and mapping procedures. The trainees were also involved in case study exercises as well as mock interviews among trainees. They were also encouraged to practice (at home) the administration of the questionnaires as well as their interviewing skills on their family members and neighbours.

The data were collected by twelve teams; of which, ten were comprised of four interviewers, one driver, one editor/measurer and a supervisor, while two teams were without an editor. In the latter cases, the supervisors also performed the task of editor/measurer. It should be noted that due to the limited number of appropriate female field staff, a male field staff was assigned to each team in a supervisory capacity in most cases.

Fieldwork on the coast began toward the end of March, 2006 and concluded in the first week in June, 2006 while fieldwork in the Interior Regions commenced in mid May, 2006 and concluded early January, 2007. It is worthwhile noting that the fieldwork in the Interior Regions was carried out generally by one team resulting in the long fieldwork period.

Data Processing

Data were entered using the CSPro software. The data were entered on three microcomputers and carried out by three data entry operators and one data entry supervisor. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS3 project and adapted to the Guyana questionnaire were used throughout. Data processing began in June, 2006, some three months after the start data collection and was completed in January, 2007. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

III. Sample Coverage and the Characteristics of Households and Respondents

More than 40% of Guyana's population is below 18 years of age.

Sample Coverage

Table HH.1 shows that of the 5,280 households selected for the sample, 5,229 were found to be occupied. Of these, 5,008 were successfully interviewed for a household response rate of 96 percent. In the interviewed households, 5,253 women (age 15-49) were identified. Of these, 5,035 were successfully interviewed, yielding a response rate of 96 percent. In addition, 2,541 children under age five were listed in the household questionnaire. Questionnaires were completed for 2,500 of these children, which corresponds to a response rate of 98 percent. Overall response rates of 92 percent and 94 percent are calculated for the women's and under-5's interviews respectively (Table HH.1). Differentials in response rates were similar across regional groupings and areas.

Characteristics of Households

The age and sex distribution of survey population is provided in Table HH.2. The distribution is also used to produce the population pyramids in Figure HH.1a. In the 5,008 households successfully interviewed in the survey, 20,295 household members were listed. Of these[5], 10,088 were males, 10,176 were females. These figures also indicate that the survey estimated the average household size at 4.05.

Table HH.2a below shows the age and sex distribution of the survey population as well as the 2002 Population and Housing Census. From all indications, the 2006 MICS distribution is highly reflective of the 2002 census, suggesting that the survey sample was fairly good. For instance, the percentage distribution either for the five year age groups or the broad functional age group is not very different between the 2002 census and 2006 MICS. Sex ratios, which are defined as the number of males to every 100 females, are shown at the bottom of Table HH.2a and portray a similar trend.

[5] For 31 cases, sex was not recorded

Table HH.2a: Percent Distribution of Population by Age, Sex, Selected Age Groups and Sex Ratio, Guyana: MICS 2006 and Census 2002

	Number/MICS 2006			Number/2002 Census		
Age Group	Males	Females	Total	Males	Females	Total
0-4	10.6	9.4	10	12	11.6	11.8
5-9	13.2	12.4	12.8	13.1	12.7	12.9
10-14	12.9	12.5	12.7	11	10.7	10.8
15-19	9.6	9.9	9.7	8.9	8.9	8.9
20-24	7.1	7.8	7.4	8.5	8.7	8.6
25-29	6.9	7.3	7.1	8	8.2	8.1
30-34	7.1	7.5	7.3	7.7	7.7	7.7
35-39	7	7	7	7	7	7
40-44	6.1	6.2	6.2	6.2	6.2	6.2
45-49	5.3	5.2	5.3	4.8	4.8	4.8
50-54	4.4	4.6	4.5	3.8	3.7	3.7
55-59	3.1	3.1	3.1	2.4	2.4	2.4
60-64	2.1	2.1	2.1	1.9	2.1	2
65-69	1.5	1.9	1.7	1.5	1.6	1.6
70+	2.7	3	2.8	2.3	2.9	2.6
Not stated	0.3	0.1	0.2	0.9	0.7	0.8
Total %	100	100	100	100	100	100
<15	36.7	34.3	35.5	36.1	35.3	35.8
15-64	58.8	60.7	59.7	59.8	60.1	59.9
65+	4.2	4.9	4.5	3.8	4.6	4.2
Children aged 0-17	43	40.6	41.8	42.1	41	41.5
Adults 18+	43	40.6	58.2	57.9	59	58.5
Total Number	10,088	10,176	*20,295	376,034	375,189	751,223
Sex Ratio		99.1			100.2	

*** 31 cases excluded-sex not stated**

Age pyramids have also been constructed to compare the feature of the age and sex structure, as produced by the survey (Figure HH.1a) and the 2002 census (Figure HH.1b) respectively. These pyramids show common features, for example, narrow base and slightly broader top, indicating declining fertility and increasing longevity.

Table HH.2 shows that 35.6 percent of the population is below 15 years, while 4.5 percent represents those 65 years and over. At the same time, those 18 years and over comprises 58.2 percent of the total population, compared to 41.8 percent who fall below the age of 18 years.

Figure HH.1a: Population Pyramid
Guyana MICS3, 2006

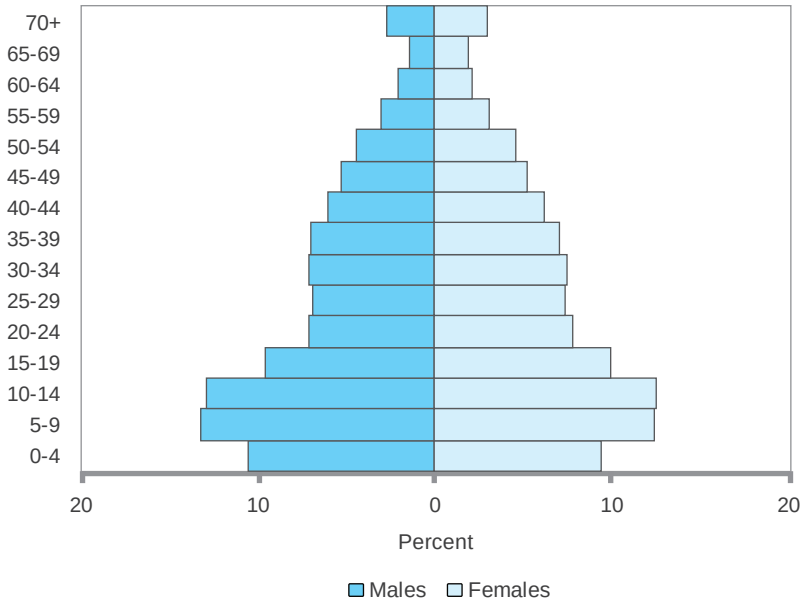


Figure HH.1a: Population Pyramid
Guyana Census, 2002

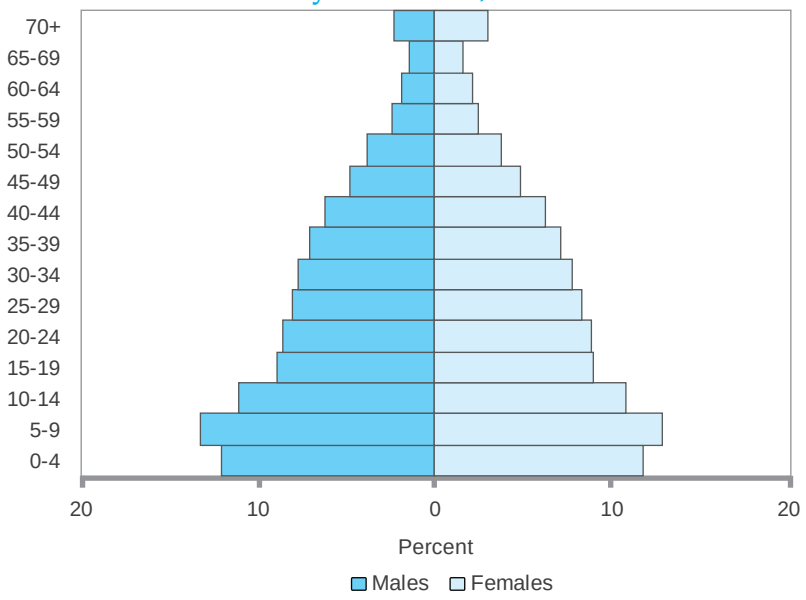


Table HH.3 provides basic background information on the households. Within households, the sex of the household head, regional groupings, urban/rural status, interior/coastal status, and number of household members are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.
The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). Table HH.3A shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49 were found.

As detailed in Table HH.3, 70 percent of the sampled households are headed by males while 30 percent are headed by a female. The largest portion of the sample came from Region 4 (44 percent) followed by Regions 5 and 6 (23 percent), and then by Regions 2 and 3 (20 percent). The smallest number of households came from Region 10 (5 percent) and Regions 1, 7, 8 and 9 (7 percent). Over 91 percent of the sample came from the coast and just 9 percent came from the interior. Almost one third (29 percent) of all children under 5 years are living in a household without their biological father (Table CD.1).

Results from Table HH.3 indicate two-thirds of the sampled households (66.1 percent) consisted of 2-5 persons. Households with 6-7 persons accounted for 15 percent of the sample, those with only one person accounted for 12 percent and those with 8-9 persons and more than 10 persons accounted for 5 percent and 2 percent respectively. Most of the sampled households had at least one woman aged 15-49 years (75 percent) and at least one child younger than 18 years of age (68 percent). Only 30 percent had at least one child under 5 years of age.

Characteristics of Respondents

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

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to regional groupings, urban/rural status, interior/coastal status, age, marital status, motherhood status, education[6],

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

wealth index quintiles[7], and ethnicity. The largest proportion of women sampled resides in Region 4 (44 percent) and the smallest proportion resides in Region 10 (5 percent). Women in the rural areas accounted for 70 percent of the sample and those on the coast accounted for 91 percent of the sample. With regards to marital status, 59 percent were currently married/in union and 32 percent were never married/in union. Nearly one third (31 percent) had never given birth. In terms of ethnicity, East Indians accounted 45 percent while Africans accounted 28 percent, mixed 18 percent and Amerindian 8 percent. Approximately half (47 percent) of the women had upper secondary and post secondary education, followed by 28 percent with lower secondary education, and 19 percent with primary level education. Only 3 percent had university level education.

Some background characteristics of children under 5 are presented in Table HH.5. These include distribution of children by several attributes: sex, regional groupings, urban/rural status, interior/coastal status, age in months, mother's/caretaker's education level, household wealth, and ethnicity. The table outlines that 47 percent of the children under 5 years were female. Roughly one in five children fell into the age groups 24-35 months, 36-47 months and 48-59 years old. Nineteen percent was under one year old. Mothers of 45 percent of the under-5 children had upper post secondary education and higher. In addition, 30 percent of children were from the poorest homes and 13 percent were from the richest. The largest ethnic group amongst children under five represented was the East Indian (32 percent) followed by Mixed (29 percent) then African (23 percent) and finally Amerindians (16 percent).

[7] Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: number of rooms for sleeping per member; floor, roof and walls material of dwelling; type of water and sanitations; the type of fuel used for cooking; radio, mobile, phone, fridge, washing machine, dishwasher, computer, and car). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

IV. Child Mortality

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These estimates of child mortality are lower than earlier estimates and highlight the change in a positive direction.

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

The infant mortality rate (IMR) is the probability of dying before the first birthday. The under-five mortality rate (U5MR) is the probability of dying before the fifth birthday. In MICS surveys, infant and under five mortality rates are calculated based on Trusell version of the Brass indirect estimation technique (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born (average parity) for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women. The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Guyana, the 'West' model, from the Coale-Demeny model life table was selected as most appropriate. The age groups used to produce the mortality estimates were 25-29 years and 30-34 years[8].

Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. The probability of dying before age 1 (IMR) is estimated at 37 per thousand, while the probability of dying under 5 years of age (U5MR) is around 47 per thousand. These estimates have been calculated by averaging mortality estimates obtained from women age 25-29 and 30-34, and refer to mid 2003.

Results from Table CM.1 indicate there is a difference between the probabilities of dying among males and females. The IMR among boys is 40 and among girls 35 while the under-five mortality

[8] In the previous MICS in Guyana (MICS 2000), the 20-25 and 25-29 years age groups were used. However, considering the declining fertility rates in Guyana as in many other countries, it was recommended that the age group be increased to 25-29 years and 30-34 years.

rate among boys is 49, compared to 44 per thousand among girls. Infant and under-5 mortality rates are lowest in Regions 2 and 3 (26 percent and 31 percent respectively), and highest in Regions 1, 7, 8 and 9 (52 percent and 68 percent respectively). There was very little difference among other regional groupings. As household wealth increases, infant and under-5 mortality rates decrease. Furthermore, education level of mothers has very little impact on child mortality among children whose mothers' level of education is higher than primary. Additionally, the probability of dying before the first birthday and before the fifth birthday respectively is lowest among East Indian children than among children of the other ethnicities. There are differences in mortality in regards to place of residence. Rural children outnumber urban children by 12 and 16 percentage points as it relates to IMR and U5MR respectively. Differentials in under-5 mortality rates by background characteristics are shown in Figure CM.1.

***Figure CM.1:* Under-5 mortality rates by background characteristics, Guyana, 2006**

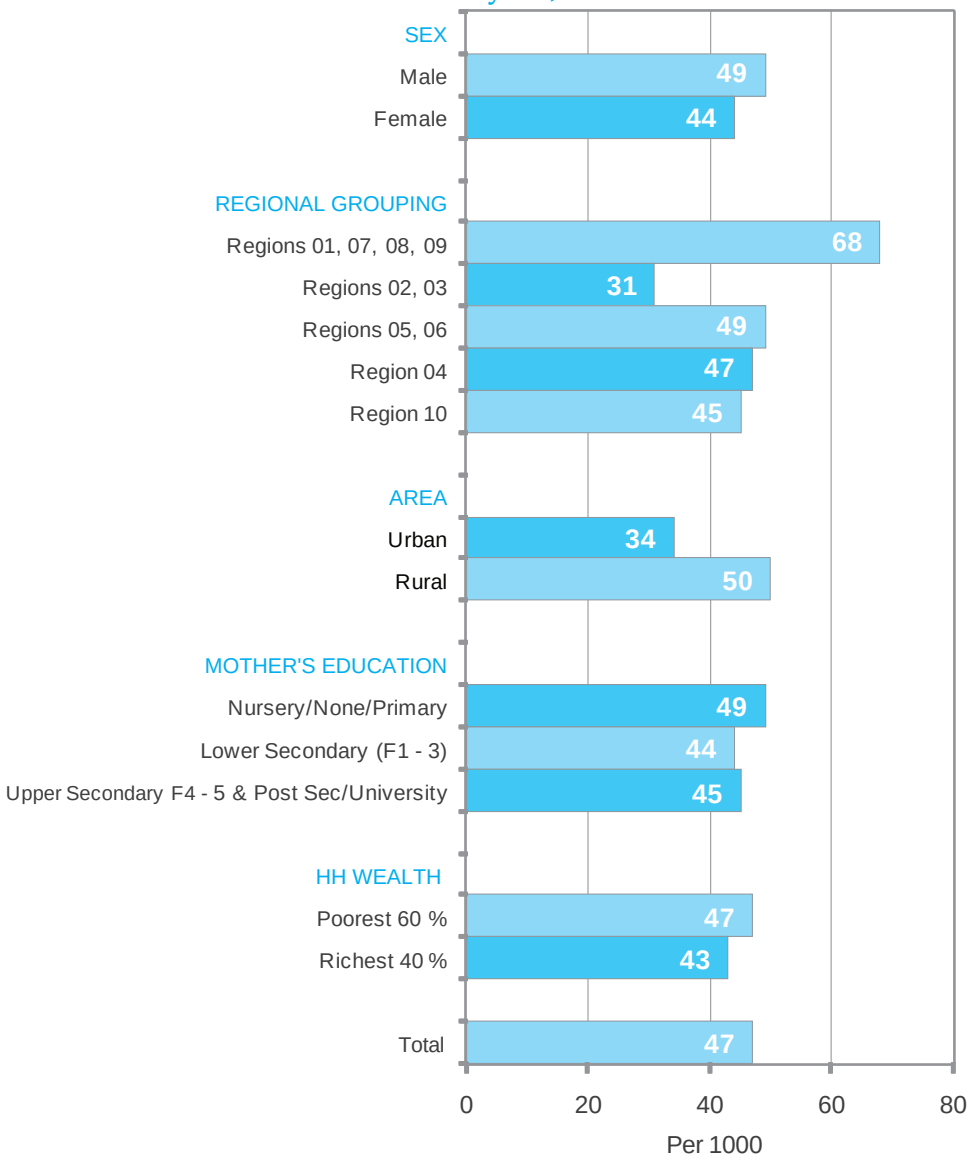
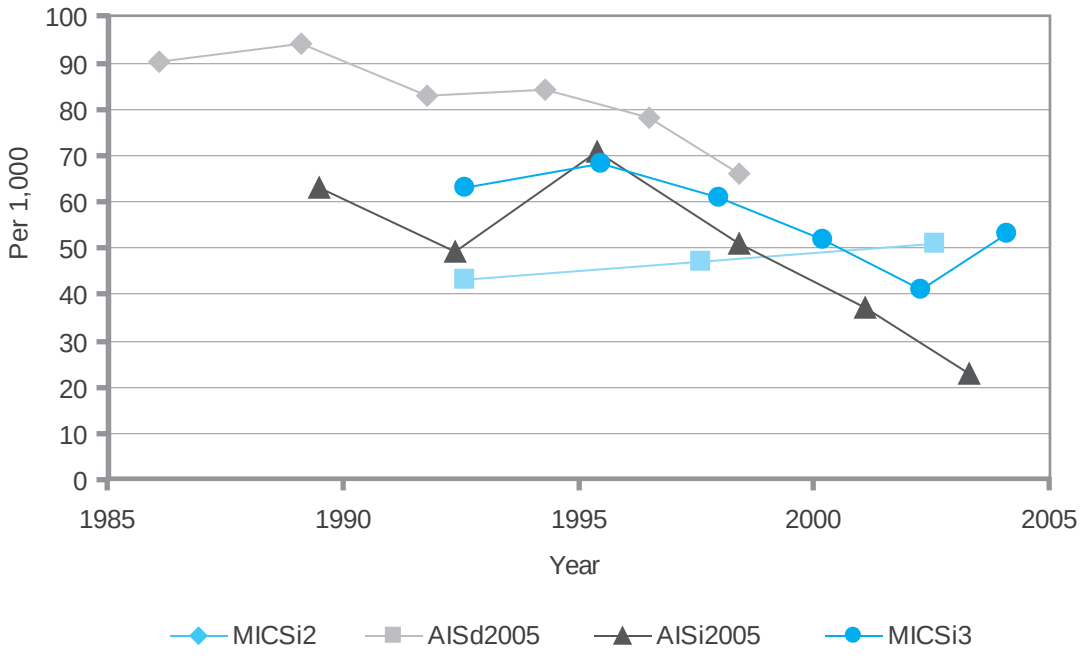


Figure CM.2 below shows the U5MR estimates from different sources (MICS2, MICS3 and indirect and direct estimates from the AIS[9] 2005). These estimates are based on responses of women in different age groups, and referring to various points in time, thus showing the estimated trend in U5MR based on the survey. As shown in the graph, for the early-to-mid 1990s, MICS3 estimates are considerably lower than those from MICS2000 (10-20 per thousand). Estimates for late 1990s to mid-2000s from MICS3 appear to be continuing the trend implied by the MICS2 estimates. The "increase" in mortality shown by the MICS3 for the latest period should be considered with caution, since this estimate is produced from data based on women age 20-24, and children born to women of young ages are known to experience elevated mortality, not representative of the prevailing mortality levels during the period in question, due to selection factors operating. The final estimate from MICS3, calculated from the average of estimates derived from data based on women age 25-29 and 30-34, is 47 per 1000 live births, and this rate, compared to the estimates from MICS2 implies that U5MR has declined from 60s to 40s (per thousand) between the mid-1990s and early 2000s. However, further qualification of these apparent differences as well as its determinants should be taken up in a more detailed and separate analysis.

Figure CM.2: **Trends in Under 5 Mortality Rates, Guyana**



[9] AIDS Indicator survey

V. Nutrition

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Stunting is common in the interior with 1 in every 5 children under 5 years of age shorter than they should be, while it is half as much elsewhere in Guyana.

Nutritional Status

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

Malnutrition is associated with more than half of all children deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. While the Millennium Development targets do not explicitly mention stunting and wasting, the goal is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one-third (between 2000 and 2010), with special attention to children under 2 years of age. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

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

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

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

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

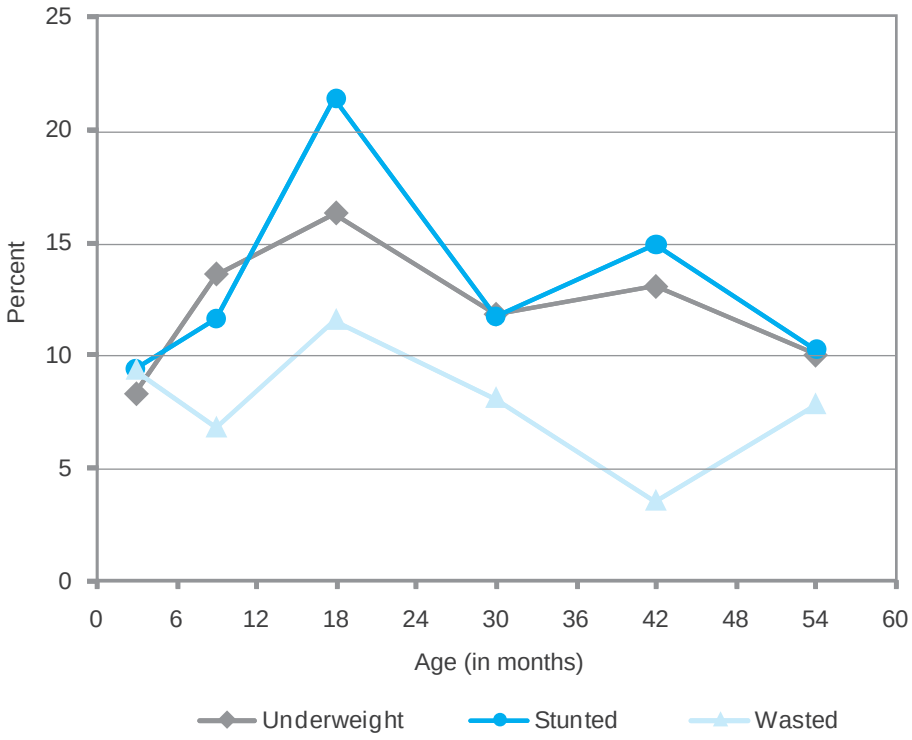
In MICS, weights and heights of all children under 5 years of age were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements. It is important to note Guyana has just initiated training in the area of stunting and wasting.

Table NU.1 shows the prevalence of underweight, stunting and wasting based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are classified as overweight, or whose weight for height is above 2 standard deviations from the median of the reference population. Approximately 8 percent of children in the sample were not weighed and measured. Children whose measurements are outside a plausible range or whose birth dates are not known are excluded from the analyses presented in Table NU.1.

The findings indicate that 12 percent of children under the age of five years are moderately underweight while 2 percent are severely underweight (Table NU.1). More than one in seven (14 percent) are moderately stunted or too short for their age and one in twenty are considered severely stunted (5 percent). Approximately 8 percent of the children are moderately wasted or too thin for their height, 2 percent are severely wasted and 5 percent are classified as overweight.

Further, as shown in Table NU.1, there appears to be hardly any difference between sexes. Children in Region 10 are the least likely to be underweight and wasted than other children in Guyana. Children in Region 4 are the least likely to be stunted than their counterparts in other Regional groupings in Guyana. Children who reside in Regions 1, 7, 8 & 9 are the most likely to be stunted and least likely to be overweight. Furthermore, children who reside in the interior are twice as likely as their coastal counterparts to be stunted while half as likely to be wasted.

Figure NU.1: **Percentage of children under-5 who are undernourished, Guyana, 2006**



More children aged 12-23 months tend to be stunted than wasted or underweight (Figure NU.1). Additionally, the age pattern shows that a higher percentage of children aged 12-23 months are undernourished according to all three indices in comparison to children who are younger and older. This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

Those children whose mothers have upper secondary or post secondary education are the least likely to be underweight or stunted compared to children of mothers with lower levels of education. Mother's education level was found to have little or no impact on children's nutritional status in terms of wasting and being overweight.

According to the results in Table NU.1 there seems to be no distinct relationship between household wealth and children under five years being underweight, stunted, wasted and overweight. The highest proportion of moderately or severely stunted children is found amount the poorest households (22 percent) while that lowest proportion is found among children from the middle class households (8 percent). This same pattern was exhibited in terms of severely stunted children.

Breastfeeding

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

WHO/UNICEF have the following feeding recommendations:

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

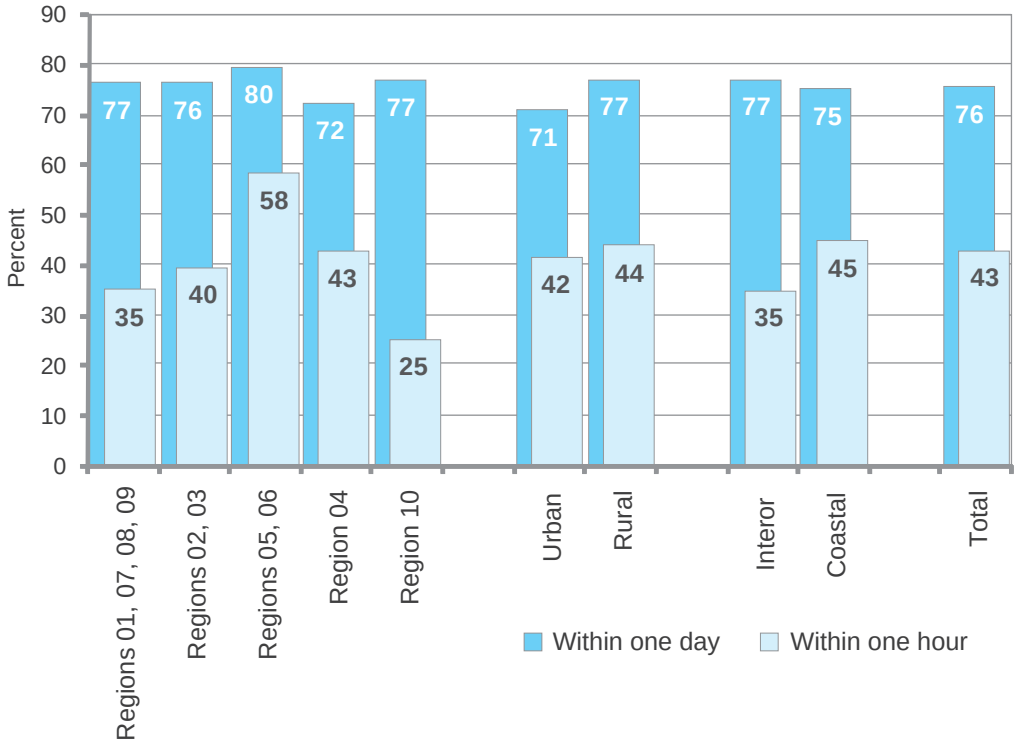
It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

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

Table NU.2 provides the proportion of women aged 15-49 years with a birth in the two years preceding the survey who started breastfeeding their infants within one hour of birth, and those who started breastfeeding within one day of birth (which includes those who started within one hour). Over two in five women (43 percent) started breastfeeding within the recommended period of one hour of birth while three out of every four women (75 percent) started within one day as shown in Table NU.2. There are hardly any variations among women who started to breastfeed within one day of birth by any of the background variables except for 'months since last birth'. Women who had their last birth 6-11 months prior to the survey are least likely to initiated breastfeeding with one day of birth as compared to other women. Timely initiation of breastfeeding is most prevalent among women who reside in the rural coastal areas, who had their last birth some 12 to 23 months prior to the survey and among those who reside in households that are considered to be in the middle wealth quintile (Table NU2).

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



*** Estimates for Region 10 are based on less than 50 cases (see Table NU.2)**

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

Results from Table NU.3 detail that approximately 31 percent of children aged less than four months are exclusively breastfed. This percentage dropped to 21 percent among children under 6 months old. At age 6-9 months, 34 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 month and 20-23 months 65 percent and 48 percent of children respectively, are still being breastfed. The practice of exclusive breastfeeding seems to be the same regardless of sex of child and residence of child in terms of the rural/urban distinction.

As household wealth increases, prevalence of exclusive breastfeeding appears to decrease (Table NU.3). While one in every three (34 percent) children under the age of 6 months from the poorest households is exclusively breastfed, one in five of those from households in the second and third quintiles (20 percent) and approximately one in ten of those from the fourth

and richest quintiles (11 percent) have the same experience. It is not clear, as a result of a small numbers of cases reported, if a child's place of residence or household wealth has an impact on whether or not they received timely complementary feeding (Table NU.3).

The adequacy of infant feeding in children less than 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child:

- For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding,
- Infants aged 6-8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, and
- Infants aged 9-11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day.

As shown in Table NU.4, sex of infants has little or no influence on them being adequately fed. However, in relation to place of residence (in terms of interior/coastal distinction), the variations were present. Approximately 27 percent of children 6-8 months old in the interior were adequately fed compared to only 17 percent of those on the coast. Furthermore, children with mothers of mixed ethnicity are more than twice as likely as other children to be adequately fed. A similar pattern was found among children aged 9-11 months. As a result of these feeding patterns, only 19 percent of children aged 6-11 months and 20 percent of all infants (aged 0-11) are being adequately fed. Adequate feeding practice of infants was most prevalent among infants of Amerindian ethnicity, who reside in the poorest wealth quintile households, particularly in the interior.

Low Birth Weight

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

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover,

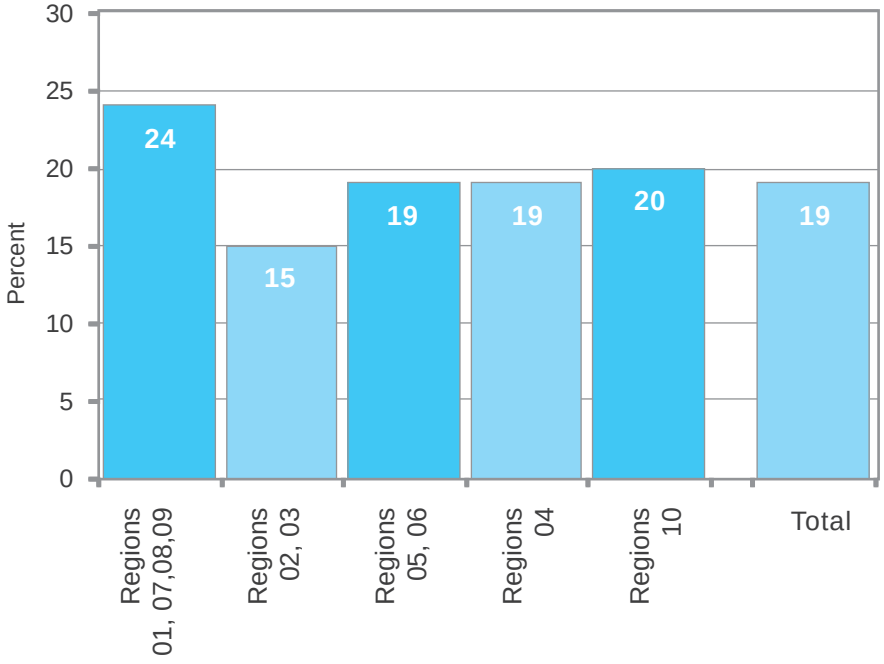
diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

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

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

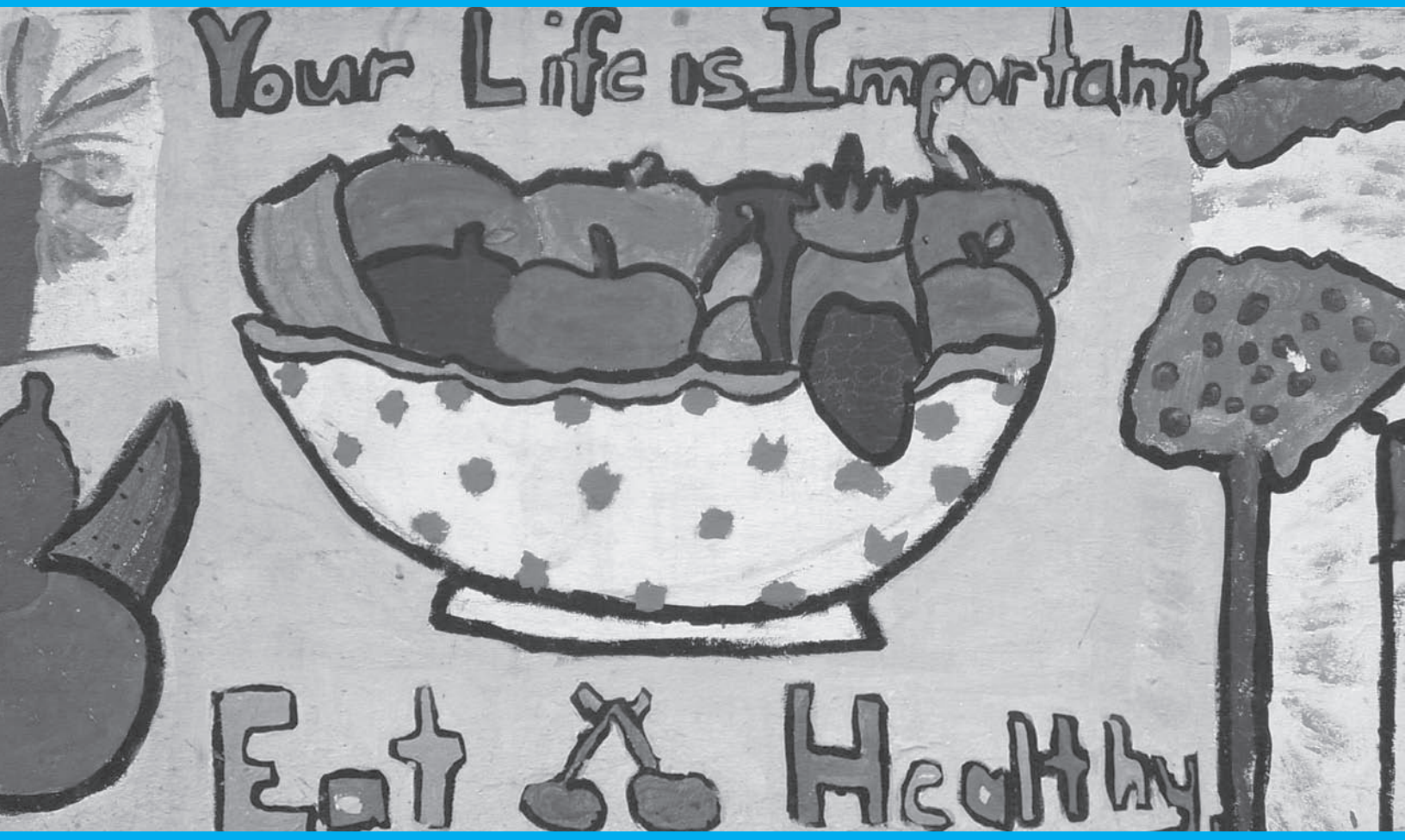
Seventy-eight percent of births in Guyana were weighed at birth and 19 percent of infants are estimated to weigh less than 2500 grams at birth (Table NU.5). The variations (in low birth weight infants) among regional groupings were almost non-existent except for Regions 1, 7, 8 & 9, and Regions 2 & 3 (Figure NU.3). Furthermore, more babies with low birth weight are born to women in the interior district than to women in the coastal district. Low birth weight infants are more prevalent among Amerindian women than other women. Mother's education level and household wealth does not seem to have much impact on whether or not a child is born weighing less than 2500 grams (Table NU. 5).

Figure NU.3:* Percentage of Infants Weighing Less Than 2500 Grams at Birth, Guyana, 2006



*** Estimate for Region 10 is based on less than 50 cases (see Table NU.5)**

VI. Child Health



90 percent of the children aged 18-29 months received the MMR vaccine by age 18 months and just over 88 percent received the yellow fever vaccine.

IMMUNIZATION

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

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

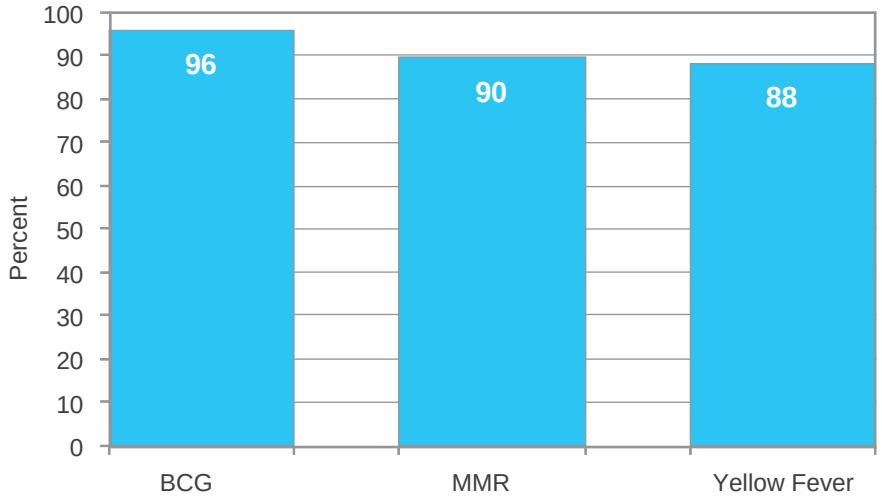
According to the immunisation schedule of the Ministry of Health, Guyana, a child should receive:
BCG vaccination to protect against tuberculosis, three doses of Pentavalent (Penta) to protect against hepatitis, diphtheria, pertussis, and tetanus, and three doses of polio vaccine by the age of 6 months. It is worthwhile noting that the Pentavalent vaccine (given in three doses) is a combination vaccine that includes HepB and DPT antigens. It was introduced in Guyana in 2001 as a replacement for the DPT vaccines. A child must also receive a MMR and a yellow fever vaccine at age 12 months.

Mothers were asked to provide vaccination cards for children under the age of five years. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Mothers were also probed to report any vaccinations the child received that did not appear on the card for some reason or another. Overall, 75 percent of children had health cards (Table CH.2). If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and in doing so, a short description of each vaccine was read. For Pentavalent and Polio, the mother was required to indicate the number of doses the child received.

The percentage of children aged 18 to 29 months who received a BCG, the three doses of Polio, MMR and yellow fever vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 18-29 months so that only children who are old enough to be fully vaccinated are counted. In the first three rows of the table, the numerator includes all children aged 18-29 months who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the last row, however, only those who were vaccinated before their first birthday (for BCG), and by 18 months of age (for MMR and yellow

fever), as recommended, are included. For children without vaccination cards, the proportions of vaccinations given before the first birthday (for BCG) and by 18 months of age (for MMR and yellow fever) are assumed to be the same as for children with vaccination cards.

***Figure CH.1:* Percentage of children aged 18-29 months who received the recommended vaccinations by 12 months, Guyana, 2006**



In Guyana, yellow fever vaccine is also recommended as part of the immunization schedule and was introduced in 1999. According to the schedule, a child should receive the yellow fever vaccination at age 12 months. It was found that just over 88 percent of children aged 18-29 months have received the yellow fever vaccine by age 18 months (Table CH.1).

Table CH.2 shows vaccination coverage rates among children 18-29 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. Little or no variations in immunisation coverage by the background variables were found.

Tetanus Toxoid (Diphtheria)

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

In Guyana, a woman is considered fully immunized against tetanus if she has received 5 doses of diphtheria tetanus vaccine throughout her childbearing age. However, if women have not

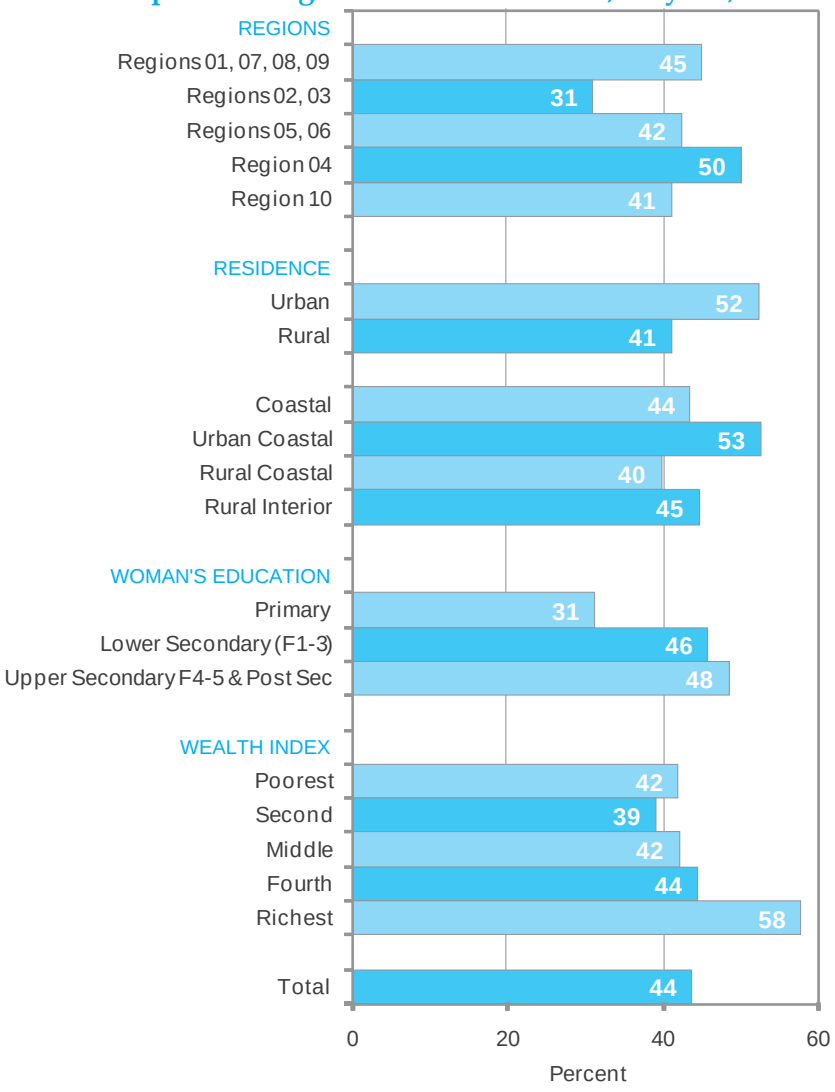
received two doses of the vaccine during the pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

- Received at least 2 doses of diphtheria tetanus vaccine, the last within the prior 3 years;
- Received at least 3 doses, the last within the prior 5 years;
- Received at least 4 doses, the last within 10 years;
- Received at least 5 doses during lifetime.

Table CH.3 shows the protection status from tetanus of women who have had at least one live birth within the 24 months prior to survey. Only 44 percent of the births in Guyana were protected against neonatal tetanus. The large proportion of these women (32 percent) received at least two doses of diphtheria tetanus during their last pregnancy. Just over 11 percent received 2 doses within the last 3 years prior to the survey. Less than 1 percent received at least 3 doses, within the last 5 years prior to the survey.

Figure CH.2 shows the proportion of women protected against neonatal tetanus by major background characteristics. Women who reside in Region 4, in the urban coast and belong to the richest households are most likely to be protected. The difference between the urban and rural areas is quite large with 11 percent more women reportedly protected against neonatal tetanus in the urban areas than in the rural areas. There are no differences in coverage in the interior compared to the coast (45 percent in each case). Furthermore, there seem to be better protection against neonatal tetanus in the interior than on the rural coast. There was little difference in the rate of protection among women with lower secondary education and those with upper secondary or post secondary education. However, a third less women with only primary education were protected against neonatal tetanus than those with higher levels of education.

Figure CH.2: **Percentage of women with a live birth in the last 24 months who are protected against neonatal tetanus, Guyana, 2006***



*Estimate for Region 10 is based on less than 50 cases (see Table CH.3)

Oral Rehydration Treatment

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

The goals are to: 1) reduce by one half death due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality

rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

The indicators are:

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

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

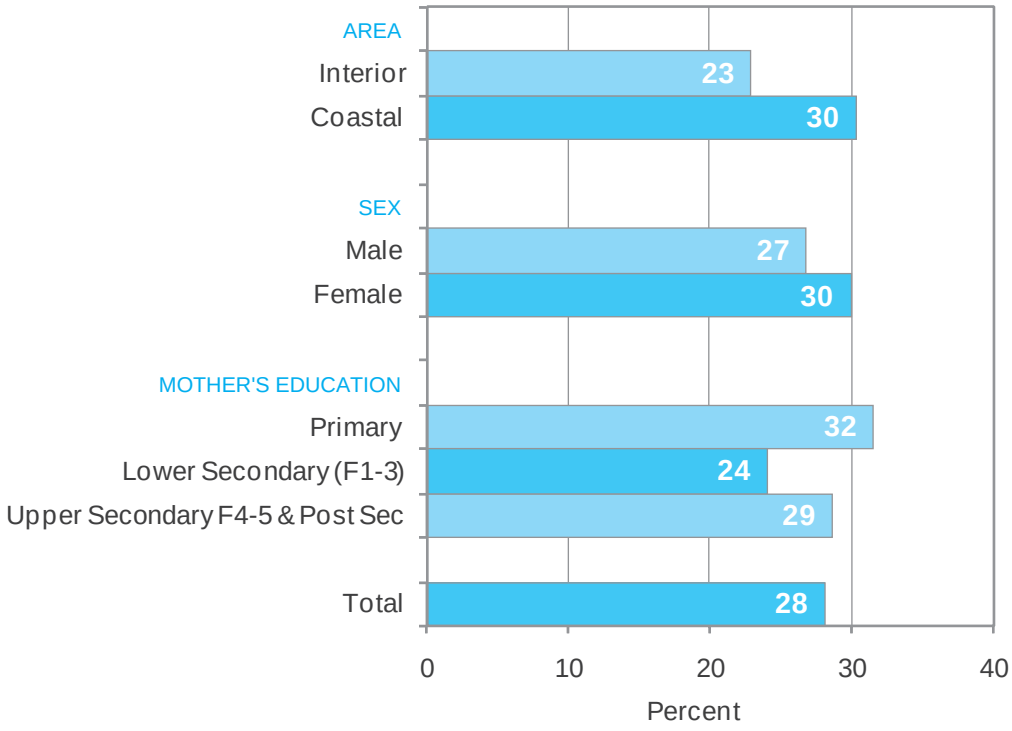
Overall, 9 percent of under five children had diarrhoea in the two weeks preceding the survey (Table CH.4). Diarrhoea prevalence was highest in Regions 1, 7, 8 and 9, with 15 percent followed by Regions 2 and 3, with 11 percent, and lowest in Regions 5 and 6 (3 percent). The peak of diarrhoea prevalence occurs in the weaning period, among children age 6-11 months. The highest proportion of children who had diarrhoea in the two weeks prior to the survey was found among Amerindian children (16 percent) and the lowest proportion was found among African children (6 percent).

Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers/caretakers were allowed to name more than one type of liquid, as applicable, the percentages do not necessarily add to 100. Of those children who had diarrhoea during the two-week reference period, more than 31 percent received fluids from ORS packets; 13 percent received pre-packaged ORS fluids, and 16 percent received RHF. Overall, approximately 52 percent of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 48 percent received no treatment. Children of mothers with upper secondary and post secondary education are less likely to receive oral rehydration treatment (ORT) than other children. There were no variations in the ORT use rate by place of residence. In both Interior and Coastal areas, only 51 percent of the children with diarrhoea were treated with some kind of ORT.

Table CH.5 shows the percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode. Only 13 percent of under five children with diarrhoea drank more than usual while 83 percent drank the same or less (Table CH.5). Fifty percent ate somewhat less, same or more (continued feeding), and 46 percent ate much less or ate almost none. Given these figures, only 6 percent children received increased fluids and at the same time continued feeding (practiced home management

of diarrhoea). Combining the information in Table CH.5 with those in Table CH.4 on oral rehydration therapy, it is observed that 28 percent of children received ORT or increased fluid intake and continued feeding as is the recommended course of action (Table CH.5). Variations by residence (interior/coastal) and mother's education level are approximately 7 percent (Figure CH.3). It should be noted that analysis by the other background variables is not possible due to the low number of cases observed with diarrhoea during the two weeks preceding the survey.

Figure CH.3: **Percentage of children aged 0-59 with diarrhoea who received ORT or increased fluids, and continued feeding, Guyana, 2006**



Care Seeking and Antibiotic Treatment of Pneumonia

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

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

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

In the MICS3 questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing, and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem.

Table CH.6 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of that care. Approximately 6 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 64 percent were taken to an appropriate provider (i.e. all private and public sector health provider). The most common health provider used was the government hospitals (27 percent) followed by the government health centre (16 percent). Only 6 percent were taken to a pharmacy and 5 percent to the Community Health Worker and private hospital respectively. The sex of child has little impact on whether or not a child with suspected pneumonia is taken to an appropriate health provider with 68 percent of females and 62 percent of males receiving care. Similarly to the situation of diarrhoea the small number of cases of suspected pneumonia among children during the two weeks preceding the survey does not allow for analysis by the other background variables.

Table CH.7 presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex, place of residence, and ethnicity of mother. In Guyana, 20 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. It should be noted that due to the small number of reported cases of suspected pneumonia during the two weeks prior to the survey, further analysis is not possible.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.7A. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, every fifth woman knows of the two danger signs of pneumonia – fast and difficult breathing. 26 percent of mothers identified fast breathing and 38 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. The most commonly identified symptom (60 percent) for taking a child to a health facility is if the child develops a fever while the least common is if child is not (or poorly) drinking or breastfeeding (12 percent).

There are large variations by regional groupings and place of residence (coastal/interior) in recognizing the two danger signs of pneumonia. While 30 percent of mothers/caretakers in Region 4 recognized the two danger signs, only 3 percent of those in Regions 1, 7, 8, and 9 recognized the same. A similar pattern was found among coastal and interior mothers/caretakers, with 23 percent compared with 4 percent respectively. Women/caretakers of Amerindian ethnicity and those from the poorest quintile were found to be least able to recognize the two danger signs.

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO_2, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

As shown in Table CH.8, more than one in ten households (10 percent) in Guyana use solid fuels such as wood and charcoal for cooking. It should be noted that in the Guyana MICS3, use of solid fuels is measure by the percentage of households that use wood and/or charcoal as the major type of fuel used for cooking. Use of solid fuels for cooking is extremely low in urban areas (2 percent) compared with 14 percent in rural areas. Differentials with respect to household wealth and the educational level of the household head are large. The proportion of households that use solid fuels for cooking rapidly decreases from 51 percent among poorest households to less than 2 percent among the middle class, while hardly any rich households use solid fuel for cooking. The findings also show that use of solid fuels is most common among households in Regions 1, 7, 8, and 9, among Amerindian households and among the bottom poorest 20 percent of households. The table also clearly shows that the use of solid fuel in the interior is approximately 7 times that of the coast. The most common fuels used for cooking among Guyanese households are gas and kerosene, with 48 percent and 39 percent respectively. Only 2 percent use electricity and less than 1 percent use charcoals for cooking purposes.

Malaria

Malaria contributes to anaemia and is a leading cause of death of children under age five years of age in some countries (UNICEF, 2006). It could also negatively affect school attendance. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria rates of infection and malaria related mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets (UNICEF, 2006). In Guyana, the Community Health Workers (CHWs) in the high-risks areas are trained to test for malaria using blood spears before treatment is given to misdiagnosis.

Furthermore, international recommendations suggest that children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food. It is also important for younger

children to continue breastfeeding. In the Guyana MICS3, the malaria related questions were administered only in high-risk malaria areas such as the interior areas[10].

The MICS3 questionnaire incorporates questions on the availability and use of mosquito nets, both at the household level and among children under five years of age, as well as anti-malarial treatment. In Guyana, the survey results indicate that while 80 percent of the households in the high-risk malaria areas (interior) have at least one mosquito net, only 35 percent of them have at least one insecticide treated net. Due to the relatively small sample size it is not possible to disaggregate that figure further (table not shown). Furthermore, although 70 percent of children under the age of five years slept under a mosquito net the night prior to the survey interview, only 32 percent slept under an insecticide treated net (Table CH.9).

Questions on the prevalence and treatment of fever were asked for all children under age five who resided in the malaria high-risk areas. More than one in seven (15 percent) children under age five was ill with fever in the two weeks prior to the survey. There was no distinct pattern in fever prevalence by age of child and mother's education level. It should be noted that the low number of children who had fever in the two weeks prior to the survey does not allow for analysis by the other background variables (table not shown).

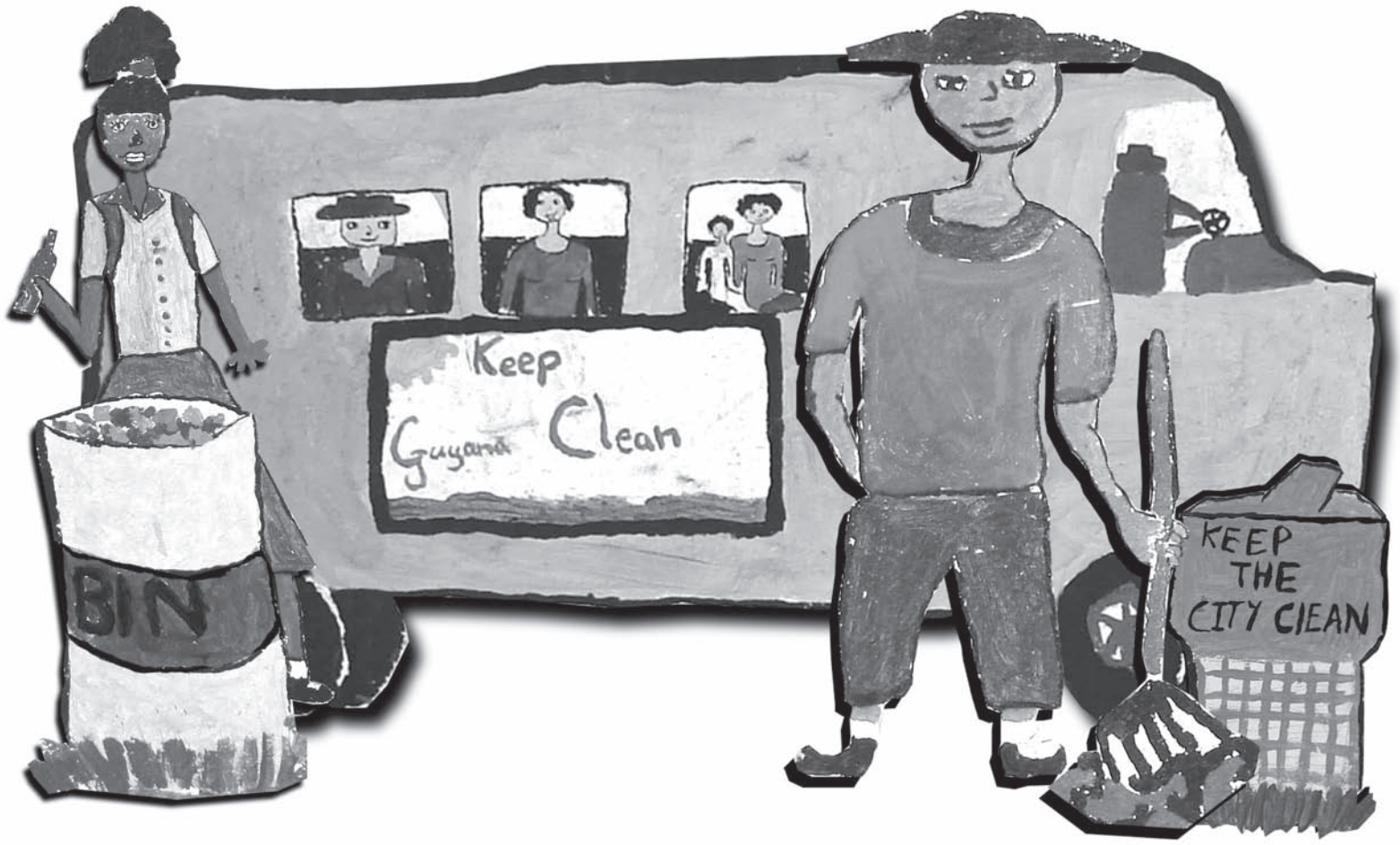
Questions on the prevalence and treatment of fever were asked for all children under age five. Furthermore, mothers were asked to report all of the medicines given to a child to treat the fever, including both medicines given at home and medicines given or prescribed at a health facility. However, due to the small number of cases reported, analysis is not possible and the table is not shown in the report.

Sources and Costs of Supplies

In Guyana MICS, questions were included to collect information on the sources and costs of four types of supplies: insecticide treated nets, antimalarials, antibiotics, and oral rehydration salts. Such information is very important in the sense that it makes possible a population-based assessment of the reach of programs and the extent to which particular target groups are covered by the programs. Such information is also useful for monitoring the provision of free or subsidized supplies, and for the assessment of costs of supplies, since prices of supplies can be a barrier to use of the supplies. For programme managers who want to find out public and private shares in the provision of the supplies, and of the relative importance of each source, information on sources and costs of supplies can be crucial. However, the tables are excluded and analysis at disaggregate level is not possible due to the low number of cases observed for each category.

[10] The interior areas are comprised of Regions 1, 7, 8, 9 and the non-coastal part of Region 10.

VII. Environment



More than 95% of those who live on the coast have access to improved sources of water while only half the people in the interior have similar access.

Water and Sanitation

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

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

The list of indicators used in MICS are as follows:

Water

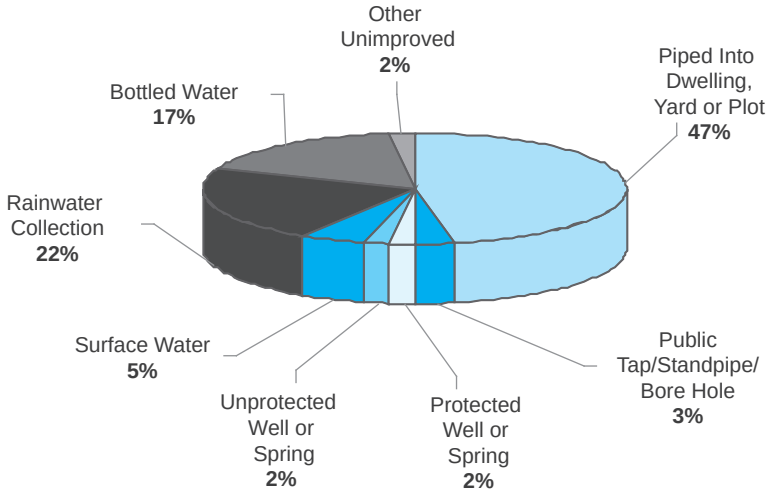
- Use of improved drinking water sources
- Use of adequate water treatment method
- Time to source of drinking water
- Person fetching drinking water

Sanitation

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

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

Figure EN.1: **Percentage distribution of household members by source of drinking water, Guyana, 2006**



Overall, 91 percent of the population is using an improved source of drinking water with 97 percent in urban areas and 89 percent in rural areas (Table EN.1). The differentials found by interior/coastal disaggregation, is large with 96 percent of the population on the coast compared to only 52 percent of those in the interior areas using an improved source of drinking water. Furthermore, the prevalence is highest in Region 4 (97 percent) and lowest in Regions 1, 7, 8 and 9 (53 percent). The use of improved sources of drinking water seems to increase with the education level of individuals (81 percent of individuals with less than primary school education compared to 96 percent for individuals with an upper secondary education and post secondary education). The same is true with household wealth (97 percent of individuals in the upper four quintiles use an improved source compared to only 66 percent in the bottom wealth quintile). Amerindians seem to have the least access to improved drinking water source, with only one in every two, compared with over 90 percent of the other ethnicities, have access.

The source of drinking water for the population varies strongly by place of residence (Table EN.1). In coastal areas, 52 percent of the population uses drinking water that is piped into their dwelling or into their yard or plot, compared to only 11 percent for interior areas. The region in which a person lives contributes to the drinking water source used. In the regional grouping, Regions 1, 7, 8, and 9, only 7 percent of the population has their drinking water piped into their dwelling or into their yard or plot. Furthermore, the most common source of drinking water for that population is rain water (30 percent) followed by surface water such as rivers, streams, creeks, lakes, ponds, canals (25 percent) and finally by unprotected well or spring (21 percent). Similarly the most common source of drinking water in Regions 2 and 3 is rainwater collection (52 percent). Only one in three residents of Regions 2 and 3, uses piped water as the main source of drinking water. Piped water as the main source of drinking water is most prevalent in Regions 5 and 6 (77 percent) followed by Region 10 (61 percent) then by

Region 4 (48 percent). It is worthwhile noting that one in three (32 percent) residents of Region 4 use bottled water as the main source of drinking water. Furthermore, while 53 percent of the urban population use piped water for drinking, 27 percent use bottled water and 14 percent use rainwater collection.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, and using a water filter were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources.

Results from Table EN.2 indicate that overall, approximately 50 percent of the population treats their water using an appropriate method. More than half those in Region 4 (57 percent) treat water to make it safer while only a quarter (28 percent) of those in Regions 1, 7, 8 and 9 population does the same. Unfortunately, the use of unimproved water sources does not necessarily correspond to water treatment. Only 29 percent of the population that uses unimproved water sources treats their water appropriately. Meanwhile, 52 percent of those who access water from improved sources treat their water using an appropriate method. The educational level of the head of the household has some positive influence on practicing appropriate water treatment.

Ethnicity is a strong predictor of water treatment, regardless of source as detailed in Table EN.2. Two thirds (62 percent) of the African population treats their water, while only a quarter (27 percent) of the Amerindian population does so, with East Indian and mixed individuals found in between. This ranking remains the same whether looking at improved or unimproved water sources. For all ethnic groups, as with the population in general, treatment is far less frequent with households that use unimproved water sources. These trends suggest that the problem of people using unimproved sources is compounded by the fact that they fail to treat their water once collected.

The amount of time it takes to obtain water is presented in Table EN.3 and the person who usually fetched the water in Table EN.4. Note that these results refer to one roundtrip from home to drinking water source. That is, the time it takes to get to the water source, get the water and return. Information on the number of trips made in one day was not collected. Table EN.3 shows that for 86 percent of households, the drinking water source is on the premises. For 10 percent of all households, it takes less than 30 minutes to get to the water source and bring water back, while only 2.5 percent spend more than 30 minutes doing so.

Excluding those households with water on the premises, the average time to the source of drinking water is 20 minutes. The time spent fetching water in the coastal areas (26 minutes) is more than double that in the interior (12 minutes). There is little difference between urban and rural coastal areas (29 and 25 minutes, respectively). Households in the urban areas take

10 minutes more, on average, than those in the rural areas to their source of drinking water. Households in Region 4 (28 minutes), and Regions 5 and 6 (30 minutes) take the longest time, on average to the water source compared with those from the other regional groupings. Households in Region 10, on the other hand, reported that it takes only 10 minutes to go to the water source, get water and return. There is no consistent correlation between time to fetch water and either wealth or education. Consistent with the geographical relationships, Amerindians usually must leave their property to fetch water (only 45 percent have water on the premises) yet will spend the least amount of time doing so (14 minutes).

Table EN.4 shows that when the source of drinking water is not on the premises, adult males are most likely to fetch the water. Of all the households for which water is not on the premises, 43 percent are fetched by adult males, 34 percent by adult females, 6 percent by male children and 5 percent by female children. The man-woman gap is most pronounced in urban areas particularly the urban coastal areas where men outnumber women by approximately 20 percentage points. The converse is true in Regions 1, 7, 8 and 9 where water is more often fetched by women than men (44 percent versus 38 percent). However there are hardly any differences by sex in Region 4 and in the interior.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Almost all the people (98 percent) in Guyana use some form of improved sanitation facility (Table EN.5). Amerindians, reflecting the geography, lie outside this norm with 88 percent using sanitary methods. Improved sanitation facilities include: flush toilets connected to sewage systems, septic tanks or pit latrines, ventilated improved pit latrines and pit latrines with slabs, and composting toilets. There is hardly any variation in the use of improved sanitation facilities by place of residence except for those residing in the interior (Regions 1, 7, 8 and 9). While only 82 percent of these residents use such facilities, more than 97 percent of those in the other areas use the same. Only the poorest households lie outside of the 99-100 percent range, with 90 percent using improved facilities. As with wealth, only those with the lowest levels of education (less than primary) lie outside the norm, with 91 percent using sanitary means of excreta disposal.

Results from Table EN.5 outline that pit latrines account for 52 percent of Guyana's population use of waste disposal while 43 percent use flush toilets with connection to a sewage system or septic tank. Only 2 percent use pour flush latrine and less than one percent use ventilated improved pits. The use of flush toilets increases drastically with education and wealth respectively. In terms of the former, only 19 percent of those with no education use flush toilet while over 76 percent of those with upper secondary or post secondary education use the same. A similar pattern is found for the latter, in which case 1 percent of the poorest population verses 94 percent of the richest population use flush toilets. On the other hand, the use of pit latrine is inversely related to education and wealth. Furthermore, the majority of Amerindians (82 percent) use pit latrine with and 11 percent do not use any toilet at all.

Safe disposal of a child's faeces is disposing of the stool, by the child using a toilet or by rinsing the stool into a toilet or latrine. Disposal of faeces of children 0-2 years of age is presented in Table EN.6. Overall, faeces are disposed of safely for 72 percent of children in Guyana, 69 percent of children in urban areas and 73 percent in rural areas. The proportion varies depending on whether the child resides in the interior or on the coast, with the practice in the interior being 14 percentage points less prevalent than on the coast. The more educated the mother, the more likely she would practice safe disposal of her child's faeces. Household wealth, on the other hand, does not seem to have an influence on this practice. The proportion of children whose stools are disposed of safely varies from 65 percent among those in the poorest quintile to 84 percent among those in the second quintile. Of the ethnic groups, African children are most likely to have their stools disposed of safely (79 percent) and Amerindian children least likely (61 percent).

From Table EN.6 it is clear that the most common practice of faeces disposal is that of disposal via latrine (thrown in the latrine/toilet) at 65 percent. Additionally, it was reported that in 7 percent of the cases, the children used the toilet or latrine directly. On the other hand, the stool of one in every 10 children is thrown into the garbage and 6 percent is thrown in the drain. There is also 3 percent that are thrown outside the yard. The practice of disposing of child's faeces in the garbage is most prevalent among the more educated women as well as among the wealthier households (perhaps along with disposable diapers). Unfortunately, 14 percent of Amerindian women use the unsafe practice of disposing of their child's faeces by throwing it outside the yard.

An overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. In general, 90 percent of Guyana's population use both improved sources of drinking water and sanitary means of excreta disposal. While the use of both is most common in Region 4 (97 percent), it is least common in Regions 1, 7, 8 and 9 (46 percent). Residents in the interior are only half as likely as their coastal counterparts to use both improved sources of drinking water and sanitary methods of excreta disposal (47 percent versus 96 percent).

VIII. Reproductive Health

Four fifths (81 percent) of women in Guyana who had at least one birth in the 24 months prior to the survey received some type of antenatal care from skilled personnel (doctor, nurse/midwife, auxiliary midwife, medex).

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. A World Fit for Children goal is access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many. Family planning could also helps to limit the number of abortions a woman may otherwise have because of unwanted or unplanned pregnancies.

In the MICS, contraceptive prevalence (current use of contraception) is defined as the proportion of women aged 15-49 years who were either married or in union, who were using (or whose partner was using) a contraceptive method (either modern or traditional). It is worth noting that although currently pregnant women were not asked about their contraceptive use, they were included in the calculation (denominator) of the contraceptive prevalence rates. Furthermore, the MICS questionnaire allowed for respondents to indicate all the methods they were using at the time of the interview. In the cases where respondents indicate more than one method, the method used in the calculation of the indicator (contraceptive prevalence) was the first method appearing in the list of response categories for the variable.

In Guyana, a third of women (35 percent) reported use of any method of contraception with 33 percent employing any modern method and 2 percent utilising any traditional method (Table RH.1). The most common method reported was the pill which accounts for 13 percent of all contraceptive use in Guyana. The use of the male condom and IUD is similar at 6 percent. Injections accounts for 4 percent, implants accounts for 3 percent and female sterilization accounts for 2 percent of women. Less than one percent use female condoms, diaphragms, foam, jelly, periodic abstinence, withdrawal, male sterilization, or the lactational amenorrhea method (LAM).

Contraceptive prevalence is lowest among women from the interior (29 percent) compared to women from the urban coast (34 percent) and rural coast (35 percent) (Table RH.1). Contraceptive use by Regions ranged from 34 percent to 39 percent except for Regions 1, 7, 8 and 9, where only one in every four women reported the use of some method of contraception. Between 35-44 percent of married or in union women aged 20-39 years currently use a method of contraception, compared to only 20 percent of 15-19 year olds and 22-27 percent of 40-49 year olds. The largest proportions of pill users and condom users were found among women aged 25-29 years (20 percent) and 20-24 years (8 percent) respectively. The smallest proportions were among those 45-49 years (4 percent) and 40-44 years (3 percent) respectively.

The number of children a woman has seems to have some impact on the use of contraceptives. However, this is true only for women with up to three children. Contraceptive prevalence is the lowest among women with no children (11 percent) and highest among those with 3 children (42 percent). Only 34 percent of married/in union women with four or more children were using some form of contraception.

There are no large variations in overall contraceptive use across education categories. However, the use of the pill, as a contraceptive, increases with women's education level. One in every ten women in Guyana with only primary education (10 percent) uses the pill compared to one in four of those with university education (25 percent). Furthermore, there are only slight variations by wealth. Additionally, the highest prevalence of contraceptive use was found among East Indian women (37 percent) while the lowest was found among Amerindian women (22 percent).

Unmet Need

Unmet need[11] for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in the MICS3 by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

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

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

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

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS3 data. Percentage of demand for contraception

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

satisfied is defined as the proportion of women currently married or in union who are currently using contraception, of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception.

Table RH.2 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied. Among all women who are currently married or in union one third have an unmet need for contraception (7 percent for spacing and 25 percent for limiting purposes). Overall, only half (51 percent) of the demand for family planning is satisfied. Generally there is very little variation by background variables in unmet need for contraception and the percentage of demand for contraception which is satisfied among Guyanese women. However, the most disadvantaged group, as it relates to demand for contraception which is satisfied, are those who reside in the interior, those who are 15-19 years old, those who are from the poorest households, or of Amerindian ethnicity.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g. STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

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

- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia

- Weight/height measurement (optional)

Female respondents aged 15-49 years who had at least one live birth in the two years prior to the survey were asked if they had received antenatal care for their last live birth and, if so, who (type of person) had provided the care. If the woman indicated that care was provided by more than one person, all were recorded in the questionnaire. Table RH.3 shows the percent distribution of women aged 15-49 years who gave birth in the two years preceding the survey by type of personnel providing antenatal care. If the respondent indicated that more than one person provided care, then she is categorized as having seen the most skilled person mentioned.

Table RH.3 indicates that coverage of antenatal care by skilled personnel (doctor, nurse, midwife, or medex[12]) is high in Guyana with 81 percent of women receiving antenatal care at least once during the pregnancy. Mothers received antenatal care from a doctor for 34 percent of live births, from a nurse or midwife for 39 percent of live births, from a medex for 8 percent, and from a Community Health Worker (CHW) for 10 percent of live births. The other providers accounted for less than 1 percent of live births. Mothers received no antenatal care for over 4 percent of live births. Variations in receipt of antenatal care are not large among the regional groupings (87 percent) except for Regions 1, 7, 8 and 9 where care was provided for only half (54 percent) of all live births. Antenatal care coverage is some 7 percentage points higher in urban areas than in rural areas. However, the coverage in the interior areas is approximately 30 percentage points less than that on the coast. There is no clear pattern of use of antenatal services by household wealth. However, the highest proportion of women who received antenatal care was among those in the richest households (92 percent) and the lowest proportion was among those from the poorest households (66 percent). East Indian women are the most likely and Amerindian women are the least likely to have received antenatal care during their last pregnancy.

Complications during pregnancy are an important cause of maternal and child morbidity and mortality. Detecting and monitoring these complications is a crucial component of safe motherhood. In order to gauge the quality of care received during pregnancy, the MICS3 included a series of questions on the content of care. Women, who had given birth during the two years preceding the survey, were asked whether they received each service during at least one of their antenatal visits. The types of services pregnant women received are shown in Table RH.4.

Results from Table RH.4 indicate that the majority of pregnant women (96 percent) received antenatal care (ANC) at least once during their pregnancy. Of those, 89 percent had their blood pressure tested, 87 percent had their weight taken, 85 percent had a urine specimen taken and 81 percent had a blood sample taken. There are hardly any variations in ANC access, as a whole, among pregnant women by place of residence, age, education level, ethnicity and household wealth.

[12] In Guyana, a Medex is a medical extension worker with prescription and diagnostic rights.

Assistance at Delivery

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

The MICS3 included a number of questions to assess the proportion of births attended by a skilled attendant. In the Guyana MICS3, skilled attendants include doctors, nurses/midwives, medics, or auxiliary midwives.

According to Table RH.5 83 percent of births occurring in the two years prior to the MICS3 survey were delivered by skilled personnel and in a health facility respectively. This percentage is roughly similar for all births except those occurring in the interior, among the poorest households, and among Amerindian women. Over one in every two births (52 percent) in the two years prior to the Guyana MICS3 survey was delivered with assistance by a nurse or midwife. Doctors assisted with 29 percent of births and medics assisted with only 2 percent. Overall, deliveries by traditional birth attendants accounted for only 2 percent of the births in Guyana, Community Health Workers (CHW) accounted for 3 percent, and deliveries assisted by relatives or friends accounted for 5 percent of all births. Over 1 percent of the births were delivery by the mother herself. It is worthwhile noting that in Regions 1, 7, 8 and 9, approximately one quarter of births were delivered by relatives or friends and 4 percent were delivered by the mothers themselves.

IX. Child Development

In Guyana, over 82 percent of the children under the age of 5 years reside in households in which the adult household members are engaged in at least four activities that promote learning and school readiness.

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

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

Table CD.1 shows the percentage of under-five children for whom household members are engaged in activities that promote learning and school readiness. More than four-fifths of under-five children (82 percent) were engaged by an adult in four or more activities that promote learning and school readiness during the 3 days preceding the interview. The average number of activities that adults engaged with children was 5. The table also indicates that one out of every two fathers (51 percent) was involved in one or more of such activities and the average number of activities that a father is engaged with his child is 2. Additionally, one-third (29 percent) of children were living in a household without their fathers.

Table CD.1 further outlined that there are no sex differentials in adult activities with children or father's involvement in such activities with children. Adult engagement in learning and school readiness activities with children was higher in the urban areas (86 percent) than in the rural area (81 percent) while father's involvement was higher in the rural areas (54 percent) than in the urban area (44 percent). Children in the older age group (89 percent) are more likely than their younger counterparts (71 percent) to benefit from adult household members' involvement in four or more learning and school readiness activities. However, neither age of child nor mother's education level seem to have any effect on father's involvement in one or more activities that promote learning and school readiness. There is no distinct pattern in adults' involvement in learning and school readiness activities with children by the father's and mother's education levels.

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

Results from Table CD.2 detail that in Guyana, approximately one in every two children under age 5 is living in households where at least 3 non-children's books and at least 3 children's books respectively are present (over 54 percent in each case). The median number of non-children's books (4) as well as the median number of children's books (3) is high. There are hardly any gender differentials in the exposure to either type of books. The highest proportion of children who are living in households with 3 or more non-children books was found in Region 10 (70 percent) while the lowest proportion was found in Regions 1, 7, 8 and 9 (37 percent). As it relates to access to children's books, again children in Regions 1, 7, 8 and 9 (29 percent) seem to be least fortunate while those in Region 4 (71 percent) seem to be most fortunate. More urban children appear to have access to both types of books than those living in the rural areas. Here 68 percent of under-5 children live in urban areas with more than 3 non-children's books, while 51 percent do so in rural households. The proportion of under-5 children who have 3 or more children's books is 73 percent in urban areas, compared with 48 percent in rural areas. A similar variation in access to both types of books was found between children who reside in the interior and coastal areas with interior children having less access. The presence of children's books is positively correlated with the child's age; in the homes of 58 percent of children aged 24-59 months, there are 3 or more non-children's books, while the figure is 52 percent for children aged 0-23 months. Similar differentials exist in terms of children's books. As mother's education and household wealth increases, access to the both types of books correspondingly increases.

Table CD.2 also shows that 40 percent of children aged 0-59 months had 3 or more playthings to play with in their homes, while 7 percent had none of the playthings indicated in the questionnaire. The playthings in the MICS3 included household objects, homemade toys, toys that came from a store, and objects and materials found outside the living quarters. It is interesting to note that 83 percent of children play with toys that come from a store; however, the percentages for other types of toys is below 50 percent. The proportion for males is 4 percentage points higher than for females. The highest proportion was found in Regions 2 and 3 (50 percent) while the lowest proportions were found in Regions 5 and 6 (35 percent). Children who have 3 or more playthings are similar in the rural coastal areas (42 percent) and urban areas (38 percent). The age of the child appears to have a very strong correlation with the number of playthings he or she has, an expected result. Differentials are small by socioeconomic status of the households, and mother's education.

Leaving children alone or in the care of other young children is known to increase the risk of accidents. In the MICS3, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

Table CD.3 shows the percentage of children aged 0-59 years left in the care of other children under the age of 10 years or left alone in the week prior to the survey. It was found that during the week preceding the interview; almost 10 percent of children were left in the care of other

children, while 6 percent were left alone. Combining the two care indicators, it is calculated that 11 percent of children were left with inadequate care during the week preceding the survey. In the MICS3, inadequate care is defined as the percentage of children aged 0-59 months that were left alone or in the care of another child younger than 10 years in the week prior to the interview. Children left with inadequate care varied only slightly by sex and age of child. However, the proportion of children who were left with inadequate care in Regions 1, 7, 8 and 9 is approximately 10 times larger than that in Region 10. The prevalence of children left with inadequate care on the coast (8 percent) is twice that of the interior (17 percent). Furthermore, while approximately 15 percent of children whose mothers had no education were left with inadequate care, only 8 percent of those with mothers with at least upper secondary or post secondary education faced the same situation. No differences are observed in regard to household wealth in the three middle quintiles in which case, prevalence of inadequate care range between 8 and 9 percent. However, inadequate care among the poorest households was more than 3 times (19 percent) that among the richest households (6 percent).

X. Education

Pre-school enrolment has increased from 1 in 3 children in 2000 to 1 in 2 children in 2006.

Pre-School Enrolment[13] and School Readiness

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

Results from Table ED.1 detail that in Guyana, less than 50 percent of children aged 36-59 months are enrolled in pre-school. There is a 10 percentage point difference between urban and rural areas (with 57 percent of urban pre-school aged children enrolled, dropping to 47 percent in rural areas) and a 15 percentage point difference between coastal and interior (with 52 percent of coastal pre-school aged children enrolled, dropping to 37 percent in interior areas). The percentage also varies among regional groupings, with Region 4 reaching nearly 56 percent enrolled and Regions 1, 7, 8 and 9 achieving only 39 percent. The enrolment by other regional groupings ranged between 47 and 52 percent. There are hardly any differentials by sex of child and mother's education levels. Household wealth seems to predict pre-school enrolment with the proportion enrolled increasing consistently with household wealth. Only 33 percent of children from the poorest households enrol in pre-school while the richest households send 78 percent of their pre-school-aged children to pre-school. Pre-school enrolment also varies by ethnicity. African children are most likely to enrol (58 percent) followed by mixed children (51 percent) then East Indian children (46 percent) trailed by Amerindian (41 percent). Of the children of pre-school age, older children (48-59 months) are three times as likely as their younger counterparts (36-47 months) to enrol in pre-school.

The table also shows the proportion of children in the first grade of primary school who enrolled in pre-school the previous year, an important indicator of school readiness. Overall, 65 percent of children who are currently age 6 and enrolled in the first grade of primary school were enrolled in pre-school the previous year. There are no differentials in school readiness by sex or place of residence (urban-rural).

Primary and Secondary School Participation

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

[13] In MICS3, pre-school attendance is considered to be the number of children who were reported to have been attending pre-school regardless of frequency of attendance.

The indicators for primary and secondary school enrolment include:

- Net intake rate in primary education
- Net primary school enrolment rate
- Net secondary school enrolment rate
- Net primary school enrolment rate of children of secondary school age
- Female to male education ratio (or Gender Parity Index- GPI)
- The indicators of school progression include:
- Survival rate to grade five
- Transition rate to secondary school
- Net primary completion rate

Table ED.2 indicates that of children who are of primary school entry age (age 6) in Guyana, 79 percent are enrolled in the first grade of primary school. There are little or no variations by sex or ethnicity of child. However, a large difference exists in relation to place of residence both by urban-rural and interior-coastal areas. Children's participation to primary school is larger in urban areas (85 percent) than in rural areas (76 percent). Of households in coastal areas, a higher percentage of urban children (85 percent) enrol in primary school than rural children (77 percent) while interior households lag behind with 73 percent of 6 year-olds primary school enrolment. The percentage of children of primary-school entry age (who are currently enrolled in first grade) in most of the regional groupings are close to the national average except for in Regions 1, 7, 8 and 9, in which case 69 percent of 6 year-olds enrol.

Table ED.3 provides the percentage of children of primary school age enrolled in primary or secondary school. A vast majority (96 percent) of children of primary school age are enrolled in school regardless of the sex. In general, the likelihood of primary school age children to enrol in school is similar for both sexes regardless of place of residence, age of child, level of education of mother, household wealth or ethnicity of child.

The secondary school net enrolment ratio is presented in Table ED.4. Differences in enrolment begin to emerge when looking at the net enrolment ratio for secondary school. Rather than 96 percent enrolment, as in primary school, secondary school enrolment is lower at 69 percent. The remaining children are either still enrolled in primary school or drop out altogether. The enrolment rates vary considerably by place of residence with urban (79 percent), rural (66 percent), interior (63 percent), and coastal (70 percent). The enrolment rate is higher for females (73 percent) than for males (66 percent).

Table ED.4 suggests that secondary school enrolment is influenced by household wealth and mother's education level. In the poorest households, 54 percent of secondary school-aged children are enrolled, rising to 85 percent for households in the richest quintile. Similarly, 82 percent of those children with upper secondary and post secondary-educated mothers are enrolled in secondary school while those with mothers with a primary school education send

only 61 percent of their children to secondary school. Furthermore African children maintain the highest enrolment rates with 81 percent, followed by mixed children with 70 percent enrolment, trailed by East Indian then Amerindian with 64 percent and 56 percent respectively. Of considerable concern is both the attrition rate between primary and secondary school-aged children (96 percent of 11 year-olds enrol in primary school according to Table ED.3, while only 81 percent of 12 year-olds enrol in secondary school according to Table ED.4) and the rapid deterioration of participation as children get older (from 81 percent of 12 year-olds to 51 percent for 16 year-olds according to Table ED.4).

The primary school net enrolment ratio of children of secondary school age is presented in Table ED.4W. Some 5 percent of children of secondary school age are enrolled in primary school with the remaining 26 percent not enrolled in school at all. A large percentage is out of school as previously indicated while only 69 percent were enrolled in secondary school. Secondary school age children enrolled in primary school is most prevalent in Regions 1, 7, 8 and 9 as well as Regions 5 and 6 with 9 percent and 8 percent respectively. This practice seems to be positively associated with mother's education and negatively associated with age of child. There is no clear pattern by household wealth. The largest proportion of children of secondary school age who are enrolled in primary school was found among the poorest households with 8 percent and among Amerindians with 11 percent. Overall, there is no variation by sex in the proportion of secondary school age children enrolled in primary school. However, variations are evident in Regions 5 and 6 and among Amerindian children. In both cases, boys out-numbered girls by approximately 6 percentage points.

The percentage of children entering first grade who eventually reach grade 5 is presented in Table ED.5. Note that this indicator is calculated using transition probabilities for the cohort of children in the sample. Of all children starting grade one, the majority of them (97 percent) eventually reached grade 5. This number includes children that repeat grades and eventually move up to reach grade 5. There are hardly any differences by sex, place of residence, mother's education, household wealth and child's ethnicity in the percentage of children entering first grade of primary school who eventually reach grade 5.

The net primary school completion rate and transition rate to secondary education are presented in Table ED.6. At the moment of the survey, 71 percent of children of primary completion age (11 years) were enrolled in the last grade of primary education (this value should be distinguished from the gross primary completion ratio which includes children of any age enrolled in the last grade of primary). There are hardly any variations by sex, place of residence, household wealth and ethnicity of child. However, a higher percentage of 11 year olds in the urban areas (85 percent) than those in the rural areas (66 percent) enrolled in grade 6 of primary school at the time of the survey. For the regional grouping, Regions 5 and 6, show the lowest completion rate (59 percent) while Region 4 maintains the highest completion rate (79 percent). The net completion rate increases with mother's education. For mothers with only a primary school

education, only 66 percent of their children complete primary school, while for those with upper-secondary or post secondary education, 76 percent of children complete primary school.

Table ED.6 also shows that 67 percent of children who completed the final grade of primary school in the year prior to the survey are enrolled in the first grade of secondary school at the moment the survey was conducted. This proportion is highest in Region 4 and lowest in Regions 5 and 6. Furthermore, transition rate to secondary education is higher among children living in the urban areas to than those living in the rural areas. There was no marked difference by sex, ethnicity, mother's education and household wealth

The ratio of girls to boys enrolled in primary education and ratio of girls to boys enrolled in secondary education are provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net enrolment ratios rather than gross enrolment ratios. The latter ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children enrolled in primary education tend to be boys. The table shows that gender parity for primary school is close to 1.00, indicating no difference in the enrolment of girls and boys to primary school. This parity remains effectively constant for all background variables. However, the indicator increases to 1.1 for secondary education (indicating higher enrolment ratios for girls). This figure increases to 1.2 among children who reside in Regions 5 and 6, whose mother has only primary education and those of Amerindian ethnicity.

XI. Child Protection

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3 in every 4 children aged 2-14 years of age experience psychological or physical punishment.

Birth Registration

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

Table CP.1 indicates the births of 93 percent of children under five years in Guyana have been registered. However, children in the interior areas had lower proportions registered (86 percent) compared with those on the coast (95 percent). Furthermore, children in the poorest households in Guyana and those of Amerindian ethnicity as well as those who reside in the interior areas are less likely than other children to have their births registered. Furthermore, the proportion of children under age one year (0-11 months) who are registered is 4 to 8 percentage points lower than the other age groups. This could suggest that some births are registered after the child reaches 1 year of age. The main reasons given for non-registration of births were travel distance and lack of knowledge of how to register (not shown in table).

Child Labour

Article 32 of the Convention on the Rights of the Child states: "State parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS3 questionnaire, a number of questions addressed the issue of child labour, that is, children 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey:

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

This definition allows differentiating child labour from child work so as to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the

prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above. Table CP.2 presents the results of child labour activities among children 5-14 by the type of work. The percentages do not add up to the total child labour as children may be involved in more than one type of work. In Guyana, more than one in every seven (16 percent) children is involved in child labour activities, mostly unpaid and working for family businesses. There are hardly any variations by sex or school participation. There are strong correlations between child labour and various background variables of place of residence, age, household wealth and ethnicity. Children living in the interior (36 percent) are three times as involved in child labour activities as their coastal counterparts (13 percent). The disparity is even wider by age of child, in which case, four times as many children in the younger age group (21 percent) are involved in these activities as those in the older age group (5 percent). Household wealth also seems to play a very important role in whether or not a child is involved in child labour activities. The proportion of children in the poorest households (29 percent) who are involved in child labour activities is more than seven times that of children from the richest households (4 percent). Furthermore, children's involvement in family work (farm or business) is most prevalent among the poorest households.

Table CP.3 presents the percentage of children classified as student labourers and labourer students. Student labourers are the children attending school that were involved in child labour activities at the moment of the surveys. More specifically, 16 percent of children who attend school are also involved in child labour activities. As detailed in Table CP3, being involved in child labour activities does not affect school attendance. There is no large variation in school participation of student labourers compared with general school participation by sex, place of residence, household wealth, mother's education and mother's ethnicity.

Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence …" and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Guyana MICS3 survey, mothers/caretakers of children aged 2-14 years were asked a series of questions on the ways parents tend to discipline their children when they misbehave. (Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork). Out of these questions, the two indicators used to describe aspects of child discipline are: 1) the number of children 2-14 years that experience non-violent discipline or psychological aggression as punishment or minor physical punishment or severe physical punishment; and 2) the number of parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

Note the follow definitions:

- non-violent discipline - if as a form of discipline, the only methods used were the following:
  - privileges were taken away from child, something child liked was forbidden, or child was not allowed to leave house OR
  - mother/caretaker explained why the behaviour was wrong OR
  - mother/caretaker gave child something else to do as a distraction.
- psychological aggression as punishment- if as a form of discipline, child was shouted at, hollered or screamed at OR if child was called stupid, good for nothing, dumb, lazy, etc. by mother/caretaker
- minor physical punishment- if as a form of discipline, child was shook OR spanked, hit or slap on bottom with bare hand OR lash or hit on the bottom or other parts of the body with something like a stick, wood, belt, hairbrush or any other hard object OR hit or slapped on hand, arm, or leg with bare hand.
- severe physical punishment- if as a form of discipline, child was hit or slapped on face, head or ear with bare hand OR beat/hit with something (an object) over and over as hard as one could.

In Guyana, as shown in Table CP.4, 23 percent of mothers/caretakers believed that children should be physically punished in order to raise a child properly. However, in practice, 74 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. Two thirds of those children were exposed to psychological punishment, 58 percent of them to minor physical punishment and 15 percent were subjected to severe physical punishment. Non-violent methods were used on every seventh child (15 percent) and 8 percent of children have neither been punished nor disciplined. Male children were subjected more than their female counterparts to psychological (65 percent versus 60 percent) and minor physical (62 percent versus 54 percent) punishments. But in the cases of severe physical punishment and non-violent disciple, sex was found to have little effect.

The place of residence of a child has an impact on how he/she is disciplined with 87 percent of children in the interior subjected to at least one form of psychological or physical punishment compared with 72 percent of those on the coast (Table CP.4). Furthermore, it should be noted that severe physical punishment is equally common in Regions 1, 7, 8 & 9 as it is in Region 4 (18 percent in each case). However, non-violent discipline was less prevalent in Regions 1, 7, 8 and 9 than in Region 4 (9 percent compared to 16 percent). There were very small variations in child discipline practices by age of child, mother's education and household wealth.

Orphanhood and Living Arrangements of Children

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, denial of rights to inheritance and various forms of abuse. Monitoring the level of orphanhood and the living arrangements of children assists in identifying those who may be at risk as well as in tracking changes over time.

The frequency of children living with neither parent, mother only, and father only is presented in Table CP.5. In Guyana, over 10 percent of children aged 0-17 years are not living with a biological parents. Over 16 percent of children 15-17 years of age are living in households without their biological parents compared with only 4 percent of those under five years of age. In terms of ethnicity, African children outnumbered other children by 4 to 6 percentage points. Six percent of children reportedly suffered the loss of one or both parents. There are little variations by background variables except by age of child. The older the child the more likely he/she will suffer the lost of one or both parent/s. Furthermore, one in five children (21 percent) is living with their mothers only even though their fathers are alive. This pattern is most prevalent among children who reside in the urban coast, particularly in Region 10, and those who are of African ethnicity.

Early Marriage/Cohabitation

Marriage/cohabitation before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 were married/in union before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in the hope that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to

other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

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

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

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. Parents seek to marry off their girls to protect their honour, and men in some countries often seek younger women as wives as a means to avoid choosing a wife who might already be infected. The demand for this young wife to reproduce and the power imbalance resulting from the age differential, leads to very low condom use among such couples.

Two of the indicators as shown in Table CP.6 are to estimate the percentage of women married before 15 years of age and percentage married before 18 years of age. The percentage of women 15-19 years who were married/in union at the time of the survey is also provided in Table CP.6. The percentage of Guyanese women aged 15-19 years who were married or in union at the time of the survey is 14 percent. This practice was most prevalent in Regions 1, 7, 8 and 9 (21 percent) and least prevalent in Region 10 (10 percent) and Region 4 (11 percent). Furthermore, rural women in this age group outnumbered their urban counterparts by more than 10 percentage points. Women with only primary level education are approximately four times as likely as other women to be married at this age group. This proportion was highest among Amerindians (28 percent) and lowest among Africans (5 percent). Just over one in five (21 percent) East Indian women aged 15-19 years were married or in union at the time of the survey.

Table CP.6 also identifies that 1 in every 20 women (5 percent) aged 15-49 years were married/in union before age 15. The tendency towards early marriage is highest among women from the poorest 40 percent of the households, and among those with only primary education. One-fifth of the women (21 percent) aged 20-49 years were married/in union before age 18. Again, wealth and education of women seem to be important factors in early marriages. The more educated the women is the less likely she would be married before age 18. Likewise, the wealthier the woman the less likely she would have an early marriage. As it relates to ethnicity, Amerindian and East Indian women are more likely than their African counterparts to be married before age 18.

Another component is the spousal age difference with an indicator being the percentage of married/in union women 10 or more years younger than their current spouse. Table CP.7 presents the results of the age difference between married/in union women (aged 15-19 years and 20-24 years) and their husbands/partner. The data suggests that 1 in every 5 women (20 percent), regardless of age, is married to/in union with a partner 10 years or more her senior. However, women in the younger age group (15-19 years) are more likely than those in the older age group (20-24 years) to have husbands/partners who are at 5-9 years older (48 percent versus 40 percent).

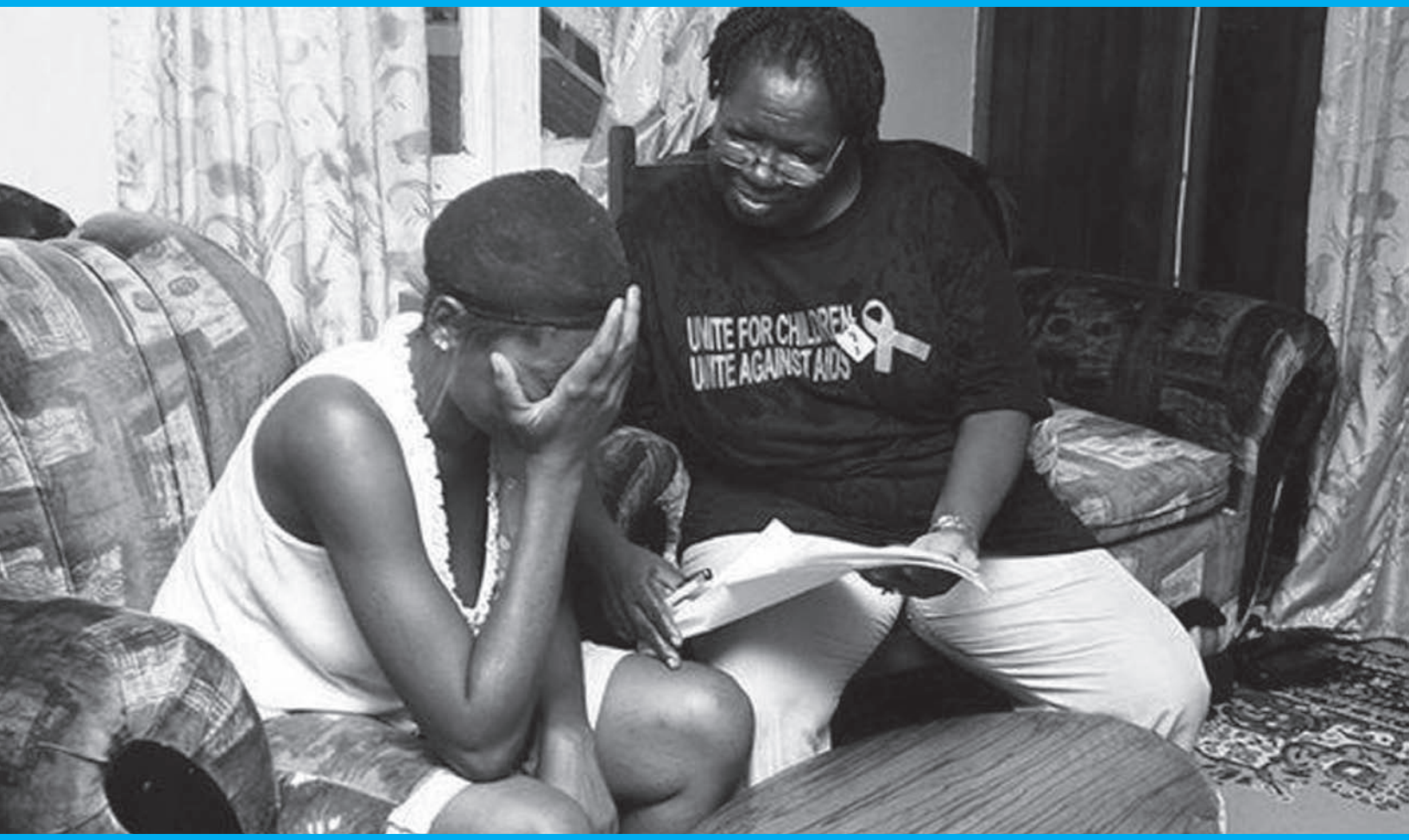
Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women that agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described in reality tend to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.8.

Results from Table CP.8 outline that 18 percent of women believed a husband is justified in beating his wife/partner mostly in cases when they neglect the children (13 percent). A high proportion of women believe that husbands/partners have a right to beat his wives/partners if they go out without telling him (7 percent) and if they argue with him (6 percent). Additionally, 1 in 20 women (5 percent) believe that a husband has the right to beat/hit with wife/partner if she refuses to have sex with him. Domestic violence is three times more prevalent among rural women than among urban women. Furthermore, currently married/in union (21 percent) women seem to be most accepting to domestic violence whiles those who were never married or in union (13 percent) were least accepting.

Table CP.8 also indicates that wealth and education were found to be key factors in women's attitudes toward domestic violence. The poorer the woman the more likely she is to have accepting attitudes towards domestic violence. Women from the poorest households (39 percent) are more than five times more likely to agree that a husband is justified to beat/hit his wife or partner than those from the richest households (7 percent). One in four women (25 percent) with only primary education agreed that a husband has a right to beat/hit his wife/partner compared to only one in twenty-five (4 percent) with university education. Amerindian women are twice as likely as their East Indian counterparts and six times as likely as their African counterparts to have accepting attitudes toward domestic violence.

XII. HIV/AIDS Knowledge and Awareness



More than half (55 percent) of women aged 15-49 know three ways to prevent HIV transmission.

Knowledge of HIV Transmission and Condom Use

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

One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women aged 15-49 years were asked whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom correctly every time, and abstaining from sex. The results are presented in Table HA.1. In Guyana, 95 percent of the interviewed women have heard of AIDS yet 55 percent know all three main ways of preventing HIV transmission while 91 percent know at least one of the ways. Abstaining from sex (69 percent) is the least known way compared to the other two main (79 percent). One in 10 (9 percent) does not know any of the three main ways to contract HIV.

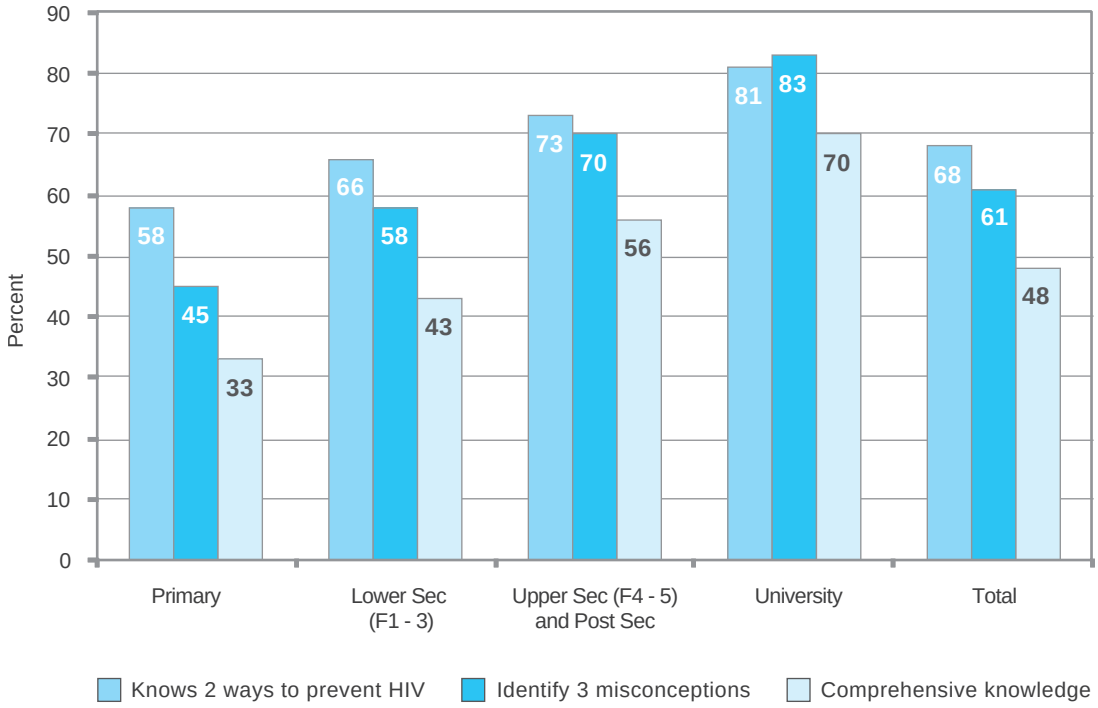
Table HA.1 further stipulates that knowledge of all three ways is much more prevalent in Region 4 (62 percent) and Region 10 (64 percent) than in the other regional groupings where between 46 and 48 percent of women are knowledgeable. Additionally, women living in the urban areas are better informed about HIV prevention than those living in the rural areas (64 percent versus 51 percent). Furthermore, knowledge among Guyanese women, of the main ways of preventing HIV transmission increases with their education level and their household wealth respectively. The proportion of women of the poorest quintile, who do not know any main means (19 percent), is approximately five times that of the corresponding proportion of women of the richest quintile (4 percent). A similar ratio is true for women with primary and university education who do not know any means of transmission prevention (3 percent versus 16 percent). As it relates to ethnicity, five times as many Amerindians (20 percent) and twice as many East Indians (10 percent) do not know of any of the three main ways of preventing transmission compared to Africans (4 percent).

Table HA.2 shows the percentage of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Guyana: that HIV can be transmitted by mosquito bites, and sharing food of a person who has AIDS. The table also provides information on whether women know that HIV cannot be transmitted by supernatural means. Of the interviewed women, 61 percent reject the two most common misconceptions and know that a healthy-looking person can be infected. Also 79 percent of women know that HIV cannot be transmitted by sharing food and 75 percent know that HIV cannot be transmitted by mosquito bites while 85 percent of women know that a healthy-looking person can be infected. Furthermore, 83 percent of Guyanese women believe that HIV cannot be transmitted by supernatural means. Knowledge about the two misconceptions as well as the asymptomatic nature of HIV among women is more prevalent in the urban areas, and on the coast than in the other areas.

Table HA.2 indicates that household wealth and mother's educational level also seem to be important factors in women's knowledge of HIV/AIDS. The wealthier and more educated the woman the more likely she would be to have knowledge of the two misconceptions and the asymptomatic nature of HIV. Only 43 percent of women in the poorest households are knowledgeable compared to 74 percent of their richest counterparts. A similar pattern was found by mother's educational level. Additionally, women's knowledge of AIDS varies greatly by ethnicity. The highest proportion of women with the correct knowledge of the two misconceptions as well as the asymptomatic nature of HIV was found among African and mixed ethnicities (69 percent in each case) while the lowest proportion was among Amerindians (46 percent). Only 56 percent of East Indian women have such knowledge.

Table HA.3 shows the percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS prevention methods and transmission. In MICS3, women with such comprehensive knowledge are those who correctly identify 2 ways of preventing HIV transmission and reject three common misconceptions. Overall, 48 percent of women were found to have comprehensive knowledge, which was higher in urban areas (59 percent) and lower in the rural areas (43 percent). Furthermore, the lowest proportion of women with comprehensive knowledge was found among those who reside in Regions 1, 7, 8 and 9 (35 percent) and highest among those in Region 10 (59 percent). As expected, the percent of women with comprehensive knowledge increases with the woman's education level (Figure HA.1) and household wealth. Additionally, the highest proportion of women with comprehensive knowledge was found among those aged 20-24 years (53 percent) while the lowest proportion was found among those 35-39 years (45 percent).

Figure HA.1: **Percent of women who have comprehensive knowledge of HIV/AIDS transmission, Guyana, 2006**



Knowledge of mother-to-child transmission (MTCT) of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection of the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Table HA.4. The majority (90 percent) of Guyanese women reported that HIV can be transmitted from mother to child. However, when questioned about the specific means of such transmission, 83 percent reported that transmission during pregnancy is possible, 77 percent knew about the possibility of transmission through breast milk, and 67 percent were aware that transmission is possible during delivery. Overall, 58 percent knew all three ways while 5 percent did not know of any specific way. Women who reside in the interior areas (51percent) are the less likely to know all three ways of mother-to–child transmission compared to those on the coast (58 percent). There is no distinct pattern in women's knowledge of MTCT and household wealth, age group and education level.

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

Table HA.5 shows the attitudes of women (aged 15-49 years) towards PLWHA. Over a third of the respondents (36 percent) agreed with none of the discriminatory statements. This proportion was highest in the coastal (44 percent) areas and lowest in the interior areas (24 percent). The variations among the regional groupings were large and range from a high of 42 percent in Region 10 and Region 4 to a low of 22 percent in Regions 1, 7, 8 & 9. Clearly, there are nexuses between discriminatory attitude towards PLWHA and household wealth and women education level. The richer the woman the less likely she will express discriminatory attitudes toward PLWHA. Similar findings were found among the educated women. Additionally, discriminatory attitudes among Guyanese women vary by ethnicity. Amerindians were found to be the most discriminating and women of mixed and African ethnicity were found to be the least discriminating than the other women.

Table HA.5 also shows that the more than half of the women (64 percent) agreed with at least one of the discriminatory statements. The most common discriminatory attitude is the unwillingness to buy fresh vegetables from a person with HIV/AIDS (39 percent), followed by the need to keep family member HIV status a secret (35 percent). Just over one in ten (11 percent) women admitted that they would not care for a family member who was sick with HIV/AIDS. As it relates to allowing an HIV positive female teacher to continue teaching in school, approximately one quarter (23 percent) of women expressed disagreement.

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Voluntary testing for HIV, accompanied by counselling, allows for those infected to seek medical care and to prevent the infection of others. The indicators shown in table HA.6 are designed to monitor whether women are aware of places to get tested for HIV, the extent to which they have been tested, and the extent to which those tested have been told the result of the test.

As shown in Table HA.6, 81 percent of women of reproductive age in Guyana reported that they knew of a place where they could be tested for HIV while 32 percent have actually been tested. Of these tested, a large proportion has been told the result (88 percent). As it relates to knowledge of a place to be tested, women living in the coastal areas (83 percent), in the richest households (91 percent), those aged 20-24 years (86 percent), those of African ethnicity (90 percent), and those with university education (95percent) are the most likely to know of such a place. A similar pattern was found among the women who have been tested for HIV.

HIV testing is particularly important for pregnant women who can then take steps to prevent infecting their babies. The indicators shown in Table HA.7 are designed to determine whether antenatal care (ANC) provided by health professionals include providing information or counselling about HIV/AIDS, the extent to which HIV testing is provided, and the extent to which those tested have been told the result of the test.

As shown in Table HA.7, 81 percent of the women who had given birth within the two years preceding the survey, received antenatal care from a health professional. Of these, 67 percent (approximately two out of every three) were provided with information and/or counselling about HIV/AIDS and about the same proportion was tested (65 percent) as part of the ANC received with 56 percent receiving their results. Access to antenatal care from health professionals is the lowest among women of Amerindian ethnicity (53 percent), those in the poorest households (66 percent), those with only primary education (79 percent) and who resides in the interior areas (56 percent). Likewise, access to HIV prevention related information during ANC visits is lowest among women who live in the interior (44 percent), among women in the oldest age group of 35-49 years (62 percent), those from the poorest households (52 percent), those with low education level (59 percent), and those of Amerindian ethnicity (43 percent).

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Table HH.1: Results of household and individual interviews

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

	Residence							Regional Grouping					
	Urban	Rural	Urban Coastal	Rural Coastal	Rural Interior	Interior	Coastal	Regions 01, 07, 08, 09	Regions 02, 03	Regions 05, 06	Region 04	Region 10	Total
Number of households													
Sampled	1,224	4,056	1,224	2,615	1,440	1,440	3,838	1,248	888	1,007	1,775	360	**5,280**
Occupied	1,217	4,012	1,217	2,578	1,433	1,433	3,794	1,243	871	999	1,758	356	**5,229**
Interviewed	1,141	3,867	1,141	2,445	1,422	1,422	3,586	1,237	821	942	1,662	346	**5,008**
Response rate	93.8	96.4	93.8	94.8	99.2	99.2	94.5	99.5	94.3	94.3	94.5	97.2	**95.8**
Number of women													
Eligible	1,154	4,099	1,154	2,549	1,550	1,550	3,703	1,349	864	944	1,732	364	**5,253**
Interviewed	1,135	3,900	1,135	2,451	1,449	1,449	3,586	1,263	828	914	1,688	342	**5,035**
Response rate	98.4	95.1	98.4	96.2	93.5	93.5	96.8	93.6	95.8	96.8	97.5	94.0	**95.8**
Overall response rate	92.2	91.7	92.2	91.2	92.8	92.8	91.5	93.2	90.3	91.3	92.1	91.3	**91.8**
Number of children under 5													
Eligible	380	2,161	380	918	1,243	1,243	1,298	1,133	293	355	583	177	**2,541**
Mother/Caretaker interviewed	370	2,130	370	899	1,231	1,231	1,269	1,125	286	349	568	172	**2,500**
Response rate	97.4	98.6	97.4	97.9	99.0	99.0	97.8	99.3	97.6	98.3	97.4	97.2	**98.4**
Overall response rate	91.3	95.0	91.3	92.9	98.3	98.3	92.4	98.8	92.0	92.7	92.1	94.4	**94.2**

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

	Male		Female		Total [1]	
	Number	Percent	Number	Percent	Number	Percent
Age						
0-4	1,069	10.6	956	9.4	2,025	10.0
5-9	1,334	13.2	1,258	12.4	2,592	12.8
10-14	1,303	12.9	1,276	12.5	2,578	12.7
15-19	966	9.6	1,004	9.9	1,969	9.7
20-24	712	7.1	789	7.8	1,500	7.4
25-29	701	7.0	744	7.3	1,445	7.1
30-34	719	7.1	769	7.6	1,488	7.3
35-39	710	7.0	710	7.0	1,420	7.0
40-44	616	6.1	633	6.2	1,249	6.2
45-49	538	5.3	526	5.2	1,064	5.3
50-54	443	4.4	470	4.6	913	4.5
55-59	313	3.1	319	3.1	632	3.1
60-64	210	2.1	217	2.1	427	2.1
65-69	151	1.5	192	1.9	343	1.7
70+	273	2.7	304	3.0	577	2.8
DON'T KNOW	28	(0.3)	9	(*)	38	(0.2)
Dependency age groups						
<15	3,707	36.7	3,490	34.3	7,197	35.5
15-64	5,929	58.8	6,180	60.7	12,109	59.7
65+	424	4.2	496	4.9	920	4.5
DON'T KNOW	28	(0.3)	9	(*)	38	(0.2)
Children aged 0-17	4,341	43.0	4,128	40.6	8,469	41.8
Adults 18+Don't know	5,746	57.0	6,048	59.4	11,795	58.2
Total	10,088	100.0	10,176	100.0	20,264	100.0

( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Excludes 31 persons for whom sex was unknown

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

		Number of Households	
	Weighted percent	Weighted	Un-weighted
Sex of household head			
Male	70.0	3,508	3,640
Female	30.0	1,500	1,368
Regional Grouping			
Regions 01, 07, 08, 09	7.2	360	1,237
Regions 02, 03	20.3	1,017	821
Regions 05, 06	23.4	1,171	942
Region 04	43.8	2,194	1,662
Region 10	5.3	267	346
Residence			
Urban	30.2	1,514	1,141
Rural	69.8	3,494	3,867
Coastal	91.1	4,564	3,586
Urban Coastal	30.2	1,514	1,141
Rural Coastal	60.9	3,050	2,445
Interior	8.9	444	1,422
Number of household members			
1	12.1	606	522
2-3	32.0	1,602	1,470
4-5	34.1	1,708	1,648
6-7	14.5	724	841
8-9	4.9	246	351
10+	2.4	122	176
Total	100.0	5,008	5,008
At least one child aged < 18 years	67.7	5,008	5,008
At least one child aged < 5 years	30.1	5,008	5,008
At least one woman aged 15-49 years	74.9	5,008	5,008

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

		Number of women	
	Weighted percent	weighted	Un-weighted
Regional Grouping			
Regions 01, 07, 08, 09	7.5	376	1,263
Regions 02, 03	20.4	1,029	828
Regions 05, 06	22.6	1,137	914
Region 04	44.2	2,225	1,688
Region 10	5.3	268	342
Residence			
Urban	30.0	1,509	1,135
Rural	70.0	3,526	3,900
Coastal	90.8	4,571	3,586
Urban Coastal	30.0	1,509	1,135
Rural Coastal	60.8	3,061	2,451
Interior	9.2	464	1,449
Age			
15-19	19.3	971	1,001
20-24	15.1	760	776
25-29	14.4	724	738
30-34	15.0	757	745
35-39	13.7	690	656
40-44	12.3	617	612
45-49	10.3	516	507
Marital/Union status			
Currently married/in union	58.9	2,964	3,042
Formerly married/in union	9.0	452	426
Never married/in union	32.2	1,620	1,567
Motherhood status			
Ever gave birth	69.5	3,502	3,583
Never gave birth	30.5	1,533	1,452
Education Level			
Nursery/None/Non Standard Curriculum	(*)	24	21
Primary	18.5	930	969
Lower Secondary (F1-3)	27.9	1,404	1,502
Upper Secondary F4-5 & Post Sec	46.7	2,350	2,206
University	3.4	169	130
DON'T KNOW	3.1	158	207
Wealth index quintiles			
Poorest	15.2	765	1,367
Second	19.2	965	876
Middle	20.7	1,045	912
Fourth	21.7	1,090	938
Richest	23.2	1,170	942

(Continued overleaf)

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

		Number of women	
	Weighted percent	weighted	unweighted
Ethnicity of Individual[1]			
African/Black	28.4	1,432	1,220
Amerindian	8.4	425	1,054
East Indian	44.7	2,251	1,808
Other[2]	(0.5)	26	25
Mixed	17.5	884	911
Total	100.0	5,035	5,035

( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Excludes the cases where the ethnicities were not stated
[2] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

		Number of under-5 children	
	Weighted percent	Weighted	Un-weighted
Sex[1]			
Male	52.4	1,311	1,298
Female	47.4	1,184	1,199
Regional Grouping			
Regions 01, 07, 08, 09	15.9	398	1,125
Regions 02, 03	18.4	460	286
Regions 05, 06	21.6	539	349
Region 04	37.7	942	568
Region 10	6.4	160	172
Residence			
Urban	24.8	619	370
Rural	75.2	1,881	2,130
Coastal	81.6	2,040	1,269
Urban Coastal	24.8	619	370
Rural Coastal	56.8	1,421	899
Interior	18.4	460	1,231
Age			
< 6 months	8.4	209	219
6-11 months	10.6	266	258
12-23 months	17.6	441	458
24-35 months	20.9	522	498
36-47 months	20.7	516	533
48-59 months	21.8	545	532
Mother's education level			
Nursery/None/Non Standard Curriculum	(*)	12	11
Primary	21.5	538	595
Lower Secondary (F1-3)	29.9	748	791
Upper Secondary F4-5 & Post Sec	43.2	1,079	948
University	(1.9)	47	31
DON'T KNOW	3.0	75	124
Wealth index quintiles			
Poorest	29.9	747	1,251
Second	22.2	555	428
Middle	18.9	472	337
Fourth	16.0	401	276
Richest	13.0	325	208
Ethnicity of Individual[2]			
African/Black	22.9	572	390
Amerindian	15.7	393	878
East Indian	31.6	790	494
Other[3]	(*)	13	10
Mixed	28.5	713	709
Total	100.0	2,500	2,500

( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Excludes 3 un-weighted cases where sex was not stated
[2] Excludes 19 un-weighted cases of unknown ethnicity
[3] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table CM.1: Child mortality

Infant and under-five mortality rates by background and demographic characteristics [BASED ON WEST]. Guyana, 2006

	Infant Mortality Rate*	Under-five Mortality Rate**
Sex		
Male	40	49
Female	35	44
Regional Grouping		
Regions 01. 07. 08. 09	52	68
Regions 02. 03	26	31
Regions 05. 06	39	49
Region 04	38	47
Region 10	36	45
Residence		
Urban	28	34
Rural	40	50
Coastal	35	43
Urban Coastal	28	34
Rural Coastal	38	47
Interior	49	64
Women's Education		
Nursery/None/Primary	39	49
Lower Secondary (F1-3)	36	44
Upper Secondary F4-5 & Post Sec/University	36	45
Wealth index quintiles		
Poorest, Second, Middle	38	47
Fourth, Richest	35	43
Ethnicity		
African/Black	48	62
Amerindian	47	60
East Indian	28	34
Other[1]/Mixed	36	45
Total	**37**	**47**

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

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

[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Mean number of children ever born	Proportion dead	Number of women
Age			
15-19	0.196	0.040	971
20-24	0.934	0.046	760
25-29	1.958	0.039	724
30-34	2.697	0.051	757
35-39	3.242	0.064	690
40-45	3.555	0.077	617
45-49	3.768	0.078	516
Total	2.132	0.062	5,035

Table NU.1: Child malnourishment

Percentage of under-five children who are severely or moderately undernourished. Guyana, 2006

	Weight for age		Height for age		Weight for height			Number of children aged
	Percent below		Percent below		Percent above			
	- 2 SD*	- 3 SD*	- 2 SD**	- 3 SD**	- 2 SD***	- 3 SD***	+ 2 SD	0-59 months
Sex								
Male	11.8	2.2	13.7	4.4	6.9	1.4	4.3	1,095
Female	13.0	2.5	13.6	4.8	8.4	1.6	5.3	949
Regional Grouping								
Regions 01. 07. 08. 09	11.4	2.1	22.7	6.5	3.7	0.7	2.9	360
Regions 02. 03	14.6	3.8	17.0	5.7	7.8	2.7	4.4	400
Regions 05. 06	13.1	3.0	12.5	4.1	8.7	1.2	6.6	438
Region 04	12.2	1.3	8.7	3.4	9.7	1.7	5.1	712
Region 10	7.0	1.3	9.7	3.8	2.7	0.0	3.2	135
Residence								
Urban	13.7	3.8	11.0	4.5	10.8	1.8	4.2	412
Rural	12.0	1.9	14.3	4.6	6.8	1.4	4.9	1,633
Coastal	12.8	2.4	11.7	4.2	8.7	1.7	5.1	1,630
Urban Coastal	13.7	3.8	11.0	4.5	10.8	1.8	4.2	412
Rural Coastal	12.5	2.0	11.9	4.1	7.9	1.7	5.4	1,219
Interior	10.6	1.9	21.3	6.1	3.3	0.6	3.3	414
Age								
< 6 months	8.3	2.3	9.4	6.8	9.3	3.8	11.0	134
6-11 months	13.5	3.6	11.6	3.7	6.8	3.3	10.7	201
12-23 months	16.2	3.6	21.3	8.0	11.5	2.5	5.3	366
24-35 months	11.8	2.2	11.7	3.8	8.1	0.7	3.5	447
36-47 months	13.0	1.0	14.9	4.1	3.5	0.4	3.8	444
48-59 months	10.0	2.0	10.2	2.8	7.8	1.1	2.0	451
Mother's Education Level								
Primary or lower	14.4	3.7	16.6	5.5	6.4	1.6	5.8	458
Lower Secondary (F1-3)	14.5	2.5	15.5	5.5	8.4	1.4	3.5	636
Upper Secondary F4-5 & Post Sec	9.3	1.5	10.9	3.6	7.2	1.1	5.1	852
University	(9.7)	(0.0)	(4.9)	(0.0)	(4.9)	(0.0)	(10.4)	32
Don't Know	20.3	3.0	16.9	5.3	14.4	8.1	2.7	67
Wealth index quintiles								
Poorest	13.3	2.8	22.1	6.5	4.5	1.8	3.3	652
Second	15.8	2.2	11.9	4.2	9.2	0.4	6.0	452
Middle	11.5	1.7	7.6	3.1	10.8	1.1	5.2	388
Fourth	10.6	2.3	8.7	2.2	10.2	3.5	3.6	330
Richest	6.9	2.3	10.1	5.8	3.7	0.7	7.5	222
Ethnicity of Mother[1]								
African/Black	7.4	0.3	8.0	3.3	5.5	0.7	5.0	434
Amerindian	11.6	1.4	25.8	7.1	2.0	0.3	2.2	369
East Indian	17.5	3.6	12.2	3.9	12.6	2.6	4.5	672
Mixed	10.8	2.5	11.6	4.4	6.2	1.4	6.9	538
Total	12.4	2.3	13.7	4.6	7.6	1.5	4.8	2,045

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

[1] Excludes 31 cases of unknown and other (Chinese, Portuguese or White) ethnicities

Table NU.2: Initial breastfeeding
Percentage of women aged 15-49 years with a birth in the 2 years preceding the survey who breastfed their baby within one hour of birth and within one day of birth. Guyana, 2006

	Percentage who started breast-feeding within one hour of birth*	Percentage who started breast-feeding within one day of birth	Number of women with live birth in the two years preceding the survey
Regional Grouping			
Regions 01. 07. 08. 09	**35.2**	77.4	120
Regions 02. 03	**39.7**	76.4	133
Regions 05. 06	**58.5**	79.6	146
Region 04	**43.0**	72.4	296
Region 10	**(25.3)**	(76.9)	46
Residence			
Urban	**41.5**	71.1	178
Rural	**43.6**	77.0	563
Coastal	**45.0**	75.3	600
Urban Coastal	**41.5**	71.1	178
Rural Coastal	**46.4**	77.0	422
Interior	**35.1**	77.1	141
Months since last birth			
< 6 months	**41.9**	78.5	184
6-11 months	**40.7**	68.6	221
12-23 months	**45.3**	78.7	336
Women's Education level [1]			
Primary or lower	**47.7**	78.6	147
Lower Secondary (F1-3)	**43.4**	79.5	204
Upper Secondary F4-5 & Post Sec	**42.3**	73.9	350
Wealth index quintiles			
Poorest	**45.4**	75.9	232
Second	**42.6**	75.1	169
Middle	**47.2**	78.3	133
Fourth	**42.4**	77.2	111
Richest	**33.5**	70.3	96
Ethnicity of Woman [2]			
African/Black	**47.1**	72.7	187
Amerindian	**41.4**	75.8	146
East Indian	**41.8**	79.8	235
Mixed	**41.2**	71.2	162
Total	**43.1**	75.6	741

*** MICS indicator 45**
( ) Figures that are based on 25–49 unweighted cases
[1] Excludes 10 cases with university education and 30 cases where the education levels were unknown
[2] Excludes 10 cases of unknown and other (Chinese, Portuguese or White) ethnicities

Table NU.3: Breastfeeding
Percent of living children according to breastfeeding status at each age group. Guyana, 2006

	Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed *	Number of children	Percent receiving breastmilk and solid/mushy food **	Number of children	Percent breastfed***	Number of children	Percent breastfed ***	Number of children
Sex										
Male	30.5	69	20.5	123	32.5	87	64.5	70	47.5	68
Female	32.2	54	22.7	87	36.7	95	66.1	66	48.4	72
Residence										
Urban	(31.6)	34	20.9	61	(24.9)	48	(66.1)	27	(61.0)	31
Rural	31.2	89	21.6	149	37.8	135	65.1	109	44.3	109
Coastal	24.7	95	15.2	167	33.7	154	61.6	104	46.4	115
Urban Coastal	(31.6)	34	20.9	61	(24.9)	48	(66.1)	27	(61.0)	31
Rural Coastal	20.9	61	12.0	106	37.7	105	60.0	77	41.1	84
Interior	(53.4)	28	(45.6)	43	(38.3)	30	(77.3)	32	(54.9)	25
Wealth index										
Poorest	49.0	37	34.3	62	27.5	53	74.7	58	(50.4)	39
Second & middle	26.9	47	20.0	80	44.2	86	(64.3)	45	43.2	63
Fourth & richest	19.8	39	11.5	68	(23.8)	44	(50.5)	34	(53.4)	38
Total	31.3	123	21.4	209	34.4	183	65.3	136	48.0	140

* MICS indicator 15
** MICS indicator 17
*** MICS indicator 16
( ) Figures that are based on 25–49 unweighted cases

Table NU.4: Adequately fed infants
Percentage of infants under 6 months of age exclusively breastfed. Percentage of 6-11 months breastfed and who ate solid food. Guyana, 2006

	Percent of Infants					
	0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex [1]						
Male	20.5	16.7	21.9	19.2	19.9	244
Female	22.7	20.7	18.8	19.8	20.9	230
Regional Grouping						
Regions 01. 07. 08. 09	41.3	16.2	11.5	13.6	26.3	75
Regions 02. 03	(*)	(*)	(*)	(30.8)	25.3	82
Regions 05. 06	(*)	(*)	(*)	(21.6)	19.3	83
Region 04	(12.9)	(11.7)	(*)	9.9	11.4	197
Region 10	(*)	(*)	(*)	(*)	(47.1)	36
Residence						
Urban	20.9	(*)	(*)	(17.4)	19.1	124
Rural	21.6	18.4	21.9	20.0	20.7	351
Coastal	15.2	17.1	22.9	19.8	17.8	383
Urban Coastal	(20.9)	(*)	(*)	17.4	19.1	124
Rural Coastal	12.0	16.0	(26.3)	20.7	17.2	259
Interior	45.6	26.7	9.9	17.9	30.7	92
Wealth index quintiles						
Poorest	34.3	14.1	26.9	20.0	26.0	147
Second	(12.0)	(*)	(*)	(19.5)	16.6	99
Middle	(27.2)	(*)	(*)	(16.0)	20.9	95
Fourth	(12.3)	(*)	(*)	(24.2)	18.4	74
Richest	(*)	(*)	(*)	(*)	13.9	60
Mother's education level[2]						
Primary	29.0	(13.2)	(29.2)	20.7	24.0	91
Lower Secondary (F1-3)	25.4	(12.9)	(16.5)	14.9	20.0	131
Upper Secondary F4-5 & Post Sec	18.5	23.0	(17.3)	20.7	19.8	229
Ethnicity of Mother[3]						
African/Black	9.7	14.4	25.5	19.2	14.9	100
Amerindian	51.3	11.6	21.2	16.4	32.1	71
East Indian	9.6	12.1	22.4	17.5	14.6	138
Mixed	23.5	31.7	13.3	23.7	23.6	164
Total	21.4	18.7	20.2	19.4	20.3	475

*** MICS indicator 18**

**** MICS indicator 19**

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

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

[1] Excludes 1 unknown case

[2] 25 cases of unknown or university level not shown

[3] Excludes 3 cases of unknown or other (Chinese, Portuguese or White) ethnicities

Table NU.5: Low birth weight infants

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

	Percent of live births below 2500 grams *	Percent of live births weighed at birth **	Number of live births
Regional Grouping			
Regions 01. 07. 08. 09	24.2	61.7	120
Regions 02. 03	14.7	88.1	133
Regions 05. 06	18.6	82.0	146
Region 04	18.6	76.4	296
Region 10	(19.5)	(85.4)	46
Residence			
Urban	17.3	72.9	178
Rural	19.3	79.4	563
Coastal	17.7	81.0	600
Urban Coastal	17.3	72.9	178
Rural Coastal	17.9	84.4	422
Interior	23.7	64.3	141
Women's Education[1]			
Primary or lower	21.4	75.8	147
Lower Secondary (F1-3)	19.9	77.8	204
Upper Secondary F4-5 & Post Sec	17.4	80.4	350
Don't Know	(18.4)	(59.0)	30
Wealth index quintiles			
Poorest	20.5	70.5	232
Second	20.4	77.4	169
Middle	17.1	86.2	133
Fourth	16.7	79.0	111
Richest	17.2	83.2	96
Ethnicity of Woman[2]			
African/Black	17.7	75.2	187
Amerindian	22.0	62.4	146
East Indian	18.4	88.4	235
Mixed	18.1	78.9	162
Total	18.9	77.8	741

*** MICS Indicator 9**

**** MICS Indicator 10**

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

[1] 10 cases of university level not shown

[2] Excludes 10 cases of unknown or other (Chinese, Portuguese or White) ethnicities

Table CH.1: Vaccinations in first year of life
Percentage of children aged 18-29 months immunized against childhood diseases at any time before the survey and before the first birthday
(*[1]18 months for measles and Yellow fever)*. **Guyana, 2006**

	Percentage of children who received:						
	BCG *	Polio 1	Polio 2	Polio 3 **	MMR ***	Yellow Fever****	Number of children aged 18-29 months
Vaccinated at any time before the survey							
According to:							
Vaccination card	75.7	76.5	76.5	76.4	77.1	75.0	488
Mother's report	22.4	21.1	18.2	8.6	18.3	17.2	488
Either	98.1	97.6	94.8	85.0	95.4	92.1	488
Vaccinated by 12 months of age[1]	96.0	95.2	90.3	74.2	89.7	88.4	488

* MICS Indicator 25

** MICS Indicator 27

*** MICS Indicator 28 ; MDG Indicator 15

**** MICS Indicator 30

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

	Percentage of children who received:							
	BCG	Polio 1	Polio 2	Polio 3	MMR	Yellow Fever	Percent with health card	Number of children aged 18-29 months
Sex								
Male	96.8	96.7	93.5	82.1	93.3	89.1	70.5	260
Female	99.4	98.6	96.2	88.3	97.9	95.6	80.4	229
Regional Grouping								
Regions 01. 07. 08. 09	97.8	97.0	94.3	81.2	96.6	95.1	72.9	75
Regions 02. 03	98.0	100.0	100.0	75.4	98.0	94.2	62.2	82
Regions 05. 06	94.5	92.9	88.4	85.8	94.3	89.0	80.9	111
Region 04	100.0	99.2	95.8	89.6	94.3	91.8	77.9	201
Region 10	(*)	(*)	(*)	(*)	(*)	(*)	(*)	20
Residence								
Urban	100.0	100.0	97.1	88.1	94.8	93.7	75.6	117
Rural	97.5	96.8	94.0	84.1	95.6	91.6	75.0	371
Coastal	98.1	97.7	94.8	85.6	95.2	91.8	75.9	407
Urban Coastal	100.0	100.0	97.1	88.1	94.8	93.7	75.6	117
Rural Coastal	97.3	96.7	93.8	84.6	95.4	91.0	76.0	290
Interior	97.9	97.2	94.7	82.2	96.4	93.8	71.4	81
Mother's education level Reached[1]								
Primary or lower	97.2	98.4	95.1	83.9	96.2	94.6	72.7	109
Lower Secondary (F1-3)	99.3	98.0	93.7	85.3	96.2	91.7	78.2	146
Upper Secondary F4-5 & Post Sec	97.6	96.9	95.0	85.6	94.2	91.5	74.8	216
Wealth index quintiles								
Poorest	96.1	94.4	91.6	80.2	94.3	89.9	71.9	131
Second	96.6	97.8	93.6	85.7	90.3	87.7	71.1	129
Middle	100.0	98.2	93.2	86.1	100.0	98.2	80.4	93
Fourth	100.0	100.0	100.0	87.5	96.2	90.0	78.4	59
Richest	100.0	100.0	100.0	89.0	100.0	97.5	78.4	77
Ethnicity of Mother[2]								
African/Black	98.0	98.0	98.0	93.2	96.0	94.8	85.9	121
Amerindian	98.4	98.0	96.7	85.3	97.9	95.6	77.0	66
East Indian	99.0	98.0	92.9	82.4	96.9	91.8	72.0	159
Mixed	96.7	96.3	92.7	80.8	91.4	87.9	68.7	134
Total	98.1	97.6	94.8	85.0	95.4	92.1	75.1	488

(*) Figures that are based on less than 25 unweighted cases
[1] 17 cases of unknown or university level not shown
[2] Excludes 9 cases of unknown or other (Chinese, Portuguese or White) ethnicities

Table CH.3: Neonatal tetanus protection

Percentage of mothers with at least one birth in the last 24 months protected against neonatal tetanus. Guyana, 2006

	Percent of mothers with a birth in the last 24 months						
	Received at least 2 doses during last pregnancy	Received at least 2 doses. the last within prior 3 years	Received at least 3 doses. the last within 5 years	Received at least 4 doses. the last within 10 years	Received at least 5 doses during lifetime	Protected against tetanus *	Number of mothers
Regional Grouping							
Regions 01. 07. 08. 09	33.8	10.8	0.2	0.0	0.2	45.1	120
Regions 02. 03	19.6	11.4	0.0	0.0	0.0	31.0	133
Regions 05. 06	31.7	9.7	0.9	0.0	0.0	42.3	146
Region 04	39.4	9.9	0.8	0.0	0.0	50.1	296
Region 10	(12.3)	(27.4)	(1.2)	(0.0)	(0.0)	(41.0)	46
Residence							
Urban	38.4	14.2	0.0	0.0	0.0	52.6	178
Rural	29.6	10.5	0.8	0.0	0.0	40.9	563
Coastal	31.7	11.2	0.6	0.0	0.0	43.5	600
Urban Coastal	38.4	14.2	0.0	0.0	0.0	52.6	178
Rural Coastal	28.9	10.0	0.9	0.0	0.0	39.7	422
Interior	31.9	12.0	0.6	0.0	0.2	44.6	141
Women's Education Level[1]							
Primary or lower	23.6	7.6	0.0	0.0	0.0	31.2	147
Lower Secondary (F1-3)	32.5	12.2	1.1	0.0	0.0	45.8	204
Upper Secondary F4-5 & Post Sec	35.6	12.1	0.6	0.0	0.1	48.4	350
Wealth index quintiles							
Poorest	29.9	10.7	1.4	0.0	0.0	42.0	232
Second	29.3	9.6	0.0	0.0	0.2	39.1	169
Middle	28.8	13.2	0.0	0.0	0.0	42.0	133
Fourth	30.6	13.8	0.0	0.0	0.0	44.4	111
Richest	46.0	10.7	1.2	0.0	0.0	57.8	96
Ethnicity[2]							
African/Black	37.7	11.2	0.6	0.0	0.0	49.5	187
Amerindian	30.3	11.2	0.6	0.0	0.0	42.0	146
East Indian	29.9	7.4	1.1	0.0	0.0	38.3	235
Mixed	28.2	17.1	0.0	0.0	0.2	45.5	162
Age[3]							
15-19	36.0	6.2	0.0	0.0	0.2	42.4	117
20-24	25.9	13.2	0.3	0.0	0.0	39.3	205
25-29	37.9	12.0	0.0	0.0	0.0	50.0	179
30-34	28.2	11.6	2.6	0.0	0.0	42.5	149
35-39	31.2	12.5	0.0	0.0	0.0	43.8	60
40-44	(35.7)	(10.9)	(0.0)	(0.0)	(0.0)	(46.6)	28
Total	31.7	11.4	0.6	0.0	0.0	43.7	741

*** MICS Indicator 32**

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

[1] 40 cases of unknown or university level not shown

[2] Excludes 10 cases of unknown or other (Chinese, Portuguese or White) ethnicities

[3] Excludes 3 mothers aged 45-49 years

Table CH.4: Oral rehydration treatment
Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT). Guyana, 2006

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received: Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid	No treatment	ORT use rate *	Number of children aged 0-59 months with diarrhoea
Sex[1]								
Male	9.9	1,311	31.0	16.7	10.2	49.9	50.1	130
Female	7.9	1,184	31.7	14.2	15.8	45.9	54.1	93
Regional Grouping								
Regions 01. 07. 08. 09	15.2	398	33.7	10.3	10.7	51.6	48.4	61
Regions 02. 03	10.5	460	(19.5)	(16.0)	(6.0)	(58.5)	(41.5)	48
Regions 05. 06	3.4	539	(*)	(*)	(*)	(*)	(*)	18
Region 04	9.0	942	30.8	17.0	15.3	46.2	53.8	85
Region 10	6.7	160	(*)	(*)	(*)	(*)	(*)	11
Residence								
Urban	7.2	619	(31.2)	(29.1)	(14.5)	(36.5)	(63.5)	45
Rural	9.5	1,881	31.3	12.3	12.1	51.2	48.8	178
Coastal	7.7	2,040	30.2	17.6	12.8	47.8	52.2	156
Urban Coastal	7.2	619	(31.2)	(29.1)	(14.5)	(36.5)	(63.5)	45
Rural Coastal	7.9	1,421	29.7	13.0	12.2	52.3	47.7	112
Interior	14.5	460	33.9	11.2	12.0	49.2	50.8	67
Age								
< 6 months	3.6	209	(*)	(*)	(*)	(*)	(*)	8
6-11 months	15.1	266	(44.8)	(5.4)	(17.5)	(42.5)	(57.5)	40
12-23 months	11.8	441	28.3	14.7	18.4	47.8	52.2	52
24-35 months	10.1	522	23.5	18.5	10.0	55.3	44.7	53
36-47 months	7.7	516	(28.7)	(16.2)	(11.8)	(48.1)	(51.9)	40
48-59 months	5.6	545	(30.2)	(29.1)	(5.0)	(44.7)	(55.3)	31
Mother's education level Reached[2]								
Primary and lower	9.9	550	30.5	13.8	13.3	49.4	50.6	54
Lower Secondary (F1-3)	10.7	748	31.9	18.7	15.4	43.1	56.9	80
Upper Secondary F4-5 & Post Sec	7.2	1,079	28.8	14.5	9.4	54.4	45.6	78
Ethnicity of Mother[3]								
African/Black	6.3	572	(29.0)	(21.6)	(13.8)	(54.2)	(45.8)	36
Amerindian	16.2	393	26.3	9.4	16.3	54.6	45.4	63
East Indian	8.8	790	33.5	9.3	11.9	52.0	48.0	69
Mixed	7.5	713	36.3	27.6	8.5	31.1	68.9	53
Total	8.9	2,500	31.3	15.7	12.6	48.3	51.7	223

* MICS Indicator 33
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Excludes 5 unknown cases
[2] 122 cases with unknown (75) or university level (47) not shown
[3] Excludes 32 children of mothers whose ethnicities were not stated as well as those of 'other' (Chinese, Portuguese or White) ethnicities because of small numbers of children with diarrhoea in each case.

Table CH.5: Home management of diarrhoea

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

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who: Drank more	Drank the same or less	Ate somewhat less. same or more	Ate much less or none	Home manage-ment of diarrhoea *	Received ORT or increased fluids AND continued feeding **	Number of children aged 0-59 months with diarrhoea
Sex[1]									
Male	9.9	1,311	10.9	85.4	55.5	41.2	5.6	26.9	130
Female	7.9	1,184	16.2	79.1	42.7	52.9	5.6	29.9	93
Residence									
Urban	7.2	619	(13.0)	(80.3)	(75.3)	(17.9)	(6.8)	(48.4)	45
Rural	9.5	1,885	13.1	83.4	43.8	53.1	5.3	23.1	178
Coastal	7.7	2,040	12.0	82.5	52.0	42.8	6.1	30.3	156
Urban Coastal	7.2	619	(13.0)	(80.3)	(75.3)	(17.9)	(6.8)	(48.4)	45
Rural Coastal	7.9	1,421	11.6	83.4	42.7	52.7	5.8	23.1	112
Interior	14.5	460	15.7	83.4	45.8	53.8	4.4	23.0	67
Mother's education level Reached [2]									
Primary or lower	9.9	550	12.0	85.3	59.6	37.7	7.1	31.6	54
Lower Secondary (F1-3)	10.7	748	12.5	83.2	44.2	55.5	4.3	24.1	80
Upper Secondary F4-5 & Post Sec	7.2	1,079	15.1	79.4	49.9	41.5	5.9	28.7	78
Ethnicity of Mother[3]									
African/Black	6.3	572	(11.9)	(72.4)	(39.3)	(38.4)	(0.0)	(23.4)	36
Amerindian	16.2	393	15.2	84.3	48.6	50.9	3.4	21.1	63
East Indian	8.8	790	16.6	83.4	51.4	48.6	9.4	29.9	69
Mixed	7.5	713	7.2	86.8	57.7	42.3	7.2	37.7	53
Total	8.9	2,468	13.1	82.8	50.2	46.1	5.6	28.1	223

* MICS indicator 34

** MICS indicator 35

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

[1] Excludes 5 unknown cases

[2] 122 cases with unknown (75) or university level (47) not shown

[3] Excludes 32 children of mothers whose ethnicities were not stated as well as those of 'other' (Chinese, Portuguese or White) ethnicities because of small numbers of children with diarrhoea in each case.

Table CH.6: Care seeking for suspected pneumonia
Percentage of children aged 0-59 months in the last two weeks taken to a health provider. Guyana, 2006

			Children with suspected pneumonia who were taken to														
			Public sources						Private sources				Other sources				
	Had acute respiratory infection (ARI)	No. of children aged 0-59 months	Govt. hospital	Govt. health centre	Govt. health post	Community health worker	Dispensary	Mobile/ outreach clinic	hospital/ clinic	Private physician	Pharmacy	Mobile clinic	Relative or friend	Shop	Traditional practitioner	Any appropriate provider *	Number of children aged 0-59 months with suspected pneumonia
Sex[1]																	
Male	6.6	1,311	25.4	13.8	4.1	3.2	6.4	1.2	5.9	1.6	8.2	0.0	0.8	3.4	1.6	61.7	87
Female	4.5	1,184	28.3	20.3	5.1	9.0	0.0	0.6	3.7	2.4	2.3	0.0	5.4	8.4	0.0	68.2	53
Residence																	
Urban	6.5	619	(26.6)	(7.7)	(0.0)	(0.0)	(13.1)	(0.0)	(9.5)	(3.1)	(6.7)	(0.0)	(7.1)	(0.0)	(0.0)	(60.0)	40
Rural	5.3	1,881	26.5	19.7	6.3	7.6	0.3	1.4	3.3	1.4	5.6	0.0	0.7	7.4	1.4	65.8	99
Coastal	4.9	2,040	29.1	12.0	1.2	1.3	5.3	1.1	7.1	2.7	8.0	0.0	2.9	7.4	1.4	59.8	99
Urban Coastal	6.5	619	(26.6)	(7.7)	(0.0)	(0.0)	(13.1)	(0.0)	(9.5)	(3.1)	(6.7)	(0.0)	(7.1)	(0.0)	(0.0)	(60.0)	40
Rural Coastal	4.1	1,421	30.9	14.9	2.0	2.2	0.0	1.8	5.5	2.4	8.9	0.0	0.0	12.5	2.4	59.6	59
Interior	8.8	460	(20.1)	(26.7)	(12.6)	(15.5)	(0.7)	(0.8)	(0.0)	(0.0)	(0.9)	(0.0)	(1.6)	(0.0)	(0.0)	(74.9)	40
Total	5.6	2,500	26.5	16.3	4.5	5.4	4.0	1.0	5.1	1.9	5.9	0.0	2.5	5.3	1.0	64.1	140

*** MICS indicator 23**

NB: Table excludes 0.2 percent of the children were taken to other sources other than those stated in table

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

[1] Excludes 5 unknown cases

Table CH.7: Antibiotic treatment of pneumonia
Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment. Guyana, 2006

	Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks *	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	20.0	87
Female	18.8	53
Residence		
Urban	(40.3)	40
Rural	11.1	99
Coastal	25.0	99
Urban Coastal	(40.3)	40
Rural Coastal	14.5	59
Interior	(6.1)	40
Total	19.5	140

*** MICS indicator 22**
( ) Figures that are based on 25–49 unweighted cases

Table CH.7A: Knowledge of the two danger signs of pneumonia
Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately. Guyana, 2006

	Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:									
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms	Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/ caretakers of children aged 0-59 months
Regional Grouping										
Regions 01. 07. 08. 09	3.5	20.0	66.4	5.0	16.1	10.7	3.3	41.0	2.5	398
Regions 02. 03	15.5	48.8	64.3	25.6	30.6	25.4	9.3	15.4	20.5	460
Regions 05. 06	9.0	21.1	57.7	27.5	43.9	28.2	14.5	13.0	17.8	539
Region 04	16.4	44.8	56.3	35.7	49.6	39.9	17.7	12.9	28.5	942
Region 10	5.3	14.9	56.4	14.3	26.8	5.0	2.2	30.7	3.8	160
Residence										
Urban	12.2	36.7	60.2	28.9	48.5	35.9	12.3	14.0	21.0	619
Rural	11.8	33.9	59.5	24.8	34.6	25.2	12.2	20.6	18.3	1,881
Coastal	13.6	37.8	58.4	30.3	42.6	31.8	14.1	14.3	22.5	2,040
Urban Coastal	12.2	36.7	60.2	28.9	48.5	35.9	12.3	14.0	21.0	619
Rural Coastal	14.2	38.3	57.6	30.9	40.0	30.0	14.9	14.5	23.1	1,421
Interior	4.2	20.3	65.3	6.0	18.2	10.2	3.6	39.8	3.5	460
Mother's education level Reached										
Primary or lower	12.1	35.2	53.2	27.8	36.6	29.1	10.8	15.9	18.3	550
Lower Secondary (F1-3)	12.2	33.0	62.5	26.2	36.2	25.9	12.9	21.0	20.4	748
Upper Secondary F4-5 & Post Sec	11.6	35.2	60.8	25.0	39.8	28.6	12.5	18.3	18.3	1,079
University	(13.6)	(24.5)	(58.4)	(34.5)	(50.9)	(30.6)	(20.0)	(28.4)	(34.5)	47
DON'T KNOW	9.1	38.9	60.4	12.0	35.7	24.6	8.0	25.5	10.8	75
Missing										
Wealth index quintiles										
Poorest	6.6	25.9	62.5	14.4	21.6	14.1	4.9	30.0	6.9	747
Second	12.9	33.5	59.5	28.4	41.6	30.1	16.4	11.9	22.2	555
Middle	12.2	40.7	60.6	28.8	40.0	30.4	12.0	17.7	21.8	472
Fourth	13.7	37.5	57.1	34.3	46.9	37.3	15.7	15.5	25.3	401
Richest	19.6	43.8	55.5	32.9	56.1	39.9	17.7	11.7	29.6	325

Table CH.7A: Knowledge of the two danger signs of pneumonia (cont'd)
Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately. Guyana, 2006

	Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:									
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms	Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/ caretakers of children aged 0-59 months
Ethnicity of Mother[1]										
African/Black	10.5	32.6	54.5	28.8	47.8	34.8	13.0	12.6	21.8	572
Amerindian	3.5	19.4	66.4	7.5	14.7	8.2	4.2	36.7	2.5	393
East Indian	13.7	37.7	58.6	28.3	40.7	29.0	13.3	13.4	22.6	790
Mixed	15.5	40.7	61.2	29.7	39.5	31.9	15.1	20.8	21.4	713
Total	11.9	34.6	59.7	25.8	38.1	27.8	12.2	19.0	19.0	2,500

( ) Figures that are based on 25–49 unweighted cases
[1] Excludes 32 mothers whose ethnicities were not stated as well as those of 'other' (Chinese, Portuguese or White) ethnicities because of small numbers of cases

Table CH.8: Solid fuel use
Percent distribution of households according to type of cooking fuel and percentage of households used solid fuels for cooking. Guyana, 2006

	Type of fuel using for cooking										
	Electricity	Gas (LPG)	Kerosene	Charcoal	Wood	Other	DK	Missing	Total	Solid fuels for cooking *	Number of households
Regional Grouping											
Regions 01. 07. 08. 09	0.1	24.9	19.4	0.1	55.2	0.0	0.0	0.4	100.0	55.2	360
Regions 02. 03	0.1	48.5	35.6	0.5	14.0	0.6	0.2	0.6	100.0	14.0	1,017
Regions 05. 06	0.2	32.0	56.7	0.4	10.3	0.1	0.2	0.1	100.0	10.3	1,171
Region 04	0.9	62.2	34.4	0.4	1.7	0.1	0.0	0.3	100.0	1.7	2,194
Region 10	20.9	30.2	42.5	1.0	4.9	0.0	0.0	0.5	100.0	4.9	267
Residence											
Urban	3.7	61.2	32.6	0.3	1.8	0.2	0.0	0.4	100.0	1.8	1,514
Rural	0.7	42.3	42.1	0.5	13.9	0.2	0.1	0.3	100.0	13.9	3,494
Coastal	1.5	50.1	40.7	0.5	6.6	0.2	0.1	0.3	100.0	6.6	4,564
Urban Coastal	3.7	61.2	32.6	0.3	1.8	0.2	0.0	0.4	100.0	1.8	1,514
Rural Coastal	0.4	44.7	44.8	0.6	9.0	0.2	0.1	0.3	100.0	9.0	3,050
Interior	2.7	25.8	23.4	0.1	47.6	0.0	0.0	0.4	100.0	47.6	444
Wealth index quintiles											
Poorest	0.0	6.2	41.2	1.4	50.6	0.5	0.0	0.1	100.0	50.6	833
Second	0.6	17.5	72.8	0.8	7.2	0.2	0.4	0.6	100.0	7.2	1,034
Middle	1.3	38.5	58.1	0.1	1.5	0.0	0.0	0.4	100.0	1.5	1,001
Fourth	2.7	71.5	25.4	0.1	0.0	0.0	0.0	0.3	100.0	0.0	1,049
Richest	3.0	94.9	1.8	0.0	0.0	0.1	0.0	0.2	100.0	0.0	1,090
Education of household head[2]											
Nursery/None/Non Standard Curriculum	0.8	24.2	44.9	2.0	26.7	0.0	0.0	1.4	100.0	26.7	201
Primary	0.7	36.1	47.4	0.7	14.5	0.3	0.2	0.2	100.0	14.5	1,676
Lower Secondary (F1-3)	2.1	53.9	36.2	0.2	7.2	0.0	0.0	0.3	100.0	7.2	2,812
Upper Secondary F4-5 & Post Sec	3.0	91.6	4.5	0.0	0.3	0.0	0.0	0.6	100.0	0.3	201

Table CH.8: Solid fuel use (cont'd)
Percent distribution of households according to type of cooking fuel and percentage of households used solid fuels for cooking. Guyana, 2006

	Type of fuel using for cooking										
	Electricity	Gas (LPG)	Kerosene	Charcoal	Wood	Other	DK	Missing	Total	Solid fuels for cooking *	Number of households
Ethnicity of Individual[2]											
African/Black	2.7	55.3	38.9	0.4	2.0	0.2	0.0	0.5	100.0	2.0	1,514
Amerindian	0.5	15.2	26.5	0.3	57.2	0.0	0.0	0.3	100.0	57.2	402
East Indian	0.4	46.0	43.4	0.6	8.9	0.2	0.2	0.4	100.0	8.9	2,340
Mixed	4.0	55.3	34.6	0.0	5.8	0.2	0.0	0.0	100.0	5.8	688
Total	1.6	48.0	39.2	0.4	10.2	0.2	0.1	0.3	100.0	10.2	5,007

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

[1] 109 unknown cases and 7 cases with university education not shown
[2] Excludes 46 households excluded. These include households with household heads' ethnicities not stated and those of 'other' (Chinese, Portuguese or White) ethnicities because of small numbers of cases

Table CH.9: [1]Children sleeping under mosquito nets
Percentage of children aged 0-59 months who slept under an insecticide treated net (ITN) during the previous night, Guyana, 2006

	Percent of children who						
	Slept under a bednet *	Sleep under an insecticide treated net **	Slept under an untreated net	Slept under a net but don't know if treated	Don't know if slept under a net	Did not sleep under a bednet	Number of children aged 0-59 months
Sex							
Male	69.8	34.8	61.9	4.2	9.8	20.4	241
Female	69.6	29.4	63.6	3.3	10.3	20.1	219
Age							
0-11 months	69.2	36.0	58.7	5.3	12.5	18.3	92
12-23 months	71.9	33.1	62.8	5.1	8.8	19.3	86
24-35 months	71.6	33.9	66.3	2.4	8.9	19.5	82
36-47 months	68.3	32.3	62.6	3.1	9.2	22.6	106
48-59 months	68.1	26.0	63.4	3.3	10.9	21.0	94
Total	69.7	32.2	62.7	3.8	10.1	20.2	460

*** MICS indicator 38**

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

[1] **ITN module was administered only in the high-risk malaria. i.e. the Interior areas**

Table EN.1: Use of improved water sources

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

	Main source of drinking water																		
	Improved sources								Unimproved sources										
	Piped into dwelling	Piped into yard or plot	Public tap/ stand-pipe	Tube-well/ bore-hole w/ hand pump	Pro-tected well	Pro-tected spring	Rain-water	Bottled water	Unpro-tected well	Unpro-tected spring	Tanker truck	Cart with small tank/ drum	Surface water	Bottled water	Other	Miss-ing	Total	Improved source of drinking water *	Number of household members
Regional Grouping																			
Regions 01, 07, 08, 09	1.9	5.4	1.3	4.1	7.8	0.6	30.2	1.3	16.6	4.2	0.0	0.6	25.3	0.3	0.4	0.0	100.0	52.6	1,967
Regions 02, 03	13.5	17.8	0.8	0.0	1.2	0.3	52.1	9.8	0.0	0.1	0.1	0.0	4.2	0.0	0.0	0.3	100.0	95.4	4,190
Regions 05, 06	20.3	57.0	2.5	0.0	3.0	0.4	5.9	6.2	0.2	0.1	0.0	0.4	0.5	0.2	2.9	0.2	100.0	95.4	4,557
Region 04	21.2	25.5	1.6	0.1	0.7	0.2	15.6	32.4	0.0	0.3	0.6	0.0	0.2	0.9	0.5	0.0	100.0	97.2	8,488
Region 10	35.2	25.9	0.4	0.0	0.2	2.0	10.3	5.7	0.0	2.1	0.0	0.0	17.8	0.0	0.4	0.0	100.0	79.6	1,093
Residence																			
Urban	24.7	28.6	1.9	0.0	0.3	0.5	13.9	27.2	0.0	0.4	0.6	0.1	0.2	1.3	0.4	0.0	100.0	97.1	5,635
Rural	15.8	29.3	1.4	0.6	2.6	0.4	25.2	13.6	2.3	0.8	0.1	0.2	6.2	0.2	1.2	0.1	100.0	88.9	14,659
Coastal	20.0	32.1	1.6	0.0	1.3	0.4	21.3	19.5	0.0	0.3	0.3	0.1	1.3	0.5	1.0	0.1	100.0	96.3	17,931
Urban Coastal	24.7	28.6	1.9	0.0	0.3	0.5	13.9	27.2	0.0	0.4	0.6	0.1	0.2	1.3	0.4	0.0	100.0	97.1	5,635
Rural Coastal	17.9	33.8	1.5	0.0	1.8	0.3	24.6	16.0	0.1	0.3	0.2	0.1	1.8	0.2	1.3	0.2	100.0	95.9	12,296
Interior	5.2	5.9	1.1	3.4	6.6	0.5	28.4	1.2	13.8	3.6	0.0	0.5	28.9	0.2	0.5	0.0	100.0	52.4	2,364
Education level of individual [5]																			
None [1]	15.6	23.2	0.9	0.2	2.1	0.0	32.2	6.5	3.6	0.5	0.0	0.9	11.5	0.4	2.1	0.2	100.0	80.7	844
Primary	14.5	33.4	1.5	0.5	2.6	0.5	24.7	12.3	1.6	0.5	0.1	0.2	6.4	0.1	1.1	0.1	100.0	90.0	6,908
Lower Secondary [2]	20.7	27.6	1.7	0.4	1.7	0.3	20.4	19.7	1.6	0.9	0.3	0.1	3.0	0.7	0.9	0.1	100.0	92.4	11,364
Upper Secondary [3]	23.6	8.2	0.0	0.0	0.0	0.0	17.5	46.6	0.4	0.3	0.9	0.0	0.3	2.2	0.0	0.0	100.0	95.9	643
Don't Know	3.6	64.9	0.0	3.7	0.0	0.0	19.4	4.2	0.0	0.0	0.0	0.0	0.0	0.0	4.1	0.0	100.0	95.9	55
Missing	16.4	37.4	3.2	0.6	0.5	2.0	11.6	18.2	2.8	0.7	0.0	0.4	6.2	0.0	0.0	0.0	100.0	89.9	462

(Continued overleaf)

Table EN.1: Use of improved water sources

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

(continued)

	Main source of drinking water																		
	Improved sources								Unimproved sources										
	Piped into dwelling	Piped into yard or plot	Public tap/ stand-pipe	Tube-well/ bore-hole w/ hand pump	Pro-tected well	Pro-tected spring	Rain-water	Bottled water	Unpro-tected well	Unpro-tected spring	Tanker truck	Cart with small tank/ drum	Surface water	Bottled water	Other	Miss-ing	Total	Improved source of drinking water *	Number of household members
Wealth index quintiles																			
Poorest	2.8	20.2	5.0	2.1	5.1	0.7	29.3	0.6	7.8	2.6	0.3	0.1	21.3	0.0	2.1	0.0	100.0	65.8	4,055
Second	10.2	44.7	1.0	0.0	2.3	0.6	31.3	5.4	0.4	0.5	0.2	0.2	1.0	0.0	1.7	0.4	100.0	95.6	4,062
Middle	22.8	43.4	0.6	0.0	1.1	0.0	20.7	9.7	0.1	0.3	0.0	0.4	0.1	0.3	0.3	0.1	100.0	98.4	4,058
Fourth	29.1	26.3	0.7	0.0	0.9	0.3	20.0	20.4	0.0	0.3	0.4	0.1	0.1	1.1	0.5	0.0	100.0	97.6	4,060
Richest	26.6	10.8	0.3	0.0	0.4	0.3	9.2	50.9	0.0	0.0	0.4	0.0	0.0	1.0	0.1	0.0	100.0	98.4	4,060
Ethnicity of woman																			
African/Black	25.4	36.4	1.9	0.1	0.8	0.6	13.5	17.9	0.1	0.3	0.5	0.3	0.4	0.9	0.8	0.0	100.0	96.5	6,092
Amerindian	2.3	4.3	1.1	3.4	6.2	0.8	30.3	1.9	13.2	4.2	0.0	0.2	31.7	0.0	0.5	0.0	100.0	50.2	2,201
East Indian	17.1	32.4	1.1	0.0	1.4	0.1	25.9	19.6	0.2	0.1	0.2	0.0	0.3	0.2	1.2	0.2	100.0	97.6	8,869
Mixed	19.7	23.1	2.7	0.1	2.9	0.4	22.4	19.8	0.8	0.9	0.1	0.2	5.4	0.6	0.9	0.0	100.0	91.1	2,920
Other[4]	12.4	10.5	0.0	0.0	0.0	3.1	20.0	49.7	0.0	0.0	0.0	0.0	1.6	2.7	0.0	0.0	100.0	95.8	139
Don't Know	7.6	38.7	0.0	0.0	0.0	0.0	23.9	25.2	0.0	0.0	0.0	0.0	4.5	0.0	0.0	0.0	100.0	95.5	72
Total	18.3	29.1	1.5	0.4	2.0	0.4	22.1	17.4	1.7	0.7	0.3	0.2	4.5	0.5	0.9	0.1	100.0	91.2	20,295

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

[1]Includes Nursery and Non Standard Curriculum

[2] Forms 1-3

[3] Forms 4-5 & Post Secondary

[4] Includes Chinese, Portuguese or White ethnicities

[5] Excludes 18 cases where the education level of the household head was University

Table EN.2 Household Water Treatment
Percentage Distribution of household population according to water treatment method, Guyana, 2006

	Water treatment method used in the household								All drinking water sources:		Improved drinking water sources:		Unimproved drinking water sources:	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Let it stand and settle	Other	Don't know	Appropriate water treatment method *	Number of household members	Appropriate water treatment method	Number of household members	Appropri-ate water treatment method	Number of household members
Regional Grouping														
Regions 01. 07. 08. 09	67.2	9.9	20.1	4.5	0.2	2.1	0.3	0.0	28.3	1,967	33.8	1,035	22.3	933
Regions 02. 03	45.6	8.5	42.5	0.8	0.2	9.4	0.2	0.0	48.4	4,190	49.7	3,995	21.5	194
Regions 05. 06	47.5	8.2	40.9	0.2	1.4	6.2	0.7	0.0	47.4	4,557	47.3	4,348	49.8	209
Region 04	40.7	9.6	49.8	0.6	2.5	5.7	0.2	0.0	56.6	8,488	57.0	8,254	45.2	233
Region 10	46.0	22.7	35.2	0.4	0.4	5.7	1.3	0.0	50.2	1,093	56.5	870	25.7	223
Residence														
Urban	42.1	13.6	45.7	1.1	2.9	5.1	0.5	0.0	55.9	5,635	56.4	5,469	41.0	166
Rural	47.7	8.3	41.5	0.9	0.9	6.7	0.3	0.0	47.4	14,659	49.9	13,033	27.6	1,626
Coastal	43.3	9.7	45.5	0.6	1.6	6.8	0.4	0.0	52.5	17,931	53.0	17,264	41.4	667
Urban Coastal	42.1	13.6	45.7	1.1	2.9	5.1	0.5	0.0	55.9	5,635	56.4	5,469	41.0	166
Rural Coastal	43.9	8.0	45.3	0.3	1.0	7.6	0.3	0.0	51.0	12,296	51.4	11,794	41.6	501
Interior	67.2	10.2	21.3	3.8	0.3	1.8	0.2	0.0	29.0	2,364	35.9	1,239	21.4	1,125
Education of household head[1]														
Nursery/None/Non Standard Curriculum	56.0	11.3	34.6	2.2	1.2	6.7	0.0	0.0	41.0	844	44.4	681	26.7	163
Primary	48.9	7.1	40.4	0.8	1.5	5.5	0.3	0.0	46.5	6,908	49.2	6,220	22.3	688
Lower Secondary (F1-3)	44.4	11.1	44.3	0.9	1.2	6.6	0.5	0.0	51.9	11,364	53.4	10,499	33.1	866
Upper Sec. (F4-5 & Post Sec)	40.1	14.8	44.3	1.8	6.0	5.4	0.0	0.2	59.7	643	59.5	616	(64.5)	26
Don't know	39.3	8.1	46.2	0.4	0.0	8.9	0.2	0.0	50.3	517	52.1	468	(33.1)	49
Wealth index quintiles														
Poorest	60.7	7.9	29.3	2.2	0.2	3.6	0.3	0.0	35.5	4,055	40.3	2,668	26.3	1,387
Second	43.3	8.6	46.2	0.2	0.8	6.9	0.2	0.0	51.9	4,062	52.4	3,882	40.2	179
Middle	39.0	9.5	48.9	0.9	0.8	8.0	0.3	0.0	55.1	4,058	55.1	3,992	50.8	66
Fourth	41.7	11.7	47.0	0.7	1.5	7.1	0.9	0.0	54.3	4,060	54.9	3,964	29.8	96
Richest	45.9	11.1	41.7	0.8	3.9	5.5	0.1	0.0	52.2	4,060	52.5	3,997	28.2	63

(Continued overleaf

Table EN.2 Household Water Treatment (Continued)

Percentage Distribution of household population according to water treatment method, Guyana, 2006

	Water treatment method used in the household								All drinking water sources:		Improved drinking water sources:		Unimproved drinking water sources:	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Let it stand and settle	Other	Don't know	Appropriate water treatment method *	Number of household members	Appropriate water treatment method	Number of household members	Appropri-ate water treatment method	Number of household members
Ethnicity of Individual														
African/Black	34.6	11.8	54.6	0.7	1.1	6.3	0.3	0.0	62.1	6,092	62.6	5,878	48.3	215
Amerindian	68.8	10.1	19.7	3.3	0.2	2.4	0.2	0.0	27.2	2,201	32.2	1,106	22.1	1,095
East Indian	47.6	7.5	41.3	0.2	1.7	7.2	0.4	0.0	47.5	8,869	47.8	8,655	36.1	213
Chinese	56.8	26.4	23.2	0.0	7.2	0.0	0.0	0.0	(43.2)	39	(43.8)	38	(*)	1
Mixed	46.9	12.4	40.4	1.9	2.2	6.3	0.5	0.0	49.5	2,920	50.9	2,661	34.8	260
Portuguese	59.9	7.8	28.2	0.0	4.2	3.9	0.0	0.0	40.1	89	38.3	83	(*)	5
White	82.3	0.0	17.7	0.0	17.7	0.0	0.0	0.0	(*)	11	(*)	11	(*)	0
Don't Know	74.5	0.0	19.5	0.0	0.0	0.0	0.0	0.0	19.5	72	20.8	69	(*)	3
Total	46.1	9.8	42.6	0.9	1.4	6.2	0.4	0.0	49.8	20,294	51.8	18,501	28.8	1,792

*** MICS indicator 13**

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

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

[1] Excludes 18 persons with university education

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

	Time to source of drinking water									
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	DK	Not Stated	Total	Mean time to source of drinking water (excluding those on premises)	Number of households
Regional Grouping										
Regions 01. 07. 08. 09	47.5	35.0	9.1	5.5	1.7	0.3	0.9	100.0	13.0	360
Regions 02. 03	93.1	3.3	1.4	0.4	0.4	0.1	1.3	100.0	16.6	1,017
Regions 05. 06	87.0	4.2	3.9	1.9	1.4	0.2	1.4	100.0	29.7	1,171
Region 04	91.9	2.9	1.3	1.1	1.0	0.2	1.5	100.0	27.6	2,194
Region 10	77.4	16.8	2.5	1.3	0.6	0.9	0.4	100.0	10.2	268
Residence										
Urban	93.1	2.5	1.7	0.9	0.7	0.0	1.0	100.0	28.5	1,514
Rural	83.6	8.6	3.1	1.8	1.2	0.3	1.4	100.0	18.7	3,494
Coastal	90.7	3.6	2.1	1.2	0.9	0.2	1.3	100.0	25.7	4,564
Urban Coastal	93.1	2.5	1.7	0.9	0.7	0.0	1.0	100.0	28.5	1,514
Rural Coastal	89.7	4.0	2.3	1.3	1.1	0.2	1.5	100.0	24.9	3,050
Interior	48.2	35.7	8.1	4.7	1.7	0.8	0.9	100.0	12.3	444
Education of household head[1]										
Nursery/None/Non Standard Curriculum	75.0	14.5	2.1	5.9	1.4	0.1	1.1	100.0	19.5	201
Primary	83.9	8.2	2.9	1.8	1.3	0.4	1.5	100.0	20.9	1,676
Lower Secondary (F1-3)	88.1	5.8	2.9	0.9	0.9	0.1	1.2	100.0	19.4	2,812
Upper Secondary F4-5 & Post Sec	96.2	1.0	0.0	1.2	0.0	0.0	1.5	100.0	21.0	201
Don't know	86.4	8.2	1.9	3.2	0.3	0.0	0.0	100.0	15.3	109
Wealth index quintiles										
Poorest	59.7	24.4	8.2	4.3	2.1	0.2	1.1	100.0	15.3	833
Second	90.0	3.8	2.2	1.3	0.9	0.2	1.5	100.0	21.6	1,034
Middle	93.8	1.5	1.5	0.9	1.1	0.2	1.1	100.0	40.4	1,001
Fourth	92.9	3.0	1.0	0.8	0.6	0.3	1.4	100.0	31.0	1,050
Richest	96.0	1.7	0.4	0.0	0.2	0.3	1.4	100.0	14.6	1,090
Total	86.1	7.0	2.8	1.5	1.0	0.2	1.3	100.0	19.9	5,008

[1] Excludes 7 persons with university education

Table EN.4: Person fetching water
Percent distribution of households according to the person fetching water used in the household. Guyana, 2006

	Person fetching drinking water						
	Adult woman	Adult man	Female child (under 15)	Male child (under 15)	Don't know/ NS	Total	Number of households
Regional Grouping							
Regions 01. 07. 08. 09	44.1	38.4	7.9	7.6	2.1	100.0	187
Regions 02. 03	28.5	42.4	3.6	3.6	22.0	100.0	64
Regions 05. 06	27.2	55.1	2.5	1.7	13.5	100.0	143
Region 04	31.7	32.8	3.7	7.2	24.6	100.0	119
Region 10	24.2	51.8	3.6	7.9	12.5	100.0	57
Residence							
Urban	24.5	44.4	1.9	10.7	18.6	100.0	75
Rural	34.9	43.0	5.2	4.8	12.1	100.0	494
Coastal	28.1	44.9	3.0	5.0	19.0	100.0	342
Urban Coastal	24.5	44.4	1.9	10.7	18.6	100.0	75
Rural Coastal	29.1	45.0	3.3	3.4	19.2	100.0	266
Interior	41.7	40.7	7.4	6.5	3.8	100.0	228
Education of household head[1]							
Nursery/None/Non Standard Curriculum	(48.4)	(39.8)	(4.7)	(2.5)	(4.6)	(100.0)	47
Primary	29.5	47.2	5.2	4.7	13.5	100.0	238
Lower Secondary (F1-3)	34.5	41.1	4.6	6.4	13.5	100.0	268
Wealth index quintiles							
Poorest	39.0	42.6	6.8	6.8	4.8	100.0	333
Second	31.0	42.3	3.5	3.3	19.8	100.0	99
Middle	22.1	54.1	0.0	2.4	21.4	100.0	56
Fourth	22.8	40.3	1.7	8.1	27.1	100.0	59
Richest	(*)	(*)	(*)	(*)	(*)	100.0	23
Total	33.5	43.2	4.8	5.6	12.9	100.0	569

( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Excludes 4 persons with only upper secondary education and 12 with education level unknown

Table EN.5: Use of sanitary means of excreta disposal
Percent distribution of household population according to type of toilet used by the household and the percentage of household members using sanitary means of excreta disposal. Guyana, 2006

	Type of toilet facility used by household											
	Improved sanitation facility					Unimproved sanitation facility						
	Flush to piped sewer system	Flush to septic tank	Pour flush latrine	Ventilated Improved Pit latrine (VIP)	Traditional Pit latrine	Hanging toilet	No toilet. use bush or field	Other	Not Stated	Total	Percentage of population using sanitary means of excreta disposal *	Number of household members
Regional Grouping												
Regions 01. 07. 08. 09	0.0	6.5	1.8	0.6	73.2	1.3	14.0	1.8	0.8	100.0	82.2	1,967
Regions 02. 03	0.0	37.4	1.2	0.7	58.2	1.5	0.0	0.4	0.5	100.0	97.6	4,190
Regions 05. 06	0.0	33.4	1.7	0.3	64.5	0.0	0.0	0.0	0.1	100.0	99.9	4,557
Region 04	6.0	52.0	1.7	0.8	39.0	0.2	0.2	0.0	0.1	100.0	99.4	8,488
Region 10	0.0	46.7	1.9	0.0	50.9	0.0	0.2	0.0	0.3	100.0	99.5	1,093
Residence												
Urban	8.7	59.5	2.2	0.8	28.2	0.3	0.1	0.0	0.1	100.0	99.4	5,635
Rural	0.1	32.7	1.4	0.6	62.0	0.6	2.0	0.4	0.3	100.0	96.8	14,659
Coastal	2.8	44.0	1.6	0.6	50.1	0.5	0.1	0.1	0.2	100.0	99.1	17,931
Urban Coastal	8.7	59.5	2.2	0.8	28.2	0.3	0.1	0.0	0.1	100.0	99.4	5,635
Rural Coastal	0.1	36.8	1.4	0.6	60.1	0.5	0.1	0.2	0.2	100.0	99.0	12,296
Interior	0.0	10.9	1.6	0.5	72.0	1.0	11.7	1.5	0.8	100.0	85.0	2,364
Education of household head[1]												
Nursery/None/Non Standard Curriculum	5.0	19.4	1.8	1.1	63.3	0.4	7.5	1.1	0.4	100.0	90.6	844
Primary	0.7	31.1	2.0	0.9	62.0	0.9	1.5	0.5	0.3	100.0	96.8	6,908
Lower Secondary (F1-3)	3.1	45.6	1.4	0.4	47.8	0.4	1.0	0.1	0.2	100.0	98.3	11,364
Upper Secondary F4-5 & Post Sec	7.2	76.4	0.4	0.2	15.8	0.0	0.0	0.0	0.0	100.0	100.0	643
Don't Know	0.0	16.7	0.0	0.0	83.3	0.0	0.0	0.0	0.0	100.0	100.0	55
Missing	2.3	28.3	2.8	2.5	59.9	0.0	3.6	0.5	0.0	100.0	95.9	462
Wealth index quintiles												
Poorest	0.2	1.0	1.0	0.6	87.0	1.8	7.1	0.9	0.4	100.0	89.8	4,055
Second	1.1	10.0	1.1	1.0	85.4	0.7	0.2	0.0	0.4	100.0	98.6	4,062
Middle	2.0	24.0	4.4	0.9	68.2	0.1	0.0	0.3	0.1	100.0	99.5	4,058
Fourth	4.1	71.2	1.4	0.6	22.3	0.0	0.0	0.2	0.1	100.0	99.7	4,060
Richest	5.1	94.4	0.2	0.0	0.3	0.0	0.0	0.0	0.1	100.0	99.9	4,060
Total	2.5	40.1	1.6	0.6	52.6	0.5	1.5	0.3	0.2	100.0	97.5	20,295

*** MICS Indicator 12; MDG Indicator 31**

[1] Excludes 18 persons with university education

Table EN.6: Disposal of child's faeces

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

	What was done to dispose of the stools												
	Child used toilet/latrine	Thrown into toilet or latrine	Thrown into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Thrown outside the yard	Other	DK	Not Stated	Total	Proportion of children whose stools are disposed of safely *	Number of children aged 0-2 years
Regional Grouping													
Regions 01. 07. 08. 09	3.4	56.4	6.6	3.0	3.1	1.2	15.0	8.0	0.2	3.1	100.0	59.8	229
Regions 02. 03	9.7	69.0	6.0	8.0	0.0	0.0	0.0	0.6	0.0	6.8	100.0	78.7	271
Regions 05. 06	3.3	74.3	4.9	5.0	0.5	0.5	0.0	2.9	0.0	8.7	100.0	77.6	311
Region 04	9.5	61.8	6.4	15.6	0.0	0.0	0.2	1.5	0.3	4.8	100.0	71.2	563
Region 10	2.9	62.2	7.2	17.3	1.7	1.9	0.5	3.9	1.9	0.5	100.0	65.1	83
Residence													
Urban	7.1	62.2	4.0	15.1	0.4	0.9	0.0	1.6	0.9	7.8	100.0	69.2	349
Rural	6.8	65.8	6.7	8.4	0.8	0.2	3.3	3.2	0.0	4.7	100.0	72.7	1,107
Coastal	7.7	66.7	5.8	11.2	0.2	0.3	0.1	1.7	0.3	6.1	100.0	74.4	1,194
Urban Coastal	7.1	62.2	4.0	15.1	0.4	0.9	0.0	1.6	0.9	7.8	100.0	69.2	349
Rural Coastal	7.9	68.6	6.5	9.6	0.2	0.0	0.2	1.8	0.0	5.3	100.0	76.5	844
Interior	3.3	57.1	7.3	4.6	2.7	1.0	13.2	7.7	0.1	2.8	100.0	60.4	263
Wealth index quintiles													
Poorest	3.2	61.7	9.9	3.7	1.6	1.0	7.7	6.4	0.4	4.5	100.0	64.9	442
Second	8.5	75.1	2.9	6.0	0.0	0.0	0.0	0.6	0.5	6.3	100.0	83.6	315
Middle	5.7	68.8	6.2	8.2	0.0	0.6	0.8	2.1	0.0	7.5	100.0	74.6	280
Fourth	9.9	55.9	4.6	22.9	0.7	0.0	0.0	2.0	0.0	3.9	100.0	65.8	223
Richest	10.8	60.8	4.1	18.6	0.7	0.0	0.0	0.0	0.0	5.0	100.0	71.6	196
Mother's education level[1]													
Primary	6.4	62.3	8.6	7.0	0.6	0.2	3.0	4.8	0.1	6.9	100.0	68.7	309
Lower Secondary (F1-3)	6.5	66.5	8.0	8.0	0.6	0.3	3.3	2.1	0.0	4.7	100.0	72.9	430
Upper Secondary F4-5 & Post Sec	6.7	66.4	4.1	12.6	0.8	0.5	1.6	2.3	0.5	4.5	100.0	73.2	649
Don't know	(12.8)	(57.2)	(1.4)	(0.0)	(0.0)	(1.9)	(5.7)	(4.6)	(0.0)	(16.5)	(100.0)	(70.0)	44
Total	6.9	65.0	6.1	10.0	0.7	0.4	2.5	2.8	0.2	5.5	100.0	71.8	1,456

*** MICS indicator 14**

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

[1] Excludes 2 cases with "Nursery/None/Non Standard Curriculum" and 22 cases with university education

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

	Percentage of household population using improved sources of drinking water *	Percentage of household population using sanitary means of excreta disposal **	Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Regional Grouping				
Regions 01. 07. 08. 09	52.6	82.2	46.2	1,967
Regions 02. 03	95.4	97.6	93.2	4,190
Regions 05. 06	95.4	99.9	95.3	4,557
Region 04	97.2	99.4	96.7	8,488
Region 10	79.6	99.5	79.6	1,093
Residence				
Urban	97.1	99.4	96.5	5,635
Rural	89.9	96.8	87.3	14,659
Coastal	96.3	99.1	95.5	17,931
Urban Coastal	97.1	99.4	96.5	5,635
Rural Coastal	95.9	99.0	95.0	12,296
Interior	52.4	85.0	47.1	2,364
Education of household head				
Nursery/None/Non Standard Curriculum	80.7	90.6	77.3	844
Primary	90.0	96.8	88.0	6,908
Lower Secondary (F1-3)	92.4	98.3	91.6	11,364
Upper Secondary F4-5 & Post Sec	95.9	100.0	95.9	643
University	(*)	(*)	(*)	18
DON'T KNOW	95.9	100.0	95.9	55
Missing	89.9	95.9	89.2	462
Wealth index quintiles				
Poorest	65.8	89.8	61.2	4,055
Second	95.6	98.6	94.3	4,062
Middle	98.4	99.5	98.0	4,058
Fourth	97.6	99.7	97.3	4,060
Richest	98.4	99.9	98.4	4,060
Ethnicity of woman				
African/Black	96.5	99.4	95.9	6,092
Amerindian	50.2	87.5	46.9	2,201
East Indian	97.6	98.7	96.4	8,869
Mixed	91.1	97.5	89.5	2,920
Other [1]	95.8	98.5	95.5	140
Don't Know	95.5	92.2	88.9	72
Total	91.2	97.5	89.8	20,295

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

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

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

[1] Includes women of the following ethnicities- Chinese, Portuguese and White

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

	Percent of women (currently married or in union) who are using:																		
	Not using any method	Female sterili-zation	Male sterili-zation	Pill	IUD	Injec-tions	Implants	Condom	Female condom	Diaph-ragm/ foam/ jelly	LAM	Periodic abstin-ence	With-drawal	Other	Total	Any modern method	Any tradi-tional method	Any method *	Number of women currently married or in union
Regional Grouping																			
Regions 01. 07. 08. 09	74.7	0.8	0.0	11.0	1.9	7.1	0.8	2.5	0.0	0.2	0.0	0.5	0.2	0.4	100.0	24.2	1.1	25.3	254
Regions 02. 03	65.5	1.9	0.1	7.9	11.4	2.3	4.2	5.9	0.0	0.2	0.0	0.1	0.0	0.4	100.0	34.0	0.5	34.5	675
Regions 05. 06	62.9	3.8	0.0	15.8	1.9	3.2	1.9	6.9	0.4	1.4	0.0	0.0	0.6	1.2	100.0	35.3	1.8	37.1	725
Region 04	66.4	0.4	0.0	15.0	4.5	3.2	3.0	5.4	0.0	0.2	0.7	0.6	0.2	0.5	100.0	31.6	2.0	33.6	1,179
Region 10	61.2	1.8	0.0	4.4	11.1	9.1	0.4	10.6	0.0	0.4	0.7	0.3	0.0	0.0	100.0	37.8	0.9	38.8	131
Residence																			
Urban	65.6	1.5	0.0	13.5	4.6	3.8	1.3	6.6	0.0	0.4	0.6	0.9	0.5	0.8	100.0	31.6	2.8	34.4	709
Rural	65.9	1.7	0.0	12.5	5.8	3.5	3.1	5.6	0.1	0.5	0.2	0.2	0.2	0.5	100.0	33.0	1.1	34.1	2,255
Coastal	65.2	1.7	0.0	13.1	5.8	3.1	2.9	6.1	0.1	0.5	0.3	0.3	0.3	0.6	100.0	33.3	1.5	34.8	2,656
Urban Coastal	65.6	1.5	0.0	13.5	4.6	3.8	1.3	6.6	0.0	0.4	0.6	0.9	0.5	0.8	100.0	31.6	2.8	34.4	709
Rural Coastal	65.0	1.8	0.0	12.9	6.3	2.8	3.5	5.9	0.1	0.6	0.2	0.1	0.2	0.6	100.0	34.0	1.0	35.0	1,947
Interior	71.5	1.4	0.0	10.2	2.4	8.3	0.8	3.6	0.0	0.3	0.3	0.5	0.2	0.3	100.0	27.2	1.3	28.5	308
Age																			
15-19	80.3	0.0	0.0	9.3	0.0	2.8	0.0	7.6	0.0	0.0	0.0	0.0	0.0	0.0	100.0	19.7	0.0	19.7	140
20-24	64.7	0.4	0.0	15.3	3.6	5.5	1.7	8.4	0.0	0.1	0.0	0.0	0.0	0.3	100.0	35.0	0.3	35.3	359
25-29	61.1	0.9	0.0	19.6	4.8	3.4	2.6	5.4	0.0	0.8	0.3	0.2	0.5	0.3	100.0	37.6	1.3	38.9	511
30-34	56.4	1.7	0.0	15.8	5.8	4.9	4.4	8.1	0.3	0.8	0.6	0.5	0.0	0.7	100.0	41.7	1.9	43.6	584
35-39	62.5	1.1	0.0	12.3	9.2	3.4	3.9	5.0	0.0	0.7	0.5	0.3	0.7	0.5	100.0	35.5	2.0	37.5	530
40-44	73.1	3.2	0.2	8.6	6.5	2.5	1.7	2.8	0.0	0.0	0.0	0.7	0.0	0.7	100.0	25.5	1.4	26.9	457
45-49	78.1	3.2	0.0	3.7	3.4	2.0	1.8	4.7	0.3	0.6	0.3	0.3	0.3	1.3	100.0	19.7	2.1	21.9	382
Number of living children																			
0	88.9	0.0	0.3	5.0	0.9	0.8	0.0	3.7	0.0	0.0	0.0	0.0	0.0	0.5	100.0	10.7	0.5	11.1	
1	67.0	0.6	0.0	15.8	2.5	2.3	1.6	9.4	0.2	0.2	0.0	0.0	0.4	0.0	100.0	32.6	0.4	33.0	523
2	62.1	0.7	0.0	15.8	5.3	3.3	2.6	7.4	0.2	0.9	0.1	0.0	0.3	1.2	100.0	36.2	1.7	37.9	738
3	58.2	2.3	0.0	15.3	7.9	2.8	5.2	4.4	0.0	0.8	0.7	1.2	0.2	0.9	100.0	38.8	3.0	41.8	598
4+	66.3	3.3	0.0	8.9	7.3	6.2	2.6	4.0	0.0	0.2	0.5	0.3	0.2	0.2	100.0	32.5	1.2	33.7	829

(Continued overleaf)

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

	Percent of women (currently married or in union) who are using:																		
	Not using any method	Female sterili-zation	Male sterili-zation	Pill	IUD	Injec-tions	Implants	Condom	Female condom	Diaph-ragm/ foam/ jelly	LAM	Periodic abstin-ence	With-drawal	Other	Total	Any modern method	Any tradi-tional method	Any method *	Number of women currently married or in union
Women's Education[1]																			
Primary	66.6	2.8	0.0	9.6	5.8	3.9	3.6	5.3	0.2	0.9	0.2	0.2	0.0	0.8	100.0	32.2	1.3	33.4	729
Lower Secondary (F1-3)	64.6	1.5	0.0	13.7	7.4	3.7	3.4	4.4	0.2	0.3	0.3	0.2	0.0	0.3	100.0	34.6	0.9	35.4	854
Upper Secondary F4-5 & Post Sec	66.3	1.1	0.1	13.6	4.0	3.5	1.5	7.6	0.0	0.4	0.4	0.4	0.4	0.8	100.0	31.7	1.9	33.7	1,194
University	63.5	1.9	0.0	24.6	0.6	0.0	7.7	1.7	0.0	0.0	0.0	0.0	0.0	0.0	100.0	36.5	0.0	36.5	70
Don't know	64.4	1.3	0.0	10.8	7.6	4.4	1.7	4.9	0.0	1.1	0.0	1.5	2.3	0.0	100.0	31.8	3.9	35.6	107
Wealth index quintiles																			
Poorest	70.1	2.8	0.0	9.0	3.9	7.3	2.2	2.9	0.0	0.6	0.0	0.3	0.7	0.3	100.0	28.6	1.3	29.9	505
Second	66.4	1.0	0.0	11.2	7.0	3.8	2.9	6.3	0.0	0.8	0.1	0.0	0.0	0.5	100.0	33.0	0.7	33.6	610
Middle	61.4	2.5	0.0	12.5	7.4	4.0	3.2	6.5	0.2	0.2	0.6	0.5	0.2	0.7	100.0	36.6	2.0	38.6	656
Fourth	66.1	1.4	0.2	13.2	5.0	2.2	2.5	6.8	0.3	0.8	0.5	0.2	0.2	0.6	100.0	32.4	1.6	33.9	605
Richest	66.2	0.8	0.0	17.6	3.6	1.3	2.7	6.1	0.0	0.0	0.3	0.7	0.2	0.7	100.0	32.0	1.8	33.8	587
Ethnicity of Woman[2]																			
African/Black	67.2	1.2	0.0	13.4	1.9	4.6	2.5	7.4	0.0	0.2	0.2	0.2	0.9	0.2	100.0	31.3	1.5	32.8	617
Amerindian	77.7	1.2	0.0	7.8	1.4	7.0	1.7	2.0	0.0	0.3	0.0	0.3	0.2	0.3	100.0	21.5	0.8	22.3	311
East Indian	62.8	2.1	0.1	14.0	7.7	2.5	3.0	5.4	0.2	0.8	0.2	0.5	0.1	0.8	100.0	35.6	1.5	37.2	1,581
Mixed	65.8	0.9	0.0	11.0	5.8	4.0	3.0	7.7	0.0	0.0	1.2	0.1	0.0	0.6	100.0	32.3	1.9	34.2	430
Total	**65.8**	**1.7**	**0.0**	**12.8**	5.5	**3.6**	**2.7**	**5.8**	**0.1**	**0.5**	**0.3**	**0.3**	**0.2**	**0.6**	**100.0**	**32.7**	1.5	**34.2**	2,964

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

[1] Excludes 10 cases with "Nursery/None/Non Standard Curriculum" education levels
[2] Excludes: 14 cases with ethnicities other than those stated and include Chinese, White and Portuguese
10 cases with ethnicities not stated

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

		Unmet need for contraception:					
	Current use of contraception*	For spacing**	For limiting***	Total ****	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
Regional Grouping							
Regions 01. 07. 08. 09	25.3	13.4	29.3	42.7	254	37.2	173
Regions 02. 03	34.5	5.6	28.9	34.6	675	49.9	466
Regions 05. 06	37.1	6.2	23.1	29.3	725	55.9	481
Region 04	33.6	6.9	23.6	30.5	1179	52.4	755
Region 10	38.8	14.1	21.5	35.6	131	52.2	98
Residence							
Urban	34.4	7.2	23.5	30.7	709	52.8	462
Rural	34.1	7.3	25.6	32.9	2,255	50.9	1,511
Coastal	34.8	6.6	24.8	31.4	2,656	52.6	1,759
Urban Coastal	34.4	7.2	23.5	30.7	709	52.8	462
Rural Coastal	35.0	6.4	25.2	31.6	1,947	52.5	1,297
Interior	28.5	13.2	27.9	41.1	308	41.0	214
Age							
15-19	19.7	23.0	10.7	33.7	140	36.9	75
20-24	35.3	16.6	10.5	27.1	359	56.6	224
25-29	38.9	13.5	19.4	32.9	511	54.2	367
30-34	43.6	5.2	25.9	31.1	584	58.4	436
35-39	37.5	3.7	32.0	35.7	530	51.2	388
40-44	26.9	0.9	36.4	37.3	457	41.9	294
45-49	21.9	0.5	27.1	27.6	382	44.2	189
Women's Education							
Nursery/None/Non Standard Curriculum	(*)	(*)	(*)	(*)	10	(*)	7
Primary	33.4	4.3	25.2	29.5	729	53.1	459
Lower Secondary (F1-3)	35.4	6.6	26.5	33.1	854	51.7	585
Upper Secondary F4-5 & Post Sec	33.7	9.4	24.3	33.7	1,194	50.0	805
University	36.5	8.8	18.4	27.3	70	57.2	45
Don't know	35.6	7.2	25.5	32.6	107	52.2	73
Wealth index quintiles							
Poorest	29.9	8.8	29.1	37.9	505	44.1	343
Second	33.6	6.7	22.3	29.0	610	53.7	382
Middle	38.6	9.3	26.1	35.4	656	52.2	485
Fourth	33.9	6.2	22.8	29.0	605	53.9	381
Richest	33.8	5.6	25.7	31.3	587	52.0	382
Ethnicity of Woman[1]							
African/Black	32.8	6.6	26.6	33.2	617	49.7	407
Amerindian	22.3	13.1	28.8	42.0	311	34.7	200
Other	(*)	(*)	(*)	(*)	14	(*)	10
East Indian	37.2	6.0	23.8	29.8	1,581	55.5	1,059
Mixed	34.2	9.0	23.9	32.9	430	51.0	288
NS/Don't Know	(*)	(*)	(*)	(*)	10	(*)	8
Total	**34.2**	**7.3**	**25.1**	**32.4**	**2,964**	**51.4**	**1973**

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

****** MICS indicator 98**

******* MICS indicator 99**

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

Table RH.3: Antenatal care provider

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

	Person providing antenatal care											
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Medex	Traditional birth attendant	Community health worker	Relative/ Friend	Other/ Don't Know	No antenatal care received	Total	Any skilled person-nel *	Number of women who gave birth in the preceding two years
Regional Grouping												
Regions 01. 07. 08. 09	6.9	29.5	1.0	16.0	0.3	32.2	1.3	2.7	10.1	100.0	53.5	120
Regions 02. 03	35.1	35.1	0.0	16.6	0.0	5.5	0.0	2.8	4.9	100.0	86.8	133
Regions 05. 06	24.4	60.7	0.0	1.7	0.8	6.2	0.0	3.0	3.3	100.0	86.7	146
Region 04	49.3	33.9	0.0	3.8	0.0	3.6	0.0	6.7	2.7	100.0	86.9	296
Region 10	(36.1)	(39.9)	(3.9)	(6.1)	(0.2)	(9.2)	(0.0)	(3.3)	(1.2)	(100.0)	(86.0)	46
Residence												
Urban	48.7	34.9	0.6	2.9	0.0	0.8	0.0	10.4	1.7	100.0	87.2	178
Rural	29.6	40.4	0.3	9.3	0.3	12.2	0.3	2.5	5.1	100.0	79.6	563
Coastal	39.9	40.9	0.2	6.2	0.2	4.5	0.0	4.9	3.2	100.0	87.2	600
Urban Coastal	48.7	34.9	0.6	2.9	0.0	0.8	0.0	10.4	1.7	100.0	87.2	178
Rural Coastal	36.2	43.5	0.0	7.5	0.3	6.1	0.0	2.5	3.9	100.0	87.2	422
Interior	9.6	31.1	1.3	14.6	0.3	30.4	1.1	2.5	9.0	100.0	56.7	141
Age												
15-19	19.6	51.8	0.8	6.6	0.3	11.1	0.0	3.8	6.1	100.0	78.7	117
20-24	36.8	37.6	0.6	8.9	0.1	8.5	0.2	3.3	3.9	100.0	83.9	205
25-29	38.0	34.6	0.1	10.1	0.6	8.3	0.3	3.4	4.5	100.0	82.8	179
30-34	36.9	38.7	0.4	4.7	0.0	8.9	0.1	7.5	2.7	100.0	80.8	149
35-39	41.0	28.9	0.0	10.2	0.0	10.2	0.0	2.8	6.8	100.0	80.1	60
40-49	(22.5)	(48.2)	(0.0)	(1.8)	(0.0)	(17.0)	(1.1)	(7.9)	(1.6)	(100.0)	(72.4)	30
Women's Education[1]												
Primary	23.4	48.6	1.2	5.4	0.1	10.4	0.4	4.8	5.7	100.0	78.6	144
Lower Secondary (F1-3)	32.2	41.8	0.1	8.5	0.0	11.1	0.1	1.6	4.5	100.0	82.7	204
Upper Secondary F4-5 & Post Sec	40.3	34.0	0.3	8.0	0.3	8.5	0.2	4.8	3.7	100.0	82.5	350
Don't know	(19.6)	(42.9)	(0.0)	(7.4)	(1.1)	(9.6)	(1.1)	(13.8)	(4.5)	(100.0)	(69.9)	30
Wealth index quintiles												
Poorest	11.0	41.6	0.5	13.2	0.2	21.4	0.7	4.0	7.4	100.0	66.4	232
Second	32.0	51.1	0.4	5.5	0.0	2.8	0.0	4.2	3.9	100.0	89.1	169
Middle	52.2	27.4	0.0	7.1	0.8	6.9	0.0	4.4	1.2	100.0	86.6	133
Fourth	38.1	41.4	1.0	4.9	0.0	4.9	0.0	5.8	3.8	100.0	85.4	111
Richest	64.5	24.9	0.0	2.8	0.0	1.2	0.0	4.3	2.4	100.0	92.2	96
Ethnicity of Woman[2]												
African/Black	48.3	34.9	0.4	2.9	0.0	4.4	0.0	6.4	2.8	100.0	86.4	187
Amerindian	10.3	26.7	0.4	16.0	0.3	30.9	1.1	3.6	10.7	100.0	53.4	146
East Indian	39.3	44.0	0.0	6.8	0.5	4.5	0.0	2.6	2.3	100.0	90.2	235
Mixed	30.6	49.0	1.1	6.3	0.0	3.7	0.0	5.8	3.5	100.0	87.0	162
Total	34.2	39.0	0.4	7.8	0.2	9.5	0.2	4.4	4.3	100.0	81.4	741

*** MICS indicator 20**

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

[1] Excludes: 3 cases with "Nursery/None/Non Standard Curriculum" education levels
10 cases with "University" education level

[2] Excludes: 5 cases with ethnicities other than those stated and include Chinese, White and Portuguese
5 cases with ethnicities not stated

Table RH.4: Antenatal care content
Percentage of pregnant women receiving antenatal care among women aged 15 - 49 yrs who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received.
Guyana, 2006

	Percent of pregnant women receiving ANC one or more times during pregnancy*	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
		Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	
Regional Grouping						
Regions 01. 07. 08. 09	97.3	35.7	76.5	53.0	67.0	120
Regions 02. 03	97.2	84.3	92.3	89.2	92.3	133
Regions 05. 06	97.0	93.7	90.9	93.7	91.3	146
Region 04	93.3	89.5	89.9	89.4	89.0	296
Region 10	(96.7)	(92.6)	(95.5)	(94.0)	(95.5)	46
Residence						
Urban	89.6	87.3	85.7	86.6	84.7	178
Rural	97.5	78.8	89.7	84.0	87.6	563
Coastal	95.1	89.6	90.9	90.7	90.6	600
Urban Coastal	89.6	87.3	85.7	86.6	84.7	178
Rural Coastal	97.5	90.6	93.1	92.4	93.0	422
Interior	97.5	43.6	79.3	58.8	71.2	141
Age						
15-19	96.2	81.4	87.6	82.8	85.6	117
20-24	96.7	81.6	90.9	85.0	88.3	205
25-29	96.6	78.8	89.8	84.8	87.9	179
30-34	92.5	83.2	87.5	86.1	85.5	149
35-39	97.2	80.2	86.0	83.5	85.5	60
40-49	(92.1)	(75.5)	(82.3)	(82.7)	(85.5)	30
Women's Education[1]						
Primary	95.2	74.2	85.5	81.5	84.5	144
Lower Secondary (F1-3)	98.4	81.1	91.1	85.5	89.3	204
Upper Secondary F4-5 & Post Sec	95.2	85.6	90.1	86.7	88.0	350
Don't know	(86.2)	(60.8)	(71.1)	(67.7)	(68.1)	30
Wealth index quintiles						
Poorest	96.0	58.7	82.6	69.5	78.4	232
Second	95.8	88.2	90.8	90.3	87.9	169
Middle	95.6	93.2	93.6	93.6	93.6	133
Fourth	94.2	90.3	89.2	90.3	90.3	111
Richest	95.7	93.3	92.1	92.1	92.1	96
Ethnicity of Woman[2]						
African/Black	93.6	90.2	88.1	90.2	89.4	187
Amerindian	96.4	42.6	77.4	56.7	70.7	146
East Indian	97.4	94.3	94.5	94.0	93.4	235
Mixed	94.2	85.3	90.4	88.8	88.3	162
Total	95.6	80.9	88.7	84.6	86.9	741

*** MICS indicator 44**
( ) Figures that are based on 25–49 unweighted cases
[1] Excludes: 3 cases with "Nursery/None/Non Standard Curriculum" education levels
10 cases with "University" education level
[2] Excludes: 5 cases with ethnicities other than those stated and include Chinese, White and Portuguese
5 cases with ethnicities not stated

Table RH.5: Assistance during delivery

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

	Person assisting at delivery												
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Medex	Traditional birth attendant	Community health worker	Relative/ friend	Other/ missing	No attendant	Total	Any skilled person-nel *	Delivered in health facility **	Number of women who gave birth in preceding two years
Regional Grouping													
Regions 01. 07. 08. 09	6.0	36.5	0.7	5.6	2.1	14.3	23.5	7.8	3.6	100.0	48.7	50.8	120
Regions 02. 03	33.7	47.8	0.0	2.7	2.7	4.1	2.7	2.8	3.5	100.0	84.2	87.1	133
Regions 05. 06	17.5	73.3	0.0	0.0	4.3	0.0	1.2	3.0	0.7	100.0	90.8	89.1	146
Region 04	40.9	49.2	0.5	1.3	0.0	0.5	0.9	6.7	0.0	100.0	91.8	89.0	296
Region 10	(29.0)	(59.5)	(0.0)	(3.7)	(0.0)	(1.9)	(1.4)	(3.3)	(1.2)	(100.0)	(92.1)	(90.4)	46
Residence													
Urban	41.2	45.6	0.8	1.4	0.7	0.0	0.0	10.4	0.0	100.0	88.9	88.5	178
Rural	24.6	54.4	0.2	2.4	2.0	4.4	6.5	3.6	1.9	100.0	81.5	80.7	563
Coastal	33.3	55.1	0.2	1.5	1.6	1.2	1.3	4.9	0.9	100.0	90.1	88.9	600
Urban Coastal	41.2	45.6	0.8	1.4	0.7	0.0	0.0	10.4	0.0	100.0	88.9	88.5	178
Rural Coastal	29.9	59.1	0.0	1.5	2.0	1.7	1.9	2.5	1.3	100.0	90.5	89.1	422
Interior	8.9	40.2	0.6	5.0	1.8	12.8	20.5	6.9	3.5	100.0	54.6	55.7	141
Age													
15-19	24.2	60.8	0.3	0.4	0.8	2.0	4.6	4.4	2.6	100.0	85.6	84.7	117
20-24	25.5	57.2	0.8	2.6	1.9	3.0	4.6	4.0	0.6	100.0	86.0	85.0	205
25-29	30.7	48.2	0.0	3.4	0.7	5.3	4.9	4.1	2.6	100.0	82.4	82.4	179
30-34	37.8	43.7	0.2	1.4	0.9	2.2	4.4	9.2	0.4	100.0	83.0	81.3	149
35-39	23.0	56.1	0.0	2.6	6.1	1.6	6.4	3.4	0.9	100.0	81.6	80.0	60
40-49	(20.6)	(45.1)	(0.0)	(0.7)	(4.2)	(9.5)	(9.8)	(7.9)	(2.2)	(100.0)	(66.4)	(71.1)	30
Women's Education[1]													
Primary	28.9	49.2	0.0	1.0	1.7	4.4	7.8	6.1	0.8	100.0	79.1	80.3	144
Lower Secondary (F1-3)	25.2	54.3	0.1	3.4	1.7	5.5	5.9	2.7	1.2	100.0	83.1	80.7	204
Upper Secondary F4-5 & Post Sec	30.9	53.2	0.5	2.0	1.7	2.1	2.4	5.3	1.9	100.0	86.6	85.7	350
Don't know	(17.0)	(52.6)	(0.0)	(1.8)	(1.1)	(1.0)	(9.2)	(15.6)	(1.8)	(100.0)	(71.3)	(68.5)	30
Wealth index quintiles													
Poorest	12.6	47.1	0.4	3.9	2.0	9.9	14.5	6.6	3.1	100.0	63.9	65.2	232
Second	31.5	58.1	0.0	1.7	1.7	0.3	0.5	4.2	2.0	100.0	91.3	91.5	169
Middle	34.4	57.0	1.0	1.0	1.0	1.1	0.0	4.4	0.0	100.0	93.4	94.6	133
Fourth	31.8	59.1	0.0	0.0	2.2	0.0	1.0	5.8	0.0	100.0	90.9	86.6	111
Richest	50.4	40.2	0.0	2.7	1.2	0.0	1.3	4.3	0.0	100.0	93.2	87.7	96

(Continued overleaf)

Table RH.5: Assistance during delivery

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

(continued)

	Person assisting at delivery												
	Medical doctor	Nurse/ midwife	Auxiliary midwife	Medex	Traditional birth attendant	Community health worker	Relative/ friend	Other/ missing	No attendant	Total	Any skilled personnel *	Delivered in health facility **	Number of women who gave birth in preceding two years
Ethnicity of Woman[2]													
African/Black	36.4	53.9	0.0	1.3	0.6	0.2	0.8	6.4	0.6	100.0	91.6	90.0	187
Amerindian	10.8	32.1	0.4	5.7	3.0	14.8	19.3	7.7	6.1	100.0	49.0	51.6	146
East Indian	32.1	59.9	0.6	0.6	2.2	0.7	1.2	2.6	0.0	100.0	93.3	90.8	235
Mixed	31.0	57.4	0.2	2.1	1.1	0.9	1.3	5.8	0.3	100.0	90.7	89.1	162
Total	28.6	52.3	0.3	2.1	1.7	3.4	5.0	5.2	1.4	100.0	83.3	82.6	741

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

** MICS indicator 5

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

[1] Excludes: 3 cases with "Nursery/None/Non Standard Curriculum" education levels
10 cases with "University" education level

[2] Excludes: 5 cases with ethnicities other than those stated and include Chinese, White and Portuguese
5 cases with ethnicities not stated

Table CD.1: Family support for learning

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

	Percentage of children aged 0-59 months					
	For whom household members engaged in four or more activities that promote learning and school readiness *	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness **	Mean number of activities the father engage in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Sex						
Male	81.3	4.9	51.1	2.0	28.1	1,311
Female	83.3	5.0	51.4	1.9	29.8	1,184
Regional Grouping						
Regions 01. 07. 08. 09	67.1	4.3	50.1	1.7	21.4	398
Regions 02. 03	82.4	5.0	62.2	2.6	21.6	460
Regions 05. 06	89.4	5.2	44.0	1.5	29.5	539
Region 04	86.3	5.1	51.7	2.1	33.5	942
Region 10	71.6	4.5	43.6	1.6	40.6	160
Residence						
Urban	86.0	5.1	44.0	1.7	39.9	619
Rural	81.1	4.9	53.6	2.1	25.4	1,881
Coastal	86.0	5.1	51.7	2.0	30.1	2,040
Urban Coastal	86.0	5.1	44.0	1.7	39.9	619
Rural Coastal	86.0	5.1	55.1	2.2	25.8	1,421
Interior	65.8	4.2	49.0	1.6	24.0	460
Age						
0-23 months	71.0	4.4	50.9	1.8	29.5	916
24-59 months	88.8	5.3	51.4	2.0	28.7	1,584
Mother's education level						
Primary	79.8	4.8	52.8	1.9	24.8	538
Lower Secondary (F1-3)	77.3	4.7	51.3	1.8	25.8	748
Upper Secondary F4-5 & Post Sec	86.7	5.1	49.1	2.0	34.1	1,079
University	(99.0)	(5.7)	(69.4)	(3.2)	(21.3)	47
Don't know	74.0	4.4	57.2	2.0	18.2	75
Father's Education						
Nursery/None/Non Standard Curriculum	50.0	2.0	50.0	2.0	na	530
Primary	77.8	4.8	58.8	2.0	na	440
Lower Secondary (F1-3)	82.6	4.9	69.4	2.7	na	656
Upper Secondary F4-5 & Post Sec	(85.8)	(5.1)	(68.9)	(2.8)	na	37
University	94.6	5.7	94.9	4.7	na	769
Don't know	81.9	4.9	15.9	0.6	94.2	1,311
Wealth index quintiles						
Poorest	68.0	4.3	46.0	1.5	24.9	747
Second	85.9	5.1	51.5	2.0	27.8	555
Middle	85.9	5.1	50.7	2.1	34.8	472
Fourth	89.6	5.3	54.7	2.1	31.3	401
Richest	94.6	5.5	59.0	2.7	28.9	325

(continued overleaf)

Table CD.1: Family support for learning
Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness. Guyana, 2006
(continued)

	Percentage of children aged 0-59 months					
	For whom household members engaged in four or more activities that promote learning and school readiness *	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness **	Mean number of activities the father engage in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Ethnicity of Woman						
African/Black	89.0	5.2	43.4	1.7	46.9	572
Amerindian	64.2	4.1	46.5	1.4	21.4	393
East Indian	87.7	5.2	65.1	2.5	16.0	790
Other[3]	(*)	(*)	(*)	(*)	(*)	13
Mixed	80.7	4.8	44.3	1.9	34.3	713
NS/Don't Know	(*)	(*)	(*)	(*)	(*)	19
Total	**82.3**	**4.9**	**51.2**	**2.0**	**29.0**	**2,500**

*** MICS indicator 46**
**** MICS indicator 47**
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Excludes: 5 cases with sex not stated
[2] Excludes: 12 cases with "Nursery/None/Non Standard Curriculum" education levels
[3] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Children living in household with:		Child has:		Child plays with:						
	3 or more non-children's books *	Median number of non-children's books	3 or more children's books **	Median number of children's books	Household objects	Objects and materials found outside the home	Home-made toys	Toys that came from a store	No play-things mentioned	3 or more types of play-things ***	Number of children aged 0-59 months
Sex[1]											
Male	53.8	3	53.1	3	38.7	55.5	41.5	82.4	6.9	41.7	1,311
Female	57.1	4	55.7	4	36.6	45.1	43.5	84.3	6.3	38.3	1,184
Regional Grouping											
Regions 01. 07. 08. 09	37.0	1	29.4	0	40.1	63.2	33.4	69.1	8.8	36.9	398
Regions 02. 03	60.1	5	56.5	4	45.5	62.4	53.9	85.2	4.1	50.2	460
Regions 05. 06	43.8	2	40.7	1	31.9	45.6	34.5	82.6	11.6	35.0	539
Region 04	65.1	6	71.0	5	37.6	40.5	43.6	89.0	3.8	37.8	942
Region 10	69.9	10	59.1	4	29.1	60.6	50.3	82.4	8.6	47.9	160
Residence											
Urban	67.5	6	73.5	5	33.0	43.1	43.6	87.1	5.1	38.1	619
Rural	51.5	3	48.1	2	39.2	53.0	41.9	82.1	7.2	40.6	1,881
Coastal	58.9	5	59.9	4	37.4	48.3	44.4	86.3	6.1	40.8	2,040
Urban Coastal	67.5	6	73.5	5	33.0	43.1	43.6	87.1	5.1	38.1	619
Rural Coastal	55.2	4	54.0	3	39.3	50.6	44.8	85.9	6.5	42.0	1,421
Interior	40.0	1	29.8	0	38.8	60.4	33.0	70.2	9.2	36.4	460
Age											
0-23 months	51.6	3	45.7	2	33.9	31.3	35.2	77.7	13.8	30.6	916
24-59 months	57.6	4	59.5	4	39.8	61.7	46.5	86.6	2.5	45.4	1,584
Mother's education level[2]											
Primary	42.2	2	41.3	1	39.0	49.4	45.8	77.9	8.5	40.0	538
Lower Secondary (F1-3)	49.4	2	46.2	2	39.8	54.3	42.5	80.1	8.2	41.0	748
Upper Secondary F4-5 & Post Sec	66.3	6	66.6	5	35.6	48.1	41.5	88.7	5.1	40.6	1,079
University	(84.6)	(10)	(88.2)	(10)	(29.4)	(47.6)	(42.5)	(93.4)	(0.0)	(31.1)	47
Don't know	34.1	1	32.2	0	46.1	60.1	36.1	69.9	4.2	32.0	75
Wealth index quintiles											
Poorest	34.9	0	28.4	0	37.8	57.2	39.6	71.5	9.8	36.0	747
Second	49.6	2	51.8	3	37.9	47.6	42.6	86.1	5.6	40.1	555
Middle	62.8	5	60.7	4	39.6	49.6	44.4	85.6	7.3	43.1	472
Fourth	72.8	10	73.6	6	39.2	48.4	47.1	89.9	4.8	45.8	401
Richest	80.4	10	85.9	10	32.3	44.5	39.4	94.3	2.5	37.3	325
Ethnicity of Woman[3]											
African/Black	65.7	6	67.4	5	32.6	49.0	42.0	87.6	4.3	39.0	572
Amerindian	31.6	0	23.9	0	37.1	62.6	35.9	68.1	9.7	35.2	393
East Indian	52.7	3	56.2	4	42.3	49.4	45.1	86.3	6.5	44.2	790
Mixed	63.8	6	60.1	5	36.3	46.5	43.3	84.5	7.3	38.7	713
Total	55.4	4	54.4	3	37.7	50.5	42.3	83.3	6.6	40.0	2,500

*** MICS indicator 49**

**** MICS indicator 48**

***** MICS indicator 50**

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

[1] In 5 cases, sex of child was missing

[2] Excludes 12 cases where mothers' education was lower than Primary level

[3] Excludes 13 cases and 19 cases where mothers' ethnicities were other than those included and unknown respectively

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

	Percentage of children aged 0-59 months			
	Left in the care children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week *	Number of children aged 0-59 months
Sex[1]				
Male	10.7	6.9	12.8	1,311
Female	8.6	5.3	9.7	1,184
Regional Grouping				
Regions 01. 07. 08. 09	19.0	9.3	21.5	398
Regions 02. 03	13.1	9.8	15.6	460
Regions 05. 06	8.5	4.6	10.1	539
Region 04	6.1	4.6	7.1	942
Region 10	1.6	1.9	2.4	160
Residence				
Urban	4.5	2.9	5.1	619
Rural	11.4	7.2	13.4	1,881
Coastal	8.1	5.6	9.5	2,040
Urban Coastal	4.5	2.9	5.1	619
Rural Coastal	9.6	6.8	11.5	1,421
Interior	16.7	8.4	19.2	460
Age				
0-23	8.1	5.3	9.6	916
24-59	10.6	6.6	12.3	1,584
Mother's education level[2]				
Nursery/None/Non Standard Curriculum	(*)	(*)	(*)	12
Primary	11.8	7.6	14.5	538
Lower Secondary (F1-3)	11.3	7.0	13.7	748
Upper Secondary F4-5 & Post Sec	7.4	4.5	8.2	1079
University	(6.3)	(7.3)	(7.3)	47
Don't know	14.0	10.4	14.0	75
Wealth index quintiles				
Poorest	17.6	8.3	19.2	747
Second	6.5	3.1	8.5	555
Middle	7.5	6.1	8.3	472
Fourth	5.2	7.3	8.7	401
Richest	5.3	4.8	5.8	325
Ethnicity of Woman[3]				
African/Black	7.3	6.0	8.9	572
Amerindian	20.0	9.3	22.1	393
East Indian	7.6	5.2	9.5	790
Mixed	8.1	5.4	9.4	713
Total	**9.7**	**6.1**	**11.3**	**2,500**

* MICS indicator 51
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Excludes: 5 cases with sex not stated
[2] Excludes: 12 cases with "Nursery/None/Non Standard Curriculum" education levels
[3] Excludes: 13 cases with ethnicities other than those stated and include Chinese, White and Portuguese
19 cases with ethnicities not stated

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are enrolled in some form of organized early childhood education programme and percentage of first graders who enrolled in pre-school. Guyana, 2006

	Percentage of children aged 36-59 months currently enrolled in early childhood education*	Number of children aged 36-59 months	Percentage of children enrolled in first grade who enrolled in preschool program in previous year**	Number of children enrolled in first grade
Sex[1]				
Male	47.7	542	64.6	119
Female	50.4	516	65.4	119
Regional Grouping				
Regions 01. 07. 08. 09	36.9	172	(69.5)	31
Regions 02. 03	46.8	189	54.7	65
Regions 05. 06	48.6	238	(44.7)	28
Region 04	55.7	384	70.8	100
Region 10	52.4	78	(*)	16
Residence				
Urban	56.8	275	64.8	68
Rural	46.5	786	65.1	171
Coastal	52.1	861	63.3	201
Urban Coastal	56.8	275	64.8	68
Rural Coastal	49.8	586	62.5	133
Interior	36.9	200	(74.4)	38
Age of child				
36-47 months	21.5	516	na	na
48-59 months	75.5	545	na	na
6 years	na	na	65.0	238
Mother's education level[2]				
Primary	41.9	234	65.4	50
Lower Secondary (F1-3)	44.8	318	70.7	76
Upper Secondary F4-5 & Post Sec	54.6	437	61.7	95
University	(86.9)	25	(*)	5
Don't Know	(45.6)	36	(*)	13
Wealth index quintiles				
Poorest	33.0	308	65.9	55
Second	44.9	247	58.4	61
Middle	53.4	195	(45.2)	36
Fourth	57.5	180	(79.9)	48
Richest	77.7	130	(74.4)	38
Ethnicity of Individual[3]				
African/Black	57.5	252	61.6	77
Amerindian	40.7	177	(62.6)	33
East Indian	46.0	340	56.7	79
Mixed	51.4	280	(84.9)	48
NS/ Don't Know	(*)	8	(*)	1
Total	**49.2**	**1,061**	**65.0**	**238**

*** MICS Indicator 52**

**** MICS Indicator 53**

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

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

[1] Excludes: 3 cases with sex not stated

[2] Excludes: 10 cases with "Nursery/None/Non Standard Curriculum" education levels

[3] Excludes: 3 cases with ethnicities other than those stated and include Chinese, White and Portuguese

Table ED.2: Primary school entry
Percentage of children of primary school entry age enrolled in grade 1. Guyana, 2006

	Percentage of children of primary school entry age currently enrolled in grade 1 *	Number of children of primary school entry age
Sex[1]		
Male	79.9	258
Female	77.4	259
Regional Grouping		
Regions 01. 07. 08. 09	68.9	63
Regions 02. 03	80.5	101
Regions 05. 06	79.5	126
Region 04	79.0	198
Region 10	(87.8)	32
Residence		
Urban	85.1	147
Rural	76.2	372
Coastal	79.7	446
Urban Coastal	85.1	147
Rural Coastal	77.1	299
Interior	72.7	74
Age at beginning of school year		
6	78.7	519
Mother's education level[2]		
Primary	72.5	162
Lower Secondary (F1-3)	81.0	149
Upper Secondary F4-5 & Post Sec	84.9	170
Missing	(62.2)	28
Wealth index quintiles		
Poorest	73.1	143
Second	79.4	104
Middle	79.4	119
Fourth	81.6	90
Richest	84.9	64
Ethnicity of Individual		
African/Black	77.0	134
Amerindian	77.9	66
East Indian	77.2	181
Mixed	82.5	134
Total	78.7	519

*** MICS Indicator 54**

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

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

[1] Excludes: 2 cases with sex not stated

[2] Excludes: 1 case with "Nursery/None/Non Standard Curriculum" education levels
9 cases with "University" education level

[3] Excludes: 2 cases with ethnicities other than those stated and include Chinese, White and Portuguese
3 cases with ethnicities not stated

Table ED.3: Primary school net enrolment ratio
Percentage of children of primary school age enrolled in primary school or secondary school (NAR). Guyana, 2006

	Male		Female		Total	
	Net enrolment ratio	Number of children	Net enrolment ratio	Number of children	Net enrolment ratio*	Number of children
Regional Grouping						
Regions 01. 07. 08. 09	94.7	189	93.7	188	94.2	377
Regions 02. 03	95.1	336	96.1	297	95.5	633
Regions 05. 06	95.5	392	93.6	360	94.6	752
Region 04	97.5	664	97.7	557	97.6	1,221
Region 10	99.0	86	100.0	94	99.5	181
Residence						
Urban	98.2	437	97.5	385	97.9	822
Rural	95.6	1,231	95.5	1,111	95.6	2,342
Coastal	96.5	1,440	96.3	1,276	96.4	2,716
Urban Coastal	98.2	437	97.5	385	97.9	822
Rural Coastal	95.7	1,003	95.7	891	95.7	1,893
Interior	95.3	229	94.7	220	95.0	449
Age at beginning of school year						
6	96.0	258	96.1	259	96.1	517
7	95.8	272	94.6	238	95.2	509
8	98.1	309	96.8	254	97.5	563
9	96.9	279	95.3	277	96.1	556
10	95.4	261	96.5	240	95.9	501
11	95.5	290	97.0	227	96.2	518
Mother's education level						
Nursery/None/Non Standard Curriculum	(*)	5	(*)	3	(*)	8
Primary	95.0	503	94.4	415	94.7	918
Lower Secondary (F1-3)	98.5	472	96.4	468	97.4	940
Upper Secondary F4-5 & Post Sec	97.9	585	98.6	516	98.2	1,101
University	(*)	23	(100.0)	27	93.9	50
Don't know	83.7	80	81.7	67	82.8	147
Wealth index quintiles						
Poorest	95.1	409	95.4	379	95.3	788
Second	96.2	372	95.9	310	96.0	682
Middle	96.1	354	93.0	309	94.6	663
Fourth	97.7	291	98.1	274	97.9	564
Richest	97.3	242	98.9	224	98.1	466
Ethnicity of Individual						
African/Black	97.0	431	96.2	387	96.6	818
Amerindian	95.4	197	96.2	179	95.8	376
East Indian	97.0	660	96.6	542	96.8	1,202
Other[1]	(*)	6	(*)	9	(*)	15
Mixed	95.8	364	95.5	376	95.7	740
DON'T KNOW	(*)	11	(*)	3	(*)	15
Total	96.3	1,669	96.0	1,496	96.2	3,164

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

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

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

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

[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table ED.4: Secondary school net enrolment ratio
Percentage of children of secondary school age enrolled in secondary or higher school (NAR). Guyana, 2006

	Male		Female		Total	
	Net enrolment ratio	Number of children	Net enrolment ratio	Number of children	Net enrolment ratio*	Number of children
Regional Grouping						
Regions 01. 07. 08. 09	62.8	115	61.8	110	62.3	226
Regions 02. 03	68.6	244	74.2	254	71.5	498
Regions 05. 06	54.6	229	68.0	254	61.6	483
Region 04	70.3	465	75.8	480	73.1	945
Region 10	73.8	54	78.5	70	76.4	125
Residence						
Urban	75.0	281	81.1	341	78.4	622
Rural	63.0	827	69.1	827	66.1	1,654
Coastal	66.7	968	73.7	1,030	70.3	1,997
Urban Coastal	75.0	281	81.1	341	78.4	622
Rural Coastal	63.3	687	70.0	689	66.7	1,376
Interior	61.7	139	64.3	139	63.0	278
Age at beginning of school year						
12	77.4	242	84.2	278	81.0	520
13	79.7	231	80.5	253	80.1	484
14	69.7	208	72.8	205	71.2	413
15	56.4	217	63.6	202	59.8	418
16	44.5	210	57.7	231	51.4	441
Mother's education level						
Nursery/None/Non Standard Curriculum	(*)	0	(*)	4	(*)	4
Primary	53.9	299	67.7	282	60.6	581
Lower Secondary (F1-3)	69.7	281	73.4	288	71.6	569
Upper Secondary F4-5 & Post Sec	79.1	341	84.8	357	82.0	697
University	(*)	14	(89.9)	29	(86.9)	43
Don't know	55.1	170	55.2	208	55.2	377
Wealth index quintiles						
Poorest	51.5	235	56.5	221	53.9	457
Second	60.8	223	66.2	223	63.5	446
Middle	64.1	237	72.5	251	68.5	488
Fourth	77.9	227	77.7	244	77.8	471
Richest	79.0	186	89	228	84.5	415
Ethnicity of Individual						
African/Black	76.1	334	85.7	356	81.1	690
Amerindian	51.6	116	60.3	118	56.0	234
East Indian	60.3	425	67.1	436	63.7	861
Other[1]	(*)	3	(*)	3	(*)	6
Mixed	69.3	222	69.9	251	69.6	474
DON'T KNOW	(*)	7	(*)	4	(*)	11
Total	66.1	1,107	72.6	1,168	69.4	2,276

*** MICS indicator 56**

Table based on estimated age as of the beginning of the school year
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table ED.4w: Secondary school age children enrolled in primary school
Percentage of children of secondary school age enrolled in primary school. Guyana, 2006

	Male		Female		Total	
	Percent enrolled in primary school	Number of children	Percent enrolled in primary school	Number of children	Percent enrolled in primary school	Number of children
Regional Grouping						
Regions 01. 07. 08. 09	9.5	115	9.3	110	9.4	226
Regions 02. 03	3.8	244	3.3	254	3.6	498
Regions 05. 06	11.0	229	5.5	254	8.1	483
Region 04	2.8	465	5.0	480	3.9	945
Region 10	6.0	54	1.6	70	3.5	125
Residence						
Urban	3.7	281	3.9	341	3.8	622
Rural	6.2	827	5.4	827	5.8	1,654
Coastal	5.1	968	4.5	1,030	4.8	1,997
Urban Coastal	3.7	281	3.9	341	3.8	622
Rural Coastal	5.6	687	4.8	689	5.2	1,376
Interior	9.2	139	8.2	139	8.7	278
Age at beginning of school year						
12	12.1	242	11.5	278	11.7	520
13	9.3	231	5.7	253	7.4	484
14	2.9	208	3.7	205	3.3	413
15	1.8	217	0.6	202	1.2	418
16	0.7	210	1.2	231	0.9	441
Mother's education level						
Nursery/None/Non Standard Curriculum	(*)	0	(*)	4	(*)	4
Primary	7.9	299	6.9	282	7.4	581
Lower Secondary (F1-3)	5.7	281	5.3	288	5.5	569
Upper Secondary F4-5 & Post Sec	5.2	341	5.1	357	5.1	697
University	(*)	14	(5.2)	29	(3.5)	43
Don't know	2.6	170	1.7	208	2.1	377
Wealth index quintiles						
Poorest	8.4	235	7.4	221	7.9	457
Second	1.8	223	3.1	223	2.5	446
Middle	7.8	237	4.2	251	5.9	488
Fourth	4.3	227	6.8	244	5.6	471
Richest	5.1	186	3.3	228	4.1	415
Ethnicity of Individual						
African/Black	4.1	334	3.5	356	3.8	690
Amerindian	13.8	116	7.9	118	10.8	234
East Indian	5.0	425	5.5	436	5.2	861
Other[1]	(*)	3	(*)	3	(*)	6
Mixed	4.7	222	4.6	251	4.6	474
DON'T KNOW	(*)	7	(*)	4	(*)	11
Total	**5.6**	**1,107**	**4.9**	**1,168**	**5.3**	**2,276**

Table based on estimated age as of the beginning of the school year
( ) Figures that are based on 25–49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases
[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table ED.5: Children reaching grade 5

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

	Percent enrolled in 2nd grade who were in 1st grade last year	Percent enrolled in 3rd grade who were in 2nd grade last year	Percent enrolled in 4th grade who were in 3rd grade last year	Percent enrolled in 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade *
Sex					
Male	99.4	99.6	99.4	99.9	98.3
Female	98.9	98.1	99.4	98.8	95.3
Regional Grouping					
Regions 01. 07. 08. 09	99.7	99.2	99.6	99.6	98.1
Regions 02. 03	98.8	98.6	98.7	100.0	96.1
Regions 05. 06	97.8	97.9	98.7	100.0	94.5
Region 04	100.0	99.4	100.0	98.4	97.8
Region 10	100.0	100.0	100.0	100.0	100.0
Residence					
Urban	100.0	100.0	100.0	98.9	98.9
Rural	98.9	98.5	99.2	99.5	96.2
Coastal	99.1	98.8	99.4	99.3	96.5
Urban Coastal	100.0	100.0	100.0	98.9	98.9
Rural Coastal	98.6	98.3	99.1	99.4	95.6
Interior	99.7	99.3	99.7	99.6	98.4
Mother's education level					
Nursery/None/Non Standard Curriculum	100.0	100.0	100.0	100.0	100.0
Primary	98.0	98.2	98.9	100.0	95.1
Lower Secondary (F1-3)	99.9	100.0	99.2	100.0	99.0
Upper Secondary F4-5 & Post Sec	100.0	98.3	100.0	98.0	96.3
University	100.0	100.0	100.0	100.0	100.0
Don't know	100.0	100.0	100.0	100.0	100.0
Wealth index quintiles					
Poorest	99.0	99.6	98.7	99.8	97.1
Second	100.0	97.3	98.7	98.6	94.8
Middle	98.6	98.3	100.0	100.0	97.0
Fourth	98.7	100.0	100.0	98.5	97.2
Richest	100.0	100.0	100.0	100.0	100.0
Ethnicity of Individual					
African/Black	99.1	98.6	100.0	98.8	96.6
Amerindian	99.7	100.0	99.6	99.6	98.9
East Indian	98.3	98.9	98.6	100.0	95.8
Other[1]	100.0	100.0	100.0	100.0	100.0
Mixed	100.0	98.6	100.0	98.6	97.2
DON'T KNOW	100.0	100.0	100.0	.	.
Total	99.2	98.9	99.4	99.3	96.8

*** MICS Indicator 57 ; MDG Indicator 7**

[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last grade of primary school the previous year
Sex				
Male	71.4	292	65.4	238
Female	71.3	227	68.6	207
Regional Grouping				
Regions 01. 07. 08. 09	69.7	57	73.4	52
Regions 02. 03	69.4	113	68.8	91
Regions 05. 06	59.0	115	40.1	91
Region 04	78.9	205	75.6	183
Region 10	(78.8)	(30)	(79.2)	28
Residence				
Urban	84.8	141	80.3	132
Rural	66.4	378	61.4	314
Coastal	71.6	450	66.3	380
Urban Coastal	84.8	141	80.3	132
Rural Coastal	65.6	309	58.8	248
Interior	69.9	68	71.0	66
Mother's education level[1]				
Primary	66.4	146	64.9	107
Lower Secondary (F1-3)	70.0	163	66.4	152
Upper Secondary F4-5 & Post Sec	76.1	182	69.8	166
University	(*)	2	(*)	2
Don't know	(79.3)	26	(*)	18
Wealth index quintiles				
Poorest	69.0	128	68.4	96
Second	70.5	104	67.8	74
Middle	70.5	107	61.7	96
Fourth	73.3	99	67.4	103
Richest	75.2	80	70.3	76
Ethnicity of Individual				
African/Black	68.5	138	70.9	118
Amerindian	69.7	62	62.9	58
East Indian	69.6	204	60.5	170
Other[2]	(*)	5	(*)	1
Mixed	79.0	108	75.5	98
DON'T KNOW	(*)	2	(*)	0
Total	**71.4**	**519**	**67.0**	**446**

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

**** MICS Indicator 58**

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

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

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

[1] Excludes: 1 case with "Nursery/None/Non Standard Curriculum" education levels

[2] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Primary school net enrolment ratio girls	Primary school net enrolment ratio boys	Gender parity index (GPI) for primary school *	Secondary school net enrolment ratio girls	Secondary school net enrolment ratio boys	Gender parity index (GPI) for secondary school *
Regional Grouping						
Regions 01. 07. 08. 09	93.7	94.4	0.99	61.8	62.8	0.99
Regions 02. 03	96.1	95.1	1.01	74.2	68.6	1.08
Regions 05. 06	93.6	95.5	0.98	68	54.6	1.25
Region 04	97.7	97.5	1.00	75.8	70.3	1.08
Region 10	100.0	99.0	1.01	78.5	73.8	1.06
Residence						
Urban	97.5	98.2	0.99	81.1	75	1.08
Rural	95.5	95.6	1.00	69.1	63	1.10
Coastal	96.3	96.5	1.00	73.7	66.7	1.11
Urban Coastal	97.5	98.2	0.99	81.1	75	1.08
Rural Coastal	95.7	95.7	1.00	70	63.3	1.11
Interior	94.7	95.0	1.00	64.3	61.7	1.04
Mother's education level						
Nursery/None/Non Standard Curriculum	(*)	(*)	(*)	(*)	(*)	(*)
Primary	94.4	94.9	1.00	67.7	53.9	1.26
Lower Secondary (F1-3)	96.4	98.5	0.98	73.4	69.7	1.05
Upper Secondary F4-5 & Post Sec	98.6	97.9	1.01	84.8	79.1	1.07
University	(100.0)	(*)	1.15	(89.9)	(*)	(1.12)
Don't know	81.7	83.7	0.98	55.2	55.1	1.00
Wealth index quintiles						
Poorest	95.4	95.0	1.01	56.5	51.5	1.10
Second	95.9	96.2	1.00	66.2	60.8	1.09
Middle	93.0	96.1	0.97	72.5	64.1	1.13
Fourth	98.1	97.7	1.00	77.7	77.9	1.00
Richest	98.9	97.3	1.02	89	79	1.13
Ethnicity of Individual						
African/Black	96.2	97.0	0.99	85.7	76.1	1.13
Amerindian	96.2	95.4	1.01	60.3	51.6	1.17
East Indian	96.6	97.0	1.00	67.1	60.3	1.11
Other[1]	(*)	(*)	(*)	(*)	(*)	(*)
Mixed	95.5	95.7	1.00	69.9	69.3	1.01
DON'T KNOW	(*)	(*)	(*)	(*)	(*)	(*)
Total	96.0	96.3	1.00	72.6	66.1	1.10

*** MICS Indicator 61; MDG Indicator 9**

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

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

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

[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Birth is Registered *	Don't know if birth is Registered	Number of children aged 0-59 months
Sex**			
Male	92.1	2.7	1,311
Female	94.5	2.2	1,184
Regional Grouping			
Regions 1. 7. 8. 9	85.4	2.1	398
Regions 02. 03	93.4	4.0	460
Regions 05. 06	96.0	1.4	539
Region 04	95.4	2.5	942
Region 10	90.3	2.1	160
Residence			
Urban	95.9	2.8	620
Rural	92.4	2.3	1,881
Coastal	95.0	2.5	2,041
Urban Coastal	95.9	2.8	620
Rural Coastal	94.5	2.4	1,421
Interior	85.7	2.2	460
Age			
0-11 months	88.1	1.3	475
12-23 months	95.0	1.4	441
24-35 months	94.3	3.2	522
36-47 months	95.9	2.0	516
48-59 months	92.9	4.0	545
Mother's education level[1]			
Primary	91.4	1.5	538
Lower Secondary (F1-3)	92.1	2.4	748
Upper Secondary F4-5 & Post Sec	95.1	2.8	1,079
University	(100.0)	(0.0)	47
Don't know	84.0	6.8	75
Wealth index quintiles			
Poorest	87.0	3.3	747
Second	95.8	1.3	555
Middle	95.6	2.1	472
Fourth	94.8	3.7	401
Richest	97.9	1.6	325
Ethnicity of Individual[2]			
African/Black	95.7	2.0	572
Amerindian	87.2	3.2	393
East Indian	97.0	1.0	790
Mixed	90.7	3.7	713
Total	**93.3**	**2.5**	**2,500**

*** MICS Indicator 62**

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

[1] Excludes: 13 case with "Nursery/None/Non Standard Curriculum" education levels

[2] Excludes: 13 cases with ethnicities other than those stated and include Chinese, White and Portuguese
19 cases with ethnicities not stated

Table CP.2: Child labour
Percentage of children aged 5-14 years who are involved in child labour activities by type of work. Guyana, 2006

	Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labour *	Number of children aged 5-14 years
	Paid work	Unpaid work				
Sex[1]						
Male	2.5	5.6	0.3	11.2	17.3	2,637
Female	1.8	4.9	0.7	9.5	15.5	2,534
Regional Grouping						
Regions 01. 07. 08. 09	1.2	7.2	1.0	35.4	40.0	624
Regions 02. 03	3.0	2.7	0.6	9.2	14.3	1,060
Regions 05. 06	1.4	6.8	0.2	10.2	15.7	1,202
Region 04	2.5	5.2	0.6	3.3	10.8	2,011
Region 10	1.9	4.2	0.0	10.4	15.2	287
Residence						
Urban	2.7	3.7	0.3	3.1	9.0	1,331
Rural	2.0	5.7	0.6	12.9	19.0	3,853
Coastal	2.4	5.0	0.5	6.8	13.1	4,441
Urban Coastal	2.7	3.7	0.3	3.1	9.0	1,331
Rural Coastal	2.2	5.5	0.6	8.4	14.9	3,110
Interior	1.1	6.5	0.8	31.7	36.1	743
Age						
5-11 years	2.9	7.3	0.4	13.5	21.4	3,658
12-14 years	0.5	0.3	0.9	2.9	4.5	1,526
School participation						
Yes	2.2	5.4	0.5	10.3	16.3	4,897
No	2.0	2.3	1.6	12.3	17.5	287
Mother's education level[2]						
Primary	2.3	4.2	0.5	12.4	17.6	1,453
Lower Secondary (F1-3)	2.7	5.3	0.7	11.3	17.9	1,550
Upper Secondary F4-5 & Post Sec	1.9	5.6	0.4	7.3	13.5	1,815
University	0.0	0.0	0.0	1.3	1.3	92
Missing	0.7	10.2	1.1	17.6	26.4	256
Wealth index quintiles						
Poorest	2.4	4.7	1.0	24.3	29.4	1,301
Second	3.0	7.7	0.3	8.7	17.3	1,121
Middle	2.3	5.8	0.6	5.3	13.1	1,062
Fourth	2.3	5.2	0.6	5.6	11.5	916
Richest	0.3	1.9	0.0	2.0	3.9	785
Ethnicity of Individual[3]						
African/Black	2.0	5.7	0.1	5.3	11.7	1,368
Amerindian	1.0	5.8	2.0	32.3	37.1	640
East Indian	2.6	5.2	0.7	7.1	13.4	1,919
Mixed	2.4	4.6	0.1	9.7	15.7	1,214
Don't Know	(0.0)	(0.0)	(0.0)	(14.8)	(14.8)	27
Total	**2.2**	**5.2**	**0.5**	**10.4**	**16.4**	**5,184**

*** MICS Indicator 71**

( ) Figures that are based on 25–49 unweighted cases
[1] Excludes: 13 cases with sex not stated
[2] Excludes: 19 case with "Nursery/None/Non Standard Curriculum" education levels
[3] Excludes: 18 cases with ethnicities other than those stated and include Chinese, White and Portuguese

Table CP.3: Labourer students and student labourers
Percentage of children aged 5-14 years who are labourer students and student labourers.
Guyana, 2006

	Percentage of children in child labour	Percentage of children attending school	Number of children aged 5-14	Percentage of child labourers who are also attending school *	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour **	Number of students aged 5-14
Sex							
Male	17.3	94.8	2,637	93.8	457	17.1	2,500
Female	15.5	94.1	2,534	94.5	394	15.6	2,385
Not Stated	(*)	(*)	13	(*)	0	(*)	13
Regional Grouping							
Regions 01. 07. 08. 09	40.0	91.7	624	91.8	250	40.0	573
Regions 02. 03	14.3	94.4	1,060	95	152	14.4	1,001
Regions 05. 06	15.7	92.8	1,202	94.8	189	16.0	1,116
Region 04	10.8	95.9	2,011	95.2	217	10.7	1,929
Region 10	15.2	97.3	287	(95.8)	44	15.0	279
Residence							
Urban	9.0	97.6	1,331	97.8	119	9.0	1,299
Rural	19.0	93.4	3,853	93.5	731	19.0	3,599
Coastal	13.1	94.8	4,441	95	583	13.1	4,210
Urban Coastal	9.0	97.6	1,331	97.8	119	9.0	1,299
Rural Coastal	14.9	93.6	3,110	94.3	463	15.0	2,911
Interior	36.1	92.5	743	92.2	268	36.0	687
Age							
5-11 years	21.4	95.3	3,658	96.2	783	21.6	3,488
12-14 years	4.5	92.4	1,526	70.5	68	3.4	1,410
Mother's education level							
Nursery/None/Non Standard Curriculum	(*)	(*)	19	(*)	4	(*)	17
Primary	17.6	91.9	1,453	93.8	256	18.0	1,335
Lower Secondary (F1-3)	17.9	95.6	1,551	94.9	277	17.8	1,482
Upper Secondary F4-5 & Post Sec	13.5	97.7	1,815	98.5	246	13.6	1,773
University	1.3	95.5	92	100	1	1.3	88
Missing	26.4	79.0	256	75.4	67	25.2	202
Wealth index quintiles							
Poorest	29.4	91.3	1,301	92.8	382	29.9	1,187
Second	17.3	92.8	1,121	92.8	194	17.3	1,040
Middle	13.1	94.1	1,062	96.8	139	13.5	999
Fourth	11.5	98.3	916	95.8	105	11.2	901
Richest	3.9	98.2	785	(100.0)	31	4.0	771
Ethnicity of Individual							
African/Black	11.7	96.5	1,368	95	161	11.6	1,321
Amerindian	37.1	92.5	640	93.1	237	37.3	592
East Indian	13.4	94.3	1,919	96	257	13.6	1,809
Other[1]	(*)	(*)	18	(*)	2	(*)	14
Mixed	15.7	93.6	1,214	92.1	191	15.4	1,137
DON'T KNOW	(14.2)	(95.5)	27	(100)	3	(15.4)	26
Total	**16.4**	**94.5**	**5,184**	**94.1**	**851**	**16.3**	**4,897**

*** MICS Indicator 72**

**** MICS Indicator 73**

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

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

[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table CP.4: Child discipline
Percentage of children aged 2-14 years according to method of disciplining the child. Guyana, 2006

	Percentage of children 2-14 years of age who experience:								
	Only non-violent discipline	Psychological punishment	Minor physical punishment	Severe physical punishment	Any psychological or physical punishment *	No discipline or punishment	Missing	Mother/ care-taker believes that the child needs to be physically punished	Number of children aged 2-14 years**
Sex[1]									
Male	12.3	64.8	62.4	16.3	**76.8**	7.7	3.2	24.3	**1,520**
Female	17.5	60.3	53.6	14.7	**70.6**	8.4	3.5	22.0	**1,426**
Regional Grouping									
Regions 01. 07. 08. 09	9.0	75.6	75.2	18.1	**86.4**	2.3	2.3	34.5	**286**
Regions 02. 03	19.5	54.0	47.4	17.0	**62.6**	12.3	5.6	15.7	**588**
Regions 05. 06	13.0	59.8	54.2	9.2	**70.6**	12.2	4.2	9.7	**691**
Region 04	15.5	63.4	60.6	18.2	**76.4**	5.8	2.2	30.3	**1,230**
Region 10	10.4	77.2	64.1	12.1	**86.0**	2.1	1.5	34.1	**159**
Residence									
Urban	18.3	58.6	59.1	13.4	**72.4**	7.3	2.1	30.2	**813**
Rural	13.5	64.1	57.7	16.3	**74.3**	8.3	3.8	20.5	**2,141**
Coastal	15.7	60.7	56.0	15.3	**72.1**	8.8	3.5	21.7	**2,611**
Urban Coastal	18.3	58.6	59.1	13.4	**72.4**	7.3	2.1	30.2	**813**
Rural Coastal	14.5	61.7	54.6	16.1	**71.9**	9.5	4.1	17.9	**1,798**
Interior	8.5	76.8	73.6	17.5	**87.0**	2.2	2.3	34.5	**343**
Age									
2-4 years	14.1	57.8	62.0	14.0	**73.5**	6.8	5.5	22.1	**618**
5-9 years	13.4	65.7	61.9	16.4	**76.6**	7.4	2.6	24.4	**1,158**
10-14 years	16.6	62.1	52.2	15.5	**71.2**	9.3	2.9	22.5	**1,178**
Mother's education level[2]									
Primary	14.2	62.0	57.2	16.8	**72.2**	10.6	3.0	18.5	**752**
Lower Secondary (F1-3)	14.1	66.1	58.1	16.8	**75.4**	6.5	4.0	24.2	**829**
Upper Secondary F4-5 & Post Sec	15.3	60.9	58.1	13.8	**73.5**	7.9	3.3	25.6	**1,160**
University	26.2	49.3	53.6	11.7	**68.2**	3.4	2.1	18.1	**72**
Missing	11.7	65.9	63.1	18.7	**77.8**	7.9	2.5	24.5	**127**
Wealth index quintiles									
Poorest	10.9	70.0	68.0	17.6	**78.7**	7.9	2.5	28.4	**585**
Second	15.0	64.4	61.2	17.9	**74.4**	6.9	3.7	19.1	**609**
Middle	10.5	65.8	55.7	16.3	**76.4**	9.2	3.8	21.6	**619**
Fourth	18.2	56.4	51.6	13.4	**69.4**	8.5	3.9	21.1	**589**
Richest	20.0	55.8	53.8	12.0	**69.8**	7.6	2.7	26.2	**552**
Total	14.8	62.6	58.1	15.5	**73.8**	8.0	3.3	23.2	**2,953**

*** MICS Indicator 74**

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

[1] Excludes: 7 cases with sex not stated

[2] Excludes: 13 case with "Nursery/None/Non Standard Curriculum" education levels

Table CP.5: Children's living arrangements and orphanhood

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

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to deter-mine	Total	Not living with a biological parent *	One or both parents dead **	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex[1]														
Male	63.2	1.2	0.5	7.1	0.7	20.1	2.8	2.2	0.5	1.8	100.0	9.5	5.8	4,341
Female	60.0	0.8	1.1	8.2	0.8	21.6	2.5	1.6	0.6	2.8	100.0	10.9	6.0	4,128
Regional Grouping														
Regions 01, 07, 08, 09	73.7	0.6	1.0	7.4	0.8	12.2	1.6	0.6	0.5	1.6	100.0	9.8	4.5	1,061
Regions 02, 03	72.1	1.4	0.8	5.3	0.9	10.8	2.6	1.2	0.4	4.4	100.0	8.4	6.4	1,724
Regions 05, 06	61.5	0.5	0.6	10.1	0.5	19.0	3.5	2.1	0.6	1.6	100.0	11.6	5.8	1,889
Region 04	54.4	1.2	0.8	7.0	0.9	28.0	2.6	2.7	0.7	1.7	100.0	10.0	6.2	3,326
Region 10	47.7	1.3	1.2	10.3	0.0	32.2	3.1	1.2	0.0	2.9	100.0	12.9	5.8	489
Residence														
Urban	46.9	0.8	0.8	8.5	0.9	33.1	3.6	2.7	0.7	2.1	100.0	10.9	6.9	2,196
Rural	66.7	1.1	0.8	7.3	0.7	16.5	2.4	1.6	0.5	2.4	100.0	9.9	5.6	6,292
Coastal	59.7	1.1	0.8	7.7	0.8	22.0	2.9	2.1	0.6	2.4	100.0	10.3	6.2	7,229
Urban Coastal	46.9	0.8	0.8	8.5	0.9	33.1	3.6	2.7	0.7	2.1	100.0	10.9	6.9	2,196
Rural Coastal	65.3	1.2	0.7	7.4	0.7	17.2	2.6	1.9	0.5	2.5	100.0	10.0	5.9	5,033
Interior	72.4	0.8	0.9	7.1	0.7	13.7	1.5	0.7	0.4	1.8	100.0	9.5	4.4	1,259
Age														
0-4 years	69.4	0.4	0.1	3.0	0.1	21.8	1.4	1.2	0.5	2.1	100.0	3.6	2.6	2,029
5-9 years	62.7	0.6	0.8	8.1	0.5	21.0	2.0	2.2	0.5	1.6	100.0	10.0	4.4	2,599
10-14 years	58.9	1.7	0.8	8.9	1.1	20.9	3.6	2.1	0.4	1.7	100.0	12.5	7.6	2,585
15-17 years	52.4	1.7	1.7	11.1	1.6	18.5	4.4	2.1	1.2	5.3	100.0	16.1	10.9	1,275
Wealth index quintiles														
Poorest	69.1	0.9	0.8	6.8	0.4	16.3	2.4	1.3	0.4	1.7	100.0	8.8	4.8	2,140
Second	62.2	0.8	0.4	6.8	1.1	19.9	3.7	1.9	0.5	2.7	100.0	9.1	6.6	1,812
Middle	61.3	1.3	0.9	7.1	0.8	20.4	2.7	1.5	1.0	3.0	100.0	10.1	6.7	1,719
Fourth	55.3	0.9	1.3	10.3	0.8	24.3	2.1	2.6	0.8	1.7	100.0	13.2	6.2	1,516
Richest	56.2	1.5	0.6	7.5	0.7	25.8	2.6	2.6	0.1	2.5	100.0	10.3	5.5	1,303

Table CP.5: Children's living arrangements and orphanhood (cont'd)
Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Guyana, 2006

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent *	One or both parents dead **	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Ethnicity of Individual														
African/Black	41.6	1.1	0.8	11.8	0.7	34.7	2.8	3.0	0.5	3.0	100.0	14.4	6.1	2,230
Amerindian	75.7	0.4	0.8	6.8	0.7	11.8	1.7	0.7	0.4	1.0	100.0	8.7	4.0	1,070
East Indian	74.4	1.1	0.7	5.2	0.5	10.7	3.4	1.8	0.4	1.8	100.0	7.6	6.2	3,046
Other[2]	(68.9)	(0.0)	(4.2)	(0.0)	(1.5)	(24.6)	(0.0)	(0.0)	(0.0)	(0.8)	100.0	(5.7)	(5.7)	32
Mixed	56.6	1.2	0.7	7.3	1.1	25.4	2.2	1.5	1.0	2.9	100.0	10.3	6.3	2,062
Don't Know	(67.0)	(0.0)	(0.0)	(0.0)	(5.0)	(19.6)	(0.0)	(8.4)	(0.0)	(0.0)	100.0	(5.0)	(5.0)	49
Total	61.6	1.0	0.8	7.6	0.8	20.8	2.7	1.9	0.6	2.3	100.0	10.2	5.9	8,489

* MICS Indicator 78
** MICS Indicator 75
( ) Figures that are based on 25–49 unweighted cases
[1] Excludes: 20 cases where sex was not stated
[2] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table CP.6: Early marriage/ Cohabitation
Percentage of women aged 15-49 in marriage or union before their 15th birthday.
Percentage of women aged 20-49 years in marriage or union before their 18th birthday.
Percentage of women aged 15-19 currently married or in union and the percentage of married or in union women. Guyana, 2006

	Percentage married before age 15 *	Number of women aged 15-49 years	Percentage married before age 18 *	Number of women aged 20-49 years	Percentage of women 15-19 years married/in union **	Number of women aged 15-19 years
Regional Grouping						
Regions 01. 07. 08. 09	6.5	376	27.8	294	21.0	82
Regions 02. 03	4.7	1,029	20.8	830	15.6	199
Regions 05. 06	6.1	1,137	28.1	922	17.8	215
Region 04	3.6	2,225	18.0	1,808	11.4	418
Region 10	3.4	268	16.0	210	10.2	58
Residence						
Urban	3.1	1,509	15.0	1,222	7.2	287
Rural	5.2	3,526	24.2	2,841	17.4	684
Coastal	4.4	4,571	20.9	3,701	13.8	869
Urban Coastal	3.1	1,509	15.0	1,222	7.2	287
Rural Coastal	5.1	3,061	23.8	2,479	17.0	582
Interior	6.3	464	27.1	362	20.1	102
Age						
15-19	4.0	971	na	na	14.4	971
20-24	4.4	760	19.8	760	na	na
25-29	5.8	724	21.8	724	na	na
30-34	4.8	757	21.3	757	na	na
35-39	4.0	690	23.5	690	na	na
40-44	5.7	617	21.7	617	na	na
45-49	3.4	516	20.6	516	na	na
Women's Education						
Nursery/None/Non Standard Curriculum	(*)	24	(*)	23	(*)	1
Primary	8.8	930	33.0	864	41.7	66
Lower Secondary (F1-3)	5.7	1,404	27.1	1,035	13.0	369
Upper Secondary F4-5 & Post Sec	2.2	2,350	13.8	1,848	11.9	501
University	2.6	169	6.2	157	(*)	12
DON'T KNOW	(7.1)	43	(18.7)	38	(*)	6
Missing	7.4	115	27.7	98	(*)	17
Wealth index quintiles						
Poorest	7.1	765	32.2	598	23.0	167
Second	7.8	965	24.4	753	25.6	212
Middle	3.9	1,045	24.2	842	11.1	203
Fourth	2.7	1,090	17.0	892	8.4	198
Richest	2.6	1,170	14.3	978	4.3	192
Ethnicity of Woman						
African/Black	2.0	1,432	10.0	1,151	5.3	281
Amerindian	6.6	425	26.4	338	28.2	87
East Indian	6.3	2,251	28.2	1,860	20.6	391
Other[1]	(0.0)	26	(*)	23	(*)	3
Mixed	3.7	884	20.3	677	9.1	206
NS/Don't Know	(*)	19	(*)	14	(*)	4
Total	**4.6**	**5,035**	**21.4**	**4,064**	**14.4**	**971**

*** MICS Indicator 67**

**** MICS Indicator 68**

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

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

[1] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table CP.7: Spousal age difference

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

	Percentage of currently married/in union women aged 15-19 whose husband or partner is:					Number of women aged 15-19 years currently married/ in union	Percentage of currently married/in union women aged 20-24 whose husband or partner is:						Number of women aged 20-24 years currently married/in union
	0-4 years older	5-9 years older	10+ years older *	Husband/ partner's age un- known	Total		Younger	0-4 years older	5-9 years older	10+ years older *	Husband/ partner's age unknown	Total	
Regional Grouping													
Regions 01. 07. 08. 09	(*)	(*)	(*)	(*)	(*)	17	(6.8)	(30.5)	(35.9)	(26.8)	(0.0)	(100.0)	39
Regions 02. 03	(30.9)	(50.0)	(19.0)	(0.0)	(100.0)	31	4.7	31.1	47.3	13.3	3.6	100.0	72
Regions 05. 06	(35.7)	(51.9)	(12.4)	(0.0)	(100.0)	38	0.0	39.3	41.8	18.8	0.0	100.0	110
Region 04	(30.3)	(47.6)	(19.8)	(2.2)	(100.0)	48	4.4	42.2	34.6	16.2	2.6	100.0	122
Region 10	(*)	(*)	(*)	(*)	(*)	6	(*)	(*)	(*)	(*)	(*)	(*)	16
Residence													
Urban	(*)	(*)	(*)	(*)	(*)	21	5.5	39.3	36.9	14.6	3.8	100.0	75
Rural	33.2	44.6	21.1	1.1	100.0	119	2.7	37.6	40.3	18.4	1.0	100.0	283
Coastal	32.6	49.7	16.8	0.9	100.0	120	2.8	38.6	40.2	16.6	1.8	100.0	315
Urban Coastal	(*)	(*)	(*)	(*)	(*)	21	5.5	39.3	36.9	14.6	3.8	100.0	75
Rural Coastal	35.5	45.6	17.8	1.0	100.0	99	1.9	38.4	41.3	17.2	1.2	100.0	240
Interior	(*)	(*)	(*)	(*)	(*)	20	(6.9)	(33.6)	(34.9)	(24.6)	(0.0)	(100.0)	44
Women's Education**													
Primary	(10.7)	(48.6)	(39.6)	(1.1)	(100.0)	27	4.6	30.8	37.1	27.5	0.0	100.0	56
Lower Secondary (F1-3)	(26.8)	(51.8)	(21.4)	(0.0)	(100.0)	48	4.7	31.4	45.2	18.7	0.0	100.0	97
Upper Secondary F4-5 & Post Sec	46.0	43.0	9.3	1.7	100.0	60	2.5	44.5	35.5	15.1	2.4	100.0	184
Don't Know	(*)	(*)	(*)	(*)	(*)	5	(*)	(*)	(*)	(*)	(*)	(*)	14
Wealth index quintiles													
Poorest	(14.5)	(54.3)	(30.4)	(0.8)	(100.0)	38	5.5	35.5	35.3	23.7	0.0	100.0	69
Second	38.0	45.0	15.0	1.9	100.0	54	4.3	28.7	46.7	18.3	2.0	100.0	80
Middle	(*)	(*)	(*)	(*)	(*)	22	0.0	36.6	46.6	16.7	0.0	100.0	82
Fourth	(*)	(*)	(*)	(*)	(*)	17	3.7	46.1	36.4	9.5	4.2	100.0	68
Richest	(*)	(*)	(*)	(*)	(*)	8	3.3	45.7	29.1	19.6	2.2	100.0	60

Table CP.7: Spousal age difference
Percent distribution of currently married/in union women aged 15-19 and 20-24 according to the age difference with their husband or partner. Guyana, 2006
(continued)

	Percentage of currently married/in union women aged 15-19 whose husband or partner is:					Number of women aged 15-19 years currently married/ in union	Percentage of currently married/in union women aged 20-24 whose husband or partner is:						Number of women aged 20-24 years currently married/in union
	0-4 years older	5-9 years older	10+ years older *	Husband/ partner's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older *	Husband/ partner's age unknown	Total	
Ethnicity of Woman* **													
African/Black	(*)	(*)	(*)	(*)	(*)	15	0.0	42.6	33.9	21.2	2.3	100.0	69
Amerindian	(*)	(*)	(*)	(*)	(*)	24	(7.0)	(35.2)	(38.3)	(19.5)	(0.0)	(100.0)	49
East Indian	37.4	48.0	13.3	1.3	100.0	80	1.5	36.4	44.2	17.2	0.8	100.0	171
Mixed	(*)	(*)	(*)	(*)	(*)	19	8.3	38.7	36.3	12.2	4.4	100.0	65
NS/Don't Know	(*)	(*)	(*)	(*)	(*)	2	(*)	(*)	(*)	(*)	(*)	(*)	2
Total	**31.1**	**48.3**	**19.7**	**1.0**	**100.0**	**140**	**3.3**	**38.0**	**39.6**	**17.6**	**1.6**	**100.0**	**359**

*** MICS Indicator 69**

**** 8 women aged 20-24 years currently married/in union with University education not included**

***** 3 women aged 20-24 years currently married/in union of Chinese/White/Portuguese ethnicity not included**

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

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

Table CP.8: Attitudes toward domestic violence
Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances. Guyana, 2006

	Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner							
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	When she prepares food late	For any of these reasons*	Number of women aged 15-49 years
Regional Grouping								
Regions 01. 07. 08. 09	18.8	29.1	21.9	15.3	13.4	16.7	**42.4**	376
Regions 02. 03	12.5	20.6	8.9	6.7	8.0	6.7	**27.9**	1,029
Regions 05. 06	7.3	12.5	5.9	4.2	4.7	4.2	**17.8**	1,137
Region 04	2.9	7.0	2.5	2.6	2.3	2.3	**9.5**	2,225
Region 10	3.0	9.7	6.0	2.8	2.0	3.2	**16.0**	268
Residence								
Urban	2.1	5.4	2.5	2.0	1.9	1.3	**7.7**	1,509
Rural	9.1	15.9	7.8	6.0	6.1	6.2	**22.3**	3,526
Coastal	6.1	11.4	4.9	3.9	4.2	3.7	**15.8**	4,571
Urban Coastal	2.1	5.4	2.5	2.0	1.9	1.3	**7.7**	1,509
Rural Coastal	8.0	14.3	6.0	4.9	5.3	4.9	**19.8**	3,061
Interior	16.3	26.5	19.6	13.2	11.2	14.9	**38.6**	464
Age								
15-19	6.9	14.8	7.2	5.2	6.1	5.7	**19.0**	971
20-24	7.0	11.2	5.9	3.1	3.9	5.5	**15.6**	760
25-29	6.1	11.7	6.3	4.4	5.3	5.5	**16.7**	724
30-34	7.0	14.1	5.5	4.5	3.9	3.7	**19.3**	757
35-39	8.0	13.5	6.9	5.2	4.8	4.1	**20.1**	690
40-44	7.7	12.6	7.5	6.4	5.8	5.1	**19.0**	617
45-49	6.5	10.4	3.4	4.8	3.3	2.9	**14.9**	516
Marital/Union status								
Currently married/in union	8.7	14.6	7.3	5.6	5.4	5.4	**20.7**	2,964
Formerly married/in union	6.3	13.0	4.7	4.0	4.3	3.3	**17.5**	452
Never married/in union	4.1	9.4	4.7	3.4	3.9	4.0	**12.9**	1,620
Women's Education[1]								
Primary	10.4	17.2	8.6	6.3	6.7	5.9	**25.2**	930
Lower Secondary (F1-3)	9.7	17.0	8.4	7.5	6.9	6.7	**23.1**	1,404
Upper Secondary F4-5 & Post Sec	4.0	8.7	4.0	2.6	3.0	3.1	**12.2**	2,350
University	1.4	2.1	1.4	1.4	1.3	0.7	**4.1**	169
DON'T KNOW	(5.3)	(9.1)	(3.2)	(0.0)	(6.0)	(4.3)	**(15.4)**	43
Missing	20.1	28.6	13.8	10.3	8.1	12.7	**36.3**	115
Wealth index quintiles								
Poorest	18.8	28.2	17.7	11.3	11.1	12.4	**39.2**	765
Second	7.1	14.6	6.4	5.8	5.8	4.4	**19.9**	965
Middle	6.9	12.6	4.9	3.5	4.6	4.3	**16.6**	1,045
Fourth	4.0	9.2	4.3	3.6	3.8	3.8	**14.2**	1,090
Richest	2.1	4.8	1.5	1.8	1.0	1.4	**7.0**	1,170
Ethnicity of Woman[2]								
African/Black	1.1	4.2	2.2	1.4	1.7	1.6	**6.8**	1,432
Amerindian	19.9	31.5	21.4	13.1	13.5	16.9	**44.4**	425
East Indian	9.8	15.8	6.6	6.2	6.1	5.3	**22.1**	2,251
Other[3]	(1.2)	(1.2)	(1.2)	(9.5)	(5.1)	(9.5)	**(9.5)**	26
Mixed	3.8	10.3	4.5	2.2	2.5	2.6	**13.0**	884
Total	**7.0**	**12.8**	**6.2**	**4.8**	**4.8**	**4.8**	**17.9**	**5,035**

*** MICS Indicator 100**

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

[1] Excludes: 24 cases with "Nursery/None/Non Standard Curriculum" education levels

[2] Excludes: 19 cases with ethnicities not stated

[3] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table HA.1: Knowledge of preventing HIV transmission
Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission. Guyana, 2006

		Percentage who know transmission can be prevented by:						
	Heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
Regional Grouping								
Regions 01. 07. 08. 09	87.2	71.2	63.0	61.1	46.4	81.2	18.8	376
Regions 02. 03	94.8	77.4	73.0	61.2	48.5	89.8	10.2	1,029
Regions 05. 06	90.3	78.2	74.2	57.5	48.2	86.4	13.6	1,137
Region 04	98.4	80.4	85.6	77.8	61.8	95.6	4.4	2,225
Region 10	99.0	84.9	85.4	80.6	64.3	97.5	2.5	268
Residence								
Urban	97.0	79.8	88.1	78.5	63.8	95.2	4.8	1,509
Rural	94.2	78.4	74.7	64.5	51.2	89.7	10.3	3,526
Coastal	95.7	79.3	80.0	69.2	55.6	92.1	7.9	4,571
Urban Coastal	97.0	79.8	88.1	78.5	63.8	95.2	4.8	1,509
Rural Coastal	95.0	79.1	76.0	64.6	51.6	90.6	9.4	3,061
Interior	89.1	73.9	66.2	63.8	48.9	83.7	16.3	464
Age								
15-19	96.1	78.4	79.8	72.3	56.9	92.0	8.0	971
20-24	96.1	82.6	81.3	68.0	57.0	93.7	6.3	760
25-29	94.6	77.7	79.3	66.7	53.0	91.7	8.3	724
30-34	94.9	80.0	78.6	68.9	55.1	91.2	8.8	757
35-39	95.5	77.8	77.4	69.4	55.1	90.5	9.5	690

40-44	92.9	75.7	77.2	66.9	53.2	90.3	9.7	617
45-49	94.5	79.0	75.9	66.8	53.2	88.7	11.3	516
Women's Education[1]								
Primary	90.4	72.4	67.9	57.0	42.6	83.8	16.2	930
Lower Secondary (F1-3)	95.4	77.9	76.2	67.3	52.4	91.3	8.7	1,404
Upper Secondary F4-5 & Post Sec	96.8	82.1	84.3	74.1	61.1	94.6	5.4	2,350
University	99.3	86.1	91.4	76.1	66.8	97.0	3.0	169
DON'T KNOW	(97.0)	(80.7)	(82.5)	(81.6)	(66.3)	(91.8)	(8.2)	43
Missing	85.6	66.7	65.2	54.1	44.6	79.2	20.8	115
Wealth index quintiles								
Poorest	88.0	68.8	61.4	54.0	40.3	80.8	19.2	765
Second	95.1	77.8	75.9	64.1	50.8	90.1	9.9	965
Middle	95.3	83.3	79.7	70.9	58.8	92.4	7.6	1,045
Fourth	96.8	79.3	81.7	72.5	57.4	93.6	6.4	1,090
Richest	97.9	81.8	88.8	76.6	62.5	96.3	3.7	1,170
Ethnicity of Woman[2]								
African/Black	97.8	81.7	85.6	77.4	61.9	95.6	4.4	1,432
Amerindian	87.7	67.3	60.0	57.0	41.0	80.3	19.7	425
East Indian	94.6	79.0	76.8	63.2	50.9	90.2	9.8	2,251
Other[3]	(85.1)	(77.0)	(77.8)	(81.3)	(66.7)	(85.1)	(14.9)	26
Mixed	95.5	79.5	82.0	74.1	60.9	93.1	6.9	884
Total	**95.1**	**78.8**	**78.7**	**68.7**	**55.0**	**91.4**	**8.6**	**5,035**

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

[1] Excludes: 24 cases with "Nursery/None/Non Standard Curriculum" education levels

[2] Excludes: 19 cases with ethnicities not stated

[3] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Percent who know that:				Percent who know that:	
	HIV cannot be transmitted by:					
	Sharing food	Mosquito bites	A healthy looking person can be infected	Reject two most common misconceptions and know a healthy-looking person can be infected	HIV cannot be transmitted by supernatural means	Number of women
Regional Grouping						
Regions 01. 07. 08. 09	69.7	65.9	69.7	48.7	72.9	376
Regions 02. 03	77.6	71.8	81.9	58.0	82.7	1,029
Regions 05. 06	74.1	67.7	77.7	55.0	73.4	1,137
Region 04	81.2	81.9	91.0	66.5	89.5	2,225
Region 10	89.9	81.4	89.8	73.1	89.6	268
Residence						
Urban	83.7	84.5	90.7	71.8	87.9	1,509
Rural	76.3	71.5	81.8	56.6	81.2	3,526
Coastal	79.2	76.3	85.7	62.3	84.0	4,571
Urban Coastal	83.7	84.5	90.7	71.8	87.9	1,509
Rural Coastal	77.0	72.3	83.2	57.6	82.1	3,061
Interior	71.3	66.4	73.0	50.3	75.5	464
Age						
15-19	80.5	78.0	84.2	62.9	85.0	971
20-24	82.7	80.0	86.3	65.1	86.2	760
25-29	76.9	75.6	85.4	61.9	83.9	724
30-34	79.6	75.2	82.4	60.3	81.6	757
35-39	76.4	72.2	83.4	58.1	82.2	690
40-44	75.5	72.5	84.6	58.9	82.6	617
45-49	75.5	71.6	85.3	59.4	78.9	516
Women's Education[1]						
Primary	66.9	64.2	73.6	45.2	74.1	930
Lower Secondary (F1-3)	78.6	72.0	82.5	57.5	82.8	1,404
Upper Secondary F4-5 & Post Sec	83.1	81.5	89.8	69.1	87.5	2,350
University	90.8	90.4	97.6	82.5	92.5	169
DON'T KNOW	(81.9)	(81.5)	(90.8)	(67.5)	(86.8)	43
Missing	58.8	60.0	67.5	39.8	61.5	115
Wealth index quintiles						
Poorest	68.2	60.3	67.5	43.2	71.0	765
Second	75.9	71.9	82.9	57.0	80.1	965
Middle	77.9	74.8	84.1	58.6	83.3	1,045
Fourth	82.5	79.4	88.2	66.0	85.5	1,090
Richest	84.1	85.0	93.8	74.2	91.6	1,170
Ethnicity of Woman[2]						
African/Black	81.9	84.3	91.6	69.3	88.8	1,432
Amerindian	69.6	61.9	68.0	45.9	73.2	425
East Indian	75.8	71.2	81.5	55.8	80.9	2,251
Other[3]	(66.2)	(79.3)	(80.2)	(60.4)	(79.0)	26
Mixed	84.6	78.4	88.9	69.1	85.2	884
Total	**78.5**	**75.4**	**84.5**	**61.2**	**83.2**	**5,035**

( ) Figures that are based on 25–49 unweighted cases
[1] Excludes: 24 cases with "Nursery/None/Non Standard Curriculum" education levels
[2] Excludes: 19 cases with ethnicities not stated
[3] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Knows 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions) *	Number of women
Regional Grouping				
Regions 01. 07. 08. 09	55.6	48.7	34.5	376
Regions 02. 03	63.8	58.0	43.1	1,029
Regions 05. 06	67.3	55.0	44.1	1,137
Region 04	71.5	66.5	52.9	2,225
Region 10	74.7	73.1	59.3	268
Residence				
Urban	73.6	71.8	59.2	1,509
Rural	65.5	56.6	43.0	3,526
Coastal	68.9	62.3	49.1	4,571
Urban Coastal	73.6	71.8	59.2	1,509
Rural Coastal	66.6	57.6	44.1	3,061
Interior	58.6	50.3	36.2	464
Age				
15-19	68.5	62.9	48.3	971
20-24	71.2	65.1	52.8	760
15-24	69.7	63.9	50.3	1,731
25-29	67.0	61.9	48.4	724
30-34	68.6	60.3	47.1	757
35-39	66.6	58.1	44.8	690
40-44	64.9	58.9	45.7	617
45-49	68.0	59.4	47.1	516
Women's Education[1]				
Primary	57.8	45.2	32.9	930
Lower Secondary (F1-3)	65.8	57.5	43.3	1,404
Upper Secondary F4-5 & Post Sec	73.2	69.1	55.8	2,350
University	80.5	82.5	69.7	169
DON'T KNOW	(74.1)	(67.5)	(56.9)	43
Missing	53.8	39.8	29.7	115
Wealth index quintiles				
Poorest	52.7	43.2	30.2	765
Second	65.6	57.0	43.6	965
Middle	71.6	58.6	48.1	1,045
Fourth	69.6	66.0	50.8	1,090
Richest	75.1	74.2	60.1	1,170
Ethnicity of Woman[2]				
African/Black	72.7	69.3	55.6	1,432
Amerindian	51.7	45.9	31.5	425
East Indian	67.3	55.8	43.8	2,251
Other[3]	(70.5)	(60.4)	(56.9)	26
Mixed	70.1	69.1	53.7	884
Total	**68.0**	**61.2**	**47.9**	**5,035**

*** MICS Indicator 82; MDG Indicator 19b**

*** MICS Indicator 82; MDG Indicator 19b**

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

[1] Excludes: 24 cases with "Nursery/None/Non Standard Curriculum" education levels

[2] Excludes: 19 cases with ethnicities not stated

[3] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Table HA.4: Knowledge of mother-to-child HIV transmission
Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child.
Guyana, 2006

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted: During pregnancy	At delivery	Through breastmilk	All three ways *	Did not know any specific way	Number of women
Regional Grouping							
Regions 01. 07. 08. 09	82.3	75.9	63.3	69.3	**50.8**	4.9	376
Regions 02. 03	89.6	86.8	67.5	68.7	**56.4**	5.2	1,029
Regions 05. 06	84.4	80.8	62.2	74.9	**56.8**	5.9	1,137
Region 04	93.5	84.4	69.6	81.3	**59.9**	5.0	2,225
Region 10	96.1	82.9	69.3	84.1	**58.1**	2.9	268
Residence							
Urban	92.0	81.9	66.7	81.8	**58.4**	5.0	1,509
Rural	89.0	84.0	67.2	74.3	**57.4**	5.2	3,526
Coastal	90.5	84.0	67.3	77.1	**58.4**	5.2	4,571
Urban Coastal	92.0	81.9	66.7	81.8	**58.4**	5.0	1,509
Rural Coastal	89.7	85.1	67.7	74.8	**58.4**	5.2	3,061
Interior	84.5	76.9	64.2	70.5	**51.2**	4.6	464
Age							
15-19	91.2	86.0	69.0	80.2	**61.7**	4.8	971
20-24	92.1	84.7	68.6	79.2	**59.0**	4.0	760
25-29	88.5	80.6	66.6	75.5	**57.1**	6.1	724
30-34	90.9	81.8	64.4	76.7	55.1	4.0	757
35-39	88.4	83.7	69.5	75.6	**60.3**	7.1	690
40-44	87.9	82.6	63.9	71.5	**53.6**	4.9	617
45-49	89.4	83.0	66.1	74.0	**54.7**	5.1	516
Women's Education[1]							
Primary	84.6	81.0	63.6	71.3	**56.4**	5.8	930
Lower Secondary (F1-3)	89.6	84.2	66.3	75.1	**56.8**	5.9	1,404
Upper Secondary F4-5 & Post Sec	92.4	84.4	68.9	79.6	**59.3**	4.5	2,350
University	96.3	83.2	75.6	83.0	**61.8**	3.0	169
DON'T KNOW	(97.0)	(92.1)	(61.5)	(75.7)	**(56.8)**	(0.0)	43
Missing	76.7	69.4	57.9	63.8	**45.6**	8.9	115
Wealth index quintiles							
Poorest	81.9	75.5	60.3	67.0	**49.2**	6.1	765
Second	89.1	83.7	66.7	77.7	**60.4**	6.0	965
Middle	91.0	86.3	68.4	78.7	**60.2**	4.3	1,045
Fourth	91.8	85.5	67.0	77.0	**57.4**	4.9	1,090
Richest	93.2	83.7	70.5	79.4	**59.2**	4.7	1,170
Ethnicity of Woman[2]							
African/Black	93.9	84.2	69.3	84.5	**60.8**	3.9	1,432
Amerindian	82.9	77.1	65.7	67.6	**52.2**	4.9	425
East Indian	88.3	83.6	64.4	71.7	55.1	6.3	2,251
Other[3]	(85.1)	(74.2)	(80.3)	(85.1)	**(74.2)**	(0.0)	26
Mixed	91.2	84.8	70.6	80.1	**61.9**	4.3	884
Total	**89.9**	**83.4**	**67.0**	**76.5**	**57.7**	5.1	**5,035**

*** MICS Indicator 89**

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

[1] Excludes: 24 cases with "Nursery/None/Non Standard Curriculum" education levels

[2] Excludes: 19 cases with ethnicities not stated

[3] Includes cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

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

	Percent of women who:						
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a female teacher with HIV should not be allowed to work	Would not buy fresh vegetable from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	Number of women who have heard of AIDS
Regional Grouping							
Regions 01. 07. 08. 09	24.1	27.7	49.5	52.6	78.1	21.9	328
Regions 02. 03	16.3	32.4	29.6	53.2	72.9	27.1	975
Regions 05. 06	9.4	30.7	27.8	44.8	65.4	34.6	1,027
Region 04	7.7	38.0	14.6	28.6	58.5	41.5	2,191
Region 10	3.1	37.8	17.6	24.8	58.2	41.8	266
Residence							
Urban	4.0	41.0	11.2	20.9	55.7	44.3	1,465
Rural	13.6	31.8	28.3	46.3	68.0	32.0	3,321
Coastal	9.8	35.2	20.9	37.4	63.1	36.9	4,372
Urban Coastal	4.0	41.0	11.2	20.9	55.7	44.3	1,465
Rural Coastal	12.7	32.2	25.8	45.7	66.9	33.1	2,908
Interior	20.4	28.6	46.1	50.3	76.0	24.0	414
Age							
15-19	8.7	42.2	20.1	35.8	67.9	32.1	933
20-24	9.6	35.2	19.7	37.8	63.1	36.9	730
25-29	12.3	36.2	23.7	36.8	63.5	36.5	685
30-34	10.3	33.9	23.6	37.3	64.1	35.9	718
35-39	12.9	30.6	26.6	40.9	63.4	36.6	658
40-44	11.7	28.8	24.6	40.7	63.0	37.0	573
45-49	10.0	29.8	25.4	43.3	62.8	37.2	488
Women's Education[1]							
Primary	17.2	32.8	38.3	53.6	76.2	23.8	840
Lower Secondary (F1-3)	13.4	33.2	28.8	44.0	66.7	33.3	1,340
Upper Secondary F4-5 & Post Sec	6.7	36.4	14.8	30.6	59.3	40.7	2,275
University	3.0	36.4	2.2	17.2	47.9	52.1	168
DON'T KNOW	(5.1)	(33.0)	(13.4)	(28.2)	(49.1)	(50.9)	42
Missing	23.9	26.8	47.6	59.7	79.5	20.5	99
Wealth index quintiles							
Poorest	22.8	27.0	45.8	52.5	75.0	25.0	673
Second	15.0	32.0	29.8	45.5	68.9	31.1	917
Middle	8.6	33.4	22.7	41.1	62.8	37.2	995
Fourth	7.2	36.8	16.7	34.3	61.2	38.8	1,055
Richest	5.1	40.0	10.5	26.3	58.2	41.8	1,145
Ethnicity of Woman[2]							
African/Black	4.4	40.0	10.0	25.8	58.6	41.4	1,400
Amerindian	24.5	25.1	50.6	53.6	76.4	23.6	373
East Indian	14.2	32.9	29.5	47.6	68.5	31.5	2,130
Mixed	5.9	33.8	16.6	29.9	57.1	42.9	844
Total	**10.7**	**34.6**	**23.1**	**38.5**	**64.2**	**35.8**	**4,786**

*** MICS Indicator 86**

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

[1] Excludes: 22 cases with "Nursery/None/Non Standard Curriculum" education levels

[2] Excludes: 17 cases with ethnicities not stated

22 cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Know a place to get tested *	Have been tested **	Number of women	If tested. have been told result	Number of women who have been tested for HIV
Regional Grouping					
Regions 01. 07. 08. 09	50.5	23.4	376	84.9	88
Regions 02. 03	79.2	22.4	1,029	87.3	230
Regions 05. 06	73.6	28.9	1,137	82.3	329
Region 04	89.1	38.2	2,225	90.7	851
Region 10	86.7	38.6	268	91.4	104
Residence					
Urban	91.2	39.4	1,509	90.3	595
Rural	76.0	28.6	3,526	87.1	1,007
Coastal	83.2	32.5	4,571	88.4	1,485
Urban Coastal	91.2	39.4	1,509	90.3	595
Rural Coastal	79.3	29.1	3,061	87.1	890
Interior	54.7	25.1	464	86.9	116
Age					
15-19	77.2	19.7	971	82.2	191
20-24	85.6	40.7	760	86.8	309
25-29	83.0	43.6	724	90.0	316
30-34	81.6	40.7	757	89.2	308
35-39	81.4	29.7	690	90.2	205
40-44	76.4	25.0	617	90.2	154
45-49	78.7	22.9	516	88.9	118
Women's Education[1]					
Primary	71.1	26.1	930	87.5	242
Lower Secondary (F1-3)	75.4	27.3	1,404	83.5	384
Upper Secondary F4-5 & Post Sec	87.2	36.1	2,350	90.2	847
University	95.2	40.4	169	94.1	68
NS/Missing	68.6	31.6	94.0	85.9	50
Wealth index quintiles					
Poorest	59.5	26.6	765	85.0	204
Second	78.8	34.2	965	86.0	330
Middle	82.0	31.4	1.045	89.3	328
Fourth	84.1	29.6	1,090	87.6	323
Richest	91.3	35.5	1,170	91.3	416
Ethnicity of Woman[2]					
African/Black	90.0	41.8	1,432	89.2	598
Amerindian	52.5	23.6	425	82.7	100
East Indian	77.5	23.5	2,251	86.2	529
Mixed	86.8	40.5	884	91.0	358
Total	**80.6**	**31.8**	**5,035**	**88.3**	**1,601**

*** MICS Indicator 87**

**** MICS Indicator 88**

[1] Excludes: 10 cases with "Nursery/None/Non Standard Curriculum" education levels

[2] Excludes: 4 cases with ethnicities not stated

12 cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

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

	Percent of women who:				
	Received antenatal care from a health professional for last pregnancy	Were provided information about HIV prevention during ANC visit *	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit **	Number of women who gave birth in two years preceding the survey
Regional Grouping					
Regions 01. 07. 08. 09	53.5	39.8	22.4	17.4	120
Regions 02. 03	86.8	68.4	68.5	62.6	133
Regions 05. 06	86.7	74.8	66.2	48.1	146
Region 04	86.9	71.8	77.3	68.5	296
Region 10	(86.0)	(78.8)	(80.6)	(78.6)	46
Residence					
Urban	87.2	79.3	83.5	72.2	178
Rural	79.6	63.1	59.0	50.6	563
Coastal	87.2	72.3	73.4	63.4	600
Urban Coastal	87.2	79.3	83.5	72.2	178
Rural Coastal	87.2	69.4	69.2	59.6	422
Interior	56.7	44.4	28.4	23.5	141
Age					
15-19	78.7	75.5	69.8	57.9	117
20-24	83.9	65.8	66.8	55.9	205
25-29	82.8	65.9	63.5	57.3	179
30-34	80.8	66.5	63.3	54.6	149
35-49	77.5	62.2	59.3	51.8	91
Women's Education[1]					
Primary	78.6	58.5	60.1	53.7	144
Lower Secondary (F1-3)	82.7	73.4	64.1	49.0	204
Upper Secondary F4-5 & Post Sec	82.5	69.2	68.8	61.9	350
Don't know	(66.6)	(33.3)	(40.1)	(34.3)	30
Wealth index quintiles					
Poorest	66.4	51.9	38.8	31.0	232
Second	89.1	73.7	72.2	61.5	169
Middle	86.6	72.1	75.7	70.7	133
Fourth	85.4	72.9	75.3	64.2	111
Richest	92.2	78.0	88.0	75.2	96
Ethnicity of Woman[2]					
African/Black	86.4	78.9	78.9	68.0	187
Amerindian	53.4	42.9	23.9	18.0	146
East Indian	90.2	67.3	73.0	59.8	235
Mixed	87.0	73.7	74.3	69.8	162
Total	**81.4**	**67.0**	**64.9**	**55.8**	**741**

*** MICS Indicator 90**

**** MICS Indicator 91**

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

[1] Excludes: 3 cases with "Nursery/None/Non Standard Curriculum" education levels
10 cases with "University" education level

[2] Excludes: 5 cases with ethnicities not stated
5 cases where the ethnicities are other than those stated above (i.e. Chinese, White and Portuguese)

Appendix A. Sample Design

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

The primary objective of the sample design for the Guyana Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas separately, and for two geographic sub-regions defined as interior areas and coastal areas. Interior and coastal areas were defined as the sampling domains.

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

Sample Size and Sample Allocation

The target sample size for the Guyana MICS was estimated at 5280 households. For the calculation of a minimum sample size, the key indicator considered was the overall immunisation rate among children aged 12-23 months. The following formula was used to estimate the minimum required sample size for these indicators:

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

where

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

For the calculation, r (overall immunisation rate) was assumed to be 80 percent. The value of *deff* (design effect) was taken as 1.5 based on estimates from previous surveys, p (percentage of children aged 12-23 months in the total population) was taken as 2.2 percent, and n_h (average household size) was taken as 4.1 households.

The resulting number of households from this exercise was 1213 households which is the min sample size needed in each domain – thus yielding 2426 in total. Nonetheless, it was decided that this round of MICS should be as comparable, as possible, in size to the previous round of MICS conducted in Guyana in 2000. In that round, the sample size utilized was 4800 households[14].

[14] This sample size was validated by Sampling Consultant (for UNICEF/TACRO), Anthony G. Turner, during his official visit to Guyana from 19-21 January 2000 to assist the BOS in designing the Guyana MICS2 sample.

However, because of the decline in household size (due to a large extent, the government's new housing development initiatives), especially in the coastal areas, it was decided to increase the previous sample size by 10 percent. This resulted in the number of women and children canvassed for MICS3 to be close to the numbers realized in the 2000 MICS. Also considered in arriving at the sample size, was the current high transportation cost that is prevalent in Guyana.

Guyana consists of ten (10) administrative regions. The first stage sample frame was prepared by delineating these Regions into rural and urban areas (strata). Six of the administrative Regions are considered exclusively rural, while the other four comprise both urban and rural strata. In effect, there are 16 strata; 10 rural (one for each administrative Region) and 6 urban (Regions 4 and 6 have 2 urban strata each while Regions 2 and 10 have one each). For this survey, only 2 domains (Interior and Coastal) were necessary to achieve our objectives. The Interior frame includes 5 of the rural strata while the coastal frame is made up of the remaining 5 rural strata plus the 6 urban strata. The coastal frame is implicitly stratified thereby ensuring that the urban and rural populations are proportionately represented in the sample.

The Interior domain only accounts for 10.4 percent of Guyana's population (Census 2002). Proportionate allocation would result in only 550 households being assigned to the interior sample. This would have been too small to be useful as a minimum of 1213 households was needed to provide results with the prescribed reliability. Therefore, the same number of households as was utilised as in MICS2 (1440 households). The sample size in the coastal domain was hence 3840 households.

Balancing costs, reliability and time, twenty four (24) households, the same size as used in MICS2, was selected per cluster resulting in 220 clusters being chosen for the entire country; 60 for the interior sample and 160 for the coastal sample.

Table SD.1: Number of Clusters Selected By Administrative Region, Urban/Rural And Interior/ Coastal

Reg No.	Urban	Rural		Total
	Coastal		Interior	
1			18	18
2	3	9		12
3		25		25
4	33	41		74
5		12		12
6	8	22		30
7			12	12
8			7	7
9			15	15
10	7		8	15
Total	**51**	**109**	**60**	**220**

* All urban areas are located on the coast

Sampling Frame and Selection of Clusters

The 2002 census frame was used for the selection of clusters. Census enumeration districts (EDs) were defined as primary sampling units (PSUs), and were selected from each of the sampling domains by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the EDs from the 2002 Population Census. The first stage of sampling was thus completed by selecting the required number of EDs from each of the 2 domains (Coastal and interior areas separately)

Listing Activities

Since the sample frame (the 2002 Population Census) was not up to date, the maps and household listings of the selected clusters were updated prior to selecting the households. However, this was only done for the clusters on the coast since those in the interior did not experienced too many population shifts as on the coast. This decision also took into consideration the impact such an exercise (in the interior) would have on the survey in terms of cost and time. It is estimated that if such exercise was conducted it would have caused the budget to be almost doubled.

The mapping and the listing of the households of the selected clusters were done by the 12 survey teams formed for the execution of the field work on the coast (Section 1 on Training and Fieldwork). Each team was assigned 12 to 16 clusters depending on the geographic layout to the areas. The respective supervisors were given the census maps of the clusters assigned to them, complete with indications of the buildings within the clearly defined boundaries. The supervisors were also given blank copies of *Cluster listing Schedules* to be used to list the households found in the cluster. Prior to selecting the households for each cluster selected, the team assigned to the cluster, headed by a supervisor, mapped and listed all the buildings and households found in the cluster.

The supervisors and editors identified the boundaries of the clusters, and then decided on the most suitable location to start listing. Each building found in the Cluster was given a number in sequence on the map starting from 001, 002, 003, etc. These numbers corresponded with those on the Cluster listing schedules. The listings were done in a systematic manner as far as feasible so as to avoid missing households.

Selection of Households

At the end of the mapping and listing exercise for each cluster, the total population, number of households, and buildings were then related to the BOS/ coordinator. These figures were then compared with those of the census in an effort to validate the findings. The 24 households were selected only after the BOS/ coordinator was satisfied that the entire cluster was listed. The selected was carried out using systematic selection procedures.

Calculation of Sample Weights

The Guyana Multiple Indicator Cluster Survey sample is not self-weighted. Essentially, by allocating equal numbers of households to each of the domains (coastal/interior), different sampling fractions were used in each domain since the size of the domain varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

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

$$W_h = 1 / f_h$$

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

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

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

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

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

RR = Number of interviewed households / Number of occupied households listed

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

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

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

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

The unadjusted weights for the households were calculated by multiplying the above factors for each Cluster. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national

level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires.

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

Appendix B. List of Personnel Involved in the Survey

Editor: **Cairan O'Toole**

Survey Coordinator/ Technical Coordinator/ Field Coordinator: **Lalita Sohai**

Technical Assistance:
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Name	Designation
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APPENDIX C. ESTIMATES OF SAMPLING ERRORS

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

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

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

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

Sampling errors are calculated for indicators of primary interest, for the national total, for coastal and interior areas, for the regional groupings- Regions 1, 7, 8 and 9; Region 2 and 3; Regions 5 and 6; Region 4; and Region 10, and for urban and rural areas. Two of the selected indicators are based on households, 6 are based on household members, 8 are based on women, and 15 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.6 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

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

MICS Indicator		Base Population
	HOUSEHOLDS	
30	Household availability of insecticide treated nets	All households in the interior
74	Child discipline	Children aged 2-14 years selected
	HOUSEHOLD MEMBERS	
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school enrolment rate	Children of primary school age
56	Net secondary school enrolment rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
	WOMEN	
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
67	Marriage before age 18	Women aged 20-49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
	UNDER-5s	
6	Underweight prevalence	Children under age 5
25	Tuberculosis immunization coverage	Children aged 18-29 months
26	Polio immunization coverage	Children aged 18-29 months
28	MMR immunization coverage	Children aged 18-29 months
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 (who reside in the interior) with diarrhoea in the last 2 weeks
37	Under-fives sleeping under insecticide treated nets	Children under age 5 (who reside in the interior)
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: Total

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r* - 2*se*	Confidence limits *r* + 2*se*
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.800	0.032	0.040	8.988	2.998	444	1,422	0.736	0.864
Child discipline	CP.4	0.738	0.010	0.013	1.532	1.238	2,953	3,165	0.719	0.757
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.912	0.009	0.010	5.505	2.346	20,295	5,008	0.893	0.931
Use of improved sanitation facilities	EN.5	0.975	0.005	0.005	4.163	2.040	20,295	5,008	0.966	0.984
Net primary school enrolment rate	ED.3	0.962	0.005	0.005	2.180	1.476	3,174	3,654	0.953	0.971
Net secondary school enrolment rate	ED.4	0.695	0.013	0.019	2.038	1.428	2,282	2,481	0.668	0.721
Primary completion rate	ED.6	0.714	0.021	0.029	1.255	1.120	519	586	0.672	0.756
Child labour	CP.2	0.164	0.009	0.052	3.217	1.794	5,184	5,974	0.147	0.181
WOMEN										
Skilled attendant at delivery	RH.5	0.833	0.021	0.026	2.989	1.729	741	917	0.791	0.876
Antenatal care	RH.3	0.814	0.018	0.022	1.984	1.408	741	917	0.778	0.850
Contraceptive prevalence	RH.1	0.345	0.011	0.032	1.631	1.277	2,964	3,042	0.323	0.367
Marriage before age 18	CP.5	0.214	0.007	0.034	1.255	1.120	4,064	4,034	0.200	0.229
Comprehensive knowledge about HIV prevention among young people	HA.3	0.503	0.016	0.032	1.818	1.348	1,731	1,777	0.471	0.535
Attitude towards people with HIV/AIDS	HA.5	0.358	0.009	0.026	1.839	1.356	4,786	4,715	0.339	0.377
Women who have been tested for HIV	HA.6	0.318	0.009	0.028	1.881	1.372	5,035	5,035	0.300	0.336
Knowledge of mother- to-child transmission of HIV	HA.4	0.577	0.010	0.017	2.030	1.425	5,035	5,035	0.557	0.597
UNDER-5s										
Underweight prevalence	NU.1	0.124	0.009	0.074	1.661	1.289	2,045	2,145	0.105	0.142
Tuberculosis immunization coverage	CH.2	0.960	0.009	0.010	1.070	1.034	488	475	0.941	0.978
Polio immunization coverage	CH.2	0.780	0.018	0.024	0.943	0.971	488	475	0.743	0.817
MMR immunization coverage	CH.2	0.864	0.015	0.018	0.939	0.969	488	475	0.834	0.895
Yellow Fever	CH.2	0.844	0.016	0.019	0.899	0.948	488	475	0.813	0.876
Acute respiratory infection in last two weeks	CH.6	0.056	0.006	0.099	1.456	1.207	2,500	2,500	0.045	0.067
Antibiotic treatment of suspected pneumonia	CH.7	0.195	0.031	0.158	1.040	1.020	140	173	0.134	0.257
Diarrhoea in last two weeks	CH.4	0.089	0.008	0.093	2.133	1.461	2,500	2,500	0.073	0.106
Received ORT or increased fluids and continued feeding	CH.5	0.281	0.011	0.039	0.163	0.404	223	279	0.260	0.303
Under-fives sleeping under insecticide treated nets	CH.9	0.322	0.024	0.075	3.293	1.815	460	1,231	0.274	0.371
Support for learning	CD.1	0.823	0.015	0.018	3.607	1.899	2,500	2,500	0.794	0.852
Birth registration	CP.1	0.933	0.007	0.007	1.857	1.363	2,500	2,500	0.919	0.946

Table SE.3: Sampling errors: Interior

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.800	0.032	0.040	8.988	2.998	444	1,422	0.736	0.864
Child discipline	CP.4	0.870	0.012	0.014	1.421	1.192	343	1,111	0.846	0.894
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.524	0.047	0.090	12.744	3.570	2,364	1,422	0.430	0.619
Use of improved sanitation facilities	EN.5	0.850	0.025	0.029	6.944	2.635	2,364	1,422	0.800	0.900
Net primary school enrolment rate	EN.3	0.950	0.009	0.010	2.668	1.633	449	1,502	0.931	0.968
Net secondary school enrolment rate	ED.4	0.630	0.027	0.042	2.714	1.647	278	894	0.577	0.683
Primary completion rate	ED.6	0.699	0.034	0.048	1.276	1.129	68	235	0.631	0.767
Child labour	CP.2	0.361	0.026	0.071	6.959	2.638	743	2,465	0.310	0.412
WOMEN										
Skilled attendant at delivery	RH.5	0.546	0.033	0.061	2.007	1.417	141	453	0.480	0.612
Antenatal care	RH.3	0.567	0.040	0.071	3.007	1.734	141	453	0.486	0.647
Contraceptive prevalence	RH.1	0.287	0.021	0.073	2.053	1.433	308	967	0.245	0.329
Marriage before age 18	CP.5	0.271	0.017	0.063	1.670	1.292	362	1,126	0.236	0.305
Comprehensive knowledge about HIV prevention among young people	HA.3	0.375	0.030	0.081	2.164	1.471	175	554	0.314	0.435
Attitude towards people with HIV/AIDS	HA.5	0.240	0.023	0.097	3.776	1.943	414	1,279	0.193	0.286
Women who have been tested for HIV	HA.6	0.251	0.023	0.093	4.161	2.040	464	1,449	0.204	0.297
Knowledge of mother- to-child transmission of HIV	HA.4	0.512	0.021	0.042	2.641	1.625	464	1,449	0.470	0.555
UNDER-5s										
Underweight prevalence	NU.1	0.106	0.013	0.122	1.986	1.409	414	1,126	0.080	0.132
Tuberculosis immunization coverage	CH.2	0.959	0.012	0.013	0.881	0.939	81	225	0.934	0.984
Polio immunization coverage	CH.2	0.733	0.031	0.042	1.087	1.043	81	225	0.671	0.795
MMR immunization coverage	CH.2	0.902	0.023	0.025	1.333	1.154	81	225	0.856	0.948
Yellow Fever	CH.2	0.870	0.025	0.029	1.258	1.122	81	225	0.820	0.921
Acute respiratory infection in last two weeks	CH.6	0.088	0.010	0.111	1.470	1.212	460	1,231	0.068	0.108
Antibiotic treatment of suspected pneumonia	CH.4	0.061	0.022	0.360	0.914	0.956	40	109	0.017	0.105
Diarrhoea in last two weeks	CH.4	0.145	0.013	0.088	1.616	1.271	460	1,231	0.120	0.171
Received ORT or increased fluids and continued feeding	CH.5	0.230	0.024	0.103	0.596	0.772	67	188	0.182	0.277
Under-fives sleeping under insecticide treated nets	CH.9	0.322	0.024	0.075	3.293	1.815	460	1,231	0.274	0.371
Support for learning	CD.1	0.658	0.024	0.036	3.106	1.762	460	1,231	0.611	0.706
Birth registration	CP.1	0.857	0.021	0.025	4.562	2.136	460	1,231	0.814	0.900

Table SE.4: Sampling errors: Coastal

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Child discipline	CP.4	0.721	0.011	0.015	1.171	1.082	2,611	2,054	0.699	0.742
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.963	0.008	0.008	6.163	2.483	17,931	3,586	0.947	0.979
Use of improved sanitation facilities	EN.5	0.991	0.004	0.004	5.954	2.440	17,931	3,586	0.984	0.999
Net primary school enrolment rate	ED.3	0.964	0.005	0.005	1.676	1.295	2,725	2,152	0.954	0.974
Net secondary school enrolment rate	ED.4	0.704	0.015	0.021	1.612	1.270	2,004	1,587	0.674	0.733
Primary completion rate	ED.6	0.716	0.024	0.033	0.955	0.977	450	351	0.669	0.763
Child labour	CP.2	0.131	0.009	0.071	2.672	1.635	4,441	3,509	0.113	0.150
WOMEN										
Skilled attendant at delivery	RH.5	0.901	0.026	0.029	3.556	1.886	600	464	0.848	0.953
Antenatal care	RH.3	0.872	0.020	0.023	1.709	1.307	600	464	0.832	0.913
Contraceptive prevalence	RH.1	0.351	0.012	0.034	1.332	1.154	2,656	2,075	0.327	0.376
Marriage before age 18	CP.5	0.209	0.008	0.037	1.067	1.033	3,701	2,908	0.193	0.224
Comprehensive knowledge about HIV prevention among young people	HA.3	0.517	0.017	0.034	1.481	1.217	1,556	1,223	0.482	0.552
Attitude towards people with HIV/AIDS	HA.5	0.369	0.010	0.028	1.529	1.236	4,372	3,436	0.348	0.389
Women who have been tested for HIV	HA.6	0.325	0.010	0.030	1.534	1.239	4,571	3,586	0.306	0.344
Knowledge of mother- to-child transmission of HIV	HA.4	0.584	0.011	0.018	1.683	1.297	4,571	3,586	0.563	0.605
UNDER-5s										
Underweight prevalence	NU.1	0.128	0.011	0.085	1.092	1.045	1,630	1,019	0.106	0.150
Tuberculosis immunization coverage	CH.2	0.960	0.011	0.011	0.770	0.877	407	250	0.938	0.981
Polio immunization coverage	CH.2	0.789	0.021	0.027	0.675	0.822	407	250	0.747	0.832
MMR immunization coverage	CH.2	0.857	0.018	0.021	0.630	0.794	407	250	0.821	0.892
Yellow Fever	CH.2	0.839	0.018	0.022	0.616	0.785	407	250	0.803	0.876
Acute respiratory infection in last two weeks	CH.6	0.049	0.006	0.132	1.133	1.064	2,040	1,269	0.036	0.061
Antibiotic treatment of suspected pneumonia	CH.7	0.250	0.042	0.168	0.593	0.770	99	64	0.166	0.334
Diarrhoea in last two weeks	CH.4	0.077	0.010	0.130	1.771	1.331	2,040	1,269	0.057	0.096
Received ORT or increased fluids and continued feeding	CH.5	0.304	0.012	0.039	0.061	0.247	156	91	0.280	0.327
Support for learning	CD.1	0.860	0.017	0.020	3.204	1.790	2,040	1,269	0.825	0.895
Birth registration	CP.1	0.950	0.007	0.007	1.184	1.088	2,040	1,269	0.936	0.963

Table SE.5: Sampling errors: Urban

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Child discipline	CP.4	0.728	0.021	0.028	1.288	1.135	804	602	0.687	0.769
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.970	0.006	0.006	1.404	1.185	5,559	1,120	0.958	0.982
Use of improved sanitation facilities	EN.5	0.994	0.004	0.004	2.474	1.573	5,559	1,120	0.987	1.000
Net primary school enrolment rate	ED.3	0.980	0.005	0.006	0.935	0.967	811	609	0.969	0.991
Net secondary school enrolment rate	ED.4	0.786	0.023	0.030	1.481	1.217	617	461	0.739	0.832
Primary completion rate	ED.6	0.844	0.039	0.046	1.196	1.094	137	105	0.766	0.922
Child labour	CP.2	0.088	0.014	0.159	2.414	1.554	1,314	983	0.060	0.116
WOMEN										
Skilled attendant at delivery	RH.5	0.888	0.041	0.046	2.189	1.480	177	129	0.806	0.971
Antenatal care	RH.3	0.871	0.047	0.053	2.471	1572.000	177	129	0.778	0.964
Contraceptive prevalence	RH.1	0.345	0.028	0.082	1.823	1350.000	693	518	0.289	0.401
Marriage before age 18	CP.5	0.150	0.010	0.069	0.754	0.868	1,199	904	0.129	0.170
Comprehensive knowledge about HIV prevention among young people	HA.3	0.614	0.030	0.048	1.408	1187.000	508	382	0.555	0.674
Attitude towards people with HIV/ AIDS	HA.5	0.443	0.017	0.038	1.265	1125.000	1,445	1,086	0.409	0.477
Women who have been tested for HIV	HA.6	0.399	0.017	0.042	1.294	1138.000	1,482	1,112	0.366	0.432
Knowledge of mother- to-child transmission of HIV	HA.4	0.593	0.018	0.030	1.476	1215.000	1,482	1,112	0.557	0.628
UNDER-5s										
Underweight prevalence	NU.1	0.138	0.023	0.163	1.060	1029.000	409	249	0.093	0.183
Tuberculosis immunization coverage	CH.2	0.967	0.032	0.034	2.232	1494.000	117	68	0.903	1.000
Polio immunization coverage	CH.2	0.824	0.038	0.046	0.660	0.813	117	68	0.749	0.900
MMR immunization coverage	CH.2	0.857	0.037	0.043	0.741	0.861	117	68	0.783	0.930
Yellow Fever	CH.2	0.811	0.034	0.042	0.501	0.708	117	68	0.743	0.878
Acute respiratory infection in last two weeks	CH.6	0.066	0.014	0.210	1.136	1066.000	615	367	0.038	0.093
Antibiotic treatment of suspected pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	40	26	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.073	0.014	0.196	1.098	1048.000	615	367	0.044	0.101
Received ORT or increased fluids and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	45	26	(*)	(*)
Support for learning	CD.1	0.859	0.030	0.034	2.637	1624.000	615	367	0.800	0.918
Birth registration	CP.1	0.959	0.011	0.011	1.061	1030.000	615	367	0.937	0.980

Table SE.6: Sampling errors: Rural

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.800	0.032	0.040	8.988	2.998	444	1,422	0.736	0.864
Child discipline	CP.4	0.742	0.011	0.015	1.558	1.248	2,149	2,563	0.720	0.763
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.890	0.012	0.014	6.097	2.469	14,736	3,888	0.865	0.914
Use of improved sanitation facilities	EN.5	0.968	0.006	0.006	4.489	2.119	14,736	3,888	0.956	0.980
Net primary school enrolment rate	ED.3	0.956	0.006	0.006	2.647	1.627	2,362	3,045	0.944	0.968
Net secondary school enrolment rate	ED.4	0.661	0.015	0.022	1.985	1.409	1,666	2,020	0.631	0.690
Primary completion rate	ED.6	0.667	0.024	0.036	1.247	1.117	381	481	0.619	0.715
Child labour	CP.2	0.190	0.010	0.055	3.555	1.886	3,870	4,991	0.169	0.211
WOMEN										
Skilled attendant at delivery	RH.5	0.816	0.025	0.031	3.261	1.806	564	788	0.766	0.866
Antenatal care	RH.3	0.796	0.019	0.024	1.820	1.349	564	788	0.757	0.835
Contraceptive prevalence	RH.1	0.344	0.012	0.033	1.477	1.215	2,271	2,524	0.321	0.367
Marriage before age 18	CP.5	0.242	0.009	0.038	1.440	1.200	2,865	3,130	0.223	0.260
Comprehensive knowledge about HIV prevention among young people	HA.3	0.456	0.019	0.042	2.015	1.420	1,223	1,395	0.418	0.494
Attitude towards people with HIV/AIDS	HA.5	0.321	0.011	0.035	2.041	1.429	3,341	3,629	0.299	0.343
Women who have been tested for HIV	HA.6	0.284	0.011	0.038	2.208	1.486	3,553	3,923	0.263	0.306
Knowledge of mother- to-child transmission of HIV	HA.4	0.571	0.012	0.021	2.267	1.506	3,553	3,923	0.547	0.595
UNDER-5s										
Underweight prevalence	NU.1	0.120	0.010	0.082	1.754	1.324	1,636	1,896	0.100	0.140
Tuberculosis immunization coverage	CH.2	0.957	0.007	0.007	0.472	0.687	371	407	0.943	0.971
Polio immunization coverage	CH.2	0.766	0.021	0.027	1.003	1.002	371	407	0.724	0.808
MMR immunization coverage	CH.2	0.867	0.016	0.019	0.941	0.970	371	407	0.834	0.899
Yellow Fever	CH.2	0.855	0.018	0.021	1.027	1.013	371	407	0.820	0.890
Acute respiratory infection in last two weeks	CH.6	0.053	0.006	0.109	1.414	1.189	1,885	2,133	0.041	0.064
Antibiotic treatment of suspected pneumonia	CH.7	0.111	0.025	0.224	0.918	0.958	99	147	0.061	0.161
Diarrhoea in last two weeks	CH.4	0.095	0.010	0.106	2.502	1.582	1,885	2,133	0.075	0.115
Received ORT or increased fluids and continued feeding	CH.5	0.231	0.011	0.047	0.165	0.406	178	253	0.209	0.252
Under-fives sleeping under insecticide treated nets	CH.9	0.322	0.024	0.075	3.293	1.815	460	1,231	0.274	0.371
Support for learning	CD.1	0.811	0.016	0.020	3.780	1.944	1,885	2,133	0.778	0.844
Birth registration	CP.1	0.924	0.008	0.009	2.128	1.459	1,885	2,133	0.907	0.941

Table SE.7: Sampling errors: Regions 1, 7, 8 and 9

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deff*)	Weighted count	Unweighted count	Confidence limits *r* - 2*se*	Confidence limits *r* + 2*se*
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.800	0.032	0.040	8.988	2.998	444	1,422	0.736	0.864
Child discipline	CP.4	0.742	0.011	0.015	1.558	1.248	2,149	2,563	0.720	0.763
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.890	0.012	0.014	6.097	2.469	14,736	3,888	0.865	0.914
Use of improved sanitation facilities	EN.5	0.968	0.006	0.006	4.489	2.119	14,736	3,888	0.956	0.980
Net primary school enrolment rate	ED.3	0.956	0.006	0.006	2.647	1.627	2,362	3,045	0.944	0.968
Net secondary school enrolment rate	ED.4	0.661	0.015	0.022	1.985	1.409	1,666	2,020	0.631	0.690
Primary completion rate	ED.6	0.667	0.024	0.036	1.247	1.117	381	481	0.619	0.715
Child labour	CP.2	0.190	0.010	0.055	3.555	1.886	3,870	4,991	0.169	0.211
WOMEN										
Skilled attendant at delivery	RH.5	0.816	0.025	0.031	3.261	1.806	564	788	0.766	0.866
Antenatal care	RH.3	0.796	0.019	0.024	1.820	1.349	564	788	0.757	0.835
Contraceptive prevalence	RH.1	0.344	0.012	0.033	1.477	1.215	2,271	2,524	0.321	0.367
Marriage before age 18	CP.5	0.242	0.009	0.038	1.440	1.200	2,865	3,130	0.223	0.260
Comprehensive knowledge about HIV prevention among young people	HA.3	0.456	0.019	0.042	2.015	1.420	1,223	1,395	0.418	0.494
Attitude towards people with HIV/AIDS	HA.5	0.321	0.011	0.035	2.041	1.429	3,341	3,629	0.299	0.343
Women who have been tested for HIV	HA.6	0.284	0.011	0.038	2.208	1.486	3,553	3,923	0.263	0.306
Knowledge of mother- to-child transmission of HIV	HA.4	0.571	0.012	0.021	2.267	1.506	3,553	3,923	0.547	0.595
UNDER-5s										
Underweight prevalence	NU.1	0.120	0.010	0.082	1.754	1.324	1,636	1,896	0.100	0.140
Tuberculosis immunization coverage	CH.2	0.957	0.007	0.007	0.472	0.687	371	407	0.943	0.971
Polio immunization coverage	CH.2	0.766	0.021	0.027	1.003	1.002	371	407	0.724	0.808
MMR immunization coverage	CH.2	0.867	0.016	0.019	0.941	0.970	371	407	0.834	0.899
Yellow Fever	CH.2	0.855	0.018	0.021	1.027	1.013	371	407	0.820	0.890
Acute respiratory infection in last two weeks	CH.6	0.053	0.006	0.109	1.414	1.189	1,885	2,133	0.041	0.064
Antibiotic treatment of suspected pneumonia	CH.7	0.111	0.025	0.224	0.918	0.958	99	147	0.061	0.161
Diarrhoea in last two weeks	CH.4	0.095	0.010	0.106	2.502	1.582	1,885	2,133	0.075	0.115
Received ORT or increased fluids and continued feeding	CH.5	0.231	0.011	0.047	0.165	0.406	178	253	0.209	0.252
Under-fives sleeping under insecticide treated nets	CH.9	0.322	0.024	0.075	3.293	1.815	460	1,231	0.274	0.371
Support for learning	CD.1	0.811	0.016	0.020	3.780	1.944	1,885	2,133	0.778	0.844
Birth registration	CP.1	0.924	0.008	0.009	2.128	1.459	1,885	2,133	0.907	0.941

Table SE.8: Sampling errors: Regions 2 and 3

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r - 2se*	Confidence limits *r + 2se*
HOUSEHOLDS										
Child discipline	CP.4	0.626	0.026	0.042	1.377	1.174	588	473	0.574	0.679
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.954	0.030	0.031	16.415	4.052	4,190	821	0.894	1.000
Use of improved sanitation facilities	EN.5	0.976	0.015	0.015	7.739	2.782	4,190	821	0.945	1.000
Net primary school enrolment rate	ED.3	0.956	0.016	0.016	2.886	1.699	636	508	0.924	0.987
Net secondary school enrolment rate	ED.4	0.715	0.023	0.032	1.016	1.008	498	401	0.669	0.760
Primary completion rate	ED.6	0.694	0.058	0.084	1.398	1.182	113	88	0.577	0.811
Child labour	CP.2	0.143	0.027	0.191	5.123	2.263	1,060	845	0.089	0.198
WOMEN										
Skilled attendant at delivery	RH.5	0.843	0.090	0.107	6.257	2.501	133	104	0.663	1.000
Antenatal care	RH.3	0.868	0.049	0.056	2.143	1.464	133	104	0.770	0.966
Contraceptive prevalence	RH.1	0.356	0.024	0.068	1.39	1.179	675	538	0.307	0.405
Marriage before age 18	CP.5	0.208	0.016	0.077	1.039	1.019	830	669	0.176	0.240
Comprehensive knowledge about HIV prevention among young people	HA.3	0.440	0.032	0.073	1.14	1.068	339	275	0.376	0.504
Attitude towards people with HIV/ AIDS	HA.5	0.271	0.020	0.072	1.525	1.235	975	785	0.231	0.310
Women who have been tested for HIV	HA.6	0.224	0.017	0.077	1.413	1.189	1,029	828	0.189	0.258
Knowledge of mother- to-child transmission of HIV	HA.4	0.564	0.024	0.043	1.964	1.401	1,029	828	0.516	0.613
UNDER-5s										
Underweight prevalence	NU.1	0.146	0.019	0.129	0.691	0.831	400	244	0.108	0.183
Tuberculosis immunization coverage	CH.2	0.962	0.020	0.021	0.53	0.728	82	50	0.922	1.000
Polio immunization coverage	CH.2	0.658	0.056	0.085	0.681	0.825	82	50	0.547	0.770
MMR immunization coverage	CH.2	0.893	0.025	0.028	0.328	0.573	82	50	0.842	0.944
Yellow Fever	CH.2	0.874	0.035	0.04	0.558	0.747	82	50	0.803	0.945
Acute respiratory infection in last two weeks	CH.6	0.051	0.013	0.255	1.003	1.002	460	286	0.025	0.077
Antibiotic treatment of suspected pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	24	14	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.105	0.026	0.25	2.098	1.448	460	286	0.053	0.158
Received ORT or increased fluids and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	48	25	(*)	(*)
Support for learning	CD.1	0.824	0.055	0.066	5.899	2.429	460	286	0.715	0.934
Birth registration	CP.1	0.934	0.016	0.017	1.155	1.075	460	286	0.902	0.965

Table SE.9: Sampling errors: Regions 5 and 6

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Child discipline	CP.4	0.706	0.021	0.029	#######	1,067.000	691.000	562.000	0.665	0.747
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.954	0.010	0.011	2.282	1.511	4,557	942	0.934	0.975
Use of improved sanitation facilities	EN.5	0.999	0.001	0.001	0.537	0.733	4,557	942	0.998	1.000
Net primary school enrolment rate	ED.3	0.946	0.011	0.012	1.575	1.255	752	612	0.923	0.969
Net secondary school enrolment rate	ED.4	0.616	0.025	0.040	1.012	1.006	483	396	0.567	0.666
Primary completion rate	ED.6	0.590	0.045	0.076	0.751	0.866	115	91	0.500	0.679
Child labour	CP.2	0.157	0.014	0.090	1.490	1.220	1,202	980	0.129	0.185
WOMEN										
Skilled attendant at delivery	RH.5	0.908	0.030	0.033	1.264	1.124	146	117	0.848	0.968
Antenatal care	RH.3	0.867	0.034	0.040	1.195	1.093	146	117	0.798	0.936
Contraceptive prevalence	RH.1	0.371	0.018	0.048	0.795	0.892	725	578	0.335	0.407
Marriage before age 18	CP.5	0.281	0.019	0.067	1.275	1.129	922	739	0.243	0.318
Comprehensive knowledge about HIV prevention among young people	HA.3	0.483	0.035	0.072	1.495	1.223	386	311	0.413	0.552
Attitude towards people with HIV/AIDS	HA.5	0.346	0.022	0.064	1.780	1.334	1,027	831	0.302	0.390
Women who have been tested for HIV	HA.6	0.289	0.017	0.058	1.232	1.110	1,137	914	0.256	0.322
Knowledge of mother- to-child transmission of HIV	HA.4	0.568	0.016	0.028	0.943	0.971	1,137	914	0.536	0.600
UNDER-5s										
Underweight prevalence	NU.1	0.131	0.024	0.183	1.432	1.197	438	286	0.083	0.178
Tuberculosis immunization coverage	CH.2	0.929	0.008	0.009	0.072	0.267	111	71	0.913	0.946
Polio immunization coverage	CH.2	0.824	0.033	0.040	0.531	0.728	111	71	0.757	0.890
MMR immunization coverage	CH.2	0.863	0.026	0.030	0.405	0.637	111	71	0.811	0.915
Yellow Fever	CH.2	0.833	0.023	0.027	0.262	0.512	111	71	0.787	0.879
Acute respiratory infection in last two weeks	CH.6	0.017	0.011	0.624	2.348	1.532	539	349	0.000	0.038
Antibiotic treatment of suspected pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	9	7	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.034	0.012	0.346	1.451	1.204	539	349	0.010	0.057
Received ORT or increased fluids and continued feeding	CH.5	(*)	(*)	(*)	(*)	(*)	18	12	(*)	(*)
Support for learning	CD.1	0.894	0.012	0.014	0.543	0.737	539	349	0.870	0.918
Birth registration	CP.1	0.960	0.013	0.013	1.446	1.202	539	349	0.935	0.985

Table SE.10: Sampling errors: Region 4

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2*se*	*r* + 2*se*
HOUSEHOLDS										
Child discipline	CP.4	0.765	0.014	0.019	1.058	1.029	1,230	929	0.736	0.793
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.973	0.004	0.004	0.987	0.993	8,488	1,662	0.965	0.980
Use of improved sanitation facilities	EN.5	0.994	0.003	0.003	1.980	1.407	8,488	1,662	0.989	1.000
Net primary school enrolment rate	ED.3	0.976	0.005	0.005	0.817	0.904	1,227	935	0.967	0.985
Net secondary school enrolment rate	ED.4	0.731	0.024	0.033	2.147	1.465	952	726	0.683	0.780
Primary completion rate	ED.6	0.789	0.025	0.032	0.566	0.752	205	153	0.739	0.838
Child labour	CP.2	0.108	0.012	0.107	2.130	1.460	2,011	1,534	0.085	0.131
WOMEN										
Skilled attendant at delivery	RH.5	0.918	0.027	0.029	2.134	1.461	296	222	0.864	0.972
Antenatal care	RH.3	0.870	0.030	0.034	1.737	1.318	296	222	0.810	0.929
Contraceptive prevalence	RH.1	0.336	0.020	0.059	1.556	1.247	1,179	894	0.297	0.376
Marriage before age 18	CP.5	0.180	0.010	0.057	0.987	0.994	1,808	1,375	0.159	0.200
Comprehensive knowledge about HIV prevention among young people	HA.3	0.556	0.027	0.048	1.642	1.281	758	575	0.503	0.609
Attitude towards people with HIV/AIDS	HA.5	0.415	0.014	0.034	1.333	1.155	2,191	1,664	0.387	0.443
Women who have been tested for HIV	HA.6	0.382	0.015	0.040	1.645	1.283	2,225	1,688	0.352	0.413
Knowledge of mother- to-child transmission of HIV	HA.4	0.599	0.016	0.027	1.887	1.374	2,225	1,688	0.566	0.632
UNDER-5s										
Underweight prevalence	NU.1	0.122	0.016	0.134	1.086	1.042	712	435	0.090	0.155
Tuberculosis immunization coverage	CH.2	0.973	0.021	0.021	1.890	1.375	201	120	0.932	1.000
Polio immunization coverage	CH.2	0.817	0.034	0.042	0.941	0.970	201	120	0.748	0.886
MMR immunization coverage	CH.2	0.829	0.030	0.036	0.766	0.875	201	120	0.768	0.889
Yellow Fever	CH.2	0.817	0.030	0.037	0.739	0.859	201	120	0.757	0.878
Acute respiratory infection in last two weeks	CH.6	0.055	0.010	0.175	1.013	1.006	942	568	0.036	0.074
Antibiotic treatment of suspected pneumonia	CH.7	(*)	(*)	(*)	(*)	(*)	52	33	(*)	(*)
Diarrhoea in last two weeks	CH.4	0.090	0.014	0.152	1.298	1.139	942	568	0.063	0.118
Received ORT or increased fluids and continued feeding	CH.5	0.359	0.019	0.054	0.082	0.286	85	51	0.320	0.398
Support for learning	CD.1	0.863	0.022	0.025	2.259	1.503	942	568	0.820	0.907
Birth registration	CP.1	0.954	0.009	0.010	1.068	1.033	942	568	0.936	0.972

Table SE.11: Sampling errors: Region 10

Standard errors, coefficients of variation, design effects (deff) and confidence intervals for selected indicators, Guyana, 2006

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits *r* - 2*se*	Confidence limits *r* + 2*se*
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.287	0.184	0.641	30.317	5.506	85	185	-	0.654
Child discipline	CP.4	0.860	0.035	0.040	2.101	1.450	159	213	0.791	0.929
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.796	0.103	0.130	22.778	4.773	1,093	346	0.589	1.000
Use of improved sanitation facilities	EN.5	0.995	0.003	0.003	0.709	0.842	1,093	346	0.989	1.000
Net primary school enrolment rate	ED.3	0.995	0.003	0.003	0.453	0.673	181	260	0.989	1.000
Net secondary school enrolment rate	ED.4	0.764	0.058	0.076	3.223	1.795	125	172	0.648	0.881
Primary completion rate	ED.6	(*)	(*)	(*)	(*)	(*)	30	47	(*)	(*)
Child labour	CP.2	0.152	0.033	0.216	3.442	1.855	287	411	0.086	0.218
WOMEN										
Skilled attendant at delivery	RH.5	0.921	0.029	0.031	0.699	0.836	46	62	0.864	0.979
Antenatal care	RH.3	0.860	0.050	0.058	1.248	1.117	46	62	0.761	0.960
Contraceptive prevalence	RH.1	0.388	0.053	0.136	2.049	1.431	131	175	0.282	0.494
Marriage before age 18	CP.5	0.160	0.014	0.085	0.366	0.605	210	268	0.133	0.188
Comprehensive knowledge about HIV prevention among young people	HA.3	0.595	0.052	0.087	1.439	1.200	104	130	0.492	0.699
Attitude towards people with HIV/AIDS	HA.5	0.418	0.026	0.063	0.939	0.969	266	334	0.366	0.470
Women who have been tested for HIV	HA.6	0.386	0.035	0.090	1.735	1.317	268	342	0.316	0.455
Knowledge of mother- to-child transmission of HIV	HA.4	0.581	0.040	0.069	2.277	1.509	268	342	0.500	0.661
UNDER-5s										
Underweight prevalence	NU.1	0.124	0.009	0.074	1.661	1.289	2,045	2,145	0.105	0.142
Tuberculosis Immunization coverage	CH.2	0.960	0.009	0.010	1.070	1.034	488	475	0.941	0.978
Polio immunization coverage	CH.2	0.780	0.018	0.024	0.943	0.971	488	475	0.743	0.817
MMR immunization coverage	CH.2	0.864	0.015	0.018	0.939	0.969	488	475	0.834	0.895
Yellow Fever	CH.2	0.844	0.016	0.019	0.899	0.948	488	475	0.813	0.876
Acute respiratory infection in last two weeks	CH.6	0.056	0.006	0.099	1.456	1.207	2,500	2,500	0.045	0.067
Antibiotic treatment of suspected pneumonia	CH.7	0.195	0.031	0.158	1.040	1.020	140	173	0.134	0.257
Diarrhoea in last two weeks	CH.4	0.089	0.008	0.093	2.133	1.461	2,500	2,500	0.073	0.106
Received ORT or increased fluids and continued feeding	CH.5	0.281	0.011	0.039	0.163	0.404	223	279	0.260	0.303
Under-fives sleeping under insecticide treated nets	CH.9	0.322	0.024	0.075	3.293	1.815	460	1,231	0.274	0.371
Birth registration	CP.1	0.933	0.007	0.007	1.857	1.363	2,500	2,500	0.919	0.946

APPENDIX D. DATA QUALITY TABLES

Table DQ.1: Age distribution of household population

Single-year distribution of household population by sex (weighted). GUYANA MICS3. 2006

	Male		Female		Missing			Male		Female		Missing	
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
0	200	2.0	192	1.9	1	3.6	41	101	1.0	104	1.0	0	0.0
1	184	1.8	176	1.7	0	0.0	42	160	1.6	148	1.5	0	0.0
2	235	2.3	176	1.7	0	0.0	43	119	1.2	112	1.1	0	0.0
3	206	2.0	213	2.1	1	3.6	44	83	0.8	118	1.2	0	0.0
4	244	2.4	199	2.0	2	4.8	45	130	1.3	125	1.2	2	4.8
5	250	2.5	247	2.4	0	0.0	46	119	1.2	105	1.0	0	0.0
6	246	2.4	260	2.6	0	0.0	47	92	0.9	143	1.4	0	0.0
7	258	2.6	259	2.5	2	7.2	48	110	1.1	86	0.8	0	0.0
8	272	2.7	238	2.3	3	10.9	49	88	0.9	67	0.7	0	0.0
9	309	3.1	254	2.5	1	2.7	50	110	1.1	125	1.2	0	0.0
10	279	2.8	277	2.7	2	5.4	51	85	0.8	84	0.8	0	0.0
11	261	2.6	240	2.4	0	0.0	52	74	0.7	96	0.9	0	0.0
12	290	2.9	227	2.2	1	3.2	53	95	0.9	86	0.8	0	0.0
13	242	2.4	278	2.7	2	7.6	54	79	0.8	80	0.8	0	0.0
14	231	2.3	253	2.5	2	4.8	55	73	0.7	67	0.7	0	0.0
15	208	2.1	205	2.0	0	0.0	56	69	0.7	78	0.8	2	5.7
16	217	2.1	202	2.0	3	9.6	57	53	0.5	48	0.5	0	0.0
17	210	2.1	231	2.3	0	0.0	58	69	0.7	63	0.6	0	0.0
18	185	1.8	191	1.9	2	4.8	59	51	0.5	62	0.6	0	0.0
19	146	1.4	175	1.7	1	3.6	60	61	0.6	63	0.6	0	0.0
20	172	1.7	173	1.7	1	3.9	61	36	0.4	33	0.3	0	0.0
21	144	1.4	158	1.6	0	0.0	62	28	0.3	32	0.3	0	0.0
22	133	1.3	133	1.3	0	0.0	63	45	0.4	45	0.4	1	3.7
23	128	1.3	157	1.5	0	0.0	64	40	0.4	44	0.4	0	0.0
24	135	1.3	167	1.6	0	1.4	65	60	0.6	69	0.7	1	3.7
25	150	1.5	180	1.8	0	0.0	66	25	0.2	41	0.4	0	0.0
26	153	1.5	123	1.2	0	0.0	67	22	0.2	28	0.3	0	0.0
27	132	1.3	148	1.5	0	0.0	68	29	0.3	29	0.3	0	0.0
28	120	1.2	150	1.5	0	0.0	69	15	0.2	26	0.3	0	0.0
29	146	1.4	142	1.4	0	0.0	70	34	0.3	41	0.4	0	0.0
30	176	1.7	166	1.6	0	0.0	71	36	0.4	21	0.2	0	0.0
31	128	1.3	144	1.4	0	0.0	72	28	0.3	21	0.2	0	0.0
32	157	1.6	139	1.4	0	0.0	73	26	0.3	22	0.2	0	0.0
33	127	1.3	154	1.5	0	0.0	74	9	0.1	31	0.3	0	0.0
34	131	1.3	166	1.6	0	0.0	75	18	0.2	21	0.2	0	0.0
35	154	1.5	159	1.6	0	0.0	76	15	0.1	29	0.3	0	0.0
36	142	1.4	153	1.5	0	0.0	77	14	0.1	12	0.1	0	0.0
37	123	1.2	110	1.1	0	0.0	78	16	0.2	8	0.1	1	3.6
38	115	1.1	124	1.2	0	0.0	79	9	0.1	17	0.2	0	0.0
39	177	1.8	164	1.6	0	0.0	80+	67	0.7	81	0.8	0	0.0
40	154	1.5	151	1.5	0	0.0	DK/ missing	28	0.3	9	0.1	0	1.2
							Total	10,088	100.0	10,176	100.0	31	100.0

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

Household population of women age 10-54. interviewed women age 15-49. and percentage of eligible women who were interviewed (weighted). by five-year age group. GUYANA MICS3. 2006

	Household **population of** women age **10-54 years**	Interviewed women age **15-49 years**		Percentage of eligible women interviewed
	Number	Number	Percent	
Age				
10-14	1,276	na	na	na
15-19	1,004	954	19.1	95.0
20-24	789	755	15.1	95.7
25-29	744	720	14.4	96.8
30-34	769	745	14.9	96.9
35-39	710	693	13.9	97.7
40-44	633	612	12.3	96.7
45-49	526	511	10.2	97.0
50-54	470	na	na	na
15-49	5,174	4,990	100.0	96.4

na: not applicable

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

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

Household population of children age 0-7. children whose mothers/caretakers were interviewed and percentage of under-5 children whose mothers/caretakers were interviewed (unweighted). by five-year age group. Guyana, 2006

	Household **population of** children age **0-7 years**	Interviewed children age **0-4 years**		Percentage of eligible children interviewed
	Number	Number	Percent	
Age				
0	493	487	19.5	98.8
1	466	460	18.4	98.7
2	497	494	19.8	99.4
3	549	541	21.6	98.5
4	536	518	20.7	96.6
5	577	na	na	na
6	612	na	na	na
7	613	na	na	na
0-4	2,541	2,500	100.0	98.4

na: not applicable

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

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

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

	Male		Female		Missing		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age in months								
0-2	39	3.0	39	3.3	0	0.0	78	3.1
3-5	84	6.4	47	4.0	0	0.0	132	5.3
6-8	63	4.8	75	6.3	1	30.0	140	5.6
9-11	57	4.3	68	5.8	0	0.0	125	5.0
12-14	63	4.8	53	4.5	0	0.0	116	4.6
15-17	58	4.4	49	4.2	0	0.0	107	4.3
18-20	41	3.1	65	5.5	0	0.0	106	4.2
21-23	57	4.4	55	4.6	0	0.0	112	4.5
24-26	93	7.1	54	4.5	0	0.0	147	5.9
27-29	66	5.1	56	4.7	0	0.0	122	4.9
30-32	69	5.3	51	4.3	0	0.0	119	4.8
33-35	78	6.0	56	4.7	0	0.0	134	5.4
36-38	59	4.5	68	5.7	0	0.0	126	5.1
39-41	64	4.9	71	6.0	0	0.0	135	5.4
42-44	63	4.8	65	5.5	1	30.0	130	5.2
45-47	60	4.6	64	5.4	0	0.0	124	5.0
48-50	71	5.4	59	5.0	0	0.0	130	5.2
51-53	73	5.6	64	5.4	2	40.0	139	5.5
54-56	77	5.8	70	5.9	0	0.0	147	5.9
57-59	74	5.7	55	4.6	0	0.0	129	5.2
Total	1,311	100.0	1,184	100.0	5	100.0	2,500	100.0

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (Household questionnaire. weighted). Guyana, 2006

	Age and period ratios*				Eligibility boundary (lower-upper)	Module or questionnaire
	Male	Female	Missing	Total		
Age in household questionnaire						
1	0.9	1.0	-	0.9		
2	1.1	0.9	-	1.0	Lower	Child discipline
3	0.9	1.1	-	1.0		
4	1.0	0.9	-	1.0	Upper	Under-5 questionnaire
5	1.0	1.1	-	1.0	Lower	Child labour and education
6	1.0	1.0	-	1.0		
8	1.0	0.9	1.6	1.0		
9	1.1	1.0	0.4	1.0		
10	1.0	1.1	-	1.0		
13	0.9	1.1	1.5	1.0		
14	1.0	1.0	-	1.0	Upper	Child labour and child discipline
15	1.0	0.9	-	0.9	Lower	Women's questionnaire
16	1.0	0.9	-	1.0		
17	1.0	1.1	-	1.1		
18	1.2	1.2	-	1.2		
23	1.0	1.0	-	1.0		
24	1.0	1.0	-	1.0	Upper	Education
25	1.0	1.1	-	1.1		
48	1.1	0.9	-	1.0		
49	0.9	0.7	-	0.8	Upper	Women's questionnaire
50	1.2	1.4	-	1.3		
Age in women's questionnaire						
23	1.0	na	-	na		
24	1.0	na	-	na		
25	1.1	na	-	na		
Months since last birth in women's questionnaire						
6-11	1.1	na	-	na	Upper	Tetanus toxoid (Diphtheria tetanus) and maternal and child health
12-17	0.9	na	-	na		
18-23	1.0	na	-	na		
24-29	1.0	na	-	na		
30-35	1.0	na	-	na		

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

na: not applicable

Table DQ.6: Completeness of reporting

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

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Women			
Date of Birth	All women age 15-49		
Month only		0.6	5,035
Month and year missing		0.0	5,035
Date of first birth	All women age 15-49 with at least one live birth		
Month only		0.6	3,502
Month and year missing		1.6	3,502
Completed years since first birth	All women age 15-49 with at least one live birth	13.8	65
Date of last birth	All women age 15-49 with at least one live birth		
Month only		0.5	3,502
Month and year missing		0.7	3,502
Date of first marriage/union	All ever married women age 15-49		
Month only		4.6	3,415
Month and year missing		20.0	3,415
Age at first marriage/union	All ever married women age 15-49	8.5	3,415
Under-5			
Date of Birth	All under five children surveyed		
Month only		0.4	2,500
Month and year missing		0.4	2,500
Anthropometry	All under five children surveyed		
Height		6.2	2,500
Weight		7.3	2,500
Height or Weight		8.0	2,500

* Includes "Don't know" responses

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

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

	Mother in the household					Mother not in the household				
	Mother inter-viewed	Father inter-viewed	Other adult female inter-viewed	Other adult male inter-viewed	*Child (<15) inter-viewed	Father inter-viewed	Other adult female inter-viewed	Other adult male inter-viewed	Total	Num-ber of child-ren aged 0-4 years
Age										
0	95.7	0.5	0.2	0.0	0.1	0.0	3.1	0.4	100.0	394
1	91.4	1.7	0.4	0.3	0.0	0.6	5.5	0.1	100.0	360
2	92.3	0.0	0.3	0.0	0.0	1.1	6.1	0.2	100.0	411
3	92.2	0.2	0.2	0.0	0.0	0.3	7.1	0.0	100.0	421
4	89.4	0.3	0.3	0.0	0.1	1.5	8.3	0.2	100.0	444
Total	92.1	0.5	0.3	0.1	0.0	0.7	6.1	0.2	100.0	2,029

* Mother younger than 15 years of age

Table DQ.8: School enrolment by single age

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

		Primary school						Secondary school										
	Pre-school	Prim 1	Prim 2	Prim 3	Prim 4	Prim 5	Prim 6	Form 1	Form 2	Form 3	Form 4	Form 5	Higher	Non-standard curriculum	Don't know	Not enrolled in school	Total	Number
Age																		
5	86.2	10.9	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	100.0	497
6	27.3	49.0	22.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	100.0	506
7	0.7	13.2	67.2	17.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	100.0	519
8	0.9	3.5	17.5	56.5	19.4	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.5	1.1	100.0	513
9	0.0	0.0	7.5	23.4	51.5	13.2	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0	564
10	0.0	0.0	1.9	9.9	20.2	48.7	16.7	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	1.3	100.0	558
11	0.0	0.0	0.8	2.3	5.9	19.3	58.1	9.6	0.7	0.0	0.3	0.3	0.0	0.2	0.6	1.4	100.0	501
12	0.0	0.0	0.0	1.8	3.7	3.5	28.6	47.0	8.6	1.8	0.9	0.5	0.0	0.3	0.9	2.4	100.0	519
13	0.0	0.0	0.0	0.0	1.2	0.9	9.7	20.5	51.4	8.4	0.8	0.7	0.2	0.3	0.1	5.9	100.0	522
14	0.0	0.0	0.1	1.5	0.5	0.8	4.6	5.7	26.9	38.9	9.0	0.5	0.3	0.0	0.0	11.4	100.0	486
15	0.0	0.0	0.0	0.0	1.2	0.3	1.8	0.6	6.1	24.9	33.9	6.5	0.6	0.0	0.0	24.0	100.0	413
16	0.0	0.0	0.0	0.1	0.2	0.9	0.1	0.5	1.2	8.7	21.8	27.7	0.5	1.2	0.7	36.5	100.0	421
17	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.5	0.4	1.6	5.5	20.8	5.1	0.3	0.0	64.8	100.0	441
18	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	7.6	6.4	0.3	0.4	84.8	100.0	378
19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	2.6	5.6	0.0	1.2	90.5	100.0	322
20	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.8	5.1	0.4	0.8	92.2	100.0	346
21	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.4	7.1	1.0	0.0	90.7	100.0	302
22	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.5	2.4	0.0	1.0	95.2	100.0	266
23	0.0	0.3	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.1	0.0	2.9	0.4	0.4	95.6	100.0	286
24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	3.1	0.0	1.3	95.1	100.0	302
Total	6.2	4.4	7.1	6.9	6.6	5.5	7.4	5.1	5.6	4.5	3.7	3.4	1.6	0.2	0.4	31.4	100.0	8,662

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

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

	Children Ever Born			Children Living			Children deceased			
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	Number of women
Age										
15-19	96	95	1.01	92	91	1.02	4	4	0.93	971
20-24	369	341	1.08	347	330	1.05	22	10	2.12	760
25-29	736	682	1.08	705	658	1.07	31	24	1.30	724
30-34	1,045	995	1.05	990	945	1.05	55	50	1.09	757
35-39	1,148	1,087	1.06	1,075	1,016	1.06	73	70	1.04	690
40-44	1,131	1,063	1.06	1,030	994	1.04	101	68	1.47	617
45-49	1,031	915	1.13	937	857	1.09	94	58	1.63	516
Total	5,556	5,177	1.07	5,176	4,892	1.06	380	285	1.33	5,035

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

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

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

	Months since last birth				
	Number	Percent		Number	Percent
0	22	2.1	18	42	4.1
1	22	2.1	19	20	1.9
2	25	2.4	20	21	2.1
3	35	3.4	21	28	2.7
4	44	4.2	22	31	3.0
5	36	3.5	23	14	1.3
6	50	4.8	24	27	2.6
7	32	3.0	25	26	2.5
8	36	3.4	26	32	3.1
9	35	3.4	27	14	1.4
10	35	3.4	28	22	2.2
11	33	3.2	29	31	3.0
12	30	2.9	30	30	2.9
13	26	2.6	31	24	2.3
14	29	2.8	32	22	2.2
15	20	1.9	33	25	2.4
16	30	2.9	34	27	2.6
17	37	3.6	35	19	1.9
			Total	1,034	100.0

APPENDIX E. MICS INDICATORS: NUMERATORS AND DENOMINATORS

INDICATOR		NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/ WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birth weight infants	Number of last live births in the 2 years preceding the survey weighing below 2.500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months and 20-23 months that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months. three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood and charcoal) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 18-29 months receiving BCG vaccine before their first birthday	Total number of children aged 18-29 months surveyed
26	Polio immunization coverage	Number of children aged 18-29 months receiving OPV3 vaccine before their first birthday	Total number of children aged 18-29 months surveyed
28	MMR immunization coverage	Number of children aged 18-29 months receiving measles vaccine before age 18 months	Total number of children aged 18-29 months surveyed
30	Yellow fever immunization coverage	Number of children aged 18-29 months immunized against yellow fever before age 18 months	Total number of children aged 18-29 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
32	Neonatal tetanus protection	Number of mothers with live births in the two previous years that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less. the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less. the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
36	Household availability of insecticide-treated nets (ITNs)	Number of households (in the Interior) with at least one mosquito net. either permanently treated or treated within the previous year	Total number of households surveyed in the interior
37	Under-fives sleeping under insecticide- treated nets	Number of children aged 0-59 months (who resides in the interior) that slept under an insecticide-treated mosquito net the previous night	Total number of children aged 0-59 months surveyed (who resides in the interior)
38	Under-fives sleeping under mosquito nets	Number of children aged 0-59 months (who resides in the interior) that slept under a mosquito net the previous night	Total number of children aged 0-59 months surveyed (who resides in the interior)
39	Antimalarial treatment (under- fives)	Number of children aged 0-59 months reported to have had fever in the previous 2 weeks that were treated with an appropriate antimalarial within 24 hours of onset	Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school enrolment	Number of children aged 36-59 months that are enrolled in some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that were enrolled in some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55	Net primary school enrolment rate	Number of children of primary-school age currently enrolled in primary or secondary school	Total number of children of primary- school age surveyed
56	Net secondary school enrolment rate	Number of children of secondary-school age currently enrolled in secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that were enrolled in secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	Number of children (of any age) enrolled in the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18. by age groups	Total number of women aged 15-49 years and 20-49 years surveyed. by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression. (2) experience psychological aggression as punishment. (3) experience minor physical punishment. (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
76	Prevalence of vulnerable children	Number of children under age 18 that have a chronically ill parent, that live in a household where an adult aged 18-59 years has died in the past year, or that live in a household where an adult aged 18-59 years has been chronically ill in the past year	Total number of children under age 18 surveyed
77	School attendance of orphans versus non-orphans	Proportion of double orphans (both mother and father dead) aged 10-14 years attending school	Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
86	Attitude towards people with HIV/ AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
96	Source of supplies	Number of children (or households) for whom supplies were obtained from public providers. presented separately for each type of supply: insecticide-treated mosquito nets. oral rehydration salts. antibiotics and antimalarials	Total number of children (or households) for whom supplies were obtained
97	Cost of supplies	Median cost of supplies obtained. presented separately for each type of supply and whether sourced from public or private providers: insecticide-treated mosquito nets. oral rehydration salts. antibiotics and antimalarials.	Total number of children (or households) for whom supplies were obtained
98	Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union
99	Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception
100	Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him. (2) she neglects the children. (3) she argues with him. (4) she refuses sex with him. (5) she burns the food	Total number of women surveyed

Appendix F. Questionnaires

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **HH**

HH1A. Region # ___ ___

HH1. ED/ Cluster #: ___ ___ ___ ___

HH2A. Building #. ___ ___ ___

HH2. Household number:___ ___ ___

HH2V. Ward/ Village/Community Name & #:

_____ ___ ___ ___

HH3. Interviewer's name and number:

Name/#_____ ___ ___

HH4. Supervisor's name and number:

Name/# _____ ___ ___

HH5. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

HH6. Area:
Urban.....1
Rural.....2

Household Interview Duration

Visit	Start time	End Time
1	___ __ __ __	___ __ __ __
2	___ __ __ __	___ __ __ __

HH 8. Name of head of household: _____

Fill in the region, ED/cluster, and household numbers at the top of each page of this questionnaire

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

HH9. Result of HH interview:
Completed.....1
Not at home.....2
Refused.....3
HH not found/destroyed.....4

Other (*specify*)_____ 6

HH10. Respondent to HH questionnaire:

Name:_____

Line No: ___ ___

HH11. Total number of household members:

___ ___

HH12. No. of women eligible for interview: ___ ___

HH13. No. of women questionnaires completed: ___ ___

HH14. No. of children under age 5: ___ ___

HH15. No. of under-5 questionnaires completed: ___ ___

Interviewer/supervisor notes: *Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*

HH16. Data entry clerk: Name and No.

Region No.: _____ _____ ED/Cluster No.: ____ ___ ___ ___ Household No: ____ ____ ___

HOUSEHOLD (EXTENDED) LISTING FORM **HL**

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

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

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). *If yes, complete listing.*

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here ☐ if continuation sheet used

							Eligible for:			If **age *18-59 years***	*For children **age 0-17 years** ask HL9-HL12A*					
							WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW							
HL1. *Line no.*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP* OF (*name*) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 MALE 2 FEM.	HL4E. TO WHICH ETHNIC GROUP++ DOES (*name*) BELONG?	HL4R TO WHICH RELIGION/ DENOMINA-TION ** DOES (*name*) BELONG?	HL5 HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY?	HL6. *Circle Line no. if woman is age 15-49*	HL7. *For each child **age 5-14**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL8. *For each child **under 5**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL8A. HAS (*name*) BEEN 'VERY SICK' FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. *If alive:* DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If yes, record Line no. of mother and ⇨ HL11. IF 'no' record '00'*	HL10A. *If mother does not live in household:* HAS (*name's*) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO⇘ NEXT LINE 8 DK⇘ NEXT LINE	HL12. *If alive:* DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If yes, record Line no. of father and ⇨ next line IF 'no' record '00'*	HL12A. *If father does not live in household.* HAS (*name's*) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
LINE	NAME	REL.	M F			AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK
01		0 1	1 2	___ ___	___ ___	___ ___	01	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
02		___ ___	1 2	___ ___	___ ___	___ ___	02	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
03		___ ___	1 2	___ ___	___ ___	___ ___	03	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
04		___ ___	1 2	___ ___	___ ___	___ ___	04	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
05		___ ___	1 2	___ ___	___ ___	___ ___	05	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
06		___ ___	1 2	___ ___	___ ___	___ ___	06	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
07		___ ___	1 2	___ ___	___ ___	___ ___	07	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
08		___ ___	1 2	___ ___	___ ___	___ ___	08	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
09		___ ___	1 2	___ ___	___ ___	___ ___	09	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8

Region No.: _____ _____ ED/Cluster No.: ____ ___ ___ ___ Household No: ____ ____ ___

10		___ ___	1 2	___ ___	___ ___	___ ___	10	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
11		___ ___	1 2	___ ___	___ ___	___ ___	11	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
12		___ ___	1 2	___ ___	___ ___	___ ___	12	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
13		___ ___	1 2	___ ___	___ ___	___ ___	13	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
14		___ ___	1 2	___ ___	___ ___	___ ___	14	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
15		___ ___	1 2	___ ___	___ ___	___ ___	15	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?
INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*
Then, complete the totals below.

	Women 15-49	Children 5-14	Under-5s	Very Sick (=1)	Mothers Dead (=2)		Mothers Very Sick (=1)	Fathers Dead (=2)		Fathers Very Sick (=1)
Totals	___ ___	___ ___	___ ___	___ ___	___ ___		___ ___	___ ___		___ ___

Code 98 only if the household member is 50 years or older and as last resort, if his/her age is unknown.
Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children UnderFive.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

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

01 = Head	10 = Uncle/ Aunt
02 = Spouse/Partner	11 = Niece/ Nephew by blood
03 = Son/ Daughter	12 = Niece/ Nephew by marriage
04= Son/ Daughter-in-law	13 = Other relative
05 = Grand/Great-grand child	14 = Adopted/Foster/Stepchild
06 = Parent	15 = Not related
07 = Parent-in-law	16 = Grand/Great-grand parent
08 = Brother/Sister	98 = Don't Know
09 = Brother/Sister-in-law	

++ *Codes for HL4E:* **Ethnic Group**

1= African/Black	6= Portuguese
2= Amerindian	7= White
3= East Indian	96= Other
4= Chinese	98= Don't Know
5= Mixed	

** *Codes for HL4R:* **Religion**

01= Anglican	09= Hindu
02= Methodist	10= Rastafarian
03= Pentecostal	11= Other Christians
04= Roman Catholic	95= None
05= Jehovah Witness	96= Other religion
06= Seven Days Adventist	98= Don't know
07= Bahai	99= Not Stated
08= Muslim	

Region No.: _____ _____ ED/Cluster No.: ____ ___ ___ ___ Household No: ____ ____ ___

EDUCATION MODULE **ED**

For household members age 5 and above				*For household members age 5-24 years*					
ED1. *Line no.*	ED1A. *Name*	ED2. HAS (*name*) EVER **ATTENDED** SCHOOL OR PRESCHOOL? 1 YES ⇨ ED3 2 NO ↘ NEXT LINE	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) **REACHED**? WHAT IS THE HIGHEST GRADE/YEAR (*name*) **COMPLETED** AT THIS LEVEL? LEVEL: 0 NURSERY/ PRESCHOOL 1 PRIMARY 2 SECONDARY 3 POST SECONDARY 4 UNIVERSITY 6 NON-STANDARD CURRICULUM 8 DK GRADE:/YR 98 DK *If less than 1 grade, enter 00.*	ED4. DURING THIS SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇨ ED7	ED5. SINCE LAST *(day of the week)*, HOW MANY DAYS DID (*name*) ATTEND SCHOOL? *Insert number of days in space below.*	ED6. DURING THIS SCHOOL YEAR, WHICH **LEVEL** AND **GRADE**/YEAR IS/WAS (*name*) **ATTENDING**? LEVEL: 0 NURSERY/ PRESCHOOL 1 PRIMARY 2 SECONDARY 3 POST SECONDARY 4 UNIVERSITY 6 NON-STANDARD CURRICULUM 8 DK GRADE/YR: 98 DK	ED7. DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE LAST SCHOOL YEAR, THAT IS, *2004-2005*? 1 YES 2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE	ED8. DURING THE LAST SCHOOL YEAR, WHICH **LEVEL** AND **GRADE/YEAR** DID (*name*) **ATTEND**? LEVEL: 0 NURSERY/PRESCHOOL 1 PRIMARY 2 SECONDARY 3 POST SECONDARY 4 UNIVERSITY 6 NON-STANDARD CURRICULUM 8 DK GRADE/YR: 98 DK

LINE		YES	NO	LEVEL	GRADE/YR	YES	NO	DAYS	LEVEL	GRADE/YR	Y	N	DK	LEVEL	GRADE/YR
01		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
02		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
03		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
04		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
05		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
06		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
07		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
08		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
09		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
10		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
11		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
12		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
13		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___
14		1	2⇨NEXT LINE	0 1 2 3 4 6 8	___ ___	1	2	___	0 1 2 3 4 6 8	___ ___	1	2	8	0 1 2 3 4 6 8	___ ___

Region No.: ____ ____ ED/Cluster No.: ___ ___ ___ ___ Household No: ___ ____ ___

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE **MAIN** SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tubewell/borehole with hand pump ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, creek, lake, pond, canal) ..... 81 **Bottled water ..... 91** Other (*specify*)_____96	11⇨WS5 12⇨WS5 ⇨WS3 96⇨WS3
WS2. WHAT IS THE **MAIN** SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND BATHING?	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tubewell/borehole with hand pump ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, creek, lake, pond, canal) ..... 81 Other (*specify*)_____96	11⇨WS5 12⇨WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ..... __ __ __ Water delivered or on premises ..... 995 DK 998	 995⇨WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX? *Circle code that best describes this person.*	Adult woman ..... 1 Adult man ..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK 8	 2⇨WS7 8⇨WS7

	DK ..... Z	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If necessary, ask permission to observe the facility.*	Flush / pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Pour flush latrine ..... 13 Ventilated Improved Pit latrine (VIP) ..... 21 Traditional Pit latrine ..... 22 Hanging toilet ……51 No toilet, use bush or field ..... 95 Other (*specify*)_____ 96	95⇨ NEXT MODULE
WS8. DOES ANY OTHER HOUSEHOLDS USE THIS TOILET FACILITY?	Yes ..... 1 No 2	2⇨ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10) .... 0 ___ Ten or more households ..... 10 DK 98	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. How many rooms in this household are used for sleeping? *(See explanation in manual).*	No. of rooms ..... __ __	
HC3. What is the **MAIN** material of the **DWELLING** floor?	Natural floor Sand..... 11 Earth/ Dung..... 12 Basic floor Unpolished wood ..... 21 Palm/bamboo..... 22 Finished floor Polished wood..... 31 Vinyl or rubber tile..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other (*specify*)_____ 96	
HC4. What is the main material used for roofing?	Natural roofing No Roof..... 11 Thatch/palm leaf/troolie ..... 12 Finished Roofing Shingles (Asphalt)..... 31 Shingles (Wood) ..... 32 Shingles (Other)……33 Metal sheet (Zinc/Aluminum/Galv) ..... 34 Ceramic tiles ..... 35 Concrete ..... 36 Makeshift……41 Other (*specify*)_____96	
HC5. What is the **MAIN** construction material of the **OUTER** walls of your dwelling?	Natural walls No walls ..... 11 Mud..... 12 Troolie palm ……13 Basic walls Zinc ..... 21 Reused wood……22 Carton ..... 23 Plywood ..... 24 Finished walls Processed wood ..... 31 Wood and Concrete..... 32 Concrete ..... 33 Clay bricks ..... 34 Other (*specify*)_____96 Don't Know ……98	

	Don't know/ Not stated 8	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house ..... 1 In a separate building ..... 2 Outdoors ..... 3 Other (*specify*) _____ 6	
HC9. DOES YOUR HOUSEHOLD HAVE:	Yes No	
ELECTRICITY?	Electricity 1 2	
A RADIO?	Radio 1 2	
A TELEVISION?	Television 1 2	
A CELL PHONE?	Cell phone 1 2	
A LAND PHONE?	Land phone 1 2	
A REFRIGERATOR?	Refrigerator 1 2	
A WASHING MACHINE?	Washing machine 1 2	
AN ELECTRIC GENERATOR?	Electric generator 1 2	
A MICROWAVE?	Microwave 1 2	
INTERNET CONNECTION?	Internet connection 1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
A WATCH?	Watch 1 2	
A BICYCLE?	Bicycle 1 2	
A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter 1 2	
AN ANIMAL-DRAWN CART?	Animal drawn-cart 1 2	
A PRIVATE CAR?	Private car 1 2	
A BOAT WITH A MOTOR?	Boat with motor 1 2	

Region No.: ____ ____ ED/Cluster No.: ___ ___ ___ ___ Household No: ___ ____ ___

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No 2	2⇨NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? *If 7 or more nets, record '7'.*	Number of nets ..... ___	
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR KEEP AWAY MOSQUITOES?	Yes ..... 1 No ..... 2 DK/not sure 8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED? *If less than 1 month ago, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.*	Months ago ..... __ __ More than 24 months ago ..... 95 Not sure 98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/ KEEP AWAY MOSQUITOES?	Yes ..... 1 No ..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.*	Months ago ..... __ __ More than 24 months ago ..... 95 Not sure 98	

CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS — OV

OV1. *Check HL5: any children 0-17?*

☐ *Yes* ⇨ *Continue to OV2*

☐ *No* ⇨ *Next Module*

OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE **LAST 12 MONTHS**?	Yes ..... 1 No 2	2⇨OV5
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes ..... 1 No 2	2⇨OV5
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes ..... 1 No 2	1⇨OV8

OV5. *Return to the Household Listing and check the following:*

1. Check totals for HL9 and HL11.
- ☐ *At least one mother or father dead.* ⇨ *Go to OV8*
- ☐ *No mother or father dead*

2. Check totals for HL8A.
- ☐ *At least one adult aged 18-59 very sick 3 of last 12 months* ⇨ *Go to OV8*
- ☐ *No adult aged 18-59 very sick 3 of last 12 months*

3. Check totals forHL10A and HL12A.
- ☐ *At least one mother or father ill 3 of last 12 months* ⇨ *Go to OV8*
- ☐ *No mother or father ill 3 of last 12 months* ⇨ *Go to Next Module*

Region No.: ____ ____ ED/Cluster No.: ___ ___ ___ ___ Household No: ___ ____ ___

OV8. *List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the Household (Extended) ListingMmodule. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Tick here ☐ if continuation sheet used. Ask all questions for one child before moving to the next child.*

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	___ ___	___ ___	___ ___	___ ___
Age (from HL5)	___ ___	___ ___	___ ___	___ ___
OV9. I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (*name*) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.				
OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR (*name*). IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (*name*), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes.....1 No .....2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8
OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (*name*), SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUNSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes.....1 No .....2 ⇨ OV13 DK .....8 ⇨ OV13	Yes..... 1 No ..... 2 ⇨ OV13 DK ..... 8 ⇨ OV13	Yes..... 1 No ..... 2 ⇨ OV13 DK ..... 8 ⇨ OV13	Yes..... 1 No ..... 2 ⇨ OV13 DK ..... 8 ⇨ OV13
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes.....1 No .....2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (*name*), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes.....1 No .....2 ⇨OV15 DK .....8 ⇨ OV15	Yes..... 1 No ..... 2 ⇨OV15 DK ..... 8 ⇨ OV15	Yes..... 1 No ..... 2 ⇨OV15 DK ..... 8 ⇨ OV15	Yes..... 1 No ..... 2 ⇨OV15 DK ..... 8 ⇨ OV15
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes.....1 No .....2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (*name*), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes.....1 No .....2 ⇨ OV17 DK .....8 ⇨ OV17	Yes..... 1 No ..... 2 ⇨ OV17 DK ..... 8 ⇨ OV17	Yes..... 1 No ..... 2 ⇨ OV17 DK ..... 8 ⇨ OV17	Yes..... 1 No ..... 2 ⇨ OV17 DK ..... 8 ⇨ OV17
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes.....1 No .....2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8
OV17. *Check OV8 for age of child:*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (*name's*) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8	Yes..... 1 No ..... 2 DK 8

Region No.: _____ _____ ED/Cluster No.: ____ ___ ___ ___ Household No: ____ ____

CHILD LABOUR MODULE **CL**

To be administered to mother/caretaker of each child in the household age 5 through 14 years.
For household members below age 5 or above age 14, leave rows blank
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. *Line no.*	CL2. *Name*	CL3. SINCE LAST (*day of the week*), DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes*: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5			CL4. *If yes:* ABOUT HOW MANY HOURS DURING THAT WEEK DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If more than one job, include all hours at all jobs.* ***Record response then ⇨ CL.6***	CL5. AT ANY TIME DURING THE PAST YEAR, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes*: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (*name*) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ TO CL8		CL7. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (*name*) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇘ NEXT LINE		CL9. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID	UNPAID	NO	NO. HOURS	YES PAID	UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS
01		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
02		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
03		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
04		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
05		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
06		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
07		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
08		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
09		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
10		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
11		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
12		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
13		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____
14		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____

___

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

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

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.
LINE	LINE	NAME	M	F	AGE	MOTHER
01	__ __		1	2	__ __	__ __
02	__ __		1	2	__ __	__ __
03	__ __		1	2	__ __	__ __
04	__ __		1	2	__ __	__ __
05	__ __		1	2	__ __	__ __
06	__ __		1	2	__ __	__ __
07	__ __		1	2	__ __	__ __
08	__ __		1	2	__ __	__ __
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					__ __

If there is only one child aged 2-14 years in the household, then skip table 2 and go to CD9; write down in CD9, the rank number of the child (i.e. 01) and continue with CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

*Use this table to select **one child between the ages of 2 and 14 years**, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the **rank number** of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.*

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

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

instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number ..... __ __	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF *YOU OR ANYONE ELSE IN YOUR HOUSEHOLD* HAS USED THIS METHOD WITH *(name)* IN THE **PAST MONTH** I.E. SINCE (*day of interview*) OF LAST MONTH. AT ANYTIME DURING THAT PERIOD, WHEN *(name)* BEHAVED 'BAD', DID YOU OR ANYONE ELSE IN YOUR HOUSEHOLD:		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes ..... 1 No..... 2	
CD12B. EXPLAINED WHY THE BEHAVIOR WAS WRONG.	Yes ..... 1 No..... 2	
CD12C. SHOOK HIM/HER.	Yes ..... 1 No..... 2	
CD12D. SHOUTED AT, HOLLERED ON OR SCREAMED AT HIM/HER.	Yes ..... 1 No..... 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO AS A DISTRACTION.	Yes ..... 1 No..... 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes ..... 1 No..... 2	
CD12G. LASH OR HIT HIM/HER ON THE BOTTOM AND OR OTHER PARTS ON THE BODY WITH SOMETHING LIKE A STICK, WOOD, BELT, HAIRBRUSH, OR OTHER HARD OBJECT.	Yes ..... 1 No..... 2	
CD12H. CALLED HIM/HER STUPID, GOOD FOR NOTHING, DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes ..... 1 No..... 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS WITH BARE HAND.	Yes ..... 1 No..... 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG WITH BARE HAND.	Yes ..... 1 No..... 2	
CD12K. BEAT/ HIT HIM/HER UP WITH SOMETHING (AN OBJECT) OVER AND OVER AS HARD AS ONE COULD.	Yes ..... 1 No..... 2	
CD13. DO YOU THINK THAT IN ORDER TO RAISE OR BRING UP (*name*) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/ HER BY BEATING OR LASHING OR HITTING OR SUCH LIKE?	Yes ..... 1 No..... 2 Don't know/no opinion..... 8	

CDI4. *Does any eligible woman age 15-49 reside in the household?*
Check household listing, column HL6.You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.*

☐ *No.* ⇨ *Continue.*

CDI5. *Does any child under the age of 5 reside in the household?*
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.*

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

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL	**WM**
This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). *Fill in one form for each eligible woman* *Fill in the ED/cluster, region and household numbers, and the name and line number of the woman in the space below and at the top of each page of this questionnaire. Fill in your name, number and the date.*	
WM1A. Region # ___ ___ WW1. ED/ Cluster #: ____ ____ ____ ____ WM2A. Building #. ____ ____ ____	WM2. Household number:___ ___ ___ WM2V. Ward/ Village/Community Name & #: _____ ___ ___ ___
WM3. Woman's Name: _____	*WM4. Woman's Line Number (check HL1):* ___ ___
WM5.Interviewer name and number: _____ ___ ___	WM6. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___
WM7. Result of women's interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (*specify*)_____ 6

Repeat greeting if not already read to this woman:

WE ARE FROM THE BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

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

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ..... __ __	

CHILD MORTALITY MODULE		CM
This module is to be administered to all women age 15-49. *All questions refer only to LIVE births.*		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *If "No" probe by asking:* I MEAN, HAVE YOU EVER GIVEN BIRTH TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No 2	2⇨ MARRIAGE /UNION MODULE
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. *Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.*	Date of first birth Day ..... __ __ DK day ..... 98 Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	⇨CM3 ⇩CM2B
CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	2⇨CM5
CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home ..... __ __ Daughters at home ..... __ __	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No 2	2⇨CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes ..... 1 No 2	2⇨CM9

Reg. #: __ __ ED/ Cluster #: __ __ __ HH #: __ __ __ Woman's line #: __ __

CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead ..... __ __ Girls dead..... __ __	
CM9. *Sum answers to CM4, CM6, and CM8.*	Sum..... __ __	
CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number* _____) BIRTHS DURING YOUR LIFE. IS THIS CORRECT? ☐ *Yes. ⇨ Go to CM11* ☐ *No. ⇨ Check responses and make corrections before proceeding to CM11*		
CM11. OF THESE (*total number* ___) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? *If day is not known, enter '98' in space for day.*	Date of last birth Day/Month/Year ..... __ __/__ __/__ __ __ __	
CM12. *Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?* ☐ *No live birth in last 2 years. ⇨ Go to MARRIAGE/UNION module.* ☐ *Yes, live birth in last 2 years. ⇨ Enter the name of last child born within the last 2 years in the space below then Continue with CM13* *Name of last child born within the last 2 years* _____ *If child has died, take special care when referring to this child by name in the following modules.*		
CM13. AT THE TIME YOU BECAME PREGNANT WITH (*name*), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then ..... 1 Later ..... 2 No more 3	

This module is to be administered to all women with at least one live birth within the last 2 years i.e. since (day and month of interview in 2004)?

TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN DT IMMUNIZATIONS LISTED? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM/ HER FROM GETTING TETANUS (FITS) AFTER BIRTH (AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes ..... 1 No ..... 2 DK 8	 2⇨TT5 8⇨TT5
TT3. *If yes:* HOW MANY TIMES DID YOU RECEIVE THIS INJECTION (I.E. ANTI-TETANUS INJECTION) DURING YOUR LAST PREGNANCY?	No. of times ..... __ __ DK 98	 98⇨TT5
TT4. *How many DT doses during last pregnancy were reported in Question TT3?* ☐ *At least two DT injections during last pregnancy.* ⇨ *Go to Next Module* ☐ *Fewer than two DT injections during last pregnancy.* ⇨ *Continue with Question TT5*		
TT5. DID YOU RECEIVE ANY SUCH INJECTIONS (I.E. DT OR TT) AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes ..... 1 No ..... 2 DK 8	 2⇨NEXT MODULE 8⇨NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times ..... __ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? *Skip to next module only if year of injection is given. Otherwise, continue with Question TT8.*	Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	 ⇨NEXT MODULE ⇩TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago ..... __ __	

Reg. #: __ __ ED/ Cluster #: __ __ __ HH #: __ __ __ Woman's line #: __ __

MATERNAL AND NEWBORN HEALTH MODULE — MN

This module is to be administered to all women with at least one live birth in the 2 years before the date of interview. Check Child Mortality Module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE WHEN YOU WERE PREGNANT WITH *name*? If yes: WHOM DID YOU SEE? ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse/midwife ..... B Single trained midwife ..... C Medex. ..... D Other person Traditional birth attendant ..... F Community Health Worker (CHW) ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	Y⇨MN7
MN3. AS PART OF YOUR ANTENATAL CARE, WERE THE FOLLOWING DONE **AT LEAST ONCE**? MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE?	Yes No Weight ..... 1 2 Blood pressure ..... 1 2 Urine sample ..... 1 2 Blood sample 1 2	
MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR WERE COUNSELED ABOUT AIDS OR THE HIV VIRUS?	Yes ..... 1 No ..... 2 DK 8	
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 No ..... 2 DK 8	2⇨MN7 8⇨MN7
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	
MN7. WHO ASSISTED WITH THE DELIVERY OF (*name*)? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... A Nurse/midwife ..... B Single trained/ Auxiliary midwife ..... C Medex ..... D Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	

MN8. WHERE DID YOU GIVE BIRTH TO (*name*)? *If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public medical sector Govt. hospital ..... 21 Govt. clinic/health center ..... 22 Other public medical (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	
MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN10. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	2⇨MN12 8⇨MN12
MN11. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card ..... 1 (kilograms) __ . __ __ __ From recall ..... 2 (kilograms) __ . __ __ __ From card.... ….._____ lb (s) From recall.. ……_____ lb (s) DK 99998	
MN12. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	2⇨ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ..... 000 Hours ..... 1 __ __ *or* Days ..... 2 __ __ Don't know/remember 998	

Reg. #: __ __ ED/ Cluster #: __ __ __ HH #: __ __ __ Woman's line #: __ __

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A COMMON LAW PARTNER?	Yes, currently married ..... 1 Yes, currently common law ..... 2 No, not in union 3	 3⇨MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK 98	⇨MA5 98⇨MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED IN A COMMON LAW RELATIONSHIP?	Yes, was married ..... 1 Yes, was common law ..... 2 No 3	 3⇨NEXT MODULE
MA4. ARE YOU CURRENTLY WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVING IN A COMMON LAW RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A COMMON LAW PARTNER?	Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	
MA7. *Check MA6:* ☐ *Both month and year of marriage/union known? ⇨ Go to Next Module* ☐ *Either month or year of marriage/union not known? ⇨ Continue with MA8*		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	

CONTRACEPTION AND UNMET NEED — CP

CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	 2⇨CP2 8⇨CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT TO HAVE ANY MORE CHILDREN?	Then ..... 1 Later ..... 2 Not want more children 3	1⇨CP4B 2⇨CP4B 3⇨CP4B
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	 2⇨CP4A
CP3. WHICH METHOD ARE YOU USING? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ..... A Male sterilization ..... B Pill ..... C IUD ..... D Injections ..... E Implants ..... F Condom ..... G Female condom ..... H Diaphragm ..... I Foam/jelly ..... J Lactational amenorrhoea method (LAM) ..... K Periodic abstinence ..... L Withdrawal ..... M Other (*specify*) _____ X	
CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN? CP4B. *If currently pregnant:* NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 No more/none ..... 2 Says she cannot get pregnant ..... 3 Undecided/don't know 8	 2⇨CP4D 3⇨NEXT MODULE 8⇨CP4D

Reg. #: __ __ ED/ Cluster #: __ __ __ HH #: __ __ __ Woman's line #: __ __

CP4C. How long would you like to wait before the birth of (a/another) child?	Months ..... 1 __ __ Years ..... 2 __ __ Soon/now ..... 93 Says she cannot get pregnant ..... 94 After marriage ..... 95 Other (*specify*) _____ 96 Don't know 98	94⇨NEXT MODULE
CP4D. *Check CP1* ☐ Currently pregnant? ⇨ Go to Next Module ☐ Not currently pregnant or unsure? ⇨ Continue with CP4E		
CP4E. Do you think you are **PHYSICALLY ABLE** to get pregnant at this time if you want to? *For women who are not currently in union, ask if they think they could get pregnant if they had a partner.*	Yes ..... 1 No ..... 2 DK 8	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
DV1. Sometimes a husband is annoyed or vexed by things that his wife/ partner does. Do you think a husband/partner should hit or beat his wife/partner in the following situations:				
	Yes	No	DK	
DV1A. If she goes out with out telling him?	Goes out without telling 1	2	8	
DV1B. If she does not take care of the children?	Neglects children 1	2	8	
DV1C. If she argues/ disagrees with him?	Argues/ disagrees 1	2	8	
DV1D. If she refuses to have sex with him?	Refuses sex 1	2	8	
DV1E. If she burns the food?	Food burns 1	2	8	
DV1F. If she does not prepare the food on time?	Late food 1	2	8	

HIV/AIDS module		*HA*
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	 2⇨ HA19
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS THROUGH WITCHCRAFT OR OTHER SUPERNATURAL MEANS (E.G. OBEAH)?	Yes ..... 1 No ..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCES OF GETTING THE AIDS VIRUS BY USING A CONDOM CORRECTLY EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCES OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No ..... 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING THE FOOD OF A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO HER BABY? HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	Yes No DK During pregnancy ..... 1 2 8 During delivery ..... 1 2 8 By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A PERSON IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	

Reg. #: __ __ ED/ Cluster #: __ __ __ HH #: __ __ __ Woman's line #: __ __

HA14. *Check MN5: Tested for HIV during antenatal care?* ☐ *Yes.* ⇨ *Go to HA18A* ☐ *No/ MN5 not applicable.* ⇨ *Continue with HA15*		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No 2	 2⇨HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes ..... 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test ..... 1 Offered and accepted ..... 2 Required 3	1⇨HA19 2⇨ HA19 3⇨ HA19
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? HA18A. *If tested for HIV during antenatal care:* OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No 2	
HA19. *Is the woman a caretaker/ mother of any children under five years of age?* ☐ *Yes.* ⇨ *GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker/ mother* ☐ NO. ⇨ CONTINUE WITH HA20		
HA 20. *Does another eligible woman reside in the household?* ☐ *Yes.* ⇨ *End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN and administer the questionnaire to the next eligible woman* ☐ *No.* ⇨ *End the interview with this woman by thanking her for her cooperation.* *Gather together all the questionnaires for this household and tally the number of interviews completed on the cover page of the Household questionnaire*		

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL	UF
This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). *A separate questionnaire should be used for each eligible child.* *Fill in the ED/cluster, region and household numbers, and names and line numbers of the child and the mother/caretaker in the space below and at the top of each page of this questionnaire. Insert also in the space below, your own name and number, and the date.*	
UF1A. Region #. ___ ___ UF1. ED/ Cluster #: ___ ___ ___ ___ UF2A. Building #. ___ ___ ___	UF2. Household number:___ ___ ___ UF2V. Ward/ Village/Community Name & #: _____ ___ ___ ___
UF3. Child's Name: _____	UF4. Child's Line Number (*From HL1*): ___ ___
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: ___ ___
UF7. Interviewer name and number: _____ ___ ___	UF8. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___
UF9. Result of interview for children under 5 *(Codes refer to mother/caretaker.)*	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated..... 5 Other (specify) _____ 6

Repeat greeting if not already read to this respondent:

WE ARE FROM THE BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

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

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

BIRTH REGISTRATION AND EARLY LEARNING MODULE						BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? *If seen, verify reported birth date, otherwise try to verify date using other documents such as clinic cards, immunization cards, etc*	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3 DK 8					1⇨BR5
BR2. HAS (*name's*) BIRTH BEEN REGISTERED?	Yes ..... 1 No ..... 2 DK 8					1⇨BR5 8⇨BR4
BR3. WHY IS (*name's*) BIRTH NOT REGISTERED?	Must travel too far ..... 2 Did not know it should be registered ..... 3 Late, and did not want to pay ..... 4 Does not know where to register ..... 5 Does not know how to register ..... 6 Does not think that it is necessary ..... 7 Other (*specify*) _____ 96 DK 98					6⇨BR5
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1 No 2					
BR5. *Check age of child in UF11: Child is 3 or 4 years old?* ☐ *Yes.* ⇨ *Continue with BR6* ☐ *No.* ⇨ *Go to BR8*						
BR6. DOES (*name*) ATTEND ANY **ORGANIZED LEARNING** OR **EARLY CHILDHOOD EDUCATION PROGRAMME**, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN?	Yes ..... 1 No ..... 2 DK 8					 2⇨BR8 8⇨BR8
BR7. SINCE LAST *(day of the week)* ABOUT HOW MANY HOURS DID (*name*) ATTEND?	No. of hours ..... __ __					
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE *DO* ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO DID THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)? *Circle all that apply.*		Mother	Father	Other	No one	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (*name*)?	Books	A	B	X	Y	
BR8B. TELL STORIES TO (*name*)?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH (*name*)?	Songs	A	B	X	Y	
BR8D. TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH (*name*)?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH (*name*) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

Reg # __ __ED/Cluster # __ __ __ __HH #__ __ __ Caretaker #: __ __ Child line #: __ __

CHILD DEVELOPMENT		CE
CE1. Ask this question only once for each mother/caretaker. *If the question was asked before, copy the responses and continue to CE2* HOW MANY SCHOOL BOOKS, ADULT BOOKS AND BOOKS FOR OLDER CHILDREN ARE THERE IN THE HOUSEHOLD? PLEASE DO NOT INCLUDE BOOKS MEANT FOR YOUNG CHILDREN, SUCH AS PICTURE BOOKS, COLOURING BOOKS, ETC *If 'none' enter 0*	Number of non-children's books ..... 0 __ Ten or more non-children's books 10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)? *If 'none' enter 0*	Number of children's books ..... 0 __ Ten or more books 10	
CE3. I WOULD NOW LIKE TO ASK YOU ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS, POT COVERS OR POTS? THINGS FOUND OUTSIDE THE HOUSE, SUCH AS STICKS, BRICKS, ANIMALS, COCONUT SHELLS OR LEAVES? HOMEMADE TOYS, SUCH AS ROLLERS, SCOOTERS, DOLLS, CARS AND OTHER TOYS MADE AT HOME? TOYS THAT CAME FROM A STORE? *If the respondent says "YES" to any of the prompted categories, then find out what exactly the child plays with to determine the response. Circle as many categories as necessary.* *Code Y if child does not play with any of the items mentioned.*	Household objects (bowls, plates, cups, pots, etc.) .....A Objects and materials found outside the living quarters (sticks, bricks, animals, shells, leaves) .....B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store .....D No playthings mentioned .....Y	
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO WORK, GO SHOPPING, WASH CLOTHES FAR AWAY FROM THE HOUSE, OR FOR OTHER SUCH REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (*day of the week*) HOW MANY TIMES WAS (*name*) LEFT IN THE CARE OF ANOTHER CHILD WHO IS YOUNGER THAN 10 YEARS OLD? *If 'none' enter 00*	Number of times..... __ __	
CE5. IN THE PAST WEEK I.E. SINCE LAST (*day of the week*), HOW MANY TIMES WAS (*name*) LEFT ALONE? *If 'none' enter 00*	Number of times..... __ __	

BREASTFEEDING MODULE		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF3 8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.*	Y N DK	
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 8	
BF3B. PLAIN WATER?	B. Plain water 1 2 8	
BF3C. SUGAR WATER, FLAVOURED WATER, FRUIT JUICE OR TEA?	C. Sugar water, juice or tea 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula 1 2 8	
BF3F. TINNED, POWDERED OR COW'S MILK?	F. Milk 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids 1 2 8	
BF3H. SOLID OR SEMI-SOLID (CRUSH) FOOD?	H. Crush (Solid or semi-solid food) ... 1 2 8	
BF4. *Check BF3H: Child received solid or semi-solid (crush) food?* ☐ *Yes.* ⇨ *Continue with BF5* ☐ *No or DK.* ⇨ *Go to Next Module*		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (*name*) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? *If 7 or more times, record '7'.*	No. of times ..... ___ Don't know 8	

Reg # __ __ED/Cluster # __ __ __ __HH #__ __ __ Caretaker #: __ __ Child line #: __ __

CARE OF ILLNESS MODULE		CA
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS? *Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.*	Yes ..... 1 No ..... 2 DK 8	 2⇨CA5 8⇨CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.*	Yes No DK	
CA2A. ORS PACKET SOLUTION?	A. Fluid from ORS packet 1 2 8	
CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID I.E. SUGAR/ SALT WATER MIXTURE?	B. Recommended homemade fluid .. 1 2 8	
CA2C. ORS READYMADE SOLUTION E.G. PEDIALITE SOLUTION?	C. Pre-packaged ORS fluid 1 2 8	
CA3. DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 DK 8	
CA4. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? *If "less", probe:* MUCH LESS OR A LITTLE LESS?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK 8	
CA4A. *Check CA2A: ORS packet solution used?* ☐ *Yes.* ⇨ *Continue with CA4B* ☐ *No.* ⇨ *Go to CA5*		

CA4B. WHERE DID YOU GET THE ORS PACKET SOLUTION? (*from CA2A)?*	Public sector Govt. hospital ..... 11 Govt. health centre..... 12 Govt. health post..... 13 Community Health Worker (CHW)..... 14 Mobile/outreach clinic ..... 15 Dispensary ……..16 Other public (*specify*)_____ 17 Private medical sector Private hospital/clinic ..... 21 Private Doctor ..... 22 Private pharmacy/ drug store ..... 23 Mobile clinic ..... 24 Dispensary ……..25 Other private medical (*specify*)_____ 26 Other source Relative or friend..... 31 Shop ..... 32 Traditional healer ..... 33 Other (*specify*)_____96 Don't know ……..98	
CA4C. HOW MUCH DID YOU PAY FOR THE ORS PACKET SOLUTION *(from CA2A)?*	Local currency __ __ __ Free ……..996 DK …….....998	
CA5. HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, IN THE LAST 14 DAYS?	Yes ..... 1 No..... 2 DK 8	 2⇨CA12 8⇨CA12
CA6. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No..... 2 DK 8	 2⇨CA12 8⇨CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest ..... 1 Blocked nose ..... 2 Both..... 3 Other (*specify*) _____ 6 DK 8	 2⇨CA12 6⇨CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 No..... 2 DK 8	 2⇨CA10 8⇨CA10

Reg #: __ __ED/Cluster #: __ __ __HH #: __ __ __ Caretaker #: __ __ Child line #: __ __

CA9. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? ANYWHERE ELSE? *Circle all providers mentioned, but do NOT prompt with any suggestions.* *If source is **hospital, health center, or clinic,** write the name of the place below. Probe to identify the type of source and circle the appropriate code.* _____ *(Name of place)*	Public sector Govt. hospital ..... A Govt. health centre ..... B Govt. health post ..... C Community Health Worker ..... D Mobile/outreach clinic ..... E Dispensary ..... F Other public (*specify*) _____ H Private medical sector Private hospital/clinic ..... I Private Doctor ..... J Private pharmacy/ drug store ..... K Mobile clinic ..... L Dispensary ..... M Other private medical (*specify*) _____ O Other source Relative or friend ..... P Shop ..... Q Traditional healer ..... R Other (*specify*) _____ X	
CA10. WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	2⇨CA12 8⇨CA12
CA11. WHAT MEDICINE WAS (*name*) GIVEN? *Circle all medicines given.*	Antibiotic Ampicillin/Augumentin ..... A Septrin/Cotrimoxale ..... B Other antibiotic (*specify*) _____ D Paracetamol/Panadol/Acetaminophen ..... P Aspirin ..... Q Ibupropfen ..... R Other (*specify*) _____ X DK ..... Z	
CA11A. *Check CA11: Antibiotic given?* ☐ *Yes.* ⇨ *Continue with CA11B* ☐ *No.* ⇨ *Go to CA12*		

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital ..... 11 Govt. health centre..... 12 Govt. health post..... 13 Community Health Worker..... 14 Mobile/outreach clinic ..... 15 Dispensary ……..16 Other public (*specify*)_____ 17 Private medical sector Private hospital/clinic ..... 21 Private doctor..... 22 Private pharmacy/ drug store ..... 23 Mobile clinic ..... 24 Other private medical (*specify*)_____ 26 Other source Relative or friend..... 31 Shop ..... 32 Traditional healer ..... 33 Other (*specify*)_____96 Don't know ……..98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Local currency __ __ __ Free ……996 DK …….....998	
CA12. *Check UF11: Child aged under 3?* ☐ *Yes.* ⇨ *Continue with CA13* ☐ *No.* ⇨ *Go to CA14*		
CA13. THE LAST TIME *(name)* PASSED STOOL, WHAT WAS DONE TO DISPOSE OF THE STOOL?	Child used toilet/latrine..... 01 Thrown into toilet or latrine..... 02 Thrown into drain ..... 03 Thrown into garbage (solid waste)..... 04 Buried..... 05 Left in the open ..... 06 Thrown outside the yard ..... 07 Other (*specify*) _____ 96 Don't know 98	

Reg #: __ __ED/Cluster #: __ __ __HH #: __ __ __ Caretaker #: __ __ Child line #: __ __

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

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML10 8⇨ML10
ML2. WAS (*name*) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML6 8⇨ML6
ML3. DID (*name*) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML5 8⇨ML5
ML4. WHAT MEDICINE DID (*name*) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? *Circle all medicines mentioned.*	Anti-malarials: Chloroquine ..... A Primaquine ..... B Coartem ..... C Mefloquine ..... D Artesunate ..... E Quinine ..... F Other anti-malarial (*specify*)_____ H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*) _____ X DK ..... Z	
ML5. WAS (*name*) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK 8	1⇨ML7 2⇨ML8 8⇨ML8
ML6. WAS (*name*) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML8 8⇨ML8
ML7. WHAT MEDICINE WAS (*name*) GIVEN? *Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.*	Anti-malarials: Chloroquine ..... A Primaquine ..... B Coartem ..... C Mefloquine ..... D Artesunate ..... E Quinine ..... F Other anti-malarial *(specify)* _____ H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*) _____ X DK ..... Z	

Reg #: __ __ED/Cluster #: __ __ __HH #: __ __ __ Caretaker #: __ __ Child line #: __ __

ML8. *Check ML4 and/or ML7: Anti-malarial mentioned (codes A - H)?* ☐ *Yes.* ⇨ *Continue with ML9* ☐ *No.* ⇨ *Go to ML10*		
ML9. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML4 or ML7*)? *If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.* *Record the code for the day on which the first anti-malarial was given.*	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8	
ML9A. WHERE DID YOU GET THE (*name of anti-malarial from ML4 or ML7*)? *If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).*	Public sector Govt. hospital ..... 11 Govt. health centre ..... 12 Govt. health post ..... 13 Community Health Worker ..... 14 Mobile/outreach clinic ..... 15 Dispensary .....16 Other public (*specify*)_____ 17 Private medical sector Private hospital/clinic ..... 21 Private doctor ..... 22 Private pharmacy/ drug store ..... 23 Mobile clinic ..... 24 Dispensary .....25 Other private medical (*specify*)_____ 26 Other source Relative or friend ..... 31 Shop ..... 32 Traditional healer ..... 33 Other (*specify*)_____96 Don't know 98	
ML9B. HOW MUCH DID YOU PAY FOR THE (*name of anti-malarial from ML4 or ML7*)? *Refer to the same anti-malarial as in ML9A above*	Local currency __ __ __ Free .....996 DK 998	
ML10. DID (*name*) SLEEP UNDER A MOSQUITO NET LAST NIGHT?	Yes ..... 1 No ..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net wasobtained exactly 12 months ago or earlier or later.*	Months ago ..... __ __ More than 24 months ago ..... 95 Not sure 98	

ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR KEEP AWAY MOSQUITOES?	Yes ..... 1 No ..... 2 DK/not sure 8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/KEEP AWAY MOSQUITOES OR BUGS?	Yes ..... 1 No ..... 2 DK 8	2⇨ NEXT MODULE 8⇨ NEXT MODULE
ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.*	Months ago ..... __ __ More than 24 months ago ..... 95 DK 98	

Reg #: __ __ED/Cluster #: __ __ __HH #: __ __ __ Caretaker #: __ __ Child line #: __ __

IMMUNIZATION MODULE — IM

If an immunization card is available, copy the dates in IM2-IM7 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. IS THERE A VACCINATION CARD FOR (*name*)?		Yes, seen ..... 1 Yes, not seen ..... 2 No 3	 2⇨IM10 3⇨IM10
(a) Copy dates for each vaccination from the card. *(b) Write '44' in day column if card shows that vaccination was given but no date recorded.*		Date of Immunization DAY / MONTH / YEAR	
IM2. BCG	BCG		
IM3B. POLIO 1	OPV1		
IM3C. POLIO 2	OPV2		
IM3D. POLIO 3	OPV3		
IM5A. PENTAVALENT (OR DPT+ HIB+HEPB1)	(DPT)HH1		
IM5B. PENTAVALENT (OR DPT+ HIB+HEPB2)	(DPT)HH2		
IM5C. PENTAVALENT (OR DPT+ HIB+HEPB3)	(DPT)HH3		
IM6. MMR	MEASLES		
IM7. YELLOW FEVER	YF		
IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? *Record 'Yes' only if respondent mentions BCG, OPV 1-3, Pentavalent 1-3, MMR, or Yellow Fever vaccine(s).*		Yes ..... 1 *(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM7.)* No ..... 2 DK 8	1⇨IM 20 2⇨IM 20 8⇨IM 20
IM10. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?		Yes ..... 1 No ..... 2 DK 8	 2⇨IM 20 8⇨IM 20
IM11. HAS (NAME) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?		Yes ..... 1 No ..... 2 DK 8	
IM12. HAS (NAME) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?		Yes ..... 1 No ..... 2 DK 8	 2⇨IM15 8⇨IM15

IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ..... __ __	
IM15. HAS (*name*) EVER BEEN GIVEN PENTAVALENT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ..... 1 No ..... 2 DK 8	 2⇨IM17 8⇨IM17
IM16. HOW MANY TIMES?	No. of times ..... __ __	
IM17. HAS (*name*) EVER BEEN GIVEN "MMR VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF **12** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MMR?	Yes ..... 1 No ..... 2 DK 8	
IM18. HAS (*name*) EVER BEEN GIVEN "YELLOW FEVER VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF **12** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes ..... 1 No ..... 2 DK 8	

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

☐ *Yes.* ⇨ *End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.*

☐ *No.* ⇨ *End the interview with this respondent by thanking him/her for his/her cooperation.*

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

Reg #: __ __ED/Cluster #: __ __ __HH #: __ __ __ Caretaker #: __ __ Child line #: __ __

ANTHROPOMETRY MODULE		**AN**
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.		
AN1. Child's weight.	Kilograms (kg) ..... __ __ . __	
AN2. Child's length or height. *Check age of child in UF11:* ☐ *Child under 2 years old. ⇨ Measure length (lying down).* ☐ *Child age 2 or more years. ⇨ Measure height (standing up).*	Length (cm) Lying down ..... 1 __ __ __ . __ Height (cm) Standing up ..... 2 __ __ __ . __	
AN3. Measurer's identification code.	Measurer code ..... __ __	
AN4. Result of measurement.	Measured ..... 1 Not present ..... 2 Refused ..... 3 Other (*specify*) _____ 6	

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

☐ *Yes. ⇨ Record measurements for next child.*

☐ *No. ⇨ End the interview with this household by thanking all participants for their cooperation.*

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

Guyana

Multiple Indicator Cluster Survey

2006